An Evaluation of a Primary Care Based Mental Health Promotion Project

The Choices Clinic

Hazel E Watson
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by

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Prepared for the Health Promotion Department of Greater Glasgow Health Board
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EXECUTIVE SUMMARY

The Choices Clinic is part of a range of services which have been set up by the Health Promotion Department of Greater Glasgow Health Board as part of an initiative to address inequalities in health. This report contains an evaluation of the clinic which is offered at the Lightburn Medical Centre in alliance with the Health Promotion Department. The evaluation was conducted by the Department of Nursing and Community Health of Glasgow Caledonian University.

Lightburn Medical Centre is situated in a deprived area in the east end of the city and accommodates two general medical practices. The Choices Clinic aims to address the mental, social and emotional health needs of clients living in a deprived area, and to facilitate a multi-agency approach to primary care health promotion. A defining feature of the clinic is that the clients themselves identify their problems and set priorities, and are offered a Choice of strategies. The clinic is run by two project workers at the Medical Centre premises and operates on three sessions per week. Clients may self-refer, or be referred to the clinic by any member of the health care team, and are offered up to eight appointments of 40 minutes duration. The lead project worker is a Health Promotion Officer whose professional background is general nursing; the other project worker is a qualified psychiatric nurse who is employed by the Glasgow Association for Mental Health (GAMH), which is a voluntary organisation.

The clinic had achieved its aims and objectives, the main reasons for clients attending the clinic being relationship, emotional and mental health problems. The majority of clients reported that they had benefited from attending the Choices Clinic. They were satisfied with the length of the appointments, the ease with which they could relate to the project worker, and the sense that their problems and feelings had been understood by the project worker. The majority reported having learned about assertiveness, relaxation and confidence building techniques which they found helpful. The response rate to the survey of the clients was 50%, which was considered to be acceptable, given the problems of using this method of data collection in deprived areas. Nonetheless, the survey results can only be taken to be indicative of this population.
Staff cited as important the fact that clients were able to spend much longer with the project workers than with the GP. This was regarded as being particularly important when attempting to address mental, social and emotional health needs. The collaboration between GAMH and the medical practices was also thought to be very valuable. Another important aspect of the project workers' role, as perceived by members of the health care team, was that of a resource person. The lead project worker had compiled a directory of local agencies and services. She also set up a welfare benefits advice and debt counselling service which was well used. Various health promotion activities had also been arranged.

Communications between the project workers and the GPs and practice nurses were generally regarded as satisfactory, although the health visitors and district nurses commented that they would like to receive more information on the progress of their patients than they currently receive. A further weakness of the clinic as perceived by some staff was the non-attendance rate, which was calculated to be 35%. These were not regarded as serious problems and all staff felt that the clinic should continue to be offered, that the Medical Centre was the location of choice, and that it would be advantageous for the clinic to be staffed by someone whose professional background is in health care.

It appears from this evaluation that, in addition to running Choices Clinic itself, the activities of the project workers include providing information about local resources, and setting up information services such as a welfare benefits advice and debt counselling service. The results have shown the approach to be helpful to the staff of the Medical Centre and effective for a significant number of clients who present with a variety of problems which have serious consequences for health, but which are not caused by problems which are traditionally viewed as medical.

It is recommended that the clinic continue to be offered as it appears to be addressing the needs of a disadvantaged group of clients. The initiative has the support of all staff and the evaluation has demonstrated beneficial effects for a significant proportion of its clients. Consideration should be given to how communications between the project workers and district nurses and health visitors can be improved, and efforts should be made to enhance the attendance rate.
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- Colleagues in the Department of Nursing and Community Health of Glasgow Caledonian University for help in preparing the final report.

Most importantly, thanks are due to the clients of the Choices Clinic who shared their views of the service by taking part in the postal survey and in the interviews.
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INTRODUCTION

1.1 Background

The Choices Clinic is part of a range of services which have been set up and funded by Greater Glasgow Health Board's Health Promotion Department as part of an initiative to address inequalities in health in Glasgow. The Choices Clinic was first piloted in 1992 in a practice in Possilpark which is in the north of Glasgow, in alliance with the Health Promotion Department of the Greater Glasgow Health Board (Gruszecka and Heatley, 1993). It was further developed at the Lightburn Medical Centre in Carnbyte, which is a suburb in the east end of Glasgow over a period of approximately one year, following which the Health Promotion Department commissioned the Department of Nursing and Community Health, Glasgow Caledonian University, to conduct an independent evaluation of the service. The requirements of the evaluation are given in Appendix 1. Data were collected for the evaluation between November 1996 and July 1997. This report contains a description of the methods used to undertake the evaluation, and its findings.

Lightburn Medical Centre accommodates two general medical practices which, between them have approximately 9000 clients. Figure 1 shows the analysis of data provided by the Information Services of the Greater Glasgow Health Board regarding the population served by the Medical Centre (Appendix 2) and the postcode sector analysis which is used by the Health Board to assess the level of deprivation (Carstairs and Morris, 1991) in the area and confirms the area as deprived. Deprivation has long been associated with increased levels of morbidity and mortality (Department of Health and Social Security 1980). A recent study confirms that the relationship between deprivation as measured by the postcode analysis and ill-health continues to exist in Glasgow (Ellaway 1997).

![Figure 1: Distribution of Depcat categories](image)

At the time of the evaluation, the Medical Centre was staffed by 5 general practitioners, 3 practice nurses, 2 health visitors, 3 district nurses
and 8 receptionists, in addition to the 2 project workers who run the Choices Clinic. The aims of the Choices Clinic are included in the protocol for the clinic which is given in full in Appendix 3. Its main aims are to contribute to a range of approaches for responding to the problem of health inequalities by addressing the mental, social and emotional health needs of clients living in a deprived area, and to facilitate a multi-agency approach to primary care health promotion. The explanatory leaflet for the clinic summarises its purpose and is given as Appendix 4.

1.2 Organisation of the Choices Clinic

The clinic was offered on two afternoons per week by the lead project worker, who is a Health Promotion Officer employed by the Health Promotion Department of the Health Board. The professional background of the project worker is general nursing. On one afternoon per week the clinic was, and continues to be run by a mental health worker who is employed by the Glasgow Association for Mental Health (GAMH), and who is a qualified psychiatric nurse.

Clients are offered up to eight appointments of 40 minutes duration, during which time the telephone in the room is diverted to the receptionists. Staff are requested not to disturb the Project Worker while the clinic is running.

1.3 Accommodation

The clinic is held within the premises of the Medical Centre. The decor is pleasant, and upholstered chairs, a low coffee table, and a bowl of potpourri contribute to the creation of an informal and relatively comfortable ambience. It does not have a predominantly 'medical feel', despite there being standard clinic storage cupboards and a filing cabinet.

2 METHODS

2.1 Introduction

A multi-method approach to the evaluation was adopted. Both qualitative and quantitative approaches were utilised to provide both depth and breadth of information. Data were collected from five sources:

1. Staff Interviews
2. A postal questionnaire for clients
3. Interviews of clients
4. Biographical data provided by the Data Controller of the Health Promotion Department of the Greater Glasgow Health Board
5. Analysis of attendance rates at the Choices Clinic
The analysis of the attendance rates was not part of the original proposal, but was undertaken in response to the comments of several members of staff of the Medical Centre who made reference to waiting times and to their perception of the rate of missed appointments.

