

**Evaluation Report on a
One Year Pilot Physical Activity Project
for Clients of a
Community Mental Health Team in
Manchester**

**December 2006
Manchester Public Health Development Service**

Executive Summary

- Choosing Health, the national public health strategy, has prioritised mental health and recognises the need to improve the physical health of people with mental health problems as huge health inequalities exist.
- In Manchester part of the vision is to promote easier access to health improving initiatives in the community and develop pilot initiatives where none exist with the aim to support social inclusion. This one year pilot physical activity project has served to address this need.
- The target group were clients of a mental health service, Community Mental Health Team (CMHT) C, (part of Manchester Mental Health and Social Care Trust), covering clients mainly from East Manchester. They are people with severe mental illness (SMI).
- The pilot was delivered over one year, 2005-2006, comprising two gender groups:
 - A weekly two-hour session for women who were very keen to reduce weight gained through medication through group exercise. They made use of a local school hall in Newton Heath and then moved onto using gym facilities at a mental health day centre in North Manchester.
 - A weekly two hour session for men who wished to get fit through use of gym facilities, weights and exercise; they made use of the facilities in a local leisure centre in North Manchester.
- The pilot was a partnership between the CMHT C and Manchester Public Health Development Service.
- The aims for the pilot were:
 - To provide access to physical activity sessions for clients wishing to improve their physical fitness and lose weight.
 - To provide physical activity sessions as a stepping stone for clients progressing to using mainstream services.
 - To develop the confidence of clients in making use of mainstream services and thus promoting their social inclusion.
- It was necessary to set up user specific groups given their mental health support needs, e.g., lack of confidence to use mainstream facilities, need for a safe and friendly environment to encourage participation. The intention was that long term participants would either start to make use of mainstream services or continue sessions through self finance or other means.
- Because of the clients' physical health needs and mental health issues the exercise tutor employed had to be a high risk instructor, i.e., qualified to work around cardiac rehabilitation as well as trained as a fitness instructor. The tutor was from outside the mental health field.
- This sessions could not have taken place without:
 - The CMHT staff (Occupational Therapists and Support Workers) giving support and encouragement to clients to get to sessions, participate during sessions and manage any risk issues; support needs are specific to individuals.
 - The close partnership working between the CMHT staff and the exercise tutor.

- Outcomes and achievements included:
 - Changes in support needs, such as motivation to attend the sessions, increased confidence to travel independently to sessions.
 - Physical and mental health benefits, such as losing weight, improved concentration, increased energy, increased activity outside of the sessions, learning to swim through the availability of swim passes.
 - Social benefits such as getting out more, socialising with each other during sessions.
 - A small number of clients developing confidence to make use of mainstream services on their own, with a friend or accompanied by a support worker.
- The pilot has provided valuable learning on ways of working effectively and safely with clients with severe mental illness such as
 - The range of support participants need to attend sessions and during sessions (section 4 of the main report).
 - Factors that prevent their participation (section 5 of the main report).
 - Ways to keep participants motivated and engaged in the sessions.
 - The benefits and limitations of different forms of exercise, i.e., group exercise and gym exercise in this pilot.

This learning has been translated into guidelines given in appendix one of the main report.

- The pilot has highlighted:
 - The importance of targeted sessions for people with severe mental illness as they feel safer; clients can have experience of discrimination in mainstream services as well as a negative sense of themselves because of societal stereotypes and this stops them from engaging and going into community environments.
 - Attendance can fluctuate and be unpredictable and small due to a range of factors impacting on the lives of clients, including relapses in clients' mental health. Even though people have relapses they can be encouraged to return to sessions.
 - The input of an experienced non-mental health exercise tutor made a significant difference to:
 - The clients taking part in the sessions, as they regarded the tutor as an expert; they needed her direction during exercise and her presence and input motivated and enthused clients to attend and exercise.
 - The CMHT team feeling more confident with supporting and promoting the exercise sessions.
 - Clients with severe mental illness need one to one attention from the tutor much more than other groups and this is best facilitated in small groups.
 - One year is not adequate for targeted sessions; on-going sessions are needed to:
 - Continue to provide for a model of graded access to physical activity whereby these sessions serve as a stepping stone for some people to move onto mainstream activity and enable new clients to benefit.

- Take account of the range of factors that affect their attendance, such as people having long absences if they have relapses in their mental health.
- Some clients still need additional support to move from targeted provision to mainstream services; there is a need to identify more mechanisms to enable clients to move on. The health trainers may be a useful resource in addition to mental health support workers.
- Although social inclusion is an ideal some clients may not be able to move onto mainstream services; other disadvantaged groups have targeted provision from which there appears to be no expectation to move on and this option should also be on offer to people with SMI.
- Difficulties in recruiting new participants mainly because of the on-going demands on staff to respond to clients in crisis; although improving physical health is perceived to be important the immediate issues need to be dealt with first. This needs an exploration to identify solutions to enable staff to support physical health needs as well as crisis needs.
- Some staff have further training needs to improve their skills and/or knowledge to promote physical activity, such as the benefits of exercise to mental health.

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1. Introduction

Choosing Health, the national public health strategy, has prioritised mental health and recognises the need to improve the physical health of people with mental health problems as huge health inequalities exist.

People with poor mental health tend to experience worse physical health than the rest of the population. Yet there is evidence that a healthier lifestyle will help improve not just physical health, but also mental health, mood and wellbeing. For example, regular physical activity reduces the risk of depression and has positive benefits for mental health including reduced anxiety, enhanced mood and self-esteem. We need to do more to promote a more joined-up approach to NHS support for people with poor mental health. One early priority for NIMHE's anti stigma and discrimination programme is to address the physical health inequalities experienced by people with mental health problems.

