

IMHEP

Interventions for Mental Health in Everyday Practice

A training programme for “front line” staff in contact with vulnerable people.

Evaluation of the 2008 Programme

Foreword

This report intends to inform people who want to find out about IMHEP, having no prior knowledge. It is also intended to inform those developing IMHEP through a detailed look at delivery of the pilot programme. For this reason, those fresh to the programme may find more detail than they require and may find a greater emphasis on aspects of the pilot that need to be improved. This is the nature of such a report and we hope that it does not convey a negative impression of what was chiefly a successful pilot programme providing a sound basis for future delivery. It is intended that further evaluation will be undertaken to determine the impact of the training for participating organisations. This will be the subject of an additional report.

1. Summary

Interventions for Mental Health in Everyday Practice, IMHEP for short, is a new programme of mental health training developed by the University of Manchester, NHS Manchester and NHS Stockport.

It targets staff in services that work routinely with people who are vulnerable to poor mental health, aiming to equip them with a flexible sequence of interventions to support individuals in better managing their own emotions and environment.

The very high levels of poor mental health in much of Greater Manchester show that specialist services and treatments are only able to provide for a minority of people for whom poor mental health is a barrier to a better life. Increasing the skills and confidence of “front line” staff is therefore essential to tackling this public health priority.

IMHEP is distinctive in its approach to mental health, providing useful practical approaches to supporting people who may not identify their problems as “mental health” problems or do not see such problems in the conceptual frameworks of recent Western psychiatry.

This report evaluates the delivery and effectiveness of a pilot programme delivered, free of charge, to 181 people working in relevant Manchester and Stockport organisations between September 2008 and January 2009.

The pilot programme comprised

- One three day course delivered to a whole team of Parent Support Advisors
- Seven three day courses delivered to mixed participants
- One course delivered over two days to mixed participants

These variations have added to our understanding of the most effective targeting and duration for future courses.

The report shows that such training is in very high demand and that it attracted appropriate participants for the most part. There were high levels of participant satisfaction with the courses. There are good indications that the model of mental health implicit in IMHEP increases participants' confidence and that some participants will practice the taught interventions. This will be the subject of a follow up evaluation to see to what extent training has influenced practice.

The experience and evaluation so far of the pilot courses has provided useful guidance for improvement of the training package and its delivery, enabling a yet more effective programme to be developed for the future.

2. Introduction

What is IMHEP?

IMHEP is a three day training course aiming to equip “front line” staff who work with vulnerable people with skills to enhance the support they are able to give. The IMHEP approach emphasises a holistic bio-psychosocial approach to mental health problems and support for self management in tackling problems.

IMHEP was delivered, between September and December 2008, as a nine course pilot programme, free of charge, for those working in Stockport and Manchester.

The pilot programme is evaluated here with a view to continued delivery and its potential for extension to other localities.

What is Distinctive about IMHEP?

IMHEP offers a distinctive approach to understanding our mental health.

- It does not deal directly with mental health problems as diagnostic categories or disorders. It is therefore applicable to supporting engagement with a broad range of people; those who do not need or want, or cannot get access to, specialist treatment and support, and those who do.
- It advocates positive approaches to understanding human emotions and experiences. It offers constructive ways in which we can help each other to manage difficult emotions that hinder our coping with everyday life and the fulfilment of our aspirations
- It aims to foster an understanding of our mental health, based in common human experience, which is not stigmatised or too specific to a particular cultural tradition.
- It provides structured, evidence based techniques, based in cognitive behavioural and problem solving approaches that enhance self management and a realistic approach based in understanding the social and material environment.

The Need for IMHEP

The boroughs of Greater Manchester have a far higher proportion of people who have recognised mental health problems than the national average. Many more people will experience poor mental health that causes problems in managing daily life and a satisfying involvement in society but which is not diagnosed. This is referred to as a “languishing” population in the language of those who seek to promote the general wellbeing of populations. Importantly, people in this situation often do not characterise their difficulties as mental health problems but will seek help from a wide range of social and community organisations for problems that may be a cause or consequence of mental health difficulties.

