

Development and policy

Audit of mental health promotion in primary care in a NHS trust

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Job title??

ABSTRACT

Objective Mental health promotion (MHP) is advocated as part of the National Service Framework (NSF) for Mental Health and the stepped-care approach to treatment in the National Institute for Clinical Excellence (NICE) guidelines. This study aimed to investigate understanding and implementation of MHP in primary care in a London borough.

Design This was a cross-sectional study.

Participants Participants were all general practitioners and therapists working in the primary care service ($n = 30$; response rate = 28%).

Main outcome measures A questionnaire was designed to measure understanding of MHP, the level of MHP in the service currently, and the perceived barriers to implementing MHP. This

was based on discussions with therapists working in primary care. Feedback was provided from a research tutor at the University of Surrey.

Results The data show that most practitioners knew what MHP was ($n = 27$, 85%) and provided MHP information to patients/clients ($n = 29$, 97%). However, there was a lack of MHP events being offered. The difficulty in implementing these was partly ascribed to a lack of therapist time to carry out such activities.

Conclusions Several recommendations were made for ameliorating the situation, for example, raising awareness of MHP and clarifying the roles of the different professionals.

Keywords:

Introduction

What is MHP?

According to the Department of Health guideline *'Making it Happen – a guide to delivering mental health promotion'* (2000), mental health promotion (MHP) involves 'any action to enhance the mental well-being of individuals, families, organisations or communities'.¹ A variety of models have been suggested for MHP.² However, another Department of Health publication *Mental Health Promotion in Primary Care*, conceptualises it as both increasing protective factors and decreasing risk factors.³ It says that MHP includes activities as diverse as voluntary work, relaxation advice and service user groups.

Context

The context of this project is the National Service Framework (NSF) for Mental Health, which advocates

MHP. This is complemented by several National Institute for Clinical Excellence (NICE) guidelines advocating the stepped-care approach to treatment of mental health difficulties (for example, *Depression: management of depression in primary and secondary care*, 2004).⁴ The first two stages in this approach could be viewed as MHP. They involve providing access to self-help, support groups, and sleep management.

Implementing MHP

Mental Health Promotion in Primary Care states that MHP is a primary care activity for a number of reasons; mental health and physical health are related, primary care is non-stigmatising and accessible, and the general practitioner's (GP's) surgery is part of the community.³ It emphasises taking a

broad perspective to implementing MHP, targeting both individuals and the community, for example, giving benefits advice in surgeries, and having employment links and friendship groups. Secker, in a discursive paper, says that MHP should also aim for wider change, for example, health services should make links with anti-poverty organisations.⁵ However, Whitehead, in his discussion, says that this rarely happens.⁶

Related research

A literature search revealed little previous research in this area. A survey of professionals in primary care, found that most respondents defined MHP in terms of raising awareness of mental health issues, and had limited knowledge of what activities might be considered MHP.⁷ They found that the majority of respondents saw MHP as an essential part of their work. However, a significant number were indifferent or hostile to it, usually on budgetary grounds. Only a quarter of the respondents said they were currently involved in MHP activities. A key difficulty identified was a lack of training. Humphris (cited by Trent and Reid, 1992) also conducted a study that found that GPs had a relatively poor attitude towards MHP.⁸ Finally, Ross and Stark (cited by Trent and Reid, 1995) conducted a survey of health authorities to find out how many had MHP strategies, and this was found to be only 3%.⁹

Local context

The Psychological Therapies in Primary Care service consists of clinical psychologists, counselling psychologists and psychotherapists. The topic of MHP was chosen after discussion with some of the therapists in the service. This was for several reasons. MHP is a non-stigmatising and normalising way to improve mental health, which could increase client choice and access. The therapists were aware that they had long waiting lists and felt that some of their clients could benefit from MHP while waiting. This might be the only intervention required, or it might form part of the overall intervention. However, the therapists felt that there is a lack of knowledge about MHP and the therapists' role in it. They were keen to elucidate what MHP is currently being done, so that the methods could be disseminated.

