Breaking down the barriers: Mental health and Learning Disability simulation based training for physical health staff.

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Aims and objectives

To provide an overview of the physical health inequalities in people with mental health diagnosis and learning disabilities

To provide an understanding the causes leading to the inequalities

To develop training programmes and other strategies to bridge the gap.
Structure of the workshop

Policies and reports

What are the barriers?

Role of simulation is helping to break the barrier

In-Sync Training

Role playing and feedback

Evaluation of In-sync training

Future planning.
Policies and reports

- ‘No Health Without Mental Health’ - Feb 2011
- ‘Closing the Gap’ - 2014
- CIPOLD report
- Five year forward view for mental health (2016)
- Bringing together physical and mental health
Key facts

- Mortality among mental health service users aged 19 and over in England was 3.6 times the rate of the general population in 2010/11.

- People in contact with specialist mental health services per 100,000 service users, compared with 100,000 in the general population, had a higher death rate for most causes of death, in particular:
  - nearly four times the rate of deaths from diseases of the respiratory system at 142.2, compared with the general population at 37.3
  - just over four times the rate of deaths from diseases of the digestive system at 126.1, compared with the general population at 28.5
  - nearly three times the rate of deaths from diseases of the circulatory system at 254, compared with the general population at 101.1.

- The relative difference in mortality rates was largest among people aged 30 to 39: almost five times that of the general population.

*Improving the physical health of people with mental health problems: Actions for mental health nurses (2016)*
CIPOLD report

• On average men with learning disabilities died 13 years sooner than men in the general population.

• On average women with learning disabilities died 20 years sooner than women in the general population.

• The most common underlying causes of death were heart and circulatory disorders (22%) and cancer (20%).

• The final event leading to death was most frequently a respiratory infection.

• Of the 238 deaths of people with learning disabilities for which agreement was reached by the Overview Panel, 42% were assessed as being premature.

• The most common reasons for deaths being assessed as premature were: delays or problems with diagnosis or treatment; and problems with identifying needs and providing appropriate care in response to changing needs.
Why is there a discrepancy?
What are the barriers?

Lack of awareness
Diagnostic overshadowing
Communication barrier
Lack of knowledge and skills
Lifestyle choices
Poor compliance
Lack of facilities
How do we break the barriers

Increased awareness and improved outcome

Legislations

Training of health and social care staff

NELFT - open up possibilities
The principles of training

Knowledge  Skills  Attitude
Millers Pyramid of learning

- Knows (knowledge)
- Knows how (competence)
- Shows how (performance)
- Does (action)
Kolbs learning cycle

Concrete Experience
(discussing / having an experience)

Reflective Observation
(reviewing / reflecting on the experience)

Abstract Conceptualisation
(concluding / learning from the experience)

Active Experimentation
(planning / trying out what you have learned)
Evidence for Simulation Based Training

In UK: SLAM- Centre for Mental Health simulation: Currently Provide training for Clinical & non-clinical Mental Health Staff & General Hospital Staff. Outcomes: Improvement in confidence in risk management & better knowledge. Ongoing research on linking training outcomes to patient outcomes.

In UK: Yorkshire and Humber's Recognising and assessing medical problems in psychiatric settings (RAMPPS) Course

Much literature on Simulation Based Training in Obstetric/ Acute Medical settings Outcomes: Improved Communication skills & improved confidence in risk management.

In Australia: Joint Community Mental Health & Community Physical Health staff training- Queensland, Australia: Improved communication skills, team working, knowledge & skills.
**In-Sync:** A multi-professional Simulation-based training to integrate health-care

**AIM:** To organise & evaluate joint multi-professional Mental Health & Learning Disability training for mental health and community health using simulation
Training Needs Survey

- **Purpose:** To identify themes for Simulation Scenarios
- **64% response rate amongst 25 mental health staff. Verbal feedback from community health manager**
- **Key Themes identified:**
  1. Dealing with complex Personality Disorders
  2. Complex MCA/MHA matters
  3. Complex Safeguarding matters
Training plan, structure & delivery

2 Facilitators, 3 actors recruited; 8 delegates allocated to loops

Two complex scenarios written with a version each for mental health (MH) delegate, Community health (CH) delegate & actors. These were shared with delegates, facilitators & actors in advance via email.

Training delivered in 2 loops: 90 mins each; 4 delegates per loop: allocated scenarios in pairs 1 MH delegate paired with 1 CH delegate
Scenario and Role play

Patient with 42 year old male with a diagnosis of depression and borderline learning disabilities. He also suffers from poorly controlled diabetes and has had numerous admissions to psychiatric hospitals with overdoses
Feedback
Feedback from Training

The training helped the delegates to have a better understanding of each-others’ roles,

Helped with enhancing cient-centered co-working skills & improved communication skills amongst physical-health staff
Challenges

As simulation was a novel method of training the staff did find it intimidating especially in the first scenarios.

The scenarios will need to be tailored to the job role of staff attending to ensure maximum impact.
Feedback (4 weeks post training)

- Improved my understanding of physical health problems & I now take any physical health matter seriously.
- Take mental health problems more seriously.
- Am clear about who to approach & how.
- Stereotype has reduced.
Evaluation

The training was evaluated using the healthcare provider questionnaire and there was improvement on all three factors (perceived skill, comfort and type of clinical approach) after the training.
Conclusions

Simulation based multi-professional training was effective in improving perceived comfort, skill & communication skills in dealing with simulated clinical encounters with patients in both, mental and physical health staff, with sustained improvement in practice 4 weeks post training.
Future plans

Breaking Down The Barriers Programme by UCLP

First line responders simulation based training
Funding

- The Pilot was funded by NELFT Medical Education Department
- Funding for further roll-out of wider Pilot of In-Sync within NELFT has been provided by NELFT Medical Education Department
Final feedback and comments
Thank you