MECC for Mental Health Training

Introduction

We welcome you to the first draft content for MECC for Mental Health. Here we have outlined in further detail the content for each of the three modules, comprised of the six learning outcomes. We are keen to ensure the framing of the programme is in line with the wider MECC content, and we are mindful to create realistic expectations of the limitations of this training in respect of wider Mental Health Awareness training available.

Overall, the training has been designed in a modular format, with the intention that each module could be 'standalone' **or** delivered sequentially to create a comprehensive learning package. Our rational for this approach was to allow STPs to select the modules that would provide the best fit for their workforce development needs and that would complement their existing MECC programmes.

The MECC for Mental Health training programme has six learning outcomes divided between three modules. Each module includes 2 hours of virtual classroom, and 30-minutes of eLearning. Total equivalent learning time 7.5 hours.

The MECC for Mental Health Train the Trainer has a total equivalent learning time of 2.5 days. This includes a half-day online introduction, one-day to experience the programme as a participant, and one day to explore delivery as a Trainer.

All content in both the core training and the Train the Trainer programme has been considered and deemed appropriate for face-to-face and online virtual classroom delivery via a platform such as Zoom, to allow the roll out to progress in accordance with Covid-19 restrictions over the coming months.

MECC for Mental Health: Proposed Training Content

Module One: Introduction

<u>Pre course activity</u>: sign up for e-LforH and watch MECC programmes.

Learning Outcomes 1&2	Content	Activities
LO1: Identify what we mean by mental health, mental wellbeing and mental illness, including recognised definitions, models and frameworks	• Welcome and introductions. • Group agreement to include managing online safety. • What is Mental Health, Mental Illness, and Mental Wellbeing? Definitions including the WHO. Share frameworks for national context, further reading. • Emphasise 'No health without mental health'. Arguably this is the starting point for any MECC health conversation. • How good are we at talking about mental health? • Dual Axis Continuum Model of Mental Health and impact of stigma on movement around the continuum/ accessing support. Focus on normalising mental health, not 'them and us' but 'all of us'. (Lack of) parity of esteem between mental and physical health. • Stress container, stress signature, toxic/chronic stress & associated risk factors. Coping strategies, helpful and unhelpful.	• Ice breaker. • Research task for definitions, feedback & group discussion on findings. • Interactive activity to highlight links between Mental and Physical Health. • Short presentation and Q&A on evidence for early intervention and link with longer-term health conditions. • Watch time to change ask twice video and discuss: how do we usually talk about mental health? • Case studies to map onto dual axis – selection available to fit to context or trainers own. • Group discussion and personal reflection exercise for stress container and coping strategies.

		• Introduce concept of 5 ways to Wellbeing.
LO2: Define the MECC, the MECC approach and explore how this can be applied in the health and care setting	• What is MECC and why is it important, exploring the rationale for using this approach and the evidence of effectiveness.	• HEE 'what is MECC?' video. What is a MECC conversation?
	• Examining the values that underpin a MECC approach.	• Group activity comparison of local or national health data to illustrate Health inequalities and community assets.
	• Equality, diversity, and inclusion.	• MECC definition.
	• Exploring the concept and principles of asset based approaches and how these align with underpinning MECC and personalised care principles.	• Group activities exploring risk and functionality in health-related behaviour.
	• Introduction to 'risk' taking in health – the function of certain behaviours in managing stress and the short and longer term associated health risks and behaviour change underpinned by wellbeing.	• Analysing health related video examples.
	• Identifying what a MECC conversation might look like in a variety of settings.	• Case studies to apply 3 A's.
	• Using the 3 A's model (Ask, Assist, Act) and creating non-judgemental language around this framework.	• Pair's skills practice using language prompts.
	• Applying a Personalised Care approach to MECC.	• Personal reflection identifying my opportunities to have a MECC conversation.
	• Identifying naturally occurring and additional opportunities to have a MECC for mental health conversation. How and when can I have a MECC conversation?	• Case study examples of time limited MECC for MH conversations.
		• Highlight: o e-LforH - MECC programmes.

