

Working with clients with mental health problems

The future

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Outline of session

- Introduction
- The facts
- The new Level 4 ‘specialism’
- Conditions
- The case for exercise
- Common issues
- Session planning and management
- Summary

What is Mental Health?

- What do the words *mental health* mean to you?
- What are the main mental health disorders you know about

Level 4

- A new specialism in health related fitness
- A Level 4 qualification in process
- Developed by Exact Training and Fitness Wales
- Conditions covered
 - Depression
 - Stress and anxiety
 - Bipolar disorder
 - Schizophrenia
 - Substance misuse
 - Eating disorders

Issues around mental health disorders

- Lack of knowledge
- Misunderstanding
- Stigma
- Fear
- Personal feelings
- Opinions of others

Beliefs about mental illness

They are...

- Dangerous

- Drug addicts - 74%
- Schizophrenics - 71%
- Alcoholics - 65%

- Unpredictable

- Alcoholics – 81%
- Drug addicts – 78%
- Schizophrenics – 77%
- Severe depression – 56%
- Panic attacks – 50%

- It is their own fault

- Drug addicts – 47%
- Alcoholics – 33%
- Eating disorders – 33%

- They can't be treated

- Depression – 16%
- Schizophrenia – 15%
- Panic attacks – 14%
- Drug addiction – 12%
- Alcoholism – 11%
- Eating disorders – 10%

The reality

- Homicide
 - 70 homicides by people with mental illness in 2005
 - 757 homicides overall
 - Risk of being a victim is 1 in 1,000
 - Risk of being a victim of someone with schizophrenia is 1 in 20,000
- Suicide
 - Leading cause of death in young men
 - 5,377 adults aged 15 and over in 2007
 - Three quarters were men
 - Rates are falling in mental health patients
 - 141 inpatient suicides in 2006

What can we do?

- Confront our own and others' prejudices
 - Particularly applies to schizophrenia, substance abuse and personality disorders
- Resolve a lack of knowledge
 - Find out about the condition
 - Research medications and effects
 - Talk to a person to find out how it affects them
- Avoid stigmatising language
 - Say 'person with' or 's/he has' instead of defining the person by the condition
 - Avoid using words like nutter, psycho, mad, schizo...

Classification categories

Organic, including symptomatic and mental disorders

Mental /behavioural disorders due to psychoactive substance use

Schizophrenia, schizotypal and delusional disorders

Mood affective disorders: Depression, bipolar disorder

Neurotic, stress related, somatoform disorders: Anxiety disorders

Behavioural syndromes associated with physiological disturbances and physical factors: Eating disorders

Disorders of adult personality and behaviour

Mental retardation (intellectual disability)

Disorders of psychological development

Behavioural and emotional disorders onset in childhood or adolescence

Three groups of conditions

Group A

- Depression
- Stress
- Anxiety
 - Generalised anxiety disorder
 - Obsessive compulsive disorder
 - Post traumatic stress disorder
 - Panic disorder
 - Social phobia

Group B

- Bipolar affective disorder
- Schizophrenia

Group C

- Substance misuse
 - Drugs
 - Alcohol
- Eating disorders
 - Anorexia nervosa
 - Bulimia nervosa
 - Binge eating disorder

Depression and anxiety disorders

Depression

- Low/depressed mood
- Lack of interest in activity
- Weight loss or gain
- Sleep problems
- Fatigue or lack of energy
- Changes in movement ability and quality
- Cardiovascular disease
- Osteoporosis.

Anxiety / stress

- Nervousness
- Fatigue/sleep problems
- Headaches
- Muscle tension
- Increased heart rate
- Faster breathing rate
- Raised blood pressure
- Increased sweating
- Digestive problems
- Cardiovascular disease.
- Lack of focus/motivation.

Bi-polar disorder

- Affects one in 100 people
- Characterised by periods of extreme euphoria (mania) and depression
- Euphoric phase
 - Creative
 - Delusions/hallucinations
 - Uninhibited
 - Reckless behaviour
 - Limited need for sleep
 - Irritability or aggression
 - Speech disturbance
- Depressive phase
 - As for depression

Schizophrenia

- Affects one in 100 people
- Characterised by a range of symptoms
- Positive symptoms include
 - Delusions
 - Hallucinations
 - Thought disturbance
 - Speech disturbance
 - Catatonic behaviour
- Negative symptoms include
 - Apathy
 - Blunted or incongruent emotional response
 - Paucity of speech

Substance misuse

Alcohol

- Heavy drinking
 - ♂ 23% >8 units / ♀ 9% >6 units
- Alcohol dependence
 - ♂ 6% / ♀ 2%
- 40%♂/30%♀ regularly exceed daily guidelines
- ↑ incidence in women and adolescents
- Chronic psychiatric or physical illness

Key factors

- Genetic/ethnicity
 - High in native Americans and Australians
 - Low in Chinese/Japanese
- Social
 - Occupation
 - Culture
 - Imitation
 - Social reinforcement
- Prognosis
 - 40% premature death
 - 15% suicide
 - 30% lifetime problems

