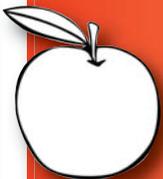


LET'S GET PHYSICAL!

Campaign Report



The 2014 'Let's Get Physical!' campaign was led by people with a serious mental illness and carers, and supported by Hafal, Bipolar UK and the Mental Health Foundation along with Diverse Cymru. During Summer 2014 the campaign engaged thousands of people across the 22 counties of Wales in 2014 including:

- The 2000 Members of Hafal and Bipolar UK who received information and advice on improving their physical health
- Over 3000 service users and carers using Hafal and Bipolar UK services who took part in local Let's Get Physical! activities run through our projects across Wales
- Many thousands of people who attended the 22 local events covering all the counties of Wales, the launch of the campaign by Health and Social Services Minister Mark Drakeford at the Assembly, and the Royal Welsh Show event
- Over 300 people who received key physical health checks in our Mobile Health Centre
- Nearly 600 people who provided feedback on the campaign
- Over 100 people who completed our Agored-accredited physical health-focused care and treatment planning training during the campaign and gained key skills in setting physical health goals
- Tens of thousands of people who followed and interacted with the campaign via the online social media channels of Hafal, the Mental Health Foundation, Bipolar UK and Diverse Cymru
- Over 1000 recipients of regular e-bulletins throughout the campaign
- The 65,000 unique visitors who visited Hafal's websites - including the dedicated 'Let's Get Physical!' website - and saw coverage of the campaign in the local and national media.

The result of this extensive participation is that service users and carers across Wales are now much better equipped to improve their physical health - and services (including mental health services) are better equipped to support service users and carers to achieve their physical health goals.

What has the campaign been all about?

The campaign has primarily been about people themselves taking action to improve their physical health. People have set their own goals by:

- Finding ways to become more active
- Sourcing and preparing healthy, high quality, good value food
- Being assertive in getting the right support from health professionals to stay well

People at each of the 22 local campaign events have also had the opportunity to have their own personal physical health check in our mobile health clinic completed with a fully qualified nurse.

Although the campaign has centred on people taking action themselves, a challenge has also been set down to GPs, other health and social care professionals, Health Boards, local authorities and the Welsh Government to ensure that, among other things:

- All aspects of physical health are systematically addressed as part of people's Care and Treatment Plans including actions to address diet and physical activity
- Care and Treatment Plans specifically and routinely takes into account management of the side effects of medication; for example if the medication is causing weight gain, the 'physical health' section of the plan should set out ways of dealing with this
- Service users receive regular health checks from their GP, and that all identified issues are addressed fully. We would expect these checks to include all that is available to the rest of the general population as well as additional interventions linked to specific risk factors, particularly as antipsychotic medication may increase the risk of heart disease, obesity, diabetes, etc.
- A double-booking system is routinely made for people with a serious mental illness so that people have longer appointments to fully address their physical health needs
- People with a serious mental illness are offered a range of physical activities as part of a treatment approach, including use of gym equipment, swimming, walking, etc.
- The opportunity for physical exercise using gym equipment, walking, etc., is routinely offered to all inpatients as well as those being treated in the community

What was the rationale for the campaign?

People with a serious mental illness such as schizophrenia or bipolar disorder have a life expectancy between 15 to 20 years lower than the general population (Wahlbeck et al; 2011). Cardiovascular disease is the single biggest and potentially preventable cause of premature mortality among people with a serious mental illness (Brown et al; 2010), with other major causes due to a higher burden of cancer and

liver disease. The risk factors for these conditions are not being managed as well as they are in the general population.

The prevalence of type 2 diabetes is two to three times higher for people who have a serious mental illness compared with the whole general population, and rates of undiagnosed diabetes are up to 70% in people with schizophrenia compared to around 25% in the general population (Chew-Graham et al. 2014). A European study screening people with schizophrenia found that pre-diabetes is highly prevalent in adults treated with antipsychotic drugs and correlates with markers of intra-abdominal adiposity and insulin resistance (Manu et al., 2012).

