

# Development and Implementation of a Comprehensive Induction Pack for Healthcare Professionals in an Integrated Recovery Hub

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## Abstract

It is always challenging for newly joined healthcare professionals (HCPs) to understand their roles and the roles of other colleagues in an Integrated Recovery Hub (IRH). To address this issue, we prepared a detailed induction pack, with the aim of providing clear information about different roles in the IRH and other teams working collaboratively in the community-based mental health service.

We designed a survey and asked our doctors to share their experiences and expectations to enable us to identify their needs. Based on their feedback, we designed an induction pack with three main chapters: an introduction to the roles in the IRH, descriptions of other teams and how to refer a patient to them, and details about regular meetings.

After developing and implementing the induction pack, a follow-up survey was done, which confirmed that the doctors felt more familiar with different roles in the IRH, worked better with different teams, and felt more confident in managing patients' referrals.

The results show that a comprehensive and well-structured induction process can improve team integration and patient care.

## Introduction

The Integrated Recovery Hub (IRH) is a specialised service within the community mental health framework that provides comprehensive, coordinated care for individuals with severe and complex mental health conditions. By integrating a multidisciplinary team of mental health professionals,

including psychiatrists, psychologists, community psychiatric nurses, social workers, and occupational therapists. The IRH adopts a holistic, patient-centred approach to treatment and recovery. This model aligns with evidence showing that collaborative care improves outcomes for individuals with complex mental health needs [1].

New healthcare professionals (HCPs) joining the IRH often face challenges in understanding the distinct roles and responsibilities within the team and across collaborating services. Without clear role definitions, professionals may experience confusion, miscommunication, and inefficiencies, which can negatively impact patient care. Research indicates that role ambiguity in mental health teams contributes to fragmented care, delayed interventions and reduced job satisfaction among staff [2]. To address this, we developed a structured induction pack that clarifies the functions of different IRH team members, explains how various services work together, and outlines key communication and referral processes.

The induction pack offers multiple benefits for both staff and patients. First, it enhances HCPs' knowledge and confidence by providing clear expectations about their roles and how they fit within the broader team, reducing uncertainty and improving efficiency. Second, it improves job satisfaction and retention, as a well-structured onboarding process helps new staff feel supported and integrated, decreasing anxiety and increasing engagement [3]. Finally, it leads to higher-quality patient care by promoting better coordination, reducing miscommunication, and ensuring timely, person-centred interventions [4]. By fostering role clarity and collaboration, the induction pack strengthens team dynamics, supports professional

development, and ultimately enhances recovery outcomes for individuals accessing mental health services.

## Method

We designed a survey to gather medical doctors' perspectives on the induction process they experienced at the beginning of their roles and to identify additional needs for the induction process. The survey comprised questions about their grades, tenure within the team, familiarity with the roles and services available in the IRH, prior induction experiences, and the benefits of the induction. Additionally, doctors were asked to share their ideas for evolving the induction process to meet their needs.

There were 7 doctors in the IRH, including one higher trainee, one core trainee, two non-trainees, and two foundation-level doctors. All of them participated and completed the survey. The questions and responses are provided in the following table.

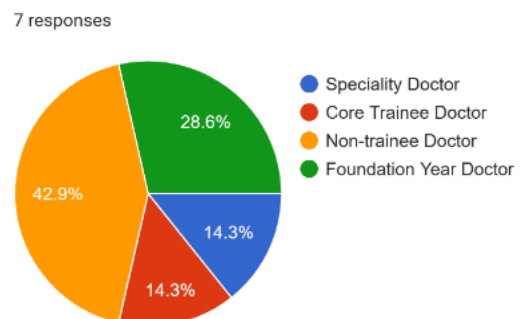
**Table 1: Initial survey questions and responses**

Questions	Responses
Participant's job title	14.3% higher trainee doctors 14.3% core trainee doctors 42.9% non-trainee doctors 28.6% foundation year doctors
Time working within the team	57.1% more than 6 months 42.9% less than 6 months
Familiarity with the roles and services available in IRH	85.7% somewhat familiar 14.3% completely familiar
Completing an induction process before starting the current role	71.4% yes 28.6% no
Efficacy of those induction process in providing sufficient information about the roles and services available in the IRH	28.6% not beneficial. 28.6% very beneficial. 42.9% somewhat beneficial
Need for a comprehensive induction pack	85.7% yes 14.3% no

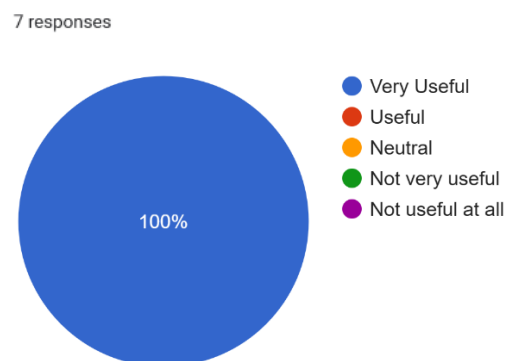
After completing the survey and identifying the needs, we designed a comprehensive induction pack comprising three main chapters. The first chapter introduces the different roles within IRH [5,6], providing practical explanations for each role and its responsibilities. We also included role holders' names and pictures with their permission to make knowing each other easier and prevent confusion in the office. The second chapter offers a concise description of other teams providing community-based mental health care alongside the IRH [5,6], highlighting the referral process. The third chapter includes additional information about routine meetings held in the IRH throughout the week. This induction pack is designed as an electronic document, easily accessible on phones or laptops.

We provided our medical doctors with the induction pack and asked them to complete the second survey to clarify its efficacy and comprehensiveness. The questions and responses are illustrated in the following diagrams.

