

## Research papers

# A training programme for graduate primary care mental health workers

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### ABSTRACT

The introduction of graduate primary care mental health workers (GMHWs) acknowledges the potential contribution to primary care mental health services of recent graduates. This paper describes the development and implementation of a training programme for GMHWs undertaken as part of a local pilot, and reflects on issues raised and lessons learned. These issues include the identification of core capabilities linked to pathway outcomes, built-in flexibility to meet the different needs of the GMHWs and services, the appropriate type and level of client work, methods

of assessment including assessment in practice, links with practice supervision, service user involvement and recruitment and retention. This work has underlined the importance of a strategic partnership between education providers and primary care trusts to ensure that the capabilities developed in the training meet primary care service needs and that their roles are developed in an appropriate, supported service environment.

**Keywords:** graduate primary care mental health workers, strategic partnership, training

## Background

The commitment to introduce graduate primary care mental health workers (GMHWs) was first described in *The NHS Plan* and further details were given in the *Mental Health Policy Implementation Guide*.<sup>1,2</sup> This is a significant initiative in primary care mental health that acknowledges the potential contribution to mental health services of recent graduates and is consistent with the aims of the *National Service Framework for Mental Health* to increase the capacity of primary care to deal with mental health problems.<sup>3</sup> *The NHS Plan* promised the employment of 1000 graduate primary care mental health workers, as a new workforce initiative from 2003-2004.<sup>1</sup>

A number of pilot posts were set up nationally and a significant lead in Yorkshire and the north east of England was given by the Northern Centre for Mental Health.<sup>4</sup> As a result of this, a steering group was set up in West Yorkshire, five posts were established and a training programme was developed

and approved following a rigorous university validation process. The validation covered both professional and academic issues in approving such a novel programme, and included service colleagues both presenting the programme and on the panel. This paper describes the training programme that began in November 2002 and reflects on the lessons learned and issues raised. This is important given the importance placed on the training of GMHWs. From 2003-2004, all GMHWs should have access to training in their first year to the level of a post-graduate certificate in primary care mental health.<sup>5,6</sup> The development of these programmes is also intended to lead to wider access to effective training to support primary care mental health services.<sup>5,6</sup>

## The role of GMHWs

The range and scope of the roles for the new GMHWs are potentially very diverse and proposed

to be within three areas: direct client work; practice team work; and wider network skills.<sup>2,5</sup> It is envisaged that the GMHWs could work in a number of different service contexts and with different client groups, including adults, Child and Adolescent Mental Health Services (CAMHS) and older people's services. It is also possible that GMHW posts will be developed from more innovative, locally driven service needs, for example to support service user reference groups and from Sure Start or Health Action Zone (HAZ) funding to support services to families, asylum seekers and ethnic minorities and so on.

There is clearly a wide range of possible roles for GMHWs that present a challenge for training programmes. Training programmes should be informed not only by these roles but also by guidance such as *The Capable Practitioner* from the Sainsbury Centre for Mental Health, the *National Service Framework for Mental Health*, the *National Occupational Standards in Mental Health* and the Primary Care Workforce Action Team report.<sup>3,7-9</sup>

An important issue in developing appropriate roles for the GMHWs is to ensure they work in appropriate service contexts, with a clear role and access to support and supervision. The service context and proposed role will vary depending on local service configurations. It is also important the GMHWs are aware of the context and culture of primary care.<sup>10</sup> Access to supervision is a challenge given the wide range of possible roles and the need to link with training courses. Supervision may be needed to support a number of roles such as client work and service evaluation.

## A strategic approach

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The GMHW development has been met with some scepticism about the value and necessity of such workers and how they would fit into existing services.<sup>4</sup> For example, some services may feel they have already invested in primary care mental health and developed a service model and may not see any added value in employing GMHWs. Also, there are significant financial constraints and other service priorities that will impact on the capacity to develop GMHW posts. There are therefore tensions between local service priorities and financial constraints on the one hand, and the need to meet national targets to employ GMHWs on the other. Uncertainty over the number and timing of posts makes it difficult to plan training programmes. Furthermore, the current national plans raises the possibility of a large number of GMHWs trained in 2004, with no clear indication of the number of training posts in subsequent years.

