

Physical Activity Manager WLMHT

Manoj Gautam

Manoj.gautam@wlmht.nhs.uk

0208 345 8166



The Business Case – Promoting Physical Activity

Motivation

Current Physical Activity Provision



Physical Activity Benefits

Positive - Physical Activity and Physical health (DOH 1996)

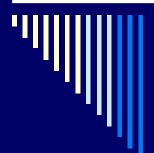
Positive -Physical Activity and mental health (Biddle et al.,2000)

Positive effects of PA have been noted for Anxiety, Panic attacks and stress disorders (Martinsen 2000)



Physical Activity in SMI

- Positive relationship between PA and MH in people with schizophrenia (Faulkner et al., 1999)
- PA could alleviate secondary and positive symptoms of schizophrenia (Faulkner e al.,1999)
- □ People with Schizophrenia tended to take small amounts of exercise (McCreadie 2003).
- □ Individual with SMI are significantly less active than general population (Silverstone JT et al., 2001)



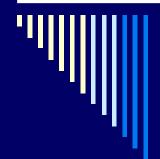
Benefits of Physical Activity













Lower Incidence of MH (Morgan 1997; Biddle et al 2000)

Active people – lower baseline depression (Mutrie 2000)

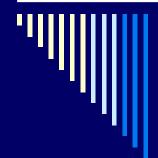




PA linked with positive on mood (Biddle, 2000)

PA small to moderate effect on State Anxiety (Taylor, 2000)

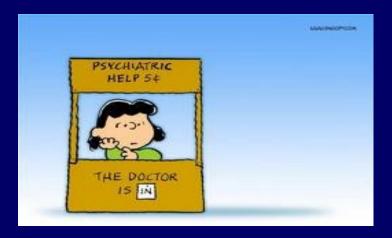
PA promotes physical self worth (Fox 1997)





PA effective in improving PH Potential role of PA in reducing social exclusion (HEA 1999)

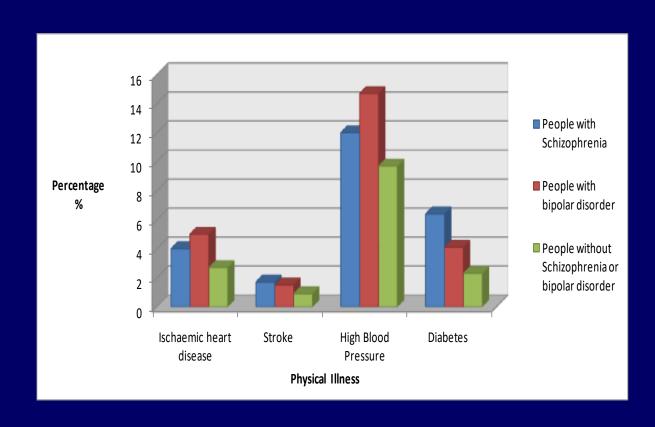




PA equivalent to psychotherapeutic interventions in treating depression (Mutrie 2000)



Why Promote Physical Activity?





Physical Health

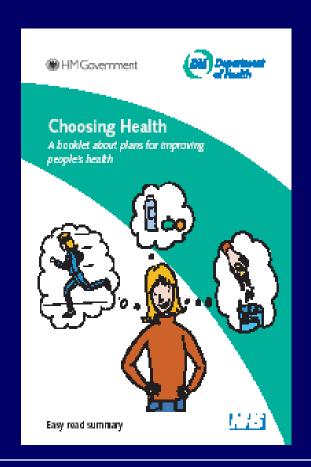
☐ "Undoubtedly, much of the excess morbidity and mortality....is preventable through lifestyle modification and the recognition and treatment of common diseases"

Connolly & Kelly

(2005)



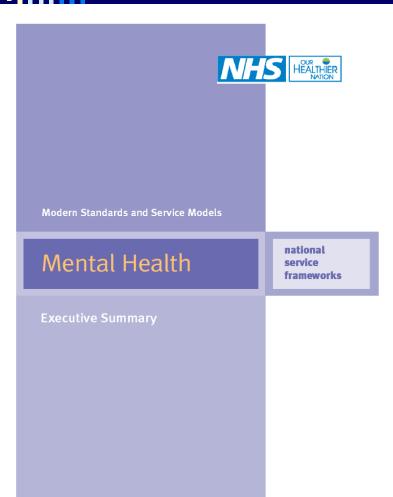
National Policy







National Policy





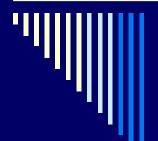
Essence of Care

Patient-focused benchmarks for clinical governance



Motivation???





Guidelines (choosing health)



make own decision based on sound evidence.

Guidelines

Personalisation

Because some deprived groups & communities find current services do not meet their needs.



Working Together

Communities, govt, business, advertisers, retailers, voluntary sector.





