

Providing physical activity for mental wellbeing

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**Take Control
an Occupational Therapy
approach to physical
Activity and wellbeing**

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Setting the Scene

- 250 bed inpatient forensic service covering FMH and FLD with associated restrictions
- Reality: Picture an all inclusive holiday resort in Britain and your mind-set when on an all inclusive holiday and you will be very close to describing our situation
- Think about perceived negatives and solutions.

Think Differently

- We believe an Holistic approach can achieve greater benefit with physical wellbeing within Forensic Mental Health Services
- “Steve Jobs”
- Simple can be harder than complex; you have to work hard to get your thinking clean to make it simple.”

Identified Negatives & Change Management

- Controlled environment with surplus monetary supply
- Increased patient income from smoke free site
- Lack of purpose and reasoning to get up
- Low staffing levels challenging leave opportunities
- Lack of ownership – strong role identification to “patient”
- Stocks of snacks and drinks in rooms
- Takeaways
- Social events
- On site high sugar and high fat products for purchase
- Access to physical activity groups and facilities reliant on staff
- Lack of proactive intervention plans- reactive ideology

- Solutions?

Cohesive, Holistic Delivery is what makes the difference

- Branding
- Environment
- Training
- Equipment
- Promotion
- Education
- Accessibility
- Pathways
- Outcomes

Ownership

Belief

A lifelong journey not only for the patient but for us as practitioners

not just a white paper or short term intervention

One of the biggest single challenges we faced was to increase physical activity intervention and participation by increasing access opportunity

Fitness suite: Past:

- Sessions part of a fixed programme and offered no flexibility being 1 hour duration
- Session numbers limited to Six at any one time
- Patients identified on programme filled a space but regularly didn't turn up
- Sessions often conflicted with patients motivation levels
- Site could not meet patients need of 150 minutes weekly activity
- Patients who dropped off programme could not just turn back up with space being re allocated
- Mornings particularly had very little take up due to wards new ways of working and smoke free site
- No mixed gender sessions
- No sense of ownership and area scheme identity
- **Present:**
 - Use the structure of 3 days per week Monday, Wednesday and Friday to the patients advantage building in active rest days, outside activities and other holistic groups on a Tuesday and Thursday.
 - We now offer open mixed gender sessions from 9.15 till 4.00 while still catering for specific treatment planned interventions and female only sessions
 - Developed unescorted access to the area with the use of a passport system negotiating any time limit and fixed access-for attendance
 - Area, environment and promotional development

Not Just Gym

- Since 2004 we have had a clear vision on what a Medium secure gym should look like, what equipment it should have, what level of qualifications the facilitators should have and how open access should be achieved. Maintaining security while maximising potential. As the pictures show we now have a desirable well equipped fitness suite housing a full range of quality Matrix equipment and also have access to a private health club with delivery supported by Level 3 PT's, Level 3 diploma Exercise referral Instructors and Level 4 diabetes and obesity specialist all employed within our Occupational Therapy **Take Control Team**.
- Vocational opportunities are now central to ongoing area development while education remains a key part in creating independence further enhanced by working with outside agencies in progressing future education and employment prospects



Not Just Cycling

- In 2005 we decided that we must overcome the risk barriers to cycling and make it part of our holistic wellbeing scheme making an active commute a realistic option for our patients following a pathway through their recovery. Understanding its value not only to physical wellbeing but also a viable personal transport option creating independence while saving money with active commutes. We believed this should be supported by a cycle maintenance course to encourage further independence and ownership. Since then we have continued to evolve the scheme and now use 3 and 4 wheel initiative cycles to encourage uptake and create inclusion, establishing therapeutic relationships while having fun and monopolising on our new facilities within the hospital grounds.
- Our cycling pathway is supported by national standard instructors, mountain bike leaders and cycle maintenance technicians who are all part of **the Take Control** Occupational Therapy team.



Not Just Walking

- In 2004 we decided a walk shouldn't be just a walk with our first WFH volunteer walk leader training. Since then we have become a walking for health accredited centre and all of our Occupational Therapy team are WFH trained with our own cascade walk leaders. Walking will continue to be a stable part of our physical wellbeing delivery and will also be seen as much more than just a walk with our continued relationship with WFH, the Walking Works publication and the latest launch of Public Health England's Active 10 campaign

“Walking is the most likely way all adults can achieve the recommended levels of physical activity.”

National Institute for Health and Care Excellence (NICE)

Walking works

Walking is the most accessible physical activity, and already the most popular. Walking is a free, gentle, low-impact activity that requires no special training or equipment.



