

## Editorial

# Trailblazers

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This editorial describes the growth in availability of the Trailblazers programme around the eight regions in England and recent international interest. The Trailblazers programme developed from the 'Teach the Teachers' courses initially established by André Tylee, Ray King and Liz Armstrong in South West Region in 1996. Similar courses have now been established in Yorkshire, the North and Humberside, West Midlands, Eastern Region and London (South West). Courses are beginning in East Midlands and South East Regions and then possibly in North West Region. To date, the existing programmes have had around 400 participants from many disciplines in primary care and mental health services.

The 'Teach the Teacher' courses were originally developed to improve the provision of mental health skills training in primary care. Courses helped participants assess local primary care mental health training needs and develop the means of delivering mental health skills training to meet those needs. An important innovation and strength of these courses, which has persisted, was the pairing of course participants – one from primary care and one from secondary care. Pairing facilitates multidisciplinary working across the primary/secondary care interface and fosters improved integration between primary and secondary care by the exchange of knowledge between the pair with an increased appreciation of each other's roles.

Though the concept of the courses has remained the same, each course has developed locally, though the work of local experts in primary care mental health education and training. The courses have evolved and can now be more accurately described as mental health leadership courses, developed to promote and encourage leadership amongst course participants in primary care mental health service provision. Each course has been evaluated

locally but only the West Midlands course has been independently evaluated and, as yet, there has not been an overall independent evaluation or comparison of the different courses. There is now a national network of Trailblazer tutors who meet regularly to share innovative teaching practice.

The courses in the different regions are similar in terms of their aims, objectives, content and structure. They all aim to develop the course participants' leadership potential, and encourage and motivate them to become actively involved in improving local primary care mental health services and the delivery of high-quality mental health education and training for primary care professionals.

## Structure

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The overall structure of courses is similar. Participants attend the courses in pairs, each pair made up from a primary care professional and a secondary care professional. In the initial courses the pairing consisted of a general practitioner (GP) and a secondary care professional, such as a community psychiatric nurse (CPN). The courses have since developed to include any other professionals in primary and secondary care with an interest in primary care mental health. Now the pairings on the course represent the multiprofessional mix found in primary and secondary care. The number of pairs per course varies, though between five and eight pairs seems optimum.

There are usually three to four tutors per course who are themselves drawn from a multiprofessional background, usually including GPs, educationalists, practice nurses, and CPNs. Tutors are often

graduates of previous 'Teach the Teachers' or Trailblazer courses.

The courses consist of three modules run over a six- to nine-month period. The length and structure of individual modules varies between the courses. The Yorkshire course modules consist of two consecutive half days with overnight accommodation between them. The West Midlands and South West London courses consist of one-and-a-half-day modules with an overnight stay between them. The Newcastle course is the only non-residential course so far, each module consisting of one whole day. The differences in the structure of the modules may reflect variations in funding and regional differences in the preferences of participants. However, an important part of the course, that has to be taken into account structurally, is the provision of sufficient protected time to allow the group to cohere. This often takes place during informal time outside of the formal content of the modules. Thus modules have to allow sufficient informal time for this to occur. All the courses are run in such a way, and at venues that are conducive to such an informal atmosphere.

The courses are all responsive to the learning needs of the participants. Local and national experts are invited to teach when the learning needs of participants cannot be met by course tutors or by the course participants themselves. An adult-learner-centred approach to teaching is adopted on all the courses and adequate time is allowed for group discussion and reflection.

## Course content

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The development of a project, or project plan, for each pair is a major focus of all the courses. During the course a project, or project plan is developed, on which the individual pairs work together. The project developed by the pair should address an identified need in local mental health service provision or training. The projects are an integral part of the courses. Working collaboratively on the project appears to be an important vehicle that not only encourages intra-pair collaboration but also inter-pair and group collaboration with a sharing of skills and information between group members. The result is a fertile exchange of ideas not only across the primary/secondary interface within pairs but also multiprofessionally between members of the group. This fosters a sense of shared investment in, and commitment to, the group that often continues after the course has ended.

