

## Policy briefing:

# Physical Activity interventions in Northern Ireland for People with Severe and Enduring Mental Health Problems

06 December 2019

*Note: This briefing supports and draws on the findings of the DRILL funded Empowering People through Physical Activity project.*

### Key policy messages and recommendations:

- The Bamford Review (Bamford, 2005) provides a starting point for progressing implementation of physical activity interventions for people with severe and enduring mental health problems, based on its recommendation to assess their physical health needs.
- Some progress has been made in developing a greater focus on the physical health of people with severe and enduring mental health problems in the context of GP practice.
- Northern Ireland policies on both obesity and cardiovascular health provide opportunities to identify people with severe and enduring mental health problems as a target group.
- Northern Ireland policy on sport and recreation (Department of Culture, Arts and Leisure & Sport Northern Ireland, 2009) could be leveraged to improve participation rates from people with severe and enduring mental health problems, given that it contains a target to increase participation rates in sport and physical recreation among people with a disability.
- Mental health policies in England, Scotland and Wales all support action to ensure that more people with severe mental health problems have their physical health needs met, with some reference to greater take-up of physical activity.
- Referral of people with severe and complex mental health problems to physical activity programmes is recommended by the National Institute for Health and Care Excellence (NICE) and by the World Health Organization (WHO) (NICE, 2014; WHO, 2018).
- The Department of Health (NI) is currently developing a Mental Health Action Plan; this plan should include specific policy and action on encouraging physical activity for people with severe and enduring mental health problems.
- Future mental health policy in Northern Ireland should specifically address the role of physical activity in supporting the mental and physical health of people with severe and enduring mental health problems. Such policies should be informed by and rooted in:
  - The principles of co-production, and the empowerment of people with severe and enduring mental health problems
  - Involvement of their family members and carers
  - Recognition of and responsiveness to socio-economic inequalities
  - A universal and proportionate approach that both embeds physical activity into mainstream mental health service delivery and provides targeted initiatives for people with severe and enduring mental health problems

- Future obesity, cardiovascular health and physical activity policies should incorporate specific policy and targets for people with severe and enduring mental health problems.

## Introduction

The findings of the Empowering People through Physical Activity project report are positive and suggest that wider implementation of such interventions should be explored. However, in the context of existing Northern Ireland policy, there is a need to more fully develop the policy framework for increasing the availability and take-up of physical activity interventions for people with severe and enduring mental health problems.

As reported in Empowering People through Physical Activity, people with severe and enduring mental health problems have higher mortality rates – levels twice that in psychotic disorders compared to the general population – and a life expectancy that can be up to 20 years shorter. As such, the urgency for action to improve their physical health outcomes cannot be underestimated.

A range of policy frameworks support the wider implementation of physical activity interventions, such as the one utilised in this project. In Northern Ireland specifically, the Northern Ireland Civil Service (NICS) Outcomes Delivery Plan, and policies on health, mental health services, obesity and sport all provide some basis for this type of intervention (The Executive Office, 2018).

The next section of this briefing reviews relevant policy in Northern Ireland, followed by relevant UK and international policy.

## Overview of Northern Ireland policy on physical activity interventions for people with severe and enduring mental health problems

### Policy on public services

All Northern Ireland services are currently guided by the NICS Outcomes Delivery Plan (The Executive Office, 2018). Three outcomes in the plan are relevant to physical activity for people with severe and enduring mental health problems:

- Outcome 3 – We have a more equal society
- Outcome 4 – We enjoy long, healthy, active lives
- Outcome 8 – We care for others and we help those in need

The latter two outcomes include specific reference to the need to improve mental health.

Outcome 3 sets a priority of equality in health outcomes and recognises that “[p]eople in different social circumstances experience markedly different outcomes in terms of preventable deaths, healthy life expectancy, and long-term conditions” (The Executive Office, 2018).

Discussion of Outcome 4 notes that:

“Good physical and mental health brings social and economic benefits both at an individual and societal level, whereas poor health restricts quality of life and reduces opportunities and productivity. Although there has been a marked increase in our life expectancy in recent times, it is a fact that, for many of us, these additional years are not enjoyed in good health.” (The Executive Office, 2018)

Discussion of Outcome 8 states that:

“It is important that we support all citizens in our society to build self-confidence and capacity to live independent self-fulfilling lives and in particular, those who are vulnerable, and ensure they have the means to help themselves and can live their lives free from fear, discrimination, and exclusion.” (The Executive Office, 2018)

In the absence of other policy developments in recent years due to the suspension of the Assembly in January 2017, the NICS Outcomes Delivery Plan provides an ongoing basis for public service improvement in this area.

