



European Network for Promoting the Health of Residents in Psychiatric and Social Care Institutions

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The „HELPS-Project“

- the problem and potential causes
- aims and objectives
- what we do to reach the aims?
- what do we expect?

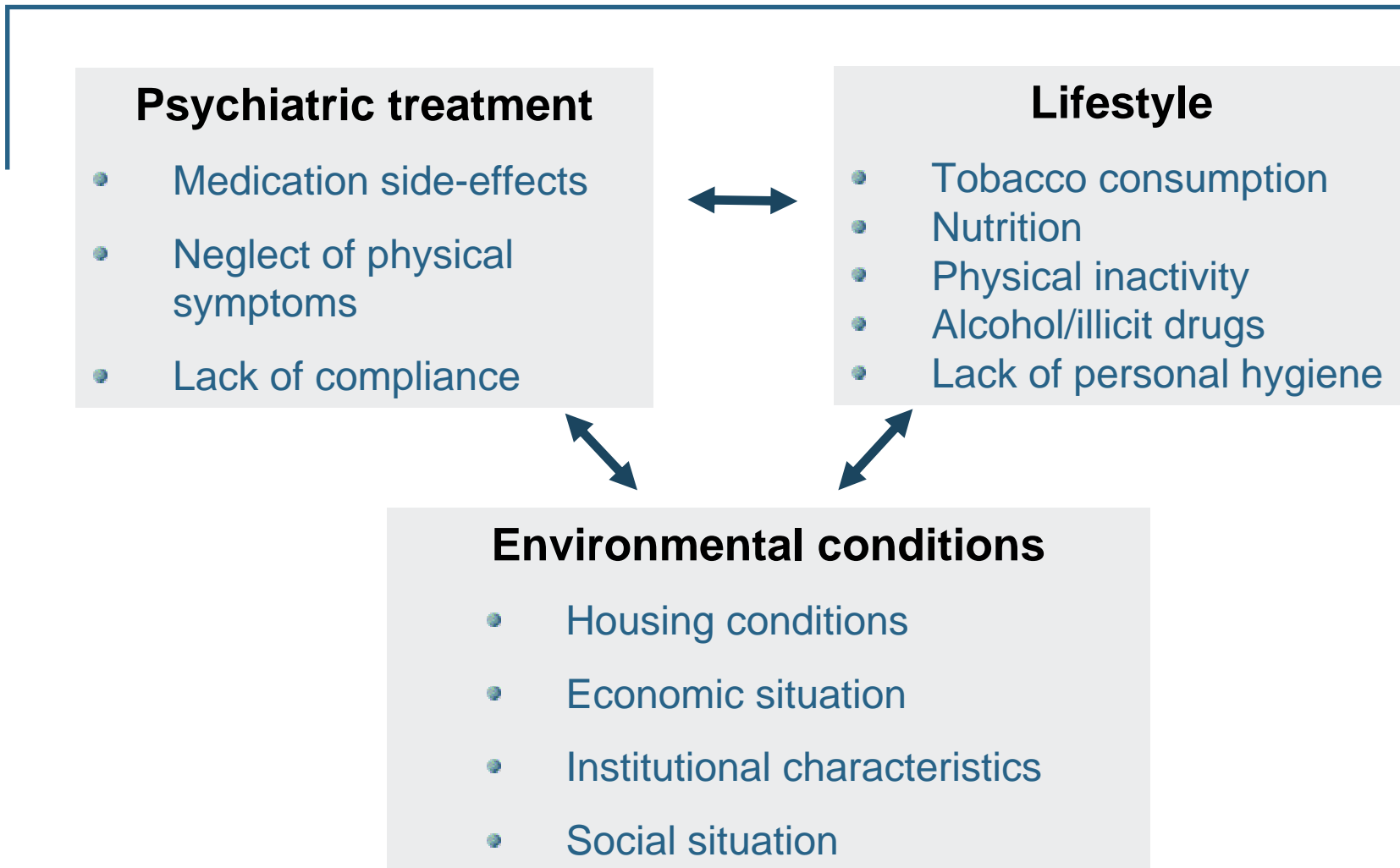
The Problem

- Compared with the general population patients with severe mental illness (SMI) are characterised by a higher morbidity and mortality due to chronic somatic or acute conditions
- Data on the epidemiology of somatic morbidity and mortality of persons with SMI are rare
- Knowledge on the causes of increased somatic morbidity and mortality in persons with SMI is fragmentary
- Somatic problems in people with SMI are not sufficiently considered by psychiatric staff members
- Standardized screening techniques for somatic health risks in people with SMI are hardly available
- Knowledge on the effectiveness and the cost effectiveness of health promoting strategies for persons with SMI is incomplete

