

Social support as a strategy to promote engagement with healthy lifestyle behaviours in people with severe mental illnesses

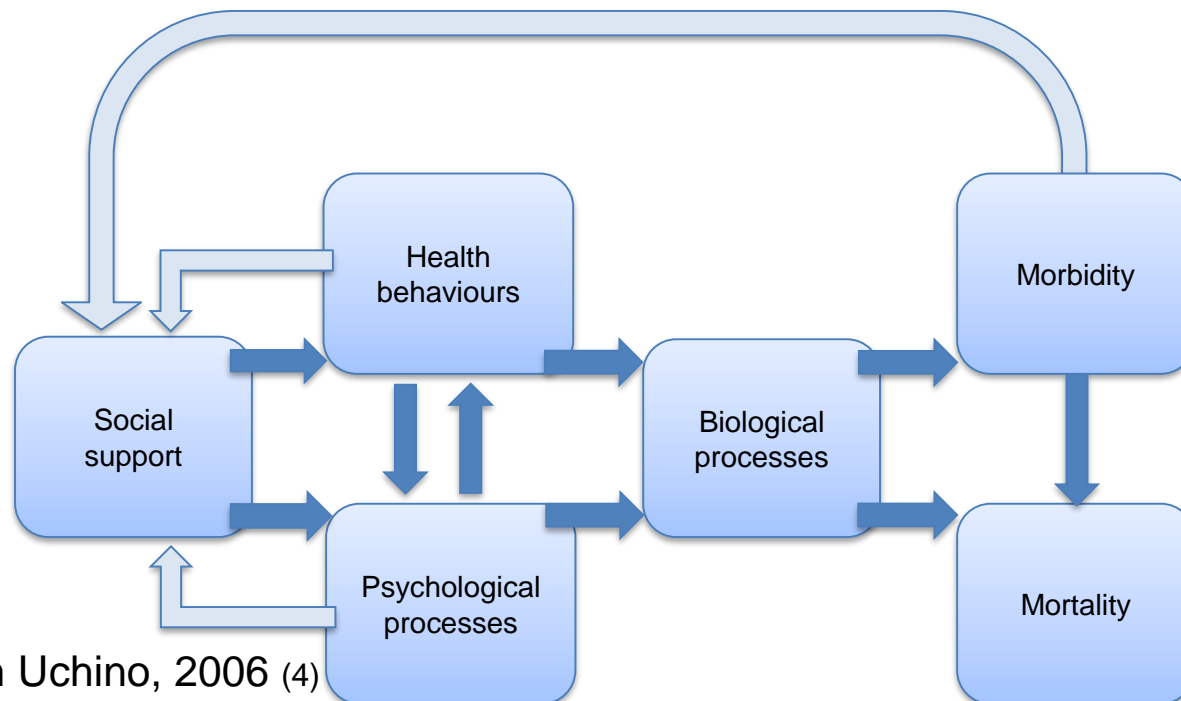
Alexandra Burton
UCL Division of Psychiatry

Supervisors: Professor David Osborn & Professor Kate Walters

 : @UCLPrimrose

Background

- People with severe mental illnesses (SMI) are at greater risk of mortality and morbidity from cardiovascular disease (CVD) ⁽¹⁾
- Research in the general population suggests that social support may protect against CVD morbidity and mortality ^(2,3) however little research exists on social support and CVD health in people with SMI



*Reproduced from Uchino, 2006 (4)

Context and setting

Clinical and cost-effectiveness of an intervention for reducing cholesterol and cardiovascular risk for people with severe mental illness in English primary care: a cluster randomised controlled trial



David Osborn, Alexandra Burton, Rachael Hunter, Louise Marston, Lou Atkins, Thomas Barnes, Ruth Blackburn, Thomas Craig, Hazel Gilbert, Samira Heinkel, Richard Holt, Michael King, Susan Michie, Richard Morris, Steve Morris, Irwin Nazareth, Rumana Omar, Irene Petersen, Robert Peveler, Vanessa Pinfold, Kate Walters



Summary

Background People with severe mental illnesses, including psychosis, have an increased risk of cardiovascular disease. We aimed to evaluate the effects of a primary care intervention on decreasing total cholesterol concentrations and cardiovascular disease risk in people with severe mental illnesses.

