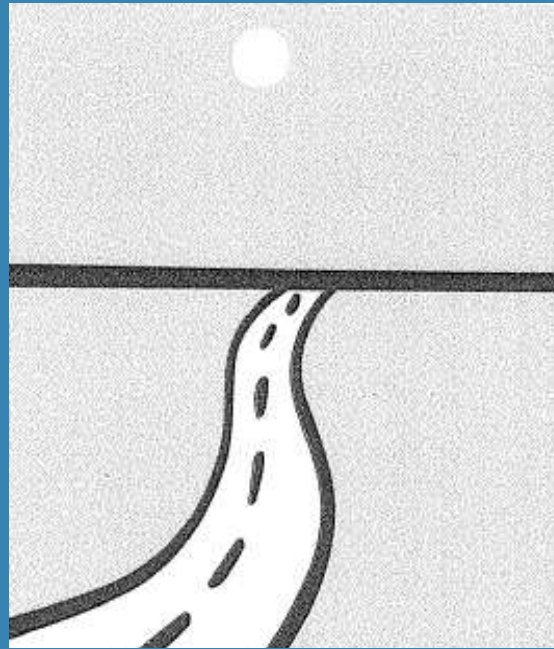


Inequality in Health

An analyses of Health Prevention and Health Promotion for people with mental illness in a cross - sectoral perspective.

Sylvia Johannsen and Anita Ulsing Frederiksberg, 2017





Programme

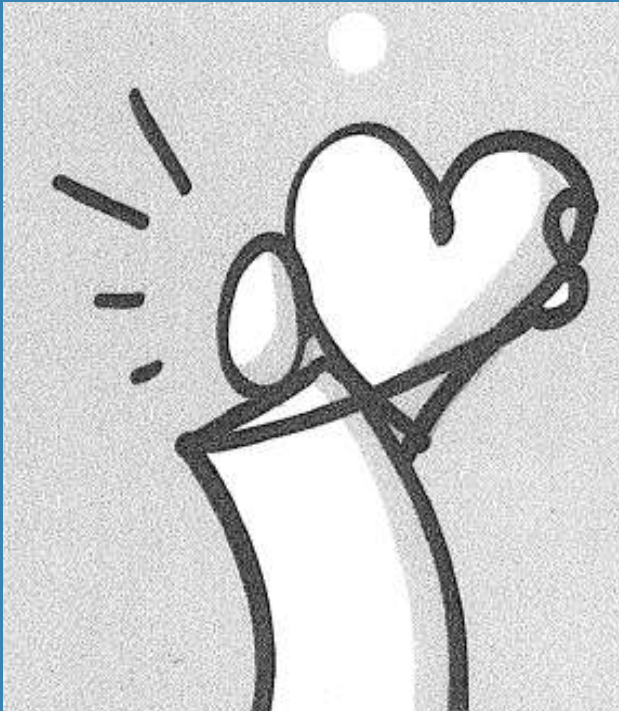
Facts about inequality in health

Aim and purpose of our project

Objective, milestones and methods

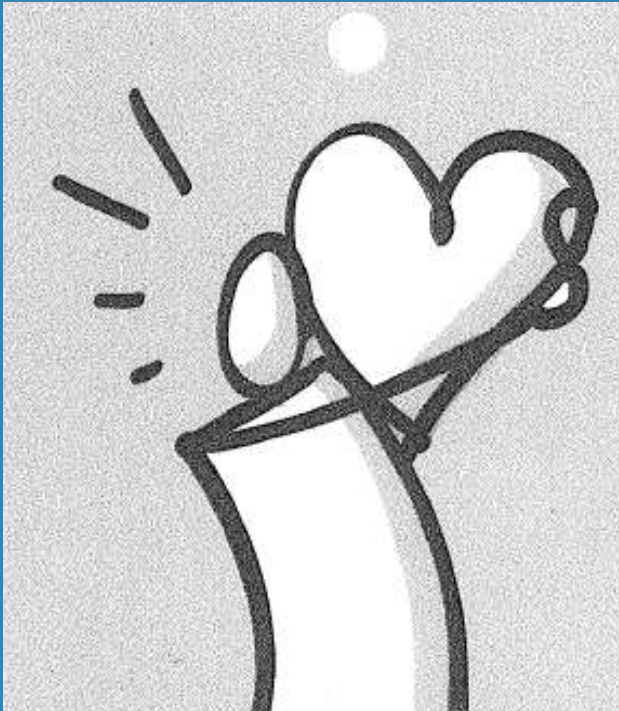
Outcome from group sessions and individual work.