It is therefore clear that this development requires a strategic approach with links between the primary care trusts (PCTs), education providers, workforce development confederations, mental health trusts, service user groups and other relevant groups in the locality.<sup>5</sup> This will facilitate a co-ordinated approach and allow a sharing of developments and working through difficult issues together.

In the West Yorkshire pilot, a steering group was set up in November 2001 and facilitated the development of partnerships, a strategic approach, pilot posts and the training programme. The links between the practice roles of the GMHWs and the roles and skills developed on the education programmes is crucial, so an important function of the group was to share ideas in developing job descriptions which then informed the skills and capabilities needed by the GMHWs and covered in the training programme.

## Recruitment, retention and career pathways

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The issue of retention of GMHWs in primary care is an important issue. At present there is no clear career path for them so they may have a poor incentive to stay in their role in the longer term when, arguably they are likely to be most effective. Not only should they be encouraged to stay in posts with appropriate career and pay progression, but educational programmes should support this with further training opportunities in subsequent years.

The role and training will inevitably be seen as attractive to those psychology graduates seeing this as a potential route into training as clinical psychologists. It was therefore important to open the opportunities to other graduates with relevant degrees. The five posts in the West Yorkshire pilot were advertised together in *The Guardian* national newspaper so there was no bias to particular graduates, and opened it to graduates with relevant social science or health-related degrees. There were 117 applications for the five posts from 61 applicants, 44 of whom were psychology graduates. Of these, 20 were interviewed, 18 of whom were psychology graduates and the five recruited were all psychology graduates. Interview panels comprised university and NHS staff.

## The training programme

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The training programme was developed and validated for five graduate mental health workers

in West Yorkshire as part of the Yorkshire and North East pilot. It began in November 2002 and was funded by the West Yorkshire Workforce Development Confederation. The programme was a postgraduate certificate in primary care mental health over one academic year.

### Core capabilities and flexibility to meet student and service needs

The approach taken in developing the course was to identify core, common skills for all students and also build in flexibility to meet particular service and student needs. There are various ways to achieve this flexibility including optional modules and modules that are flexible in their design. The latter approach was taken, with a flexible, project-based module negotiated between the student, tutor and service supervisor.

The programme team identified a number of capabilities to be developed and assessed in practice. These were mapped onto the pathway outcomes (see Box 1) and included client work skills (for example, to structure sessions, establish and maintain therapeutic relationships, prioritise problems, set realistic goals) and personal management skills (for example, working with colleagues, reflective practice and use of supervision).

Box 2 shows an overview of the programme. It involved one whole day per week at the university and close links between the course and the practice supervisors. An initial induction programme covered

the policy and service context for the role of GMHWs and issues such as record keeping, personal safety, confidentiality, therapeutic boundaries and risk. The GMHWs also spent time with primary care and mental health professionals and it was strongly recommended that the GMHWs spend time observing GPs in their routine surgeries.

### Safe and effective client work: facilitated self-help

*The NHS Plan* states '1000 new graduate primary care mental health workers, trained in brief therapy techniques of proven effectiveness, will be employed to help GPs manage and treat common mental health problems of all ages, including children'.<sup>1</sup> The programme team was aware at an early stage of concerns over appropriate roles of GMHWs, particularly regarding client work, and there was a widespread view that training to the appropriate level of client work was the biggest challenge to the role and training of GMHWs. This is even more important given the lack of a professional group to provide and enforce standards and regulation. At an early stage, the complexities of the relationship with professional practitioners such as nurses, psychologists or social workers was recognised and the team was concerned to bound and limit the role development within a supervised and managed framework.

