

2012 WaMH in PC Bursary

Application Form for 2012 WaMH in PC Bursary

Please fully complete all sections. We are unable to process your application if details are missing.

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

Category 1 – To improve the experience of patients, carers and or staff working in the NHS To apply for a category 1 bursary, individuals and/or organisations must: <input type="radio"/> Work within, or be associated with, the provision of primary care mental health services in Wales	<input checked="" type="checkbox"/>
Category 2 – to support the local delivery of Part 1 of the Mental Health (Wales) Measure 2010 To apply for a category 2 bursary, individuals and/or organisations must: <input type="radio"/> Work within, or be associated with, the provision of primary care mental health services in Wales	<input checked="" type="checkbox"/>
Category 3 – to raise awareness about mental health To apply for a category 3 bursary, applicant(s) are invited from services and organisations from both within and outside the NHS and must: <input type="radio"/> Evidence a demonstrable link and benefit to primary care mental health in Wales	<input checked="" type="checkbox"/>

Details of Project

1. Title of proposed project for which you are seeking funding: Raising Awareness of Mental Health Issues in Primary Care : A Training Programme for Non Medical Professionals
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> <i>The overview should include</i> <ul style="list-style-type: none">• The aim of your project i.e. what you are trying to achieve• The outcomes of your project• The total cost of your project• The application category/categories relevant to your project

- *Evidence of the three hallmarks of positive relationships*

Aim

The aim of this project is to deliver mental health awareness training to receptionists and non-healthcare staff who have patient contact within primary care. This training programme will provide staff with information on how mental health problems influence a patient's daily life and activities, and how these problems can subsequently affect their interaction with primary care. Therefore, as a direct result of this training, staff will have a raised awareness of mental health problems and will be able to interact more effectively with patients suffering with mental health problems.

Outcomes

In order to evaluate the success of the training programme, a patient satisfaction questionnaire will be developed and administered pre- and post- training. For the receptionists, a questionnaire investigating staff attitudes towards mental health and service provision will be administered. Measures will be collected pre- and post- training, in addition to at a six month follow-up. This is to investigate whether the training has long lasting effects regarding the way that staff interact with patients.

The potential benefits of delivering this training programme are plentiful and will affect not only the patient, but also their family and both primary and secondary healthcare services.

It is hoped that as a result of receptionists becoming more informed and therefore more accommodating towards those with mental health problems, there will be a reduction of non-attendance of appointments, a reduction in anxiety surrounding attending an appointment and a reduction in the level of perceived stigma experienced by the patient. Furthermore, it could be anticipated that these benefits would ensure that a relationship between the patient and the service is developed and maintained, thus ensuring the effective service provision. Furthermore, as the patient may be in more regular contact with primary care as a result of reduced anxiety and perceived stigma, relapse rates could be reduced and any additional problems would be identified early, thus leading to a reduction of referrals into secondary care and the reduced involvement of crisis teams.

Information regarding this training package will be sent to GP practices and Primary Care Centres throughout the ABMU health board. Staff will be invited to the course, which will be held at convenient times and at a location within close proximity to ensure maximum attendance.

Cost

In order to develop and deliver the awareness training, £3,000 is required. This will ensure sufficient time to source and develop resources, host the programme in settings outside the health service and promote the training to the eligible staff.

Relevant Application Categories

Category 1: To improve the experience of patients, carers and/or staff working in the NHS. The current project directly meets this category as it seeks to improve patient experience in primary care by increasing the awareness of primary care receptionists. It is hoped that as a result, the experience of contacting and attending primary care settings will be less anxiety provoking and result in the development and maintenance of interactions between the individual and the service. This will hopefully lead to a reduction in the risk of relapse or the development of other problems, such as medication non-adherence. This will in turn benefit

the sufferer's family as relapse is also a traumatic and stressful experience for carers. Furthermore, this project will also benefit secondary care as an improved service at primary care level will lead to the reduction in referrals to secondary care and crisis teams.

Category 2: To support the local delivery of Part 1 of the Mental Health (Wales) Measure 2010. This project aims to improve mental health service provision in Primary care, directly meeting the Category 2 objective.

Category 3: To raise awareness about mental health.

In recent years, mental health issues have become more widely accepted in society. Despite this, a stigma still surrounds mental health service users and the mental health services available. This in turn creates a barrier to accessing services and as a result, individuals do not seek the help which would address and reduce their problems. This project would directly address this category as it seeks to improve awareness of mental health and service provision within primary care. By training frontline primary care staff and increasing their awareness of mental health problems, it is hoped that staff will provide a service tailored to the patient's needs. This would result in decreased stigma and ensure that the patient feels able to make future contact with the service.

Evidence of the Three Hallmarks of Positive Relationships

Maintaining Trust - Developing and delivering a training package to raise awareness demonstrates the service's commitment to improving staff competence. This in turn enables the team to work in an open and honest manner with patients in order to provide a more effective service.