Aim and purpose



- The average lifespan is about 20 years less for people with mental diseases than for the general population.
- 60% in this group have an excess mortality because of lifestyle diseases such as diabetes, cardiovascular disease and cancer.

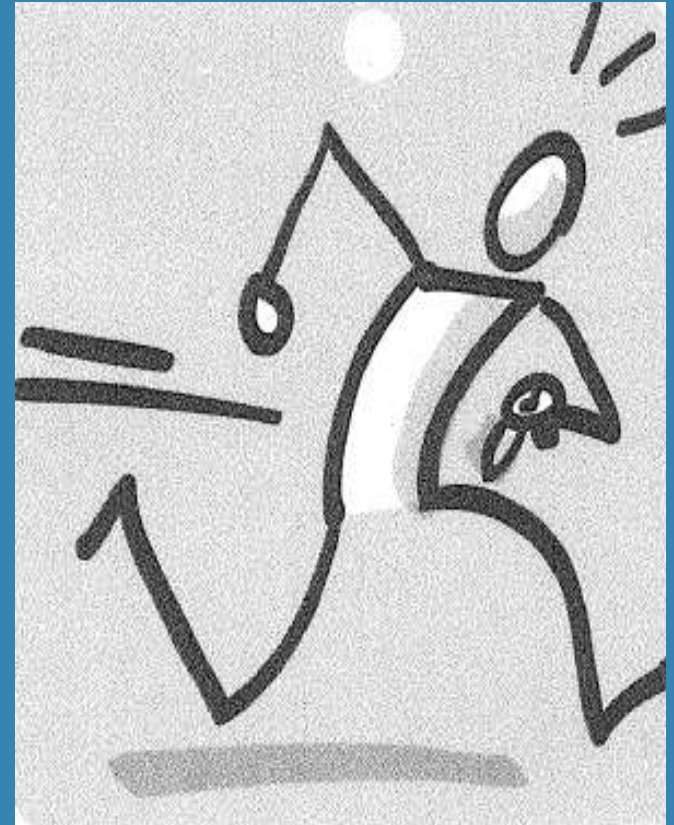
Objective



- To improve health and quality of life for patients/citizens with both mental illness and physical health problems.
- Ensure an early coordinated cross-sectoral health effort

Milestones

- Examine the patient's/citizen's wishes and needs for a model strengthening their health and quality of life, focusing on rehabilitation, recovery and inclusion.
- Examine the reasons why a large percentage of the target group does not participate in the existing group sessions, in neither the out-patient clinic nor the community health center.
- Develop a model for the cross-sectoral collaboration.
- Test and evaluate sessions of a health program..



Methods

Phase 1

Conduct qualitative interviews with out-patients.

Gathering existing information on the subject.

Recruiting 43 out-patients for either group or individual sessions.

Phase 2

Developing and testing a co-ordinator position.

Developing and testing a series of group sessions.

WHO-5

**Measuring of quality of life
COPM**

**measuring of activities
chosen by the
out-patients**

Phase 3

Processing data from

Quantitative studies

Qualitative interviews with both patients and staff from the out-patient clinic.

Questionnaires results from the staff at the out-patient clinic.

Statements from the interviews

It's important to be in charge

The cigarette provides me with a feeling of safety and calmness ...

