



Evaluation framework



MECC in mental health settings

Evaluation framework – MECC in mental health settings

The purpose of this document is to highlight considerations for the evaluation of MECC programmes that are specific to mental health settings. The considerations mentioned here are not covered in the original <u>MECC evaluation framework</u>. Consequently, this document should be used in addition to the original MECC evaluation framework to help programme leads refine their efforts in mental health settings. The specific considerations raised relate to evaluation of MECC Inputs, Outputs and Outcomes, in keeping with the overarching approach to evaluation.



This document should align to the <u>current MECC implementation guide, quality marker</u> <u>checklist</u>, 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.

3. MECC inputs: selecting and measuring add on

MECC Input	Recommended measure
Organisational readiness	Financial resources
Organisational readiness	 Costs for service user involvement in MECC programme, including specific contributions such as training Costs for MECC resources for service users Costs for supporting engagement and accessible involvement of service users Staff rewards and incentives for implementing MECC (e.g., MECC champions) Human resources MECC lead for service user involvement Number and scale of service user involvement Scale of integrating MECC into new starter inductions Organisation leaders buy-in Training and consultation sessions for senior leaders
	 Leaders' involvement in MECC steering group Attempts to align to organisational values, vision and strategy Organisational change strategy in place, signed off my leadership
	MECC governance and pathways
	Staff chart created to show MECC leads and staff leaders in each department

MECC Input	Recommended measure
	 MECC integrated into other policies and procedures Service user input in governance structure Escalation procedure to Board level described
Staff readiness	Managers and service leads involvement
	Number of managers involved in MECC programme
	Awareness of MECC amongst staff groups
	 Resource pack created to MECC leads to share with staff MECC communication strategy created and in place, e.g., MECC area on intranet Use of <u>Everyday interactions</u> toolkit by <u>Royal society of public health and video of news article</u>
MECC Training	MECC training delivered to relevant staff group
	 Number of new staff members trained in MECC, including refresher training Proportion of non-clinical staff members trained in MECC Number of service users involved in training Different types of training available (e-learning, face to face and experiential)
Delivery	 MECC infrastructure IT system set up to record MECC conversations, or alternative arrangements

4. MECC outputs: selecting and measuring

MECC Output	Recommended measure
Organisational readiness	MECC governance and pathways
	 Evidence of activity across pathways Evidence of discussion through governance structure Updated MECC growth plans and annual reviews Documented input from service users
	Organisation leaders buy-in
	 Evidence on leaders' involvement in communications activities and campaigns Discussion at Board/Executive Leadership Team level
	Service user involvement strategy
	 Number of service users involved in engagement and implementation of MECC, including training Networks and mechanisms for involvement, accessibility and reimbursement described Determinants of Lifestyle Behaviour Questionnaire (DLBQ) to gather feedback from service users about smoking, physical activity, and healthy eating lifestyle behaviours. You can <u>download examples of the questionnaire here</u>

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MECC Output	Recommended measure
Staff readiness	 Managers and service leads involvement MECC conversations discussed in professional development, including appraisals
	Awareness of MECC amongst staff groups
	 Engagement with communication strategy Use of recording system for MECC conversations (IT or alternative)
MECC Training	MECC training reached relevant staff group
	 Participants understanding of overall MECC organisational strategy and who is involved Numbers mapped against staff most likely to engage in a MECC conversation
	Service user involvement
	 Number of service users involved in training Service users experience of training
Delivery	MECC intervention
	 Topic, behaviour or lifestyle factor covered in MECC conversation Location of MECC conversation across the organisation

5. MECC outputs: selecting and measuring

MECC outcomes	Recommended Measure
Short term	Training
	 Increase in knowledge of additional topics such as debt, gambling, self-harm, sexual health as outlined in quality marker checklist (available in the suite of documents published by HEE) Increase in understanding how mental health conditions can impact lifestyle behaviours Increase in understanding of the organisational approach to MECC, including change principles
	Service user involvement
	 Number of staff receiving training with input from service users Number of service users involved, and their experience
	Interventions
	 Increase uptake of services for people with mental health conditions to improve their health and lifestyle behaviours Increase use of health screening tools Increase use of lifestyle services within the organisation, e.g., service user gym
Longer term	MECC embedded into policies, procedures & training
	MECC leads identified in all departments of the organisation

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	 A MECC lead for service user engagement Number of staff receiving MECC overview at new starter induction Number of new job adverts that have MECC incorporated into job description MECC embedded into appraisals MECC being included in core mandatory training and record the number of service users involved in training
	Training
	 Longitudinal data collection of knowledge, confidence and behaviours for MECC Staff engagement with staff support initiatives Staff job satisfaction, national staff survey results
Impact	Training
	 Whole organisation aware of MECC implementation strategy Delivery of localised training sessions my MECC champions and departmental leads
	Intervention
	 Reduction in serious incidents involving service users and physical illness Increased positive feedback from service users about experience Increased involvement for patients and services users throughout the whole organisation

6. Types of data to consider using

Qualitative data collection – add on

MECC theme	Narrative content
Organisation readiness	 Challenges and barriers that might occur at different levels of the organisation and across departments Motivations of the organisation to implement change and MECC Experiences of senior leadership buy in to implement MECC Usefulness and awareness of MECC steering group Perspectives of physical health and service user involvement lead
Service user involvement	 Service user thoughts and feelings about the importance of MECC Service user experience of engagement and involvement in MECC Experience of being involved in MECC Service users' feedback on how to increase use of MECC
Staff readiness	 Challenges and barriers that staff experience, and potential solutions Staff motivations to implement MECC, ownership How to staff feel about organisational change Staff perceptions of including MECC as part of job role and professional development Factors affecting staff confidence levels

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Training	 Feedback and reflections from trainers about their experience of delivering training. Please see examples for <u>Pre and Post evaluations</u> from WESSEX MECC group Trainers and trainees sharing feedback on how to improve training Trainees sharing feedback on what they did and did not use from the training Trainees sharing attitudes on the importance of physical health in mental health settings
MECC Delivery	 Example/illustration when MECC has been implemented properly, using an organisational change framework