

Health Education England: mental health workforce transformation
London 2018/19

Empowering Champions and future leaders of the mental health
workforce

Final project report

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Project Summary

The project targeted an existing group of approximately 600 'Mind & Body Champions' – a network of like-minded individuals who advocate for the importance of treating mental and physical health as one. The project consisted of a three-part approach including:

- the development of a Staff Health & Wellbeing Toolkit and associated 'Champions Forum' launch event
- four leadership development training sessions
- three two-day experiential skills courses designed to empower health and social care staff to improve mental healthcare through grassroots change.

Each of these elements were designed and developed based on existing work and aimed to address needs identified in the local mental health workforce.

The project aimed to improve staff development and clinical care by focusing on patients' and service users' mental health needs in the context of integrated care, interaction with physical health needs, social care needs, early intervention, and wellbeing promotion. Staff health and wellbeing was a cross-cutting theme, and the direction of this project has been guided by consultation with our existing workforces and Champions. These topics were addressed in the context of transferring learning and development back to workplaces, encouraging positive action in colleagues, and leading change in services.

The project spanned south east and south west London Sustainability and Transformation Partnerships (STPs), drawing heavily from South London & Maudsley, King's College Hospital, and Guy's & St Thomas' NHS Foundation Trusts, as well as King's College London, Southwark and Lambeth Clinical Commissioning Groups (CCGs) and Councils, and local community and voluntary sector organisations. The Mind & Body Champions network was a clear target audience for this project, and is comprised of staff representing mental health, community, primary, emergency medical, children and young people's health, and social care settings. This strong network has continued to grow over the course of the project, and currently 650+ staff have signed up as Mind & Body Champions.

Funding awarded

£40,000

Areas of work that the project relates to

- Growth in the size of the mental health workforce
- New kinds of roles in the mental health workforce
- New service and workforce models
- Improved retention' and 'Better career pathways

Outputs achieved

- 650+ health & social care staff receiving the Staff Health & Wellbeing Toolkit
- 80 staff attending a Champions Forum launch event for the toolkit
- 19 staff actively learning through our leadership development training across a four-day programme
- 31 staff gaining communications skills to improve health & wellbeing
- 10-30% improvements in skills, confidence, attitudes and knowledge.

Highlights

- Focus on staff wellbeing to support retention and wellness at work well received, with the launch event overwhelmingly popular
- Project has been successful in developing clinical skills for integrated care, as well as increasing awareness and confidence in more actively considering staff health and wellbeing
- Engaged non-mental health professionals to grow the mental health workforce
- Developed leadership skills and self-sustaining professional networks focussed on integrated care and staff wellbeing.

Project Delivery

This project offered a support programme for staff to develop their own and their team's practice around mental healthcare, with the ultimate aim of improvements in the delivery of integrated clinical care. It included three distinct aspects as outlined below.

1. Health and Wellbeing: a toolkit for staff

A Staff Health & Wellbeing Toolkit of resources, guidance, information, and individual and team development sessions was designed and published to support Champions to improve their workplaces. The toolkit was developed by the Mind & Body team and a working group of Champions and close collaborators, with additional support from the Mind & Body Expert Advisory Group (a group of people with lived experience). The toolkit responds to staff requests for 'bitesize' support and materials that they can use in their own teams, including resources that reflect the challenges that our staff face in their everyday roles, and models or techniques to attempt to improve these. The toolkit has been sent to all Mind & Body Champions (at the time of writing 650+ individuals) and uploaded onto the Mind & Body Programme website [here](#). Paper copies and associated printed materials were also made available and disseminated.

The toolkit was launched at an event aimed at the Mind & Body Champions network; a Champions Forum focusing on staff health and wellbeing. This was an event attended by 80 staff from across King's Health Partners other south London health and care organisations. The event, opened by Dr Matthew Patrick, CEO of South London and Maudsley NHS Foundation Trust, saw multiple talks and sessions on the mental health of staff, as well as the launch of the toolkit. Attendees had the opportunity to participate in practical workshops on some of the modules in the toolkit such as sleep, mindfulness and stress. Please see Appendix 1 for the full event programme.

We continue to seek feedback on the topics included in the toolkit, as we consider it as a live document that can be updated to best reflect national evidence and guidance. We also aim to develop a series of blogs and/or videos to illustrate how teams have used the toolkit; one such example is already available to [view online](#) and shows how Nikki Helder, a practice development nurse (PDN) in the Emergency Department of St Thomas' hospital, has used the toolkit with her team.

