

Evaluation of ‘Interventions for Mental Health in Everyday Practice’ Courses 2009-2010

Introduction

This is a follow-up report to the report of the first series of IMHEP courses ‘Evaluation of the 2008 Programme’. The first report was produced by the three organisations involved, Manchester Public Health Development Service, Stockport Primary Care Trust, and The University of Manchester Education Development and Training Agency. This follow-up report has been produced by Manchester Public Health Development Service, and just relates to the courses run in Manchester from August 2009 to April 2010.

Courses and Numbers Attending

Ten courses were run between August 2009 and April 2010. Of these courses, five were for general recruitment, and five were for specific organisations: two for Sure Start, and one each for Health Trainers, Refugee Action and Manchester City Council Mediation Service.

Participants were more or less equally split between statutory (89) and voluntary sector organisations (81), with a total of 170: 127 women, 43 men. There were 94 participants on the five General courses and 76 participants were on the five Specific Organisation courses

Participant Evaluation

All participants were asked to fill in an evaluation form at the end, which mainly asked them to rate different aspects of the course, but also allowed for comments. About 10% of participants either did not fill in an evaluation form at all or did not answer some of the questions. The numerical results are shown in the table below.

There were not major differences between participants’ ratings of the 9 questions between those on General or Specific Organisation courses, except in two cases: ‘3. The content of the sessions were appropriate’, and ‘9. Leaving the training today, I feel confident that I can use the approach to help my clients’. Taking ‘Strongly Agree’ and ‘Agree’ answers together, participants on the General courses generally rated the course less highly than those on Specific Organisation courses. The two exceptions were that participants on the Specific Organisation courses were more likely to be ‘undecided’ or to disagree that the content of the sessions were appropriate – and yet they were more likely than those on the General courses to feel confident about using the approach with their clients.

Participants' Evaluation

		Strongly Agree	Agree	Undecided	Disagree	Total answering question
1.	The environment was conducive to learning	44 G25 28% S19 31%	89 G49 56% S40 65%	10 G7 8% S3 5%	7 G7 8% S0	150 G88 S62
2.	The programme was well delivered	61 G35 39% S26 43%	78 G47 52% S31 51%	9 G6 7% S3 5%	3 G2 2% S1 2%	151 G90 S61
3.	The content of the sessions were appropriate	49 G29 32% S20 33%	85 G57 63% S28 46%	14 G3 3% S11 18%	3 G1 1% S2 3%	151 G90 S61
4.	The materials used were of high quality	54 G28 31% S26 43%	77 G46 51% S31 51%	19 G15 16% S4 7%	2 G2 2% S0	152 G91 S61
5.	I was encouraged to join in discussions	73 G43 49% S30 49%	72 G42 48% S30 49%	3 G2 2% S1 2%	0	148 G87 S61
6.	The aims of the sessions were clearly presented	66 G39 43% S27 44%	81 G48 53% S33 54%	5 G4 4% S1 2%	0	152 G91 S61
7.	The aims of the programme were achieved	61 G35 38% S26 42%	80 G50 55% S30 48%	9 G5 5% S4 6%	3 G1 1% S2 3%	153 G91 S62
8.	The sessions were paced well	53 G29 32% S24 39%	62 G36 40% S26 42%	22 G15 16% S7 11%	16 G11 12% S5 8%	153 G91 S62
9.	Leaving the training today, I feel confident that I can use the approach to help my clients	50 G34 38% S16 26%	78 G41 46% S37 60%	22 G13 14% S9 15%	2 G2 2% S0	152 G90 S62

(G = General, S = Specific Organisation)

Comments

There was no obvious difference in terms of positive and negative comments between participants on General courses or those from Specific Organisations.

Generally the courses were well received and felt to be useful:

“Very well run 2 day course - innovative.”

“Enjoyable course, well presented, with knowledgeable trainers.”

