

Evaluation of ‘Understanding Mental Health’ Courses 2009-2010

Courses and Participants

Twelve courses were run between October 2009 and March 2010, with a total of 194 participants. Of these courses, five were for general recruitment, and seven were for specific organisations: Chinese Health Information Centre, People First Housing, Cheetham Hill Advice Centre, Sure Start (Manchester City Council and Manchester Community Health), Cheetham United Project, Mediation Service of Manchester City Council, and Support 4 Progress (contract for the SEVA Team in schools). (See Appendix 1 for detail of dates and numbers of participants on each course.)

As there were more specific courses for non statutory sector organisations, it is not surprising that the breakdown of participants showed more from that sector: 112 compared with 82 from statutory organisations (see Appendix 2).

Participant Evaluations

There was overwhelming agreement that the course was useful, and had increased knowledge, information, and confidence in helping clients and in knowing where they could get further help and services. There was no difference between those on General courses and those on Specific courses as to how useful they found the course. Although a few thought the course was too short, the vast majority thought it was about the right length. The discussions in groups was seen as valuable – listening to others’ opinions and ideas. There were a few criticisms of the number of powerpoint slides, and that they were not visually interesting enough. But generally the presentation was thought to be informative and easy to understand. Facilitators were praised as very engaging, knowledgeable, informative, good presenters, professional and encouraging interaction and willing to try to answer queries.

CHIC, 10 October 2009: Two out of 15 said it would not be useful for their work, but did feel the session had been useful in other ways: helping to recognise the importance of mental health and in prevention of the development of mental health problems for themselves and family and friends. Several participants commented favourably on widening their knowledge and ability to help people with mental health problems, and the range of organisations and services available, which they had not been aware of.

Cheetham Hill Advice Centre, 22 October 2009: All said they thought their knowledge and information had increased as a result of the course. Many felt that it had improved their understanding of their clients’ problems and of mental health issues. They also welcomed the information about organisations and services in Manchester.

Sure Start, 26 October 2009: Nearly all said they thought their knowledge and information had increased. Several mentioned the group work and discussions as having been particularly useful for them, allowing people to discuss various opinions on race,

culture and gender – particularly as they work with a wide range of clients, men and women from different minority ethnic groups.

Cheetham United Project, 7 December 2009: All said they thought their knowledge and information had increased as a result of the course, and they felt confident that they could direct people to services and support which could improve their mental health. Several specifically mentioned that they would find the ABC-E model useful in their role as volunteers. One said that useful questions had been raised about access to services and about bridging the faith divide.

General, 9 December 2009: Nearly all said they thought their knowledge and information had increased. There were more comments about the pressure on time in this course than in the specific courses, which may have been because this course had the greatest number of participants or because with a wide range of participants more time is taken in discussion and explanation of how the model can be used in different settings.

General, 14 January 2010: All said they thought their knowledge and information had increased as a result of the course, and they felt confident that they could direct people to services and support which could improve their mental health – the information about services was particularly referred to by several participants. Several people commented on how useful the ABC-E model would be, particularly to understand the relationship between mental health, emotions and the environment. A couple of people would have like a longer course, to include more about different types of mental health problems. One participant suggested there could be a follow-up course to look at assessing practice within organisations – sharing good practice and looking at how and what to change for the better of clients.

Mediation Service, Manchester City Council, 29 January 2010: Nearly all said they thought their knowledge and information had increased; those who didn't had rated themselves 'High' before the course anyway. All felt confident that they could direct people to services and support. The ABC-E model was seen as very useful, helping people to think beyond what is presented behaviourally, and how to make adjustments in practice. One participant asked if it would be possible to include information about outcomes of the use of the model. A couple asked for the course to be tailored more to their particular roles and service.

General, 9 February 2010: All said they thought their knowledge and information had increased as a result of the course, and they felt confident that they could direct people to services and support which could improve their mental health. The ABC-E model and information about access to services were seen as particularly relevant and useful in a variety of organisational / work settings.

General, 11 March 2010: Nearly all said they thought their knowledge and information had increased, and that they felt confident they could direct people to services and support. Several mentioned the information about services as being particularly useful.

