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# Secondments for systems change



## Benjamin McElwee

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**W**e know that nearly seven out of ten have witnessed people with mental health problems being treated differently or unfairly (Our Voice, 2018).

Recent research by the Mental Health Foundation on prevalence found that nearly two out of three people have experienced a mental health problem (Mental Health Foundation, 2017). Compounding this is the fact that stigma and discrimination within health and social care settings can have a negative impact not only on a person's experience of services, it can also be detrimental to their recovery, and have other long-term impacts, such as an adverse effect on them seeking help and support in the future.

People partly stigmatise or discriminate due to a lack of mental health literacy, feelings of uncertainty about how best to help, or a lack of confidence in their own skills and competency (Ross and Goldner, 2009; Henderson, et al, 2014), leading to them passing on the person to someone else—thus absolving themselves of responsibility and removing their own sense of accountability (Koekkoek et al, 2006).

However, often another reason is due to the fact that staff who work within acute psychiatric settings, accident and emergency, out of hours social work, etc only ever see people when they are in crisis, and do not get to see any one individual's journey back to health, thus leading to therapeutic pessimism (Cohen and Cohen, 1982; Henderson et al, 2014; Knaak et al, 2017). A person's story involves many ups and downs, and people with mental health issues do experience very serious inequality of opportunities and outcomes (World Health Organization [WHO], 2009; Reiss, 2013). However, recovery is real (Farkas et al, 2005), and people with mental health issues are able to live fulfilled, successful lives full of purpose and wellbeing.

## The impact of environment and approach on staff attitudes, individual experience, and outcomes

Recovery can be enhanced by supported employment (Heffernan and Pilkington, 2011), wrap-around support that promotes independence and social connectedness (Drake and Whitley, 2014) (in the form of income maximisation advice [Glasgow Centre for Population Health, 2017], social prescribing [NHS Health Scotland, 2017], and promoting an increase in social networks [WHO, 2014]), as well as clinical approaches such as shared decision making and peer support (Drake and Whitley, 2014). '[As] these are not routinely available... significant systemic changes are necessary to truly create a recovery-oriented mental health system' (Drake and Whitley, 2014). Systemic changes can only come about through a shift in cultural attitudes and behaviours; increased partnership working and greater exposure to different ways of working will enable this to happen.

It is time to truly consider the difference in experience that may be expected (including the impact this will have on resultant attitudes, behaviours, staff experience and mental wellbeing) between settings that deal with crises vs those who

support rehabilitation, for example, those who work in intensive care units contrasted with those who work in innovative projects such as InS:PIRE (NHS Greater Glasgow and Clyde, 2015), which uses a model of peer support, welfare advice and supported self-management to promote recovery and return to employment after stays in intensive care; or those who work in acute settings compared to those in intermediate care. In short, the major contrast between these settings, it could be argued, is that there are settings that may lead to debilitation and dependence (and are more pronounced the older you are; Covinsky et al, 2011) and those that promote reablement, rights and recovery.

Early stage research has suggested mental health clinicians in different settings differ in their perceptions of the relevance of a range of recovery domains (eg. social networks and work are perceived as less relevant by acute care clinicians) (Frost et al, 2017). Other studies have found that treatment setting influences staff attitudes towards recovery (and their own recovery competency), with those in acute settings being less positive (Tsai and Salyers, 2010; Chen et al, 2013), and that work places and their subcultural contexts are a strong predictor of more positive attitudes (Mårtensson et al, 2014), thus making treatment/workplace setting a crucial variable in both delivery and training.

Recent research has indicated that clinical placements within recovery-oriented environments offer promising results. For staff, over and above increased clinical confidence (which can be gained through traditional placements), they gain increased communication skills, pharmaceutical knowledge, and aptitude for provision of client education with regards to medication and side-effects, thus supporting mental health literacy (Patterson, et al, 2017). Aside from increasing the staff member's work satisfaction, all of these elements will also have a positive impact on the person's experience and future recovery.

