



The effect of a training programme on school nurses' knowledge, attitudes, and depression recognition skills: The QUEST cluster randomised controlled trial

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ABSTRACT

Background: Mental health problems in children and young people are a vital public health issue. Only 25% of British school children with diagnosed mental health problems have specialist mental health services contact; front-line staff such as school nurses play a vital role in identifying and managing these problems, and accessing additional services for children, but there appears limited specific training and support for this aspect of their role. **Objectives:** To evaluate the effectiveness of a bespoke short training programme, which incorporated interactive and didactic teaching with printed and electronic resources. Hypothesized outcomes were improvements in school nurses' knowledge, attitudes, and recognition skills for depression.

Design: A cluster-randomised controlled trial.

Participants and setting: 146 school nurses from 13 Primary Care Trusts (PCTs) in London were randomly allocated to receive the training programme.

Methods: School nurses from 7 PCTs ($n = 81$) were randomly allocated to receive the training intervention and from 6 PCTs ($n = 65$) for waiting list control. Depression detection was measured by response to vignettes, attitudes measured with the Depression Attitude Questionnaire, and knowledge by the QUEST knowledge measure. These outcomes were measured at baseline and (following training) 3 months and nine months later, after which nurses in the control group received the training programme.

Results: At 3 months, 115 nurses completed outcome measures. Training was associated with significant improvements in the specificity of depression judgements (52.0% for the intervention group and 47.2% for the control group, $P = 0.039$), and there was a non-significant increase in sensitivity (64.5% compared to 61.5% $P = 0.25$). Nurses' knowledge about depression improved (standardised mean difference = 0.97 [95% CI 0.58 to 1.35], $P < 0.001$); and confidence about their professional role in relation to depression increased. There was also a significant change in optimism about depression outcomes, but no change in tendency to defer depression management to specialists. At 9-month follow-up, improved specificity in depression identification and improved knowledge were maintained.

Conclusions: This school nurse development programme, designed to convey best practice for the identification and care of depression, delivered significant improvements in some aspects of depression recognition and understanding, and was associated with increased confidence in working with young people experiencing mental health problems.

What is already known about the topic?

- Mental health problems affect one in ten young people, and these problems have substantial impacts on achievement and wellbeing in

adulthood.

- Specialist services intervene with only a minority of young people with mental health problems, and there is an urgent need to enhance the involvement of front-line professionals such as school nurses in

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problem recognition and management.

- Systematic reviews indicate that universal and targeted health promotion interventions are effective for a range of mental health, social and educational outcomes, and that such interventions can be delivered and facilitated by routine staff (such as teachers) rather than clinical specialists.

What this paper adds

- A brief, multifaceted educational programme for school nurses was developed on the basis of review and consultation with stakeholder groups including a survey and focus groups.
- Our evaluation showed that this educational intervention was associated with some positive improvements in school nurses' attitudes to depression and its management, increases in their knowledge, and improvement in their ability to differentiate depression from other problems that young people experience.
- Because of the design and methods used, this evidence that brief training can enhance aspects of attitudes, knowledge and problem detection appears robust and generalisable.

1. Background

The mental health of children and young people is a fundamental part of their overall quality of life, strongly influencing their current and future wellbeing and life chances. This is explicitly recognised by the Convention on the Rights of the Child (UN General Assembly, 1989), and a raft of policy initiatives in the United Kingdom (UK) (Department of Health, 2015; Public Health England and The Children and Young People's Mental Health Coalition, 2015), Europe (Braddick et al., 2009), the USA (AACAP, 2009), and elsewhere (Currie et al., 2012).

Many mental health problems commence in early life: a systematic review of studies incorporating standardised diagnostic assessments indicates a world-wide pooled prevalence of 13.4% among children and adolescents (Polanczyk et al., 2015). Anxiety and depressive disorders make up around half of this (Green et al., 2005). These problems are associated with social and educational under-achievement (Esch et al., 2014), higher rates of smoking and substance misuse (Davis et al., 2008), increased risks of teenage pregnancy (Mollborn and Morningstar, 2009), of self-harm, and of suicidal ideas and completed suicide (Mars et al., 2014; Goldman-Mellor et al., 2014).

