Session 2
Trainer Handbook
Welcome to Connect 5

Conversations are what we do. As public facing professionals, we talk, we explore, we collaborate and solve problems together with people in dialogue.

But are there skills to talking? Can we learn to talk better, more effectively, more confidently, and with greater resilience? It is not easy discussing depression with a stranger. It is not easy talking about mental health in general. How do we breach these barriers and overcome their stigmas?

What is needed to improve public mental health and prevent mental ill health and suicide across our communities?

A paradigm shift that puts prevention, upskilling, and positive mental states at the front of the agenda. Working together to promote whole system change and realising the ambition to make mental health everyone’s business. The NHS demanded this – but where is it in practice?

The best way to prevent is to act early. Connect 5 is a collaborative prevention toolkit and approach that promotes psychological knowledge, understanding and awareness and the development of skills, which empower people to take proactive steps to build resilience and look after themselves.

Change comes from below, from the ground up. The prevalence and cost of mental ill health in our communities far outstrips resources available to tackle them. Mental Health services are oversubscribed as signposting becomes a catch-all solution. We miss the opportunity to ‘normalise’ stress and distress as an inevitable part of life, and we forget to promote hope, recovery, self-help, and self-management. This creates dependencies that tax underfunded mental health services even further.

So we must upskill individuals, communities and the health and care workforces on a systemic level. We can do this by collaborating with front line workers to build a new approach that is scalable, systemic and transformative, dramatically upstreaming prevention around mental wellbeing. Connect 5 is building the confidence and skills we need for systemic change.

We have an opportunity to complement crisis management and Improving Access to Psychological Therapies (IAPT) services by training people to take control of their mental health and prevent crises. We have an opportunity to transform the way we work. We must take it.

The Connect 5 programme is structured as an incremental three-session programme, with each session building on the knowledge and understanding of the previous. Participants progress through the programme depending on the extent to which the preceding step is relevant/applicable to their job role.

Session 1 (half day) consists of brief mental wellbeing advice, designed to help participants better understand mental health, mental wellbeing and mental illness.

Session 2 (one day) teaches a brief mental wellbeing intervention to help participants develop their understanding, skill and confidence to work with and improve mental health and wellbeing.

Session 3 (one day) focuses on integrated mental wellbeing interventions, designed to help participants learn different ways to motivate and support people in making changes that promote mental health and resilience.
An Introduction to...

**Connect 5 Session 2**

The purpose of this session is to:
- Apply the five areas model in conversations about mental health and wellbeing.
- Recognise the nature and extent of mental health and wellbeing issues being presented and how best to deal with it.
- Practice skills needed to start, follow and end a conversation about mental health and wellbeing.
- Identify steps that can be taken to improve mental health.
- Identify local services and resources that help break the vicious cycle and improve mental health and wellbeing.

### Training Timings

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Lead</th>
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<tbody>
<tr>
<td>10 mins</td>
<td>Pre-course evaluation, intros, housekeeping, learning agreements</td>
<td></td>
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<tr>
<td>15 mins</td>
<td>Recap and outline of the session</td>
<td></td>
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<tr>
<td>50 mins</td>
<td>Five areas model revisited. Balloon game and life situation game</td>
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<tr>
<td></td>
<td><strong>15 minute break</strong></td>
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<tr>
<td>45 mins</td>
<td>Having wellbeing conversations skills, attitudes and attention</td>
<td></td>
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<tr>
<td>20 mins</td>
<td>1st practice. Using our skills to gather information</td>
<td></td>
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<tr>
<td></td>
<td><strong>45 Lunch</strong></td>
<td></td>
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<tr>
<td>40 mins</td>
<td>2nd practice. Applying the model. Co-creating the questions</td>
<td></td>
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<tr>
<td>35 mins</td>
<td>3rd practice. Applying the model. Using BATHE</td>
<td></td>
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<tr>
<td>30 mins</td>
<td>4th practice. Applying the practice: mix and match</td>
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<td><strong>10 minute break</strong></td>
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<tr>
<td>40 mins</td>
<td>5th practice. Exploring intensity and impact</td>
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<tr>
<td>15 mins</td>
<td>Stepping up, signposting, services and resources</td>
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<tr>
<td>10 mins</td>
<td>Round robin</td>
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<td>10 mins</td>
<td>Evaluation</td>
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**Session Topic:** brief wellbeing intervention

**Pre-session activity:** attend session 1 within last 6 months

**Learning outcomes after taking part in the course you will be able to:**
- Apply the five areas model in conversations about mental health and wellbeing.
- Recognise the nature and extent of mental health and wellbeing issues being presented and how best to deal with it.
- Practice skills needed to start, follow and end a conversation about mental health and wellbeing.
- Identify steps that can be taken to improve mental health and wellbeing.
- Identify local services and resources that help break the vicious cycle and improve mental health and wellbeing.

