

**TRAINING PROGRAM FOR ENHANCING THE ADOPTION
OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS**

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WP 2 Development of an Experiential Training Methodology



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Activity A2.3; ERA2.3

"Training Scheme" including learning objectives, competences, participants and specific requirements for the training target groups, training contents, experiential training methodology, structure of the experiential training activities, expected learning outcomes, outline of the evaluation methodology and planning based on the pre-identification made in the application form.



METHODOLOGICAL GUIDE

DESIGN OF THE EXPERIENTIAL TRAINING METHODOLOGY PRESENTATION

This Methodological Guide belongs to the ERASMUS + TRAINING PROGRAM FOR ENHANCING THE ADOPTION OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS project, and is framed within the Development of an Experiential Training Methodology, being it the final result of all the previous actions taken and planned.

The contents we are going to show you in the next pages, are the result of a co-created and participative methodology where potential final users of the Training Program have participated from the very beginning, giving their points of view (from a previous pre-design) about the possible objectives, contents, methodologies, training materials, etc. that the final Program will have.

Therefore, these Methodological Guide would be helpful in different ways:

- Identification of key competencies related to the self-management in the Mental Health of People with Mental Health Problems through the use of mHealth, as well as family members and professionals.
- Development of criteria for evaluation and determination of the approach of the Training Materials and the Experiential Activities.
- Identification, evaluation and determination of ICT Tools (APP's) to improve health included in the training program.
- Evaluation and determination of technical and conceptual approach of the e-Training Platform in terms of accessibility, usability and applications or tools, to be included.

CONTEXT AND MAIN RESULTS OF THE CO-CREATION SESSIONS WITH POTENTIAL FINAL USERS

As indicated in the document CO-DESIGN SESSIONS REPORT on the results of co-creation sessions:

- Co-creation sessions have been developed with the target groups between 20 April and 5 May 2023 by all the entities participating in the project.
- The total number of attendees of the co-creation sessions has been 46 people, with representatives of the following groups: PMHP, family members and mental health professionals
- The breakdown of people attending co-creation sessions based on their profiles has been: 26 PwSCZD, 9 family members and 11 mental health professionals.
- With regard to the training content (workshops) proposed to all attendees in the previous pre-design, they generally agreed that they covered the knowledge and skills necessary to intervene in a crisis at home. In addition, they established as correct the order in which the workshops were presented.

Some suggestions for improving the program and its contents, stressing some important issues already included, were done, some examples are:

Some participants considered the difficulties in accessing the internet and APPs: Not having devices or internet connection, lack of knowledge and skills in ICT, difficulties in acquiring concepts related to new technologies, lack of financial resources to access



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a device). They also verbalized the needs when using APPs (communication and connection with network and other people, access to information, location search, entertainment ass music, videos, games, shopping or photography. And the opportunities offered by APPs (improve access to and sharing of information, improve data efficiency, universal access for the population, reduce costs in self-care.

- Many participants commented on the need to define the concept of health and self-management of health. Most of the participants do not self-manage their own health. They explained the needs for self-management of health and the difficulties in self-management of health: Self-knowledge, internalising the importance of self-management of health, taking responsibility and involvement in the process of self-management, information on what one can do to take care of oneself and self-manage one's health, make a list of reasons why self-management of health is important. Regarding difficulties, lack of knowledge or lack of information about self-management of Health, lack of self-management culture, appreciation of lack of self-management capacities and lack of skills, difficulty in continuity and loneliness in self-management.
- In terms of self-management of mental health, the difficulties in self-diagnosis and the needs for self-diagnosis were discussed (knowledge of risk factors, adequate and easily accessible skills and tools, diagnostic training and knowledge, concise and clear information. external advice).
- An important point is the needs required for good crisis prevention, such as early intervention, mental health services integrated into general health services, community mental health services, agility in crisis response, generalised awareness of mental health problems, understanding mental health. Or what is needed to manage crisis: advance directives or individual crisis plan, care pact documents, services available in times of crisis, support people in my process, care covenant documents, accompaniment, information to the personal support network and empathic response
- Some of the people provided that the groups should not exceed 15 people, and that the sessions should not last an hour or an hour and a half (with rest).
- The importance of addressing the issue of training in the use of new technologies was also discussed.
- Another important topic that was discussed by some of the attendees was the approach of negative symptomatology, the role of professionals in care and support networks.

