



Making Involvement Matter in Essex

**Evaluation of the Mid Essex
GP Consortium Pilot Project**

**Survey and Focus Group
Report**

**With thanks to members of the North Essex Research
Network for their work on the survey and focus groups and
to all the service users who took part in the evaluation.**

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Introduction

The survey and focus groups were carried out as part of the evaluation of the Mid Essex GP consortium (EGPC) pilot project. The pilot was an eighteen month project that identified one CMHT member as an identifiable contact for each of the seven GP practices in the EGPC. The pilot commenced in January 2011 and finished early in January 2012 because of funding issues. The lead mental health commissioner for the PCT Mental Health Board (Dr Caroline Dollery) then approached MIME to discuss the prospect of an evaluation seeking patients' views on the service particularly since the model of linking and partnership between CMHTs and GP practices is being considered as an Essex wide approach for future commissioning.

The key roles of the CMHT member were in providing earlier intervention, assessment and signposting, working in partnership with GPs and other primary care staff and providing training for primary care staff.

The evaluation used a combination of a survey and focus groups held in two areas to provide more discursive data on the issues being explored.

The key questions explored using both methods were:

- What did patients who used the service like about it?
- What did patients who used the service not like about it?
- How did the service help their progress/recovery?
- What specific aspects of the pilot were most beneficial to their progress/recovery?
- How accessible was the service?
- How do they think the service could have been improved?
- What do they think the consequences would have been had the service not been available?

Respondents were also asked to provide information about their gender, age group and ethnicity.

Process

1. Survey

The questionnaire was developed through face to face and e-mail consultation by the North Essex Research Network, a service user research group developed through the MIME project. The questionnaire was developed to meet the aims of the evaluation and included suggestions and feedback on drafts from Dr Caroline Dollery and the North Essex Research Network. The questionnaire was sent out by the individual practices after being delivered to Sue Finch (EGPC Business Manager) in the first week of June. The closing date for the return of the questionnaire was the 22nd June 2012. A further two weeks were allowed before analysis commenced, permitting a few late arrivals to join the cohort.

The quantitative data were coded and entered into SPSS by two members of the North Essex Research Network and the same pair helped with the transcription of responses to the open ended questions alongside the ARU facilitators. The data were analysed by MIME academic team member Dr Tim Schafer and the report was shared with the other members of the network and MIME team for comments, suggestions and validation.

2. Focus Groups

A letter of invitation to participate in the focus groups was included in the questionnaire mailing. Those who were interested in taking part sent their expressions of interest to Sue Finch in a separate envelope to the questionnaire to maintain anonymity. A total of seventeen completed slips were received. The volunteers were then contacted by MIME team member and research group administrator, Maxine Nightingale, and twelve people who had used the service agreed to participate in the groups. Both groups were held in the last week of July at Baddow Village surgery with a final total of ten participants.

The topic guide was developed over several weeks by members of the North Essex Research Network and MIME and the questions were piloted and developed by the group during their training sessions. The focus groups were facilitated by members of the network with one member facilitating the group and another member taking notes. The administrator of the research group also attended to provide support, supervision and to take backup notes of the groups.

The two sets of notes from each group were combined, written up and checked by the researchers before being forwarded to Professor Munn Giddings for analysis.

We would like to express our thanks to Sue Finch, the GP consortium business manager, and Ami Fordham, the Practice Manager at Baddow Village Surgery, for their valuable help in the practicalities of arranging the groups.

Part One: Survey response

The total number of questionnaires received was 28 out of 185 that were distributed. This gives a total response rate of 15%. This is quite a disappointing response rate but a large enough cohort to provide useful information. It should not be assumed that the views and results from this group are representative of all users of the Pilot project in the Mid-Essex GP Consortium.

The Sample

The response from each surgery was as follows:

	Questionnaires returned	Questionnaires sent out
Danbury Medical Centre	4	13
Dr Brann's Surgery, Hatfield Peverel and Boreham	7	35
Mountbatten House, Springfield.	1	18
Moulsham Lodge	6	35
Sutherland Lodge	1	30
Writtle Surgery	2	23
Baddow Village Surgery	7	31
Total	28	185

Respondent characteristics

Twenty one respondents (75%) were female. In terms of ethnicity, one was White Irish, one 'preferred not to say' and the rest (n=26) were White British.

The age range of the sample was weighted towards the older groups, with only three (11%) in the under thirty group. Half of the sample (n=14) were aged 50 and over.

