CYNLLUN CODI CALON/UPLIFTING HEART PROJECT

BACKGROUND OF PROJECT

- Joint initiative between psychiatric services and Gwynedd local health board, funded by WAG Inequalities in Health fund.
- Covering the county of Gwynedd and involves all GP surgeries in the area, and 3 Community mental health teams.
- One designated specialist nurse.

Physical health concerns

- Over the past 70 years research has confirmed the high rates of physical illness in clients with mental illnesses
- People with bipolar affective disorder, schizophrenia and depression have worse physical health and a reduced life expectancy compared to the general population.
- People with schizophrenia die 15-20 years younger, mainly due to physical illness.
- This increased mortality is caused by suicide as well as Cardiovascular disease, cancers, diabetes.
- The cause of the increased CVD/ diabetes risk is multifactoral, genetic, lifestyle, disease specific and treatment effects.

Attitudes

- Service users are concerned about their physical health, and feel this is neglected by primary and secondary services.
- Uncertainties about professional responsibilities
- Lack of skills in secondary services
- Priorities of outcomes
- Myths and stereotypes
- More GP contact
- GPs less responsive to physical needs of patients with mental illness
- Less likely to be offered BP, cholesterol or weight checks, or advice on smoking, exercise, alcohol or diet.
- Diagnostic overshadowing, this occurs because healthcare staff are poorly informed or mis- attribute physical symptoms to a mental disorder.

Policy incentives

- “No Health without mental health” DOH Feb 2011
- NSF encouraging a more holistic approach to service users needs
- NICE guidelines schizophrenia
- New GP contract national guidelines (Quof points)
- WAG Health Inequalities, this project is funded from this.
- Needs assessment and user involvement
- Mental health measure
- Nat audit of schizophrenia (2012)
- Together for mental health (p-19 of doc) Cross- government strategy for mental health and well being in Wales) (2012).

reports

- The abandoned illness (2012) A report by the Schizophrenia Commission
- Nice guidelines for Schizophrenia (2014) focussing on physical health needs

Cyllun Codi Calon /uplifting heart project

- clients with bipolar disorder and schizophrenia offered the service
- follow-ups, support, annual screening, service exists since 2005. Unique service, no other exists in Wales. Over 450 clients, service available in Gwynedd only.
- Proactively screen for cardiovascular disease, diabetes, ensure access to healthcare and preventative screening services
- Promote greater liaison between primary and secondary care
- Target known modifiable risk factors (obesity, smoking, poor diet, low activity levels,)
- Refer to relevant agencies post screening, diatician, podiatry, physio, chronic disease specialist nurse, diabetic specialist nurses, respiratory nurses, encourage self- referral to smoking cessation services. Green gym, exercise by invitation, walking groups, allotments in the area.
- Raise awareness amongst professionals and others working with this population, GP`s, students, etc.

Challenges/future

- Funding could be removed at any time although the mortality rates are going – up
- No plans in the trust to extend the project into other areas.
- Increased involvement in newly diagnosed clients
- More staff?
- Increase service provision into other areas

Future

- Increased involvement of primary care in the physical health of clients on the mental health register.
- introduction of “green gym” type interventions offered on the exercise by inv scheme
- ? More staff, so as other areas get the service.
- Include physical health screening into expert patient programmes
- Increased involvement of smoking cessation service with mental health teams / in patient and user groups
- Reduction in stigmatisation
- Increased use of healthy living groups in various areas in Gwynedd, user- run
- Increased user involvement in service planning.