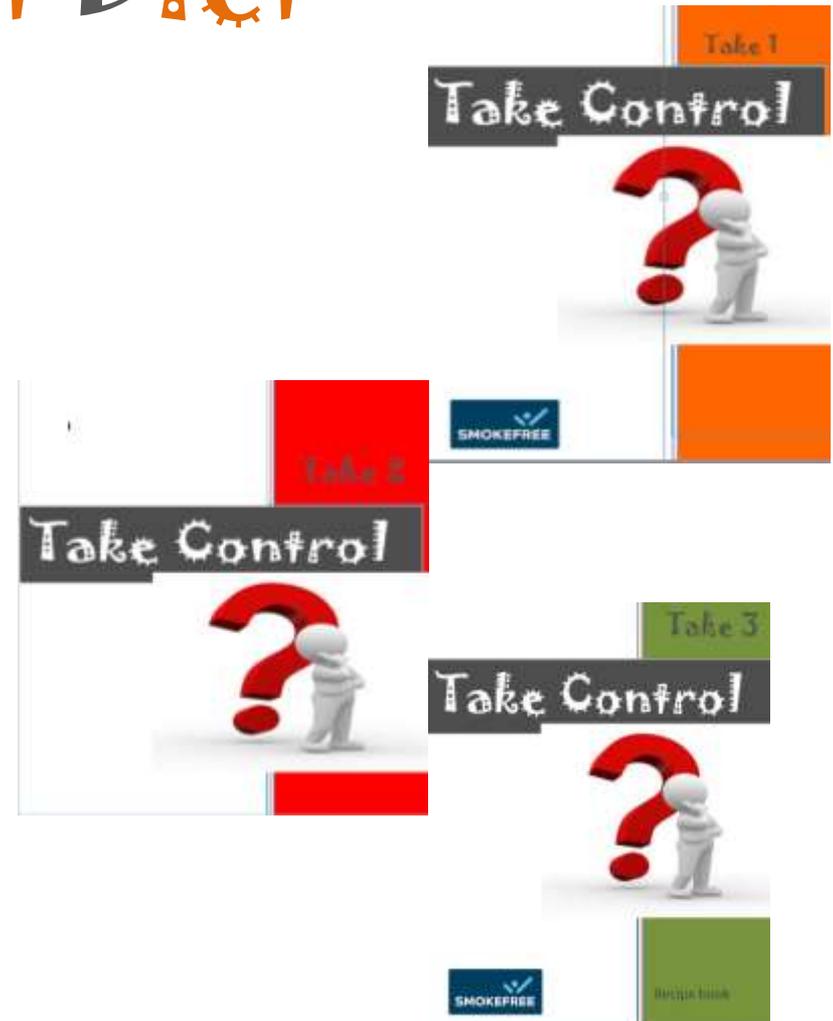
Not Just Sport

- Sport has played a big part in our vision since 2004 and our new hospital site offers many opportunities from indoor sports hall to outside 3G court. But again its not all about the facility with activities being delivered by quality trained staff within our Occupational Therapy ~~Take Control Team~~ but also by working with outside agencies to further enhance opportunities and experiences, examples being Middlesbrough Football Club and Middlesbrough College. Bringing role modelling, positive recreational lifestyle choices and self belief.



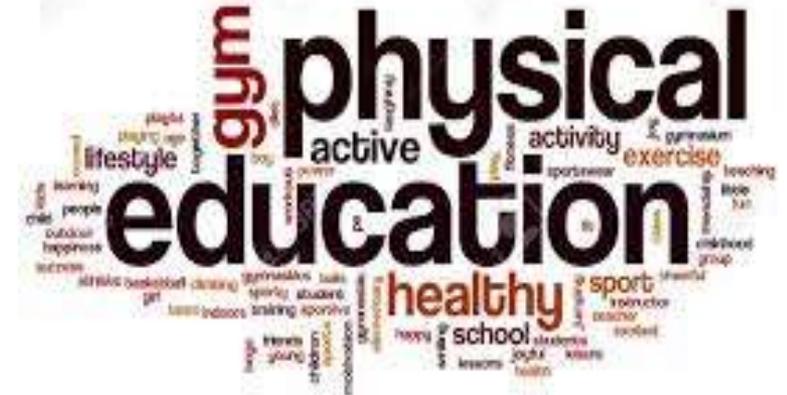
Not Just Diet

- Since 2004 we have offered many weight management programmes with limited success some on behalf of national organisations, some designed in house, some focussing on dietary principles, some focussing on psychology. What we found was that each one brought some value but none of them were truly successful and that any weight management programme needed to be very holistic and supported by opportunities to help the individual meet their goals.
- We also needed to focus on the many negatives within our systems and change them to positives. With this in mind we used the move to Ridgeway as a springboard for improving access to dietary choices with the running of our own Café and introducing vendors into ward lobbies, that we managed, supported by Vocational rehabilitation and educational opportunities. This would then be used to increase expectation while meeting our weight management goals and improve patient experience.
- In 2016 we set about designing a unique and innovative weight management programme. We put everything we had learned and delivered together with the wealth of training we had undertaken to create one holistic package specific to our service. This would focus on ownership, identity and turning those negatives into positives.



Not Just Education

- Education has always been embedded into our long term vision to promote and improve, our lifestyle and physical wellbeing initiatives. Education will remain a key, pivotal part in our patients self improvement journey. Education takes place at a grass roots level within every session; making every contact count.
- The Occupational Therapy **Take Control** team actively promote education through both practical and theoretical delivery working continuously with our Forensic Life Long Learning tutor and outside agencies to offer formal education assessment and intervention.
- Our belief remains that education promotes independence and ownership giving the patient the power and knowledge to make informed choices.



Patient Experience

- Take control of what?

My weight, my mental health, my self-esteem, my passive nature and how I engage with the world around?

Throughout my time in institutions I basically learnt how to talk the talk without being productive. Then I had contact with the take control team so this is a brief outlay of my journey with them.

Every service user is treated on an individual basis, their needs and requirements met through assessment, referrals and feedback from ward staff.

The team yes team one multifunctioning holding various and wide range of qualifications to keep improving and adapting the service to, I believe to stay leaders in the field they provide.

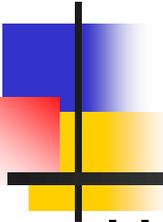
On a more personal note the take control team through firstly the gym, let me build a understanding of the area, let me increase my confidence in the gym environment all the time learning about me as an individual.

As I said I was reserved, withdrawn and not very good with social skills in an internal and external environment. As my use of the area increased and relationships with the team grew, I began cycling, walking and community gym. Excuses to get out of the hospital? Yes true, but with engagement on both levels through interaction I felt I was part of the team, I began to engage in the world around me, helped by the enthusiasm of the take control team, my level of function increased. Driven by both the will to succeed. I remember coming up to a junction (having some small talk whilst cycling) and one of the staff saying “this is why I do my job, money cannot buy this” how much would you have to pay someone for that level of commitment?

Memories in a lonely place sometimes keep you driven good or bad, I have many of the take control team.

Now I am 40 years old under a high doses of medication which I do believe in, probably the fittest I have been in my life, happy with my self-esteem and learning to embrace simple things around me, my peers actively ask for some guidance, how do you stay motivated and you always present yourself well, well the take control team learnt me to walk the walk and enjoy what's around.