People with severe mental illness (SMI) are 1.5 times more likely to die prematurely than those without; partly due to suicide, but also to death from respiratory and other diseases.

Depression is consistently been linked to mortality following a myocardial infarction; it increases the risk of heart disease fourfold, even when other risk factors like smoking are controlled for.

People with severe mental illnesses also tend to have a poor diet; they are more likely to be obese; to smoke more; to access routine health checks less frequently, and get less health promotion input than the general population.

Choosing Health-Making Healthy Choices Easier. Department of Health 2004

In Manchester the two main local strategies which provide a framework for producing the much needed changes are:

- The Physical Health of People with Mental Health Problems Strategy.
- The Manchester Mental Health Promotion Strategy (2004-2010); a section on improving the health of people with recognised mental health problems, is included in theme Five, tackling health inequalities

Part of the vision is to promote easier access to health improving initiatives in the community and develop pilot initiatives where none exist with the aim to support social inclusion. This one year pilot physical activity programme has served to address this need.

The target group were clients of Community Mental Health Team C, part of Manchester Mental Health and Social Care Trust; the team covers clients mainly from East Manchester. They are people with severe mental illness (SMI).

The project recognised the need to set up user specific groups given the mental health support needs of the target group, e.g., lack of confidence to use mainstream facilities, need for a safe and friendly environment to encourage participation. The intention was that long term participants would either start to make use of mainstream services or continue sessions through self finance or other means.

2. Description of Project

- This was a one year pilot programme, April 2005- April 2006 comprised:
 - A women's group who were very keen to reduce weight gained through medication through group exercise and gym work.
 - A men's group who wished to get fit through use of gym facilities.
- The project was set up as one year long to give participants long enough support to encourage them in sustaining the activities and encourage them in making use of mainstream provision on their own or with others.
- To encourage responsibility and social inclusion each participant contributed a nominal fee per session which was kept by staff for future use by the participant. This was a form of savings which was returned to clients at the end of the project; they could use these savings to fund the project again or to make use of mainstream services.
- Swim passes were given to the groups to encourage use of mainstream services.
- The men's group paid for admission eventually like other members using the leisure centre.

2.1 Aims

The aims for the pilot project were:

- To provide access to physical activity sessions for clients wishing to improve their physical fitness and lose weight.
- To provide physical activity sessions as a stepping stone for clients progressing to using mainstream services.
- To develop the confidence of clients in making use of mainstream services and thus promoting their social inclusion.

2.2 The target group

The target group generally have very low activity levels and poor physical health. Several are obese, have high heart rates and are on medication. A lot have a heart rate which is elevated because of medication.

One client stressed that it is a devastating thing to put on weight through medication and that it slows down the brain.

2.3 Staff that took part

- Because of the clients' physical health needs and mental health issues the exercise tutor employed had to be a high risk instructor, i.e., qualified to work around cardiac rehabilitation as well as trained as a fitness instructor. Her qualifications included exercise to music, BOWLER weights instruction (to give weights instruction) and BACR, British Heart Association for Cardiac Rehabilitation, Phase IV and gym experience of 4 years.
- An Occupational Therapist supported the women's group throughout with varying input from one–two senior support workers in the women's group.

- The men's group has been supported by an Occupational Therapist, a support worker and the Team Leader occasionally.

2.4 Evaluation and monitoring

The project was evaluated to:

- Demonstrate the learning and benefits gained by the participants, both to their physical and mental well-being through observations from staff and verbal and written feedback from participants.
- Establish guidelines for working on physical activity with this client group.

Methods included:

- Reviewing the project in an on-going basis through meetings arranged with the fitness instructor and staff, individually and together and through the staff obtaining verbal feedback from participants.
- Towards the end of the pilot year:
 - Interviewing the exercise tutor for her observations on the process and progress made by participants.
 - Obtaining written observations from the main support staff involved through an evaluation proforma.
 - Interviewing support staff for their observations if possible.
 - Meeting with each group to obtain verbal feedback from participants; each group had 3 participants attend.
 - Obtaining written feedback from participants if possible.

2.5 Continuation of sessions

At the end of the pilot the exercise tutor was able to take on one session as part of her core work within Manchester Public Health Development Service through an expansion of her job. This report is therefore written in the context of this positive development.

This was managed by initially merging the two groups so that both men and women could attend the gym facilities at Miles Platting Pools. This has since evolved (as described in section 8).

3. Details about the groups

3.1 Setting up the groups

The initial process of setting up the groups took a lot of planning:

- Identifying an appropriately qualified fitness instructor. This required someone with the ability to work with people with cardio-vascular needs.
- Identifying what needed to be in place for the sessions to go ahead so that the exercise was safe. This included:
 - Getting each participant to complete a pre-exercise baseline health questionnaire and sign an informed consent form for exercise participation (so that they understood the purpose of the exercise sessions and their own responsibility during exercise).
 - Giving each client information on exercising safely.
 - Checking with General Practitioners (GPs) on the appropriacy of each client taking part; all clients got signed approval from their GP to participate in the programme.
- Recruiting participants.
- Finding appropriate venues and negotiating use of the venues.
 - The women's group negotiated use of a school hall in Newton Heath and through approval of participants changed to using the gym at a mental health day centre in North Manchester numbers dropped to improve attendance.
 - The men's group made use a leisure centre, in North Manchester. The O.T. negotiated use of the venue through the Centre Manager and one of the Serco general managers with certain provisos:
 - They could use the venue one morning per week and have access to an adjoining room for blood pressure and heart rate measurements and stretches. The public could still use the gym at these times.
 - The exercise tutor would receive a gym induction by the leisure centre staff on how to operate the gym equipment safely (even though the tutor's qualification covered her to exercise people); she could then induct group members.
 - They had to manage health and safety aspects as the gym is used by school groups even though people with mental health problems are generally less likely to pose a risk to others.
 - Mental health support to the group would continue as required, e.g., risk related to mental health, individual needs for support.

