

## **Managing a healthy weight in Secure Services**

*Report to NHS England and Public Health England*

*Provided by Rethink Mental Illness following consultation sessions held at Recovery and Outcomes Groups*

*August 2018*

### Overview

Through the Recovery and Outcomes programme, Rethink Mental Illness has consulted with people living and working in medium and low secure mental health services regarding the challenges and barriers to effective weight-management whilst residing in these settings.

People told us that there are specific characteristics of secure services that make it difficult for people to make healthy choices, and which contribute towards weight gain. Staff are often unaware of healthy-living interventions and do not motivate individuals. Exercise classes and gym sessions are inconsistently offered within units.

We recommend that Public Health England works alongside the Specialised Commissioning team at NHS England to develop information and a set of guidance standards for providers of secure services, to ensure that a higher quality of service is offered in terms of healthy eating and access to physical activity, together with providing greater support to people to help maintain a healthy weight.

### About the Recovery and Outcomes programme

The Recovery and Outcomes network brings together service users, staff and commissioners in an environment that fosters honest, open and transparent interactions. At the meetings, people share recovery-focused projects and initiatives that other services can implement in their own services. They provide an opportunity for people living in secure services to gain experience in presentation skills and leading discussions on topics that people say are important to them, such as improving communication, developing happiness and hope, peer support and fostering supportive and healthy relationships. The outputs from these discussions can then be taken forward nationally by the Recovery and Outcomes Steering Group and developed into resources such as information leaflets, guidance and training materials to further improve the recovery-focus of secure services.

Recovery and Outcomes Groups enable local and national commissioners and NHS England to hear at first-hand the experiences, views and opinions of service users and staff in an honest, open and supportive way. They foster growth and development of people in services (and staff) in becoming 'leaders' and role models for other groups and involvement structures locally, regionally and nationally and provide an opportunity for the dissemination of information between services, commissioners and other bodies, such as NHS England, RCPsych, Rethink Mental Illness and the Ministry of Justice. They also provide a forum for external speakers and facilitators to interact with people in services, staff and commissioners of secure services. The groups were set up in 2012 as part of the implementation of My Shared Pathway, an initiative developed by a process of inductive co-production with service users across the country

### Background

In February 2017, Public Health England published *Working together to address obesity in adult mental health secure units: A systematic review of the evidence and a summary of the implications for practice*. This report highlighted the following points of particular relevance:

- Obesity and being overweight are more prevalent in the population detained within mental health secure units (with rates of up to 80% reported) than in the general population (around 60%) and patients appear to be at risk of weight gain when detained.
- Access to approaches to improve health promotion and recommended healthier food provision and physical activity support within secure mental health units is variable.
- The limited evidence for effectiveness suggests a lack of robust evaluation of policy change and intervention to address the factors associated with obesity in mental health secure units.
- Acceptability and uptake of interventions and policy changes to address obesity in mental health secure units varies between sub-groups, e.g. gender, condition, medication.

Following the publication of this report, NHS England, in association with Public Health England, approached the Recovery and Outcomes team to consult people living in secure services, together with staff members to gather their insight on the difficulties of managing weight within these settings, and the support needs which people have to be able to manage their weight more effectively.

### Methodology

In September and October 2017, Rethink Mental Illness delivered nine Recovery and Outcomes Groups. The focus of this round of Groups was 'physical health', and following presentations on this topic by people in services, including staff, a discussion session was held.

This session began with some 'conversation starters' with the entire group:

- What are the positive benefits to us of staying healthy?
- Are there downsides to staying healthy?
- Difficulties faced in staying healthy
- What are the things that help us to stay healthy?

Participants were then split into smaller groups with a mixture of staff and people in services, to discuss the following questions:

- What are the things that make it difficult to be a healthy weight?
- What can people do to help us to be a healthy weight?
  - What can we do
  - What can others do

- What can our services do
- What can NHS England/PHE/the Government do
- What are the top three things anyone could do to help us to manage our weight?

Participants wrote their group responses on flipchart paper, and notes were taken by Rethink Mental Illness staff members. Notes from all nine Groups were compiled and analysed for common themes. The findings are set out below. The total attendance at these groups was 235, with around half of this number being people living in services.

## Findings

### What are the positive benefits to us of staying healthy?

In answering this question four main themes came up. These were: physical, behavioural, mental, and social.

In answers focused on the physical benefits of staying healthy, respondents talked about having good fitness, increasing their longevity and feeling more energetic. Another key focus was on the aesthetic benefits of staying healthy. Respondents talked of “fitting into clothes” and “looking good” as key outcomes of a healthy lifestyle. Though these are clearly positive effects of healthy living they are more perception driven or secondary outcomes to losing weight. The large number of respondents who focused on these aesthetic outcomes suggests that self-perception has an inflated importance among the survey group.

The answers focused on behavioural benefits discussed the positive outcomes of engagement with new activities. Changing damaging habits and adding structure to one’s day through exercise and regular meals was another key benefit identified.