At the moment I am at college studying fitness instructing and in a class conversation nearly ½ the class said they use exercise to deal with mental health issues, so on a personal notes thanks to the take control team in giving me the opportunity to turn my life around.



Exercise Therapy Service

How we support service users to improve their wellbeing.



About the Team

- We currently have an exercise therapy team as part of the Inpatient Care pathway in Tranwell Unit, HWP and SGP. Mixture of adult acute short stay admission wards and longer stay HDU and Rehab wards.
- The team comprises of degree qualified exercise therapists who are BASES Certified Exercise Practitioners and exercise therapy assistants.
- The team work alongside the ward staff, attending relevant MDT meetings and work closely with nursing staff and other professionals to encourage, motivate and support service users to attend as per their care plan.



The role of exercise therapy

- Exercise Therapy has an integral role within the IP pathway.
- We aim to engage service users in a structured exercise programme to promote positive lifestyle changes that can continue after discharge from hospital.
- We aim to reduce or prevent some of the physical health problems associated with medication and serious mental illness.
- We aim to educate service users about the positive impact physical activity can have on physical and mental health to enable them to make informed choices about their own health and take ownership of their exercise goals.
- We aim to support service users with all aspects of a healthy lifestyle by providing advice, intervention and support with exercise, healthy diet, smoking cessation, support with conditions such as obesity, diabetes, hypertension etc.

How do we achieve these aims?



- By completing a specific health and fitness assessment with each service user to identify any health considerations/Lester tool triggers and determine pre exercise measurements of health, which will be monitored on a regular basis.
Eg:
 - Height
 - Weight
 - BMI
 - % body fat
 - Circumferences
 - Waist/hip Ratio
 - Resting BP
 - Resting HR
- Service users are prescribed an exercise programme which will take into account any contraindications to exercise, the service user's personal goals and what type of exercise is most effective to achieve these goals.
- We provide a range of exercise groups each week which service users can choose from, including gym, walking, cycling, exercise classes, team sports, healthy lifestyle and weight management.
- Exercise therapy care plan forms part of their physicals health care plan.



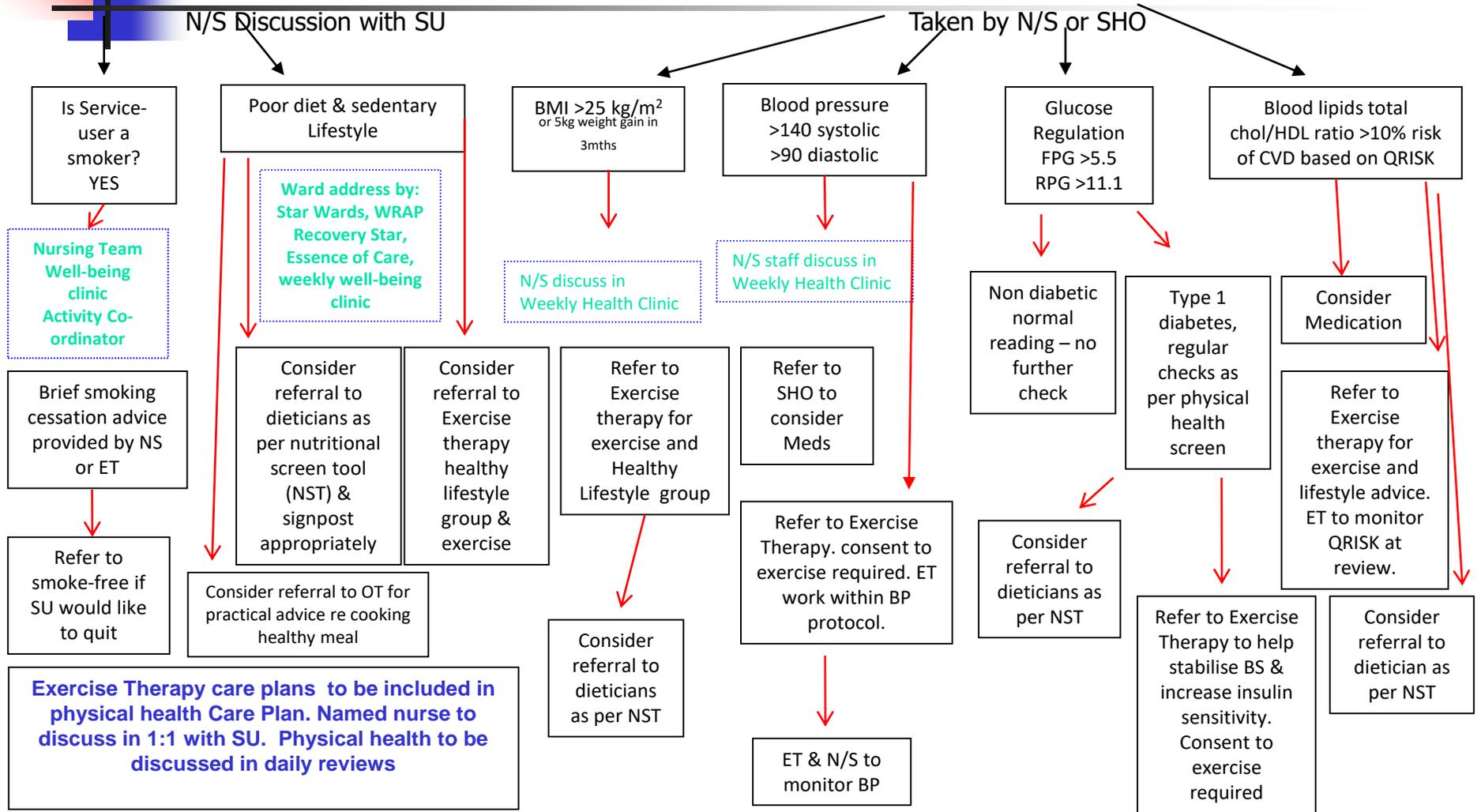
Exercise therapy pathway

- On admission patients are informed about exercise therapy during their admission assessment.
- Patients who are hitting Lester tool triggers are referred to exercise therapy.
- A member of the ET team will complete a meet & greet with all new service users to inform them about the service and offer appointment.
- Assessment appointment – agree ET care plan with patient.
- Attend the department as per care plan during admission. ET staff on wards through out day to motivate and encourage.
- Weekly timetable of exercise groups to choose from 5 days per week including evenings.
- Weekly care plan reviews. After 6 weeks or prior to discharge receive progress review, review programme, goals and physical measures. Set new goals.

