



Physical Health Agenda for Mental Health and Learning Disabilities

Clinical Skills Project Team
(CSPT)

Clinical skills

Education

Training

2011

- ❖ Physical Health Agenda
- ❖ Drivers
- ❖ Training Needs Analysis
- ❖ Assessment Tools
- ❖ Competency frameworks
- ❖ Clinical skills
- ❖ Depth
- ❖ Improved Patient Care

Physical Health Agenda for Mental Health (MH) & Learning Disabilities (LD)

Background

For many years government policy has indicated that the clinical skills and knowledge associated with physical health assessment for mental health nurses (MHN's) needs to be improved. The World Health Organisation (WHO) (2008) suggested that people are living far healthier lives than 30 years ago; however people suffering from a severe mental illness (SMI) have a reduced life expectancy of between 15 – 25 years. The reasons for increased morbidity and mortality could be attributed to several factors including; poor social networks, lack of emotional support, physical inactivity, harmful lifestyles and the long term effects of antipsychotic medication (Barreira 1999, Crowley et al, 2008). Subsequently, if this is combined with a lack of motivation to respond appropriately to potential health problems then individuals run an increased risk of coronary heart disease, diabetes, cancers and respiratory diseases.

Current situation

Unfortunately, skills and knowledge associated with physical health have remained at a low priority for MH & LD services. This was highlighted in several nurses training needs analysis reports. The majority of whom placed physical health very low on their list of priorities. This indicates that the service is working predominately on the psychological aspects of the patient's care, rather than the holistic approach. Interestingly, a survey of service users found that they expected MHN's to be proficient on physical health issues and interventions (Nash, 2010).

Nationally

Without doubt, there is a consensus on the association of poor mental health affecting physical health and poor physical health affecting mental health (Sainsbury Centre for Mental Health, (SCMH), 2001; Brown, 1997). Many writers highlight the need for more training and information about physical illness and the clinical skills needed to assess patients and respond to their needs either in the community or inpatient environments. However, there appears to be very little researched evidence of this particular topic with the majority of the information being subjective material that indicates some improvement is needed.

A number of government drivers have pushed the physical health agenda forward, such as; 'The National Service Frameworks, Choosing Health, New Ways of Working' and the 'New Horizons' documents (DoH, 1999, 2006, 2010). Additionally the Chief Nursing Officer's Review (2006) highlighted in recommendation 7 the need for Mental Health Nurse's to have appropriate competencies in assessing and responding to patient's physical health needs. A more recent evaluation of the document suggests that this area is improving with many trusts developing their own training needs analysis and competency frameworks to meet the requirements of the patient's physical needs, although more work is required.

The Care Quality Commission (CQC) (2010) are presently reviewing the physical health needs of people with MH & LD in two separate reviews, looking at some key areas such as; access, assessment, care delivery and communication. Hopefully the results of the review will be published in March/April 2011, which is when follow up work will take place in poorly performing trusts.

Regionally

Many organisations are proactively addressing the physical health agenda and are formulating policies, training needs analysis questionnaires, physical health assessment tools and competency frameworks to help drive the agenda forward and improve patient care.

Suggested training / updates required	
➤ Respiration rates	➤ Blood pressure
➤ Pulse oximetry	➤ Electrocardiograph (ECG), possible Neuroleptic Malignant Syndrome (NMS)
➤ Peak flow rates	➤ Urinalysis
➤ BMI	➤ Blood glucose
➤ Sputum samples and collection	➤ Pathology (bloods)
➤ Medication management, side effects / Extra Pyramidal Side Effects (ESPE)	➤ Tissue viability
➤ Wound dressing	➤ Weight & waist circumference
➤ Lipid profiles	➤ Pulse
➤ Temperature	

Knowledge of health conditions	
➤ Infections, HIV, Hepatitis	➤ Respiratory diseases e.g. Chronic Obstructive Pulmonary Disease (COPD)
➤ Diabetes, Type 1 & Type 2 / Metabolic syndrome	➤ Cancers, in particular testicular / breast screening
➤ Auditory problems	➤ Podiatry
➤ Visual impairment	➤ Dental / oral care
➤ Sexual health	➤ Epilepsy
➤ Asthma	➤ Coronary heart disease
➤ Obesity	