It was therefore important to consider what sort of safe, effective and evidence-based client work

#### Box 1 Examples of areas covered by pathway outcomes

- Client work skills:
  - generic skills applicable to all client work, e.g. structuring sessions, assessment and formulation skills, establishing and maintaining therapeutic relationships, negotiating realistic goals and risk assessment
  - specific skills relating to using the five-systems CBT model and facilitating self-help, e.g. developing a collaborative case conceptualisation
  - personal management skills, e.g. using supervision, being aware of limitations and working effectively with colleagues.
- Knowledge of:
  - mental health assessment
  - mental health problems and services
  - primary care culture and services
  - national policy context
- Multidisciplinary communication skills
- Reflective practice (use of supervision, awareness of limitations, self-assessment)
- Understanding the evidence base
- Outcome measurement including single case methodologies
- Project work skills

**Box 2** Programme overview: a one-year full-time postgraduate certificate in primary care mental health

- One day a week attendance at the university
- Course closely linked to practice, e.g. project work, client work
- Induction on role and background to GMHWs; mental health and primary care policy context; record keeping; personal safety; confidentiality; therapeutic boundaries; risk issues; therapeutic boundaries
- Time spent with primary care staff, such as sitting in with GPs
- Supervision and assessment in practice
- Core skills/capabilities developed and assessed
- Use of 'blackboard' IT learning environment
- Assessment involves project work, essays, case studies, assessment of skills in practice
- Emphasis on reflective practice throughout.

Modules

- *Mental health: current issues* (10 credits) – knowledge of mental health problems; health promotion; policy context; mental health assessment; carers; multidisciplinary working
- *Practice role development* (10 credits) – flexible project-based module to meet the needs of the service and student, supported with tutorials. This gives flexibility to fit the particular role of the GMHW
- *Facilitating CBT approaches to anxiety and depression* (20 credits) – see Box 3

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**Box 3** Outline of the 'Facilitating CBT approaches to anxiety and depression' module

Content

- Understanding the cognitive (CBT) model; anxiety and depression; health anxiety and somatisation; PTSD and adjustment to life events; effectiveness of psychological therapies; single case methodology, clinical outcome monitoring and the evidence base
- Critical understanding the role of FSH and self-help in general in primary care e.g. stepped care
- Understanding risk issues
- Conceptualising anxiety and/or depression using the five-systems cognitive model
- Clinical, client work skills:
  - generic skills such as listening skills; beginning, structuring and ending sessions; negotiating realistic aims, goals, priorities; establishing and maintaining therapeutic relationships; maintaining therapeutic boundaries; risk assessment; use of supervision
  - specific skills facilitating self-help such as developing a collaborative case conceptualisation

Other elements

- Skills to structure sessions are crucial
- It is important to be clear what the client work is (and is not), limits of the interventions and skills to negotiate realistic aims
- Skills will allow the GMHWs to provide more accessible primary care interventions in the future
- Use of skills workshops, role-play, case discussion, case presentations, supervision with use of taped sessions for all students
- Students are encouraged to evaluate clients' progress using single case methodology
- Assessment by written case report, theoretical essay and assessment of practice skills (by supervisor)
- Regular clinical supervision in practice by supervisors of various professional backgrounds
- Minimum requirement: students see at least two clients for facilitated self-help
- Supervisor support and training provided

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could be carried out.<sup>11</sup> The team assumed for the purposes of programme development that students would have no previous validated expertise in client work. It was decided that a significant part of the course would involve developing client work skills and that this would focus on facilitated self-help. Facilitated self-help was a significant element of all the posts and it offered an intervention that was evidence-based and appropriate to each GMHW's level of expertise. Facilitated, or supported, self-help interventions tend to be based on cognitive behavioural therapy (CBT) which is effective for anxiety and depression.<sup>12,13</sup> There is also some evidence for the effectiveness of self-help interventions that can be considered *Type A interventions*, defined as 'supervised psychological interventions as a component of mental health care'.<sup>14-16</sup> This provided a framework within which to place client work provided by the GMHWs who are not qualified therapists offering psychological therapy but are still able to provide evidence-based interventions. Facilitated self-help has been advocated as a lower intensity intervention, in a stepped care approach, as an alternative to the traditional delivery of psychological interventions.<sup>17</sup>