Time since they last saw the mental health worker

The time period since the sample last saw the mental health worker at the practice was as follows:

When did you last see the mental health worker?	Frequency	Percent
Up to 6 months ago	12	42.9
Between 6 and 9 months ago	8	28.6
Between 9 months and a year ago	3	10.7
More than a year ago	1	3.6
Cannot remember	4	14.3
Total	28	100.0

As can be seen from the table the majority of respondents (82.2%) had seen their mental health worker within the last year.

Number of appointments with the mental health worker in the practice

The number of appointments ranged from zero (the informant could not remember receiving the service, though did provide comments) to 12.

The mean number off appointments for the sample was 5.4, with the gender differences as follows:

How many times did you see the mental health worker?

Gender	Mean	N	Std. Deviation
Male	8.1667	6	3.25064
Female	4.6000	20	3.60409
Total	5.4231	26	3.78601

The higher number of appointments reported by the men is statistically significant ($U=27.5$, $p=.046$).

There was no significant difference in number of appointments when the age groups (under and over 50s) were examined.

Summary

The sample was predominantly female, with only 11% being under the age of 30. Over 80% (n=23) had seen their worker in the last year and they had, on average, over five sessions each with the mental health worker. The men had, on average, more appointments than the women. Some returns were received from each practice though the practices with the best responses were Dr Brann's Surgeries (n=7), Baddow Village Surgery (n=7) and Moulsham Lodge (n=6).

Access to the Pilot Project.

The informants were asked how easy they found it to access the mental health worker at the surgery. The responses were as follow:

Over 85% (n=24) found the worker easy or very easy to access. Only three found the worker difficult to access.

Those that found it difficult to access were attached to three different surgeries. Two made comments to illustrate their rating:

As **** was the only mental health nurse at the surgery, it was sometimes difficult to get appointments. (Dr Brann's Surgery)

I suffer with PTSD I find appointments very hard and I just don't get to see them (unclear). (Baddow Village)

Other comments in relation to access

Eight people made other comments in relation to access. Five were positive, e.g.:

Easy. One off appointment – was then referred for hypnotherapy and community mental health team. (Dr Brann's Surgery)

Very easy. (Dr Brann's Surgery)

Easy. All seemed quite routine, I didn't know it was a pilot. (Dr Brann's Surgery)

One did mention that he/she had to wait a couple of weeks:

The only negative comment I have to make is that I had to wait approx 2 weeks for my first appt. I felt that was far too long with the mental state I was in at that time. (Dr Brann's Surgery)

One used the opportunity to outline the reasons for the referral to the service:

My family and I entered a crisis period during 2011 which lasted for approx 9 months. It involved an attempted suicide by myself and affected the 3 people deeply. Services were accessed immediately not only just for me but my mother as well. (Danbury Medical Centre)