As for the duration or duration preferred by attendees of co-creation sessions, it is 4 to 5 hours, although the distribution is very varied. However, there were several participants who asked for the duration to be extended as long as possible.

- With regard to the distribution between face-to-face and online sessions, in the design of training sessions, the overall results show that most participants had a strong preference for face-to-face classes.



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- With regard to the attention to practice and theory in the design of training sessions, a combination of methodologies should be developed that preferably have more practice than theory
- Regarding the possible and foreseen training materials they should be very visual and practical and useful to enhance inclusive learning spaces. The main to be used should be videos, power points, coach or mentor to support learning, having a training platform sharing ideas, collaboration, networking online and some webinars. All supports should be very visual so they can be used by people with low literacy levels. The methodology should be applied while you do it. Hands on approach, because is not the same explaining a concept that put it into practice, materials should facilitate a hand on approach. Should be taken in consideration that among attendees there are many technological barriers, in terms of knowledge, skills and accessibility, to use ICTs.



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METHODOLOGICAL GUIDE INDEX
1. Course Introduction.
2. Course General Data. Premises, organization and resources.
3. Participants. Profiles and number of attendants per group.
4. Training objectives.
5. Competences, to acquire and improve.
6. Training contents, units or topics.
7. Training methodology
8. Parts planning.
8.1 PART 1: Presentation of the training program
8.2 PART 2: HEALTH AND SELF-MANAGEMENT OF HEALTH
8.3 PART 3: SELF-MANAGEMENT OF MENTAL HEALTH
8.4 PART 4: mHealth or Mobile Health
8.5 PART 5: Training Program
9. Expected results.
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11. Learning.



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METHODOLOGICAL GUIDE DEVELOPMENT	
1	<p style="background-color: #6aa84f; color: white; padding: 2px;">COURSE INTRODUCTION</p> <p>The objective is to increase the awareness and competences of People with Mental Health Problems on the use of mHealth, in a "learning by doing" approach, with involvement in self-management situations and use of real mHealth solutions applied to their own personal conditions.</p> <p>The purpose is to improve self-management in the Mental Health of People with Mental Health Problems through the use of mHealth, as well as family members and professionals. To provide skills in the management of APPs that improve health.</p>
2	<p style="background-color: #6aa84f; color: white; padding: 2px;">COURSE GENERAL DATA. PREMISES, ORGANIZATION AND RESOURCES</p> <p>The course has been designed with the next characteristics:</p> <ol style="list-style-type: none"> 1. The duration of the course will be in between 4 to 5 hours of which: <ol style="list-style-type: none"> a) Face to face sessions: until 4 hours b) Online Sessions: until 1 hour (whenever possible) 2. The methodology will be active and participative. Trainer should take care of making every session an inclusive learning space, safeguarding the use of: <ol style="list-style-type: none"> a) Hands on approach methodologies b) Materials very visual and practical c) Practical activities should weight more than the 50% till 80% of the course d) Persons presenting their life story, acting as model of examples: <ol style="list-style-type: none"> 1. Encourage the sharing of personal life stories. 2. Provide for this. 3. Manage the sharing in the group. 3. It will take place in different workshops and will include the next tools and training materials: <ol style="list-style-type: none"> a) Face to face sessions. b) Seminars of persons that have developed a success case. Empowerment emerges as a tool to help individuals in their self-care, providing them with knowledge about different aspects of their illness. The empowerment of participants, whatever their pathology, has always been seen as a useful and effective way to improve the health of citizens. Multiple aspects such as lifestyle habits, drugs, controls, technology, etc. have an influence... there is no doubt that the more involved the participants is, the better the results will be. Interventions should be focused with the aim of empowering the participants in their self-management. c) Online sessions and webinars. 4. An e-Training Platform will be developed with the next purposes: <ol style="list-style-type: none"> a) Allocation the different training materials and resources with access to trainees. b) Virtual working space.



