

1-1-2016

A training needs analysis of mental health nurses knowledge and application of the Mental Health Act 2001 which will inform the development of education and training workshops across the hospital.

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Citation

Kirwan S. A training needs analysis of mental health nurses knowledge and application of the Mental Health Act 2001 which will inform the development of education and training workshops across the hospital. [MSc Thesis]. Dublin: Royal College of Surgeons in Ireland; 2016.

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Title of Project

A training needs analysis of mental health nurses knowledge and application of the Mental Health Act 2001 which will inform the development of education and training workshops across the hospital.

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A Dissertation submitted in part fulfilment of the degree
Of MSc Healthcare Management, Institute of Leadership,
Royal College of Surgeons in Ireland

2016

Student ID:14122332

Submission Date: 30/04/2016

Word Count: 16413

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Declaration Form**Declaration:**

“I hereby certify that this material, which I now submit for assessment for the Project Dissertation Module on the *Masters in Healthcare Management* is entirely my own work and has not been submitted as an exercise for assessment at this or any other University.”

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Acknowledgements

Following the completion of this dissertation I reflected on the past 2 years and I strongly looked at all who really helped and gave me fantastic support. I would like to thank the academic staff of the Royal College of Surgeons for their support and assistance especially Programme leads Steve Pitman and Theresa Keane. Thank you to all my fellow nursing colleagues who participated in the change project and for their guidance, support, friendship and laughter which is so key.

I would like to thank my supervisor Mary McCarthy for her encouragement, support and general sensible approach which guided me in the right direction. She did a great job considering she was drafted in so late into year 2. I would like to thank the Director of Nursing Evelyn Mc Carthy and the Nurse Development officer Adam Kavanagh and the Head of Clinical Governance John Creedon for their support and patience. To my fellow students, for their friendship and encouragement over the past two years and laughs, thank you.

To my wife Niamh and kids, Tadhg, Aoibheann and Darragh and the dogs. I thank you for your smiles, cuddles and patience. All those smiles made this so much easier.

Thank you on behalf of myself,

Student, Colleague, Friend, Advisor, Husband, Daddy and Master.

Shane Kirwan.

Abstract

The change project chosen for this organisational development was the introduction of a training needs analysis on the Mental Health Act 2001. This led to the development of a training workshop for nursing staff within a mental health hospital. The rationale for selecting this project was that the author felt the general knowledge of the Act was poor among nurses regards the Mental Health Act.

The training needs analysis proved that many staff received training in 2006 but have received no refresher training subsequently. The ultimate aim of this project was to complete a training needs analysis of mental health nurses knowledge and their application of the Mental Health Act and it will inform the development of education and training workshops across the hospital.

Literature indicates that internationally knowledge of mental health legislation is generally poor among health professionals but also the implementation of Mental Health Act legislation is considered poor also. Literature stated that training techniques such as supervision, role play scenarios, tool kits and presentations on key topic areas were seen as key components of successful training. The author used the Senior and Swailes Change Model for the purpose of the change project. A training needs analysis survey was sent to 138 ward based nurses within one hospital. Results from the survey indicated that nurses especially needed additional training on (1) the detention of a child, (2) who completes a death notification and (3) the Mental Health Commission (MHC) statutory requirements. The author received 47 surveys back which was a 38% response rate. The author commenced the training workshops and completed two workshops. The author used the CIPP evaluation model for the purpose of evaluating the training workshop. The author used the same survey that was used in the training needs analysis for the purpose of the evaluation feedback. Results indicated that the training was effective in addressing nurses training needs but additional work was required to meet their needs in regards to the Mental Health Commission (MHC) statutory requirements and the Code of Practice(COP).

1 Introduction

1.1 Introduction

For the purpose of the organisational development I am conducting a training needs analysis of mental health nurses knowledge and their application of the Mental Health Act 2001. The introduction of the Mental Health Act 2001 has seen a major change in legislation regarding mental health in Ireland. The new Act has provided greater safeguards for patients' with the introduction of tribunals, which will examine any illegal detaining of a patient. The 2001 Act replaced the 1945 Mental Treatment Act which was very outdated.

The Irish Health Service is going through a period of rapid growth, development and change and nowhere is this more evident than in the area of nurse education where major transformations have taken place since the Commission on Nursing Report in 1998. One such change such was the change from diploma in nursing studies to Degree in nursing studies.

The 2001 Health Strategy Quality and Fairness described a framework for the development of all health services, including mental health. According to WHO (2003) mental health legislation is essential for protecting the rights of people with mental disorders that are vulnerable in society as they face stigma, discrimination and are marginalized in all societies, hence, this increases the likelihood that their human rights will be violated. The Act has brought Ireland forward and in line with other EU countries.

For the purpose of this organisational development I intend to use Senior and Swailes change model (2010). The structure of this model are seen below

1. Diagnose current situation
2. Develop a vision for change
3. Gain commitment to the vision
4. Develop an action plan
5. Implement the change
6. Assess and reinforce change

1.2 Organisational Context

My organisation is a private mental health hospital. I currently work there as a Clinical Nurse Manger in the admissions department. We are bound by the Mental Health Act 2001. We report to the Mental Health Commission on an annual basis. They inspect us once a year and rate us as compliant, partially compliant or non-compliant.

Today in Ireland, Healthcare Professionals work under the Mental Health Act 2001, which was implemented in November 2006. The Green Paper on Mental Health (1992) and the White Paper on Mental Health (1995) highlighted proposals for new legislation in Mental Health. This in-turn led to the introduction of the Mental Health Act 2001. The Mental Health Commission (MHC) was set up to ensure correct implementation of the Mental Health Act 2001 and its other purpose was to act as an inspector of all Mental Health centres within the Republic of Ireland.

The impact of the study shall highlight to the organisation that there is a high number of staff that have inadequate knowledge of the Mental Health Act. The organisation may realise that the poor knowledge base is a risk of not having full compliance with the Mental Health Commission. It is intended that the results of this training needs analysis will inform the development of an education and training workshops across the hospital. Consideration may be taken in also introducing an on line training

manual for staff on major areas of concern. I have spoken to the Head of the Clinical Governance Department and the Director of Nursing and they have given me full backing to implement this change across the organisation.

1.3 Rationale

As mentioned earlier, to assist nurses in undertaking their new roles and responsibilities, the Mental Health Commission (MHC) developed a 2-day training programme, which was distributed to the relevant health organisations including the hospital where I am employed as a nurse. The aims of the training programme were as follows: 1. To support healthcare professionals in updating their knowledge and awareness of the Act, 2. To educate health care professionals on how to implement the Act in practice (Mental Health Commission Training presentations, 2005). The training programme covered each topic of the new Act in detail. The areas covered included the background and principles of the new Act, tribunals, treatment of involuntary patients, criteria for involuntary admission, approved centres and finally the roles and functions of the Mental Health Commission. The training programme used teaching techniques such as power-point presentation slides and associated group work. A test was also included in the training programme consisting of 19 closed questions requiring 'Yes/No' or 'True/False' responses. Candidates needed to score 70% to successfully complete the training programme. I achieved a score above 70% on the test. A nurse tutor was assigned from each institution to deliver the training programme. These nurse tutors had previously received training about the Act and the implementation of the training programme directly from the Mental Health Commission.

However, there has been no refresher course provided by the MHC since this. Access can be obtained from the Commission website via the HSEland website and a clinician can inform themselves of the training programme. However, it's using the act in actual practice e.g. completing forms, timelines in actual practice. Staff regularly make mistakes on forms but as an organisation we correct them. Most wards that deal with the Act are acute wards. When you transfer staff that do not usually work in these areas, their lack of practice indicates a lack of knowledge also which in turn leads to noncompliance with the MHA and thus leaving a risk of noncompliance with

the MHC. The last training any staff received on the act would have been in 2006 when it was implemented. Who is to blame for this? The MHC or my organisation? I feel both are to blame. One reason for implementing this organisational development is to assist staff with their training needs and also to help the organisation improve its standards and to be compliant with the MHC.

In spite of the fact that the training materials and the test questions were made available to staff prior to their participation in the formal training programme via the intra-net site, I found in the months leading up to the implementation of the Act, that many of my colleagues expressed real concern about the impending Act. In particular there were concerns about the inadequacy of their knowledge of the Act. The intra-net site was the only area for information on the training programme and no poster campaigns or leaflets or newsletters were provided and also no videos or slide shows were provided to any of the wards.

In many instances, these concerns persisted after the training programme with many nurses stating that although certain aspects of the training were helpful, there remained an overwhelming sense of anxiety and they didn't feel adequately prepared to deal with all aspects of the Act. I found while working in health services in England and Australia, I frequently worked alongside nurses, who having worked in the environment for years had minimal knowledge of their relevant mental health legislation. Also the Clinical governance Department indicated to me that mistakes happen but their role is to spot them too and ensure staff correct them. It was this anecdotal evidence from nurses in Ireland and internationally that motivated me to explore this topic in a scientific way and I felt that the introduction of training workshops would benefit staff.

1.4 Aim & Objectives

1.4.1 Aim

To complete a training needs analysis of mental health nurses knowledge and their application of the Mental Health Act and it will inform the development of education and training workshops across the hospital.

1.4.2 Objectives (using the SMART objectives)

Developing a SMART objective.

Objectives

- To explore nurses knowledge and application of the Mental Health Act
- To conduct a Training needs analysis
- To report the results of the training needs analysis to the hospital
- To conduct training workshops on the training needs identified by nurses on the Mental Health Act

What are the triggers and drivers for the OD/change?

Nursing staff that have been hired in recent times must have the HSEland online training completed prior to commencing work in my hospital. However, if they do not practice the Act on a regular basis, knowledge can decline and confidence can fade. Nursing staff that have been with the organisation since 2006 have not received any refresher training regards the Act. Lack of knowledge of the Act and its application can lead to injustices, conflict within teams and frustration for Service Users. The training needs analysis will assess mental health nurses on their knowledge and application of the Mental Health Act 2001. This survey aims to identify areas of weakness of nurse's knowledge on the Mental Health Act and it will inform the development of education and training workshops across the hospital.

How will it be measured?

Participants will be registered psychiatric nurses that will receive a survey to evaluate their knowledge and application of the MHA 2001. Surveys will be returned via internal mail and will be anonymous. Data will be analysed and reported descriptively. The researcher will use Survey Monkey to input the survey results. Survey Monkey will assist in providing the statistical data after the survey data is inputted.

What is the expected impact once the project is complete?

To improve nurses knowledge on the Mental Health Act by implementing a training workshop in the hospital I work in.

Timeline

I hope to conduct the survey by February 2016 once ethical approval has been approved, I will collect the data. After this I will set up a training workshop to address the specific training needs regards the MHA.

1.5 Role of the Student in the Organisation and Project

The student will gather evidence to support the change by researching the literature on the proposed topic. I will obtain organisational evidence by conducting a survey on the nursing staff assessing their knowledge base on the MHA.

I will submit for ethical approval from my hospital to go ahead with the change project. The author will arrange a gate keeper and hospital sponsor in the implementation of the change initiative. I will get the results from the data using a proposed method of data analysis and then implement the new training programme schedule across the organisation. The results of the data analysis and the results of the effectiveness of the change project will be submitted to the hospital senior management and the MHC.

I will evaluate the training programme by using the CIPP model which was developed by Stufflebeam (2007). The original survey will be used as the evaluation tool to

measure the effectiveness of the training programme. This was a pre-test, post-test method approach. La Barge (2007) states that Pre-/post-test procedures are a commonly used way of evaluating learner outcomes of educational programs. This method provides feedback to the facilitator by measuring the initial knowledge level of the learner and what knowledge the learner gained from the workshop. This method also provides feedback to the instructor so they can improve the workshop content and allow the instructor to get a feel for the time needed for program components.

1.6 Summary and Conclusion

In this study, I will firstly, present a review of literature regarding mental health legislation, which will include the background to the new Mental Health Act, the role of the Mental Health Commission and the changes that have been made from the old Act. Similar international legislation will be considered and compared to the Irish legislation. Ireland's adaptation to previous legislation will be discussed, healthcare professionals' legislative knowledge, effective methods of training and the use of a training needs analysis will be addressed. I will present a research design and describe the criteria for the sample population chosen.

The findings of the survey will also be provided to the Mental Health Commission. The findings will show the Commission areas that may require further attention regards training delivery, training content and training presentation. The findings will provide the Commission an insight into mental health nurses knowledge of the new Act due the training programme in one mental health hospital in Ireland. The success of the organisational development will hopefully provide other mental health centres a scope to improve their practice and reduce legal errors.

2 Literature Review

2.1 Introduction and Search Strategy

For the purpose of this literature review an electronic search of databases CINAHL, PUBMED, OVID and the World Wide Web was conducted as well as manual searches of the RCSI library and St. Patrick's University Hospital Library. The key words used in the electronic search were *'nurses' 'knowledge', 'mental health legislation', 'law -implementation', 'training needs analysis', 'training programmes' and 'training education programmes on healthcare legislation'.*

The Mental Health services in Ireland have changed significantly during the past twenty years and the introduction of the Mental Health Act 2001 is seen as the most significant development (Mental Health Commission, 2004). The long-awaited Mental Health Act 2001 has replaced the Mental Treatment Act 1945 and the regulations made under it, most notably the Mental Treatment Regulations 1961. The government accepted that the Mental Treatment Act 1945 was not fully compliant with Ireland's obligations under international law (Green Paper on Mental Health 1992). The White Paper on Mental Health (1995) highlighted proposals for new mental health legislation in compliance with the EU Convention on Human Rights and Fundamental Freedoms (1950) including extensive recommendations for detention, procedures for reviewing detentions and greater safeguards for the protection of detained people. The new Mental Health Act 2001 was introduced nationally on November 1st 2006.

The main vehicle for the implementation of the Mental Health Act 2001 is the Mental Health Commission, which was established with effect from 5th April 2002. The Commission is a new independent statutory organisation, with a mandate from the Mental Health Act 2001 to develop initiatives within the health service that will shape the response of the Commission (MHC 2004).

Among its many roles and responsibilities the Commission developed and provided training in the new Act for representatives from all health facilities in Ireland. For instance, a hospital would send a number of representatives to receive training from the MHC on the new Act and how to implement the associated training programme. These representatives would in turn return to their health facility and conduct the training programme with staff there. All trained personnel returned to their hospitals and provided a 2 day training programme on the Act. The majority of the staff in my hospital received this training back in 2006. The staff have not received any additional training since then. The MHC have now changed the training programme. It is not an online training programme.

The Mental Health Bill (1999) entitled the new Act to provide for involuntary admissions to approved centres of persons suffering from mental illness, an independent review of the involuntary admission of such persons, to provide for the establishment of the Mental Health Commission, the setting up of mental health tribunals and finally repeal in part the Mental Treatment Act 1945 (Mental Health Commission 2002).

The new Mental Health Act now enhances the protection of patients who are involuntarily detained. The Act affirms that where a decision is being made about the admission and treatment of the patient, both voluntary and involuntary, the best interests of the patient must be the principle consideration balanced against the interests of others (Keys 2001). The Irish College of Psychiatrists (2002) welcomed the new Act and saw the procedure for involuntary detention as a progressive step, bringing the Mental Health Act in line with other EU countries and bringing psychiatry into the 21st century.

Changes to the Act Affecting Nurses

One major change in the new Act is the power for nurses to detain patients for 24 hours in an approved centre (Mental Health Act 2001). Under the old legislation, nurses could not carry out this order. Only a registered mental health nurse can carry out this new order and whose name is entered in the register of nurses maintained by An Bord Altranais under Section 27 of the Nurses Act, 1985 (An Bord

Altranais, 2016). When an adult voluntarily admits himself or herself to an approved centre (e.g. psychiatric hospital), they may not necessarily be allowed to leave the centre as he or she wishes, if a consultant psychiatrist, registered medical practitioner or registered nurse is of the opinion that the person is suffering from a mental disorder. Then he or she may detain the person in the approved centre for a period not exceeding 24 hours. Another change that was introduced by the commission was the introduction of MHC restraint forms. If a nurse is involved in any form of restraint they must sign the MHC restraint form and give details for the use of restraint. This involves the use of mechanical and physical restraint. People under the age of 18 will be regarded as children and be voluntarily admitted with the consent of parents. Where children need treatment and the parents refuse or cannot be found, the health authorities can apply to the Court for a compulsory admission order and the child can be detained for 21 days (MHC 2002). The nurse must also attend tribunals regarding the patient detained. The nurse can be asked questions about the patient's treatment or detention order if they had detained the patient initially for 24 hours.

In conclusion, Ireland had breached EU mental health legislation guidelines for decades and the old 1945 Mental Treatment Act was outdated in modern day society. The introduction of the Mental Health Act 2001 saw the establishment of the Mental Health Commission.

2.2 Themes

Four themes arose from the literature search, which will be discussed in the following order:

1. Guiding Principles for Effective Implementation of Mental Health Legislation
2. Effective ways of training
3. The use of a Training Needs Analysis
5. Healthcare Professionals legislative knowledge.

2.2.1 Guiding Principles for Effective Implementation of Mental Health Legislation

The World Health Organisation (WHO) 2004 stated that there is no legislation for mental health in over 25% of countries worldwide and of the countries which have mental health legislation, only half of their laws regards mental health were passed after 1990 with 15% of the remaining mental health legislation worldwide dating from before the 1960's. The previous statement is true for Ireland as it wasn't until November 2006 when the Mental Health Act was introduced.

The WHO (2003) states that poor attention to implementation has meant that clinical practice differs from what is stated in law and that this applies to many countries.

Gross (2003) found in a study on Israel's implementation of health care reform that the involvement of health care providers in designing incentives and monitoring the outcomes of reformed systems benefited the implementation process. WHO (2004) reported that in 1993 in India a new Mental Health Act was brought into force where the Indian health authorities expanded and modified the mental health services. They provided mental health care training for all health professionals in the diagnosis, treatment and prevention of mental illness. However despite their efforts WHO reported that the Mental Health Act has not been implemented due to exposed illegal detentions of women, non-criminal individuals, religious and cultural differences which all violated peoples human rights. In 2003, Scotland introduced a new Mental Health Act. It came largely from a change in mental health care with the move towards care in the community. An extensive consultation process was used to draft up the Act and a training strategy was devised to avoid deficiencies in knowledge found in the 1984 legislation (Lindsay 2005).

Appelbaum's (1984) book on mental health law and the limits of change reviewed the outcome of the waves of mental health law reform that have taken place in the

USA and found that changes in law had less impact than anticipated on the practice of mental health services and that the advocates of reform did not have their hopes fulfilled. The critics who claimed dire consequences also turned out to be wrong. Nasir (1994) found in a summary of provincial reform activity across Canada, remarkable consistencies among the Provinces in embracing three goals for mental health reform, fixing the historical imbalance between institutional and community-based care, providing a full range of services and devolving governance of mental health services at the national level to make the system responsive to local needs.

The Best Practices in Mental Health Reform (1997) in Canada found there was remarkable consistency in the tools and strategies used to facilitate change and reform. Some of these included the planning and operation of innovative programmes, political will, concerted action to change stigmatising attitudes and resistance to change as well as the use of enthusiastic and dedicated skilled programme directors and staff to help reform policy in mental health.

In June 2003, the Irish Government announced a major Reform Programme for the health system, the purpose of which was to further the implementation of Quality and Fairness. Health sector staff were asked what they believed needed to happen within the next 6-12 months in order to progress the implementation of these reforms. This approach followed the WHO guidelines (2004) regarding development and implementation of mental health legislation by consulting with all stakeholders so that negotiating the change can benefit its implementation.

The WHO recommended that the use of consultation would highlight any weaknesses in the proposed reforms. Workshops were set up for Chief Executive Officers of all Health Boards in the country and they in turn set up workshops for the hospitals aligned with their specific region. The hospital in turn nominated a person within their own organisation who would assume responsibility for change facilitation and change management. Most organisations placed heavy emphasis on communicating the details of the Reform Programme to all staff with some organisations indicating where information could be found, like intranet or websites. Briefing notes with staff pay slips, staff newsletters and posters were also widely used. In larger organisations consultations took the form of workshops, focus groups

and questionnaires. Results indicated a generally positive reaction to the reforms. This approach follows the WHO recommendations that a sustained programme of consultation will aid implementation of legislation (WHO 2005).

The Reform Programme emphasised that many health professionals stressed the need to learn from previous Irish experiences of change such as the setting up and operation of the Eastern Regional Health Association (ERHA) and the amalgamation of the Adelaide and Meath hospitals to Tallaght which had several difficulties such as resistance to change, no consultation with health care providers and poor implementation. The Reform Programme found through extensive consultation that health professionals felt that major change caused rumours, suspicion and mistrust and that the only solution to this is constant and ongoing communication. Staff felt more positive towards the reform when they were consulted and had the chance to discuss the proposed changes. (Joyce et al, Irish Health Services Reform Programme 2003).

The establishment of the Mental Health Commission was a significant development in the evolution of the mental health services in Ireland. The Mental Health Commission's strategic plan (2004-05) was based on the WHO recommendations for the implementation of Mental Health Acts (MHC 2005). Firstly, the Commission consulted health professionals in relation to standards of care within the mental health services and established codes of practice within a specified time scale. The Commission began with the production and dissemination of materials like leaflets, videos and a website for the public so information was accessible.

Other targets the Commission identified were the establishment of systems for recording and disseminating knowledge on best practice in mental health, to support the on-going education and training programmes of front-line personnel and to promote public awareness through campaigns and media relations by encouraging the media to promote positive attitudes towards mental illness. The Irish College of Psychiatrists also advocates the dissemination of information packs, handbooks and training in the form of workshops in local areas as well as inputs from other clinical staff.

Most of these factors have been addressed by the MHC but areas such as refresher training, practice feedback and using observation in training have been lacking. What are the knowledge levels of health professionals in Ireland currently? The next section will discuss health professionals' knowledge of legislation in other countries.

2.2.2 Effective ways of training

Green's et al model (1980) for promoting change describes three elements that are essential when training. Green states that predisposing or disseminating strategies such as educational events or written material, reinforcing strategies such as practice feedback mechanisms and enabling methods such as practice guidelines and decision support. Torrey et al (2001) supports the theory that implementing a new practice involves promoting change in the behaviour of mental health clinicians. Studies from the United States and Canada have reported that education alone does not strongly influence the practice behaviours of health care providers. These studies indicated that increased efforts need to be made which would include increasing financial incentives, using administrative rules and regulations and providing clinicians with ongoing supervision and feedback on practices are also of benefit (Davis et al 1995, Oxman et al 1995).

Batalden and Stoltz (1993) found in their study in the United States through a joint commission claimed that complicated changes such as changing legislation for clinical practice require a greater intensity of effort than is needed to affect a relatively simple change, guidelines are not self-implementing and must be contextualised to the actual processes of care. Sustained change requires a restructuring of the daily flow of work so that routine jobs make it natural for the healthcare worker to give care in a new way. Implementation efforts are usually most effective when specific needs; concerns and values of the persons whose behaviour the implementation aims to change are addressed (Soumerai and Avorn 1990).

Brown and Humphreys (2003) claimed in their study that refresher training courses should be available at all times and the minimum of 9 hours of such training in a 5 year period was suggested which should be spread over at least 3 separate sessions. However, they also claimed that this type of training might be viewed as a chore to be endured for the sake of obtaining the appropriate certificate of attendance.

A study in the United States examined factors motivating clinicians to change how they learn new practice and what they see as barriers to change (Torrey et al 2001). Through the use of focus groups clinicians expressed firstly, they learn a practice through observation, training and reading and secondly that they must be convinced that the practice is worth learning. The clinicians found through focus groups that practices that can be learned and put into action more swiftly are more attractive than those that need intensive learning or dramatic system change. The study also showed that once clinicians are convinced to adopt a change they need practical instruction. Results showed that seeing the change in practice through, for example, videotapes had more of an impact than just reading about it.

Opportunities to discuss rationale, theory and concerns were also beneficial as they evaluate a proposed change. The clinicians found that written materials complemented and expanded their understanding gained from observing the proposed change. Supervision was also highlighted as a useful means of helping staff translate theory into daily action. The study finally indicated the use of implementation tool-kits to promote consistent delivery of effective services and implementing tool-kits for clinicians while recommending initial training including supervision in practice and workbooks to articulate the aims and principles of change and an organised feedback service. The feedback service is provided so that staff can give constructive feedback about the implementation tool-kits they received.

2.2.3 The use of a Training Needs Analysis

Pedder (1998) describes a training needs analysis as a term that best describes a strategic training plan where learning and training objectives are identified and knowledge is mapped out and the gaps in knowledge are identified and the appropriate action is taken to address the needs. Nash (2005) indicates that a training needs analysis is an important tool when identifying , planning or developing clinical services. Nash claims it allows for the individual and team assessment of needs to be identified. Wright and Geroy (1992) reports on a study of current and past training literature which suggests that, to be effective and to isolate both training needs, training should be preceded by a needs analysis.

Anderson (1994) also states that the focus of training needs analysis is typically job performance. If people lack the knowledge or skills necessary to perform successfully the various tasks which comprise their jobs then we have identified a training need. Anderson also states that factors can be hindering performance, such as faulty tools or poor morale, then this means that we have identified another type of need. We concentrate on job performance because it is observable and because it merges with the behaviour model. It could well be argued that this deficiency approach is no longer adequate in our present environment. Anderson argues for a more proactive, strategically based approach which will need to be addressed at each stage of the process.

In reviewing the literature on training needs analysis it becomes clear that it is dominated by approaches and methodologies for conducting a needs analysis.

Herbert and Doverspike (1990) noted there was a large amount of training needs analysis literature and the significant degree of overlap in the descriptive and prescriptive literature. Chiu et al (1997) conducted a literature review and analysis on

training needs analysis. They found that the literature is dominated by supply led planners of training needs analysis, such as trainers and academics. They also note that the literature is full of recommendations for how to conduct a training needs analysis. Further to this, they note that the methods used are generic in nature, for example, interviews, surveys and that these methods may not be able to meet the newer demands on training needs analysis.

Wills (1998) claims that a training needs analysis should consist of the following components

1. Determine the area of need for the training needs analysis
2. Determine and plan the method of data collection.
3. Collect the data.
4. Analyse and interpret the data.
5. Propose and prioritise solutions or actions.

Anderson (1994) state that data collection methods should include observation, questionnaires, interviews, documentation reviews, focus groups, job and task analysis and competency based methodologies. Gould et al (2004) reports that training needs analysis is the initial step in an overall process which contributes to the overall training and educational strategy of staff in an organisation. A training needs analysis commences with a systematic consultation to identify the learning needs of the staff considered, followed by course planning, delivery and evaluation.

Gould et al stated that there was much written about training needs analysis in relation to post-registration nursing education and that there is a difference between its impact on the training cycle and its potential to influence to care delivery. Gould et al found in their study that 8.6% of their sample felt post-registration nursing education in which assessment of training needs was presented as the major aim was most beneficial. However over 40% of nurses felt that micro-level training needs initiatives demonstrated greater methodological rigour, were more likely to consider the stakeholder perspective, to generate findings which could positively influence the rest of the training cycle and showed the greatest potential for influencing service delivery and quality of patient care.

The literature also indicated difficulties with traditional approaches. Wills (1998)

notes that trainers can become so focussed on the system or training cycle that they lose sight of organisational objectives. There is also a tendency to focus on the skills level only and on deficits, resulting in a generally negative approach and one that may be threatening to staff members. Furthermore, many of the approaches use techniques such as job and task analysis. These methods involve detailed analysis of the skills required to complete particular jobs or tasks. They are hugely time consuming and focus on the present situation only. These approaches are only of benefit in stable situations where no changes are expected.

2.2.4 Healthcare Professionals legislative knowledge

Little research has been conducted to assess nurses' knowledge when new health legislation is being introduced. A study undertaken in Scotland also examined psychiatrists' knowledge of mental health legislation (Humphreys 1998). The study findings indicated the knowledge of most basic definitions and fundamental areas was limited with over half unable to give the correct title of one piece of legislation and only 1 in 10 being able to define mental disorder. The study found that greater emphasis should be placed on training in mental health law.

A study was carried out on the levels of knowledge of Section 136, The Mental Health Act 1983 in the UK (Lynch et al 2002). Section 136 empowers police to detain those suspected of being mentally ill in public places and bring them to place of safety. 179 respondents completed the questionnaires, 30 senior doctors, 24 Senior House Officers, 33 senior nurses and 92 police officers. 24% of Accident & Emergency (A&E) staff and 11% police failed to recognise that a person has to appear to be suffering from mental disorder to be placed on Section 136 with 40% of police not knowing it was a police power. 55% of A&E staff and 14% of police incorrectly thought that a person could be placed on a Section 136 in their own home. Finally only 10% of A&E staff and 23% of police in the study had received any formal training on the Mental Health Act 1983.

Passmore and Leung (2003) conducted a study in the UK on psychiatrists tested their knowledge of the Human Rights Act with questionnaires. 94 doctors responded.

Results showed a good overall knowledge however half of the respondents were not aware that the Act only posed a duty on public authorities and the research also found that consultants and senior registrars scored significantly higher than Senior House Officers. This study again shows a need for training on the implementation of a new Act.

Two separate studies in England also found deficiencies in nurse legislative knowledge. Lovell et al (1998) conducted a study on nurses holding powers in England and found that only 45% of the sample (164 nurses) were aware of the criteria set out in the Mental Health Act Code of Practice. A study conducted by Houlihan (2005) found that nurses' required more training on treatment without consent under the Mental Health Act 1983 in England.

An interesting study in Austria on impending donor law came with interesting results. 84% of nurses, students and patients agreed that their knowledge was good on the Act prior to implementation. One reason for this was the emphasis on donor donation education when in their school years. People who had poor knowledge were people who did not receive secondary education. This study proves that educational programmes at secondary level regards mental health treatment and legislation is essential (Stadlbauer et al, 2013).

2.3 Conclusion and Summary

The literature highlights the major changes that have taken place in the new Irish Mental Health Act 2001. The new Act has followed the guidelines set out by the EU Convention of Human Rights and also the United Nations principles for the protection of persons with mental illness. The literature shows the major changes to the new Act. The training programme provided by the MHC was discussed. The literature showed that the training programme lasts 2 days and instruction involves the use of projection slides, written exam, group work and verbal instruction.

The literature also shows the best forms of implementation, which workers in healthcare have highlighted to be best form of retaining knowledge. It is not just retaining knowledge but also it is important for being able to apply that knowledge.

The international comparisons have shown successful methods of implementation in other countries. The literature displayed strong evidence that consulting healthcare professionals aids the implementation of new health legislation and the setting up of the MHC was done to achieve this particular aim.

The literature shows evidence that there is a need for adequate implementation including training to ensure that legislation is communicated effectively to health care workers.

The literature tells us the importance for a training needs analysis. It highlights that staff may feel, the smaller the training needs analysis the more effective it can be. Studies have shown that the use of practical instruction, observing change, supervision, videotapes and refresher training have all been beneficial. The studies also show how healthcare professionals other than nurses have struggled to adapt to new legislation and their knowledge was poor on certain aspects of legislation. These studies that indicated these issues consisted mostly of doctors and they only applied to mental health legislation in the United Kingdom. There was no literature on Irish mental health nurses readiness for impending mental health legislation. The researcher came to the conclusion that the reason for this was because the previous introduction of mental health legislation in Ireland was back in 1945. From the literature examined I feel the introduction of training workshops will benefit staff.

3 Organisational Development Process

3.1 Introduction

For the purpose of this Chapter the author will discuss the results of the training needs analysis and the action plan to conduct the organisational change via the use of the organisational change model. Within this chapter, the author provides an overview of the methodology and change methods applied as part of the organisational development and an appraisal of organisational change in the context of healthcare environments.

The author's rationale for selecting the Senior and Swailes (2010) Change Model and its ability to facilitate a structured approach to successful organisational change is clarified. The chapter is concluded with the learning from the successful application of the change model within the author's organisation.

3.2 Critical Review of Approaches to Organisational Development

Mintzberg (1992) claims that organisations can be differentiated along three basic areas

- the part of the organisation that plays the major role in determining its success or failure
- the major method the organisation uses to coordinate its activities
- the extent to which the organisation involves its employees in the decision-making process.

Mintzberg suggests that the strategy an organisation adopts and the extent to which it practices that strategy result in five structural configurations which are simple

structure, machine bureaucracy, professional bureaucracy, divisional form and adhocracy.

Burnes (2004) states that change is an ever-present feature of organisational life, both at an operational and strategic level. Burnes claim that there should be no doubt regarding the importance to any organisation of its ability to identify where it needs to be and how to manage the changes required in getting there. Therefore, organisational change cannot be separated from organisational strategy.

One definition of organisation development comes from Beckhard's 1969 Organisation Development model.

Beckhards model states an Organisation Development consists of four areas

- planned
- organisation-wide
- managed from the top
- increase organisation effectiveness through planned interventions in the organisations processes.

