

Fidelity of design and training of opportunistic discussions about weight management in a mental health setting: a document analysis

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Introduction

- The Making Every Contact Count (MECC)
 programme provides training and materials
 to support organisations to encourage
 health-promoting behaviour change by
 utilising the day-to-day interactions between
 public-facing workforce and individuals [1].
- A bespoke MECC training package has been developed to encourage opportunistic discussions about weight management in a mental health setting [2].









Research aim

This study aimed to evaluate the fidelity of design of opportunistic discussions about weight management in a mental health setting and fidelity of the training package.

Results

- The implementation of MECC in the mental health setting had moderate fidelity to the MECC guidance, with a 77% adherence of provider documents to guidance.
- The training package showed high fidelity that the training package was being delivered as intended with 100% of BCT matched from training materials to training transcripts.
- Potential loss of fidelity through additional BCTs was present across provider documents and training transcripts.

TIDieR Checklist	Mental Health Setting MECC implementation
Name Why	Making Every Contact Count (MECC) implementation The MECC training programme aims to:
,	 Increase staff confidence in initiating opportunistic conversations with service users and delivering targeted messages to encourage behaviour change. Support service users in making positive changes to their physical and mental health through MECC conversations about healthy weight, physical activity, and healthy eating.
What	Materials: Training resources, including slides. Procedure: A training package including two training components: 1) a 'train the trainer' session to enable staff to gain the skills needed to deliver cascade MECC training to their colleagues; 2) a bespoke training which combined Core MECC training with the element of A Weight Off Your Mind (AWOYM).
Who	The training is designed by the public health and wellbeing lead. Train the trainer training is delivered by a wellbeing specialist/regional MECC trainer. Bespoke training is delivered by a health improvement specialist. Clinical staff are invited to take part in the training.
How	Online training / Face-to-face within hospital settings
Where	Northeast England mental health setting
When and how much	Post COVID-19, the training package relaunched in September 2022. The initial planned sessions occurred between September-December 2022, then recommenced in March 2023 and are currently ongoing.
	Train the trainer training sessions lasted 3 hours, and Core MECC + AWOYM were 90 minutes.
Tailoring	Both training sessions included examples of MECC scripts for AWOYM following the 3A's structure which focused on healthy weight management, physical activity and alcohol consumption.
Modifications	No modifications



Strengths and limitations

- The study provides a thorough evaluation of the current MECC training program in a mental health setting.
- The fidelity analysis offers insights into how MECC training is delivered and the key BCTs targeted.
- The findings are limited to one mental health trust in a specific UK region, restricting their applicability to broader MECC implementation contexts.
- The absence of specific fidelity checks highlights a gap in assessing MECC implementation adherence to guidelines, suggesting a need for a fidelity assessment to enhance training evaluation and consistency.

Methods

- Analysis of documents (k=6) including implementation guide, logic model, and checklist and evaluation framework.
- Documents were coded using the TIDieR framework [3] and the Behaviour Change Technique (BCT) Taxonomy v1 [4]. Coding was compared against MECC guidance documents.
- Three documents and two recordings of training sessions were analysed for BCTs and compared for the fidelity of training assessment.

Discussion

How well

 The implementation of MECC across the mental health setting and the training package appear to be delivered as intended therefore demonstrating good fidelity.

No intervention adherence or fidelity assessed

 Future research would benefit from assessing cascade training sessions to evaluate ongoing fidelity of training across the trust.

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References

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