Mental health nurses can increase capability and capacity in primary care by educating practice nurses: an evaluation of an education programme in England


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Accessible summary

- The majority of mental health problems in England are dealt with in primary care but most of the healthcare workers in primary care have little knowledge of mental health. We wanted to develop an accessible education programme which was appropriate to the learning needs of this workforce.
- Mental health nurses can deliver training in mental health and well-being (which has been developed by an expert) to practice nurses. This increases the knowledge of both parties and promotes working together. Utilizing mental health nurses as trainers improves both their clinical practice and that of the practice nurses they have taught. As the time mental health nurses need to spend away from practice to carry out education is minimal, it has little impact on their usual workload.
- Other health organizations both nationally and internationally could adapt the education programme to suit their particular needs.
- Research is required to find out whether training practice nurses in this way has an impact on patients.

Abstract

Most people with a mental health problem in England are cared for by clinicians in primary care who may have had little or no training in this area. Our aim was to develop an accessible education programme which was appropriate to the learning needs of this workforce. A survey of the mental health and well-being training needs and preferred learning methods of practice nurses was undertaken, then a programme of education was developed by a primary care mental health expert. Teaching was delivered by mental health nurses who were trained as educators. Both the practice nurses and mental health nurses felt their clinical practice would improve as a result of being involved in this programme. To sustain the learning, mental health nurses were supported by attending and then leading their own action learning sets. This model of education can be adapted and used by health organizations both nationally and internationally. Research is required to find out whether training practice nurses using this programme has an impact on patients.

Background

The World Health Organisation (WHO) recommends integrating specialized health services, such as mental health services into primary care in all countries to reduce stigma and improve access (World Health Organization 2001). This integration requires investment in the training of staff to detect and treat mental problems (World Health Organization 2007). Primary healthcare workers may question their role in the management of mental health
problems and their time is limited, so in order to be successful, the developers of any training programme need to take these issues into account (World Health Organization 2007).

In England, 90% of people are treated for their mental illness in primary care without seeing a specialist (Gask et al. 2009). One in four patients consulted by a primary care clinician will need treatment for mental health problems (Joint Commissioning Panel for Mental Health 2012). Despite this, mental health is often not recognized as a priority by the primary care team, or viewed as part of the practice nurse role (Crossman 2008). It is therefore vital that the healthcare professionals working in this area are educated about mental health both to understand its importance and to be capable of managing these patients. Practice nurses make up a large part of the primary care workforce and have increasing responsibility for making decisions about patient care. However, in an analysis of practice nurse responsibility and training needs (n = 1161, Crossman 2008) mental health was not specified as a responsibility of any of the respondents and only six practice nurses cited mental health as an educational requirement. More recently, practice nurse required competencies have been extended to include mental health and well-being (RCGP General Practice Foundation 2012). These competencies are advocated by NHS England which is an independent body whose role is to improve health outcomes for people in England (NHS England 2012). It was our perception that practice nurses may now have more explicit engagement in meeting patients’ mental health needs so we carried out a survey of practice nurse mental health and well-being training requirements (Hardy 2014). We found that 98% of the respondents would like some education related to mental health and well-being. From this survey we were also able to see which areas of mental health and well-being were important to practice nurses and which learning methods they preferred.

Education and training for practice nurses may be funded by a number of organizations; however, overall responsibility for the continuing professional development of practice nurses lacks clarity. Health Education England is the organization responsible for the education, training and personal development of every member of healthcare staff in England (Health Education England 2014). However, they are not technically responsible for the further education of nurses who work in primary care centres (practice nurses) because practice nurses are employed by General Practitioners (GPs) who are independent of the NHS. It is the responsibility of the GP employer to ensure that the practice nurse has appropriate and up to date skills and knowledge to deliver the roles they are employed to do. They should do this through recruitment, induction, continuous professional development, and appraisal and performance management. This means that the practice nurses’ access to training varies in each primary care centre. All GPs are members of a clinical commissioning group (CCG) who may also commission practice nurse training that has been identified as a local need.

One of Health Education England’s 13 local education and training boards (North Central East London) recognized that training practice nurses in mental health and well-being has the potential to improve integration of delivery of care for patients with mental and physical health problems; provide good quality physical health care to people with mental health problems; increase the case identification of mental health problems; reduce admissions of people with mental health problems; and enhance health outcomes, quality of life and experience of care. For this reason they agreed to fund a project aimed at increasing the mental health capability of practice nurses.