2.2 Procedures

2.2.1 Staff interviews

All staff who work at the Medical Centre were invited, by letter, to participate in the evaluation. The purpose and independent nature of the evaluation were explained. Prospective participants were informed that their experiences and views of the Choices Clinic would be sought during an interview which would be tape-recorded. Confidentiality was assured, although it was pointed out to all prospective participants that their views would be attributed to them according to their professional grouping, but that it would not be possible to identify any comments made by them as individuals. They were informed that they could ask the interviewer to cease recordings at any stage during the interviews. Permission was gained from the appropriate locality managers to invite the district nurses and the health visitors to participate.

With the exception of one practice nurse, all staff agreed to participate in the evaluation. The nurse who declined to be interviewed had recently joined the practice staff and therefore felt that she had little experience of working with patients who attended the clinic.

A semi-structured interview was used and comprised questions which were taken from the Clinic Protocol about the aims and objectives of the service. Participants were asked whether they felt that the clinic's aims had been fulfilled and to describe how they considered they were achieved. In this way the participants were encouraged to offer their own views of the clinic and the services which had been made available by the project. They were also asked their views of the usefulness and limitations of the clinic as it was offered at the time of the evaluation, and whether they felt that it should continue, and, if so, what changes, if any, should be made to the way it operates.

The staff were interviewed in their own offices in an attempt to make them feel more comfortable in the interview situation, and all appeared unperturbed by the presence of the tape recorder soon after the interviews got under way. Field notes were taken throughout the interviews to supplement the tape-recordings. The majority of interviews were conducted one-to-one, but for reasons of convenience two of the GPs from the same practice were interviewed as a pair, as were the health visitors and district nurses. The receptionists were interviewed in two groups, one group for each practice.
2.2.2 Analysis of data

Following each interview the researcher listened to the recording in private and made further notes. The tapes were then transcribed by a secretary. Content analysis was undertaken by the researcher by identifying themes which emerged from each transcription. The extent to which these formed a pattern was observed, and convergence and divergence of the responses from the various participants was noted.

2.3 Results of the interviews with staff

The results of the interviews of the GPs, practice nurses, district nurses and health visitors are given in Section 2.3.1 of this report. The responses of the receptionists and project workers are reported in Sections 2.3.2 and 2.3.3 respectively.

Section 2.3.1 Results from GPs, practice nurses, district nurses and health visitors

Question 1 The Choices Clinic has been operating at Lightburn Medical Centre for some time now. In general terms, do you see it as a useful resource within the centre?

All staff reported that they felt that the Choices Clinic was a useful addition to the services which are available in the Medical Centre. Three of the GPs and the two practice nurses who participated in the evaluation were particularly positive in their responses to this question. One GP said that the clinic offers a variety of opportunities for people to gain information and other practical forms of help which a doctor may not provide. Problems were cited, such as obesity and hypertension, which present as health problems, but which may be symptomatic of wider issues associated with deprivation and which impinge on health but are not simple medical problems. It was felt that in such instances straightforward health education or health promotion clinics, such as are offered by weight reduction or hypertension clinics, are not sufficient and that GPs do not always have the time to probe the underlying problems.

Question 2 Do you feel that the first aim of the clinic have been achieved?

- To contribute to a range of approaches for responding to the problem of health inequalities in Greater Glasgow.

All participants agreed that this had been achieved, and all alluded to the effects of deprivation on the health of the patients who attend the Medical Centre, many of whom present with multiple problems. It was felt strongly that a single, medical approach was inappropriate. One practice nurse said that, in her experience, although the medical problem may be perceived by the health care professional as being the priority, it
is often some personal or social problem which is of greater concern to the patient. She felt that the Choices Clinic provides an opportunity for helping these clients to deal with their anxieties while also attending the GP or nurse for treatment of their medical condition.

The clinic itself was considered to be a useful facility because it gave clients the opportunity to talk about matters of concern to themselves in a quiet environment and in confidence. This was described as being either complementary to, or as an alternative to, a consultation with the GP, practice nurse or district nurse.

It was unanimously felt that the project constituted a positive contribution to the range of approaches for responding to the problem of health inequalities within this part of Greater Glasgow. As one GP said,

"The Choices Clinic is not the whole answer, but it makes a major contribution. It's created another avenue, so now there's always something that can be offered to patients."

[GP3]

Question 3  Do you feel that the second aim of the clinic have been achieved?

- To develop and pilot an innovative project which responds to an identified need in the primary care setting, addressing the mental, social and emotional health needs of clients living in a deprived area.

There was general agreement that the second aim had also been achieved. All of the health care professionals felt that one of the important features of the clinic was the length of the appointments (40 minutes), which, it was felt, gave clients the opportunity to talk about emotional and personal problems, knowing that they would have the undivided attention of the project worker for that time.

"I think it can help in that it's another avenue for people to come and talk to somebody else, not necessarily the GP. And it may be that (project worker) might get more information from a patient. They might get more response from them or find out something more because the patient might not be willing to divulge it to us."

[GP1]

One GP commented that the Choices Clinic provides a facility for patients who repeatedly make appointments with the doctor "just to
talk". She considered that the fact that such patients kept coming back indicated that they were not receiving appropriate help, and that the clinic offers a useful alternative. She viewed the clinic as giving these patients the opportunity to meet someone who could give them time.

"We try not to push people out the door when they're trying to tell us things here, but it must be obvious that you're agitated and people must know that there's huge queues outside. At least with the Choices, they'll know they've got a set period of time, half an hour or whatever. Time is certainly one of the things."

[GP5]

It was also agreed that the clinic attempted to address the mental, social and emotional health needs of clients by offering emotional support and a range of options, such as listening and learning relaxation strategies. One practice nurse felt that the individual approach taken by the project workers at the clinic to try to meet clients' needs was of particular value for the many drug users whom she sees as patients. She also felt that the clinic provided emotional support for family members of these patients.

For clients whose problems have a psychiatric dimension, the fact that they can be referred to a psychiatric nurse within the practice, was considered to be an added benefit, as the nurses generally felt that they lacked the skills which these clients particularly required.

**Question 4**

Do you feel that the third and final aim of the clinic has been achieved?

- To facilitate a multi-agency approach to primary care health promotion and to help others continue and further develop the work where the pilot approach has proved valuable.

It was felt that this had also been achieved by the additional specialist professional support which is offered by the psychiatric nurse who is employed by the Glasgow Association for Mental Health, which is a voluntary sector organisation. Some staff also pointed out that the project workers give clients information about other agencies or organisations which might be appropriate, thus further facilitating a multi-agency approach.

As well as providing a 'listening service', the project workers were seen to be a valuable source of practical information and professional contacts for both clients and the staff of the Medical Centre. The lead project worker had compiled the Choices Directory which all participants reported to have found helpful. This is a loose-leaf folder which gives details of a variety of agencies and services which are available locally. It was felt that this contributed to the multi-agency approach. One GP
said that she sometimes photocopies pages from it to give to patients so they could seek further appropriate help from different agencies if they wished. Another said that she viewed the Directory as a useful resource to which, being a loose-leaf file, she could add more information herself.

The project worker had also arranged for a talk to be given to the practice staff by a bereavement counsellor from the Royal Hospital for Sick Children, which was considered by those who attended to be useful. All participants mentioned various other health promotion activities, which included producing displays of relevant materials to coincide with topical events. The health visitors commented that they liaised with the project worker over this and co-ordinated their activities. The project workers had also arranged a successful Mental Health Fair in which representatives from many local agencies had participated. The GPs and practice nurses reported that this had been well attended by local people from the area.