NICE:
 CG25 Violence
 CG78 Borderline P.D.
 CG113 Anxiety
 CG90 Depression
 CG38 Bi-Polar
 CG178 Psychosis/Schiz in adults

Adaption of Lester Tool for IP Care – Delivered in accordance NICE Guidelines (CG 138)

Within 72 hours of admission Service Users will receive Physical Health Screen
 Information obtained from physical health screen and actions





Evidence of effectiveness

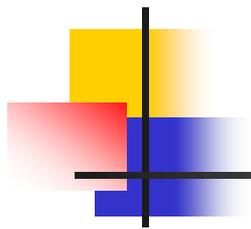
- Physical health – data taken from progress reviews of 80 service users across 3 sites over 3 month period.

	Increase	Decrease	No change
Systolic BP	28%	60%	13%
Diastolic BP	38%	50%	12%
Resting HR	29%	64%	7%
Weight	48%	30%	22%
Activity level	65%	9%	26%



Evidence of effectiveness

- The table above highlights positive changes engaging in exercise for 6 weeks:
 - 65% of service users increased their activity level
 - 50% had a reduction in diastolic BP
 - 60% had a reduction in Systolic BP
 - 64% had a reduction in resting heart rate
 - 30% had a reduction in weight and BMI
- The results also highlight that some service users experienced negative physical health changes and had an increase in their measures this is attributed to a number of reasons:
 - Low attendance rate/sporadic attendance – due to being acutely unwell, low motivation, did not attend the number of days prescribed.
 - Increased appetite due to Antipsychotic medications
 - Poor diet and snacking on high sugar/fat foods and ordering take aways.
 - Time – 6 weeks is a short period of time to be able to make significant changes to health. Often less than 6 weeks in IP care.
 - Motivation – the service users has to want to engage and make changes.
 - Baseline fitness often very low, therefore need to build the exercise programme up each week.