Garvin et al (2008) states that each organisation must become a learning organisation. Garvin et al feel that the concept of the learning organisation has not yet been realised. They have found over the past two decades that three broad factors are essential for organisational learning.

- 1- a supportive learning environment,
- 2- concrete learning processes and practices
- 3- leadership behaviour that provides reinforcement.

Garvin et al also claim that senior managers must be sensitive to differences among processes and behaviours as they strive to build a learning organisation. Senior managers need to be aware of local cultures of learning, which can vary widely across areas of an organisation. In most organisations, a one-size-fits-all strategy for building a learning organisation is unlikely to be a success.

Aguirre and Alpern (2014) states that there are many effective methods for effective change management. These methods include leading with the culture, starting at the top, act your way into new thinking and assess and adapt. Aguirre and Alpern survey found that of global senior managers on culture and change management, the success rate of major change management projects is only 54 percent. The costs are high when change efforts go wrong especially with confusion, wasted resources, and diminished morale with staff. When employees who have partaken in a real change management initiative and put in significant work hours for an initiative and then see it diminish and fizzle out, staff can be very cynical about further change.

Barr and Dowding (2012) state that one of the most effective ways of minimising resistance to change development is through educating people about the need for change. They state that the legal, ethical, financial argument are essential tools in trying to get approval for change. Kanter (2009) states that one major factor in leading a change is leading by example. Barr and Dowding (2012) states that people resist change if they think they are going to lose out in some way. Effective leadership is one of the most important aspects of organisational development.

Leadership characteristics are considered to be high in organising and co-ordinating efficiency (Cameron & Quinn, 2000). Sofarelli & Brown (1998) support the idea of effective leadership. Cameron (2003) states that effective leadership is visionary, innovative and risk orientated.

For a leader to be effective the leader must introduce a suitable change model to introduce the organisational change. The author will discuss in the next section and the rationale of the purposed change model and why it was suitable for this project development.

3.3 Rationale for OD Model Selected

For the purpose of the organisational development the author has chosen the Senior and Swailes (2010) Change Model. This model consists of

- Diagnose the current problem

- Develop a vision for change
- Gain commitment to the vision
- Develop an action plan
- Implement the change
- Assess and reinforce the change

The author reviewed a number of models of change to see if any of them would be suitable to adapt to the organisational development. The author firstly looked at Kotters change model (1995) to use. Kotters model included an eight step process for leading change. O Keeffe (2011) claim that Kotters model is generally safe but it declines in its overall ability to change and adapt quickly for organisations and this is something that persuaded the author from using this model. The author also felt that this model puts enormous pressure on managers, but doesn't ask for much of employees.

Managers are expected to ease fears, have all the answers, be expert communicators, and manage talent. Employees are expected to follow along. Tumpelon (2014) also state that Kotter's model takes a great deal of time, it is clearly top down and it can lead to frustrations among employees if stages are not met. A good aspect of the Senior and Swailes model is that it enhances staff awareness of the need for change to occur and to increase staff readiness for change, information sharing and education. Senior and Swailes model will quicker adapt the change development and this is one reason that the author favoured their model.

Another model considered was Lewins model (1951). Tumpelon (2014) considers this model as rational, goal and plan oriented. Tumpelon indicates that the change looks good on paper, as it makes rational sense, but when implemented the lack of considering employee feelings and experiences can have a negative impact. Tumpelon also states that employees get so excited about the new change, that they bypass the feelings, attitudes, past input or experience of other staff members. Hence, they find themselves facing resistance and little enthusiasm. Tumpelon also claim that force field analysis requires the full participation of everyone involved to provide the accurate information required for an effective analysis. This can be a disadvantage when full participation isn't possible, resulting in an analysis that doesn't provide a realistic picture of the supporting and opposing forces. The author

felt that this model would not suit as full participation would be required and this would not be possible with an internal mail survey as it is not possible to gain full participation by this method.

The Model chosen details a step by step approach to the current problem, the vision, gaining commitment and developing and actioning a plan. This model best describes how really an organisational development should progress. Senior and Swailes model touches on aspects of other models such as Lewin's and Kotter's but also goes further to place a particular emphasis on the vision and gaining commitment. There is also a more reflective element to it regards the action plan and reassessing it. In the next section the author will describe the organisational development based on the Senior and Swailes model.

3.4 OD Model Senior and Swailes Change Model

3.4.1 Diagnose Current Situation

The author had spoken to several nurses that work on a ward level. They expressed many concerns about their knowledge and general application on the Mental Health Act in practice. The author received training for the Mental Health Act back in 2006 and the author felt that without refresher training, knowledge would decrease as would confidence in the application of the Act.

When trying to assess or measure the needs of nursing staff, the author needed to consider a measurement tool. Literature indicated that developing a training needs analysis tool would be the best way to measure and diagnose the current situation (Nash, 2005). Health Evidence Network(HEN) (2003) states that measurement is a key to quality improvement as it provides a definition to what hospitals actually do, and to compare that with the original goals set in order to identify opportunities for improvement in the future. HEN (2003) also states that the effectiveness of measurement strategies generally depends on many variables including their purpose, culture, application and how the results are given. HEN claim that surveys generally address what is valued by patients and the general public. HEN claims that

standardised surveys are a reliable measure of hospital performance against standards at a national level.

The author considered the use of a Force Field analysis prior to commencing the survey. Lewin (1951) described Force Field Analysis as a tool in the planning and implementation of change management. It analyses both the positive forces for change and the potential obstacles or resistance for change. For change to be successful the driving forces need to be greater than the restraining ones. Lewin (1951) states that it is easier to reduce the resisting forces than to increase the driving forces. The author felt this approach was too high risk and would cause resistance by nursing staff. The author felt that nurses would feel I would be testing their knowledge and showing them up for poor clinical practice on the Mental Health Act.

The author spoke with the Clinical Governance department about the topic chosen. The head of the department gave support to the change initiative as he felt it was worthwhile considering the Act is only in place 10 years. The author decided to use a survey method to collect data as a measurement to analyse what training requirements were needed so this could structure the training programme content when it was delivered. The author met with the head of the Clinical Governance department and we discussed all the major aspects of the Act that apply to clinical practice. The head of the Clinical Governance department indicated that the department currently amends any possible errors of forms by reviewing them. If errors are evident the department will get the relevant nurse or doctor who completed the mental health act form and ask the clinician to amend this. Several forms that are completed by clinicians have to be sent to the Mental Health Commission within 24 hours. After two meetings, 17 core areas of the Act were decided upon and these key areas were to be the areas that were to be included in the training needs analysis. It was decided that these areas pertained to the general practice of a nurse or doctor on a ward from day to day.

The author was also aware that many staff in the hospital conducted two levels of training on the Act. That is the training programme back in 2006 and the current

MHC on line programme. It was felt that inclusion of these aspects were of importance when analysing the data. The author decided that surveying all nurses that worked on a ward level would be best suited to complete the surveys. Could the data tell us, which training programme is more effective? Following completion of the survey the next step was to gain ethical approval from the ethics committee. The organisational change development was asking nurses to complete a survey hence ethical approval was required. The author had two options in this regard.

- Gain ethical approval from the RCSI or
- Gain ethical approval from the hospital where the training needs analysis was to be conducted.
-

While the author felt gaining approval from the RCSI was beneficial, the author felt even if RCSI gave approval that still would not have been adequate enough for the hospital the author works in. The hospital itself would not have allowed RCSI ethical approval and would have preferred to give the approval themselves. After reflecting on this the author felt it was best to get ethical approval from the hospital itself and avoid the RCSI ethics committee.

The author submitted the ethics application on the 1st of February 2016. The hospital ethics committee responded within 2 weeks and declined my application on the grounds that there was not enough of a research element to it. The author played heavy emphasis in the application that the survey was an organisational development change. The author had to re-submit the application and make certain requested amendments. This resubmission was then sent to the chair of the ethics committee for approval on the 5th of February 2016. The chair of the ethics gave approval on the 7th of February. Once the ethics approval was given the author set about getting the surveys to the nursing staff to complete.

For the purpose of the ethics committee the training needs analysis was a quantitative, prospectively conducted training needs analysis. All participants were registered psychiatric nurses. They received a survey to evaluate their knowledge and application of the MHA 2001. The inclusion criteria the author selected is shown below:

- Registered with An Bord Altranais as a mental health nurse

- Employed by adult mental health service selected
- All mental health nurses working at ward level

The exclusion criteria the author selected is shown below:

- Student nurses
- Non-ward based nurses
-

As this is a descriptive training needs analysis the intention was to collect as many responses as possible as this will give a more accurate sense of what the training needs of mental health nurses regards the Mental Health Act in the hospital were.

The author assembled all the surveys and sent them to all ward based nurses in the hospital. This was a total of 138 nurses. The author sent an information letter (Appendix 1), a letter of invitation (Appendix 2) and the survey (Appendix 3) to all registered psychiatric nurses working at ward level.

Included in the envelope was another envelope with the authors name on it so the participant could return the survey to the author via internal post. Participants were informed that if they did not wish to participate they could disregard the invitation. There are were no identifying features in the survey that could identify a participant. In the information letter they received they are informed that by completing the survey and returning it, that will be deemed as informed consent and that it is the participant's choice to partake. There is no perceived risk to any participants in this study. Participants were informed that all hardcopy data will be stored in a locked office and locker with a pad lock. A soft copy of the data will be protected on password protected computer based within the locked office.

The data was stored in the authors PC which is password protected. The surveys collected were locked in the author's office and locked in a locker which has a pad lock. The key to this padlock was in the sole possession of the author. The participants were informed that Survey responses will be inputted into survey monkey for data analysis. The survey took the respondent approximately 5 minutes to read and complete. Study participants are mostly willing to complete the surveys

at one time but may not commit themselves for repeated efforts (Breakwell et al, 2000).

A poster campaign (Appendix 8) was initiated a week prior to the commencement of the survey to heighten nurses' awareness of the training needs analysis, the date for starting the survey and to encourage nurses to participate fully. The author also sent out an email to all relevant nursing staff to ask for their co-operation. All these tactics were used to ensure a better response rate to survey (Breakwell et al, 2000).

The review of this literature prompted the author to use an anonymous questionnaire as a collection tool as the purpose of the study was to ascertain the training needs of nurses in one hospital, therefore a relatively large sample was required and a survey was well suited to collect data from such a group. The author chose not to use focus groups because it would have made it very time consuming to collate the data by this method from a high number of participants, not to mention the difficulty of finding space and time to conduct focus groups. Also the findings from focus groups would be less likely to be transferable at a national level than the findings of a survey.

The author sent the surveys out on the 22/02/2016. The author received 47 responses from 138 surveys sent out. The author ended the survey on the 21/03/2016. Following receipt of the surveys the author inputted all the surveys into Survey Monkey on the 22/03/2016.

Results of Survey

Results of the survey can be seen in Appendix 6. Results are presented in Appendix 6 in table and bar chart format. A total of 47 responded to the 138 surveys sent out. This is a 34% response rate. The author had hoped for a greater response rate but this was a known risk before the survey was sent out to the staff. Unfortunately the hospital has a poor response rate in general for most surveys that are conducted.

The author will discuss some of the results. One of the first interesting results was that 33 nurses out of the 47 never completed the MHC HSEland online training.

Currently the hospital insist you complete the online training before commencing work with them. The old training which was provided in 2006 indicated that 14 staff had not done it but had conducted the online training. It also indicates that the hospital had 33 nurses who completed the 2006 training never received any refresher training since 2006. A concern the author feels.

The main areas that were identified in the training needs analysis were how to do a Section 14(2), the procedures for a Form 10 transfer, ECT under the Mental Health Act, who completes a Form 16(2), the admission, transfer and discharge code of practice and who completes a Form 7,8,17. The most notable areas that staff indicated they required additional training was the areas of child detention (Table and Graph 15), the MHC statutory requirements (Table and Graph 11) and the person who completes a Death notification form (Table and Graph 19).

3.4.2 Develop a Vision for Change plan

Following the completion of the survey and measuring the training requirements from staff the author decided on what vision for the change would be. Bennis (1999) claims that a leader's style pushes people on and a pull style of influencer works by energising and attracting people to make a new change. Establishing a vision that is easily understood by those involved in the change is a key component, as the vision gives the direction where the organisation is going and if this is unclear, the path to take will be problematic (Kotter & Schlesinger 2008).

The author emailed all of the survey results to the nursing staff indicating to them the areas that required additional training. Before going to meet staff the author self-reflected and conducted the Klimann Conflict Mode instrument to self-assess (Appendix 5) how the author would react to resistance from nursing staff on the wards when I purpose additional training. Following completion of the instrument the tool told the author that he was highest scoring in compromising and then followed by avoiding. The author was happy with the comprising result but was not happy with the second place score of avoiding. In an effort to improve this the author decided to work and improve the third place score which was collaborating. According to

Joseph (2014) compromise can help resolve any possible disputes fast, which is important when a protracted disagreement could potentially derail a project. Huxom (1996) claims that collaborating contains 3 main components networking, coordinating and cooperating.

The following day the author went around the wards speaking with ward nurses and gained an insight in their feelings of the survey results. The author indicated too many verbally that the purpose of the survey results was to provide training workshops to assist staff. The author generally met enthusiastic and positive feedback however there was some negative reaction from staff indicating that extra training would pull them from the wards leaving them less time to conduct their nursing duties. Barr and Dowding (2012) state that one of the most effective ways of minimising resistance to change is through educating people about the need for change. They state that the legal, ethical, financial and evidence argument are essential tools in trying to get approval for change. Barr and Dowding (2012) states that people resist change if they think they are going to lose out in some way.

The author explained to staff that these workshops would improve knowledge and gain confidence on the Mental Health Act. Kanter (2009) claims that one major factor in leading a change is leading by example. Daft (2003) makes the point of the visible leader. Daft indicates that people become ambiguous and uncertain and they need to feel that someone is in control. After verbal feedback from ward nursing staff the author emailed all staff indicating to them that there will be training workshops in the coming weeks. The email only stated this and nothing else as the author did not want to overload staff about the project plan. I informed the staff that I would email them a project plan (Appendix 7) of the Mental Health Act training workshops and that the content in these workshops will only be the areas highlighted in the training needs analysis.

3.4.3 Gain Commitment to the Vision

In order for this vision to be successful the author had to reflect on what strengths he possessed for him to be a more effective leader and change agent. The author used the power based model (Appendix 4) to assess what power influence could be used while implementing the change. The authors strong power bases after using the model were reward, information and connection power.

Raven and French model (1959) indicates that reward power is the kind of power that achieves compliance based on the ability to give rewards to others who view them as valuable. The Director of Nursing and head of Clinical Governance have direct responsibility to ensure staff conduct any duties with the Mental Health Act correctly. The hospital can be non-compliant with the Mental Health Commission should staff conduct Mental Health Act duties incorrectly.

The author knew prior to the survey that staff would require additional training needs. So after they inspected the survey results they were more than happy for the author to provide refresher training workshops on the Mental Health Act. The author explained to them both that it saved them from trying to provide additional training, reduced the cost of getting somebody to do it and also it decreased are risk of non-compliance with the Commission.

The second strong power base which was of major force was information power. According to French and Raven this kind of power is the control over information flow. The author had the information power to provide an argument to the Director of

Nursing, Head of Clinical Governance and nursing staff, to proof that nurses themselves have training needs. The author indicated to the departments heads that if they were aware that needs were required and did nothing about it, this then left the chance of increased risk of errors and increased risk of non-compliance with the Act. I presented the information to all parties and they all felt that the introduction of training workshops was of major benefit.

The last power was connection power. Ward (2001) states that this power is one's ability to develop and build networks and build influence with important people both inside and outside of an organisation. The author has worked in the organisation for the past 17 years. The author has developed strong relationships over the years especially with all the nursing staff. The author worked at ward level for 10 years and then as the hospital bed manager for 7 years. The staff had being involved in several change projects over the years that the author introduced. Most notably there was no bed manager or clinical lead in admissions. The author led the development of this department over the years hence gaining the respect of staff throughout and also the bed manager role developed multiple connections within the organisation and externally also.

Results of the survey were also presented to the Clinical Nurse Manager group, Clinical Governance committee and the Clinical Council for review. The author explained the results at each forum and informed them at these forums what the next course of action was. The author informed them of the training workshops will be taking place and also indicated that the workshops will be opened up to other disciplines depending on the success of the workshops with the nursing cohort.

3.4.4 Develop an Action Plan

According to Barr and Dowding (2012) skilled facilitators spend time preparing as well as understanding the factual content of the changes required to have successful application of the plan. Vroom and Jago (1988) claim that when addressing the problem to the group in a meeting as a facilitator this then helps in defining the problem to be solved. Kotter and Schlesinger (1978) claimed that one of the main

tactics a leader must use are participation and involvement. As the nursing staff knew the results of the survey, the action plan (Appendix 7) was to gain buy in from them to attend training workshops. The author decided on set dates (Appendix 7) to conduct the training. The author gave dates to all the ward managers for the entire year for training workshops. This strategy was used to give ward managers plenty of time to plan staff numbers and then relieve staff of ward duty so they can partake in the workshop. The author then devised a training plan which was emailed to all ward based nursing staff (Appendix 7). This gave the nurses a plan of action and they then knew what to expect regards the training. The author posted posters (Appendix 8) about the training in all ward offices and ward rest r

3.4.5 Implement the Change

Bennis (1999) claims that the leader's style pushes people on and a pull style of influencer works by energising and attracting people to make a new change to their work. As mentioned earlier in this paper Torrey et al (2001) supports the theory that implementing a new practice involves promoting change in the behaviour of mental health clinicians. Also Green et al (1980) highlighted that written material and educational events are effective ways of training. Another strategy which was mentioned earlier by Brown and Humphreys (2003) was the importance of refresher training.

As all the nurses in the survey received some sort of training this can be seen as refresher training on certain aspects of the act which the nurses have identified themselves as areas for extra training. Two other aspects of training were mentioned which was focus groups and supervision. The author felt supervision was more important so the author decided to supervise role play situations in the training workshop.

Implementing the change first started with first training workshop. Prior to the workshop the author had to put a structured training programme in place. The author decided to cover all aspects of the survey content in the programme. More time was given to the areas that required more training that had been indicated in the training needs analysis. The workshop outlined the background and evidence in relation to

training needs analysis. It explained the various roles within the Act itself. The students were presented with a role play scenario where they had the opportunity to complete a Mental Health Act form in practice in a role play situation.

Ten students participated in the first workshop. Each nurse was given a hand-out of the presentation and a structure with contents page (Appendix 9) for the workshop which they could take notes on. The majority of the presentation was given via PowerPoint (Appendix 11). Each nurse was asked to sign a sign in sheet (Appendix 10) to record they attended the workshop. The content provided a brief review of the training needs analysis, then covered all aspects of the act that were mentioned in the survey with more emphasis placed on the areas that required additional input following the results of the survey.

In an effort to gain reasonable numbers the author staged the first two workshops on a Saturday and Sunday. The reason for this was there were less patients within the hospital, no multi-disciplinary team rounds and in general a high staff turn out day because of it being higher pay rate days. The Wednesday before the first workshop the author called all ward managers to remind them of the workshop and asked them to try relieve staff for the set time given. The Saturday and Sunday morning of the workshops the author went to each morning handover to get numbers to partake. The first workshop went well where 10 nurses attended. They all completed the survey again for the purpose of the evaluation. The second workshop had a lower attendance of 6.

3.4.6 Assess and reinforce the Change Review

Quinn and Dalton (2009) state that leaders introducing sustainability practices are similar to other leaders and that they have the additional capacity and intelligence to include a greater number of stakeholders. Quinn and Dalton also claim that leaders interested in obtaining a sustainability agenda should pay attention to how the change plan is framed and introduced into the organisation. They claim it the change agent should build capacity with their methods and strategy to support sustainability and to keep key stakeholders engaged.

This is the last step in Senior and Swailes model. Assessing and reinforcing the change review depends a lot on the evaluation response to the training workshop. This will be discussed in the next chapter. However, the author wanted the nurses that attended the workshops to have had a positive experience. After the first workshop the author spoke with 2 nurses to gage their opinion of the workshop. They both gave me a positive response. The author asked these 2 nurses to email all the nurses on their ward about the workshop and how they found it beneficial. This tactic was used to spread the word about the training and to ensure word of mouth would help it grow legs. The author contacted the Director of Nursing and informed her of the attendance numbers. The Director was happy with these numbers. To sustain the change the author offered to do the next two workshops on a Sunday again as it seemed to get good numbers. The author informed the Director that he would not be seeking additional hours or pay for this as he wished to sustain the change and keep the momentum going.

3.5 Summary and Conclusion

In summary in Chapter 3 the author discussed the change process by using the Senior and Swailes change model. The author reviewed different approaches used for an organisational development which included examples from Mintzberg, Garvin et al etc. In summary literature identified that in order for a change agent to be successful the leader must provide sustained change. The author then explained rationale for using the Senior and Swailes change model. The author explored why change models such as Kotter and Lewin were not used. The author then discussed the change project itself and how it was implemented by providing appendices for the material used. After sustaining the change the author needed to evaluate the effectiveness of the training workshop. The evaluation will be discussed in Chapter 4.

4 Evaluation

4.1 Introduction

Hughes (2005) claim that evaluation and measurement practices are founded in a sound evidence base and are generally located to gather information in order to improve clinical practice. In this Chapter the author will discuss the evaluation process after the implementation of the change. The author has chosen to use Stufflebeams CIPP (Context, Input, Process, Product) model for the purpose of the organisational development. The author will briefly describe why other evaluation models were not chosen. The author will give evaluation results which have been taken from nurses who conducted the training workshops. The author will then discuss the action plan to obtain further evaluation within the next year.

4.2 Significance of Healthcare Evaluation

Stufflebeam and Croyn (2014) state that professionals must regularly evaluate and this requires regularly evaluating their own work against international standards and obtaining different assessments of their evaluations. Curren et al (2003) describe the purpose of evaluation as to be a rational basis for decision making. Ovretveit (1998) describes treatments, services, policies and changes to an organisation as key areas that can be evaluated in healthcare. The author decided to use the CIPP evaluation model. However, when deciding on which model to use the author reviewed the CIPP and Kirkpatrick's model (1959).

Kirkpatrick's model explores 4 areas which are the learner's satisfaction, the learning arising from the training, changes in learner behaviour arising from the training and the impact of the training. It would seem Kirkpatrick's model would have been the ideal choice but the down side to Kirkpatrick's model for the project was that it was not possible to measure if nurses actually changed their behaviour. Granted they obtained knowledge they needed but they had they practiced what they learned on the ward? The author felt the only way to capture this data was going to be at least a year away when the organisation measured the number of errors made on Mental Health Act forms by conducting focus groups.

4.3 Evaluation

4.3.1 Aims

The aim of the evaluation process is to determine if the implementation of the Mental Health Act education workshop met the training needs of the nurses who partook in it.

4.3.2 Methods & Measures

The author reviewed a few evaluation models for the purpose of the evaluation of the training workshops provided. The natural choice one would think would be the Kirkpatrick model. This model gives four levels of training outcomes which are reaction, learning, behaviour and results. With this model, Kirkpatrick classifies a training programme to be effective when the trainees are satisfied (Level 1), they learn what they intended to learn (Level 2), they behave differently or more efficiently on the job (Level 3), the organisation benefits from their use of what they learned (Level 4).

This model was strongly considered however it was difficult to evaluate how the nurses behaved differently on the ward as there were only 2 training workshops

conducted. The author would have preferred to have conducted at least 6 workshops and then return to the staff to gather feedback however with the time constraints this was not possible. Regarding the benefits to the organisation, this would have been unable to evaluate but the initial plan was to send the training needs analysis to staff again in a years' time to gauge the training needs of nurses again. Results of this would indicate that the training workshops were successful or not. Kirkpatrick is a good model for the project regards a long term solution however the author felt the use of the CIPP model more appropriate to use regards the organisational development change.

The final model is CIPP, which relates to the context, inputs, process and products of the education programme (Stufflebeam's 2007). This model was used for the change project and it provides a large amount of information which may answer the specific requirements of different professionals that are involved in the programme.

Context evaluation

Context evaluation is identifying the needs, the assets and opportunities for addressing the needs. For the purpose of this the author reviewed the topic area and discussed the topic with nursing staff on the ward level. The author met with the Director of Nursing and the Head of the Clinical Governance department.

The context evaluation identified that the training needs analysis needed to be conducted to ascertain if nurses needed additional training on the Mental Health Act. There was never any training needs analysis done on this topic since it's the Acts induction in 2006 so this was the first of its kind within the hospital. The Director of Nursing and the Head of Clinical Governance all supported the effort.

Input evaluation

The input evaluation part is where the author must identify and assess approaches

to the educational need of staff. The author reviewed the literature and found literature on health professional's knowledge on mental health legislation was generally poor. The author also found several techniques used for effective training within the literature. The author reviewed the 2006 Mental Health Commission training model and also the MHC training video on the HSEland website. This put in context the pitfalls of these programmes and highlighted what other ways it could be done. The author also consulted with the senior trainer within the organisation to gain advice on how to conduct the training programme effectively and ensure adequate attendance.

Process evaluation

The process evaluation is where the author must monitor the project's progress and potential barriers. The author requested staff to redo the survey they originally completed in the TNA but despite this feedback the author gained verbal feedback from the nurses that attended the training workshops. The author had a concern that the lower attendance in the second workshop might be a common trend for further workshops. However, verbal feedback was positive and effectiveness of the remaining workshops can be evaluated at the end of the year more closely.

Product evaluation

The final section in the CIPP is to measure, interpret and judge the project outcomes and interpret their worth. For the purpose of this section the author asked the nurses who attended the workshops to complete the training needs analysis form again. The purpose of this was then to compare those results of the first 2 workshops against the training needs analysis. This initial sample is small but a greater sample will be conducted at the end of the year and this can give a true reading of how beneficial the training workshop was. The results of the feedback survey will be compared and discussed against the training needs analysis survey. These results will be discussed in the next section.

4.3.3 Results

For the purpose of the evaluation results the author will compare the key areas from the training needs analysis and compared them against the evaluation results

following the workshop. This will show the effectiveness of the training workshop. All the tables and graphs have been exported from the appendices.

The first area the author will look at and compare is the area of Section 14(2).

Table 4 (Post Workshop)

I know how to complete a Section 14(2)		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
answered question		16
skipped question		0

Table 4 (TNA)

I know how to complete a Section 14(2)		
Answer Options	Response Percent	Response Count
Yes	78.7%	37
No	4.3%	2
Not Sure	17.0%	8
answered question		47
skipped question		0

This proves that the training programme has been effective.

Table 7 (Post Workshop)

I know the procedures in the process of a Form 10 transfer	
Answer Options	Response Count
Yes	16
No	0
Not Sure	0
answered question	16
skipped question	0

Table 7 TNA

I know the procedures in the process of a Form 10 transfer	
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Answer Options	Response Percent	Response Count
Yes	70.2%	33
No	6.4%	3
Not Sure	23.4%	11
<i>answered question</i>		47
<i>skipped question</i>		0

This proves that the training programme has been effective.

Table 14 (Post Workshop)

I know the process for a Service User to receive ECT under the Mental Health Act		
Answer Options	Response Percent	Response Count
Yes	87.5%	14
No	0.0%	0
Not Sure	12.5%	2
<i>answered question</i>		16
<i>skipped question</i>		0

Table 14 (TNA)

I know the process for a Service User to receive ECT under the Mental Health Act		
Answer Options	Response Percent	Response Count
Yes	76.1%	35
No	10.9%	5
Not Sure	13.0%	6
<i>answered question</i>		46
<i>skipped question</i>		1

This proves that the training programme has been effective.

Table 17 (Post Workshop)

I know who completes a Section 16(2)

Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Table 17 (TNA)

I know who completes a Section 16(2)		
Answer Options	Response Percent	Response Count
Yes	67.4%	31
No	4.3%	2
Not Sure	28.3%	13
<i>answered question</i>		46
<i>skipped question</i>		1

This proves that the training programme has been effective.

Table 18 (Post Workshop)

I am aware of the Admission, transfer & discharge Code of Practice document		
Answer Options	Response Percent	Response Count
Yes	69.0%	11
No	0.0%	0
Not Sure	31.0%	5
<i>answered question</i>		16
<i>skipped question</i>		0

Table 18 (TNA)

I am aware of the Admission, transfer & discharge Code of Practice document		
Answer Options	Response Percent	Response Count
Yes	71.7%	33
No	8.7%	4
Not Sure	19.6%	9
<i>answered question</i>		46
<i>skipped question</i>		1

This areas shows marginal improvement and it probably indicated that the training workshop was not so effective in this area. The author feels that this largely due to the fact that the admission, transfer and discharge code of practice is a large document and the author concedes that he instructed nurses at the workshop to

view the Mental Health Commission website to gain more information and encourage them to read the code of practice in our admissions department. The author covered this very briefly within the workshop but it covered the main points on this topic.

Table 21 (Post Workshop)

I know what Form 7 of the MHA pertains to		
Answer Options	Response Percent	Response Count
Yes	93.7%	15
No	0.0%	0
Not Sure	6.3%	1
<i>answered question</i>		16
<i>skipped question</i>		0

Table 21 (TNA)

I know what Form 7 of the MHA pertains to		
Answer Options	Response Percent	Response Count
Yes	70.2%	33
No	4.3%	2
Not Sure	25.5%	12
<i>answered question</i>		47
<i>skipped question</i>		0

This proves that the training programme has been effective.

Table 22 (Post Workshop)

I know what Form 8 of the MHA pertains to		
Answer Options	Response Percent	Response Count

Yes	100.0%	15
No	0.0%	0
Not Sure	0.0%	1
<i>answered question</i>		16
<i>skipped question</i>		0

Table 22 (TNA)

I know what Form 7 of the MHA pertains to		
Answer Options	Response Percent	Response Count
Yes	70.2%	33
No	4.3%	2
Not Sure	25.5%	12
<i>answered question</i>		47
<i>skipped question</i>		0

This proves that the training programme has been effective.

Table 23 (Post Workshop)

I know what Form 17 of the MHA pertains to		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Table 23 (TNA)

I know what Form 17 of the MHA pertains to		
Answer Options	Response Percent	Response Count
Yes	61.7%	29
No	10.6%	5
Not Sure	27.7%	13
<i>answered question</i>		47
<i>skipped question</i>		0

This proves that the training programme has been effective.

The training needs analysis highlighted 3 particular areas that staff were of specific need. These areas were the MHC statutory requirements, the detention of a child and who completes a death notification.