Support 4 Progress, 30 March 2010: Nearly all said they thought their knowledge and information had increased, and that they felt confident they could direct people to services and support. The two who did not had rated themselves as at the Highest level before the course. A number of this group worked with children and young people and thought the model would be appropriate to use with them.

Trainers' Evaluation

Five of the trainers completed forms to review the course; between them they had run the course 13 times.

1. Overall view of the course:

Easy to deliver, particularly with the notes

A good basic introduction which includes all of the components we would want to include. Participants have so far been positive and have engaged in discussion and activities. There is a lot of content which could probably be reduced, however if trainers use their own discretion they can take aspects of the course to tailor to the needs of the group.

Good overview – gets a lot in short time.

We try to prioritise topics – too many to get in a short course, therefore cannot please everyone.

Good for general overview.

2. Main good points

Clarity of ABC-E model

It's brief, and a package which can just be picked up and delivered easily.

Capacity to reach lots of people - it's half a day so people find it easier to get out.

It can be adapted if delivered to specific organisations to make a longer session if they require.

Attends to most important matters.

Can be used flexibly.

3. Main bad points

The two main 'types' of mental health problems (? neurosis, psychosis) need to be introduced at the beginning – alongside the continuum of mental health.

Very powerpoint slide heavy. But trainers can rely less on the slides by using more discussion/interactive methods and just providing slides as a summary.

There isn't time to cover everything in detail, particularly the bit about mental health problems, but if trainers specify that this is only an introduction and signpost participants to further reading then this shouldn't be a problem.

It could do with a few case studies or examples to balance the general information in the slides.

Too much powerpoint.

Limited by brevity of course.

4. Timing and Content of Specific Sections

Timings of each section can be flexible, i.e. if one aspect over-runs time can be made up in another aspect.

As long as people go away with a basic overview and the directory this should be satisfactory from a signposting perspective.

Always tight, can't be helped.

Introducing Mental Health:

Getting people to come up with the correct figures can be difficult – Michelle suggests using a sheet with range of answers and people fold it to show the answer they think is correct.

Model of Emotion ABC-E:

It would be useful to have an example (case study) rather than just talking through the concepts – would make it easier for trainers to link the A, B, C and E.

People who attend UMH and then IMHEP may find repetition, but this is the most popular tool, so as long as we tell participants this exercise it is lifted from IMHEP and they will do it again if they attend then shouldn't be a problem. They can treat IMHEP as a refresher.

Mental Health Problems:

Often participants want more information on mental health problems.

Some participants said they would like a 'recognising the signs' slide for each of the problems (such as the 'recognising depression one which is included). We need to re-iterate to participants that they don't need too much detail on this as their role is not to diagnose. This section is a bit squeezed, so if time is tight I've just focused on 2 examples and directed attendees to mhim.org.uk for info about problems.

What is more useful is to reflect on how mental health problems affect working with people in their day to day role. They do not always discuss (adequately) the impact that mental health problems have on their role. We could produce a sheet with examples of barriers in one column and another blank column to write in their ideas for overcoming them. They could take these sheets back to their organisations to discuss options.

The slide (26) which explains the exercise 'impact of mental health problems and your role' - language needs simplifying.

This exercise works better with people within the same organisation as they can work together to think about how their service delivery may be exclusive to people with mental health problems, and solutions to this.

Change wording about 'stroke' on dementia slide (stroke may be *a*, but not *the*, cause of dementia) [that presumably answers question below]

Mental Health Services:

'Looking after your own mental health' could be included in the self management part of this section.

The self management section needs to be more linked to the ABC-E model.

Could be done more interactively using flipchart.

Looking after your own mental health:

Difficult to fit in last section in meaningful way.

Inevitably, the end bit on services gets a bit squeezed and can feel a bit rushed.

We could ask participants for their ideas on how they look after their mental health and link them to the ABC-E model and the Five Steps.

Don't think there would ever be time to make the last section interactive.

5. Powerpoint Presentation – general

Some slides a bit clunky, eg, slide 26. [Caroline has redrafted this]

They are not very attractive or interactive.

We could put the signs and symptoms of depression, anxiety in ABC-E format – Michelle has done a draft of this.

Too many slides – but can be a useful reference point for participants to take away, without perhaps labouring them too much during the training session.

