

√International Trailblazers: an integrated mental health care training programme

Report by Janet Peters for IIMHL Update

Introduction

This report outlines the following:

1. What is Trailblazers?
2. IIMHL involvement in promoting this programme
3. The UK policy context in which it was developed
4. Information about the course
5. Evaluations of Trailblazers
6. Reflections and observations of a Trailblazers course held in 2006

1. What is Trailblazers?

Trailblazers is a learning process - the overall aim being **to improve the care of people who experience mental health problems** through educational or training initiatives. An International Trailblazers course consists of two modules of five days each and involves “pairs” of primary care and mental health staff - each pair with a project to plan, implement and evaluate. However the course’s methodology is based on deep learning, rather than surface learning. It helps the delegates, through their project ideas, focus on the change and development that needs to occur on a personal (as well as professional front) to achieve wider change within our systems. And it helps the delegates focus on how that change can be “cascaded” to others beyond the course.

As noted in course material written by Dr Anand Chitnis:

“We aim to enhance your motivation to want to improve the care of people with mental health problems; to provide a context in which you can improve your capabilities in this role; and to enable you to think systematically about the systems that constrain or provide opportunities to improve care.

The course will provide a context in which you will be able to:

- *Review your current practice and role in mental health care*
- *Identify your learning needs with respect to your role*
- *Construct achievable outcomes related to the needs*
- *Identify ways that you can determine your success in achieving the outcomes*
- *Create innovative ways in which you can work inter-professionally and internationally”*

The course is aimed at people who are experienced practitioners who have a passion for mental health and a desire to improve systems across mental health and primary care. Each pair is to contain one primary health care professional. Applicants are expected to have the support of their organization and they complete an online applications form. As stated in the form “*Applications are assessed against certain criteria, such as: pairing details, demonstration of ‘passion’, innovation and integrated working, organizational support*”.

The programme itself is free of charge to successful applicants, as funding has been obtained from IIMHL sponsoring organizations to allow the course costs to be covered. Applicants need to cover the costs of travel and accommodation themselves.

2 IIMHL involvement

IIMHL have supported the International Trailblazer programme with three countries (US, England and NZ) funding a three-year project. In 2005/6 the participants taking part were from the UK, US and NZ. In 2006/7 it may include participants from Australia, Canada and Scotland and the two modules will take place in the UK (9th to 14th July 2006 in Derbyshire England, UK) and NZ (28th January to 2nd February 2007 in New Zealand). The New Zealand venue is yet to be decided.

The intent is that the course would be formally launched in the US and NZ in 2007/8. This will require a planned approach building on what has been achieved to date and communicating successes.

3 The UK policy context in which Trailblazers started

In the UK the National Service Framework for Mental Health (NSF) in 1999 aimed to increase quality and decrease variations among services. It focused on adults and set standards and defined service models in five areas:

1. mental health promotion
2. primary care and access to services
3. effective services for people with severe mental illness
4. caring about carers
5. preventing suicide

Within the area of primary care, the NSF stated that any service user who contacts their primary health care team with a common mental health problem should:

- have their needs identified; and
- be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require it.

Brown and colleagues (2003) stated that a UK report into primary care's ability to deliver the right care said that:

- up to 40% of people attending their GP had a co-existing mental health problems
- there was an overwhelming need for education and training programmes in primary care mental health to be strengthened (WAT, 2001 (b)).
- there was “*organizational, professional and cultural separation between primary and secondary mental health services*”.

It was suggested that in order for the NSF to be successfully implemented in primary care, a number of areas needed strengthening. These included:

1. better recognition of mental health problems
2. better treatment options
3. a need to look at people physical ill-health with regard to their mental health issues as well
4. better relationships between primary and secondary care
5. making mental health a priority.

A brief review of the literature around education and training for primary care mental health (outlined by Brown and colleagues, 2003) suggested that:

- education and training in primary mental health care can be effectively delivered to the whole primary health care team (Tylee, 1999)
- national mental health campaigns need to be supplemented with local and practice-based teaching activities (Rix et al; 1999)
- educational programmes need to be longitudinal (rather than one-off events) if knowledge is to be retained (Kelly, 1998)
- trainers can use their own educational knowledge to train others (Gask et al; 1987)

4 The Trailblazers Course

Against the policy context and educational need described above the course was developed by Professor Andre Tylee at the Institute of Psychiatry with Dr Ray King (GP) and Mrs Elizabeth Armstrong (nurse) and others. The original courses were established through South-West, London and Yorkshire Regions and held at the Royal College of General Practitioners (RCGP) as ‘Teaching the Teachers’ courses and then these were adapted further by West Midlands who coined the term “Trailblazers ©”.