Objectives

The objectives were therefore: (1) to elucidate primary care professionals' understanding of MHP;

(2) to ascertain the level of MHP currently available and what it consists of; and (3) to elucidate the perceived obstacles to implementing MHP.

Method

Participant selection and characteristics

GPs and therapists working in primary care were the primary professional stakeholders in MHP. All 96 GPs and 11 therapists in the borough were asked to take part.

Measures

There are no measures currently available that would address the objectives set. Therefore, two questionnaires were designed, one for therapists (see Appendix 1) and one for GPs (see Appendix 2). They addressed the following: what MHP is, what kind of MHP work is done currently, and barriers to carrying this out. The questions were yes/no, open-ended, Likert scales, or tick boxes.

The questionnaires had face validity as they were devised according to what information was required. Some of the questions were drawn from *Mental Health Promotion in Primary Care*.³ Two clinicians and a research tutor at Surrey University provided feedback on them. The clinicians could be regarded as 'experts', and this therefore contributes to ensuring content validity. However, no other assessment of validity or reliability was made.

Procedure

The methodology was designed in conjunction with the field supervisor. It was a cross-sectional study. The therapist questionnaires were given to the therapists at their regular meeting. The GP questionnaires were posted to GPs with a covering letter (see Appendix 3) and a self-addressed envelope to return it in. Despite a good initial response rate (22 participants), a second mailshot was done to increase sample size, and yielded one further participant (see Appendix 4).

Analysis

The questionnaire data were both qualitative and quantitative. The quantitative data were analysed in terms of percentages and means because this was

what was required to address the objectives set. A form of inductive analysis was carried out on the qualitative data, which produced themes and sub-themes for the data. This was carried out by two people separately and the differences discussed to compile the final themes. This approach was used to explore the participants' personal views and experiences.

GPs' responses

Twenty-three GPs returned their questionnaires, representing 24% of the population. This is a reasonable response rate for a postal survey.

Understanding of MHP

Four GPs (17%) did not know what MHP was. For those who did define MHP, the main themes were: approach to mental health, effect of MHP on mental

health, responding to mental health problems and examples of MHP activities (see Box 1).

MHP in the waiting room

The most frequent professions GPs ($n = 22$) cited as having some or all responsibility for information in the waiting room were nurses (10; 41% of GPs cited them), receptionists (5; 27%) and practice managers (5, 23%; see Figure 1).

Seven GPs (32%; $n = 22$) did not know how the information in the waiting room was selected.

MHP events

Only one GP had held a MHP event in their surgery. For those who had not, the most common reason given for not doing this was that no one had thought of it. Fifteen GPs (65%) cited this factor (see Figure 2).

Only one GP had held a MHP event outside the surgery. Again, for those who had not, the most

Box 1 Definition of MHP by GPs

Master theme and example	Subthemes
Raising awareness of mental health, e.g. GP 4 'Raising awareness of mental health'	Raising awareness of symptoms Targeting patients, carers and staff
Effect of MHP on mental health, e.g. GP 14 'Improve patient's mental health'	Improving mental health Maintaining mental health Preventing mental health problems
Responding to mental health problems, e.g. GP 4 'Improve care of people with mental health problems'	Diagnosis Treatment
Methods of MHP, e.g. GP 1 'Posters, leaflets, books'	Education/self-help Opportunistic Non-confrontational

