Mental health and wellbeing survey: A snapshot of practice nurses’ views regarding responsibility and training

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Mental health and wellbeing survey: A snapshot of practice nurses’ views regarding responsibility and training

1. Executive summary

People with mental health problems receive most of their treatment and support in primary care, yet practice nurses traditionally have little training in this area. The aim of this survey is to find out what practice nurses perceive they are already doing regarding mental health and wellbeing; and what training they think they need and how they would like this to be delivered. A secondary aim is to learn what training general practitioners (GPs) and Clinical Commissioning Group (CCG) leads think practice nurses need and how they would like this organised.

A national survey was carried out using questionnaires on Survey Monkey (15 questions for practice nurses and three for General Practitioners and Clinical Commissioning Group leads). Two focus groups were held one month apart with practice nurses in Northamptonshire following protected learning time sessions. This was funded by the Charlie Waller Memorial Trust Ted Fort project grant and supported by Park Avenue Medical Centre, Northampton and UCLPartners.

2. Key findings

- Practice nurses are getting older. Most are over 40 years of age (89.5%) with 56.9% being over 50.
- The number of GPs working in each practice has increased since 2008 but the number of practice nurses has remained the same.
- 81.5% of practice nurses have responsibilities for aspects of mental health and wellbeing where they have not had training.
- 42% of practice nurses have had no training in mental health and wellbeing at all.
- 98% of practice nurses identified at least one area of mental health and wellbeing training that they would like to attend.
- Most practice nurses (89.3%) think their current role includes some aspect of caring for people with common mental health problems.
- The majority of practice nurses (94.8%) ask patients about behaviour which increases the risk of cardiovascular disease and offer advice.
- Only 22.9% of practice nurses presently carry out the annual dementia review and 41.5% carry out the annual physical health check for people with severe mental illness.
- A third of practice nurses would struggle to attend a course because gaining agreement from employers is difficult.
• Practice nurse prefer face-to-face training in a classroom environment to training in the workplace. E-learning is preferred as part of a package of learning including face-to-face rather than in isolation.

• None of the CCG lead respondents believed that their organisations were in the process of arranging a programme of mental health and wellbeing training for practice nurses.

3. Background

It is important that healthcare professionals in primary care are knowledgeable about mental health problems to fulfil the English government’s mental health outcomes strategy (Department of Health (DH) 2011). This emphasises early intervention and prevention to help tackle the underlying causes of mental ill health. The Joint Commissioning Panel for Mental Health (2012) reported that to improve people’s life chances and reduce the healthcare costs associated with poor mental health, it is vital for prevention of depression, risk stratification and early intervention to take place in primary care. Additionally, the results of a household survey in England (McManus et al. 2009) showed that a large number of adults have a mental illness and 90% of them (including 30–50% of all those with serious mental illness) only use primary care services (Gask et al. 2009). The European Definition of General Practice/Family Medicine (WONCA 2005) includes promoting health and wellbeing and dealing with psychological problems in the list of capabilities that GPs should master.

Practice nurses make up a large part of the primary care workforce and have increasing responsibility for making decisions about patient care. The Royal College of General Practitioners (RCGP) has set out the required competencies for practice nurses, a large number of which include mental health and wellbeing (RCGP 2012). These are:

- using a holistic approach; responding appropriately and communicating effectively with patients with mental illness
- being aware of mental health and capacity requirements
- recognising the signs of and effectively following up concerns relating to family violence, vulnerable adults, substance abuse, addictive behaviour and child abuse
- knowing how to advise patients with mental health disorders
- identifying patients whose health could be at risk and offer brief, focused lifestyle advice including the ‘Brief Intervention’ and ‘Motivational Interviewing’ approaches
- being aware of the factors that may contribute to health inequalities particularly in relation to screening uptake
- being aware of risk factors and recognise early signs of mental health conditions/problems (depression, generalised anxiety disorders, suicide, self-harm, bipolar disorder, post-partum affective disorders, schizophrenia, dementia, substance abuse, eating disorders) and have a basic understanding of their management in primary care
- administer appropriate prescribed therapies for mental illness and monitor for side effects contraindications and adverse drug reactions; being aware of the impact of long-term conditions upon patients and carers and the ways in which they may manifest in primary care.