### Policy on mental health

The overarching framework for reform of the mental health system in Northern Ireland is the Bamford Review (2005). This review of both mental health and learning disability services contains a section on the physical health of people who use mental health services (paragraphs 4.116–4.117). It acknowledges that people with mental health problems are at increased risk of having physical health problems, and that many of the excess deaths of people with more complex and enduring mental health problems are potentially preventable through better medical treatment and attention to lifestyle.

The overall vision in the Bamford Review incorporates the idea of self-management, including that individuals should “be encouraged and supported to look after their own health, both mental and physical...”. The review makes two recommendations about the physical health of people with more complex mental health problems (Bamford, 2005):

- Assessments of people with more complex mental health needs must include their physical health needs; and
- Registers should be established of people with severe mental health needs at primary care level.

Implementation of these recommendations should incorporate discussion around physical activity (in the context of assessments), and promotion of physical activity (in the context of primary care). However, despite reference to physical activity in the section on learning disability, the review does not mention physical activity in its discussion of people with complex mental health needs.

The Service Framework for Mental Health and Wellbeing (Department of Health, Social Services and Public Safety, 2012a) contains a specific standard on physical activity for people using mental health services. Standard 5 states that any person accessing mental health services should be provided with advice and support about accumulating a minimum of 30 minutes of moderate activity on five days of the week or more. This intention has been reiterated in the most recent service framework consultation document (Department of Health, 2018), which highlights that all health and social care staff should provide support and advice [on] recommended levels of physical activity, and that assessments for people using mental health services should incorporate physical health needs.

However, the most recent Bamford Review Action Plan and monitoring report do not feature action on physical activity for people with severe mental health problems. The 2012–15 Action Plan refers to incorporating mental health and wellbeing into the NI sport strategy, Sport Matters, insofar as this strategy seeks to promote the mental health benefits of sport (Department of Health, Social Services and Public Safety, 2012b).

It appears that the pilot project has been focused on supporting the Public Health Agency (PHA) to raise awareness of mental health and break down barriers and perceived stigma within sport on the topic of mental well-being.

With regard to the recommendation for registers to be established of people with complex mental health needs at primary care level, progress was made early on in boosting primary care attention to the physical health needs of people with complex mental health needs. The 2009–11 Bamford Review Action Plan notes that the Quality and Outcomes Framework (QOF), part of the UK-wide General Medical Services contract with GPs, provides financial incentives to GP practices that: maintain registers of their patients with some specific mental health conditions, review these patients at regular intervals and provide ongoing management of their care (Department of Health, Social Services and Public Safety, 2009). The Action Plan reports that the mental health conditions covered within the QOF are depression, dementia, schizophrenia, bipolar affective disorder and other psychoses. Although the QOF was voluntary, most practices were achieving the required targets at the time of the 2009–11 Action Plan. Thus, it appears that some progress has been made in developing a greater focus on the physical health of people with complex mental health needs. The Department of Health (NI) is currently developing a Mental Health Action Plan, and this provides an opportunity for more specific policy and action on encouraging physical activity for this particular group.

**Recommendation: The Mental Health Action Plan should include a specific commitment to encouraging physical activity among people with complex mental health needs.**

#### Policy on population physical health

Wider Northern Ireland policy on improving the physical health of the population also provides some support for particular action for people with mental health problems. The obesity strategy ‘A Fitter Future for All: Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland 2012–2022’ contains a section on targeted groups (paragraphs 4.34–4.36) (Department of Health, Social Services and Public Safety, 2012c). People with disabilities are one of the target groups identified and we recommend that this should explicitly include people with severe and enduring mental health problems, so that action is taken under this commitment that will benefit them. This framework also includes a population-wide outcome of “improved support in health care settings, including physical activity referrals,” for which both mental health and primary care services would be relevant settings (Department of Health, Social Services and Public Safety, 2012c).

Policy on cardiovascular health also provides an opportunity for action to increase the physical activity of people with severe and enduring mental health problems. Work carried out by the PHA on inequalities with reference to the Northern Ireland Cardiovascular Service Framework highlighted the physical health needs of people with mental health problems (PHA & IPH, 2011). The PHA’s Technical Report on Inequalities (2011) included people with mental health problems as a vulnerable group and identified that, “[a]ccess to cardiovascular services may be reduced for people from deprived areas and also for women, older people, people from ethnic minorities and people with mental health problems or learning disabilities.” The Northern Ireland Cardiovascular Service Framework 2014–2017 contains ‘Standard 6: Physical Activity (Generic)’, which states that “All Health and Social Care staff, as appropriate, should provide support and advice [on the] recommended levels of physical activity” (Department of Health, Social Services and Public Safety, 2016).