The project worker had also set up a welfare benefits advice and debt counselling service in alliance with a local voluntary organisation. Given the poverty of many of the clients and the level of deprivation in the area, the introduction of the Money Advice Service was seen as an initiative which had been arranged by the project worker to provide practical help and advice and which was part of an overall mental health promotion strategy. This service continues to be available in the Medical Centre one morning a week and was reported by staff to be well used.

**Question 5**

Do you feel that the objectives which were set for the clinic have been achieved?

i) To set up and run an individual consultation model clinic in alliance with Glasgow Association for Mental Health.

All staff agreed that this had been achieved and that the alliance was appropriate.

**Question 6**

Do you feel that the second objective for the clinic has been achieved?

ii) To provide a range of displays and leaflets in the waiting area at Lightburn Medical Centre, aimed at raising awareness and reducing stigma associated with mental health issues.

All members of the health care team agreed that this objective had been achieved. It was pointed out that the Mental Health Fair, the leaflet displays, and the Directory all raise awareness of mental health issues. It was felt that such endeavours probably help to reduce stigma, although it was recognised that the extent to which this has been achieved is difficult to identify, and is outwith the scope of this evaluation. One member of staff felt that the Directory was rather limited in its content.
The health visitors felt that when the Choices Clinic was first set up, there had been some confusion about their responsibilities and those of the project worker in relation to arranging health promotion displays, but that this had now been resolved.

**Question 7**  
Do you feel that the third objective for the clinic has been achieved?

*iii)* To provide a listening service and a “safe space” for clients to begin exploring any problem(s) they perceive as influencing their health (e.g. stress, bereavement, relationships).

All agreed that specific and suitable space had been provided. It was thought that clients did regard it as “safe” for them to explore such problems. Some felt, however, that it was difficult for them to judge whether this was the case because they felt that the only people whose views were valid were the clients. Their views on this are given in Section 2.4.4.

Several participants expressed the view that the Choices Clinic was designed to give the client the responsibility to choose how to deal with the problem and that taking this responsibility could in itself contribute to their developing the confidence they need to begin to explore problems. Some also pointed out that the informal atmosphere created by the project worker was conducive to confidence-building, and others pointed to the fact that the environment not being as ‘clinical’ as the other consultation rooms might also help in this respect. A further factor which was mentioned was that people may feel more inclined to disclose personal worries to the project worker who was “relatively anonymous”, rather than the GP or practice nurse who has a closer and ongoing association with the client and his/her family.

**Question 8**  
Do you feel that the fourth objective for the clinic has been achieved?

*iv)* To help clients gain confidence to continue the exploration either at the Choices Clinic or in another setting as appropriate.

The factors mentioned in response to Question 7 were thought to be equally pertinent to this question.

**Question 9**  
Do you feel that the fifth objective for the clinic has been achieved?

*v)* To provide a range of responses according to clients’ needs (e.g. emotional support, learning coping skills, information on services available).
Staff were generally aware of the variety of approaches and resources which the project workers offered to clients. The data from clients, which are presented in Section 2.4.4, relate directly to these objectives. The health visitors and district nurses said that it was difficult for them to know whether the approaches which were provided did indeed relate to clients' needs, but said that they thought that they probably did.

**Question 10**  
*Do you refer clients to the 'Choices' Clinics?*

All GPs, practice nurses, and one of the health visitors said that they referred clients to the clinic, although two of the GPs qualified this by saying that they gave information about the clinic to those patients whom they felt might benefit from the clinic, but that they left it up to the patients themselves to decide whether to make the appointment. One of the district nurses said that she had recently, for the first time, advised a patient to make an appointment for the clinic.

**Question 11**  
*What do you feel about the communication between yourself and the project workers?*

The GPs and practice nurses felt that the present system was satisfactory, but the district nurses and health visitors felt that they could benefit by having more information about the progress of Choices Clinic patients with whom they also worked. The health visitors had worked together well on health promotion activities, such as co-ordinating leaflet displays. They felt that they were in a good position to contribute information for the directory of resources, but had not been given the opportunity.

**Question 12**  
*What do you feel about issues of confidentiality and the clients who attend the clinic?*

It was unanimously considered that all necessary precautions were taken to ensure client confidentiality.

**Question 13**  
*Do you perceive any difficulties with the clinic as it is offered at present, and if so, what might these be?*

Several participants considered that the relatively high default rate was a problem and attributed this to the fact that clients may request help during a crisis, but that the situation may be resolved by the time they get an appointment. One GP suggested that, for some people, simply being offered the opportunity of help, is sufficient to give them the confidence to address the problem themselves. In such situations, the act of making the appointment might act as a catalyst for action which, ironically, results in non-attendance at the clinic. Another expressed the wish that the clinic could be held more frequently, because,"
"when patients are given an appointment for some time ahead, they usually forget it. We have a high rate of DNA's ¹ because of the chaotic way people lead their lives here - they just can't get organised." [GP1]

Another participant also suggested that the length of the waiting list may deter some patients from attending. It was not possible to determine waiting times from the appointments diary. However, one of the project workers reported that waiting times ranged from two to six weeks, with three weeks being the norm.

The only other issue which was identified as being potentially problematic, related to the name of the clinic. One GP and the health visitors felt that patients may not understand the purpose of the clinic from its name, "Choices Clinic". She explained that, when suggesting to patients that they should consider making an appointment to attend the clinic, she describes the way in which the clinic operates as offering patients a "Choice" of approaches. She felt that name then becomes self-explanatory. One other member of staff supported this view independently, by relating the following response by a patient to receiving a letter inviting her to participate in the postal survey of clients:

"I was in somebody's house when one of your letters arrived about the Choices Clinic. She said 'What's this Choices Clinic - I've never been to that!' But when I said, "Did you ever see .... or .... (name of the project workers), she said 'Oh, aye, I did! Is that what she means?'". [HV1]

One of the health visitors also said that the project worker had occasionally referred patients to her which she felt were not appropriate, e.g. to sort out a client's housing problems.

Question 14  Do you think that having the clinic at Lightburn has affected the way that you work?

Several staff pointed out that the clinic had added to the range of services offered, rather than changing how they worked. There was no indication that consulting patterns had changed for any of the health care professionals. Some GPs and both practice nurses said that they were more likely to refer patients to other agencies about which they had learned from the project workers. Most GPs said that they felt that, by giving patients information about the Choices Clinic, they were

¹ DNA = Did Not Attend
encouraging patients to take more responsibility for making decisions about their problems. One GP suggested that she felt that she perhaps prescribed fewer tranquillisers than previously, but could not be certain about this. Neither the district nurses nor the health visitors felt that the ways in which they were working had been affected to any meaningful extent.

Question 15  Do you see a need for the Choices Clinic in the future?

The clinic was regarded by all participants as a valuable addition to the services which are offered from the Medical Centre, and all supported the principle that it should continue. However, the GPs from one of the practices said that, if funding was not available to resource the clinic in future, it was unlikely that it could continue to be offered to their patients. One other GP said that if there were competing demands for the space, then these demands would have to be considered. She added that the Choices Clinic would be a high priority in such a situation.

"Certainly there is a need for somebody to carry out this role. I think that .... (lead project worker) is trying to share her learning with other members of the practice team, particularly the nurses and health visitors, but there's maybe a need to employ a counsellor or someone else if .... goes. It's useful to have the clinic here on the premises. If there were competing demands on the premises, then it would depend on what these were, but the clinic would be a high priority."  [GP3]

Question 16  If yes, how do you see the clinic developing in the future, and where and when should it be offered?