	• What is my role and what time do I have? Examining how to have MECC for MH conversations if I have:
	    o 30 seconds – 1 minute
	    o 3 minutes
	    o 3-10 minutes
		• Action for Happiness GREAT DREAM.

Module One e-Learning	• Overview of national context.
	
	• Rationale and evidence base for the MECC interventions.
	
	• Making the case for prevention / LTC management.
	
	• Dual Axis Mental Health Continuum.
	
	• Risks of not talking about Mental Health & Stigma.
	
	• What is MECC, definitions and the rationale?
	
	• National and local health data and introduction to health, promoting conversations theory and practice.
		• All Our Health video.
		
		• Downloadable aide memoire of time limited MECC for mental Health conversations starters. How to have MECC for MH conversations if you have:
		    o 30 seconds – 1 minute
		    o 3 minutes
		    o 3-10 minutes
		
		This would include the three A's framework and a selection of language prompts

Module Two: Knowledge & Skills

Pre course activity: The three videos challenge:

1. Welsh ACE's video.
2. Open Doors Video.
3. Brene Brown empathy v's sympathy video.

Learning Outcomes 3&4	Content	Activities
LO3: Develop skills and confidence to engage with service users about their mental health and wellbeing	• What are the barriers to raising the issue? Consider some common language, which may add to the stigma around mental health. • The importance of engaging, creating connection and building rapport/ positive relationships to create a safe environment where people can share feelings, thoughts, and ideas. • Identifying what we mean by 'client centred' and what skills do we use if we are using a client centred approach. • Exploring the importance of first client contact – the first 30 seconds the 'golden moment'.	• Facilitated group discussion, How do we / do we not talk about mental health? • Activity around impact of language used. • Pairs activity - what does a good helper do? (Personal reflection) • Activity – If we were using a client centred approach, how would we want our client to be feeling? Analysing two scenarios and identifying which is more client centred and why? Labelling the skills used. • What skills would we have used to help influence their emotional state? 5 Ways to Wellbeing Activity • Video, Brene Brown empathy v's sympathy.
LO4: Develop skills to support services	• Introduction to Trauma Informed Practice and Adverse Childhood Experiences (ACE's). Broad	• Wales ACE's video.

users to understand their distressing feelings and experiences	context for later discussion about non-judgemental listening.
	
	• Enhancing our skills:
	   o Non-judgemental, active listening skills
	   o Putting these concepts into practice, starting the conversation.
	   o How do we raise the issue? What words can we use?
	   o How to ask open questions and when to ask closed questions.
	
	• Crisis response, what is a mental health crisis and how can we respond.
	
	• How do we have conversations about suicide?
		• Trauma/ACE's case study –map the ACE's of a young person and how they may impact at various life stages.
		
		• Non-judgemental listening exercise.
		
		• Group activity turning closed into open questions. Use examples and make reference to the Whooley questions.
		
		• Group activity on paraphrasing with context specific scenarios.
		
		• Pair's activity 'What would you say next?' To practice active listening and reflecting skills.
		
		• Crisis response facilitated discussion and scenarios including support to raise the issue of suicidal feelings.

Module Two e-Learning	• What are ACE's and how can they affect long-term health outcomes. • What is helpful / unhelpful when having a conversation? • Crisis response will be considerate of job roles and the types of crisis they are likely to see in their role/ setting. • Messages will highlight that crisis takes a number of forms on the mental health continuum.	• Quiz or alternative asset. • Video of a MECC conversation with good / not so good elements that people can highlight and comment on • Opening doors: trauma informed practice for the workforce - https://vimeo.com/274703693 • Activity to match appropriate responses to case studies. This will feature a number of job roles and illustrate a range of mental health crises.

| | | • Two or three crisis situations – how to deal with, these could be video's which stop at certain points for the learner to make decisions on what happens next.

