

# Mental and physical wellbeing: long term care innovation for the whole person

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Oxford AHSN Person-centred Care Conference  
Oxford, 14 May 2019

Developing people

for health and

healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)



Image: <http://phil.cdc.gov>

# Overview

## **HEETV commissioned 5 projects combining mental and physical health care for older people in 2018:**

- exercise for older people with chronic mental conditions (Oxon Mind)
- CBT support for long term conditions such as cardiac and respiratory illness (Berks Health NHS FT)
- support groups for younger people with dementia (Bucks Mind)
- preventing loneliness through telephone befriending, and
- singing for wellbeing for older people (Age UK Oxon)

Programme led by Rhonda Riachi, building on work to establish care and support planning across Thames Valley, previous projects in the care of older people, and renewed national emphasis on mental health care and social prescribing

# What is HEE?

## Health Education England (HEE)

- supports the delivery of excellent healthcare and health improvement to the patients and public by ensuring that the workforce has the right numbers, skills, values and behaviours, at the right time and in the right place



## HEE Thames Valley

- leads projects to improve training and education
- as a local team of HEE, looks after postgraduate multi-professional education for some professions
- works closely with regional and local partners

<https://www.hee.nhs.uk/>



# Long term conditions and older people

A **long term condition** is one that cannot currently be cured but can be controlled with the use of medication and/or other therapies. In 2010 there were 15.4 million people in England with a long term condition.

[Improving the health and well-being of people with long term conditions](#),  
DH 2010, “Year of Care”

Includes Cardio-vascular disease, Chronic obstructive pulmonary disorder, Dementia, Depression, Diabetes, Motor-neurone disease, Multiple sclerosis, Parkinson’s...

**The number of multiple conditions rises as we age:**

- at 50 years approx 20% will have more than one LTC
- at 85 years approx 70% will have more than one LTC

# Physical & mental health are closely linked

- Do people get depressed or anxious because they have a long term physical condition?
- or**
- Does depression and anxiety lead to a downward spiral that results in a long term physical condition?

We already know that

***“social isolation and loneliness significantly increase risk for premature mortality, and the magnitude of the risk exceeds that of many leading health indicators.”*** (Holt-Lunstad et al 2015)

So health and social care need to join up around people...

# **Integrating care using therapy to help people with heart failure and chronic obstructive pulmonary disease**

**Chris Allen (Consultant Clinical Psychologist)**  
**Charlotte Slaughter (Assistant Psychologist)**

# PINC Approach

## Based on 12 session intervention

- Session 1 – Establishing Rapport/Anxiety Model
- Session 2 – Goals Breathing/Relaxation
- Session 3-6 – Thinking Patterns/Cognitive Patterns
- Session 7 – Sleep Hygiene
- Session 8/9 – Behavioural Approaches/Exposure
- Session 10 – Mindfulness based approaches
- Session 11 – Positive Psychology
- Session 12 – Relationships and review

# Time and Teams

- Health Education England grant enabled 1.5 days of Assistant Psychologist time supervised by consultant
- Based at  
Upton Hospital, Slough, with Heart Function Team  
and King Edward Hospital, Windsor, with Airways Team
- Covering East Berkshire

# Outcomes

Total Referrals = 29				
Assessed = 13		Assessments Booked = 1	Not Assessed = 8	Waiting List = 7
Started Treatment = 8		Treatment Not Started = 5		
<b>Completed treatment = 4</b>	<b>Not Completed = 4</b>	Declined at assessment = 4	Inappropriate referrals = 4  Died before assessment = 2  Declined before assessment = 2	
Reliable recovery = 4	Discharged = 1	Declined after assessment = 1		
Moved to recovery = 4	Current Caseload = 3			
Reliable improvement = 4				
No improvement = 0	(GAD7 & PHQ)			

# Case Example

- RJ is a 73 year old male
- Diagnosis of cardiomyopathy, atrial fibrillation and EF of 21% (norm of 70-80%)
- Had 2 failed cardioversions and a failed ablation
- Current trial of a CRT-D with a transeptal LV lead. One of five in the UK in this trial.
- Turn it off and on through a 6-monthly basis
- At risk of sudden death

# Intervention

- 6 sessions
- Psychoeducation
- Breathing & relaxation
- Focus on behavioural activation
- Pacing
- Management of worry
- Relapse prevention

# Outcomes

- PHQ9 decreased from 17 (moderately severe depression) to 1 (healthy)
- GAD7 decreased from 15 (severe anxiety) to 2 (healthy)
- At follow-up PHQ was 2 and GAD7 was 1
- No longer anxious to leave the house, goes for daily walk
- GP appointments reduced from 6 at start of treatment to 1 at follow up (in 3 months)
- Specialist nurse visits reduced from 5 at the start to 3 at follow up
- Doctor appointments (other than GP) reduced from 10 to 4
- Admission to hospital reduced from 9 days to nothing
- Currently attending support group

# Oxfordshire Mind – Overview

Health Education England

We're Mind, the mental health charity.