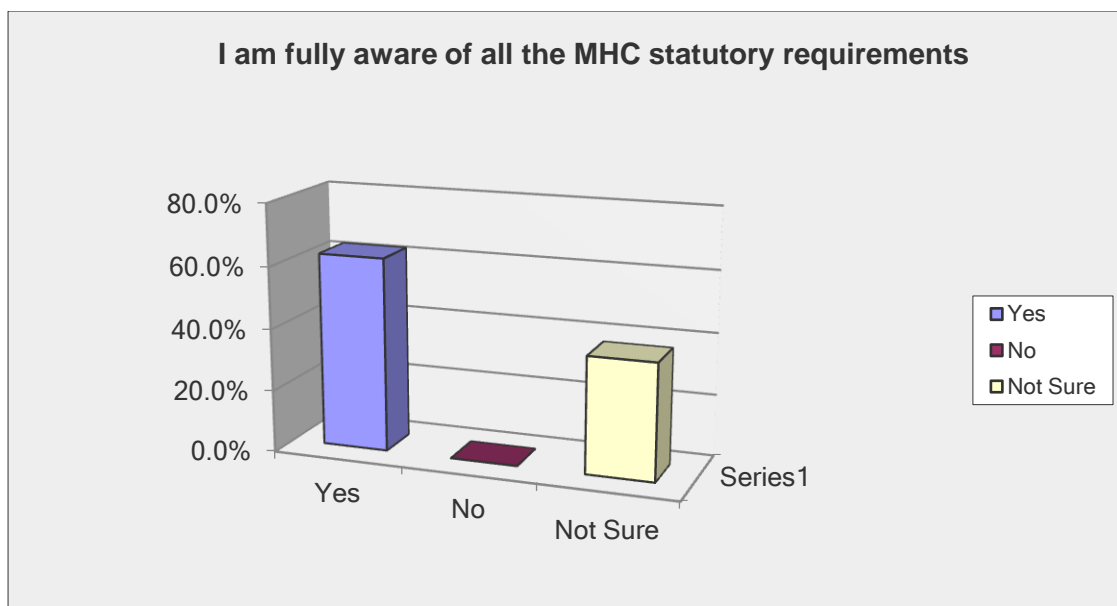
Table 11 (Post Workshop)

I am fully aware of all the MHC statutory requirements		
Answer Options	Response Percent	Response Count
Yes	62.5%	10
No	0.0%	0
Not Sure	37.5%	6
<i>answered question</i>		16
<i>skipped question</i>		0

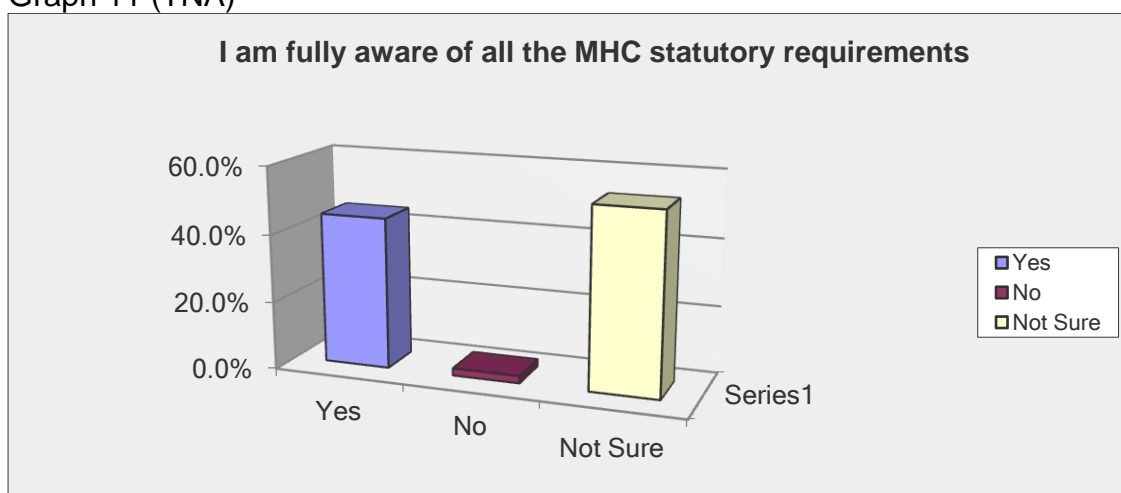
Table 11 (TNA)

I am fully aware of all the MHC statutory requirements		
Answer Options	Response Percent	Response Count
Yes	44.7%	21
No	2.1%	1
Not Sure	53.2%	25
<i>answered question</i>		47
<i>skipped question</i>		0

Graph 11 (post Workshop)



Graph 11 (TNA)



This areas shows marginal improvement and it probably indicated that the training workshop was not so effective in this area. The author feels that this largely due to the fact that the statutory requirements are a large document and the author concedes that he instructed nurses at the workshop to view the Mental Health Commission website to gain more information.

Table 15 (Post Workshop)

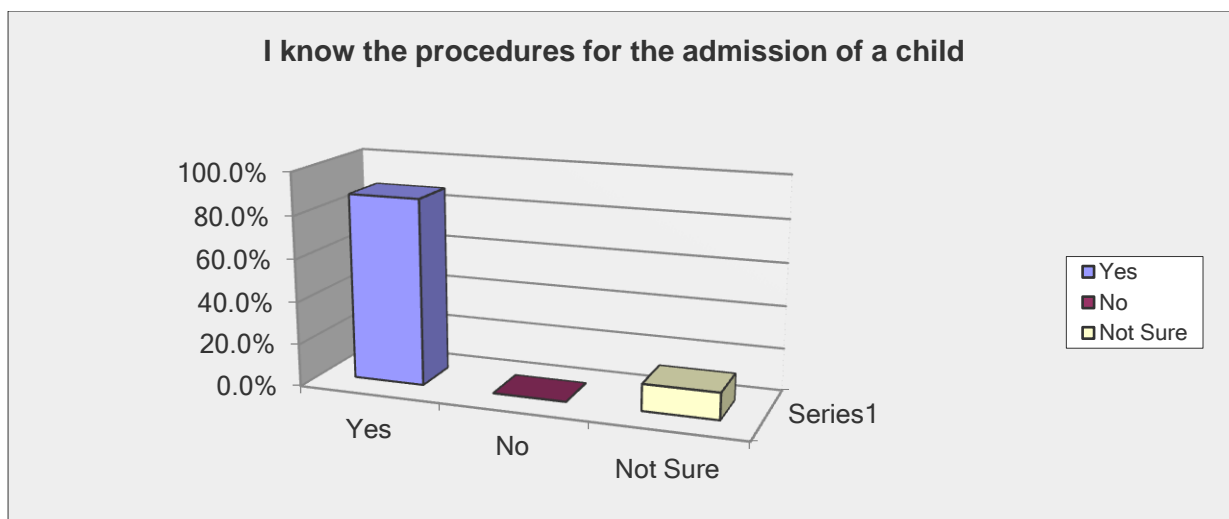
I know the procedures for the admission of a child		
Answer Options	Response Percent	Response Count

Yes	87.5%	14
No	0.0%	0
Not Sure	12.5%	2
<i>answered question</i>		16
<i>skipped question</i>		0

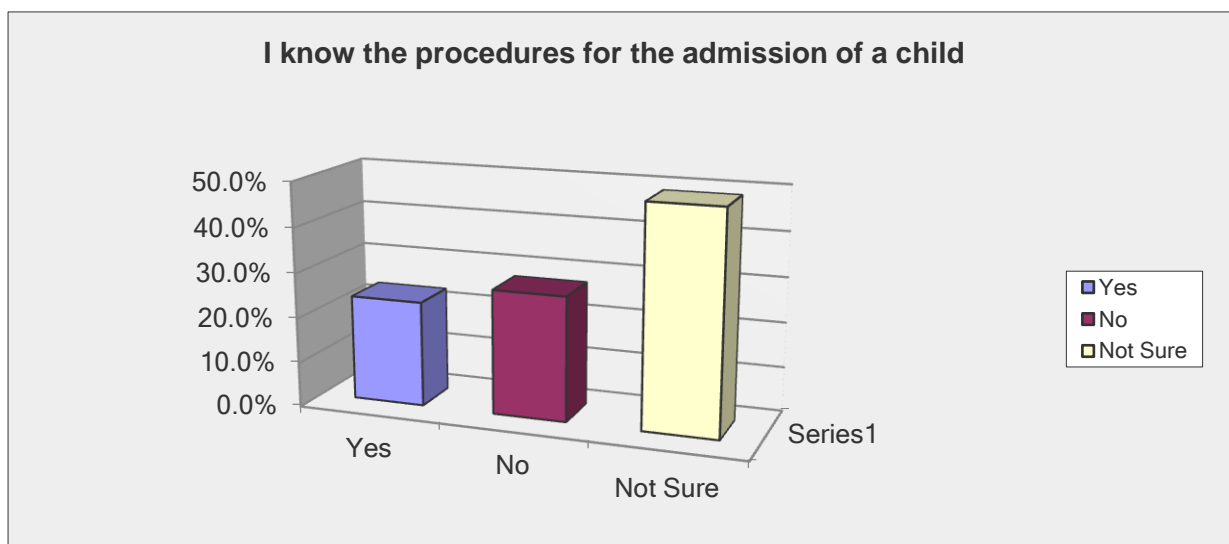
Table 15 (TNA)

I know the procedures for the admission of a child		
Answer Options	Response Percent	Response Count
Yes	23.4%	11
No	27.7%	13
Not Sure	48.9%	23
<i>answered question</i>		47
<i>skipped question</i>		0

Graph 15 (Post Workshop)



Graph 15 (TNA)



This shows that the training workshop was effective. The author put more emphasis on this in the workshop after what the training needs analysis had indicated. Hence the first evaluation result has been a relative success.

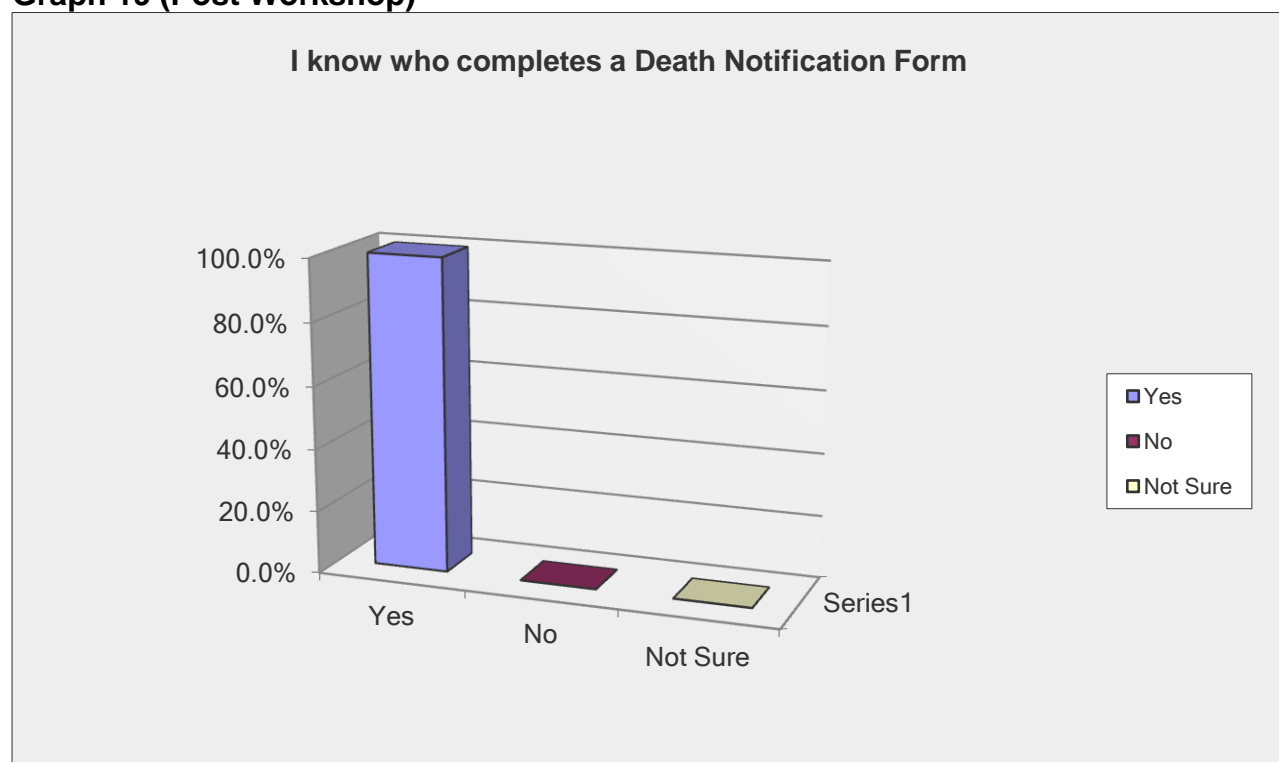
Table 19 (Post Workshop)

I know who completes a Death Notification Form		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

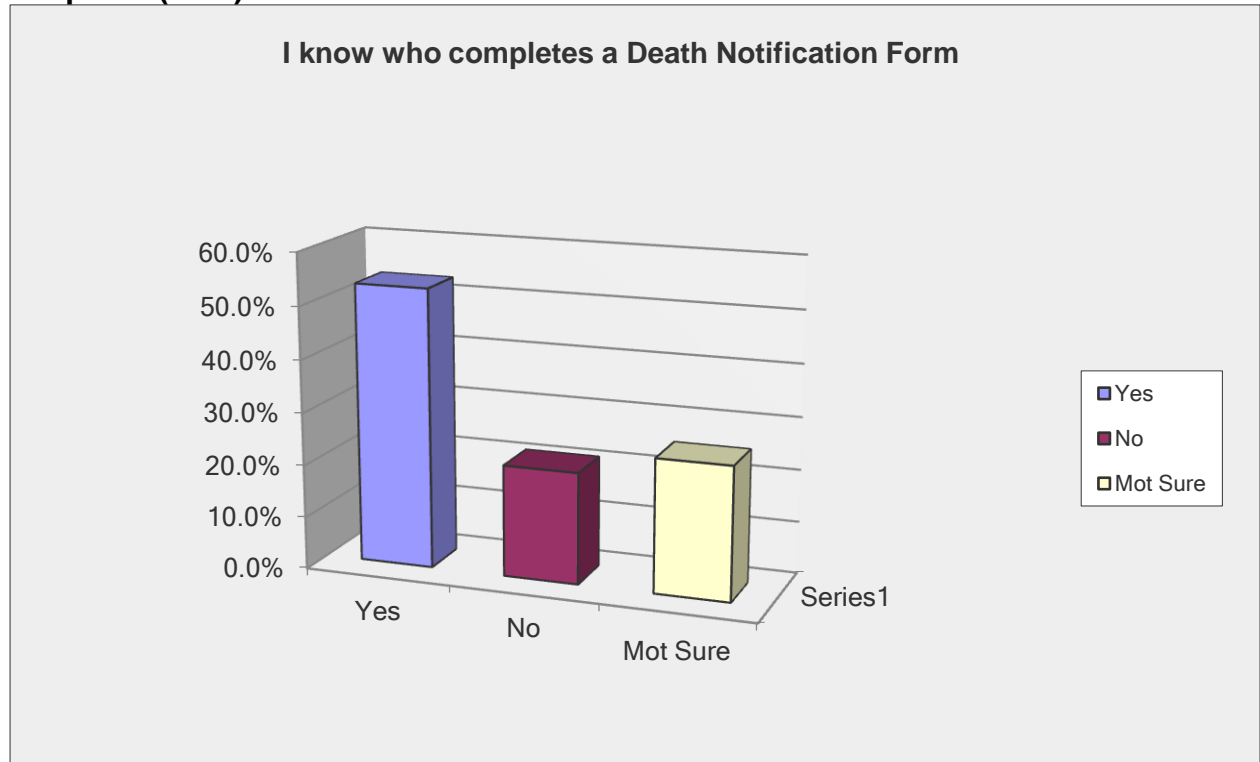
Table 19 (TNA)

I know who completes a Death Notification Form		
Answer Options	Response Percent	Response Count
Yes	53.2%	25
No	21.3%	10
Not Sure	25.5%	12
<i>answered question</i>		47
<i>skipped question</i>		0

Graph 19 (Post Workshop)



Graph 19 (TNA)



This was a relatively easy one as the answer to this question is a one word answer.

The workshop was effective in response to the nurses needs here.

In conclusion the results speak for themselves. Results do tell the author the areas of MHC statutory requirements and the admission code of practice are areas that could have of benefits with being online through the hospital intranet site. The author feels that these should be incorporated into the projects recommendations.

4.3.4 Dissemination Plan

This project will serve as an example for other professionals to conduct their own training needs analysis and then conduct a training workshop. It is vital that the awareness and skills learned from the workshops can be shared amongst the organisation. The author feels it would be a lost opportunity for new staff and any other staff (all disciplines) that need this service. The results of the first evaluation will be disseminated on the hospitals intranet site. Future results of the evaluation will posted on this site in 12 months' time after the remaining workshops have been completed. The initial training needs analysis results and workshop results will be presented to the Clinical Council group and the Clinical Nurse Manager group. The

training needs analysis results will be presented to the weekly academic meeting where all disciplines attend. The evaluation result of all the workshops will be presented to this group in 12 months' time also.

To facilitate the project development the author has constructed a poster presentation (Appendix 15) which will aid as a visual illustration of the phases involved in the organisational development project. The author has secured the commitment of the Director of Nursing and the Clinical Nurse of Development Co-ordinator for conducting the training workshops over the remainder of the year.

4.4 Summary and Conclusion

This evaluation chapter has revealed that the training workshops that have been conducted have had a positive impact for the training needs of nurses.

This organisational change allowed nursing staff to reengage with their training needs and expand on their skills base. The information from this evaluation is very useful and the information will be used to enhance the training content within the training workshop.

The results have created wide discussion between nursing staff and many have felt if nurses identified training needs in one hospital then other hospitals are probably needing training workshops also. The author discussed the evaluation model used which was the CIPP model. The author described the use of a training needs analysis survey as a method of gathering data. The author then explained that this survey was used again for the evaluation of the training workshops provided. The author then discussed the evaluation results which were then compared to the areas of the Mental Health Act that the staff identified as needing training. The author came to the conclusion that the workshops had been successful but it was early days due the amount of workshops completed.

5 Discussion & Conclusions

5.1 Introduction

In this final Chapter the author will summarise the organisational development that was implemented. The original idea for the project came from ward based nurses. After discussions with them the author felt there was a need to provide some level of training to nurses on the Mental Health Act 2001.

The author reviewed the literature and discussed the relevant changes to the Act that would impact on nurses most notably the power to detain a service user for 24 hours. The author presented literature regards international knowledge and healthcare professional's knowledge and application to mental health legislation. The literature also discussed the benefits to a training needs analysis approach and also the different types of training techniques that are effective when providing training delivery. The author presented the TNA results to the nurses and then discussed how the Senior and Swailes change model was used to implement the organisational development. The author then discussed the evaluation of the 2 training programmes delivered with assistance of the CIPP evaluation model. Results indicated that additional training was required on the admission code of practice and the MHC statutory requirements. Overall the training workshops evaluation results were positive.

5.2 Project Impact

Overall the organisational development implemented had a positive impact. The author has decided to review the project impact by using the following headings which are used for the project impact statement graph which was sourced on the RCSI Moodle.

Behavioural impact

The sort of behaviours that have been addressed because of the organisational development is definitely hard to gage. As there only has been 2 workshops it is hard to measure any major impact as yet from the workshops. The author feels the only measure that could be used is to see where clinical errors decreased when completing Mental Health Act work over the next year. The author plans to obtain

data from the hospitals Clinical Governance department in a year's time to see if there has been an impact on errors. The author feels that the workshops have proven effective in relation to several aspects of the act as the evaluation results have proven. Therefore the author can only assume that nurses have improved their knowledge base and in return they have become more confident when practicing the act.

The author intends to send the results of this project to the MHC in an effort to change the behaviour of the commission to alter the training programme provided as it is clear that from one hospital that nurses needs are not being met with the current HSEland online training provided. The results of the TNA did have a positive impact on staff. They were accepting of the results and they were happy that there was some training going to be provided.

Structural

Following the completion of all the training workshops at the end of the year the author is hoping other clinicians within the hospital will consider conducting TNA across the organisation in other areas of healthcare. The author will hope that other clinicians can take over the MHA training workshops so that the author can conduct another TNA regards different areas of Mental Healthcare that may require training for staff.

Personal

The author feels that the organisational development was achieved. The TNA impacted the organisation of identifying that nurses did require additional training on several aspects of the Mental Health Act. The TNA highlighted to the organisation that a cohort of staff have inadequate knowledge of the Mental Health Act.

The introduction of the training workshops was another organisational impact completed by the author. The author feels that it is unlikely any other approved centre have training workshops on the Mental Health Act as most other approved centres are within the HSE and there would not be allocated resources or funding for such training. As this was conducted in a private mental health setting, the resources

and support from senior management was given. This leads into the next section where the stakeholders are identified.

5.2.1 Stakeholders

Some of the key stakeholders were discussed earlier in this project. The author mentioned the key stakeholders in the power base section. These were the ward based nurse, the Director of Nursing and the Head of Clinical Governance. Other stakeholders the author has identified would be the Mental Health Commission.

Firstly, the use of the TNA helped the Director of Nursing identify that she had a significant number of nurses that had training needs. The Director was one of the key players to approve the training workshops. This decision to approve the go ahead of the workshops showed that Director had nursing needs as a priority. This in turn reflected well for the Director among the nursing staff.

The Head of Clinical Governance also has benefited from the workshops. When all the workshops are completed there should be a general reduction of errors on Mental Health Act paperwork. This will have to be measured after all the workshops have been completed at the end of the year.

The most important stakeholder must be identified as the ward based nurse. The main buy in must come from the ward based nurses. Their attendance for the remainder of the workshops throughout the year will define if the project to be deemed as a success. However, the training workshop did assist the nurses that did complete it and it did meet several training needs regards the Mental Health Act.

5.2.2 Practice

One of the main areas that this project delivered was the objective of conducting good practice. The aim of the TNA was to identify training needs which it did. It highlighted to the author what training needs nurses needed. One objective of the workshop was to ensure best practice which in turn leads to improved chance of MHC compliance. HEN (2003) state that the main methods of measuring hospital performance are commission inspection, surveys, independent assessors, and statistical evaluation. The general effectiveness of measurement in hospitals depends on things like culture, application and how the results are interpreted.

HEN (2003) state that surveys address what is valued by service users and there is standardised surveys that measure hospital performance against the standards any authority may require. The author felt that the introduction of the TNA and the training workshops fell in line with core aspects of An Bord Altranais code of conduct.

The author has chosen two direct codes from the code of practice.

“You must keep your knowledge and skills up-to-date by taking part in relevant continuing professional development. You must be prepared to demonstrate your competence if required.”

“You must be competent to practise safely as a nurse or midwife. If there are limitations to your competency, you and your employer should address them so that you can practise safely and within your scope of practice”

Retrieved directly from An Bord Altranais website Code of Practice (2016)

The introduction of the TNA and the training workshops was also a ploy to change hospital culture. The author wanted nurses to feel that this was a good thing. It was good to identify needs and it was a good thing to address them. Conrad et al (1997) claim that organisations concerned with measuring and obtaining service user

satisfaction perform at a higher rate. Porter (1985) also suggests that a competitive advantage is made when an organisation wants to keep an edge over other organisations that serve the same service users. The author feels the Porter reference very much applies to the organisation he works in. The author will briefly discuss the theory and why certain practices were used when conducting the organisational development.

5.2.3 Theory

The literature review highlighted several areas that are obviously related to the organisational development. The author needed to prove the theory that health professional's knowledge of legislation is generally poor and that is usually down to poor implementation. Literature highlighted the effective ways of obtaining data and also the benefits of using the survey as data measurement. The literature gave several effective ways to provide training. The theory and development of the training workshops were based on the literature read and the recommendations from the reading material. One of the big aspects of theory used in the project was the pre-test, post-test method. The author felt by using the same survey, it was an effective way to measure and obtain data of nurse's needs pre training and post training. The author will now discuss the strengths, weaknesses and recommendations of the project.

5.3 Strengths of the project

In the authors organisation the use of a training needs analysis has been generally unheard of. The author knew that this was a challenge to get nurses to complete it. One of the strengths of the project was getting 47 responses in the organisation. Granted it was only a 38% response rate but the senior managers of the organisation were surprised by its response. Despite a 38% response rate the TNA has encouraged staff to consider conducting their own TNA's among their own disciplines.

Another strength of the project was the actual success of conducting two workshops and getting agreement from the Director of Nursing to conduct further workshops for the coming months. Getting an attendance of 16 for the two workshops does feed around the hospital. It tells nurses that there is something available to them to meet their needs. It also tells the nurses that the Director of Nursing is keen for development initiatives to happen and she will give support to them. This will encourage other nursing staff to proceed with change projects. It is also encouraging for my fellow colleagues that are in Year 1 in the RCSI conducting the same course. They too will be happy to see the support and encouragement that the author received while doing this organisational development.

The final strength this project has is that the TNA results can be applied to all nurses nationwide. The results can be sent to the MHC and they do could use the TNA survey across other approved centres in the country.

5.4 Limitations of the project

One of the biggest limitations that the author most admit is that he did not get to conduct further workshops for the purpose of the organisational project. If the more workshops were conducted the evaluation results of the effectiveness of the training workshop would have of given a more accurate reading and truer reflection of the training workshop training.

Another limitation was the workshop content on the areas of the MHC statutory requirements and the admission code of practice. The author must admit it was difficult to cover these areas as these areas of the Act are large documents. The author covered the main points on these areas but the evaluation results indicated that there is still uncertainty regards these topics. On foot of this the author will include this topic in the recommendations.

One limitation that must be considered is that people can forget the information they learn from these workshops. As the author as not scheduled refresher workshops, this must be seen as a limitation.

The final limitation of the study is the survey response rate. 138 surveys were sent out with 47 returned. The author was actually happy with this but admits that it is a small sample response. As stated in the literature review postal surveys are generally have a poor response rate. The obvious limitation is that, can these TNA results be true representative of all mental health nurses across Ireland?

5.5 Recommendations

Following completion of this paper the author came across a few recommendations.

Recommendation A

The author will recommend to the hospital that the TNA be conducted with all medical staff as they play a major part in the detention of service users, tribunals etc.

Recommendation B

The TNA and evaluation results will be made available to all staff within the hospital and they will be posted on the intranet site and also in the hospital library.

Recommendation C

The author will plan to set up intranet video sessions on the core aspects of the Act that required additional training as identified by nurses. The intranet site will also provide direct links to the areas of the MHC statutory requirements and the admission code of practice. The author plans to set up a shorten guide on these topics on the intranet so that ward based nurses can access them quickly and obtain the information they need fast and easy.

Recommendation D

The author plans to set a frequently asked questions section on the intranet site so if any discipline has a question regarding the Mental Health Act they can access it.

Recommendation E

The author will send the results to the MHC and write to them to encourage them to conduct a TNA of all disciplines in all approved centres on the Mental Health Act.

The author will also write to the MHC to reconsider their online training programme and for them to consider certain aspects of it.

Recommendation F

The author recommends that refresher workshops are provided after the first year sessions. This will help staff to retain knowledge much better.

Recommendation G

The TNA results that staff knowledge was poorest regards child detention is a concern. One recommendation is to notify the Children First organisation of this finding. They may wish to conduct their own study and highlight deficits a national level.

Recommendation H

The author will write to An Bord Altranais and give them the TNA results and emphasise to them the need to place greater emphasis on the Mental Health Act for nursing students when they are training.

5.6 Summary and Conclusion

In summary the author learned a significant amount regards the change management for any change project. The experience gained throughout this change will prove highly beneficial for years to come and the experience gained will be used in all change projects that the author endeavours to do in the years ahead.

In summary the change project chosen for this organisational development was the introduction of a training needs analysis on the Mental Health Act 2001. This led to the development of a training workshop for nursing staff within a mental health hospital. The rationale for selecting this project was that the author felt the general knowledge of the Act was poor among nurses regards the Mental Health Act. The ultimate aim of this project was to complete a training needs analysis of mental health nurses knowledge and their application of the Mental Health Act and it informed the author the need to develop training workshops on the Mental Health Act.

The author used the Senior and Swailes Change Model for the purpose of the change project. A training needs analysis survey was sent to 138 ward based nurses within one hospital. Results from the survey indicated that nurses especially needed additional training on (1) the detention of a child, (2) who completes a death notification and (3) the Mental Health Commission (MHC) statutory requirements.

The author received 47 surveys back which was a 38% response rate. The author commenced the training workshops and completed two workshops. The author used the CIPP evaluation model for the purpose of evaluating the training workshop. The author used the same survey that was used in the training needs analysis for the purpose of the evaluation feedback. Results indicated that the training was effective

in addressing nurses training needs but additional work was required to meet their needs in regards to the Mental Health Commission (MHC) statutory requirements and the Code of Practice (COP). Limitations of the project include the postal responses and lack of training material on the code of practice and the MHC statutory requirements. Recommendations include refresher courses, emphasis on student training, intranet links for staff to obtain knowledge.

In conclusion, the author has had a long and difficult process but must admit a worthwhile experience. The completion of this organisational development will hopefully lead to further training courses on the Mental Health Act. The author feels that despite the Act being in place 10 years, we are very much in our infancy regards it and the MHC need to review their online training and consider training courses across the country which will improve staff knowledge and confidence and most importantly protect service users rights and provide best practice as possible.

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Appendices

Appendix 1 Participant Information Leaflet

Study title: A training needs analysis of mental health nurses knowledge and application of the Mental Health Act 2001.

Principal investigator's name: Shane Kirwan

Telephone number of principal investigator: 01 2493 655

You are being invited to take part in a research study carried out by myself Shane Kirwan at St. Patrick's Mental Health Services.

Before you decide whether or not you wish to take part, you should read the information provided below carefully. Take time to ask questions – do not feel rushed or under pressure to make a quick decision.

You should clearly understand the risks and benefits of taking part in this study so that you can make a decision that is right for you. This process is known as 'Informed Consent'.

You do not have to take part in this study and a decision not to take part will not affect anything else.

You can change your mind about taking part in the study any time you like. Even if the study has started, you can still opt out. You do not have to give us a reason. If you do opt out, it will not affect anything in the future.

Why is this study being done?

Mental health nurses are faced with the reality of the MHA 2001 on a daily basis including the application of parts of the act that impose restrictions on a person's human rights. Training content in the act is limited and even more so for post graduates. For the purposes for training the Mental Health Commission currently run an online training video for the Act for any clinician that is working on the Act. This online training video is located on the HSE website. However, lack of knowledge of the Act and its application can lead to injustices, conflict within teams and frustration for Service Users. For a majority of nursing staff their

only training was the training provided by the Mental Health Commission in 2006. This study proposes to conduct a training needs analysis of mental health nurses knowledge and application of the Mental Health Act 2001. A survey will be sent to nurses by mail with an enclosed envelope to return to the researcher. It is intended that the results of this research will inform the development of an education and training programme across the hospital.

Who is organising and funding this study?

Shane Kirwan, Clinical Nurse Manager in St. Patrick's Mental Health Services is leading this research. This project is being undertaken as part of my Masters in Healthcare Management in the Royal College of Surgeons.

Why am I being asked to take part?

You are being asked to participate in the study as the purpose of this research is to ascertain mental health nurses knowledge and application of the Mental Health Act 2001. This study is a training needs analysis of ward based nurses on the Mental Health Act 2001.

How will the study be carried out?

The research will be quantitative in nature and I purpose to use registered nurses that work at ward level. All questionnaires will be anonymous to maintain confidentiality. All data will be treated with the strictest of confidence. In this envelope enclosed there is the questionnaire and also another envelope to return the completed questionnaire. It would be greatly appreciated if would take the time to answer the questions. Please return the survey to me via internal post. Upon receipt of the surveys the researcher will input the surveys into Survey Monkey to gather results.

What will happen to me if I agree to take part?

There is no obligation on your part to participate in this research but your involvement would really be appreciated. Should you agree to be included in the research full confidentiality is assured. The questionnaire is anonymous. Your participation in this study by completing the questionnaire will be deemed as informed consent. You have the right to refuse to participate and you also have the right to withdraw from this research study.

What are the benefits?

While it is not intended that there will be direct benefits to you as a result of your participation in the project completion of the questionnaire may increase your knowledge of the MHA 2001. Data gathered may contribute to the development of future initiatives to enhance Mental Health Nurses knowledge of the Mental Health Act 2001. The benefits of this training needs analysis may be transferable to other approved centers.

What are the risks?

There is no perceived harm from participation as all surveys used in the study will be anonymous.

Is the study confidential?

All surveys returned to the researcher will be anonymous. There will be no identifiable features within the surveys.

Where can I get further information?

If you have any further questions about the study or if you want to opt out of the study, you can rest assured it won't affect anything in the future.

If you need any further information now or at any time in the future, please contact:

Shane Kirwan
Clinical Nurse Manager 2,
Electronic Health Record Design Advisory Team,
St. Patrick's Mental Health Services
skirwan@stpatsmail.com
012493655

Appendix 2 Invitation letter to partake in survey.

Date

Re: A TRAINING NEEDS ANALYSIS OF MENTAL HEALTH NURSES KNOWLEDGE AND APPLICATION OF THE MENTAL HEALTH ACT 2001

Dear _____,

I am currently working in the Electronic Record healthcare team as a Clinical advisor for its implementation within the hospital. I am undertaking a Masters in Healthcare Management in the Royal College of Surgeons. I am seeking your participation in this project. You are being asked to complete a survey about your knowledge and application of the Mental Health Act 2001.

All questionnaires will be anonymous to maintain confidentiality. All data will be treated with the strictest of confidence. In this envelope enclosed there is the questionnaire and also another envelope to return the completed questionnaire. It would be greatly appreciated if you would take the time to answer the questions. This survey will take approximately 3 minutes to complete. Please return the survey to me via internal post.

If you are not interested in participating in this survey please accept my gratitude for reading this invitation letter and feel free to ignore it.

If you are interested in participating in the survey please complete the survey and return it to me via internal hospital mail.