### Delivery Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Tutors</th>
<th>Layout</th>
<th>Start time</th>
<th>Finish time</th>
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<td>- Apply the five areas model in conversations about mental health and wellbeing.</td>
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<td>- Identify local services and resources that help break the vicious cycle and improve mental health and wellbeing.</td>
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### Time

<table>
<thead>
<tr>
<th>Time</th>
<th>Teaching activity and support</th>
<th>Delegate activity</th>
<th>Checks on learning</th>
<th>Resources</th>
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<tbody>
<tr>
<td>10 mins</td>
<td>Welcome</td>
<td>Fill-in pre-course evaluation</td>
<td>Slide 2 Slide 3</td>
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<td>Housekeeping</td>
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<td>Aim &amp; learning objectives of the session</td>
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<td>Introductions</td>
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<td>Ground rules</td>
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**Delivery Plan (continued)**

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<td>15 mins</td>
<td><strong>Icebreaker</strong> Recap what do you remember about session 1</td>
<td>In pairs 5 minute discussion about what remember from last session</td>
<td>Reinforce, build on and extend the participants feedback</td>
<td>Slides 4-8</td>
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**Learning Objective**
- Five areas model revisited
  - Apply the five areas CBT model
  - Recognise the universal processes underpinning emotions
  - Identify ways to break cycle in order to improve mood

<table>
<thead>
<tr>
<th>Time</th>
<th>Developing understanding of five areas model by using participant’s direct experience to build the five areas model</th>
<th>Play balloon game utilising participants direct experience to build five areas model</th>
<th>Participants generate content, and apply to five areas model. The learning is extended when participants appreciate ways to break the cycle</th>
<th>Slide 9 Balloons/pin Flip chart Pens</th>
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<td>30 mins</td>
<td><strong>Whole group feedback</strong> drawing out participant’s experience to map out and relate to five areas model</td>
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<th>Time</th>
<th>Apply learning life situation card game</th>
<th>Apply learning small group situation cards, through discussion participants map their imagined reactions on to blank five areas map</th>
<th>Coaching small groups, checking progress.</th>
<th>Slide 10 Situation cards Blank five areas Pens</th>
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15 minute break

**Learning Objective**
- Identifying the skills and attributes necessary for wellbeing conversations
- Practicing skills needed to start, follow and end a conversation about mental health and wellbeing

**45 mins**

- **Wellbeing conversations** Exploring barriers to wellbeing conversations, ask question: what gets in the way? Invite feedback use slide 11
  - Use a belief or a fear map on to five areas model to illustrate how they impact on practice
  - Facilitate whole group discussion
    - What does wellbeing conversation look like? Explore the common pitfalls: fixing blocking etc. playing Youtube video and inviting reflection on experience
    - Harness participants reflection to support recognition of the challenges of attentive listening
  - Slides 9-12
  - Situation cards
  - Pens

- **Pairs:** 5 minute discussion about what gets in the way of you having wellbeing conversations
  - Whole group feedback fears, beliefs, lack of skills and environment (slide) how these impact our ability to have wellbeing conversations in our work role
  - Slides 13-17

- **Listening for feedback, fitting into framework beliefs/fears/skills/time**
  - Applying five areas model to understand how beliefs and fears impact on our practice
  - Checking feedback linking responses to the challenges of attentive listening
  - Reminder of skills discussed in session 1

- **Monkey business illusion:** limitations of attention
  - Whole group discussion
    - Attentive conversation skills and importance of empathy and compassion
  - Slides 14-15

- **Applying five areas model to understand how beliefs and fears impact on our practice**
  - Checking and using reflection to support and extend the learning
  - Slide 18
Delivered Plan (continued)

