SHINe Journal
Volume 49
August 2006

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Mental Health Inequalities and the need for Qualitative and Quantitative Evidence Resources

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Introduction

An "evidenced based" literature search in the field of mental health inequalities is an interesting and illuminating journey for an information professional. An understanding of health inequalities and the need for quantitative and qualitative evidence can have an effect on the successful outcome of your search.

This article represents my journey whilst working on a literature search for a Glasgow Community Health Partnership on Mental Health Inequalities. I have made reference to material I found particularly useful, but I have included supplementary references for further exploration.

Health inequalities: measurements and determinants.

There seems to be a body of literature to support the notion that the health of the nation is generally continuing to improve.   However paradoxically it also reports that there are particular pockets of the population where their health status is continually poor (1). So how can it be possible that some health policies will work for some of the population, but not for others?   The answer lies in understanding inequalities.

Historically the most used method of measuring inequalities between people has been through measures of occupation. This was originally developed to construct the census. Although it is considered to be an outdated measurement now it still captures basic information (1). For example, the higher your social class the more likely you are to have higher educational attainment and higher living standards.

However there are limitations to collecting measures of occupation. For example, do race, gender, sexuality, geography, age, disability, housing and social position have an effect on a person's health (2)? And can you also experience many inequalities concurrently? Consider this; you are black gay women working as a bricklayer.

In summary measuring inequalities can be problematic as there are many socio-economic determinants.

Health inequalities and mental health

One of the most socially excluded groups in society today is people who suffer from mental health problems (3) and it is a key health target for the national government.

A 2004 report (3) stated that for many people who suffer mental ill health it is not merely an episodic disruption to participating in life, but a real "social and economic exclusion" throughout there lives. Generally this group will have the lowest employment rate of all the main disabled groups. Social isolation will be a major factor linking mental health and suicide. Depression, anxiety and phobias have the highest rates in deprived areas and have major financial implications on families. Mental health problems not only impact significantly on families emotionally and but also financially.

Mental Health Inequalities: A Social Model of Health Service Delivery

There are many social and cultural inequalities that are entwined in a person's life, which can also create barriers to accessing suitable health services.   In order to deliver realistic and appropriate services there needs to be a different model of health provision that brings together health and social care.

At this moment in time the NHS in Scotland is radically changing. The Primary Sector no longer exists in its old format and Community Health Partnerships (CHP's) are the new boys in town. It is hoped that

CHP's will deliver more effective community health strategies and services because they will be based on a social model of health that takes into account inequalities in the health of a population.

Mental Health Inequalities: A Glasgow Project

My recent work with a South West Glasgow CHP mental health project was about developing ways in which they could be more responsive in service delivery. This included the idea that experiencing inequalities has the most profound effects on mental well-being.

The project team was formed to develop a proposal that aimed to explore these inequalities.   There were two key areas for all team members to have a clear understanding of.

Policy and practice
- Understanding the impacts of inequalities on mental health.
- Identify the significance of experience of inequalities on the service users.
- Promote partnership and a coordinated approach in addressing inequalities.
- Implications for Greater Glasgow Primary Care mental health development and mental health services development in general.

Development of community based preventative work
- How to address inequalities.
- Identify ways of developing good mental health.

My role within the team was to deliver an "evidence based" synthesis on the literature surrounding their key project deliverables. The team members would then use these "knowledge portfolios" to support development of the service delivery model of mental health services.

A complete methodology, fuller description of the project and the outcomes of the "Knowledge Portfolios" is published (4).

Qualitative versus Quantitative Evidence?

The CHP team make-up was a cross section of health and social professionals ranging from clinical to social science and arts backgrounds. Within the team there was also a mixture of research experience and methodologies. This led to a discussion on what types of evidence should we be looking for and where would it come from. I explained at length the "hierarchy of evidence" in clinical terms. I also discussed the availability and quality of "qualitative evidence" from other sources.

As information professionals we are always looking for and advising people on the best quality evidence. But what if the evidence you are looking for does not fall exactly into the clinical rigidly controlled scientific methodology.   Where do we look when the clinical conditions has many determinants that are socially and culturally controlled?

Within the clinical setting there is a recognized "gold standard" of building an evidence base. The Cochrane Collaboration has set the standard on best practice for clinical interventions and is "tight" on scientific assumption, methodology, appraisal and synthesis. However Booth (5) has argued that the Cochrane Collaboration practices a "closed shop" for the inclusion of qualitative research to the detriment of adding to the evidence base. Dixon-Woods (6) argues that evidence-based healthcare so far has "lacked a critical perspective particularly with respect to social and educational interventions". In fairness a BMJ (7) article has stated the importance on qualitative evidence inclusion into mainstream and proposes ways in which qualitative evidence can be assessed for quality. Some have already outlined a methodology for including qualitative research systematic reviews and call for further work to be done in this area (8).   The Health Development Agency commissioned further work on this area and the report "Integrative approaches to qualitative and quantitative evidence" makes an interesting read (9).

