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## A message from Des Kavanagh General Secretary

All of the quarterly economic indicators point to a recovery in the economy. After the horrendous cutbacks and increased taxes and levies of recent years the positive momentum in the economy is very welcome. While we must accept that caution is required so that this recovery is not just protected but enhanced.

I am delighted to see reports which suggest that most private sector workers can expect pay increases of 2-3% this year. Some of those in both Semi-State and Private Sector employment have not experienced cuts in pay and indeed some have enjoyed pay increases during the economic crisis. Of course those in construction suffered devastating job losses and others suffered pay cuts. Public Servants universally suffered Pay cuts and increases in taxes and levies with appalling consequences for their standards of living, while Front Line Public Servants have also had to work even harder and work longer hours to try and compensate for cuts in staffing.

When Minister Howlin, reeling from the verdict of the Public in the local elections, suggested that some of the pay cut from our Nurses, Ambulance Paramedics and Fire Fighters etc., should be restored in instalments the usual suspects were quickly out of the blocks to shout stop! Articles were then published claiming Irish Public Servants are overpaid compared to international comparators and that public servants enjoy a significant premium over private sector workers.

The PNA makes no apology for asserting the value of our members and their entitlement to have their pay restored asap. We know the value of the work our members do. We know how our members have been striving to maintain services to the public against a background of cuts in staffing and resources. We know how our members are appreciated by the ordinary members of the community who avail of our services. It is now time that the public's appreciation is manifest by Government in a schedule for pay restoration over the next few years. Nothing less

*"The PNA makes no apology for asserting the value of our members and their entitlement to have their pay restored asap. We know the value of the work our members do."*



will satisfy our members who have sacrificed so much in contributing to the recovery of our economy.

In conclusion I have to refer to the decision of the Nursing and Midwifery Board (NMBI) to increase Registration Fees for Nurses from 100 to 150 Euro, following last year's increase of 12 Euro; an increase from 88 Euro to 150 Euro in 12 months.

This is nothing short of an abuse of the Nursing Profession. This Board and its CEO have lost their way. They seem intent on further escalating Fees in the years ahead unless we stop them now.

It is extraordinary to think that these people could look at the profession for which they take the clinical and regulatory lead and not be capable of demonstrating empathy with members who have suffered appalling cuts in take home pay in recent years, whose Graduates have seen cuts of more than 30% and whose numbers have been decimated against a background of silence from NMBI.

The Board must tell the Minister it can only provide services consistent with current Fees. If he wants to enact additional aspects of the Act he must pay the costs arising. Nurses cannot be asked to pay more!

**Des Kavanagh**  
General Secretary

# Update on the New Sick Pay Scheme

## Peter Hughes Industrial Relations Officer (IRO)

*“ Once again if any members are experiencing any undue delays in the processing of the Critical Illness or TRR do not hesitate to contact us at Head Office. ”*

Colleagues as you are aware the PNA have been campaigning for over a year against the new sick pay scheme. Initially we campaigned politically to have the legislation amended, this resulted in the deferral of the introduction of the scheme for 3 months, however the scheme was introduced on 31st March 2014. We were also pursuing a legal challenge as were the Garda Representative bodies. In light of the failure of the Garda challenge and on the advice of our Legal team a decision was made at the National Executive meeting on October 30th not to proceed with the case.

Since the introduction of the new scheme we have received a number of calls in relation to the process with regard to getting approval for the Critical Illness Protocol and Temporary Rehabilitation Remuneration ( TRR ). This has been raised with HSE Employee Relations and I am

requesting anyone who is experiencing difficulties or long delays in having their Critical Illness or TRR applications processed to contact us in Head Office. The HSE are due to issue application forms in the near future for Critical Illness and TRR.

**There are a number of stages to the application process for both the Critical Illness and the TRR**

- Employee applies
- Approved by Occupational Health Doctor
- Approved by Hospital/General Manager
- Approved by Employee Relations Manager

It is then referred back to the Director of Nursing's Office to make the appropriate arrangements to have the employee paid.

It is our opinion that this process is far too cumbersome resulting in significant delays before payment is made which could leave members on no salary for months. We will continue to raise this with HSE Employee Relations and advocate for a more streamlined system. Once again if any members are experiencing any undue delays in the processing of the Critical Illness or TRR do not hesitate to contact us at Head Office.



**Strong presence from National Forensic Mental Services (Steve Cawley)**

# Rising to the Challenge - Mental Health Service Provision Galway

## Michael Hayes Industrial Relations Officer Reports

Members of the Psychiatric Nurses Association in University Hospital Galway were recently forced into taking action at what was an increasingly dangerous situation for Patients and staff on the Acute Admissions ward. Following lengthy discussions with management over a prolonged period where Nurses continued to highlight the potential dangers facing individuals on the ward, the membership remained perplexed by the lack of motivation on the HSEs part to effectively and realistically face the problem at hand. After difficult and lengthy discussions the membership continued to feel ignored and following a Branch Meeting it was decided to ballot for action, up to and including strike action, in an attempt to resolve a worsening situation.

