RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

WHAT ARE YOU TALKING ABOUT?

Using everyday conversations to improve health outcomes

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FOREWORD

The current state of health in the UK is a serious concern, with preventative health issues such as diabetes and obesity on the rise and healthy life expectancy dropping. The NHS is struggling to meet the growing health needs of an ageing population. The recent review by Lord Darzi concluded that the NHS is broken and in desperate need of change.

We urgently need to implement preventative public health measures to encourage healthy lifestyles and address health concerns early on. Whether it is walking to work more or switching to low alcohol alternatives, the public need to be supported in how to make small healthy choices that can quickly add up to significant improvements in outcomes. This means having access to the support they need and signposting on how to get the right information. These changes will help to support the work of the NHS and make health information accessible to everyone – encouraging early intervention and preventative services wherever possible.

However, too often, systems responsible for health and wellbeing do not make the most of the opportunities presented to support people to change their behaviour. Every conversation has the potential to promote better health – whether it is a barber talking about men's mental health, or a teacher encouraging their class to get physically active. If we are serious about prevention, we need to get serious about using these conversations to their fullest possible effect.

Now more than ever we need behaviour change interventions like the Make Every Contact Count (MECC) programme to strengthen our preventative health approaches. RSPH has long been a strong advocate for this sort of training and is proud to have been involved in rolling out MECC for Mental Health, MECC for Physical Activity and MECC for Menopause over recent years. This training has helped practitioners to make small steps in encouraging positive health changes in people's daily lives, helping to improve the nation's health one conversation at a time. This report is a step along the road to ensuring that everyone is able to realise the benefits that these conversations can bring.

For this step change to happen we need sector leaders, businesses and local authorities to work with the NHS to train staff working across a range of settings. From pharmacies to gyms, staff must be trained in how to have those conversations and with parity of esteem between mental and physical health. This needs to be supported by robust funding and a commitment to make a healthier nation. RSPH is committed to supporting the workforce so they can deliver this change.

William Roberts
RSPH CEO

THE STATE OF THE UK'S HEALTH:

The UK is currently in the midst of a public health crisis, with healthy life expectancy falling[1] and long-term health conditions such as chronic pain and diabetes on the rise[2]. In large part, this is driven by the stark increase in obesity and the prevalence of behaviours such as excessive alcohol consumption and smoking, which contribute to poor health. Research has found that nearly one in four children aged 10-11 in England are now obese, with serious implications for their long-term health and wellbeing outcomes[3]. Furthermore, recent years have shown a serious increase in the number of people suffering with mental health conditions such as anxiety and depression, particularly young people[4].

The NHS is struggling to meet the demand of this crisis and long waiting lists often mean that conditions worsen whilst people are waiting for treatment. Therefore, we need to implement more preventative health measures to intervene early and reduce the demand on the NHS. In order to become a healthier nation, the UK needs to adopt behaviour changes which will promote good health outcomes such as reducing drinking, exercising more and eating healthier. One such approach which has been used effectively to address these issues is 'Making Every Contact Count' (MECC).

1 RSPH (2024) A Better Way of Doing Business: Securing the right to a healthy workplace
2 The Health Foundation (2024) 700,000 more workers are projected to be living with major illness by 2040
3 NHS England (2024) Almost one in ten children is obese in first year of school
4 The Health Foundation (2024) What is happening to young people's mental health?.

The concept of the MECC approach is that by a range of professionals being trained to have short, informal, focused conversations about a variety of health behaviour topics, the public will be supported to engage in healthier behaviours and know how to access relevant information through signposting.

We know that the current state of the NHS means waiting lists are long. By encouraging people who have everyday contact with the public to have conversations with them about health, we start to implement a preventative healthcare approach which will reduce the burden on the NHS.