When I perspire and my pulse rises, I feel anxiety

Being healthy means having a nice home

To me being healthy means something with healthy food

There are good and bad days...on the bad days I feel anxiety and can't sleep

I need someone who I know well to call and remind me about my appointments

It has to make sense – otherwise I don't want to participate

Focus-group interviews

Exercise with
the staff and
3-4 others

Healthy food that we
prepare and eat
together, that's nice

Spaciousness!
No
condemnation

It's going to
be alright, I
never feel
sick..

When I have a
bad day I can't
even get out
the door..

I am not
accountable for my
bad habits – that's
why I never see my
GP

I do my best
thinking
while
smoking a
cigaret

- Special
considerations.

Conclusions

Changes in lifestyle has to be **meaningfull** and defined by the patient/citizen himself.

It is **difficult** to maintain healthy habits in periods with many symptoms.

There is a need for someone who can provide **support** in order to the create healthy habits.

Cigarettes, food and alcohol are **consolation** in periods with many symptoms.

Recognizable structures and frameworks for everyday life are necessary in order to establish a healthy lifestyle.

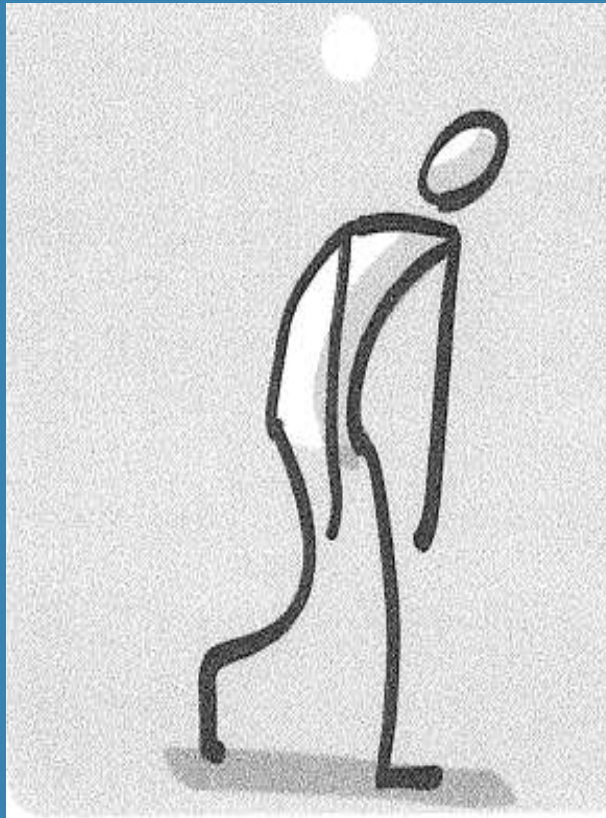
Small groups and a **sense of community** are very important, but difficult to consolidate.

There i a fear of not being able to handle the physical challenges.

Its hard to **believe** that it is possible to make changes

There is a need for longer periods with sessions if changes are to be maintained.

Reasons for not participating



- Not believing that changes are possible.
- Fear of being stigmatized.
- Mental illness taking over ones entire life.
- Staff lacking knowledge of the possibilities for sessions in the Public Health Center
- Some out-patients do not want to participate in health improving activities.

Two dimensions of health

Experience Dimension
'Living life'

Mental
health

Functioning Dimension
'Managing life'