#### Policy on health system reform

Wider health system reform in Northern Ireland promotes capacity building for individuals to look after their own physical and mental health. ‘Making Life Better: A Whole System Strategic Framework for Public Health’ includes commitments to:

- Build capacity in communities and in prevention to reduce inequalities and ensure the next generation is healthy and well; and
- Provide more support in primary care to enable more preventative and proactive care, and earlier detection and treatment of physical and mental health problems (Department of Health, Social Services and Public Safety, 2014).

The document 'Health and Wellbeing 2026: Delivering Together' aims to reduce health inequalities and has an ambition "for every one of us to lead long, healthy and active lives" (Department of Health, 2016). With a focus on prevention, it commits health and social care services to becoming better at tapping into the innovative ideas and energies in communities themselves, and in the community and voluntary sectors, which provides a basis for supporting innovative approaches like the one used in the Empowering People through Physical Activity project (Department of Health, 2016).

### Policy on sport and recreation

Beyond the health sector, Northern Ireland policy on sport and recreation supports population-level lifelong participation in physical activity. 'Sport Matters: The Northern Ireland Strategy for Sport and Physical Recreation, 2009–2019' contains 11 high-level participation targets designed to achieve improvements in sports participation rates (Department of Culture, Arts and Leisure & Sport Northern Ireland, 2009). Two of these targets have the potential to benefit people with severe and enduring mental health problems:

- 1) By 2019, to deliver at least a 3 percentage points increase in adult participation rates in sport and physical recreation (from the 2011 baseline); and
- 2) By 2019, to deliver at least a 6 percentage points increase in participation rates in sport and physical recreation among people with a disability (from the 2011 baseline).

In terms of steps for success and following the Lifelong Involvement in Sport and Physical Activity model, the strategy includes a commitment to provide increased opportunities for underrepresented groups to engage in lifelong physical activity, specifically women and girls, people with a disability, and older people. Furthermore, it envisages that, by 2019, there would be widespread use of physical recreation as a primary health improvement tool by GPs and other medical/health professionals (Department of Culture, Arts and Leisure & Sport Northern Ireland, 2009).

**Recommendation: The next iteration of the Sport Matters strategy should include a specific action to improve participation of people with severe and enduring mental health problems in lifelong physical activity.**

### Other UK mental health policy on physical activity interventions for people with severe and enduring mental health problems

There is stronger, more specific support for implementation of physical activity interventions for people with mental health problems in some other UK policies and standards. The 'Chief Medical Officers' (CMO) for England's guidelines on physical activity, updated in September 2019, report that there is now strong evidence to demonstrate the protective effect of physical activity on a range of many chronic conditions, including coronary heart disease, obesity, type 2 diabetes, mental health problems and social isolation (CMO, 2019). The CMO notes that even relatively small increases in physical activity can contribute to improved health and quality of life, while sedentary behaviour, particularly sitting time, is associated with all-cause and cardiovascular mortality as well as cancer risk and survivorship (CMO, 2019).

Policies in England, Scotland and Wales all refer to the need to reduce physical health inequalities among people with severe mental health problems. In several instances, policy in these regions supports action on physical activity for this group.

NHS England's Five Year Forward View for Mental Health states that:

“By 2020/21, at least 280,000 people living with severe mental health problems should have their physical health needs met... We know there is low take up of information, tests and interventions relating to physical activity...” (The Mental Health Taskforce, 2016)

It also includes a recommendation on the need for Public Health England (PHE) to prioritise prevention measures for poor physical health, including physical activity interventions:

“Recommendation 20: PHE should prioritise ensuring that people with mental health problems who are at greater risk of poor physical health get access to prevention and screening programmes. This includes primary and secondary prevention through screening and NHS Health Checks, as well as interventions for physical activity, obesity, diabetes, heart disease, cancer and access to ‘stop smoking’ services.” (The Mental Health Taskforce, 2016)

The NHS Long-Term Plan for England does not specifically mention physical activity for this client group, but its commitment to greater integration between physical and mental health care and aim to offer improved physical health care could potentially lead to referrals to physical activity interventions (NHS, 2019).

In the realm of standards for clinical care, NICE guidelines on prevention and management of psychoses and schizophrenia specifically mention a physical activity programme as something that should be offered for people with these conditions (NICE, 2014). This recommended clinical practice perhaps provides the strongest rationale for referring people with severe and enduring mental health problems to physical activity interventions.