Brown and colleagues noted that the course itself may be described by using a framework adapted from Bullock and Thomes (1997). This framework suggests that the design of an educational intervention is made up of four components:

- Curriculum and assessment
- Human and physical resources
- Finance

- Access

Essential ingredients (as described by past participants) include:

- Multi-disciplinary learning
- Joint primary/secondary training
- Modeling of good practice
- Relevance to local needs
- Skill teaching and sharing within an adult learner-centered programme
- Assessment of personal learning needs and personal development

A key part of the programme is for pairs to work out a planned approach to a project designed to improve an aspect of primary care for people with mental health problems.

5 What evaluations have been undertaken?

To date three formal evaluations have been undertaken through the University of Birmingham.

The first was documented by Brown and colleagues in 2002 and examined the experience and outcomes for 14 pairs of clinicians. Participants rated the modules, trainers, high facilitator to trainer ratio, and post-course contact/supervision highly, were able to articulate what knowledge they had gained and how it had changed their professional practice (e.g. using evidence based approaches, taking a more holistic approach involving both the mental and physical concepts, and establishing new links with local providers). In addition each pair takes on a planned activity (e.g. a survey of learning needs, developing a resource on depression, training sessions on depression) and these were found to be very useful in taking participants out of their normal practices. Outcomes were seen as: development of leadership skills, cascading of learning to other local colleagues, patients' needs are better addressed and increased integration between mental health and primary care staff.

The second evaluation examined the experience of a later (2004) cohort of Trailblazer participants and was conducted by Burke and colleagues in 2005. Results from questionnaires and interviews were similar to that found previously with strong positive responses being found for areas such as: clearly describing our project ideas and outcomes, identifying the steps needed to complete our work and understanding the roles of other professionals. In addition feedback on the facilitators was also very positive. One "pair" made significant change for patient care in prisons in that their project led to reduced inpatient admissions and reduced self-harm. A challenge however was to keep up the momentum on the occasions when people roles and structures in organizations were changed.

The third evaluation followed up seven pairs of the 2002 cohort to assess the long term outcomes for participants. In general projects had been actioned to varying extents.

People felt overall that they had grown in confidence and more motivated in their desire for service improvement. In terms of systemic change some improvements included:

- In one area local GPs now had a mental health nurse in their practices which was not available before
- Another area put in a service for men (both mental and physical health)
- A package about basic mental health problems had been distributed to a primary care team.

Again a challenge occurred to the activities of pairs when one took up a new health role.

6. Reflections and observations as a participant in the Trailblazers process in 2006

I attended 2 days of the 5-day Trailblazer training programme in Tongariro New Zealand as a worker for IIMHL. My interest was in how this might be useful for NZ in particular so I am going to describe the NZ participants' four projects.

NZ projects

- *Mental health education for teenagers*

The first one was a project led by a GP from a seaside town. Dr David Wilson was concerned about the increasing incidence of mental health issues among teenagers and decided to focus on education in this area. From contact with Trailblazers participants in the UK, he adapted concepts and materials to the local context and took eight educational sessions to 195 young people on mental health in the local school. Handouts included basic information about mental health issues and information about local community services. An evaluation at the end showed that the session was well-received and that young people knew where to go for help should they need it. Discussion after David's presentation focused on the issues of confidentiality (in a small community with only a few healthcare practitioners) and the opportunity for partnership with the local school counselor or nurse).

- *Older peoples' mental healthcare*

The second project centered on the mental health needs of older people in a rural seaside area (population 50,000 rising to 500,000 in summer). Bill Henry was a mental health nurse working for the local DHB. He aimed to increasing the skills of staff in primary care around screening for mental health problems. He noted that often older people weren't properly treated for delirium, depression and anxiety. Bill had developed a brief screening process and had taught practice nurses from GP surgeries and Public Health Organizations in the use of these thus developing good relationships with staff in the area. The assessment process involved the mini mental state examination, the geriatric depression scale and the geriatric anxiety index (with instructions on when and who to use of with). Bill informed nurses that if a score was over 30 to ring and he would respond within 36 hours. He aimed to be known as a reliable and "safe pair of hands" to primary health staff.

