

Healthy Body, Healthy Mind  
Looking After Mind and Body

# Care Coordinators Toolkit



*"More people with mental health problems will have good physical health"*  
No Health without Mental Health (2011) DoH



Influencing behaviour change  
**Positive**  
Prevention  
**health** Health improvement

## The Killer Facts!

“ ...people living in the poorest areas will, on average, die 7 years earlier than people living in the richer areas and spend 17 years more living with ill health ”

“ ...people who have a severe mental illness are at 5 times higher risk of diabetes, 3 times more at risk of CVD & COPD ”

“ ...people with schizophrenia on average die 20 years earlier ”

Healthy Lives, Healthy People: update and way forward - July 2011

The tablets I take caused me to put on 5 stones in 6 months , no-one warned me ....when I felt mentally well again I then had a huge battle to face & my self-confidence was very low

I used to think smoking helped me to deal with stress its only now I've stopped smoking I realise it used to cause me stress

# Why

People with a severe mental health problem are at greater risk of poor physical health. Possible explanations may include:

- Mental Health Symptoms impacting on life skills, causing deficits in cognitive function; functional difficulties; decreased motivation etc...
- Services & Treatment – side effects of medication, less willing to disclose information, access to healthcare
- Lifestyle Choices - obesity, poor nutrition, increased smoking , increased levels of substance misuse, low levels of activity, low motivation and poor self image
- Socio-Economic & Social Factors - loss of social contact, limited financial resources, loss of employment, poor housing.



# Taking a holistic approach as part of recovery

**Mental health services** should consider the **physical health** needs as part of their **initial and on-going care programme approach** (CPA) assessment and they should be **continually liaising with primary care**. Patients should be made aware of increased physical health risks and fully informed about the importance of health promotion, prevention and health management.

## **DHCFT Standards for physical health care from recovery services:**

1. People receiving ongoing care will have their physical care needs assessed and reviewed in liaison with primary care
2. Physical health care needs identified will be communicated to the persons General Practitioner and significant others with the consent of the person
3. Primary care have the lead responsibility for providing physical health services. Trust staff will work in partnership with primary care to provide care and treatment needed.

*Referenced from: DHCFT Standards for Physical Health Care of People with Mental Health Problems and Learning Disabilities*

When I feel low I eat all the wrong things, I know it's not good for me but at the time I don't care ..... It's only later, I realise, and then it really gets me

# Taking a holistic approach as part of recovery

## Initial Assessment (Pathfinder)

Collect information from GP to inform assessment

- Is the service user registered at a GP surgery?
- Do they attend the surgery?
- Do they have any existing long term physical health problems?
- Is there a possible physical health care for their mental health problems?
- Is their lifestyle impacting on their physical & mental wellbeing e.g. eating patterns..

## Recovery Services: Complete further in depth assessment

Form APC should be completed in liaison with service user & primary care:

- Identify physical health needs at initial assessment
- For those with a diagnosis of psychotic disorders, schizophrenia, bi polar, dementia entitlement to primary care annual health check, confirm attendance or assist process
- Identify any long term physical health problems
- Medication management requirement.

Medication management

Confirm responsibilities as per shared care protocols & document

Primary care health checks

- Eligible to be on SMI/dementia/LD register?
- Date of last review, did they attend?
- Do they need support?
- Does GP have CPA care plan
- Request feedback from health check

Health promotion

Liase with primary care & community services *(For guidance see Health living standards)*

Management of long term physical health condition

Confirm responsibilities as per shared care protocols & document

- CPA care plan reviews
- Review physical health & ongoing planned care plus need for more in depth assessment
- Do they attend the GP surgery
- Is their lifestyle impacting on their physical and mental well beign e.g. eating patterns

# Care Planning

This plan will include some recommendations for physical health and needs to be sent to primary care (GP) so it can be referred to as part of annual health check.

Care plans should include:

- Recent progress, current situation
- Mental health Medication (including information about who prescribes and where from, and any side effects)
- Drug / alcohol use
- Accommodation
- Daytime activities, education, occupation, employment
- **Physical health, disability, and mobility (was information requested from the GP? Was information received from the GP? Does the person have any long term health conditions? Were they given advice on healthy lifestyle choices? What actions were agreed?)**
- Activities of daily living and personal care
- Social, financial, legal, safeguarding needs
- Informal carers and/or caring responsibilities
- Gender, culture, ethnicity, sexuality, spirituality and other on-going needs and support
- Agreed outcomes and Service Users views
- Relapse signature/risk management and Crisis and Contingency plan
- Care Co-ordinator's role
- Unmet Needs.

Don't forget this is a working document so should be reviewed annually as a minimum standard. For more information see the **Writing Good Care Plans** leaflet.



# Primary care responsibilities

As part of the General Medical Services Contract and Quality Outcomes Framework (QOF) it is the responsibility of primary care to monitor the physical health needs of service users in their community, in the form of an annual health check. Physical health care should not be confined to this annual health check, so we need to monitor it regularly as part of the holistic care process.

All GP practices in Derbyshire hold a Severe Mental Illness (SMI) register. The SMI register should consist of all the people in the practice who have a recorded diagnosis of schizophrenia, bi-polar disorder or other long term psychotic illness. The register should include patients with chronic conditions not people who have experienced a short term mental health problem some time in the past. Patients currently prescribed Lithium should also be included. Being on this register ensures that those service users are offered an annual physical health check.

