

# Sod it, I'll have a cake!

Tackling obesity; Some service user and carer perspectives

# A subject close to my heart

- Prescribed Haloperidol at 25, within one year had gained three and a half stone
- Discharged from services and medication free, dieted and exercised until lost all the weight gained
- Relapsed and prescribed Olanzapine, gained three stone in six months
- Currently reducing medication and trying to lose weight but an uphill struggle

# Why this work is important

- Part of healthy lifestyles agenda, working to address inequalities in physical health
- NEt's perspective was that tackling weight gain should be a priority above smoking cessation
- Other considerations; weight gain in young men and women and its knock on effects

# NEMH DU SMI Health Needs Assessments

- Explored the barriers to improving health including stopping smoking, diet and exercise
- Access to Lifestyle services, expectation that people will go to services rather than services go to them
- Lifestyle service providers acknowledging a lack of confidence and knowledge of mental health problems, barrier to effective engagement
- CMHTS 'lacking capacity with those best placed to engage in wellbeing activities. Those whose mental health was stable actually receive the least amount of contact from teams

# Perceived Barriers

- Stigma and the lack of understanding and awareness of mental health issues within existing service provision.
- People with long term mental health problems tend to be in the lower income bracket, live in the more deprived areas and have the related physical health problems of that population i.e. poor diet, lack of exercise
- Costs of travel too and from venues was prohibitive for most people
- Same applied to Exercise on Prescription

# Members' Feedback

- A big side effect of stopping smoking is weight gain, tendency to also eat the wrong things and then also develop diabetes
- Monitor people once they start anti-psychotic medication, weigh after one week, one month, six months
- Quetiapine; put on four stone within two years and also developed diabetes
- Psychiatrists and SHOs prescribe these medications without thinking of side effects
- Look to decrease 'awful' medications as quickly as possible

# Current problems

- My daughter has an eating disorder and is in recovery. She has gone from a size ten to size 14\16 which is bringing back issues about her body image. When we go to the GP there is no advice on diet\exercise\healthy eating. Instead the GP says 'don't focus on food because of the eating disorder'
- When I visit the diabetic nurse they don't give any advice unless I ask questions. I feel all diabetic nurses seem to do is ensure you are on the right medication until you reach the 'Magic Number' of 48

# What support is needed

- People need both psychological and psycho social support e.g. having a support worker that will take them to the gym and also help them to cook healthy meals. Its disempowering to just feel lectured by your doctor
- Research findings from the internet were that if a GP asks if someone wants to do something about their weight 50% of patients will ignore the GP but 15-20% will start to diet and exercise
- Although some medication can help diet and there is the option of Bariatric surgery lots of people with a mental health problem won't put themselves forward as they fear they wouldn't stay compliant with after care



# What support is needed continued

- People with mental health problems have more difficulty in terms of motivation which means the type of help and support people need is so much greater. Medics and practitioners need an understanding of mental health issues and what can help motivate and support people
- CPNS need to know what resources were available in their local area and how they could best help people; had to push to be moved from Tier Two to Tier Three- there were lots of hoops to jump through
- There is a need to look at the underlying cause and trauma of weight gain and look at long term work to deal with the root cause of people's problems. I used to smoke but only stopped when I started to give a shit about living- look at the underlying issues.

# Final comments

- There should be a physical triangle of care between the psychiatrist, GP and patient
- It needs to be about choice, having an open frank discussion about what will work for you and getting to decide this for yourself
- Tailor the care rather than one size fits all- some people want to be shamed, others want more empathy

# Further information

- [M.lorraine@netogether.co.uk](mailto:M.lorraine@netogether.co.uk)
- Mobile 07902 403630
- [www.nemhdu.org.uk](http://www.nemhdu.org.uk)
- Health needs assessment of people with severe mental illness Sunderland/South Tyneside/Gateshead