2. The Mind & Body Leadership Learning Network

Course Summary

This south east London-based learning network was developed for health and social care professionals interested in improving local approaches to mind and body care, with the aim of improving the health experience and outcomes for patients, service users, and carers. All patients, service users, carers, and staff have both mental and physical health needs, and so it is essential that healthcare systems and services are aware and able to address these.

Designed and delivered by [Maudsley Learning](#), the learning network brought together health and care leaders at all levels who had the ambition to develop their own practice, and that of their teams and services, in providing mind and body care. Through creating a network of ambitious people with a desire to lead positive change in health services this network was designed to build on the structure and wider work of the Mind & Body Programme.

As part of this learning network, participants engaged with like-minded healthcare leaders to solve problems and test solutions to barriers and obstacles that might hinder the provision of mind and body care. Meeting on four occasions over four months, the network drew on evidence from current best practice, local resources, and the expert knowledge of the participant group. Subject matter experts, skilled facilitators, and peer work provided a valuable learning opportunity, and helped generate tangible outcomes to take back to clinical practice.

The format and content of the sessions is outlined more fully below. Please see Appendix 2 for an example day structure and learning activities for session 1.

Main topics

- Week 1. Identifying patient needs
- Week 2. Patient & service user engagement
- Week 3. Developing teams
- Week 4. Developing services.

Concurrent special interest sessions

- Week 1. Evaluation
- Week 2. Value-based healthcare
- Week 3. Agile leadership & management
- Week 4. System change.

Course aims

- Develop a lasting network of like-minded clinical leaders interested in improving clinical care for mental and physical health needs
- Provide knowledge, insight, and a forum for discussing and determining approaches to improving clinical care for mind and body
- Support ambitious professionals to lead change in their teams and services to improve patient experience and outcomes.

Learning objectives

- Understand approaches to mind and body care
- Chance to network and influence local practices in South London
- Determine and test possible improvements to mind and body care, with peer support
- Professional development as a leader in mental and physical health
- Understand the perspectives of others, including from strategic, operational and clinical contexts, in the wider south London health and social care system.

Course participants

In total 19 participants attended at least part of the course, with 12 participants joining all sessions throughout the programme. This reflected the challenges of release time from clinical duties, while other issues such as job changes, childcare, and illness affected certain participants' ability to attend every session.

The sessions were attended by a range of professionals, including nursing (seven), medical (three), allied health professions (four), non-clinical staff and managers (five). Staff represented local secondary care Trusts (South London and Maudsley NHS Foundation Trust – eight, Guy’s and St Thomas’ & King’s College Hospital NHS Foundation Trusts – seven) in addition to primary care and social care (four).

Delivery

The four half-day sessions were delivered over four months to support participants in being able to access release time to attend. The training was delivered at the ORTUS learning and events centre in Camberwell. The course lead and colleagues from the Mind & Body team facilitated each session, with additional special interest topics presented by local collaborators with additional expertise in these fields.

3. Healthy Bodies, Healthy Mind, Healthy Lives: Mind & Body Edition

Course Summary

This two-day simulation training course was designed as an educational programme for clinical staff in hospital, community, and primary care settings working with patients and service users for whom behaviour/lifestyle change approaches might be expected to improve various health issues, for example, drugs and alcohol use, diet and exercise, and diabetes. The course, delivered by [Maudsley Simulation](#), supports staff to have helpful health change conversations with patients and service users, and was based on techniques which are used in motivational interviewing. The course also covers topics of health and wellbeing.

Day 1 focused on didactic sessions, group work, and case-based discussions to help introduce participants to the communication techniques involved in motivational interviewing, and how to harness them to enable patients to improve their health through lifestyle changes. Day 2 focused on simulated scenarios and structured, reflective debriefs for participants, enabling them to translate their learning from Day 1 into practice and develop practical skills (see Appendix 3 for scenario example).

Learning Objectives

- Improve awareness and identification of signs of mental and physical health problems
- Develop skills and confidence in supporting people make positive changes to their wellbeing
- Practice basics of Motivational Interviewing skills
- Be aware of opportunities to signpost to other agencies.