All participants felt that the Medical Centre was the best venue for the clinic, being convenient for most clients, and also for communication purposes. Some also considered that a community centre might be appropriate. It was felt by some participants that it could be useful to offer the clinic in an evening in addition to during the day to allow access to those who could not attend during the day. The majority, however, felt that most clients were able to attend during the day.

Question 17  If you do anticipate the clinic continuing in the future, what kind of training and professional background do you think would be appropriate for the person who would run the clinic in future?

It was felt that it is important that the clinic should be run by someone who has good interpersonal communication skills. Suggestions included that this should be a nurse, while a nurse, or other health care
professional, with experience in mental health care, a trained counsellor were also raised as possibilities. Knowledge of agencies to whom clients could be referred for further help, and of local resources were also considered important.

**Question 18**  
*Do you have any further comments you would like to make?*

It was noted from the statistical information which had been made available from the Health Promotion Department that a significantly lower number of referrals to the clinic arose from one of the two practices (17% compared with 80%). When asked if they could explain this, the GPs from that practice said that they did inform patients of the Choices Clinic and provided them with leaflets about the resource, but were not aware of how many people made appointments. It was suggested that perhaps the patients were less inclined to take up the opportunity, preferring instead to see their own doctor. It was also suggested that this may be because these doctors both work full-time and therefore may have a more visible presence within the Medical Centre. The delay in getting an appointment for the Clinic was also considered to be a contributory factor.

**2.3.2 Results of the interviews with the receptionists**

The receptionists were interviewed in two groups; one group for each of the two practices. They were asked how the arrangements in which they were involved for supporting the work of the clinic worked. In general, these were felt to be satisfactory, although there was a unanimous view that they would find making appointments easier if a loose-leaf book were used as they found the diary which is currently used rather awkward.

One receptionist commented on the relatively high non-attendance rate and pointed out that the clinic is held on Friday afternoons. She felt that this was not an ideal time.

**2.3.3 Results of the interviews with the project workers**

The project workers were interviewed separately.

The lead worker described the historical development of the clinic and clarified that the concept of the Choices Clinic had arisen from an attempt to introduce health promotion strategies which aim to promote lifestyle changes. However, it was realised that such endeavours could not be addressed successfully in areas of deprivation without also considering the reasons underlying people's health-related behaviours. It was considered that, by offering clients the opportunity to discuss their problems with the project worker, and to consider the choices available to them, the clinic could assist clients in identifying their own
needs and what approach they felt would be most appropriate for them. Among the range of options offered are advice on how to relax, learning stress handling skills, or being given information on local support groups, assertiveness, and developing self-esteem, all of which aim to help clients to maximise their own resources to cope with their problems and their mental, social and emotional health needs. Materials, including books, information leaflets, and audio-tapes are available for clients to borrow.

"A defining feature of the clinic is that the clients themselves identify their problems and set priorities." [PW1]

Both workers felt that the aims and objectives of the initiative had been achieved and that the collaboration between the Health Promotion Department of the Health Board, GAMH and the Medical Centre had worked productively and effectively.

The lead worker indicated that GAMH had provided supervision support for her which was particularly valuable. The project worker from GAMH considered there to be a legitimate role for the services of a health professional with experience in mental health in the work which she had been undertaking at the clinic, and considered that the majority of referrals had been appropriate.

When asked their views about future provision, both said that they perceived there to be a need for such a facility in the area. The lead worker suggested that a local community centre might be an appropriate venue, but pointed out that this would be in addition to offering the clinic at the Medical Centre. As with the other health professionals working in the Medical Centre, the project workers considered that, if the clinic were to continue, it should be offered by someone with good interpersonal skills. The current situation in which one of the project workers has a background in psychiatric nursing and also in community work was considered advantageous.

2.4 POSTAL SURVEY OF CLIENTS

2.4.1 Procedures

All clients who had attended the clinic between 1 October 1995 - 30 September 1996 were invited to participate in a postal survey. Questionnaires were sent to 78 individuals who were asked to complete and return it to the evaluator in a stamped addressed envelope.

The questionnaire was initially based on a questionnaire which had been designed by Corney and Curran (1993) to identify opinions of clients of a counselling service. However, although the Choices Clinic does offer
clients a place where they can feel safe to discuss problems, it does not attempt to offer a counselling service, so it became apparent that several of the items of this questionnaire were not appropriate and amendments were made accordingly. In the end, the questionnaire consisted of 27 items which asked about sources of referral, reasons for attending, opinions of the services offered, reasons for stopping attending, and suggestions for changes or alternative services. The questionnaire was tested in a pilot study following which minor amendments were made prior to its use in the evaluation and is shown in Appendix 5.

Anonymised data concerning the biographical details of clients who used the clinic were routinely collected by the project workers for the purpose of audit. Some of these data have also been incorporated into this report as appropriate.

2.4.2 Ethical Considerations

The questionnaires and letter of invitation to prospective participants in which the nature of the study was explained, were approved by the Ethics Committee of the Department of Nursing and Community Health of Glasgow Caledonian University. Consent was regarded as being implicit in the return of completed questionnaires. Confidentiality and anonymity were assured.

2.4.3 Analysis

The data derived from the returned questionnaires were coded and entered into a file using Version 6 of the Statistical Package for the Social Sciences (SPSS). Frequency tables were then generated.

Responses to open questions were read, and assigned to categories from which codes were developed for entry in the SPSS data file.

2.4.4 Results

78 questionnaires were sent out, 9 were returned as “Not known at this address”. 27 (35%) completed questionnaires were returned. Following two letters of reminder and a further copy of the questionnaire a further 12 questionnaires were returned, giving a response rate of 50%.

Data collected for the internal auditing procedures (n=78) indicated that 58 (74%) of the clients were female, with 20 (26%) being male. 68 (87%) clients had been referred by a GP and 6 (8%) by a practice nurse. One (1%) was referred by a health visitor, and three (4%) had referred themselves. The range of ages of the clients, as shown in Figure 2, indicate that the majority of those who attended, were under 40 years of age.
The responses shown in Figure 3 are from the 39 who returned questionnaires. Most clients did not perceive their problems to have been very long-standing.

The data which are presented in Table 1 report what clients regarded as being the main problem which precipitated attendance at the Clinic. Given that one of the aims of the clinic is to "develop and pilot an innovative project which responds to an identified need in the primary care setting, addressing the mental, social and emotional health needs of clients living in a deprived area.", the reasons given for attending suggest that the referrals to the clinic are appropriate, in that all impinge on the aspects of health which are specified in the aim.
Table 1
Reported Main Problem

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family relationship problems</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>(excluding marital)</td>
<td></td>
</tr>
<tr>
<td>Marital relationships</td>
<td>4 (10%)</td>
</tr>
<tr>
<td>Bereavement</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>Mental health (including stress,</td>
<td>18 (46%)</td>
</tr>
<tr>
<td>anxiety, depression, panic attacks)</td>
<td></td>
</tr>
<tr>
<td>Missing data</td>
<td>5 (13%)</td>
</tr>
</tbody>
</table>

Examples of the reasons given include:

"Mental abuse and problems within the marriage - my husband was having an affair."

"Depression and stress about money."

"Dealing with death in the family, work, daily life. It was like my world had caved in."

"Bottled up problems from previous relationships and life."

