# FEATURE

## Educating frontline staff in mental health

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# Educating frontline staff in mental health: Evaluating a resource

*Kate Philip, Alice Kiger, Alyson Kettles and Jan Caldow report a positive reception for an innovative learning tool*

This article explores findings from a study of an educational resource designed for frontline staff dealing with patients with mental disorder. The evaluation will be of interests to readers of *Education in the North* since it tackles issues about how frontline staff are equipped to implement new procedures and policies. It also touches on questions of interagency working. Although teachers were not included in this specific piece of work, there are clear implications for the role of educators who work in the areas of mental health who are involved in partnerships with other professionals, and in building partnership approaches.

## Background

The Mental Health (Care and Treatment) (Scotland) Act 2003 (hereafter the Act) which came into effect in 2005, is viewed as a radical departure, in key respects, from previous UK Mental Health Acts. It was clear that this would pose considerable challenges for the frontline staff who were charged with implementing the complex requirements of this new legislation. This in turn focused attention on the need for effective and accessible education and training. The term 'frontline staff' refers to staff from a wide range of disciplines within health, social work, voluntary and independent sectors (E-learning Resource Mental Health (Care and Treatment) (Scotland) Act 2003:1). In relation to the Act, they were defined as 'all those who have no statutory legislative function under the Act, yet by virtue of their work need to be aware of the implications of it' (E-learning Resource Mental Health (Care and Treatment) (Scotland) Act 2003:1).

The Nursing, Midwifery and Allied Professions Directorate of NHS Education for Scotland (hereafter NES), following consultation with a range of stakeholders, developed an innovative set of educational resources in three different formats for frontline staff. These included a paper version, an electronic web resource and a CD-Rom. NES commissioned a team of researchers from the University of Aberdeen to evaluate the resource. The collaborative team comprised: Dr Alice Kiger, Director of the Centre for Advanced Studies in Nursing, Dr Alyson Kettles, Research and Development Officer (Mental Health) NHS

Grampian, Dr Kate Philip, The Rowan Group, School of Education and Jan Caldow from the Department of General Practice and Primary Care, School of Medicine.

This article gives an overview of findings from the independent evaluation of the educational resource. It gives a brief overview of the Act and the educational resource which was developed in conjunction with a training programme to prepare staff for implementing the Act, before describing the findings from the study.

*The Mental Health (Scotland) Act 2003*
The Act was developed in co-operation with patients and those who care for them, in both professional and voluntary capacities. This Act is based on Millan's Ten Principles (Millan Committee, 2001). Its primary objective is to ensure that people with mental disorders can receive effective care and treatment. It sets out roles and responsibilities as well as the principles which must be considered in performing any function under the terms of the Act. This means in practice that the patient's wishes and the views of the patient's 'named person' have to be given consideration. Emphasis on participation by the patient and on ensuring the maximum benefit to the patient have been included in the legislation for the first time.

The Act also sets out principles which underpin the way in which the function should be discharged. For example, it involves the minimum restriction on the freedom of the patient that appears necessary in the circumstances of his or her admission to hospital. It is primarily about securing benefits for, and protecting the rights of people with mental disorders. A new initiative within the Act is the provision of a forum in the shape of the Mental Health Tribunal as a decision-making body for compulsory measures imposed on people under the Act. Overall the Act strengthens the rights of the patient and also the patient's named person to allow an application for revocation (cancellation) of an extension or a variation of a compulsory treatment order.

*The Educational Resource: E-Learning Resource Mental Health (Care and Treatment) (Scotland) Act 2003.*
The educational resource was developed to support

the implementation of the Act by enabling staff to understand and work effectively with it. The materials were developed as an e-learning resource, a CD-ROM and a paper-based format. Although it was designed for frontline staff, the design team believed it would be of use to service users, carers and named persons and would complement topic guides which were under development. The content of all three formats was similar although the location of information was different in the paper format. It comprised four study units, namely:

Foundations of the 2003 Act: Principles, roles, responsibilities and definition of mental disorder;
Safeguards, Rights and Appeals;
Compulsory Powers;
People with Mental Disorder within the Criminal Justice System.

Each of these had an appendix with additional information on the unit. Each unit included sections with an introduction to the unit, learning outcomes, topic text with activities, questions and reflection, two scenarios with questions and suggested answers and a set of multiple choice questions. All staff were expected to complete the first two units, with elements of units three and four aimed at forensic mental health teams, prison service staff, general practitioners, non-specialist staff in acute services and voluntary organisations/carers/users and the corporate sector.