Learning Objective
Practice five areas mapping
- Apply five areas model
- Identify questions needed to draw out five areas map
- Practice skills needed to draw out a five areas map
- Identify actions to break the cycle

15 minute lunch

Learning Objective
Exploring intensity and impact
- Recognising work boundaries
- Recognising when you need to advise and signpost to specialist mental health services
- Identifying when person is experiencing levels of distress that require safeguarding
- Identifying relevant resources and services and how to signpost effectively
**Delivery Plan (continued)**

### 40 mins

#### Exploring intensity and recognising suicidal distress

**Boundaries** (safeguarding and referral) When would five areas not be appropriate? What situation might someone be in? What would you be seeing, hearing? What cues would you be picking up on?

**Exploring intensity presentations and aspects of mental distress that would trigger mental health service intervention**

- **Duration**
- **How generalised the distress is**
- **Impact and coping**

**What might you hear that would alert you consider that a person needs more than you can offer**

**Whole group discussion**

- When would a five areas intervention not be appropriate?
- What would you see, hear to alert you to distress beyond your role and prompt you to encourage onward referral?
- Input rationale for being prepared to ask the suicide question

**Practice in pairs**

One person is worker and has a go putting learning into practice

**Whole group reflection**

Link to local resources

**Whole group discussion, check learning through the feedback and build on participants understanding to convey session aims**

**Slides 22-26**

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### 15 mins

**Accessing services and resources**

- Hard copies
- Internet links
- Resource guides
- Back in small groups. One character per group. Explore the resources and discuss what their character might use to improve their mental health and wellbeing
  - Feedback to the group

**Duration**

- How generalised the distress is
- Impact and coping

**What might you hear that would alert you consider that a person needs more than you can offer**

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### 20 mins

**Sum-up**

One thing that you will change / do differently

**Evaluations**

- Round robin
- Post course evaluation
- Certificates

**Range of local services and resources**

- Hard copies
- Internet links
- Resource guides

**Back in small groups. One character per group. Explore the resources and discuss what their character might use to improve their mental health and wellbeing**

**Feedback to the group**

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### Learning Objective

**Stepping up support and using resources**:

- Identify local services to support mental health and wellbeing
- Recognise the importance of self-help resources in promoting mental health and wellbeing
- Practice skills in selling self help
- Recognise how particular self-help resources can be used to breaking the vicious cycle

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**Comments/suggestions/modifications for next time**

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**Actions to be carried out before next session**

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Slide 9
The balloon game
The aim of the balloon game is to arouse emotion in some participants in order to capture descriptions of five areas of experience (changes in their situation, thinking, behaving, feeling, and physical sensations).

Instructions
Invite participants to take part, allowing the space for anyone to opt out. At the same time encouraging and reassuring participants who have a strong reactions to the thought of the balloon. These reactions can be valuable sources of information for learning.

Give each participant a balloon. You should also blow one up too.

To Participants: “Please blow up your balloon, and if you can be a knot (participants might have to help each other). Then stand in a circle.”

Facilitator: Stands in the middle of the circle.

To Participants: “Now hold your balloon up against your nose with your eyes closed.”

Facilitator: Waits a few moments.

To Participants: “Now please open your eyes”

Facilitator: Shows the group the pin and asks them to close your eyes again. Walks around the circle and after a moment or two gently knocks a selection of balloons, avoiding those of the participants who have expressed anxiety. After another few moments facilitator bursts own balloon, low down away from people’s faces. Everyone sits back down.

Slide 10
Life situation card game
Applying learning opportunity to coaching small groups

<table>
<thead>
<tr>
<th>Common Issues Ideas to develop understanding</th>
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<tr>
<td>Individuals in the groups have different reactions (moving house one might be excited one might be worried)</td>
<td>These provide a good opportunity for coach to reinforce the message that we all have unique ways of interpreting, reacting and experiencing life, which is why we need to not make assumptions and to develop our skills to work along people to find out what their unique experiences are made up of</td>
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<tr>
<td>Individuals in groups have same reaction but different experiences (can’t find parking space both might get agitated but one cries and the other shouts)</td>
<td>Participants often put thoughts as feelings or feelings as thoughts We can think of thoughts as a statement or put it in inverted comas. Feelings are usually one worded</td>
</tr>
<tr>
<td>Confuse physical and behaviour e.g. is crying a behaviour or physical? On one level it doesn’t really matter where you put something as long as the person sees it that way. However, a way to distinguish them might be to follow on the description with: Physical is something you don’t choose to do it's an automatic reaction you find yourself doing it e.g. heart beating faster, tensing muscles A behaviour is more what you choose to do you might follow it up with ‘what would you see me doing’ e.g. shouting, banging doors, walking fast etc</td>
<td>Opportunity to support the participants to see how their reactions work in a vicious cycle each one reinforcing the other</td>
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What is the effect if we are fearful about getting into wellbeing conversations and / or don’t feel it is our job?