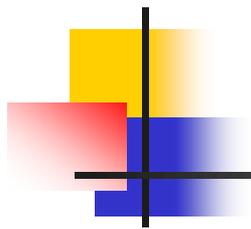
Service User Feedback

Patient Experience 2016

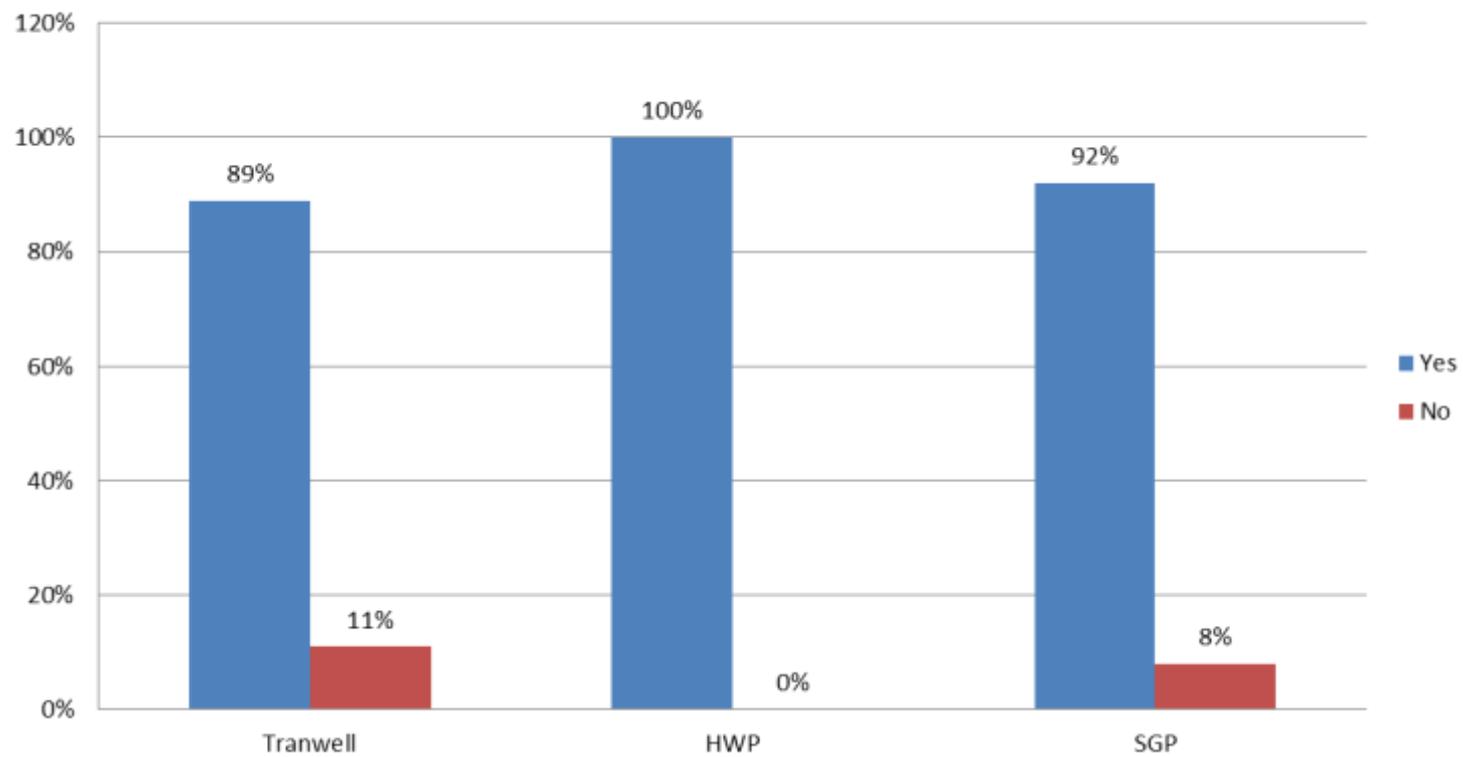


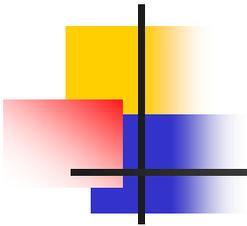
Reasons for attending

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
Add structure to my daily routine					
Tranwell	50%	50%	0%	0%	0%
HWP	52%	35%	13%	0%	0%
SGP	50%	45%	5%	0%	0%
Weight Loss					
Tranwell	31%	21%	11%	26%	11%
HWP	29%	42%	19%	10%	0%
SGP	48%	35%	4%	13%	0%
Improve health and fitness					
Tranwell	58%	42%	0%	0%	0%
HWP	56%	41%	3%	0%	0%
SGP	75%	21%	4%	0%	0%
Improve Mental well being					
Tranwell	58%	37%	0%	5%	0%
HWP	59%	35%	6%	0%	0%
SGP	75%	21%	4%	0%	0%
Improve confidence and self esteem					
Tranwell	50%	44%	0%	6%	0%
HWP	44%	44%	9%	3%	0%
SGP	71%	13%	8%	8%	0%
Social Interaction					
Tranwell	39%	28%	11%	16%	6%
HWP	38%	31%	22%	6%	3%
SGP	56%	35%	0%	9%	0%

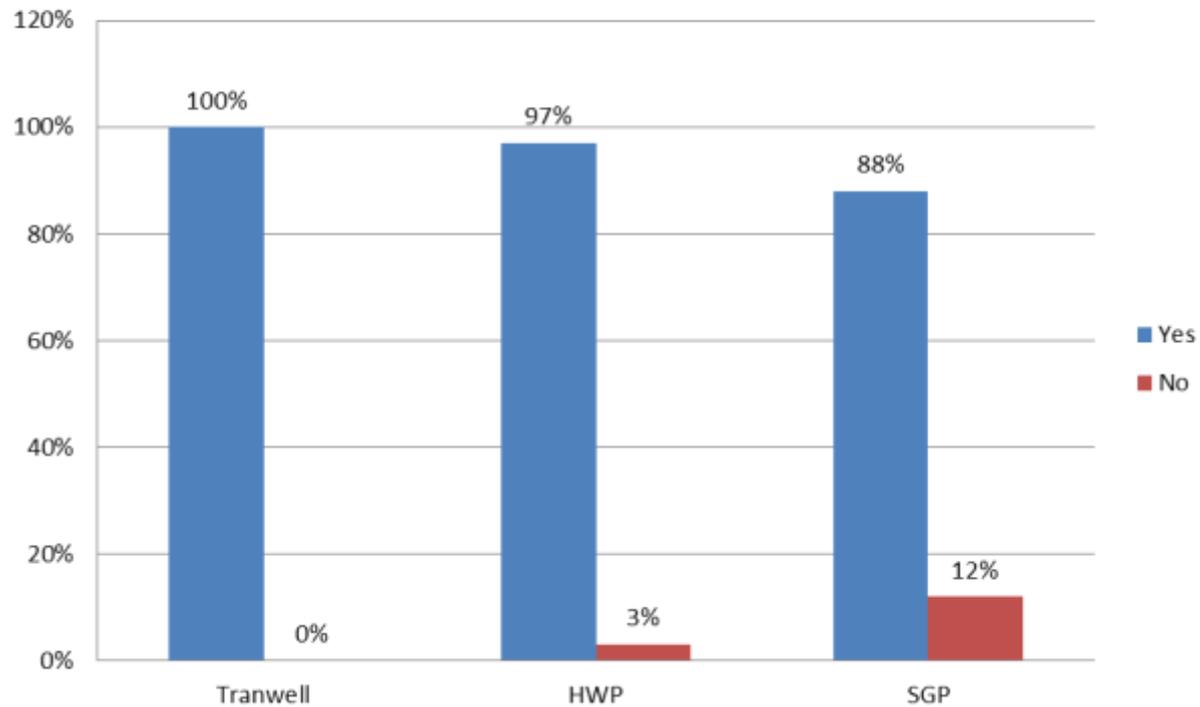


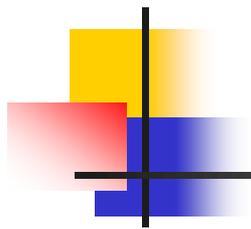
Was the service easy to access?