Regarding mental benefits, these again split into two main groups of answers: those focused on outward and those focused on inward perception. Regarding outward perception, phrases like “gaining perspective on life”, “general happiness” and “confidence” were clear themes. Inward perception again focused around body image and feeling good about oneself.

Lastly, those responses which discussed the social benefits of staying healthy mainly talked about increasing their level of interaction with others. Some comments like “making a better circle of friends” might be taken to indicate a degree of dissatisfaction with their existing network. However, most focused on making and maintaining any friends pointing to worries over social isolation being a big problem.

### Are there downsides to staying healthy?

Here five themes emerged: effort/barriers to a healthy lifestyle, social problems, lack of enjoyment, negative mental effects and financial issues.

Regarding mental effects one word came up repeatedly: obsession. Obsession related to food and fitness impacts onto an individual’s mental health; it was directly identified by respondents and came up frequently.

Financial issues were a similarly simple category. Issues around the costs of gym memberships or access to facilities made up the bulk of these with a couple of respondents also identifying the perceived higher cost of healthy food.

Downsides related to enjoyment were a major area of complaint. Being healthy affects a persons' freedom, whether around what they could eat or what they had to do to stay healthy was a recurrent theme. Feelings that being healthy was "boring" and "tedious" came up a lot. More fundamental barriers around feeling too self-conscious to exercise or exercise being painful were also detailed. One more humorous respondent focused their response on the massive reduction in takeaway options available.

Social downsides to pursuing a healthy lifestyle were identified as limiting the options for socialising. Furthermore, concern about loss of friends was voiced by a couple of respondents who talked of losing the social side of drinking and smoking being big sacrifices.

Overall, the most consistent downside to exercise identified was the effort it required. "Need to be disciplined/committed" and "it takes up time" were representative responses. People also discussed the constant level of effort required, with a telling comment being "temptation is everywhere!".

### Difficulties faced in staying healthy

The four themes in responses to this question were external influences, motivational issues, practical issues and environmental problems.

Regarding difficulties arising from someone's environment, issues around being in hospital were discussed extensively. There not being anywhere to buy healthy food, the limited options/quality of food available and the same issues existing regarding exercise were common themes. People also commented that "due to culture, eating healthily would be isolating". All-hours access to cafes and high levels of temptation were another clear issue.

With regards to external influences, advertising, offers and food promotions were brought up. Also, peer pressure or the negative influence of parents and friends, particularly around the culture of smoking and takeaway eating, were highlighted.

In the motivational issues strand, depression, boredom and food being a coping mechanism or an addiction were discussed. Also, difficulties maintaining effort all the time or just to change a habit and start something new were highlighted.

The practical issues focused on the weather and expense as being barriers to exercise. Food availability, misleading labels and a lack of knowledge were the main difficulties identified relating to healthy eating.

### What are the things that help us to stay healthy?

Respondents answers can be grouped into four strands: knowledge/approach, external factors, opportunities, and people.

The effect of others on motivation, providing role models and support came up. The different groups directly mentioned were: peer support groups, staff, family and 'mentors'.

Lack of knowledge around ways to achieve a healthy lifestyle were a theme throughout the discussions. Here, cooking lessons, information and education on means to plan and set goals were commented on.

The major external factors identified were being free of drug/alcohol dependency or other addictions which effect an individual's ability to be in control of their life. Access to healthy food was again brought up, as was the direct support of others in controlling food intake.

Certain opportunities were identified that were felt to help people stay healthy. Access to voluntary work, exciting and engaging exercise, gym facilities and having choice were all pointed to as being beneficial to helping people stay healthy.

### **What are the things that make it difficult to be a healthy weight?**

As with the factors that help us stay healthy the same four themes were apparent in the answers to this question. The answers around knowledge were the direct opposite of the responses recorded in the previous section. Similarly, the answers around opportunities were the inverse of those given in the previous section with only the addition of access to S17 leave or leave in general being a barrier to healthy living.

Regarding external factors access to unhealthy shops, the cost of food and big portions cropped up again. Other structural issues identified included being given four meals a day and the effects of medication. Lastly advertising and clothes marketing were highlighted.

"Others normalising unhealthy eating" and issues around bullying and peer pressure were regularly raised in the people stream of answers. Other things identified as being problems were lack of staff, the effect of the media and the societal norms of ones' community.

### **What can people do to help us to be a healthy weight?**

This questions answers split into four natural streams: awareness, role models, help, and support.

#### **What can we do?**

In terms of the responses made by people with regards to the things which people themselves could do, many of the suggestions focussed on personal motivations and prioritisation of weight management. Suggestions included 'Being strict with exercise' and 'Find a hobby'. Lots of discussion was had on maintaining a healthy diet, and the choices which people felt able to make themselves, such as 'don't buy junk food' and 'don't shop on an empty stomach'. Several mentions of taking advantage of support were highlighted, such as learning to cook healthy food, and help with diet and meal planning. People also highlighted the benefits of a positive attitude and becoming involved in weight management or healthy eating meeting within a service.

