Impact of functionalisation on staff morale in CMHTs

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Generic CMHTs are being increasingly replaced by three separate pathways of care: Inpatients, crisis intervention / home treatment teams, and community teams. The changes are significant, yet little research is being done to evaluate its success. Here, the authors look at whether the advent of this change, termed functionalisation, in Birmingham and Solihull Mental Health Foundation NHS Trust has affected staff morale, and compare staff opinion, pre- and post-functionalisation.

Introduction

Functionalisation, the creation of specialist teams, began as the evolution of teams such as assertive outreach and home treatment, in the 1990’s. More recent changes involve the splitting of generic community mental health teams (CMHTs) into separate pathways of care: inpatients, home treatment and community mental health teams.

Current literature, looking at whether functionalisation has affected staff who deliver services, is limited to general opinions within a few individual trusts. Quantitative and qualitative data are sparse. In 2012, staff satisfaction was explored in Wolverhampton, and results were published. The majority of other trusts are yet to follow this lead. NHS staff morale is acknowledged to be of great importance, particularly at times of service redesign. Managing change effectively is critical, enabling a smooth transition from the old to the new while maintaining morale and productivity. Historically, change has not always been successful. Reasons have included a perceived lack of involvement in the change and a lack of clarity in relation to potential benefits of the change.

In the 1990s, Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) started the process of implementing functionalisation. By 2013, functionalised services were well established trust-wide. An opportunity arose to glean staff opinion on this mode of service delivery. This study was specifically designed to compare CMHT staff opinion and morale, pre- and post-functionalisation, to establish whether there has been any significant change in these parameters.

Study design and method

BSMHFT consists of 16 CMHTs. All generic CMHTs were functionalised in a phased manner. By 2013, the time of this study, the whole trust was functionalised.

Figure 1. Responses to questions about morale pre- and post-functionalisation
A questionnaire was devised, consisting of three sections. Section one related to demographics, including duration of functionalised CMHT experience. The second and third sections were essentially the same, in terms of content, with section two focusing on opinion / morale prior to functionalisation, and the section three focusing on post-functionalisation. Firstly, general staff morale was explored, through a series of questions. The questions were compiled from literature pertaining to morale in the workplace, as well as through discussions with colleagues. This was then followed by functionalisation-specific questions. Again, the questions were compiled using literature as well as anecdotal evidence. Responses were predominantly on a five point Likert-type scale, with 1 being strongly agree with the options given, and 5 being strongly disagree. Free text options were available for those who had additional comments. The remaining questions required a ‘yes’ or ‘no’ response. The questionnaire was validated through feedback from various professionals of differing backgrounds. Additionally, the questionnaire was presented at the trust’s CMHT forum, which team managers and consultants attend each month. Further adjustments were then made to the questionnaire before it was disseminated. An email, with an electronic form of the survey attached, was sent to team managers of all CMHTs within BSMHFT, with a request to disseminate to all team members regardless of role. Anonymity was assured. Three reminders were sent before the survey was closed.

Statistical analysis
Statistical significance between the comparison groups was assessed using Fisher’s exact test and binomial test, as appropriate to data type. Fisher’s exact test was used to compare pre- and post-functionalisation responses for staff morale, perceived benefits / advantages, and perceived difficulties / disadvantages. Binomial tests looked at data overall, to establish any significant demographic associations. Demographic data were dichotomised to increase statistical power, as outlined in our results below. All original dichotomous responses were tabulated, while the multiple response categories were first dichotomised by combining the ‘disagree’ and ‘strongly disagree’ in one group, and ‘agree and strongly agree’ in another group, and subsequently tabulated. ‘Neither agree nor disagree’ numbers were too small so they were not assessed quantitatively. The two response groups were then analysed using binomial tests. The level of statistical significance used was 5% (p<0.05)

Results
Two hundred and seventy six members of staff were asked to complete the survey. Sixty-three responses were received, the response rate being 23%. Of the 15 questions asked, five related to demographics: gender, age, job role, duration of service within mental health, and how long staff had worked in a functionalised CMHT. Just over three-quarters (77.8%; 49) of respondents were female, and 22.2% (14) were male. For the purposes of statistical analysis, ages were dichotomised, to those aged 50 years and under (55.6% of respondents), and those aged over 50 years (44.4% of respondents). Staff roles were grouped as follows: medical (17.9%); nursing Staff (57.2%); administrative staff (19.6%), and other (5.3%). Other roles were occupational therapist (1), social worker (1), psychologist (1), and seven did not specify. Duration of service within the mental health service was dichotomised to ‘less than 10 years duration’ and ‘more than 10 years duration’. The former was 16.4%, and the latter made up 83.6% of respondents. In terms of demographics, the

![Figure 2. Responses to questions about potential and actual perceived advantages pre- and post-functionalisation](image-url)
The final question pertained to how long staff had worked within a functionalised CMHT. Again we dichotomised to ‘less than 10 years’, 69.4%, and ‘over 10 years’ was 30.6%.