The Salutogenic Model

Unhealthy

Weak SOC

Weak feeling of
Comprehensibility

Manageability

Meaningfulness



Feeling sick

Healthy

Strong SOC

Strong feeling of
Comprehensibility

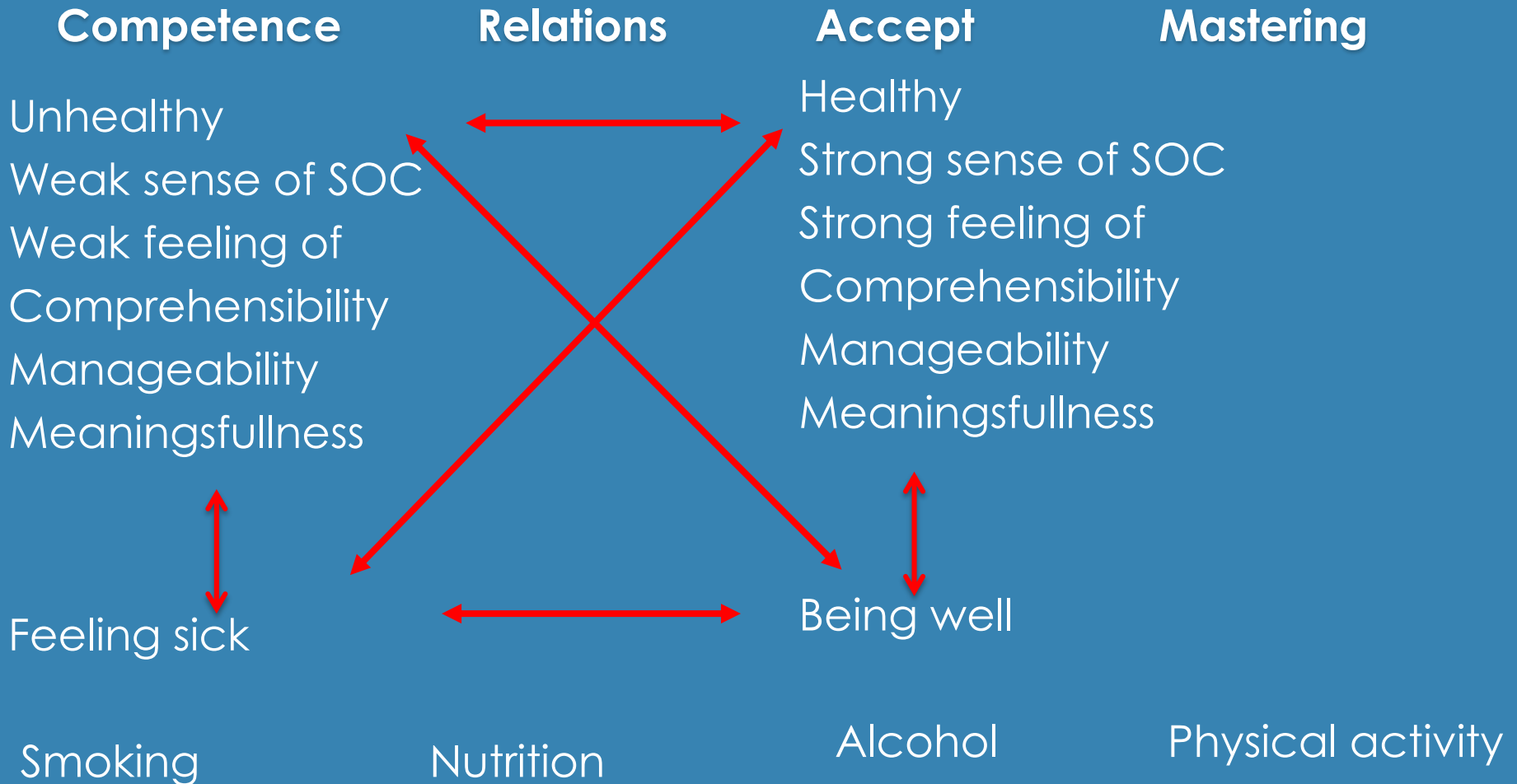
Manageability

Meaningfulness



Being well

More than SNAP



Case story



Individual sessions with an out-patient (Everet, 61 years)