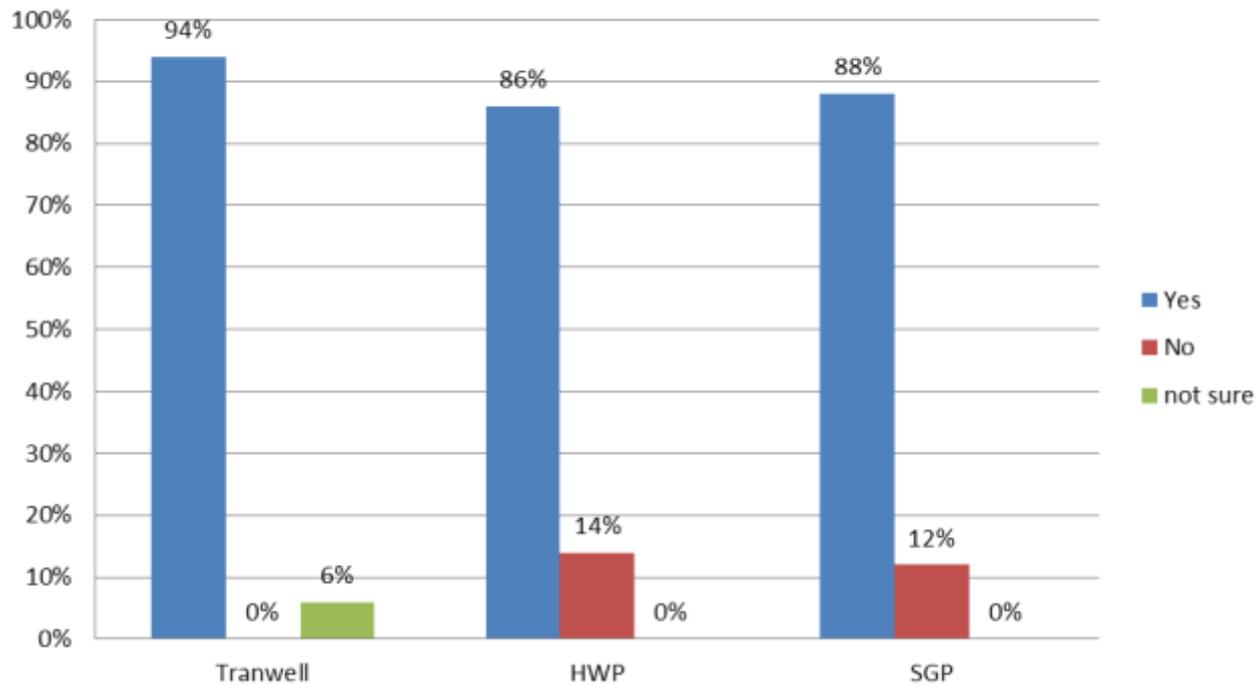


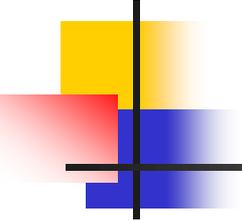
Do you feel that you were involved in what exercise/activities were prescribed for you?



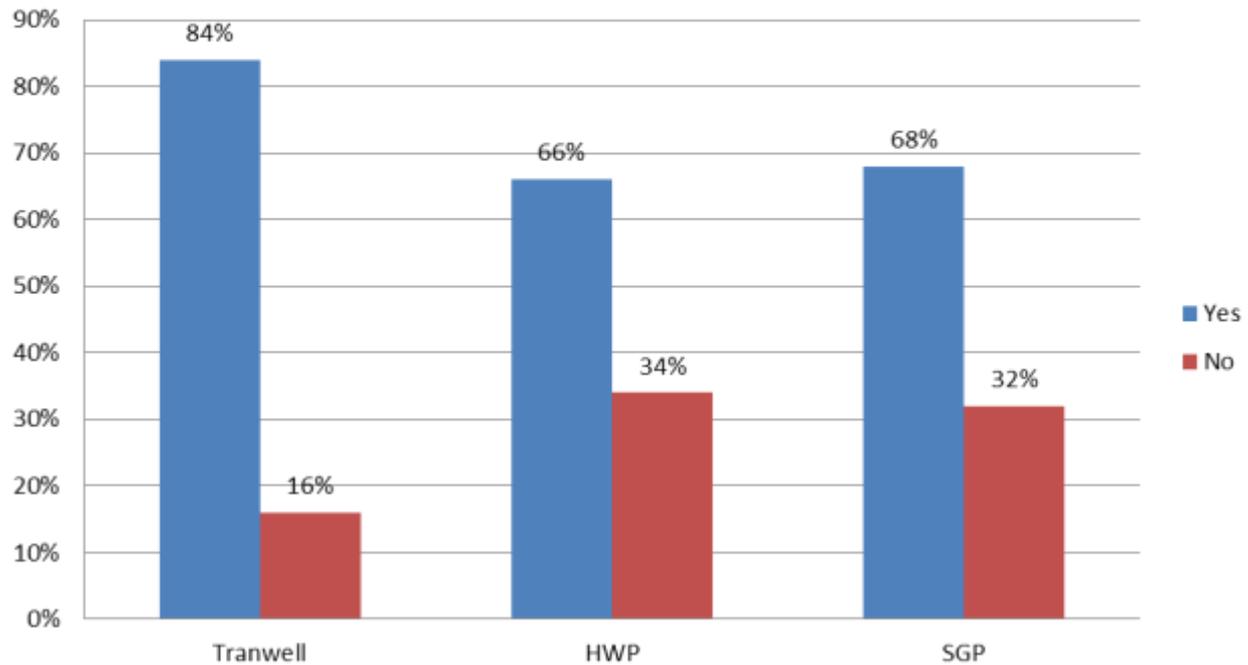


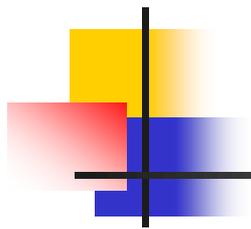
Do you feel you exercise programme has improved your general health and well-being?