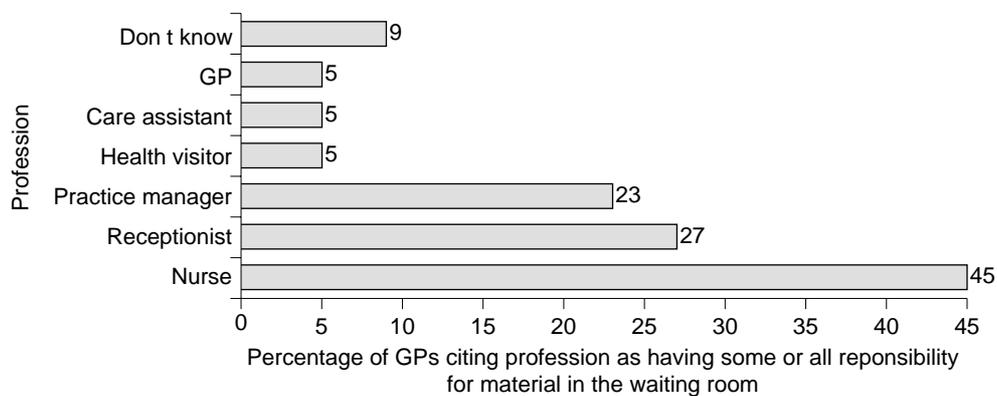


Figure 1 Professions cited by GPs as having some or all responsibility for information in the waiting room