The impact of very high levels of mental ill health or lack of mental wellbeing is well documented and can be significant for individuals, families and communities, including increasing levels of worklessness, inability take up opportunities for education and training, parenting difficulties, and poor health.

For traditional systems designed to address mental ill health, the impact of such high prevalence is apparent in the large amounts of time taken from GPs, long waiting lists for specialist services, over-dependence on medication and limited choice of support. The consequence is that those who have “front line” roles in social and community organisations that work with vulnerable people are frequently faced with the difficulties inherent in supporting those who have poor mental health with little or no recourse to specialist help. IMHEP aims to provide such staff with evidence based brief intervention skills and mental health “tools” which can easily integrated into their everyday practice.

The Aims of IMHEP

The course provides participants with:

- A bio-psychosocial understanding of mental health and how people express their emotions and distress.
- A structured brief assessment for mental health problems.
- Awareness of the boundaries and limits to their role
- Ability to identify steps towards client’s self management using a problem solving approach.
- An understanding of risk and how to respond
- Knowledge of a range of self help resources.
- A range of skills to signpost people to other services for advice, ‘next steps’ and opportunities for supported self help.
- A resource pack to support their learning and implementation in practice

Participants are equipped to:

- Identify people vulnerable to poor mental health or experiencing mental health problems.
- Approach such people with increased confidence, support and empathy
- Use a structured model of emotion to enhance shared decision making with their clients, as part of their day to day work.
- Maintain positive and helpful responses, enabling their client to help themselves
- Have a working knowledge of self help resources and additional support networks for the people they work with.
- Incorporate ‘psychological awareness’ in their day to day work role.

IMHEP Development

IMHEP has been developed collaboratively between public mental health specialists in Manchester and Stockport NHS and the University of Manchester School of Nursing, Midwifery and Social Work. The IMHEP model, the course content and the training for trainers was developed by Jane Briddon and Clare Baguley drawing on a bio psychosocial model of care which has informed the development of other training and education programmes within the Schools Training Agency (Edta) as well as the Primary Mental Health Care MSc programme which is responsible for the education and training of both Primary Care Graduate Mental Health Workers and more recently IAPT Low Intensity Workers.

The Programme has been funded by NHS Manchester and the Care Services Improvement Partnership (CSIP) in the North West. Administrative support to the Programme was provided by NHS Stockport.

IMHEP in the Wider Context

It will be important, as the Programme evolves, that it is seen as a contribution to broader initiatives, for example,

- Improving Access to Psychological Therapies (IAPT) and enhancing stepped care. Developing the mental health skills of front line staff is an important contribution to the overall aims of IAPT. The IMHEP model provides an analysis of mental health that will be familiar to IAPT workers, thus easing individuals' progress to specialised help if needed.
- Improved management for the mental health of individuals is likely to increase the likelihood that the role of front line workers and their organisations will be fulfilled, e.g. reducing drug and alcohol consumption, responsible tenancies, improved physical health, progress towards employment and meaningful occupation.
- Delivering Race Equality in Mental Health. The model of mental health deployed in IMHEP is one which is less dependant on culturally specific understandings than models formed around diagnostic categories.
- IMHEP mirrors and implements the self management and preventative approaches common to most current policy for health and social care.
- In approaching the mental health needs of the wider population, IMHEP supports current initiatives that seek to promote the "wellbeing" of local populations, e.g. the responsibilities of local authorities, the "power of wellbeing" under the Local Government Act 2000.

3. Delivery of the Pilot Programme

The 2008 IMHEP Programme was conceived as a pilot for future programmes in Manchester and Stockport and as part of the development of a completed training programme that could be considered for delivery elsewhere.

Each course in the Programme was three days long, in most cases one day a week for three consecutive weeks.