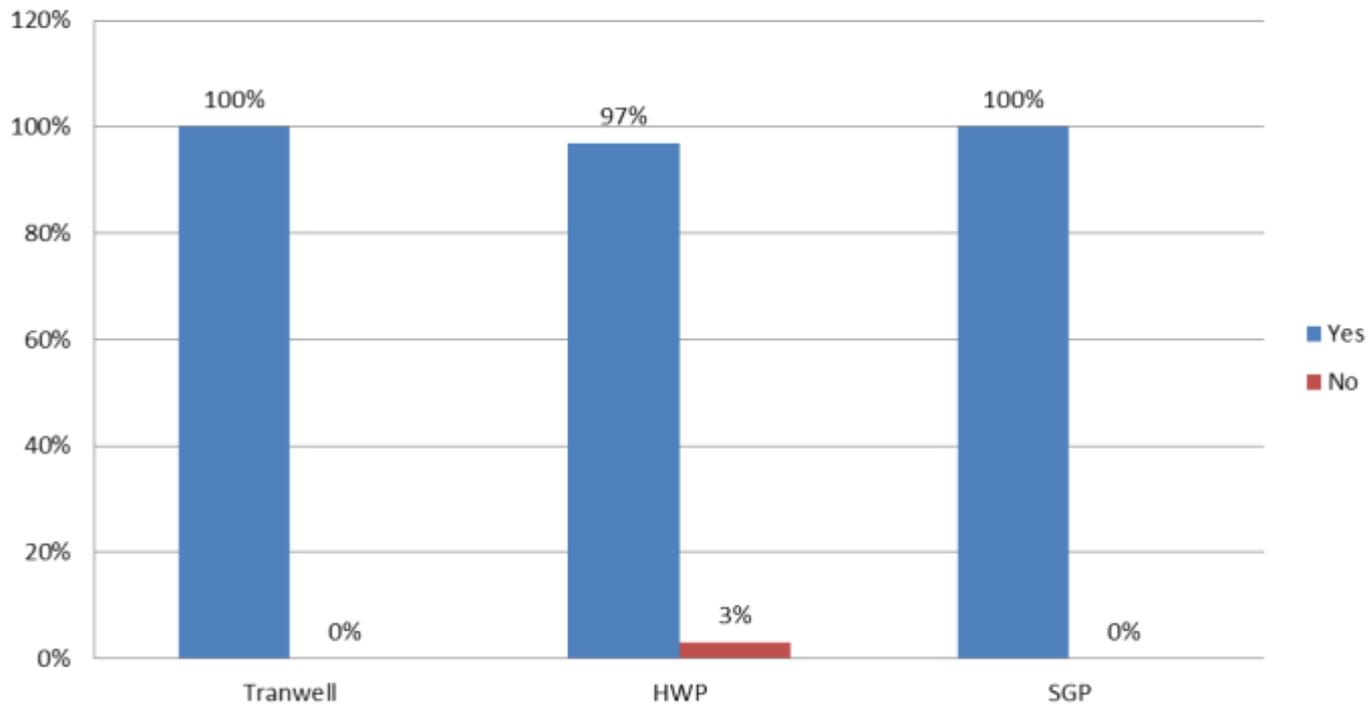


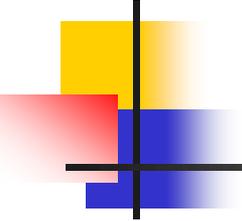
Have you experienced any positive change in your mental health since attending Exercise Therapy?



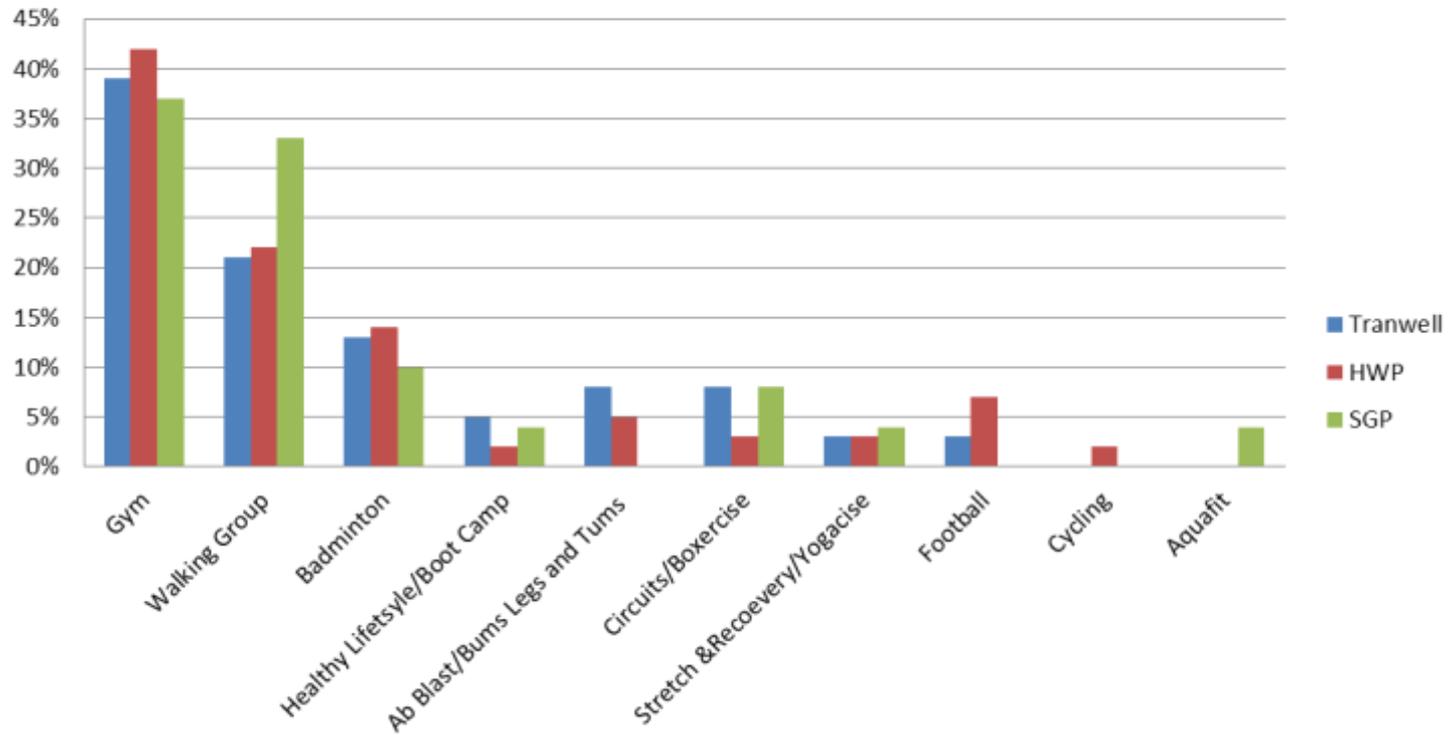


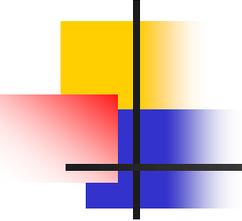
Do you feel that you have been supported to achieve your Exercise Goals?