Staff were continuously being subjected to dangerous staffing levels, high bed capacity, increased numbers on Special Nurse Observations (much of these from the complement) and high levels of acuity within a ward that had previously shown major infrastructural problems in the past including water damage. This increased capacity was the result of the HSEs decision to close 22 acute psychiatric beds in St Bridget's in Ballinasloe, a unit which had recently been refurbished to the cost of 2.8 million euros. This resulted in pressures being placed on the two remaining services taking admissions within Galway i.e.. Roscommon and UCHG. Although these concerns were raised prior to the closure, proper provisions were never put in place by the HSE.

In the first week in July the branch made the difficult decision to hold a protest at UCHG in order to highlight the major concerns. It was attended by a large number and a significant media presence was in attendance. Mr Des Kavanagh along with other branch officials were given the opportunity to express concerns. The General Secretary, in a piece to the Irish Times, stated that "we don't have the community teams, we don't have the psychiatric intensive-care units and the predominant locus of service is actually based in the acute unit with not enough service in the community to support it", he went on to comment that this was now "dangerous and extraordinary".

Following the protest commitments were given by management that additional nurses would be brought in

*"Following lengthy discussions with management over a prolonged period where Nurses continued to highlight the potential dangers facing individuals on the ward, the membership remained perplexed by the lack of motivation on the HSEs part to effectively and realistically face the problem at hand."*

to alleviate the evident problems and concerns. Although the situation recently has improved we still are of the belief that major deficiencies remain in East Galway and for a long term solution we need to initiate long term goals. A 50 bedded purpose built unit has yet to start construction. This Unit is planned for the final quarter of next year but we remain pessimistic on that prospect considering that, of time of writing, no ground works have taken place. We continue to have no agreed staffing levels on the ward itself and because of this we will now seek the services of the Labour Relations Commission to set a minimum floor for staffing, something that management continuously have refused to do.

The East Galway branch has continued to highlight their concerns and we must applaud their hard work, dedication and commitment to the goals for their patients and their branch. In what has been a very difficult 6-12 months in Galway, the staff of UCHG have shown an increased level of professionalism in striving to set out the concerns that others had chosen to ignore. Let's hope that this action and steadfastness can be an inspiration to all of us. When we are being forced into unacceptable professional situations we need to stand up and say "NO MORE".

# Prioritising the Safety of Patients Receiving Care from Crisis Resolution Home Treatment Teams

## Des Kavanagh General Secretary

*“ The study found that “Specific groups of high risk patients, e.g. those who live alone or who have recently been discharged from hospital might not be appropriate for crisis resolution home treatment”. ”*

Home based care as an alternative to hospital admission has been a feature of some of our Mental Health Services, (e.g.: Cavan/Monaghan) for many years and is currently being rolled out Nationwide.

The concept of expert nurses and doctors providing care to the acutely ill in their home as an alternative to hospital admission is extremely attractive:

- It avoids hospitalisation and may be seen as less stigmatising
- Acute beds are very expensive and Government and HSE Policy seeks to reduce the numbers of acute beds.
- Admission to an Acute Unit can itself be traumatising and acutely ill persons may be exposed to or witness violence, drug (illicit) abuse, psychotic symptomology in other sick people etc.

Most of us have embraced the concept of Home Based Care with confidence and commitment. Those of us who witnessed the care revolution in Cavan/Monaghan were hugely impressed. It should be noted that their services were blessed with high number of nurses.

Over the last few months the PNA on behalf of Nurses and others have highlighted a number of concerns in relation to high numbers of suicides in Acute Units and in the Community. While the Minister initially sought to dismiss our concerns subsequent investigations in Carlow, Kilkenny and South Tipperary validated our concerns as genuine and realistic and indeed shared by Consultants in that service.

Research on the efficacy of the Home Based Care is scarce and “no systematic analysis has been done of the safety of these teams in terms of suicide”. <sup>(1)</sup>

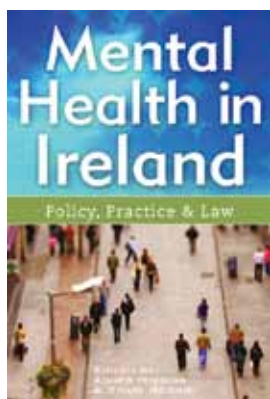
A recent study published in the Lancet on June 18th 2014 examined all deaths by suicide of persons treated by the NHS between 2003 and 2011 who were cared for under either the Crisis Resolution Home Based Treatment Services or as an inpatient in a Mental Health facility. <sup>(1)</sup>

The study found that “Specific groups of high risk patients, e.g. those who live alone or who have recently been discharged from hospital might not be appropriate for crisis resolution home treatment”.

The study found that: “548 (44%) patients who died by suicide under the care of crisis resolution home treatment teams lived alone and 594 (49%) had had a recent adverse life event. In a third patients (n=428) under the care of crisis resolution home treatment teams, suicide happened within three months of discharge from psychiatric inpatient care”.

This highly reputable study should inform mental health policy going forward as we search for the best model of care to maximise recovery, enhance safe care and reduced the frequency of suicide.

<sup>(1)</sup> Study of patients under the care of crisis resolutions home based treatment services in England. A retrospective analysis of suicide trends from 2003 to 2011. Lancet psychiatry 2014 (M Hunt PHD, Ms Rahman MRC Psych, D While PHD, K Windfuhr PHD, Prof J Shaw FRC Psych, Prof L Appleby FRC Psych, Prof N Capur FRC Psych).



