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Integration of social care staff within community mental health teams

Executive Summary

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Background

Multidisciplinary community mental health teams (CMHTs) have been the central organisational feature of the delivery of mental health care for decades. New teams (early intervention, home treatment and crisis resolution, assertive outreach) have been introduced in England and their composition has largely been left to local services to determine. Previous research has suggested that services can have better outcomes when delivered by multidisciplinary teams, and that new teams may have better outcomes than CMHTs for certain people. The rationale for team composition has never been explored systematically. Team composition varies considerably in terms of the proportion of the team made up of social care staff (social workers and social support workers) as opposed to health care staff. Previous research has not focused on the social care component of teams - which will arguably become more important as services attempt to implement government policy that emphasises public mental health.

Aims

The aim of the present study is to provide evidence about team composition, in particular the extent of the social care component, and whether composition influences the culture and climate of the team and whether this makes a difference to the service users.

Methods

Phase I: a **national survey** of Trusts providing mental health services in England and Wales to describe the number of teams and their composition, the rationale for that composition and the social care component and the drivers of any contemplated changes in teams configuration. Referred to hereafter as 'The National Survey''

Phase II: a **staff survey** in four locations selected purposely for their differently constituted teams. Two locations were in England and two in Wales. Standardised instruments were used to assess team culture and climate and its relationship with team composition. Referred to hereafter as 'The Staff Survey' in four Trusts.

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Phase III: **Interviews with service users** in two of these locations that had contrasting climate and cultures in the teams, using standardised instruments and a satisfaction questionnaire, to determine whether service user outcomes are related to team composition, culture and climate. Referred to hereafter as the 'service user interviews'. The sample size was small, underpowered for quantitative analysis, and results can only be regarded as indicative not substantive.

Results

The National Survey

42/79 Trusts responded (53%) covering 381 teams staffed by 6646 people of whom 19% were social workers and 10% were social support workers. Nurses formed one third of the workforce. The average team size was 17.7 (sd 5.5).There were no significant differences in workforce numbers and types of team between responding and non-responding Trusts.

Social care composition ranged from 0% to 88% of the team. Social work staffing levels were lower where the funding was entirely in the hands of the local authority. Staffing deficits remained (compared to policy guidance figures) in social support staff, psychiatrists, occupational therapists (OTs) and psychologists.

The most common rationale for overall team composition was historical (46%) followed by policy guidance, demand factors and financial resources.

A third of the rationales for the social care component of the team involved the need for integration or multidisciplinarity.

With regard to planned changes to teams, extensive policy guidance was very influential on management decisions. One consequence has been the redeployment of CMHT staff to new teams; smaller Trusts with smaller existing teams were more likely than larger Trusts to be considering redeployment of staff.

The findings support previous research that suggests workforce composition is determined more by supply and historical factors than by demand or need factors.

The staff survey

300 staff from two Welsh (18 teams) and two English Trusts (24 teams) completed the Workforce Dynamics Questionnaire (WDQ) and the Karasek Job Content Questionnaire (JCQ).

Ninety percent of CMHTs responded and 60% of new teams. The individual staff response rate was 46%. There were no differences in response rate by professional group, country or Trust.

The main factor determining team composition was again historical (50%), but resources played a greater part than in the National Survey (26%) as did multidisciplinary (52%).

Almost one-fifth of teams had fewer than 10% social care staff, and only seven per cent had over 60%. Six teams had no social care input at all, five were in Wales.

New teams are smaller than CMHTs and have only 19% social care staff compared to 31.6% on average in CMHTs. More than one third of new teams have no social workers and 52% have no social support workers. Twenty-nine percent of new teams (n=4) had no social care input compared to 7% of CMHTs (n=2).

Where budgets were pooled the proportion of social care staff was significantly higher.

WDQ Multivariate results

The final regression models explained a modest amount of the variance of perceived integration (29.6%), perceived Quality of Care (48.5%), overall job satisfaction (46.1%) and intention to leave (37.6%) but 68.5% of teamwork.

Better integration scores were associated with new teams (which have a lower social care component), better management, and the 'other' staff group (OT, psychologist, psychiatrist etc) who were in short supply and often worked on a sessional basis. Support workers' integration scores were higher where the social care component of team was higher.

Teamwork scores were predicted by higher (better) scores on role perception and flexibility, better management, more social support in the team, fewer job demands and not being co-located.

Perceived Quality of Care scores were significantly related to better teamwork, better management, and higher social care composition (over 60%), to a lesser extent less autonomy (p=0.057).

Job satisfaction was related to fewer job demands, working closely with nurses, better management, more decision latitude, less overlap with nursing roles, better training and more uncertainty about the future of the service.

Intention to leave was more prevalent among social workers than among nurses, less likely in CMHTs, and in larger teams and where job satisfaction was higher.

There were no significant differences between the four locations in terms of the JCQ subscales (decision latitude, social support and psychological job demands) quality of care, job satisfaction and uncertainty about the future. Uncertainty was highest in the Trust seeking Foundation status.

One Trust (C) scored consistently higher, and one Trust (D) consistently lower than the others in terms of teamwork, autonomy, management style, training and access to IT. Both of these teams were in England.

Social care workers are the most likely to want to leave, especially where they are working in a team with low social care composition.

Service user interviews

The size of teams in the selected locations (A and D) were similar, but the numbers of nurses significantly higher in A, and social care workers significantly higher in D. Forty five service users completed standardised interviews one of which allowed free text responses, which were analysed thematically. Because of the small sample size these results, in particular the quantitative analysis (which is underpowered) need to be treated with caution.

Excellent care was cited by 50% of users in A but only 39% in D (but not statistically significant).

Almost all needs were met for 62% of users in A compared to 33% in D ($p=0.001$).

Only two people were in work, and 46% had no leisure activities at all. The CUES, MANSA and free text results are consistent with each other, suggesting that satisfaction with mental health, not working and having no leisure is low, and satisfaction with friends, family, safety and accommodation are all high.

Quality of life scores were all similar, except for family relationships, which were significantly better in A.

The experience of stigma was better in D, but qualitative findings revealed that much of the stigma experienced stemmed from the service, rather than the public. The reverse was true in A.

The integration subscale of the WDQ was unrelated to any of the user measures.

Workers overall job satisfaction was associated with the level of choice experienced by users and their satisfaction with the choice available to them. These results should be regarded as indicative and not definitive, until a suitably powered study can be conducted

Conclusions

The results suggest that more work needs to be done on workforce planning and better linkage is needed between supply, demand and resource factors.

In the implementation of future mental health policy initiatives consideration needs to be given to whether the social care component of teams and the skills associated with community social work, employment work and support work are adequately available in team members.

The term integration continues to be used rather loosely. Workers' perceptions of integration may be related to a secure professional group identity, where teams are less mixed (leading to higher integration scores on the WDQ). The presence of a greater proportion of social care staff in the team is associated with higher perceived quality of care among staff.

A larger study involving additional outcome measures is needed in order to definitively address the question of the influence of team level factors on user outcomes. The present study results suggest that this ought to be achievable with a larger sample.

Addendum:

This document is an output from a research project that was commissioned by the Service Delivery and Organisation (SDO) programme whilst it was managed by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) at the London School of Hygiene & Tropical Medicine. The NIHR SDO programme is now managed by the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton.

Although NETSCC, SDO has managed the project and conducted the editorial review of this document, we had no involvement in the commissioning, and therefore may not be able to comment on the background of this document. Should you have any queries please contact sdo@southampton.ac.uk.