“This is the best mental health training I have been on. If I had had this type of training at university I would have seriously considered being a mental health social worker. The skills and knowledge I have gained on this two day training have been very valuable to my present role. I will most definitely be incorporating the mode, approach and skills into everyday practice.”

“I like the fact that they are trying to make it more acceptable to the general public.”

The course introduced **useful and/or adaptable interventions** for the clients of a variety of workplaces and voluntary sector organisations:

“Good training, will be a very useful tool for us to use with families in enabling them to solve their own problems and help engage hard to engage families.”

“I thought the training was so positive in terms of encouraging tools to empower clients, which in my opinion is very important in helping people to move forward.”

“A good learning programme and structured work method.”

“The course has been very good for me because it dealt with issues of my client group which I can use in my work.”

“Will adapt according to my role. “

“A well presented course, although not to my role, there is a lot of material that is suitable for everyday use.”

“Would be interested in adopting and adapting this for young/adult people – 14 upwards.”

“There are certainly aspects that I can develop into my role although delivery ‘in the real world’ may be a little more challenging than in the classroom based practice sessions.”

“Lots of things to think about in terms of how we can use this approach in our service.”

“Extremely interesting content. Can take parts and adapt to my role/area of work.”

“Wonder as to how it will fit with our service but that needs to be addressed by management in our service. As a course I thoroughly enjoyed it, and the skills practices.”

Several participants said that the course had **reinforced or enhanced their skills, knowledge and understanding of mental health problems:**

“Some things in this training course have made me look at some of the problems other people are having and I feel I may not have fully understood what they were going through, I feel I have a better insight of this now.”

“The course underpinned what I was already doing.”

“Although I found the training helpful, we use needs assessments and action plans already, so I feel this is just a different approach to what we already have in place. However, I did enjoy the training and felt it was helpful in areas that I will bring up at our next team meeting to try and incorporate into our roles for more client led positive outcomes.”

“I feel this course will encourage me when I am support planning with a client, with information sharing. Building up confidence and relationship along with client to break down any barriers.”

“I feel that I have learned something today and yesterday, that will support my job role. I am more confident about accessing help from mental health teams.”

“Thanks, learnt lots, I know I can: Ask the question ‘are you thinking suicide’, as this question won’t make a person do this.”

There was generally a positive response to the **ABC-E Model** – that it would be useful, and could be adapted to use in different ways with different clients.

“Found ABCE tool useful – in more ways than for mental health issues – will be valuable for all areas of problem solving.”

“I anticipate I will use this in my current and future work.”

“Enjoyed the fact it could be moulded to different clients.”

“I tend to see patients with physical problems and elderly but will try and use parts of the model with my younger physical disabled patients.”

“It was useful to learn the intervention techniques, however I am aware that it would not be useful in every case. It is a good tool to have to hand to use when appropriate – will put a copy of the ABC-E plan on wall to prompt me.”

“Would have liked to go more in depth into resolving some of the ABC problems, I felt the interventions were just gone over briefly and I would like to have learned how to do them in detail, how to apply them, I did not find trying role play all that useful.”

However, a few participants would have like **better definitions of terms** used and whether the model is more appropriate for some clients than others:

“A better explanation of ABC (especially A & B) would be good – maybe definitions.”

“Need to have a look at the definitional issues – mental health, mental well-being, mental illness, emotional well-being used almost interchangeably.”

“Need more input into who this is most useful for and assessing motivation.”

There were positive comments about the **methods** used on the course:

“Group work was very good – help understand and try the actual theory.”

“The use of the DVD helped to see the theory in practice. I learnt a lot through the role play. Perhaps more group activity.”

“Enjoyed discussions in group work when skills had finished.”

“Feed back session and action planning was very useful.”

The **information and resources** provided were much appreciated, though there were a few suggestions for improvements:

“Very good information about services and a lot of examples of resources were given.”

“The information pack and resources are excellent!”