These competencies are supported by NHS England, which has published a draft of its vision and strategy of practice nursing (NHS England 2012). However, in an analysis of practice nurse responsibility and training needs (n= 1,161, Crossman 2008), mental health was not specified as a responsibility of any of the respondents and only six practice nurses cited mental health as a training need. It could be that the responsibilities for mental health or the identification of mental health as
a training need were not named in this analysis because the practice nurses were not explicitly asked about it; or as this study was carried out some time ago the situation may have changed.

The aim of this survey is to find out what practice nurses perceive they are already doing regarding mental health and wellbeing, what training they think they need and how they would like this to be delivered. A secondary aim is to learn what training GPs and CCG leads think practice nurses need and how they would like it to be organised.

4. Method

A mix of quantitative and qualitative methods is used in this survey by the employment of questionnaires and focus groups.

4.1 Design

Questionnaires
Fifteen questions were created for practice nurses to find out demographic information and the perceived responsibilities and training needs regarding mental health and wellbeing. The subject areas in the questions were identified from the RCGP competencies (RCGP 2012) and the English government’s mental health strategy (Department of Health (DH) 2011). The respondents could choose their answer(s) from a picking list or provide their own. Only three questions were created for GPs and for CCG leads. This was to make the survey extremely quick to complete in an attempt to engage respondents. These questions included a picking list of training needs and two questions about funding and organisation of training.

Focus groups
In order to find out the views of practice nurses without providing the prompts and picking lists that are present in the survey, two focus groups were organised. Nurses were divided into three groups; each group was requested to answer one of the following questions:

1. What do practice nurses do that involves any consideration of the patients’ mental health and wellbeing?
2. What training do practice nurses need regarding mental health and wellbeing?
3. How do practice nurses like to learn?

4.2 Sample selection

Questionnaires
The inclusion criteria were that all participants should be practice nurses working in the England. However, nurses in Scotland were later invited following an offer by the NHS Education for Scotland’s National Co-ordinator for General Practice Nursing to cascade the link out via the General Practice Nursing Coordinated network. The sample was self-selected and anonymity was guaranteed. The survey was widely publicised, with an email sent to practice nurses in North Central East London (as access to this information was available), and notices and editorials in practice nursing journals, on the Royal College of Nursing website and the practice nursing website. The intention was to include practice nurses from all practice types, sizes and geographical locations. Emails were sent to CCGs for dissemination to practice nurses, GPs and CCG leads.

Focus groups
Two focus groups with practice nurses were arranged one month apart in the south and north of Northamptonshire following the protected learning time (PLT) sessions.
4.3 Data Collection

Questionnaires
Data was collected from July 2013 to November 2013 using a web survey development, cloud-based tool that allows users to create their own surveys using question format templates (Survey Monkey).

Focus groups
The nurses were given no prompts or suggestions in addition to the three questions. They recorded their thoughts on flip charts. Each group then presented their views to the others, who added further thoughts.

4.4 Analysis

Descriptive and interpretive analysis was used for both the questionnaires and the focus groups.

4.5 Funding

The audit was funded by the Charlie Waller Memorial Trust Ted Fort project grant for practice nurses. This grant funds a practice nurse, registered with the NMC, to undertake a project in their health practice relating to improving recognition, detection of patients with mental health problems and access to mental health support. Advertising was paid for by UCLPartners.

5. Results

5.1 Practice nurse questionnaires

390 practice nurses responded to the survey. Fourteen GPs and 14 CCG leads responded. The respondents were far spread geographically. 17 nurses answered ‘I don’t know’ to which CCG their practice belonged to but 52 skipped the question and 64 completed the ‘if you don’t know state town’ box. These included practice nurses from Scotland, Wales, Ireland and those working for organisations such as the Ministry of Defence and the Royal Air Force, and nurses from across England who did not recognise their CCG from the list.

