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NHS
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Fact sheet- Making every contact count in mental health settings

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Fact Sheet for MECC in mental health settings

What is the difference between applying MECC in mental health settings compared to other settings?

MECC is a very brief intervention that can be applied to almost any setting. While all MECC programmes benefit from patient and public involvement, in a mental health context service user involvement must be routinely embedded from the outset. When implementing MECC in mental health settings, service user involvement is essential for effective implementation. This could include being part of training, guiding the implementation, and even evaluating the programme. Guidance on service user involvement can be found in the Quality Marker Checklist for Mental Health Settings, the Evaluation Framework, and the Implementation Framework.

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Furthermore, the physical health of people with severe mental illness is a considerable health inequality and priority for mental health service provision. The current mortality gap can be up to 20 years, and physical health is a significant factor in this increased mortality. This context provides a different starting point for MECC in mental health settings. Engaging with existing efforts, evidence and support around this area is critical for MECC in mental health settings, connecting with initiatives and strengths within organisations.

Mental health settings include a number of professionals who are highly skilled in communication and behaviour change techniques. Many mental health workers also have experience of social and behaviour sciences that they bring to their role. There are many resources available within mental health settings that directly relate to promoting positive lifestyle behaviour change and preventing unhealthy lifestyle behaviours. Notably, bringing multiple existing initiatives under the MECC banner is a key consideration for implementing MECC in mental health settings.

What is Kotter's 8 Step Process for Leading Change?

Organisations are constantly growing and changing. When implementing a brief intervention such as MECC across an organisation, you are creating change. Change has numerous benefits, but also comes with potential challenges and barriers. It is important to consider how change is managed when implementing MECC to ensure that is done successfully and can be sustained.

Whilst there are many change management theories, Kotter's 8 Step Process for Leading Change is widely cited and appropriate for mental health settings. Although other approaches are available, this set of resources aim to integrate considerations from this model into the guidance and support. This way of working relies on local leaders tailoring approaches and principles to their local context, needs and organisation. Within these resources is an organisational development and change document. This outlines each step of Kotter's process, providing details and examples of how to harness this approach to implementing MECC in mental health settings.

How can I get service users involved in MECC?

Within the MECC Implement Framework additional resources have been included to explain the benefits of service user engagement and involvement. The 4PI National Framework for Service User Involvement includes examples of how to effectively implement their engagement. Lastly,

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guidance from Together for Mental Health has also been included on how to specifically involve service users in mental health settings.

What shall I include in MECC training in mental health settings?

The Quality Marker Checklist for Mental Health Settings has been developed to help tailor training. Many of the topics including in this checklist can also be applied to other MECC programmes in different settings. One key element to training is service user involvement, which can have a positive impact on staff behaviour change. Including service users in training has numerous benefits and is being encouraged across the NHS.

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MECC training predominantly includes 5 core lifestyle behaviours:

- Smoking
- Alcohol
- Healthy eating and weight management
- Being physically active
- Improving mental health and wellbeing

Additional topics have been included in the Quality Marker Checklist for MECC training in mental health settings, for example:

- Debt/ finance gambling
- Sexual health
- Medication side effects and adherence
- Self-harm and suicide prevention
- Substance misuse (drugs including novel psychoactive substance)

These topics have been included as these lifestyle behaviours can have a detrimental impact on a person's physical and mental health. There are further optional topics that have been identified as important determinants of unhealthy lifestyle behaviours. These topics can also be included in training depending on the staff needs of the organisation. Topics include:

- Basic self-care practices
- Oral health
- Effects of trauma on mental illness
- Social/ support networks
- Relapse
- Crisis services
- Inequalities
- Housing

Where possible, we have included links to additional resources, including fact sheets, government guidance, and information.

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Where can I find additional resources on MECC and topics surrounding it?

There have been a number of recent additions to the core MECC frameworks. Through research and contact with organisation across the UK, these frameworks now include additional resources and tools to use when implementing MECC in your organisation. Please see the following documents for further information:

- MECC Evaluation Framework
- MECC Implementation Framework
- MECC Quality Marker Checklist
- MECC in Mental Health Setting Slide Deck
- MECC in mental health consensus statement

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We suggest that you use these documents alongside the original MECC documents that have been created.

- MECC Quality Marker Checklist
- MECC Slide Deck
- MECC consensus statement
- MECC implementation framework
- MECC evaluation Framework

Staff report doing MECC adds to their workload which acts as a barrier and causes friction. How can I address this?

Many organisations report that staff feel like they don't have the capacity to implement MECC as they have such large workloads already. One way to address this is framing MECC in a positive way which aligns with their current workload.

For example, many healthcare professionals will begin an appointment with a "check in" asking about the patient's overall health. This is done before discussing the main purpose of the appointment. This "check in" is important to build a positive rapport with patients. Healthcare professional can include MECC within these conversations. For instance, they can ask about patients' lifestyle behaviours as a way of "checking in" with them at the start of an appointment.

This example demonstrates how MECC can be implemented into an action without adding to their workload. Any healthcare professional, or even a non-clinical professional, can have MECC conversations without creating additional work.