

2012 WaMH in PC Bursary

Application Categories

Please tick the appropriate boxes to indicate which category/categories you are applying under.

Note: If you are applying for more than one category please tick the relevant boxes

<p>Category 1 – To improve the experience of patients, carers and or staff working in the NHS</p> <p>To apply for a category 1 bursary, individuals and/or organisations must:</p> <ul style="list-style-type: none"> ○ Work within, or be associated with, the provision of primary care mental health services in Wales 	<input checked="" type="checkbox"/>
<p>Category 2 – to support the local delivery of Part 1 of the Mental Health (Wales) Measure 2010</p> <p>To apply for a category 2 bursary, individuals and/or organisations must:</p> <ul style="list-style-type: none"> ○ Work within, or be associated with, the provision of primary care mental health services in Wales 	<input checked="" type="checkbox"/>
<p>Category 3 – to raise awareness about mental health</p> <p>To apply for a category 3 bursary, applicant(s) are invited from services and organisations from both within and outside the NHS and must:</p> <ul style="list-style-type: none"> ○ Evidence a demonstrable link and benefit to primary care mental health in Wales 	<input checked="" type="checkbox"/>

Details of Project

<p>1. Title of proposed project for which you are seeking funding: Enhancing Depression management in primary care</p>
<p>2. Summary of Project <i>In this section 'Summary of Project' we are asking for an overview only of your project. This information should be clear and concise and contained within one side of A4.</i></p> <p><i>The overview should include</i></p> <ul style="list-style-type: none"> • <i>The aim of your project i.e. what you are trying to achieve</i> • <i>The outcomes of your project</i> • <i>The total cost of your project</i> • <i>The application category/categories relevant to your project</i> • <i>Evidence of the three hallmarks of positive relationships</i> <p>AIM: The intention of this project is to provide primary health care nurses with training and supervision to deliver a treatment programme for patients with recurrent depression. This will be based the same protocol that was shown to be effective in the proCEED trial. This will increase primary health care nurses' confidence in talking about depression and anxiety. It will also lead to an increase in patient experience and an improvement in the provision of treatment for</p>

recurrent depression, which currently is insufficient.

Outcomes: In order to measure the success of the treatment programme, the BDI-II will be implemented as a pre-intervention and post-intervention measure. The BDI-II is an inventory relating to depressive symptoms such as hopelessness and irritability, cognitions (guilt or feelings of being punished) and also physical symptoms. Also, the Work and Social Adjustment Scale (WSAS) will be used pre and post intervention to assess the extent to which the individual's depression has impaired social functioning.

It is hoped that through implementing this project fewer individuals will enter secondary care mental health services to deterioration in their mental health due to the worsening of their symptoms.

COST: The funding would be used to pay for a band 7 nurse therapist to run the training course for practice nurses for 8 practices. It will also provide the primary health care nurses with supervision every 3 months for a period of 24 months. The remaining of the funding will be to provide the nurses with a training manual and also the psychometrics that will be used to measure the outcome of this treatment programme.

RELEVANT APPLICATION CATEGORIES

Category 1: To improve the experience of patients, carers and or staff working in the NHS
The current project meets this category as it seeks to improve patients experience in primary care as it increases the amount of contact with the service through regular assessments and reviews. It also aims to improve their knowledge of what care is on offer to the individual. It also aims to improve the experience of staff. Currently nurses do not feel confident to talk to patients about depression and anxiety and feel undertrained in this area. The project seeks to change this by providing nurses with more training and supervision in this area.

Category 2: To support the local delivery of Part 1 of the Mental Health (Wales) Measure 2010.
The current project meets a number of the aims Part 1 of this measure. Firstly, nurses will provide a more comprehensive assessment of patients after being seen by their GP. Nurses will also provide short term interventions, predominately based on psycho education and also signpost to further sources of help. This project will also allow for reviews of current treatment plans on a regular basis than is currently offered.

Category 3: There is a large stigma attached to mental health issues, even though wider society's knowledge has vastly improved in the past decade. However, there are still issues attached to mental health that create barriers to accessing treatment. By introducing this project within communities and using nurses the stigma associated with mental health treatment will be tackled.

3. Background to the proposed project:

Applicants are required to detail, in this section:

Why there is a need for your project?

What evidence/research do you have which supports the need for this project to be implemented?

What existing services / strategies have informed the development of your project?

How will your project link into and support/enhance new/existing services/strategies?

What benefits will be achieved through the implementation of this project?

Depression is one of the most common mental health disorders; research postulates that the condition is one of the most common reasons to seek consultation in general practices (Gilbody, Whitty, Grimshaw and Thomas, 2003). Individuals that are managed within primary care, it is reported that more than one third relapse within the first year (Lin, Katon, VonKorff, Russo, Simon, Bush, Rutter, Walker and Ludman, 1998). This demonstrates the need for more

interventions at this level.

