

Evaluation of phase one of depression awareness training for general practice

Summary findings



Health
Promotion
Agency

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Background

The Health Promotion Agency for Northern Ireland (HPA), in partnership with key representatives from Health and Social Services Boards (HSSBs), primary care, public health and the voluntary sector, has developed a training programme for GPs on depression awareness. This programme, which is being organised in each board area, includes a half-day training session, supported by supplementary literature and an interactive CD ROM.

This report is a summary of key findings – a full report on phase one of *Depression awareness training for general practice* is available by contacting the HPA.

Strategic context

As part of the development of *Protect life – a shared vision: the Northern Ireland suicide prevention strategy and action plan 2006–2011*, there was a commitment to develop and implement a depression awareness training programme for GPs.¹ The training programme was also a direct response to commitments made within the *Promoting mental health strategy and action plan 2003–2008*.² Action 26 of the strategy states that “HSSBs and HSS trusts in cooperation with primary care will develop and deliver a depression awareness training programme for GPs”.

The training programme also sought to address the concerns of *The Bamford Review of mental health and learning disability*, which found significant gaps in resources for mental health services and a need for training for all healthcare professionals working across all sectors to help improve the early detection and treatment of mental illness.³

In addition to the development of the training programme with the other partners, the HPA also organised five one day training seminars for practice managers and practice nurses under the title ‘Assessing depression effectively’. The seminars were delivered by Talking Life, a provider of quality health programmes to the NHS. These events were attended by 77 practice staff from across Northern Ireland in February 2007.

Structures and management

The Southern Health and Social Services Board (SHSSB) and Western Health and Social Services Board (WHSSB) had already begun discussions on the development of GP training, therefore it was agreed that a four HSSB partnership would be convened to further the development of this initiative.

The steering group comprised representatives from primary care and health promotion in each of the HSSBs, the HPA, Aware Defeat Depression and the Department of Health, Social Services and Public Safety (DHSSPS). A representative of the British Medical Association (BMA) and a member of Families Voices, which represents families bereaved by suicide, joined the steering group after phase one had been completed.

The steering group agreed that the HPA would facilitate the development of a training programme that would be rolled out across all board areas by local facilitators. A working group was established to work on the content and format of the programme. This was made up of nominated personnel from each board area.

Course delivery and resources

Training resources were developed by the working group and produced by the HPA. These included a CD ROM containing a slide presentation and supporting notes, and a range of supporting information – a factsheet that was developed in partnership with Aware Defeat Depression, a background reading list and the provision of publications such as NICE guidelines and the *CAUSE Carer's Information Guide*.

A supporting CD ROM entitled *The identification and treatment of depression*, which was developed by Calipso (www.calipso.co.uk), was also provided as part of the training.

Local health board area facilitators were nominated by the steering group. Facilitators were from a range of backgrounds including general practice, community psychiatric nursing, mental health promotion, psychology, suicide awareness and the voluntary organisation Aware Defeat Depression. The HPA facilitated a one day training programme for facilitators delivering the course.

By the end of March 2007, a course CD ROM and some supporting materials had also been distributed to all GPs and locums across Northern Ireland who had not attended the training.

Course objectives

Aim of training course

To improve the detection, treatment and management of depression in primary care.

Objectives of training course

- To help reduce the incidence of suicide and self-harm.
- To promote a range of complementary approaches for the management of depression.
- To ensure that pathways of referral are fully understood within each area.
- To promote the empowerment of patients and their carers and so ensure where possible that they take responsibility for their care and treatment.
- To promote a recovery ethos for individuals with depression.
- To promote self-care for staff within primary care.
- To support practices to deliver high quality care for patients with depression, in line with guidelines from the General Medical Services (GMS) and the Quality and Outcomes Framework (QOF).
- To assess the effectiveness of the training in the early detection and treatment of depression in primary care.

Course delivery

Numbers trained

Eighteen facilitators were trained. Ten courses were delivered and 161 GPs attended. Table 1 summarises attendance by HSSB area.

Table 1: Summary of attendance at *Depression awareness training for general practice*

	Summary of practice attendance			Summary of GP attendance			
	GP practices attendants	Total practices in NI	% practices covered	GPs attended	Total GPs in NI	% GPs covered	Other attended
EHSSB	46	149	31	63	452	14	-
NHSSB	30	83	36	39	272	14	1 practice counsellor
SHSSB	25	78	32	30	217	14	2 cognitive behavioural therapists, 1 psychiatrist
WHSSB	21	61	34	29	196	15	1 occupational health advisor
TOTAL	122	371	33	161	1137	14	

These figures are based on the list of GPs and practices received from the Central Services Agency (CSA)

Evaluation

The HPA designed and commissioned the evaluation on behalf of the steering group. The evaluation sought to focus on the process and impact of the training in order to make recommendations for improvement and further roll out. The HPA commissioned Social Marketing Research to conduct the evaluation.