Over the years we have asked all sorts of people in all sorts of professions this question, and we have found we generally all feel the same. We haven’t got time (the belief is that it takes a lot of time), it’s not our role (we don’t have the knowledge and skills); we will make things worse (talking about feelings runs the risk of opening someone up and exposing their vulnerability).

It is worth thinking a bit deeper about some of these assumptions, beliefs and fears. This training seeks to redress some of these barriers. We are aiming to support the wider helping workforce to feel skilled and confident about the vital role they can play in having conversations about a person’s mental health and wellbeing. These conversations will help people understand and see more clearly what’s going on for them. A platform from which they will be more motivated to take steps to support their own mental health and wellbeing.

This could be self-help steps, wellbeing steps or steps to seek further mental health support.

Wellbeing conversations are like any other in that it has a beginning middle and end. If we are not aware of our habits and haven’t honed our skills what tends to naturally happen, especially if someone is showing their vulnerability, telling us about their problems or expressing their distress, we jump very quickly from the beginning phase of gathering information into the end stage next steps and try and fix the problem. On average a professional listens for only a few seconds before starting to fix. It’s not that this is wrong rather it comes from a helping reflect. The problem though is that if we have only listened for a few moments to gather information chances are that we have not gleaned a full understanding of the person’s experience (remember all the work we have done to demonstrate how our experiences are unique) and therefore the things we suggest as fixes are likely not to fit. It also runs the risk of making the person not feel listened too and therefore act as a barrier to honest and open communication.

Counter-intuitively if we spend more time gathering and exploring, working collaboratively with the person to draw an accurate picture of the person’s experience, we spend less time on the fixing. The fix will flow much more freely from the clearer picture. If the next steps are borne out of the person’s own discovery they will be more in tune with the person’s values, resources and opportunities and they will be more motivated to take action.

What stops you?

- Unleashing strong emotions
- Making things worse
- Facing difficult questions
- Taking up too much time
- Not knowing what to do

Beliefs

- Emotional problems are inevitable and nothing can be done about them
- It’s not my role to discuss such things
- There’s no point talking about problems that can’t be solved

Lack of skills and confidence in

- Starting conversations about feelings
- Exploring issues
- Handling difficult questions
- Saying the right thing
- Closing the conversation

Fears

- Lack of privacy
- Time constraints
- Noise/distractions

What stops you?

- It gets easier.
- What do you do when conversations start to feel difficult for you to initiate or have a conversation about mental wellbeing with someone?
- Consider things about yourself or the situation/environment — NOT about the other person.
Attention

- We only have limited attention.
- When it is focused on one thing it misses other things. If we attend to this we can’t attend to that.
- We tend to focus attention on what we think is important.
- Attention is the gatekeeper to perception and knowledge.

Without attention learning is very hard even with lots exposure.

- Often in work we have numerous things we are focused on (paper work, target, time) which might mean we do not attend to cues.
- Wellbeing conversations challenge us to use our attention in a particular way. To focus fully on the person: attentive listening.

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The skills to have wellbeing conversations are not different or special skills but rather they are ordinary communication skills used skilfully or artfully.

Attentive listening

The key thing about mental health and wellbeing is that it is not a problem that needs to be fixed, but something that needs to be explored and discovered.

“Suffering is not a question that demands an answer; It is not a problem that demands a solution; It is a mystery that demands a presence.”

Anonymous quote cited by Brother Francis (personal communication)

Staying present in the face of a person’s upset, distress or vulnerability is not easy. We have to overcome our urge to fix, make better or to make it go away. It requires us to use our communication skills in a slightly different way. As we listen to the person we need to try and keep in our mind not ‘how do I fix this?’ or ‘how do I make it better?’ or ‘what advice can I give?’ but ‘how can I help the person learn about or see their vulnerability or difficulty more clearly?’