In England, services for people with complex mental health needs are provided by mental health or foundation trusts, many of which seek to work collaboratively with primary care. Building mental health capability in primary care has the potential to reduce the number of inappropriate referrals and admissions to trust services. Mental health nurses employed by the trusts use a range of relationship building and communication skills to work alongside people to support them in their recovery (Nursing and Midwifery Council 2010a). These skills can be transferred to working with other professional groups to enhance their understanding about mental illness. Communication between primary care and secondary mental health specialist services is often poor (Durbin et al. 2012); encouraging skills transfer between mental health nurses and practice nurses could promote better collaborative working.

A study to validate the readiness for inter-professional learning scale in the postgraduate context (Reid et al. 2006) revealed that most participants agreed that learning with other healthcare workers would help them to communicate better with other professionals. Using a train the trainer approach is one method of developing educators and bringing practice nurses and mental health nurses together. This approach is an extensively approved educational model used by many disciplines (Orfaly et al. 2005). There are benefits of using the train the trainer model for trainers, participants and the organization. For trainers these include enriched skills and knowledge, mastery of curriculum material and information transfer to others; for participants increased knowledge, awareness and skills; for organizations sustainability. However, if this approach is used inappropriately, the efficacy will be reduced.
Therefore the trainers need support and guidance to ensure that they are good teachers. Recognizing that becoming a nurse educator is an achievement has the potential to increase self-esteem, improve motivation and keep them engaged (Elton & Gostick 2007).

**Aims and objectives**

**Aim**
The aim of this project was to develop an accessible and sustainable education programme which was appropriate to the learning needs of the practice nurse workforce.

**Objectives**

- To develop appropriate training materials
- To train educators to deliver the training
- To provide suitable support to the educators to sustain the training beyond the project
- To train practice nurses in the catchment area in mental health awareness
- To provide practice nurses with the option of further training in mental health and well-being
- To develop a toolkit for organizations who would like to replicate the project in a different geographical area.

**Method**
The ‘Train the Trainer’ model was employed for this project carried out in North Central and East London, England. Mental health nurses from four trusts (Barnet, Enfield and Haringey Mental Health NHS Trust, Camden and Islington NHS Foundation Trust, East London NHS Foundation Trust and North East London NHS Foundation Trust) were identified to be the nurse educators because they have a comprehensive understanding of mental health problems and are aware of the appropriate local resources.

The co-ordination of the project was provided by an academic health science network (UCLPartners). The goal of academic health science networks is to improve patient and population health outcomes by translating research into practice and developing and implementing integrated healthcare systems. UCLPartners were supported by a multi-organization steering group and expert reference group.

**The training materials**
The course content was structured to meet the development needs of the practice nurses. These were identified from the survey described earlier (Hardy 2014). The materials were designed to enable practice nurses to offer advice to maintain personal well-being; support patients to change unhealthy behaviour; identify risk factors for stress and/or recognize symptoms of stress; help patients to manage stress; recognize and manage psychological distress and mental illness; treat people with a mental health problem in the same way as those with a physical health problem; monitor the physical health of people with mental illness; and assist patients to self-manage their conditions. Practice nurses reported difficulty in being released from practice to attend training so the course was designed to accommodate this. There are 10 modules, five face to face delivered by the nurse educators and five e-learning (see Fig. 1). The face-to-face modules are of three hours duration. The first module is compulsory and covers basic mental health awareness (for this module, nurse educators were asked to complete a slide detailing relevant local services, and space was provided in the trainee manual to note these down); the other modules are optional. Royal College of General Practitioners accreditation has been given for each of the five face-to-face modules. The programme tools include a training curriculum, a programme guide for nurse educators and manuals for participants which include references, resources and appendices related to the training. The e-learning modules are hosted by BMJ Learning. BMJ Learning has been built to meet the learning requirements of healthcare professionals and has a continuing quality improvement cycle based on developing the site with users.

**Training nurse educators**
Mental health nurses trained to deliver module 1 were categorized as a level one nurse educator. If they then trained to deliver any of the other four modules they then became a level two nurse educator. Certificates were presented to recognize this achievement. Establishment of action learning sets (ALSs) was facilitated for the educators involved in the programme to provide them with peer support, motivation and a forum for problem solving. Action learning is an accelerated education tool using a continuous process of action and reflection. The nurse educators were taught how to run their own action learning sets so they can continue providing education and supporting each other beyond the life of the project.

