



Small group peer support for GPs treating mental health problems

Ian Wilson, MBBS, PhD, FRACGP, FACPsychMed, is Director, Primary Care Mental Health Unit, and Senior Lecturer, Department of General Practice, University of Adelaide, South Australia.

Cate Howell, CSM, BMBS, BAppSc (OT), FRACGP, FACPsychMed, DipClinHyp, is Director, Primary Care Mental Health Unit, and PHCRED Research Fellow, Department of General Practice, University of Adelaide, South Australia.

Peer support groups are a mutual aid system in which the facilitator helps group members to help each other. General practice peer support is seen as the provision of support in small groups by general practitioner colleagues. As part of the Better Outcomes in Mental Health Care Initiative, funding was made available to develop a unique model of peer support for GPs involved in mental health care. It aimed to meet the needs of GPs for support, sharing of knowledge and skills, ongoing education and skills development, while fostering self care. The model involved a GP facilitator training program and manual, which is now available for wider use.

There is a high prevalence of mental health problems in our community, and the majority of people with a mental health problem first seek assistance from their general practitioner.¹ A number of barriers facing GPs who care for patients with mental health problems have been identified, including a sense of isolation and lack of peer support.²

As part of the Better Outcomes in Mental Health Care Initiative, funding was made available to develop peer support activities through state divisions of general practice. The SA Divisions of General Practice Inc (SADI) approached the Department of Health and Ageing with a proposal to establish a training program for peer group facilitators. The proposal was accepted, a project officer was appointed, and a reference group was established. The Primary Care Mental Health Unit of the Department of General Practice (University of Adelaide) was appointed as a consultant.

The commonwealth commissioned a review of the peer support literature in 2002.³ The authors, and subsequently the project

team, found little literature on peer support in the general practice context. Peer support was found to be a concept with 'multiple elements and multiple names', and was most commonly referred to as supervision.³ Supervision may be carried out one-to-one with a supervisor, or in a group setting.

The general practice literature highlights one-to-one supervision as having a positive impact on the GP's style and skill level.⁴ Counselling supervision within a group is reported to reduce the anxiety of GPs working with patients with mental health problems.⁵ Most of the literature on supervision comes from other disciplines such as psychology and nursing, in which it is used to attain practice standards, provide ongoing training, and maintain the clinician's mental health.^{3,6}

The commonwealth's literature review found no specific model for the provision of peer support for GPs, but a number of activities had been tried across divisions of general practice in an attempt to address the need for peer support including Balint groups, small group educational activities and tele-

conferencing.³ Group peer support is regarded as being valuable as it enables feedback and sharing from group members with a wide range of life experiences.⁷ Additionally, the medical education literature suggests that interactive teaching formats, particularly in groups and focussing on skills development, are most effective.⁸ The Royal Australian College of General Practitioners Quality Assurance Program recognises small group learning as a powerful method of quality improvement.

Definition

Based on the literature and advice of the reference group, the following definition was adopted:

'In the context of general practice and this project, peer support is seen as the provision of support in small groups by GP colleagues. Peer support groups are viewed as a 'mutual aid system'⁹ in which the GP facilitator helps group members help each other'.

Implicit in this definition is the understanding that the peer support group leader

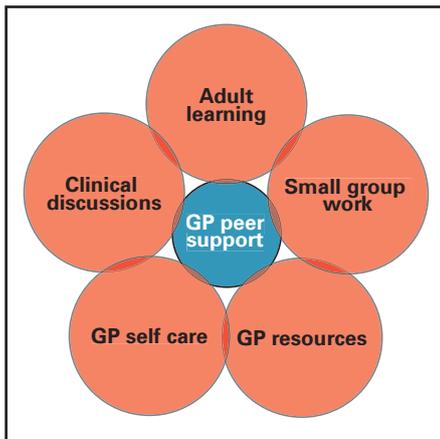


Figure 1. Model of peer group support in mental health

would not become the regional expert in primary care psychiatry.

