### NU7401 Primary Mental Health Care

#### Module Leader
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#### ECTS
10

#### No. of Hours
See Appendix VI

#### Pre-requisite
Undergraduate Study

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**Rationale**

This module was developed in response to the changing theoretical knowledge base of models of delivery of mental health services. It will give students the skills to carry out needs assessments at patient and population level, integrate research findings and to evaluate the effectiveness of service delivery models.

**Aims**

The first aim of this module is to encourage and support students in critically examining the historical evolution and current theories relating to mental health services. The second aim is to critically appraise research evidence regarding service delivery effectiveness and alternative criteria based systems (cost effectiveness, QUALYS, rights-based systems (individual, social, cultural and economic) and political criteria. The third aim is to develop and awareness and understanding of the centrality of user involvement in all ethical service models for delivery of mental health care.

**Learning Outcomes**

On successful completion of this module, students should be able to:

- Critically examine the existing mental health services to a defined population.
- Conduct a needs assessment for mental health services for a defined population, having regard to its demography.
- Appraise the use of multiple approaches to needs assessment, including user and carer involvement and service provider involvement.
- Evaluate the existing mental health services to a defined population and to identify any unmet needs, having regard to evidence-based practice.
- Devise a range of appropriate models of care in the light of the above, and examine how these should integrate and co-ordinate to provide comprehensive services.
- Apply the principles of change management
- Critically discuss various care pathways and models of care in specialist practice employed in the treatment and care of patients with mental health problems.

**Indicative Content**

- Organisations and systems theory: including open and closed, parallel and integrated systems, servo systems. Boundaries and interfaces, negotiations or protocols.
- Needs Assessment: population-based, e.g. Epidemiological Catchment Area survey (USA), Office of National Statistics surveys (UK), National Health and Lifestyle Surveys (Ireland); aggregated e.g. Team for Assessment of Psychiatric Services; individualised e.g. Camberwell Assessment of Need.
- Multi-disciplinary working: roles, responsibilities and reporting accountability of the different disciplines in a multi-disciplinary team; multi-agency working; professionalism, advocacy models and care / user involvement.
• Care Pathways I: accessibility and equality, gender, race & ethnicity and class; primary care, community care and institutions; needs at different stages in a process; life-cycle changes; health education, stigma, institutional discrimination.
• Care Pathways II: case management, including a variety of models; treatment & care planning as a cycle and time-line; risk management; alternative patient centred models.
• The Matrix Model and it’s components: discuss the benefits and limitations of such an approach; assertive community treatment; home treatment; hostel, hostel ward, club house, therapeutic community; duration of engagement and intensity of care; stratified systems & therapeutic security;
• Outcome Measures: cost-benefit analysis and value for money; quality adjusted life years; harm reduction in drugs and alcohol services and other high-risk services; engagement and loss of contact.
• Policy Development: International Covenants on Bio-ethics; European Convention on Human Rights; Convention on Social, Cultural and Economic Rights; EU Draft Constitution; Bunreacht na h’Eireann and national legal frameworks; evolution of Government policy; scientific basis for policy initiatives; voluntary, community and religious sources of policy; policy into practice.
• Models of care in specialist practice I: Child and Adolescent Mental Health and tiered systems; Intellectual Disability services and normalisation; Drugs and Alcohol Services – community action, harm reduction or war on drugs; Psychotherapies – communication and change.
• Models of care in specialist practice II: Community and general psychiatry – asylum or primary care; forensic psychiatry – risk management or social hygiene; old age psychiatry – rationing and caring for carers; liaison psychiatry – screening and educating.
• Change management principles and the difficulties encountered.

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<th>Mode of Assessment</th>
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<td>Essay (3,000 words)</td>
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Reading List


Lester, H., Shared care for people with mental illness: A GP’s perspective, Advances in Psychiatric Treatment (2005), vol.11,133-141.


Murray, V; Walker, HW; Mitchel,C (1996) Needs for Care from a Demand Led Community Psychiatric Service: A study of Patients with A Major Mental Illness: British Medical Journal 312, 22 June

O’Shea E & Kennelly (2008): The Economics of Mental Health Care in Ireland 2008 available at the following link http://www.mhcurl.ie/Publications

Westphal J. Resilient organizations; matrix model and service line management. Journal of Nursing Administration, Vol 35((9), 414-419.


**Web resources**

http://www.scmh.org.uk/ - click the publications link to find a range of policy documents on mental health and primary care in the UK

http://www.who.int/mental_health/en/ - browse around the World Health Organisation mental health site for a range of policy documents on mental health and primary care e.g.

http://www.whoguidemhpcuk.org/ is the WHO Guide to Mental and Neurological Health in Primary Care

National Confidential Inquiry into Suicides and Homicides by People with Mental Illness; this site offers a range of reports into homicide and suicide in the UK

http://www.medicine.manchester.ac.uk/psychiatry/research/suicide/prevention/nci/

Further reading material will be made available by lecturers where appropriate