Weight gain is also a major issue for people with a serious mental illness, and is usually a major side effect of taking antipsychotic medication. As well as leading to an increased risk of future diabetes and cardiovascular disease, weight gain can also lead to people being stigmatised in addition to the stigma people already experience as a result of having a mental illness.

Smoking is a proven risk factor for cancer, respiratory disease and circulatory disease which are all major causes for premature mortality among patients with a serious mental illness. Smoking rates are significantly higher than for the average population, and smoking is known to be a major contributory factor to premature mortality.

Joint research published by Carers UK and other Carers charities has found that over 80% of carers have seen a negative impact on their physical health as a result of their caring responsibilities.

People with a serious mental illness are dying earlier not so much because of suicide or violence but from heart attack, stroke and cancer. This matter needs urgent attention, and we believe we must try to find ways to reduce the inequalities in health and social care outcomes experienced by this group of people.

As well as addressing the many well known risk factors such as smoking, obesity and diabetes the general health and wellbeing of people with a serious mental illness and their carers needs to be drastically improved by making sure there is equal access to healthcare of the same standard, quality and range as everyone else, and by ensuring there are effective screening programmes and checks in place.

The campaign has been designed to help deliver the objectives set out in '*Together for Mental Health - A Strategy for Mental Health and Wellbeing in Wales*', and specifically supported the delivery of key action 1.3, 'To improve the mental wellbeing and physical health of people with mental illness', and key action 15.8, 'To ensure that the physical health needs of people with mental illness are recognised and better met' which are set out in the 'Together for Mental Health' Delivery Plan.

The Campaign's Main Findings

Many thousands of people were engaged in the 'Let's Get Physical!' campaign, taking action to become more physically active, finding ways to source healthy, high quality and good value food, and relaying their experiences through being interactive on a range of social media sites. A sample of nearly 600 people provided feedback during the campaign.

Feedback from Hafal's Physical Health Day 2014 sums up the enthusiasm and the difference the campaign has made, and is making, to people's lives. Three quarters of people said that their knowledge of the importance of maintaining good physical health had improved and that they planned on making physical health related changes to their lifestyle. Two thirds of people said they wanted to revisit the physical health area of their Care and Treatment Plan.

People also provided more specific and detailed written feedback on how well they thought the campaign had supported them in their goals, and what further ideas and suggestions they had about the campaign. People scored the campaign (out of 10) as follows:

- How would you score the campaign for supporting you and other people to be more physically active – **average score 9.4**
- How would you score the campaign for supporting you and other people to improve your diet – **average score 8.9**
- How would you score the campaign for supporting you and other people to get the right support from your GP and others to stay physically well – **average score 8.5**

During the campaign over 100 service users and carers completed our physical health-focused, Agored-accredited care and treatment planning course. We sampled two counties (30 students) during the campaign to find out whether the course helped them to set personal physical health goals. Responses included the following:-

"I have started planning when to go out walking and do more exercise."

"Better health, healthy eating and increasing exercise have been achieved through looking at me goals and setting small realistic steps."

"It has helped me to challenge my Care and Treatment Plan and I am in charge of this."

"It has helped me to take control of my life."

"The course has made me more confident."

Additionally, over 300 people received a physical health check from one of our professional nursing staff in our mobile health clinic that travelled across the breadth and depth of Wales (note: these are not included in the nearly 600 people who provided feedback). The findings from each of these health checks remains private to the individual but some general findings from these health checks show that:

- 18% of people were found to have above threshold blood pressure
- 47% of people were found to have above threshold blood glucose levels
- 10% of people were found to have both above threshold blood pressure and blood glucose levels

People who were found to have above threshold blood pressure or blood glucose levels were strongly advised to make an early appointment with their GP, and further support is being offered to any service users or carers through each of Hafal's local projects.