Patient stories (each with 3 simulated scenarios)

- Weight loss in a man with cardiovascular risks and a mental health condition
- Alcohol reduction following a recent head injury and accommodation loss due to alcohol use
- Diet and lifestyle in a middle aged lady with Type II Diabetes and psychosocial needs
- Smoking cessation for a lady with COPD and a mental health condition.

Course Participants

Three two-day courses have been delivered, resulting in a total of 31 participants completing both training days, with days one and two roughly two weeks apart. While more participants attended only 1 day of the programme, these attendees encountered issues with attending the second day for similar reasons to those attending the Leadership Learning Network). However, they will be offered a place on day two of the course when it runs in future.

As with other aspects of this project, the two-day course was aimed at a range of professional roles and sectors, outlined in the table below.

Participant breakdown by profession and organisation

Profession		Organisation	
Physiotherapy & Occupational Therapy	9	Acute Trust	15
Psychology	6	Primary & Social Care	10
Nursing	5	Mental Health Trust	6
Social Work	4		
GPs	4		
Other doctors	3		

Delivery

The two-day courses were delivered on three occasions over five months, with course days scheduled on differing days of the week to allow participants to attend around their working schedule. The training was delivered at the Maudsley Simulation centre at Lambeth Hospital. Each session involved two lead facilitators, with support from the administrative staff, technicians, and actors for simulated scenarios.

Project Evaluation

As outlined above, this project involved three distinct educational elements: a one-day Champions Forum event and toolkit launch; four leadership learning network sessions; and three two-day Healthy Lives experiential skills and simulation training courses. As such, we developed an evaluation strategy that could sufficiently assess the independent delivery of each individual component, whilst also allowing for some comparison between the three, aiding the identification of cross-cutting themes.

Quantitative data was statistically analysed using paired samples t-tests to compare means and to determine improvements to knowledge and confidence from pre- to post-training. Qualitative data underwent thematic analysis to determine the impact of each learning events, compare these, and aggregate them as an entire programme to gauge the effect of the overall project.

Universal evaluation measures: A post-training participant survey was developed to collect both qualitative and quantitative data on the experience and impact of attending each of these learning events. The survey was given to participants upon completion of the event they have attended, i.e. the end of the one-day forum, the final leadership workshop, and day two of the Healthy Lives course. While the survey was tailored for each learning event, there was a set of core questions to allow comparison between the sessions. These open questions focused on participants' learning from the day, their professional development, and how they will use this in practice.

1. Champions Forum evaluation

The core evaluation of this learning event was the survey measure outlined above. Additional questions were added, e.g. around future events and opportunities sought.

Of the staff who attended, 91% reported that the event helped them to feel more confident in understanding how to support their own or their colleagues' wellbeing. Additionally, 91% reported that they felt able to make a positive change in how they look after their own and their colleagues' wellbeing at work. At the time of writing this report, nearly 200 staff have downloaded the toolkit from our website.

Analyses of qualitative feedback demonstrate that the ‘practical’ nature of the toolkit was a key takeaway for attendees, with many stating that the value in this tool is having small, digestible exercises that can be used individually and with teams. The benefits of signposting to further resources, and introducing people to new material and concepts were highlighted.

Participants reported multiple actions or next steps that they would take following introduction to the toolkit, including: running brief sessions with colleagues on wellbeing; communicating more empathetically with colleagues; ensuring breaks and opportunities to think about wellbeing in one’s own daily routine; use mindfulness in personal and team routines.

2. The Mind & Body Leadership Learning Network evaluation

This workshop series involved pre- and post-training quantitative data collection using a validated survey design framework with items and statements relating to confidence and knowledge of the key concepts from the training. This was administered at the start of session 1 and the end of session 4. Qualitative feedback was collected after each session, in line with the survey measure outlined above, while additional questions were administered after completion of the entire learning network.

A paired samples t-test demonstrated statistically significant increases in participants’ total scores on the knowledge and confidence items outlined below from pre to post course ($p < .05$), with a 22% mean overall improvement.

Mean pre and post scores with percentage changes for each statement.