The outcome was that more coherent referrals were made resulting in earlier and more effective treatment for older people. Discussion following this presentation focused on the difficulties involved in getting clinical behaviour change (and yet Bill had managed to do this). Bill stated that there is **“no such thing as an inappropriate referral only someone who needs clinical support”** and those on the course were in agreement with this philosophy.

- *Integrated care in primary health*

The third project examined the continuum of mental health care in the community through the powerful use of a role play. Two scenarios were enacted by Dr Roy Morris and Ruth Manning. The patient (called Brenda well portrayed by Ruth) was attending a GP (Roy) with a host of issues (drinking, repeat prescriptions, poverty, diabetes, and depression and family problems). The first role play showed the traditional GP role in which he struggled with the issues and not having links to other community services or access to relevant information from local mental health services.

The second role play showed that in a system of integrated clinical and community services, the relationship between GP and Brenda was enhanced. Roy had access to clinical and mental health information, knew about ways that Brenda could get free counseling and CBT, had access to a social worker to assist with Brenda’s family problems while he took care of her diabetes. Thus the barrier of poverty was taken away for the patient and she was more informed and had more service options (as the GP being better informed by being linked in to other clinical, community and social agencies).

- *Lightening the GP load*

Dr Greig Russell and Nicky Redwood described work in a project aimed at better supporting GPs.

It was noted that in NZ mental health services are expected to work with the 3% of people with significant mental health problems, whereas GP and primary care were expected to work with the 17% of people seeing their GP and also having mental health issues. Thus any additional mental health support for GPs would seem useful.

The new project involving Greig and Nicky looked at complementing the work above by supporting consumers before they come into acute mental health services. A brief intervention clinician would support both the consumer while in primary care, and the general practice staff.

Greig noted that some GPs feel undermined by mental health services staff interventions. A discussion ensued about the usefulness of collaboration in order to get solutions that GPs are comfortable with.

What I observed during the course was:

- An environment where people from both primary care and mental health could learn in a supportive environment

- The presentation of several innovative projects being undertaken by “pairs” (often GP and mental health clinician) aimed at improving services for a variety of people (e.g. people who experience mental health problems attending their GP and school children)
- The opportunity to discuss and problem-solve some difficult clinical, community and systemic issues in a safe, well-facilitated, group environment
- The creative use of resources (including useful handouts, videos, books, websites etc) and humour
- I learnt that there is a strong email network that continues after the training and enables fertile cross-national flow of resources, expertise and supervision.

An anonymous evaluation of this particular course showed that 14/15 participants rated the course highly with significant change occurring over time in aspects such as: “*my ability to articulate my learning needs*”, “*my ability to identify steps to progress our project*”, “*my understanding of other professional’s roles*”; with 100% agreeing that the course was “*a positive and enjoyable experience*”.

Further quotes from Trailblazers participants are outlined in Appendices 1 and 2 below.

For further information on International Trailblazers contact Anand Chitnis on anand.chitnis@nimhe.wmids.nhs.uk or Andre Tylee on a.tylee@iop.kcl.ac.uk.

Reports

Evaluation of the Trailblazers Mental Health Teaching the Teachers Course in the West Midlands, Celia Brown, Alison Bullock and Sarah Wakefield, Centre for Research in Medical and Dental Education, University of Birmingham, May 2002

The Trailblazers Mental Health Teaching the Teachers Course in the West Midlands: Follow-on evaluation, Sarah Burke and Dr Alison Bullock, Centre for Research in Medical and Dental Education, University of Birmingham, 2005

References

Brown C, Wakefield S, Bullock A & Field S (2003) A qualitative evaluation of the Trailblazers teaching the teachers programme in mental health. *Learning in Health and Social care*, 2 (2) 74-82.

Department of Health, 1999, *National Service Framework for Mental Health*. London: Department of Health.

Kelly C, (1998) The effects of depression awareness seminars on general practitioners knowledge of depressive illness. *Ulster Medical Journal*, 67, 33-35.

