Physical health checks
in Mental Health and Learning Disability Services

The practice will now take some important information.

Diet:
Do you follow a special diet?

Who is your dietitian?

Weight: 108 kg

Height: 162 cm

BMI:
Examples of positive practice

1. Physical Health Check (PHC) for service users:
   - Evidence based PHC tool and guidelines and Resource Pack in place
   - Core component within Care Pathways and included in Practice Development team days
   - Incorporated into in-patient admission assessment documentation
   - Audit/evaluation plan in place

Outcomes from Pilot of PHC (service user responses)

Since having a PHC has your physical health improved?
- Yes  18 (31%)
- No  25 (43%)
- Don’t know/not stated 15 (26%)

How?
- Feel more aware of physical health
- More relaxed and reassured about health
- Physically fitter and lost weight
- Increased exercise
- Got glasses
- PHC resulted in surgery
Conclusions from PHC Pilot:

- Successful in engaging service users in a conversation about their physical health
- Action plan straightforward to complete
- Successful in identifying physical health needs and facilitating an improvement in physical health and wellbeing for some people
- Promoted liaison and communication with other primary care services
- Further training required:
  - Clinical skills e.g. taking blood pressures, body mass indexes, urinalysis
  - Awareness raising (Making Every Contact Count)
- Amendments to PHC tool required.


A Health and Wellbeing Resource Pack has been developed for use by all staff, service users and carers to support and promote individuals physical health, wellbeing and recovery. It supports:

- Delivery of Health and Wellbeing CQUIN Indicator and the Practice Development Programme that all clinical staff have undertaken
- Care Pathways Practice Development Programme for Adult Business Division
- Care Quality Commission (CQC) Essential Standards of Quality and Safety
- Physical Health Check (PHC) for mental health service users roll out
- Implementation of NICE Guidance and NICE Quality Standards

- Meeting objective three of the Mental Health Strategy ‘No Health without Mental Health’ : More people with mental health problems will have good physical health
- ‘Making Every Contact Count’ (MECC).

The Resource Pack includes sections on:

- Healthy eating and weight management
- Physical Activity
- Stopping Smoking
- Safe alcohol use
- Sleep
- Sexual Health
- Screening programmes
- Skin Care
- Signposting information
- Physical Health Check (PHC) for mental health service users
- Health, Wellbeing and Recovery Champions.

Copies have been made available for each in-patient ward and community team and on the RDASH intranet Physical Health and Well Being page so that it is accessible by all Business Divisions and practitioners.

3. Health and Wellbeing CQUIN Practice Development Programme

Based on Making Every Contact Count (MECC), the programme aims to:

- Improve the physical health and well-being for service users
- Increase awareness of the links between mental health, learning disabilities, substance misuse, physical health and recovery
4. Doncaster Test Your Health’ Checks for Service Users, Carers and Staff

A FREE NHS health check offering a quick and simple review of core risk factors associated with type 2 diabetes, renal disease, stroke and heart disease, chronic kidney disease, high cholesterol or stroke.

Eight sessions have run at RDASH clinics/premises between May and November 2011 where approximately 81 people had a health check.

5. Early Intervention in Psychosis (EIP) Service

The nutritional work within the Rotherham Early Intervention in Psychosis service is growing in strength. Nutritional assessments and interventions are offered routinely to service users as part of a specialist integrated care pathway for nutrition and as recommended in the current Early Intervention care pathway. A Nutrition Masters student from Sheffield University is based with the service to evaluate whether any change has occurred in nutrition knowledge in service users following the nutritional interventions.

RDASH continues to offer the Nutritional Care in Mental Health training package. In the last year we have undertaken a consultation and evaluation of this training package in conjunction with Sheffield Hallam University. This project, which was awarded funding through the South Yorkshire Collaboration for Leadership in Applied Health Research (SY-CLAHRC), is currently considering several future projects involving this training package. These include a series of one-day events hosted by RDASH promoting nutrition and wellbeing to delegates across the South Yorkshire region and a conference presentation at the Horatio Festival in Sweden this September.

6. Doncaster EIP Health and Wellbeing Project

Service users are seen initially by the Health and Well-being Practitioner before or soon after starting on antipsychotic medication. The following physical health measures are recorded:

- weight
- height
- body fat percentage
- blood pressure
- heart rate
- waist circumference.

A PHC is completed along with a nutritional and physical activity assessment. The service user is given individual feedback about their diet and small realistic changes are discussed to help them improve their diet. Nutritional
supplements may be provided for a short period of time if required. Advice is given about the holistic health benefits of physical activity and the service user is supported to become more physically active based on their individual preferences. Other support is offered if required e.g. healthy eating plans, visual aids to help with portion sizes, regular weight monitoring and group based exercise activities to promote social inclusion and to build confidence. Service users are seen three to six months after the initial assessment and the measurements are completed again.