Statement	Pre-course mean (/10)	Post-course mean (/10)	Percentage change
I am aware of current approaches to mind and body care	6.23	8.83	26%
I am aware of current practices around mind and body across health and social care in southeast London	5	7.67	27%
I am able to improve mind and body care in my service(s)	6.15	8	18%
I am aware of other people and teams trying to deliver integrated mind and body care locally	5.92	7.83	19%
I am able to lead colleagues in making improvements to mind and body care	5.23	7.33	19%
I am able to improve patients’ and service users’ experiences of mind and body care	6.08	7.67	16%
I am able to assess patient and service user needs in my service(s)	5.46	6.83	14%
I feel like part of a network of people working towards delivering mind and body care	6.23	8.83	16%
I am aware of the range of activity that falls under the Mind & Body Programme	5.54	9.17	36%
I am able to use mind and body approaches to improve patient and service user outcomes	5.85	8.17	23%
Total	5.80	8.03	22%

Thematic analyses of the qualitative feedback provided after each session at upon completion of the entire course highlighted particular themes for the learning. These included:

- **Leadership skills**, from developing confidence in this area to understanding how to manage large scale change from a more strategic perspective, and use approaches and techniques for project management, such as driver diagrams

- **Multi-professional learning**, relating to the diverse backgrounds, professions, and services that participants came from, increased awareness of these settings was reportedly useful for participants, as was the networking opportunity
- **New approaches**, which were highlighted by participants relating to applying new knowledge to their roles, and developing work within their teams, for example using agile methodologies
- **Patient voice**, involving both improved understanding of how to identify patients' needs and their role in doing this, as well as the benefits of and how to engage patients and service users in care and improving services
- **Goal setting** was a useful element of the training that participants highlighted had helped them to develop projects in their workplaces, such as improving the team support opportunities that were available.

Additional feedback from participants highlighted an appetite for future development of this network and learning group, from virtual or online networks, to sharing details and arranging follow up events. Constructive feedback suggested that participants would have liked longer sessions, more time for discussion, but enjoyed the format, structure, and key content.

3. Healthy Bodies, Healthy Minds, Healthy Lives – Mind & Body Edition evaluation

This simulation course was evaluated using validated pre and post measures of confidence and knowledge of skills, such as communication and motivational interviewing techniques, administered at the start of day 1 and end of day 2. At the end of day 2 the qualitative survey measure outlined above was also administered. A paired samples t-test demonstrated statistically significant increases in participants' total scores on the knowledge and confidence items outlined below from pre to post course ($p < .05$), with a 27% overall mean improvement.

Mean pre and post scores with percentage changes for each statement.

Statement	Pre-course mean (/10)	Post-course mean (/10)	Percentage change
I feel confident in supporting people experiencing mental health conditions	5.88	9.17	33%
I understand the signs and symptoms of mental health conditions	5.48	9.33	38%
I understand basic Motivational Interviewing skills	5.04	8.67	36%
I am able to identify the signs and symptoms of mental health conditions in clients	5.20	8.5	33%
I have the skills to be able to support people experiencing mental health conditions	5.08	8.92	37%
I feel confident in helping my clients make practical steps towards lifestyle changes	6	8.71	27%
I am able to engage clients in conversations about making lifestyle changes	6.68	8.83	22%
I feel confident in supporting my clients to work through health dilemmas	7.96	9.21	13%
Motivation interviewing skills are useful in my work with clients	6.36	8.75	24%
It is important for me to be aware of mental health in my work with clients	8.36	9.17	8%
Total	6.20	8.93	27%

Thematic analyses of the qualitative feedback provided after each session and upon completion of the entire course highlighted particular themes for the learning. These included reflective practice, listening and communication skills, and confidence in using practical skills.

- The opportunity for **reflection** was highlighted as a benefit of the course. Participants felt that as a result of the debriefing opportunity, they had a better awareness of their own behaviour when interacting with patients, which would consequently lead to improved practice in their own work place. Importantly, participants reported they would like to use a more attentive approach when talking with patients, using open questions to effectively gain the most information regarding the patient's background and overall health, including mental and physical considerations.
- Participants reported gaining valuable **listening skills** in regard to patient interactions. It was frequently noted that the course had highlighted the importance of allowing the patient to have control and lead in conversations, so that they can create solutions themselves or open up about wider issues they are experiencing, about which the participant can gain more information.
- **Confidence in using practical skills** with a patient was reported to have increased as a result of the course. This included using motivational interviewing skills, managing difficult situations and adopting a non-judgemental approach. These skills were seen as important in working collaboratively to improve patients' overall health.

Conclusion

Quantitative analyses demonstrated that the Champions Forum and toolkit were very well received by participants, with subsequent examples in practice of individuals and teams using the toolkit – for example in resilience training sessions for Urgent and Emergency Care staff in southeast London, and workshops on mental health in the workplace for line managers in healthcare settings.