Methods We did this cluster randomised trial in general practices across England, with general practices as the cluster unit. We randomly assigned general practices (1:1) with 40 or more patients with severe mental illnesses using a computer-generated random sequence with a block size of four. Researchers were masked to allocation, but patients and general practice staff were not. We included participants aged 30–75 years with severe mental illnesses (schizophrenia, bipolar disorder, or psychosis), who had raised cholesterol concentrations (5.0 mmol/L) or a total:HDL cholesterol ratio of 4.0 mmol/L or more and one or more modifiable cardiovascular disease risk factors. Eligible participants were recruited within each practice before randomisation. The Primrose intervention consisted of appointments (≤ 12) with a trained primary care professional involving manualised interventions for cardiovascular disease prevention (ie, adhering to statins, improving diet or physical activity levels, reducing alcohol, or quitting smoking). Treatment as usual involved feedback of screening results only. The primary outcome was total cholesterol at 12 months and the primary economic analysis outcome was health-care costs. We used intention-to-treat analysis.

Lancet Psychiatry 2018;
5: 145–54

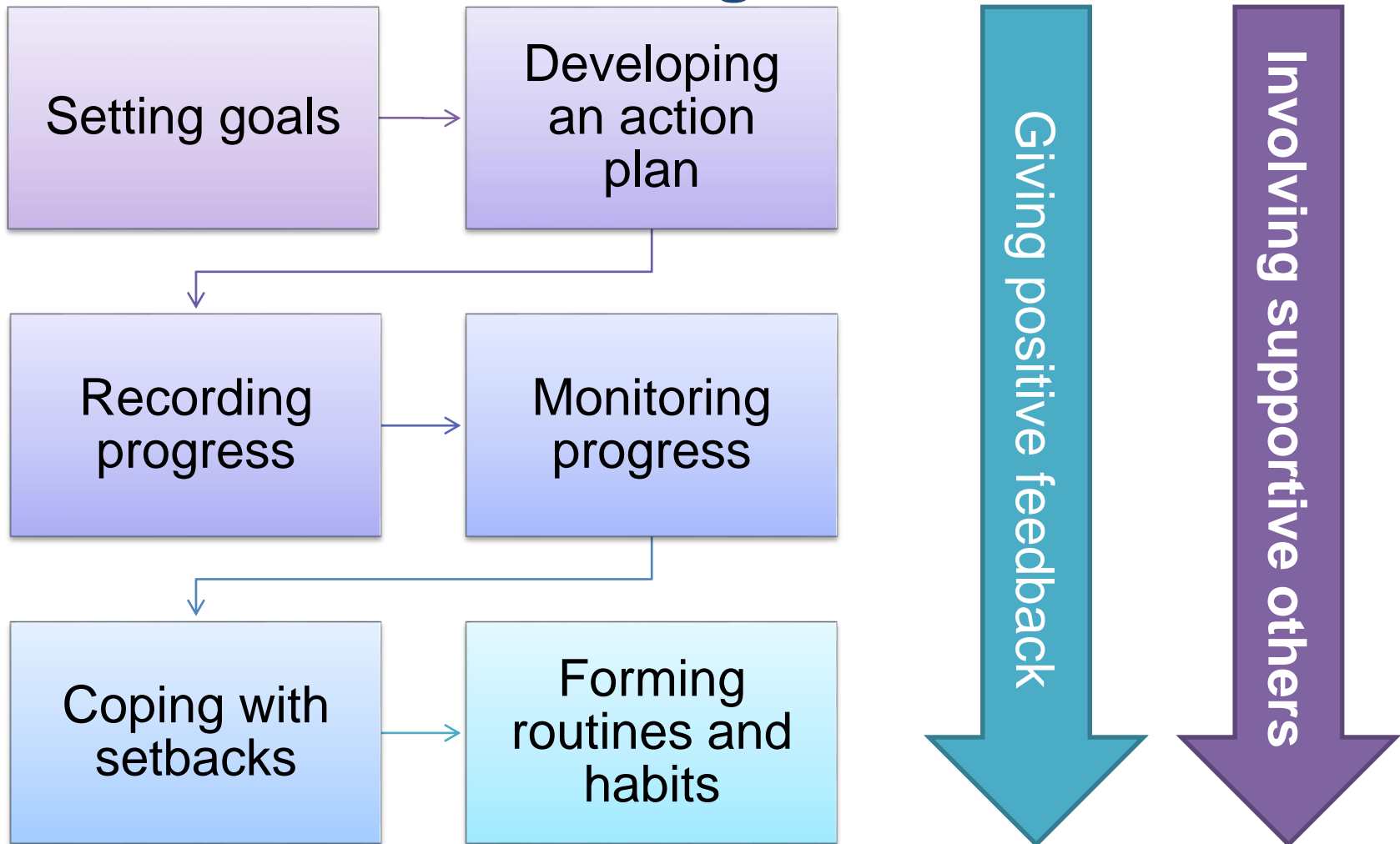
Published Online
January 22, 2018
[http://dx.doi.org/10.1016/S2215-0366\(18\)30007-5](http://dx.doi.org/10.1016/S2215-0366(18)30007-5)