Yours Sincerely,

Shane Kirwan
Clinical Nurse Manager 2,
Electronic Health Record Design Advisory Team,
St. Patrick's Mental Health Services
skirwan@stpatsmail.com
012493655

Appendix 3 Participant Survey

Training Needs Analysis Form

The Mental Health Act 2001

1. Have you completed the 2006 Mental Health Commission Mental Health Act training programme?

Yes ☐ No ☐

2. Have you completed the Mental Health Commission training video on the Mental Health Act on the HSE website?

Yes ☐ No ☐

Please place a tick in the relevant column to indicate whether you **can do or know** the following:

Tasks	Yes	No	Not Sure
3. I know how to complete a Section 23(1)			
4. I know how to complete a Section 14(2)			
5. I would feel comfortable explaining to a Service User the role of tribunals			
6. I know how to complete a restraint form			
7. I know the procedures in the process of a Form 10 transfer			
8. I know the process of obtaining Consent to treatment			
9. I know who can make an application for an detention order			
10. I know how many hours I can detain a Service User			
11. I am fully aware of all the MHC statutory requirements			
12. I know all the expiry timelines for Mental Health Act paperwork			
13. I know what to do when a Voluntary Service User requests to leave the Approved Centre			
14. I know the process for a Service User to receive ECT under the Mental Health Act			
15. I know the procedures for the admission of a child			
16. I know who can access a Service User file for the purpose			

of the Mental Health tribunal			
17. I know who completes a Section 16(2)			
18. I am aware of the Admission, transfer & discharge Code of Practice document			
19. I know who completes a Death Notification Form			
20. I am aware of the Code of Practice for Incident reporting			
21. I know what Form 7 of the MHA pertains to			
22. I know what Form 8 of the MHA pertains to			
23. I know what Form 17 of the MHA pertains to			

Appendix 4 Assessing Your Power Bases

Anything we want to accomplish requires the use of some kind of power. We all have power, but often don't recognize it. This will help you assess your power bases in a situation.

1. On the lines below, write a goal you would like to reach:

Achieve my organisational development change

2. In the boxes A, B, and C below, write the names of three people who play a major role in your reaching that goal – for example, you may have to get permission, money or help from them to accomplish your goal.

3. Using the key, put the number of the response that most closely describes the nature of your relationship to that person.

KEY

(0) False

(1) Mostly false

(2) Mostly true

(3) True

Relationship Characteristics

Persons	Director of Nursing	Head of Clinical Governance	Staff Nurse
1. I have something this person wants and could make it available.	2	2	2
2. I could hurt this person in some way.	2	2	2
3. I have the authority to ask this person for what I want.	2	2	2
4. I can be of help to this person in meeting her/his goals.	3	3	3
5. I am in a position to get a powerful idol of this person to help.	2	2	2
6. I have tapes, documents, materials, and/or data this person could use to reach a goal.	2	2	2
7. I can convince someone else to punish or take something	0	0	0

away from this person.			
8. This person feels we have a lot in common.	2	2	1
9. I know how to impress this person.	2	2	3
10. This person respects my knowledge about reaching this goal.	3	3	2
11. I have the information this person needs.	3	3	3
12. I could make it difficult for this person to reach a goal.	0	0	2
13. I can get someone else to give this person something she/he wants.	2	1	1
14. This person regards me as a friend.	1	2	3
15. I know someone this person is impressed by.	3	3	3
16. I can get a friend of this person to help me.	3	2	3
17. I have access to the answers this person wants.	3	3	3
18. I can get someone influential to convince this person for me.	2	2	3
19. This person respects my ability and past successes at reaching goals like this.	2	2	3
20. This person would think it was appropriate for me to ask directly for what I want.	2	2	3
21. I can get someone else, who has a right to ask this person, to make the request for me.	1	1	3

Step 2 – Figuring Your Power Score

Figure your power score using the scoring grid on the next page.

The middle column contains item numbers that correspond to the relationship characteristics from the previous step. Transfer the numbers you placed on the questionnaire to the appropriate blanks below.

Add the three scores to get a subtotal; then, total all scores under each person. See the next page for information on interpreting your scores.

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		Director of Nursing	Head of Clinical Governance	Staff Nurse
REWARD	Item 1	2	2	2
	Item 4	3	3	3
	Item 13	2	1	1
	SUBTOTAL	7	6	6
COERCIVE	Item 2	2	2	2
	Item 7	0	0	0
	Item 12	0	0	2
	SUBTOTAL	2	2	4
LEGITIMATE	Item 3	2	2	2
	Item 20	2	2	3
	Item 21	1	1	3
	SUBTOTAL	5	5	8
EXPERT	Item 5	2	2	2
	Item 10	3	3	2
	Item 19	2	2	3
	SUBTOTAL	7	7	7
REFERENT	Item 8	2	2	1
	Item 14	1	2	3
	Item 16	3	2	3
	SUBTOTAL	6	6	7
CONNECTION	Item 9	2	2	3
	Item 15	3	3	3
	Item 18	2	2	3
	SUBTOTAL	7	7	9
INFORMATION	Item 6	2	2	2
	Item 11	3	3	3
	Item 17	3	3	3
	SUBTOTAL	8	8	8
	TOTAL	42	32	49

Appendix 5 Conflict Mode Assessment

THOMAS-KILMANN

CONFLICT MODE INSTRUMENT

INSTRUCTIONS

Consider situations in which you find your wishes differing from those of another person. How do you usually respond to such situations?

The following are several pairs of statements describing possible behavioural responses. For each pair please circle the "A" or the "B" statement which is most characteristic of your own behaviour.

In many cases, neither the "A" nor the "B" statement may be very typical of your behaviour but please select the response you would be more likely to use.

1. **A.** There are times when I let others take responsibility for solving the problem.

- B. Rather than negotiate the things on which we disagree, I try to stress those things upon which we both agree.

2. **A.** I try to find a compromise solution.
- B. I attempt to deal with all of his and my concerns.
- 3 A. I am usually firm in pursuing my goals.
- B.** I might try to soothe the others feelings and preserve our relationship.
4. **A.** I try to find a compromise solution.
- B. I sometimes sacrifice my own wishes for the wishes of the other person.
5. A. I consistently seek the others help in working out a solution.
- B.** I try to do what is necessary to avoid useless tensions.
6. **A.** I try to avoid creating unpleasantness for myself.
- B. I try to win my position.
7. A. I try to postpone the issue until I have had some time to think it over.
- B.** I give up some points in exchange for others.

8. A. I am usually firm in pursuing my goals.
- B. I attempt to get all concerns and issues immediately out in the open.
9. A. I feel that differences are not always worth worrying about.
- B. I make some effort to get my way.
10. A. I am firm in pursuing my goals.
- B. I try to find a compromise solution.
11. A. I attempt to get all concerns and issues immediately out in the open.
- B. I might try to soothe the other's feelings and preserve our relationship.
12. A. I sometimes avoid taking positions which would create controversy.
- B. I will let him have some of his positions if he lets me have some of mine.
13. A. I propose a middle ground.
- B. I press to get my points made.

14. A. I tell him my ideas and ask him for his.
- B. I try to show him the logic and benefits of my position.
15. A. I might try to soothe the other's feelings and preserve our relationship.
- B. I try to do what is necessary to avoid tensions.
16. A. I try not to hurt the other's feelings.
- B. I try to convince the other person of the merits of my position.
17. A. I am usually firm in pursuing my goals.
- B. I try to do what is necessary to avoid useless tensions.
18. A. If it makes the other person happy, I might let him maintain his views.
- B. I will let him have some of his positions if he lets me have some of mine.
19. A. I attempt to get all concerns and issues immediately out in the open.
- B. I try to postpone the issue until I have had some time to think it over.

20. A. I attempt to immediately work through our differences.
- B. I try to find a fair combination of gains and losses for both of us.
21. A. In approaching negotiations, I try to be considerate of the other person's wishes.
- B. I always lean toward a direct discussion of the problem.
22. A. I try to find a position that is intermediate between his and mine.
- B. I assert my wishes.
23. A. I am very often concerned with satisfying all our wishes.
- B. There are times when I let others take responsibility for solving the problem.
24. A. If the other's position seems very important to him, I would try to meet his wishes.
- B. I try to get him to settle for a compromise.
25. A. I try to show him the logic and benefits of my position.
- B. In approaching negotiations, I try to be considerate of the other person's wishes.

26. **A.** I propose a middle ground.

B. I am nearly always concerned with satisfying all our wishes.

27. **A.** I sometimes avoid taking positions that would create controversy.

B. If it makes the other person happy, I might let him maintain his views.

28. **A.** I am usually firm in pursuing my goals.

B. I usually seek the other's help in working out a solution.

29. **A.** I propose a middle ground.

B. I feel that differences are not always worth worrying about.

30. **A.** I try not to hurt the other's feelings.

B. I always share the problem with the other person so that we can work it out.

SCORING THE THOMAS-KILMANN

CONFLICT MODE INSTRUMENT

Circle the letters below which you circled on each item of the questionnaire.

	Competing (forcing)	Collaborating (problem solving)	Compromisin g (sharing)	Avoiding (withdrawal)	Accommodating (smoothing)
1.				A	B
2.		B	A		
3.	A				B
4.			A		B
5.		A		B	
6.	B			A	
7.			B	A	
8.	A	B			
9.	B			A	
10.	A		B		
11.		A			B
12.			B	A	
13.	B		A		

14	B	A			
.					
15				B	A
.					
16	B				A
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17	A			B	
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18			B		A
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19		A		B	
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20		A	B		
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21		B			A
.					
22	B		A		
.					
23		A		B	
.					
24			B		A
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25	A				B
.					
26		B	A		

.					
27				A	B
.					
28	A	B			
.					
29			A	B	
.					
30		B			A
.					

Total number of items circled in each column:

Competing	Collaborating	Compromising	Avoiding	Accommodating
2	6	11	8	2

Appendix 6 - MHA 2001 Training Needs Analysis Results

Table 1 (TNA)

Have you completed the 2006 Mental Health Commission Mental Health Act training programme?		
Answer Options	Response Percent	Response Count
Yes	76.6%	36
No	23.4%	11
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 1 (TNA)

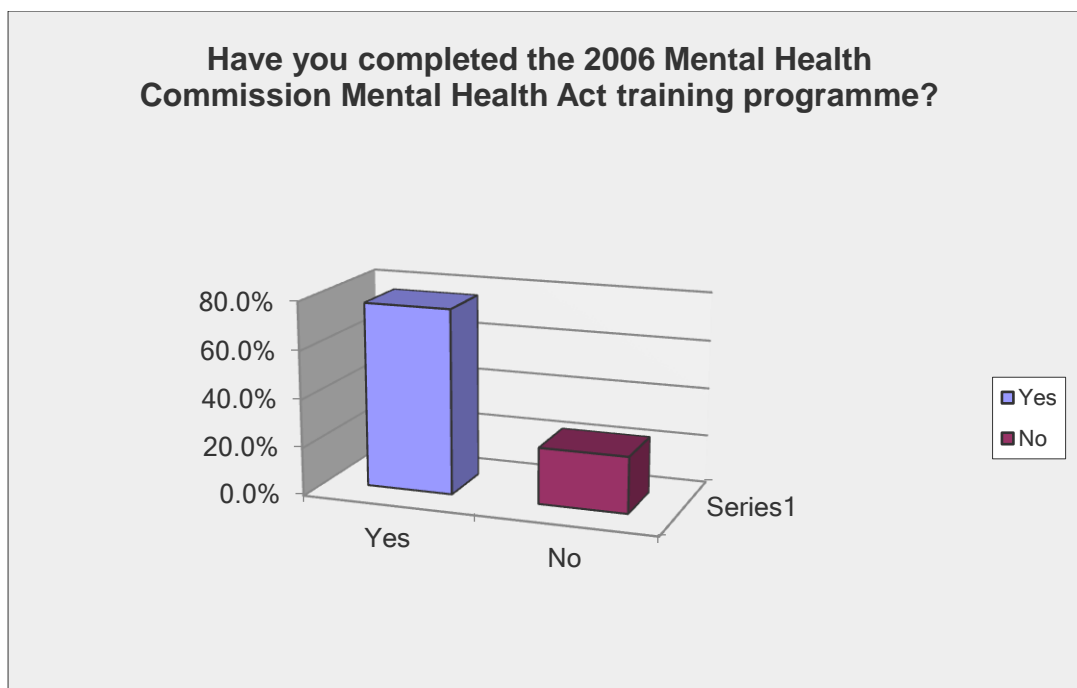


Table 2 (TNA)

Have you received the Mental Health Commission training video on the Mental Health Act on the HSE website?		
Answer Options	Response Percent	Response Count
Yes	29.8%	14
No	70.2%	33
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 2 (TNA)

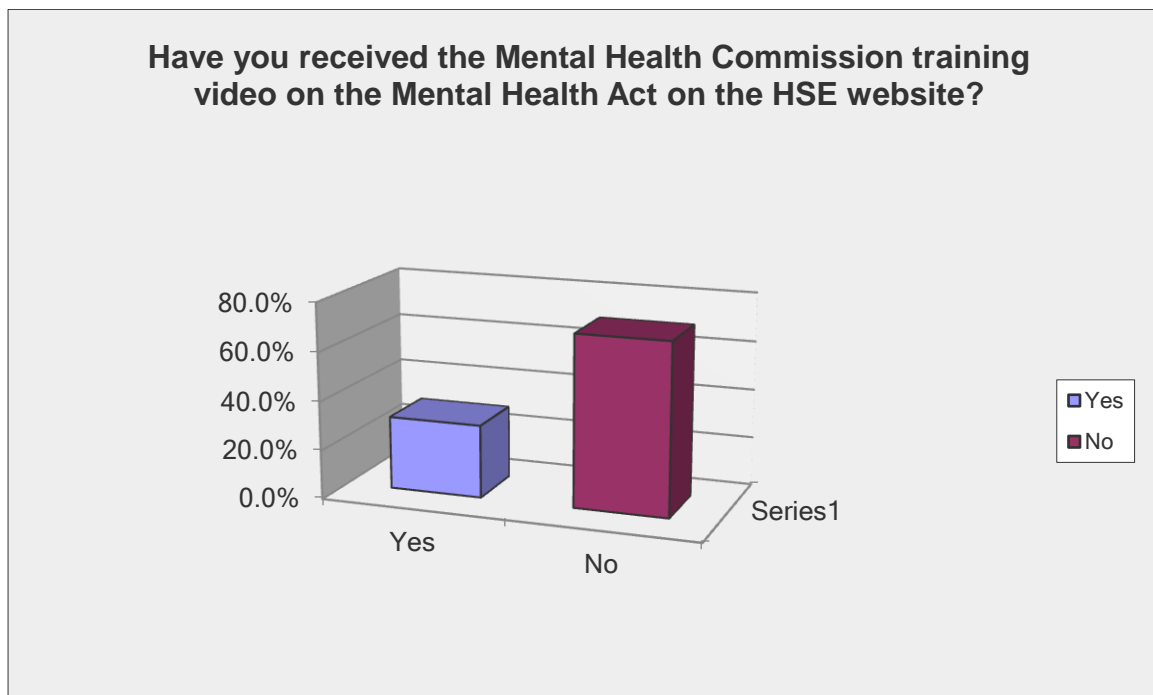


Table 3 (TNA)

I know how to complete a Section 23(1)		
Answer Options	Response Percent	Response Count
Yes	95.7%	45
No	0.0%	0
Not Sure	4.3%	2
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 3 (TNA)

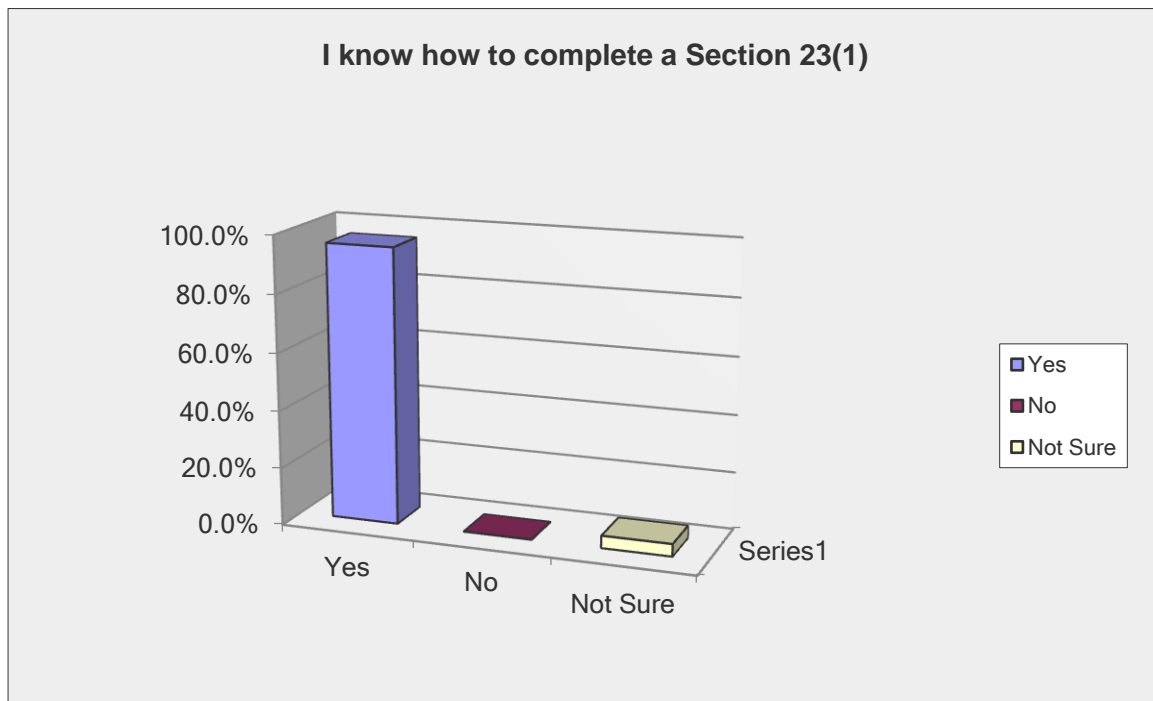


Table 4 (TNA)

I know how to complete a Section 14(2)		
Answer Options	Response Percent	Response Count
Yes	78.7%	37
No	4.3%	2
Not Sure	17.0%	8
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 4 (TNA)

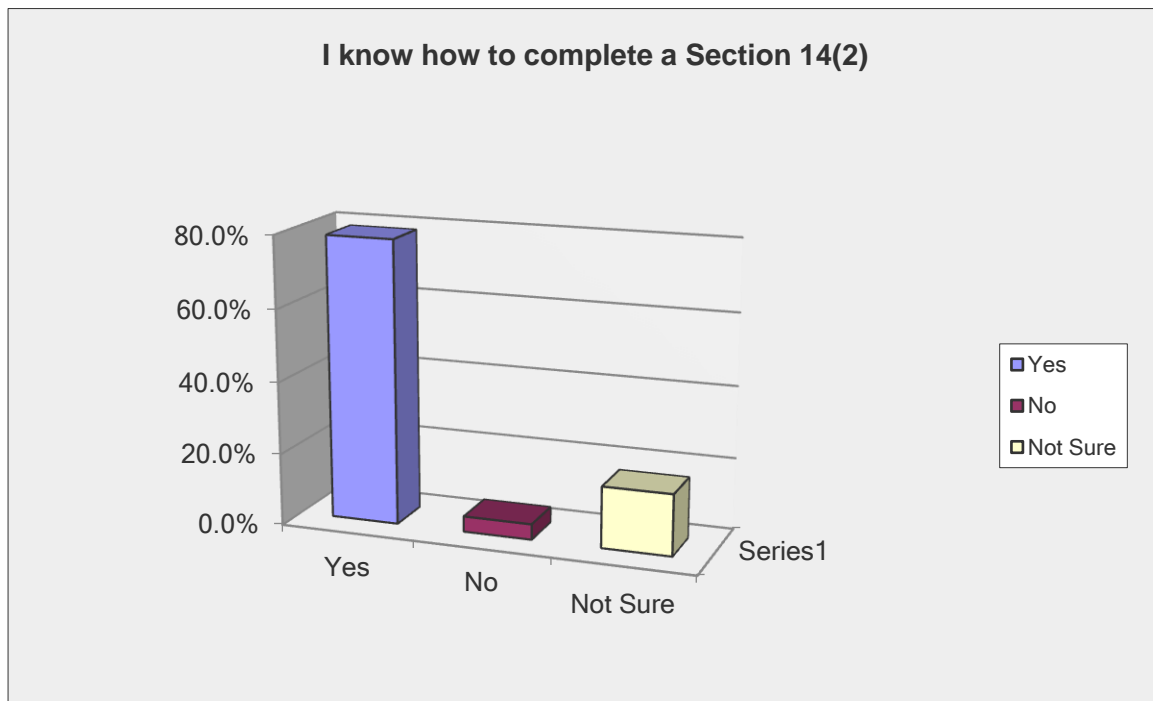


Table 5 (TNA)

Explain to a Service User the role of tribunals		
Answer Options	Response Percent	Response Count
Yes	100.0%	46
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		46
<i>skipped question</i>		1

Chart 5 (TNA)

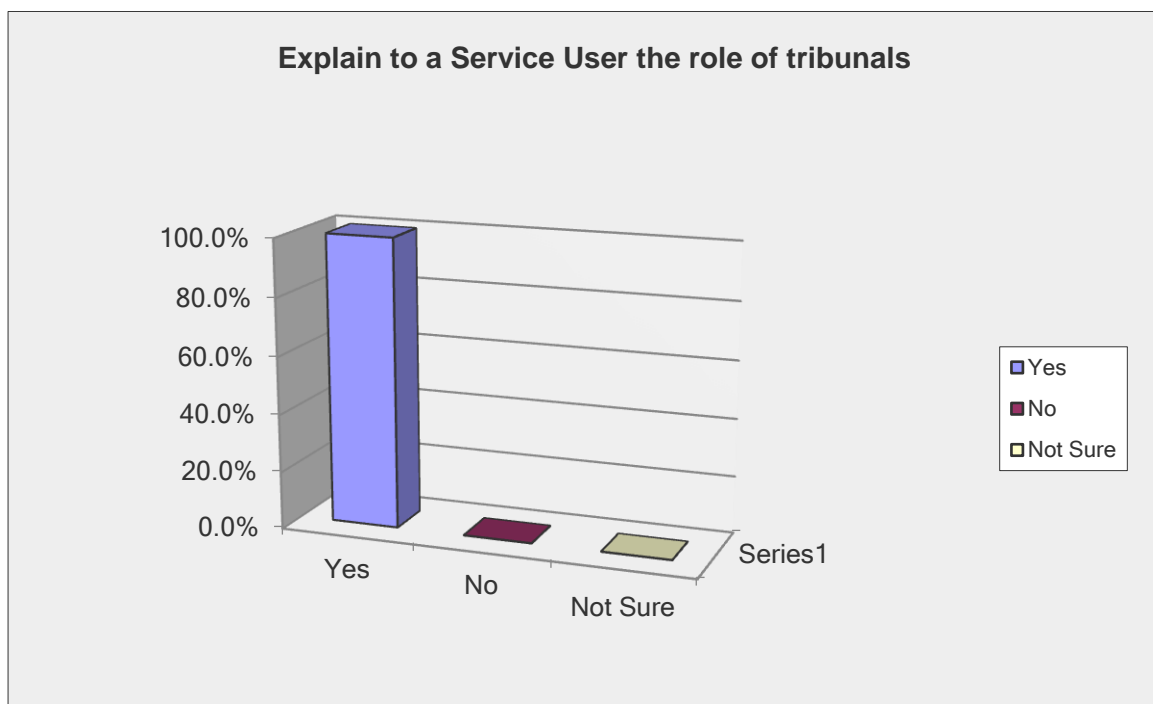


Table 6 (TNA)

I know how to complete a restraint form		
Answer Options	Response Percent	Response Count
Yes	93.6%	44
No	4.3%	2
Not Sure	2.1%	1
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 6 (TNA)

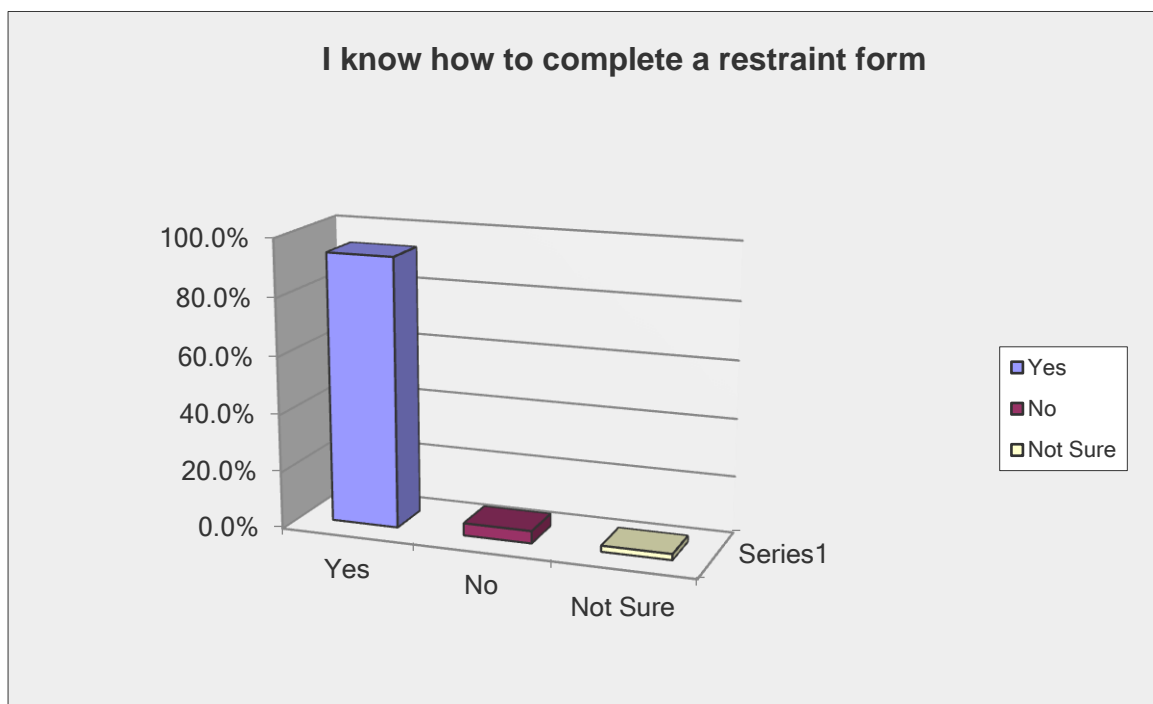


Table 7 (TNA)

I know the procedures in the process of a Form 10 transfer		
Answer Options	Response Percent	Response Count
Yes	70.2%	33
No	6.4%	3
Not Sure	23.4%	11
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 7 (TNA)

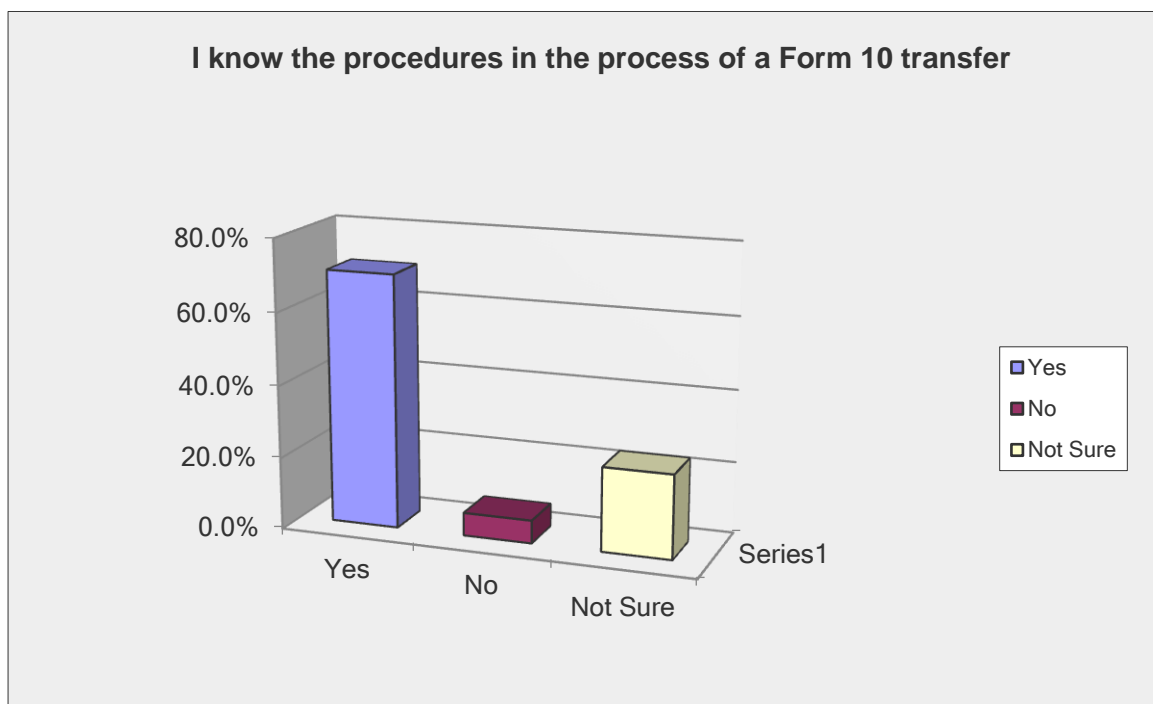


Table 8 (TNA)

I know the process of Consent to treatment		
Answer Options	Response Percent	Response Count
Yes	86.7%	39
No	0.0%	0
Not Sure	13.3%	6
<i>answered question</i>		45
<i>skipped question</i>		2

Chart 8 (TNA)

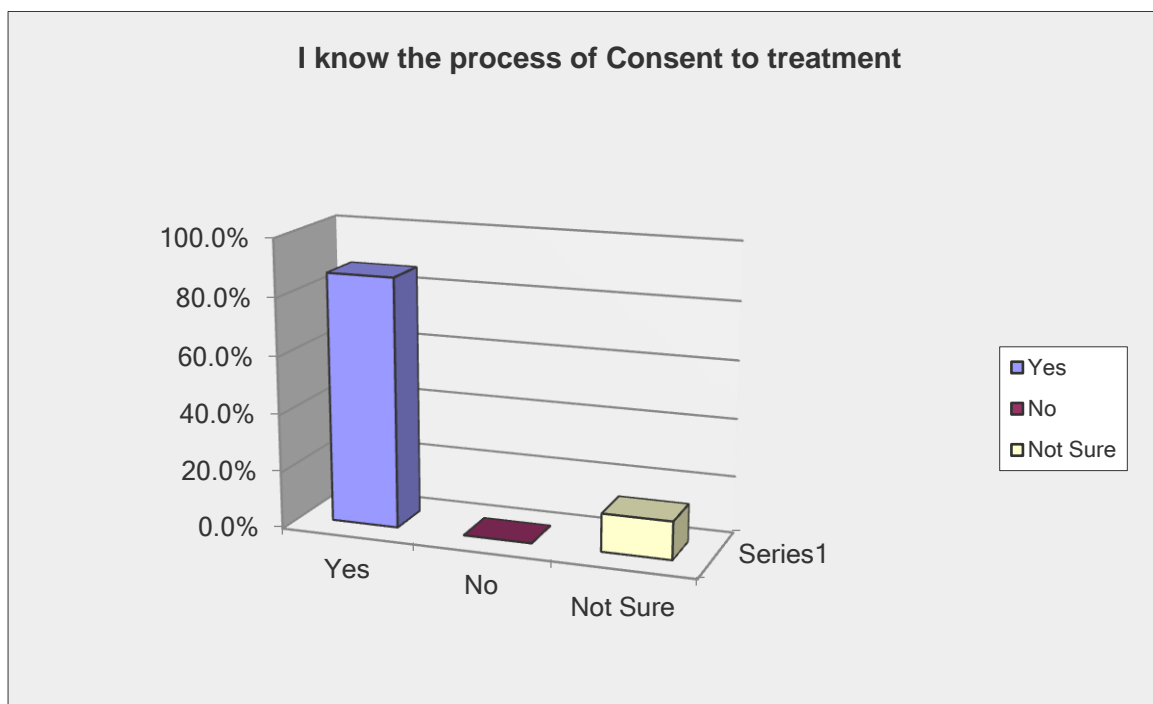


Table 9 (TNA)

I know who can make an application for an detention order		
Answer Options	Response Percent	Response Count
Yes	91.3%	42
No	0.0%	0
Not Sure	8.7%	4
<i>answered question</i>		46
<i>skipped question</i>		1

Chart 9 (TNA)