This Programme comprised;

- The first course was delivered exclusively to a full team of 18 Parent Support Advisors from Stockport Metropolitan Council. Their team manager was one of the trained trainers for IMHEP. This course provided a valuable trial of course delivery and some useful insights, additions and amendments for later courses. The course also provides an opportunity for follow up evaluation of the practical deployment of IMHEP interventions through training a full team.
- Eight three day courses were scheduled between September and December 2008 and these were available to open recruitment. One of these was cancelled due to trainer illness and rerun in January 2009 as a two day course (see discussion below about course duration). Of the eight courses delivered in the main programme, six were in Manchester and two in Stockport. Participants were recruited from either borough to courses in either location.
- Each course provided a combination of presentation, demonstration and practice for each element. Presentations delivered by trainers were accompanied by a presentation slides to explain the thinking behind each stage of the intervention. Each stage of intervention was then demonstrated through a DVD enactment of an interview. Participants were then asked to work in small groups to practice the intervention through role playing as interviewer, interviewee (staff and client) and interview observer, providing feedback.
- Participants were given an information pack providing contact lists for urgent contacts which related to the assessment of risk for individuals, website links, materials for course activities and course information. Collections of local publications were handed out or available for display, including local directories of services, self help guides for use in work with vulnerable people and information resources to support front line staff.

Programme Trainers

The IMHEP Programme is delivered by a corps of trainers who have been trained for this purpose by the University of Manchester. For this programme, 13 people put themselves forward for this role and signed up to the responsibilities for receiving three days of training, delivering two, three day courses and participating in programme evaluation. Trainers were either people who did this on a voluntary basis or who were able to do it as part of their working role. (See list of trainers at appendix 1). Trainers were required to have had experience in delivering training although this need not have been training in mental health.

All trainers participated in three days of training at the University of Manchester, delivered by the IMHEP package authors.

Evaluation of Training for Trainers

The trainers' evaluations of their training, delivered on the last of the three days indicated an appreciation of the training materials and of the model of mental health that underlies them, in particular its coherence and simplicity. It was felt that the training methods, having an emphasis on group work and role playing, were effective. The main suggestions for improvement were,

- Need for an overview of the model being presented in IMHEP training in order to help comprehension and coherence and to place exercises in context of the model.
- Training days spread out rather than three consecutive days.
- Some additional advance reading/homework to support learning.
- Improved timing and time keeping over three days.
- More discussion of wider cultural perspectives.

- Trainers were allocated to deliver courses within the Programme, in most cases delivering two courses. Each course was delivered by a minimum of two trainers, paired to complement each others' training skills and experience, knowledge of mental health and confidence. Allocation of trainers allowed capacity for substitute trainers in case of inability to attend any course session.

Programme Participants

How they were recruited

The Programme was advertised initially through direct contact with organisations thought most likely to benefit from IMHEP training. Contacts in these organisations were asked to consider the programme prospectus, to circulate it in their organisation or to recruit staff to the course themselves.

The prospectus was subsequently circulated more widely in Manchester and Stockport through existing networks. It was posted on the website of Manchester Public Health Development Service and advertised through its annual training programme.

This elicited a high number of enquiries and a rapid recruitment to available places. Two hundred places were allocated (25 per course) to the eight course programme and a waiting list of eighty applicants was kept to fill any cancelled places.

Participant Attendance

For all of the nine courses delivered, 181 people attended. Of these, 12 did not complete the full 3 days training for a variety of reasons including workplace demands, illness, childcare and unexplained.

In summary, the notable areas of recruitment to the course were,

Drugs Services, 37 participants

Housing agencies, including supported housing and residential services, 29

Alcohol Services, 14

Parenting Services, 19

Counselling Services, 10

Children and Family Services, 13

NACRO, 5

Manchester Action on Street Health, 3

Manchester NHS PALS, 3

Refugee Action, 3

Probation Services, 2

Health Trainers, 2

Other agencies included community centres, older people's services, college and medical centre staff, advice service, health visiting.

Demographic Profile of Participants

Applicants were asked to complete an anonymous questionnaire with their application to help us monitor equality of access to the Programme. This asked for information on their gender, ethnic origin, sexuality, religion or belief, disability and impairment. A full audit of this information is available at appendix 2. Of all those who completed questions, 76% were women and 21% identified themselves as other than "white British".

Summary and Conclusions on Programme Delivery

Delivery of a training programme that aims, like IMHEP, to reach a large number of participants, is effectively managed through training a corps of trainers to deliver courses.

Training for trainers has been effective in equipping them for programme delivery and can be further developed to give trainers more confidence and skills.

There is high demand in Manchester and Stockport for training in mental health interventions.

