

A Strategy for Improving the Physical Health of People with Mental Health Problems

Draft

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1. Introduction

Choosing Health, the national public health strategy has prioritised mental health as an area for health improvement in recognition of the fact that people with mental health problems experience significant health inequalities. This strategy seeks to address this for Manchester.

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.

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

The vision for this strategy is to:

- Promote access to health improvement initiatives in the community and develop stepping stones to make this access easier
- Embed the provision of health promotion within specialist mental health services so that they are health promoting
- Integrate the needs of this group within:
 - Primary care and general practice
 - Non NHS agencies who deliver health related initiatives
- Develop links and relationships between different providers
- Develop the capacity of staff/volunteers so that they are able to deliver effectively to this target group, within both NHS and non NHS.

The implementation of the strategy will require and encourages partnership working with all key sectors such as primary care, secondary care, voluntary and key non NHS agencies without which long term necessary changes will be hard to achieve and sustain. The strategy seeks to encourage the integration within all relevant health improvement strategies and policies.

The Quality and Outcomes Framework (QOF), part of the new General Practice Medical Services contract is also of relevance to the implementation of this strategy as it rewards practices for quality of care in relation to meeting indicators for a range of health problems which people with mental health problems experience (*see appendix 1*).

Choosing Health advises Primary Care Trusts (P.C.T.s) in Pathfinder areas, this includes Manchester, to set up well being programmes for people with severe and enduring mental health problems. Manchester is in the process of setting up such a scheme, comprising health screening and health development (*see appendix 2*).

This strategy is also supported by:

- "Choosing Health: Supporting the physical health needs of people with severe mental illness-Commissioning framework," the best practice Department of Health document. This aims to help P.C.T.s plan for, design and commission and monitor services that will deliver improved physical health and well-being for people living with severe and enduring mental illnesses (SMI).

- “Essence of Care-Benchmarks for Promoting Health ” NHS Modernisation Agency guidance to healthcare providers on indicators for best practice in order to create a health promoting environment, involve patients and carers in decision making and make links and develop partnerships with services in the community.

Although a huge amount of work needs to be done to address the health inequalities several organisations are already delivering health promotion to people with mental health problems and new developments are underway to address the gaps in policy and provision. In appendix 2 some current work examples and developments are highlighted.

The strategy arises from a partnership between the Manchester Mental Health Joint Commissioning Team, Manchester Public Health Development Service, Manchester Joint Health Unit and Manchester Mental Health and Social Care Trust.

2. Why there is a need for action: health inequalities

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

- Research has shown that psychiatric patients have high rates of physical illness, much of which is undetected, resulting in increased rates of morbidity and mortality (5,6,7) in (1).
- People who use mental health services are at increased risk of a range of physical illnesses, such as coronary heart disease, diabetes, various infections and respiratory disease.

They are twice as likely to die from coronary heart disease as the general population and four times more likely to die from respiratory disease (8,9) in (1).
- A person with schizophrenia can expect to live for ten years less than someone without a mental health problem and much of this excess mortality is caused by physical health problems (10) in (1).
- People who use mental health services often suffer from poor nutrition, obesity, higher levels of smoking, heavy alcohol use and lack of exercise, all of which contributes to very high rates of physical morbidity and excess mortality (9,10,11, 12) in (1).
- Women with schizophrenia are 42% more likely to get breast cancer than other women.

People with schizophrenia are 90% more likely, i.e., nearly twice as likely, to get bowel cancer (the second most common cause of cancer death in Britain). (13) in 4.

- Smoking prevalence is significantly higher among people with mental health problems than among the general population, some studies showing rates to be as high as 80% among people with schizophrenia (14).
- Higher prevalence of alcohol use disorders has been documented for patients in treatment for depression (15,16) in (2).

In addition people with severe and enduring mental illnesses, such as schizophrenia, are at least three times as likely to be alcohol-dependent than others in the general population (17,18) and individuals with alcohol problems are also at increased risk of having schizophrenia (19) in (2).