A clearer view or a better understanding is the viewing point from which the person can then make a better judgement or decision about what action they need to take to feel better.

Read more on why it is hard to be a good listener: https://gal2.org/library/documents/volunteer/continuing-education/everything-you-need-to-know-about-becoming-a-better-listener.pdf

Open questioning

Closed questions narrow the possible answers down, and it is usually narrowed down to the asker’s assumptions. Open questions leave the space open for the person to fill in the with their own experience. Open questions are fuelled by interest and curiosity. What you are trying to achieve is a clearer picture. A good question gets a person to think and draws out information. It’s the best way of going from what we don’t know to what we do know.

How, what, where, when, who, why (use why sparingly, as a why question risks getting into fixing and judgment)

Open directive can help narrow down the field of inquiry whilst at the same time still ensure it is coloured with the person own experience.

Negotiating /collaborating
The communication is best when you are both collaborating. It doesn’t work if you are doing to or telling since you can’t help the person discover in this way. Negotiating is all about using your skill to ensure the other person is sharing and fully engaged.
- Would you like to talk about this with me now?
- Is this something you feel happy exploring further?
- What’s the most useful thing to focus on today?
It is also a way for you to be clear about the process whilst leaving the content free to be theirs.
- We have 20 minutes today, what do you want to use that time for?
- You’ve talked about a lot things today, we have 15 minutes left, what is the most important thing you want to focus on in that time

Responding to clues: empathic acknowledgement
So much of what we communicate is non-verbal. Picking up on the cues and responding to them is an effective way of showing the person you are listening, showing the person you are attending to them, signalling to the person that you are caring and compassionate toward them. This in turn will help them to open up and discover and share their experience.
- If you are able to do this you will be able to pick up:
  - If someone doesn’t want to get into things (what would you see, what would you hear)
  - Too upset, or getting upset by talking (what would you see, what would you hear)
- Reflection and summary both ways keep the dance of communication going.

Reflection
- Gives person chance to hear what they have said, hearing from the outside can often be helpful in furthering understanding, giving it a different perspective
- It also gives the person a chance to refine and correct it. It might be you have misinterpreted it, or it might be that they didn’t quite mean that they meant this

Summarising
This is a process of giving an overview of what has been said in your own words. Summarising reinforces that you have been listening closely to what has been said and it can also help to:
- Encourage the person to begin to talk
- Introduce and expand on a particular issue
- Bring focus and clarity when a person is beginning to ramble
- End a discussion and introduce the need for action
- Provide a bridge after a break

See more about key skills at the Charlie Whaller memorial trust learning portal http://learning.cwmt.org.uk/

Read more

Responses to the suffering and misfortunes of others

What is empathy?
Empathy is not a straight forward concept. It is defined in different ways. It is often understood to be feeling the pain of others, or imagining yourself in someone else’s shoes. The risk of this however, is that doing so over and over can become overwhelming and produce feelings of distress.

We are teaching a more nuanced sense of empathy. Contemporary researchers often differentiate between two types of empathy: “Affective empathy” refers to the sensations and feelings we get in response to others’ emotions; this can include mirroring what that person is feeling, or just feeling stressed when we detect another’s fear or anxiety. “Cognitive empathy,” sometimes called “perspective taking,” refers to our ability to identify and understand other peoples’ emotions.

What is compassion?
Compassion literally means “to suffer together.” Among emotion researchers, it is defined as the feeling that arises when you are confronted with another’s suffering and feel motivated to relieve that suffering.

Read more
http://greatergood.berkeley.edu/topic/empathy/definition#what_is
http://greatergood.berkeley.edu/article/item/whats_the_matter_with_empathy
http://greatergood.berkeley.edu/topic/compassion/definition#what_is
Applying the Five Areas model and the skills needed to have a wellbeing conversation

The first step is to think about and have ready some well-designed questions that participants can use to work with a person to draw out their unique five areas map which accurately represents their current experience.

The facilitator works with the whole group to co-design questions that would map out the five areas.

**Writing the agreed questions on the flip chart**

**What question would you ask to understand the situation?**
- What’s going on for you at the moment?
- What brings you here?
- What’s troubling you at the moment?

