

Yorkshire and the Humber EIP Network – 22.03.18

Table Top Discussions – Physical Health

The group discussion session operated as a world café focussing on the following topic areas:

- Oral Health
- Physical Health Monitoring
- Physical Health Interventions (inc. medication)
- Healthy Lifestyle
- Smoking
- Miscellaneous

The key points and areas of best practice captured from each topic area are outlined below:

Key Points: Oral Health

- Have a place on the service user record to note whether they are registered with a dentist
- Use of new resource and toothbrush/toothpaste to give out/promote good oral health
- Hold a discussion with service users and families to promote good oral health and discuss eating and drinking habits
- Ensure workers are “upskilled” to competently deliver the right messages around oral health
- In Sheffield the EI service is co-located with a specialist dentist and there are local champions for oral health such as the Chief Pharmacist.

Key Points: Physical Health Monitoring

- In Rotherham to ensure equality of access there is a mobile physical health checks clinic for people who cannot attend
- Taking baseline observations is essential
- In some services a patient is given an appointment to review their physical health within a month, then again at 3 months, 6 months and an annual check-up.
- Service users receive ECGs, bloods, physical observations etc.
- Health questionnaires are routinely completed with patients
- Service users are routinely weighed; particularly those on antipsychotic medications
- Ensuring easy access to clinics is really important
- Having quality equipment, that works, is also very helpful.

Key Points: Physical Health Interventions (inc. medication)

- Before starting service users on antipsychotics ensure baseline checks are undertaken including ECG, bloods etc. Then ensure medications are reviewed, reduced and stopped if possible
- Ensure cardio metabolic checks are regularly undertaken
- Try and involve service users in group activities including gym, football, good mood, badminton, walking groups, pool groups
- Challenges around physical health interventions can include engaging in physical activity for females and moving service users on to mainstream groups
- Ensure there is a focus on diet, healthy eating, access to dieticians etc.
- Also focus on health promotion

Key Points: Healthy Lifestyle

- The service in Grimsby is looking at developing a plant based food group
- Psypher link in to social groups with local knowledge to promote healthy lifestyles.
- The service in Sheffield have a partnership with Sheffield International Venues (exercise venues) and gym instructors within these venues have been trained in psychosis awareness and they provided access to facilities for free for the wellbeing group pilot.
- The service in Sheffield has also co-produced a leaflet for the wellbeing group with experts by experience.
- Encouraging staff to be passionate about exercise, how it impacts on wellbeing, and sharing this passion with service users is really important
- The York service has developed a Lester Tool spreadsheet to monitor healthy lifestyle interventions and are happy to share this with other services
- The York service also has a healthy living advisor and physical health clinic with mobile equipment
- In Grimsby the EI team have developed a programme called “Creating Positive Opportunities”, which is Lottery funded. For over 25s they are signposted to “Building Better Opportunities” and under 25s are signposted to “Talent Match”. Individual programmes are developed and there is low cost access to gyms.
- The service in Rotherham has access to facilities at the New York Stadium (Rotherham United Community Sports Trust). There are rooms available for the service social group run by EI staff and fitness sessions are offered alongside usual social group to encourage participation
- The Rotherham service also has local walks weekly around country parks etc. and link in with Peak Park Rangers for supported walks in the Peak District
- It was noted that any focus on healthy eating needs to go from where the person is. For example, there shouldn't be an expectation of too big a change; if the person currently lives off takeaways they are unlikely to become a vegan overnight just because it is promoted to them. Also there are many aspects to healthy eating, such as ingredients, and if a service user avoids people going to the shops could be anxiety provoking and they would be unable to obtain the ingredients they needed for a healthy meal.

Key Points: Smoking

- The hospital environment can encourage smoking; people on the wards may feel forced to give up and therefore be less likely to comply
- Controlled environments make service users less willing to quit
- Smoking for some is helpful and feels good
- Smoking can be seen as a valued activity – to go for a walk and smoke
- Staff training on smoking cessation needs to be encouraged
- There are benefits to stopping smoking including potentially improving mood and helping with anxiety
- Achieving stopping smoking may then encourage service users to make positive changes in other areas of their life
- Improved education of service users and staff is really important
- Training service users to help deliver smoking cessation
- Share positive and successful stopping smoking stories
- Consider the consequences of friends giving up smoking – would this impact on others “social smoking”

Key Points: Miscellaneous

- A brief discussion was held around the impacts of Spice, substance misuse and psychoactive substances
- A brief discussion was also held around IT and how physical health interventions and monitoring could be improved with better access to information
- A brief discussion was also held around neuroleptic use: psychiatrists find it hard to challenge, what are the alternatives, what information (informed choice) are people given, pressure from clients/families to prescribe