The Development of a Pre Hospital Mental Health Course for Remote and Rural Practitioners.

Fiona Fraser
Project Lead, RRHEAL
www.nes.scot.nhs.uk/rrheal
Programmes
Enquiries
Platform

Mapping
Reporting
Promoting

Strategic Engagement
Partnership Working

RRHEAL
What we do

Multidisciplinary

Educational Solutions for Workforce Development
Policy Context
Methods :- stage 1
- Identified and contacted a group of experts who had an interest or worked in remote and rural mental health.
- Asked to express an opinion on key content of a pre hospital mental health course.

Methods :- stage 2
- Survey of the ‘expert group’ to ask their opinion on the contents of the course.
- Asked to rate each item in terms of importance

Methods :- stage 3
- Survey repeated with BASICS (Scotland) practitioners.
- BASICS = British association of immediate care skills, Scotland.
- Mainly though not exclusively of remote and rural general practitioners
Results
Module areas identified by "experts" panel;

• Module 1 - Risk Assessment.
• Module 2 - Patient Assessment.
• Module 3 - Crisis management.
• Module 4 - Handling difficult situations.
• Module 5 - Engagement skills.
• Module 6 - Mental health law.
• Module 7 - Management of retrieval.
• Module 8 - Pharmacology.
• Module 9 - Theory and classification of mental illness.
• Module 10 - Understanding your care network.
Assessment of Risk Module

1.00 2.00 3.00 4.00
Knowing the environmental risks.
Knowing the personal risks.
Knowing the risks to the individual.
Knowing the history of the current event.
Knowing the mental health history.
Knowing the risks to the individual.
Knowing the personal risks.
Knowing the environmental risks.
Support networks e.g. NHS 24; local CMHT.
Keeping yourself safe.
Involving the carers & network.
Current and future risks.
Knowing the history of the current event.
Knowing the mental health history.
Knowing the risks to the individual.
Knowing the personal risks.
Knowing the environmental risks.
Lone working policy.
Developing supportive networks.
Significant event analysis.
Positive risk taking.
Triage – asking the right questions.
Risk management planning.
Developing an ‘At-Risk’ register.
Aggression management theory and practice.
Deliberate self harm theory and interventions.
Suicide risk assessment.
Understanding the risk to others.
Communication of risk.

4 = unimportant
1 = important

BASICS
Experts
### Module 2 - Patient Assessment

<table>
<thead>
<tr>
<th>Topic</th>
<th>BASICS</th>
<th>Experts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk assessment tools</td>
<td>3.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Situational awareness</td>
<td>3.0</td>
<td>3.5</td>
</tr>
<tr>
<td>Telephone assessment skills</td>
<td>2.5</td>
<td>3.0</td>
</tr>
<tr>
<td>Real time review and assessment</td>
<td>3.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Problem solving</td>
<td>3.0</td>
<td>3.5</td>
</tr>
<tr>
<td>Problem identification</td>
<td>3.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Holistic assessment</td>
<td>2.5</td>
<td>3.0</td>
</tr>
</tbody>
</table>

### Module 3 - Crisis management

<table>
<thead>
<tr>
<th>Topic</th>
<th>BASICS</th>
<th>Experts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying triggers for crisis</td>
<td>3.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Suicide management</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Early identification of crisis</td>
<td>3.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Attitudes towards a crisis</td>
<td>3.0</td>
<td>3.5</td>
</tr>
<tr>
<td>Crisis management planning</td>
<td>3.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Identifying the triggers</td>
<td>3.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Understanding the nature of a crisis</td>
<td>3.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Crisis theory</td>
<td>3.0</td>
<td>3.5</td>
</tr>
</tbody>
</table>
Module 4 - Handling difficult situations.

Module 5 - Engagement skills.
Module 6 – Mental health law.

Module 7 – Management of retrieval.
Module 8 - Pharmacology.

Module 9 - Theory and classification of mental illness.
Module 10 - Understanding your care network.