Psychological problems in young people frequently persist into adulthood. Population based epidemiological studies of lifetime and initial occurrence of mental health problems in the USA (Kessler et al., 2007) and cohort and follow-up studies the UK (Kim-Cohen et al., 2003; Ford et al., 2017) show extensive problem persistence; half of those people with lifetime problems experience initial symptoms by the mid-teenage years, and (excluding dementia) three-quarters of mental health problems in adult life start by the mid-20s. Prospective British cohort data over a 50-year follow-up period provides powerful evidence of long-term impacts among those affected by childhood psychological problems: by age 50, adult family incomes are reduced by 28%, the probability of working is 11% lower, and there are consistent reductions in memory, emotional stability and personality components of agreeableness and conscientiousness (Goodman et al., 2011).

There is widespread stigma associated with mental health problems, and for this reason together with heterogeneity of presentation, a large proportion of young people with mental health problems are not identified and offered evidence-based support and treatment. Among all age groups, people may have uncertainties and fears about depression

and its treatment, but these difficulties may be particularly relevant to young people, resulting in low levels of help-seeking from mental health professionals (Gulliver et al., 2010) as well as from non-professional supports (Biddle et al., 2004). Health professionals experience difficulty in accurately recognising depression in all age groups, with a systematic review indicating that around half of people presenting with depression are not correctly identified by nurses (Mitchell and Kakkadasam, 2011). The life stage transitions characteristic of adolescence may influence health professionals' recognition of depression in this age group, with clinical features possibly interpreted as transient responses to life problems or teenage angst (Patton et al., 2014). The ability of health professionals to identify depression is affected by these factors, as well as by their confidence in their own skills and in the available treatment and support approaches (Haddad et al., 2009).

This is important as unrecognised problems indicate missed opportunities to intervene to interrupt the trajectories associated with long-term negative outcomes (de Girolamo et al., 2012). There appear to be widespread delays between the emergence of psychological problems and treatment contacts, with World Health Organisation (WHO) World Mental Health survey findings indicating that within high-income nations, where services are most available and accessible, the median treatment delay is between 10 and 28 years for anxiety disorders, and between 1 and 4 years for mood disorders (Wang et al., 2007). Studies in the UK indicate similarly low rates of specialist service contact, with only 25% of young people with clinically impairing problems in contact with specialist mental health services, though twice as many in contact with primary health care professionals and teachers (Ford et al., 2007). The impact of mental health problems together with the extent of unmet need underline the importance of all professionals working with children, particularly those within universal children's health services and primary health care, having key skills in identifying and managing common difficulties, together with knowledge about how to access more specialised services for those children they cannot manage themselves (Ford et al., 2007).

Basing mental health promotion and prevention activities within school fits logically with their expanding role with greater focus on health and well-being (OECD, 2014). School-based mental health initiatives include universal whole-school programmes, typically addressing areas such as problem solving, interpersonal skills, empathy, and coping with stress (Fazel et al., 2014; Sancassiani et al., 2015) to targeted or selective interventions addressing those judged to be at increased risk of developing problems or displaying subclinical symptoms. Findings from evaluation studies provide conflicting evidence: a review of the effectiveness of universal school-based health promotion showed positive effects of interventions for physical activity and healthy eating outcomes, tobacco use, and being bullied, but a lack of evidence for mental health benefits (Langford et al., 2014). However, a review that specifically focused on depression prevention programmes for children and young people found modest evidence that both universal and targeted interventions were effective, the authors concluding that schools remain one of the most promising sites for the delivery of programmes, and that universal roll-out has much to offer (Merry et al., 2011).

Providing front-line staff with the knowledge and skills to promote good emotional health and to deliver early interventions for children at risk of developing mental health problems has been widely advocated as an important part of addressing this issue (Hoge et al., 2009; EU Health Programme, 2017). In the UK, the Department of Health ten-year strategic plan for children's services (Department of Health, 2004) specified that all staff working directly with children and young people

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