We're here to make sure anyone with a mental health problem has somewhere to turn for advice and support.

We promote good mental health through the provision of high quality services and campaigning for positive change.

# Stay Active, Keep Well

## Aims:

- To work with adults over the **age of 50** to help them to increase their levels of **physical activity**, learn tools to help them improve their **wellbeing** and look after their mental health, reduce **isolation**, and improve community connections and **social integration**

# Fitness and Wellbeing courses



*Health Education England*

We ran a series of 4-week 'Fitness and Wellbeing' courses, including

- Zumba and Wellbeing
- Nordic Walking and Wellbeing
- Qigong and Wellbeing
- Yoga and Wellbeing
- Tai Chi and Wellbeing
- Pilates and Wellbeing

The courses consisted of 4 sessions. Each session included:

- a one-hour wellbeing workshop, to teach tools and skills to help improve wellbeing and mental health, and
- a one-hour fitness class aimed at a beginner's level

# Wellbeing topics

- Wellbeing topics covered included
  - Introduction to wellbeing and self-care
  - Self-esteem
  - Coping with change and challenges
  - Stress and anxiety
- These topics were discussion-based, and individuals learnt practical, tangible tools and skills to help improve their wellbeing and protect their mental health

# Outcomes

- We worked with 88 people, aged between 50–81 years old
- 86% women, 14% men
- Wellbeing scores (as measured by the Warwick Edinburgh Mental Wellbeing Score) showed an increase of 4.7 points, which demonstrates a significant improvement in wellbeing
- 75% of participants also self determined that their wellbeing had improved or slightly improved as a result of this course
- We collected participants' 'thoughts, feelings and behaviour' information before and after each session
  - Before the session the words had a focus around feeling stressed, tired and anxious
  - After the session there was a striking change, and the words now focused on feeling uplifted, positive and energised

# Testimonials

“The course facilitators were very empathetic and wonderful teachers. Please do another course! It has motivated me beyond words!”

*“My wellbeing improved - the course facilitators were fantastic, welcoming, listened and made it a fab course. The course was safe and comfortable and Qi Gong was brilliant. I really enjoyed it!”*

# Any questions?



# Highlights and lessons learned (1)

## Bucks Mind “Care In Mind” Young Onset Dementia

- did not recruit enough participants to get support groups going, despite many attempts and good collaboration across the county.
- Resources reallocated to support the Friends in Need (FiN) project in Bucks, where peer support services are lacking.
- FiN is a supportive peer-led community, building relationships and networks, which helps combat loneliness and isolation.
- The FiN coordinator consults with members to set up community-based activities designed to lift spirits – yoga, meeting up for coffee, digging a Land share site, etc.
- Activities are arranged and facilitated by group members themselves (following training) with the coordinator facilitating groups with greater/higher mental health needs.

# Highlights and lessons learned (2)

## Age UK Oxon Phonefriends

The project worked with local organisations to increase their knowledge and understanding of what loneliness and isolation is, and to secure support to release staff to volunteer to make phone calls

- Work with local third sector organisations and Health & Adult Social Care colleagues was successful in increasing the knowledge and understanding of loneliness and isolation and led to increased referrals to the service and the signposting of volunteers to the service across the whole county
- Corporate support/volunteering was not as successful as hoped. Securing 'initial interest' was straightforward, but turning this in to confirmed, reliable volunteers much harder.

# Highlights and lessons learned (3)

## Age UK Oxon Singing Well

Smaller project to pilot build capacity and confidence to enable Age UK Oxfordshire Dementia Advisers, Dementia Support Workers and other staff to use song as a means of boosting mental and physical health and wellbeing and supporting people and their carers to live well with dementia.

- increased staff skills and confidence to use songs in their dementia care work
- encouraged staff to consider how to use technology effectively and to overcome concerns that using song in group and individual settings requires any particular musical ability

The learning from the project will be built into the Dementia Oxfordshire Service framework, embedding music in work to build dementia friendly communities.

# Thank you

If you'd like more information on these 5 projects and/or to receive **free, monthly person-centred care news**, please email

[r.riachi@brookes.ac.uk](mailto:r.riachi@brookes.ac.uk)



<http://phil.cdc.gov>

# References

- Holt-Lunstad J et al (2015) Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*. 10(2) 227–237.  
<https://www.ahsw.org.uk/userfiles/Research/Perspectives%20on%20Psychological%20Science-2015-Holt-Lunstad-227-37.pdf>
- NHS England (2014) *The House of Care model*. Available at <https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/house-of-care/house-care-mod/>. (Accessed 25/02/2016)
- Year of Care (2011) Report of findings from the pilot programme. Available at [https://www.diabetes.org.uk/upload/Professionals/Year%20of%20Care/YOC\\_Report.pdf](https://www.diabetes.org.uk/upload/Professionals/Year%20of%20Care/YOC_Report.pdf) (Accessed 25/02/2016)