Too much focus on powerpoint.

6. Open or Specific courses and Participants

The range of participants can be challenging, particularly when they come from a wide range of organisations and backgrounds.

However, the wide range does allow for excellent networking and often there are several people from similar areas of work (drug/alcohol agencies; housing associations; advice agencies) so we can put them in groups to work together.

We could offer semi-open courses – with a ‘focus’ on particular area of work – such as drug and alcohol workers; housing support workers.

Targeted courses reap the most benefits as when there is a group of colleagues who attend the same training, we would hope it may lead to some changes within their organisation.

On targeted course, participants seem to work better together, similar experiences related better to each other.

Targeted courses are better – can be more focus.

7. Questions raised by participants which you couldn't answer

Is there a link between epilepsy and bi-polar disorder?

Is there a link between epilepsy and mental health, and can epilepsy be brought on by poor mental health?

Does / can stroke cause (vascular) dementia?

8. Suggested changes

More interactive games / activities, eg, true/false cards

Ideas from participants' evaluation

Just some tweaking.

Cut some of the powerpoint (individual trainers will probably do this as part of their planning depending on who the course is for).

9. Evaluating our delivery

- Any areas where you'd like more information and support before delivering the course – no MA, NW, CB, TC, DI
- Spent enough time preparing with co-trainer beforehand – yes MA, NW, CB, DI; no – TC – but worked OK, just organised which bit we were looking at.
- Debriefed with co-trainer after the course – yes MA – fine tuning of delivery was discussed along with the content and flow of the course; yes DI; TC – just about timings; briefly NW, CB

10. Report on feedback from participants

ABC-E model is really liked.

Nothing that stood out as needing to be drastically changed.

One person with bi-polar (revealed after the course) said on the evaluation form that she felt uncomfortable – we hadn't really considered what impact the course might have for people who themselves, or someone close to them, has a mental health problem.

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Appendix 1: Understanding Mental Health Courses 2009-2010

Date of Course	Organisation	No of participants	No of Females	No of Males	Gender not known
10 October 2009	Chinese Health Information Centre	17	11	1	5
21 October 2009	People First Housing	12	10	2	
22 October 2009	Cheetham Hill Advice Centre	16	16	0	
26 October 2009	Sure Start North and Central	15	14	1	
10 November 2009	General	27	21	6	
7 December 2009	Cheetham United Project	15	8	4	3
9 December 2009	General	22	13	8	1
14 January 2010	General	16	15	1	
29 January 2010	Mediation Service, MCC	18	16	2	
9 February 2010	General	19	13	6	
11 March 2010	General	8	6	2	
30 March 2010	SEVA Team (Wai Yin)	9	6	2	1
TOTAL		194	149	35	10

Appendix 2 Participants

Total **194**: 149 women, 35 men, 10 gender not known

Statutory Organisations	82
MCC	53
Mediation Service	18
Adult Education Service	11
Tenancy Compliance	7
Housing Support	2
Single Person's Resettlement	2
Men's/Women's Direct Access	4
Young Person's Shared Housing	1
Sure Start	4
Domestic Violence Team	1
Family Work Service	1
Adult Social Care	1
Adult Placement Service	1
NHS Manchester – MCH	19
Sure Start	7
Community Stroke Team	5
Community Nursery Nurse (HV)	2
Community Staff Nurse	1
Primary Care Mental Health Team	1
Physiotherapy	2
Dietitians	1
Manchester Learning Disability Partnership	3
Manchester Mental Health & Social Care	3
Manchester Probation (IAC Team)	4
Voluntary Organisations	112
Chinese Health Information Centre	17
Cheetham Hill Advice Centre	16
Cheetham & Crumpsall Welcome Centre	9
Support 4 Progress	9
Manchester Working Contact Centre	5
Praxis Care	4
Cheetham United Project	5
Work Solutions	4
Manchester Care and Repair	3

Drug and Alcohol Organisations	2
Addaction	1
Addiction & Dependency Solutions	1
African and Caribbean Mental Health	2
Age Concern Manchester	2
The Generation Project	2
Housing Associations	24
Adactus	6
Carr-Gomm	2
People First	14
Willow Park Housing	2
Miscellaneous individuals	8