To create some balance with the Cochrane Collaboration there has been the development of a breakaway group called the "Campbell Collaboration" (10).

After all the discussions and arguments about quantitative versus qualitative evidence what's the bottom line for us information professionals? The truth is there are already great volumes of good quality "qualitative evidence" out there now. So where do we look? There are broad areas that we should consider; government organisations, thinks tanks, academic centres of excellence, charity and voluntary sector, and professional organisations. Surprisingly there are also gems to be discovered on databases that we have access to on a daily basis through NHS Scotland e-library.

Guide to evidence in mental health inequalities.

Databases

The coverage of the databases is clear to see, but don't immediately discount the more clinical databases such as Medline. Over the years I have had some real finds in socio-economic type searches. One tip is not to rely on MESH searching for this area, as you will come across more blanks, workup your natural language searching.

Here is my selection of useful databases available at NHS Scotland e-library.
Medline
Embase
Cinahl
PsychINFO
AMED: complementary health
Cochrane Databases
AARP AgeLine
HMIC
ASSIA: Social sciences including social services, psychology, race relations, education
Campbell Collaboration
ERIC: Educational resources and social
Social Work Abstracts: related topics homelessness, family welfare, and addictions
Planex: economic issues, social exclusion, housing
Social Science Citation Index
SocIndex
Sociological Collection

Consider also these databases, alas not available at NHS Scotland e-library.
Urbadoc: Acompline
CareData
Urbaline: Urbadisc
SIGLE: System for Information on Grey Literature in Europe

All other portals

Due to the restrictions in length of this article the following is a limited list of "other portals".   I have mainly excluded the charity and voluntary sector as it is very large, but I would be happy to be contacted.

UK Government

Home Office Equality and Diversity
http://www.homeoffice.gov.uk/equality-diversity/

Social Exclusion Unit
http://www.socialexclusionunit.gov.uk/

Scottish Executive
http://www.scotland.gov.uk/Home

Neighbourhood Renewal Unit
http://www.neighbourhood.gov.uk/

Women and Equality Unit
http://www.womenandequalityunit.gov.uk/

NHS

National Institute for Mental Health England and BEM Programme
http://nimhe.csip.org.uk/home

National Institute for Health and Clinical Evidence
http://www.nice.org.uk/

National Electronic Library for Mental Health
http://www.library.nhs.uk/mentalhealth/

Healthcare Commission
http://www.healthcarecommission.org.uk/homepage.cfm

Kings Fund
http://www.kingsfund.org.uk/

General Gateways

BUBL
http://bubl.ac.uk/

SOSIG : Sexual Orientation Special Interest Group and Mental Health
http://www.sosig.ac.uk/

COPAC (UK Universities Unified Catalogue)
http://copac.ac.uk/

BIOME (UK gateway sources in science and medicine)
http://biome.ac.uk/

Think Tank, Academic Centres and Centres of Excellence

Centre for Analysis Social Exclusion: London School of Economics
http://sticerd.lse.ac.uk/case/

Centre for Economic and Social Inclusion
http://www.cesi.org.uk/

Joseph Rowntree Foundation
http://www.jrf.org.uk/

Centre for Research In Ethnic Relations, University of Warwick
http://www.warwick.ac.uk/CRER/index.html

Centre for Evidence in Ethnicity, Health and Diversity, University Warwick
http://www2.warwick.ac.uk/fac/med/clinsci/ethnicityhealth/

Sainsbury Centre for Mental Health
http://www.scmh.org.uk/

Policy Studies Institute
http://www.psi.org.uk/

UK Mental Health Research Network

http://www.mhrn.info/dnn/

ROTA (formerly GLARE)
http://www.rota.org.uk/pages/about/index.htm

Institute for Public Policy Research
http://www.ippr.org.uk/

Townsend Centre for International Poverty Research, University of Bristol
http://www.bris.ac.uk/poverty/

The School of Social Policy, Sociology and Social Research. University of Kent.
http://www.kent.ac.uk/sspssr/

University of Durham. School of Applied Social Sciences.
http://www.dur.ac.uk/sass/socialwork/

Social Perspectives Network
http://www.spn.org.uk/

Democratic Health Network
http://www.dhn.org.uk

EPPI-Centre Resources
http://eppi.ioe.ac.uk/cms/

London School of Economic REGARD Database
http://www.lse.ac.uk/collections/CARR/documents/regardDatabase.htm

Conclusions

A literature search in the mental health inequalities field is a mighty task. My main tip is to make sure that your client is familiar with "evidence based" searches. Furthermore, that they are educated in the availability and quality of quantitative and qualitative evidence sources.