# Mental Health in Ireland Policy, Practice & Law

Press Release edited by  
Agnes Higgins & Shari McDaid



Mental Health in Ireland: Policy, Practice & Law is the first extensive overview of emerging issues in the field of mental and emotional distress in Ireland covering the period from the 1940s to the present day. With contributions from experts in the area, there is an emphasis on current trends in mental health law and policy, which have implications for mental health service delivery in Ireland in the future. Mental health has gained a higher profile in Ireland in recent years. In this context, Mental Health in Ireland provides a critical analysis of recent developments that may affect those experiencing mental and emotional distress, and their families, in Ireland today.

Commenting on Mental Health in Ireland, Dr Eddie Molloy, Chairman of Mental Health Reform, said, 'The authors do not shrink from raising many of the philosophical questions that are central to the development of a contemporary mental health service.' Mental Health in Ireland will be launched by contributors Paddy McGowan and Eddie Molloy on 5 June 2014 at 6.00 p.m. in the School of Nursing and Midwifery, Trinity College Dublin.

About the book: Mental Health in Ireland presents an invaluable resource, based on recent literature and research, in the field of mental health in Ireland. It discusses trends in mental health law and service delivery and their implications for mental health practitioners. Addressing key issues relating to recent changes in approaches to mental health, it covers the move from expert-led care to recovery orientated, partnership-based support and the challenge posed to service delivery by a risk-averse society.

Containing contributions from prominent experts in the field of mental health, and with forewords by Dr Eddie Molloy and Dr Ivor Browne, the book discusses, among other topics, social exclusion and discrimination of people with experience of mental or emotional distress;

*“Mental Health in Ireland presents an invaluable resource, based on recent literature and research, in the field of mental health in Ireland. It discusses trends in mental health law and service delivery and their implications for mental health practitioners.”*

peer support and mutual help as a means to recovery; the role of families; ethnic minorities and mental health; contemporary responses to problematic alcohol and substance misuse; emerging issues in the law within a changing human rights framework; the interface between mental health and the criminal justice system; risk in relation to mental health services; challenging the dominance of the pharmaceutical industry in psychiatry; and democratising support for people experiencing mental and emotional distress.

About the Editors: Agnes Higgins is a professor of Mental Health at the School of Nursing and Midwifery, Trinity College Dublin and has worked in mental health practice and education for over 30 years. Shari McDaid is Director of Mental Health Reform and has worked in social policy in Ireland for over 10 years, specialising in mental health.

Mental Health in Ireland is available from all major bookshops and [www.gillmacmillan.ie](http://www.gillmacmillan.ie), priced €34.99. For all enquiries, please contact Elizabeth Brennan at [ebrennan@gillmacmillan.ie](mailto:ebrennan@gillmacmillan.ie) or 01 500 9564.

# Dublin South East/Wicklow Mental Health Services Health Service Executive Dublin Mid-Leinster Vergemount Hall, Clonskeagh, Dublin 6.

## Mental Health Nursing Research Group (MHNRG)

*“In order to promote a scientific foundation and transform mental health services in our area, the Mental Health Nursing Research Group(MHNRG) was established in 2011, through the initiative of the former Area Director of Nursing, Ms. Kathleen Beggan.”*

Positive mental health forms an indispensable building block for a fruitful and productive living. However, as the burden of mental illness is rising inexorably year after year, nurses must contribute further towards the limited source of information through understanding the needs, challenges and experiences of service users and in fostering positive mental health across the Irish community(DoHC,2006).

The neuropsychiatric disorders rank as the major cause of years lived with disability (YLD) across Europe(WHO,2009). With an increase in rate of mental illness it would be relatively illogical and irresponsible for nurses to disparage the potential sufferings and impact of mental illness on individuals and their families. Nursing research in the area of mental health remains vital towards the implementation of strategy documents like 'Vision for Change' (DoHC,2006).

In order to promote a scientific foundation and transform mental health services in our area, the Mental Health Nursing Research Group(MHNRG) was established in 2011, through the initiative of the former Area Director of Nursing, Ms. Kathleen Beggan. The group aims to bring about significant changes in nursing practice by promoting the highest delivery of care, incorporating findings of research into nursing practice, and implementation of clinical decisions in a cost-effective manner; thus, promoting the best possible quality care among its service users. The research group is registered with Lenus (the Health Service Executive website for research) for incessant exchange and dissemination of knowledge.

Nursing research aims at strengthening the evidence-based clinical practice through the refined process of logical inquiry into various nursing phenomena. However, even with the numerous publications of evidence based

articles and researches, there still remains a paucity in the knowledge and understanding of mental illness, its recovery and its impact on human lives. Moreover, with the increasing recognition and need towards promoting positive mental health and recovery as recommended by various strategic documents of Irish Mental Health Services(MHC,2007), there lies the obligation to carry out further researches to unearth these concealed areas. Owing to this, the Mental Health Nursing Research Group (MHNRG) came into play and developed a curriculum and facilitated a two-day course on Solution-Focused Therapy which aimed at assessing the participant's pre and post level of knowledge, attitude and skills on utilising Solution-Focused Therapy. The training was effective and indicated that staff members want ongoing organisational and educational support.