The results from the project show that interventions are successful in managing antipsychotic weight gain and increasing physical activity levels. There was no significant increase in weight, body fat percentage, waist circumference, blood pressure and heart rate.

A poster showing the results of the project was presented at the International Congress of the Royal College of Psychiatrists in 2011.

The Doncaster EIP Health and Wellbeing Practitioner is trained in smoking cessation and works closely with Doncaster Stop Smoking Services, either signposting and supporting individuals to access the service, or provide stop smoking interventions directly from the Early Intervention service - to date, 2 individuals have successfully stopped smoking.

7. Doncaster Rovers Project

RDaSH is working with Doncaster Rovers Community Foundation, ASDA and Doncaster Community Arts (DARTS) on a Health and Well-being Project funded by the National Lottery- Awards for All grant. The project aims to improve individual’s physical health, promote and support recovery and maintain mental well-being. Each course gives each individual the chance to gain a Level 1 Sports Leaders Qualification as well as taking part in healthy lifestyle interventions. Three courses have been completed so far, participants who have completed the 12 week course have been presented with their Sports Leaders certificates on the pitch before a Doncaster Rovers home match. A fourth course is currently underway. Rosie Winterton, MP for Doncaster has sent a letter commending the project.

Outcomes:

- 2 people have moved onto Level 2 Sports Leaders qualifications and are volunteering on the level 1 course.
- A group session with Doncaster Athletics Club has taken place with individuals completing a lap of the track either running or walking.
- Discussions have taken place regarding identifying volunteers to set up a social group for people who have completed the course to meet up on a social basis as social contacts have been an important aspect of the course. This would be a self funded group.

Quote from staff member

“Since our client has attended the Rovers Health & Wellbeing course he has taken part in other physical activities such as attending weekly boxing sessions, playing football in the local park, and encouraging other clients to take part. By managing his activities and having gained an increased awareness of healthy eating he has been successful in losing weight. The client has stated that his mind feels clearer and he is much more assertive, improving and having a positive impact on his mental health”.

www.rdash.nhs.uk | 5
8. **Doncaster Clozapine Clinic**

A Standard Operating Procedure has been written for the depot clinics which includes physical health checking; BP, weight, BMI calculation and checking/facilitating yearly blood tests, including the monitoring of prolactin levels, this has resulted in a number of patients having a change or reduction in their medication due to particularly high prolactin levels.

**Case Study**

As part of a PHC pilot a patient identified a problem with frequency of micturition; this is a question asked as part of the routine side-effect questionnaire, however, due to the extended length of the appointment allowed at this time for completion of the PHC, clinic staff discussed this in depth with the patient who also identified some discomfort and pain. He stated that his GP was dismissive of his symptoms. Staff insisted he return to his GP for further investigations. Investigations found a tumour in his bladder. This has subsequently been removed and the patient has made a full recovery.

9. **Learning Disability service examples**

The Health Support Team (HST) gathered information from a social worker colleague and put together a social story with Speech and Language Therapy to support her understanding of the treatment required and gives her ownership of her health care needs (story available if required). With the use of the story she accessed two laser treatments. This initial intervention has led to podiatry appointments and orthotics for specialist footwear and treatment of a diabetic ulcer. A Health Action Plan (HAP) is in place and support continues.

**Case Study**

45 year old gentleman morbidly obese, referred for weight management. HST referred him to Rotherham Institute of Obesity (RIO) and supported his appointments. While attending this clinic he was made aware of and accessed a 12 week Gym course. During his time he lost 17lb, attending the gym weekly. He has now lost 3.5 stones and continues to attend the gym. As a result of the initial referral this gentlemen now accesses regular dental and podiatry appointments which he previously had not attended.

**Case Study**

Service user referred to HST for support to access hospital tests. Testicular cancer and lung diagnosis confirmed. Worked with client and family to understand treatment and prognosis using easy read information. Reasonable adjustments and changes to personal treatment plan throughout. Supported in lung biopsy and 12 week chemotherapy sessions. Prognosis good as a result of intervention.
Case Study

A planned dental extraction was abandoned following the individual being upset by having a hospital wrist-tag put on immediately on arrival to the ward. In preparation for the next appointment a clear care plan was devised. This was taken to the ward the previous day with clear steps to be followed to reduce distress prior to treatment:

- No hospital wristband.
- Familiar objects in room.
- Mum and Dad with her prior to the treatment.
- Adequate sedation prior to attendance prescribed by her consultant.
- Walking to the theatre/getting onto the trolley herself.
- A perfumed mask/put in place by Dad.
- Only one staff coming into the room at a time.

This resulted in a successful, stress-free dental extraction.

Contact for the above examples:
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