• For more in depth Suicide prevention training - https://www.shiningalightonsuicide.org.uk/suicide-prevention-training/

• Suicide First Aid Training https://www.suicidefirstaid.uk/training-programmes/sfa-suicide-first-aid-through-understanding-suicide-intervention/

• Further reading on the zero suicide policy https://www.england.nhs.uk/blog/david-fearnley/ |
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Module Three: Signposting & Pathways

<u>Pre course activity</u>: The Friday at 4pm dilemma: case study asking participants to research their local services and identify those that could offer additional support for someone on a Friday afternoon at 4pm.

Learning Outcomes 5&6	Content	Activities

LO5: Awareness of local support services, and how to effectively signpost service users	• How to signpost effectively
	  o e-LforH MECC session 3: signposting
	  o Local resources relevant to the discussion to which people can be signposted.
		• What is available in our patch?
		
		• MECC Link.
		
		• Presentation of local information.

to the appropriate service	• An introduction to the concept of Health Literacy, reading and numeracy skills, reading ages, images.
	
	• Why people may not be able to access services?
	
	• Introducing skills/strategies for client centred information giving:
	   o Asking permission
	   o Check Chunk Check
	   o Teach back
	
	• Pre course activity review - The Friday at 4pm dilemma. Research of the local area for provision / pathways or alternatives such as Hub of Hope, SHOUT, and Samaritans.
		• Be a mystery shopper exercise.
		
		• Analysis of health information websites, apps, paper based resources.
		
		• The good the bad and the ugly.
		
		• Case studies to apply appropriate referral options.
		
		• Pair's skills-based activity to use Check Chunk Check and Teach Back strategies.
		
		• Review of signposting standards.
		
		• Applying the standards to the 'Friday at 4pm dilemma'.

LO6: Develop confidence to understand and implement the appropriate signposting pathway	• e-LforH MECC session 3: signposting
	   o When and how to signpost a person onto more specialised, tailored or intensive sources of support.
	   o Local resources relevant to the discussion to which people can be signposted.
		• Use and practice of local signposting pathways.
		
		• Case studies to apply.
		
		• MECC Link.
		
		• MECC Gateway.
		
		• Hub of Hope app.

Module Three e-Learning	• How to signpost effectively.	• e-LforH MECC session 3: signposting. • PHE Local action on health inequalities.

	• How to recognise when more specialist support is needed.
	
	• Strategies:
	    o Asking permission
	    o Check Chunk Check
	    o Teach Back
	
	• Background and rationale for Health Literacy.
	
	• How to use signposting pathways.
	
	• Checklist for analysing health resources.
		• Improving health literacy to reduce health inequalities.
		
		• HEE Health Literacy 'how to' guide.
		
		• MECC Link.
		
		• Further reading:
		https://www.bradfordvts.co.uk/communication-skills/teach-communication-skills/calgary-cambridge/
		
		• *Skills for Communicating with Patients*, book by Jonathan Silverman.

Suggested Delivery Models

All learners will need to register for their course at least 48 hours before the start date. Registration will include completion of a short online form, access to eLearning, as well as a short 10-15 minute video outlining the scope of the course, setting the expectations of the learners.

Model One: 3 x 2.5 hour sessions across one week.

Day one	Day two	Day three
Module One: 2 hours + 30 minutes e-Learning	Module Two: 2 hours + 30 minutes e-Learning	Module Three: 2 hours + 30 minutes e-Learning

Model Two: 3 x 2 hour sessions over 3 weeks with individuals to identify their own eLearning time.

Week 1	Week 2	Week 3
Module one: 2 hours 30 minutes e-Learning in own time	Module two: 2 hours 30 minutes e-Learning in own time	Module three: 2 hours 30 minutes e-Learning in own time

MECC for Mental Health Train the Trainer: Proposed Training Content

The Train the Trainer pathway will be delivered over 2.5 days of equivalent learning time. It is envisaged that trainers will be supported with a comprehensive MECC for Mental Health Trainers manual containing detailed session plans, background notes, power point slide decks, and training resources.