In conjunction to the above, a poster on the Evaluation of Solution-Focused Therapy Training Programme was presented by our Area Director of Nursing at the Irish Mental Health Nursing Annual Symposium in Athlone on 7th June 2012; the poster won second prize. Ms. Geraldine Carroll, a member of the MHNRG presented a paper on the Evaluation of Solution-Focused Therapy Training Programme in Trinity College of Nursing & Midwifery in the Mental Health Nursing Section of the 13th Annual Interdisciplinary Research Conference also in 2012. The presentation received a very positive response with much appreciation from various mental health experts. There is an ongoing project on Psychosocial Interventions that has gained Category 1 Approval from the Irish Nursing and Midwifery Board, formerly An Bord Altranais; much to our delight. A pre and post-study evaluation follows. We hope to disseminate our findings at relevant conferences in poster and journal format.

### Mental Health Nursing Research Group (MHNRG) Objectives

- Promote evidence-based nursing practice to initiate changes in our area
- To carryout systematic inquiry of identifying the mental health areas of concern, collection of data, understanding its impact and rigorous analysis of data
- To incorporate the research findings in nursing practice for a better patient outcome
- To evaluate nursing practice and recommend change

- Sharing of ideas, peer support and encouragement among nurses and service users
- Provide education & training for staff and service users in a cost-effective manner
- Looking at ways to enhance service user involvement

#### Future Plans

- Development of a Clinical Audit Tool to evaluate inpatient activities
- To formulate an audit tool to measure patient satisfaction levels in the inpatient units
- Submission of clinical findings of our research audit to Lenus for journal submission
- To launch an internal newsletter to circulate research findings and topics for future research
- To enhance the involvement of the service user and their families

Thus, in a nutshell, research projects conducted in our area of service has endorsed staff and service users with a better understanding of issues related to mental illness and have integrated these empirical findings into one's own nursing practice. Conversely, we have no doubt that the implementation of research-based practice carried out by the Mental Health Nursing Research Group in the Dublin South East/Wicklow Mental Health Services, will bring about far-reaching reform in the Irish Mental Health Services, which will be to the good of everyone concerned.

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#### References

World Health Organisation (WHO)(2009) Improving health systems and services for mental health, Available online at [http://www.who.int/mental\\_health/policy\\_services/mhsystems/en/index.html](http://www.who.int/mental_health/policy_services/mhsystems/en/index.html) (Accessed on 10th January 2014)

Mental Health Commission (2007a). 'Quality Framework for Mental Health Services in Ireland'. Dublin: Mental Health Commission.

Department of Health and Children(DoHC) (2006)' A Vision for Change: Report of the Expert Group on Mental Health Policy'. Dublin: Stationery Office



**Top (left-right):** Ms. Preeti John, Mr. Rajinikanth Maruthu

**Bottom (left-right):** Ms. Fionnula MacLiam, Ms. Kathleen Beggan (Area Director of Nursing), and Ms. Geraldine Carroll

# PNA Sends a Strong Message Proposed Increased Fees by Nursing at Recent Protest Outside





# Page of Opposition against and Midwifery Board of Ireland NMBI the NMBI Offices Blackrock



# Implementation of a Nurse led Physical Activity Programme for Service Users

## Contribution from One of Our Newly Qualified Nurses

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*Leon Knight recently graduated from Dublin City University in Psychiatric Nursing BSc Honours , - as part of his final research module Leon discusses his assignment re the implementation of a nurse led physical activity programme for service users diagnosed with schizophrenia living within the community and its benefits towards recovery and quality of life for service users. He currently works in Dublin North Central Mental Health Services.*”

### Introduction

As obesity can be associated with many physical disorders, the author researched current literature on existing nursing interventions and studies which promote the use of physical activity programmes. Three themes, health promotion and psycho-education interventions, physical health outcomes and psychological wellbeing are discussed in this article to demonstrate how the effects of physical activity programmes can positively impact on service user outcomes. Recommendations are proposed for future practice. In accordance with A Vision for Change (DoHC 2006) the term service user is used throughout the assignment.

Schizophrenia is an enduring illness with positive and negative symptoms which include hallucinations, delusions, lack of motivation and interest and problems with self-care (Barker 2003). While pharmacological interventions are used to manage the positive symptoms of the illness, the negative symptoms of the illness along with the side effects of antipsychotic medications are producing new problems for the service user. One of the most prominent problems being increased weight gain which is associated with the illness. Because of this, service users with a diagnosis of schizophrenia frequently experience many physical disorders such as coronary heart disease, hypertension, osteoarthritis, diabetes mellitus and respiratory disorders all of which reduce their life expectancy by 20% less than the general public (Parariello, DE Luca and DE Bartolomesis 2011). Fundamental causes for a higher mortality rate for these service users are poor diet, obesity and lower rates of physical activity (Pack 2009). Poor diet and increased weight gain can influence the incidence of physical illnesses such as coronary heart disease and diabetes which in turn may have an impact of their life expectancy (Pack 2009). Research suggests that there is a need for physical activity to improve health, wellbeing and cognition in schizophrenia (Crone, Tyson and Holley 2010). Recent research studies by Holley (2011) have indicated that there are many positive effects of physical

activity programmes which include maintaining a healthy weight, reducing mortality and morbidity rates.