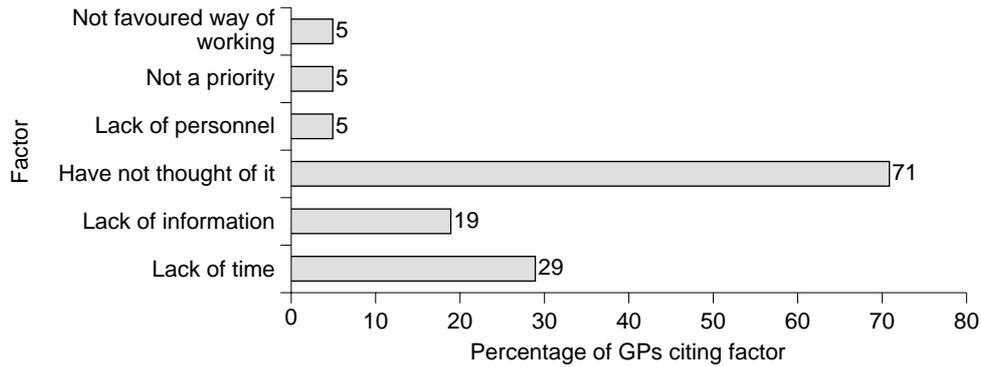


Figure 2 Factors cited by GPs as preventing MHP events at the surgery

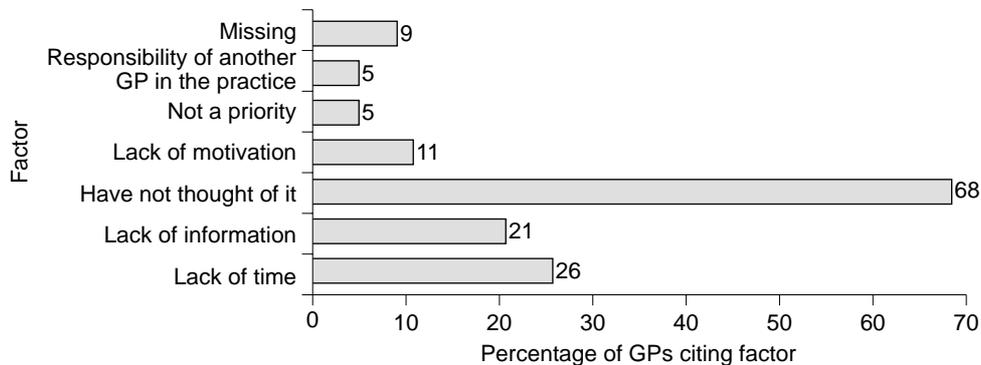


Figure 3 Factors cited by GPs as preventing MHP events outside the surgery

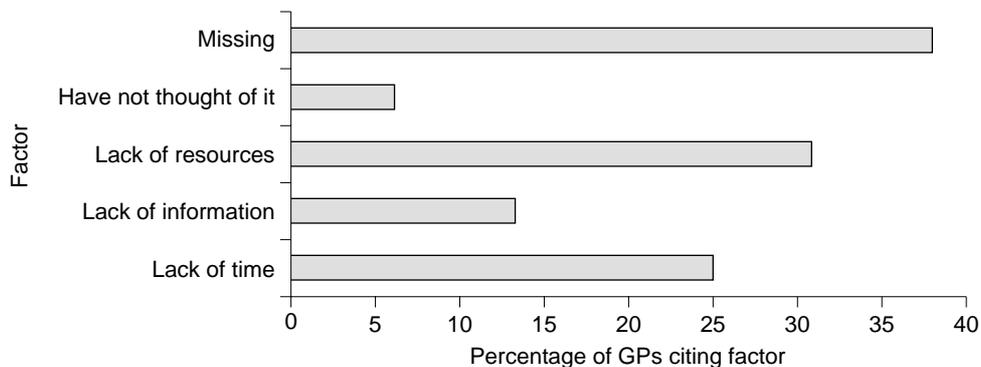


Figure 4 Factors preventing GPs from carrying out interventions prior to referral to a therapist

common reason for this not occurring was that no one had thought of it (13, 68%; see Figure 3).

MHP in the consultation

Of those who answered ($n = 21$), 12 (57%) GPs said they provided MHP information to patients at least once per week, however three (14%) never provided it. Seventeen (74%) GPs said that they recommended self-help books to clients. Most commonly ($n = 15$)

this was about 1–3 times per month (8; 53%). For those who did not recommend books ($n = 5$), the most common reason was that the GP did not know what to recommend (4; 80%). Fifteen (65%) GPs said that they did not offer any other intervention prior to referring to a therapist. The most common reason given ($n = 9$) was a lack of resources (5, 56%; see Figure 4).

When asked in what circumstances they would refer to a therapist without other intervention, the

most common response was that other options had been exhausted (see Table 1).

Table 1 Reasons for referring directly to a therapist without other intervention

Reason	Percentage of GPs citing reason
Patient aptitude	15
Severe difficulty	15
Reduced functioning	8
Other options exhausted	23
Recurrence of difficulty	8
Patient request	15
High risk	15
Certain types of difficulty	15
To assess and refer on	8

General comments

In terms of additional comments made, themes were: views on services provided by the mental health trust and concerns about MHP (see Box 2).

Therapists' responses

The majority of therapists responded (7 out of 11). These seven therapists worked in 12 surgeries.

Understanding of MHP

All therapists attempted to define MHP. The main themes were: examples of MHP activities, effect of MHP on individual's mental health, and effect of MHP on the system around the individual (see Box 3).

MHP in the waiting room

Most surgeries ($n = 11$) had 1–3 MHP leaflets (7) and 1–3 MHP posters (9) in the waiting room. In terms of how responsible therapists felt for information in the waiting room on a scale of 1–5 (where 1 is not at

Box 2 Additional comments from GPs

Master theme and example	Subthemes
Views on services provided by the mental health trust, e.g. GP 4 'Problems . . . which are not serious enough for the psychiatrists to accept'	People fall between primary care and community mental health team criteria
Concerns about MHP, e.g. GP 4 'The main problem is the waiting for the therapist'	Need for full assessment Lack of resources/therapists Lent items not being returned Training

Box 3 Definition of MHP according to therapists

Master theme and example	Subthemes
Examples of MHP activities, e.g. therapist 3 'Making information about all aspects of mental health available'	Education/self-help Linking patients to mental health professionals Raising awareness
Functions of MHP, e.g. therapist 3 'Improve their emotional wellbeing'	Improving/maintaining mental health Increase understanding of mental health
Effect of MHP on system around individual, e.g. therapist 4 'Reducing stigma'	Reducing stigma Sharing knowledge with other professionals Educating carers

