Developing an integrated mental health nursing team

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Summary
A number of initiatives have been introduced in the UK and in Wales to address the growing problem of how to treat people with mental health problems in the community. This article describes the development of an integrated nursing team that has been set up in Bro Morgannwg Trust, Wales in an effort to address some of these problems, in line with current policy.

The prevalence of mental health problems and the effects on the individual and society have led the authorities to address the problem in policies and guidelines (DoH 1992, Welsh Assembly 2001 a-c, Welsh Office 1993). These and subsequent documents place responsibility for health needs with the GP and the primary care team (Welsh Office 1998). This article explores the development of policy for mental health service provision in the primary care setting. The training and knowledge of members of the primary care team in the field of mental health will be identified, providing a rationale for integrating the nursing team. Finally, a liaison initiative by a community psychiatric nurse (CPN) with a rural primary care team will be described.

The aims of the project are to provide a more holistic approach to the care of patients in the primary care setting. It also meets the requirements of documents such as the Plan for the NHS in Wales (Welsh Assembly 2001a) and the strategy for Adult Mental Health Services for Wales (Welsh Assembly 2001b). There are plans to measure outcomes with regard to detection of physical health problems in the attendees of the medication monitoring clinic and the development of a satisfaction survey of the service users.

Policy developments
The World Health Organization has identified that as many as five of the ten leading causes of disabilities are due to mental health problems (Harnois and Gabriel 2000). These statistics are wide-ranging with no differences in age, gender or social strata. In the UK, one in six adults who consult their GP have common mental health problems such as depression or anxiety, and more serious problems such as schizophrenia are found in 1 per cent of the population (Meltzer et al 1995).

These statistics, along with government recognition of the impact of such mental health problems on the population and the associated costs to society, are possibly the major factors underpinning the decision to target mental health (Kennedy 2000). The National Service Framework for Mental Health (DoH 1999a) sets out seven standards as a structure for health and social services to plan programmes of care over the next ten years. One of the areas identified in the framework is in primary care and access services. Indeed, standard two states that people with common mental health problems should have their mental health needs assessed and should be offered effective treatments, with a referral to specialist services if necessary. This follows the White Paper Modernising Mental Health Services: Safe Sound and Supportive (DoH 1998), which articulates the policy commitment to mental health. Wales has historically maintained some autonomy from England with regard to mental healthcare policy, however, there has been an unequivocal approach from the Welsh Office in its service guidelines (Welsh Office 1989, 1993, 1998).

The strategy for Adult Mental Health Services for Wales (Welsh Assembly 2001b) is similar in its approach to the White Paper; the four principles – equity, empowerment, effectiveness and efficiency – aim to provide accessibility, integration of healthcare delivery and user-led involvement in developing locally based services. Primary care is to be responsible for commissioning and creating services for people with mental illness (Welsh Assembly 2001b). Even though documents such as Finding a Place (Audit Commission 1994) advocate that community mental health teams (CMHTs) should target their services largely toward those with serious mental illness, it appears that GPs continue to refer people who have more common mental health problems to the CMHTs (Weaver et al 1999). However, recent policy is likely to lead to a change in the shape of mental healthcare delivery, with primary care taking the lead responsibility (DoH 1999b, Welsh Assembly 2001b).

Knowledge and training
Most people (more than 90 per cent) use the NHS through the primary care team (Welsh Assembly 2001c). However, it has been postulated that GPs'
knowledge of care for people with mental illness is limited (Bindman et al 1997). Up to 25 per cent of consultations with a GP are with those who have mental health problems (Brooker and Repper 1998). Studies have shown that GPs may not detect the symptoms of up to half of those patients with a mental disorder (Goldberg and Huxley 1992). Similarly, a survey found that practice nurses reported a fairly low incidence of people on their caseload with mental health problems (10 per cent), while emerging evidence suggests the real figure may be as high as 37 per cent (Plummer and Gray 2000, Plummer et al 2000).

Practice nurses are responsible for giving some depot neuroleptic medications for serious mental health problems such as schizophrenia – in one study up to 59 per cent of patients received their injections from a practice nurse (Hamilton 1996). However, these nurses often do not have sufficient knowledge of the medication’s side effects and may lack skills in assessing mental health or social care needs (Armstrong 1998). The problem of recognising mental disorders is reinforced by a report that shows that service users think their GP and other members of the primary care team are poorly trained and uninterested in their needs (Sainsbury Centre 1997).

Service users have reported that they believe GPs lack skills in treatment and diagnosis and that they might not be aware of local service provision or local and national policies (NHS Executive 1995). Only a few GPs undertake a mental health placement, while most learn their skills in this field ‘on the job’ (Casey 1997). The strategy document Adult Mental Health Services for Wales (Welsh Assembly 2001b) states that mental health services have an important role in helping primary care to address these problems, by providing support and expert guidance.

