Improving Physical Health in People with Severe Mental Illness:

Testing an Educational Approach in NHS GG&C Mental Health Services

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Introduction

People with Severe Mental Illness (SMI) experience significant health inequalities including reduced life expectancy of up to twenty years. The majority of excess mortality results from cardiovascular disease and respiratory disease, and are not explained by suicide or self harm. A needs assessment carried out in NHS Greater Glasgow and Clyde (NHSGGC) Mental Health Services identified that 52% of inpatients had at least one long-term condition, with almost 15% having three or more^{1,2}. The most common condition was diabetes. It also identified the need for staff training. The Scottish Government's Mental Health Strategy 2017-2027³ includes the ambition 'that premature mortality of people with severe and enduring mental illness is tackled'. Health inequalities require a systems approach that includes educational solutions.

Aim

To achieve the ambitions in Scotland's 2020 Quality Strategy of person-centred, safe and effective care NHS Greater Glasgow and Clyde Mental Health Services tested a one day training to support staff to address some of the priority health care needs of people with Severe Mental Illness. Participants were Registered Nurses and Allied Health Professionals who work in community and inpatient settings. The aim was to undertake the test of change, evaluate this, and make recommendations to NHSGGC Mental Health Services.

Methods

We implemented 'Physical Health in Mental Health' training day as a test of change

We collaborated with colleagues in Health Improvement and Managed Clinical Networks on content:

- 'Setting the Scene' (evidence and standards)
- 3 hour Health Behaviour Change Training Workshop
- Facilitated Discussions using Appreciative Inquiry⁴
- Short key-messages sessions on Diabetes and Cardiovascular Risk

We evaluated the training using Kirkpatrick's Four Levels of Training Evaluations⁵ (Diagram 1) at Levels 1, 2 and 3

KIRKPATRICK LEVEL		KIRKPATRICK LEVEL	METHOD
1	1	REACTION What participants thought and felt about the training	On-The-Day Evaluation Form We asked participants to: ✓ Comment on what they liked/ didn't like
2	2	LEARNING The resulting increase in knowledge or capacity before and after the training	On-The-Day Evaluation Form We asked participants to: ✓ Self-assess knowledge and skills for the learning outcomes using rating scales immediately before and after the session (1=low to 5=high)
3	3	BEHAVIOUR Change in job behaviour or transfer of learning to the workplace	Participant Follow-up Survey ✓ We sent participants a link to a follow-up web based survey at the end of the programme
4	4	RESULTS The impact of learning on practice in terms of results within the organisation	We did not include Level 4 at this stage. Key performance indicators are being developed.

Diagram 1 - Kirkpatrick's Four Levels of Training Evaluation

Results

OUTPUTS	OUTCOMES
 → 19 training days → 315 participants → 93 participants completed the follow-up survey (response rate 31%) 	 Increase in learning outcomes mean scores for self-assessed knowledge and skills (Diagram 2) The follow-up survey demonstrated the learning outcomes were achieved and maintained over time

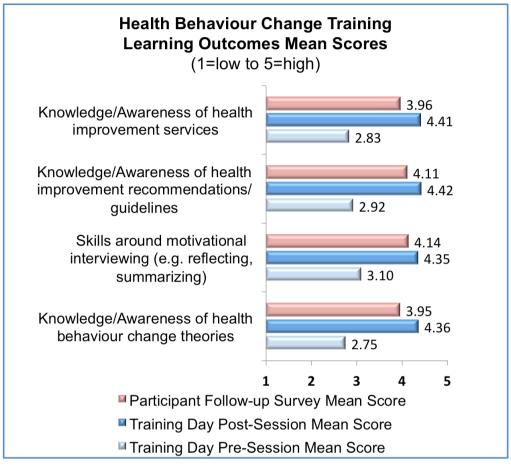


Diagram 2 - Health Behaviour Change Training Learning Outcome Scores

Follow-up Survey 'Implementation in Practice'

Respondents indicated they 'raised the issue' more often



Conclusions

This educational approach was a great success. Based on these positive outcomes we recommend this educational approach be continued, and be expanded to include long-term conditions.

References

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