

IMHEP

Interventions for Mental Health in Everyday Practice

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

Final Evaluation of the Pilot Programme

Foreword

This report has been compiled a year after the start of the pilot programme delivered in 2008. It follows an interim report from February 2009 that detailed the immediate evaluation of the programme. This report summarises much of that information and adds further evaluation undertaken with participants some months after they had completed the training. It also details some of the changes made to the Programme as a result of the interim evaluation and adds some learning from subsequent course delivery.

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, nine course, programme delivered, free of charge, to 181 people working in relevant Manchester and Stockport organisations between September 2008 and January 2009.

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.

Interviews with 33 IMHEP trained staff from 5 organisations six months or more after the pilot programme showed a lasting appreciation for the courses in most cases. The staff's ability to put the learning into practice with their clients generally depended upon the time available for engagement with individual clients, the interventions proving less useful for one off or brief contacts.

The experience and evaluation 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.

The course has been adapted to two days duration for future delivery.

2. Introduction

What is IMHEP?

The 2008 IMHEP programme provided three day training courses that aimed 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 2008 Programme was 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.
- 'New Horizons: Towards a shared vision for mental health', makes clear that there needs to be a programme of action to advance the twin aims of improving the mental health and well-being of the population and improving the quality and accessibility of services for people with poor mental health.
- 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 2008 IMHEP Programme was delivered by a corps of 13 trainers who have been trained for this purpose by the University of Manchester. They were a mixture of NHS, voluntary sector and local authority staff.

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. 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 and 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.

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.

Results of the Evaluation Questionnaire

These are the aggregated responses as a percentage of the number of returns.

The Seven, Three Day Courses. 121 evaluation forms were completed

	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 Course for Parent Support Advisers. 15 evaluation forms were completed.

	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			

The Two Day Course. 21 completed forms were completed

	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

An analysis of the many comments from participants is presented in the interim report (Feb 2009). Here are some of the comments made by participants.

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

"Practical tool I can use daily with tenants"

"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".

"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"

"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"

"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!"

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

"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.”

4.3 Following Up Participant Experience

In order to find out about the longer term impact of the training, a number of participants were contacted at between six and nine months after their course. In order to explore the impact for organisations as well as for individuals, those contacted all work in organisations where a number of staff have been trained and follow up discussion was planned for workplace groups.

Five organisations with a total of 33 participants took part in these follow up discussions. The meetings were facilitated by public health specialists from NHS Stockport and NHS Manchester who had had no part in the planning or delivery of IMHEP courses.

Meetings aimed to explore;

1. Participants’ thoughts on the usefulness of the IMHEP training since completion.
2. What participants perceive to be the most practical elements of the training in terms of the resources it brings when working with clients.
3. What motivates participants to use the training.

The key findings from these discussions were,

- The IMHEP training is perceived to be highly applicable and relevant by a wide range of staff working one-to-one with vulnerable groups.
- Positive perceptions of the training as a resource include training imparting self-esteem, promoting independence of clients and as having protective/ preventative elements accessible to both trainers and clients.
- Practical examples of the training as providing a ‘toolkit’ to be used as and when appropriate were given. The ABCE model was especially well liked.
- Motivation to implement the training was a key component and associated with positive perspectives on the use of theoretical and practical tools in everyday practice. Limited outcomes were expressed when contact with clients was brief or highly constrained.
- When training was delivered without regard for previous experience and knowledge it was perceived less favourably, i.e. taught interventions are more likely to be adopted if they can fit in with current practice in participants’ workplace.

Overall, the likelihood that participants would put the course learning into practical use when engaging with their clients was mixed. Some were enthusiastic for the interventions advocated in the training and had deployed them to varying degrees. Others felt that the training had consolidated or enhanced their practice even though they had not been able to use the IMHEP interventions as such. Some participants had found it difficult to see how these interventions could fit with their working role, especially where their contact with clients was during a single meeting and/or of limited duration.

Although there was no concrete evidence of formal changes in organisational practice, e.g. adaptations to policies or protocols, as a result of the training, some groups indicated the potential for this learning to influence their organisation in the longer term.

5. Adaptations to The Programme

Following delivery and evaluation of the pilot programme, the following changes have been made to the IMHEP package;

- The courses will be of two day's duration rather than three.
- The components of the core model for IMHEP, i.e. the "ABC-E" model, information gathering, "ABC-E" mapping and problem solving processes have been clarified in relation to each other to provide a clearer overview for learning.
- It is made clear to participants that the model's components can be used partially and opportunistically. This has been a response to evidence that participants' engagement with their clients may be of brief duration or compromised by complex practical circumstances.
- The course introductions have been improved to site the IMHEP model in the context of views about mental health and mental illness.

6. 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 is evidence that most of those who undertook IMHEP training have appreciated their learning in subsequent months and have been able to put it to use in work with their clients given sufficient time to engage with them.

7. Future Planning for IMHEP

- IMHEP has been redesigned as a two day course and programmes for delivery for 2009-10 are in place in Manchester and Stockport. Following the initial evaluation finding that some IMHEP participants required more basic training in preparation, both areas now have compatible programmes of mental health awareness training to support IMHEP.
- 2009-10 IMHEP Programmes will be further evaluated and the IMHEP package further refined.
- Three trainers from Salford City Council have been trained as IMHEP trainers with a view to extending availability of the course. Further opportunities to extend the availability of IMHEP programmes to other boroughs will be considered.

For Further Information.

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