Mental Health Interprofessional (IPE) event

A guide to:
Interprofessional Assessments in Mental Health

Background

Within mental health services team interprofessional working has been a core component of service delivery for many years. Supporting and treating individuals in the community with complex mental health needs requires a shared approach which needs to encompass medicine, with notions of patient assessment leading to diagnosis and treatment, nursing with concepts including recovery, support and therapy, and social work where the service user is seen in their social and cultural context.

Mental health has long championed a bio-psychosocial approach and community mental health teams routinely operate in a less hierarchical way than other NHS services. Aside from medics/psychiatrists, nurses and social workers, the team also includes psychologists, occupational therapists, (OTs), support workers and psychotherapists. Community mental health teams (CMHTs) also often operate in conjunction with non-statutory agencies to offer best practice holistic care. In this way mental health problems, housing, financial issues, relationship issues, childcare, drug and alcohol difficulties etc, can all be assessed and appropriate help and support offered and signposted.

Many CMHTs use interagency assessments which cover a wide variety of traditional clinical and social work issues, and look at the individual in a holistic way. Difficulty in a social domain can impact on an individuals' mental wellbeing and a person's mental health can impact on their social circumstances. To consider any domain in isolation risks offering treatment strategies that are ineffective.

We wanted to develop an interprofessional education event that would bring individual undergraduates and graduates together and give them an experience of working in teams in much the same way as a CMHT operates.

To maximise the breadth of the interprofessional mix of student, the University of Leicester and DeMontfort University have worked together collaboratively to ensure a good range of health and social work students are able to attend.

Forming a Working Party

A group of professionals from academia and clinical practice were recruited to set up and develop the course. This was to ensure that the course met the needs of differing undergraduate and some post graduate curricula, both logistically and in terms of content.

The Original Curriculum Development Group
Included:

- Two practicing psychiatrists (both with teaching experience; one specialising in adult psychiatry and the other in old age psychiatry)
- An adult nurse (full time lecturer)
- A social worker (full time lecturer)
- A public health advisor (full time post at the local city PCT)

The Additions to the Group

More recently the curriculum team has added the expertise and input from:

- An occupational therapist (specialising in mental health)
- A midwife (part time lecturer)
- A pharmacist (a lecturer/practitioner specialising in mental health)
- A mental health nurse (full time lecturer)

Use of the Leicester Model

The Leicester Model of IPE, (Lennox, A. & Anderson, ES, 2007) has been used to help develop a number of courses in Leicester for undergraduates and some post graduates. It involves:

1. Immersion into service users', carers and professional experiences
2. Analysing professional perspectives, theories and policies
3. Considering solutions to problems identified
4. Becoming change agents through feedback.

Core Principles for a Mental Health IPE Course Included

- It should be community based to give a realistic view that most individuals with mental health problems are managed successfully in the community.
- Service users with a history of mental health problems share their narrative with the students within a non clinical setting.
- It was important to consider both statutory and non-statutory services.
- The facilitators should be from a variety of professional backgrounds.
- The importance of a deeper analysis of existing services, policy and attitudes.
- A need to work with students from medicine, nursing and social work as a minimum and that students should remain in their small interprofessional groups to complete all tasks.
- If the students were placed in groups to mirror community mental health teams, then the clinical activity should also align to practice and include a holistic assessment and development of a care plan.

Course Summary

The course begins with classroom based sessions to look at issues, such as, stigma, mental health promotion and care planning. A paper case has been developed to generate discussion around interprofessional care planning for a service user; this scenario gives students an opportunity to rehearse the skills required to synthesise pieces of information and to compile a plan of care.

The students are then given a brief outline of a real service user who they will interview in their home environment. Students spend about 45 minutes working in their interprofessional groups to develop an interview schedule. The actual interview lasts up to one hour, during which time the service user is asked questions which the group hopes will enable them to put together an effective care plan.

Following this the students interview one professional involved in the service user's care. It is important to ensure that a variety of professionals are invited to participate, as overall this will provide insight into the breadth of support and expertise available to mental health service users in the community. The students then prepare to present their care plans to the whole student group; as each small interprofessional team present what they have learnt, it enables all of the other groups, who are listening, to also share the experience and expand their learning. The facilitators and other invited academics and professionals also attend the presentations.

Following their experiences, if the students highlight any concerns about a service user, or a care package, these are fed back to the community team involved.