Participant places on the Programme were appropriately targeted in respect to relevant employing organisations. This could be improved to target organisations that are of greater priority in respect to the vulnerability of their clients. It could be improved to ensure that key people in appropriate organisations take up places. It would be useful to brief or train service managers in key organisations.

Participants reflected roughly the demographic profile of the local populations except that a greater proportion of women participants likely reflects the workforce in these organisations.

4. Programme Evaluation

4.1 Trainers' Evaluation of Programme Materials and Delivery

Two meetings for trainers were held following the pilot programme, one to review course delivery and one to review training pack content. From a great deal of detail, the main points raised were,

- **What Trainers Need**

Most trainers felt unprepared for their first course delivery and could have done with more practice and familiarity with the IMHEP model. Trainers needed to do a lot of preparation work. It was felt that care should be taken with the selection of trainers, ensuring that they have training skills and experience. Careful pairing of trainers is important as knowledge of mental health turned out to be an advantage. Trainers found that they needed to be flexible in delivery to accommodate participant needs and used considerable improvisation.

There was considerable peer support amongst trainers with innovations passed from course to course. It was thought this could be strengthened through planned debriefing after courses.

- **Participants**

Trainers found that many participants were already experienced in working with people with poor mental health problems, using a variety of assessment formats and using problem solving techniques. Others were felt to need some preliminary mental health awareness training as a prelude to IMHEP.

It is important to ensure clarity about the IMHEP model and implicit understandings about the nature of mental health problems. Participants need to be able to see how IMHEP model will fit with systems in their organisations.

There is a need better to target participants for IMHEP to reach those most likely to use these interventions. This should be addressed through direct contact with key organisations and through more precise advance information about the course content and expectations.

Course group sizes were large but manageable. There were some problems in managing participant attitudes, e.g. towards role playing exercises, but there was a general view that most participants engaged with the training and appreciated the new skills.

- **Delivering Courses**

There were many constructive views on how course delivery can be improved and this will be carried forward in detail for future development of the Programme. The main points are'

- Restructure course timing, the essential IMHEP model, as an intervention can be covered in two days. It is suggested that future courses could be delivered in two days with a follow up day to practice interventions and consider how they can be used in work settings, especially in dealing with complex individual problems.
- Improve introduction to course to clarify relationship of IMHEP model with mental health problems. Many participants are working with people with identified mental health problems/illnesses. Need to indicate how information gathering/assessment techniques taught in the course relate to identification of mental health problems requiring specialist support and treatment.
- Need to emphasise the flexibility of the IMHEP model and interventions in order to increase likelihood that participants will use them. For example, interventions can be adapted, used in part, extended over several conversations, and applied in different sequences.
- Need to introduce a greater emphasis on building on individuals' strengths and interests as well as looking at working on problems.
- Many participants are working with people who have complex problems and for whom a lack of motivation is a key barrier. The course needs to be clearer as to how IMHEP techniques are useful for such people.
- There may well be a need for training in more advance skills for some front line staff, e.g. behavioural activation, motivational interviewing, solution focussed approaches, specialist mental health services.

4.2 Participants' Views of the Courses.

The Seven, Three Day Courses

Participants' views on the course were obtained at the end of the final session through

- Verbal feedback by whole group, followed by participants listing their comments in writing as either "what I found valuable about the course" or "what I would like to see changed".
- Each participant requested to complete a 7 question evaluation form with space for additional comments. At two of the courses this was amended to a nine question form.

Results of the Evaluation Questionnaire

There was a total of 121 completed evaluation forms for the seven, three day courses in the pilot programme. These are the aggregated responses as a percentage of the number of returns.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. The environment was conducive to learning	22.6	45.2	18.8	6.6	0.9
2. The programme was well delivered	40.5	48.1	8.4	0	0.9
3. The contents of the sessions were appropriate	30.1	54.7	12.2	3.7	0
4. The materials used were of high quality	42.4	41.1	3.7	1.8	0
5. I was encouraged to join in discussions and ask questions	61.3	33.9	0.9	0	0
6. The aims of the sessions were clearly presented	51.8	45.2	1.8	0	0
7. The aims of the programme were achieved	43.3	50.0	3.7	1.8	0

The two additional questions, added for two courses (1&7) asked participants if they thought;

The sessions were paced well. Of 13 responses, 7 strongly agreed, 5 agreed and one was undecided.