- People with mental health problems also tend to receive poorer general health services due to the reactive nature of the health service, the confidence of individuals, the lack of health monitoring, the lack of health promotion, the training and development of staff and the impact of medication and service use in (3).
- There are huge health problems arising from medication that people with mental health problems may be taking:
 - Many side effects can be experienced in a mild form and are transitory; however side effects can be severe and long-lasting. Some side effects, for example tardive dyskinesia (an involuntary movement disorder), can become very debilitating and irreversible.
 - Psychotropic medication (*see appendix 3*) can cause complications in areas such as; breast feeding, cardio-vascular disease, diabetes, epilepsy, glaucoma and liver disease
 - All neuroleptics (antipsychotic drugs) cause side effects. Weight gain is a common effect in most neuroleptics, especially when low potency drugs, such as neuroleptics are prescribed or drugs are administered as a depot injection. (21).

Up to 80% of people treated with chlorpromazine put on weight (22). Atypicals can cause weight gain; with olanzapine between 10-40% of people can put on up to 12 kilograms (22).

Problems with excess weight gain can be 2-3 times more prevalent in people with schizophrenia than the general population (23); there can be no doubt that this weight gain problem is often exacerbated by antipsychotic medication (24)

- Patients with schizophrenia are more likely than the general population to develop diabetes, which contributes to a high risk of cardiovascular complications; individuals with schizophrenia are two to three times more likely to die from cardiovascular disease than the general population.

The risk of diabetes, and hence cardiovascular disease, is particularly increased by some of the new atypical antipsychotic drugs (25)

- The accumulative effect of combining two, or more, neuroleptics, can result in high-dose prescribing. Many side effects are dose related and this practice not only increases the probability of the service user experiencing

side effects but a wider range of side effects. It also increases the risk of cardiac arrhythmias and sudden cardiac death (26, 27).

- A wide range of side effects can occur with anti-depressants preparations and include; cardiac problems, drowsiness, blurred vision, constipation
- It has been estimated that between 30-60% of people taking neuroleptics experience sexual side effects (28 in 19)
- “Psychotropic medications can have an adverse effect on many bodily systems. Also many preparations carry contra-indication. Regular physical examination, blood counts, liver function tests, electrocardiogram may be required dependant on specific clinical circumstances. Treatment changes may be required in the light of the results of these examinations (29).”

Mental health problems are therefore a prominent factor in health inequalities. “*Tackling Health Inequalities: A programme for action*” sets out plans to tackle health inequalities over the next three years and to achieve the national target for 2010 to reduce inequalities in health outcomes by 10 per cent. (20) Addressing inequalities in the physical health of adults with mental health problems will contribute to achieving this target.

3. Principles underlying strategy

- Assessment, advice, information, medication, activities and support should be delivered with consideration to the needs of vulnerable communities such as older people and black and minority ethnic communities.
- Clients and carers should be informed and consulted in any of the processes influencing their physical health needs and involved in development of projects/programmes.
- Services should support social inclusion and reduce isolation but recognise that for some clients they may only participate in “specialist” services.
- Recovery model should inform the process of improving health (*see appendix 2*).
- Approach is to empower clients so that they can take responsibility for their own health.

4. Who are the targets for the strategy?

- People with identified serious mental health problems using secondary mental health services
- People with identified common mental health problems using primary care and voluntary sector services
- People in population groups likely to be vulnerable to poor mental health, e.g. homeless people, offenders
- The general population to promote an awareness of links between mental and physical health as a preventative measure

5. Aims

- **To prioritise and improve the physical health of people with mental health problems.**
 - Health care and non health care organisations should make physical health needs of people with mental health problems a priority
 - Developments should take into consideration what is currently being provided and what the gaps and needs are.
- **To reduce inequalities in health between people with severe mental illness and the average population.**
- **To promote ease of access to health improvements schemes.**
Service users should have easy access to a range of health improvement interventions so that they have choice and there are clear mechanisms to enable their participation
- **To provide a framework and support for the many different health improvement initiatives already going in Manchester.**
- **To develop links between physical health and mental health for the general population.**
 - Poor mental health should be prevented and good mental health promoted by raising awareness within the general population about the links between physical health and mental health

These aims will be achieved through:

- **Establishing attention to the needs of people with mental health problems within all health improvement policy and practice (Well Being Programme).**

Action to target physical health of people with mental health problems should be an integral part of all health improvement strategies, e.g.,

Physical activity
Food futures strategy
Sexual health
Tobacco control
Drugs and Alcohol
Obesity