5.1.1 Demographic profile

Most of the practice nurse respondents are over 40 years of age (89.5%), with 32.6% being between 41 and 50 and 49.4% being between 51 and 60. A number of nurses (7.5%) are over 60. This shows that the population of practice nurses has got older since the survey by Crossman (2008) where 48% were aged between 41 and 50 and 30% between 51 and 60.

Only 4.7% of practice nurse respondents have been working in this role for less than a year. Around a sixth (16.7%) has only been working up to five years. Nearly a quarter of nurses (24.7%) have been a practice nurse between 5 and 10 years which is similar to Crossman’s survey (22%). Over half (53.9%) have been in practice nursing over 10 years, which is again comparable to Crossman’s survey (53%), but 30.5% of these have worked for more than 15 years as a practice nurse. Of this 30.5%, nearly two-thirds have worked for over twenty years in the role.

Only 2.8% of practice nurses work for a single-handed GP, which is less than found by Crossman (7%). Just over half of nurses work in practices with two to five GPs (52.3%), with the most common
number of GPs being five (17.1%). Nearly 45% work in practices with 6-10 GPs, which is predictably more than the 33% in Crossman’s survey (figure 1).

Figure 1 The number of GPs working in each practice

Despite more GPs working in each practice, the number of practice nurses does not seem to have increased in line with this (figure 2). Over 10% of practice nurses work alone, which is only a little less than found by Crossman (12%). The majority of nurses work in teams with two to five nurses, with the most common number being two (25.5% compared to 25%) and three (22.1% compared to 21%). Only 13% work in teams of 6-10 nurses, which is less than the 14% in Crossman’s survey.

Figure 2 The number of nurses working in each practice

5.1.2 Training that practice nurses have had in mental health and wellbeing

Practice nurses were asked what training they had previously had in mental health and wellbeing (figure 3). They could tick as many options as they needed. The list included a number of subjects relating to mental health and wellbeing and the type of course (i.e. one day or less, 2-4 days, 1-2
weeks, certificate or diploma, degree module). They could also state whether they were a registered mental nurse (0.5%) or had completed a degree, masters or PhD in mental health; none of them had. Nearly half (42.3%) of practice nurses reported having had no training in mental health and wellbeing. The training received in mental health was mainly one day or less with very few being of 2-4 days duration. Degree, diploma and certificate courses were mainly restricted to sexual (18.4%) and public health (4.2%) with two nurses (0.5%) having completed a masters in public health (0.8%). If public and sexual health had not been included in this survey, the number of nurses recording that they had no training in mental health and wellbeing is likely to have been higher. Just over 16% of practice nurses have received training in dementia, 13.2% one day or less, 2.6% over 2-4 days and 0.5% a certificate or diploma. Very few nurses (8.3%) have received training in the care of people with severe mental illness (SMI), but a few more have learnt about substance abuse (11.4%) with 0.5% being at certificate or diploma level.

Figure 3 The percentage of practice nurses who have received training in mental health and wellbeing (top 12 subjects shown)

5.1.3 Practice nurse role with regard to common mental health problems

Practice nurses were asked what they currently do in practice that relates to common mental health problems (figure 4). Only 10.7% consider that they have no role. Nearly 65% of practice nurses screen for depression and/or anxiety in patients with diabetes and heart disease with 37.8% proactively screening for depression in other patient groups. Almost 50% of practice nurses confidently provide a listening ear when a patient divulged a mental health problem and the same number refer to the GP without providing any input. Nearly 50% discuss ways to maintain wellbeing. Almost a third of nurses refer patients to other services such as counsellors and the mental health team. Guided self-help is offered by 19.3% of practice nurses, with 18% assessing for suicide risk. Just 4.7% of practice nurses prescribe antidepressants.
5.1.4 Practice nurse role in changing unhealthy behaviour