Introductory Half Day – the role and responsibilities of the MECC for Mental Health trainer (online)

Learning Outcomes	Content	Activities

LO1: Introduction to the MECC for MH Trainer role, accessing the Trainer network, and Accredited Trainer requirements.	• Climate setting - Welcome and introductions
	
	• Expectations
	
	• Group agreement including online safety management
	
	• Identify the role of the trainer when delivering the MECC for mental health program.
	
	• The scope and boundaries of the training.
	
	• Expectations of the programme on the trainer role.
	
	• Who to communicate with and how - communication channels?
	
	• Roles and responsibilities of the trainers and lead trainers, RSPH, and HEE.
		• Group activity - sharing and valuing experiences of delivering training around:
		  o MECC
		  o Mental Health
		  o Training trainers
		
		• Expectations and concerns activity from a trainer's perspective.
		
		• Group agreement
		
		• Presentation on the rationale for the development of the MECC for mental health training programme.
		
		• Opportunities for questions and answers.
		
		• Discussion / issues board.

LO2: Overview of the MECC for MH training programme, the learning outcomes and content.	• Becoming familiar with the values and approach that have underpinned the MECC for Mental Health training programme. • Be clear about the scope, learning outcomes and content.	• Review of training materials small groups.
LO3: How to deliver the training to their target audience, supporting trainers to develop a bespoke delivery plan	• Starting the process of reviewing the materials taking into consideration numbers to be trained, job roles, and identifying issues when transferring for local delivery. • Matching learning outcomes with training needs of target audience.	• Small groups sharing commonalities in target audience and identifying needs and considerations. • Creating a support network.

Day one: Taking part in the MECC for Mental Health Modules (classroom/ virtual classroom)

Learning Outcomes		Activities
LO2: Overview of the MECC for MH training programme, the learning outcomes and content.	• Welcome back • Becoming familiar with the values and approach that have underpinned the MECC for Mental Health training programme. **Trainers will experience the MECC for Mental Health training modules as a participant during day one.**	• Experiencing all three x 2 hour modules as a participant. • This will be woven through the day-long session.
LO3: How to deliver the training to their target audience, supporting trainers to develop a bespoke delivery plan	• Matching learning outcomes with training needs of target audience.	• Group activity review of experience of being a participant • Question and answer session.

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| | • Practice using a behavioural approach in training delivery and identify strategies to plan and deliver an enjoyable and effective learning experience.

• Use Kolbs adult learning model and its practical application to consider how to adapt the materials to suit local need.

• How to plan for the transfer of the learning from the training environment back into their specific working context. | • Planning in pairs to adapt and use materials to local working context.

• Trainers will select a short section of those materials that they will deliver in a teaching practice session to the rest of the group on day two. |

Day two: MECC for Mental Health Training Materials and resources (classroom/ virtual classroom)

LO4: Training materials to be used to deliver the training, and how to access them.	• Becoming familiar with the MECC for Mental health resources. • How to model personalised care skills and the use of a behavioural approach and apply them to the group context.	• Trainers will deliver the section of the materials they selected on day one and deliver or co-deliver these to the rest of the group.

LO5: General training delivery skills, tips and advice.	• Identify the factors that create a positive and behaviourally effective learning experience.
	
	• Reflect on their training skills and consider specific challenges when working the topic of mental health and specific audiences.
	
	• Match training methods with design and outcomes.
		• Analysis of a poor and good personal learning experience against:
		   o Methods
		   o Trainer/teacher
		   o Environment
		   o Self
		
		• Creating 'ten top tips' for Trainers.

	• How to handle difficult training issues. • Online learning v's Face to Face	• Carousel activity problem solving 'challenging training issues'. • Activity share and value hints and tips.
LO6: Feedback, monitoring and evaluation requirements	• How to use RSPH self, peer and participant monitoring and evaluation procedures.	• Presentation. • Group activity becoming familiar with the paperwork. • Celebration event.