- **Establishing health screening programmes and referral into health improvement initiatives.**
- **Establishing effective interventions to improve the physical health of people with mental health problems.**
- **Establishing responses to the physical health needs of people with mental health problems within:**
 - **Specialist mental, primary care and general practice services**
 - **Non NHS organisations**
- **Establishing links and support between specialist mental health services and health improvement initiatives.**
- **Reducing the negative impact of medication on physical health.**

- **Developing the capacity of workforce in NHS and non NHS settings to meet the health needs of people with mental health problems.**

6. What specialist mental health services can do

- Primary care and secondary care mental health services and general practice (see Quality and Outcome Framework (QOF) indicators MH 2, 8 & 9 and other clinical and organisational indicators) should have assessments/protocols to identify, monitor and review physical health/ medical needs and make appropriate responses
- Primary and secondary care mental health services should provide access to information, advice and support on physical health needs and have appropriate mechanisms for referral to health improving activities
- Secondary care mental health services should provide a health promoting environment and access to health improving initiatives
- Clients discharged from psychiatric hospital should have continuity of support on physical health needs.
- Independent/voluntary sector health care providers should identify and monitor physical health needs and provide access to appropriate health improving schemes.
- Service level agreements should ensure health screening and health promotion services are available and used.
- Primary care and secondary health care staff should be adequately informed and trained to incorporate physical health assessment, development and management into their work
- Primary and secondary care services should take action to reduce the negative impact of psychotropic medication on physical health:
 - Routine monitoring and medication reviews can assess the impact psychotropic medications can have on physical health. Monitoring plans and schedules should be in place to ensure that any side effects are identified and a management plan developed to reduce their occurrence. It often takes time to find the medication and dose which is effective at controlling symptoms and suits the individual.
 - Prescription of medication should take into consideration the vulnerabilities of individual clients, for example weight gain and have in place access to weight management schemes.
 - A principle of good practice in long-term antipsychotic therapy is that for those people who derive a benefit from medication, it should be prescribed at the lowest possible dose needed to achieve the optimal therapeutic effect, that is, relapse prevention
 - Clients should be active participants in the planning and development of their treatment and care packages. This requires a comprehensive package of information to be given to the client detailing both diagnostic and pharmacological information.
 - Clients and practitioner should be informed about the impact of medication on physical health

- Monitoring and assessment should be a systematic package of frequent and regular assessments, for example; blood pressure, weight, side effects, together with blood tests for liver function and sugar and ECG examination.
- Prescription of benzodiazepine medication by GPs should be reduced and appropriate and adequate support should be in place to support clients with a reduction plan
- An agreed city wide protocol and guidance about prescribing of benzodiazepines should be in place.

7. What general health services can do

General practice

- GP practices should have an SMI register, offer patients an annual health check, provide health promoting information and refer to appropriate health improvement schemes (see Quality and Outcome Framework (QOF) indicators MH 2,8 & 9 and also other indicators, including organisational ones of relevance to meeting the health needs of this target group, e.g., CHD, hypertension, cancer, COPD and diabetes).

Existing health improvement initiatives

- Existing health improvement initiatives/interventions should incorporate the specific needs of people with mental health problems and target people with mental health problems
- Clear mechanisms and support should be in place between mental health services and health improvement initiatives to enable the participation, ease of access and choice to people using mental health services, e.g., referral pathways and protocols

New developments

- Health improvement interventions should be developed for service users who are unable to make use of existing health improvement services and require specialist support.
- Health improvement interventions set up specifically for service users should have the aim to support social inclusion and reduce isolation.
- Health promotion programmes should be initiated to target people with mental health problems.

8. What non health care services can do

- All organisations providing health related activities should take responsibility for the physical health needs of people with mental health problems and provide access appropriate to their needs
- Information and training should be developed and provided for mainstream services to enable them to integrate and provide for the needs of people with mental health problems.
- Links should be in place between mental health services and non health care services.
- Health improving interventions should be developed to enable clients to participate within mainstream services at the level they need.

9. Links between secondary care and primary care

Links should be in place between specialist mental health services and primary health care services.

10. Voluntary sector

The voluntary sector is engaged with many people who need opportunities to improve their health and are also providing opportunities to improve their physical health.

There are therefore opportunities to provide support to service user led initiatives and voluntary sector initiatives that are currently promoting physical and mental health and that express an interest to do so; for example, information and training.

