

Liverpool John Moores University

Title: EVIDENCE BASED LOW INTENSITY TREATMENTS FOR COMMON MENTAL HEALTH DISORDERS
Status: Definitive
Code: **6220PQHEAL** (129221)
Version Start Date: 01-08-2021
Owning School/Faculty: Nursing and Allied Health
Teaching School/Faculty: Nursing and Allied Health

Team	Leader
Christine Roberts	Y
Karen Rea	
Joseph Johnson	

Academic Level: FHEQ6 **Credit Value:** 20 **Total Delivered Hours:** 90
Total Learning Hours: 200 **Private Study:** 110

Delivery Options

Course typically offered: S1 & S2 & Summer

Component	Contact Hours
Lecture	30
Practical	60

Grading Basis: 40 %

Assessment Details

Category	Short Description	Description	Weighting (%)	Exam Duration
Essay	AS1	2500 word Written analytical case report. This component must be passed	100	

Competency	Practice
-------------------	----------

Aims

Psychological Well being Practitioners (PWPs) aid clinical improvement through the provision of information and support for evidence-based low-intensity psychological

treatments and regularly used pharmacological treatments of common mental health problems. Low-intensity psychological treatments place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. The overall delivery of these interventions is informed by behaviour change models and strategies. Develop general and disorder defined knowledge and competence for the safe management and delivery of evidence based low intensity psychological and pharmacological interventions for common mental health problems

Demonstrate knowledge of self management recovery options and competence in deliver low-intensity interventions using a range of methods. This module will, therefore, equip PWP's with a good understanding of the process of therapeutic support and the management of individuals and groups of patients including families, friends and carers. Skills teaching will develop PWP's general and disorder-defined 'specific factor' competencies in the delivery of low intensity treatments informed by cognitive-behavioural principles and in the support of medication concordance including face-to-face, telephone and electronic communication.

Demonstrate an understanding of the process of therapeutic support through case management, including change to risk status

Learning Outcomes

After completing the module the student should be able to:

- 1 Critically evaluate a range of evidence-based interventions and strategies to assist patients manage their emotional distress and disturbance.
- 2 Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance
- 3 Demonstrate competence in planning a collaborative low-intensity psychological or pharmacological treatment programme for common mental health problems, including managing the ending of contact
- 4 Demonstrate in-depth understanding of, and competence in the use of, a range of low-intensity, evidence-based psychological interventions for common mental health problems.
- 5 Demonstrate knowledge and understanding of, and competence in using behaviour change models and strategies in the delivery of low-intensity interventions.
- 6 Critically evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols.
- 7 Demonstrate knowledge of, and competence in supporting people with medication for common mental disorders to help them optimise their use of pharmacological treatment and minimise any adverse effects.
- 8 Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication.

Learning Outcomes of Assessments

The assessment item list is assessed via the learning outcomes listed:

Essay	1	2	3	4	5	6	7	8
Practice	1	2	3	4	5	6	7	8

Outline Syllabus

Evidence based low Intensity interventions for depression and anxiety. Examples of interventions include providing support for a range of low-intensity self-help interventions (often with the use of written self-help materials) informed by cognitive-behavioural principles, such as behavioural activation, exposure, cognitive restructuring, panic management, problem solving, CBT-informed sleep management, and computerised cognitive behavioural therapy (cCBT) packages as well as supporting physical exercise and medication adherence Methods of delivery which includes: support specifically designed to enable people to optimise their use of self-management recovery information and pharmacological treatments and which may be delivered individually or to groups of patients (psychoeducational groups) and through face-to-face, telephone, email or other contact methods. PWP's must also be able to manage any change in risk status. . Session planning and subsequent sessions. Maintaining therapeutic alliances. Decision making. Case Management. Stepped Care. Managing the ending of contact.

Learning Activities

A range of learning activities will be used for module delivery including lectures, case discussion groups, experiential learning, video role-play, reflective practice and formative skills assessments, practice based learning, guided reading and independent study.

Notes

The assessment is as follows:

- 1)Scenario based summative assessment – delivering an intervention with a patient (non-mark bearing)
- 2)Essay (mark bearing 100%)
- 3)Portfolio/ PSAD (non-marking bearing)

None mark bearing elements are Pass/Fail Practice Competency. The pass threshold for competency assessments is 50%'. All assessments must be passed independently.

The module requires students to learn from observation and skills practice under supervision while working in fully functioning IAPT services, as well as through the theoretical teaching, skills practice and practice-based learning directed by the Higher Education Institution. Trainees should complete a minimum of 80 clinical contact hours with patients (face-to-face or on the telephone) within an IAPT service

as a requirement of their training and should undertake a minimum of 40 hours of supervision of which at least 20 hours should be case management supervision and at least 20 hours should be clinical skills supervision. These 80 clinical contact hours and 40 supervision hours are in addition to the 15-20 practice-based learning days directed by education providers.

These requirements will be identified in the Practice Placement Skills document (PSAD).