

A short course in planning, development and evaluation of community mental health services

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In response to the expressed needs of trainees for training in the planning, development, and evaluation of mental health services, a short course was designed and is described here. The course was run several times and proved flexible enough to be presented to either multidisciplinary, inter-agency audiences or to a solely medical audience.

In recent years there has been a change of emphasis in the planning and practice of mental health services within the United Kingdom. Traditional hospital-based, medically dominated services are giving way to more community-oriented, multidisciplinary provision. Despite calls for medical education to take account of these changes (Connolly & Marks, 1989; Littlejohns *et al*, 1992), the deficits in higher training continue (Brooke, 1981; McClelland *et al*, 1993).

The composition of a suitable training syllabus has taxed educators since 1968 when the Royal Commission exhorted that "every psychiatrist should be familiar with...the conduct of community psychiatry". Two recent publications appear to have reached a consensus (Connolly & Marks, 1989; McClelland *et al*, 1993). The proposed subject matter comprises three main components: *Core theoretical knowledge*, encompassing the philosophy and history of community care, the epidemiology of mental disorders, the bio-psychosocial nature of aetiology, natural history, and management of mental disorders, and the theory of crisis intervention; *Multidisciplinary working*, including how to optimise the team's human resources, how to work with families and patient groups, making domiciliary assessments, and access to and liaison with external resources (both people and facilities); and *Planning and managerial issues* such as how to train junior doctors, how to manage a caseload, how to manage a budget, how to evaluate changes made in a care system, how to do quality

assurance, NHS and social services management, and the development of future services.

Rationale for the course

A study of the training needs of Maudsley junior doctors (McClelland *et al*, 1993) found that while 80% valued their clinical attachments, they lacked sufficient opportunity to develop skills in the planning and evaluation of community services. In response to this unmet need the authors developed and ran two training courses in the planning, development, and evaluation of community mental health services. The first was for a multidisciplinary, inter-agency audience including medical, nursing and occupational therapy staff and management staff from the local social and mental health services. The second course (purely for organisational reasons) was provided for senior registrars of the Maudsley and Bethlem Royal Hospitals.

Course objectives

- (1) To impart to each participant an understanding of the academic basis and the theoretical context of service development in a wide range of areas
- (2) To expose participants to the full breadth of national and international models of service provision
- (3) To equip senior trainees for their future careers as consultants in which they will play a lead role in the development of community services.

Course structure and content

The course comprised six two-hour sessions held on two consecutive days. The sessions focused on: planning a comprehensive district service; comprehensive crisis intervention; primary care

Table 1. Objectives, assignment and tasks set for a typical syndicate workshop

Planning a comprehensive service

Objectives

- 1) To have an understanding of the full range of services necessary for the provision of a comprehensive district service
- 2) To define which of these services can be provided as generic sector services and which should be centrally based specialist services
- 3) To define the organisational frameworks, within both the health service and other community agencies, necessary for planning community care.

Assignment

You are a newly appointed clinical director. Your district has just made the decision to move the bulk of its services from a hospital base into the community. How would you commence the planning process?

Tasks

- a) List the range of services you would wish to provide
- b) Outline the sections of your service specification contract with your local purchaser (e.g. SELCA)
- c) Define the service level agreement basis of your business planning.

and community psychiatry; assertive outreach and case management; day care models and philosophies; and how to evaluate your service.

Course format

A relaxed, participative style of teaching was adopted with each session, including a formal presentation of the theoretical framework and basic concepts; small-group 'syndicate-workshops' using 'brainstorming' techniques to encourage participants to combine theory with their own experience, and to address current planning issues in their own service; a plenary session in which workshops were summarised; and a final interactive, informal, large-group session allowing consolidation and further development of ideas.

Course material provided for each session included a reference list, compiled to include seminal texts, recent substantive reviews, and papers which describe and/or evaluate service models (particularly if they included details of the service structure); an annotated bibliography composed of descriptions of a wide range of relevant service models and in particular details of service operational policy, staffing levels, case-mix, research methodology and results of evaluations; and syndicate workshop objectives and tasks (see Table 1).

Course evaluation

A total of 38 people attended the two courses. Evaluation comprised the completion of a structured questionnaire which identified the participants' opinions of: 1) the clarity of course objectives; 2) comprehensibility of content; 3) relevance to career; 4) use of visual aids; 5) stimulation to investigate further; 6) clarity of written material; 7) whether material was handed out sufficiently far in advance; 8) opportunity for application of ideas in workshops; 9) use made of own experience; 10) involvement; 11) level of interest; 12) opportunity to express views; 13) enjoyment; and 14) balance between theory and discussion. These were scored on a six-point modified-Likert scale. Four open questions invited general comments and recommendations for future courses. Results over both courses were pooled. Responses to questions 1-3 were overwhelmingly positive with a mean response to each question of ≥ 5.0 (95% confidence intervals $\leq \pm 0.36$; s.d. ≤ 1.5). Moderately positive responses were obtained to questions 4-6 and 9. The response to question 7 was ambivalent.

Summary and implications for future training

Results from the students' evaluation are encouraging; the course participants were satisfied with all the sessions. In particular attendees thought that course objectives and content were clear and balanced; the course was relevant, stimulating and enjoyable; and that individuals had ample opportunity to participate. Previous attempts to develop management courses have been criticised for neither being practically oriented enough nor relevant to the NHS (Jadresic, 1992). It is the opinion of the authors that this style of course is well suited to the current needs of health services as described in *The Health of the Nation* (DoH, 1994). In the experience of the course organisers and teachers having a multi-disciplinary, multi-agency composition of participants enhanced the learning experience. The greater breadth of expertise informed the workshop sessions allowing more creative development of ideas in service planning, the process of mutual learning was amplified, people were introduced to and familiarised with each other's agencies, and local networking was facilitated.

The authors are in the process of developing this course further for a national audience and would welcome comment. A course manual can be obtained from the authors.

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