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	<p>IMPORTANT: In order to preserve the anonymity of the participants, no names, personal data or medical data may be used. Codes will be used for this purpose, which will be known to each entity. For example, in the case of the SASM Foundation, SASM01, SASM02...</p>
	<p>PARTICIPANTS. PROFILES AND NUMBER OF ATTENDANTS PER GROUP. ADAPTABILITY</p> <p>The profile of participants will be as follows:</p> <ul style="list-style-type: none"> - People with Mental Health Problems (PMHP). - People with different profiles, including people with depression, anxiety, stress or addictions and also people with severe mental illness (SMI). - People with different socio-economic situations, age, gender, digital skills and other relevant variables. - 50% participation of women. <p><i>Is recommended to have as much diverse groups as possible. So, inviting persons with mild to several problems.</i></p> <p>Each training course should have in total 15 trainees enrolled lead by a trainer and a facilitator. Whenever possible, identify mentors or coaches for supporting trainees during the course and while using ICT tools.</p>
4	<p>TRAINING OBJECTIVES</p> <p>The objective is to increase the awareness and competences of People with Mental Health Problems on the use of mHealth, in a "learning by doing" approach, with involvement in self-management situations and use of real mHealth solutions applied to their own personal conditions.</p> <p>The purpose is to improve self-management in the Mental Health of People with Mental Health Problems through the use of mHealth, as well as family members and professionals. To provide skills in the management of APPs that improve health.</p> <p>The specific objectives are:</p> <ul style="list-style-type: none"> ● Learning objectives, competences, participants and specific requirements for training target groups, training contents, experiential training methodology, structure of the experiential training activities, expected learning results, assessment methodology outline and planning based on the previous identification done in application form.
5	<p>COMPETENCES, TO ACQUIRE AND IMPROVE</p> <p>Adaptability</p> <p>Responding to changes in learning new ways of self-managing health through APPs</p> <p>Decision-making</p>



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	<p>Ability to accurately assess a situation and arrive at a positive solution. Ability to assess the level of wellbeing and arrive at a positive solution to maintain it</p> <p>Initiative Recognising and seizing opportunities Recognising and seizing opportunities for self-management of health</p> <p>Planning and organising Setting priorities. Identify tasks. Organise tasks in a logical order. Use a task plan</p> <p>Self-observation Ability to analyse what happens to the person</p> <p>Digital competence (e-skills) Ability to access the use of APPs, as well as skills to apply them</p>
6	<p>TRAINING CONTENTS, UNITS OR TOPICS</p> <p>BLOCK 1: PRESENTATION OF THE TRAINING PROGRAM FOR ENHANCING THE ADOPTION OF MOBILE HEALTH BY PERSONS WITH MENTAL HEALTH PROBLEMS.</p> <ol style="list-style-type: none"> 1.- Explanation of the Erasmus Plus mHealth Programme. 2.- Principles on Digital Health (e-Health). <ol style="list-style-type: none"> 2.1.- Health PPPs. 2.2.- Uses and utilities. 3.- Difficulties, barriers, needs. <p>BLOCK 2: SELF-MANAGEMENT OF HEALTH.</p> <ol style="list-style-type: none"> 1.- What is Health. 2.- Self-management of Health. 3.- Self-management of Mental Health. <ul style="list-style-type: none"> Auto-Evaluation Prevention Therapies: Adherence + follow-up Crisis Management Post-treatment <p>BLOCK 3: mHEALTH: the use of mobile technology to manage people's health and well-being.</p> <ol style="list-style-type: none"> 1.- What is mHealth. 2.- Most relevant APPs. <p>BLOCK 4: TRAINING PROGRAM.</p> <ol style="list-style-type: none"> 1.- Methodological approach. <ul style="list-style-type: none"> - Learning adapted and modulated to the capabilities of each person. - Approach based on experiential and practical learning. - Online and face-to-face sessions. Seminars. - Accessible materials. - Mentoring/coaching approach. - Training platform.