This online publication has been corrected. The corrected version first appeared at thelancet.com/psychiatry on December 19, 2018

See Comment page 97

Division of Psychiatry, Faculty of Brain Sciences (Prof D Osborn PhD, A Burton MSc, R Blackburn PhD, S Heinkel MSc, Prof M King PhD), Department of Primary Care

Primrose intervention – Behaviour change strategies



HELP SHEET 2: Involving supportive others

Why Involve supportive others?

Patients may benefit from involvement of supportive others such as carers, family, friends, support workers and mental health workers in their care, who can help to encourage behaviour change. You should only involve supportive others in the patient's care if the patient has agreed to this.

How to Involve supportive others:

At the first appointment: Ask the patient if they would like to involve someone in their care. This could be their carer, mental health worker, friend and/or support worker. It could be more than one person.

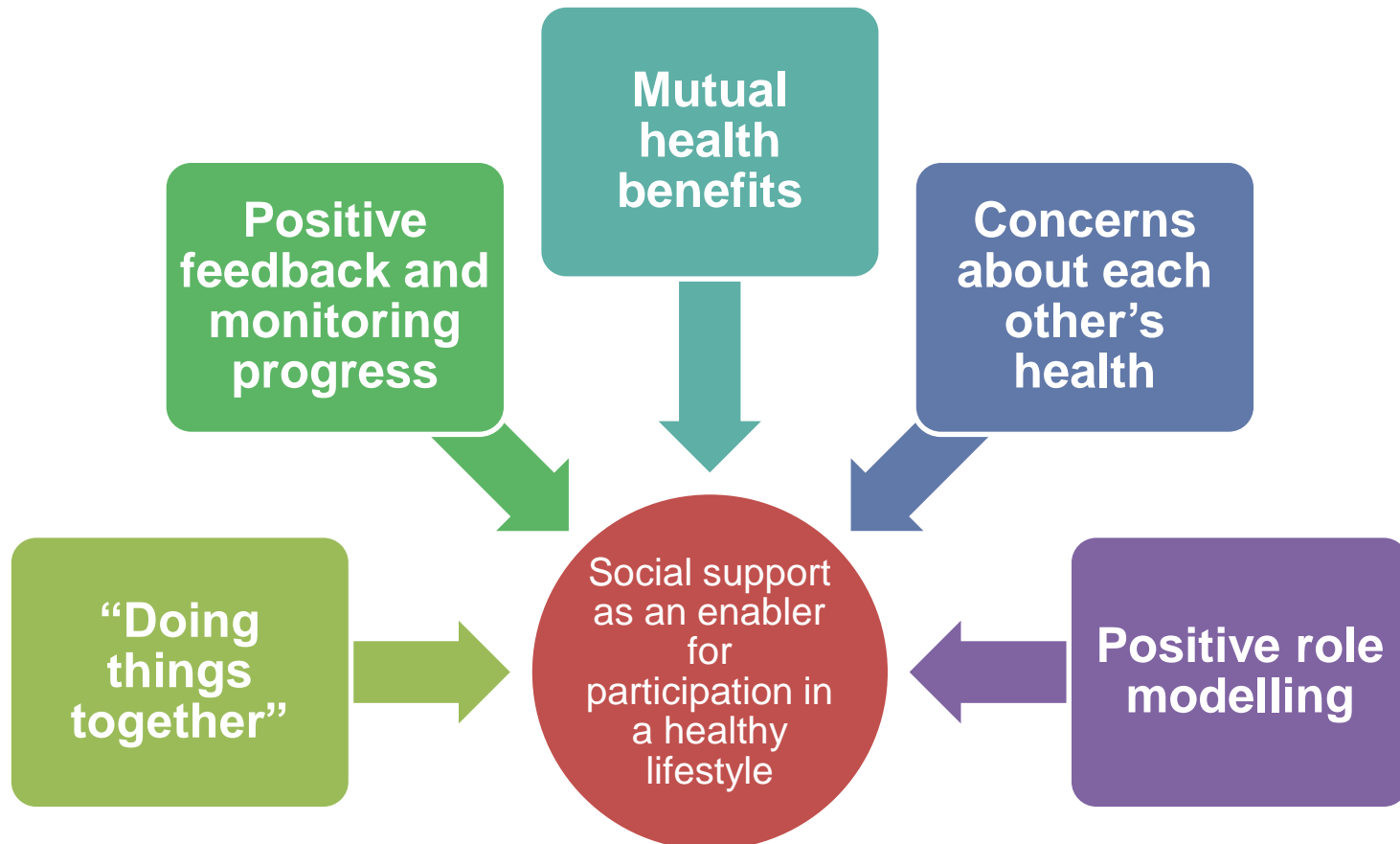
- Explain that involving others may make it easier for them to achieve their goals.
- Discuss ways in which this person could be involved e.g.
 - Accompany them to appointments.
 - Remind them of their appointments.
 - Help them to take their medication.
 - Help them to monitor progress with their goal.
- Identify activities that could be done together to help them