Physical Activity Guidelines







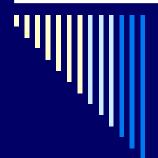


Guidelines







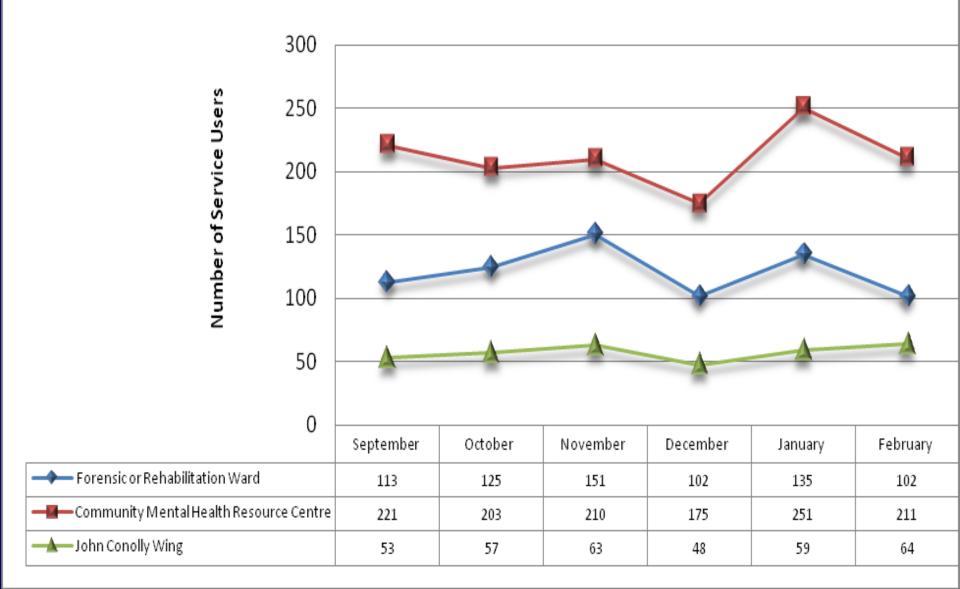


Guidelines

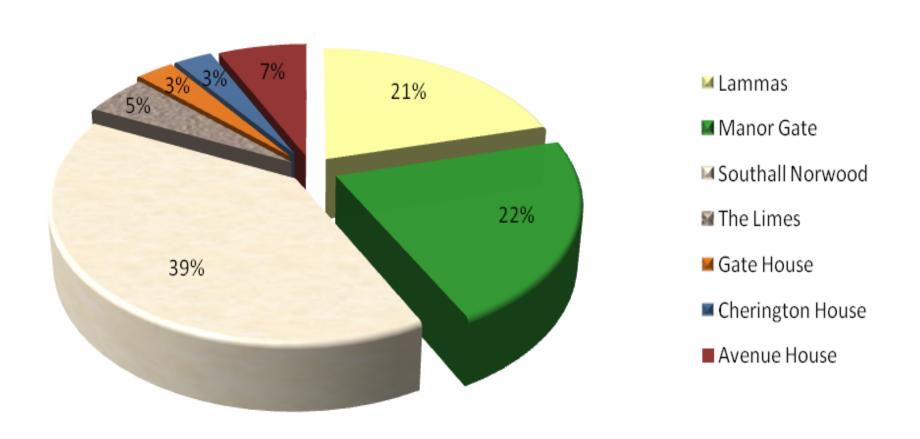




Attendance at St.Bernards Gym (Sep 2009 - Feb 2010)



Attendance at St.Bernards Gym by Community Mental Health Resource Centre (Sep 2009 - Feb 2010)



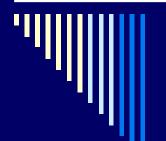


Physical Activities WLMHT Facilities









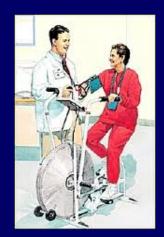
Physical Activity Projects



the wellbeing clinic















- Provide a baseline fitness assessment
- Advice on Health promotion
- Referral criteria Diabetes, hypertension, Obesity, Musculoskeletal
- Referrals made by GP
- Joint Initiative with Dietetics, Practice Nurse and Physical Activities.





- Cardiac Rehabilitation
- Reduce the number of patients being treated for CHD
- Phase 1V provision for people diagnosed with cardiovascular disease
- To achieve and maintain physical and psychosocial health



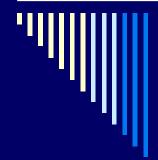


- Weight Management Programme
- Education of ways to effectively support weight loss
- Collaborative work with Dietetics and Psychology
- BMI >33kg/m or existing conditions or rapidly seen to be increasing weight





- Gym Supervision training for Nurses
- Allows Nursing staff to supervise users in a gym environment
- Aspects of screening, safety and exercise monitoring
- □ For clients who are identified as low risk





- Community Sports Leaders Award
- Baseline qualification in Sports and Fitness
- Integrates well with Recovery Agenda
- Sense of purpose and achievement





- Football in the community project
- In collaboration with QPR FC
- Part of the Positive Mental health league
- Incorporates well with S I Agenda
- Recovery Agenda





- Community Cycling Group
- Follows national cycling standards
- 'Bikeability training'
- Schemes to encourage cycling participation



Healthy Staff – Healthy Patients