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	TRAINING METHODOLOGY
7	<p>To achieve the aforementioned objectives, it is proposed to develop a training methodology based on the following premises:</p> <ul style="list-style-type: none"> • Adapted and modulated to the learning capabilities of persons belonging to target groups. • The training will be based in the concepts of experiential training and learning by doing, therefore the training methodology will be mainly active and practical. • Training sessions will take place in the contexts and online, therefore training materials and training tools will be developed to be used in both training environments. • Participation of trainees will be a must during the training courses; therefore, trainers will boost activities where trainees could interact and exchange experiences and knowledge between them and with different actors. • The training course will have a mentoring/coaching approach. Technicians will support the trainees along the training course. • An e-Training Platform will be developed to facilitate online training sessions, to share knowledge and experiences of trainees and to support training courses through different online training tolos.
8	WORKSHOPS PLANNING
8.1	<p>PART 1: Presentation of the training program</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Raise awareness of the mHealth Program. • Introduce basic concepts about eHealth. • SWOT analysis on realities. <p>Participants:</p> <ul style="list-style-type: none"> • 15 PMHP and 5 support staff. <p>Competences:</p> <ul style="list-style-type: none"> • Empowerment. • Digital skills. <p>Contents: BLOCK 1</p> <ol style="list-style-type: none"> 1.- Explanation of the Erasmus Plus mHealth Programme. 2.- Principles on Digital Health (e-Health). <ol style="list-style-type: none"> 2.1.- Health PPPs. 2.2.- Uses and utilities. 3.- Difficulties, barriers, needs. <p>Duration of the session:</p> <ul style="list-style-type: none"> • Face-to-face session of 1 hour. <p>Transversal training:</p>



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	<ul style="list-style-type: none"> ● Coach: Offers support to participants on the ideas identified and the potential development of these ideas. Support during the first experiential practices. <p>Methodology:</p> <ul style="list-style-type: none"> ● Active and participatory. <p>Training material:</p> <ul style="list-style-type: none"> ● Power point: Annex ppts1. ● Qualitative questionnaire: Annex quest1. ● Presentation dynamics: <p>1. Materials to be used</p> <ul style="list-style-type: none"> - A ball <p>2. Before the session</p> <ul style="list-style-type: none"> - Set up chairs in a circle. <p>3. When the session has started:</p> <ul style="list-style-type: none"> - The dynamic starts with the person in charge guiding the activity who, all participants being seated, will pass the ball to one of them. He/she will have to say his/her name, who he/she is (person with mental illness, family member/support person or professional) and why he/she is interested in this project. They will have no more than 2 minutes to do so and once they have finished, they will pass the ball to another partner. The activity will end when all participants have introduced themselves.
8.2	<p>PART 2: HEALTH AND SELF-MANAGEMENT OF HEALTH</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Self-assessment of the main strengths and weaknesses related to health self-management skills. ● Detecting the needs of each of the participants. <p>Participants:</p> <ul style="list-style-type: none"> ● 15 PMHP and 5 support staff. <p>Competences:</p> <ul style="list-style-type: none"> ● Empowerment. ● Digital skills. ● Self-assessment and observation. <p>Contents: BLOCK 2</p> <p>1.- What is Health. 2.- Self-management of Health.</p> <p>Duration of the session:</p> <ul style="list-style-type: none"> ● Online session of 1 hour. ● Face-to-face session of 1 hour.