“Would have liked few more bits of information on strategies eg handouts to explore these areas, a lot of this is familiar to me but for others this may not be enough.”

“Would be useful for self help guides and information to be available as ‘packs’ to take away.”

There were hardly any negative comments about the **facilitators**, except for a few to do with maintaining interest because of the length of the course or some lack of familiarity with the materials.

“Sessions were well delivered, the tutors are expert on their lectures and satisfied us with the questions asked during the session.”

“Trainers had a great approach – delivery was honest, open and they showed a good sense of humour.”

“It is reassuring to know the trainers knew their fields of expertise.”

“Facilitator knowledge was spot on and I learned a lot even though I work in mental health.”

“The trainers were articulate and informative, they allowed plenty of time for discussion.”

The **number of slides and the quality of the DVD** came in for the most negative comments, criticism and suggestions for changes including reducing the length of the course.

“Felt it stuck to the slides and there were too many of them of poor quality”

“Too many slides!”

“The video I felt was slightly out of date” and “Some clips were long to watch”.

“Good valuable information but a bit repetitive and could be condensed.”

“Could have cancelled mental health conditions and explanations.”

“Feel that this training could also be reduced to a day - practice sessions remaining an important focus.”

“The presentation was heavily reliant on power point and video which, while useful, was too laboured. Practice sessions were excellent but the general pace of the two days was a little slow, this impacted on the use of what is a good intervention. I feel given the skills and knowledge of the participants, this could have been a punchy one day event with some focussed learning.”

“Felt like insufficient time for discussion – as a result a lot was crammed into last hour.”

“Video needed to be more realistic and deal with a more challenging situation. The role play was interesting initially and, though I can see the idea behind returning to the group to do new parts of the interview – it was a little dull – more variation needed, and we had far too long for the role plays – could have been cut by at least 50% I think. Also groups should have fed back on results of their case study work to ensure we had for example, correctly prioritised and formed realistic and appropriate goals and results to problem solving.”

“Role play could have been done in quieter room or maybe a participant volunteering and the rest of us evaluating and feedback on it.”

“Thought some of the first session could have been condensed as once the role play and group interactions started it was better.”

There needs to be more consideration about whether the course is **appropriate** for all workers – as some clearly felt it was not. Prospective participants need clear information about what the course covers and who it is aimed at.

“Due to the nature of my job, couldn’t use this approach but has been a good training experience.”

“Not sure how appropriate for my role, was not what I expected.”

“The pre course information needs to be clearer as the course may not have been relevant to me and wasn’t what I was expecting.”

“Working with service users who have severe and enduring mental health problems it may not always be suitable but parts of it could be used with less severe service users. Maybe made clearer on what is more useful for organisations that don’t deal specifically with mental health.”

“The course content was actually a little different than I expected and anticipated, however, despite this the learning was still very relevant and useful.”

In particular, several participants were expecting the course to equip them to **identify people with mental health problems**:

“The course was very informative, however, I feel its focus was towards those who work with those with mental health issues on a day to day basis. I work with the general public and though this course would provide me with the knowledge to identify individuals with a mental health issue.”

“I was hoping to get more insight into identifying people who may have mental health issues but have not yet presented them. I work with a range of people not in a mental health setting and want to help people who may not want to go direct to services.”

“I was hoping to be taught how to spot certain characteristics of mental health.”

“Was expecting the course to be more about identifying specific conditions and where to refer to.”

“We need to know more about how to identify individuals who present with mental health issues and how to deal with them in a sensitive and supportive manner. Exercises on how to do this would have been helpful.”

When the course is being provided for a **specific organisation** the comments indicate that there should be information for the trainers about the service that organisation provides and their clients, in order to tailor the course more for them. Possibly the organisation should be asked to provide some example case studies about their clients. Trainers’ comments indicate that organisations should also be reminded that participants need to attend the whole of the course, and it is probably better to arrange a venue away from the participants’ work base.