**The study**

This study set out to identify the extent to which this educational resource had been utilised by frontline staff. Four further objectives were identified:
Firstly, how well were the resources recognised and used by training co-ordinators, educational providers and individual practitioners? Secondly, how well did the resource help prepare staff for preparing for the Act? Thirdly what were the strengths and weaknesses of the different formats? Finally what further education and training were sought by participants in the research? We give a brief overview of the findings which are of relevance beyond the intervention.

The study adopted a mix of quantitative and qualitative methods. These included a questionnaire study which was distributed both electronically (n=308) and in paper format (n=718). The qualitative strand comprised three focus groups and 28 individual telephone interviews. The sample included all those who had participated in training or who had requested paper copies of the resource (n=315), a random sample of users of the electronic web resource (n=308) and a random sample of all mental health staff from three NHS regions in Scotland (n=403).

The survey data were analysed using SPSS and the qualitative data were analysed using a content analysis framework. An advisory group of key individuals including policy-makers and researchers guided the research team.

Ethical approval was given by the Grampian Multi-Centre Research Ethics Committee and management approval was sought from the relevant Research and Development Departments throughout Scotland. This was a somewhat tortuous process since the study took place at a time of change in the structures and organisation of ethics committees and the piloting of a Multi-Centre Research and Development Office.

**Findings**

Findings from the survey were generally positive: 387 questionnaires were returned and of these 73% had heard of the resource with 77% of this figure having used at least one version. 96% of respondents found it easy to use and 75% felt that it prepared them well for their role in implementing the Act. Responses to the question about working practices were low (37%), but of these, 47% felt the resource had changed their working practice and 37% felt it had changed working practices in their setting.

Findings from the three focus groups and from the individual telephone interviews reinforced the positive responses from the surveys and provided more textured data about how staff had utilised the resource.

*Usefulness of the resource*
Most participants considered the resource to be accessible and useful with some comparing it favourably with other materials and with previous efforts to prepare them for changes in their roles. In some settings, staff could be accredited for using the web-based resource and this was viewed as improving take up of the opportunity.

> I worked with our training officer, we used the web-based one, which meant they could be accredited, offered a CPD option. (Interview 23, local authority planning officer, mental health services)

Most frontline staff viewed the range of formats as helpful in reaching out to staff and in enabling a flexible approach to be adopted.

> I don't think it (web-based version) should be compulsory because a lot of people are not comfortable with e-learning. It was very interactive…there were exercises and you can

self test, that was very useful and it should be part of a range of options. (Interview 3, social worker)

Overall the flexibility of the online version was popular in that the resource could be accessed in different locations and it enabled work to be saved, feedback sought and weak areas identified. A small number of participants felt unskilled in the use of e-materials and preferred to use the paper format. Several commented that they preferred to use the paper resource as a reference point in addition to the web-based format but this could be problematic as copies were not always available.

The most frequently mentioned obstacle was lack of dedicated time to work through the resource. This led some to focus on the topics of most immediate relevance, avoiding the use of the case studies. Clearly this could mean that 'difficult' or 'messy' areas might be avoided.

A number of respondents stated that they had limited access to computers with some having to share. Strategies for dealing with this included working at home, trying to find 'quiet times' on wards when they could work uninterrupted or finding a paper copy.

*Content*
Most participants expressed positive views about the content of the resource claiming that it enhanced their understanding both of the Act and of their own role. The scenarios were almost universally agreed to be well chosen and helpful in contextualising the new demands. The content was viewed as relevant for all levels of staff within the nursing service in providing information, and in demonstrating strategies for dealing with new situations or challenges:

> It addresses all the questions that people have . . that might be a useful way to think about the legislation, the practical things. (Interview 10, nursing lecturer)

Overall the combination of training and the resource was found by respondents to be successful in helping staff to locate their role in relation to the Act and in working through potential problems. This evaluation did not include the training element but it is clear that the combination of training and this resource was strongly supported by participants in this study. Specific critical comments were voiced about the lack of detail on tribunals and detention procedures, learning disabilities and personality disorders.

*Multidisciplinary working*
Although the Act called for multidisciplinary working, the focus of the resource was largely on the nursing perspective. Although this did not negate its value to non-nursing professionals it is clear that it would be a valuable tool in fostering interdisciplinary and multi-agency working.

Some duplication of effort was evident in that both general practitioners and social workers had their own training and resources. Participants interviewed for this study felt that some key groups might have benefited from more use of this resource. The resource was viewed as very useful to practitioners, but its usefulness to user groups and patients was less clear.

**Conclusions**

The overall message of the evaluation was that the NES Educational Resource was a successful tool and was effective in achieving its objectives. A final point is that participants found this type of approach almost unique in their experience of innovations in practice. They recommended that this model be applied more widely and that it should be the ideal standard for such initiatives.