Information professionals are constantly defending their roles when we hear that "everything is free on the web". To maintain and improve our professional standing we must strive to provide expertise in niche areas offering valued-added service as a matter of course.

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User Consultation in North Glasgow Libraries: A Survey

Shona McQuistan, Frances Schofield

Introduction

As it had been some time since hospital staff had been consulted on the library service, it was decided to survey staff to help inform future development. The aims and objectives of the survey were to evaluate the use of and satisfaction with the services and resources provided by the library service for staff working in the North Glasgow Hospitals (namely Glasgow Royal Infirmary, Western Infirmary, Gartnavel General Hospital, Stobhill Hospital and Beatson Oncology Centre). In particular this survey looked at:

- Whether staff are aware of and use the library service
- How use of the library service influences their work and/or patient care
- Suitability of library opening hours and environment
- Use of and satisfaction with specific services and resources provided by the library
- Use of the library website
- Perceptions of the eLearning service offered by the library
- Communication between the library service and the user population

Methodology

A combination of multiple choice, closed and open questions were used to make the results as easy as possible to analyse and to give the respondents the freedom to comment.   A pilot was carried out with a small representative group of staff to check for errors, ambiguities and problems of access. The questionnaire was distributed via email, the library website (a link to the survey was displayed on the library website's home page), via the intranet, by post and given out from the libraries to avoid excluding those not on the internal email system or those without access to the Internet. Distribution of the survey took place over a two month period.

It was decided to use Survey Monkey (http://www.surveymonkey.com) to host the questionnaire due to the ease of providing access to the survey, the reduction in production costs for the questionnaire and the simplicity of analysing the survey results using the software. The Survey Monkey software automatically compiles results and was used as the primary method of analysis for the survey.

Results and analysis

Demographics
The total response rate was 340. This seems a low response rate when considering that there are approximately 12000 staff working within North Glasgow Hospitals (2.8% return rate). However, this represents a respectable response in terms of total number of respondents when compared to previous surveys. There was a good spread across different staff groups and there was a high response from some sections, e.g. nursing and medical staff. However, it would have been preferable to have received more responses from some of the more under-represented staff groups, e.g. Estates.

Library use and non-use
The majority (95.4%) of respondents had heard about the library service, which would suggest that marketing has been successful in raising awareness of the library service amongst staff.

The majority (85.5%) of those asked said that they had used the library service. When analysing this according to staff groups, it is interesting to note that the main staff groups using the library are nurses (33%) and doctors (23%). The figures show that the library service is more heavily used by clinical staff, but not solely by medical staff. This suggests that efforts to widen out access beyond the traditional medical staff population group have been successful. However, there is still some work to do with regards to non-clinical staff (e.g. Administrators (0.9%), Estates (0%) and Clerical (5%)) who, whilst making up a significant proportion of total staff, still only account for a very small number of library users. It is important that the library is seen as a resource for all staff groups and perhaps the library needs to consider what additional resources and services could be provided to attract other staff groups to the service.

There does not seem to be the same level of use of the library to support management and planning/strategic development. It is unclear from the results if this is due to a perceived lack of library resources by managers to support this kind of activity.   Only a small percentage (4.2%) of respondents selected the Management staff category.

The main reason given for people not using the library service was time. There are a number of ways the library service could address this, e.g. increasing opening hours and adding more online resources to try and create more flexible access to the libraries.   The library service could also emphasise the time-saving quality of particular 'push' services (e.g. literature searching, current awareness, contents page alerts, evidence summaries, news feeds) when advertising the library.

The majority of respondents use the library weekly (33%) and monthly (31%). Only 5.3% use the library daily. Weekly or monthly use suggests people routinely use the library as part of their working practice. The library supports the work of staff in educational coursework (35% often and 34% sometimes) and teaching/training/mentoring (43% sometimes and 29% often). This fits in with the traditional role of libraries. The library also supports staff in patient care (43% sometimes and 29% often), CPD (41% sometimes and 36% often) and personal development (44% sometimes and 28% often).

Access
The majority of respondents (59.3%) were happy with the current opening hours. A small percentage of respondents would like to have alternative access outwith the traditional 9-5 opening hours, e.g. 24hrs 7 days a week, unstaffed outwith 9-5 (14.6%), access until 10pm (7%) and until 7.30pm (6.5%). However, it would be difficult to justify the expense of extended opening hours on the basis of such limited demand.   Overall the library environment was considered to be satisfactory, with just a few comments about noise on some sites.

The majority (61%) of respondents considered all the library charges to be just right. However, 23% of people thought that photocopying (£1 for 14 pages) should be free and 34% of respondents thought that British Library charges (£3 per item) were too expensive. It was surprising that, overwhelmingly, people were happy with the charges, as they have always been assumed to be unpopular amongst library users by library staff.