### Clinical practice question

Within psychiatric services, non-pharmacological strategies such as health promotion and psycho-education are used to manage the negative impacts associated with weight gain resulting from the antipsychotic medication and the illness itself but have minimal effect (Faulker, Cohn and Remington 2007). Recent research studies suggests that nurse led physical activity programmes can effectively reduce the adverse physical effects associated with weight gain and are beneficial in managing a healthy weight, additionally having a positive impact on patients care towards recovery (Holley 2011). This suggests the importance for nurses to incorporate such therapeutic strategies into patient's care which can result in providing more effective nursing care to this service user group.

The question therefore being asked to guide this review is: Maintaining a healthy weight; can a nurse led physical activity programme be effective for individuals with schizophrenia living in the community?

### Literature review

#### Search strategy

A systematic search of CINAHL, psycARTICLES, psycINFO, Cochrane and EBSCO host electronic data bases was conducted in order to attain the purpose of the review and also to answer the question. Search key words used were schizophrenia, effectiveness, community, negative effects, physical activity and weight gain from the time period 2000 to 2013.

Research themes generated from the literature included:

- Health promotion/psycho-education interventions
- Physical health outcomes
- Psychological well-being

**This review critically analyses the literature researched addressing the clinical question posed.**

### Health promotion/psycho-education interventions

The Ottawa charter (1986) for health promotion described health promotion as a process of enabling people to improve health and view it as a positive concept of emphasizing social

and personal resources as well as physical capacities (WHO 2009). Evidence suggests that service users diagnosed with schizophrenia are between one and a half to four times at greater risk of developing physical health problems than the general population due to the effects of the illness and the side effects of antipsychotic medication (Faulkner, Cohn and Remington 2007). Contributing lifestyle factors such as diet and physical inactivity are prevalent and contribute to obesity in people diagnosed with schizophrenia (Faulkner, Cohn and Remington 2007). Research by Holley (2011) has indicated that to overcome the adverse effects of antipsychotic medication and the negative symptoms of schizophrenia, health professionals used health promotion and psycho-education of physical activity and diet to treat and manage weight gain. Policy informed by research by The Department of Health and Children (2006) have indicated that evidence based practice health promotion and psych-education are effective for reducing weight gain and obesity with service users diagnosed with schizophrenia living in the community. More recent studies by Hardy and Thomas (2012) suggest that mental health nurses have a crucial role in the physical health, well-being and promoting and managing a healthy weight with individuals with schizophrenia living in the community. Enhancing patient outcomes, improving social functioning and the promotion of personal autonomy and well-being is one of the aims of clinical programme focusing toward recovery (DoHC 2012). These finding suggest psychiatric nurses can improve interventions and provide better quality care for service users.

Tosh, Clifton and Bachner (2011) reported that physical monitoring of physical health based interventions were simply 'good intentions' of patients care and the delivery of health promotion intervention activity was inadequate. Current mental health policy in Ireland A Vision for Change (DoHC 2006) promotes health professionals to consider the patient in a more holistic approach when treating them to ensure a better quality of care. In order to do this, more has to be done in early detection and prevention in all areas of care for service users. Further research evidence by Holley (2011) indicated that physical activity programmes are beneficial for patient's outcomes in various aspects of their lives.

### Physical health outcomes

The World Health Organization (2010) research into physical activity programmes suggest that obesity is a major concern for people in general because of the various physical health implications associated with it. Physical inactivity is associated with increased risk of what can contribute to the development of non communicable chronic diseases (WHO 2010). Such medical implications include diabetes mellitus, cardiovascular heart disease and hypertension (Faulkner, Cohn and Remington 2007), all of which increase the mortality and morbidity rate for people with schizophrenia. Service users diagnosed with schizophrenia are at a higher risk of being over-weight and obese compared to the general public (Marder et al 2004). Tosh, Clifton and Bachner (2011) reported that the use of health promotion was inadequate to treat and maintain a healthy weight for people with

*“Physical inactivity is associated with increased risk of what can contribute to the development of non communicable chronic diseases (WHO 2010).”*

schizophrenia and proposed that further interventions such as physical activity may help.

Various research studies suggest that physical activity programmes are effective and beneficial for people with schizophrenia who are living in the community (Fogarty and Happell 2005; Gorczynski and Faulkner 2010; Humphrey et al 2013). Within these research studies, physical activity has being defined as exercise in which movement of the body results in the expenditure of energy with the view to increasing physical fitness, maintaining a healthy weight and general health (Faulkner and Taylor 2005). This included activities ranging from walking to involvement in team activity. Exercise is a holistic intervention which is used to improve health and well-being (Holley 2011). It is recommended that nurses and other healthcare professionals should monitor physical health as well as the mental illness of service users (Pack 2009). According to A Vision for Change ( DoHC 2006) registered nurses and health professionals should adopt a more holistic approach when assessing, evaluating and providing services which will enhance the service user outcomes from the care that is provided. It is argued that using health promotion and education strategies in conjunction with physical activity programmes could possibly decreases the rate of mortality and morbidity among individuals with schizophrenia (Pack 2009). Research studies reviewed have emphasized that physical activity programmes have a positive effect on participants health, including weight loss, lower Body Mass Index (BMI), blood pressure and blood lipid levels as-well as glucose metabolism and general physical fitness (Fogarty and Happell 2005; Vancampfort et al 2012; and Ratliff et al 2012). It has being identified within the results of these studies that physical activity is beneficial for service user recovery (Faulkner and Taylor 2005; Vancampfort et al 2009; Gorczynski and Falkner 2010). Furthermore, the implementation of physical activity programmes is improving service user outcomes and enhancing service quality which is a national priority of mental health nursing (A Vision for Psychiatric Nursing 2012).

