Implementation guide

Implementation guide for MECC in mental health settings

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The purpose of this document is to highlight considerations for the implementation of MECC programmes that are specific to mental health settings. The considerations mentioned here are not covered in the original MECC implementation guide. Consequently, this document should be used in addition to the original MECC implementation guide to help programme leads refine their efforts in mental health settings.

This document should align to the MECC evaluation framework, quality marker checklist, and the additional guidance on these two documents for mental health settings. This comprehensive and consistent approach is essential to sustain behaviour change and long-term impact through MECC. Considerations in this document may also be useful for people working in settings other than mental health services.

Kotter's 8 Step Process for Leading Change

Detailed information on this approach and tailoring it to MECC is available here.

Phase 1 - Creating a climate for change

1. Creating a sense of urgency
2. Building a core coalition
3. Forming a strategic vision

Phase 2 - Engaging and enabling the whole organization

4. Getting everyone on board
5. Removing barriers and reducing friction
6. Generating short-term wins

Phase 3 - Implementing and sustaining change

7. Sustaining acceleration
8. Setting the changes in stone

Other Key considerations

When implementing MECC it is important to consider how it is framed to staff. We would recommend framing MECC in a way that aligns with the professional's current practice. This is so that MECC does not appear to be additional workload, as this will create barriers and friction for employees. A simple example of how to do this is by including MECC into everyday conversations professionals have with patients/service users. These conversations are usually undertaken a more structured and useful way than small talk, making them ideal for implementing MECC.

Action point	Activity and tools you may wish to use	Indicate: Achieved, Part achieved or development area	Action required within team/ service/ organisation
1. Organisational strategy **Key points to implement MECC in a strategic way.** • Do you have organisational development strategy? • What are your organisation's core values and how do they align with MECC? **Create a steering group** **A steering group can strength and encourage links between the project and various areas of the organisation and communities.** • Have you identified key stakeholders who could be involved in the steering group? • How many people will you have involved in the steering group? **Service user involvement**	To implement a brief intervention effectively, it is helpful to consider how principles of organisational development and change. Frameworks such as Kotter's 8 step process for leading change can help with implementing MECC Example of organisation strategy from Solent NHS trust Useful information on how to create a steering group. Wessex MECC team have created a useful presentation to use for steering groups Guidance on how to involve service users in mental health settings		

Service user involvement is at the heart of mental health. • Have you considered how services users are currently involved in training, policy, and service delivery? • Identify how you might engage service users in MECC? • Can you appoint a MECC service user lead?	The King's Fund highlight the benefits of service user engagement and involvement The 4PI national framework for service user involvement, with an example of how to effectively implement		
2. Senior leadership **Senior leadership is crucial for the succession of implementing MECC and is a common hindrance.** • Is the Physical health lead within organisation aware of MECC? • How could the physical health lead be more involved in MECC and be a driver for implementation? • Is the service user involvement lead aware of MECC? • Is it possible to recruit a senior service user MECC engagement lead?	Cheshire and Merseyside conducted research on the perspectives of senior leadership and implementing MECC Healthy London Partnership have a list of resources that could support board level members King's Fund National report for integrated physical and mental health care For other tools and resources please see MECC implementation guide		
3. Planning **Create MECC leads at all levels of the organisation**	Key tasks for MECC leads from HEE Wessex MECC		

• Have you got MECC champions/leads at all levels of the organisation? • Identify gaps where there are no MECC leads • Is there a MECC lead in every department? • Have you got a recruitment strategy for staff to become MECC champions? • Have you identified all professions were MECC is crucial i.e psychologist, support workers, occupation therapists, and psychiatrists? • Have you considered how you may need to adapt resources/communication depending on professional groups? • Have you identified how to engage non-clinical staff in MECC?	Consider incorporating principles of Kotter's 8 step theory of change into planning to help sustain long term implementations and change		
Challenges can create barriers when implementing MECC in a sustainable way. • Have you created a system where staff can report any challenges or barriers? • How will you measure and record challenges at different levels of the organisations?	See how challenges may be addressed through Kotter's 8 steps to organisation change theory		

• How frequently will you review any challenges and barriers? • How do you plan to mitigate any challenges and barriers that arise? • What challenges may staff experience when working with patients with severe mental illness? i.e capacity, disengagement, challenging behaviour? • What are the main physical health concerns in mental health settings? **Mental health services include: residential, inpatient, community settings.** - How might MECC be adapted for each setting? - Have you considered MECC in different settings i.e CAMHS? **Communication** • Have you got an effective communication strategy to communicate to the whole organisation in how the trust is implementing MECC? • Have you considered the way communication should be framed ensuring its framed in a positive way?	[Communication toolkit](#) by Healthy London partnership For different stages and ways to communicate see organisational change document		