The majority of practice nurses ask patients about behaviour which increases the risk of cardiovascular disease and offer advice (figure 5 - smoking 91.2%, diet 94.8%, exercise 94.3%, alcohol 93.8%). Many practice nurses then provide ongoing support to help patients modify their behaviour (smoking 73.4%, diet 83.5%, exercise 76%, alcohol 51.4%). Nearly 67% refer patients to an appropriate agency if alcohol misuse is present. Almost 80% of practice nurses ask patients about safe sex and offer appropriate advice and 68.7% would refer to a sexual health clinic if appropriate. Just under half the practice nurses ask patients about drug misuse and offer advice (47.3%) and 41.1% refer patients to an agency if appropriate. Less than a tenth of practice nurses (9.3%) support patients who have a drug problem. A little over half the respondents (52.7%) offer advice about avoiding stress and maintaining wellbeing and just under half (47.8%) use a motivational style approach in consultations.
5.1.5 Practice nurse role regarding dementia

A sixth of the practice nurses (16.3%) reported having no responsibilities for patients with dementia (figure 6). More than two thirds (71.1%) would refer a patient to their GP who did not have a diagnosis of dementia but they suspected they may have. Nearly a quarter of practice nurses (24.2%) perform a dementia screening test and then refer patients to the GP but very few liaise with other agencies (12.9% mental health services, 14.5% social services, 10.8% Alzheimer’s society). Less than a quarter of respondents (22.9%) carry out the annual dementia review.
5.1.6 Practice nurse role regarding severe mental illness

Over a quarter of practice nurses (28.3%) report that they have no role in the care of people with SMI, however 41.5% carry out the annual physical health check. Even though 47.2% of practice nurses administer antipsychotic injections, only 9.4% observe for side effects using a recognized rating scale. Nearly two thirds of respondents (60.9%) offer ongoing lifestyle support (such as diet, smoking, exercise) to people with SMI but only 20.7% liaise with the mental health team and only 9.4% liaise with other agencies (figure 7).

Figure 7 The percentage of practice nurses who have a role in severe mental illness

![Bar chart](chart.png)

5.1.7 Mental health and wellbeing topics that practice nurses view as their responsibility

Hardly any practices nurses (1.3%) think that they have no responsibility for mental health and wellbeing (figure 8). The majority agree that they should:

- be aware of risk factors for developing stress and how to maintain wellbeing (85.8%)
- be conscious of possible mental health problems and how/when to refer for assessment and treatment (87.8%)
- be confident in listening to a patient who divulges a mental health problem (82.1%)
- screen for depression and anxiety in patients with a long term condition (81.1%)
- encourage patients to change unhealthy behaviour (83.7%).

There was less agreement from practice nurses regarding being responsible for supporting patients with mental health problems. However, around half of them thought they should: assess for suicide risk (47.4%); manage patients with long term conditions who have depression or anxiety (40.2%); have designated nurses to carry out dementia and SMI annual reviews in the same way they have for diabetes and asthma (47.9%); support patients with an alcohol (56.5%) or drug problem (46.4%); support patients who self-harm (44.8%) or have an eating disorder (45.9%).
5.1.8 Responsibilities of practice nurses in mental health and wellbeing where training has not been given

Only 18.5% of practice nurses reported that they were not carrying out any mental health and wellbeing responsibilities where they had not had training (figure 9). This means that 81.5% think that they are. The responsibilities identified where training has not been given are:

- assessing suicide risk (25.2%)
- listening to patients who divulge a mental health problem (42.8%)
- maintaining wellbeing (18.8%)
- screening for depression and anxiety (35.5%)
- managing mild to moderate depression and anxiety (22.3%)
- carrying out annual reviews for people with dementia (24.3%) and SMI (22.6%)
- administering depot antipsychotic medication (19.1%)
- encouraging patients to change unhealthy behaviour (17%)
- supporting patients with an alcohol (24%) or drug problem (24.9%)
- supporting patients who self-harm (27%) or have an eating disorder (25.2%)
- sexual (16.1%) and public health (15.1%).
5.1.9 Courses practice nurses would find useful to attend

