



Adapting & operationalising SNAP (the Support Needs Approach for Patients) in mental health settings

Project summary and key findings

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Short title: SNAP in mental health

The Support Needs Approach for Patients (SNAP) is a health care intervention developed to facilitate person-centred care for patients with chronic or progressive conditions (<https://thesnap.org.uk/>), by enabling identification and addressing of patients' support needs.

SNAP comprises two key components: (1) a person-centred process, including a needs-led conversation with a clinician about the patient's unmet support needs, which is underpinned by (2) a patient-completed SNAP Tool. The SNAP Tool is a concise set of 15 evidence-based validated questions to help patients identify and express areas of support need, provided to patients as the "How are you? Booklet". The tool was developed and validated from an evidence-base of chronic progressive physical conditions.

In March 2022 we were approached by Dawn Stewart, Deputy Ward Manager at Fulbourn Hospital (Cambridge & Peterborough Foundation Trust: CPFT), who wanted to use SNAP in mental health settings to enable holistic assessments. SNAP is established across primarily physical health disciplines but has not yet been implemented in acute mental health. Initial clinician exploration of the SNAP Tool suggested that some questions may require adaptation or adding for mental health. Optimal operationalisation of SNAP's person-centred process in the mental health setting also needed to be explored. To do this we conducted a six-month three-stage project with service users and clinicians, funded by the NIHR Applied Research Collaboration (ARC) East of England (within the Palliative & End of Life Care theme: PEOLC) and supported by senior management and the R&D Department at Cambridge & Peterborough Foundation Trust.

Public & Patient Involvement (PPI)

The project benefitted from the advice and guidance of two service users. Both brought the experience of using mental health services. They advised on service user recruitment and data collection materials, provided further insights into and sense-checked study findings, and advised on the design and conduct of proposed follow-on projects. They have also supported production of a brief feedback report for participants. Due to the short duration of the project, our service users

were consulted individually – both by email and online. One also joined the Project Advisory Group (PAG).

Project Advisory Group (PAG)

The project also had the advice and guidance of a dedicated Project Advisory Group (PAG). The group comprised the study team (Farquhar & Gardener), Dawn Stewart (mental health clinician at CPFT), Dr Gail Ewing (the third member of the SNAP team, alongside Farquhar and Gardener), Dr Shero Oduola (Lecturer in Nursing Sciences - Mental Health; bringing a national perspective) and one of our PPI service users. Due to the short duration of the project, the PAG met once as a group (via MSTeams). Members of the PAG were also consulted individually as required.

Three-stage project

We conducted a three-stage applied qualitative project involving service users and clinicians. The project plan was modelled on the work of Ewing et al's successful adaptation of a similar person-centred intervention (but for unpaid/family carers rather than patients or service users) for a new client group (Ewing et al, 2020).

- Stage 1 worked with service users to initially review the SNAP Tool and SNAP for acute mental health settings
- Stage 2 worked with service users to adapt the SNAP Tool and begin to operationalise SNAP for mental health settings
- Stage 3 worked with clinicians to optimise operationalisation of SNAP for mental health settings

Ethical approval was secured from the NHS Wales Research Ethics Committee 4 (REC reference 22/WA/0351 and IRAS project ID 320312 for research protocol v4.0 14/12/2022). Local governance approvals were in place including letters of access for the study team. The project was registered on the Open Science Framework: <https://doi.org/10.17605/OSF.IO/CWSRH>.

Stage 1: Service user focus groups to review the SNAP Tool and SNAP

Two small focus groups were conducted involving four service users. The size of the focus groups ensured feasibility. We sought service user participants who could provide insights on the support needs of service users of acute mental healthcare: they could therefore be recent, rather than current, inpatients. The focus groups were conducted at the study site and were facilitated by two experienced UEA researchers from the SNAP Team: Farquhar and Gardener. A Distress Protocol was in place: this included having a clinician available to support any participant who became distressed.

The focus groups were topic guided – the topic guide covered three areas:

- 1) Brief introductions and ground rules – this included asking participants to briefly give one example of help/support they received, or would have liked to have had, from whom and when
- 2) Introducing SNAP and the SNAP Tool – this included sharing a copy of the SNAP Tool and asking participants to share their initial thoughts on its layout and wording, followed by discussion of each of the SNAP Tool's 15 questions considering their relevance to service users with mental health conditions (identifying any irrelevant questions or any broad areas of support need missing)

- 3) Preliminary thoughts of the process of using SNAP (the intervention) in clinical practice from a service user perspective

An informal debrief period was provided at the end of each focus group.

The focus groups were audio-recorded (with consent) and transcribed by a professional transcription company with a confidentiality charter. Anonymised transcriptions were then analysed using qualitative content analysis (Hsieh & Shannon, 2005). Box 1 reports the key findings.

Box 1: Stage 1 – key findings:

These two small focus groups involved diverse service users (in terms of their demographic characteristics: sex, age, and ethnicity) and produced rich discussion of service user support needs, how those needs were currently identified and addressed, and the relevance and acceptability of the SNAP Tool's 15 original questions for service users with mental health conditions.

The focus group discussions identified that the 15 questions on the SNAP Tool were relevant to service users with mental health conditions but that six required some form of adaptation and one question (around risk) needed to be added.

The discussions also identified a range of clinicians and practitioners who could be involved in delivering SNAP, as well as a range of mental health care settings beyond the acute setting.