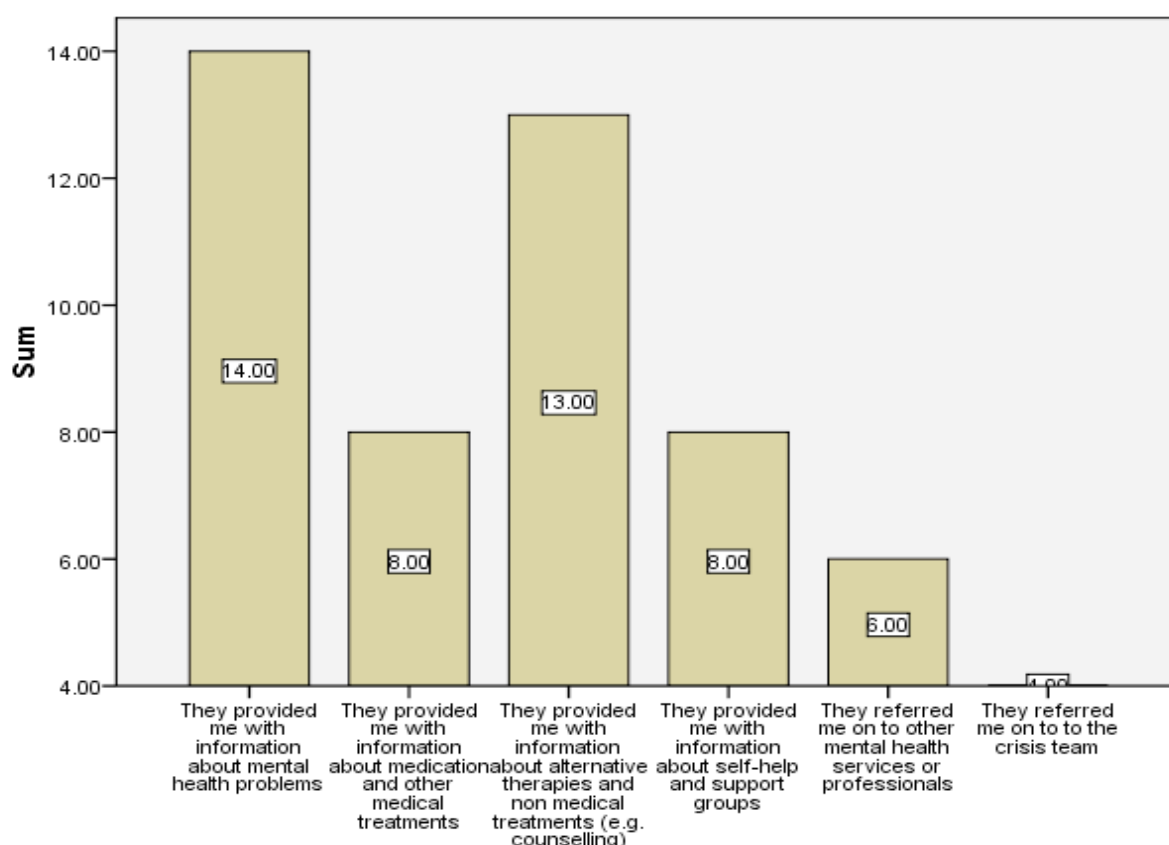
Many informants clearly valued the service and many of the comments in relation to the consequences if the service did not exist also demonstrate how the ease of

access to the service was valued was valued. One suggestion to improve access related to the availability of written information:

My doctor referred me in the beginning. It may have helped if the mental health team could produce a pamphlet telling people what's involved making it less frightening.
(Writtle Surgery)

Type of support received

Informants were asked to tick a box indicating the type of support they had received. The numbers receiving the different types of support were as follows:



The key type of support received was information, especially regarding information about mental health problems and non-medical therapies. Only six of the 28 informants said they were referred on to other services with none saying they were referred to the crisis team. There was an opportunity to write in other types of support. Seven informants gave further information. Four mentioned the 'Listening' aspect of the service, e.g.:

They provided a much valued listening ear which helped me and my mother through an awful crisis period. Liaison was done to my GP and my Psychiatrist. (Danbury Medical Centre)

They listened to me and recommended seeing GP again and continue with Prozac (Dr. Brann's Surgery)

I feel that I didn't get any support, only a listening ear in an impartial environment.
(Moulsham Lodge)

I had a counselling session in the surgery (Moulsham Lodge)

Two mentioned that they were given telephone contact numbers for crisis and emergency help and one commented on how the service had helped them:

Helped my self esteem to cope better with family difficulties. (Danbury Medical Centre)

4. Satisfaction with help and support

Informants were asked how satisfied they were with the help and support they had received. The results from the ratings scale were as follows:

How satisfied are you with the help and support from the MH worker in your surgery?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Very Satisfied	8	28.6	28.6	28.6
Satisfied	13	46.4	46.4	75.0
Neither	5	17.9	17.9	92.9
Dissatisfied	1	3.6	3.6	96.4
Very Dissatisfied	1	3.6	3.6	100.0
Total	28	100.0	100.0	

Seventy five percent (n=21) of informants were either satisfied or very satisfied with the support they had received. One was dissatisfied and another was very dissatisfied. The 'very dissatisfied' informant was the one who said they did not receive a service. The 'dissatisfied' informant commented as follows:

I was dissatisfied because I had to keep telling the mental health worker the same information and felt as though I should not have had to do this as the mental health worker wrote the information down. (Moulsham Lodge)

There were no significant differences in ratings of satisfaction according to gender or age group.

Other comments on satisfaction

A further 11 comments were made in relation to satisfaction, all positive, with six being made by informants from Dr Brann's Surgery.