Ratings of confidence and knowledge for both the Healthy Lives course and the Leadership Learning Network showed statistically significant improvements and large percentage changes from pre to post training. This related primarily to participants' knowledge and confidence of how to support patients and colleagues, the skills required to do this, and working collaboratively towards integrated care.

While the qualitative data from the Champions Forum focused on practical sessions with colleagues and considering wellbeing needs, the Healthy Lives feedback indicated that participants had developed clinical skills confidence relating to communication skills and reflective practice. Feedback from the leadership network was more strategic in its focus, relating to leadership skills, adopting new approaches at work, the role of the patient voice in care, and liaising between professions and services.

These findings demonstrate the success of this project in providing graded learning opportunities, from awareness and engagement through to skills and leadership within integrated care. Evaluations of all three training elements found practical steps and learning had been derived by participants from each session, demonstrating the utility of the training opportunities for local staff.

Regarding sustainability, the toolkit remains freely available to anyone via the Mind & Body Programme pages of the King's Health Partners website, and has been integrated into multiple training programmes locally. We have published blogs relating to use of the toolkit and examples of staff

projects involving this resource. The Mind & Body team also continue to proactively advertise the toolkit to stakeholders across South East London, and it forms part of our core offer to staff.

The Healthy Lives course will continue to run through the Maudsley Simulation centre, and will be available to commission for external organisations seeking to access this resource. The participants of the training were given skills for clinical practice that they have taken back to implement in their workplace with their patients, moving forward the health promotion agenda.

The Leadership Network has received requests for continuation in some format by participants. As well as sharing the details of those involved, with their permission, we have integrated the participants into the existing Mind & Body Champions network to ensure that they receive continued support. We are currently determining an online or virtual method of maintaining this network, while ensuring that the momentum for collaboration and leading in their services is taken forward by participants themselves, enabling them to develop their own work. Given the success of this initiative, we are also exploring the feasibility of repeating the sessions for a new cohort of individuals to widen the reach of the learning.

This training project supported more than 75 staff from non-mental health organisations and professions, engaging them as part of the mental health workforce to consider the needs of themselves, their colleagues, and their patients in this regard. As part of this involvement, participants were encouraged to develop their own roles and careers, their services and teams, and feel more valued in their roles, all under the focus of improving integrated care for patients and service users.

In summary, this programme has met the adjusted outputs following part-funding of the initial proposal, supporting the growth of the mental health workforce, professional development and retention in this group, and developing individual roles, teams, and services. We look forward to developing this project further locally based on the sustainability efforts outlined above, and thank Health Education England for their support in this important work and agenda.

Highlights

- Focus on staff wellbeing to support retention and wellness at work well received, with the launch event overwhelmingly popular
- Project has been successful in developing clinical skills for integrated care, as well as increasing awareness and confidence in more actively considering staff health and wellbeing
- Engaged non-mental health professionals to grow the mental health workforce
- Developed leadership skills and self-sustaining professional networks focussed on integrated care and staff wellbeing.

Appendix 1. Full event programme

mind & body

Wellness at Work Event

6 March 2019 | 9am – 3pm | Ortus, 82-96 Grove Lane, London SE5 8SN

Event Programme

- 9:00am Refreshments and Stalls
- 9:30am Welcome
Dr Matthew Patrick, CEO, South London and Maudsley NHS Foundation Trust
- 9:45am Good Thinking UK
Good Thinking UK aims to provide a service that improves the wellbeing of Londoners. They offer a range of resources, tips and self-assessment tools to look after your wellbeing and can connect you to other people for support.
- 10:30am Alice's Story
Alice is a CAMHS Practitioner at the South London and Maudsley with her own mind and body story. She will reflect on the importance of speaking to your colleagues about your wellbeing and the impact her journey has had on how she supports the young people she works with.
- 10:40am Refreshments break and Stalls
- 11:00am Mind & Body Toolkit Launch
The toolkit offers all staff working across health and care services a collection of resources all in the one place that they can use to support the mind and body health and wellbeing of their team. It includes wellbeing tips and ideas, bitesize sessions on a variety of topics that can be independently led by teams, as well as information and links to existing resources for staff.
- 12:15pm Lunch and Stalls
- 1:00pm Breakout Workshop Sessions - attend 3 workshops of your choice
Topics include: Sleep, Exploring your Values, Mindapples, Happier@Work, Mindfulness and Stress.
- 2:45pm Wrap up and close

It is not too late to register – sign up via [eventbrite](#)

or email mindandbody@slam.nhs.uk

All staff welcome.