"Trying to please everyone and not being assertive."

"Stress and could not relax through family worries; my son was drug user."

Usefulness of clinic

Of those who responded, 33 (85%) of the clients reported finding the Clinic a useful resource. Six (15%) said that they were unsure of whether it had been helpful. All but one respondent reported that they had found the project worker easy to talk to and 36 (92%) said that they felt that they had time to talk to the worker. 32 (82%) said that they felt that the Choices worker understood their feelings, while 6 (15%) were unsure about this and one (3%) felt that she did not understand their feelings. 36 (92%) felt that they had gained relief by being helped to talk about their problems, and 31 (80%) felt that attending the clinic had helped them to cope with their feelings. 6 (15%) were unsure about this and 2 (5%) said that they had not been helped to cope with their feelings. 27 (69%) said that they felt that the Choices Clinic had helped them to develop their confidence in themselves, while 12 (31%) were unsure.
Uptake of "Choices" offered

Clients were also asked if they had learned techniques to develop assertiveness, to relax, and/or to develop their self-confidence, and how helpful they had found this. Their responses are given in Tables 2 and 3.

Table 2
Techniques Learned

<table>
<thead>
<tr>
<th></th>
<th>Assertiveness</th>
<th>Relaxation</th>
<th>Self-confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td>6 (15%)</td>
<td>1 (3%)</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>No</td>
<td>5 (13%)</td>
<td></td>
<td>5 (13%)</td>
</tr>
<tr>
<td>Don't know</td>
<td>5 (13%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>23 (59%)</td>
<td>38 (97%)</td>
<td>27 (69%)</td>
</tr>
<tr>
<td>Missing data</td>
<td>-</td>
<td>-</td>
<td>1 (3%)</td>
</tr>
</tbody>
</table>

Table 3
Helpfulness of Techniques Learned

<table>
<thead>
<tr>
<th></th>
<th>Assertiveness n=23</th>
<th>Relaxation n=38</th>
<th>Self-confidence n=28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpful</td>
<td>15 (65%)</td>
<td>32 (84%)</td>
<td>18 (66%)</td>
</tr>
<tr>
<td>Not helpful</td>
<td>4 (17%)</td>
<td>3 (7%)</td>
<td>3 (11%)</td>
</tr>
<tr>
<td>Unsure</td>
<td>4 (17%)</td>
<td>3 (7%)</td>
<td>7 (26%)</td>
</tr>
</tbody>
</table>

The percentages presented in Table 3 were calculated from the data derived from those who reported having learned about assertiveness, relaxation and confidence building.

Table 4 shows that the majority of clients who responded to this question felt more confident and better about themselves after having attended the clinic.

Table 4
Reported Improvements

<table>
<thead>
<tr>
<th></th>
<th>Confidence</th>
<th>Self-esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27 (69%)</td>
<td>19 (49%)</td>
</tr>
<tr>
<td>Unsure</td>
<td>4 (10%)</td>
<td>11 (28%)</td>
</tr>
<tr>
<td>No</td>
<td>3 (8%)</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>Missing data</td>
<td>5 (13%)</td>
<td>7 (18%)</td>
</tr>
</tbody>
</table>
When asked in an open question whether the clinic had helped clients in any other ways, the value of having someone to talk to was emphasised.

"It helped me to talk to other people how I'd lost my son the way I did."

"It helped me a lot to get my thoughts about myself and my family sorted out."

"My visits were helpful to me and I think that it is a good service to let someone discuss how they feel with someone who can listen to your problems."

Table 5 shows the extent to which clients said that they felt that they could now cope with their problems, as compared with when they first attended the clinic.

<table>
<thead>
<tr>
<th>Extent of Improvement</th>
<th>Frequency (% of Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much improved</td>
<td>9 (23%)</td>
</tr>
<tr>
<td>Some improvement</td>
<td>22 (56%)</td>
</tr>
<tr>
<td>No change</td>
<td>7 (18%)</td>
</tr>
<tr>
<td>Worse</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Missing data</td>
<td>1 (3%)</td>
</tr>
</tbody>
</table>

16 (41%) said that they did not wish any further help, 12 (31%) were unsure, and 7 (18%) would have liked further help. Three people were still attending.

6 (15%) of the clients reported that they had moved on to another agency, such as to a psychologist or psychiatric services, while 16 (41%) reported that they had not. 17 (44%) did not answer this question.

When asked whether they had stopped coming to the clinic because they felt that it was not offering them the help that they needed, 28 (72%) said that this was not the case, 4 (10%) agreed that the clinic was not offering the help which they felt that they needed, and 7 (18%) gave no response.

15 (38%) participants said that it was their own decision to stop coming to the clinic; 9 (23%) said that the decision had been made jointly with the project worker, and 15 (38%) did not respond to this question.

When asked in an open question to give the main reasons for stopping coming to the clinic, the majority reiterated that they felt better and did not feel the need to continue attending. A significant number said that they felt that, knowing that they could return to the clinic if they felt the
need, had helped to give them the confidence to stop attending at that time. The following quotes are typical of the responses:

"I felt I had enough help to try and deal with my anxiety myself. I thought it would do me better to overcome it myself."

"Because I didn’t need any more counselling as I could cope better and got back to sleeping normal."

Only 7 (18%) said that they would have liked help which was different from that offered by the Choices Clinic. Of these, 4 (10%) would have liked to receive tablets from their doctor and to have continued to see him/her. It is not known how many were seeing their doctor while also attending the Choices Clinic. Three (8%) said that they would have liked to have been referred to another agency. 7 (18%) would have liked more sessions. 5 (13%) suggested longer sessions. 3 (8%) would have liked group sessions, as opposed to 7 (18%) who said that they would not have found such sessions helpful.

2.5 Analysis of attendance and non-attendance rates

As indicated in Section 2.1, it was decided to analyse the attendance rates because several members of staff of the Medical Centre had commented on waiting times and on their perception of the rate of missed appointments.

It was therefore proposed to undertake an analysis of referral, attendance and non-attendance rates of clients for the year for which the client data were evaluated. i.e., from October 1995 - September 1996. However, this was not possible, as the appointments diary for 1996 was not available. Instead, an analysis of the appointments for 1995 was undertaken. The data which are presented in Table 6 relate to attendance rates at the Choices Clinic for the period January - December 1995.

Table 6
Analysis of Attendance Rates for 1995

<table>
<thead>
<tr>
<th>Appts made</th>
<th>Appts kept</th>
<th>Appts cancelled by clients</th>
<th>DNA*</th>
</tr>
</thead>
<tbody>
<tr>
<td>412 (100%)</td>
<td>268 (65%)</td>
<td>44 (11%)</td>
<td>100  (24%)</td>
</tr>
</tbody>
</table>

*DNA = Did not attend

This is comparable with the attendance rates for the Pilot Choices Clinic at Fossilpark, which reported a default rate of 33% (Gruszecka and
Heatley, 1993)). It is also similar to that of 30% which has been estimated to be equivalent rate for a health promotion clinic which is offered by one of the practice nurses at the Lightburn Medical Centre.

When asked what action they took when a client failed to attend for an appointment without notifying the clinic, the project workers said that they wrote to the client asking how they were keeping and inviting them to make another appointment. This is done in a hand-written letter in an attempt to reduce the formality of the communication. When asked how they utilise the "lost" time, the lead worker said that she completed paper work relating to her Health Promotion Officer role. The psychiatric nurse used the time to catch up on paper work for GAMH.