Appendix 1

International Trailblazers 2005/2006

Feedback from W. J. Henry, nurse, Waikato District Health Board, NZ.

Reflecting on the International Trailblazers experience brings a smile to my face; I was enthused by the experience of meeting other health professionals with an interest in Mental Health and the courage to try new options. I am not sure if we were an unusual group (difficult to judge, as we were the first international group), but we had started meeting each other and discussing projects at the hotel before the course commenced. Many times we over-ran our time allocation and just kept going as we were enjoying the process of pushing our projects along. It is not often on a course that one will start at 8 a.m., walk 10 kms and only finish at 7.15 p.m. because the restaurant will not hold your places. I was impressed with the way our tutors, Anand and Andre were able to re-organise the schedule and adapt their sessions to our needs in an effortless way.

The choice of rural locations for the courses prevented us from becoming distracted and helped us focus on our projects. The technique of 'walking and talking' both in our teams and in larger groups helped distil our ideas down to workable size and also cross-pollinate between larger groups. When one has looked at the whiteboard in the seminar room until the ideas have dried up, a walking session improves creativity and output. I have an interest in rural psychiatry and the choice of rural location made me feel more at home, even in the U.S.A.

One interesting part of the process was that there was no competitive edge between a group of motivated people ready to push themselves and challenge others to change; rather, we were co-operative and encouraging of each other.

It was fascinating to compare the similarities and differences between our various national and local health systems and explore the commonalties in our clinical work and attitudes. There appears to be an international culture common to health professionals interested in Mental Health work.

The International Trailblazers group is a motivated group of people not afraid to push for change and improvement in the service provided for our clients, and the tutors instructed us on the most effective ways to achieve our ends. The session of role-playing asking 'how' not 'why' is one of my enduring memories.

I strongly advocate the International Trailblazers methodology of training trainers and cascading along the new path, my own project is showing promise for our region, if not nationally. The International Trailblazer course showed me that I can introduce beneficial change for my clients, not just locally. I will encourage my colleagues to form teams with local primary health providers and apply for the next International Trailblazers and support their applications vigorously. I will support the current trailblazers through email and meeting together if possible.

Finally I would like to thank Anand and Andre for being such good company and encouraging tutors, the support from my employer and my fellow Trailblazers.

Appendix 2

International Trailblazers 2005-6 Quotes from the final feedback session New Zealand, February 2006

GP (New Zealand) “Listening to Don (GP) & Tom (Primary care based psychologist) about what they did *every day* felt remarkable to me”

MH Nurse (New Zealand) “This course helped me lift my nose from the ground. Kick around some ideas with resourceful and motivated colleagues”. “It has been validating, professional, fun, and brought the joy of the job back to me”

Commissioner (UK) “I have enjoyed being *really* away; having the time to reflect on some ways forward; being with some special people; it was so easy to slot in”

Clinical Social Worker (USA) “Trailblazers helped me get outside myself – affirming; comfortable”

Nurse Practitioner (USA) “What was really special about trailblazers was that I found no egos in this room. It was so refreshing to not know who the doctors in the group were.”

GP (USA) “I really enjoyed the camaraderie in the group; it’s been a lot of fun”

Psychologist (USA) “I especially appreciated what *the facilitators* brought to this. They created a learner-centered culture by trusting us”

GP (New Zealand) “I am uncertain what is to happen (now). Is this a starting place? Documentation is an issue – needs some more rigor in documentation.. How do we move trailblazers forward – not yet got a clear idea who will be taking responsibility?”

GP (New Zealand) “Talk fests and conferences are a waste of time – I got so much more out of this. I’ll never go on another conference that isn’t run like this. Struck by the saying – *need to change yourself before you can change the world*”

Mental Health Nurse (New Zealand): “International TB helped me become re-energised and motivated.”

Psychiatrist (UK) “I found here a Friend, guide and philosopher – confident about the friendships in this group” “Connecting the big to the little: it’s the little people that get missed out (of policy)”

Mental Health Nurse (UK) “it is about the Friendships we’ve built, really, really special friendships. I can’t really put it better than ‘*Be with people that enable your being*’.”

Mental Health Nurse (New Zealand) “After the first module in the USA, I talked for weeks! It has been such a great experience. We didn’t need a name badge!”

Nurse practitioner (USA) on leaving the last module “I feel like I’m leaving my family behind”.