- NHS 24 – Breathing Space.
- Role of mental health officer.
- Psychiatric emergency plan.
- Scottish Patients at Risk of Readmission and Admission (SPARRA).
- Developing your own action plan.
- Understanding boundaries between services.
- Developing a checklist of useful contacts.
- NHS Quality Improvement Scotland - mental health ICP standards.

Comparison of importance ratings between BASICS and Experts.
‘In many areas these resources are not available - it’s you and the policeman if you are lucky! ’

‘Non availability of almost all services in very remote communities.’

‘The reality. Dealing with a situation where you are alone and have no on call emergency mental health staff to help ie. normal for xxx (island board). Sedation for going on a plane. Managing the practice while you wait 6 hours for (xxx helicopter) to come.’

‘Consideration should be given about the practical difficulties of obtaining a mental health retrieval team in a remote area. My experience of this has been dreadful. Despite being only one and a half hour's drive from my main Psychiatric hospital, it has taken over twelve hours for the team to arrive on the last two occasions that I required help. Despite raising this as a critical case I have no confidence that response times will be any better should the same situation arise. The adverse effect that this has on the patient's family and the disruption to normal practice can be immense.’
Educational Solutions for Workforce Development

Pre Hospital Mental Health Crisis Course

**RISK ASSESSMENT**
- Risk assessment tools
- Triage
- Keeping yourself safe
- Develop an at risk register
- Risk management Planning

**BACKGROUND**
- Delivering for health remote and rural
- Bid 79

**KNOWLEDGE, SKILLS & COMPETENCIES**
- Crisis
- Crisis management planning
- Pharmacology
- Crisis theory
- Telephone assessment skills
- Real time assessment and review
- Assessment tools?
- Engagement skills
- Listening skills
- Diplomacy
- Self awareness
- Management of retrieval
- Mental health law

**OVERVIEW & CLASSIFICATION**
- Deliberate self harm theory and interventions
- Aggression management theory and practice
- Suicide theory and practice
- Personality disorder
- Substance misuse theory and practice
- Cognitive Behavioural Therapy (CBT)
- Dementia
- Depression
- Psychosis and delusions
- CAMH

Understand your network
- SPARRA
- NHS 24
- Social services
- Develop your own action plan
- QIS IEP Standards
- Multidisciplinary
Methods :- stage 4

• Survey findings mapped against pre existing mental health educational materials.
• Material identified :-
  • NHS Education for Scotland
  • GP education teams
  • STORM / ASIST/Mental health first aid
  • Royal College of Psychiatry CPD modules.
Initial summary

- The first steps in the development of a pre hospital mental health course for remote and rural practitioners is complete.
- Numerous opportunities for training and education
- However remote delivery and context specific training not currently available.

Next stage

Design a blended learning educational response.

- Develop scenarios which contextualise crises in a local rural setting.
- Inclusion in the training of Psychiatric Emergency Plan.
- Ensure a sustainable future
End result;
With emphasis on improving the experience of people who are having a Mental Health crisis……

- Design a course for remote, rural and island practitioners.
- Develop and consolidate the necessary skills to manage a Mental Health crisis in line with the recommendations of the local Psychiatric Emergency Plan.
- Course applies a blended learning approach to enhance confidence and competence of those NHS staff who are required to respond locally, safely and until definitive treatment is available.
Course Pilot

- 2 x course pilot programmes

- Utilisation of cross organisation support including; RRHEAL, NES, CSMEN/ Mobile Clinical Skills Unit, BASICS, and STORM.