Research suggests that depression should be treated in a similar manner as chronic disease (Simon, 2002). Traditionally, individuals suffering from depression only seek help when symptoms have reached a severe and debilitating level. A model to treat depression as a chronic disease suggests that treatment should be more enhanced with follow up appointments provided at more regular intervals after initial diagnosis. This model is supported by empirical evidence outlined by Simon (2002) who also suggested that more effective follow up treatment is vital for the treatment of recurrent depression. Simon (2002) states that currently patients who experience recurrent depression are inadequately treated and have little or no follow up in primary care.

In order for a new treatment programme to be implemented in primary care, it has been widely discussed which health practitioner is best placed to take lead. Research suggests that nurses are best placed to take this lead for a number of reasons. For instance, patients are more likely to discuss behaviour change with nurses (Bodenheimer and MacGregor, 2005). Nurses are currently seeing patients suffering from a wide range of mental health problems, but feel that they are undertrained to provide the best possible care in this area (Crosland and Kai, 1998). In turn this demonstrates the need for more training in this area if novel treatment programmes are to be effective or successful.

This idea of further training for primary care nurses has been developed and has provided an effective basis on which this current proposal will seek to emulate. The trial was based on evidence from American studies investigating the protocol for recurrent depression (Von Korff and Goldberg, 2001). Buszewicz, Griffin, McMahon, Beecham and King (2010) provided 42 general practices with training for their practice nurses on depression and anxiety. This training provided nurses with knowledge of symptoms and diagnosis, available treatment and low level interventions that the nurses would provide, such as problem solving techniques. Over a period of twenty four months patients who suffered from recurrent depression (suffered from two or more depressive episodes in the past two to three years) received reviews on their treatment every 3 months. This enabled patients, to discuss their current treatment programme and reflect on whether they felt their needs were being met. It was found participants in the nurse led-intervention group scored significantly higher on a social adjustment scale compared to treatment as usual. This was a vital aspect of the trial, as this is difficult to achieve for this group of individuals and can dramatically improve quality of life. Also qualitative results illustrated that this proactive model of care was effective for many participants and nurses, improving patient experience.

This evidence base demonstrates the need for the current project to be implemented, by providing nurses with training and supervision mirroring the procedure of the proCEED trial it is hoped that a more effective treatment programme for recurrent depression will be able to be applied to the Abertawe Bro Morgannwg trust. This training will also link in with the quality and outcomes framework, where primary health care settings are required to discuss depression with patients.

There are a number of potential benefits from implementing this project. Firstly nurses will feel trained and confident to provide care to patients with recurrent depression – this could potentially lead to earlier diagnosis in other at risk patients such as those with diabetes. Secondly, it would increase the contact that patients have with primary health care services, where changes in their life can be monitored and treatment can be adapted to best fit their needs. Thirdly, it would reduce the severity of recurrent depression - this would alleviate the stress that is currently placed on secondary mental health services, which typically have long waiting lists.

4. Purpose of the proposed project:

Applicants are required to detail, in this section:

The methods you would use to develop their project

Evidence of the three hallmarks of positive relationships:

- *Trust – demonstration of honesty, competence and openness*

- *Good Communication* – a meaningful interaction between living beings.
- *Person Centredness* – seeing the client/ practitioner as a person, sharing power and responsibility

REFERRAL: Participants will be recruited from 8 general practices in Abertawe Bro Morgannwg NHS Trust. Participants will be current patients of the general practice based on the inclusion criteria used by ProCEED trial.

Inclusion criteria:

- Men and women aged 18 and over
- Two or more documented episodes of depression within the previous three years.
- Evidence of recurrent and/ or chronic depression (measured with a scale called the composite international diagnostic Interview)
- A score of 14 indicating mild depression on a scale called Beck Depression Inventory-II (BDI-II)
- Sufficient English to be able to complete self-report questionnaires.

Exclusion criteria

- Current psychotic symptoms (such as hearing voices or having delusional thoughts)
- Impaired cognitive function.
- Incapacitation alcohol or drug dependence.

Participants will be invited to attend a first session with the primary health care nurse where initial assessments will be taken (outlined in

PRACTICE NURSE TRAINING SESSIONS: All practice nurses involved in delivering the interventions will be required to attend a 3 days of training. Furthermore nurses will be given the opportunity to attend 4 separate top up training days where they will have the opportunity to discuss clinical cases and focus on ways in working with people with more complex needs.

NURSE SUPERVISION: Each nurse will be assigned a supervisor (Band 7, nurse therapist). Nurses will have regular contact (face to face or telephone contact) with their supervisor every 3 months.

