Mental Health IPE event - Introduction

Introduction to Team Working within Mental Health services

Within mental health services team 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 client or service user is seen in their social and cultural context).

Mental health has long championed a biopsychosocial approach, and community mental health teams routinely operate in a less hierarchical way than other NHS services. Aside from medics/psychiatrists, nurses, 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, and with other teams 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 care issues, and look at the individual in a holistic way. Clearly difficulty in a social domain can impact on an individuals’ mental wellbeing, and 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 together and give them an experience of working in teams in much the same way as a CMHT operates.

The Leicester Model of IPE
The Leicester Model of IPE, (Lennox, A. & Anderson, ES 2007) has been used to help develop a number of courses in Leicester for undergraduates. The Leicester model identifies 4 steps –

1. Immersion into service users’, carers and professional experiences
2. Analysis relating professional perspectives, theories and policies
3. Consider solutions to problems identified
4. Become change agents through feedback.

We wanted to use this model to develop a mental health course, with students immersed in the lives and experiences of service users.

Development of a Mental Health IPE event
A group of professionals were asked to attend an away day to consider the future of Learning from Lives, an existing IPE event in Leicester. There had been a decision to remove this course from the medical curricula. A group of clinicians were brought together to consider how we might develop a series of IPE courses embedded within the existing curricula across multiple faculties and universities. We were keen to develop an IPE event in mental health.
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 curricula, both in terms of content and timings.

The group included:

Dan Kinnair (Dr) Specialist Registrar in General Adult Psychiatry
Brandon Mental Health Unit
Leicester General Hospital

Sandy Goodyer (Nursing) Senior Lecturer in Interprofessional Education,
De Montfort University, School of Nursing & Midwifery,
Charles Frears Campus.

Amanda Fitchett (SW) Course Director, Department of Medical and Social Care Education, School of Social Work,
University of Leicester

Erik Van Diepen (Dr) Consultant in Old Age Psychiatry
Hon Senior Lecturer, Dept of Medical and Social Care Education
Mental Health undergraduate course organiser
Evington centre
Leicester General Hospital

Carole Devaney Public Health Programme Manager
Leicester City PCT
The Working party agreed a series of core principles for a mental health IPE course including:

- It should be community based, as much of medical education is hospital focused. This in turns gives an extreme view of the presentations of individuals with mental health problems. Most individuals with mental health problems are managed best in the community.

- If patients were to be placed at the heart of the model we should consider recruiting patients who had a history of mental health problems, including admissions to hospital previously, but who were currently well, and willing to tell their stories.

- That it was important to consider both statutory and non-statutory services and teams within Leicester.

- That the facilitators should be from a variety of professional backgrounds.

- The importance of a deeper analysis of existing services and policy. In particular an understanding of stigma and health promotion for mental health, would be beneficial.

- That we would need to work with students from medical, nursing and social work backgrounds as a minimum, and that students should be grouped into small IP groups, to mirror existing community mental health teams.

- If the students were placed in groups to mirror CMHT practice then the clinical activity should also align to CMHT practice, and include a holistic assessment and development of a care plan for the service user. (and the Leicestershire Partnership NHS Trust interagency assessment was used for this).
Outside Speakers

We wanted to ensure that we also invited external speakers and facilitators. Carole Devaney (Public health Programme Manager in the directorate of Public Health in Leicester), was approached to talk about mental health promotion within Leicester, and its importance for individuals and communities.

We also approached and met with James Bartlett, (Director of LAMP, a charitable organisation in Leicester that provides information, advocacy, carers’ support, and patient groups that advocate for services). He agreed to run an hour long session looking at how to involved carers in care planning in a meaningful way, and the role of the non-statutory sector.

Course Summary

This interprofessional event on mental health explores the contribution of different disciplines in the mental health interdisciplinary working. The course has been developed locally to give students an experience of working in future multi-disciplinary teams and develop their knowledge, skills and attitudes embedding interprofessional principles and competencies, including application of the social and medical models to holistic interagency care planning for service users. This event runs over two days. Students will all be immersed in generating a care plan for a service user with mental health difficulties. The event is designed such that most of the patients are based in the community, but one can also use interesting cases who are in-patients.

Students are placed into inter-professional groups at the beginning of the first day, and they will remain working in those groups for the remainder of the 2 day course. Together they will be interviewing the service user and an agency involved in that person’s care. Within the groups group there can be a mixture of students which could include medics, mental health nursing students, pharmacy students, midwives,
or (graduate) social workers. The group mix simulates the experience of working in a multidisciplinary community mental health team.

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. 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. The facilitators and other invited academics and professionals also attend the presentations. Students are also encouraged to fill in appropriate evaluation forms at the end of the event so that their comments inform further development of this course.

The students spend approximately 1 hour with the service user. Service users are visited at home prior and are given information about the course, before consent is taken to participate. The University of Leicester gives £20 per hour to the service
users to participate. The service users have been consented by Drs Kinnair and Van Diepen.

**N.B. If the students highlight any concerns or issues these are fed back to the treating clinical team for action.**

**Ongoing Development of the Course**
The course ran for 2 pilots of 24 students in April and May 2008. The course then ran during the academic year 2008/9 on 7 occasions and a further 6 times in the academic year 2009/10. This academic year a further 6 courses are running.

The course has changed following feedback from staff and students. It is now a 2 day course, (reduced from 3 days), and it is still run by the same small interprofessional team. Helen Rooney has joined from DeMontfort University, School of Nursing & Midwifery, Charles Frears Campus, and Sandy Goodyer is now based at the Department of Medical and Social care education at Leicester University. We have also been joined by Cath Poysner, an OT by background, employed as an educator by Leicestershire Partnership NHS Trust. The course has gone from medical, nursing and social work students to include pharmacy, midwifery and OT students, and each course caters for 7 groups of 4 students.

Having a small group of staff who work closely together has ensured that the course has been sustainable, and has been allowed to develop over the last two and a half years.
Challenges for the Course

1. **Students** – whilst feedback from students has been very positive, we have at times faced difficulties with individual students, or individual groups not engaging with the course. There has been no specific professional group where this has been the case. The facilitators will give specific constructive feedback as required to highlight to individual students and groups both good and bad practice. If needed the facilitators will also report back to the unprofessional education leads any concerns that have not be satisfactorily managed within the IPE event.

2. **Travel** – the students most enduring complaint has been the need to travel from the base, (which has been hosted by Leicestershire Partnership NHS Trust, in appropriate teaching rooms), to see service users and agencies in the community. Initially we did have funding for taxis for students but this has now been withdrawn. Our workbooks clearly indicate the need to travel, and issues relating to parking. Some students on the course do receive a bursary for travel whilst others do not.

3. **Service users dropping out / recruitment** – we have had problems on occasion with service users dropping out at the last minute, or not being at home when students visit. We have then tried to recruit rapidly from inpatients on mental health wards, and Drs Kinnair and Van Diepen have approached patients directly as needed to manage these situations.

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References