



# The Physical Activity Environment and Access to Food on Low Secure Units

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# Background

- How this came about?
- Why do we need to look at the physical activity environment and access to food in LSU?
- Why do we need to look at the wider determinants?

# Study Aims

- Investigate the policies, resources and facilities that support engagement in PA and healthy eating behaviours in LSU mental health settings.
- Describe the physical health of service users in LSU mental health settings.
- Identify the types of access to PA that service users have in LSU mental health settings.
- Explore staff's views and attitudes towards the PA environment and access to food in LSU mental health settings.

# Methodology

- Literature review – determinants of eating behaviour & physical activity in this population.
  - Inclusion: LSU, CCQI member, treating adults with a mental illness.
  - Exclusion: HSU, MSU, LD units and any other specialist unit.
- Questionnaire & Telephone Interviews.

Questionnaires - October 2016 – May 2017

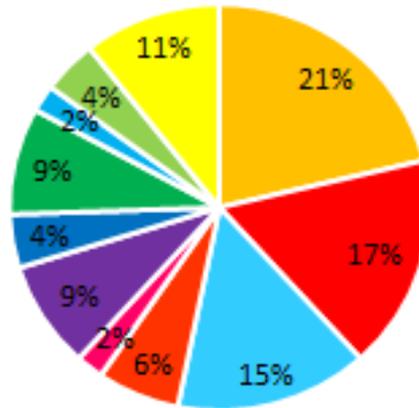
Telephone Interviews – February 2017 – April 2017

# Participants in the study

- 752 service users in 39 LSU's at point of data collection.
- 19% female, 77% males & 4% both genders.
- Ward response rate – 67% (59% of all eligible settings).
- Organisational response rate – 77.5% (62.5% of all eligible settings).
- 95% of service users used antipsychotics (range = 60% to 95%).