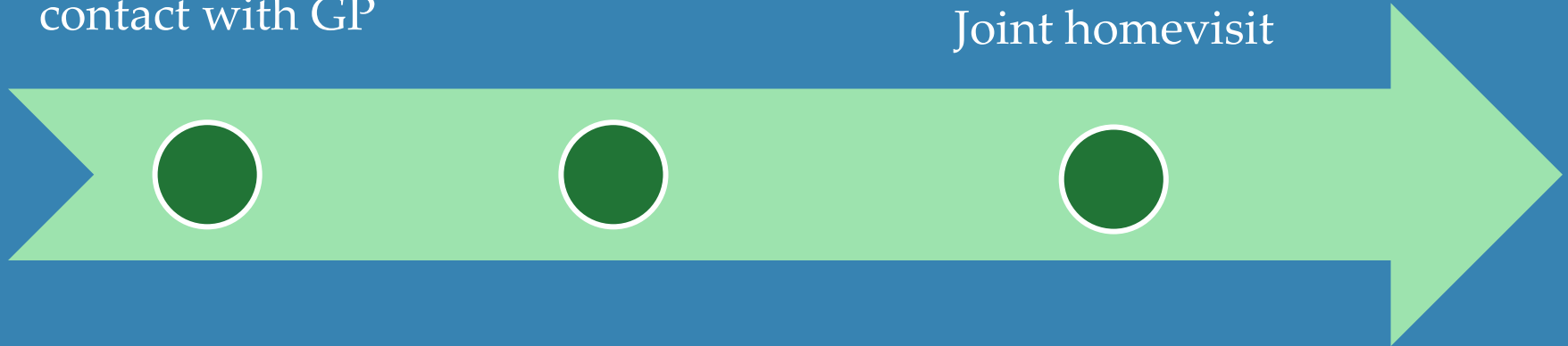
- Everet entered the project because he suffered from pain in the hip joints which affected his ability to walk and leave his apartment on his own.
- Duration: 8 months

Everet

Starts training at the
Community Health
Center

Preliminary
interview
Meeting the
physiotherapist
Establishing
contact with GP

Cooperation with the
municipal worker
Joint homevisit



Cooperating
with
psychiatrist
and practitioner
at the out-
patient clinic



Sammen om sundhed

En indsats for at forbedre din fysiske og mentale sundhed



Et 8 ugers sundhedsforløb for dig der gerne vil komme i gang ...

Group sessions: 'Facing health together'

8 weeks group sessions with exercise, cooking, mindfulness and the '5 steps to wellbeing' program

Five steps to wellbeing

Framework

- 2 groups with 5-8 participants
weekly sessions during 8 weeks
90 minutes per session.

Contents:

- Identity and diagnosis
Presentation: Personally and professional
Structure in everyday life
Network and social life
Recovery and empowerment
5 steps to wellbeing- Connect/Be active/Take
notice/Learn/Give
- Exercise and health in general
Cognitive difficulties and strategies

Five steps to wellbeing 2

- **Exchange experience rather than education**

Purpose:

to focus on on health can be less on physical well-being, and more about quality and meaning in everyday life.

- Help facilitate participants to take control of their own lives and their own health. Creating a community and helping the participants to destigmatize themselves. **Pros and cons of letting health educated staff participate as members of the group.** Change of group dynamic. The fear of being analyzed
- Sylvia and Anita shared stories from their personal lives like the other participants.
- By their participation, the other participants realized that some of their problems were not connected to their mental illness, For example: stress, loneliness, wellbeing and network