“Perhaps if trainers could have had more of an idea about our client groups, questions we had were often answered with ‘skirting around the issue’.”

“It would have been useful if the example used in the programme were more related to our client group.”

“I felt the course was not relevant to what I have time to do, although I think the model was great and can be used to access mental health problems.”

“I find that the contents of the training are not for us as caseworkers as we do not have the time to conduct such approach.”

“In our service it would be hard to get the time to put this into practice. However, bits of it would be/are very useful and could be helpful in dealing with some clients.”

“A lot of the problem solving parts would be almost impossible to work through and follow up.”

There were more negative comments from staff who were **less experienced in mental health issues**.

“Felt it gave ‘unrealistic skills’ to people who are/were unskilled practitioners in mental health work.”

“I feel I have not learned new skills and don’t completely agree with this approach. This is giving very little practical skills to professionals who might not be qualified to deal with certain issues. I do not agree with the risk questions “what would make it worth?”

A few people questioned **why the course only covers one model**, so this needs more explanation at the beginning of the course.

“I think there was a general presumption that course would cover mental health more generally – as opposed to one intervention that can be used generically with all clients regardless of mental health needs/issues.”

A few participants felt unsure or uncomfortable about how to deal with the **issue of risk**:

“Some aspects of course may be inappropriate to use for some workers, such as asking parents the self-harm / suicide question.”

“Feel unable to answer questions on evaluation form as I personally disagree with the course material, regarding risk. To answer above would prejudice presenters of course.”

“Need to have a look at the definitional issues – mental health, mental well-being, mental illness, emotional well-being used almost interchangeably.”

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Appendix 1: IMHEP Courses 2009-2010

Date of Course	Organisation	No of participants	No of Females	No of Males
26 & 28 August 2009	Surestart	17	17	0
28 & 29 September 2009	Health Trainers	13	10	3
18 & 19 November 2009	General	20	17	3
15 & 16 December 2009	General	19	10	9
11 & 12 January 2010	Surestart	15	14	1
21 & 22 January 2010	General	21	15	6
17 & 18 February 2010	General	16	8	8
16 & 17 March 2010	General	18	14	4
24 & 31 March 2010	Refugee Action	19	15	4
15 & 16 April 2010	Mediation Service, MCC	12	7	5
TOTAL		170	127	43

Appendix 2: Participants

Statutory Organisations		89
MCC	59	
Sure Start	29	
Mediation Service	12	
Tenancy Compliance	7	
Housing Support/Adult Social Care	4	
Women’s Direct Access	2	
Sheltered Housing	1	
Homeless Families	1	
Tameside Satellite Unit	1	
LAC Education	1	
Zest	1	
NHS Manchester – MCH	21	
Health Trainers	14	
Community Stroke Team	3	
Community Staff Nurse, HV	1	
Primary Care Mental Health Team	1	
Physiotherapy	1	
PHDS	1	
Manchester Mental Health & Social Care	2	
Manchester Probation (IAC Team)	5	
Pennine Acute Hospitals Trust	1	
Greater Manchester West MH, Drugs Service	1	
Voluntary Organisations		81
Refugee Action	19	
Housing Associations	13	
Adactus	3	
Carr-Gomm	2	
Great Places	2	
Methodist	2	
People First	2	
Willow Park Housing	2	
Drug and Alcohol Organisations	12	
Addaction	1	
Addiction & Dependency Solutions	4	
Crisis Point (Turning Point)	4	
Lifeline / Outlook	3	
Praxis Care (care for people with l d, m h problems)	5	
Manchester Care and Repair	3	
African and Caribbean Mental Health	3	
Making Space (for people with severe mental illness)	3	
Manchester Refugee Support Network	3	
Manchester City Football – City in the Community	2	
Gaddum Centre (advice, counselling)	2	
Lesbian & Gay Foundation	2	
Barnardos – Sure Start	2	
Safestop – Depaul UK (homeless young people)	2	
Miscellaneous individuals	10	