3.2 Process of recruiting participants

Participants for the women's group

Staff generated interest from existing groups with team C. Clients decided that keep fit sessions were what they lacked and staff helped to organise it. People were also engaged through:

- Feedback from clients with issues of side-effects from medication.
- Assessments for activity.

- CMHT staff address health and well being for all clients and are not just focused on mental health; this process was also used to encourage people to consider physical activity.

Participants for the men's group

Participants were recruited via a number of mechanisms:

- The group staff made other CMHT staff members aware of the group so that they could make referrals.
- Occupational Health referrals.
- Advertisement in Hearts and Minds newsletter, (a newsletter for clients produced every 3 months).
- Discussion with support workers.

Engaging new participants

As the pilot was a year long the CMHT staff made attempts to recruit new participants through:

- Communicating with clients seen in other groups or by phone.
- Reminders to an existing health promotion group.
- Ongoing discussion with care co-ordinators and support worker staff.
- Regular reports in 'Hearts and Minds' newsletter.

This was generally a difficult process because of various issues as indicated under section 7.3.

3.3 Time of sessions

Each group took place in the morning because the exercise tutor was only available then. The time was arranged as late in the morning as possible but it was still not the best time for participants as explained under section on "factors which prevented participation".

3.4 Pre-exercise health questionnaire and on-going monitoring of progress

- Each client was supported in completing the pre-exercise health questionnaire at the start of the sessions, although the intention had been for people to have completed them before the start of the sessions. For the women's group this took a lot of time as the group was large. There was however acceptance and understanding about the questionnaire from participants. CMHT staff perception from the women's group was that there was too much paperwork and that some questions were irrelevant and too intrusive.
- The aim was to use the questionnaire as a baseline and then to get feedback from participants once they had been through some sessions, in the middle and at the end of this process through other questionnaire. However this became too complicated to implement in practice given changes in attendance and staff commitments.
- Progress was monitored in an on-going way through verbal feedback and towards the end through proformas to obtain staff observations.

3.5. Exercise format

Women's Group

- Group exercise in the school hall comprised:
 - Warm up (mobility, pulse raiser and short stretch)
 - Group exercise to music for cardio-vascular exercise.
 - Floor / mat work for muscular strength and endurance.
 - Chair based exercise, i.e. abdominal work and stretches, e.g., so that they could practice at home and in their usual position.
 - Cool down stretches
- The exercise in Harpurhey Day Centre comprised; warm up, cardio vascular exercise using the gym equipment (treadmill, stepper, rower, elliptical trainer and bikes) followed by group movement to music and as part of cool down working on weights and stretches.

One intention with the women's group was to familiarise them with mainstream leisure centres; this experience was partly gained through becoming familiar with the gym equipment they could access at mainstream services.

Men's Group

- The exercise comprised warm up, cardio-vascular exercise using gym equipment (treadmill, bike and rower), stationary weight equipment for strength exercise and cool down exercises.
- Each participant had goals set for their exercise regime, e.g., increase their speed on a machine or increase the weight.
- Each participant was given a diary to record their progress in relation to
 - Blood pressure and heart rate before exercise.
 - Cardio-vascular blood pressure and heart rate and recovery blood pressure and heart rate to see if their fitness is getting better.
 - Time taken to do 3 cardio-vascular exercises; in either minutes without stopping or achieving a mile (with the goal to decrease the time it takes to do a mile).
 - The weights being lifted; once it is achieved comfortably they move to a heavier weight.

4. Support necessary for clients to participate

- The sessions could not have happened without providing support to participants to attend the sessions and/or during the sessions.
- Support needs are specific to individuals and requires an awareness of people's strengths, difficulties, disabilities and abilities, e.g., supporting people with preparation, such as clothing, laundry, hygiene when necessary.
- Support was particularly needed at the start of a client attending sessions to increase confidence.
- With both groups some of the participants needed support with:
 - Attendance, e.g., reminding and encouraging people to attend, helping clients to leave their residence, prompting such as phoning to wake up
 - Transport to get to the venue, e.g., giving them a lift and help towards travelling independently.
- With the women's group support became a little more intense during the pilot when they changed to the new venue:
 - Before they made use of the new venue they made a visit to the centre so that participants would become familiar with where the centre was and what the activity room looked like.
 - Subsequently participants needed support with getting to the new venue.
- Support during sessions varied with individuals:
 - Literacy and numeracy support
 - Help with goal setting and monitoring performance against these
 - Using an exercise diary in the men's group
 - For mental health needs, providing one to one support in exercise for the first few sessions and working on a graded programme whereby exercise is done at the clients own pace
 - Giving a lot of reassurance to client and at times staying by their side until they gained confidence in their ability to achieve the work that was involved at the sessions.
 - At times to enhance motivation within the group team staff would take part in the exercises.
- Support to manage risk to others is necessary at times.
- Support is reduced for all participants at the appropriate rate.