11. Carers

- Support and information should be provided to carers of people with mental health problems regarding their physical well being and possible impact of medication.
- Support and information should be provided to carers for their own physical well being and signposted to appropriate organisations.

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Appendix 1: The Quality and Outcomes Framework

- The Quality and Outcomes Framework (QOF) is part of the new General Medical Services contract for general practices; it was introduced on 1 April 2004.
- The QOF provides financial rewards to general practices for the provision of high quality care. This is intended to benefit both patients and the NHS. For example, PCTs should see fewer avoidable hospital admissions through improved chronic disease management.
- Participation by practices in the QOF is voluntary, but many practices with Personal Medical Services (PMS) contracts, as well as most practices on General Medical Services (GMS) contracts, are participating in the QOF.
- For participating practices, the QOF measures practice achievement against a range of evidence-based clinical indicators and against a range of indicators covering practice organisation and management. Practices score points according to their levels of achievement against these indicators, and practice payments are calculated from points achieved.
- QOF data is collected in a national database system called the Quality Management Analysis System (QMAS), primarily to determine practices' QOF payments. However, it is recognised that QMAS represents a potentially valuable source of information for healthcare managers or researchers responsible for the planning and delivery of primary care services and resource allocation, either within organisations or nationally in respect of specific disease areas.

Taken from the Information Centre www.ic.nhs.uk/services/qof

Appendix 2: Examples of current work practice and developments

Zion Therapeutic Garden Project

The Zion Therapeutic Garden Project is part of the Big Life Company group, based at the Zion Community Resource Centre in Hulme, currently managed and funded by Bloom, health living initiative in Central Manchester.

The project encourages healthy living through people learning about and maintaining an organic garden and greenhouse. This process gives people a sense of renewal, hope and change and makes it easier to introduce people to other physical health related activities which they encourage e.g., physical activity, healthy eating, riding bikes. They have also developed local links with others, e.g., ALFA, the exercise referral scheme for Central Manchester, Unicorn, the local food co-operative

They recognise that long periods of mental illness, institutional care and dependency on benefits can leave people with little confidence in their ability to sustain or even engage with learning and training opportunities. It is well documented that gardening can be highly therapeutic for people experiencing mental distress. This is evident by some of the positive outcomes for individuals:

- Has become much better, has taken on maintaining own garden (with a relative) which he had not done before
- Is now able to travel on public transport on own; has a physical disability and used to have a carer with them.
- Has now moved into living independently
- Was very inactive but is now making use of facilities for people with mental health problems at the local sports centre, e.g., plays football once a week and goes swimming
- Has gone to college
- Has taken on own allotment

Participants can be referred from other agencies or can self-refer, it is not necessary to have a medical diagnosis in order to join us, or any previous experience of gardening. If you know someone whom might benefit from participating in the gardening group, then contact Elizabeth Hammond, Project manager on 0161227 0109 or by e-mail at gardenproject@tiscali.co.uk.

Walking Groups

Part of the objectives of the walking groups is to look at mental and physical health and the walk leaders are trained to make the walks sociable and to go at people's own pace (physical and social integration). The walk leader needs to be sensitive to the issues that people have.

People with mental health issues have accessed these groups:

- Some people have been referred by the South Manchester Primary Care Mental Health Team to the walking groups in South Manchester led by the Development Worker, part of Manchester Public Health Development Service.
- A woman in her 50s had great difficulty coming out of her house. Over a period of months managed to attend regularly and walk outside with the group (in a local park). She is now a leading light within the group, makes teas and organises social

activities and outside of the group is able to have much wider social contacts and go out shopping.

- Another man who was referred through SMILE was depressed and had anxiety. He has attended regularly and managed to talk to people more because he was socially isolated and now he is going to become a trained volunteer walk leader.
- Eight women widowed in their 70s have called the group a lifeline. The group stopped them getting depressed and isolated and helped them through bereavement.

For further information and information about walk leader training contact Pia Feig, Public Health Development Advisor (CHD Prevention) tel: 0161 882 2311 or e-mail: Pia.Feig@manchester.nhs.uk

North West Mental Health Football League

The North West Mental Health Football League started in Manchester on June 8th 2006 with 19 teams from across the region. It is supported by Central Manchester Primary Care Trust, Mental Health Sports Initiatives, National Institute for Mental Health and Grassroots Initiatives.