- Pilot audiences in Islay and Dunoon

- Trainers from STORM and Clinical Skills Managed Educational Network (CSMEN)
Pre Hospital Mental Health Course Content

Mental Health Pre hospital Crisis Intervention Programme

The Remote and Rural Health and Educational Alliance (RRHEAL) working in partnership with BASICS and the Clinical Skills Managed Education Network have designed a course for remote and rural healthcare practitioners. This course will support the development of the necessary skills to manage a Mental Health crisis, in line with the local Psychiatric Emergency Plan.
Increasing Access to Mental Healthcare
Education for Remote and Rural Staff
Pilot of Pre Hospital Mental Health Course
Course Evaluation- stage 3

Approach:
The Attitudes to Suicide Prevention Scale (ASPS)
Confidence Questionnaire
Impact on Clinical Practice

Islay - 7 attendees
Dunoon - 7 attendees
The Attitudes to Suicide Prevention Scale (ASPS)

<table>
<thead>
<tr>
<th>I resent being asked to do more about suicide.</th>
<th>Strongly</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide prevention is not my responsibility.</td>
<td></td>
<td></td>
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<tr>
<td>Making more funds available to the appropriate health services would make no difference to the suicide rate</td>
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<tr>
<td>Working with suicidal patients is rewarding.</td>
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<tr>
<td>If people are serious about committing suicide they don’t tell anyone.</td>
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<td>I feel defensive when people offer advice about suicide prevention.</td>
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<tr>
<td>It is easy for people not involved in clinical practice to make judgements about suicide prevention.</td>
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<tr>
<td>If a person survives a suicide attempt, then this was a ploy for attention.</td>
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<tr>
<td>People have the right to take their own lives.</td>
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<tr>
<td>Since unemployment and poverty are the main causes of suicide there is little that an individual can do to prevent it.</td>
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<tr>
<td>I don’t feel comfortable assessing for suicide risk.</td>
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<td>Suicide prevention measures are a drain on resources which would be more useful elsewhere.</td>
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<tr>
<td>There is no way of knowing who is going to commit suicide.</td>
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<tr>
<td>What proportion of suicides do you consider preventable?</td>
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</tbody>
</table>
Confidence Questionnaire
This questionnaire contains some statements about confidence in dealing with clients who are experiencing a mental health crisis.
Please indicate a point on each line as shown in the example which best reflects your opinion:
Example:
Not at all ---------------------------------------------------------I----------------------Very confident
confident
I am confident that I have the interview skills to use my time well with clients who are experiencing a mental health crisis.
Not at all --------------------------------------------------------X----------Very confident
confident
After seeing a client once I would be confident that I could recognise a potential mental health crisis.
Not at all ----------------------------------------------------------X--------Very confident
confident
I feel confident that I could differentiate a mild depression from a mental health crisis.
Not at all --------------------------------------------------------X--------Very confident
confident
I am confident in dealing with the needs of with clients who are experiencing a mental health crisis.
Not at all --------------------------------------------------------X--------Very confident
confident
IMPACT ON CLINICAL PRACTICE
This questionnaire contains two statements about how participating in the Pre Hospital Mental Health Course has affected your clinical practice.

Please indicate a point on each line as shown in the example which best reflects your opinion:

Example:
Not at all --------------------------------------------------- I------------------- Very often

Overall I have been able to use elements gained from the Pre Hospital Mental Health course in my everyday clinical practice:
Not at all --------------------------------------------------- X------------------- Very often
I have utilised the method of rating the degree of suicidal risk in my everyday clinical practice
Not at all --------------------------------------------------- X------------------- Very often
Limited evaluation returns (<20%). However very strong anecdotal evidence regarding merit of programme…….

“in my role as a xxxxxx, the training has been beneficial…, for the patients who are threatening self harm the training has benefited myself where I can now develop my engaging skills to remove the risk or remove the patient from the risk. I found the workshop to be very good and to the point of asking the question do you have a plan to carry out suicide”.

“The training was very helpful in the sense to identify and discuss with the patient what plans they had to carry out self harm/suicide this in turn would help to identify other risks which may not be clear from the outset and can be neutralised”.
Sustainable future

✓ Strongly linked (so far) to service re-design and revision of local psychiatric emergency planning.
✓ Multi professional involvement in both course delivery and course engagement.
✓ High demand and waiting list for course delivery
✓ Delivery via Health Scotland with the inherent support of STORM trainers network.

✓ Blended delivery methodology to a diverse and disparate population with non standard educational needs.