Physical Health in SMI: The need for a National Nurse Training Programme

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5.7.16
People with SMI

• Are MORE likely to:
  ▪ Die early
  ▪ Have a number of modifiable risk factors for cardiovascular disease
  ▪ Have a comorbid physical condition

• Are LESS likely to have:
  ▪ Monitoring of their physical health
  ▪ Physical examination
  ▪ Prompt diagnosis for a physical problem
  ▪ Intervention to help change unhealthy behaviour (e.g. smoking)
  ▪ Screening for cancer (e.g. mammography)
  ▪ Surgical intervention (e.g. following an MI)
Mental health and practice nurses

• Mental health not viewed as part of the practice nurse role (Crossman 2008)
• Practice nurse required competencies extended to include mental health and wellbeing (RCGP General Practice Foundation 2012, updated 2015)
Key findings from a national survey of practice nurses (n=390)

- 82% have responsibilities for aspects of mental health and wellbeing where they have not had training.
- 42% have had no training in mental health and wellbeing at all.
- A third would struggle to attend a course because gaining agreement from employers is difficult.
- 98% identified at least one area of mental health and wellbeing training that they would like to attend.

A mixture of face to face learning and e-learning are the preferred methods of education


Carried out with a grant from Charlie Waller Memorial Trust (TED Fort)
Northamptonshire Healthcare
NHS Foundation Trust

Practice nurse role in severe mental illness

- No responsibilities
- Administer antipsychotic injection
- Carry out annual physical health check
- Offer ongoing lifestyle support
- Assist with care planning
- Use side effect rating scale
- Liaise with mental health team
- Liaise with other agencies

(Hardy 2014)
Primary Care

38% of practice nurses would like training to carry out physical health checks for people with SMI (Hardy 2014). 23% currently doing it without having had any training (Hardy 2014).


Secondary care

Over 80% of mental health nurses reported they would like training for the management of diabetes, cardiovascular health, and nutrition. Sixty-nine percent would like education about smoking and 67% reproductive health (Robson et al 2012). A survey carried out on behalf of UCLPartners (March 2015) found 92% of mental health nurses wanted training in how to deliver a health check and 83% in how to monitor cardiovascular risk.

Screening for cardiovascular risk in patients with severe mental illness in primary care

The effect of training on monitoring and lifestyle advice

Tools, targets and guidance – do they work without training?

**Guidance and reports**
- NICE – Schizophrenia, bipolar disorder (2014)
- Centre for Mental - Health Bridging the Gap (2013)
- British Medical Association - Science Board’s Parity in Outcomes (2014)
- NHS England taskforce - the Five Year Forward Plan for Mental Health (2016)
- The King’s Fund - Bringing together physical and mental health (2016)
- Ash - The Stolen Years (2016)

**Payment targets**
QoF, CQUIN

**Tools**
Bradford, Lester, HIP, practice nurse website, NHS England’s practical toolkit
Training for physical health and mental health cited as important by recent reports:

• ‘Five Year Forward Plan for Mental Health’ (Mental Health Taskforce to the NHS in England, February 2016)
• ‘Bringing together physical and mental health’ (King’s Fund, March 2016)
• ‘Improving the physical health of people with mental health problems: Actions for mental health nurses’ (DoH, May 2016)
A number of training programmes
Mostly local and short term!

Sheila Hardy:
• 2012 – 2013 EM HIEC – Physical Health in SMI training
• 2012 – 2013 NHS London – Promoting the safe management of people with SMI
• 2013 – 2014 HENCEL/UCLPartners – Practice Nurse masterclasses
• 2014 – 2016 HENCEL/UCLPartners - Breaking the Barriers
• 2015 – present CWMT train the trainer
• 2015 – present NHFT/Nene CCG/EMSCN - Smoking in SMI (for smoking cessation advisors)
• 2015 – present NHFT – Physical health in SMI (for mental health nurses)

Kate Dale – Using the Bradford template
Practice nurse project

- Funded by Health Education North Central East London (HENCEL)
- Facilitated by UCLPartners
- Four Trusts: Barnet, Enfield and Haringey Mental Health NHS Trust; Camden and Islington NHS Foundation Trust; East London NHS Foundation Trust; North East London NHS Foundation Trust
- Materials developed and project led by Dr Sheila Hardy
- Continued in London until June 2016 (Breaking the Barriers project)

# The Training Programme

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<tr>
<th>Method of delivery</th>
<th>Content</th>
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| **Classroom**      | Module 1: Mental Health Awareness  
|                    | Module 2: Behaviour Change  
| Accredited by the RCGP | **Module 3: Physical Health in Mental Illness**  
|                    | Module 4: Wellbeing  
|                    | Module 5: Co-morbidities - using a psychological approach  
| **E-learning**     | Alcohol and drug awareness  
| Hosted by the BMJ International accreditation (access free to all) | Medications used in mental illness – part one and two  
|                    | Your patient’s journey  
|                    | Care planning  
|                    | Specific conditions  

Free ‘train the trainer’ training through Charlie Waller Memorial Trust:

Training for professionals who have been identified by their organisation to be trainers (e.g. practice nurses, community nurses, mental health nurses, IAPT workers, lecturers, doctors).

A toolkit is provided to guide organisations in the process. It includes train the trainer and educational materials; a guide to creation of communities of learning and action learning sets; operational guidelines; certificates; and evaluation tools.
Other training available (no current funding, so payment required).....
Smoking and severe mental illness
Physical health in severe mental illness

Author: Dr Sheila Hardy

Trainer: Insert name and designation
Some issues...

• Research is required to demonstrate whether this approach has an impact on patients

• Currently ad hoc training across the country, repetition of advice to would-be host organisations

• Lack of effective systems in organisations to arrange and maintain education

• Driven by individuals

• *No formally recognised national nurse training programme!