The aims of the league are:-

- To enable people to engage in positive activities to improve their own mental and physical health
- To reduce isolation and improve the confidence and self esteem of people with mental health problems
- To breakdown the stigma and discrimination attached to Mental Health problems

The league was set up to reduce social isolation of people who experience mental health problems. People with mental health problems have the right (like everybody else) to live in a fulfilling and satisfying way. This also includes the possibility of spending one's time in an active and social way, engaging in sports and taking part in an active community. Recovery and staying healthy strongly depend on how fulfilling, joyful and meaningful someone sees his/her own life. Human beings are social beings. Only in contact with others, in the step out of isolation and stigma people can really feel healthy and alive. Sport and especially football is a fantastic way to foster that.

The league enables participants to feel like they are part of a community where they are supported and valued. The focus is on playing football and engaging with others rather than on mental health problems. This enables participants to concentrate on being themselves rather than been seen as a person with a mental health problem.

For further information about the league please contact Paul Evans, Central Manchester Primary Care Mental Health Team on 0161 861 2343, Jim Cant, Manchester Mental Health and Social Care Trust on 0161947 2300 or Paddy McElroy, Grassroots Initiatives on 0161 881 1036 or 0161 374 1062

The Expert Patients Programme: For people living with a long-term condition

The Expert Patient Programme is a course for anyone with long-term health conditions, who would like to find ways of managing their illness more positively in order to improve their quality of life. It is a national programme.

The programme builds on the principal that people with long-term health problems including mental health, know best how the condition affects the way they feel, on a day to day basis, how it affects their lifestyle and their ability to accomplish activities important to us. The course also looks at ways to positively manage symptoms, to improve on daily activities and manage the changing emotions that can be brought about by their health condition.

Within North Manchester approximately 60% of patients who attend the course during the last 3 years have had depression and/or other mental health issues for example bipolar, schizophrenia, anxiety and stress.

The positive impact of attending the programme has seen a number of patients reducing the number of exacerbations or chaotic episodes related to their condition. Head of clinical psychology at North Manchester discharged one volunteer for the programme after 20 years of treatment. This patient has gone on to become a volunteer for the Expert Patients Programme

The course is free and consists of 6 weekly sessions – each lasting 2 ½ hours. It is delivered by two volunteer tutors who themselves have long-term health problems and have previously attended an Expert Patient Course prior to becoming a tutor. This means they understand the challenges people face in having health problems and coming on the course.

Weekly sessions provide information on specific topics such as managing symptoms, relaxation techniques, the importance of diet, exercise, although they don't put on the lycra and do a work out, they talk about the benefits of physical activity and healthy eating and how this can help reduce symptoms and why, how to communicate effectively with health care practitioners. Time will be given for participants to share experiences and learn from each other, and to develop ways of overcoming specific difficulties.

On each course there are between 10 and 12 people. The atmosphere is very informal which enables people to relax and get to know each other. The venues are checked to ensure they are accessible for wheelchair use.

People have commented that the course has improved their outlook on life, helped them to become more active and able to take control over their lives. An additional bonus has been the support and friendship that has been gained from other course members.

For more information contact:

Caroline Powell, Expert Patient Programme Manager, North Manchester on 0161 681 0940

Saiqa Farooq, Expert Patient Programme Co-ordinator, Central Manchester on 0161 958 4022

Nick Burns, Expert Patient Programme Manager, South Manchester on 0161 681 217 4313

Food and mood

The impact of food on mental health formed the theme for World Mental Health Day Campaign in 2005, "Eat Yourself Happy" co-ordinated by Manchester Public Health Development Service. This topic has proved extremely popular. Organisations in the voluntary sector and statutory sector took part and 12 food and mood events and 3 food and mood projects were funded to deliver on this theme. Activities were also delivered by other organisations and interest shown by the private sector.

The campaign was supported by the production of food and mood resources, comprising a self help guide, A5 leaflet and a guide for practitioners. There has been considerable interest in the food and mood self help guide from areas outside of Manchester.

The topic continues to be an interest with several agencies requesting written information, talks and training, expressing a desire to provide practical activities and highlighting the need for written resources in other community languages. There is therefore a need to continue to invest in this area.