**What question would you ask to draw out the person’s physical reactions?**
- Since this has been happening what changes have you noticed in your body?
- How have you been feeling physically since this has been going on?

**What question would you ask to draw out the person’s thoughts in response to that situation?**
- When x happens what goes through your mind?
- When x happens what kind of things do you tell yourself?

**What question would you ask to draw out their feelings in response to that situation?**
- What feelings do you have in response to X?
- How would you describe your feelings when x happens?

**What question would you ask to draw out the person’s behaviour?**
- What have you noticed doing differently since x has been happening?
- What kinds of things have you been doing to cope since x has been happening?

The co-produced questions are used in the first practice. This is done in the spirit of see what happens, rather than trying to get it ‘right’. Setting the tone so that the practice groups are supportive and encouraging and sense of trying it out and learning together.

It is also an opportunity for the facilitator to coach the small groups. S sensitively and gently listening in to the practice, offering positive encouragement and gentle challenge. The kinds of things that you might want to challenge are:

When participants have jumped to or are sliding into fixing. This can be very obvious e.g. when they have got into telling the character what to do, or it can be very subtle e.g. when they are leading the character away from exploration of their experience and into questioning about what they are doing or what they could be doing.

When participants are psychologising (generating theories to explain why) rather than gathering and exploring experience as relates to the five areas. This similarly can mean the character is lead away with leading questions into exploring a particular aspect of their experience (their past, or relationships, etc.) rather than focusing on drawing out the five areas experience.

It is generally, especially on the first practice, quite a challenge for some of the participants to stick to the questions, to gathering and exploring information and fill in the five areas.

As the practice finishes, allow time for the small group to feedback to each other, as a source of reflective learning. The worker and the character have an opportunity to describe what the process felt like, and the observer can feedback what they observed during the process.

The facilitator invites whole group feedback by asking how did it go? Did the questions work, did you need follow-on questions? What happened, what did you notice? Opening up a space for further reflection and learning.
**Slide 21**

**BATEH Technique**

**Practice no2**

Rather than use own questions the BATEH technique gives participants the opportunity to try out an evidenced based set of questions and see whether they prefer this or whether they prefer their own questions. Participants feel very differently about this. Some like the support and assurance of a ready made set of questions whereas other feel that it is to prescriptive and takes away the natural flow. There is no right or wrong we are just giving participants the opportunity to try out different methods and learn by their experience.

**Background = situation**

**Affect = feelings (could be thoughts)**

**Trouble = thoughts (feelings)**

**Handle = behaviour**

**Empathy**

It’s good to remind participants about the importance of empathy. They have a lot to think about when practicing and often forget about empathic acknowledgment.

Once again it is an opportunity for the facilitator to coach the small groups. To pick up on fixing, leading questions, psychologising as well as encouraging and reinforcing good practice such as attentive listening, use of skills, empathetic acknowledgment etc.

Give time for the triad practice group to reflect back to each other.

Give time for whole group feedback. This is an opportunity for the large group to learn from each other and from the different experiences and opinions in the group, not a matter of right and wrong but of what works best for different people. Different styles can be different ways of getting the same outcome. Here are some reflective questions you might ask:

How did that go, did the questions get to the five areas information, did you need to have other questions up your sleeve?

**Third practice no3**

Participants in the Practice group change roles again and this time leave it up to the group to mix and match. Use which ever method they feel comfortable with.

Final opportunity for the facilitator to move around the groups and pick up on opportunities to support and coach the small groups.

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**Exploring intensity questions**

It would be useful for us to get a better understanding of the difficult feelings that you mentioned.

- How long have you been feeling like this?
- What seems to set off these feelings?
- What effect is this having on your life?

**Slide 22**

**Exploring impact and intensity**

The aim of this section is to explore the boundaries of what we are teaching; we are not teaching participants to be mental health workers. Nor are we teaching participants to do Connect 5 intervention with all their clients.

**So we want to explore:**

1. **What circumstances would you not want to do Connect 5 intervention. What would you be seeing or hearing that would alert you that this was not the right intervention at this time?**

   E.g. people in:
   - Crisis
   - Chaotic
   - Very distressed
   - Under influence drugs/alcohol
   - Violent or Angry
   - Non cooperative

2. **Exploring intensity and impact**

   When you are drawing out a five areas map, you are gathering lots of information that could alert you to a person needing more specialist intervention. If someone was describing e.g. lots of very bleak thoughts or not being able to cope, not going out etc.