5. Factors that prevented participation of individuals

Various factors, social, circumstantial, physical and mental have contributed to fluctuation in individual attendance and people not attending:

- “Bad” days where there is an increase in mental health symptoms / stress making it harder for client to leave their home and get motivated, e.g.,
 - Constant worry and generalised anxiety
 - Low mood
 - Periods of heightened stress/paranoia.
- Poor motivation, e.g., having difficulty with motivation to attend independently.
- Difficulty with early starts because of altered sleep patterns, or impact of medication, e.g., morning medication can leave “hangover” effect and make morning a difficult time. Many clients also have altered day/night routines, getting to bed late and up late.
- Side effects of medication
- Being unwell physically.
- Hospital appointments
- Hospitalisation (either physical issues or mental health)
- Psycho social stressors at home.
- Family demands, stress and issues, e.g., partner being unwell, taking on role as a carer. This was a factor for both male and female clients.
- Social barriers such as;
 - Stigma of mental health, sense of being different and shame
 - Being shy and reclusive, social contact difficult (although this was limited in the men’s group)
- Effects of drinking.
- Lack of activity in rest of week
- Long distance to travel
- Changes in life situation
- Holidays
- The women’ group was subject to a lot of interruptions and this affected attendance. There were inconsistencies in relation to the regularity of sessions:
 - The sessions continually coincided with bank holidays as they took place on a Monday when the school venue was closed.
 - A break in the summer was necessitated even though the school had agreed use of the venue during this school holiday break as the caretaker had not received any communication about this from the school.
 - At one of the sessions the heating had been left on by mistake and led to the women being uncomfortable and struggling with the exercise; this may have put women off as the numbers dropped considerably after this session.
- In the women’s group some women had an attachment to one of the support workers as they knew her from another group they were part of. She was a big motivator for them and may have affected their choice to take part if she was not going to be present.

6. Learning and outcomes

6.1 Attendance

There were times in the programme where numbers were low due to factors named in section 5.

Participants for the women's group

- Attendance was very good at the beginning and then became sporadic. The group started with 14, 13 attended regularly until end of May 2005 and then numbers decreased to an average of 5 clients per session, although more than 5 have been participating throughout this period.
- Several women in attendance at the start came from an existing group, a walking group. Women that were not part of the walking group kept to themselves. New participants were not as regular as the walking group members.
- The women were between 26–60 years old, with a range of ethnicity including Portuguese, Nigerian, White British, and Chinese. Their mental health problems ranged from depression, anxiety and schizophrenia.
- The women had mixed abilities in relation to coordination and fitness.

Participants for the men's group

- 11 men in total went through the pilot, aged 20-50. All were white British except one African-Caribbean and one British Pakistani. Their mental health problems comprised mostly schizophrenia, psychotic disorders and depression. One woman came to support a member and went through the programme as well.
- Patterns of attendance has varied:
 - Most came consistently for at least 4 months.
 - Some men have been inconsistent.
 - Some clients attended two or three sessions, and then would reengage after understanding the benefits of the sessions.
- The men did not tend to engage with each other.

6.2 Benefits gained in the women's group

Observations and comments from CMHT staff and participants highlighted a range of achievements and benefits:

Physical health

- Fitness has improved.
- Some lost weight.
- Increased energy levels, e.g., "sometimes come and not full of energy and have been revitalised"
- Improved coordination
- Changes in tiredness, e.g., tired at first but after exercise appear physically better.
- More conscious of their physical health and aware of benefits of exercise.
- Swim passes were given to the groups to encourage use of mainstream services. All the women were given swim passes and most took the opportunity to go swimming:

- Two women learnt to swim.
- 8 women continue to swim on and off.

Social benefits

- An increase in social confidence, e.g., more socialisation within group, laughter.
- Confidence to use the bus.

Mental and emotional benefits

- Concentration on equipment improved.
- As clients did exercise concentration generally improved and their ability to focus on doing daily tasks improved, e.g., housework, shopping, looking after children
- Improved confidence and self-esteem, e.g., enabling one client to start making use of mainstream services (the Aquatic Centre)
- More motivated to attend on a regular basis without having to be encouraged
- More motivated generally
- Thinking is clearer
- Mental stimulation
- Enjoyment of activity
- Sleep pattern has improved
- Stress levels have reduced
- Feeling good about self, less depressed, less anxious

Activity outside of session

- Some of the women are now motivated to do other activities and are generally being more physically active as part of their every day life, e.g., walk more, going swimming
- One client started another class on salsa once a week

Changes in support needs

- Participants becoming independent by coming themselves to sessions

Other benefits

- General attendance improved for some people
- Motivation and commitment to attend improving because of enjoyment of doing the exercise and seeing the benefits.
- One person improved her English
- One client became a walk leader
- "To get away from mental health issues and do ordinary things."
- "Do not always have the motivation but always feel better after attending"

6.3 Benefits gained in the men's group

CMHT staff and participants reflected various positive changes:

Physical health

- One man gave up smoking
- One man returned to dieting and walking to lose weight
- One client's blood pressure improved and his heart rate is now normal.
- One client is now going for a long walk (2-3 mile walk) on his own
- Breathing has improved.
- Weight loss
- Improved physical health and more conscious of their physical health.
- Increased energy levels
- They all learnt a skill to benefit their strength

Emotional and mental benefits

- Increased confidence and raised self-esteem noted in regular attendees; they particularly surprised themselves at their running ability.
- Enjoyment of sessions
- Feeling satisfied and with improved mood was a regular outcome of sessions
- Improved sleep
- Feeling clearer, more focused, not as tired, and have a sense of achievement e.g., “ran a mile, every week try to run faster.”
- Thinking is clearer
- Improved concentration
- Becoming very motivated to do exercise
- Stress levels have reduced
- Feeling good about self, less depressed, less anxious
- Sessions have motivated client to do other activities, e.g., getting out more.
- Feeling motivated and encouraged to continue improving physical health, e.g., one client intends to “continue using the gym and continue to exercise at home. I may also start swimming.”