Five made general supportive comments, e.g. satisfied and very satisfied. One expanded a little:

Satisfied. I found **** easy to talk to and supportive. (Dr Brann's Surgery)

Two more specifically mentioned the qualities of the mental health worker:

The mental health worker was easy to talk to. She asked relevant questions. (Moulsham Lodge)

She was brilliant and was able to help me and my mother. We both needed intensive help through this crisis period, which helped us speak/talk through the problem, even helping Mum and I to speak and to help understand each other. (Danbury Medical Centre)

Two were happy with the service as it was but had other concerns. One experienced difficulty accessing other help:

Although access to mental health worker was easy, alternative therapies have so far not been available. (Baddow Village)

Another said he/she missed the service:

I missed her support when then service was withdrawn. (Writtle Surgery)

The final comment related to access in a roundabout way but may have had more to do with the self worth of the informant:

As there are many people who would benefit from her help and support I did not want to take too much of her time as her hours were limited. (Danbury Medical Centre)

Consequences if the pilot service was not available

Informants were asked to comment on what they felt could have been the consequences for them if the pilot service had not been available. This question attracted the most comments with 24 of the 28 informants writing some comments in the space provided.

Five thought that the service made little or no difference. One elaborated that their key need was medication '*None at all, because my medication keeps me well*', and that their needs were being met anyway whilst another felt the service had raised expectations that were not later delivered:

I don't, at first I felt very optimistic, but when no back up or follow up occurred I was left where I started. (Baddow Village)

The other nineteen comments were all positive, with the largest group (n=9) saying that their health and lives would be worse without the service:

Devastating. (Baddow Village)

I would have become more unwell. (Danbury Medical Centre)

I was feeling suicidal – the consequences could have been bad! (Dr Brann's Surgery)

A very large impact! I'd had a breakdown and had severe depression and anxiety. If immediate help had not been available I don't like to imagine how worse it could have been. (Dr Brann's Surgery)

Isolation, feelings of desperation, fear. (Moulsham Lodge)

My depression would have probably deteriorated further. (Moulsham Lodge)

I would have either kept with the same bad attitude, had or it would have get worse as I really needed someone to talk to. (Moulsham Lodge)

Possibly I could have had a minor breakdown. (Sutherland Lodge)

I could not get help from the crisis team at a very depressive period in my life. I had tried counselling which had made my symptoms worse. If the MH worker was not there then there is a very strong possibility I would have attempted to OD again. (Writtle Surgery)

Three mentioned that if the service had not been there, it would have made access more difficult and may have put them off seeking help:

Having just had a baby it would have made appt more difficult to access. (Baddow Village)

Probably wouldn't have pursued 'Distant' options, at other sites. (Dr Brann's Surgery)

I wouldn't have been able to ask for my medication to be lowered. I wasn't confident that I could manage without it. I could talk to her and not get anxious and scared. (Writtle Surgery)

The final two comments indicated that the informants may have needed care for a longer period if the pilot project were not there:

It would have taken me longer to get over this particular hic-cup in my life. (Moulsham Lodge)

I would have been under the Linden Centre and the Crisis Team a lot longer as the Mental Health Nurse was crucial to my recovery. (Dr Brann's Surgery)

Although the question asked was speculative, it drew the biggest response from the informants with many claiming their mental health, home situations and safety would have suffered with access to help being made more difficult and that it could have led to more prolonged treatment.

Improvements in mental health

Informants were asked to rate if their mental health had improved as a result of contact with the mental health workers.

Has your mental health improved?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	13	46.4	50.0	50.0
No	7	25.0	26.9	76.9
Don't know	6	21.4	23.1	100.0
Total	26	92.9	100.0	
Did not answer	2	7.1		
Total	28	100.0		

Half of those who answered said their mental health had improved as a result of the service whilst six did not know and seven said 'no' (23% and 27% respectively).

Comments from those who said their health had not improved

Of the seven who said 'no', one did not receive a service. Of the remaining six, five made further comments to explain why they thought they did not benefit:

My mental health issues have not been addressed. (Baddow Village)

Just talk, nothing else. (Baddow Village)

I'm not convinced I have a mental health issue, only 'incorrect' thinking. (Dr Brann's Surgery)

I was left with nowhere to turn to and was told right at the end of an appointment that no further funding was available. Would have been better to state at the beginning it was the last appointment. (Moulsham Lodge)

I didn't feel as though the person I saw really spoke to me about what my problems were. (Moulsham Lodge)

Comments from those who said their health had improved or did not know

Fourteen other informants made comments. One comment that illustrated the importance of being listened to and recovery was as follows:

I was able to express my feelings and was listened to. Her occasional feedbacks were helpful. It gave me more insight into how I could move forward and more confidence in my ability to be strong and deal with family difficulties. (Danbury Medical Centre)

In all, six informants mentioned the talking and listening aspects as an important factor, e.g.:

Support – someone to speak to who understands my fear, symptoms. (Moulsham Lodge)

Yes. Having someone you can trust and talk to openly outside of the family home makes a Big Big difference. (Dr Brann's Surgery)

Three stressed the co-existence of easy access or availability combined with the value of talking and listening, although the first two comments indicate that the informants may not have recognised that the service was time limited:

Yes. I know I have someone who I trust, and confide in, whenever I need her and although I have not seen her for a while, I am welcome to return anytime, which is a lifeline. Helped me put things into perspective in life. I cannot emphasise how important that is. (Dr Brann's Surgery)

Yes. I had counselling and am on medication, and I know the team are only a phone call away if I need more help and support. (Dr Brann's Surgery)

I am more able to deal with things. At the time it was just the knowing and having someone (the same person) to listen and help. (Writtle Surgery)

One, whilst illustrating the importance of the service to their health, also stressed the importance of ongoing easy access to help:

It did (Help), but now I feel like I needed to see her again and maybe set up some treatment/therapy for the future to help me improve my mental health and view of myself. (Writtle Surgery)

Two informants mentioned how the referrals to others helped (one to the Linden Centre, the other unspecified) and three mentioned that medication was important to their health, e.g.:

Referred to Linden Centre, out on medication which is helping with my condition. (Baddow Village)

Yes. Via the referrals! (Dr Brann's Surgery)

Personal outcomes

Ten comments were made by those who had improved as a result of the service. Some informants described how their lives and situations had improved in general ways, e.g.:

Our problem has passed and a resolution found our issues have diminished so both Mum and I have been able to re-start a normal life. (Danbury Health Centre)

My health has improved although still on medication. Some days are not as good as others. (Moulsham Lodge)

Others described how their confidence and insight had improved (see comments in previous section also) e.g.:

Increased confidence, greater understanding of what is happening to me. (Moulsham Lodge)

Improvement and gender

Has your mental health improved?

		Gender		
		Male	Female	Total
Has your mental health improved?	Yes	4	9	13
	No	2	5	7
	Don't know	1	5	6
	Total	7	19	26

There were no significant gender differences in how informants rated their improvement, but females were more likely than men to say 'don't know'.

Ways in which the service could be improved

Informants were asked to state any ways in which the service they had received could be improved. Seventeen made comments. Six were clearly happy and did not make any suggestions as to how the service could be improved, though one did comment '*If it were continued*' (Writtle Surgery).

Access

The largest group of comments were in relation to access to the service. Two informants made general comments about the importance and value of good access to the mental health worker:

Although I would not want to take advantage of her time I would like to feel that I could continue to turn to her at times of distress as there is not an easy solution to my situation. (Danbury Health Centre)

The service was brilliant and we were very lucky to receive such help. Greater access and available time would allow other people to receive the level of help we fortunately did. (Danbury Health Centre)

Two informants commented on access to the mental health worker in their homes, either as an appreciative comment or a suggestion:

Excellent service – no other suggestions. The CPN visited me weekly at home and at other venues once a week for over 6 months. (Moulsham Lodge)

Maybe to come to your home? I sometimes found it very difficult to go to the surgery, I missed appointments. This was in the early stages of my recovery. (Dr Brann's Surgery)

Two further informants made suggestions regarding the speed of access and the number of sessions:

I understand you are all very busy, but maybe arrange the first appt when the patient is at their lowest, much sooner than 2 weeks. (Dr Brann's Surgery)

Any patient should be made aware at the beginning how many sessions could be made. Not an endless time limit which is impractical both timewise & financially (Moulsham Lodge)

Miscellaneous comments

Two informants commented about the links between the mental health worker and the GP. The first focussed on the written communication:

Notes made at interview were inaccurate and not properly read by GP. (Dr Brann's Surgery)

The second was left with the impression that the mental health worker had little influence on the prescribing process:

I personally cannot do groups so I find it easier on a one to one. But I do feel they should have more say in the medication. (Dr Brann's Surgery)

The final two comments from Moulsham Lodge informants are rather contradictory, with one wanting a more directive approach and another who did not feel they had influence on the work with the mental health worker:

My mental health worker was very good. She listened to my problems. I did feel that I could have had more answers to my depression. I felt I did all the talking

Yes, if she addressed the problems I felt the need to talk about.