The client work capabilities developed in the programme were mainly generic skills, giving the GMHWs a solid foundation in skills applicable to any client work. Also included were capabilities specific to facilitated self-help, such as developing a collaborative CBT case formulation. The capabilities were assessed in practice by supervisors and required some direct observation, which included reviewing taped sessions. All the students audio taped their client work and these recordings were shared with supervisors and throughout the course to help reflect on the client work and the skills development.

This approach to the client work enabled the GMHWs to provide safe and effective client work, appropriate to their stage of development. The client work was therefore evidence-based and the prior assessment by a mental health professional or other appropriate professional ensured clients were appropriate to these interventions. Over time, with further experience and training, GMHWs could be expected to develop skills to carry out a wider range of interventions and initial assessments but this requires further development.

Throughout the client work, it became apparent that an important skill was to be able to stay within the 'facilitated self-help' approach and to work at an appropriate level with clients' problems. For example, the worker needed to be able to acknowledge important issues for the client (such as an unresolved bereavement), discuss options such as a referral to assess the problem further, but not explore deeper issues beyond the limits of their role and expertise.

The use of clinical supervision in this was crucial. The GMHWs were encouraged to use a range of self-help material consistent with the CBT approach.<sup>18-20</sup> The material ranged from workbooks to briefer self-help material.<sup>18,21</sup> The clients were seen for a varied number of sessions and emphasis was placed on education, understanding their particular problems using the five-systems CBT model, self-monitoring, coping strategies, cognitive strategies and behavioural change such as goal setting and behavioural experiments.<sup>18-20</sup> In some cases clients were able to work at the level of understanding how their beliefs relate to their anxiety and/or depression. For example, in one case a client was able to identify their own perfectionist beliefs which led to unrealistic and excessive expectations of themselves and consequent stress, anxiety, a sense of failure and depression.<sup>11</sup> Research into the role of GMHWs in client work such as facilitated self-help is required, particularly regarding cost-effectiveness. Other appropriate client work provided by the GMHWs included co-facilitating anxiety management and other psycho-educational groups, and carrying out behavioural interventions as part of a supervised programme – all 'type A' interventions.

Other themes in this part of the programme included an understanding of somatisation and health anxiety, adjustment to life events and bereavement, single case methodologies, outcome measurement and the evidence base for psychological interventions. The GMHWs were encouraged to use outcome measures and single case methodologies to track their client's progress.

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## Discussion

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The development and provision of an educational programme for graduate mental health workers has led us to focus on some key issues, essential in future training programmes, and to consider the challenges of developing novel and innovative roles in relatively inexperienced staff. These issues include the identification of core capabilities linked to pathway outcomes, built-in flexibility to meet the different needs of the GMHWs and services, the appropriate level of client work, methods of assessment including assessment in practice, and links with practice supervision. It has also underlined the importance of working with PCTs to ensure the capabilities developed in the training meet service needs and that the GMHW roles are described in an appropriate, supported service context.