Mental Health Services in the

● Capital Region & Frederiksberg City

Health Care Center



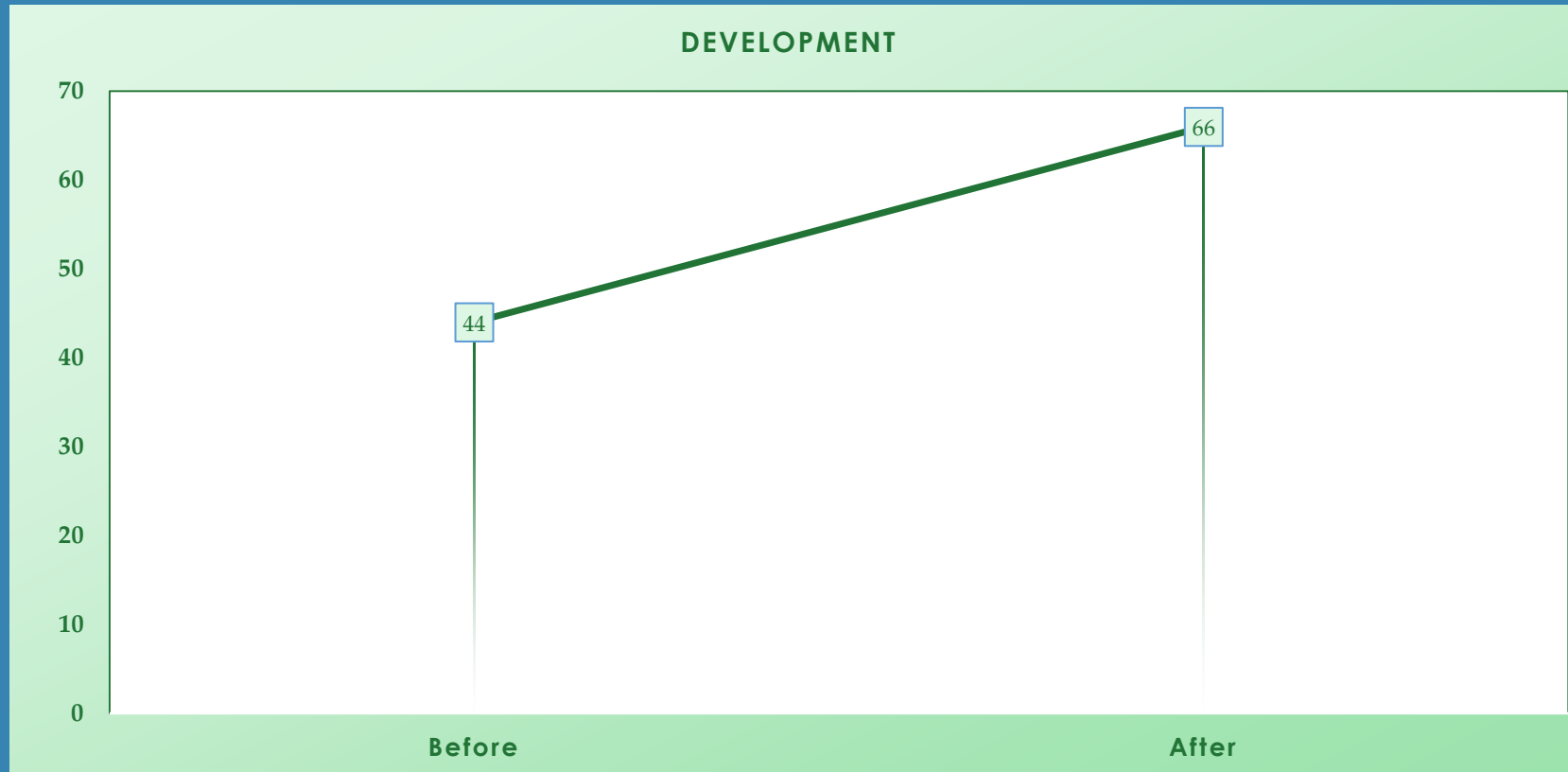
Outcome of the group sessions: 'Facing health together'

A total of 5 out of 8 registered participants completed the first group course, which corresponds to a completion rate of 80%.