Satisfaction and improvement

When ratings of satisfaction are compared between those who improved and those who said 'no' or 'don't know', a marked difference is noted.

Group Statistics

		Improved?	N	Mean	Std. Deviation	Std. Error Mean
How satisfied are you with the help and support from the MH worker in your surgery?	Yes		13	1.4615	.51887	.14391
	No or Don't Know		13	2.6923	1.03155	.28610

The satisfaction ratings of those who improved are significantly better than those who did not or don't know ($t=-3.843$, $p=.001$).

Although this is not a surprising finding it does illustrate how strongly linked satisfaction and perceived benefits are.

Final Comments

Twelve informants made comments when asked if there was anything else they would like to mention in relation to the pilot service. One reiterated their disappointment that the service had been withdrawn, saying that she did not realise that it was a pilot service and that she felt very let down. The remaining comments were all very supportive and some drew attention to specific aspects of the service. One person commented on how the service helped them commence their recovery earlier than otherwise:

I don't think I would have started my recovery so soon without the support and care of the CPN. (Moulsham Lodge)

Another felt the service offered an extension to the usual care:

It was good to have someone at the surgery and someone to talk to rather than just having medication prescribed (Moulsham Lodge)

Another felt the service was reliable with appointments being on time and kept better than their experience with the CMHT and crisis teams whilst another pointed out how the service had led to a more hopeful outlook:

I feel a bit more optimistic about the future and my mental health. (Writtle Surgery)

The remaining comments were all very appreciative of the service:

I think the idea is excellent and should be continued. (Baddow Village)

I think this was an excellent pilot project which I suspect would have highlighted a great need for mental health support of this kind in today's world. (Danbury Medical Centre)

Danbury Medical Centre is very progressive so I really recommend greater involvement between both parties. This project really helped us it has been brilliant.

A good idea. (Danbury Medical Centre)

To continue this project indefinitely. People with mental health NEED this service. (Dr Brann's Surgery)

I didn't realise it was a Pilot project, however, I think it is just perfect for the surgery for patients like myself. (Dr Brann's Surgery)

I hope the service can carry on as I'm sure it has helped more people than myself. (Dr Brann's Surgery)

Summary of survey findings

The findings are from a small group and should not, on their own, be regarded as representative of all the clients who used the pilot mental health worker service. The results do not show any major differences in rating or perceptions between different surgeries, although the response rates from some surgeries was poor.

Most informants found the service easy to access with the most commonly used interventions being described as providing information about mental health problems followed by information about alternative and non-medical approaches to treatment.

Three quarters of the sample were satisfied with the service they had received and the ratings suggested the service was valued by men, women and different age groups. Most found the mental health workers were easy to talk to and supportive. Of those who answered the question 'has your mental health improved' with a 'yes' or 'no', 65% (n=13) said 'yes'. The most valuable aspects of the service were the opportunities it gave to talk things through and being listened to, with easy access to help and the knowledge the service was there in case it was needed.

Although a few found the service did not help them, most did and many felt it had prevented worse mental health issues, with two people reporting that it prevented them from self harming and attempting suicide.

Overall, the service was valued and perceived as an improvement over the existing network of primary care and secondary care services by the majority of survey informants.

Part Two: Focus Group Findings

To complement the data received via the survey people who had used the service were also asked if they would like to take part in a focus group to discuss some of the issues in more detail. Seventeen people expressed an initial interest and two focus groups were arranged accordingly at the Baddow Village Surgery on the 27th and 30th July. Six people attended the first focus group and four people the second focus group giving an overall total of ten participants. The participants included five men and five women, all defining themselves as white British. The researchers defined the majority of participants as in their middle years, with two people being viewed as young (under 30) and one as older (over 65). The participants had used four of the seven participating surgeries – Baddow Village Surgery (N=5), Moulsham Lodge (N=1), Danbury Medical Centre (N=2), and Sidney House (one of Dr.Brann's Surgeries (N=2).

The data from both of the discussion group notes were analysed thematically and are presented under the key areas explored in the discussions. Any differences noted regarding gender, age or surgery, have been highlighted.