Services
The majority of respondents rated most services as 'good'. Literature searches and general customer services were both rated as 'excellent' by the majority of respondents (37% and 38%, respectively). Most respondents were not aware of the contents page service and Get Ahead (literacy, numeracy and core skills training) (26% and 47%), although 26% did also state that the contents page service was good. This may highlight an additional marketing need in this area, or it may be a result of the survey population not being fully representative of all staff groups, in particular those staff groups that would perhaps use Get Ahead.

Resources
Most resources were regarded as being 'good', e.g. books (39%), journals (40%), library website (35%). Thirty-two per cent of respondents did not know about the audiovisual materials and CD-ROMs, which perhaps highlights a marketing issue. The eLibrary was rated 'excellent' by 34% of respondents and 'good' by 33%. This is an encouraging response and would suggest that staff are embracing this relatively new method of providing remote access to library and information resources. It is difficult to analyse the results for this question as the responses are quite evenly spread. Without any evidence to show that resources are considered either 'excellent' or in 'need of improvement' it is hard to make any recommendations for library resources.

Journals
65.3% of respondents preferred to access journals online. 12.5% accessed the journals in print format and 22.2% did not express a preference (see Fig 1 below).
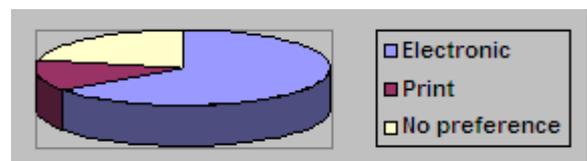

Fig 1 Users' preference for journal access

It is important to consider the possible bias towards online resources due to the fact that the survey was emailed out and available online. For the group that preferred to access paper journals, it would be interesting to discover if this was more of a training issue, rather than a preference for paper. The growing popularity of the eLibrary and their efforts to market it might have also increased the number of respondents preferring electronic access.

Books
Fifty per cent of respondents liked to access print books held in the library and 22.7% expressed a preference for eBooks (see Fig 2).

This clearly shows a need to continue to develop the libraries' print book collections, alongside promotion and training for electronic books. It seems that users do still appreciate print books, maybe because of their portability and ease of use.
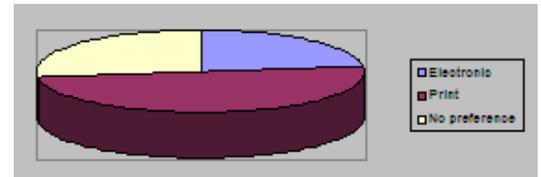
Fig 2 Users preference for access to books

Library Website
72.5% of respondents used the library website and 27.5% did not. This is encouraging as the library website is the central point of access to library services for all staff. The majority (80.8%) of respondents access the library website from their workplace, 36.9% access the website from home and 21.3% access it from a hospital library (see Fig 3 below).

eLearning

35.6% of respondents reported that they had previously used eLearning courses, with the remainder (64.4%) stating that they had not. The majority of respondents (60.8%) accessed their eLearning courses from work. People also accessed courses from
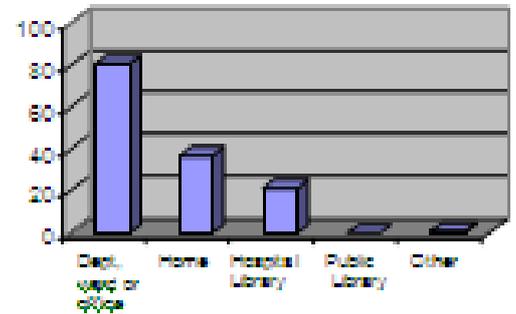

Fig 3 Point of access of library website

home (16.4%) and in the library (13.9%). The high percentage (60.8%) of learners accessing the courseware from work suggests that staff have support from their line managers to undertake eLearning courses to support their personal and professional development.

Most people thought that eLearning courses were useful for their personal development (38.8% useful and 31% very useful); a significant number (29%) were not sure. This would suggest that a large number of people are not aware of the opportunities available for personal development through eLearning and view eLearning only as something to support their current work practice. Overall the majority of respondents rated the eLearning service as good in each category: variety of courses (40%), accessibility of courses (40%), general standard of service (41%), user support (36%) and overall provision of eLearning (39%).

Communication

87.1% of respondents felt that the library did communicate well with staff and 12.9% felt that communication was not good. The majority of respondents (62.4%) received information by email. Other popular methods were talking to library staff (39.4%) and the library website (35.3%). Other methods mentioned were 'visiting the library' and 'hospital intranet'.

The majority (76.5%) wished to receive future communications via email, with 31.2% preferring to get information from the website.

It is important that library marketing and promotion reaches staff that do not have ready access to a computer or email. This suggests that it is still important to promote the library via print or other formats, despite the cost, to ensure that all groups are reached.