The MECC approach includes one or more of the following elements to encourage a change in behaviour:

"A QUESTION THAT CREATES AN OPENING FOR A CONVERSATION, A SPIRIT THAT SUPPORTS INDIVIDUAL'S RESPONSE TO PERSON CENTRED CONVERSATIONS, BEING LED BY CUES GIVEN BY THE INDIVIDUAL IN THE CONVERSATION, VERBAL AND NONVERBAL BEHAVIOURS THAT ENCOURAGE CONVERSATIONS, PROVIDING SUPPORT, ACTIVE LISTENING, AND ASKING OPEN DISCOVERY QUESTIONS."[5]

Behaviour change can be crucial in implementing positive health habits into people's daily lives, whilst underexamined, small daily changes can build into much improved health outcomes. The MECC approach is effective in introducing health behaviour change conversations into a variety of settings. We know that there are many benefits to MECC in promoting behaviour change and dealing with issues like the stigmatisation of certain conditions.

5 RSPH (accessed 2025) Making Every Contact Count (MECC) Training

Furthermore, MECC goes beyond a focus on individuals – which often fails to have the impact we need. Instead, it is about making settings and services more welcoming and person-centred to empower individuals to take steps they need when they can and how they can. Currently, limitations within the current healthcare system mean that MECC programmes can face a variety of barriers or are not implemented as part of a wholistic approach. While MECC is more likely to be successful when used alongside other supportive changes, it can be a standalone intervention. We need to use every available avenue to implement health behaviour change, engaging the public and practitioners to get a sense of how we can do behaviour change better.

HOW DOES MECC WORK IN CHANGING BEHAVIOUR?

National Institute for Health and Care Excellence (NICE) guidance on behaviour change has recommended that health, wellbeing and social care staff in direct contact with the general public can be encouraged to use brief interventions to motivate people to change behaviours that may damage their health. These interventions can also be used for signposting, such as informing people about services or information that can help them improve their general health and wellbeing[6].

The MECC approach follows this format by using brief conversations as part of daily interactions with the public to encourage and inform on positive behaviour changes such as smoking cessation, weight management, exercise, reducing alcohol consumption and signposting to further resources, for example on mental health and menopause. This gives people the support they need to make behaviour changes which we know people often want to make already[7]. There are also a number of regional programmes who have created their own online tools used to support the MECC interventions, such as MECC Link[8].

RSPH have conducted research looking at the positive impact MECC has had by talking to MECC trainers – each of whom has rolled out a MECC programme in their own area or business.

Overwhelming feedback suggested that MECC training had been broadly welcomed in a range of settings, like sports and leisure, pharmacies and the NHS. It also showed that professionals working in health and wellness settings were keen to do the MECC training; several MECC trainers fed back that they had good uptake and interest in training when they rolled it out in their own settings. This suggests that staff felt MECC training was something that would be useful to them in their daily roles.

"SO SINCE BETWEEN FEBRUARY WHEN I STARTED THE DOING TRAINING AND NOW, I'VE DONE 12 SESSIONS WHICH I THINK JUST GOES TO SHOW THAT THEY NEED ANY INTEREST FOR IT... I'VE TRAINED OVER WELL 129 PEOPLE HAVE BEEN TRAINED SO FAR."

(MECC Physical Activity Trainer)

Furthermore, MECC for Mental Health training was rolled out to a local group of health champions. When the evaluation came back, they reported having had 950 mental health conversations over a three-month period. This shows the impact that a well delivered MECC programme can have. Furthermore, there hadn't been a single referral to an emergency department as a result of the training as local protocols had been put in place to give people options to access crisis services. This meant they didn't need to go to A&E departments,

