



Does Training on mental health and learning disability effect staff attitudes and emotions to working with this client group?

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Presentation Outline

- The effects of training in mental health on staff who work with people with learning disabilities
- Background to the training package developed
- The training package
- Evaluating the training package
- Who has attended the training to date
- Preliminary results
- Reflections



Research background

There is evidence that people with learning disabilities may be at increased risk of experiencing mental health problems. For example, Smiley (2005) indicated a total prevalence rate for mental health problems (including problem behaviour of between 30-50%, compared to the rate of 10-25% in the general population (Mental Health Foundation).



Government Policy in the UK

- Valuing People (2001) advocates that people with learning disabilities who have additional mental health problems should access mainstream services
- There are concerns regarding the standard of care in some mainstream mental health services (Lunsky et al, 2008)



Government Policy in the UK

- Some evidence to suggest that specialist learning disability services are able to provide a higher level of clinical expertise (Chapin, 2009)
- However the best solution to date has appeared to be a combination of specialist Learning disability and mainstream mental health services (Hall et al, 2006)



Training on mental health problems for staff working in learning disability services

- “Inadequate training and lack of support for staff have been identified as being the most important factors contributing to staff stress, burnout and turnover “ (Holt, Costello & Oliver,2000)
- Training itself did appear to be an important factor in relation to mental health issues, with those who had received training having greater knowledge about the symptoms of three common mental health problems and having greater confidence in supporting this client group” (Quigley et al 2001)



Training on mental health problems for staff working in learning disability services

- Costello et al (2007) examined the role of training in improving care staff awareness of mental health problems. They delivered a series of 12 workshops over 18 month period to 66 staff.
- Finding that training improved knowledge, attitudes towards mental health services and increased referral decisions



Training on mental health problems for staff working in learning disability services

- Tsiantis et al (2004) compared a sample of care staff from an Institution environment (n= 20) and a community environment (n=16) who expressed an interest in receiving training on mental health.
- The training was shown improve staff awareness and satisfaction with the training and PAS-ADD was positive



Background to the current mental health training package

- Difficulties with staff time and organisations commitment to training
- Training/awareness around an individual leading to over-generalisation by staff teams
- Training within a team – dynamics/over-familiarity
- Wanting to develop a rolling programme of training



What should be included in a mental health training package?

- Holt et al (2000)
 - That people with learning disabilities may suffer with mental health problems
 - Monitoring changes in behaviour and mood. What are the signs of mental health problems?
 - Awareness of bio-psycho-social model
 - Awareness that mental health is not the same as challenging behaviour
 - Awareness of interventions available
 - Understand how to access and work with “specialized” mental health services



What should be included in a mental health training package?

- My considerations: -
 - Finding the right level (NVQ 3/LDAF) but also looked at entry level training textbooks for mental health nurses etc
 - 'Normalising' mental health
 - Role of different professionals/services locally
 - Care staff as advocate for their service-user and the importance of their role
 - Focus on the practical; raising concerns, knowing the service-user's history and putting together support/care plans



Day 1 – Introduction to Mental Health and People with Learning disabilities

- What is mental health? What factors improve/or effect or mental well-being?
- If we were told a person was mentally ill what signs and symptoms would we expect to see?
- Background to the main types of mental health difficulties
- Experiences of people with mental health problems
- Background to people with learning disabilities and mental health problems
- Difficulties in identifying mental health problems in people with learning disabilities and signs/ways of monitoring mental health difficulties



Day 2 – Supporting People with learning Disabilities who have Mental Health Difficulties

- The views of service-users – how they want you to support them
- Understanding medication and mental health difficulties
- Social and Psychological approaches to working with mental health difficulties
- The role of services and professionals (e.g. understanding what a psychiatrist, CPN, social worker or psychologist's role might be)
- An awareness of the mental health legislation
- The role of care staff – case studies/practical exercises



Evaluating the Training Package

- We were interested whether the two-day awareness training had effect on staff attitudes, emotions and confidence in their work with individuals who have a learning disability and additional mental health needs
- Individuals attending the training were asked to complete a questionnaire prior to the training starting and after the second training session about a month later. A short presentation was made to potential participants about the project and it was emphasised that their participation was entirely voluntary.



The Questionnaire

- Attitude Scale (Rose, 2009) – 25 attitude statements relating to the provision of mental health care to adults with a learning disability. These were presented on a Likert scale and respondents had to indicate the degree to which they agreed or disagreed with the statement.



The questionnaire

- Emotion Scale (Gill, 2002) – 12 emotional statements with either a negative or a positive bias (i.e., I would feel ...disgusted/relaxed). Participants were asked the degree to which they agreed or disagreed with these statements with regard to working with somebody with a learning disability and then someone with a mental health problems.



The Questionnaire

- Confidence – measured by adapting the Difficult Behaviour Self-Efficacy Scale (Hastings, 2002) and replacing references to challenging behaviour to mental health.



Who has attended to training to date?

- The training has run twice to date and is part of a rolling programme of training
- Participants who completed both the training and the questionnaire (n=30) were predominately female (n=24) and aged between 21 -54 years.



Who has attended to training to date?

- Professional Background

	Female	Male
Social Worker	7	1
Support Worker	12	3
Nursing	3	1
Other	2	1





Preliminary Results – Satisfaction with the training

N=31	%	Excellent	Good	Average
How useful was the course to the work you do?	62.5	34	34	3.5
How well did the course meet its aims and objectives?	62.5	34	34	3.5
How would you rate the quality of presentation, training styles and handouts?	63	30.5	30.5	6.5

Preliminary Results – Quantative analysis

- Results provided here focus on the differences on each scale pre and post training
- Attitude Scale (Rose,2009) – There was no significant difference between attitude scores pre and post training
- Emotions Scale (Gill, 2002) – There was no significant difference in positive and negative emotion scores pre and post training



Preliminary Results – Quantitative analysis

- Confidence Scale (Adapted from Hastings 2002) – There was a significant difference in confidence pre and post training. In that the training increase participant's confidence.
- We also looked at whether a number of variables (i.e. age, gender, work experience and training) effected attitudes. Most of these were not significant, although there did seem to be some relationship between amount of training and attitudes. With participants who indicated that they had received less than a week's training in this area having more negative attitudes.



Preliminary Results- Qualitative Comments

- The qualitative comments made by participants pre and post training were recorded and appear to support an increase in confidence as the main benefit of training.
- Pre –training
- “I don’t feel I have the experience, training or confidence to work with people who have mental healthcare needs” (P01001)
- Post –training
- “ I have not worked with a client with learning disabilities and mental health probs but would feel more confident after this training...” (P01402)



Reflections

- Skewed sample – this group already held positive views on people with learning disabilities and mental health problems. However, confidence even of experienced staff seems to be an issue
- The lack of training/experience of qualified staff



Reflections

- Staff who want training Vs staff that are sent on training
- How can we really know that training itself changes what staff are doing to support people?



Thank you for listening

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