Best practice examples from the campaign

Service users and carers across Wales have been inspired to make significant and ongoing changes to their lives by the campaign. Here are just a few examples:-

PHYSICAL ACTIVITY best practice examples:-

- Service users and carers in Blaenau Gwent set up a weekly tai chi club in their local mental health project
- Carers and service users in Ynys Môn started a "Walk a Mile" club
- A service user in Bridgend did a Sports Leadership course and designed sports sessions for his fellow service users
- A carer in Ceredigion used a pedometer to monitor her progress as she walked 5,000+ steps every day.

DIET & NUTRITION best practice examples:-

- Carers in Flintshire published their own recipe book which included a range of easy-to-follow and healthy recipes
- Service users in Denbighshire created their own vegetable plot at the local mental health project
- Service users in Newport set up a food co-op, pooling their buying power and ordering healthy food direct from local suppliers
- Service users in Conwy set up a monthly 'Around the World' event to encourage each other to experiment with their cooking.

GETTING SUPPORT FROM PROFESSIONALS *best practice examples:-*

- A mental health project in Conwy invited a local optician to visit the project and provide eye checks
- A service in Newport worked with local GP surgeries to arrange for service users and carers to attend well man and well woman clinics
- Service users in Colwyn Bay invited a smoking cessation officer to a local project to provide information and advice
- A mental health project in Carmarthenshire invited a pharmacist to talk to service users and carers about anti-psychotic medications.

What We Want To See Happen Next

- Health Boards ensuring that Doctors and psychiatrists are providing accessible and comprehensive information (preferably in hard copy form and available in both English and Welsh - and other languages as appropriate) to people on the choice of medications available, including advice on dosage, side-effects, management issues and efficacy so that patients can make informed choices based on their own values
- Health Boards ensuring that staff working within primary care services (including administrative staff) are being made aware of a patient's mental illness (at their request) and making appropriate provision for any specific needs that person may have
- Health Boards ensuring that the physical health care needs of carers are assessed and appropriately addressed, and that they are offered regular health checks. GPs should keep a record of where someone has been identified as a carer
- Local Authorities ensuring that Carers' Assessments routinely take into account the physical health needs of carers, and ensuring that carers are routinely provided with advice and information on engaging with leisure facilities within the community and services such as counselling, support groups, dieticians, slimming groups, etc.
- Health Boards and Local Authorities working in a far more integrated way to ensure that carers are provided with practical support and respite opportunities

Our longer-term campaigning calls for:

- The continued ring-fencing of mental health funding, ensuring that Local Health Boards invest any efficiency savings made from mental health services back into those services to meet cost increases and new developments
- Higher quality Care and Treatment Plans for everyone receiving secondary mental health services that lead to better outcomes for people
- People who use secondary mental health services having far greater choice and control over the content of their Care and Treatment Plan
- Prompt delivery of quality mental health services in response to Care and Treatment Plans and to the needs of people with a serious mental illness using primary care services
- Further reform of services which increases service user control over the choice and commissioning of services
- A move towards full and timely equality in Welsh society for service users and their families including equal access to health and social care, housing, income, education, and employment.

The Campaign's Legacy

The 'Let's Get Physical!' campaign ran throughout Summer 2014 - but its impact continues. 'Let's Get Physical!' has delivered lasting change for the following stakeholders:-

- **INDIVIDUALS:** thousands of individual service users and carers have been empowered to improve their physical health by making permanent changes to the way they live, whether by improving their diets, becoming more active or accessing key support services (such as their GP). Many of the campaign's participants told us how they have set important physical health goals in their Care and Treatment Plans as a result of 'Let's Get Physical!'.
- **OUR SERVICES:** one of the most important legacies of 'Let's Get Physical!' is the change of culture it has inspired in our services across Wales. They have really embraced the campaign! And this is evident in the way they have incorporated the campaign's activities permanently into the local service by, for example, setting up ongoing walking groups, sporting teams, cookery clubs, etc.

- **MENTAL HEALTH SERVICES:** finally, the campaign has provided mental health professionals with a new online resource (our 'Let's Get Physical!' website) and a handy publication (our 'Let's Get Physical!' guide) so that they have the tools and information they need to work with service users and carers to improve their physical health - and ensure that the campaign's goals can be realised by an even wider audience in the future.