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	<p>Transversal training:</p> <ul style="list-style-type: none"> ● Coach: Offers support to participants on the ideas identified and the potential development of these ideas. Support during the first experiential practices. <p>Methodology:</p> <ul style="list-style-type: none"> ● Active and participatory. <p>Training material:</p> <ul style="list-style-type: none"> ● Power point: Annex ppts2. ● Qualitative questionnaire: Annex quess2.
8.3	<p>PART 3: SELF-MANAGEMENT OF MENTAL HEALTH</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Self-assessment of the main strengths and weaknesses related to health self-management of mental health skills. ● Detecting the needs of each of the participants. <p>Participants:</p> <ul style="list-style-type: none"> ● 15 PMHP and 5 support staff. <p>Competences:</p> <ul style="list-style-type: none"> ● Empowerment. ● Digital skills. ● Self-assessment and observation. <p>Contents: BLOCK 2</p> <p>1.- Self-management of Mental Health. Auto-Evaluation Prevention Therapies: Adherence + follow-up Crisis Management Post-treatment</p> <p>Duration of the session:</p> <ul style="list-style-type: none"> ● Online session of 1 hour. ● Face-to-face session of 1 hour. <p>Transversal training:</p> <ul style="list-style-type: none"> ● Coach: Offers support to participants on the ideas identified and the potential development of these ideas. Support during the first experiential practices. <p>Methodology:</p> <ul style="list-style-type: none"> ● Active and participatory. <p>Training material:</p> <ul style="list-style-type: none"> ● Power point: Annex ppts3. ● Qualitative questionnaire: Annex quess3.



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	PART 4: mHealth or Mobile Health
	Objectives:
	<ul style="list-style-type: none"> ● To present basic concepts about mHealth. ● To present basic concepts about the main APPS on Digital Health.
	Participants:
	<ul style="list-style-type: none"> ● 15 PMHP and 5 support staff.
	Competences:
	<ul style="list-style-type: none"> ● Empowerment. ● Decision-making. ● Digital skills.
	Contents: BLOCK 3
8.4	<ol style="list-style-type: none"> 1.- What is mHealth. 2.- Most relevant APPs.
	Duration of the session:
	<ul style="list-style-type: none"> ● Face-to-face session of 1 hour. ● Online session of 1 hour.
	Transversal training:
	<ul style="list-style-type: none"> ● Coach: Offers support to participants on the ideas identified and the potential development of these ideas. Support during the first experiential practices.
	Methodology:
	<ul style="list-style-type: none"> ● Active and participatory.
	Training material:
	<ul style="list-style-type: none"> ● Power point: Annex ppts4. ● 3 main APPs.
	PART 5: Training Program
	Objectives:
	<ul style="list-style-type: none"> ● Knowing the methodological approach. ● Basic concepts of experiential learning.
	Participants:
	<ul style="list-style-type: none"> ● 15 PMHP and 5 support staff.
	Competences:
	<ul style="list-style-type: none"> ● Empowerment. ● Decision-making. ● Digital skills. ● Building self-confidence.
8.5	Contents: BLOCK 4



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	<p>1.- Methodological approach.</p> <ul style="list-style-type: none"> - Learning adapted and modulated to the capabilities of each person. - Approach based on experiential and practical learning. - Online and face-to-face sessions. Seminars. - Accessible materials. - Mentoring/coaching approach. - Training platform. <p>Duration of the session:</p> <ul style="list-style-type: none"> ● Online session of 1 hour. <p>Transversal training:</p> <ul style="list-style-type: none"> ● Coach: Offers support to participants on the ideas identified and the potential development of these ideas. <p>Methodology:</p> <ul style="list-style-type: none"> ● Active and participatory. <p>Training material:</p> <p>Power point: Annex ppts5.</p>
9	<p>EXPECTED RESULTS</p> <ul style="list-style-type: none"> ● Gain knowledge about health and mental health. ● Gain knowledge about self-management in health. ● To gain knowledge about self-management in mental health. ● Identify PPPs that help in self-management. ● Identify APPs on health. ● Access APPs for self-management of health. ● Access APPs for self-management of mental health.
10	<p>ASSESSMENT METHODOLOGY. SATISFACCTION</p> <p>A satisfaction questionnaire will be developed in order to measure trainees' satisfaction regarding the next variables, among others:</p> <ol style="list-style-type: none"> 1. Training materials. 2. Training methodology. 3. E-Training Platform. 4. Resources and facilities. 5. Trainers and mentors/coaches' performance. 6. Global satisfaction with the course.
11	<p>LEARNING ASSESSMENT</p> <p>Trainee's learning assessment will be done accordingly:</p> <ol style="list-style-type: none"> 1. Evaluation per workshop (Checklist fill in from direct and indirect observation)



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	2. Self-evaluation
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