Evaluation of 2 x 2 day mental health training provided by RAID to acute hospital staff

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Introduction
Liaison teams have an important role in teaching and training (RCP, 2014) and the RAID service is committed to delivering regular, high-quality training to colleagues in acute care. This is vital to both maintain the ‘RAID effect’ (Tadros et al., 2013) and additionally aims to:

- Tackle mental health stigma
- Improve awareness and management of common mental health and psychological problems
- Improve staff confidence and skill in managing less complex presentations (cf RAID effect)
- Improve patient experience and outcomes.

In addition, the training provides an opportunity to build relationships and shape appropriate referrals and constructive co-working with our acute colleagues - vital activities for successful liaison services.

RAID services in Birmingham now straddle 5 hospitals and, as such, a training strategy has been developed to ensure quality, consistency and effectiveness across the sites. In essence the strategy aims to ensure:

- All training is consistent with PLAN and CR 183 (2014) recommended curriculum
- There is co-production and delivery with Experts by Experience and acute colleagues.
- A minimum standard of 2 x 2 days are offered to acute staff across the sites, to compliment other training offered e.g. to junior doctors.

This poster represents recent evaluation of our 2 x 2 day training sessions delivered by the RAID team at City Hospital, Birmingham. The course is outlined in Table 1 and took place over 2 days, a week apart, in April and October 2015.

Outcomes and Feedback
All staff are requested to complete an evaluation form (right) at the end of each day which forms the main evaluation measure.

Table 1: A typical two day training programme with discipline leading in parentheses.

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
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</thead>
<tbody>
<tr>
<td>Stigma, signs and symptoms of common mental health problems (nurse)</td>
<td>Psychological Reactions and Responses (psychologist)</td>
</tr>
<tr>
<td>Depression and psychosis (Psychiatrist)</td>
<td>Medically Unexplained Symptoms (psychologist)</td>
</tr>
<tr>
<td>Psychiatric manifestations of physical illness (Psychiatrist)</td>
<td>Symptoms Self-Harm and Suicide (Expert by Experience and Nurse)</td>
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<tr>
<td>Overview of the Mental Health Capacity Act – case based discussions</td>
<td>Alcohol and Substance Misuse (Nurse and Independent sector)</td>
</tr>
<tr>
<td>when to use what? (Nurses)</td>
<td>Alcohol and Recovery: (Expert by Experience)</td>
</tr>
<tr>
<td>Dementia, Depression and Delirium in Older People (Psychologist and Nurse)</td>
<td>Question and answer session</td>
</tr>
</tbody>
</table>

A total of 36 staff members attended the training from across a range of disciplines. See Figure 1 above.
100% of attendees agreed or strongly agreed that:
- The trainers were knowledgeable
- They met the training objectives
- That adequate time had been provided for questions and discussion.
- And would recommend the training to others.
95% of staff agreed or ‘strongly agreed’ that ‘overall their confidence and competence had been improved’ by the 2 day training sessions.

In Conclusion...
The two day mental health training courses are very well received and deemed very necessary by acute hospital staff. There is a need to ensure training is effectively targeted and marketed to inpatient staff and that everyone has the opportunity to attend. Future directions include RAID teams delivering and evaluating the two day training programme across all of the acute hospitals in Birmingham.

Challenges
There are challenges when delivering training to acute hospital staff which include:
- Clinical cover for staff attending the training—the need to plan well in advance!
- Advertising—Making acute hospital staff aware that training is taking place—using communications, intranet and posters on wards.
- Trainers resources and time to deliver sessions—need to involve MDT in delivery as well as acute colleagues and experts by experience.

Useful suggestions were made for improvements to future courses and further training topics were suggested by attendees.
- Abuse
- Anger management
- Bereavement
- Cognitive behaviour therapy
- Loneliness
- Relationships

General Feedback themes....
- Provide more time as some felt there was a lot of information to take in across the two days.
- Involving experts by experience, was widely regarded as one of the most inspirational and motivational parts of the course.
- Delegates asked for more about substance abuse particularly newer substances (i.e. legal highs).

References