2.6 Interviews with former clients of the Choices Clinic

It was recognised that one of the disadvantages of using questionnaires as the sole method of collecting self-report data is the relatively superficial nature of the data which are derived. In order to attempt to overcome this, it was decided that qualitative data would be sought by using in-depth interviews. A random sample of six clients were invited to participate. Two declined, one could not be located, and three interviews were conducted, one by telephone and two in the clients' own homes. The reasons for the interviews were explained. The interviews were not tape-recorded as it was felt that this may have had an inhibiting effect on the interviewees. However, field notes were taken, and detailed notes were made immediately following each interview.

Two of the clients had felt that the clinic had been very helpful to them and they both endorsed the findings of the majority of those who had responded to the postal survey. When asked what they felt they had managed to do as a result of attending the clinic, the following comments were made,

"Going to the Choices Clinic helped me build up my confidence. Last year I went to the John Wheatley (College) and did a Higher English. I'd never have done that before."

[C1]

"I really needed someone other than friends to talk to. Also the book .... lent me was very helpful - in fact I bought it, and I have it here. It changed my outlook on life. I'm still not as assertive as I could be, but I'm getting there, and do more things for 'me', than saying 'yes' when I mean 'no'."

[C3]

When asked for views about the ideal person to take the clinic, they felt that it was important for him or her to be "caring" and to be "a good listener". One of them felt that someone who had been a former user of
the clinic would be in a good position to help others, given some training in counselling.

The other client's views of the Choices Clinic were less positive. The main cause of her dissatisfaction appeared to arise from the fact that three appointments had been cancelled. One had been the first appointment. She said that she remembered feeling very disappointed. She commented that it had:

"taken me all my courage to make myself go in
the first place, but maybe she (project worker)
didn't think it was so important."  [C2]

She felt that this had affected her confidence in the clinic and may have prevented her from gaining as much benefit as she might otherwise have. She also said that she felt that she was expected to "do all the talking at the sessions." This made her feel awkward and uncomfortable.

3 CONCLUSIONS

It appeared from both the interviews of the staff of the Medical Centre and from the data derived from the postal survey of the clients of the Choices Clinic, that the Clinic had achieved its aims and objectives and that it complemented the range of services offered at the Centre. All staff felt that the clinic should continue to be offered, and that the Medical Centre was the location of choice, although a minority felt that, if there were competing claims on resources, this would require to be reviewed. There was a general view that, should the clinic continue to be offered, it should be staffed by someone whose professional background is in health care, but that good interpersonal communication skills and knowledge of appropriate support agencies were essential. Particular strengths of the Choices Clinic highlighted by clinical staff were the fact that the appointments were sufficiently long to allow clients to discuss and reflect on their problems, and that clients were encouraged to find solutions which met their own individual needs, rather than using a prescriptive approach. All staff who were interviewed mentioned the association between deprivation and health and most felt that the Choices Clinic offered one way of addressing this.

Communications between the project workers and most members of staff seemed to be satisfactory. The health visitors and district nurses felt that they required more information on the progress of their patients than they currently receive.

The question of why more patients from one of the Centre's two practices were referred to the Choices Clinic was raised. There was no indication of a deliberate intention on the part of the GPs not to refer patients, but the reasons for the discrepancy in referral rates between the
two practices remains unresolved. The receptionists indicated dissatisfaction with the current appointments diary, suggesting instead a spiral bound loose-leaf folder which could remain open, and which gives a week's appointments per page.

Considerable effort went into achieving the response rate of 50% to the postal survey of attendees of the clinic. Reminder letters were sent on two occasions, and stamped addressed envelopes were included for returning completed questionnaires on each occasion. Although a higher rate would have been preferred, this was considered to be satisfactory, given that achieving responses from low income populations is acknowledged to be problematic (Neuman, 1997). The rate of 50% compares very favourably with that of 30%, which was the response rate to the questionnaires which were used to evaluate the pilot clinic offered at Possilpark Health Centre (Gruszecka and Heatley, 1993).

As indicated by the results which were presented in Section 2.4.4, the main reasons given by those who returned completed questionnaires for attending the clinic relate to relationship, emotional and mental health problems. It appears, therefore, that the clinic is perceived by both clients and staff, to be fulfilling its original aims as indicated in the Protocol (Appendix 3).

The majority of clients reported that they had benefited from attending the Choices Clinic, saying that they were satisfied with the length of the appointments, the ease with which they could relate to the project worker, and the sense that their problems and feelings were understood by the project worker. None felt less able to cope with their problems than when they first attended the Choices Clinic. The majority also reported having learned about assertiveness, relaxation and confidence building techniques which they found helpful. The greatest number of respondents regarded the information about ways of relaxing as helpful.

The majority of both clients and staff were satisfied with the current operation of the clinic.

The analysis of the appointments diary raises some concerns regarding the cost-effectiveness of the use of the project workers, although the attendance rates were not found to be worse than those of similar services.

This evaluation has identified the ways in which the Choices Clinic operates and its strengths and weaknesses as perceived by both staff and clients. The clinic offers a service which is clearly in line with policies which Whitehead (1995) identified as aiming to deal with health inequalities. These include interventions which aim to strengthen individuals by focusing on both 'person-based' strategies such as the "choices" which are offered by the clinic, and community development strategies. The latter encompasses developments such as the
collaboration between GAMH and the medical practices, utilisation of the information contained in the Choices Directory, and the welfare benefits advice and debt counselling service.

It appears from the evaluation that the Choices Clinic provides a useful resource for the staff of the Medical Centre. The service has been shown to be effective for a significant number of clients who present with a variety of problems which have serious consequences for health, but which are not caused by problems which are traditionally viewed as medical. It is recommended that the clinic should continue to be offered. Consideration should be given to improving communications between the project workers and the district nurses and health visitors. Efforts should also be to enhance the attendance rate.
REFERENCES


EXTERNAL QUALITATIVE EVALUATION OF A PRIMARY CARE BASED MENTAL HEALTH PROJECT

BACKGROUND

The Inequalities in Health Initiative, part of Greater Glasgow Health Board’s Health Promotion Department, has a remit to pilot ways of working that have the potential to reduce inequalities in health. The Initiative has three teams concerned with differing client groups, issues and health settings. The Primary Care team concentrates on working with Primary Health Care Professionals and the communities they serve. Projects are usually associated with a specific General Practice or with a professional grouping such as Health Visitors.

One of the primary care projects is run in collaboration with a voluntary sector agency, Glasgow Association for Mental Health (GAMH) and offers a mental health resource (the "Choices" clinic) based in a medical centre. The Initiative wishes to have an evaluation undertaken by an external agency that examines stakeholders’ perceptions of the service.

PURPOSE OF EVALUATION

For the stakeholders in this project (Primary Health Care Professionals, clients and project workers) the purpose of the evaluation is to elicit their views on aspects of the service. The two main areas for examination are the process of setting up the service with the introduction of a voluntary sector organisation into the Medical Centre and perceived effectiveness/usefulness of the service. This work will complement internal evaluation being carried out as an integral element of the project.

CHOICES CLINIC

This project originated from generic Health Promotion work being undertaken at a medical centre shared by two GP practices. The Health Promotion worker found a range of social and mental health issues that did not require intervention from psychiatric or psychological services but that the time required to deal with issues was not always available from GP’s and the practice staff.