The practice nurses were asked to identify the subject areas they would find useful to learn about (figure 10). They are:

- screening for depression and anxiety including assessing suicide risk (68.4%)
- managing mild to moderate depression and anxiety (60.1%) carrying out annual reviews for people with dementia (60.8%) and SMI (38.4%)
- administering depot antipsychotic medication (29.5%)
- behaviour change (47.8%)
- promoting wellbeing (41.3%)
- sexual health (36.3%)
- public health (33.4%)
- alcohol misuse (47.8%)
- drug misuse (42.6%)
- eating disorders (52.5%)
- maternal mental health (36.6%)
- none of them (1.8%).
5.1.10 Factors that would prevent practice nurses from attending a course

The practice nurses were asked what would prevent them from attending a course (figure 11). A mere 2.1% of respondents said they would not want to attend any of these courses but only 6.5% said they could just book and attend. Nearly half (49.2%) of the practice nurses reported that attendance would be subject to negotiation with their employers but wouldn’t usually be a problem. The barriers identified were:

- attendance would be subject to negotiation with my employers and gaining agreement may be difficult (34.1%)
- I’m not sure the course I would like to attend is available (25.3%)
- I could not travel too far (25.5%)
- my employers would not pay (28.4%)
- my employers would not release me from practice (16.1%).
5.1.11 The practice nurses’ preferred mode of learning

The practice nurses were asked how they preferred to learn (figure 12). They identified: face-to-face in my own practice (18.7%); face-to-face in a classroom environment (48.2%); e-learning (21.2%); mixture of face-to-face and e-learning (59.1%); mixture of face-to-face and group work with peers (36.3%).

5.1.12 Comparison of practice nurses’ past training and perceived training need

There are some topics where a comparison of practice nurses’ past training, current responsibility, and views on what should be their responsibility and training needs can be made (table 1). In the case of common mental health problems and carrying out annual reviews for SMI, the perceived
training need numbers match the past training and ‘should be a responsibility’ numbers. Only 47.9% of respondents consider dementia as a responsibility but 60.8% want training. In the case of behaviour change, despite 83.7% of practice nurses seeing this as an area that should be their responsibility (though 94.8% currently hold this responsibility); just 47.8% of them think that training would be useful. Only 24.4% of respondents have had training in behaviour change which means that at least 11.5% of practice nurses think they can do this without training.

<table>
<thead>
<tr>
<th>Mental health and wellbeing topic</th>
<th>Past training (%)</th>
<th>Should be responsibility (%)</th>
<th>Currently a responsibility (%)</th>
<th>Training need (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common mental health problems</td>
<td>35.7</td>
<td>81.1</td>
<td>64.1</td>
<td>68.4</td>
</tr>
<tr>
<td>Carrying out annual reviews for people with dementia</td>
<td>16.3</td>
<td>47.9</td>
<td>22.9</td>
<td>60.8</td>
</tr>
<tr>
<td>Carrying out annual reviews for people with severe mental illness</td>
<td>8.3</td>
<td>47.9</td>
<td>41.5</td>
<td>38.4</td>
</tr>
<tr>
<td>Behaviour change</td>
<td>24.4</td>
<td>83.7</td>
<td>94.8</td>
<td>47.8</td>
</tr>
</tbody>
</table>

5.2 Views of GPs and CCG leads

GPs and CCG leads were asked what training they thought practice nurses needed in regard to mental health and wellbeing and how they would like the training organised.