Appendix 2. Day 1 schedule for the Leadership Learning Network by [Maudsley Learning](#)

Activity & times	Summary	Requirements
Sign in 08:30 – 09:00	Set up room, prepare slides, tables, group activities Welcome participants	Breakfast Tea & coffee
Welcome & Introductions 09:00 – 09:45	Introductions from facilitators Intros from participants – name, role, connection to M&B prog Overview of the programme, and overview of the day Ice breaker – guessing game, fantasy career	Slides Post-it notes & pens
Learning set 1 – identifying patients' needs 09:45 – 10:45	Intro to workstream 1 of programme, brief outline Activity (in partners) – group discussions on tables: how well do you know your current patients' needs? (rating?) Share ratings Info on current pt needs, examples Discuss pros and cons of identifying needs, and considerations (tables) Feedback to group	Slides Slides Slides Flipchart & pens
Break 10:45 – 11:00		Tea & coffee
Learning set 2 – identifying patients' needs 11:00 – 12:00	Group brainstorm – how do we identify needs? Ideas on how – measures etc Small group coaching, 10 mins each, with clear outcomes – how can you, and how will you? Check in at next session	Slides Handout?
Skills session 12:00 – 12:45	Intro to evaluation, different methods/names etc Group activity, tables – share experiences of evaluation in practice Run through template for this Signpost to other resources	Slides Handout/slides Links/handout
Summary & close 12:45 – 13:00	Takeaways & action prior to next session	Evaluation Form

Appendix 3. Scenario 1 details for the Healthy Lives course by [Maudsley Simulation](#)

Aims/Learning Objectives

- To practice motivational interviewing skills to support a patient, who is perhaps ambivalent having had many failures, to lose weight.
- Awareness cardiovascular risk factors
- Awareness of correlation between cardiovascular disease and mental health difficulties

Scenario 1 - Weight loss in man with cardiovascular risks	
Pre-ambule teaching opportunities: Cardio vascular risk factors, normal levels, cardiovascular health & relation with depression/anxiety, social prescribing weight loss	
Potential setting: -GP clinic/nurse clinic- monitoring physical observation & blood tests -O/P mental health setting (recent referral due to anxiety) -O/P cardio clinic for investigations- shortness of breath	Potential participants: -Primary care staff- nurse/GP -Mental health community worker -Acute hospitals- nurse, allied health prof (dietician, physio, pharmacy)
Instructions to participant	You are meeting with Raj Patel, a 47yr man with mixed anxiety/depression, hypertension, raised cholesterol and obesity. His health care team have recently had to increase his cardio vascular medication due to worsening results and concerns about weight. Please begin to have a discussion, exploring issues with weight loss.
Instructions to Actor: Raj Patel 47yrs	
<p>Background: 2nd generation immigrant, happily married, 3 children 11, 13, 16yrs all living at home, along with his mother (father deceased).</p> <p>Large close family network-several siblings, aunts and uncles (some of which also in UK). Mother play's key role in helping to run the house, supporting children, cooking and some light cleaning.</p> <p>You grew up in the UK, your parents having moved here late/60's 70's just before you were born. You were raised in a loving close family unit, with Asian traditions mixed with UK environment. You studied engineering at university and have become a civil engineer for a large contractor. You work hard, often long hours Monday –Friday, sometimes away on business/site trips. You easily get stressed with work and its pressures leading to recent anxiety/low mood problems (too much to do, never enough time, doing job of 2 etc....)</p> <p>You like to relax in your down time, watching TV, using computer, being with wider family. It's a way to switch off and de-stress from the week. You have never been that athletic, sporty or an outdoor type of person.</p> <p>Family life has always been very important, coming together at end of day to eat together and talk about the day. Food always played a central role in life and celebrations.</p> <p>Your mother has played a pivotal role in the household, which you have welcomed and has helped you have a career and start own family.</p> <p>Your mother cook's quite traditional Asian food, using a lot of oils and grease, which can be quite heavy at times. Portion size at home is also large.</p> <p>You them may also eat unhealthy snacks whilst watching TV/movie late at night.</p> <p>You drink 3-4 coffees/day. No alcohol. Ex smoker.</p> <p>*You dress quite smartly and conservatively-presentable*</p>	
Physical Health Problems	