Evaluation aim

To conduct a formative evaluation of the *Depression awareness training for general practice* course.

Objectives

- To seek the views of training facilitators on the preparation before delivery, the ease of delivery, course content, course materials and participant feedback.
- To seek the views of course attendees on the delivery mechanism, course content, course materials relevancy and applicability.
- To assess the impact of the course on attendees' attitudes, knowledge, motivation and behaviour with respect to the diagnosis and treatment of depression (assessment done three months after completing the course).
- To make recommendations concerning content and roll out of the course.

Summary methodology

The evaluation approach was based broadly on Kirkpatrick's framework for training evaluation, ie to investigate reactions, learning, behaviour and results.⁴

- Views of facilitators were gained via focus group and follow-up questionnaire.
- Of the 162 GPs who attended the course, 139 (86%) completed a pre-course questionnaire to establish current practice in relation to depression diagnosis and treatment, and to assess changes in knowledge, attitudes, motivation or behaviour with regard to both. This questionnaire also incorporated the Depression Attitude Questionnaire.⁵
- Of the 162 GPs who attended the course, 119 (73%) completed an end of course feedback form that focused on content and delivery.
- The GPs' questionnaire was then repeated three months after attendance at the course and the changes recorded. Of the 162 GPs who attended the course, 61 (38%) completed this questionnaire.

For more details on methodology, please see the full report (contact the HPA).

Key findings

Facilitators' views

- Most of the facilitators had concerns regarding the delivery of the course, particularly the task of delivering all of the content within a half-day session.
- Less than half of the facilitators surveyed said that following their one day training session, they felt adequately prepared to deliver the training programme to GPs.
- Following the facilitator training day, almost half of the facilitators said that they lacked the confidence to deliver the course, with key concerns relating to the amount of information covered in the course and their credibility as trainers among GPs.
- The range of modules covered in the training course, as well as the range of contributors, meant that none of the facilitators were able to cover all the course modules in their entirety.
- Facilitators had a mixed reaction to the impact of the course on GPs, with some holding the view that there needs to be more clarity around the course aims and objectives, and specific content such as referral pathways.
- Most of the facilitators felt that the course should have addressed the issues of depression in children, adolescents and the elderly.
- More than half of the facilitators said that they had detected a change in the knowledge or attitude of GPs around the issue of depression.
- Facilitators felt that the course could benefit from having real case studies, a broader range of contributors, and a format that would encourage more participation from GPs (eg case studies, discussions etc).

General views on the course

- 82% of GPs said the training course met some (60%) or all (22%) of their expectations.
- Of those who commented on why the course failed to meet all their expectations (n=46), nine said the course did not cover suicide awareness in as much detail as they had hoped and that too much time had been spent on the basics.
- 68% of GPs felt that their colleagues would benefit from the course, with a majority (59%) saying they would recommend it to their colleagues.
- 41% of GPs who attended the course said that they had used course materials and resources with colleagues.

Learning outcomes: changes in diagnosis and treatment of depression by GPs

- 20% of GPs said that following training, they had adopted new approaches to the diagnosis of depression; 9 out of 10 GPs were already using standardised questionnaires to aid diagnosis prior to training.
- Following the training course, 67% of GPs said they would consider a range of treatment options and therapies for the treatment of depression.
- 40% of GPs reported trying new techniques for the treatment of depression.
- Following the training course, there was a fall of six percentage points (34% to 28%) in the proportion of GPs prescribing antidepressants for more than half of their patients (with depression).
- Compared to a control group of GPs, those GPs who participated in the training course were less likely to prescribe antidepressants for their patients (100% against 88%).
- Following the training course, GPs were less likely to use antidepressants as the first course of action in the treatment of mild or moderate depression (38% against 27%).
- Following the training course, GPs were more likely to try treatments such as:
 - sleep and anxiety management techniques (up from 84% to 95%);
 - encouraging social support and befriending (up from 64% to 74%);
 - computerised cognitive behavioural therapy (up from 2% to 23%);
 - watchful waiting (up from 30% to 54%).
- 70% of GPs had shared aspects of the training with others in their practice.

Changes in attitudes among GPs

A standardised questionnaire, the Depression Attitude Questionnaire used to measure attitudinal dimensions to depression, found no significant differences in GPs' attitudes pre and three months post training, although there were some positive shifts in attitudes when individual items were analysed.