**Integrated nursing**

The Plan for the NHS in Wales states an intention for a primary care-led health service, which should play a full part in community health development (Welsh Assembly 2001a). The document also identifies the need to develop strong community-based services, which should invest time and energy into improving joint working with all parties. Various authors have indicated the need for, and benefits of, nurses working in an integrated way (Bull 1998, Gerrish 1999, Knott 1999, Nolan et al 1998).

The physical health status of people with serious mental illness has led authors such as Gournay (1996) to call for more attention to be paid to general physical health in the management of mental illness. The Protocols for Investment in Health Gain: Mental Health (Welsh Office 1993) included aims to improve the quality of life of people with mental health problems. Specific targets included reducing the mortality rate from a physical illness for people with a serious mental illness. This particular group of people has been identified as particularly vulnerable to physical health problems; they tend to have higher death rates than the general population from diseases such as coronary heart disease and cancer (DoH 1992). A study of psychiatric morbidity indicated a higher prevalence of smokers than in the general population, along with a particularly high incidence of substance misuse (Meltzer et al 1995). These health behaviours, coupled with the effects of long-term use of antipsychotic medication and a generally unhealthy lifestyle, would signify a need to provide a more comprehensive physical assessment of this group (Brown et al 2000). However, GPs have been reported as being somewhat ambivalent toward mental health issues, while the physical health needs of people with mental health problems are poorly served by mental health staff, who know little about medicine (Byrne 2001). One reason for this may be the specialisation of medicine separating mind from body that has led to compartmentalising diagnoses that can cause a significant disadvantage to those with multiple problems (Jenkins 1992).

It has been suggested that GPs do not review people with a chronic mental illness as often as they do those with a chronic physical illness (Kendrick et al 1995). This may be because of the poor reporting of physical symptoms of the patient, which might be due to cognitive impairment, social isolation or suspicion (Phelan et al 2001). There are also problems associated with training primary care staff, and many have little or no training in mental health issues (Armstrong 1998, Casey 1997).

GPs are also reluctant to take on care planning for such people (Kendrick et al 1991). This may be because of time constraints (Byrne 2001) or poor attitudes towards, and lack of knowledge of, severe mental illness (Dean 2001). Some service users think they are not listened to, that their physical health needs are not taken seriously and that there is a lack of relevant information available at surgeries (Bailey 1997).

When the review of mental health services (Audit Commission 1994) recommended that services should be targeted toward people with serious mental illness, the primary healthcare team (PHCT) was left with a group of people who were displaying distress but did not fit the criteria for the specialist services (Gask and Rogers 1998). These patients, particularly those with chronic neuropsychiatric disorders, tend to make more demands on the PHCT than others in the practice population (Wear and Peveler 1995). There are major implications regarding care provision for these people – the cost implications make it impossible for them all to be seen by specialist services, which implies that many of them may be seen by other team members (Jenkins and Strathdee 2000).

There are two identifiable issues highlighted: the physical health needs of people with serious men-
tal illness, and the lack of resources for those people who are in psychological distress but who do not meet the criteria for specialist services. The health gain protocol (Welsh Office 1993) and standard four of the national service framework (Welsh Assembly 2002) may be addressed by an integrated nursing approach with mental health liaison.

**Developing the team** This article describes such an approach, initiated in a rural community in Wales. The team was established in January 2000 in response to government policy such as the Plan for the NHS in Wales (Welsh Assembly 2001a). It meets on a monthly basis to review current practice and discuss possible developments. Speakers are invited from the statutory and voluntary sectors, with the benefits of consolidating professional links and enhancing our knowledge of services available to the patient population.

Currently, the integrated nursing team consists of health visitors, district nurses, CPNs from acute and elderly services, one community nurse for older people, a community children’s nurse, healthcare support workers, a midwife and a clinic assistant – and it is still growing, as new members join. The working relationships of the team have improved enormously since the team evolved.

### Liaison in primary care

Many primary care staff want more training in mental health issues (Warner and Ford 1998). However, it is not possible for one person to have all the skills and knowledge needed to meet all of a patient’s needs (UKCC, now NMC 1992). Therefore, to make such services effective, some collaboration and teamwork is needed (Nolan et al. 1998). In a comparison of various methods of achieving more collaborative working between mental health services and primary care, the liaison model found most approval with GPs (Onyett and Smith 1998). The CPN is based in the CMHT, linking and liaising with the PHCT. The GPs tend to view CPNs favourably, feeling that they have an important role to play and the GPs want them to have more involvement in primary care (Badger and Nolan 1999). However, it is as yet unclear what positive effects this may have on GP practice, if any. A review by Bower and Sibbald (2001) found that although the consultant liaison model had some small changes in the prescribing practices of psychotropic medication, this was limited to patients under the direct care of the mental health worker.