Method

- How was social support used as a strategy for engagement by practice nurses/healthcare assistants within the PRIMROSE intervention in primary care for people with SMI?
- Thematic analysis of audio recorded first appointments between practice nurses/HCAs and people with SMI

Social support as an enabler to engagement

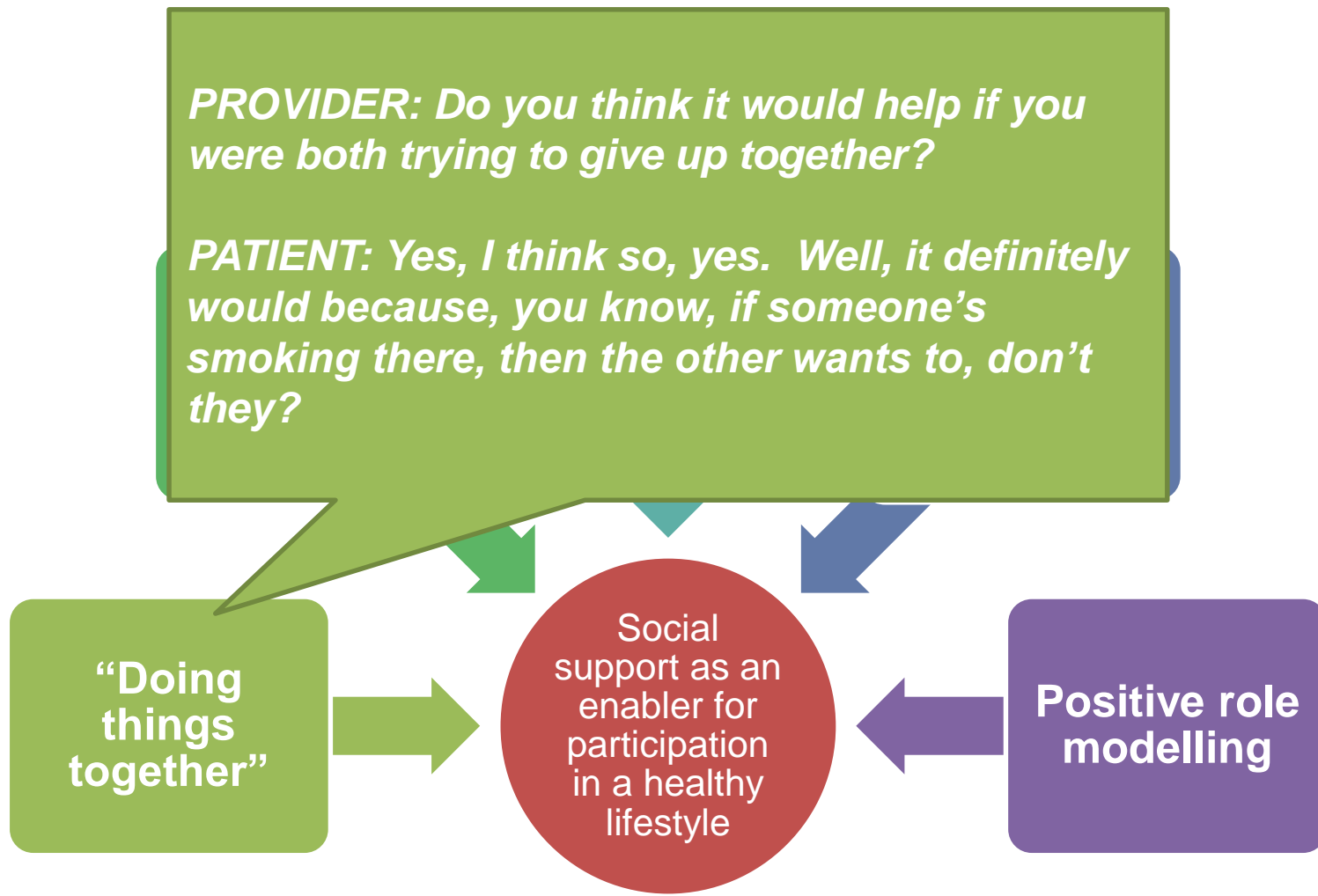
- All but one health provider explored social support
- Two thirds of participants identified a supportive other to help them engage with CVD risk reducing behaviours.