5.2.1 The areas of training that GPs and CCG leads think are important for practice nurses

Table 2 shows the responses of CCG leads, GPs and practice nurses to the question asking what training in mental health and wellbeing would be useful for practice nurses. The majority of CCG leads (85.7%) recorded screening for depression and anxiety including suicide risk and public health as a training need, but more than three quarters (78.6%) of them included managing mild to moderate depression and anxiety and sexual health. Approximately two thirds of CCG leads think that nurses should be trained to carry out annual reviews for people with dementia, behaviour change, alcohol and drug abuse and self-harm and just over half think maternal mental health and eating disorder education is needed. Only a third of CCG leads think that practice nurses need training to carry out annual reviews for people with SMI and administer depot injections. In contrast, the GPs saw all subjects as less important for training apart from carrying out annual reviews for people with SMI and dementia and administering depot injections. More practice nurses recorded that training for screening for depression and anxiety including assessing suicide risk was needed than any of the other subject areas.
Table 2 Comparison of CCG leads, GPs and practice nurses’ responses to which training is important

<table>
<thead>
<tr>
<th>Training Area</th>
<th>CCG lead (n=14)</th>
<th>GP (n=14)</th>
<th>Practice Nurse (n=390)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening for depression and anxiety including assessing suicide risk</td>
<td>85.7%</td>
<td>61.5%</td>
<td>68.4%</td>
</tr>
<tr>
<td>Managing mild to moderate depression and anxiety</td>
<td>78.6%</td>
<td>53.8%</td>
<td>60.1%</td>
</tr>
<tr>
<td>Carrying out annual reviews for people with dementia</td>
<td>64.3%</td>
<td>69.2%</td>
<td>60.8%</td>
</tr>
<tr>
<td>Carrying out annual reviews for people with severe mental illness</td>
<td>35.7%</td>
<td>46.2%</td>
<td>38.4%</td>
</tr>
<tr>
<td>Administering depot antipsychotic medication</td>
<td>35.7%</td>
<td>53.8%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Behaviour change</td>
<td>64.3%</td>
<td>46.2%</td>
<td>47.8%</td>
</tr>
<tr>
<td>Promoting wellbeing</td>
<td>71.4%</td>
<td>69.2%</td>
<td>41.3%</td>
</tr>
<tr>
<td>Sexual health</td>
<td>78.6%</td>
<td>76.9%</td>
<td>36.3%</td>
</tr>
<tr>
<td>Public health</td>
<td>85.7%</td>
<td>61.5%</td>
<td>33.4%</td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>71.4%</td>
<td>69.2%</td>
<td>47.8%</td>
</tr>
<tr>
<td>Drug misuse</td>
<td>71.4%</td>
<td>46.2%</td>
<td>42.6%</td>
</tr>
<tr>
<td>Self-harm</td>
<td>71.4%</td>
<td>38.5%</td>
<td>n/a</td>
</tr>
<tr>
<td>Maternal mental health</td>
<td>57.1%</td>
<td>53.8%</td>
<td>52.5%</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>57.1%</td>
<td>30.8%</td>
<td>36.6%</td>
</tr>
<tr>
<td>None of them</td>
<td>7.1%</td>
<td>7.1%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

5.2.2 GPs’ views about financing a mental health and wellbeing course

GPs were asked whether finances would be a problem when deciding on a mental health and wellbeing course. Just over a third of GPs (38.5%) said it would not be an issue if the course was free and they just had to pay expenses and 61.5% said if the course was necessary for the practice nurse to perform her role and the cost was reasonable then there would be no problem. However, 15.4% thought that courses were often too expensive and none of them would allow a practice nurse to attend a necessary course regardless of cost.

5.2.3 Arranging time for the practice nurse to attend training

Nearly two thirds of GPs (61.5%) and 100% of CCG leads would try to arrange the training in a Protected Learning Time session. Just one GP (7.1%) recorded that it may not be possible to release the nurse from practice to attend the relevant course but 38.5% of GPs stated that they would arrange time for the practice nurse to attend (this means 61.5% would not). Less than a third (30.8%) would try to arrange training in house. Only 53.8% of GPs would offer protected time to practice nurses to complete an e-learning course. Nearly a quarter of CCG leads (23.1%) would provide backfill costs to release the nurse from practice to attend the relevant course.