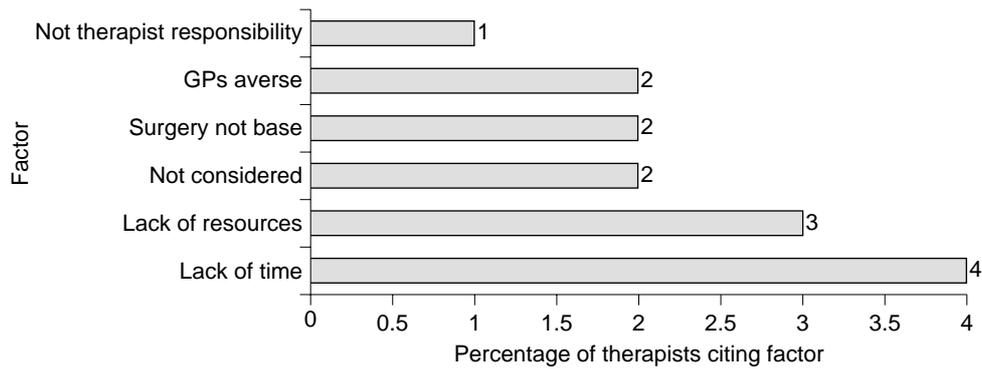


Figure 5 Factors cited by therapists as preventing MHP events at the surgery

all, 3 is shared and 5 is completely), all therapists scored 1 or 2.

MHP events

Only one therapist had held a MHP event at a surgery. The most common factor cited as preventing this was lack of time (4; see Figure 5).

Only two therapists carried out MHP outside the surgery. For those who did not ($n = 5$), again the factor most commonly cited as preventing this was lack of time (3).

MHP while on the waiting list to see a therapist

Most therapists said that they sometimes provided information to clients on their waiting list. When asked what influenced their decision on whether to send information, the most commonly cited factor was the length of time the client would have to wait (5; see Table 2).

On average, therapists estimated that 25% (standard deviation, $SD = 18.3$) of their referrals could have benefited from using self-help materials *instead of* therapy, and 51% ($SD = 18.4$) of their referrals could have benefited from them *in addition to* therapy.

Additional comments

Additional comments made by therapists could be grouped under the themes: support for MHP, concerns about MHP, and the role of other professionals (see Box 4).

Summary

Overall, both GPs and therapists had a good understanding of what MHP was. It was evident that written MHP information was being provided, but

Table 2 Factors influencing therapists' decisions as to whether to send information to clients on the waiting list

Factor	Number of therapists citing factor as influencing whether they send information to clients on the waiting list
Length of wait	5
Therapist time to send them	4
Clarity of referral issue	3
Availability of materials	2
Severity of difficulty	1
Type of difficulty	1
Client/GP request	1
Therapist view on need for assessment	1

there was a lack of MHP events for clients to attend. An issue cited by GPs and therapists as affecting MHP was the lack of therapist time.

Discussion

The definitions of MHP provided by therapists and GPs were broadly consistent with the definition offered by the Department of Health. GPs appeared to be more sceptical about MHP. Only therapists

Box 4 Additional comments made by therapists

Master theme and example	Subthemes
Support for MHP, e.g. Therapist 2 'It's a good chance to help more people at an earlier stage'	Prevent future difficulties Examples of feedback about MHP
Concerns about MHP, e.g. Therapist 1 'Some of my clients struggle with reading'	Not enough time Difficult to locate/select materials Client reading difficulties
Role of other professionals, e.g. Therapist 2 'The role of psychologist in our service has always been just individual therapy'	Support from GPs Need graduate mental health workers to carry out MHP

mentioned that MHP involved influencing systems as well as individuals, and it could be hypothesised that this was due to their training.

One of the aims of the study was to ascertain the level of MHP currently available in primary care in the borough. The most active area of MHP appeared to be in written information giving, which was mostly available without needing to access a health-care professional. The least active area seemed to be that of facilitated events providing information. This was less than in the study of Monarch and Spriggs.⁷

Self-help is advocated in the stepped-care approach in the NICE guidelines,⁴ and it was evident that a large number of GPs recommended it, but this did not appear to be done frequently. The most common reason for not doing this was a lack of knowledge about what to recommend. There could therefore be a role for therapists in providing lists of useful self-help books. There is also a need to increase how often self-help is suggested to clients.

It also appears that GPs are attempting to implement the stepped-care approach around who to refer to a therapist. They report referring patients with more severe difficulties. However, therapists are still reporting that a significant proportion of their referrals could use self-help instead of therapy.

Another aim of the study was to elucidate the obstacles to implementing MHP.