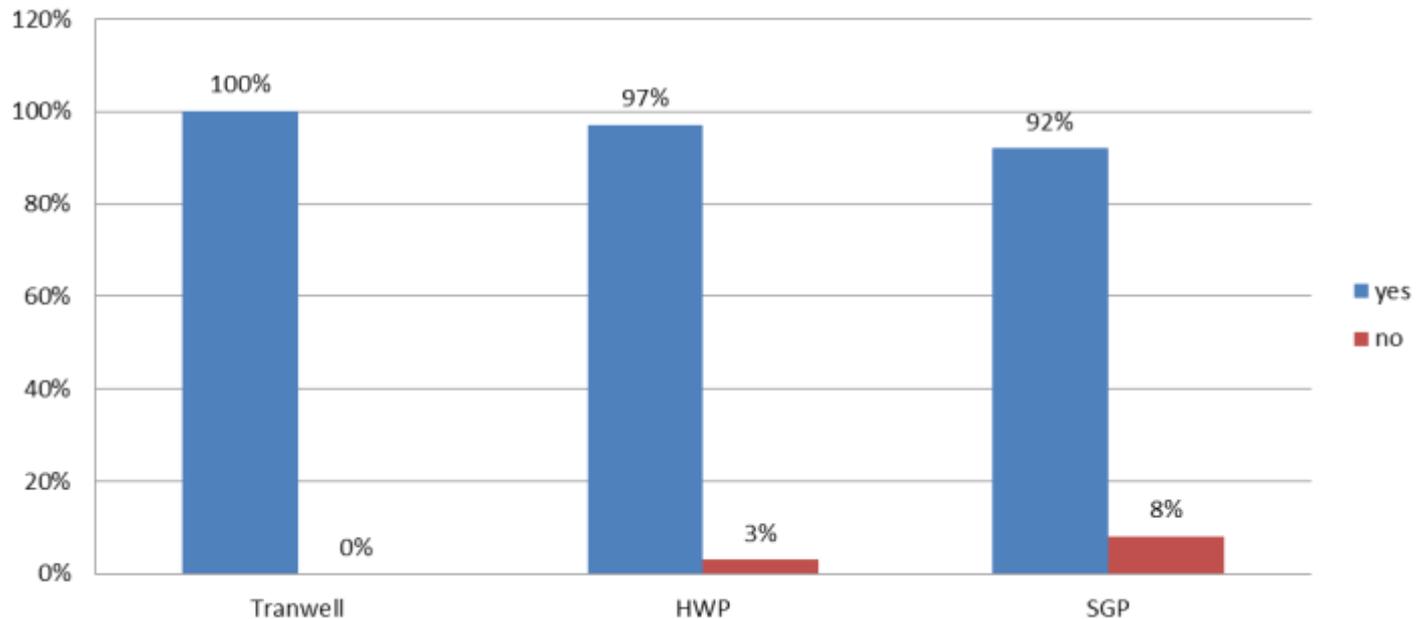


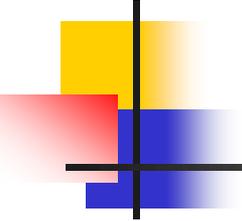
What groups/activities have been beneficial to you?





**Based on your personal experience of exercise therapy
do you think it should be available to every patient who
experiences mental illness?**

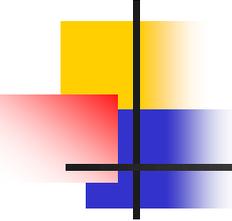




Service User Feedback

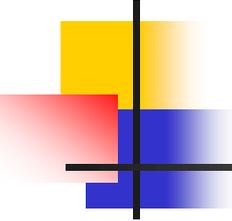
How has exercise therapy benefited our service users?

- I think exercise therapy is an excellent service it has allowed me to get a lot fitter than I was and has helped me find that exercise helps mental health by allowing me to get my frustrations out while lifting my mood.
- I enjoy attending the gym sessions as the staff are very encouraging and are very supportive. Since attending the gym I am much healthier and have learnt about nutrition and sensible exercise. I am very interested in the volunteer scheme.
- My gym experience has been nothing but positive, I'm really enjoying it and it is helping me.
- I was encouraged to attend and use the great facilities in this gym. I was in low mood and thought no I'll give it a miss but I now attend all the time, my mood and frustrations are nearly gone and my mind and body is loads better from doing a bit of fitness as I'm a better person since using the gym.
- I have found it improves and changes the way I think and helps me cope with my thoughts, boosts endorphins, feel good about myself.
- Personally I've found a focus in exercising, and found medication side effects can be managed through exercise
- If it wasn't for the gym my experience in hospital would have been a lot worse.



Following Discharge

- It is extremely important to involve service users with community activities which they can continue independently. Within exercise therapy we have links with local council exercise referral schemes, local walking schemes, local cycling groups, and we support service users to attend groups/classes within their local area. The team are all qualified walk and cycle leaders.
- This has become more of a challenge due to decommissioning of services and inclusion criteria.
- We are currently working with the Move to Improve team in Sunderland to pilot a community exercise group which is accessible whilst an in-patient with continued access following discharge.



Group activity – Over coming challenges

- **Current challenges –**
 - No clear pathways for community facilities after discharge.
 - Little opportunities to engage service users whilst in hospital with community groups.
 - Knowing what is available in the community in each area and how to access. Concessionary rates, appropriate support mechanisms.
 - Motivation – service users are often low in mood and motivation, how do we support this?
 - Changing the culture – a holistic approach to physical and mental health. Equal importance. Everyone's business.
 - How do we address the increasing rates of obesity and diabetes with the SMI population?
 - Tackling poor diet and lifestyle whilst in hospital eg access to take aways, vending machines, double servings at meal times, sedentary lifestyles.

Contact details

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