Additionally, a placement such as this can influence students' perceptions of people with mental ill health, have a positive impact on student learning and influence students' decisions about future practice (Patterson, et al, 2016). Finally, placements outside of traditional hospital settings can positively impact on nursing students' attitudes towards other settings, particularly those in care homes and mental health care settings (Bjork et al, 2014).

While pre-registration training and early careers provide the perceived optimal time for trying something new, it may be just as important that those in the later stages of their careers are encouraged to work within different settings and with different partners, so that they can avoid burnout, cynical attitudes and jaded behaviours. This could take the form of mandatory secondments or incentivisation to work within different settings (particularly recovery or reablement based ones) for short periods of time and could help prevent stigmatising or discriminatory beliefs and behaviours from hardening into habit. Indeed, having staff who have worked within organisations for a long time exposed to recovery-oriented environments and given opportunities to share their learning could result in a shift in staff attitudes and values within traditional mental

health services. In this way, longer term systemic change could be enabled.

Within general practice (GP) settings, the integration of a Community Links Practitioner (CLP)—employed by and strongly rooted within the third sector—has been shown to have positive impacts on staff, supporting practitioners by giving them more treatment options, upskilling practice staff to be able to appropriately signpost to community assets, thus reducing GP resource burden, and increasing the number of activities that enhance staff cohesion and wellbeing.

Additionally, people who saw a CLP had fewer symptoms of anxiety and depression, increased self-reported exercise levels, and the number of prescribed medications was lower compared to those who were referred but did not attend a CLP (NHS Health Scotland, 2017).

As demonstrated, cross-sectoral working also supports cultural change, which in turn can facilitate behavioural and system change towards a more holistic approach that wraps support around a person, as opposed to expecting a person to flex around a system—ultimately improving outcomes for people experiencing or with experience of mental health issues, and reducing the stigma and discrimination they face.

## Implementation

While, theoretically, the benefits of a 'secondments for systems change' approach may well be substantial – improving outcomes for people receiving care and support, humanising staff experiences, and supporting systems to make best use of resources – there would likely be several implementation challenges. Some of the issues that would need to be worked through are outlined below:

- What indicators should be used to monitor improvement? (e.g. staff mental health literacy and medications knowledge, patient experience, non-clinical outcome indicators, etc)
- What would be the optimal duration of secondment?
- How could health and social care organisations be encouraged to accept secondments from people with less relevant setting-specific training and experience?
- How could staff be incentivised to work within different settings AND bring that learning back?
- How could staff who had been working within a traditional setting for a long period of time be supported to learn in a recovery-oriented environment?

## References

- Bjork IT, Berntsen K, Brynildsen G, Hestetun M (2014) Nursing students' perceptions of their clinical learning environment in placements outside traditional hospital settings. *J Clin Nurs*. 2014;23(19-20):2958–2967. <http://doi.org/10.1111/jocn.12532>
- Cohen P, Cohen J. The clinician's illusion. *Arch Gen Psychiatry*. 1984;41(12):1178–1182.
- Chen S, Krupa T, Lysaght R, McCay E, Piat M. The development of recovery competencies for in-patient mental health providers working with people with serious mental illness. *Adm Policy Ment Health*. 2013;40(2):96–116. <http://doi.org/10.1007/s10488-011-0380-x>
- Covinsky KE, Pierluissi E, Johnston B. Hospitalization-associated disability. *J Am*

Med Assoc. 2011;306(16):1782–1793. <http://doi.org/10.1001/jama.2011.1556>

Drake RE, Whitley R. Recovery and severe mental illness: description and analysis. *Can J Psychiatry*. 2014;59(5):236–242. <http://doi.org/10.1177/070674371405900502>

Farkas M, Gagne C, Anthony W, Chamberlin J (2005) Implementing recovery-oriented evidence based programs: identifying the critical dimensions. *Community Ment Health J*. 2005;41(2):141–158.