- Following training, more GPs reported that they were “comfortable in dealing with depressed patients” (up from 68% to 79%).
- Following training, fewer GPs agreed with the statement “Antidepressants usually produce a satisfactory result in the treatment of depressed patients in general practice” (down from 76% to 63%).
- Following training, more GPs agreed with the statement “Depressed patients are more likely to have experienced deprivation in early life than other people” (up from 36% to 54%).

GPs' views on local services

- The majority of GPs were satisfied with the quality of available services (eg psychiatry, community psychiatric services etc) to support people with depression.
- Compared to service quality, GPs were less satisfied with service accessibility:
 - 4% were satisfied with access to psychology services;
 - 22% were satisfied with access to counselling services;
 - 48% were satisfied with access to community psychiatric nursing services.
- 40% of GPs were unaware of voluntary and community services available to support people with mental health problems.

Prior to the training event, the local services most likely to be used by GPs to support people with depression and their carers were Cruse Bereavement Care (95%), Nexus (94%) and Samaritans (88%). Conversely, just 3% and 5% respectively had used the services of Young Carers and Life After Mental Health Problems (LAMP).

After attending the training course, 13% of GPs indicated that they had used the services of Aware Defeat Depression, with 8% having used the services of LAMP. Overall, one in four (25%) GPs used at least one of the services listed for the first time after attending the training course.

Compared to a control group of GPs, those GPs who attended the training course were more likely to have used a range of support services such as Action Mental Health, Samaritans and Aware Defeat Depression.

Suggestions for improvement

- According to GPs, the key learning outcomes from the course were consideration of a broader range of treatment options, and the awareness of networks and computerised cognitive behavioural therapy (CCBT).
- GPs felt that the most relevant aspects of the course were the review of treatment options, updates on new medications/antidepressants, the information on contributory factors leading to depression, and the section on communication skills.
- 12% of those GPs who completed the course feedback form (n=119) called for more advice regarding the early identification of risk of suicide.
- The most popular suggestions for improving the course were to make use of e-learning and to have shorter, more focused courses.
- In terms of practice needs, GPs called for a list of self-help groups within their local areas and regular updates on new therapies and medications.
- GPs identified the main patient needs as access to CBT, information leaflets on depression and lists of self-help groups.

Evaluation recommendations

Evidence from the evaluation suggests that the training course has had an impact on how GPs deal with the issue of depression, both in terms of diagnosis and especially treatment; however, there is scope for improvement. Given that the first phase of the training course was developed and rolled out in an extremely tight timescale, it is anticipated that the evaluation findings can help to refine course content and format to ensure that participants gain the maximum benefit. The following is a list of recommendations that the steering group should consider to further improve the course:

- The course should be continued with revisions made to the presentation, content and format.
- There is also a need for greater clarity regarding the context and content of the course, with a need to specify clearly which areas will be covered and more importantly which areas will not be covered. The steering group should consider revising the course objectives to highlight the content of the course. Currently some of the course objectives reflect the strategic long-term aims of the course (eg suicide prevention) rather than being specific course objectives, thereby creating an expectation that is not wholly fulfilled.
- Consideration should be given to changing the course title so it is clear that it is designed to support and assist the work of GPs rather than address gaps in knowledge and skills.
- Consideration should be given to developing a standardised course format to provide consistency of training for all GPs in Northern Ireland. Course content should be reduced and streamlined with the aim of delivering all of the course content within a half-day session. Content should focus on aspects that GPs find most useful (ie networking, medications and treatments, assessing suicide risk, CBT, CCBT, awareness of local support services etc).

- Condensing the content of the course to better reflect the needs of GPs, as outlined above, will help to identify key contributors and give direction to the composition of the team of facilitators. There is also a need to ensure that facilitators fully understand the course material being communicated to GPs and that they are confident in delivering this material. This may require a greater investment of time and resources in training facilitators.
- Consideration should be given to revising the course format to enable more open discussion among GPs and make better use of realistic case studies, both of which, according to the evaluation, are more likely to engage them. The steering group should examine alternative approaches to communicating course content, such as e-learning, and the provision of the course materials and resources on a dedicated website or portal.
- There needs to be clarity regarding the issue of access to services, whether or not the course will address this issue and if so to what extent. There is a need to be more explicit that the course is primarily focused on promoting awareness around the detection and treatment of depression, and is not designed to resolve issues/problems relating to service provision, accessibility and delivery.
- Consideration should be given to extending the focus of the course to include children, adolescents and the elderly.

A copy of the full report is available by contacting the HPA

References

1. Department of Health, Social Services and Public Safety. Protect life – a shared vision: the Northern Ireland suicide prevention strategy and action plan 2006–2011. Belfast: DHSSPS, 2006.
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