How the first appointment was made and length of time before seeing a mental health worker

The majority of people who directly answered this question (N=9) had heard about the scheme via their GP, apart from one who had heard via a friend then approached the GP themselves. The time it took to see a mental health worker varied from one week to a few months. Around two weeks seemed to be the average time taken. The fastest response was noted by people using the Danbury Medical Centre and Moulsham Lodge Surgery but as the numbers are small no clear conclusions can be drawn as it may have depended on the presenting issues.

Options or choices about appointment

As there was only one mental health worker per surgery not surprisingly the majority of participants were not offered an option about which practitioner they saw, however one participant using the Danbury Medical Centre was offered the option of seeing two different people at different locations (one in the GP surgery, the other in a local hospital).

Both the younger participants were using the Baddow Village Surgery and reported complications with their referrals. One was recovering from a traumatic accident and stated:

They kept putting me with different people and I had to get re-referred

And the other:

My situation was complicated, I was with IAPT and they were going to make a referral to secondary care. Instead I was referred to the mental health worker attached to the surgery and it didn't quite work out

Regarding their **initial thoughts about seeing a mental health professional** there were a range of responses. Four people felt immediately happy with the idea, for example:

I fully embraced the idea. I was in a quite stressful situation and my mother and me were both in crisis. We needed mental/additional support... (Danbury Medical Centre)

I felt very happy about it, I trusted my doctor. It was not threatening. My GP works two days per week and it can be difficult to get appointments to see her (Danbury Medical Centre)

However, a couple of people reported finding it initially daunting as illustrated by the following quotes:

I was frightened when my doctor first mentioned it. I felt embarrassed and ashamed, and didn't know what to expect (Sidney House)

I did feel awkward (Moulsham Lodge)

Having access to a mental health worker closer to their home was appreciated by most, for example:

By having the mental health worker at the surgery avoided me being admitted into the Linden Centre. It was local so I didn't need to get buses or have transport problems. (Sidney House)

Some participants however raised concerns about being seen using the service by someone in their own community. An example was provided by one person who also used the Sidney House Surgery but where a useful solution had been provided, as they stated:

If I got upset during the session I could leave the surgery via the back door so I didn't have to walk back into the reception. This was important as I live in a village.

Not understanding the scheme was time limited

Echoing findings from the survey many participants had not realised the scheme was a 'pilot' project and therefore time limited. This had particular consequences for one participant who had only just been referred when the pilot ended:

I only saw the MH worker once (Jan 2012) and at the end of the session he told me he was moving on, there was no replacement (Baddow Village Surgery)

I was never told it was a pilot scheme. I don't understand how they could 'pull it', it really has upset me...Dr. X hasn't received the notes from my last two meetings with the mental health worker which is frustrating (Baddow Village Surgery)

Satisfaction with the help and advice received

The majority of the participants agreed that the scheme had worked very well. Participants identified having a dedicated practitioner who provided consistency and who actioned things quickly on their behalf as very important, for example:

When he was here the scheme was brilliant...he returned calls. I explained all to him. He saw me regularly and I really enjoyed it (Baddow Village Surgery)

She made suggestions and she followed up on what she promised (Moulsham Lodge)

Having the same practitioner provided the opportunity for service users to build up a 1:1 trusting relationship which was considered as an important aspect of the service:

I built up quite a close relationship. I could trust her and tell her anything (Moulsham Lodge)

I have only seen the mental health nurse twice and am beginning to build a rapport. I am learning how to trust. I need more time to build on this...(Baddow Village Surgery)

Seeing the same person make such a difference (Danbury Medical Centre)

The flip side of this because the scheme was time limited meant its loss was particularly difficult for some people:

I opened up to her more than I have to anyone, I miss it. It was a 'life saver' (Sidney House)

Since he has gone I feel I have hit a brick wall...(Baddow Village Surgery)

A couple of people both from the same surgery did not feel that the service/practitioner was particularly helpful.