It was agreed to offer a resource known as the Choices Clinic where patients (clients) registered with either of the two practices and could come with a range of issues that they define as impinging upon their health. It is not a counselling service per se; but is based on person-centred counselling principles. Clients are offered up to eight 40-minute sessions where they are able to discuss their problems and consider the choices available to them. They are given access to a comprehensive bank of leaflets, books, audio-tapes and details of local agencies. Often sessions are directed at improving self-esteem or confidence so that the client can make lifestyle changes or to approach other agencies. More often than not, clients just need time to talk and the provision of information and advice to help with the next step.
REQUIREMENTS OF EVALUATION

Primary Care Health Professionals and Project Workers

Semi-structured interviews should be carried out with:-

Each GP (5 individual interviews in all)
The Practice Nurses (1 group interview with 3 participants)
The Health Visitors (1 group interview with 2 participants)
The Reception Staff (1 group interview with 9 participants)

Each Project Worker (2 individual interviews)

These interviews (7 individual and 3 group) should take a maximum of an hour each and be conducted within normal working hours.

Key issues to be explored with Primary Care Staff include:

- their perceptions of the "usefulness" and limitations of the clinic
- reasons for referral
- professional conduct of the project workers
- communication and confidentiality
- any problems with the service and how problems are resolved
- changes in Primary Care Staff's ways of working
- perceptions of working with a voluntary sector agency
- changes in consulting pattern of patients

Key issues for Reception Staff include:

- logistics of bookings etc
- perception of clinic as "useful" or not

Key issues for Project Workers include

- appropriateness of referrals
- communication with medical centre staff
- professional support needs
- problems that arise and their resolution
- benefits and limitations of the service for patients

Clients

In order to gain an insight into clients' perception of the service a postal survey method is to be used. The survey tool is to be designed by the evaluator in conjunction with the project workers and will be loosely based on the counselling questionnaire to be found in Roslyn Corney and Annalee Curran, "Counselling in General Practice" (Routledge 1993).

The sample is to be determined by the project workers and the evaluator and will be drawn from clients who have completed their attendance at the clinic; approximately 25 clients will be contacted. Information necessary for identification of the sample shall be made available to the evaluator within the constraints of confidentiality.
Responsibilities of evaluator and project staff

- Project staff will assist with initial introductions to the medical centre personnel and accommodation arrangements for interviews.

- Access to client information for the purposes of the postal survey will be forthcoming within the constraints of confidentiality.

- Confidentiality of the content of clinic records and associated documentation should be maintained at all times.

- The project staff and management will liaise between the evaluator, medical centre staff and others as necessary.

- Collation and analysis of the data shall be the responsibility of the evaluator.

- A final report, incorporating quantitative data being collected by the project workers will be produced by the evaluator. The report will include an introduction to the project, a discussion section and recommendations. Responses should be presented in a form that does not permit identification of the individuals included in the evaluation.
Carstairs Deprivation Scores are created by combining four variables derived from the Small Area Statistics tables on the 1991 census: the proportions of car ownership, social classes IV and V, overcrowding, and male unemployment. These variables were selected on the basis of their high correlation with mortality and hospital utilisation and the relatively low correlations between the variables. The distribution of deprivation scores for postcode sectors was then restructured on an arbitrary basis to create a categorical variable (DEPCAT) ranging from DEPCAT 1 (the most affluent) to DEPCAT 7 (the most deprived).

- Information Services, Greater Glasgow Health Board
## GREATER GLASGOW HEALTH BOARD

**PRACTICE 4629**

**POPULATION BY POSTCODE SECTOR - JUNE 96**

**PRACTICE LIST SIZE - 4339**

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>DESCRIPTION</th>
<th>POPULATION</th>
<th>% OF TOTAL</th>
<th>CUMULATIVE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>G33.3</td>
<td>Ruchazie</td>
<td>863</td>
<td>19.9</td>
<td>19.9</td>
</tr>
<tr>
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<td>Carnyine</td>
<td>588</td>
<td>13.6</td>
<td>33.5</td>
</tr>
<tr>
<td>G32 0</td>
<td>Springboig/N Mt Vernon</td>
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<td>40.9</td>
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<td>47.2</td>
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<td>63.7</td>
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GREATER GLASGOW HEALTH BOARD

PRACTICE 4620
POPULATION BY POSTCODE SECTOR - JUNE 96
PRACTICE LIST SIZE - 3496

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**APPENDIX 2 (contd)**

**GREATER GLASGOW HEALTH BOARD**

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PROTOCOL FOR CHOICES CLINIC
LIGHTBURN MEDICAL CENTRE

AIMS

- To contribute to a range of approaches for responding to the problem of health inequalities in Greater Glasgow.

- To develop and pilot an innovative project which responds to an identified need in the primary care setting, addressing the mental, social and emotional health needs of clients living in a deprived area.

- To facilitate a multi-agency approach to primary care health promotion and to help other continue and further develop the work where the pilot approach has proved valuable.

OBJECTIVES

- To set up and run an individual consultation model clinic in alliance with Glasgow Association for Mental Health (GAMH).

- To provide a range of displays and leaflets in the waiting area at Lightburn Medical Centre, aimed at raising awareness and reducing stigma associated with mental health issues.

- To provide a listening service and a "safe space" for clients to begin exploring any problems(s) they perceive as influencing their health (e.g. stress, bereavement, relationships).

- To help clients gain confidence to continue the exploration either at Choices Clinic or in another setting as appropriate.

- To provide a range of responses according to the client's needs (e.g. emotional support, learning coping skills, information on services available).

- To evaluate:
  - the process of setting up the Clinic in the primary care setting with voluntary sector partner
  - the perceived effectiveness of the Clinic using interviews with GPs and staff and questionnaires with clients.
  - quantitative data on numbers of clients seen, types of problems etc.

- To disseminate the findings of the evaluation exercise.

- To produce a starter pack for others wishing to set up a similar service.
IMPLEMENTATION OF THE "CHOICES" CLINIC

For convenience the word "counsellor" is used to signify the health promotion officer or GAMH project worker who will be seeing clients for one to one session at the Choices Clinic. This is not meant to imply that the Choices Clinic is counselling service as such.

Identification of clients - GP referral, Health Visitor or Practice Nurse or District Nurse referral, self referral of clients aged over sixteen years.

Excluding clients with major mental health problems.

All clients not referred by GP will be screened to exclude severe depression using the Defeat Depression Campaign's checklist, "How to recognise major depression". If depression is present clients will be referred back to GP and C informed verbally in case clients fail to attend. This will be recorded in the client's medical records.

Days/Times of sessions -

Monday afternoons
Wednesday afternoons
Friday afternoons

Project Worker A
Project Worker A
Project Worker B from GAMH

Seeing 4 clients per session initially.

Appointments on a hourly basis -

40 Mins with clients
10 Mins paperwork
10 Mins preparation for next client

Record Keeping - Forms to be used

1. Defeat Depression screening tool.
4. Prioritising sheet.
5. Follow-up sheet.
6. Progress review/summary.
7. Client record card.
APPENDIX 3 (cont.)

Records relating to Choices Clinic will be kept in a locked drawer in the Promotional Officer's room. Brief summaries stating that client is attending Choices Clinic and major outcomes will be recorded in the client's medical record (This will be discussed and okayed by the client prior to recording).

The "counsellor" will record client's name in diary on day due to be seen and write to non-attendees offering the opportunity to arrange another appointment.

Clients will be offered a personal record card to record the date seen, main agree action and return appointments. Client's name will not appear on the cards in order to protect confidentiality if lost or mislaid.