**Training practice nurses**
Training sessions were delivered by mental health nurses on-site in mental health trusts to attract practice nurses working in those areas and support local connectivity.
Thirty-five sessions of module 1 were offered either in the morning, afternoon or evening over a period of four months to ensure all practice nurses were able to access it. Due to time constraints (i.e. the project had to be delivered in a six month period and the materials were still being developed during this time), we could not offer as many sessions for modules 2–5. Additionally, as getting time off for training is difficult for practice nurses, it was perceived that they may not gain approval by their employers to attend more than one module.

The practice nurses were asked to complete a pre- and post-training self-assessment of knowledge and attitudes for each module. They scored each objective using a Likert scale, between 5 (agree) and 1 (disagree). The mean scores before and after training could then be compared. They were also asked to complete an evaluation of the quality and organization of each module, again by agreeing or disagreeing to the statements given on the form.

Sustainability
In addition to the education programme, a community of learning is being created by setting up learning events and creating online forums.

Replicating the project
We have developed a toolkit in order that organizations in other geographical areas can deliver a similar programme.
The toolkit includes instructions in its use; key areas of co-ordination; governance; training materials; accreditation; recognizing achievement; evaluation tools; communication tools; advertising methods; how to run action learning set. These tools can be adapted to suit the needs of the organization.

**Analysis**

Data were analysed using STATA, version 12.

**Results**

**Training nurse educators**

Twenty-four mental health nurses and one psychologist were trained to deliver module 1, with 23 of them providing at least one training session. The number of nurse educators trained to deliver one or more of the other modules were module 2–11 trained; module 3–10 trained; module 4–11 trained; module 5–8 trained. The nurse educators delivered between one and nine sessions each, mean 3.66. They found that the structure of the project and the model of training delivery was beneficial to them, for example, networking; professional recognition; an appreciation of each other’s workload and skills; improved listening and teaching skills; gaining new ideas; looking after themselves better (after doing the well-being module). The nurse educators were very keen to continue in this role and outlined what support would be needed in order for them to continue (see Fig. 2).

**Practice nurses**

One hundred and ninety-nine nurses attended module 1 training. Total attendance to training in the other four modules averaged 71 (see Table 1). There was a mean attendance of eight nurses to each training session. Attendance rates were higher for modules 2–5 where fewer sessions were offered (see Table 1).

<table>
<thead>
<tr>
<th>Module</th>
<th>Number of practice nurses trained</th>
<th>Number of sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>199</td>
<td>35</td>
</tr>
<tr>
<td>2</td>
<td>75</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>71</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>68</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>68</td>
<td>9</td>
</tr>
</tbody>
</table>

After each module, practice nurse participants were asked to evaluate the course content, delivery and organization. Overall, the training scored 4.65 from a possible 5 (see Table 2). An average of 96% of participants across all modules agreed they would apply their new knowledge to their practice and 93% would recommend the training to their colleagues. The nurses were asked to make optional comments. A small number of comments were made about the duration of the course, all proposing that Module 1 could have been a full day. Other comments indicated that the practice nurses would like more training in mental health and will cascade the knowledge gained from this course to the rest of their team. Comments about the training materials were extremely positive. The statements indicated that practice nurses appreciated being trained by mental health nurses from their local area.

Analysis of the pre and post-training self-assessment questionnaires showed a significant positive difference in knowledge and attitudes following training sessions (see Table 3). The practice nurses commented that their own practice would progress following this training as the information would enhance their communication and the many useful tools provided would help to improve their care.

Three months after the project finished, nurses were asked to complete a short online survey. Twenty-six practice nurses (13%) responded:

- 65% are applying the learning to their usual practice
- 12% now contact mental health nurses with queries or concerns