The remaining 10 questions consisted of five relating to pre-functionalisation morale and opinion, and five pertained to post-functionalisation. Some data were directly comparable pre- and post-functionalisation.

Comparison of staff morale, before and after functionalisation

Firstly, we compared morale, before and after functionalisation. Responses were on a five point Likert scale, and arranged into three groups: strongly agree and agree; strongly disagree and disagree, and neither agree nor disagree (neutral) (see Figure 1).

Of statistical significance, was the fall in job satisfaction from pre-functionalisation (43% reported job satisfaction) to post-functionalisation (21% reported job satisfaction, p=0.03). Additionally, staff who felt their skills were well utilised fell from 56% to 24% (p=0.004). Of moderate significance was feeling valued as a member of the trust: 30% to 13% (p=0.05).

Comparison of opinion pre- and post-functionalisation, regarding potential and actual perceived advantages

We then explored staff opinion on perceived benefits of functionalisation, comparing with opinion after the changes were implemented (see Figure 2). Statistically significant changes were reported in relation to enhanced quality of input at each level; from 33% respondents feeling it could be an advantage dropping to 13%. Forty-eight per cent felt it would not be advantageous beforehand, which changed to 51%. (p=0.04). Ability to focus expertise also changed significantly, following functionalisation (p=0.03).

In terms of negative perceptions of functionalisation, there were changes in opinion following functionalisation but these were not statistically significant. Main concerns appear to be that functionalisation would lead to interface issues, differences in clinical opinion, loss of continuity of care, and communication issues (see Figure 3).

General opinions

Staff were asked whether they had been in favour of functionalisation: 7.7% of respondents strongly agreed/agreed; 50% strongly disagreed or disagreed, and 42.3% were neutral in response. Staff were asked whether they believed functionalisation had been successful: 9.1% agreed it had been; 61.4% felt it had not been, and 29.5% were neutral in response. Finally, we did ask staff whether they had actual evidence to support any of their opinions; 41% replied ‘yes’ and 59% replied ‘no’.

Demographic associations

Medical respondents highlighted loss of skills as a significant concern. Nursing staff cited loss of continuity of care as a major reservation. Those over 50 years of age felt that communication issues and differences in clinical opinion were of statistically significant more concern, than those under 50 years old. We also found that staff who had worked in a functionalised CMHT for longer than five years, were more disagreeable with the phrase ‘functionalisation has been successful’ than those who had worked less than five years.

Additional comments

Staff were offered the option of free text comments throughout the questionnaire. Only one positive comment was made: ‘I believed functionalisation would decrease CMHT caseload, so we devote more time to CMHT patients’. There were a number of negative comments, including: ‘large numbers of patients are unhappy’, and ‘staff did not feel they were consulted’. Other comments included: ‘left a lot of
patients distressed, and having to rebuild trust with new doctors’ and ‘constant struggle to define what a crisis is’. In terms of evidence to support their opinions, staff cited: ‘what I see day-to-day’, and ‘patients’ accounts of loss of continuity of care’.

Study strengths and weaknesses
This study employed retrospective analysis, thus we need to be mindful of recall bias. This work could be considered as a possible platform for further longitudinal studies. The response rate for the survey was not ideal, despite repeated reminders. A greater response rate is needed to strengthen the study. However, it has to be noted that studies with similar response rates, have had significant impact. Claassen, et al. looked at ‘Money for medication’, a relatively small study that had huge impact in East London, and was reported in the national news.9 Dale, et al. conducted a study entitled ‘New ways not working? Psychiatrists’ attitudes’, which also attracted a low response rate, but nevertheless was acknowledged as an important contribution.9 We used a 5 point Likert scale, which was in fact dichotomised. This was necessary, however, due to the small sample size, in order to gain meaningful data following analysis. This study only looks at CMHT staff opinion. A study exploring the opinion of staff working in the acute pathways, perhaps, would give a more balanced view.

Conclusions
The role of frontline staff is pivotal in ensuring new ways of working are effective. It is of paramount importance that staff feel involved when service redesign is introduced, and that they understand its purpose. However, it is important that staff also participate when offered the opportunity to provide feedback on service redesign. A poor response rate could imply a lack of interest in the way services are provided. This survey has highlighted some concerns on the part of staff who did participate. These are areas that could be used as a platform for discussion ensuring functionalisation evolves into a well regarded, successful way of working.

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Declaration of interests
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References