   The slide 22 documents the kinds of experiences that should alert us that the person needs mental health intervention.

   1. **Duration:** if the person has been suffering difficulties for some time and things haven’t changed or are getting worse.
   2. **How generalised the feelings are:** i.e. there is a difference between feelings that are occurring all the time in lots of circumstances or that only occur in specific or particular circumstances
   3. **The impact of the difficulty on a person’s home, work and social life.** We should particularly concerned if someone’s life is being to get smaller and particularly if they are stopping work.
Suicide as a process

Although suicide sometimes appears to be an impulsive or sudden act, it is more usually a process. Which means if we are more open and able to explore experiences of hopelessness and thoughts of suicide we will be able to slow down and intervene in this process by helping the person access help and support and thereby prevent suicide in our community.

The Connect 5 tool kit gives us insight into a person’s experience. If we find that a person has been suffering distress for some time, triggered by and affecting different aspects of their life e.g. personal relationships, occupation, study and the social life then we need to:

1. Help them access more specialist mental health support
2. Be prepared to explore whether they also have feelings of hopelessness and thoughts about ending their life.

Patient Health Questionnaire – 9 (PHQ-9)

‘Thoughts that you would be better off dead or hurting yourself in some way’ is the 9th question on the PHQ-2, this is the NHS assessment tool for diagnosing depression. www.agencymedirectors.wa.gov/files/AssessmentTools/14-PHQ-9%20overview.pdf

This means that thoughts about ending your life are a widely recognised symptom of depression and much more common than we think. The stigma that still surrounds suicide means that there are plenty of misunderstandings and myths e.g. some of us still believe that by talking about it you could put the idea into someone’s head.

It is important that everyone is confident and has the skills to ask specific questions about suicide. If there are indicators that a person may be at risk. The flow chart on slide 25 combines a set of simple questions with a decision making tree to guide the conversation.

The latest thinking in suicide prevention is that we will only prevention suicide if we all get involved. It is worth noting that only about 1/3 of people who die by suicide are in touch with the mental illness services. It is the single biggest killer of men under 55 in the UK.

You will need to know

- National Suicide Prevention Strategy
- Your local suicide prevention services and local facts and figure
- Your local suicide prevention strategy and local facts and figure
- Be familiar with the recommended online resources below

Watch this free training resource from the Zero Suicide Alliance

The alliance is ultimately concerned with improving support for people contemplating suicide by raising awareness of and promoting FREE suicide prevention training which is accessible to all. The aims of this training are to enable people to identify when someone is presenting with suicidal thoughts/behaviour, to be able to speak out in a supportive manner, and to empower them to signpost the individual to the correct services or support.

www.relas.co.uk/zero-suicide-alliance/form
Suicide Prevention resources

Stay Alive is a suicide prevention app which offers help and support both to people with thoughts of suicide and to people concerned about someone else. The app can be personalised to tailor it to the user.
www.crisiscareconcordat.org.uk/inspiration/staying-alivegrassroots-suicide-preventionapp

Whatever you’re going through, call us free any time, from any phone on 116 123. We’re here round the clock, 24 hours a day, 365 days a year.
This number is FREE to call.
www.samaritans.org

If you’re reading this because you’re having suicidal thoughts, try to ask someone for help. It may be difficult at this time, but it’s important to know you’re not beyond help and you’re not alone.
www.nhs.uk/Conditions/Suicide/Pages/Getting-help.aspx

One port of call for webrsesources, self-help and helplines
www.stockportsuicideprevention.org.uk

Support after Suicde is a partnership of organisations that provide bereavement support in the UK. We’re here to help you find information & support.
http://supportaftersuicide.org.uk

The Virtual Hope Box (VHB) is a smartphone application designed for use by patients and their health providers as an accessory to treatment. The VHB contains simple tools to help patients with coping, relaxation, distraction, and positive thinking.
http://t2health.dcoe.mil/apps/virtual-hope-box

Research based ways for managing the most painful moments of life. Mindfulness, Mindfulness of Current Emotion, Opposite Action and Paced-breathing. These skills are part of Dialectical Behaviour Therapy or DBT, proven to be helpful for people considering suicide.
www.nowmattersnow.org