Given the small number of students on the programme, all attended the pathway committee that

reviewed the programme. One GMHW resigned from their NHS post early on so could not continue the training. The feedback from the other four GMHWs was positive and this was confirmed in the evaluation of the pilot.<sup>4</sup> They felt the client work training and supervision gave them a good grounding in general therapeutic skills, using the cognitive model and facilitating clients' use of self-help material, and they co-authored a paper on the client work.<sup>11</sup>

It has been suggested by a number of professionals working with GMHWs that they may be more open to innovative ways of working, such as facilitated self-help, because of their lack of pre-existing ways of working. This requires research but, if confirmed, would be very helpful because of the importance of developing new roles that increase wider access for service users and therefore break away from traditional service models. For example, although it is important to develop generic therapeutic skills, we do not want to create another group of therapists working in the traditional one hour per week mode. A balance has to be struck between providing safe and effective practice on the one hand and more innovative, accessible interventions on the other hand. It is important, particularly in the first training year, to ensure the GMHWs work at an appropriate and safe level in their client work. One way of ensuring this is to have a prior assessment from a mental health professional and this was the approach taken in our programme. From a primary care perspective, this may cause concerns that the role then becomes part of secondary care. A good solution to this issue was to have the GMHWs working within a primary care mental health team. This was the case for three of the GMHWs and the roles appeared to work well where this was possible. Although a framework for safe and effective practice is needed during training, the training should provide GMHWs with the skills and confidence to provide more direct, accessible primary care interventions, such as self-help, after training. Another possibility is to link the role of the GMHWs with general practitioners (GPs) with a special interest in mental health (GPwSIs).<sup>22</sup>

A key issue raised by the students was the importance of supervision guidelines and standards, because they found a variation in the nature of the supervision they received. There needs to be an agreed framework for supervision to match the different roles of GMHWs. This should include supervision workshops to ensure a shared understanding of the roles of the GMHWs and the supervision and assessment requirements. The GMHWs benefited greatly from mutual peer group support and the attendance at the university one day a week enabled this to happen. They also linked with other

post holders in the north east of England and described their work and experiences at local stakeholder workshops promoting and developing the role of GMHWs, and at a national conference on the training of GMHWs.<sup>23</sup>

As described earlier, an important issue is to allow flexibility within programmes to meet the various needs of the students and services. This can be achieved in a number of ways. We provided a flexible project-based module and another option is to include some optional modules within and across collaborating universities.

In future training programmes for GMHWs there is a possibility of offering a more multidisciplinary learning environment with specialist elements of the GMHW training, such as self-help interventions, offered to other staff. This provides opportunities for shared and multidisciplinary learning although it is important it does not confuse roles and levels of expertise. Collaboration across higher education institutions provides opportunities to share good practice and increase the range and flexibility of programmes to meet the needs of a wider range of professionals.<sup>10</sup>

An important issue in mental health education is the meaningful involvement of service users and carers. This presents a particular challenge in primary care services because users of primary care mental health services may have only occasional or short term contact with services and may not identify themselves as users of mental health services at all. The stigma of using the term 'mental health' for such service users is also a problem. The most productive approach may be to contact existing community support and self-help groups, and this approach has been taken in the further development of our programme. Such links may provide opportunities for GMHWs to become involved in a networking role, making useful links with such groups on behalf of statutory services.

To conclude, our experience in developing and preparing GMHWs for their roles has highlighted the contribution they can make to primary care mental health services.<sup>4</sup> Such roles include more innovative approaches to client work, service evaluation and audit, supporting research, gathering information on services and community resources, developing self-help and educational materials, networking with local community support groups and supporting local service user groups. Training programmes can prepare the GMHWs for this work but only in close partnership with services within carefully planned frameworks for supervision and support. The GMHWs should work in an appropriate service setting with access to support and supervision for their various roles. Training programmes need to be developed and

provided to support the local delivery plans of primary care mental health services. This requires an involvement of all stakeholders in the GMHW development, and a strategic approach locally and nationally. Currently, the longer-term plans for career progression and for new posts beyond the first 1000 are unclear. This contributes to a lack of clarity over the number of training posts in the longer term, making planning difficult.

Ultimately, the success of the GMHWs will be judged by their impact on services and service users over time. We assume this will be systematically evaluated and suggest that success requires retaining them in primary care mental health services and supporting their continued training and development.

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## CONFLICTS OF INTEREST

None.

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