<table>
<thead>
<tr>
<th>Item evaluated (5 = agree, 1 = disagree)</th>
<th>Mean score from each module (n = 178)</th>
<th>Mean score from each module (n = 69)</th>
<th>Mean score from each module (n = 68)</th>
<th>Mean score from each module (n = 65)</th>
<th>Mean score from each module (n = 58)</th>
<th>Mean score from each module (n = 438)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The pre-course administration was good.</td>
<td>4.56</td>
<td>4.47</td>
<td>4.56</td>
<td>4.64</td>
<td>4.68</td>
<td>4.58</td>
</tr>
<tr>
<td>The pace of the training suited my needs.</td>
<td>4.49</td>
<td>4.48</td>
<td>4.52</td>
<td>4.77</td>
<td>4.56</td>
<td>4.56</td>
</tr>
<tr>
<td>The structure of the training was easy to follow.</td>
<td>4.68</td>
<td>4.64</td>
<td>4.64</td>
<td>4.83</td>
<td>4.62</td>
<td>4.68</td>
</tr>
<tr>
<td>The material presented was appropriate to my needs.</td>
<td>4.64</td>
<td>4.39</td>
<td>4.65</td>
<td>4.84</td>
<td>4.56</td>
<td>4.62</td>
</tr>
<tr>
<td>Adequate time was allocated for discussion.</td>
<td>4.55</td>
<td>4.67</td>
<td>4.58</td>
<td>4.86</td>
<td>4.60</td>
<td>4.65</td>
</tr>
<tr>
<td>Written materials were useful and easy to understand.</td>
<td>4.75</td>
<td>4.77</td>
<td>4.84</td>
<td>4.89</td>
<td>4.74</td>
<td>4.80</td>
</tr>
<tr>
<td>The trainer listened and responded to questions.</td>
<td>4.77</td>
<td>4.75</td>
<td>4.68</td>
<td>4.94</td>
<td>4.76</td>
<td>4.78</td>
</tr>
<tr>
<td>Total</td>
<td>4.56</td>
<td>4.60</td>
<td>4.64</td>
<td>4.82</td>
<td>4.65</td>
<td>4.65</td>
</tr>
</tbody>
</table>
One nurse has regular face-to-face meetings with a mental health nurse.

Five practice nurses provided a patient case study to illustrate how the training had benefited their patients and four nurses explained how their practice had improved.

Discussion

This project was successful in enabling practice nurses to participate in the education sessions for a number of reasons. It was recognized that lack of time often prevents attendance to training in the NHS in England (National Health Service).
Institute for Health and Clinical Excellence 2007) and so the programme was tailored accordingly. This meets the guidance in England from the National Institute for Health and Care Excellence for changing clinical practice (National Institute for Health and Clinical Excellence 2007) and international recommendations from the World Health Organisation (World Health Organization 2007).

The education package was specifically designed and created for the practice nurses’ particular needs. It explicitly focussed on the way that practice nurses can change their clinical practice which is possibly the most effective method of improvement (Baker et al. 2010).

Clinicians often see themselves as representatives of their own discipline, which may be a barrier to working effectively with other disciplines. Using the train the trainer approach gave the practice nurses a different point of view, and the mental health nurses gained an appreciation of the practice nurses’ workload and skills. This interaction is important to achieve collaboration in delivering health care (Mighten 2003).

The mental health nurses saw the role of educator as advantageous to their professional development as well as improving their own clinical practice. In addition to the skills that they gained, they met with mental health nurses from other trusts. This gave them an opportunity to share their skills and experience for the benefit of each other and meets one of the standards of the nursing code of conduct (Nursing and Midwifery Council 2010b).

The mental health nurses proved that they are effective educators as the practice nurses enjoyed being taught by them and their understanding was enhanced. As the mental health nurses were practicing clinicians in the same area as the people they were teaching, they were able to discuss appropriate local pathways and resources. This is extremely helpful as translating national guidance for local use can often be difficult (Delamothe 1993). While investment of staff resource was required from local trusts to deliver the programme, delivering sessions and attendance at action learning sets required relatively little time from the mental health nurses, making this a very cost effective method of delivery.

In order to sustain the learning, the mental health nurses were taught how to and were encouraged to create their own action learning sets. It was recognized that they may need more time, so a further project is now underway to support this process.

The World Health Organization (2007) advocate that primary healthcare staff are supported by mental health specialists in order to integrate mental health services into primary care. Our project is an example of how mental health nurses can play an active role in this transition. This could be particularly helpful in European countries with strong primary care mental health services such as Belgium, Estonia, the Netherlands and Spain, and in countries where primary care mental health services may not be so strong but are working hard to improve (Kringos et al. 2013).

Limitations
We have been unable in the scope of this project to evaluate the direct impact on patient care, but funding has now been secured to measure this.

Implications for practice
Utilizing mental health nurses as trainers improves both their clinical practice and that of the practice nurses they have taught. As the time mental health nurses need to spend away from practice to carry out education is minimal, it has little impact on their usual workload.

References
Available at: http://tinyurl.com/ns4s8zt (accessed 16 February 2015).