5.2.4 Commissioning mental health and wellbeing courses for practice nurses

None of the CCGs leads believe that their organisation are in the process of arranging a programme of mental health and wellbeing courses for practice nurses but 14.3% are considering what training programme would be most appropriate. A further 28.6% would consider this training as part of developing the practice nurse role. Half the CCG leads recorded that training is the responsibility of each individual practice and one lead (7.1%) thinks that this training is not relevant.

5.3 Focus groups

Seven nurses attended the focus group in the south of Northamptonshire and 23 attended in the north.
5.3.1 What do practice nurses do that involves any consideration of the patients’ mental health and wellbeing?

Both groups
The practice nurses stated that their responsibilities with regard to mental health and wellbeing included: depression (use of the depression screening questions, assessing severity of depression using tools such as PHQ9 and HADs, referral to wellbeing services, medication and reviews); and administering anti-psychotic injections.

The south only
This group of nurses also listed annual reviews for various mental illnesses; talking to mothers with post natal depression; general consultations (considering patients’ wellbeing, diet, smoking, exercise, alcohol); and picking up stress, for example when carrying out pulse and blood pressure checks. They felt they had been offered no training on mental health issues which they have to deal with every day, yet have to attend compulsory and often unnecessary training updates (e.g. cervical cytology, basic life support, smoking cessation, child protection). One nurse felt that the mental health training should be compulsory. Another felt that GPs needed to be educated about this training need in order for them (practice nurses) to access any identified training.

The north only
This group also listed general consultations but with a different emphasis (observation and conversation, active listening). They also recorded the use of and carrying out the bio/social questionnaire, referral to the GP and other agencies; activity questionnaires; and clinical meetings.

5.3.2 What training do practice nurses need regarding mental health and wellbeing?

Both groups
The practice nurses in both groups wanted some initial education which included awareness of risk and wellbeing. They wanted information about signposting, i.e. where to refer; how to access (especially in emergency). This they said should be updated when there is change in service.

The south only
The practice nurses in the south identified six further training topics:

1. How to use assessment tools (when to use, when appropriate)
2. Refresher or updated information including dementia
3. Basic understanding and education of illness (severe mental illness, depression and anxiety, eating disorders, bereavement, stress, sexual abuse)
4. Awareness of red flags: possibility of self-harm; suicide attempt/risk; crisis management
5. Basic counselling skills
6. Reading body language

The north only
The practice nurses in the north firstly questioned whether they needed any training because it was not part of their role. They then decided that they did and listed five subjects in addition to those identified by both groups:

1. An overview of mental health from the perspective of a mental health nurse or psychiatrist
2. Techniques that allow quick and easy advice when people need it
3. The role of other services, e.g. MIND, wellbeing service
4. How to diffuse confrontational situations
5. Medications used in mental illness and their side effects

5.3.3 How do practice nurses like to learn?

Both groups
A number of learning methods were identified by the practice nurses. They felt they gained a lot from face-to-face learning in a group which included discussion and feedback from experienced practitioners. Most of the nurses said they did not like the use of role play even when done in small groups without observation. One nurse said if she had to do it under pressure then she would not learn and another felt the setting would be unrealistic. If role play was included they would like an alternative offered, for example being able to discuss the issue in the small group. They felt observing skilled practitioners, followed by discussion and feedback would be helpful and they would like supervised practice. They also wanted study days and updates regularly.

The south only
The practice nurses in the south felt there was presently an overuse of e-learning in primary care where they were left without feedback to tell them where they went wrong. They expressed that they did not learn well in this way, but if the e-learning was backed up by some group discussion then this would be useful.

The north only
The practice nurses in the north wanted a nice venue with food provided and listed the following methods of delivery:

1. Informal and in small groups (will learn better)
2. Case studies
3. Pre-study reading
4. Practical and visual
5. Interactive

They also suggested attendance at conferences, shadowing and online learning (as long as not too involved and they were given protected time). They would like the learning to be credited.