6 National Institute for Health and Care Excellence (2014) Behaviour Change: Individual Approaches (Recommendation 9)

7 RSPH (2025) A Place for Health

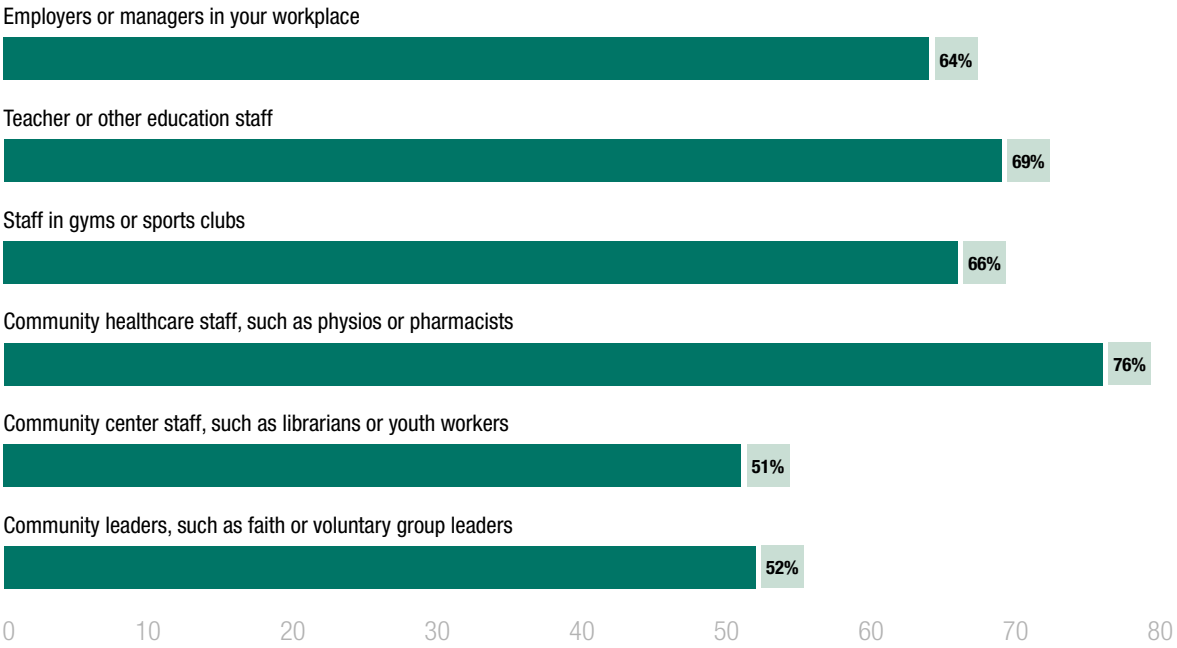
8 MECC Link (accessed 2025) What is MECC Link?

putting no additional strain on NHS resources. Further MECC training in this manner could help to reduce the pressure on A&E departments, which we know is a significant issue facing the NHS.

Trainers felt the MECC training had given them confidence in how to have these conversations with members of the public where they might have previously not known how to go about initiating such a conversation. Where MECC for Menopause training has been rolled out in pharmacies, we have heard how this helped when having conversations with people about Hormone Replacement Therapy (HRT). Feedback showed that within pharmacies people could help educate the public around this, but colleagues also used the training to have discussions about menopause within their teams and support each other. Whilst they found the training overall positive, they felt that it needed an update in-line with new clinical guidance that had come out. It is important that as new guidance is published in different areas that MECC training is updated accordingly so MECC trainers can ensure they are giving the most up-to-date advice and information to the public.

PUBLIC PERCEPTIONS

The training is something which the public are overwhelmingly clear that they would welcome. People know how important their health and wellbeing is, so understandably they want more staff to be trained to support them to improve this. Polling data collected by RSPH also shows that the majority of people surveyed (which represents a sample group of adults across Great Britain) broadly agreed that more staff should be trained in physical and/or mental wellbeing. Even in groups where you might not expect training to be as valuable, a majority of the population feel it would be beneficial.



Deltapoll interviewed 1,749 adults in Great Britain online between 14th and 18th November 2024. The data have been weighted to be representative of the British adult population as a whole.

This shows that the public are keen on more health and community workers to be trained to have conversations with them about physical and mental health. It's unsurprising that the public's first thought when it comes to health improvement is allied health professionals, but this is by no means the extent of their ambition. The public also shows an eagerness for other community and education-based professionals to be trained.

However, feedback from the polling and from our discussion with MECC trainers has told us that there is increasing interest in training other professions, such as community leaders, and in particular, faith leaders and those working in education settings. The polling has also indicated that a significant portion of the public would like professions typically linked to physical health, such as gym staff, to be trained in having conversations about mental wellbeing as well as physical health. The roll out of MECC for Mental Health in these settings has shown that there is interest in finding opportunities to talk about mental health from a staff perspective too, as we know exercise can have positive impacts on an individual's mental health, for example, by reducing stress.