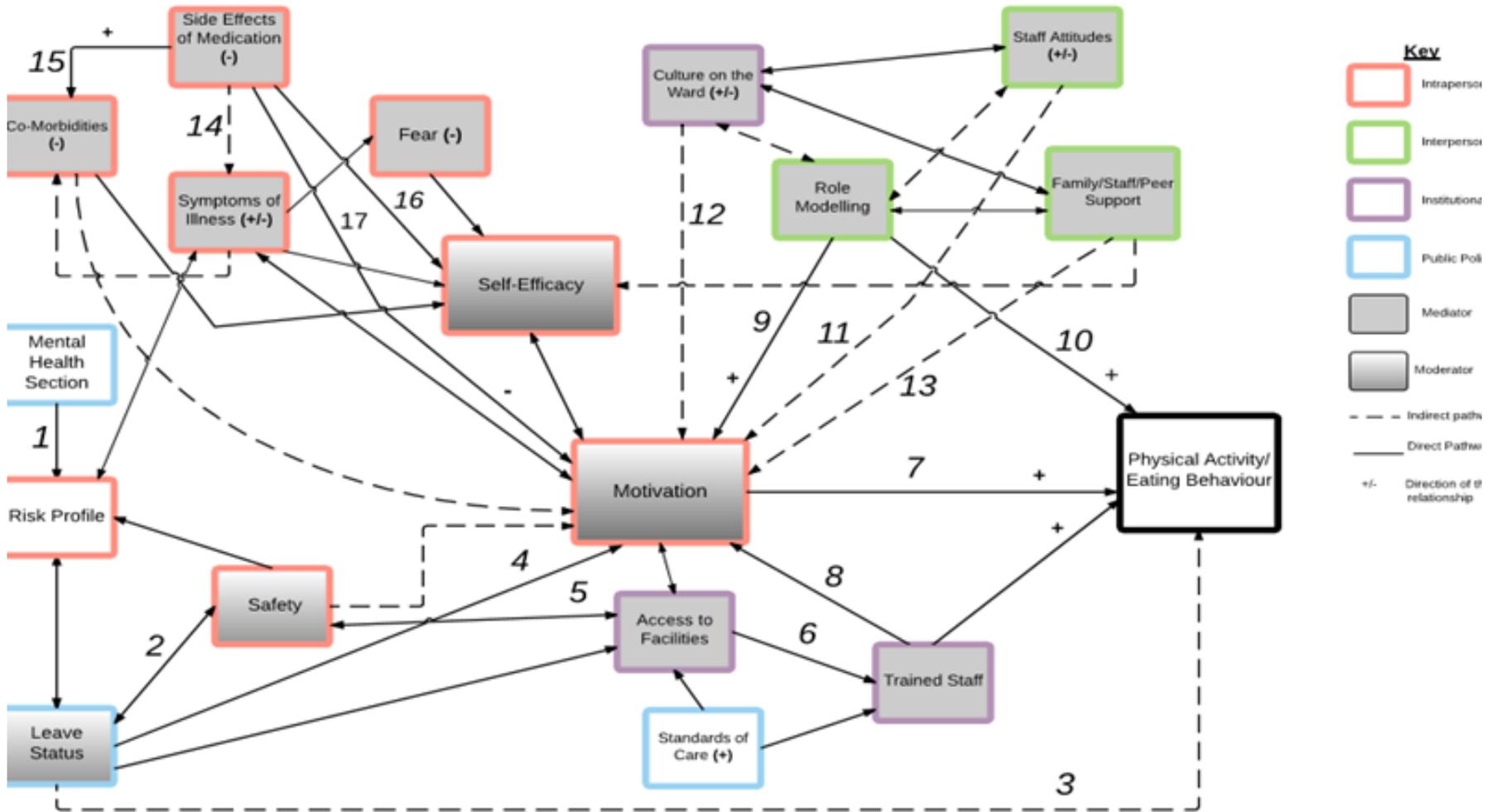


# Job Roles



- Senior Mental Health Nurse/ Deputy Manager
- Staff Nurse
- Ward Manager / Clinical Leads
- Allied health - other
- General Nurse
- Exercise Professional
- Health Care Assistant
- Medical
- Occupational Therapist
- Dietician
- Not disclosed

# Determinants from Research



# Results

## Obesity

- 46% obese, 12% morbidly obese & 28% overweight –
- **Less than 14% normal weight in LSU.**
- ♂ 45% obese | 9% morbidly obese (54%).
- ♀ 48% obese | 25% morbidly obese (73%).
- Obesity - London (57%) and morbid obesity - East (20%).

# Results

## Cardio-metabolic risk factors

Physical health concern	Results
Cholesterol (n = 36)	Total: 45% > 5mmol/L. LDL: 35% > 3mmol/L 24% use lipid lowering medication.
Hypertension (n = 41)	27% hypertensive
Waist circumference (22 sites male & 7 female reported)	43% males WC > 102cm 45% females WC > 88cm
Diabetes (n = 46)	14% Type 2 diabetes (46 wards) 21% Pre – diabetic

n = number of wards

# Results

## Physical Activity Environment

- 91% had access to a dietician less than 1 day a week.
- 34% had access to a physical activity professional less than one day a week – **only 20% had access 4-5 days a week.**
- 28% of service users engaged in 150 minutes of moderate intensity exercise.
- 28% of wards did not provide immediate access to outside space.
- 60% had no gym on the ward, 55% no access to CV gym equipment and 76% had no access to weights on the ward.