Assessment tools

Various assessment tools are used both regionally and nationally and these are just a few examples of the tools available for organisations to utilise:

- ❖ The PHC: a physical health check for mental health service users.
Rethink: www.rethink.org or e-mail: info-rethink.org
- ❖ Serious mental illness 'Health Improvement Profile' [HIP]. This is used for both inpatient and community settings. jacqueline.white@hull.ac.uk or see www.northamptonshire.nhs.uk/phw and www.changingmindscentre.co.uk/v/phyhwell
- ❖ North East London Foundation Trust: www.nelft.nhs.uk (policies)
- ❖ Humber Foundation NHS Trust. *Physical Health and Wellbeing Policy* and *Physical assessment Policy*. HFT

Harmonisation Working day

An inter-professional event organised by the Yorkshire and Humber Clinical Skills Project Team (CSPT), whose remit is to implement the Yorkshire and Humber clinical skills strategy, explored the physical health agenda in relation to MH, LD and clinical skills training. The aim of the day was to generate a regional action plan / recommendations owned by the group to be implemented at an organisational level. The plan (page 5) will be followed up by the CSPT at 3 -6 months interval, where help, support and encouragement will be administered.

In addition, the event offered delegates the opportunity to network and make personal and professional links with like minded and motivated people, hopefully encouraging their willingness to share and assist with ideas, education and the training they would like to see implemented in their own organisations. At the conclusion of the day the delegates were encouraged to create their own personal action plan to take away and start to implement in their work areas. Subsequently, individuals will be able to evaluate how they are progressing in the implementation of both their personal and regional plans. This will inform the SHA that the physical health agenda is being implemented across Yorkshire and the Humber, thus providing them with a framework to enable them to recognise a regional level of standardisation.

Regional Action Plan / Recommendations

- ✓ Ensure all Trusts are familiar with specific policies and evidence based practice (EBP) driving the physical health agenda (PHA)
- ✓ EBP needs to support the further education and training associated with the PHA
- ✓ Carrying out Training needs analysis (TNA) to identify specific areas of training in relation to practical clinical skills and knowledge base of identified illnesses.
- ✓ Develop competency frameworks to help raise and maintain standards for both qualified nurses and health care assistants involved in delivering the PHA.
- ✓ Develop or access already established physical health assessment tools for both primary and secondary care. Examples of 'good practice' to be disseminated across the region and sharing of information, frameworks and initiatives encouraged.
- ✓ Identify clinical skills leaders (champions) for both inpatient and community settings
- ✓ Develop a clinical skills forum to facilitate and implement TNA, prioritise training roll outs and respond to national patient safety alerts or Severe Untoward Incidents through the risk management. Forum members could be: CS leads/champions, risk managers, training department, director of nursing (or representatives), pharmacy representation, clinical governance, General Practitioner Commissioning Consortia (GPCC) and consultants.
- ✓ Access to equipment required to implement the PHA, Audit the equipment and ensure quality assured training and qualified trainers / facilitators
- ✓ Develop awareness of specific chronic illnesses to enable professionals to recognise signs and symptoms and act upon findings, also develop a ward or community library resource of all relevant information.
- ✓ Identify pathways of treatments and interventions through frameworks such as the 'track and trigger', 'early warning scores' and evidence based assessment tools
- ✓ The introduction of a clear regional / national statement that clarifies what is expected within annual health checks and the introduction of a clear pathway that benefits both the professional and the patient.
- ✓ Physical health needs to be linked with care programme approach (CPA) and information available at all multi disciplinary meetings.
- ✓ Regular involvement of service users (possible focus groups with professionals)
- ✓ Patient's evaluation on the impact of assessment and interventions.

Desirable recommendations:

- ✓ Implement protected time for skills to be practiced, for example; inpatients and community environments could allocate 1hr per week / month
- ✓ Development of MH & LD simulation scenario's to help professionals to meet the physical needs of patients and how to deal with a deteriorating patient.
- ✓ Cross boundary training for nurses including general nurses, MH &LD, Allied Health Professionals, Health Care Assistants, Support Time & Recovery workers to help with inter-professional working and communication (role swaps?)
- ✓ More emphasis on clinical skills and physical health in pre-registration nurse training, looking at closer links with Higher Education institutions, Students, Practice Learning Facilitators, Mentors and organisations.

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