Increased prevalence of somatic illness in persons with schizophrenia [Leucht et al., 2007]

Disease category	Type of illness
Cardiovascular	All cardiovascular problems
Nutritional and metabolic	Obesity, diabetes, metabolic syndrome
Infectious	Tuberculosis, HIV, Hepatitis A + B
Respiratory	Impaired lung function
Stomatognathic	Poor dental status
Musculoskeletal	Osteoporosis
Urological (male)	Sexual dysfunction
Genital (female)	Obstetric complications, sexual dysfunction, hyperprolactinemia, irregular menses, galactorrhea
Endocrine	Thyroid dysfunction
Nervous system	Extrapyramidal side-effects, motor signs, altered pain sensitivity

Potential causes of physical comorbidity in people with SMI



Psychiatric treatment

- Modern antipsychotic drugs are associated with an increased risk of the metabolic syndrome
- Physical health care has no adequate attention in psychiatric treatment
- Many mental health care professionals have little training in physical care
- People with severe mental illness are less likely than healthy controls to report physical symptoms spontaneously
- cognitive impairment and the stigma of mental illness make it less likely that people with severe mental illness receive adequate physical health care

Phelan et al., 2001

Lifestyle

Prevalence of unhealthy lifestyles in people with SMI compared to general population

Type of behaviour	Psychiatric diagnoses
Increased prevalence of smoking	all diagnoses
Increased prevalence of illicit drug use	all diagnoses
Higher number of unhealthy food habits	all diagnoses
Risky alcohol consumption	schizophrenia depression other diagnoses
Increased BMI	schizophrenia
Frequency of physical exercise	higher for people with depression

Kilian et al., 2006

Environmental conditions



Aims and Objectives

The „HELPS project“ aims - at the development of a framework of empowerment - focusing on the

- ▶ **promotion of healthy living conditions in psychiatric care institutions** and
- ▶ **improvement of the physical health status** of residents with mental disorders, mental disability or dependency living in social and health care institutions.

Aims and Objectives

Staff members and residents of mental health care institutions should be enabled:

- to identify routinely the most relevant physical health problems
- to detect adverse (and protective) health relevant lifestyles
- to discover health relevant institutional characteristics
- to choose and implement suitable health promoting strategies at the individual, the organisational, and the environmental level.

Objectives are ...

- **creating a network of expertise**
on the promotion of the physical health status of people with severe mental illness (SMI)
- **gathering currently fragmented knowledge**
on extent and causes of physical comorbidity
- **identifying best methods for assessment**
of comorbidity, health behaviour and environmental risks
- **identifying best practice for health promotion**
- **developing a “health promoting toolkit”**
including selected assessment and prevention strategies
- **testing the feasibility of the toolkit**
in psychiatric and social care institutions across Europe
- **disseminate project results / the toolkit**