CPC should identify people with a severe mental health problem on the SMI register in liaison with primary care .

To ensure the severe mental illness (SMI) registers retained in primary care include all people entitled to an annual health check, there needs to be sharing of information between primary and secondary mental health care. The systems in place need to be secure and regularly updated.

# The SMI Health Check in Primary Care should include:

1. Enquire about smoking, alcohol and drug use
2. Blood pressure check
3. Cholesterol check where clinically indicated
4. Measurement of body mass index (BMI)
5. Enquire about diet and levels of physical activity
6. Check for the development of diabetes
7. Cervical screening where appropriate
8. Enquire about cough, sputum, and wheeze.
9. Check the accuracy of the record of medication prescribed by the GP and the Psychiatrist

Offer advice or signposting for support on healthier lifestyle where appropriate.

Other things to consider:

- sexual health side effects of medication
- Repeat prolactin if symptomatic
- cigarette smoke can alter the metabolism of some medications particularly clozapine.

Referenced from: BMA QOF Guidelines



# Partnership working with primary care

DHCFT



Primary Care

Care Co-ordinator to obtain physical health information from GP practices prior to care plan review

Document what is received and information requested from GP practice

Is the service user on the SMI Register?

Help GP keep the SMI register up to date

Have they been invited for a physical health check?

Encourage/support attendance to appointment

Document in care plan identified needs (including support and signposting)

Copy of CPA Care Plan to be sent to GP Practice.

Primary Care



DHCFT

Provide health information prior to CPA review

Inform Care Co-ordinator when the next Physical Health Check is planned

The GP/Practice Nurse should inform the patient of health check results and agree actions.

Inform Care Co-ordinator of results and plans

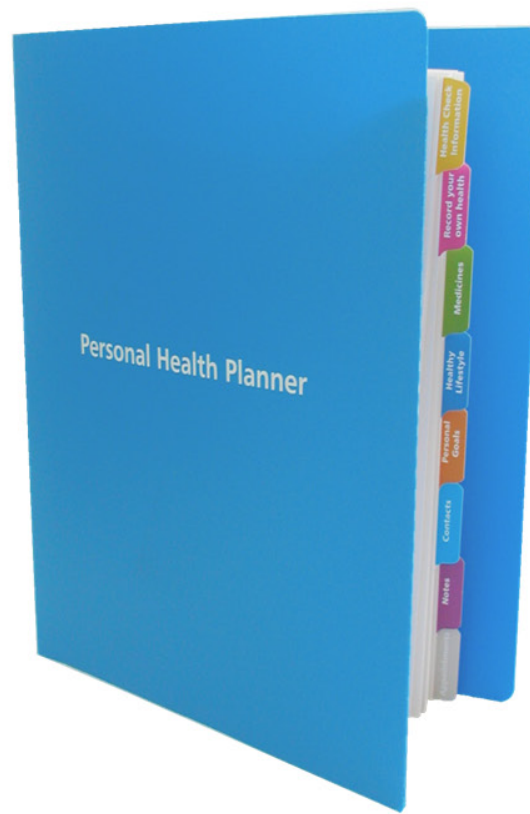
Liaise to keep SMI registers updated.

**Primary care health teams are prompted by QOF (Quality outcome framework) to monitor and manage the Physical Health needs of those with a serious mental illness (SMI).**

# Empowering service users to look after their own health

Personal health planners are available to help service users to keep a record of their own health and to help them to consider how to keep well. They can also be used as a communication tool between patient and services.

Further copies can be obtained from **Karen Wheeler**, Physical Health and Wellbeing Lead, on **01246 515976** or email [karen.wheeler@derbyshcft.nhs.uk](mailto:karen.wheeler@derbyshcft.nhs.uk)



## Trust Intranet Healthy Body, Healthy Mind:

- <http://connect/Corporate/NursingandQuality/patientexperience/physicalhealth/SitePages/Healthy%20Body,%20Healthy%20Mind.aspx>
- APC form – physical health assessment form for community staff
- Health Promotion Library have all the up to date leaflets and posters
- Health trainers are available to refer to, or can be contacted for advice.
- Infolink booklets are available in hard copy or on the core care standards website: [www.corecarestandards.co.uk/welcome/principles/information/](http://www.corecarestandards.co.uk/welcome/principles/information/)
- More information about health and wellbeing can be found on the trust core care standards website: [www.corecarestandards.co.uk/welcome/principles/recovery-and-wellbeing/](http://www.corecarestandards.co.uk/welcome/principles/recovery-and-wellbeing/)

# References

Standards for Physical Health Care of People with Mental Health Problems and Learning Disabilities – DHCFT Standard on intranet

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Disability Rights Commission (2006) Equal Treatment: Closing the Gap. A Formal Investigation into Physical Health Inequalities Experienced by People with Learning Disabilities and/or Mental Health Problems. Disability Rights Commission

OP67 Royal Psych Physical Health in Mental Health - final scoping report 2009

NICE guidelines for management of Bi-polar ( 2008) DoH

NICE guidelines for management of schizophrenia (2009) DoH

# Contact

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Influencing behaviour change  
**Positive**  
Prevention  
**health**  
Health improvement