Recommendations and conclusion

The aim of this survey was to evaluate the use of and satisfaction with the services and resources provided by the library service for staff working in the North Glasgow Hospitals.

Awareness of the library service seems to be good amongst staff, but there are certain staff groups who would benefit from more targeted promotion. The Library supports staff in their education, patient care and continuing professional development, in line with the Library Service's aims and objectives. The comments received suggest that some of the North Libraries should consider improving aspects of the library environment and extending opening hours. Library resources and services were generally considered good, but several comments suggested that resources need to be updated and additional resources purchased to support other staff groups. Electronic journals seem to be a popular way for staff to gain access to articles and eBooks are rising in popularity. Overall, the eLibrary does seem to be well-used and appreciated by staff.

The library website seems to be well-regarded and some useful suggestions have been made to improve different elements of the site. The library needs to manage changes to the library website and eLibrary better to ensure users do not become frustrated. The eLearning courses provided by the library seem to be considered useful by those who know about them, but it is important for the library to continue to promote these to all staff groups. This is something that we hope to see increasing with the introduction of the Knowledge and Skills Framework, which formalises the organisation's commitment to the continuous development of its staff. Communication between the library service and the user population is considered to be mostly good by respondents. Email is the preferred method of receiving library messages, but library staff must also ensure that groups without easy access to email are not excluded from library promotion.

The library functions within a constantly changing environment and it is essential that library users are consulted on a regular basis to ensure the library remains relevant to their needs. Library surveys are a good way of assessing users' perceptions of their library service, but should be repeated on an annual basis. This was the first time that a survey on this scale and using SurveyMonkey had been attempted and several lessons have been learnt. The design and wording of a couple of the questions could be improved next year. In an attempt to improve the response rate, print copies were also distributed and some of the questions did not translate well into this format, which made analysis difficult. In conclusion, this survey gives the Library Service a valuable benchmark against which to measure future library performance.

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Book Reviews

Title of Book	Wikis: tools for information work and collaboration
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ISBN	1843341786
Publisher	Chandos Publishing
Publisher Website	www.chandospublishing.com
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Review

Wikis are a relatively new addition to the Internet and as yet have not become embedded in daily librarian practice, whereas the related concept of the blog (weblog) has become relatively familiar.

As a Wikipedia addict, using this source to feed my addictions to cult British television sci-fi, obscure Victorian pulp novels and minor Scottish political parties, I was interested to see whether this volume did indeed provide its promised 'easy-to-read' and 'practical' coverage of this topic for the busy informational professional.

So what is a wiki (the term itself comes from the Hawaiian for 'quick', incidentally)? For most users it is a collaboratively authored and editable website – more accurately, as it need not be accessed solely via the Web, it is, as defined by this volume, 'a collaboratively authored knowledge resource that is accessed and edited from a web browser using wiki software'. Wikipedia, the publicly-editable encyclopaedia, is probably the best known example, with its entries being given as references by websites from undergraduate reading lists to Viagra sales sites.   But wikis can range from such vast international resources to private collaborations between a few individuals.

The book itself consists of 8 chapters plus reading lists and appendices, and includes contributions by six authors in total, who range from a Wikimedia Trustee (overseeing Wikipedia and subsequent spin-offs) to a librarian from the University of Adelaide. Half the authors have library backgrounds and qualifications, and the chief author is a LIS academic.

The book is clearly laid out and easy to use, with chapters on locating, using and creating wikis, and more focused chapters on their applications in library and information science, education and business. It achieves its stated aims of being accessible to novices and non-technical readers while providing material (for example in the technical sections) of interest to those already using or managing these resources. The style is very clear and necessary jargon is explained. There is perhaps an over-emphasis on Wikipedia as a source of examples and many of the references and further sources given are primarily news pieces or from a limited range of online publications; however, as it does not set out to be an authoritative academic volume, this is a minor criticism.

The second chapter nonetheless does not shrink from detailing the problems with the concept (including the difficulty of indexing 'live' resources, vandalism and controversial opinions being presented as fact). Here and in appendices helpful evaluation criteria are given which could usefully serve when advising on assessing other information sources. The 'librarian' focus of the book is apparent here and in the thorough discussion of referencing, metadata and searching issues. It is, therefore, ironic that the chapter on library and information applications is the poorest in the book, heavy on listing library-related wikis but with little discussion of issues or practicalities. In contrast, the chapters on education and business applications include case studies and examine ethics, wiki etiquette and other issues. A chapter on health would have been interesting, as the implications of freely editable health resources being added to the already high number of 'non-expert', patient-authored, controversial and otherwise non-standard health websites used by both patients and professionals are both exciting and troubling.

The technical chapters are an excellent example of writing for a non-technical audience, with clear pros and

cons on the various options available and advice on where to go for more information. The wiki management chapter would be of interest to anyone managing a website, mailing list, forum or similar, with very practical advice on design, security, the need for documentation and the issue of problem users.