For further information contact: Shamin Malik, Public Health Development Advisor (Mental Health) on tel: 0161 882 2309 or e-mail shamin.malik@manchester.nhs.uk

Integration within Food Futures Strategy

The needs of people with mental health problems has been written into the Food Futures Strategy, both adults and children and young people

Contact: Christine Raiswell, Joint Health Unit tel: 0161 234 4268 or e-mail: c.raiswell@manchester.gov.uk

The Manchester Wellbeing Programme

Improving the physical health of people with mental health problems has been the aim of a programme of pilot initiatives around the country sponsored by Lilly, the drug company. As indicated in the introduction the Department of Health has recommended that Primary Care Trusts should invest in well being programmes, similar to the Lilly pilot initiatives from the wellbeing element of Choosing Health funding.

The Lilly pilots indicate positive results in screening and referral to treatment for health problems amongst people with serious mental illness and in supporting them to use health promoting initiatives. The funds will be managed by Manchester Public Health Development Service on behalf of the Public Health Director/s.

The Manchester programme will begin with a three year pilot period up to March 2009 and consist of two linked elements. These elements will work in close collaboration.

1. **A health screening programme**, targeting people with serious mental illness, combined with a programme of development within services and amongst service users to institute effective routine physical health care and health promotion. This element is modelled on the national pilots. It will be a citywide service run by two full time nurses with mental health experience. Their main roles will be,
 - Providing screening clinics for referred individuals in a variety of settings.
 - Referring clients to appropriate medical and health improvement services.
 - Maintaining appropriate links with systems in primary and secondary care and providing training in improving users' physical health for staff in secondary services

2. **A programme of health development work** to improve the availability of the means to health improvement for people with serious mental ill health. The main elements will be,
- The development of strategic links to all health improvement initiatives in the city to ensure the needs of this client group are considered in all aspects of public health strategy.
 - The development of links to practical schemes to deliver health improvement to ensure appropriate inclusion of needs of people with serious mental illness, e.g. physical activity schemes, dietetic services and healthy eating schemes, smoking cessation services. Such links will provide developmental, signposting/referral and training opportunities for the Programme.
 - The initiation and evaluation of innovative projects that can demonstrate best practice in engaging people with mental ill health.

Programme Steering Group

The programme will be guided by a multi agency steering group which includes representatives of the commissioning and providing organisations and appropriate other stakeholders and experts.

Contact: Douglas Inchbold, Public Health Development Manager (Mental Health) tel: 0161 862 2905 or e-mail: Douglas.Inchbold@manchester.nhs.uk

Links between exercise referral schemes and specialist mental health services

There have been issues with people with severe and enduring mental health problems making use of the services of the exercise referral schemes and their health trainers, although some people with mental health problems have been benefiting, particularly referrals from primary care.

The three exercise referral schemes, the Health Trainer Project and specialist mental health services have met to develop links and mechanisms to bridge this gap. There will be a process of training for the exercise on referral schemes and their health trainers on mental health awareness, impact of medication, and structure of mental health services, followed by networking, development of closer links and relationships and visits to mental health services to develop an understanding of people's 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.

For further information contact: Shamin Malik, Public Health Development Advisor (Mental Health) on tel: 0161 882 2309 or e-mail shamin.malik@manchester.nhs.uk

Physical Health initiatives within Day Care Services

Mental Health day care services are providing various physical health related activities. Harpurhey Day Centre provides gym facilities, which have been accessed by other mental health services and runs a swimming group amongst some of its activities. More specific examples are:

Physical activities at Victoria Park Day Centre

Victoria Park Day Centre a range of physical activities including a couple of walking groups, tai chi, yoga, gardening, keep fit, gym, swimming, football (described below),

table tennis, badminton and short tennis opportunities. Some of these are based at the centre and others make use of community bases.

They have joined up with various community agencies to provide these activities such as the Workers Educational Association, Serco, ALPHA, the Y Club.

The benefits of these activities have been enormous, both in improving people's physical health and mental health. People experience feelings of well being and have built up their self esteem and confidence. Doing these activities has led to an increase in people's energy levels and opened up opportunities for them to experience new things or to brush up on existing skills. They have given people a chance to get together with others who enjoy the same. The activities have been stepping stones to people moving on to do things independently.

Contact: Chris Dibble, Group Therapist, Victoria Park Day Centre tel: 0161 224 1308

The Men's group at Victoria Park Day Centre

The men's group has been running now for about a year. It was set up to put in place an activity specific to men, as they did not like to engage in many of the other activities. The men meet every Monday afternoon in a room at the centre and a group therapist and sometimes another mental health worker will facilitate the group although not necessarily lead it.

