PROMOTING HEALTHY CHOICES FOR MENTAL HEALTH CLIENTS

This is a summary: the full paper can be accessed at nursingtimes.net

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This article describes the implementation of an initiative to improve the physical health of clients with mental health problems. Evidence suggests that people with mental ill-health are at greater risk of premature death than the general population. The project resulted in improvements in clients' physical and mental well-being.

We are a multidisciplinary community mental health team (CMHT) working with adults aged 18–65. Over seven years we developed five projects. The aim was to ensure that service users could make healthy choices. The projects were: an allotment; a coffee morning; a walking group; a healthy living group; and blood glucose testing. They developed through partnership between CMHT practitioners, clients and carers and local government and business. We also used direct payments to increase clients’ self-confidence.

AIMS

We were compelled to provide a service that met clients’ needs, even if it meant modifying our own practice. We took into account key policy documents such as the National Service Framework for Mental Health (Department of Health, 1999) and a report on this NSF five years on (DH, 2004).

In the early stages our aim was to develop a more socially inclusive service. Changing people’s behaviour is a complex process so developments had to evolve gradually and be the result of collaboration.

THE INITIATIVE

We started the original part of the initiative – the allotment – seven years ago. Since then it has evolved by addressing physical and mental health issues, with additional projects running concurrently. Each part addresses one major issue. However, just as the issues are complex, so are the ways these projects interact with each other. Ultimately, they address much more than one issue and complement each other.

The allotment and gardening group

The allotment and gardening group has been running over the past seven years. The plot is provided free by our local council, and we use equipment donated by local people and businesses. Clients have used the plot to grow fruit and vegetables, starting with potatoes and now venturing into Chinese leaves and pak choi. These are all cooked and eaten by service users who now run the group.

Clients participate as much or as little as they are able, forming working relationships, getting exercise, education, a surplus of good food and the satisfaction of watching seeds grow and flourish.

Coffee morning and depot clinic

A survey of clients receiving a depot injection revealed they wanted a more informal setting where they could meet socially. Hence, the morning was set up, and is held at the same time and place as the depot clinic. The coffee morning is led by service users, encouraging friendships, support and education.

The group has a regular membership, with clients attending even when they are not due for an injection. It is also an opportunity to gather information privately, through the LUNSERS (Liverpool University Neuroleptic Side-Effect Rating Scale) questionnaires (Day et al, 1995). Our consultant psychiatrists also hold their outpatient clinics on the same morning and are frequently able to talk informally with clients.

Healthy living group

This service provides facilities for weighing and blood glucose testing, as well as education about diet, goal setting and other issues. This has now been running for three years. Its successes include ‘bargain-hunting’ service users teaching us how to spot the healthier options, good deals and splitting ‘buy one get one free’ offers to make a small income go further.

Clients bring in newspaper articles about food and they search the internet at the local library. They meet up after the group and go for coffee, with some women teaching a man in the group how to cook.

Another positive initiative was when...
more than twice as likely to have diabetes and also more likely to experience ischaemic heart disease, stroke, hypertension and epilepsy (Dinan et al, 2006). Physiologically, research has shown associations between depression/anxiety and cardiovascular and cerebro-vascular diseases, and also that too much stress weakens the immune system (Bunker et al, 2003).

Sainsbury’s provided a store guide and a home economist, who took the group on a tour around the store for taste-testing.

Walking group
The walking group was set up following comments from clients in the allotment group. After seeing the local Ramblers Society out on a walk, they said they would like to do the same but lacked confidence.

We started this with the agreement that ultimately clients would join the Ramblers. All members were bought a pedometer to encourage their understanding of taking more exercise and this proved an excellent opportunity to show that exercise is a potential mood-enhancer, as well as beneficial for fitness and weight control.

Testing blood glucose levels
This project was a direct result of the research on schizophrenia and incidence of diabetes. There is a complex interaction between type 2 diabetes and schizophrenia. There is a suggestion that schizophrenia itself may be an additional risk factor for diabetes, as may antipsychotic drugs used to treat schizophrenia (Dinan et al, 2004).

After some additional training, we decided to expand our existing interventions. We initially ran a pilot of 34 service users noting their sex, weight, height, BMI, contents of last meal and time eaten, time and date of test and the reading. In addition, a note was made of any action taken, for example, whether clients were advised to visit their GP or given dietary advice.

We have received encouraging feedback. Examples range from service users whose glucose levels were high and who were advised to visit their GP, to another who had irregular readings, became hypomanic and was sectioned under the Mental Health Act 1983. After involving the local diabetes specialist nurse and changing medication this client has been stable and without admission since.

Sometimes this service highlights that a simple change of eating pattern is required. For example, one client was advised to stop eating a lot at night and has since lost two stone. For more examples of improved health and well-being following blood glucose testing, see nursingtimes.net.

Some 20% of the pilot group is now attending the healthy living group. The majority of tests highlighted that clients were not eating properly. As a result of the group they have learnt more about their bodies and related health issues, for example, how missing breakfast can affect performance.

DISSEMINATING OUR WORK
We have presented this initiative at both health and social services venues and have liaised with other community teams and inpatient wards. The trust has now taken up the well-being programme from our team and the findings are being disseminated within other CMHTs, with the proviso that service users should determine the emphasis given to each development.

We are now testing blood glucose levels and BMIs in all clients and ensuring the LUNSERs questionnaire is maintained. We plan to develop non-medical prescribing within the team, continue staff CBT training and establish a spirituality group.

The initiative has grown through service-user involvement and mutual encouragement, with some aspects now led or co-led by clients. It shows that service users and carers, instead of following staff, can take the lead in their own recovery.

REFERENCES