However, some challenges were identified within the literature. Comparison studies conducted by Johnson et al (2009) in North America and the United Kingdom, and a pilot study by Humphrey et al (2013) suggest that there are many barriers to the implementation of such physical activity programmes in the community for service users. These studies recognised areas such as fear of discrimination, poor concentration, lack of motivation, physical safety concerns, lack of social support, sedative effects of medication, cost,

lack of physical activity education and services within the community as potential barriers for service users engaging in such programmes (Johnston et al 2009; Vancampfort et al 2012; Humphrey et al 2013). To enhance organisational effectiveness and allow nurses to increase their clinical capacity and improve care adapting a recovery approach for service users (A Vision for Psychiatric Nursing 2012), it is suggested by Vancampfort et al (2012) that for physical activity to be effective within services these barriers must be addressed to maximise quality of care provided the service user.

### Psychological well-being

The literature proposes that service users with schizophrenia have to deal with many negative impacts associated with their illness which already affect their psychological wellbeing. Individuals living with schizophrenia within the community can experience these effects more intensely. Such aspects include stigma of having a mental illness, social isolation and withdrawal, lack of social and health supports and poor self image prevalent with service user living with a serious mental illness (Barker 2003). Such experiences result in the inability to report or communicate physical health problems, or even access the services available (Hardy and Thomas 2012). Having a mental illness has secondary adverse symptoms associated with the illness such as weight gain and obesity. These negative symptoms also effect's the psychological wellbeing of individuals with schizophrenia (Pack 2009). This situation can result in individuals with schizophrenia having a poor quality of life (Acil, Dogan and Dogan 2008). The implementation of nurse led physical activity programmes may help address problems such as these in partnership with the service user, and also provide psychosocial benefits including physical self-esteem and confidence which are both related with an increased sense of wellbeing (Holley 2011).

From the findings reported within the research literature, nurse led physical activity programmes improves the individual's negative symptoms of schizophrenia and also their psychological wellbeing (Fogarty and Happell 2005; Acil, Dogan and Dogan 2008; Pack 2009; Holley 2011; Hardy and Thomas 2012). The impact of these programmes can contribute to an enhanced quality of life. Social isolation and exclusion within the community is a barrier for individuals to access services (Barker 2003). In adopting a recovery approach, by introducing psychotherapeutic interventions psychiatric nurses are providing support services to service users to facilitate social inclusion (A Vision for Psychiatric Nursing 2012). Incorporating nurse led physical activity programmes into patient care; health services allow people with mental illness to engage in society and providing them with a sense of control over their treatment and a chance to socialise with others (Holley 2011). The problem of self-esteem, reduced confidence and poor self-image play an important role within social interactions. Such factors are prevalent for people with weight gain and obesity and may result in social exclusion and discrimination (Bazyk and Winne 2013). By incorporating such programmes into collaborative patient care plans and attempting to prevent

*“ Having a mental illness has secondary adverse symptoms associated with the illness such as weight gain and obesity. These negative symptoms also effect's the psychological wellbeing of individuals with schizophrenia (Pack 2009). ”*

obesity and maintain a healthy weight, nurses are improving body image resulting in increased confidence and social interactions for service users (Crone, Tyson and Holley 2010). Such qualities can be effective across many aspects of the service user journey towards their recovery. Internal and external stress factors contribute to increased anxiety levels for individuals with schizophrenia, research by Acil, Dogan and Dogan (2008) suggest that the use of physical activity is used as a coping strategy and distraction which lessens their anxiety levels.

Nonetheless, Fogarty and Happell (2005) highlight challenges of medication adherence and lacks of motivation are barriers to one's sense of psychological wellbeing. The belief that medication is the primary cause of their weight gain may result in non-compliance with medication which may eventually cause relapse.

### Discussion

The evidence clearly identifies weight gain and obesity as central factors in relation to morbidity and mortality in Ireland, European and World Health. Findings within the research recognise that these factors are exacerbated for service users living with schizophrenia. The literature review indicates that obesity and weight gain are prevalent factors that lead to physical illness for people with schizophrenia. Research has shown that the causes of this obesity include antipsychotic medication nurses administer and the negative symptoms associated with the illness itself (Sharp and Hills 2003; Saklad 2004; and Reges 2008). Studies have indicated the individuals with schizophrenia are one and a half to four times greater in developing a physical illness than the general public (Faulkner, Cohn and Remington 2007). From the themes identified by the literature, evidence suggests that physical activity programmes can be beneficial for service users and improving their physical health and psychological wellbeing and improve quality care provided. The evidence has identified that, to increase service users outcomes it is more beneficial to use a more holistic approach in relation to service user's mental and physical health care as early as possible.

Considering, A Vision for Psychiatric Nursing (2012) recovery and improving outcomes and service quality for service users are important clinical attributes for Registered Psychiatric Nurses (RPN). Research studies have shown beneficial factors to both physical health and psychological wellbeing from participating in nurse led physical activity programmes.

These include weight loss, maintaining a healthy weight, decreased blood pressure and body mass index levels to within normal range, anxiety reduction, improving social inclusion and integration with services, increased service user confidence and self-esteem (Acil, Dogan and Dogan 2008; Pack 2009; Holley 2011; Hardy and Thomas 2012; and Vancampfort et al 2012). Finding suggests the improvement and addition of this nurse led physical activity programme intervention has improved patient care and outcomes.