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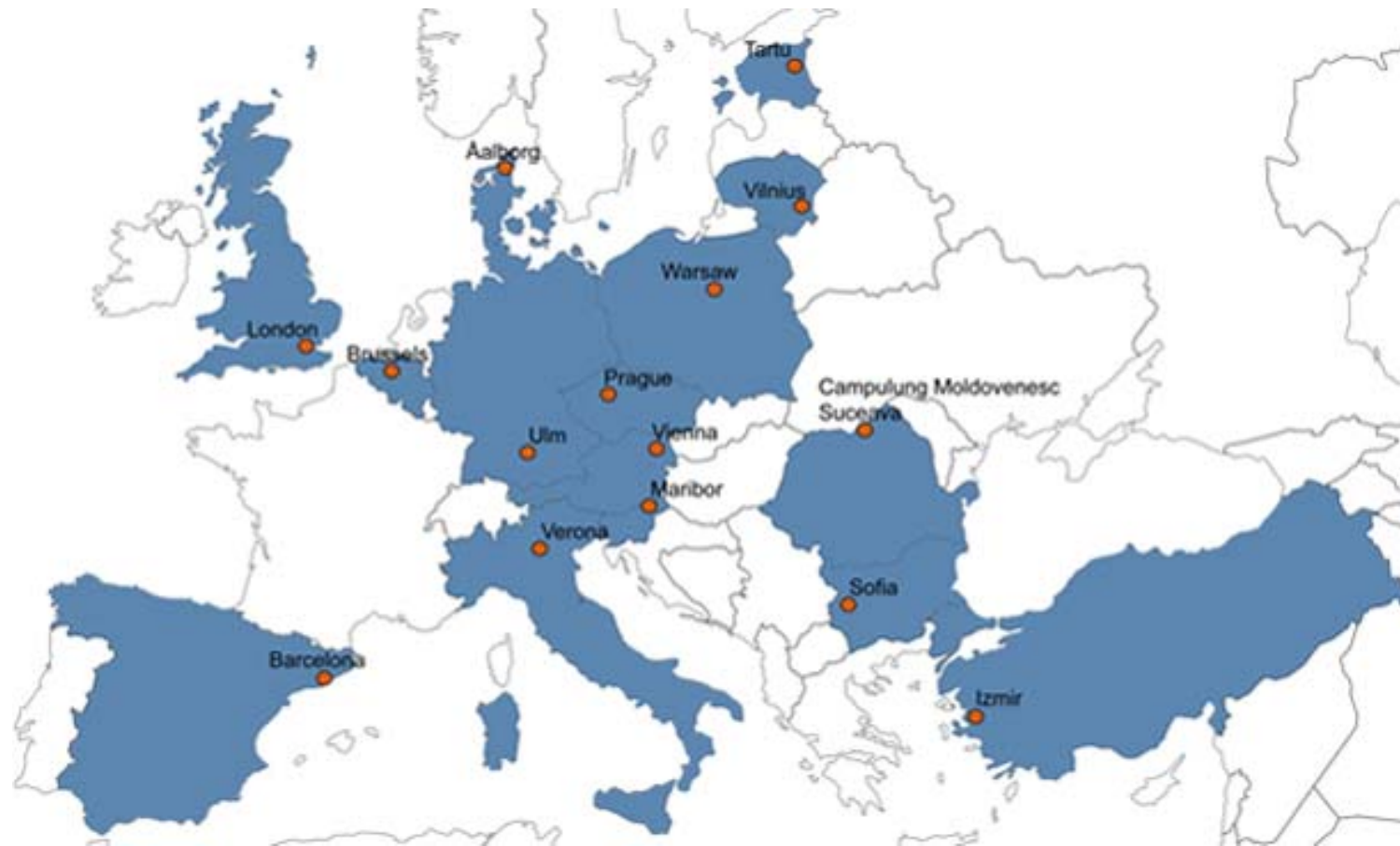
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What we do to reach the aims?

Creating a network of expertise

- Bringing together experts from different parts of Europe
- Developing strategies for systematic gathering of knowledge
- Collecting regional information and building up an European information pool
- Building co-operations with other networks

15 Cooperation partners in 14 countries



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„Project Methods“

The key methods to achieve this are ...

- international literature reviews
- Delphi rounds with experts from participating countries
- focus groups with staff members and residents of mental health care institutions

„Project Methods“

Literature reviews on physical health problems in people with mental illness and on instruments for the assessment of the physical health status, health relevant behaviour and health related attitudes will be conducted to get a comprehensive picture of the international knowledge and the international state of the art of measurement in this field.

Delphi rounds will be conducted to collect information on the prevalence and causes of physical health problems in residents of mental health care institutions, the appropriateness of accessible assessment techniques, the availability of health promoting programmes and the extent of its implementation in mental health care institutions.

Focus groups will be conducted in several institutions in each participating country to gather information on the residents' and staff members' subjective perception of physical health problems, their attitudes on the causes of health risks, their willingness to engage in health promoting activities and their assessment of the suitability and feasibility of routine assessment techniques and intervention programmes for health promotion.

What we do to reach the aims?

Gathering currently fragmented knowledge on extent and causes of physical comorbidity

- collecting available data on the **physical health status** of residents of mental health care institutions (MHCIs)
(literature review/screening of official and informal data sources, Delphi rounds)
- collecting information on **health related living conditions** in MHCIs
(literature review/screening of official and informal data sources, Delphi rounds)
- gathering information on the **perception of somatic health problems by staff members** of MHCIs
(focus groups)
- gathering information on the **perception of somatic health problems by residents** of MHCIs
(focus groups)