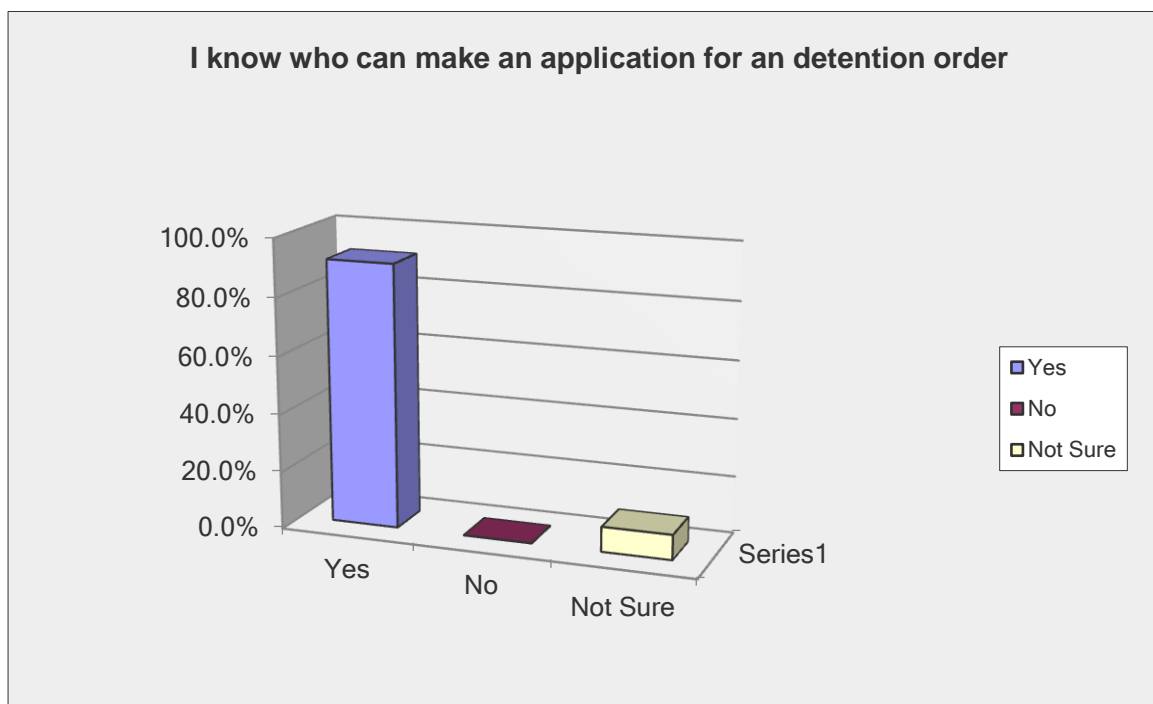


Table 10 (TNA)

I know how many hours I can detain a Service User		
Answer Options	Response Percent	Response Count
Yes	100.0%	47
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 10 (TNA)

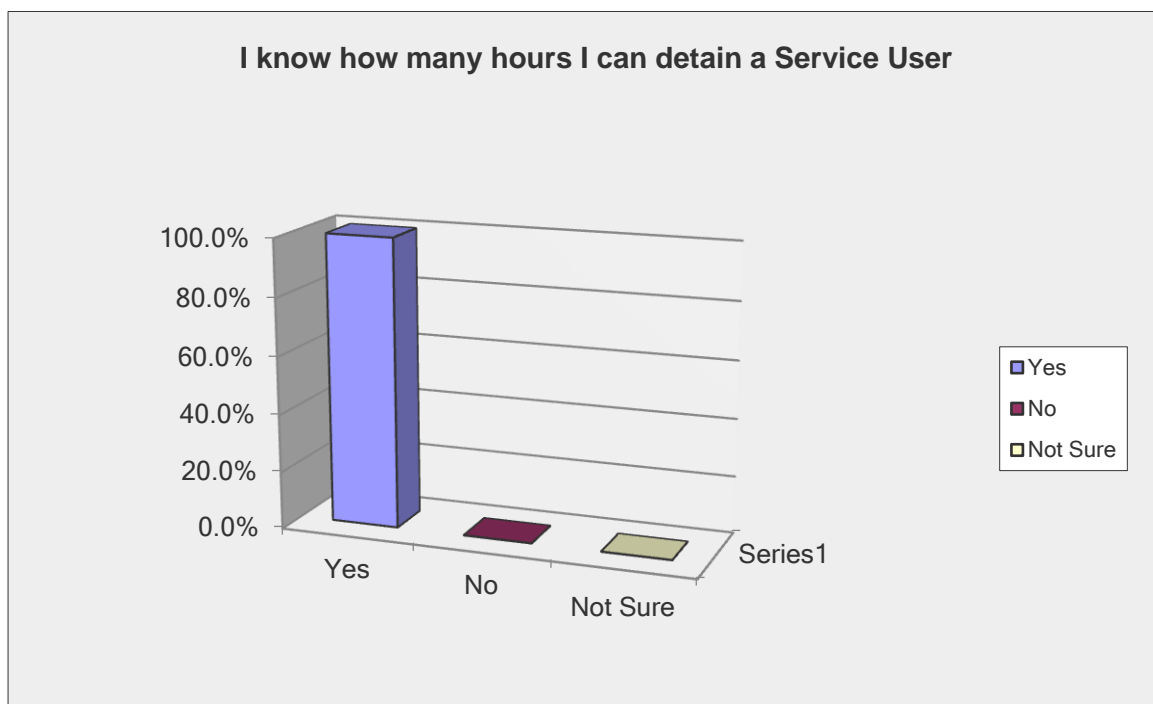


Table 11 (TNA)

I am fully aware of all the MHC statutory requirements		
Answer Options	Response Percent	Response Count
Yes	44.7%	21
No	2.1%	1
Not Sure	53.2%	25
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 11 (TNA)

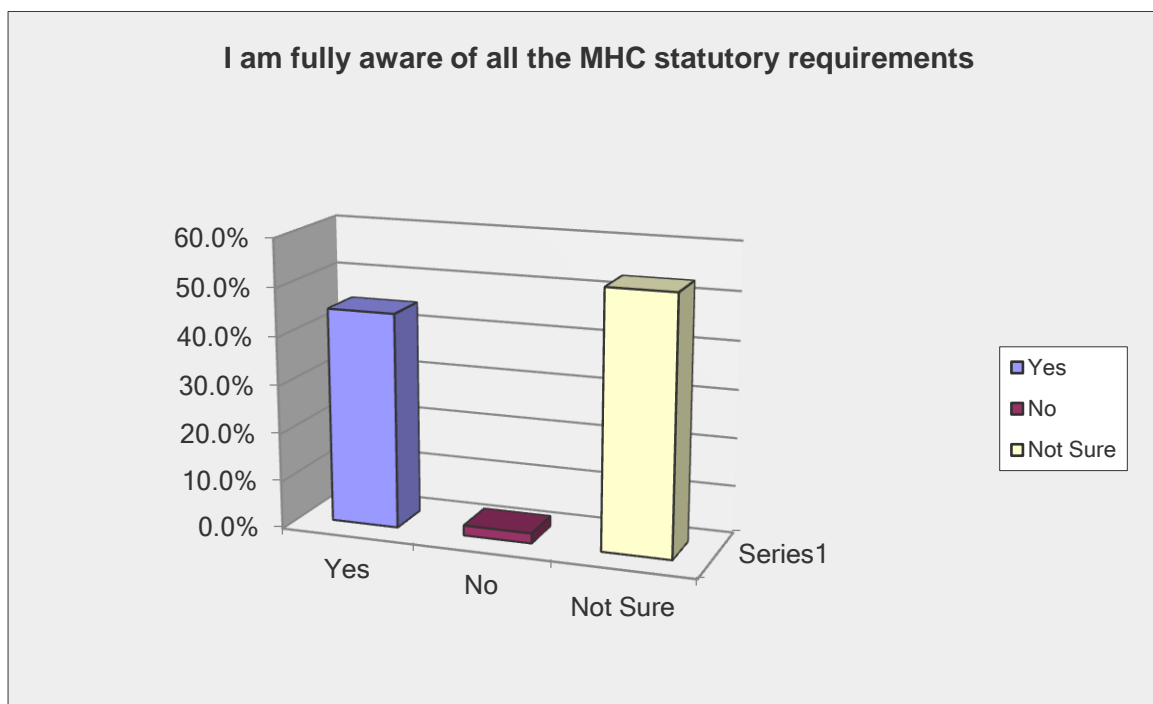


Table 12 (TNA)

I know all the expiry timelines for Mental Health Act paperwork		
Answer Options	Response Percent	Response Count
Yes	66.7%	30
No	4.4%	2
Not Sure	28.9%	13
<i>answered question</i>		45
<i>skipped question</i>		2

Chart 12 (TNA)

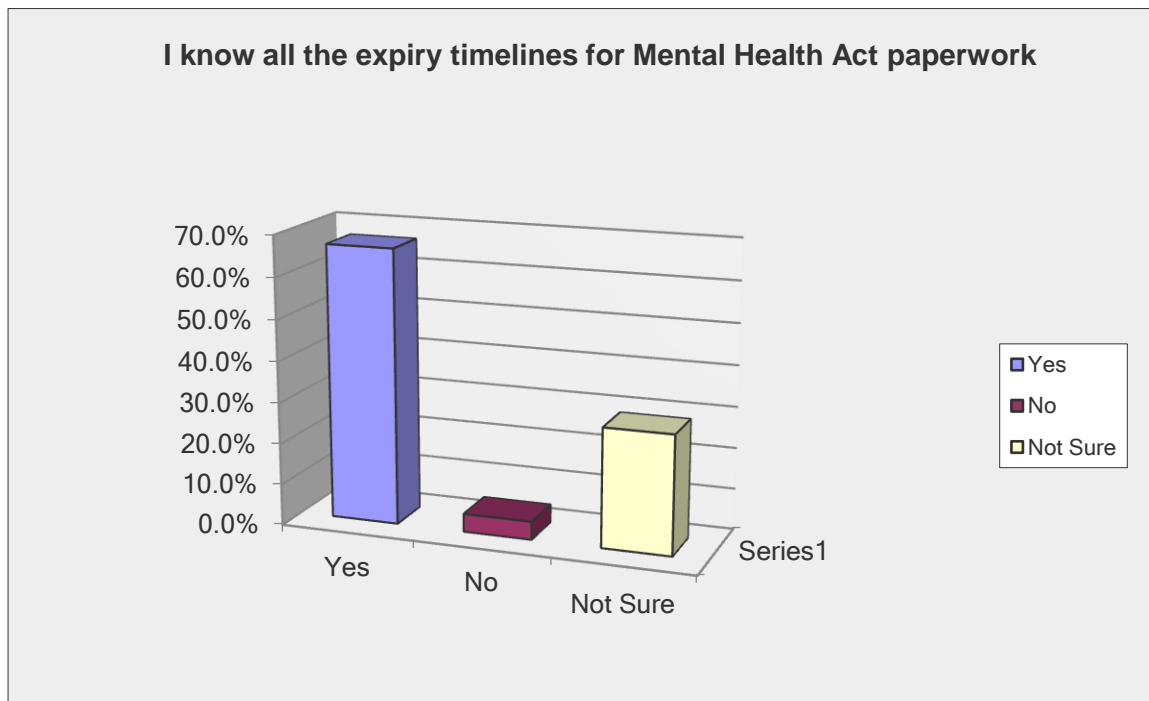


Table 13 (TNA)

I know what to do when a Voluntary Service User attempts to leave an Approved Centre		
Answer Options	Response Percent	Response Count
Yes	97.7%	43
No	0.0%	0
Not Sure	2.3%	1
<i>answered question</i>		44
<i>skipped question</i>		3

Chart 13 (TNA)

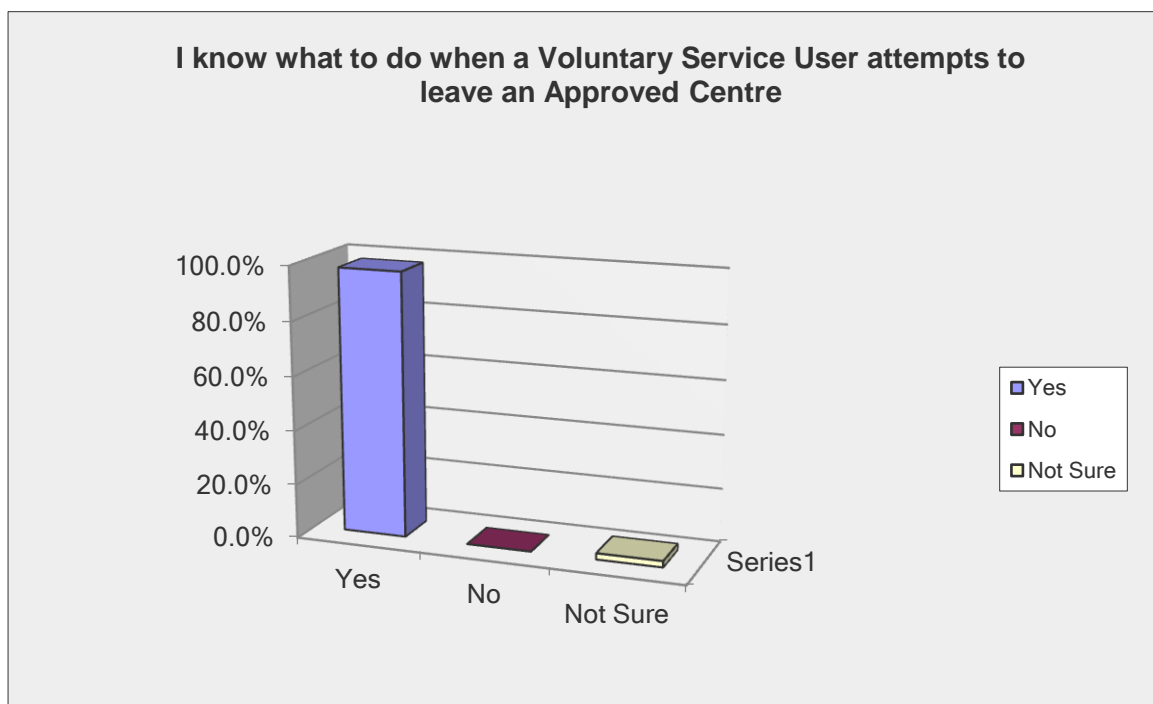


Table 14 (TNA)

I know the process for a Service User to receive ECT under the Mental Health Act		
Answer Options	Response Percent	Response Count
Yes	76.1%	35
No	10.9%	5
Not Sure	13.0%	6
<i>answered question</i>		46
<i>skipped question</i>		1

Chart 14 (TNA)

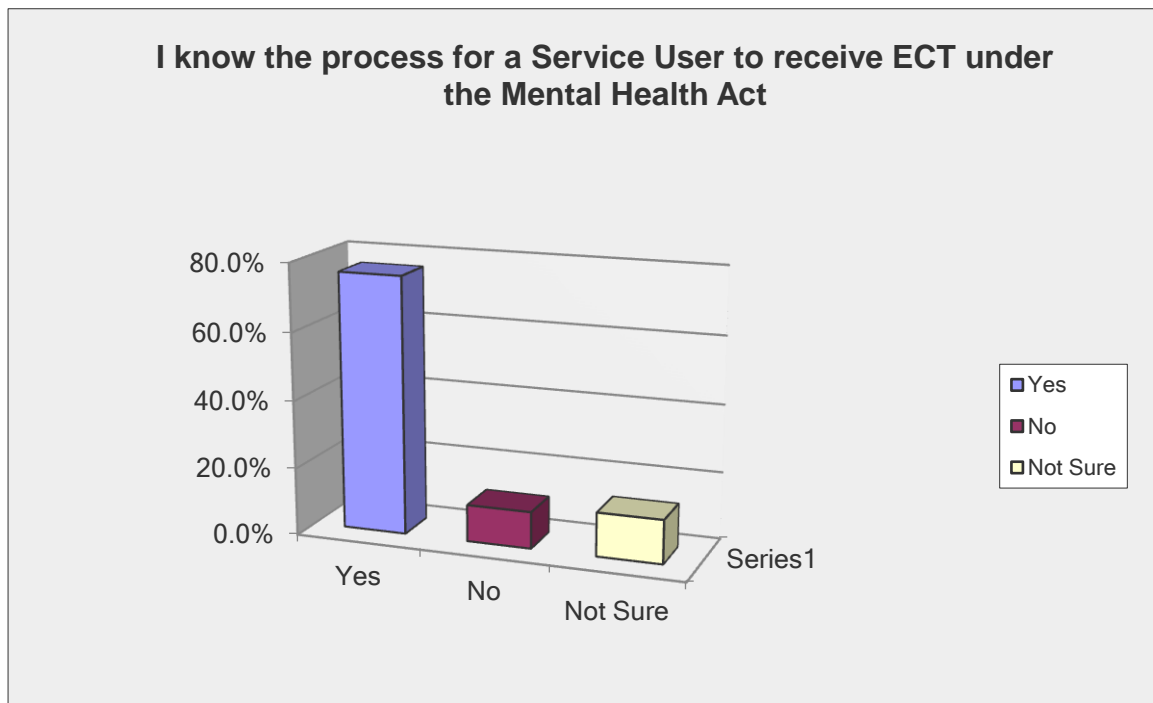


Table 15 (TNA)

I know the procedures for the admission of a child		
Answer Options	Response Percent	Response Count
Yes	23.4%	11
No	27.7%	13
Not Sure	48.9%	23
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 15 (TNA)

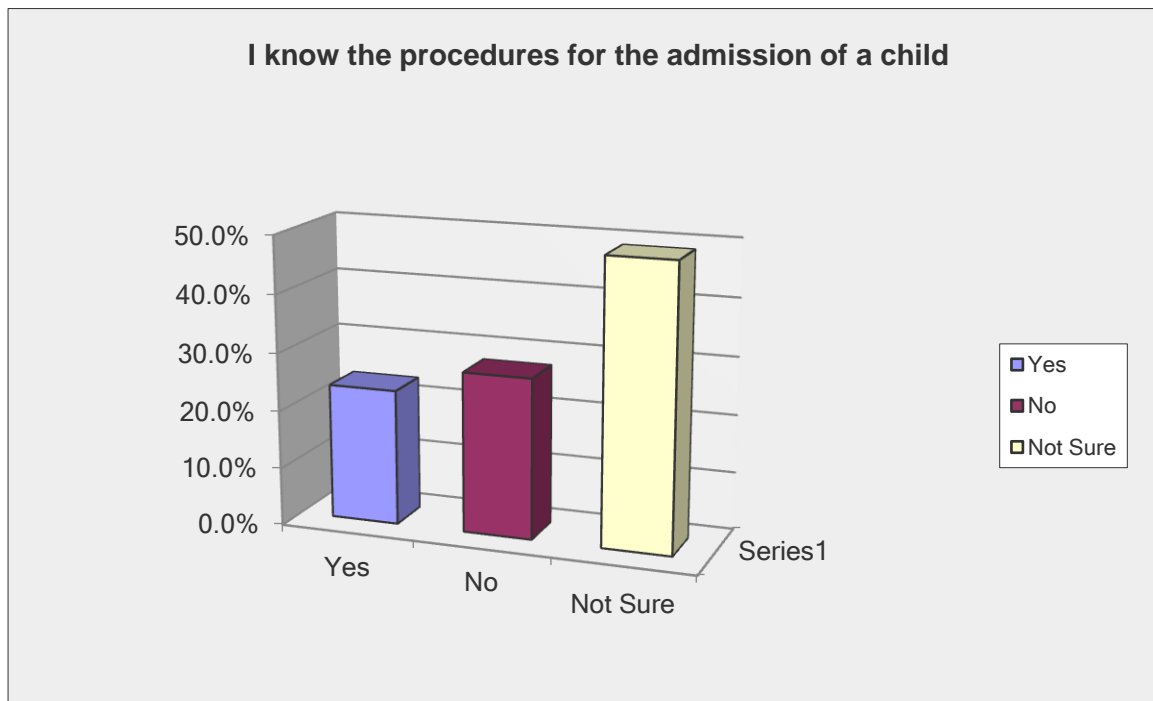


Table 16 (TNA)

I know who can access a Service User file for the purpose of the Mental Health tribunal		
Answer Options	Response Percent	Response Count
Yes	84.8%	39
No	4.3%	2
Not Sure	10.9%	5
<i>answered question</i>		46
<i>skipped question</i>		1

Chart 16 (TNA)

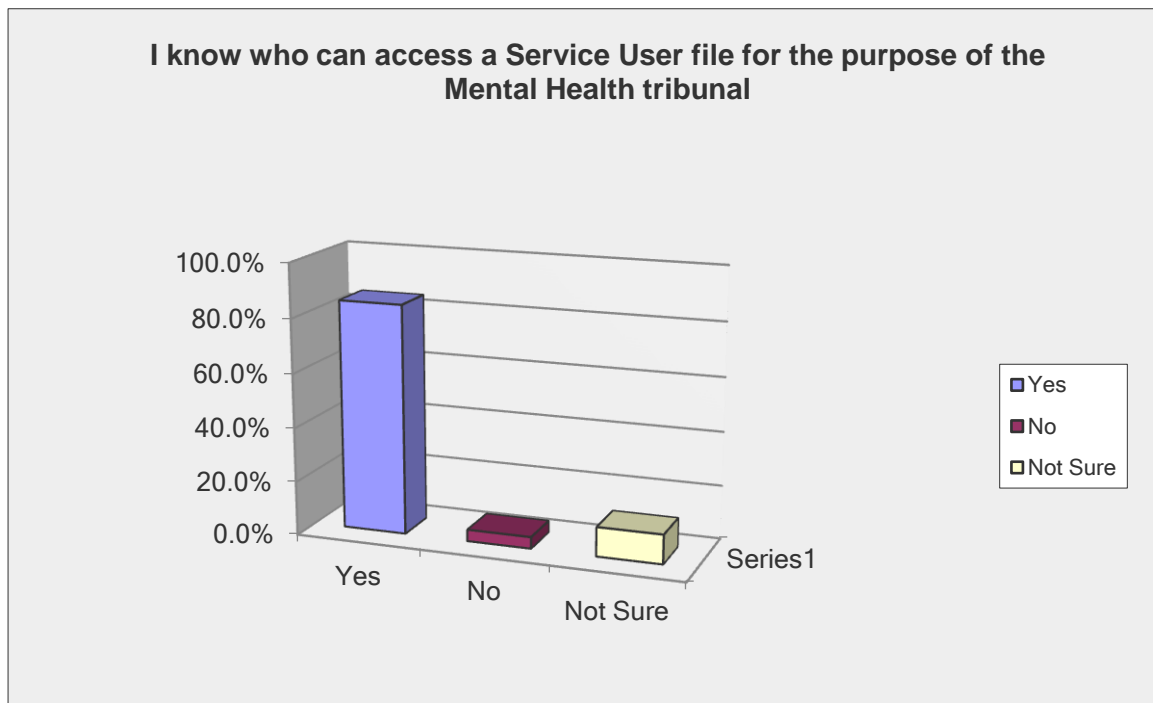


Table 17 (TNA)

I know who completes a Section 16(2)		
Answer Options	Response Percent	Response Count
Yes	67.4%	31
No	4.3%	2
Not Sure	28.3%	13
<i>answered question</i>		46
<i>skipped question</i>		1

Chart 17 (TNA)

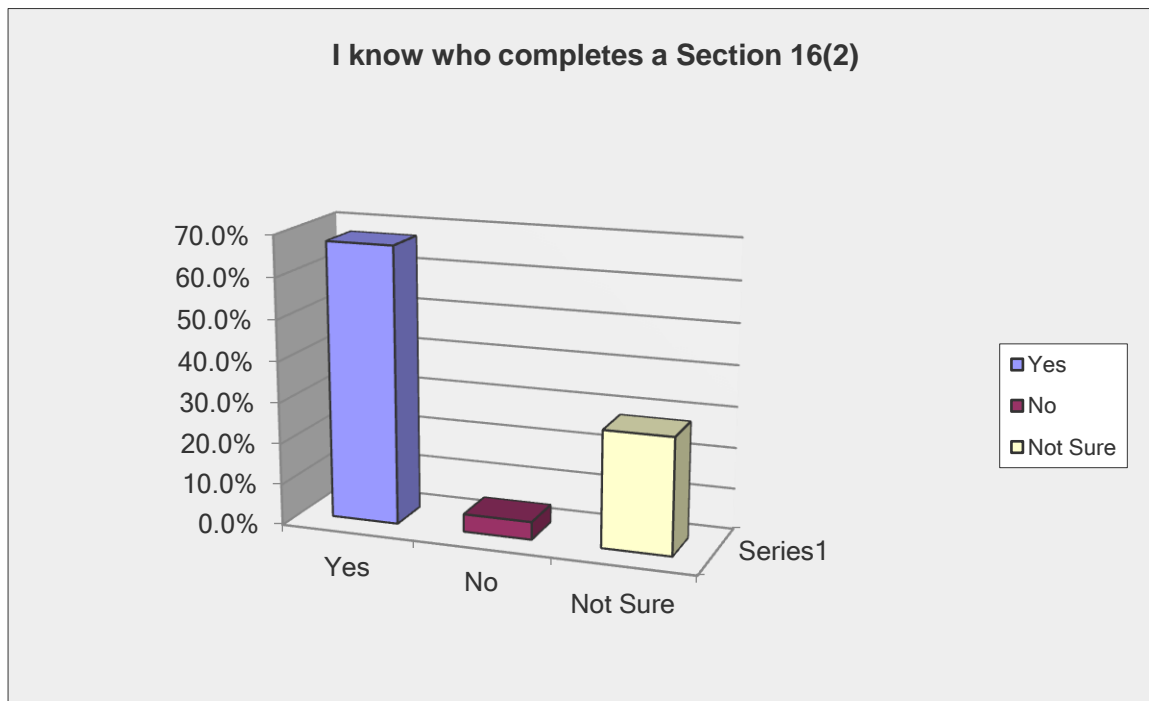


Table 18 (TNA)

I am aware of the Admission, transfer & discharge Code of Practice document		
Answer Options	Response Percent	Response Count
Yes	71.7%	33
No	8.7%	4
Not Sure	19.6%	9
<i>answered question</i>		46
<i>skipped question</i>		1

Chart 18 (TNA)

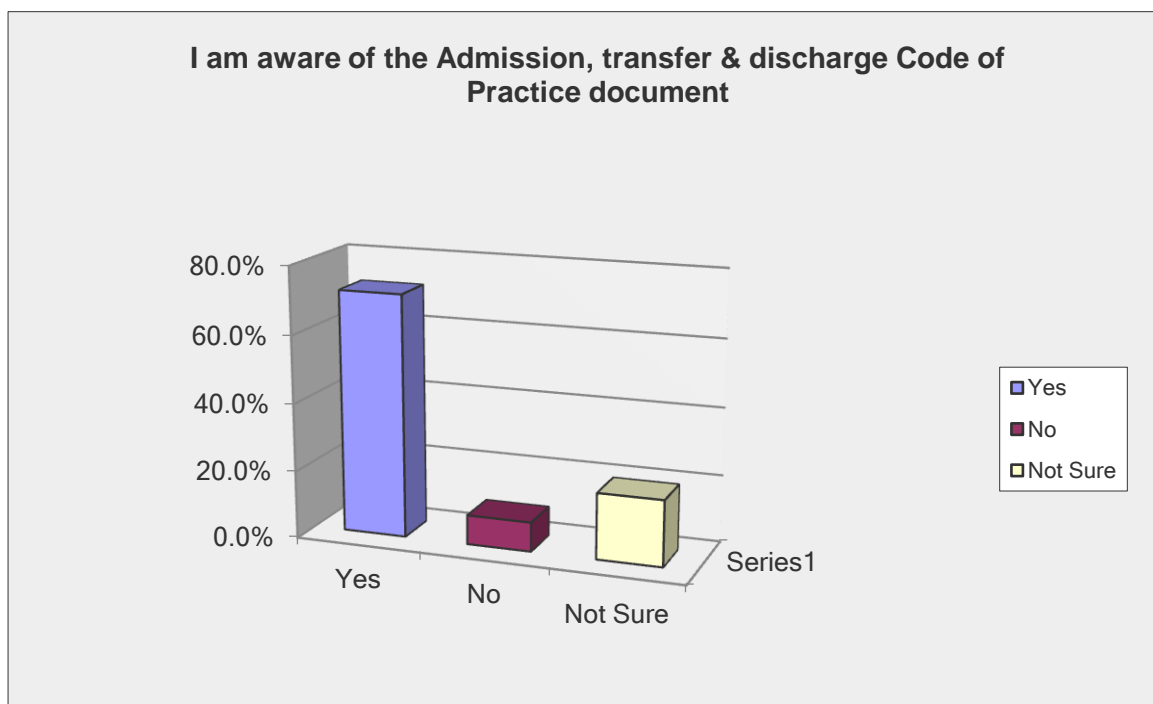


Table 19 (TNA)

I know who completes a Death Notification Form		
Answer Options	Response Percent	Response Count
Yes	53.2%	25
No	21.3%	10
Mot Sure	25.5%	12
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 19 (TNA)

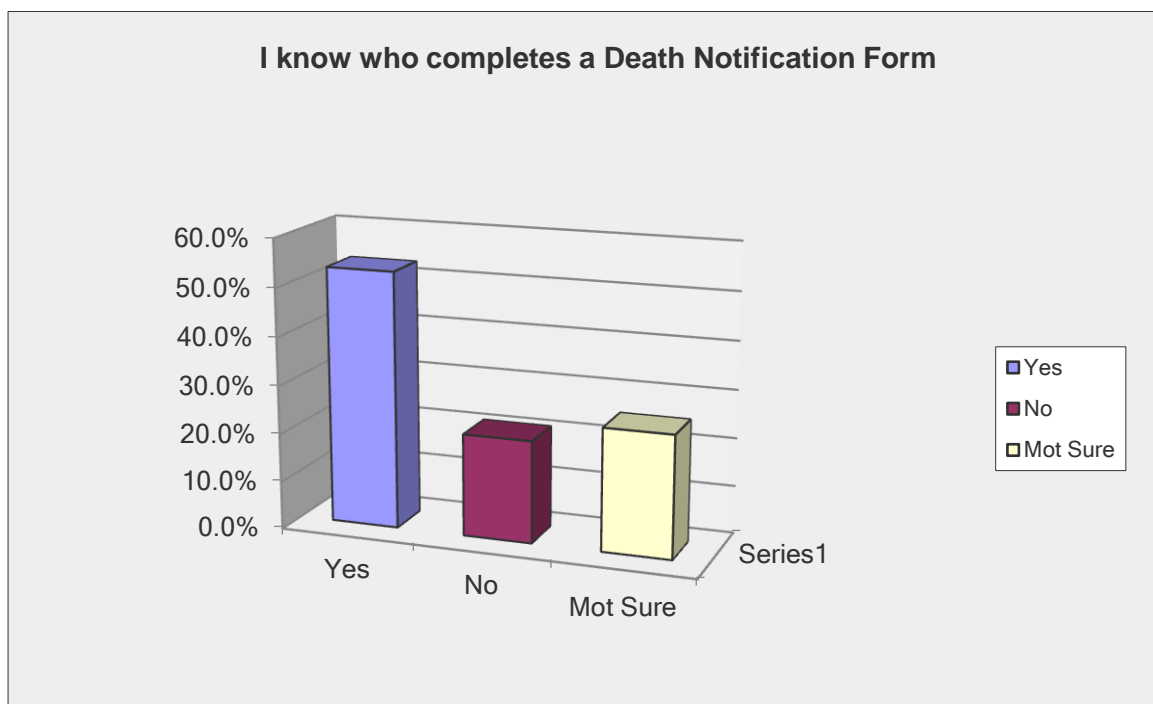


Table 20 (TNA)

I am aware of the Code of Practice for Incident reporting		
Answer Options	Response Percent	Response Count
Yes	84.8%	39
No	6.5%	3
Not Sure	8.7%	4
<i>answered question</i>		46
<i>skipped question</i>		1

Chart 20 (TNA)

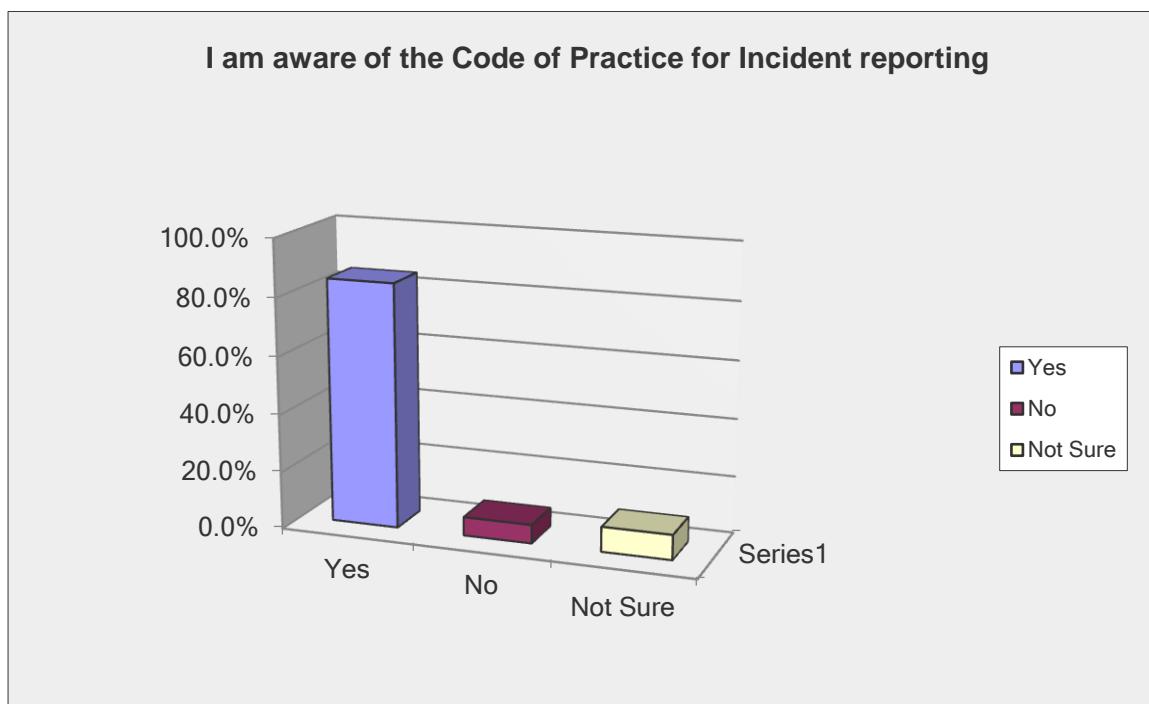


Table 21 (TNA)