6. Discussion

The practice nurses who responded to our survey are older than those in the analysis by Crossman (2008). Most are over 40 years of age (89.5%) with 56.9% being over 50. This compares with the results of the RCN Employment Survey 2013, which shows that 64% of were over 45, with 87% being over 35. It would appear that all nurses are getting older but practice nurses are still the oldest. An aging population means that many will be working part-time and/or be nearing retirement. With this in mind, it is not surprising that despite the number of GPs working in each practice increasing since Crossman’s analysis (Crossman 2008), the number of practice nurses has remained about the same. This concurs with the findings of the Health and Social Care Information Centre (2012), which reports that there are currently 23,458 practice nurses in England, a very slight decrease of 126 (0.5%) since 2011.

The practice nurses have identified a number of mental health and wellbeing areas that they are responsible for in their day to day practice. This contrasts with the findings of Crossman (2008) where no responsibilities regarding mental health were identified. It is written in the nurses’ code of conduct (Nursing & Midwifery Council 2008) that nurses have a duty to make a holistic and systematic assessment of physical, emotional, psychological, cultural, spiritual and social needs, so it
is encouraging that the practice nurses taking part in this survey and focus groups see looking after the patients’ mental health and wellbeing as part of their role. However, it is disturbing to note that 81.5% of practice nurses have responsibilities for aspects of mental health and wellbeing where they have not had training and 42% of them have had no training in this area at all. The Nursing & Midwifery Council (NMC 2008) stresses that if a nurse feels they are being asked to undertake work that they have not been trained to do properly, they should not carry out that work until they receive appropriate training and proper supervision. It would appear from this survey that the lack of training is not due to the practice nurses’ motivation to attend such courses. Ninety-eight percent of them identified at least one area of mental health and wellbeing training that they would like to attend, but a number of barriers have been acknowledged. A third of practice nurses would struggle to attend a course because gaining agreement from employers is difficult and a further third said their employers would not pay. Over a quarter of practice nurses did not think that the relevant courses were available. E-learning has become a popular mode of delivery in primary care because it is inexpensive and means nurses do not have to leave their practice to complete it. However, the practice nurses simply value this as an adjunct to attending a training course rather than as a stand-alone method. Additionally, this survey shows that over 46% of GPs would not provide time for the practice nurse to complete an e-learning module. It was disappointing to find that none of the CCG leads were aware of any current programmes to educate practice nurses. They have a responsibility to educate GPs about the importance of employing primary care workers who are skilled, able and supported to provide mental health services (Funk and Ivbijaro 2008).

In order to ensure quality of service and safeguard high standards of care, otherwise known as clinical governance (Scally and Donaldson 1998), practice nurses need to have access to appropriate education that is fit for purpose and will promote their understanding of mental health and wellbeing. The views of the practice nurses in this survey have been used by the author on behalf of UCLPartners to help shape such a programme of learning. This is one training option that is currently being offered to practice nurses in certain areas of London (visit the website for more details: www.uclpartners.com/our-work/academic-health-science-network/integrated-mental-health/practice-nurse-masterclasses/).

In summary, practice nurses presently have responsibilities for mental health and wellbeing in their everyday practice but do not have access to the relevant training. There is a need for appropriate training to be made available nationally. Financial incentives to GPs in return for training practice nurses should be considered by CCGs.

7. Recommendations

Recommendations are provided using the three features of clinical governance, elements, process and infrastructure:

1. Elements: Access to a credited programme of learning with support from skilled practitioners.
2. Process: Face-to-face learning with peers (in order to facilitate discussion and to have their learning validated) with supervision and e-learning as an adjunct.
3. Infrastructure: Due to the unique way that practice nurses are employed, it is vital that GPs are supportive of them taking part in a mental health and wellbeing education programme or they will not be successful in completion. CCGs should develop programmes that include financial incentives to GPs in return for training practice nurses.
8. References