The projects themselves show considerable variation in terms of subject matter and ambition

that also reflects the differences in terms of professional background, experience and the perceived needs of the pairs. There are, however, striking similarities between the projects developed on the different courses. The range of projects developed in the West Midlands is similar to that developed in Newcastle. This suggests that there are similar problems in the provision of mental health services across regions. Project plans are often uniquely tailored to pairs' local services and the population they serve and so local solutions are developed that best meet local needs. Between the modules, tutors continue to offer support to participant pairs to assist them in the development of their project plans. It is hoped that Trailblazer graduates will wish to submit reports of their project work to this journal. Current projects on the South West London course include developing a CD ROM on depression as a practice resource; a patient satisfaction survey about mental health care in a practice; joint consultations with dual diagnosis patients; providing training on depression for a primary care nursing team; doing physical health checks on patients with severe mental illness in hostels served by a practice; understanding why some patients drop out of care in a practice and improving communication around referrals (either way). The professionals involved in this course and comprising seven pairs include GPs, CPNs, a social worker, a mental health team manager, practice nurses, psychiatrists and psychologists.

The content of all courses is responsive to the prioritised learning needs of the course participants. No two courses are exactly the same in this regard, as learning needs differ between cohorts and between the courses. The content of future course modules is usually established during the first module of a course, an important part of the first module being the elucidation of the group's learning needs. Prioritised areas are currently often focused around change management in primary care trusts which reflects the huge organisational changes that have occurred since the outset of 'Teach the Teachers'.

Once the courses have ended, participants are encouraged to keep in contact with other group members, with participants of previous cohorts and to join Primary Care Mental Health and Education (PrimHE; [www.primhe.org](http://www.primhe.org)) which has around 3000 members and is the main vehicle for primary care mental health. The cohesiveness developed during the courses continues to facilitate primary care mental health initiatives after the course has ended. Each region has developed a network of professionals who have been through the courses and who can continue to assist and support each other. It is very gratifying that most Trailblazer courses now have

an external tutor from another region's Trailblazer course or invite them as needed to run a session.

## Conclusions

Although the original 'Teach the Teacher' courses were set up to provide training in mental health skills for primary care professionals, the courses have evolved and now provide leadership training in primary care mental health. The courses continue to provide skills-based and needs-led teaching to multiprofessional groups, working in pairs that cross the primary/secondary care interface. The similarities between the courses in different parts of the UK far outweigh any differences, which are, in fact, limited to the structure of the modules. Local ownership in developing and running the courses is probably an integral part of their success.

Though the courses provide needs-led training there is a large overlap between the perceived learning needs of participants on the different courses and also in the projects they develop.

Trailblazers have become an important part of the leadership work of the primary care programme of the National Institute for Mental Health in England (NIMHE). Much of this national development from what was originally one regional project is due to the generous support of the Charlie Waller Memorial Trust, a charity set up to improve primary care mental health training and education about depression for schoolchildren. The Trust has funded AT and then PW as earlier Waller Fellows over

the last few years and currently funds both AE as Waller Fellow in the South of England and a newly appointed Waller Fellow post for the North of England. Both fellows will work together to further develop the national network of Trailblazers. The development of Trailblazers also owes a great deal to the many organisations that have helped it to develop from the early days including the South West Region, Yorkshire Region and Deanery, West Midlands Region and Deanery, PriMHE, the Counselling in Primary Care Trust, several pharmaceutical companies and several deaneries. Regional development centres, deaneries, workforce development confederations, and local consortia of pharmaceutical companies fund most courses now.

There is also International interest from the International Institute of Mental Health Leaders (IIMHL) who have prioritised Trailblazers and are working with primary care mental health leaders in the United States and New Zealand to see if the model can work in their settings. There is also strong interest in Australia with the intention to run modified Trailblazers in the State of Victoria.

Ray King, Liz Armstrong and myself never expected our model to last more than a couple of years but it has grown through the energy of many people too numerous to name but who include Tim Thornton, Heather Raistrick, David Shiers, Jonas Miller, Peter Nolan, Anand Chitnis, Helen Lester, Dave Tomson, Mary Anne Freer, Chris Manning, Alison Pickard, Ray Baird, Paul Walters, Aislinn Enright, Alan Cohen, Penny Morriss, Maureen Tomeny, Jackie Ardley, Ian McPherson, Fran Silvestri and chiefly the 400 or more Trailblazer graduates from whom we have learnt so much.