I know what Form 7 of the MHA pertains too		
Answer Options	Response Percent	Response Count
Yes	70.2%	33
No	4.3%	2
Not Sure	25.5%	12
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 21 (TNA)

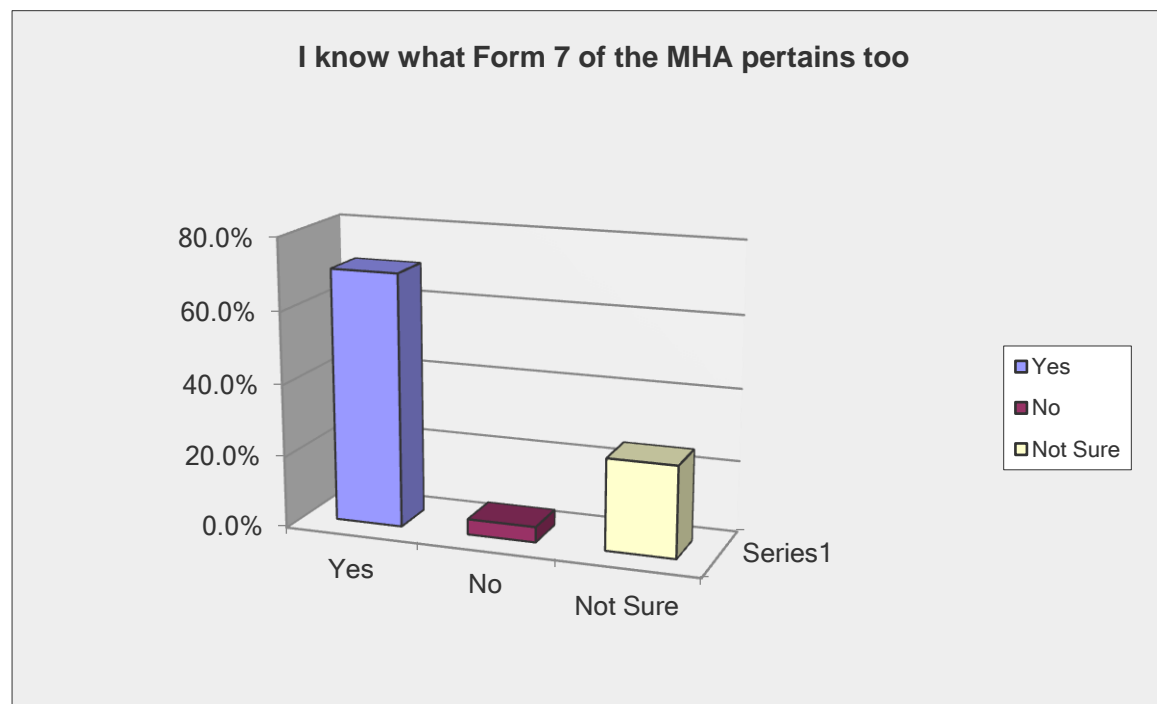


Table 22 (TNA)

I know what Form 8 of the MHA pertains too		
Answer Options	Response Percent	Response Count
Yes	65.2%	30
No	2.2%	1
Not Sure	32.6%	15
<i>answered question</i>		46
<i>skipped question</i>		1

Chart 22 (TNA)

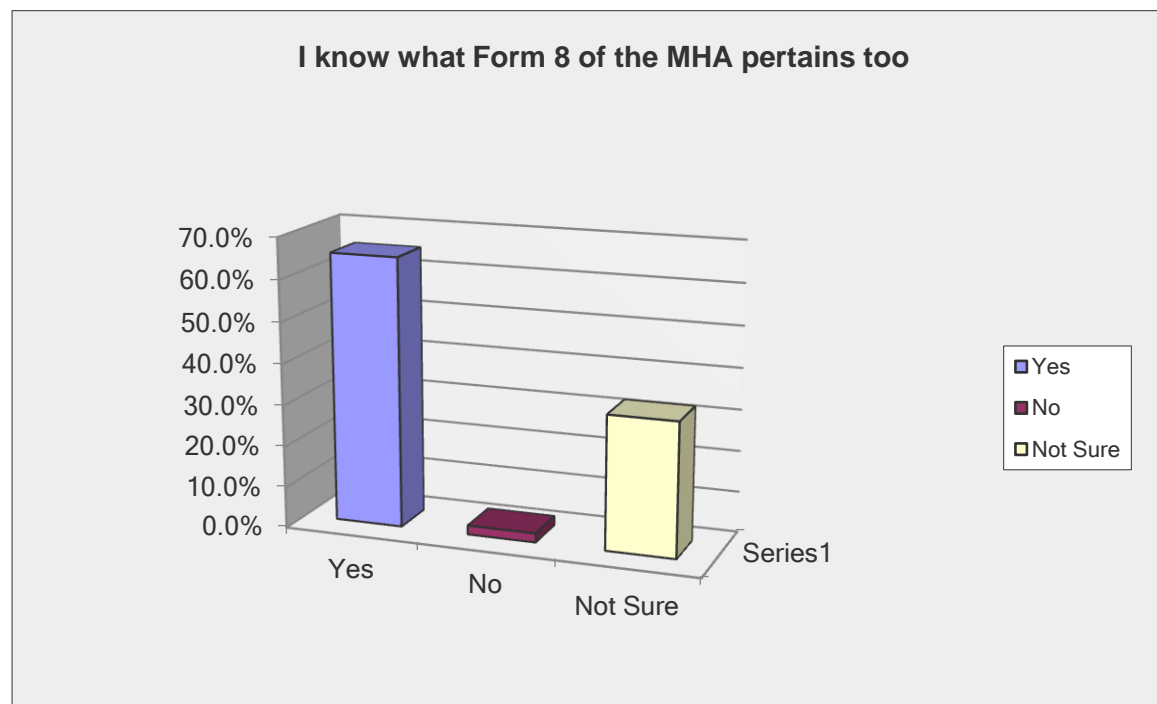
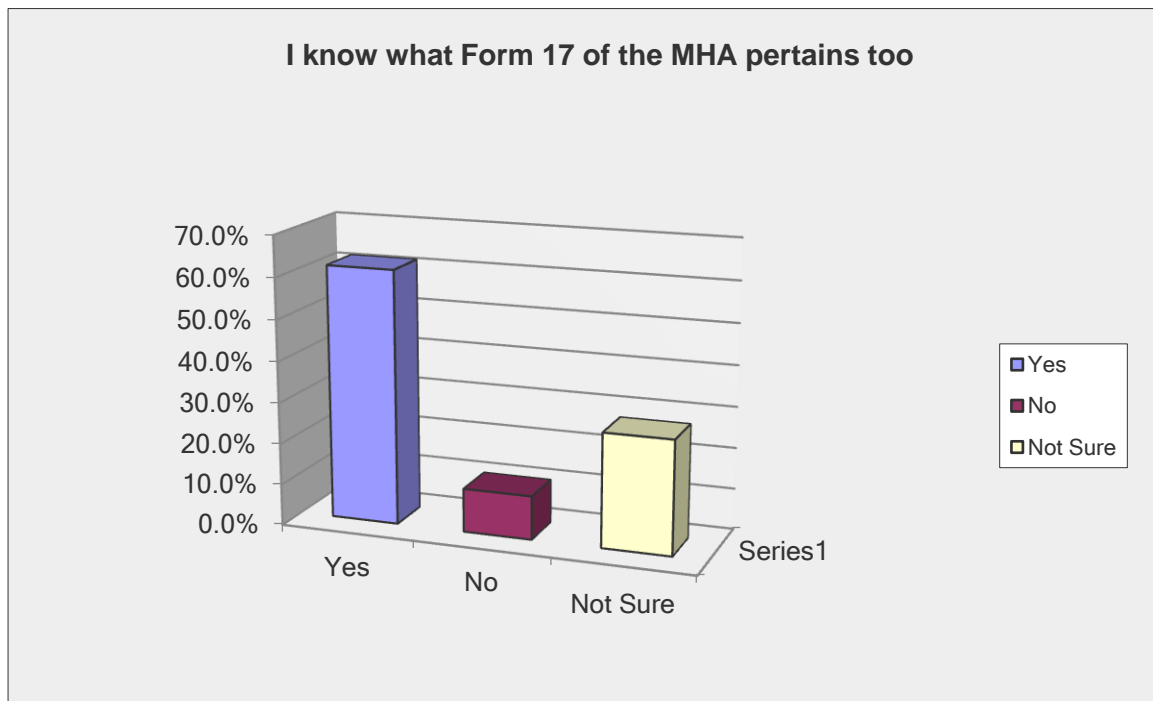


Table 23 (TNA)

I know what Form 17 of the MHA pertains too		
Answer Options	Response Percent	Response Count
Yes	61.7%	29
No	10.6%	5
Not Sure	27.7%	13
<i>answered question</i>		47
<i>skipped question</i>		0

Chart 23 (TNA)



Appendix 7 Mental Health Act Workshop Training Plan & Schedule



Mental Health Act Workshop Training Plan

Introduction

This document sets out the training plan for the launch of the Mental Health Act training workshops in St Patrick's Mental Health Services. The expected go-live date is March 2016.

Scope

Users

Approximately 138 ward based nurses can partake in the training workshop.

Content

The training content provided will cover the aspects that were highlighted in the training needs analysis.

The training will include the functionality of the MHA and also any processes affected.

The training will be broken down into modules to allow for targeted delivery of the training.

Scheduling

Project timeframes

Date	Training Workshop	Venue	Time	Duration
09/04/2016	Mental Health Act	School of Nursing	11am	1hr
10/04/2016	Mental Health Act	School of Nursing	11am	1hr
22/05/2016	Mental Health Act	School of Nursing	11am	1hr
12/06/2016	Mental Health Act	School of Nursing	11am	1hr
12/07/2016	Mental Health Act	School of Nursing	11am	1hr
10/08/2016	Mental Health Act	School of Nursing	11am	1hr
01/09/2016	Mental Health Act	School of Nursing	11am	1hr
03/10/2016	Mental Health Act	School of Nursing	11am	1hr
01/11/2016	Mental Health Act	School of Nursing	11am	1hr
01/12/2016	Mental Health Act	School of Nursing	11am	1hr

Signing up for training

All nurses will sign in for the training. This sign in will be provided to the Director of Nursing to update staff profiles and for training records

Training sessions

Classroom sessions

An assumption has been made that any training room will be permanently set up for the duration of the training.

- The classes will be designed to finish ten minutes before the hour
- The final ten minutes will be used to complete the evaluation forms provided after the training
- Classes must begin 5 minutes after the hour at the latest
- The trainer is responsible for ensuring the following:
 - That they have all required documentation:
 - Attendance list
 - Quick guides
 - Exercises
 - Sign in sheet
 - Checking that the user has signed in to the session - without the sign in there is no record of the training having been done

Materials required

There will be no training material provided. It is permitted that notes can be taken. The presentation can be emailed to the nurse after the training.

Appendix 8 Mental Health Act Training Workshop Poster Campaign

St Patrick's
Mental Health Services



Mental Health Act Training Workshop

on the **6th** of April 2016 @11am in the **School of Nursing**

&

on the **7th** of April 2016 @11am in the **School of Nursing**

All ward based nurses are welcome.

Duration 1 hour

Workshop Facilitator Shane Kirwan CNM2

Appendix 9 Structure of Workshop

Mental Health Act Training Workshop 09/04/2016 Workshop Duration 1 hour

Welcome to the Mental Health Act Training workshop,

	Topic	Duration	Method
1	Introduction	2 minutes	Powerpoint&Handout
2	Training Needs Analysis Results	5 minutes	Powerpoint&Handout
3	Recap on all aspects of the Act that the survey covered	15 minutes	Powerpoint&Handout
4	Detailed review of aspects of the Act identified in the survey that require additional training	13 minutes	Powerpoint&Handout
5	Role play scenarios with Section 14(2) and Section 23(1)	15 minutes	Role play Scenario&Supervision
6	Questions	5 minutes	Discussion
7	Complete Evaluation form	5 minutes	Hand writing

Appendix 10 Attendance Sign in Sheet

Mental Health Act Training Workshop 09/04/2016 Workshop Duration 1 hour

Facilitator : Shane Kirwan Clinical Nurse Manager 2

Attendance Record

	Print name	Signature	Base ward	Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Appendix 11 Workshop Evaluation Survey

Table 1 (Post Workshop)

Have you completed the 2006 Mental Health Commission Mental Health Act training programme?		
Answer Options	Response Percent	Response Count
Yes	69.0%	11
No	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 1 (Post Workshop)

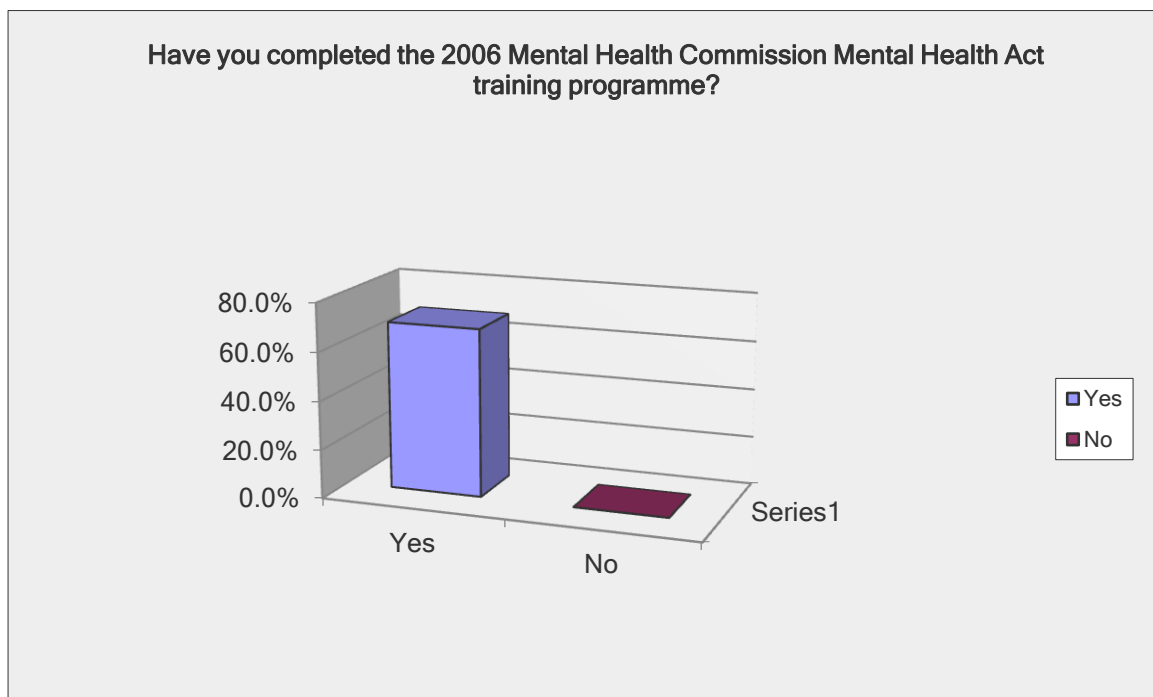


Table 2 (Post Workshop)

Have you received the Mental Health Commission training video on the Mental Health Act on the HSE website?		
Answer Options	Response Percent	Response Count
Yes	43.7%	7
No	56.3%	9
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 2 (Post Workshop)

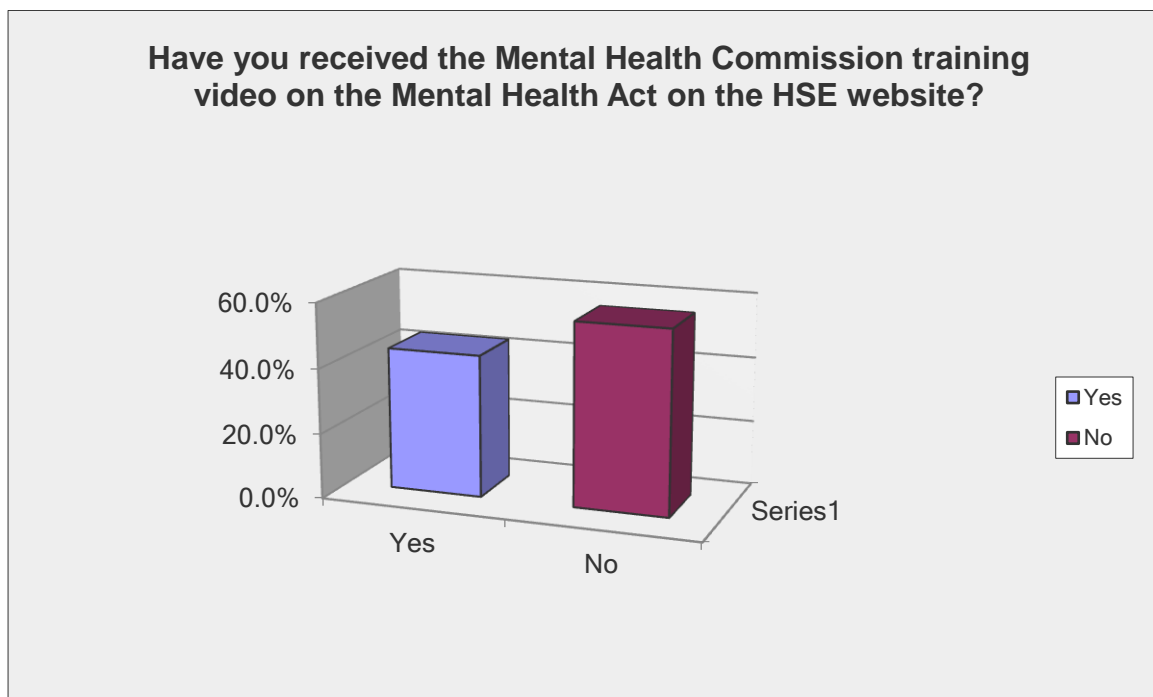


Table 3 (Post Workshop)

I know how to complete a Section 23(1)		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 3 (Post Workshop)

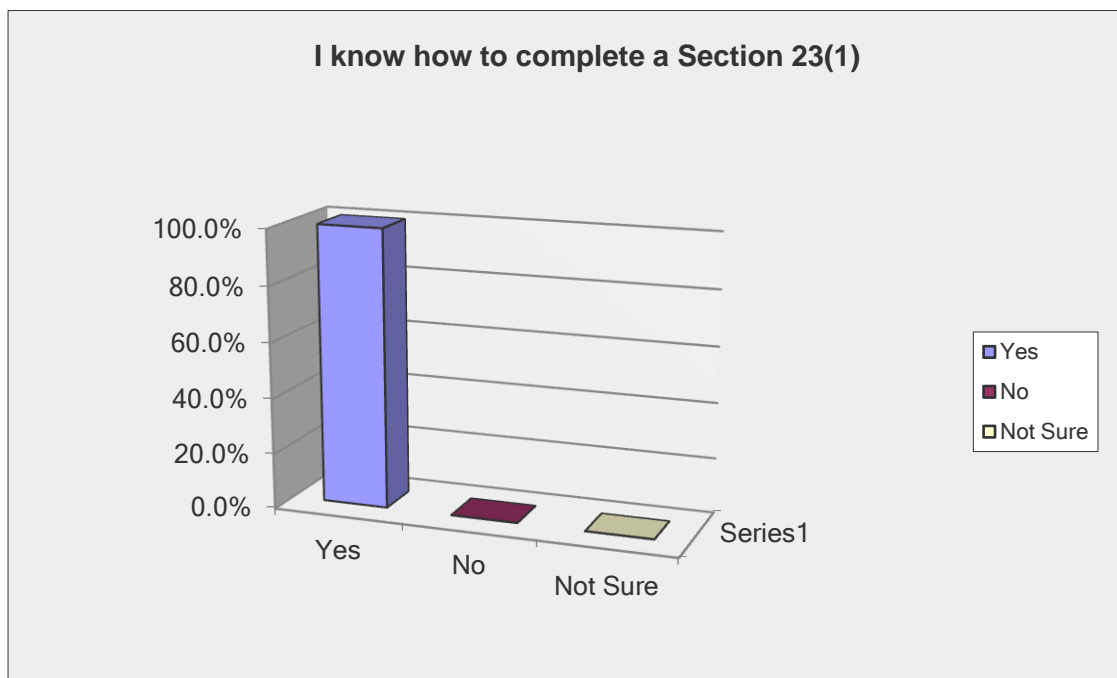


Table 4 (Post Workshop)

I know how to complete a Section 14(2)		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 4 (Post Workshop)

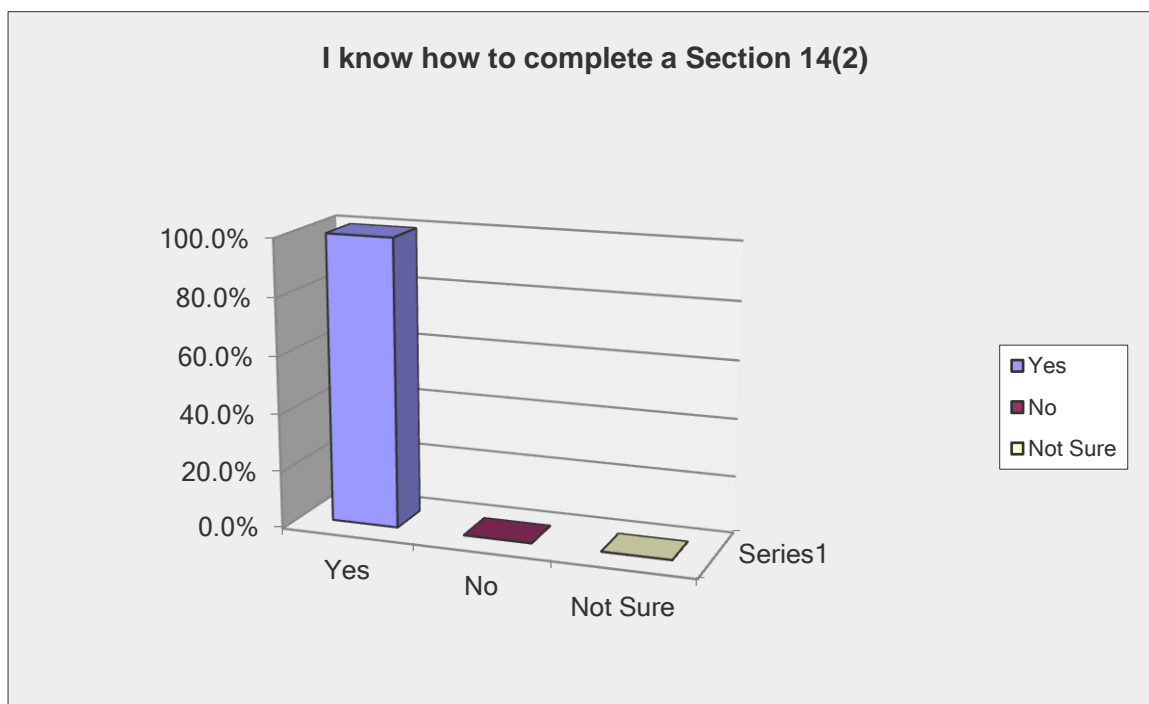


Table 5 (Post Workshop)

Explain to a Service User the role of tribunals		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 5 (Post Workshop)

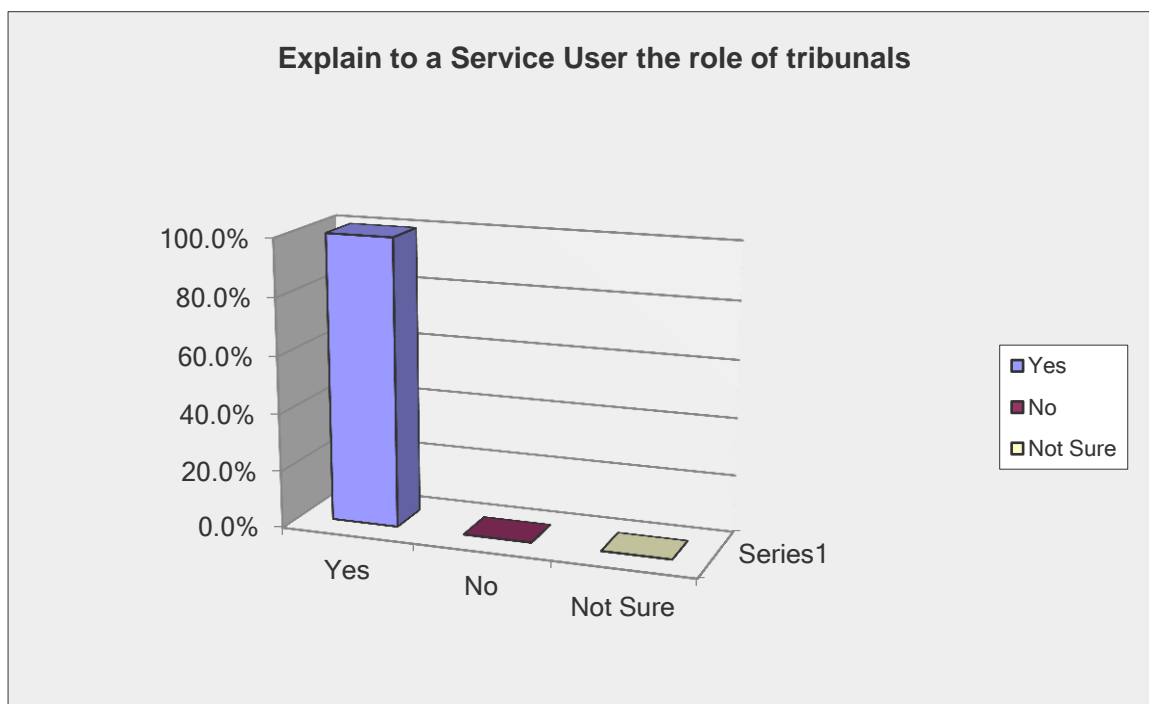


Table 6 (Post Workshop)

I know how to complete a restraint form		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 6 (Post Workshop)

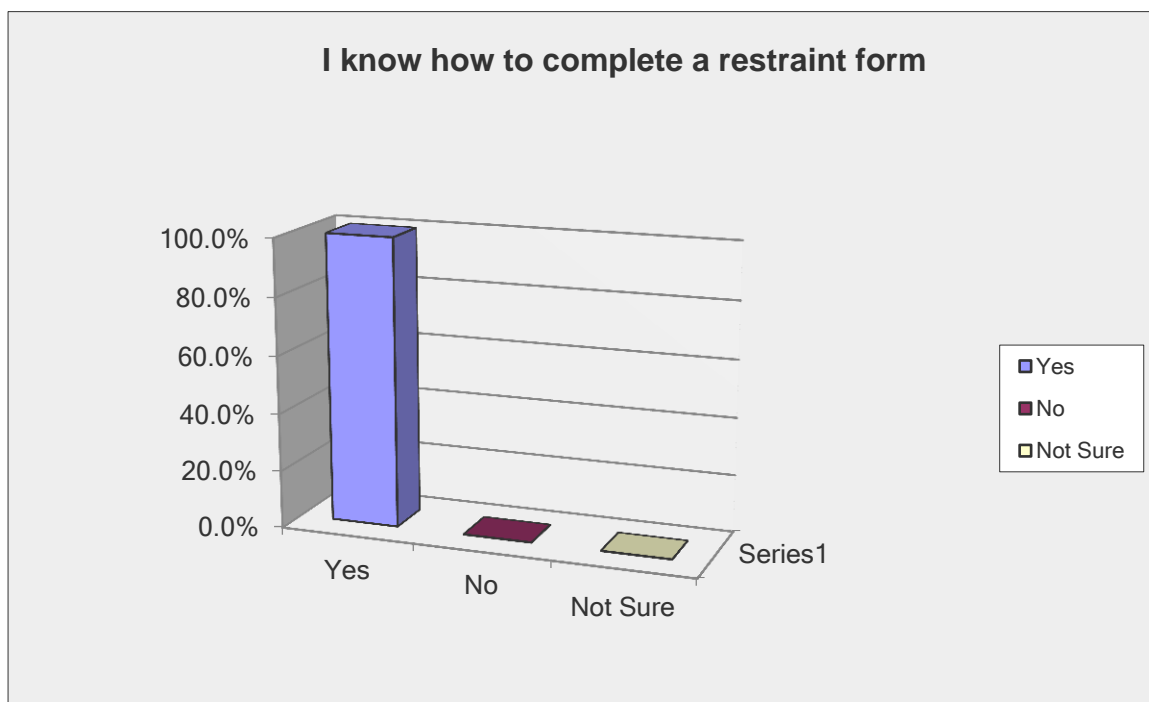


Table 7 (Post Workshop)

I know the procedures in the process of a Form 10 transfer		
Answer Options	Response Percent	Response Count
Yes	100%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 7 (Post Workshop)

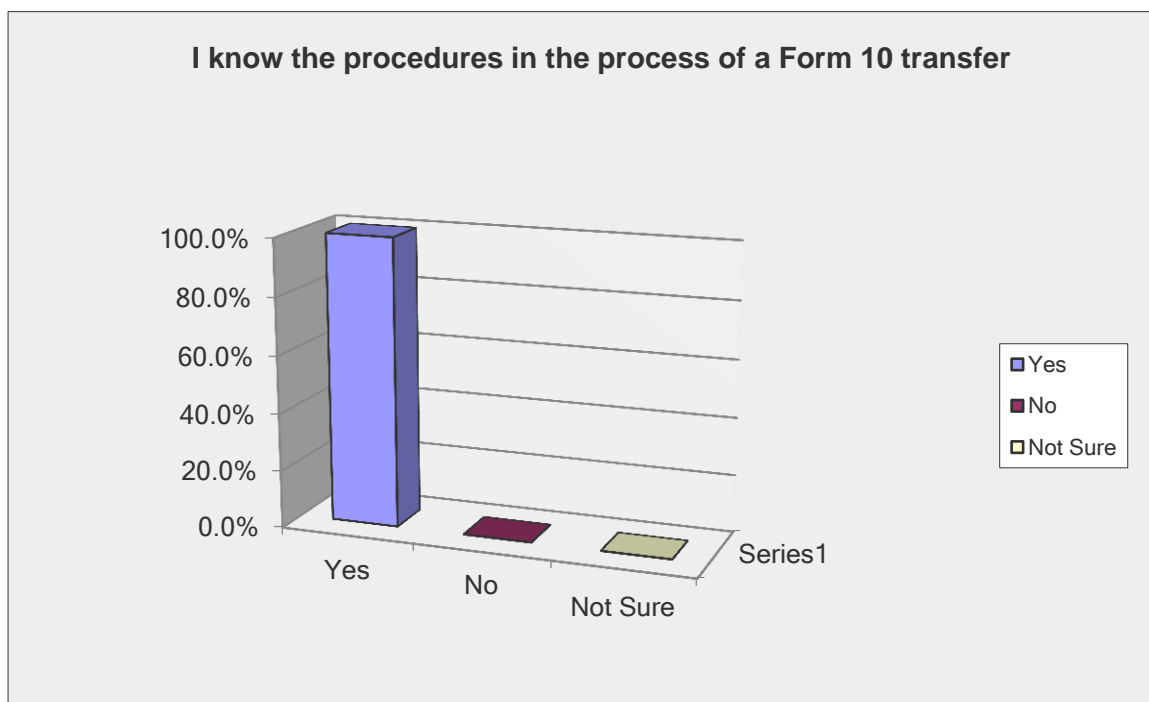


Table 8 (Post Workshop)

I know the process of Consent to treatment		
Answer Options	Response Percent	Response Count
Yes	93.7%	15
No	0.0%	0
Not Sure	6.3%	1
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 8 (Post Workshop)