However there are various challenges and barriers which may impede the application of nurse led physical activity programmes. These include the effects from the illness itself including, social isolation and exclusion, lack of motivation, non-compliance and side effects of medication, low self-esteem and mobility. Furthermore Tosh, Clifton and Bachner (2011) asserts that inadequate services such as health promotion and psycho-education combined with non-application of a more holistic care approach is preventing the service user from receiving quality care.

### Recommendations

From the synthesis of the literature, the author suggests recommendations for clinical practice.

- Based on a vision for change (DoHC, 2006) the adoption of an early detection approach and early intervention for such practice would be more beneficial for service user care. A more holistic approach to the mental health service user around their mental and physical health needs (DoHC 2012).

**Rational:** Early detection of weight gain and obesity from antipsychotic medication side effects and the illness itself would increase the probability of the intervention working.

- All mental health nurses to provide assessments to service users on a regular basis and use a health screen process of their physical health and devise programmes for each individual depending on their needs (Hardy and Thomas 2012).

**Rational:** Assessments and implementation of care plans of service users both mental and physical needs would allow nurses to incorporate health promotion with physical activity programmes.

- Physical activity programmes should be set up and ran by the multidisciplinary team and peer support groups (Johnson et al 2009).

**Rational:** This would allow the service user living in the community to engage with healthcare workers in clinical practice and help develop their social skills around their peers.

### Conclusion

The aim of this assignment was to discover if a nurse led physical activity programme would be beneficial for service

users in maintaining a healthy weight and minimising morbidity and mortality rates associated with obesity and weight gain. The assignment critically reviewed the literature in relation to obesity and physical activity programmes for service users diagnosed with schizophrenia. The evidence suggests that the implementation of physical activity programmes and early holistic approach is beneficial for service user's outcomes and care. The assignment concludes that incorporating health promotion with nurse led physical activity programmes improves services and quality of care for service users.

### References

ACIL, A.A., DOGAN, S. and DOGAN, O., 2008. The effects of physical exercises to mental state and quality of life in patients with schizophrenia. *Journal of psychiatric and mental health nursing*, 15(10), pp. 808-815.

BARKER, P.J., 2003. *Psychiatric and mental health nursing: the craft of caring*. London: Arnold.

BAZYK, S. and WINNE, R., 2013. A Multi-Tiered Approach to Addressing the Mental Health Issues Surrounding Obesity in Children and Youth. *Occupational Therapy in Health Care*, 27(2), pp. 84-98.

BEEBE, L.H., TIAN, L., MORRIS, N., GOODWIN, A., ALLEN, S.S. and KULDAU, J., 2005. Effects of Exercise on Mental and Physical Health Parameters of Persons with Schizophrenia. *Issues in Mental Health Nursing*, 26(6), pp. 661-676.

BEEBE, L., HUMPHREY and HARRIS, R., FAUST, 2013. Description of physical activity in outpatients with schizophrenia spectrum disorders. *International Journal of Mental Health Nursing*, 22(5), pp. 430-436.

BEEBE, L., HUMPHREY, SMITH, K., D., ROMAN, M., W., BURK, R., C., MCINTYRE, K., DESSIEUX, O., L., TAVAKOLI, A. and TENNISON, C., 2013. A Pilot Study Describing Physical Activity in Persons with Schizophrenia Spectrum Disorders (SSDS) after an Exercise Program. *Issues in Mental Health Nursing*, 34(4), pp. 214-219.

CRONE, D., TYSON, P. and HOLLEY, J., 2010. Improving health, well-being and cognition in schizophrenia: making the case for physical activity. *Journal of Public Mental Health*, 9(2), pp. 32-35.

DEPARTMENT OF HEALTH, 2010. *Equality and Excellence: Liberating the NHS*. 12 July 2010.

FAULKNER, G. TAYLOR, A., 2005. *Exercise, health and mental health: emerging relationships*. London: Routledge, 2005: 27-45

FAULKNER, G., COHN, T. and REMINGTON, G., 2007. Interventions to reduce weight gain in schizophrenia. *Cochrane Database of Systematic Reviews*, (1),.

FOGARTY, M. and HAPPELL, B., 2005. Exploring the benefits of an exercise program for people with schizophrenia: a qualitative study. *Issues in Mental Health Nursing*, 26(3), pp. 341-351.

## References Continued

GORCZYNSKI, P. and FAULKNER, G., 2010. Exercise therapy for schizophrenia. *Cochrane Database of Systematic Reviews*, (5),.

HARDY, S. and THOMAS, B., 2012. Mental and physical health comorbidity: Political imperatives and practice implications. *International Journal of Mental Health Nursing*, 21(3), pp. 289-298.

HARDY, S., 2012. The increased risk of diabetes in people with severe mental illness. *Practice Nursing*, 23(9), pp. 460-462.

HEALTH SERVICE EXECUTIVE, 2012. A vision for psychiatric/ mental health nursing. Dublin: Stationary office.

HOLLEY, J., 2011. Physical activity and mental health: reflections from research and implications for practice. *Mental Health Today*, , pp. 31-33.