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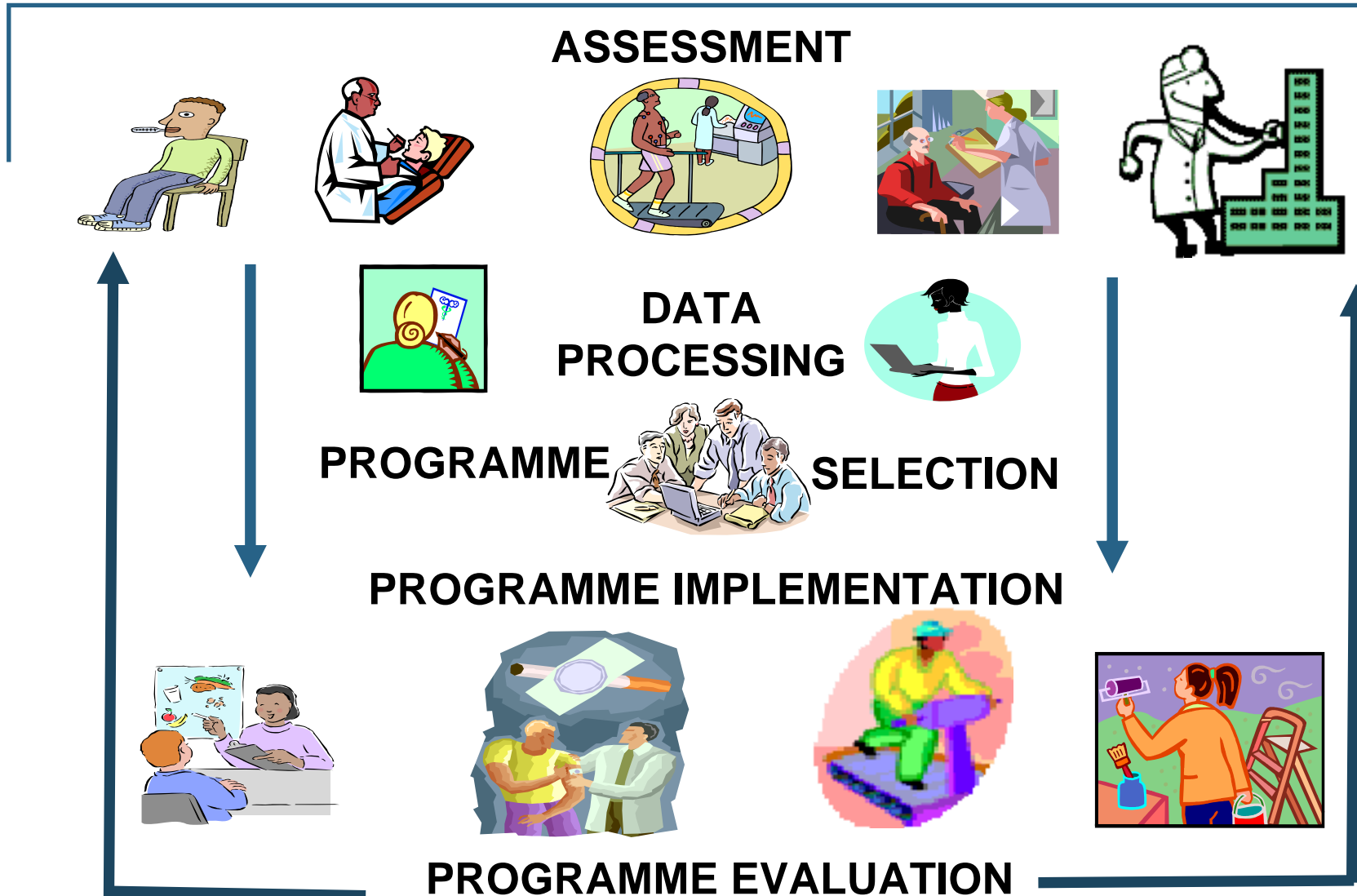
What we do to reach the aims?

Production, translation, and dissemination of the “Health Promotion Toolkit”

Modern information and communication techniques will be used for the dissemination and the application of the “Health Promotion Toolkit”.

- Production of electronic versions of assessment instruments
- Creating an algorithm for the selection of adequate health promoting strategies on the background of the assessment exercise
- Assessing the feasibility of the toolkit
- Translation of the “Health Promotion Toolkit”
- Dissemination via “e-Health” (CD-ROM, Internet)

The *ideal* application of the „HELPS-Health Promotion Toolkit“



What do we expect?

or: „we have a dream“

- It is expected that the health promotion toolkit will be perceived by staff members and residents of mental health care institutions as an opportunity to increase control over their quality of life.
- A widespread use of the toolkit is expected to have a significant positive effect on the physical health status of people with mental illness.
- In addition, dissemination of the toolkit could become one element of a European database on living conditions in mental health care institutions.
- In summary, these effects will constitute an important contribution to maintaining and enhancing the dignity, human rights and general health among residents of mental health care institutions.



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Thank you for your attention!



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