Our research has also found that there has been motivation for people to do the MECC training to be able to have conversations with colleagues about their mental and physical health and to promote workplace health. We heard that in some settings HR staff and receptionists had started doing the MECC training to better support those within the workplace. This shows that MECC can encourage behaviour change within organisations as well as within the end-user.

HOW DO WE IMPROVE BEHAVIOUR CHANGE?

Whilst MECC as a behaviour change programme has had positive impacts, that there is more which can be done to improve its effectiveness. One advantage of MECC is that it can be utilised in a variety of settings. However, this also means that how the programme is delivered might need to be adapted for different groups of professionals. We have heard that in sports and leisure settings the approach needed to be better adapted to take a more practical and workshop-style approach, as they felt this better met the needs of their staff. This is something which could be incorporated into the wider MECC training.

"IT BEING SO VARIED, SO YOU KNOW, I DON'T THINK ANY OF OUR TRAININGS HAVE ACTUALLY RUN EXACTLY THE SAME. WE'VE HAD TO VERY MUCH ADAPT THEM DEPENDENT ON WHO'S ON THERE... THAT'S GETTING EASIER WITH EACH ONE WE DO, BECAUSE WE CAN SORT OF PICK UP A TREND ON IT."

(MECC Physical Activity Trainer)

We had further conversations about the benefits of using strong statistics to show the negative health impacts associated with not doing enough physical activity. Whilst the use of these statistics has previously been labelled as scaremongering, trainers from different settings agreed that sometimes the 'hard-hitting' statistics might be what someone needs to hear and that it would be good to have these available if it would help in that situation. This is something which could be further discussed within settings delivering MECC training.

Additionally, some of the language used in MECC training is specific to healthcare settings, so further work is being undergone to update the language. Feedback from MECC trainers has shown that whilst MECC is helpful there would be benefit in regularly reviewing and updating the programmes to keep up with clinical guidelines and adapting them for different settings.

HOW AND WHERE COULD MECC BE USED?

As part of our research, and building on the clear evidence that the public want more training in health promotion across different settings, we have also looked at what alternative settings and different MECC courses could be developed.

We found that some MECC trainers have begun to roll out MECC in schools – for example, the MECC for physical activity. We know that children in this country are facing a number of serious public health crises such as higher levels of childhood obesity and increasing mental health issues. MECC for physical activity would teach teachers and educational staff how to have informal conversations about the importance of physical activity – not just with children, but with parents and families too. We found from our polling that 69% of people surveyed would like teachers and educational staff to be trained in how to have conversations about physical and mental health. This shows that the public do see educational settings as an appropriate place for these sorts of conversations to be held. We know that existing MECC programmes have been rolled out in universities and that the feedback on this has been positive; there is also space for more engagement with universities, perhaps rolling out more MECC programmes in these spaces.

MECC trainers also suggested to us that care homes might be a good setting to roll out some of the MECC programmes, such as MECC for Mental Health or Physical Activity as these are often issues affecting individuals living in care homes, particularly elderly individuals.

There is more research needed into the nature of physical activity in care home populations, but available research has indicated that amongst older care home populations physical activity is particularly low, with residents often spending 79-92% of daytime hours inactive[9]. We know that loneliness also affects this age group. Age UK recently published a report stating that '940,000 older people (aged 65+) in the UK are often lonely'[10], and further findings have shown that people suffering from loneliness are more likely to spend longer in A&E departments and have longer hospital stays[11].

MECC Link Yorkshire currently provides information on how to have a brief intervention conversation with someone who may be suffering from social isolation and loneliness on their website[12], showing that there is opportunity to expand this as a MECC programme targeted at carers and others who are likely to spend time with people over 65 on a regular basis as part of their jobs. Positive outcomes of this intervention might include elderly people being linked with befriending services and local community groups who can support them further.

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9 Wylie G, Kroll T, Witham MD, Morris J. (2023) Increasing physical activity levels in care homes for older people: a quantitative scoping review of intervention studies to guide future research. Disabil Rehabil.

10 Age UK (2024) You are not alone in feeling lonely: Loneliness in later life

11 House of Commons Library (2023) Research Briefing: Loneliness and isolation in elderly and vulnerable people

12 MECC Link (accessed 2025) Social Isolation and Loneliness

As one of the major drivers of ill-health, there is also a need for further work around discouraging excessive alcohol consumption. A MECC approach in this area could prove beneficial in many settings, focused around having discussions with people about how much they are drinking and reducing their alcohol intake.

