

Evidence Based Low Intensity Treatments for Common Mental Health Disorders

Module Information

2022.01, Approved

Summary Information

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| Module Code | 6220PQHEAL |
| Formal Module Title | Evidence Based Low Intensity Treatments for Common Mental Health Disorders |
| Owning School | Nursing and Allied Health |
| Career | Undergraduate |
| Credits | 20 |
| Academic level | FHEQ Level 6 |
| Grading Schema | 40 |

Teaching Responsibility

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| LJMU Schools involved in Delivery |
| Nursing and Allied Health |

Learning Methods

| Learning Method Type | Hours |
|----------------------|-------|
| Lecture | 30 |
| Practical | 60 |

Module Offering(s)

| Display Name | Location | Start Month | Duration Number Duration Unit |
|--------------|----------|-------------|-------------------------------|
| APR-CTY | CTY | April | 12 Weeks |
| JAN-CTY | CTY | January | 12 Weeks |
| SEP-CTY | CTY | September | 12 Weeks |

Aims and Outcomes

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| 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 PWPs 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 PWPs 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 |
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After completing the module the student should be able to:

Learning Outcomes

| Code | Number | Description |
|------|--------|---|
| MLO1 | 1 | Critically evaluate a range of evidence-based interventions and strategies to assist patients manage their emotional distress and disturbance. |
| MLO2 | 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 |
| MLO3 | 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 |
| MLO4 | 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. |
| MLO5 | 5 | Demonstrate knowledge and understanding of, and competence in using behaviour change models and strategies in the delivery of low-intensity interventions. |
| MLO6 | 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. |
| MLO7 | 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. |
| MLO8 | 8 | Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication. |

Module Content

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| 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. |
| Module Overview | |
| Additional Information | 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). |

Assessments

| Assignment Category | Assessment Name | Weight | Exam/Test Length (hours) | Module Learning Outcome Mapping |
|---------------------|-----------------|--------|--------------------------|--|
| Report | Essay | 100 | 0 | MLO1, MLO2, MLO3, MLO4, MLO5, MLO6, MLO7, MLO8 |
| Competency | Health Practice | | | MLO1, MLO2, MLO3, MLO4, MLO5, MLO6, MLO7, MLO8 |

Module Contacts

Module Leader

| Contact Name | Applies to all offerings | Offerings |
|-------------------|--------------------------|-----------|
| Christine Roberts | Yes | N/A |

Partner Module Team

| Contact Name | Applies to all offerings | Offerings |
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