Overall I would recommend the book to anyone who has experimented with Wikipedia and likes the concept, or who has had wikis recommended to them as a tool for project work and collaboration but who wants to know what is involved. Those interested in the more controversial aspects of the wiki concept or in the political implications of this marriage of free software and free information will need to look elsewhere for in-depth analysis, but as an easy to use manual for the library professional the book fulfils the terms of this Chandos series.

Title of Book	Continuing professional development: a guide for information professionals
Author	Alan Brine
ISBN	184334081X
Publisher	Chandos Publishing
Publisher Website	http://www.chandospublishing.com
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Review

Continuing professional development (CPD) is high on our profession's agenda at the moment, with CILIP introducing revalidation and a revamped Framework of Qualifications while other organisations, such as the NHS, introduce skills-related frameworks for staff. Ivor Lloyd devoted his most recent Presidential column to the topic, arguing that "One of the distinguishing features of being a professional is a commitment to continuing professional development" (1). Alan Brine, Library Systems and IT Manager at De Montfort University library and doctoral candidate at Loughborough, would agree, and has produced a useful, brief and readable volume that covers key concepts of CPD and provides many pathways to follow when engaging in this core professional activity.

With the emphasis on the C in CPD, this book is not only for the new professional interested in Chartering, but will equally be of interest to more experienced librarians, especially those who would like to progress and develop their career. This is not a job-hunting manual and does not discuss issues such as the CV. Instead, the focus is on learning and development and how to plan and document related activities, beginning with a discussion of different learning styles and how the learner can adapt to meet the need for reflective practice. An explanation of how to conduct a training needs analysis is followed by a detailed discussion of how to put together a good portfolio. The author then explores how to take advantage of programmes that support professional development, ranging from the international to national, sector-specific, regional, and local levels. Other sources of support are described, with a particularly detailed and useful section devoted to the mentoring process and how this can best be conducted for the benefit of all parties. Finally, these ideas are brought together in a chapter on career development, which offers very helpful, practical advice and interesting ideas about ways to progress in library/information careers. Examples throughout are taken from Britain, Australia, the United States, and a variety of sectors, including health.

Primarily this book offers useful information that can immediately be put into practice to make professional development more effective and beneficial for the individual. It does not attempt to cover the topic of professional development in an encyclopaedic fashion, and might well be less useful if it did. Neither does it attempt to make an academic argument or present research findings. The author does frequently return to his assertion that professional development is the responsibility of the individual, but his purpose is to present information and ideas that will help the individual to make the most of the process and to find support for it.

The central content of the book has been judiciously selected and satisfactorily covered, with suggestions for further reading compensating for brevity. The only disappointments are the introduction and conclusion. The former strangely neglects to explain the aims, structure, or intended audience of the book; the conclusion is a rather unnecessary construction consisting of a literal reproduction of most of the section headings and bulleted lists from the body of the book – effectively a 25-page crib sheet. However, these criticisms do not detract from the overall usefulness of the book's main content. I found many tips and ideas, for example on ways to document and annotate evidence, that I could immediately put into practice; having read this book, I feel more confident and positive as I approach my next round of CPD planning.

If you maintain a collection of materials to support professional development, whether for library and information staff or for personal use, this book should be in that collection. It makes a very useful reference for the candidate putting together a Chartership application, but will also aid and inspire more experienced librarians, whether they are thinking about revalidation, creating a professional development plan, or considering where they would like their career to take them next.

1 Lloyd I. President's perspective: use it or lose it. Information Scotland 2006;4(4):4.

CILIP Mentoring Workshop
Tuesday 25 April 2006
National Library of Scotland, Salisbury Place, Edinburgh

Catriona Denoon

I attended this mentoring workshop to find out more about the changes to the CILIP mentoring scheme and to learn a bit more about being a mentor in general. The day was arranged by CILIP Scotland, with the morning session delivered by Val Walker and Alison Turriff of the PTEG Mentor Support Network in Scotland and the afternoon session by Margaret Chapman and Margaret Watson from CILIP.

The outcomes were that by the end of the course we should be able to define mentoring, understand the values of a good mentor, understand core mentoring principles, understand learning styles, create the right climate for successful mentoring, and understand the CILIP Mentoring Scheme.

Overall, the course highlighted many benefits of mentoring:
- the mentee should get focused career development, improved self-confidence, advice and guidance from more experienced colleagues, access to networks and contacts, and development for any future management posts
- the mentor should get personal development from the process, together with job satisfaction, a chance to work on interpersonal skills, the discovery of talent among new or unfamiliar staff, and increased professional status
- the organisation should benefit from having its skills bank developed, having more focused employees, improved staff morale and getting mostly low-cost career development for staff
- the library profession should gain improved networks, managed career development, focused individuals, common agreed professional standards and increased status.