Stage 2: Service user workshop to adapt the SNAP Tool and operationalise SNAP for mental health settings

A single service user workshop brought together participants from Stage 1 who wanted (and were able) to continue taking part, plus new service user participants (same criteria as Stage 1). The workshop was conducted at the study site. One additional service user interview was conducted for a participant who was unavailable for the workshop. Stage 2 therefore involved four service users in total. The workshop was facilitated, located, and recorded as for Stage 1; the interview was conducted by the project SRA (Gardener), online (using Zoom), and recorded as for the workshop. The same distress protocol and clinician support was in place as for Stage 1.

The workshop and interview were topic guided – the topic guide covered five areas:

- 1) Brief introductions and ground rules
- 2) Refresher/introduction on SNAP and the SNAP Tool
- 3) Reporting on findings of Stage 1 – this involved notifying participants of the questions for adaptation on the SNAP Tool and questions to be added for service users with mental health conditions
- 4) Working together on the wording of questions for adaptation on the SNAP Tool and questions to be added for service users with mental health conditions
- 5) Gathering service users (further) views on the process of using SNAP (the intervention) in practice from a service user perspective.

An informal debrief period was provided at the end of the workshop and interview.

The workshop and interview recordings were transcribed, anonymised, and analysed as for Stage 1. Box 2 reports the key findings.

Box 2: Stage 2 – key findings:

The workshop and interview again involved diverse service users (in terms of their demographic characteristics: sex, age, and ethnicity) and again produced rich discussion of service user support needs, how they were currently identified and addressed, and endorsement of Stage 1 findings.

Together, we adapted the six questions identified in Stage 1 (including splitting one question into two) and developed the wording for the additional question around risk. This resulted in a new co-developed 17-question version of the SNAP Tool for Mental Health (the “SNAP-MH Tool”).

Together, we further explored the range of clinicians and practitioners who could be involved in delivering SNAP, as well as the range of mental health care settings.

In terms of mental health care settings, key areas participants explored were:

- After a few weeks in hospital when things calming down, or prior to discharge
- At home
- During a transition period

In terms of which clinicians or practitioners, key areas participants explored were:

- Ward Nurse
- Health Care Assistant (HCA)
- Community Psychiatric Nurse (CPN)

Notably the felt it was important that, whichever the clinician, it needed to be someone they could trust, and someone who was trained to deal with the responses.

Stage 3: Clinician Workshop: Operationalising SNAP for acute mental health settings

A single clinician workshop involving two clinicians (three had agreed to take part but one became unavailable) was facilitated, located, and recorded as for Stage 2.

The workshop was topic guided – the topic guide covered four areas:

- 1) Brief introductions and ground rules
- 2) Refresher on SNAP
- 3) Reporting on findings of Stage 1-2 – included adaptations made to the SNAP Tool by service users and service users’ views on the process of using SNAP (the intervention) in clinical practice from a service user perspective
- 4) Clinicians’ views on the process of using SNAP (the intervention) in clinical practice

The workshop recording was transcribed, anonymised and analysed as for Stage 1. Box 3 reports the key findings.

Box 3: Stage 3 – key findings:

Clinicians participating in the workshop reflected on and discussed the proposed adaption of the SNAP Tool and considered the role SNAP might play within clinical care in a mental health setting. They endorsed the original need for the SNAP Tool to be adapted for users of mental health services and responded positively to the new co-developed version. They felt that the range of questions on the adapted tool reflected key areas of support need experienced by users of mental health services.

They also discussed SNAP (the intervention) and identified it as useful for facilitating conversations with service users and for involving them in the assessment and care planning processes. Of note, they reflected on how SNAP had potential to address power imbalances between clinicians and patients within these processes. SNAP was also identified as potentially useful for opening up one-to-one conversations between in-patients and their keyworkers.

The clinicians felt that SNAP could be useful both in hospital settings (across assessment, treatment, and recovery stages) and within the community.

Key challenges to the adoption of SNAP were discussed and focused on the compatibility and overlap of SNAP with existing systems.

PPI & PAG review of findings

Our PPI advisors endorsed the proposed tool adaptations and intervention delivery ideas.

Our Project Advisory Group also endorsed the adaptations and intervention delivery ideas but advised that the face and content validity of the resulting co-developed 17-question version of the SNAP Tool for Mental Health (the “SNAP-MH Tool”) now needs to be established. Being a service user-completed tool, establishing face and content validity is essential in order to recommend the adapted tool for use with service users in mental health practice. Face validity (i.e., *How does it look? Does it look like it does what it is designed for?*) could demonstrate acceptability to service users. As the SNAP-MH Tool was also designed to be holistic, demonstrating content validity (i.e., *Does it cover all the relevant support needs?*), would confirm breadth of coverage and suitability for purpose. Further, confirmation of face and content validity would enhance clinician confidence in the tool with service users within mental health care.

A follow-on project (Project 2), again funded by NIHR ARC EoE, is now underway to conduct this validation work and **produce the final version of the SNAP Tool for Mental Health, validated and ready for use in clinical practice.**

Dissemination

We have shared a brief report of these findings with those study participants who requested this.

Once the 17-question SNAP-MH Tool is validated in Project 2, we will:

- make the SNAP-MH Tool available (under licence) via the SNAP website (free of charge to not-for-profit organisations)
- make any guidance on delivery of SNAP within acute mental health settings available on the website
- an NIHR ARC East of England webinar will be delivered for clinicians and interested researchers
- an academic paper will be submitted for publication (we aim to co-produce this with service users)
- and we will aim to submit a follow-on NIHR funding application (e.g., Research for Patient Benefit) to formally test SNAP in acute mental health.

References

Ewing G, Croke S, Rowland C, Grande G. Suitability and acceptability of the Carer Support Needs Assessment Tool (CSNAT) for the assessment of carers of people with MND: a qualitative study. *BMJ Open*. 2020; 10(12): e039031.

Hsieh H-F, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res* 2005;15:1277-88.