<p>-Hypertension & Hypercholestromaemia, diagnosed 2yrs ago Figures are getting worse and recently started on a statin and antihypertensive</p> <p>-Struggled with mild depression early 20's, wasn't officially diagnosed and didn't see a GP- just remember struggling with mood. Probably precipitated by adjustment to uni/jobs/death of father. Started comfort eating and put on a lot of weight. Have been under a Community Mental Health Team for 6 months mixed anxiety and depression- related to work stresses and anxiety about physical health. Was struggling with low mood, fatigue, poor sleep & irritability, panic attacks however with recent medication switch and increase beginning to feel better. Over eating rather than under eating.</p> <p>-Obesity- Have been overweight for most of adult life, to varying degrees. Put on a lot of weight early 20's as comfort ate, never really managed to loose it. Weight has just slowly crept up over the years</p> <p>-Ex smoker: Quit after brother had heart attack</p> <p>Medication</p> <p>-Atorvastatin 20mg OD -Ramipril 1.25mg od -Sertraline 150mg OD</p> <p>Family Medical History</p> <p>-Mother- Osteoarthritis, hyper-cholestromaemia -Father- Deceased. Type 2 Diabetes, Chronic Kidney Disease, died from bowel cancer, early age -Older Brother 10 yrs- Sudden heart attack 4yrs ago-coronary artery disease requiring stents</p>	
<p>Component A</p> <p>Development of relationship and obtain more history</p>	<p>Actor -</p> <p>-Has been told on many occasions over last 3-4 yrs that need to watch cholesterol and blood pressure with suggestions ++++ that should loose weight and make lifestyle changes</p> <p>- Has tried several times over last year to cut down on food, but only manages for a couple of days before giving up, so has minimal confidence that is able to reduce volume and improve diet.</p> <p>-Hasn't known where to start and felt overwhelmed by need to loose weight, esp when so many pressures with work at present, so has found it easier to ignore situation, but resulted in lots of anxiety, panic attacks, irritability around the house and poor sleep,</p>
<p>Component B</p> <p>Using motivational interview techniques to explore how feeling to weight loss</p>	<p>Actor –</p> <p>FOR making a change that helps weight loss:</p> <p>-Understands and aware of risks, young kids -Older brother had a heart attack, scared of having problems, -Feel short of breath with minimal exercise- can't really keep up with the kids -Not that happy with body image</p> <p>AGAINST options suggested/no confidence:</p> <p>-Has tried a couple times over last year to eat less, but ends up hungry after few days so stops</p> <p>-Likes food, grown up eating and such a big part of family lifestyle and routine- come together and eat daily- that has minimal confidence that can make big change to diet</p> <p>-Food plays an important role in helping to relax and de-wind from stresses of day-so what would happen/do</p> <p>-Lives with mother whom does the cooking-using very fattening foods such as palm oil and lots of salt, mother very traditional and wouldn't want to ask her to change her ways, esp as she does so much for family</p> <p>-Against idea of exercise-not a sporty person, hates idea of a gym, being in gym kit (body image issues)</p>
<p>Component C</p> <p>Trying to develop a</p>	<p>Stage of change: Contemplative- true ambivalence</p> <p>Areas/ideas that may come up with that could do:</p>

focus/action plan	<ul style="list-style-type: none"> -Talk to mum- see if alternative /substitute ingredients, isn't happy asking them to cook alternative meals for him or eat separately but maybe small things like seasoning left out and can be added by individual. -More awareness of portion size and nutritional balance- i.e carbohydrates vs fats vs protein vs veg. Serve self, eat less carb more veg, & substitute snacking after dinner with healthy snack (i.e low calorie version) -Exercise option that doesn't involve going to gym or feel like a work out (maybe feel could start somewhere very small-like parking car at end of car park) <p>Past successes and strengths:</p> <ul style="list-style-type: none"> -Has managed to quit smoking, so can make changes and succeed -Finds tasks easier when broken down into steps
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Debrief Structure – Modified Pendleton's

Stage of change –Contemplative- true ambivalence

Mini teaching: Cardio vascular risk factors; normal BP and cholesterol levels; cardiovascular health & relation with depression/anxiety; social prescribing weight loss