The group work was less cringe-worthy than on many such occasions because the topics turned out to be so interesting. First of all we were asked to discuss our experiences of being mentored. For anyone (like me) who had never had a mentor we were to discuss a time when we had asked a colleague or manager for advice, since this is something that will have happened to everyone, wherever they work. We were asked what we gained from the experience, how our mentors/colleagues facilitated this, and what made it enjoyable (or otherwise). This was very useful as it got us thinking about what we had learned from our experiences, and how we could try and apply that in our mentoring.

The next part of the session focused on learning and mentoring styles. We were told that CILIP are moving away from the focus of the old scheme on directive management of the candidate, to encourage mentors to enable and facilitate the candidate's development by offering support and encouragement.

Our next exercise was to work in groups and to take turns at playing the mentor and the mentee. The mentee was to speak about a situation at work in the present or the past. The mentors were given strict instructions to listen, then to question and clarify the facts, and then to respond by asking open questions like "Can you think of a previous time when you felt the same way? What did you do about it?" or "What do you think the person meant by that?" This was surprisingly difficult – and I had to fight my instinct to just pile in and offer advice. It was instructive to try to step back, to provide a sounding board for the mentee rather than suggesting things or telling them what to do. Mentors are encouraged to do this sort of "active listening" in order to build confidence and encourage the mentee to take responsibility for his/her own development.

As the mentorship process goes on, feedback is said to be crucial in increasing self awareness and monitoring our learning and development. The third group exercise was to discuss the qualities of good and bad feedback. Among the replies from the groups were that good feedback was constructive, relevant, encouraging, honest and timely. Communication problems between mentor and mentee would include lack of empathy, lack of understanding, over-sensitivity to comments, and lack of time to devote to the process. We filled six flipchart pages with comments like these and, although none were revelatory, it was still useful to think about the sort of qualities required in a mentor. It also helped to highlight the importance of matching the right mentor to the right mentee – the relationship has to work on a personal and professional level, and if there are problems then they should probably cut their losses and end the relationship, so that a new mentor can be found.

After a very agreeable lunch, we reassembled to hear about the new CILIP mentoring scheme from the scheme facilitators Margaret Chapman and Margaret Watson. The purpose of the scheme is to support individual CILIP members through the Framework of Qualifications processes, and ultimately to the successful completion of a CILIP qualification. Four stages in the process are given:

- the mentee confirms the Personal and Professional Development Plan (PPDP) (the mentee submits the mentoring form and a copy of the PPDP to CILIP)
- the mentor and mentee identify activities, training, etc which will support the PPDP and encourage self-management of learning
- the mentor provides support throughout the PPDP process
- the mentor and mentee evaluate and celebrate success.

A useful checklist was given for the first meeting between mentor and mentee. It should establish the expectations of both people; establish an understanding over confidentiality (including who should keep records of meetings and discussions); agree a schedule of meetings and any emergency contact details; determine any boundaries (such as not wanting to be contacted outside office hours); and confirm how they will evaluate at the end of the process. It might be useful to ask the candidate to come to the first meeting with an up-to-date CV, the PPDP document, and any thoughts about objectives and timescale. The speakers also emphasised that the mentor should not try to be too helpful and end up doing most of the work – again, the mentee should take responsibility for his/her own development.

CILIP recommend that the candidate does not choose his/her manager as mentor. They recommend that the mentor should come from a different library, perhaps even a different sector, for perspective and detachment, and so that the candidate can speak freely about any issues with the service that might be difficult to bring up with the manager.

Detailed information was given about the CILIP guidelines on being a mentor, including how to register as a CILIP mentor, working through the PPDP process, portfolios, reflection and evaluation, and ending the mentoring relationship. Overall we were encouraged to enjoy mentoring and to encourage others to try it, as it can bring such benefits to mentors and candidates.

SHINE is planning to co-host a training day on mentoring with CILIP in the next few months. Watch lis-SHINe for more details.

Contacts:
CILIP Qualifications and Professional Development Department
0207 255 0613
quals@cilip.org.uk

Links:
CILIP mentoring resources
http://www.cilip.org.uk/qualificationschartership/FrameworkofQualifications/mentor/mentortrainingmaterials.htm

CILIP Mentoring Scheme and list of mentors
http://www.cilip.org.uk/qualificationschartership/FrameworkofQualifications/mentor

CILIP – Qualifications and Chartership
http://www.cilip.org.uk/qualificationschartership

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SHINE Visit to the Scottish Parliament
Monday 28 August 2006

Janice Grant

On a beautiful late summer morning, around 15 SHINE members assembled at the entrance to the new Scottish Parliament, at the bottom of Arthur's Seat, across the road from the Palace of Holyroodhouse. After a thorough security check, we were met by our hosts, staff from the Parliament's SPICe (Scottish Parliament Information Centre). Our group then split in two, and my own section set off on a tour of the building.