Physical health, relationships, education as well as non serious subjects such as sport and music have been the main topics. Anything that is said in the room is confidential and never leaves the room because some of the subject matters can be quite intimate and sensitive. They have occasionally gone out to visit places such as The Urbis, The Museum of Science and Industry, The Imperial War museum and Manchester United football ground.

As an offshoot of the men's group a 1 hour sports session at Ardwick Sport Centre that runs on a Wednesday afternoon between 3 and 4 has been set up. Five a side football and badminton run on alternate weeks. The football especially has proved to be extremely popular with the men. A lot of the men have said it is one of the only few occasions where their competitive instinct is nurtured and they don't feel patronised as they do in other activities associated with mental health. This is because everyone playing football is there to win. The sports group is open to everyone associated with mental health not just the users at the centre so a dozen or so people turn up whenever the football is on.

Contact: Peter O'Gasi, Group Therapist, Victoria Park Day Centre tel: 0161 224 1308

Promoting physical health through Community Mental Health Teams

There is work on improving physical health going on through the Community Mental Health Teams. Some specific examples are:

Community Mental Health Team C Pilot physical activity project

A one year physical activity pilot has been delivered to clients of Community Mental Health Team (CMHT) C at Park House using the skills of a qualified exercise tutor. This comprised:

- A women's group who were very keen to reduce weight gained through medication through group exercise. They made use of a local school hall and then moved onto using gym facilities at Harpurhey Day Centre.

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- A men's group who wished to get fit through use of gym facilities, weights and exercise; they made use of the facilities at Miles Platting Pools.

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.

This pilot could not have taken place without the clients having support from CMHT staff (Occupational Therapists and support staff) and the close partnership working between the CMHT staff and the exercise tutor.

It has provided valuable learning on support the participants need to attend the sessions and during the sessions, factors that prevent participation and ways to keep participants motivated and engaged in the sessions.

Outcomes included:

- Changes in support needs, such as motivation to attend the sessions
- Physical and mental health benefits, such as losing weight, improved concentration, increasing activity outside of the sessions, increased energy, learning to swim through the availability of swim passes
- Social benefits such as getting out more, socialising with each other during sessions

Contacts:

For a copy of the evaluation report contact: Shamin Malik, Public Health Development Advisor (Mental Health) on tel: 0161 882 2309 or e-mail shamin.malik@manchester.nhs.uk

Other contacts:

Gary Walker Occupational Therapist tel:0161 720 2045

Julie Walsh, Occupational Therapist tel:0161 720 2045

Community Mental Health Team A

They provide activities on the basis of needs identified by patients and can be accessed by users of the service and ex-users:

- A team member delivers a yoga group once a week at a church hall. This has been running for two years.
- A badminton group once a week at a local sports centre, which has been running for two years
- A football group once a week to which 15-20 clients turn up. This has been running for 8 years. They are in a football league, which takes place once a month.
- A tennis group at Sports City, which takes place once every two weeks.
- A team member can provide gym inductions when needed.
- A healthy eating group run by the Community Rehab scheme has recently started in Crumpsall.

Contact: Ibra Ahmed, CPN, Helen Eplett, OT and Mike Matthews, Support Worker on 0161 720 2044

In-patient Physical Activity Scheme

IPAS is an initiative set up to develop a multi-disciplinary approach to improving the quality of life of mental health in-patient service users through active engagement and activity.

The service was created, piloted and evaluated by an Occupational Therapist and an Assistant Psychologist on one ward in Manchester Mental Health and Social Care Trust in 1999. Due to the positive comments from the mental health act commission, the increased level and range of activity together with service user and staff satisfaction this was later rolled out to all the adult wards in the Trust.

The service itself focuses on ensuring systems, staff and resources are made available to promote activity. Each ward has an IPAS co-ordinator who is an RMN whose responsibility is to facilitate the rest of the staff to engage with service users effectively. This can be by ensuring they have access to finances, resources on the ward, activity needs assessment, service user meetings and training. They may also build partnerships with external agencies to help provide activity. The Occupational Therapy team will offer advice and support and disciplines often work together to develop the service.

