Training needs in Mental Health crisis response in rural Scotland

Greg de Mello
RRHEAL Project Officer

Remote and Rural Healthcare Educational Alliance
Acknowledgements
Jean Ker
Colville Laird
Malcolm Kerr
Context

NHS Education for Scotland (NES) is the national body charged with developing and delivering training to people who work in the National Health Service in Scotland. A government review identified a need to ensure that training was appropriate for staff working in rural services (Scottish Government, May 2008).

NES responded to this by creating a Remote and Rural Healthcare Educational Alliance (RRHEAL). The task of RRHEAL is to link educational programmes and health care providers, and to ensure that training programmes that are delivered are appropriate for rural services (NHS Education for Scotland, 2009).

Mental health services have been identified as a strategic priority by the Scottish Government (Delivering for Mental Health, published in 2006 by the Scottish Executive), is the national strategy document and included a commitment to improving crisis services (Scottish Executive, 2006). Urban areas of Scotland often have separate crisis teams within their mental health services, which respond to an emergency, including out of traditional working hours, and provide intensive support if required. In many areas of rural Scotland, community mental health services do not provide out of hours services.

Feedback from rural health services was that the type of centralised crisis services delivered in urban Scotland were unlikely to be practical in sparsely populated rural areas, and that much of the first emergency response was likely to be dependent on primary care services, and particularly General Practitioners (Scottish Remote and Rural Areas Resource Initiative., 2003). Staff who work in remote and rural areas report feeling inadequately prepared to manage mental health crisis and have difficulty in sourcing training to supplement their education (Scottish Executive, November 02, 2005, Dunn et al., 2007). A need was identified to develop competencies (knowledge, skills and attitudes) that would prepare staff to effectively manage mental health crisis should they occur.

RRHEAL were asked to develop a Pre Hospital Mental Health Emergency Care Course which would be accessible to practitioners working in remote and rural areas. This project report describes the work carried out to identify training needs.
Method

In order to clearly identify the specific training needs and competencies for remote and rural practitioners RRHEAL undertook a three-stage process. The intended outcome of this process was to seek a consensus between an expert group and intended audience for the course as to the explicit requirements that the course would fulfil.

• Stage one: RRHEAL consulted with NHS Boards and identified 15 individuals with experience of and recognised local expertise in managing mental health crisis in rural areas. These informants agreed to form an expert panel. A project officer interviewed them either by phone or face to face using a semi-structured format. Each of the informants was asked open questions to identify key educational requirements in the management of mental health crisis.

• Stage two: In order to identify how widely these topics were endorsed by the entire expert panel, a survey was carried out to rate each of the areas in terms of importance (Anonymous). The expert respondents were asked to rate in terms of importance identified themes within each of the topic areas.

• Stage three: The survey was repeated using a database held by the British Association of Immediate Care, Scotland (BASICS) of remote and rural practitioners in Scotland who provide pre hospital immediate care. These practitioners are the likely audience for training.

Results

Seventeen experts from across Scotland agreed to form the expert panel and were interviewed. The following topics were identified:

- Risk Assessment
- Patient Assessment
- Crisis management
- Handling difficult situations
- Engagement skills
- Mental health law
- Management of retrieval
- Pharmacology
- Theory and classification of mental illness
- Understanding your care network
Table 1 below shows the professions of the respondents to the surveys. Eighty-two percent of the expert panel responded to the stage 2 online survey and 23% percent of the BASICS practitioners surveyed completed the questionnaire.

**Table 1: Profession of respondents**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Expert Panel survey</th>
<th>BASICS Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n= 14</td>
<td>n = 83</td>
</tr>
<tr>
<td>Mental Health Nurse</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Consultant Psychiatrist</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Mental Health Projects Manager</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Highland User Group</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>General Practitioner</td>
<td>3</td>
<td>63</td>
</tr>
<tr>
<td>Consultant A&amp;E</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Resuscitation Officer</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>General Nurse</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Paramedic</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Medical Student</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Student Nurse</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

The results of the expert’s survey and BASICS survey are presented as radar charts in Figures 1 - 3. A radar chart has an axis for each topic area covered in the survey. The axis extends outward from a central point with the value of each data point plotted on the corresponding axis.

Figure 1 is an example of the level of agreement between the expert and BASICS group within each topic area that was demonstrated in the results. It shows how respondents assessed each of the identified themes and demonstrates that with the exception of developing an ‘at risk register’ both groups agreed on the contents of the topic areas.
1 Environmental risks.
2 Personal risks.
3 Risks to the individual.
4 Mental health history.
5 History of the current event.
6 Current and future risks.
7 Involving the carers & network.
8 Keeping your self safe.
9 Support networks
10 Lone working policy.
11 Developing supportive networks.
12 Significant event analysis.
13 Positive risk taking.
14 Triage
15 Risk management
16 'At-Risk' register.
17 Aggression management theory and practise.
18 Deliberate self harm theory and interventions.
19 Suicide risk assessment.
20 Understanding the risk to others.
21 Communication of risk.