Leaving the training today, I feel confident that I can use the approach to help my clients. Of 13 responses, 9 strongly agreed and 4 agreed.

Participants' Comments

Comments received from all courses through the final session's listing exercise and through additions to the evaluation form, are here aggregated, summarised and grouped by subject.

1. The model for mental health that underlies IMHEP

There was a common appreciation of the ABC-e model as an understanding of mental health and a practical basis for working with individuals. It was valued for being "person centred", supporting people to make their own decisions, helping people to visualise and analyse their own problems and to generate solutions (its emphasis on self help). It was felt by a number of participants to be a flexible model that could have a variety of practical applications. Some commented that it was a fresh approach to mental health that encouraged their contribution rather than just referral to specialist services, "*the idea that one small change may break a negative cycle*". Some participants valued the risk assessment as a practical tool.

For some, the model used was not expected and they said they would have liked more detail about particular mental health conditions. Some participants questioned whether the course should have looked more at the origins of people's mental health problems. There were requests for more clarity about the origins of the model and its relationship to cognitive behavioural therapies. One person commented that this model was a "sticking plaster" approach.

There were some comments that the ABC-e format should be presented as "information gathering" rather than as an assessment. Many of the participants' organisations already have assessment formats and the IMHEP model needs to be seen as compatible.

2. Wider learning about mental health

In addition to the central model for the IMHEP programme, many participants said that they appreciated the opportunity of learning about other aspects of mental health, relevant services and information and resources. There were lots of comments in appreciation of the paper resources displayed at session 3 and available for order. There were also many comments that showed the value placed on working with participants from other organisations during the course. This proved to be a valuable source of information, swapping ideas and experience and contacts for the future. There were some appeals for more information about more serious or complex mental health conditions, e.g. personality disorder, and about services relevant to such conditions

3. Training methods, style and delivery

This attracted a wide range of comment, perhaps showing some variation between defend courses and varying interactions between participant groups. There was considerable comment on the value of trainers' expertise in aspects of mental health and also on the benefits of a delivery style that enabled a lot of participant discussion.

Presentations

A number of participants commented that there was too much emphasis on power point and reading from projected slides.

Demonstrations

These were presented by showing DVD films and attracted a lot of comment. Generally, they were seen as being insufficiently realistic from the perspective of participants' experience, i.e. they will be working with people who have more difficulties in communication and motivation. The film clips were thought to be too long.

Group practice

There was a balance between those who enjoyed role playing methods and those who dislike them, but a frequent appreciation that it serves to reinforce practical skills as intended.

It was often commented that it would be clearer to have been able to work on case studies that were more consistent throughout the course. Some said that a run through the whole interviewing process in one go, as a role play, on the final day would have helped to reinforce the skills.

Some said they would like to have more changes in group composition in order to meet more people.

Some later courses introduced group discussion of participants' own case studies as a means to ensure relevance and identification of practical strategies. This seems to have been appreciated.

4. Participants' training pack

There were a number of comments in appreciation of the pack. Some said it should have been bound to help keep pages in order. One person commented on the wastage of printing on one side of pages. Another spotted the problem that having the pack all at once sometimes gave answers in advance of discussion. Another requested that the course "map", devised at the first session and used subsequently, should be included in the pack.

5. Likely use in participants' working practice

This is a key area for follow up evaluation to find out to what extent IMHEP training has provided useful practical skills and changed participants' practice. Many participants were unsure as to future applicability although some were certain it would prove useful

"I've got a process for my clients to go through now"

"Practical tool I can use daily with tenants"

and several reported having practiced the ABC-e model with their clients whilst taking the course. Many reported that the course had made them more confident in helping their clients;

"It's given me a tool to help me cope with someone else's distress"

"Confirmed what I am already doing is mostly OK"

"Feel more confident in approaching mental health questions to a vulnerable client"

"The course helped me to have more confidence and will be able to use the ABC-e model in my project."

"Encouraged me to change the way I approach my support plans with my tenants".