TRUST The project is encouraging primary health care nurses to develop working relationships with patients where trust is a key factor for this to be a success.

GOOD COMMUNICATION – Good communication will be important in a number of key areas of this project. Firstly, the development of the relationship between facilitator and nurse will be highly important in order to increase confidence in working with patients with mental health issues. Secondly, communication will be an important aspect of the relationship between nurse and client as they will often have to discuss sensitive information. Finally communication will be encouraged between primary health care nurse and band 7 during supervision; this enables as difficult issues to be discussed and reach a conclusion where the nurse feels confident to continue with work.

PERSON CENTEREDNESS – One of the key features of this project is that it is breaking down barriers to accessing treatment for mental health. Nurses are ideal professionals to use in this situation as often patients find them more accessible than other professionals such as doctors. Nurses will be trained in listening skills, based on the person centred approach, in order for a relationship to be developed with the patient that will allow them to both work together towards a shared goal.

5. Planned Outcomes for dissemination, sustainability and evaluation

How will you evaluate the success of the project?

What are the main outcomes and successes?

How have you actively raised awareness of your project?

EVALUATION: Participants will be asked to complete pre and post depression measures in order to assess outcome. Due to the effects of depression on individuals life's and the cost of depression (in health care and social care due to unemployment) other measures will be used to assess their social functioning (Work and Social Activity Scale (WSAS), quality of life (Euroqol)). Analysis will also look at feasibility and acceptability of the nurse led interventions, which will involve asking for feedback from both the service user and the therapist. Other analysis will look at participation, maintenance of contact, acceptance of medication. Also contact with primary care, hospital, mental health services (for instance psychiatrist, counsellor) and community services (for example social work, self-help, complementary therapies). This analysis will be completed by an Assistant Psychologist within Psychological Services.

The success of implementing this project will lead to many positive outcomes. One of the most important outcomes will be a reduction of the referrals into secondary care mental health services for depression and anxiety, due to the immediate reaction from this front line service working effectively to deal with mental health. Further positive outcomes will be primary health care nurses feeling more confident to deliver support to patients with mental health. Furthermore, nurses will be able to address directives of the quality framework, which requires them to address depression and anxiety in patients who are considered to be at risk (for instance, diabetes). This early identification would lead to symptoms being addressed earlier before more support is required. Finally, patients with recurrent depression will feel more supported and more in control of the treatment that they receive for their mental health problems.

This project has been discussed within the health board and 8 general practices within Swansea are very keen to become involved and receive more training in this area so they are better equipped to support their patients with mental health problems to the high standards that they support patients with physical problems.

6. Supporting Evidence / References

Bodenheimer, T., & MacGregor, K. (2005). Nurses as leaders in chronic care: Their role is pivotal in improving care for chronic diseases. *British Medical Journal*, 330, 612-613.

Buszewicz, M., Griffin, M., Beecham, J., Bonin, E., & Hutson, M. (2011) ProCEED: report of a study of proactive care by practice nurses for people with depression and anxiety. Mind, London, UK.

Buszewicz, M., Griffin, M., McMahon, E. M., Beecham, J., & King, M. (2010). Evaluation of a system of structured, pro-active care for chronic depression in primary care: a randomised controlled trial. *BMC Psychiatry*, 10(61). Retrieved from <http://www.biomedcentral.com/1471-244X/10/61>.

Crosland, A., & Kai, J. (1998). 'They think they can talk to nurses': practice nurses's views of their roles in caring for mental health problems. *British Journal of General Practice*, 48, 1383-1386.

Gilbody, S. M., Whitty, P. M., Grimshaw, J. M., & Thomas, R. E. (2003). Improving the detection and management of depression in primary care. *Quality Safety Health Care*, 12, 149-155.

Lin, E. H. B., Katon, W. J., VonKorff, M., Russo, J. E., Simon, G. E., Bush, T. M., Rutter, C. M., Walker,

E. A., & Ludman, E. (1998). Relapse of Depression in Primary Care: Rate and Clinical Predictors. *Family Medicine*, 7, 443-449.

Simon, G. E. (2002). Evidence review: efficacy and effectiveness of antidepressant treatment in primary care. *General Hospital Psychiatry*, 24, 213-224.

Von Korff, M., & Goldberg D. (2001). 'Improving outcomes in depression: the whole process of care needs to be enhanced'. *British Medical Journal*, 323, 948-949.

Wagner, E. H., Austin, B.T., & Von Korff, M. (1996). Organizing care for patients with chronic illness. *Millbank Q*, 74, 511-543.

7. Commencement Date:

01/04/2012

8. Completion Date:

31/03/2012