• How and when how will the communication strategy be reviewed to ensure that it is effective? **Whole organisation** • How can MECC be integrated into most policies and procedures? • How can MECC be aligned with personal and professional development? • Who will be responsible for ensuring resources are up to date?			
4. Identifying recourses **Identify what resources are needed and available to support implementation and for whom** - Incentives for staff engagement in MECC - Applications for additional funding - Posters and leaflets for marketing to staff and servicer users - Digital resources i.e creating MECC web pages, videos etc - Digital development **Service user involvement**	Consider creating a MECC health hero award recognising staff efforts for implementing MECC Rural health information hub has created a [toolkit to help identify resources]		

• Advertising resources for building awareness • Additional funding for supporting their engagement and involvement	Infographic for patients and staff of making every contact count Signposting cards which can be given to service users by staff created Yorkshire and Humber public health network		
5. Infrastructure – systems and processes **Service user involvement** - Are there existing systems that you can use to recruit service users? - Are there existing systems that you can use to communicate MECC updates to service users? - How will service user recommendations on implementing MECC be recorded and used? **Service user feedback** - What are service user attitudes and motivations around healthy lifestyle behaviours - Can you identify different ways that service users may be able to get involved in the implementation of MECC? - Is there an existing mechanism that can be used to capture feedback from service users	 You could use the Determinants of Lifestyle Behaviour Questionnaire (DLBQ) to gather feedback from service users about smoking, physical activity and healthy eating lifestyle behaviours. You can download examples of the DLBQ questionnaire here		

about their engagement and involvement in MECC? - How will service user involvement be measured and tracked? - How can service users report and record when they notice a staff member has had a MECC conversation with them? - How can staff record interest and feedback received from service users? **Digital infrastructure & support** • Are the IT services and department aware of MECC and how it is being implemented? • Are the appropriate IT systems set up to record MECC conversations? • Are there other IT systems that could be used to aid implementation and sustainability of MECC? • Do service users need access to IT systems?			
6. Staff readiness and engagement **Consider how staff can be engaged, empowered, and their inside knowledge used to maximize implementation and opportunities to use MECC**	Consider using an organisational chart to track and identify MECC leads across the organisation MECC workbook to support staff having healthy conversations Royal society of public health Everyday interactions toolkit with a supporting promotional video on Everyday interactions		

- Have you outlined how restrictions of mental health settings on Physical health can be mitigated? I.e in patient settings limited to ward area and how this might be addressed through MECC - Have you identified a MECC lead across all levels and departments of the organisation, and communicated this across the organisation? - Have you considered how staff can increase service user involvement in MECC? - Have you identified what motivates staff, and how this can be integrated with MECC? - Have you outlined how MECC aligns with core values of the organisation? - Are staff aware of the organisational strategy of implementing MECC? - Have you assessed staff confidence levels for having conversations with service users? - How can you encourage staff to work with other departments for MECC? - Have you identified and communicated services staff can refer service users to? - Are staff aware of the importance of parity of esteem?			

- Have you created a pack of resources that staff can use to advertise and promote MECC?			
7. Implementation – training - Are staff aware of the importance of parity of esteem and the importance of physical health in mental health settings? - Have you considered how service users can be more involved in training? - Have you incorporated service user feedback of MECC into training? - Have you considered long term vs short term behaviour changes? - Have you considered how training may need to be adapted for certain professionals? - Have you considered a multi-tiered approach to training? - Have you identified different modalities of training to suit all staff needs?	MECC in mental health settings quality marker checklist (available in the document suite published by HEE) Additional Mental health promotion and prevention training programmes Basic awareness, advanced skills, train the trainer models (Oxfordshire training hub as an example), refresher training Face to face, e-learning and experiential training such as simulation based on developing skills around having health conversations For other tools and resources please see MECC implementation guide		
8. Review and evaluation **To ensure the effective implementation of MECC, it is essential to monitor and review the**	For examples of potential evaluation questionnaires please see: - The University of Salford Manchester report, Appendix 1		

process, outcomes, and impact of activity to improve future delivery. - Have you considered how to support and encourage positive behaviour change in staff? - Have you captured staff experiences of implementing MECC?	- The Wessex MECC Evaluation Report, Appendix B & C for staff survey, and Appendix H for senior leaders		