One setting that would benefit from this MECC programme would be prisons; we know that alcohol plays a role in many crimes being committed. If prison and probation staff can have conversations with prisoners before they are released about avoiding excessive drinking and the link between alcohol and reoffending, this might help to raise awareness of people drinking excessively on release from prison and potentially reoffending. Prisons may also benefit from further MECC programmes, such as MECC for Mental health, as we know many prisoners suffer from mental health conditions which are often worsened by events or conditions they have experienced within prison. Furthermore, prisoners are at higher risk of suicide and self-harm than the general population[13]. Therefore, if prison staff were trained to have brief conversations with prisoners about their mental state this might help them to support prisoners.

Additionally, we know that MECC trainers have found that by doing the MECC training they also felt more confident in having conversations with colleagues about health issues such as mental health. This can be of benefit to businesses in embedding positive and supportive work environments where employees are able to talk openly about their struggles without stigma.

13 The Guardian (2023) Prison suicides in England and Wales rise by nearly a quarter

With long-term health conditions on the rise, we know that nearly 25% more working-age adults will have diagnosed major illness by 2040 – up from 3 million to 3.7 million[14]. Approaches like MECC can help to support these individuals better within workplaces and ultimately make workplaces health promoting environments. New analysis by RSPH has found that 13 million people work for employers where managers aren't given training in how to promote health and wellbeing[15]. According to the Workforce Institute, managers have a greater impact on their employee's mental health than doctors or a therapist[16]. Line managers are well placed to make positive interventions on the health of their employees given the frequent contact between them. With the right training, such as MECC, line managers can spot warning signs early on which can prevent physical and mental health issues escalating.

A great benefit of the MECC approach is its ability to be adapted for different settings and different topics. For example, another MECC trainer fed back to us that they thought a MECC for neurodivergence and SEN would be helpful. Particularly, this could be focused around how to have a conversation with someone about reasonable adjustments they might need when accessing a service. This further demonstrates the broad range of issues which can be addressed using the MECC approach to raise awareness across the wider public health workforce and within the general public.

14 The Health Foundation (2024) 700,000 more workers are projected to be living with major illness by 2040

15 Personnel Today (2024) https://www.personneltoday.com/hr/workplace-health-support-employees-face-line-management-lottery-of-access/

16 UKG (2023) Managers Impact Our Mental Health More Than Doctors, Therapists – and Same as Spouses

WHAT ARE THE BARRIERS TO THIS AND HOW DO WE ADDRESS THEM?

It is clear that the MECC approach has been positively received in numerous settings and by a diverse range of trainers, from the sports and fitness industry to education and to healthcare settings. The nature of MECC means it can be adapted to a variety of different audiences and for different topics. However, whilst MECC can have preventative and short-term individual benefits, it needs to be supported by a robust healthcare system.

A recent scoping review on the MECC approach has indicated that there are only 14 studies of MECC, most of which focus on staff training and acceptability. Therefore, there is much room for further evaluations and scoping work to be done[17]. Funders should aim to include robust evaluations of their training to build this evidence base.

MECC can signpost people to the correct services, but we know that people may then find themselves on a long waiting list to access the support or treatment they need, with their condition often worsening during this wait. The MECC for Mental Health programme, for example, supports individuals to talk openly about their mental health challenges and might signpost them to sites which will teach them ways they can independently improve their own mental health.

However, more than a quarter of a million (270,300) children and young people are still waiting for mental health support after being referred to Children and Young People's Mental Health Services (CYPMHS) in 2022-23[18], and we know that many people report their mental state deteriorating further whilst waiting for support. Unfortunately, this shows that the current state of the mental health crisis in the UK, especially in children and young people, means that MECC for Mental Health might mean that staff are referring people to services which they can't access when support is needed. The government should work to further fund preventative community care which can be supported by approaches like MECC, but MECC cannot be the whole solution.