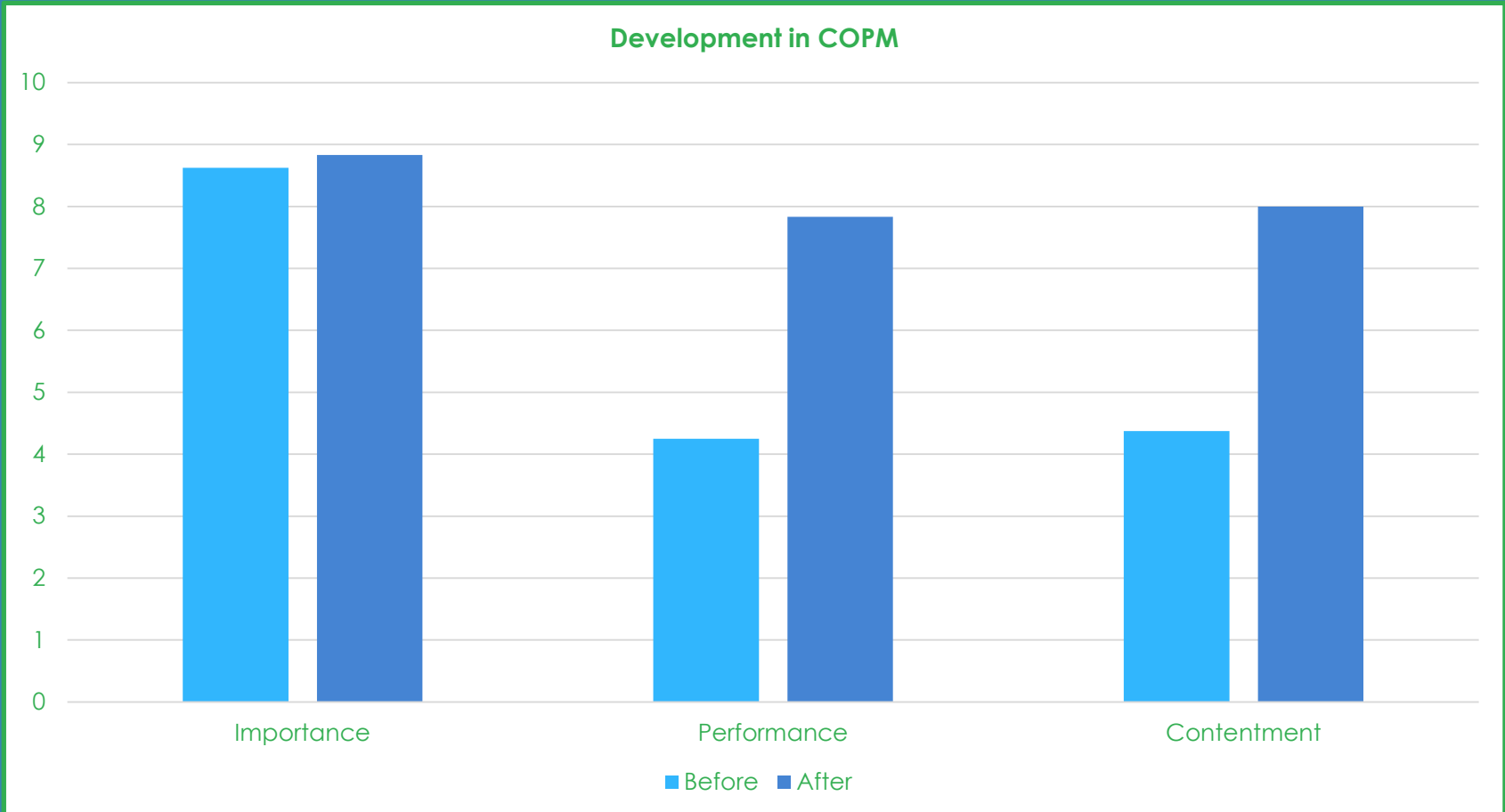
The definition of implementation has been set to be 13 out of 16 courses. In relation to the vulnerability of the target group, it has proved to be high requirements.

Not all participants wanted to share whether they had a weight loss during the course. The four who did had an average weight loss of 6.25 kg.

Outcome of WHO-5 measurements



Outcome of COPM measurements



Conclusions

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There is a need for someone who can provide **support** in order to the create healthy habits.

Cigarettes, food and alcohol are **consolation** in periods with many symptoms.

Recognizable structures and frameworks for everyday life are necessary in order to establish a healthy lifestyle.

Small groups and a **sense of community** are very important, but difficult to consolidate.

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Its hard to **believe** that it is possible to make changes

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Concluding remarks



- When people are stigmatized – it's not only in one area of their lives.
- Stigmatization is found in all areas of care and social services.
- When several sectors work together, the individual sector has to open up for new ways of thinking and working

Thank's for your attention...

The facilitators



Mental Health Services in the
● Capital Region & Frederiksberg City
Health Care Center