IPAS recognises that physical activity and healthy eating have a positive impact on mental health. When IPAS was initially evaluated physical activity was rated highly in terms of popularity in the service user survey. IPAS has supported adult education to deliver aerobics classes, co-ordinated walking groups, facilitated healthy eating groups and helped staff deliver 1:1 sessions to access leisure facilities.

Central to IPAS is the philosophy that activity is a human right. To this end IPAS supports as much as possible for service users to maintain activities they were engaged in prior to admission. A person centred approach is used and the starting point is always exploring the needs and wishes of service users. The aim of this is to improve quality of life and in turn wellbeing.

IPAS is now approaching the next stage of development where more partnership and multi-agency working is planned. Activity is now included in the list of in-patient priorities and further research into the outcomes of the service is currently being discussed.

Contact: David Marsden, Occupational Therapy Professional Lead
Tel: 0161 6114029 E-mail: david.marsden@nhs.net

Physical activity at Edale Unit

A pilot has been delivered over 10 weeks employing a qualified exercise tutor comprising a two hour session, twice weekly for in-patients of a mental health unit, Edale Unit (now called Edale House). The clients are people with severe mental illness. The intention of this pilot was to see whether it was a useful method to engage in-patients in physical activity and for it to serve as a stepping stone to in-patients making use of mainstream services as part of the process to support people back into the community.

The pilot has been evaluated. It has provided useful learning on ways of working effectively with clients in this setting on physical activity and what could be put in place to enable people to move onto making use of services in the community, the factors which affect regularity of attendance and highlighted diverse needs in the way physical activity is delivered and provided a model.

The pilot has been very well received by both in-patients and staff. Successes have been changes in motivation to attend, e.g., participants have been informing others about the sessions, asking for the sessions, some people have managed to come regularly to sessions and an in-patient on being discharged being motivated to join a leisure centre.

One weekly session is still being delivered as the pilot demonstrated that this provision was needed and useful, particularly through making use of a qualified non-mental health tutor.

Contacts:

For information and a copy of the report Shamin Malik, Public Health Development Advisor (Mental Health) on tel: 0161 882 2309 or e-mail: shamin.malik@manchester.nhs.uk

Peter Walton, Occupational Therapist Team Leader, Edale House on tel: 0161 276 5412 or e-mail: peter.walton@nhs.net

Smoking and health policy and support within Mental Health and Social Care Trust

Public Health Development Service is working in partnership with Manchester Mental Health and Social Care Trust to develop:

- A tobacco control policy for the Trust.
- Support for staff and clients should they want to quit smoking through setting up procedures and offering training for staff to deliver stop smoking support.

Contact: Abbie Paton, Senior Public Health Development Advisor for Tobacco Control and Community Development Tel: 0161 861 2918

Appendix 3: Glossary

Psychotropic medication

Any medication capable of affecting the mind, emotions, and behaviour

Taken from www.medicinenet.com

Recovery

A working definition of Recovery comes from the National Institute of Mental Health in America. It says Recovery is:

"The uniquely personal and ongoing act of claiming and gaining the capacity to take control of life that is personally meaningful and satisfying, with opportunities to perceive her/himself as a valued citizen. The person may develop and use their self-determination to grow beyond and thrive, despite the presence of the limitations and challenges invited and imposed by distress, its treatment and the personal and environmental understandings made of them."

The recovery 'model' requires a change of approach on the part of both the professionals and the service users. Service users have to be prepared to step out of the 'sick role' and start to regard themselves as autonomous people with the capacity to come through a period of mental distress and develop their individuality, self awareness and self acceptance.

Professionals need also to look at people's potential, and to stop being managers and start being facilitators. They need to start looking first at people's potential for development rather than at how their mental distress may restrict their lives. The Recovery approach aims to see service users holistically, as complete people who have the capacity to cope with their distress in such a way that they are able to participate in a full life, developing self esteem and self determination, and including,

for example, being allowed to make their own mistakes and learn from them - just as the majority of people do in our society.

It aims to focus on identifying realistic life goals for service users and enabling them to achieve them. There is a helpful workbook designed primarily for service users on using the recovery model.

Working to Recovery: Victim to Victor III, A Guide to Mental Wellbeing, Ron Coleman, Paul Baker and Karen Taylor, Handsell Publishing 2000.

Extract from Openmind Issue 115, May/Jun 2002 taken from website: www.mind.org.uk

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