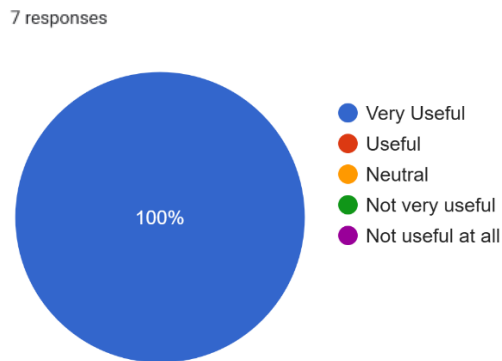
**Figure 1: What is your role in the IRH?**



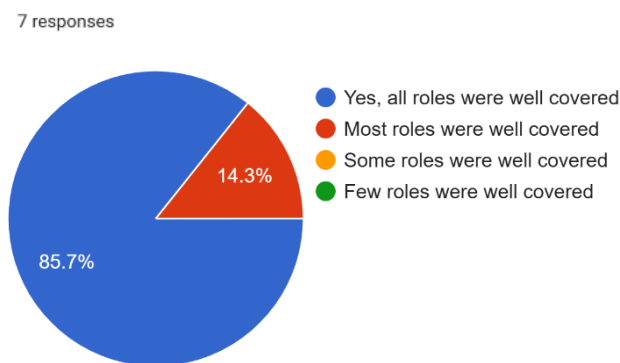
**Figure 2: How useful did you find the induction pack overall?**



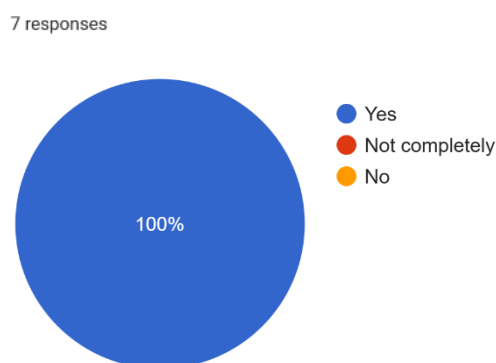
**Figure 3: How clear and easy to understand was the information in the induction pack?**



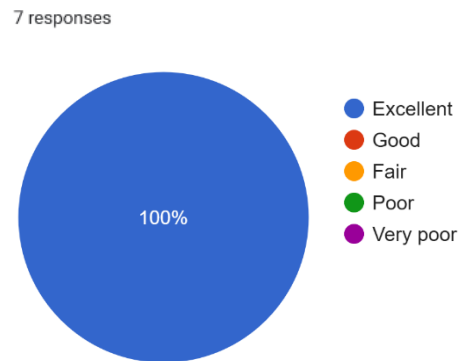
**Figure 4: Did the induction pack provide sufficient information about each role within the community mental health team?**



**Figure 5: Did the induction pack provide sufficient information about each role within the community mental health team?**



**Figure 6: How would you rate the format and presentation of the induction pack?**



## Results

The survey captured a comprehensive cross-section of IRH doctors, representing all career stages: foundation year (28.6%), core trainees (14.3%), higher trainees (14.3%), and non-trainees (42.9%). This diversity ensured balanced perspectives from clinicians at different professional development phases. Experience levels varied significantly - 57.1% had worked in the IRH for over six months while 42.9% were relatively new (under six months), providing valuable insights from both established and incoming team members.

Induction attendance patterns revealed systemic gaps: 71.4% had received some form of onboarding, but 28.6% commenced duties without any formal orientation. This inconsistency in initiation processes created uneven starting points for new joiners. When assessing role familiarity, only 14.3% reported a complete understanding of IRH functions, with the majority (85.7%) having partial knowledge - a concerning gap for effective team functioning.

Satisfaction ratings with traditional inductions were mediocre at best: 28.6% found them "very beneficial," 42.9% "somewhat beneficial," and 28.6% "not beneficial." These lukewarm responses clearly signalled the need for reform. Notably, 85.7% of doctors actively requested a comprehensive induction resource, validating the development of the new pack.

The revamped induction pack achieved universal approval (100% satisfaction), demonstrating

its effectiveness in bridging knowledge gaps. Every respondent confirmed it successfully clarified roles, team structures, and referral pathways - critical elements for seamless service delivery. Doctors particularly praised its user-friendly design, noting how the thoughtful presentation enhanced information accessibility and retention.

### Discussion

The initial induction process, attended by 71.4% of doctors, failed to adequately prepare them for the complexities of roles and services within the IRH. While 14.3% reported full familiarity with these aspects, the majority continued to experience confusion; a gap that directly impaired clinical performance, delayed treatment plans, and compromised care quality. These findings revealed critical deficiencies in onboarding, necessitating immediate intervention.

The redesigned induction pack, developed from feedback across all career stages (14.3% higher trainees, 14.3% core trainees, 42.9% non-trainees, and 28.6% foundation doctors), transformed this dynamic. It provided targeted guidance on IRH roles, inter-team collaboration, and referral protocols. Follow-up data showed unanimous satisfaction (100%), confirming its success in clarifying team structures and workflows. Notably, even experienced doctors (>6 months tenure) reported resolving persistent knowledge gaps, proving its value as both an onboarding tool and ongoing reference.

Doctors unanimously agreed that the pack improved role clarity, referral efficiency, and inter-team collaboration. Its accessible format was particularly praised, enabling quick information retrieval. However, the persistence of challenges among longer-serving staff highlighted a broader need: induction resources must evolve alongside service changes. Regular updates will be essential to maintain relevance and support continuous professional development.

This initiative underscores how structured onboarding directly enhances team cohesion and patient care. Its success stems from iterative design informed by frontline feedback—a model for

addressing systemic gaps in workforce training. Future efforts should prioritise cyclical review processes to sustain these gains, ensuring the IRH's induction framework remains as dynamic as the teams it supports.

### References

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