I didn't feel he was very understanding, I was expecting to get something from it

It felt like he had boxes to tick

One of the younger members mentioned that by comparison IAPT had been particularly helpful for her:

...with IAPT I could be seen at home or the surgery depending on what kind of a day I was having (Baddow Village Surgery)

Predicted impact if the service hadn't been available

Although it is hard for people to accurately predict what would have happened for them if the service was not available some illuminating comments were made in response to this topic. Participants mentioned the potential impact not only on their own mental health but also for other service areas:

...I would have been more dependent on my GP and far more reliant on my psychiatrist (Danbury Medical Centre)

...without the help from the service he (her son) would have got worse and more difficult over time... (Danbury Medical Centre)

I hate to think, I was so depressed. Without the intervention I would have been another statistic... (Moulsham Lodge)

However, one of the younger participants who felt the service was not particularly helpful commented:

...I would have done better without the service because I would have been referred to secondary services more quickly (Baddow Village Surgery)

View on rolling out the service across Essex

All participants who commented directly on this fully supported the service being available in all Essex GP surgeries:

It's almost essential, the service was so personal, I really felt she cared (Danbury Medical Centre)

Brilliant idea – first contact for everyone, especially in surgery where people are comfortable with their GP (Baddow Village Surgery)

For many a major factor would be the potential of reducing the **stigma** around mental health:

By having the service based within a GP practice it takes all the stigma out and gets to people before it's too late (Sidney House)

I strongly agree it would breakdown stigma...I don't feel like a leper. Many mental health units are 'tucked' away even on large hospital sites. I would like to see more positive images being displayed in GP surgeries (Moulsham Lodge)

...if it (mental health problems) are taken on at Dr's surgeries then the community will accept it as well (Sidney House)

There was general agreement that there should be awareness raising health initiatives around mental health symptoms like recent ones around physical health issues such as persistent coughing.

We are all in/out of good mental health. Everyone experiences ups and downs. It would be good if people saw mental health in the same way as they saw physical mental health (Danbury Medical Centre)

Two participants mentioned the increased opportunity to be supported by a range of practitioners:

My CPN, psychiatrist and me work as a team. My CPN could relay how I was feeling to my psychiatrist, it was 'real joined up thinking' (Moulsham Lodge)

It was a fantastic service. She (MH practitioner) pulled out all the stops and we were backed by our GP and psychiatrist (Danbury Medical Centre)

Another person pointed out the potential economic advantages of early contact with a mental health worker:

If you don't help people at the beginning it gets more expensive later (Danbury Medical Centre)

Summary from the focus group data

Similarly to the caveat for the survey findings, the focus group findings are from a small group and should not, on their own, be regarded as representative of all the clients who used the pilot mental health worker service. However the findings are illuminating of some key issues and are a useful complement to the survey data. Although the results indicate some differences between surgeries this may have occurred due to the differential in number of participants from the different surgeries so need to be treated with some caution. No differences were discernible between male and female participants. Some differences were expressed by the two younger participants both of whom had problems with their initial referrals and one of whom had not found the service suitable for their needs.

Access to the service had for the majority of participants been via their GP and the only problems reported in getting a service once a referral was made were made by the two younger participants. The majority of participants were in favour of a service based in their GP surgery, although some felt uncertain initially and the delicacy of using a service in a small community was noted. However, there were strong feelings from the participants that having a service in the GP surgery offered the opportunity to raise awareness about mental health issues in the community and could ultimately be seen as less stigmatising.

For the majority of participants the pilot had worked very well and there was strong support for 'rolling out' the scheme across Essex. In particular having one practitioner who provided continuity and who could liaise with other services and practitioners was highly appreciated. There appeared to have been communication issues around informing service users that the pilot was time limited, which had been very problematic for some people. It may be this was explained but at a time when people were very vulnerable, it does underline the importance of regularly reminding people of the length of time of a service.

The data from both the survey and the focus groups indicates strong support for reinstating the service.

Suggestions for Practice Development

The main areas where practice developments are suggested as a result of the survey and focus groups findings are as follows:

- There was strong support amongst participants to consider reinstating and extending the service across Essex

IF the service is reinstated to:

- Ensure the criteria for referral are consistently applied
- Review and ensure the service is appropriate for all age groups
- Clarify the relationship between the service and other forms of primary care e.g. IAPT
- Clarify the relationship between the service and other forms of secondary mental health care e.g. CMHT, crisis resolution and psychiatrists
- Promote close working between the mental health worker and all the GPs and other practice staff at the surgery
- Promote improved access by, for example, utilising the mental health workers on home visits
- Produce a pamphlet and other publicity to promote and explain what the service is, who it is for, what it does and any time limits involved
- Ensure that information about any time limits to the service is repeated at key sessions throughout
- Allocate 'read codes' to the service so that service users can be easily identified for communication and evaluation purposes
- Consider embedding ongoing evaluation to review satisfaction and outcomes.