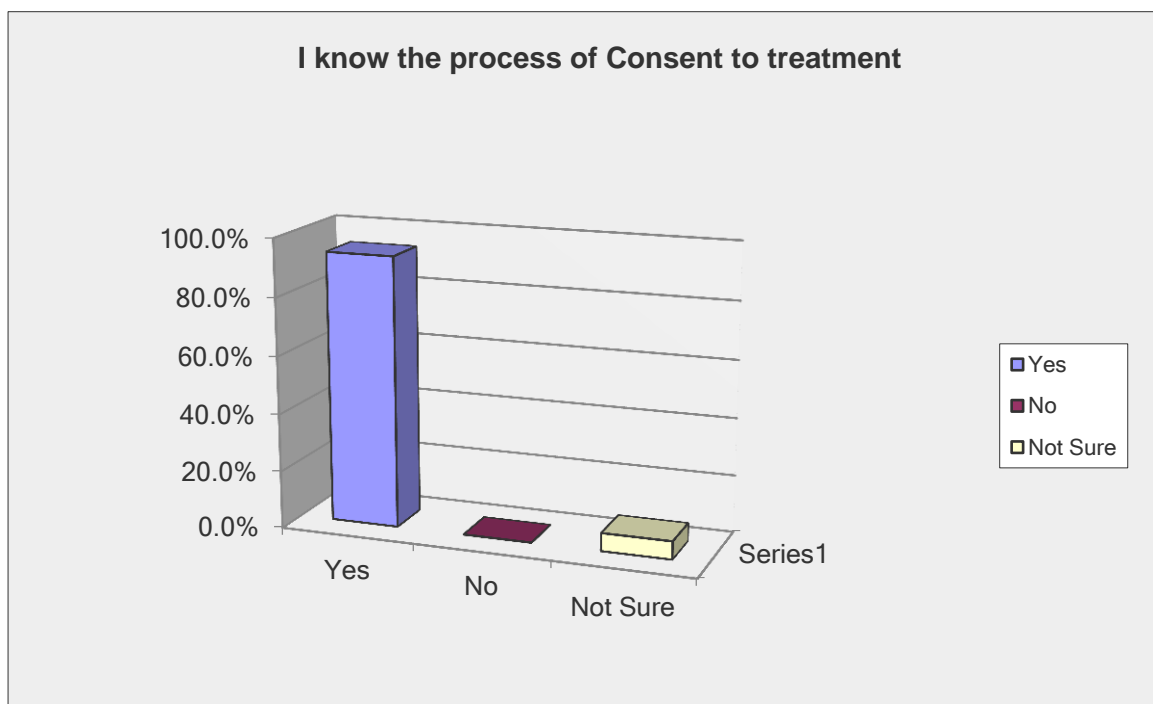


Table 9 (Post Workshop)

I know who can make an application for an detention order		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 9 (Post Workshop)

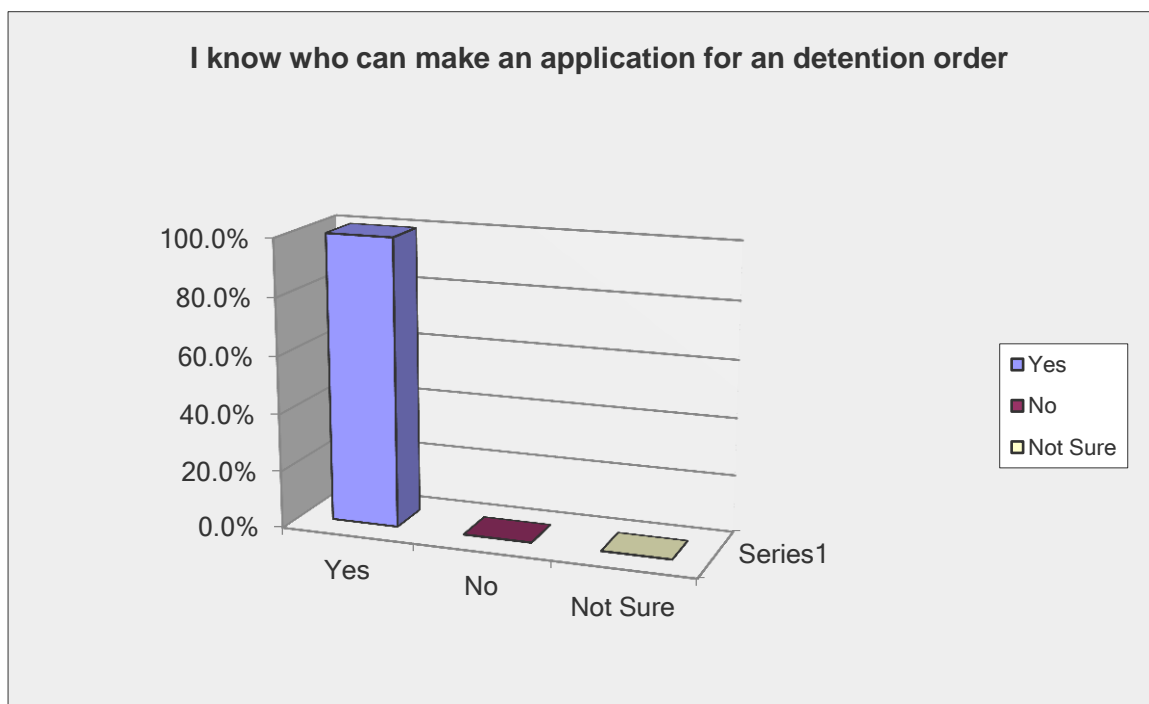


Table 10 (Post Workshop)

I know how many hours I can detain a Service User		
Answer Options	Response Percent	Response Count
Yes	93.7%	15
No	0.0%	0
Not Sure	6.3%	1
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 10 (Post Workshop)

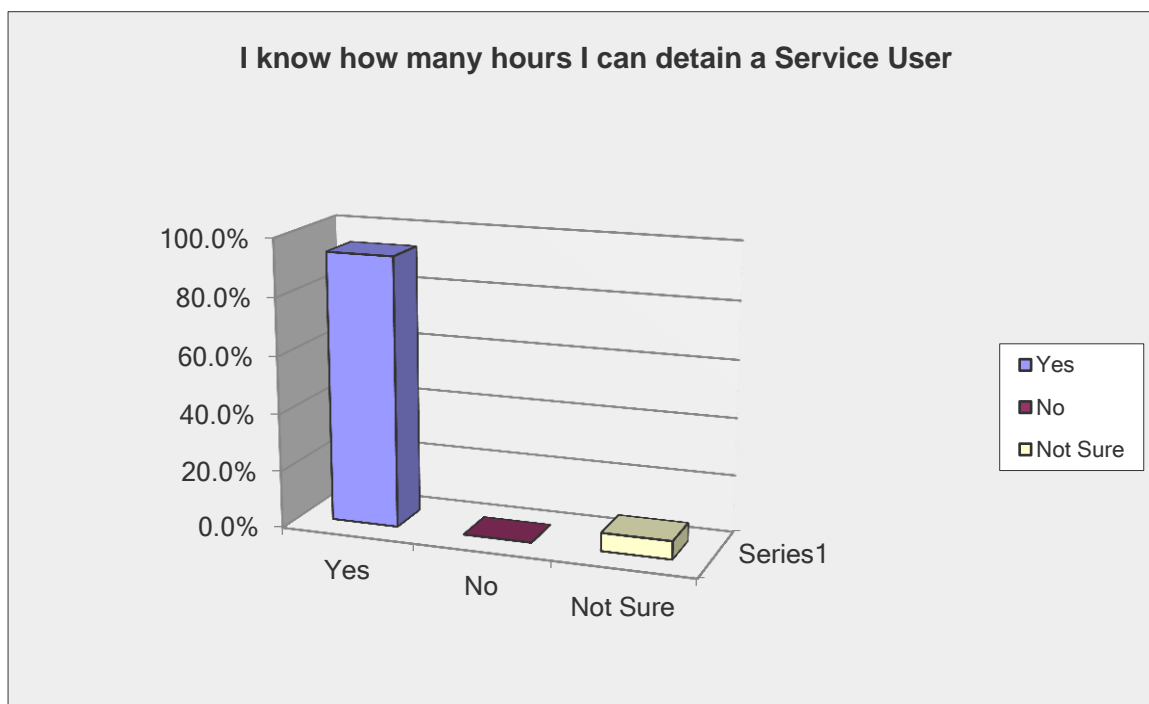


Table 11 (Post Workshop)

I am fully aware of all the MHC statutory requirements		
Answer Options	Response Percent	Response Count
Yes	62.5%	10
No	0.0%	0
Not Sure	37.5%	6
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 11 (Post Workshop)

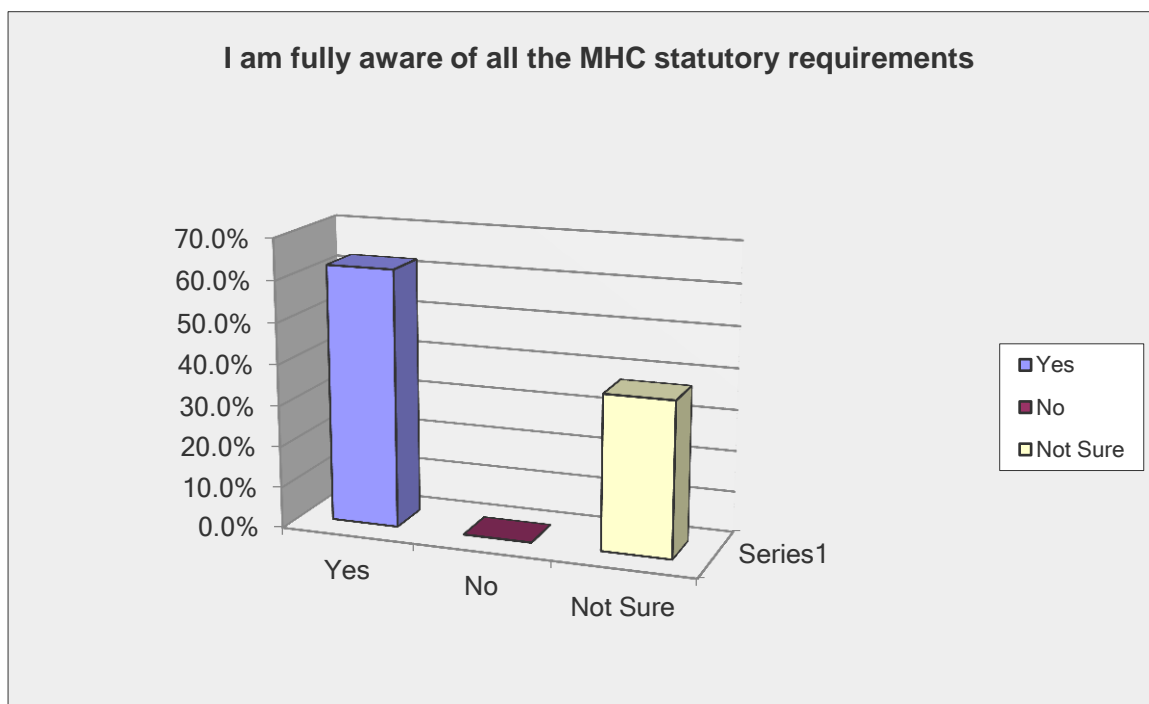


Table 12 (Post Workshop)

I know all the expiry timelines for Mental Health Act paperwork		
Answer Options	Response Percent	Response Count
Yes	93.7%	15
No	0.0%	0
Not Sure	6.3%	1
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 12 (Post Workshop)

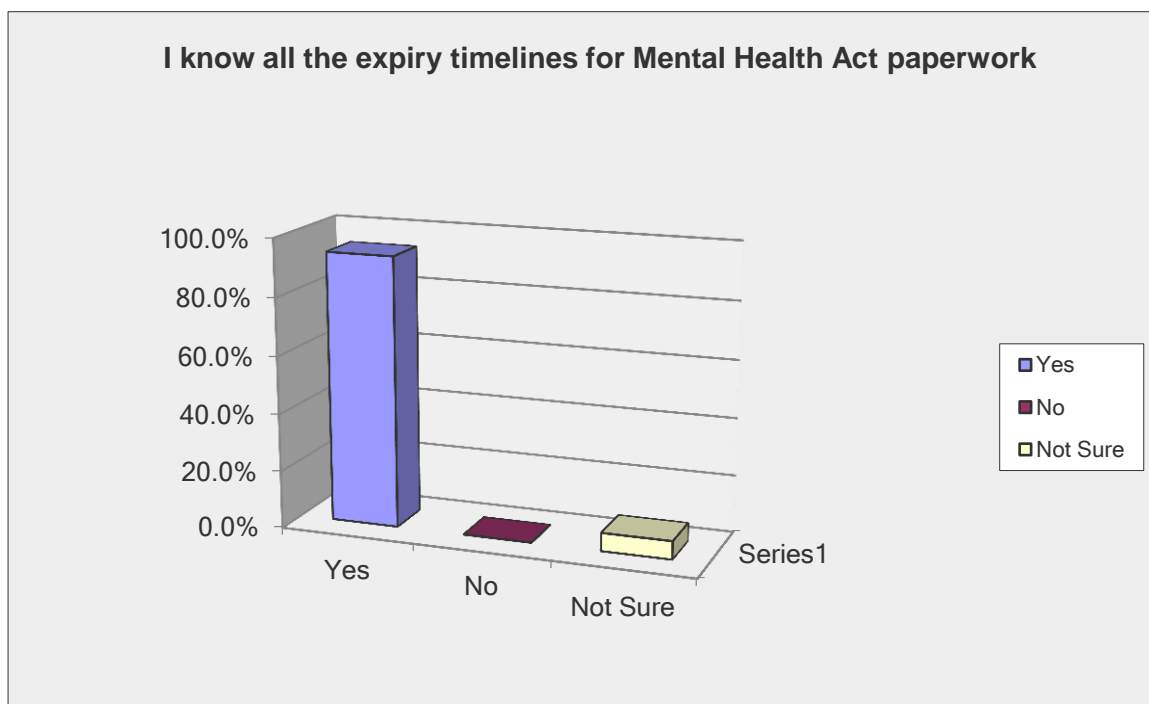


Table 13 (Post Workshop)

I know what to do when a Voluntary Service User attempts to leave an Approved Centre		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 13 (Post Workshop)

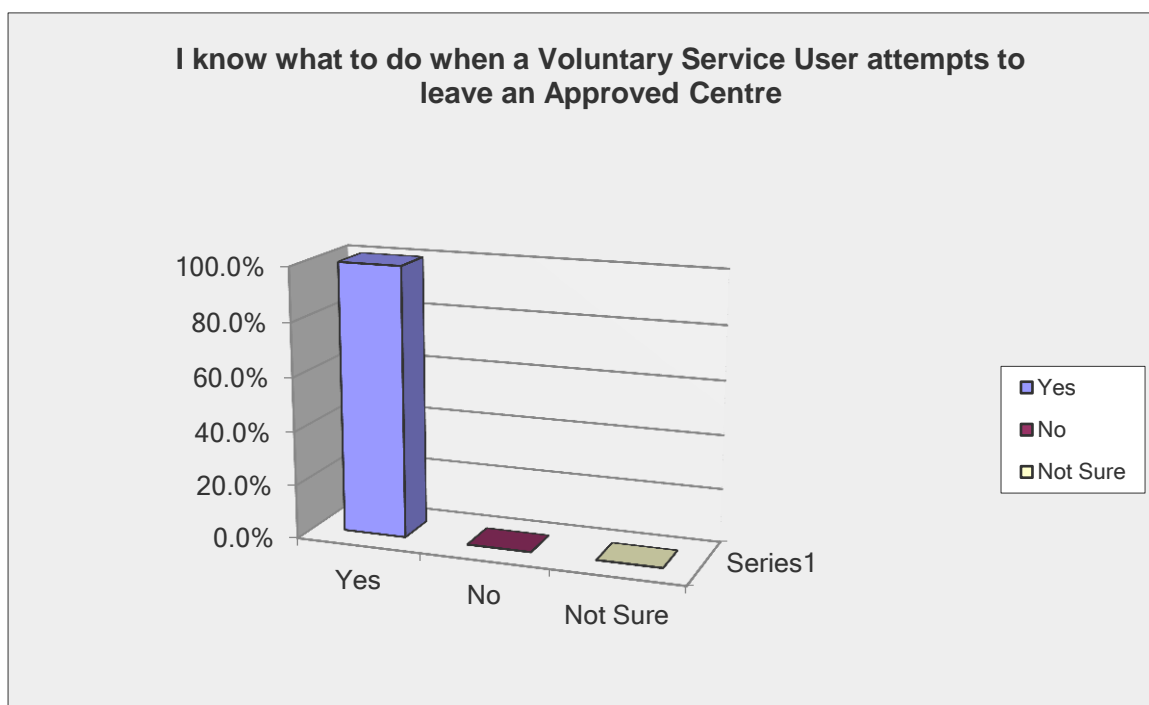


Table 14 (Post Workshop)

I know the process for a Service User to receive ECT under the Mental Health Act		
Answer Options	Response Percent	Response Count
Yes	87.5%	14
No	0.0%	0
Not Sure	12.5%	2
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 14 (Post Workshop)

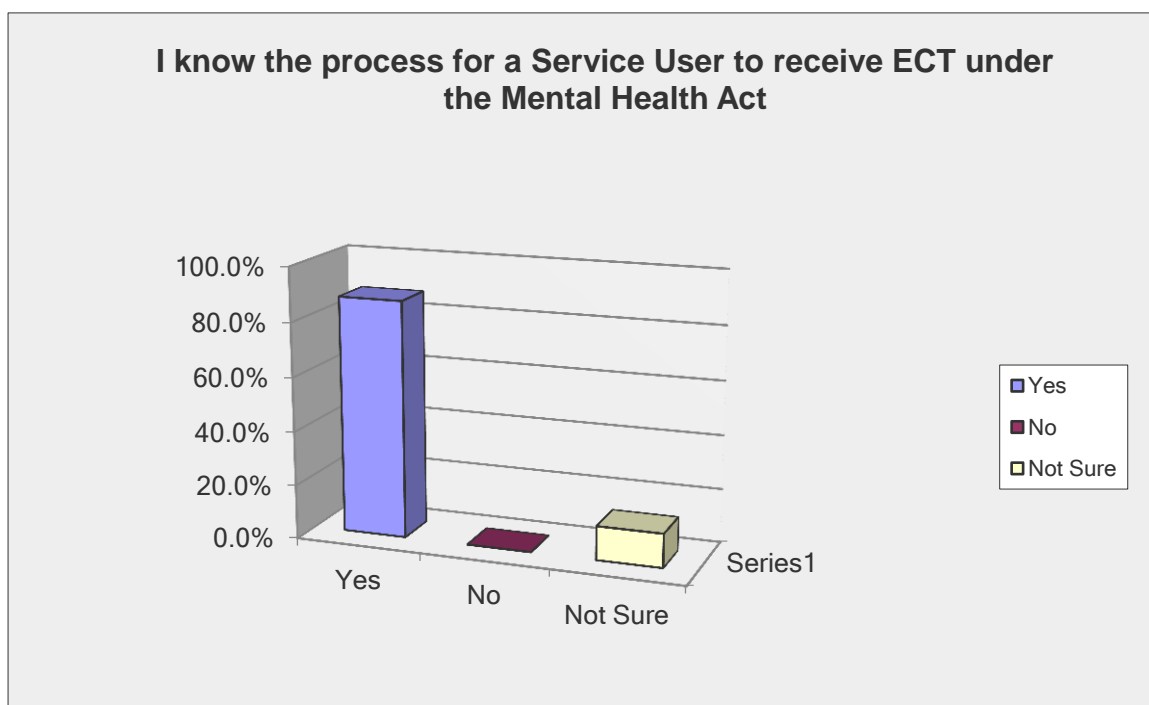


Table 15 (Post Workshop)

I know the procedures for the admission of a child		
Answer Options	Response Percent	Response Count
Yes	87.5%	14
No	0.0%	0
Not Sure	12.5%	2
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 15 (Post Workshop)

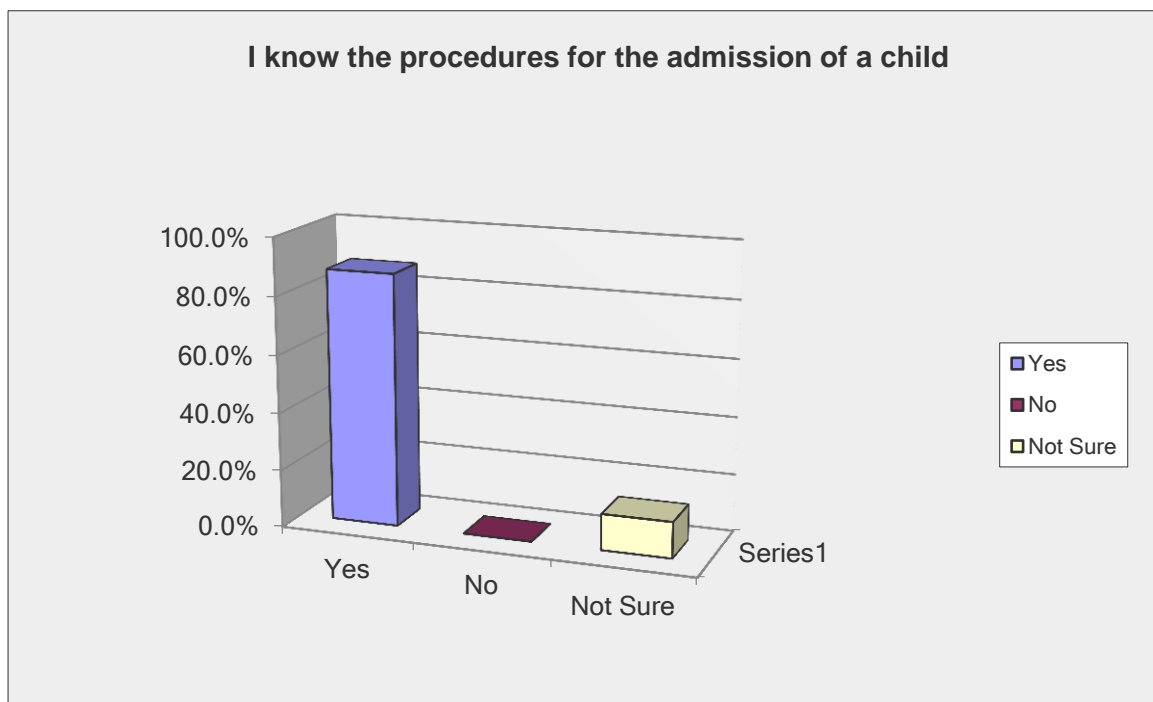


Table 16 (Post Workshop)

I know who can access a Service User file for the purpose of the Mental Health tribunal		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 16 (Post Workshop)

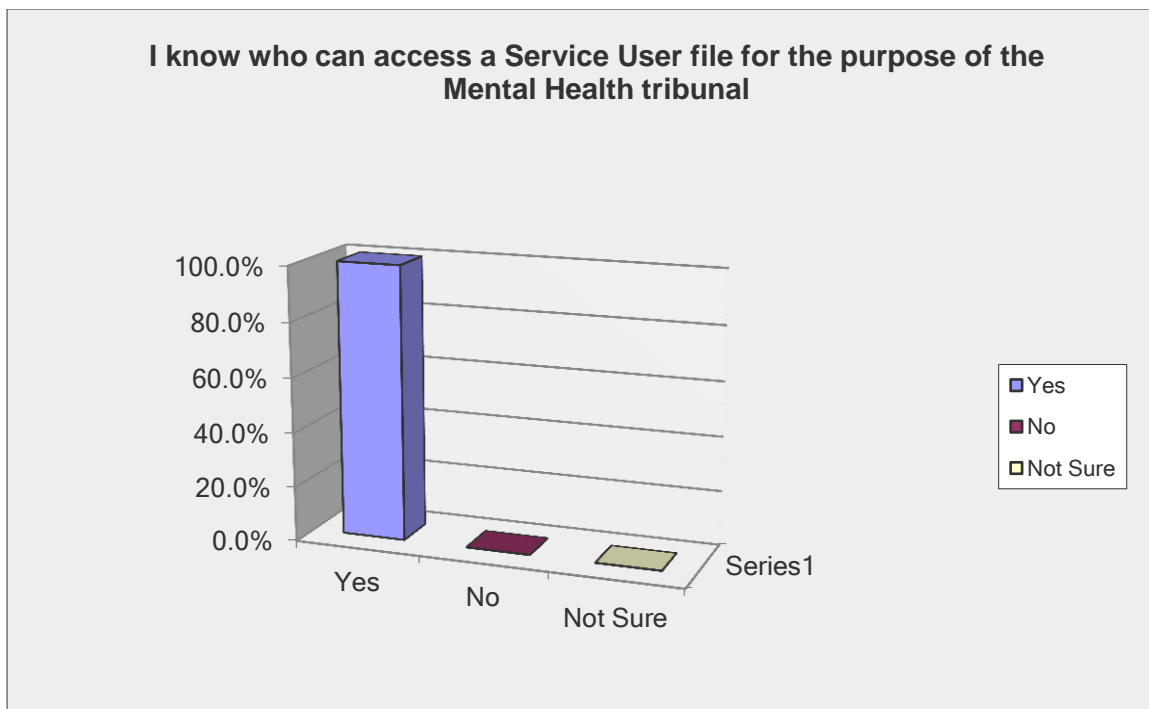


Table 17 (Post Workshop)

I know who completes a Section 16(2)		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 17 (Post Workshop)

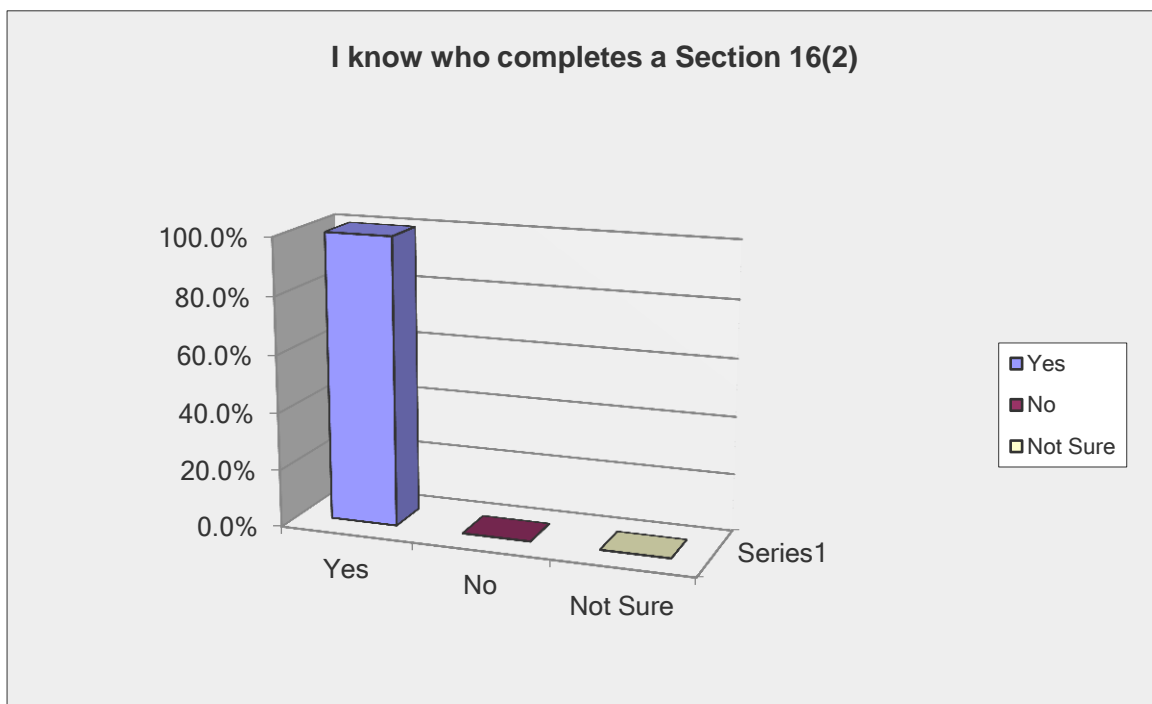


Table 18 (Post Workshop)

I am aware of the Admission, transfer & discharge Code of Practice document		
Answer Options	Response Percent	Response Count
Yes	69.0%	11
No	0.0%	0
Not Sure	31.0%	5
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 18 (Post Workshop)

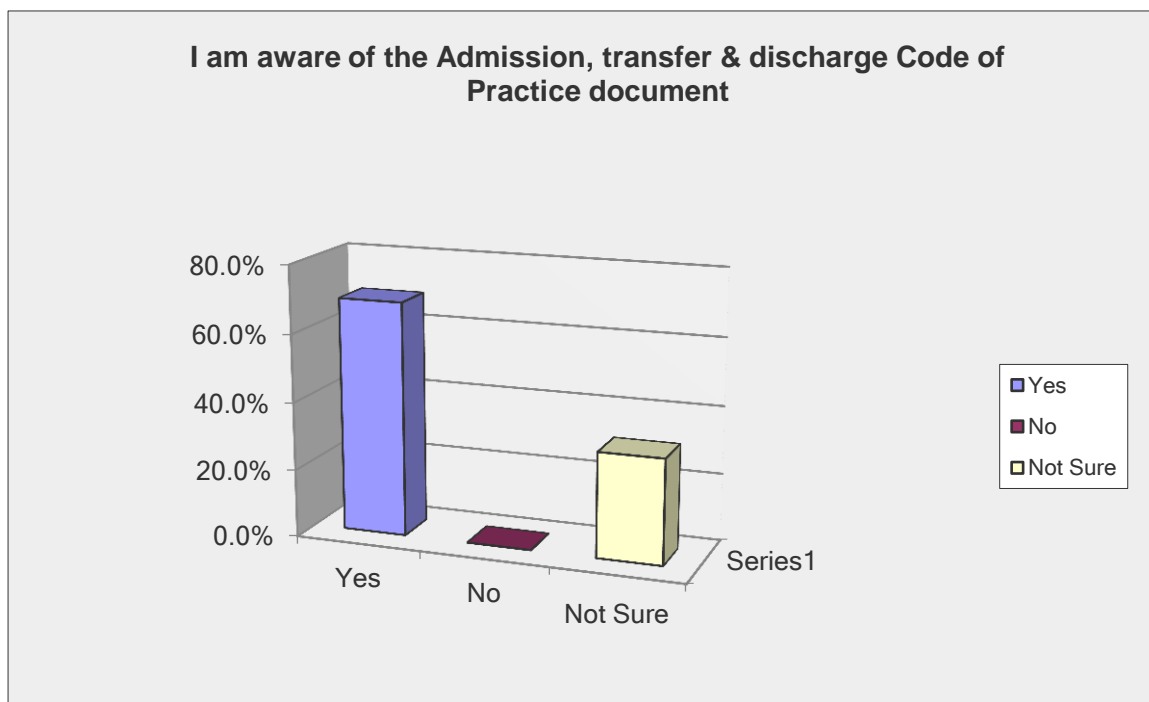


Table 19 (Post Workshop)

I know who completes a Death Notification Form		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 19 (Post Workshop)

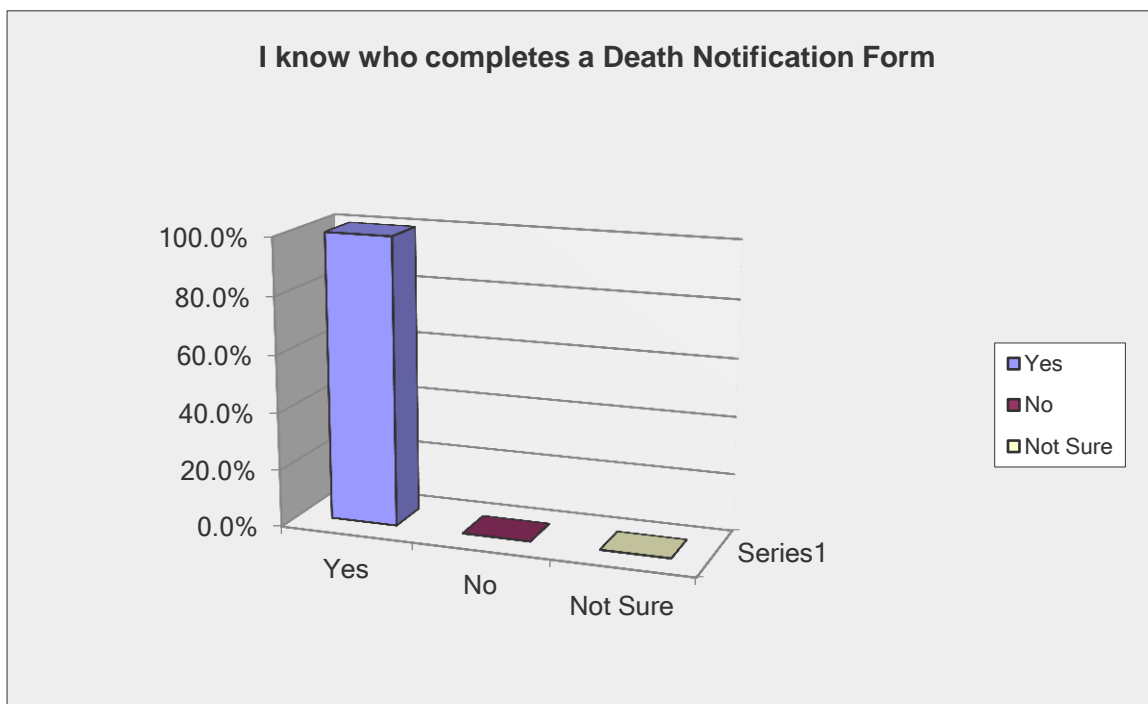


Table 20 (Post Workshop)