It is notable that, despite the emphasis on MHP as a primary care activity, a significant proportion of GPs did not know what it was, and, possibly as a consequence, had not thought of implementing it. The most frequently reported obstacle to therapists carrying out MHP was lack of time. These responses partly fitted with an article by McCulloch and Boxer listing common negative attitudes about mental health promotion.¹⁰ These are: that it is too broad and too theoretical, it is beyond the scope of health-care or is already being carried out, it is expensive,

it cannot be evaluated but achieves little, and that professionals do not have the skills or time for it.

In terms of strengths and weaknesses of the study, one of the strengths was that several stakeholders were consulted in the design process. One of the limitations of the study was that GPs were not consulted in the design. A further difficulty was that there might have been a difference between those who responded and those who did not; for example, those who responded may have been more interested or involved in MHP. Another limitation was that it was evident from the data that some of the questions asked were vague. For example, when asking about possible reasons for not carrying out MHP, 'Lack of resources', could have had a number of meanings. This made it difficult to interpret.

If a similar study were to be carried out again, these issues could be addressed by consulting with all stakeholders including, potentially, service users, and perhaps piloting the questionnaire. The audit could be repeated following changes implemented after the service review in order to evaluate the impact of these.

A further aim of the study was to share the results with people working in primary care. Therefore, the results will be disseminated to the GPs and therapists and learning points considered (see Appendix 5). In addition the following recommendations will be discussed.

Recommendations

- One aim of the study was to find out what MHP is being done. Some specific feedback was provided which could be implemented across the service, for example, placing MHP materials in waiting rooms and on the back of toilet doors, gathering MHP materials for therapists and GPs to access, asking GPs to state a clear referral issue if possible

to facilitate sending information to clients on the waiting list.

- There is a need to clarify who is responsible for the information in waiting rooms.
- As GPs and therapists both mentioned lack of time as a factor preventing MHP, there should be consideration of increasing therapist hours.
- Consider having more MHP events, perhaps by a therapist who is not tied to a particular surgery.

ACKNOWLEDGEMENTS

I would like to thank my Field Supervisor (anon), course supervisor (Vicky Senior), The Psychological Therapies in Primary Care service, the Director of Psychological Therapies at the NHS Trust (anon), and Director of PRIMHE (Chris Manning).

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CONFLICTS OF INTEREST

None.

ADDRESS FOR CORRESPONDENCE

Email: L.S.Hamill@surrey.ac.uk

Received ?????

Accepted ?????

Appendix 1: Therapist questionnaire

QUESTIONNAIRE FOR THERAPISTS

1 What do you understand by the term 'mental health promotion'?

2 Do you hold/have you held any mental health promotion events at the surgery?

Yes/No (please circle)

If yes, please list these and say how often they occur.

3 If no, what has prevented it?

Lack of time

Lack of information

Lack of resources

Theoretical orientation

Have not thought of it

Other

Please specify _____

4 Do you do any mental health promotion outside the surgery?

Yes/No (please circle)

If yes, please list these and say how often they occur.

5 If no, what has prevented it?

Lack of time

Lack of information

Have not thought of it

Other

Please specify _____

6 How many different mental health leaflets do you have in your waiting room? Please circle

0

1-3

4-6

7-9

>9

7 If applicable, please list them.

8 How many different mental health posters do you have in your waiting room?

Please circle.

0

1-3

4-6

7-9

>9

9 If applicable, please list them.

10 Which, if any, leaflets or posters have you personally added to the waiting room?

11 If none, what has prevented it?

- Lack of time
- Lack of information
- Lack of resources
- Theoretical orientation
- Have not thought of it
- Other Please specify _____

12 How responsible do you feel for material in your waiting room?

Please circle.

- 1 2 3 4 5
- Not at all Shared Completely

13 Please say how often you send the following information to clients on your waiting list. If applicable, please specify what these are about, e.g. depression, Carers UK, bereavement.

Intervention	How often do you send these? (please tick)	What are these about?
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	Never	Sometimes	Always	
Information/psycho-educational leaflets				
List of self-help books				
List of websites				
Information on services				
Information on self-help groups				

14 Do you offer any other intervention to clients on the waiting list?

Please circle

- Yes No Sometimes

15 If yes or sometimes, what do you offer?

16 What influences your decision to send or not send information/use interventions?

17 What percentage of your referrals do you think could have benefited from using self-help materials from the GP at point of consultation *rather than* referral to a therapist?