Physical activity outside of sessions

- Most men increased their exercise outside the sessions, either with existing interests (increased participation) or new activity, e.g., weights, swimming, cycling, running, doing more walking, going for brisk walks, doing physical exercise at home and yoga; they are therefore now being more physically active as part of their every day life
- One client is cycling now; he did cycle years ago but has taken it up again.
- One client bought a pedometer that takes his pulse.
- One client used the money saved from the weekly fees to join a mainstream gym of his choice with a friend.
- Two other clients have carried on their own going to a gym independently.

Social benefits

- “Getting out and about more, doing shopping, go to Manchester”

Changes in levels of support needed

- Clients becoming confident in ability to use public transport; independent attendance was achieved by most of the group; only one participant still had indefinite transport support need at the end of the pilot phase.

An example of a positive change through these sessions

A is really overweight, very young, has a high heart rate and quite a high blood pressure. He did not want to do much exercise at the beginning and did hardly anything. He would initially have several smoking breaks.

The exercise tutor was there to motivate and support A. Her approach was to concentrate on him, give him a lot of encouragement and build on what he was able to do. She understood that he would not appreciate being pushed too much.

His improvement was demonstrated through:

- Increasing his exercise time from 5 minutes to being able to exercise for 30-40 minutes and eventually doing a mile walking on the treadmill.
- Taking on another exercise class at a leisure centre, accompanied by a support team member; this did lapse.
- Although he can become demotivated and although he does lapse he comes back to the class; lapses are because of his mental health.

- Some clients became independent with the exercise regime and using exercise record diaries.
- One individual had a friend for support in initial stages who then withdrew at the appropriate time.

Other benefits

- Most clients have enhanced their quality of life, by gaining more confidence and becoming physically fitter than before. The group sessions have enhanced independence.
- One individual progressed from never going out to participating in activity; he started with a pool group, then learning guitar and then led onto these sessions.
- Learning how to use the gym machines, such as the treadmill

6.4. The usefulness of targeted sessions

Factors that make targeted sessions necessary are:

- Clients with mental health problems have had a lot of experience of discrimination in mainstream services, being called names and being harassed by the local community because of the way mental illness is viewed. Both male and female participants expressed concerns and uncertainty about using mainstream services, e.g., one client was a member of a mainstream gym and felt like everyone was watching her.

Clients can also internalise the negative stereotypes about people with mental health problems; this consequently informs their sense of themselves and stops them engaging with and going into community environments.

Benefits experienced by participants of targeted sessions

Having a specific group is seen as important by the participants as highlighted by comments from some of the men:

- “You get used to everyone”
- “Here people know from beginning you have mental health problem”
- Going elsewhere they have concerns about people having ideas about them. “In having mental problems you feel awkward, when go at first it’s OK and then you might get paranoid”

Most will therefore choose a class with mental health support rather than mainstream services; the targeted and supported nature of the group allows people to feel safer and thus attend.

- As highlighted previously none of the group members would have attended without some support. Without this professional support the volume of participants would have decreased.
- This group have high levels of poor physical health and therefore a suitably qualified instructor is necessary. Use of gym equipment also required specialised input to ensure safety. The exercise tutor served to motivate, enthuse and encourage participants.
 - Having a tutor motivated the men to attend for various reasons:
 - They viewed her as an expert and her input was more motivating to them than from the support workers
 - Her presence was an incentive to attend
 - She provided an impetus to do the cardio-vascular exercise
 - Being encouraged by her taking their blood pressure and heart rate

- Increased their enthusiasm and determination to do the exercise
- The exercise tutor made a difference to the women in the following ways:
 - Motivating them all and making everyone feel comfortable regardless of level of fitness
 - By demonstrating that she was interested in every member and encouraged them all
 - Incorporated variety into the exercise, e.g., salsa movements
 - They needed someone to direct them, give them a boost; they do not get that in mainstream gyms.
 - By tailoring the exercise to suit each person.

6.5. Factors that have helped sessions to be effective and safe for clients

The pilot has provided valuable learning about what is required in making exercise effective and safe for clients with severe mental illness through the two types of physical activity, group exercise and gym exercise:

- Working partnership between the tutor and the CMHT staff
- Benefit of having an experienced tutor and someone from outside the mental health sector.
- The skills and qualities of the tutor.
- The need for the tutor to have one to one contact with clients.
- The approach of the tutor in delivering exercise
- The size of the group matters
- Ways to motivate and engage clients; motivation is more difficult with this client group than most other groups.
- What to notice in relation to improvements and progress.
- Support needs of clients.
- The type of physical activity matters as some people lack co-ordination.

This learning has been translated into guidelines given in the appendix 1.

7. Issues and needs for further developments

7.1 Need for on-going targeted sessions

The perception of CMHT staff and the tutor is that one year is not adequate and there is a need for on-going regular sessions:

- The sessions are an important part of a process of enabling clients to move onto mainstream services, i.e., they provide a stepping stone. This model of graded activity gives new people the opportunity as well; the CMHT have new people on a regular basis (although there are issues in relation to recruitment as indicated in section 9.2).
- Clients need continuity in their lives and support which the on-going sessions would provide.
- Some clients relate to social support from staff and peers and value familiar faces; stigma of mental health is a negative perception of most clients they work with, and they can find it difficult to socialise with others.
- Due to relapses in people's mental health they sometimes have to start from scratch.
- Although the social inclusion agenda is to support participants to move on to mainstream services and e.g., allow new people to benefit, some clients may never be ready to do this given their mental health support needs.
- There are other specific groups with targeted provision usually without the requirement to move on, e.g., over 50s therefore one argument is that the same should be recognised for clients with severe mental illness.