### What can others do?

The support required from other people included encouragement, motivation, positive reinforcement, listening and patience. People highlighted the key role that others can play in terms of providing hope, when at times the person may feel hopeless.

Some specific recommendations included 'control food portions', 'don't bring me comfort food' and 'don't eat unhealthy food around me'. Others also have a practical role to play in terms of having an awareness of the person's physical health needs, and can be a role model for positive behaviour. Some suggested that others could offer to come along to a support group or an exercise group with the person and provide moral support and motivation.

### What can our services do?

The strongest theme which came through in regard to the support which services offer was in relation to the availability of healthy food provided by the service. Lots of discussion was centred around this, as people highlighted that due to restrictions placed on patients within secure services, they are likely to be unable to purchase their own ingredients and cook their own food on a consistent basis, therefore are reliant on the food provided by their service. Many involved in these sessions stated that this food was often unhealthy, bland and uninspiring, and that services frequently hosted 'takeaway nights'. Portion sizes were not controlled and the shops within services were stock with high-sugar, high-fat 'junk' food. People asked that services reassess their food offers to remove 'temptations' from people who are struggling to maintain a healthy weight.

A second area of common response related to staff training needs; particularly in regard to staff supporting people to become healthier, and staff being able to deliver physical activities – particularly the gym and clubs. Staff training could also be developed so that they were able to run cooking classes, or deliver weight-watcher style groups. People also asked for access to specialists such as a dietician or physiotherapist.

More physical activity sessions should be offered, particularly at weekends. The service should also ensure that there is a gym instructor back up – in case of sickness / holidays. This could include training other staff members to be able to facilitate physical activity sessions.

All of these suggestions should be included in the person's care plan, to ensure that this support receives the same level of priority as support for someone's mental health.

### What can NHS England, Public Health England or the Government do?

The first theme of feedback within this section was on funding; increasing budgets for secure services to allow them to have enough staff to provide exercise classes, cookery classes and weight management groups. Additional funding would also be used to offer healthy food options within services and service shops. Facilities such as gyms and outdoor exercise equipment could also be improved with additional financial support. Related to funding, people suggested that certain programmes could be subsidised for people in secure services; free or



discounted gym memberships, free fruit scheme, special gym opening times for people with mental health conditions, and phone apps to promote healthy living.

Secondly, people highlighted the need for more education at various stages in a person's journey: at schools, in prisons, in community mental health services, in early intervention services, and following discharge from a secure service. Related to this, external providers of physical activity (such as gyms) should be offered mental health first aid training so that they can be more mindful and supportive of those with mental health conditions who use their facilities.

Thirdly, many of the suggestions recommended that NHS England or Public Health England direct more policy towards secure services with the aim of improving the service quality which individuals are receiving. An example of this is requiring services to ensure people receive 25 hours of meaningful activities each week, at least 5 of which are protected for physical activity, and more if the person desires. Another example is related to the food which is permitted to be served in hospitals; limiting maximum calories, portion sizes and removing any offers of 'junk' food.

Fourthly, much discussion was held on the role which advertising plays in contributing towards weight gain. Advertisements for 'unhealthy' food should not be displayed within secure services and should be removed from TV. Instead, people suggested that messages should be focussed on 'feel the love' and also an extension of the 'Change for Life' campaign. Related to this, clearer food labelling should be present on all food provided or sold in secure services to assist people to make healthy choices.

### Recommendations

That Public Health England works with the Specialised Commissioning team at NHS England to devise some specific guidelines and recommended interventions for providers of secure mental health services which shall include:

- Accessible information for people living and working in secure services, together with information for commissioners, about the impact of obesity within secure services, information on evidence-based interventions which can tackle this issue, and a breakdown of the duties and responsibilities which providers legally have towards the people within their services.
- Guidance for providers on how to improve healthy eating, including sourcing fresh food suppliers, supporting people to regulate their calorie intake, providing a range of healthy options and providing information on meal planning and healthy eating. This will include improving access to self-catering and the development of healthy cooking skills.
- Guidance for providers on providing meaningful health-promoting activity, including exercise throughout the week, with a focus on how to maximise the use of outdoor spaces for inclusive, low intensity activities, how to upskill staff to deliver physical health signposting, information and activities, and how to ensure staff members act as





role models, motivators and supporters to those who experience challenges with maintaining a healthy weight.

- Guidance on developing peer-led interventions and co-produced support strategies to maximise peer-to-peer motivation and the championing of health-improvement initiatives by people living in secure services.
- Guidance should include case studies, first-person accounts and showcases of good practice from secure services who are excelling in this area.

These recommendations should be considered for a CQUIN scheme and the guidance produced should be provided as an appendix to the service specifications for medium and low secure services.