There were also many concerns recorded about the practical use of this model with people who have more serious mental health problems leading to communication problems and lack of motivation.

"Couldn't be utilised with clients who have consistently high percentage of psychotic or distorted perception/ideation"

"Good techniques I can use parts of but too structured for many chaotic clients"

Some participants were concerned that their engagement with clients was too brief for this model to prove practical;

"Not enough on how to deal with people who don't engage with you"

"Not sure I can use in my role, time limited to a one off, one hour session"

"May be difficult to fit into short appointments"

There were some comments that are perhaps useful indicators for future courses;

- that the course content should be more explicitly advertised so that participants are more appropriately selected/self selected, knowing what to expect.
- that organisation managers should be trained first to ensure implementation in practice.
- that participants most likely to use the model should be more carefully targeted.

6. Venues and Facilities

This also led to much comment which can be summarised as;

- Rooms for training were sometimes too small or restricted in layout leading to lessening communication, less comfortable group work and too much of a "classroom" feel.
- Rooms were occasionally too cold or too hot.
- Lots of participants would have liked a lunch provided.

7. Course Timing and Duration

This attracted a strong consensus that the course was too drawn out and could probably be delivered in two days. Some commented that the breaks were too long.

The Course for Parent Support Advisors

The first course was delivered exclusively to a full team of 18 Parent Support Advisors from Stockport Metropolitan Council. Their team manager was one of the trained trainers for IMHEP.

Results of the Evaluation Questionnaire

There was a total of 15 completed evaluation forms for this course. These are the aggregated responses as a percentage of the number of returns.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. The environment was conducive to learning	26.6	73.3			
2. The programme was well delivered	33.3	66.6			
3. The contents of the sessions were appropriate	26.6	73.3			
4. The materials used were of high quality	26.6	66.6		6.6	
5. I was encouraged to join in discussions and ask questions	26.6	66.6	6.6		
6. The aims of the sessions were clearly presented	33.3	53.3	6.6		
7. The aims of the programme were achieved	40.0	60.0			

Two additional questions asked participants if they thought;

The sessions were paced well. Of 15 responses, 4 strongly agreed, 9 agreed and two were undecided.

Leaving the training today, I feel confident that I can use the approach to help my clients. Of 15 responses, 2 strongly agreed, 11 agreed and two were undecided.

Participants' Comments

There were a number of positive comments as to the usefulness of the model,

"A great toolkit to use to support our clients, this will be able to structure our intervention."

"I feel empowered by this and look forward to using it in my everyday practice. The ABC/E model of emotion was enlightening, how simple!"

Some commented that the DVD demonstrations appeared unrealistic.

Some commented that they found the course challenging.

"This is certainly not an easy option training event!!"

"Course can prove quite emotional, but actually a really good course to enable us to actually support and enable parents to take a certain amount of control for their emotional wellbeing".

The Two Day Course

The cancelled sixth scheduled course was rerun in January 2009. In response to participant and trainer evaluations of the pilot programme, this course was delivered over two days with an amended schedule and slightly amended content. This was seen as an opportunity to evaluate whether the course aims could be met with a two day course with a view to future development of the Programme.

Results of the Evaluation Questionnaire

There was a total of 21 completed evaluation forms for this course. These are the aggregated responses as a percentage of the number of returns.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. The environment was conducive to learning	57.1	42.8			
2. The programme was well delivered	76.1	23.8	9.5	4.7	
3. The contents of the sessions were appropriate	47.6	38.0	4.7	4.7	
4. The materials used were of high quality	52.3	38.0			
5. I was encouraged to join in discussions and ask questions	76.1	23.8			
6. The aims of the sessions were clearly presented	66.6	28.5			
7. The aims of the programme were achieved	57.1	38.0	4.7	4.7	

Participants' Comments

Participants' comments on the two day course were mostly very positive. A number commented on the usefulness of the model presented,

"The ABC-E mapping will be very effective in keywork sessions with tenants".

Some people commented that they would like to have had more information about specific mental health conditions,

"Would like to have heard more about specific mental illnesses such as new treatments, new approaches to working with mentally ill people."

"I think that for future courses a look at dual diagnosis might be useful in action planning."