7.2 Gender issues

The pilot highlighted needs in regard to gender issues:

- A lot of female clients have been abused, raped and experienced bullying and violence by men and therefore are quite intimidated by men and unable to mix with men .
- Certain males can become disinhibited because of impact of medication.
- The female clients related well to a female instructor.

Although the two groups merged at the end of the pilot, for some of the women it appeared hard for them to continue as they had been taken out of their comfort zone. Less than half of the women joined the men's group. This situation has been changed again to provide for a female specific session.

7.3 Recruitment of new clients

CMHT staff highlighted various issues with recruiting and engaging new members onto the pilot:

- Occupational Therapy workload.
- The CMHT team focus on clinical interventions and are a very busy team with a range of demands.
- Staff time is largely taken with supporting clients in crisis.

- There is not much time to focus on following new people up in regard to their physical health needs.
- Transport and family commitments can deter clients from attending.

Recruitment needs to be improved and looked at. Suggestions include:

- “Improving physical health” needs to be given the same emphasis as some other needs such as housing; this needs to be explored to identify how to make this happen with ease for staff.
- The tutor could make a visit to tell the CMHT team about the sessions.
- Invite CMHT staff members to visit the sessions to see what the sessions are about, become familiar with the venue so that they are better able to encourage clients, including those who already have a client in attendance.
- Clients that have benefited can share their experience with other clients and thereby motivate them.
- If staff had time or less demands they would be more active.
- Some staff are not aware of benefits of exercise and need some training; this would then enable them to encourage clients
- Regular feedback to the team at team meetings or informally to keep staff informed about the sessions.
- Having a specific support worker would be useful but team support workers are already stretched.

7.4 Training needs of staff

The CMHT staff stated ways in which their involvement in the pilot could have been improved:

- Training on group work, including ways to support a group and dynamics of a group.
- Auditing and evaluation methods.
- Written information on the evidence about physical exercise being beneficial to people with mental health problems.
- Training on delivering physical activity as the exercise tutor is not available throughout the year.

7.5 Support for clients to move on from targeted provision and developing links with physical activity providers

- There needs to be an exploration of what else is needed to assist clients to move onto mainstream services from targeted provision, e.g., use of health trainers.

For example some clients may attend mainstream leisure services if they knew support is there even if it is minimal.

- The CMHT are very keen to make links and develop firm relationships with physical activity providers. They want to identify opportunities in the community as part of social inclusion to build bridges for their clients. This includes liaison with sports and leisure agencies. They have an important role in informing providers about the support needs of clients and that this is very individual.
- The CMHT team have developed contacts with the exercise referral team in North Manchester, PACE (Physical Activity and Community Exercise). Although PACE at present has exclusion criteria for severe and enduring mental illnesses PACE is

willing to consider clients if CMHT staff are involved and will work closely with them. Most of the men have expressed the desire for an assessment through PACE. In addition PACE can ring the team up for advice if they have someone with mental health problems.

- In general there have been issues with people with severe mental health problems making use of the exercise on referral schemes, although some people with mental health problems have been benefiting, particularly referrals from primary care mental health teams.

Developments to make these schemes and their health trainers accessible to clients with SMI are given in appendix 2.

8. Conclusions

This physical activity pilot has highlighted:

- The provision of targeted physical activity sessions with an experienced professional exercise tutor and support for clients from specialist mental health staff is a useful model to improve the physical fitness of clients with severe mental illness.

This model has also proved that for some clients it can be a helpful stepping stone to moving onto mainstream services.

- The reasons for providing physical activity sessions that are targeted for people with severe mental illness, e.g., they can have negative experiences of using mainstream services as well as negative perceptions of themselves because of societal stereotyping which stops them from using mainstream services.
- Sessions could not have been delivered without:
 - The close working partnership between the CMHT staff and the exercise tutor.
 - The CMHT providing a range of support to clients to enable their participation in the sessions; clients have very individual support needs.
- The input of the experienced non-mental health exercise tutor made a significant difference to:
 - Clients taking part in the sessions, as they regarded the tutor as an expert; they needed her direction during exercise and her presence and input motivated and enthused clients to attend and exercise.
 - The CMHT team feeling more confident with supporting and promoting the exercise sessions.
- Clear benefits to clients; outcomes and achievements included:
 - Changes in support needs, such as motivation to attend the sessions, increased confidence to travel independently to sessions.
 - Physical and mental health benefits, such as losing weight, improved concentration, increased energy, increasing activity outside of the sessions, learning to swim through the availability of swim passes.
 - Social benefits such as getting out more, socialising with each other during sessions.
 - A small number of clients developing confidence to make use of mainstream services on their own, with a friend or accompanied by a support worker.
- Attendance can fluctuate and be unpredictable and small due to a range of factors impacting on the lives of clients, including relapses in clients' mental health. Even though people have relapses they can be encouraged to return to sessions.
- A range of factors can prevent the participation of clients and thereby affect attendance.
- How to work effectively and safely with clients with severe mental illness, including ways to keep participants motivated and engaged in the sessions and indicators for progress.
- The tutor needs to be able to give one to one attention to clients with severe mental illness in order to develop trust and motivate them. Clients with SMI need much

more attention than other groups. Smaller groups provide greater opportunity for one to one contact.