CPN attachments to primary care teams were common until a cost evaluation indicated that there was little or no benefit to this (Gournay and Brooking 1994).

Nevertheless, recommendation 17 from the Report of the Mental Health Nursing Review Team (DoH 1994) states that the skills of the mental health nurse should be available to all members of the primary care team, as well as being directly available to the general public. The document continues by saying that mental health nurses and their primary care colleagues should create protocols addressing the mental health needs of the local community, and that collaboration among disciplines should be commonplace. A model of mental health liaison in a primary care setting would give all members of the team access to these mental health nursing skills and to a specialist knowledge of appropriate services (Turner-Boutle et al. 1997).

### Roles of the integrated nursing team

The integrated nursing team described in this article uses such a model, with the CPN identified as a link nurse to three GP practices. Such links between primary care and the CMHT have been identified as an effective way of enhancing communication between the services (Armstrong 1998). The CPN attends lunchtime meetings involving primary care team members from the three practices in the area, including practice managers, GPs, nurses and health visitors. The meetings are a forum for joint education, as well as an opportunity to discuss any issues relating to practice.

The CPN is working with district nurses to develop a medication monitoring clinic. Depot neuroleptic medication has been seen to be effective in the treatment of psychotic disorders; however, it has some significant adverse effects (Malseed et al. 1995).

With both disciplines using their particular skills to monitor the physical and mental health status of patients, problems should be dealt with more efficiently and a more comprehensive and holistic service should be provided.

Postnatal depression can affect between 10 and 15 per cent of women in the first year after giving birth (Cox et al. 1993). Some concern has been expressed about the communication between health professionals when detecting and treating women with postnatal depression (Poultze and Drumm 1997). In this integrated nursing team, health visitors routinely screen new mothers using the Edinburgh Postnatal Depression Scale (Cox et al. 1987). The CPN provides supervision, support and advice concerning referrals and/or management of any problems identified. The efficacy of this particular initiative of liaison with primary care has not yet been evaluated as it is very new. However, it does approach the aims of both the Adult Mental Health Services for Wales Strategy Document (Welsh Assembly 2001b) and standard two of the national service framework (DoH 1999a) by integrating the skills of the PHCT with the aim of providing accessible and holistic care.

One of the most recent projects initiated in the area is a healthy options group, which is held at one of the health centres every week. Many of the women were asking for advice about weight problems, premenstrual stress and menopausal problems. The

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**REFERENCES**


Department of Health (1992) The Health
Welsh Assembly (2000a) Adults Mental Health Services – A National Service Framework for Wales. Cardiff, Welsh Assembly.
Welsh Assembly (2001b) A Strategy for the NHS in Wales (Welsh Assembly 2001a) for the next decade include to:

- Offer universal and faster access to high-quality services.
- Offer an extended range of services in locally accessible primary care settings.
- Develop a new primary care workforce with the capacity to deliver new services to patients.

The Adult Mental Health Services for Wales Strategy Document (Welsh Assembly 2001b) includes in its objectives ‘effective communication between primary and secondary care’. It also states that treatment services should be based on: ‘Effective, evidence-based practice, and that health promotion has a key role to play in programmes to improve mental health and to reduce the incidence of mental illness in society.’

The strategy outlining the future of primary care in Wales (Welsh Assembly 2001c) declares that: ‘Well developed primary care teams, working closely with public health, health promotion and an appropriate secondary/tertiary service, are an essential part of our plan to deal with the determinants of health, health inequalities, and to build a socially, environmentally and economically sustainable Wales aimed at delivering equity of provision and social justice.’

The document also maintains that: ‘The current inequality in service provision requires targeted investment if it is to be halted and reversed.’ The proposal is that ‘generalist care will be delivered by an extended and integrated team of primary care professionals and a range of other healthcare and support staff.’

The integrated nursing team described in this article is well placed to meet these objectives and proposals. We are still in the process of evaluating this project, although there are many facets to the integrated nursing team which need addressing. However, currently the services offered to those with mental health problems are being addressed in the form of auditing the physical health of the clinic attendees, as well as assessing the level of adverse effects of their medication and their satisfaction with the service. Future evaluation and audit will occur as the team develops. It is hoped to involve the practice population in the development and evaluation of the service in line with the objectives of the Adult Mental Health Services for Wales Strategy Document (Welsh Assembly 2001b). Nevertheless, the authors believe that the team has already laid the foundations for the future vision of comprehensive, holistic care for, with and in the community.