18 What percentage of your referrals do you think could have benefited from using self-help materials from the GP at point of consultation *as well as* referral to a therapist?

Thank you for your help

Appendix 2: GP questionnaire

QUESTIONNAIRE FOR GPs ON MENTAL HEALTH PROMOTION

- 1 What do you understand by the term 'mental health promotion'?

- 2 What is the first point at which a patient could have access to mental health information (either written or verbal) in the surgery where you work?
 - Waiting room
 - Consultation with therapist
 - Don't know

- 3 Do you/have you held any mental health promotion events at the surgery?

Yes/No (please circle)

If yes, please list these and say how often they occur.

- 4 If no, what has prevented it? (tick all that apply)
 - Lack of time
 - Lack of information
 - Have not thought of it
 - Other Please specify _____

- 5 Do you do any mental health promotion outside the surgery?

Yes/No (please circle)

If yes, please list these and say how often they occur.

- 6 If no, what has prevented it?
 - Lack of time
 - Lack of information
 - Have not thought of it
 - Other Please specify _____

- 7 Who has responsibility for the leaflets and posters in the waiting room?

- 8 How are the leaflets and posters in the waiting room chosen (if known)?

- 9 Do you ever give mental health promotion information to patients? If yes, what is this about?

Topic	Please tick if provided
Depression	
Bereavement	
Anxiety	
Stress	

Self-esteem	
Physical activity	
Childcare	
Employment	
Domestic violence	
Safety	
Parenting	
Learning	
Housing	
Social support	
Other	

10 How often does this happen?

Please circle.

Never

1–3 times a month

Once a week

More often

11 Do you ever recommend patients mental health self-help books/leaflets?

Yes/No (please circle)

If yes, please specify which.

12 What are these about?

Depression

Bereavement

Anxiety

Stress

Other

Please specify _____

13 If no, what has prevented it?

Lack of time

Lack of knowledge

Have not thought of it

Other

Please specify _____

14 How often does this happen? Please circle.

Never

1–3 times a month

Once a week

More often

15 Do you have self-help books/leaflets available for patients to borrow/keep?

Yes/No (please circle)

What, if any, other interventions you would make before referring to a therapist?

16 If you do not make any interventions before referring to a therapist, what stops you?

Lack of time

Lack of information

Lack of resources

Have not thought of it

Other

Please specify _____

17 In what circumstances would you refer to a therapist immediately?

Thank you for your help

Appendix 3: Covering letter to GPs

Project on mental health promotion

I am a trainee clinical psychologist working with the Primary Care Psychology and Counselling Service. As part of my training, I am carrying out an audit in the service.

There is currently a re-organisation of services taking place in the borough. As part of this, we are interested in finding out about the role of mental health promotion in primary care. I would be grateful if you would complete the enclosed questionnaire, which should take no more than 5 minutes. You can remain anonymous and your responses will be kept confidential. Please return the questionnaire in the envelope provided by 12th May.

Appendix 4: Second mailshot letter

Health promotion questionnaire

I am a trainee clinical psychologist working in the Psychological Therapies in Primary Care Service. You may recall that I recently sent you a questionnaire on mental health promotion. As this was anonymous, I have no way of knowing whether you returned it.

If you have already returned your questionnaire, I would like to thank you for taking part. If you have not yet sent it back, I would like to encourage you to take the opportunity to allow your views to be taken into account in the review of the Psychological Therapies in Primary Care Service. The results of this survey will be used in the review to think about how the counsellor or psychologist in your surgery can improve their service to you.

If you did not receive your questionnaire or have mislaid it, I can send you an electronic version if you email me at L.S.Hamill@surrey.ac.uk. The questionnaire can be returned up until **12th May**.

Thank you for your help,

Louise Hamill
Trainee Clinical Psychologist

Appendix 5: Letter regarding the presentation of the project