- The benefits and limitations of different forms of exercise, i.e., group exercise and gym exercise in this pilot.
- One year is not adequate for sessions; on-going sessions are needed to:
 - Continue to provide for a model of graded access to physical activity whereby these sessions serve as a stepping stone for some people to move onto mainstream activity and enable new clients to benefit.
 - Take account of the range of factors that affect their attendance, such as people having long absences if they have relapses in their mental health.
- Some clients still need additional support to move from targeted provision to mainstream services; there is a need therefore to identify more mechanisms to enable clients to move on. The health trainers may be a useful resource in addition to mental health support workers.
- Although social inclusion is ideal some clients may not be able to move onto mainstream services. Other disadvantaged groups have targeted provision and there appears to be no expectation for them to move on from this; this option should also be possible for clients with SMI.
- Recruitment of new people is an issue; one of the main factors is that staff are often dealing with clients in crisis and although improving physical health is perceived to be important the immediate issues need to be dealt with first. This needs to be explored further to identify changes.
- Some staff have further training needs to improve their skills and knowledge to promote physical activity, such as the benefits of exercise to mental health.

Appendix 1

Guidelines on working effectively with clients with severe mental illness

Working relationship

- There needs to be a close working relationship between the exercise tutor and the specialist mental health staff, e.g., CMHT; each have important roles in making the sessions effective and safe for participants, bringing into the working relationship their particular skills and expertise.
- There should be regular meetings and liaison to review sessions, improve them and ensure sessions are meeting the needs of individuals.
- The specialist mental health staff should be proactive in giving the tutor information and constant feedback about the clients on:
 - Knowledge of individuals in terms of their disabilities and abilities.
 - About their wellbeing and how they were responding to exercise, for example:
 - Whether they are enjoying it or struggling
 - Whether to make changes to the exercise, e.g., need to stick to the same exercise
 - Their trust and receptivity/responsiveness to the tutor
 - Any needs that they have, e.g. someone being dyslexic.
 - Language needs.
 - Having the correct approach in working with the clients so that they trust the tutor and feel safe.
- The ongoing arrangement should be that a support worker should stay with the tutor during sessions if there are:
 - New people attending.
 - Mental health support needs, e.g., there is a risk; someone has a difficult personality; an individual who can be aggressive and the worker knows when the client is stable.
 - Extra support needs over and above exercise needs, e.g., literacy support in relation to using an exercise diary so that participant can understand and become independent as the tutor may not have that experience to offer.
- The exercise tutor should not be on their own unless the participants are safe and independent. When the staff member is absent the exercise tutor should have access to them through a mobile number.

Exercise Tutor

The tutor needs to:

- Be a high risk instructor, i.e., qualified to work around cardiac rehabilitation as well as trained as a fitness instructor. Making use of a tutor from outside the mental health field tends to motivate clients as they regard the tutor as an expert and normalises their experience.
- Be approachable, enthusiastic, person-centred and sensitive to the individual needs of participants.

- Project a presence that builds trust and “commands” respect for clients to engage; how the tutor approaches clients and delivers the session therefore matters.

For example, the need for eye contact with an individual with aggressive issues so he knows the tutor is not fearful of him and is not a vulnerable person.

- Be “larger than life” in delivering group exercise, give that much more than for ordinary sessions and create the atmosphere to sustain the engagement of clients.

Each session requires the tutor’s complete and constant focus and attention to sustain the clients’ engagement, e.g., constant movement, instruction and input on the benefits of exercise.

Support needs

- Sessions cannot take place without the provision of support from the specialist mental health staff to the clients.
- Clients have very individual support needs, e.g., encouragement to leave their house, preparation for the sessions, travel to sessions, participation during sessions, and non mental health related needs such as literacy.

Factors to consider in setting up a group

- To ensure safety during exercise:
 - Each client should be supported to:
 - Get consent from their General Practitioner to take part.
 - Complete a pre-exercise health questionnaire; this is best done before an individual starts sessions.
 - Provide each client with information for safe exercise, covering their health and well being, clothing and footwear and doing the exercise.
- Best to avoid sessions in the morning.
- There may be needs in relation to gender issues:
 - Separate groups may need to be set up, e.g., a women only group.

A women only environment may be needed if there are gender issues such as women who have been in abusive situations with men, difficulties for men being with women who are vulnerable and the effects of disinhibition because of the impact of medication.

- Some women may relate better to a female tutor.

Delivering exercise sessions

- Compared to working with other client groups such a coronary heart disease class, clients with serious mental illness:
 - Are more sensitive.
 - Need a lot more motivation and support to exercise; motivating includes ways of reassuring clients.
 - Many need one to one contact with the tutor.
 - Need much more one to one contact with the tutor.

- There should be opportunities for the tutor to have one to one contact with clients and in an informal and non-threatening atmosphere e.g., through breaks which allow time to socialise, when taking blood pressure:
 - This enables the tutor to get feedback from participants, give the message that the tutor is there for them and get to know participants in order to build rapport, trust and safety in the group.

The process of building trust needs to take place for people to relax and become open; takes time to build this trust, e.g., it can take 3-4 months with some individuals.

 - One to one contact is a very important part of developing clients' exercise regime and motivating them to come to the class because the tutor gets to know them.
- Clients need a structured class.
- Care needs to be taken in introducing new routines with group exercise:
 - Need to be aware that clients are not very confident, have medical issues, and have a strong need to do exercise movements without appearing foolish.
 - In order to ensure that clients can do movements, need to build it up step by step; any change introduced needs to be small so that movements are achievable, simple and not complicated.
- There can be limitations to group exercise with this client group although some people do enjoy and benefit from the activity:
 - Clients with mental health needs require a lot of attention and have to be motivated through developing their trust and building their confidence.
 - The group situation is more demanding for clients who are not interacting with each other and who do not know each other.
 - Clients who are less motivated are likely to struggle being in a group situation as well as having to follow instructions; the tutor may not see them struggling unless they have a lack of co-ordination.
 - In a group situation it is harder to get feedback, unless the group is small and has opportunities for breaks which allow time to socialise.
 - Group exercise such as group movement to music requires people to follow movements requiring co-ordination; some of this target group lack co-ordination and will struggle to do the movements, and therefore are unlikely to benefit from this form of cardio-vascular exercise as they are not really moving.
- The benefits of gym work are:
 - It allows the tutor to:
 - Go round independently to each person and be with anyone who needs more attention.
 - Take on new people as people are able to get on independently. With group exercise clients are all reliant on the tutor.