One participant found the content of the training too basic, *"a mixture of other interventions rolled into one package"*, and this is a reflection of the difficulties in meeting varied needs in one session.

4.3 Further Participant Evaluation

Participants will be contacted between three and four months after they have completed the course to ascertain whether they have been able to use IMHEP interventions in the course of their work, whether there are significant barriers to such use and whether there may be a need for further contact with or between participants to support their

effective use of such interventions. Where a significant number of participants have attended from one organisation, it is planned to investigate to what extent this may have made a broader impact on the ways in which that organisation operates in supporting people with poor mental health.

These findings will be discussed in a further report.

5. Summary and Conclusions

- There is a high level of demand for such training.
- Delivery of the Programme through training trainers is effective for providing for large numbers of participants, both in mixed groups and in teams.
- The model for understanding mental health that underlies IMHEP is appreciated by participants and is useful for structuring approaches to individual support.
- The overall IMHEP package is appreciated by participants and can be improved by adaptation.
- The core of the IMHEP programme can be delivered as a two day course.
- Some participants require training and information about specific mental health conditions and others would benefit from basic mental health awareness training. It will be useful to view IMHEP as part of a spectrum of training opportunities in local areas.
- There are early indications that some participants are able to use IMHEP interventions in their work and this requires further evaluation.
- Consideration should be given as to how IMHEP can integrate at a local level with other brief intervention training, e.g. for drug and alcohol problems, targeting the same workforce. There are common areas for training especially the use of problem solving techniques and motivational work.

6. Future Planning for IMHEP

- Use this evaluation to amend the IMHEP training package and delivery for an improved programme. The package will provide a two day programme with a follow up day/half day to rehearse and reflect on the practical application of interventions in actual workplaces.
- Plan adaptations to the IMHEP package to make it appropriate to more specialised groups of front line staff.
- Conduct the follow up evaluation for participants in the pilot course and provide a further report.
- Schedule a 2009 Programme for Manchester and Stockport.

7. Future Potential for IMHEP

- The IMHEP training package is the property of The University of Manchester, NHS Manchester and NHS Stockport. Planning will begin to make the package, i.e. the trainers' pack, training for trainers and agreement to use IMHEP, available to other areas. A joint steering group has been convened for this purpose.
- IMHEP will be available for delivery to organisations in Manchester and Stockport that wish to train a group of their staff. This may involve some

additional adaptation of the course to make it more appropriate to particular needs of the organisation's clients.

For Further Information.

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Douglas Inchbold 19.2.09

Appendix 1

IMHEP Authors and Trainers for IMHEP Delivery Trainers

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Clare Baguley. Programme Director: MSc/PgDip Advanced Practice Interventions for Mental Health (APIMH). University of Manchester, School of Nursing, Midwifery and Social Work.

The IMHEP Delivery Trainers

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Jane Sargeant, Parent Support Advisor Coordinator, Stockport MBC.

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Beverley Haworth, Education and Training Lead, Mental Health in Primary Care, NHS Manchester.

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Nicola Wood, Senior Public Health Development Advisor, NHS Manchester.

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Michelle Ashworth, Mental Health and Wellbeing Specialist, NHS Manchester.

Joanne Strickleton, Outreach Co-ordinator Stockport MIND

Administrative Support

Gwenwyn Nelson, Public Health, NHS Stockport

Appendix 2
Equality Monitoring for Participants

159 forms returned

Disability

No	137
Yes	9
Undisclosed	13

Impairment

Physical	2
Sensory	1
Mental health	2
Gender	
Male	36
Female	119
Undisclosed	4

Ethnic Origin

Pakistani	4
Any other Asian	1
Black African	4
Black Caribbean	7
Black other	2
Mixed white & Asian	2
Mixed White/Black Caribbean	3
Other mixed	1
White British	121
White Irish	5
Other white	3
Any other ethnic group	2
Undisclosed	4

Sexuality

Lesbian	3
Gay	3
Bisexual	3
Heterosexual	120
Undisclosed	30

Religion/Belief

Atheism	17
Buddhism	1
Christianity	67
Islam	5
Jainism	1
Other	15
Hinduism	1
Undisclosed	52

Learning disability	1
Long standing illness	1
Other	3