It was the first visit to the building for most of us, and first impressions varied. It is certainly unusual, and we were assured that it looks much more imposing from above! This certainly explained the grass growing on the various roofs at different levels. The building has been planned to blend into the surrounding park, which will develop as the young trees mature. The little lake in the grounds mirrors the shape of the debating chamber. The interior is interesting, though some of the group found the design too cluttered and longed for smooth lines. Where possible, natural wood and stone have been used and there was certainly an atmosphere of calm. However, this was the recess, so perhaps this was a false impression! Incorporated within the new structure is the historical Queensberry house, which has a fascinating history, including a grisly ghost story! The building defies description, both inside and out. I had seen television pictures and photographs, but the interior was still a surprise to me. I suggest you pay a visit and judge for yourselves.

We saw various committee and meeting rooms, and the SPICe Information Centre, where a small staff handle MSPs' enquiries of all kinds. We were shown some of the MSPs' offices with their 'thinking pods', but the debating chamber was out of bounds due to repairs. A highlight was the Donald Dewar room, where some of the former First Minister's library is on display. This was a fascinating insight into the personality of this great statesman. The room may be viewed by anyone on appointment.

SPICe staff gave a very informative presentation on their work, which is within the Access and Information Directorate. SPICe has around 25 staff, who service the information needs of MSPs, MSPs' staff, parliament staff, and the public, including constituency offices. SPICe has very high standards, for example on currency and accuracy, which must be met fully. Enquiries could be: answers to specific enquiries; access to publications, print and electronic; current awareness; knowledge and expertise. The success of the service is measured by feedback, user statistics and surveys. Services provided by SPICe include confidential enquiries; research briefings; factsheets, many of which are on the website; contributions to both the parliament's intranet and website; co-ordination of freedom of information and data protection. Many of the enquiries are naturally on legislation, though of course they cannot provide legal advice. Over 500 enquiries are received each month, such as 'is bird flu a reserved or devolved matter?', or 'does the smoking ban apply to company cars?' Overall, the work of SPICe certainly seemed varied, and was undertaken to very rigorous standards.

We enjoyed a very pleasant lunch in the civilised surroundings of the Queens Gallery at the Holyrood visitors centre. I'm sure I spotted Her Majesty buttering the scones! We had time to catch up with old friends and decide which royal mugs and t-shirts we would purchase.

In the afternoon two members of the Health Research Specialists team gave a very comprehensive talk on their work. The section has 21 members, divided into 4 subject areas. Health is covered by the Social Affairs team, and the client group is MSPs, MSP staff and other officers within the parliament – but not ministers or the general public. The workload is determined by committee investigations, legislative proposals, MSPs' enquiries or the researchers' own instincts. The section provides a confidential MSP enquiry service, covering topics such as NHS and GMC complaints procedures or consultant waiting time data. They produce bill briefings, one for each new bill, describing the background to the bill and outlining arguments for and against the proposed legislation. They provide support for the work of the committees, where the legislation is scrutinised line by line. A recent example is suggesting possible witnesses for the Abolition of Prescription Charges (Scotland) Bill. Most of the research is secondary, mainly sourced from data provided by ISD or the Scottish Executive – in fact a future SHINE visit to the Scottish Executive suggested itself to some of us! The researchers all have good subject backgrounds and occasionally carry out primary research for specific NHS

boards. Their work sounded varied and interesting, and, like that of SPICe, is rigorously checked and must attain defined standards for timeliness and accuracy.

At the end of the afternoon, we all agreed that this was a particularly successful SHINE visit. The parliament staff had carefully prepared their presentation and made their material relevant to ourselves as health librarians. The sessions kept to the time allocated and there was ample opportunity to ask questions, which were answered fully and courteously. Special thanks are due to Sandra for her excellent organisation of the day and arranging the bargain of the year in the Holyrood lunch – huge slices of chocolate fudge cake included!

If you have not yet done so, pay a visit to the parliament building. I certainly intend to return when the MSPs are in session and we can hear how the material so meticulously provided by SPICe and the Research Department is put into practice.

Link:
http://www.scottish.parliament.uk

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WORKING GROUPS

What makes SHINE tick?

Fancy getting involved in a short term working group to help identify what makes SHINE tick as an organisation, and when and how to recharge SHINE's batteries? We are on the lookout for some good souls to help with this. The plan is that this sustainability group will meet virtually using cutting edge ICT (and maybe good old fashioned email) so it will give your CPD a boost.

Or… if you are more of a tock person you might prefer to get involved in the short life working party on the legal status of SHINE. This is an exciting opportunity to really make a difference to how SHINE works, and get a warm glow in your heart from being part of the wider LIS community.

For further information on the opportunities available please contact:

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Next Issue

The next issue will be available in December 2006.