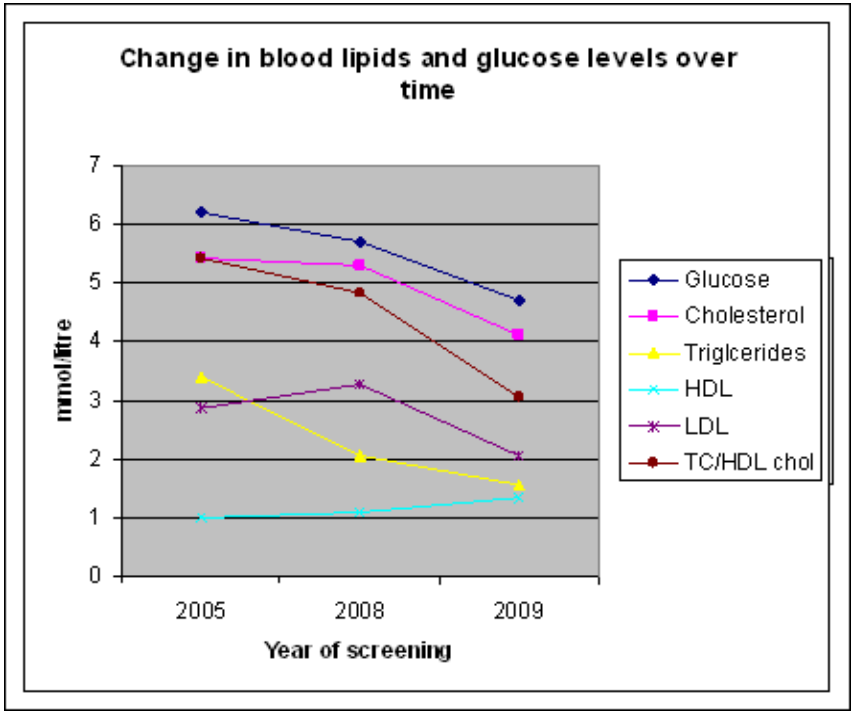
Behaviour change

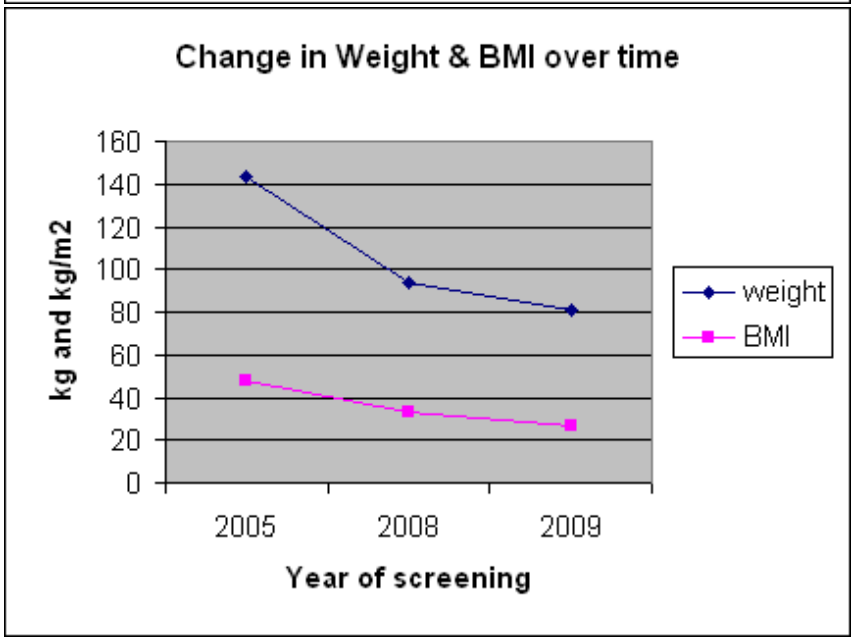
- Physical health module included in nurse training/ GP training
- Newly diagnosed clients automatically referred to service, opportunistic time to assist clients in making significant health behaviour changes.
- Increased engagement with in patient and long stay wards (one long stay facility has bought it's own bikes for client use and has an allotment).
- Increased funding to provide clients with assistance to buy necessary equipment, trainers, bike, pedometers etc.
- Ensure that GP surgery staff are given the necessary training re mental health (sports centre staff already get this training), to lessen stigma.
- Develop protocol / guidance on smoking cessation and the impact on prescribed medication.
- Adopt principles of parity of esteem

Case study

- 40 plus female
- Schizoaffective disorder
- Has been on neuroleptics/mood stabilising meds for many years
- smoker
- Screened and supported to make the necessary lifestyle changes
- Interventions were the following:-
- Healthy eating advice
- Referral to Dietician
- Referral to Exercise by invitation scheme, 1-1 consultation and further support from the scheme worker.
- Increased exercise levels and reduced calorie intake
- Continued support via telephone, e mail and home visits.
- Graph shows the changes in BMI, lipids and glucose levels.

	2005	2008	2009
Glucose	6.2	5.7	4.7
chol	5.4	5.3	4.1
trig	3.39	2.04	1.54
HDL	1	1.1	1.34
LDL	2.86	3.27	2.06
TC/HDL CHOL	5.4	4.82	3.06
	2005	**2008**	**2009**
WEIGHT	143	93.44	81
BMI	48	33	27





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- Special thanks to Chris, who has taught me so much
- Thanks to Clover
- Diolch yn fawr iawn.