- Gym equipment is more flexible in terms of co-ordination and intensity, e.g., can change speed, decrease resistance.
 - Gym equipment is a lot more beneficial for people who lack coordination because gym work challenges their cardio-vascular fitness, i.e., people get more of a workout than with group movement.
 - Clients can go at their own pace once they know how to operate the gym equipment; they can relax into the exercise, feel a sense of achievement and feel more confident and if they do not like the equipment they can relay that.
 - If clients develop gym skills or familiarity with the gym situation then there is more possibility of going into mainstream settings as gym work is more independent.
 - Clients can still be with others in the public without necessarily conversing with others; it is a less personal situation.
- Part of building rapport and creating a safe environment for clients needs to be reflected in the way exercise is delivered, e.g., need to recognise that some people may be afraid to inform the tutor if they are struggling with the exercise.
 - In relation to bantering with clients be mindful that for some clients there is sometimes a fine line between what is a joke and reality, e.g., people can take things a different way, something positive may be taken as negative.
 - Encouraging social interaction with others is particularly appreciated by female participants.

Size of group

- Unless clients know each other a small group is best.
- Smaller groups provide greater opportunity for the tutor to have one to one contact with clients.

Keeping participants motivated and engaged

To keep clients motivated and engaged:

- Need encouragement and support to get to the group (if this is a problem), e.g., provide help with transport initially, and then help clients to come independently where possible.
- Need on-going support in initial few weeks, e.g., emotional support.
- Some clients may require a lot of persuasion to attend as they tend to lack motivation, but once they have attend a few sessions they tend to keep coming.
- Clients need encouragement to return after periods of non attendance; keep a check if client has missed some sessions and convey that they are welcome again.
- Give encouragement and praise in regard to regular attendance and progress being made, e.g., weight loss, feeling better, increased concentration.

- Always be aware and sensitive of client needs.
- Provide an informal and friendly atmosphere.
- Exercise sessions need to:
 - Be enjoyable
 - Provide emotional and social support
 - Provide practical support when required, e.g., with exercise
 - Encourage clients to notice improvements
 - Have flexibility:
 - So that people can return if unwell, taking account of the fact that mental health can fluctuate.
 - In relation to changing exercises which are uncomfortable for clients or that they struggle with.
 - Find out what activity clients like to do or are good at, build on that and then introduce new activity.
- Do not force clients to do what they do not want to do.
- With group exercise:
 - Flexible exercise from the exercise tutor, i.e., a varied exercise programme to keep interest, modified to someone's level of fitness and coordination and constant feedback from clients.
 - Clients like consistency of the exercise and not a lot of change.
 - Any change has to be slow and not drastic, e.g., one new stretch for a session.
- In gym exercise:
 - Being able to have goals to work to and measure achievement is an incentive.
 - Setting goals collaboratively is helpful to clients.
 - Gaining / achieving goals are an incentive.
 - An exercise record diary to note goals and progress can help clients to get on with the exercise independently. Encourage this if it is not too stressful for an individual. Be aware of people with literacy and numeracy needs as they will need support to become independent with the exercise.
 - Clients need to be engaged in activity and not stood still.
- Mental health staff should be proactive in helping clients in the exercise if this is a need.
- Mental health staff taking part in the exercises enhances motivation.
- Making payments like other members of the public for entrance into a leisure centre is likely to be an incentive and motivation for some clients.
- Providing pedometers will help some clients.
- Regularity and continuity of sessions is important; avoid organising the sessions on a day which is frequently a bank holiday as that may affect attendance.
- Keep clients informed about session breaks like holidays.

Blood pressure and heart rate monitoring

- Clients tend to be motivated by having their blood pressure and heart rate monitored.

Measuring improvements

- Changes in moods, aggression, e.g., an individual is into their workout, is more relaxed.
- Changes in social engagement, e.g., someone starting to ask tutor questions whereas at the start is quiet.
- Changes in fitness, e.g.,
 - People don't sweat as much
 - Stay for longer
 - Can put more effort into it
- Mental health improvement guides:
 - Development of trust, e.g., better rapport, comfortable with exercise tutor.
 - Clothing as an indication of taking an interest in the activity and feeling good, e.g., individual buying new trainers.
 - Changes in motivation.

Attendance

- Attendance can be unpredictable and small because of a wide range of factors: social, circumstantial, physical and mental.
- Clients' can have relapses in their mental health and their attendance can thus fluctuate.

Appendix 2

Developing links with mainstream physical activity providers

The three exercise referral schemes, the Health Trainer Project and specialist mental health services have met to develop links and mechanisms to bridge the gap in relation to people with severe mental illness having access to the exercise referral schemes.

There has been agreed:

- Training for the exercise referral schemes and their health trainers on mental health awareness, impact of medication, and structure of mental health services.
- A formal opportunity to network, develop closer links and relationships.
- Visits to mental health services to see the environments that clients are coming from and develop empathy and understanding of their experiences.

This will be consolidated with a discussion on what mechanisms need to be set up so that people with SMI can access the services, what support needs to be in place for the client and the exercise referral schemes so that both are safe and what can be set up so that mental health services know what clients can access.

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