HOLLEY, J., CRONE, D., TYSON, P. and LOVELL, G., 2011. The effects of physical activity on psychological well-being for those with schizophrenia: A systematic review. *British Journal of Clinical Psychology*, 50(1), pp. 84-105.

IRELAND. DEPARTMENT OF HEALTH AND CHILDREN. EXPERT GROUP ON MENTAL HEALTH POLICY, 2006. A vision for change: report of the Expert Group on Mental Health Policy. Dublin: Stationery Office.

IRELAND. NURSING BOARD, 1988. The code of professional conduct for each nurse and midwife: January 1988. Dublin: An Bord Altranais.

JOHNSTONE, R., NICOL, K., DONAGHY, M. and LAWRIE, S., 2009. Barriers to uptake of physical activity in community-based patients with schizophrenia. *Journal of Mental Health*, 18(6), pp. 523-532.

MARDER, SR. ESSOCK, SM. and MILLER, AL., 2004. Physical health monitoring of patients with schizophrenia. *American journal of psychiatry*, 161,(8), pp. 1334-1349.

PACK, S., 2009. Poor physical health and mortality in patients with schizophrenia. *Nursing Standard*, 23(21), pp. 41-45.

PANARIELLO, F., DE LUCA, V. and DE BARTOLOMEIS, A., 2011. Weight Gain, Schizophrenia and Antipsychotics: New Findings from Animal Model and Pharmacogenomic Studies. *Schizophrenia Research & Treatment*, , pp. 1-16.

POULIN, M.J., CHAPUT, J.P., SIMARD, V., VINCENT, P., BERNIER, J., GAUTHIER, Y., LANCTÔT, G., SAINDON, J., VINCENT, A., GAGNON, S. and TREMBLAY, A., 2007. Management of antipsychotic-induced weight gain: prospective naturalistic study of the effectiveness of a supervised exercise programme. *Australian & New Zealand Journal of Psychiatry*, 41(12), pp. 980-989.

RATLIFF, J., C., PALMESE, L., B., REUTENAUER, E., L., LISKOV, E., GRILLO, C., M. and TEK, C., 2012. The effect of dietary and physical activity pattern on metabolic profile in individuals with schizophrenia: a cross-sectional study. *Comprehensive psychiatry*, 53(7), pp. 1028-1033.

REGE, S., 2008. Antipsychotic induced weight gain in schizophrenia:mechanisms and management. *Australian & New Zealand Journal of Psychiatry*, 42(5), pp. 369-381.

SAKLAD, S.R., 2004. The pharmacology of metabolic complications due to weight gain... includes discussion. *Johns Hopkins Advanced Studies in Nursing*, 2(3), pp. 93.

SHARPE, J. and HILLS, A.P., 2003. Atypical antipsychotic weight gain: a major clinical challenge. *Australian & New Zealand Journal of Psychiatry*, 37(6), pp. 705-709.

SOUNDY, A., FAULKNER, G. and TAYLOR, A., 2007. Exploring variability and perceptions of lifestyle physical activity among individuals with severe and enduring mental health problems: a qualitative study. *Journal of Mental Health*, 16(4), pp. 493-503.

TOSH, G., CLIFTON, A. and BACHNER, M., 2011. General physical health advice for people with serious mental illness. *Cochrane Database of Systematic Reviews*, (2),.

TOSH, G., CLIFTON, A. and BACHNER, M., 2011. General physical health advice for people with serious mental illness. *Schizophrenia bulletin*, 37(4), pp. 671-673.

VANCAMPFORT, D., KNAPEN, J., DE HERT, M., VAN WINKEL, R., DECKX, S., MAURISSEN, K., PEUSKENS, J., SIMONS, J. and PROBST, M., 2009. Cardiometabolic effects of physical activity interventions for people with schizophrenia. *Physical Therapy Reviews*, 14(6), pp. 388-398.

VANCAMPFORT, D., KNAPEN, J., PROBST, M., SCHEEWE, T., REMANS, S. and DE HERT, M., 2012. A systematic review of correlates of physical activity in patients with schizophrenia. United Kingdom: Wiley-Blackwell Publishing Ltd.

VANCAMPFORT, D., DE HERT, , MARC, MAURISSEN, K., SWEERS, K., KNAPEN, J., RAEPSAET, J., PROBST, M., PLUMMER-D'AMATO, P. and BONSAKSEN, T., 2011. Physical activity participation, functional exercise capacity and self-esteem in patients with schizophrenia... ...includes commentary by Plummer-D'Amato P and Bonsaksen T. *International Journal of Therapy & Rehabilitation*, 18(4), pp. 222-230.

VANCAMPFORT, D., SWEERS, K., PROBST, M., MITCHELL, A., KNAPEN, J. and HERT, M., 2011. Quality Assessment of Physical Activity Recommendations Within Clinical Practice Guidelines for the Prevention and Treatment of Cardio-metabolic Risk Factors in People With Schizophrenia. *Community mental health journal*, 47(6), pp. 703-710.

WORLD HEALTH ORGANISATION, 2009. Interventions on diet and physical activity: What works. Geneva: World Health Organisation.

WORLD HEALTH ORGANISATION, 2010. Global recommendation on physical activity for health. World Health organisation. Geneva: World Health Organisation.

WORLD HEALTH ORGANIZATION, 2013. World Health Organization. Geneva: World Health Organization.

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