Responsibilities of "Counsellor"

At first session

1. Give brief explanation of "clinic; format to client (e.g. confidential, will usually see the same person etc.)
2. Use draft depression screening tool to exclude major depression. (If client referred without seeing GP).
3. By use of listening/counselling skills complete assessment of problem with clients.
4. * Arrange appropriate follow up or onward referral. Use of resources as appropriate.
5. Participate in audit/evaluation as required.

Subsequent sessions

1. Summarise/check understanding of previous session (client and counsellor).
2. Client completes self assessment of needs and prioritising sheet.
3. Client/counsellor work on areas identified.
4. Record any progress made or strategies discussed.
5. Use of resources as appropriate.
6. Arrange follow up or referral.
7. At final session draw up summary of progress with client, including further plans. Participate in audit/evaluation as required.

* For client's requiring referral to statutory agencies e.g. CMHT. This will be discussed between the "counsellor" and the appropriate GP (with client agreement).

Debriefing support

The "counsellors" will meet fortnightly for de-briefing to off load. Health Promotion Officer will attend monthly group supervision meeting GAMH.
Responsibility of Line Manager of "Counsellors"

To recognise and respect the need for support and debriefing for staff involved. To attempt to meet training or personal development needs identified by staff which are relevant to Choice Clinic.

Responsibility of GPs and Primary Care Staff

To refer clients to the "Choices" Clinics
To be able to explain roughly what the "Choices" clinic is.

Responsibility of Reception Staff

To make appointments for clients wishing to attend Choices Clinic. To get out records for clients attending Choices Clinic and inform "Counsellors" when client has arrived. To occasionally assist in audit/evaluation by agreement with GP's (e.g. carry out computer search).
If you want to know more, talk it over with your doctor, health visitor, or practice nurse.

- You can come more than once—most people will probably come 3 or 4 times
- Usually you’ll see the same person.

Please let our receptionist know when you arrive—we’ll try not to keep you waiting.

Please make an appointment at our reception desk.
Do you sometimes feel that you’ve got all the world’s problems on your shoulders?

Don’t let problems get out of hand.

That’s what our new clinic is all about.

Whether you’re worried about:

- Family
- Relationships
- Bereavement
- Money
- Housing
- Drinking
- Employment
- Stress
- Abuse
- Drugs
- Diet
- Exercise
- Health

If you want to change the way you live—**you do** have choices

- we can help you find them and make a start.

**Giving you time to talk and someone you can trust, to listen.**

We’re here to listen, try and help if we can, and advise on who else might be useful to contact.
QUESTIONNAIRE TO EVALUATE THE 'CHOICES' CLINIC

Please tick the appropriate box or answer in your own words as required.

1 Who referred you to the Choices Clinic? (Tick the appropriate box)
   Doctor
   Health Visitor
   District Nurse
   Practice Nurse
   Receptionist
   Yourself
   Other, please specify

2 If you referred yourself, how did you hear about the Choices Clinic?
   (Tick as many boxes as you feel are appropriate)
   from a practice leaflet
   from the doctor
   from the health visitor
   from the district nurse
   from the practice nurse
   from the receptionist
   from someone else
   from poster or publicity display
   If someone else, please say who (e.g., ‘friend’) ____________________________

3 What did you think your main problem was?
   (Please specify) ___________________________________________________________
   __________________________________________________________
   __________________________________________________________

4 For how long did you have a problem before coming to the Choices Clinic?
   less than 1 year
   1-2 years
   2-5 years
   More than 5 years
5 Did you find your visit/s to the Choices Clinic useful?

Yes □
Unsure □
No □

6 Did you find it easy to talk to the worker (ie, Liz Hughes or Shelley Paterson) at the Choices Clinic?

Yes □
No □

7 Did you think that you had enough time to explain your problems to the Choices Clinic worker?

Yes □
No □

8 Do you think the Choices Clinic worker understood your problems and feelings?

Yes □
Unsure □
No □

9 Did the Choices Clinic worker help you in any of the following ways:

giving you relief by helping you to talk about your problem/s?

Yes □
Unsure □
No □

helping you cope with your feelings?

Yes □
Unsure □
No □
10 Were you offered information about other organisations which might help you?

Yes  □
No  □

If you answered YES to this question, was the information helpful?

Yes  □
No  □

If you answered NO to this question, what kind of information would you have preferred?

____________________________________________________________________

____________________________________________________________________

12 Did you receive information about assertiveness?

Yes  □
No  □
Not necessary for me  □
Don’t know  □

If you answered YES to this question, did you find the information about assertiveness helpful?

Yes  □
Unsure  □
No  □

13 Did you receive information about ways to relax?

Yes  □
No  □
Not necessary for me  □
Don’t know  □

If you answered YES to this question, did you find the information about ways to relax helpful?

Yes  □
Unsure  □
No  □
14 Did you receive information about self-confidence?
   Yes □
   No □
   Not necessary for me □
   Don’t know □

If you answered YES to this question, was the information helpful?
   Yes □
   Unsure □
   No □

15 Did you learn to be more assertive?
   Yes □
   No □
   Not necessary □
   Don’t know □

If you answered YES to this question, did you find it helpful?
   Yes □
   Unsure □
   No □

16 Did you learn ways to relax?
   Yes □
   No □
   Not necessary □
   Don’t know □

If you answered YES to this question, did you find it helpful?
   Yes □
   Unsure □
   No □
17 Did you learn ways to be more confident?

Yes ☐
No ☐
Not necessary for me ☐
Don’t know ☐

If you answered YES to this question, did you find it helpful?

Yes ☐
Unsure ☐
No ☐

18 Did the Choices Clinic help you in any other way?
(please write below any other ways in which you were helped)

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

19 To what extent do you feel you are better able to cope with your problems now compared with when you first came to the Choices Clinic?

☐ A great deal better
☐ Some change for the better
☐ No change
☐ Some change for the worse
☐ A great deal worse

20 Please give the approximate date when you stopped coming to the Choices Clinic.
_________________________________________________________________
21 Did you stop coming to the Choices Clinic because you felt better and no longer needed to come?

Yes □

No □

If you answered YES to this question, was this your own decision?

Yes □

OR was this mutually agreed between yourself and the Choices Clinic worker?

Yes □

22 Did you stop coming to the Choices Clinic because you felt that the Choices Clinic was not offering the help that you needed at that time?

Yes □

No □

23 Did you stop coming to the Choices Clinic because you had moved on to some other helping agency?

If you answered YES to this question, please give the name of the organisation which has since offered you help.

_________________________________________

24 Please give any other reason why you stopped coming to the Choices Clinic.

_________________________________________

_________________________________________

_________________________________________

_________________________________________
25 Would you have liked a different sort of help from that offered by the Choices Clinic?

Yes □
Unsure □
No □

If you answered YES to this question please tick as many boxes as you feel appropriate.

Continue seeing doctor □
Tablets from the doctor □
More practical help □
- if so, please specify
More advice on what to do □
Being referred to another agency □
Being referred to a hospital □
Other, please specify

26 Would you have liked to Choices Clinic sessions to have been different in any way? (please tick as many boxes as you feel appropriate)

More sessions □
Longer sessions □
Shorter sessions □
Fewer sessions □
Group sessions □

27 Do you have any suggestions on how the Choices Clinic could have been more helpful? (Please write your suggestions here)


Thank you very much for your help. Please feel free to add any comments below or on the next page.