Substance misuse

Recreational drugs

- Cannabis 11% (30%)
- Cocaine 2.4%
- Ecstasy 2%
- Link to mental disorders
- Key factors:
 - Peer pressure
 - Age: 11 – 24 years
 - Male gender
 - Availability

Under 18s accessing help

- Cannabis 50%
- Alcohol 37%
- Heroin/opiates 3%
- Cocaine 3%
- Amphetamines 2%
- Ecstasy 2%
- Crack 1%
- Solvents 1%
- Other 1%

Co-morbidity

- Cardiovascular disease
- Respiratory disease
- Infections
- Diabetes mellitus
- Gastrointestinal disease
- Obesity
- Osteoporosis
- Drug/alcohol abuse in 30% - 60%.

Eating disorders

- Anorexia nervosa
- Bulimia nervosa
- Binge eating disorder
- Eating disorders not otherwise specified
- Estimated 1.6m in the UK
- One in ten teenage girls experience disordered eating
- Estimated 4% of young women develop a significant disorder
- Male to female ratio = 1:3 ¹
- High mortality rate (13 – 20% per year)

1. US National Comorbidity Survey (Hudson et al 2006)

Eating disorders

Anorexia nervosa

- Focus on food to control life
- Restriction in food intake and/or excessive exercise

Bulimia nervosa

- Attempt to fill an emotional gap with food
- Consumption of large quantities of food followed by a purge
- eg starvation, vomiting/laxatives, excessive exercise)

Binge eating disorder

- Binge eating with no purging

Eating disorders not otherwise specified (EDNOS)

- Range of other disorders

Complications of eating disorders

- Increased risk of heart disease, kidney and GIT problems
- Osteoporosis (AN)
 - Risk of spontaneous fracture or from minor trauma
- Dizzy spells (AN)
- Poor circulation (AN)
- Obesity (BED)
- Blood pressure issues
- Apathy and lethargy
- Decreased capacity for physical activity
- Depression and anxiety

Source: beat/ABC of Eating Disorders

So why exercise?

- ‘Physical activity is emerging as an effective treatment for directly tackling existing mental health problems ... and has a comparable level of effect on depression as that obtained from psychotherapeutic interventions’¹
- ‘Physical activity is effective in the treatment of clinical depression and can be as successful as psychotherapy or medication, particularly in the longer term’²
- ‘Patients of all ages with mild depression should be advised of the benefits of following a structured and supervised exercise programme of typically up to three sessions a week of moderate duration (45 minutes to one hour) for between 10 and 12 weeks.’³

1 Making it happen. A guide to delivering mental health promotion DH 2001

2 Chief Medical Officer report ‘At least five a week’ April 2004

3 NICE Guidelines for treating depression Dec 2004

So why exercise?

‘There is now strong support for considering exercise as part of treatment for depression and anxiety and perhaps helping patients cope with other problems such as schizophrenia. It may assist in treatment, but will also improve physical health and life’¹

‘Mental and physical exercise can improve behavioural deficits in schizophrenia and repair damaged chemical transmitter pathways in the brain’²

‘Some studies suggest that prescribed exercise programmes may be helpful in engaging low weight patients in treatment’³

1 Making it happen. A guide to delivering mental health promotion DH 2001

2 Howard Florey Institute, Melbourne, *ScienceDaily Aug. 3, 2007*

3 University of British Columbia, Thein et al 2000

Why do you exercise?

Because it makes me feel:

How does it do that?

Different theories include:

- Chemical effects
- Physiological mechanisms
- Distraction
- Self efficacy/mastery
- Social interaction

So why don't they just exercise?

- The stigma of mental illness
- Effects of the condition
- Side effects of medications
- Feelings of pointlessness
- Lack of physical fitness or ability
- Fear
- Don't know how to start
- Restrictions of opportunity

Solutions

What can we do?

Session planning

Consider the implications for the following when planning a session with a client or group with a diagnosed mental health disorder.

- Motivation
- Planning and preparation
- Session management and evaluation
- Adherence

Session preparation

- Type of session
- Length
- Content
- Intensity
- Facilities/equipment
- Group numbers
- Additional staff/instructors
- Contingency plans.

Session management

Behaviour issues

- Need to observe the following changes in behaviour:
 - Physical
 - Emotional
 - Social
- May need to allow people to leave early or sit and rest
- Be prepared for antagonistic behaviour

Session evaluation

You need to evaluate the following objectively:

- Observed reactions
- Time
- Content
- Intensity
- Group control
- Interaction
- Teaching skills

Summary

- Recommendations for activity:
 - same as for anyone else - 5 x 30 etc...
- Be prepared for drop out and return
- Treat the person with respect and be aware they may feel some embarrassment
- Show accepting, non-judgemental behaviour
- Understand conditions, medications, side effects
- Focus on health or regularity over fitness
- Encourage clients to identify and set their own long and short term goals – however small
- Help clients to plan a programme they will enjoy.