Good Communication - Training will enhance awareness of mental health problems as a result will influence the staff's approach when liaising with service users. As awareness becomes raised, the effectiveness of communication will increase as staff will have an improved understanding of patient's needs and difficulties. Furthermore, this training will also illustrate that the views of service users are being listened to by the trust, and demonstrate the effort made on behalf of the trust in order to improve the experience of primary care for service users.

Shared Values of Person-Centredness - The above two points demonstrate our commitment to developing services based on what the individual wants and needs. By providing this training to receptionists and non-medical staff in primary care, we are also sharing knowledge and expertise, ensuring that responsibility for the patient care is dispersed from front line staff in primary care settings through to staff managing more complex cases in secondary care, and beyond.

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?

Mental health problems such as depression are most often managed in primary care (Lin et al., 2008). Therefore, in order to manage mental health conditions successfully, effective interaction between patients and healthcare professionals in primary care is key. Despite this, Dinos (2004) reports that individuals suffering with mental health problems often feel stigmatised and as a result, are less likely to contact mental health services. This in turn, may result in medication non-adherence (Sirey et al., 2001). In order to secure contact with a GP, patients

need to interact with non-medical staff, such as receptionists and administrative staff. If receptionists are unaware of the effects that mental health problems can have on activities of daily living, this may influence the communication and interaction when working with mental health patients. For example, if receptionists are not aware that patients with a range of mental health problems may have difficulty getting up in the morning, they may offer the patient an early appointment. The patient may subsequently not attend his appointment, as a result of this difficulty. Training would give receptionists sufficient knowledge to enable them to offer such patients a more suitable appointment, thereby increasing the chances of attendance and effective service provision.

However, training for receptionists in mental health areas is rare, although it has been shown to be effective (White et al., 2008). Therefore, this approach would not only be beneficial for patients, but also the staff and the healthcare service as a whole, as it would increase staff morale and acknowledge their role as an integral part of the service (Pyke and Butterill, 2001). Furthermore, this project would reduce stigma and encourage mental health patients to engage in primary care services. Additionally, it would lead to a reduction in referrals to secondary care and reduce the levels of stress and anxiety that can be experienced by the families of such patients.

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*

Evidence of the Three Hallmarks of Positive Relationships

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Good Communication – Training will enhance awareness of mental health problems as a result will influence the staff's approach when liaising with service users. As awareness becomes raised, the effectiveness of communication will increase as staff will have an improved understanding of patient's needs and difficulties. Furthermore, this training will also illustrate that the views of service users are being listened to by the trust, and demonstrate the effort made on behalf of the trust in order to improve the experience of primary care for service users.

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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?

Outcomes

In order to evaluate the success of the training programme, a patient satisfaction questionnaire will be developed and administered pre- and post- training. For the receptionists, a questionnaire investigating staff attitudes towards mental health and service provision will be administered. Measures will be collected pre- and post- training, in addition to at a six month follow-up. This is to investigate whether the training has long lasting effects regarding the way that staff interact with patients.

The potential benefits of delivering this training programme are plentiful and will affect not only the patient, but also their family and both primary and secondary healthcare services.

It is hoped that as a result of receptionists becoming more informed and therefore more accommodating towards those with mental health problems, there will be a reduction of non-attendance of appointments, a reduction in anxiety surrounding attending an appointment and a reduction in the level of perceived stigma experienced by the patient. Furthermore, it could be anticipated that these benefits would ensure that a relationship between the patient and the service is developed and maintained, thus ensuring the effective service provision.

Furthermore, as the patient may be in more regular contact with primary care as a result of reduced anxiety and perceived stigma, relapse rates could be reduced and any additional problems would be identified early, thus leading to a reduction of referrals into secondary care and the reduced involvement of crisis teams.

Information regarding this training package will be sent to GP practices and Primary Care Centres throughout the ABMU health board. Staff will be invited to the course, which will be held at convenient times and at a location within close proximity to ensure maximum attendance.

6. Supporting Evidence / References

Dinos, S., Stevens, S., Serfaty, M., Welch, S. and King, M. (2004) Stigma: the feelings and experiences of 46 people with mental illness Qualitative study *The British Journal of Psychiatry*, 184: 176-181

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.

Pyke J and Butterill D (2001) A workshop for receptionists in mental health settings. *Psychiatric Rehabilitation Journal* 24(4): 401-4

Sirey, J.A., Bruce, M.L., Alexopoulos, G.S., Perlick, D.E., Friedman, S.E., Barnett S., and Meyers, S (2001) Stigma as a Barrier to Recovery: Perceived Stigma and Patient-Rated Severity of Illness as Predictors of Antidepressant Drug Adherence *Psychiatric Services* 52:1615-1620.

White, C., Riley, A. and Smith, S. (2008) Awareness of depression at the reception desk: education for primary care receptionists *Education for Primary Care* : 173-90

7. Commencement Date: March 2012

8. Completion Date: September 2012