High staff turnover and constrained capacity also often limit the effectiveness of MECC approaches, something which we know is a particular issue in NHS settings. We heard that in some cases the roll out of MECC has been limited by staff absences and capacity issues. Further support from organisational leaders might help to strengthen and support MECC roll out within organisations. In order to expand MECC further as an approach there also needs to be buy-in from leadership for funding and support of training within their organisation[19].

17 Northumbria University (accessed 2025) Making Every Contact Count (MECC) Research Group

18 Children's Commissioner (2024) Press Notice: Over a quarter of a million children still waiting for mental health support, Children's Commissioner warns

19 RSPH (2024) MECC Mental Health Evaluation Report (pg 5)

To encourage buy-in we need to have strong evidence for the benefits of MECC, as organisations will need to be sure that with limited funding MECC represents a strong return on investment of both money and effort. Whilst there are a number of evaluations of MECC approaches, there is limited data showing what the end-user outcomes from MECC intervention were. Much of our feedback has come from MECC trainers and those who have delivered MECC interventions, meaning we have some data on the end user conversations from the perspective of the person delivering the intervention.

It could be recommended that further evaluations carried out work to collect insight from the end-user perspective of the person who has received the conversation, for example, from members of the public, to more thoroughly assess how MECC has impacted the public. This could help to support some of the health and wellbeing data, which is very limited. However, there is some evidence that addressing stigma increases the likelihood of people increasing their awareness and self-efficacy to seek help[20].

Furthermore, for training to be well received by its target audience the information needs to be tailored to this group, including ensuring awareness of cultural and religious differences. RSPH carried out work in Tower Hamlets which found that communication and information about vaccinations needed to be culturally competent for it to be effective[21]. MECC training should also meet these requirements. This can include considerations such as information being accessible to people who might not have English as a first language and taking into consideration people's identity, heritage and traditions to ensure a person-centred approach that makes the individual feel comfortable to have that conversation[22].

20 McLaren, T., Peter, LJ., Tomczyk, S. et al. (2023) The Seeking Mental Health Care model: prediction of help-seeking for depressive symptoms by stigma and mental illness representations. BMC Public Health

21 RSPH (2024) Building a Path to Trust Report

22 RSPH (2024) Building a Path to Trust Report

RECOMMENDATIONS

Implementing healthy behaviour change into daily practices is of utmost importance in addressing the worsening health inequalities we are facing in the UK. MECC is uniquely designed to fit a diverse range of settings as the model is naturally adaptable as it focuses on conversation-based interventions. We should take advantage of the MECC model to engage the workforce in public health and to boost our preventative health resources, ultimately reducing the strain on the NHS.

1. **The government should direct more funding into preventative community care and utilise the wider public health workforce to reduce strain on the NHS.**

   The government should support approaches like MECC which can help to prevent conditions from worsening by encouraging the public to get help early and teaching individuals to implement positive health behaviour changes into their lives. This sort of early-intervention approach will help to reduce the strain on the NHS, particularly on A&E departments. Such approaches should go hand in hand with investment to ensure that the public can access services in a timely manner, rather than being forced to wait until they reach a crisis point.

2. **Local authorities, businesses, and sector leaders should consider how they can integrate different MECC approaches into a variety of settings and how they can support staff to access training.**

   Local Authorities and sector leaders can meet the needs of their communities by implementing a variety of MECC programmes into different settings, such as schools and care homes. This will help to make communities healthier places and improve the public's understanding of health issues. Local authorities should look at the needs of their populations to determine which settings and/or MECC programmes would be more helpful. For example, an area with a large population over 65 might want to focus on MECC programmes which would meet the needs of this group. The eagerness of the public for a range of professionals to be better trained in having health conversations also highlights an opening for businesses to implement this training across their employees.

3. **The core and wider public health workforce need further training in low-level behaviour change approaches, with the MECC framework providing a strong overarching approach.**

The core and wider public health workforce are uniquely placed in that they can have daily opportunities to implement MECC through regular contact with the public. Our research has demonstrated that there is significant interest amongst the workforce to engage in training, and the public would value this training being rolled out to more issues and a diverse range of staff. To make this a reality, we should ensure that everyone whose role could enable them to deliver behaviour change interventions is given the training and support they need to do so, supported by their employers and the health service.