I am aware of the Code of Practice for Incident reporting		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 20 (Post Workshop)

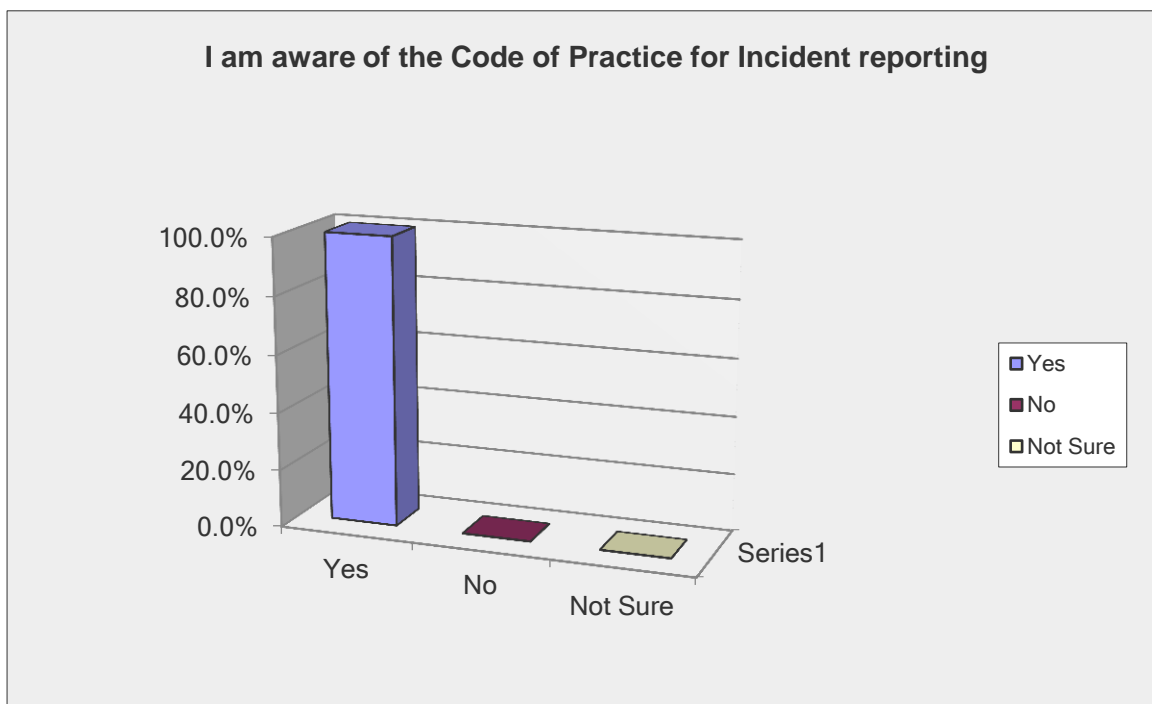


Table 21 (Post Workshop)

I know what Form 7 of the MHA pertains too		
Answer Options	Response Percent	Response Count
Yes	93.7%	15
No	0.0%	0
Not Sure	6.3%	1
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 21 (Post Workshop)

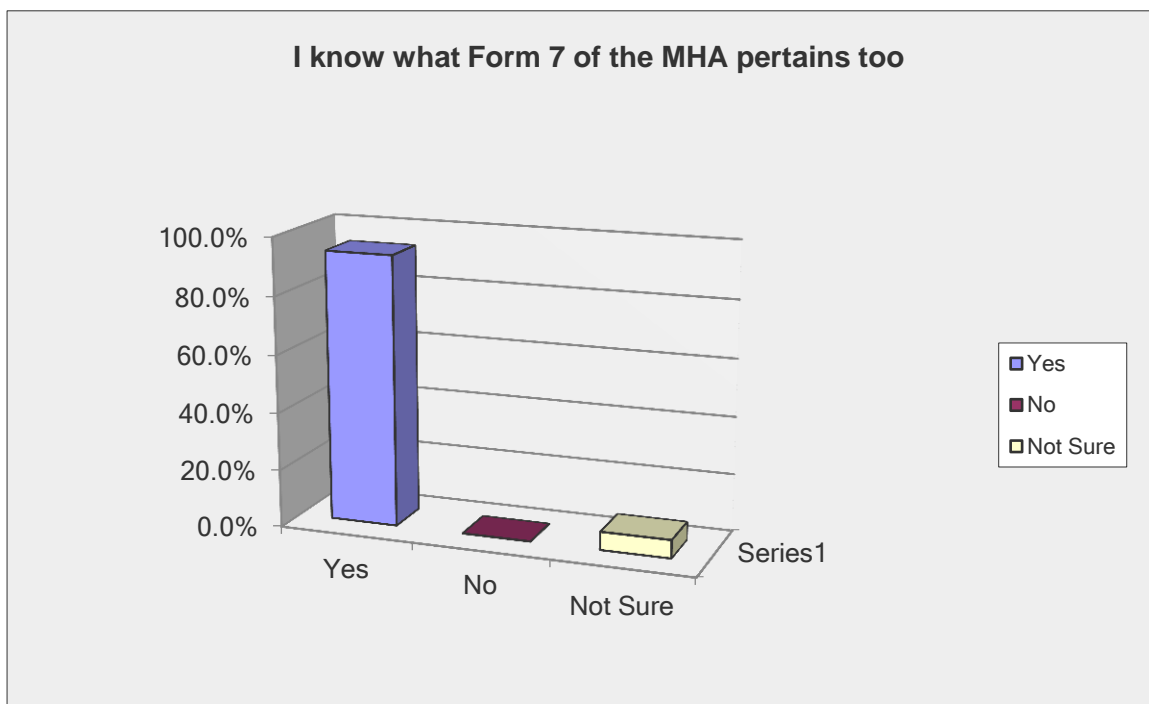


Table 22 (Post Workshop)

I know what Form 8 of the MHA pertains too		
Answer Options	Response Percent	Response Count
Yes	93.7%	15
No	0.0%	0
Not Sure	6.3%	1
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 22 (Post Workshop)

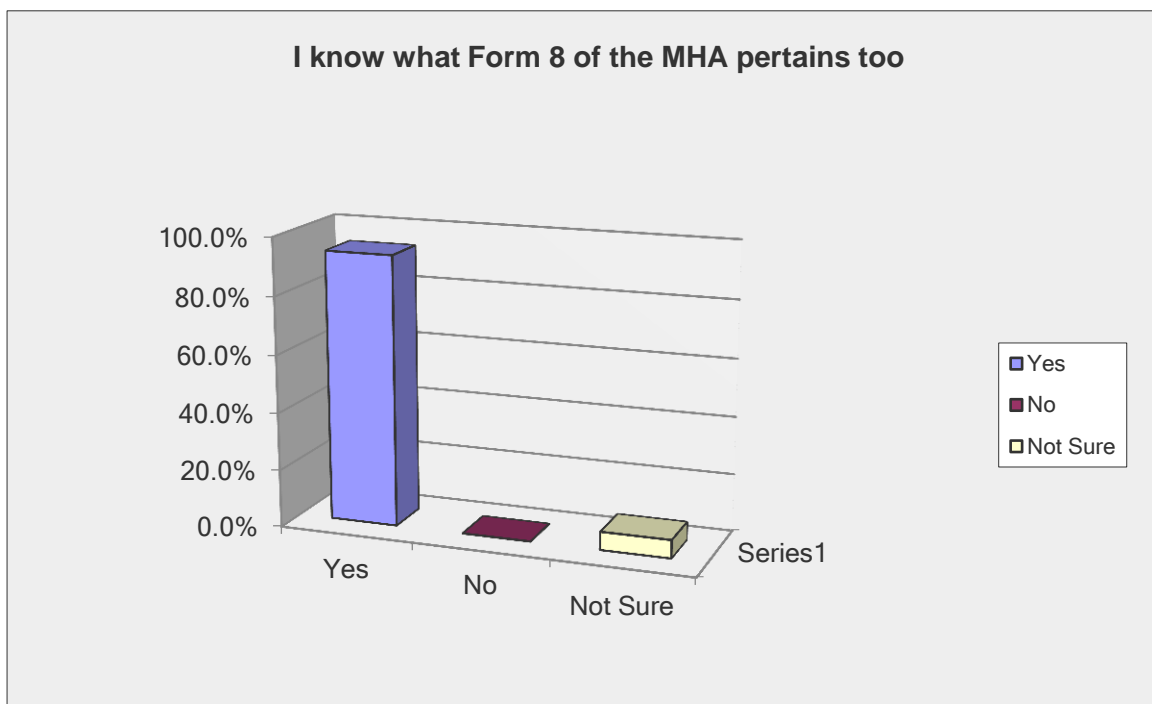
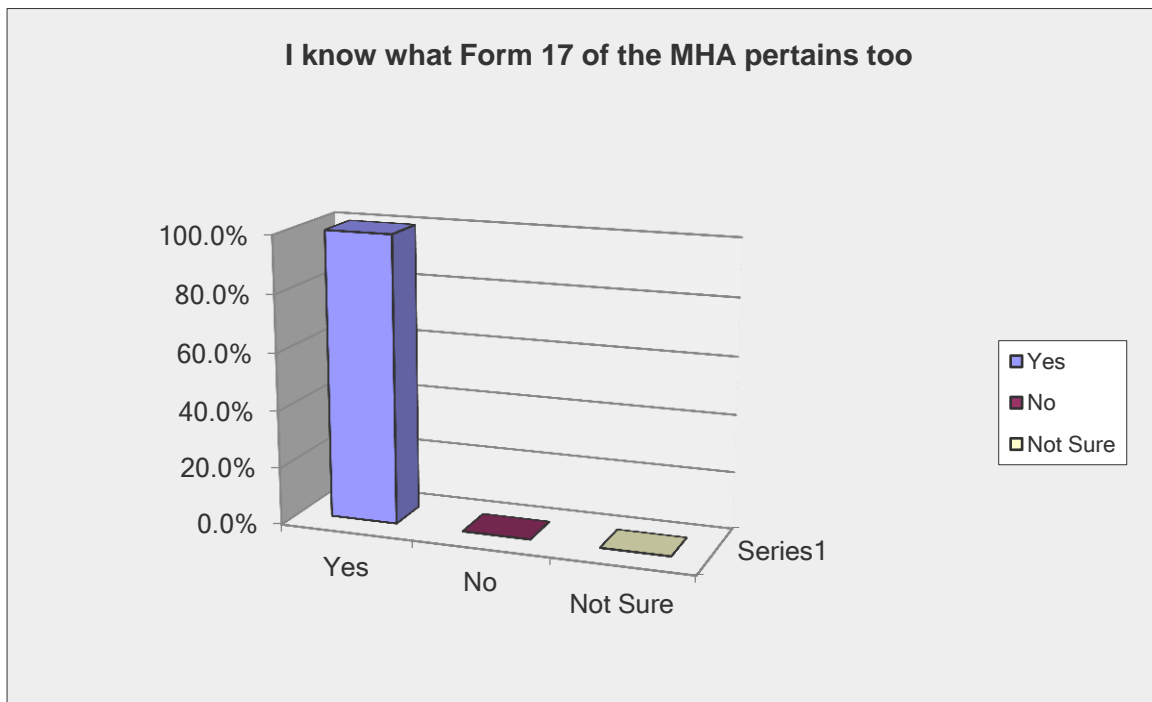


Table 23 (Post Workshop)

I know what Form 17 of the MHA pertains too		
Answer Options	Response Percent	Response Count
Yes	100.0%	16
No	0.0%	0
Not Sure	0.0%	0
<i>answered question</i>		16
<i>skipped question</i>		0

Graph 23 (Post Workshop)



Appendix 12 Mental Health Act Training Workshop Power Point Presentation

Mental Health Act Training Workshop

Facilitator Shane Kirwan
Clinical Nurse Manager 2

1

Workshop Content

Activity	Duration	Facilitator/Hand out
1. Introduction	2 minutes	Prepoint&Hand out
2. Training Needs Analysis Results	5 minutes	Prepoint&Hand out
3. Recap on all aspects of the Act that the survey covered	15 minutes	Prepoint&Hand out
4. Identified areas of aspects of the Act identified in the survey that require additional training	15 minutes	Prepoint&Hand out
5. Role play scenarios with Section 14(2) and Section 24(5)	15 minutes	Role play Scenario&Supervision
6. Questions	5 minutes	Discussion
7. Completion Evaluation form	5 minutes	Hand writing

2

Introduction

- The purpose of this Mental Health Act Training Workshop is in response to the Training Needs Analysis (TNA) that was completed by nursing staff on the Mental Health Act 2001
- There was 138 surveys sent to all ward based nursing staff
- 47 nurses responded which is a 38% response rate
- The results of the TNA will be discussed in the next section
- Please see the TNA results in the hand-out provided (For purpose of these Appendix 6)

3

TNA Results and Discussion

- 2006 Training Module Vs Mental Health Commission online training module
- Section 14(2) results
- Form 10 transfer results
- MHC Statutory Requirements Results
- Expiry Timeline results
- ECT under the Act results
- Detention of a child results
- Section 16(2) results

4

TNA Results and Discussion... Continued

- Code of Practice results
- Death Notification Form results
- Form 7 results
- Form 8 results
- Form 17 results

5

Aspects of the Act covered in the TNA

6

Tribunals

- Since the 1st November 2006, if a person is admitted to hospital against their will (involuntary patient), they are entitled to have a mental health tribunal within 21 days of your admission. The Commission is responsible for establishing these tribunals.
- A mental health tribunal consists of three people, as follows:
 - A Legal Member (a Barrister or Solicitor who will act as Chairman)
 - A Lay Person
 - A Consultant Psychiatrist
- The tribunal will listen to the facts surrounding the case, and make sure that a person is only detained in hospital in keeping with the law. Patients have the right to be represented at the mental health tribunal by a legal representative who is appointed by us. We will also arrange for an independent medical examination to be carried out by a Consultant Psychiatrist. Patients have the right to attend their tribunal if they want to.
- The function of the mental health tribunal is to either revoke or affirm an admission or renewal order. Mental health tribunals can also consider proposed transfers to the Central Mental Hospital and proposals related to the use of psycho-surgery.
- Retrieved at: <http://www.mhcirl.ie/>

7

Restraint forms

- For the purpose of this Code, physical restraint is defined as *"the use of physical force (by one or more persons) for the purpose of preventing the free movement of a resident's body when he or she poses an immediate threat of serious harm to self or others"*.
- Retrieved at: <http://www.mhcirl.ie/>
- Short review of Restraint form already circulated

8

Form 10 Transfer

- The Medical Director can only approve a Form 10 transfer to or from another approved centre
- A Form 10 can only be completed by the Medical Director
- The Medical Director must speak to the Medical Director from the receiving/accepting approved centre about the the transfer before the transfer can take place.
- Retrieved at: <http://www.mhcirl.ie/>
- Short review of Form 10 already circulated

9

Consent to Treatment

- The Scheme of Mental Capacity Bill 2008 published on 5th September 2008 states that capacity
- means "the ability to understand the nature and consequences of a decision in the context of
- available choices at the time decision is to be made". It proceeds to state "(2) for the purposes
- of this head a person lacks the capacity to make a decision if he or she is unable –
- (a) to understand the information relevant to the decision,
- (b) retain that information,
- (c) to use or weigh that information as part of the process of making the decision, or
- (d) to make his or her decision (whether by talking, using sign language or any other means)
- or, if the decision requires the act of a third party to be implemented, to communicate
- by means with that third party"
- Retrieved at: <http://www.mhcirl.ie/>

10

Who can make an application for an detention order?

- Registered Psychiatric Nurse
- Registered Medical Practitioner
- Consultant Psychiatrist

11

How many hours I can detain a Service User?

- 24 hours

12

MHC statutory requirements

- The Judgement Support Framework ("the Framework") has been developed as a guidance document to assist approved centres to comply with the Mental Health Act 2001 (Approved Centres Regulations 2001 and Regulations). The Framework also promotes the continuous improvement of the quality of services provided to residents of approved centres.
- The introduction to the Framework provides information on: the scope of the Framework; the inspection process; compliance ratings; the inspection report; corrective and preventative action plans (CAPs); and enforcement actions.
- The Framework provides detailed guidance to assist approved centres to comply with regulatory requirements and to improve the quality of services provided to residents. Key areas covered include: inspection data; the inspection; the outcome of the inspection; the processes implemented; and the type of evidence that should be available to the inspector of Mental Health Services (the Inspector).
- PURPOSE: This section details the primary reason for implementing the regulation.
- PROCESSES: This section details supports and systems in place to ensure the consistent implementation of the regulation e.g. policies, protocols and procedures.
- TRAINING AND EDUCATION: This section details the staff training and education requirements in place to ensure relevant staff understand the processes needed to implement the regulation.
- MONITORING: This section details the way the approved centre monitors and measures the implementation of the regulation and identifies opportunities for improvement e.g. review, audit and analysis.
- EVIDENCE OF IMPLEMENTATION: This section details the evidence that should be available to the inspector, illustrating that the approved centre is effectively implementing the relevant regulation.
- For further information on this please refer to the MHC website.
- Retrieved at: <http://www.mhcirl.ie/>

13

Expiry timelines for Mental Health Act paperwork

- Consultant Psychiatrist, Medical Practitioner & Nurse have holding powers for up to 24 hours
- A service user must be seen within 24 hours after being detained for 24hours
- A service user can be detained for 21 days, then 3 months and then 6 months
- When Form 1-4 + Form 5 are completed ,they are valid for 7 days
- A service user must be consent to medication treatment and this must be documented every 3 months

14

I know what to do when a Voluntary Service User attempts to leave an Approved Centre

- Invoke Section 23(1)
- 23. —(1) Where a person (other than a child) who is being treated in an approved centre as an involuntary patient indicates at any time that he or she wishes to leave the approved centre, then, if a consultant psychiatrist, registered medical practitioner or registered nurse on the staff of the approved centre is of opinion that the person is suffering from a mental disorder, he or she may detain the person for a period not exceeding 24 hours or such shorter period as may be prescribed, beginning at the time aforesaid.
- This will be covered in the role play session
- Retrieved at: <http://www.mhcirl.ie/>

15

The process for a Service User to receive ECT under the Mental Health Act

- Despite a Service user being detained under the Act the Service User must have the ability to consent to have ECT
- If the Service user does not have the ability to consent, a second Consultant Psychiatrist must review the Service user to ascertain this opinion

16

The procedures for the admission of a child

- Section 25(1) of the Act states that where it appears to the HSE with respect to a child who lives in or is found in its functional area that the child is suffering from a mental disorder [Section 25(1)(a)] and the child requires treatment which he or she is unlikely to receive unless an order is made under Section 25 of the Act then, the HSE may make an application to the District Court for an order authorising the admission and detention for treatment of the child in a specified approved centre [Section 25 (1)(b)].
- Retrieved at: <http://www.mhcirl.ie/>

17

Who can access a Service User file for the purpose of the Mental Health tribunal?

- Treating Consultant Psychiatrist
- Independent Psychiatrist
- Independent Solicitor
- Tribunal Panel
- Service user has a right to view their file after they apply in writing

18

Who completes a Section 16(2)?

- This is a notification form given to a Service User after they have been assessed and then deemed to require detention under the Mental Health Act
- A Consultant Psychiatrist completes form 16(2)

19

Admission, transfer & discharge Code of Practice document

- Any person that presents to an Approved Centre must be assessed by a Doctor
- Transfers between approved centres must be conducted with appropriate handover communication
- When a Service user is discharged from an approved centre they must be discharged back to their GP or Community Mental Health Team
- For further information on this please refer to the Code of Practice document on the MHC website
- There is copies available at the end of the session and there is also copies in our admissions department.

20

Who completes a Death Notification Form?

- Consultant Psychiatrist

21

Code of Practice for Incident reporting

- Each approved centre should have incident reporting forms and a standard process of reporting any incidents
- Any incidents that pertain to the Service User must be entered into the Service User file
- Services are no longer required to report incidents on an individual basis to the Commission. Incident summary reports are required on a 6 monthly basis only and the Commission will issue a standardised template in the 1st quarter 2008 to facilitate this process.
- Retrieved at: <http://www.mhcirl.ie/>

22

What does Form 7, 8 & 17 of the MHA pertain too?

- Form 7 - Certificate and Renewal order by responsible Consultant Psychiatrist
- Form 8 – Decision of the Mental Health Tribunal
- Form 17 - Administration of Medicine for more than 3 months Involuntary Patient (ADULT) – Unable to consent

23

Role play Scenario

- Section 23(1) & 14(2)

24

Questions?

25

Completion of Evaluation Forms

26

Workshop end

- Thank you for attending
- Shane Kirwan CNM2

27

Appendix 13 Gantt Chart

Student Name	Shane Kirwan	Student ID	14122332
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Gantt Chart 15-16	June.15	Sept.15	Dec.15	Jan.16	Feb.16	Mar.16	April.16	May.16
First Proposal	X							
Resubmit proposal		X						
Obtain Organisational permission		X						
Chapter 1 Submission			X					
Chapter 2 Submission				X				
Send in ethics application					X			
Ethics declined					X			
resubmit ethics					X			
Ethics approval granted					X			
Send out TNA surveys						X		
Input results into survey monkey						X		
Data Analysis						X		
Conduct training workshops							X	
Submit Chapter 3							X	
Submit Chapter 4							X	
Feedback							X	
Submit draft poster							X	
Poster presentation							X	
Submit final submission, refection and poster								X

Appendix 14 Reflection

For the purpose of this reflection section I chose to use Gibbs model on reflection. Gibbs (1998) reflective cycle concentrates on 6 areas. Description, feelings, evaluation, analysis, conclusion and action plan.

Reflection No 1

Description

The first reflection that came to mind was picking the project topic. A few ideas had come to mind but the overwhelming one that kept coming to the fore was nurses expressing their lack of knowledge of the Mental health Act.

Feelings

As I deal with the Act on a daily basis, I generally feel comfortable with it however I did feel sympathy for the ward based nurse who does not practice it anymore. Was their training enough? When did they receive their training? Have they had a refresher? It's a big now to detain a person for 24 hours.

Evaluation& Analysis

I felt the best way to measure staff knowledge was to conduct a training needs analysis. This was the best way to capture nurse's needs. Getting these results I knew would be a chance to introduce a change. Initially I wanted a training hub but as time progressed that changed. In the end I used the survey for training needs and to evaluate the training I provided. I spoke with the Head of Clinical Governance and also the Director of Nursing about the change project. They gave me great support and were very keen that project went ahead.

Conclusion and Action Plan

The action plan was to conduct a training needs analysis and to then to develop a training programme based on the needs identified in the analysis. I felt listening to nurses on the ward level helped me form the basis for my idea for the organisational development.

Reflection No 2

Description

The second reflection was that I changed my work role. I moved from admissions to the Design advisory team for an Electronic health record. How was this going to affect my organisational development?

Feelings

I was very concerned about this in relation to my change project. I was moving away from the clinical side of things. I was moving away from the all the contacts I built up over the years. I felt that all my networking was wasted. However, it put my project into doubt also. I asked myself should I use the electronic health record as my project change?

Evaluation& Analysis

The evaluation and analysis aspect of the electronic health record was probably the turning point. It was more practicable to do the Mental Health Act training. The electronic health record was a more long term project and plus no other mental health services have implemented one in Ireland so it would have been a big ask to gather data from staff regards it.

Conclusion and Action Plan

As mentioned in the previous paragraph the easier and more practicable choice was to do the training workshops across the organisation. The Act was a hot topic. 10 years in practice this year. Staff were expressing concern when putting it into practice. I felt the immediate need was what the staff were telling me on the floor.

Reflection No 3

Description

The third reflection which was a major one was the ethics approval application. I had never done one before and didn't know what to expect. As the training needs analysis was sending surveys to staff, I then needed to obtain ethical approval.

Feelings

Trying to complete the ethics application was daunting. It just seemed to be form after form. I wasn't even sure that I was doing it correctly. I knew that the application would be somewhat smother as I was not trying to use patients as my test subject.

Evaluation& Analysis

When applying for ethical approval, I had two options. Apply to the RCSI or my own organisation. I felt applying just to the RCSI would only cause more time and hassle. No matter what, I still would have required ethical approval from my hospital that I am employed in. I evaluated my situation and I felt it was best to avoid ethical approval in the RCSI and opt for my hospital.

Conclusion and Action Plan

The action plan was to get ethical approval from my hospital. I thought it best as the change project was going to take place in the hospital. I completed the ethical approval and I was taken aback with how much I needed to complete. After I submitted the ethical committee administrator emailed me stating I omitted several documents. This was quickly resolved and I emailed him all the necessary documents the following day.

Reflection No 4

Description

The fourth reflection was a major one. My ethics application was declined. The hospital ethics committee responded within 2 weeks and declined my application on the grounds that there was not enough of a research element to it.

Feelings

I was absolutely gutted with this decision. I really felt that my application was up to scratch. It set my whole project back. I was physically and mentally dejected. However I did look at the positive. Any aspects the ethics highlighted as needing attention I felt would be of benefit for the project.

Evaluation& Analysis

The author played heavy emphasis in the application that the survey was an organisational development change. The author had to re-submit the application and make certain requested amendments. I met with the Clinical Development officer for nursing. He had undertaken many research applications and helped word my application appropriately. Following much extra work and consultations I resubmitted the ethics application. Due to time constraints I asked the ethics administrator to fast track the application which is a normal process. He send it to the chair of the committee. The chair gave approval.

Conclusion and Action Plan

Following the disappointment then came joy. I was given approval to proceed. This resubmission was then sent to the chair of the ethics committee for approval on the 3rd February 2016. The chair of the ethics gave approval on the 7th of February. Once the ethics approval was given the author set about getting the surveys to the nursing staff to complete.

The application was again reviewed by the committee at the next ethics committee meeting. They seconded it. However, this was just for formalities. Once approval was given I wasted little time in sending out the training needs analysis to staff.

Reflection No 5

Description

The final reflection was how the training workshops worked for staff. As I had gotten all the training needs analysis results it was now time to introduce the change.

Feelings

I felt very nervous delivering the workshop. Even though I knew what staff needed training on specifically, I still was worried about my delivery. Would they get what they needed out of it? Would my training tactics be worthwhile and of benefit to the nurses?

Evaluation& Analysis

As mentioned in the dissertation I decided to use the pre-test, post-test method. This proved to be a major benefit. Using the areas of role play scenario, supervision, verbal and visual presentations and the results of the training needs analysis were a major plus in staff retaining knowledge. The staff evaluation of the workshops were generally positive. I knew that some aspects may be short enough detail which was

proven right within the evaluation results i.e. Admission code of practice and the MHC statutory requirements.

Conclusion and Action Plan

After conducting two workshops the motivation to proceed with the plan grew. I felt the project was a success and the change was implemented. The feedback was positive verbally and the evaluation forms had pointed out the areas that needed more attention. I felt I needed to work on the highlighted areas from the evaluation forms. However, results from the remaining aspects of the Act were very positive. The workshops were a success as they met the majority of nurses training needs regards the Mental Health Act 2001.

Appendix 15 Dissertation Poster

**RCSI** INSTITUTE OF LEADERSHIP

RCSI Dissertation Project Poster 2016
A Training Needs analysis of Mental Health Nurses knowledge and application of the Mental Health Act 2001 which will inform the development of education and training workshops across the hospital.
RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

Abstract

The change project chosen for this organisational development was the introduction of a training needs analysis on the Mental Health Act 2001. This led to the development of a training workshop for nursing staff within a mental health hospital. The rationale for selecting this project was that the author felt the general knowledge of the Act was poor among nurses regards the Mental Health Act. The training needs analysis proved that many staff received training in 2006 but have received no refresher training subsequently. The ultimate aim of this project was to complete a training needs analysis of mental health nurses knowledge and their application of the Mental Health Act and it will inform the development of education and training workshops across the hospital.

Literature indicates that internationally knowledge of mental health legislation is generally poor among health professionals but also the implementation of Mental Health Act legislation is considered poor also. Literature stated that training techniques such as supervision, role play scenarios, tool kits and presentations on key topic areas were seen as key components of successful training. The author used the Senior and Swailes Change Model for the purpose of the change project. A training needs analysis survey was sent to 138 ward based nurses within one hospital. Results from the survey indicated that nurses especially needed additional training on (1) the detention of a child, (2) who completes a death notification and (3) the Mental Health Commission (MHC) statutory requirements. The author received 47 surveys back which was a 38% response rate. The author commenced the training workshops and completed two workshops. The author used the CIPP evaluation model for the purpose of evaluating the training workshop. The author used the same survey that was used in the training needs analysis for the purpose of the evaluation feedback. Results indicated that the training was effective in addressing nurses training needs but additional work was required to meet their needs in regards to the Mental Health Commission (MHC) statutory requirements and the Code of Practice(COP).

RCSI Dissertation Project Poster 2016

A Training Needs analysis of Mental Health Nurses knowledge and application of the Mental Health Act 2001 which will inform the development of education and training workshops across the hospital.

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

Introduction & Background

For the purpose of the organisational development I am conducting a Training Needs Analysis of Mental Health nurses knowledge and their application of the Mental Health Act 2001. The introduction of the Mental Health Act 2001 has seen major transformation in legislation regarding mental health in Ireland. The new Act has provided greater safeguards for patients' with the introduction of tribunals, which examine any illegal detaining of a patient. The 2001 Act replaced the 1945 Mental Treatment Act which was very outdated. My organisation is a private mental health hospital. I currently work there as a Clinical Nurse Manager in the admissions department. The Mental Health Commission (MHC) inspect my organisation once a year and rate us as compliant, partially compliant or non-compliant with their set out standards.

Aims & Objectives

Aim

To complete a training needs analysis of mental health nurses knowledge and their application of the Mental Health Act and it will inform the development of an education and training workshops across the hospital.

Objectives

- To explore nurses knowledge and application of the Mental Health Act
- To conduct a Training needs analysis
- To report the results of the training needs analysis to the hospital senior management
- To conduct training workshops on the training needs identified by nurses on the Mental Health Act

References

Senior, B. & Swales, S. (2010) *Organizational Change 4th Edn*. Harlow: Prentice Hall.
Stufflebeam, D. and Shinkfield, A. (2007). *Evaluation theory, models and applications*. San Francisco: Jossey Bass/John Wiley & Sons.
Department of Health (2001) *Mental Health Act 2001*. Dublin: Department of Health.

Methodology

For the purpose of the organisational development the author has chosen the Senior and Swales (2010) Change Model. The Model chosen details a step by step approach to the current problem, the vision, gaining commitment and developing and actioning a plan. This model best describes how an organisational development should progress. In the next section the author will describe the organisational development based on the Senior and Swales model. A TNA survey was developed and it was used to measure nurses training needs.

Fig 1 : OD Model



TNA Results

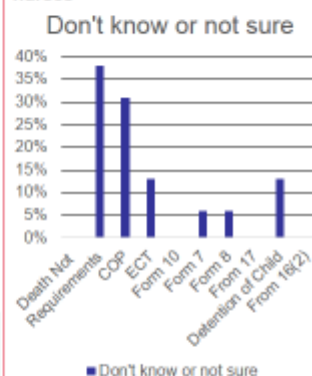
Fig 2: Needs Identified by Nurses

Total Nurses 47 Responded →	Don't know or not sure
Death Notification form	47%
MHC requirements	55%
COP	28%
ECT	24%
FORM 10	30%
Form 7	30%
Form 8	35%
Form 17	38%
Detention of a Child	77%
Form 16(2)	33%

Evaluation

For the purpose of the evaluation the CIPP model was used. A training workshop was developed and there have been 2 workshops delivered to date. There are workshops scheduled for each month for the remainder of the year. The pre-test, post-test method was used for evaluating the training workshop by using the TNA survey again.

Fig 3: Needs identified from 16 nurses



Organisation Impact

- The establishment of training workshops on the Mental Health Act and a culture of learning
- The impact of the training needs analysis results indicated that one profession has major doubts about certain aspects of the Act. This led to questions on how other professions knowledge is?
- The reduction of errors on Mental Health Act paperwork

Conclusion

In conclusion the organisational development was a success as the project was implemented with agreed dates for the remainder of the year. The training workshop content proved beneficial to staff needs but the evaluation feedback indicated additional training is required on the COP and statutory requirements. One recommendation was to set an online guide on the hospital intranet site.