The Wales Together for Mental Health strategy also aspires to improve the physical health outcomes of people with mental health problems. It includes an aim to improve integration between mental and physical healthcare services, stating:

“Mental health services and physical health services must work together to make sure that the physical health needs of people with mental illnesses are met. Staff working in primary and secondary services such as GP surgeries, community health services, physical health teams and psychiatric units must work together and be trained in how best to support people with mental health problems and illness.” (Welsh Government, 2012b)

This aim is supported legally by the Code of Practice to Parts 2 and 3 of The Mental Health (Wales) Measure 2010, which provides a statutory basis for incorporating physical wellbeing in care planning (Welsh Government, 2012a).

The Welsh strategy also specifically articulates the need to support physical exercise among people with acute mental health problems, stating that:

“Care and Treatment Planning should also help people to access leisure and recreation including physical exercise for people in inpatient settings.” (Welsh Government, 2012b)

The Scottish Government's Mental Health Strategy 2017–2027 situates this issue in the context of reducing health inequalities. It contains an ambition that “premature mortality of

people with severe and enduring mental illness is tackled,” and similarly supports greater attention in primary care and specialist mental health services to the physical health of this group (Scottish Government, 2017). Unlike other policies discussed in this briefing, the Scottish strategy makes a commitment to a specific physical activity programme: action 31 refers to support for the programme on physical activity by the Scottish Association for Mental Health (Scottish Government, 2017).

Like the Bamford Review, mental health strategies in other parts of the UK all make commitments to improve the physical health outcomes of people with severe and enduring mental health problems. However, unlike the Bamford Review, the trend in policy since then has been towards specific action to increase physical activity in this group. This trend may reflect wider health policy focus on prevention and the benefits of physical activity in that regard, as well as policymakers’ increased concern about the physical health inequalities faced by people with mental health problems.

## **WHO guidance on physical activity interventions for people with severe and enduring mental health problems**

In 2018, WHO published guidelines on the management of physical health conditions in adults with severe and enduring mental health problems (WHO, 2018). These emphasise the need to reduce the disparities in health care access and provision for people with severe and enduring mental health problems.

The objective of the WHO Guidelines is:

To improve the management of physical health conditions in adults with SMD [severe mental disorders] and support the reduction of individual health behaviours constituting risk factors for these illnesses, with the aim of decreasing morbidity and premature mortality amongst people with SMD. (WHO, 2018)

With reference to physical activity, the guidelines state that:

“Behavioural lifestyle (healthy diet, physical activity) interventions should be considered in all people with severe mental disorders who are overweight or obese or at risk of becoming overweight or obese in accordance with WHO’s Package of Essential Noncommunicable Disease Interventions (WHO PEN) for primary care in low-resource settings (2010). These interventions should be appropriate and tailored to the needs of this population.” (WHO, 2018)

## **Conclusion and recommendations**

It is clear that there is some policy support, both within Northern Ireland and more widely, for greater implementation of physical activity interventions for people with severe and enduring mental health problems. Given the longstanding and large disparity in life expectancy between those with and without severe and enduring mental health problems, action to reduce this disparity deserves much greater and more urgent attention. Continued pressures on health services and the cross-health agenda to increase self-management provide further compelling context for this action.

The Bamford Review is now 14 years old and is due to be updated. While it recognised the physical health needs of people with mental health problems, it lacked a recommendation on physical activity for this group. Northern Ireland’s Sport Matters policy is also due to be

updated next year. Both present important opportunities to develop future mental health and physical activity policy in Northern Ireland.

The results of the Empowering People through Physical Activity project should be disseminated widely in the region, and its recommendations should be incorporated into these policies, as well as into future mental health policy. Service providers and policymakers in Northern Ireland should build on the project's findings and develop a plan to increase the take-up of physical activity interventions by people with severe and enduring mental health problems.

Future policy on physical activity and mental health in Northern Ireland must include a focus on promoting physical activity interventions for people with severe and enduring mental health problems. It will be more likely to succeed if its development is informed by and rooted in:

- The principles of co-production, and the empowerment of people with severe and enduring mental health problems
- Involvement of their family members and carers
- Recognition of and responsiveness to socio-economic inequalities
- A universal and proportionate approach that both embeds physical activity into mainstream mental health service delivery and provides targeted initiatives for people with severe and enduring mental health problems

People with severe and enduring mental health problems have the right to the highest attainable physical and mental health. However, as the Empowering People through Physical Activity report shows, this right is not currently being fulfilled for their physical health. Improved public policy that promotes physical activity for people with severe and enduring mental health problems can help to reduce the health inequalities they currently face and their premature mortality. Ultimately, it can provide a basis for the realisation of their right to the best possible physical and mental health.



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