Peer support model

A unique model of peer support for GPs involved in mental health care was developed based on the literature review, consultation with stakeholders and adult education principles. This model aimed to meet the needs of GPs for support, sharing of knowledge and skills, ongoing education and skills development, and fostering of self care. The model incorporates five areas and is demonstrated in *Figure 1*.

Developing the training program

A GP facilitator training program and manual was developed with the following learning objectives. At the end of training, GP participants will:

- have a better understanding of key facilitation and communication skills relevant to small group work
- be able to utilise a range of small group facilitation skills, such as working in pairs, brainstorming, role playing and providing feedback
- have an appreciation of adult learning principles and learning styles
- have a better understanding of safety and trust issues within small groups
- be more confident in facilitating case based discussion
- have an understanding of ways to

Table 1. Evaluation of individual workshops

	Number of attendees agreeing or strongly agreeing		
	Workshop 1*	Workshop 2*	Workshop 3*
Number of attendees	8	8	7
Pitched at the right level	6–8	6–8	7
Improved my knowledge	6–8	7–8	6–7
Increased my skills	8	5–8	5–7
Method of presentation suited me	8	7–8	7
My learning needs were met	6–8	4–6	6–7

* Each session was evaluated separately and the ranges reflect the distribution of scores across the five sessions

Table 2. Participants evaluations

Comments made by participants

Workshop 1

'Presenters targeted presentation at level of need of participants – very flexible'

Workshop 2

'Role play lead to confusion and discomfort for a number of people'

Workshop 3

'The practical sessions were excellent. The whole program was very helpful. I would attend more like these. It was better than I expected'

Lessons learned

Workshop 1

'The workshop needs to more accurately reflect the process that we are teaching'

Workshop 2

'Participants learning about small group facilitation should see small group learning as a valid method of learning'

'Facilitators training novices need to be very experienced'

Workshop 3

'The final result works very well'

approach and manage difficult situations that may occur in small groups

- have a greater appreciation of GP self care issues, and
- have a greater knowledge of mental health resources.

The training program and manual were piloted. Three separate workshops were run and GPs, nominated by their divisions of general practice, worked through the training manual with the authors of this article as facilitators. The workshops were held in different venues, one urban and two rural.

Results

After each workshop, detailed participant evaluations were carried out and – with the exception of 'workshop 2' – were very positive (*Table 1, 2*). All scales were 5-point Likert scales ranging from 'strongly agree' to 'strongly disagree' with a neutral midpoint. The results are presented as the number of participants agreeing or strongly agreeing with statements. Workshop 2 had a significant level of conflict within the group and this is reflected in the assessments.

Analysis of feedback and critical review

led to changes in the sequence in which the training program sections were presented and clarifications of content in some areas. As a result, the manual was modified and now exists in a form that can be used by others to train GP peer support facilitators (see *Resource*).

Piloting also led to:

- a recognition that facilitators must support small group learning and have the flexibility to manage variations within groups
- a review of national and state privacy principles as they apply to group educational and support activities, and
- an understanding that trainers of peer support leaders who use the model will need to be experienced in small group work.

A review of national and state privacy principles has confirmed that medical peer support groups such as these are able to discuss patients provided they de-identify the patients or seek consent from them before presenting their medical details.

In order to cover all aspects of peer support, the program is held over 8 hours. So far it has been held at weekends, but it would be possible to run the program in the evening over several weeks.

Peer support project outcomes

A small number of groups have been established in South Australia and are developing a momentum that should see them spread. Initiation of groups has been a slow process and new facilitators have required a supportive division of general practice to develop successful groups.

Resource

The manual has been published by SA Divisions Inc and is suitable for experienced group facilitators to run workshops for GPs who wish to become peer support (mental health) facilitators. Division of general practice staff can contact Ms J Hendry at SA Divisions of General Practice Inc, 66 Greenhill Rd, Wayville SA 5034 or telephone (08) 8271 8988 concerning the availability of the manual.

Conflict of interest: none declared.

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Correspondence

Email: ian.wilson@adelaide.edu.au