Frost BG, Tirupati S, Johnston S, et al. An integrated recovery-oriented model (IRM) for mental health services: evolution and challenges. *BMC Psychiatry*. 2017;17:22. <http://doi.org/10.1186/s12888-016-1164-3>

Glasgow Centre for Population Health (2017) The Deep End Advice Worker Project: embedding an advice worker in general practice settings. [http://www.gcph.co.uk/assets/0000/6242/Deep\\_End\\_FINAL\\_WEB.pdf](http://www.gcph.co.uk/assets/0000/6242/Deep_End_FINAL_WEB.pdf) (accessed 15 May 2018)

Heffernan J, Pilkington P. Supported employment for persons with mental illness: systematic review of the effectiveness of individual placement and support in the UK. *J Ment Health*. 2011;20(4):368–380. <http://doi.org/10.3109/09638237.2011.556159>

Henderson C, Noblett J, Parke H, et al. Mental health-related stigma in health care and mental health-care settings. *Lancet Psychiatry*. 2014;1(6):467–482. [https://doi.org/10.1016/S2215-0366\(14\)00023-6](https://doi.org/10.1016/S2215-0366(14)00023-6)

Koekkoek B, van Meijel B, Hutschmaekers G. "Difficult Patients" in Mental Health Care: A Review. *Psychiatr Serv*. 2006;57(6):795–802. <https://doi.org/10.1176/ps.2006.57.6.795>

Knaak S, Mantler E, Szeto A. Mental illness-related stigma in healthcare. *Health Manage Forum*. 2017;30(2):111–116. <https://doi.org/10.1177/0840470416679413>

Mårtensson G, Jacobsson JW, Engström M. Mental health nursing staff's attitudes towards mental illness: an analysis of related factors. *J Psychiatr Ment Health Nurs*. 2014;21(9):782–788. <https://doi.org/10.1111/jpm.12145>

Mental Health Foundation (2017) Surviving or thriving? The state of the UK's mental health. <https://www.mentalhealth.org.uk/publications/surviving-or-thriving-state-uks-mental-health> (accessed 15 May 2018)

NHS Health Scotland (2017) Evaluation of the Glasgow 'Deep End' Links Worker Programme. <http://www.healthscotland.com/documents/29438.aspx> (accessed 15 May 2018)

NHS Greater Glasgow and Clyde (2015) Shine 2014 final report. Intensive care syndrome: promoting independence and return to employment (InS:PIRE). Retrieved from: [http://www.health.org.uk/sites/health/files/Glasgow%20and%20Clyde%20final%20report\\_Website%20version.pdf](http://www.health.org.uk/sites/health/files/Glasgow%20and%20Clyde%20final%20report_Website%20version.pdf)

Our Voice Citizen's Panel (2018) Survey on HIV awareness, mental health and wellbeing and inclusive communication. <https://www.ourvoice.scot/697/documents/1418> (accessed 18 May 2018)

Patterson C, Moxham L, Brighton R, et al. Nursing students' reflections on the learning experience of a unique mental health clinical placement. *Nurse Educ Today*. 2016;46:94–98. <https://doi.org/10.1016/j.nedt.2016.08.029>

Patterson C, Moxham L, Taylor EK, et al. Effect of immersive workplace experience on undergraduate nurses' mental health clinical confidence. *Int J Ment Health Nurs*. 2017;26(6):620–628. <https://doi.org/10.1111/inm.12288>

Reiss F. Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Soc Sci Med*. 2013;90:24–31. <https://doi.org/10.1016/j.socscimed.2013.04.026>

Ross CA, Goldner EM. Stigma, negative attitudes and discrimination towards mental illness within the nursing profession: a review of the literature. *J Psychiatr Ment Health Nurs*. 2009;16(6):558–567. <https://doi.org/10.1111/j.1365-2850.2009.01399.x>

Tsai J, Salyers MP. Recovery orientation in hospital and community settings. *J Behav Health Serv Res*. 2010;37(3):385–399. <https://doi.org/10.1007/s11414-008-9158-7>

World Health Organization (2009) Mental health, resilience and inequalities. <http://apps.who.int/iris/bitstream/10665/107925/1/E92227.pdf> (accessed 15 May 2018)

World Health Organization (2014) Social determinants of mental health. [http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809_eng.pdf) (accessed 15 May 2018)



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