**Figure 1: Assessment of Risk**

Figures 2 and 3 demonstrate that in each of the topic areas included in the online survey there was a high level of agreement between the respondent groups for the contents of the course.
The BASICS respondents also had the opportunity to add comments. Several broad themes emerged:

Services were often unavailable, ‘non-availability of almost all services in remote communities’; ‘it’s you and the policeman if you’re lucky’, ‘(problems of) dealing with a situation where you are alone and have no on-call emergency mental health staff to help’. This left some doctors feeling unsupported, ‘I feel this questionnaire is remote from the reality of day to day practice. Lone working policy indeed! Apart from medical students, almost all my visits are done alone’.

When a patient needed to be moved to hospital, the time from a request being made to arrival of transport was an important issue for respondents, ‘(problems with) managing the practice while you wait for (air transport) to come; ‘my experience of (obtaining a retrieval service) has been dreadful. Despite being only one and a half hours drive from my main psychiatric hospital, it has taken over 12 hours for the team to arrive on the last 2 occasions that I required help’. This causes problems not only for the patient, ‘the adverse effect that this has on the patient’s family can be immense’ but for the management of other patients; ‘managing your other workload during the crisis; how to manage other patient needs within this time’.

Analysis & Discussion

The aim of this study was to explore the possible educational responses required to equip the remote and rural healthcare workforce with the necessary competencies to effectively manage a mental health crisis. The investigative method used was appropriate and provided information around learner’s needs for remote and rural delivery.

The results reinforce confidence that the parallels between the expert panel and the practitioners/learners panel provide intelligence to inform the development of competencies and learning outcomes for the provision of pre hospital mental health training. The results of the survey indicate that there is strong agreement between the experts and audience as to the content for a pre hospital mental health course. The issues identified by the experts who were interviewed during stage one of the processes are confirmed as the key learning outcomes for the course. The response rate of 23% from the BASICS practitioners would suggest that there is an appetite amongst this group of practitioners for the training.

The result supported the view that there is no single educational opportunity to satisfy this learner need and confirms that a new solution is necessary. In the field of mental healthcare there are already numerous opportunities for training and education, however remote delivery specific and remote context specific multidisciplinary training is not currently available. Given the current economic climate, the huge demand that is placed on healthcare staff to attend training and the
logistical challenges faced by remote and rural practitioners, a blended learning response is favoured.

Bid 79 highlighted several issues that affected the management of mental health crisis in remote and rural areas. These issues were challenges in accessing relevant training and the management of retrieval (Scottish Remote and Rural Areas Resource Initiative., 2003). The comments made by practitioners who took part in the survey would suggest that issues around safe transfer and retrieval persist and a likely outcome of training could be an improvement in the ability of practitioners to manage retrieval, transport and transfer. A significant issue experienced by remote and rural staff is training that is not only inaccessible in terms of travel but that is irrelevant to the context that they work in (Deaville, J. 2001). An educational response needs to be flexible in terms of delivery and to allow for the diverse contexts in which practitioners work.

An examination of existing educational materials revealed that a number of the competencies required to manage a crisis could be met through merging existing resources together and the development of a workshop consisting of context specific scenarios. Linking together online resources such as the Royal College of Psychiatry (RCP), skills training in suicide assessment and management like STORM and developing practical skills based workshops would provide a remote and rural educational response in a blended format.

**Conclusions**

- This report completes the first steps in the development of a Pre Hospital Mental Health Course for remote and rural practitioners.

- In the area of mental health there are already numerous opportunities for training and education, however remote delivery specific and remote context specific multidisciplinary training is not currently available.

- An outline for the educational content for a blended learning response is identified from this learning need analysis.

- Collating content of the many educational packages available and consolidating them into a single response would meet the learning needs identified by the survey.

- Further consideration needs to given as to how to recruit, train and maintain a faculty for the course.
Recommendations

- Design a new course in a blended learning response taking into account the geographical, skills, resource and service limitations of an area.

- Develop and include in that training a workshop containing scenarios which contextualises a crisis in a local, remote and rural or island setting.

- Inclusion in the training of local management plan development based on the areas Psychiatric Emergency Plan with emphasis on the use of local resources.

- Develop a website that would house educational resources to assist the training needs highlighted.