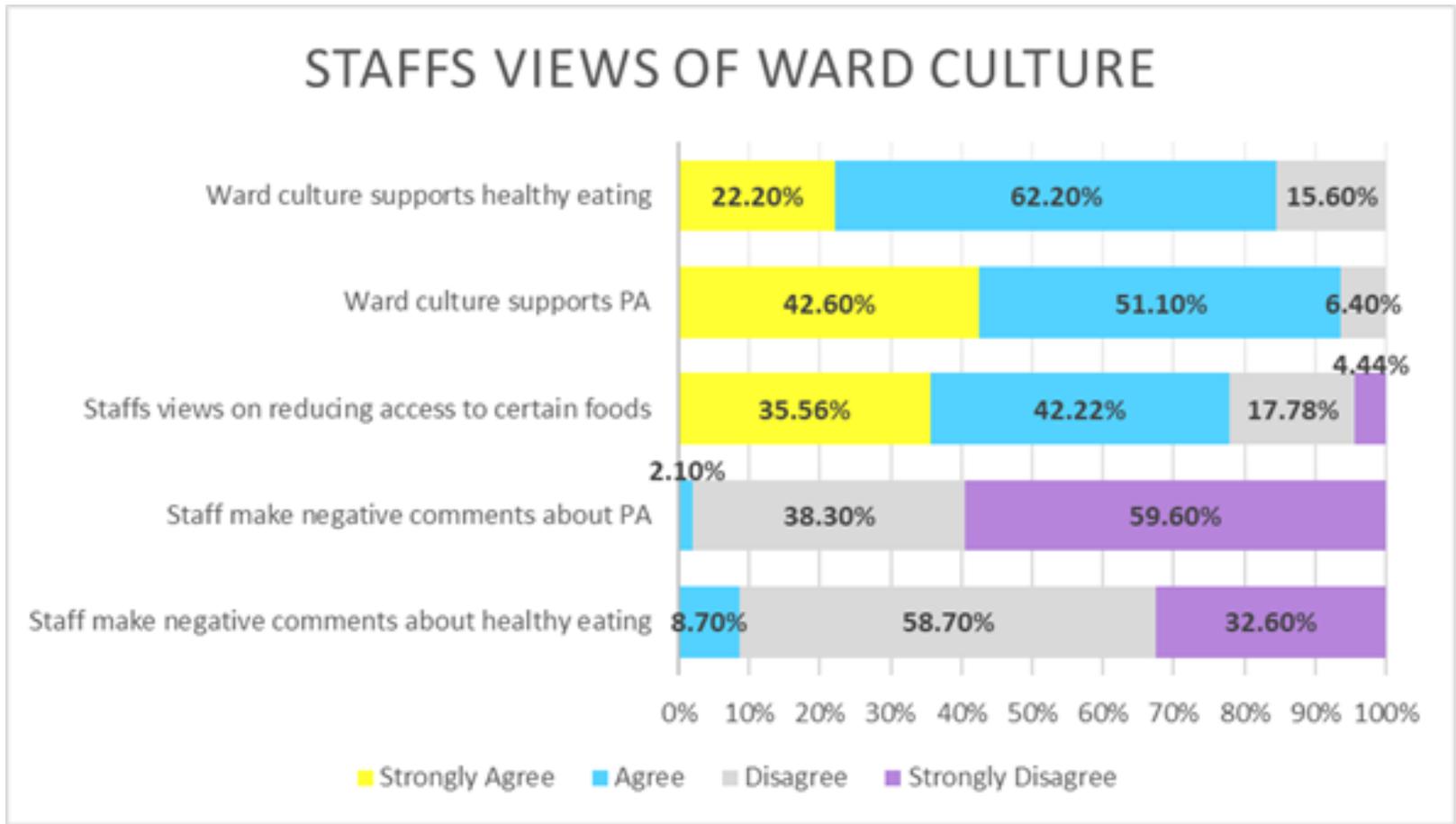
# Results

## Physical Activity & Nutrition Environment

- 85% of service users need Section 17 leave to access facilities off the ward.
- 62% allowed staff to use the fitness facilities.
- 42% and 52% of wards had a written policy on promoting PA and good nutrition respectively.
- 76% have access to SSB & 57% can access high energy snacks seven days a week.
- 65% reported staff consume SSB and high energy snacks in front of service users.
- 76% of wards provide desserts 7 days a week with 47% of wards providing desserts twice a day.

# Results

## Ward Culture



# ***Recommendations for Practice***

## ***National***

- Work with the MOJ to reduce waiting time for prescribed leave.
- Share good practice.
- Prioritise physical activity and nutrition more in the standards for low secure units.
- National review bodies should support services attempting to prevent and treat physical health problems from developing.

# ***Recommendations for Practice***

## ***Local***

- Dedicated exercise and nutrition professionals
- Better access to facilities, physical activity and nutrition professionals outside of 9:00-17:00 weekday hours.
- Allow staff to use fitness facilities if available.
- Review how section 17 leave is prescribed at site level to incorporate leave for physical activity.
- Review fitness equipment and access to physical activity on wards for service users without Section 17 leave.

# ***Recommendations for Practice***

## ***Local***

- Reduce the amount of desserts service users have in a week.
- Money saved on desserts could increase fruit and vegetables availability or increase healthy snack provision.
- Involve service users when reviewing access to certain foods/drinks taking into account money management and reflecting life in the community.
- Reduce the number of times staff purchase food items for service users with Section 17 leave.

# Summary

- Higher prevalence of co-morbidities compared to the general population.
- Restricting access may have short term benefits and can be counter-productive.
- Reducing access (with service user involvement) can be more sustainable.
- Improvements can be made to the resources, facilities and policies that are currently in place.
- Low secure units are complex.
- Systems level approach is needed to improve PA and nutrition provision as it incorporates different factors that affect and are affected by each other – change could echo through the system.
- If we address the wider determinants we can improve PA, improve service user's nutritional intake and ensure changes made are sustainable.

# Wards you work on

- How many determinants listed affect your service users?
- What are the facilities like on your ward?
- How many deserts?
- Provision of professionals for nutrition and physical activity and their working hours?
- Are staff supportive of physical activity and healthy eating?
- What recommendations could be implemented at your site?

# Thank you!!

## Contact details

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