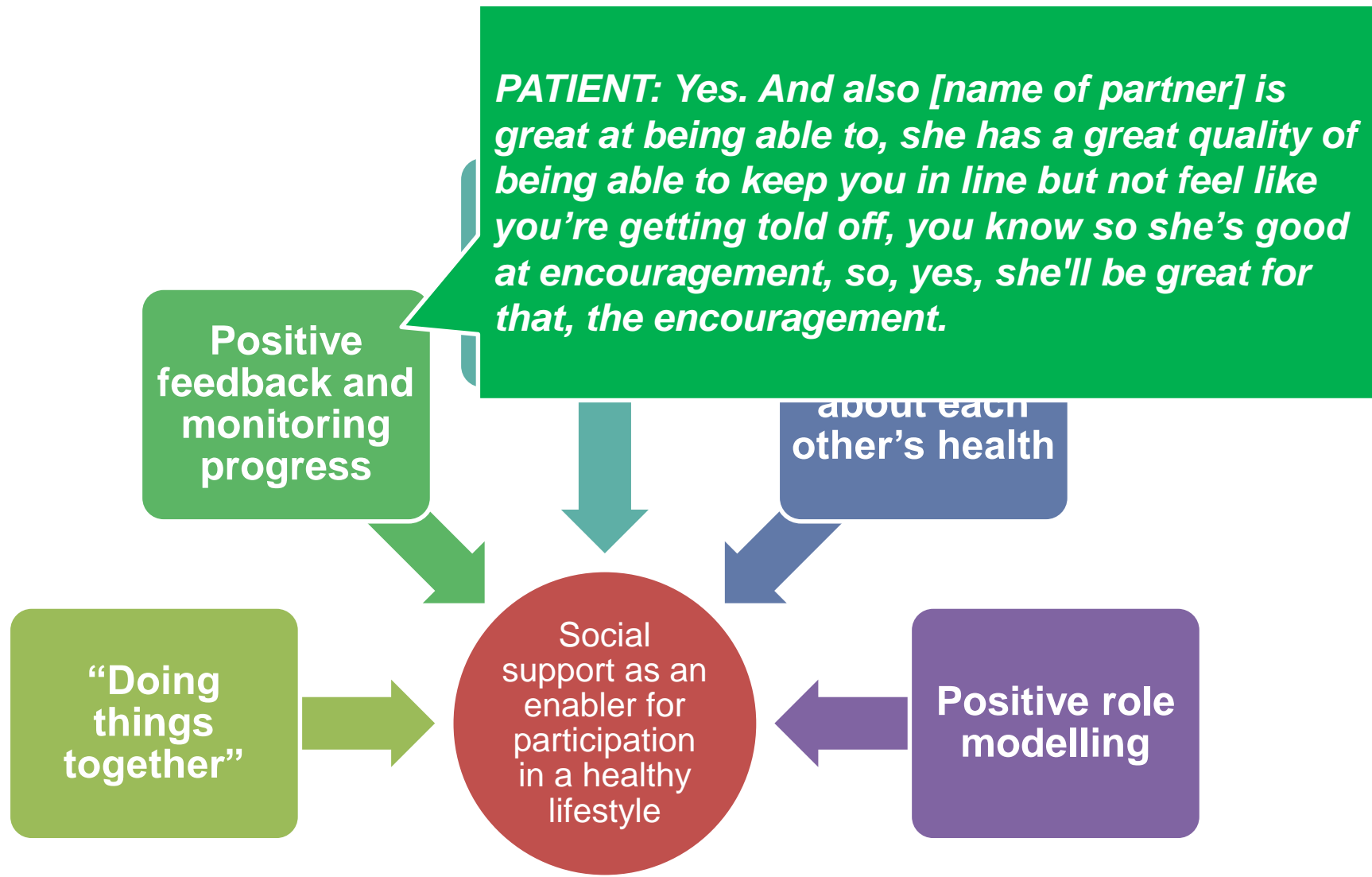
Social support as an enabler to engagement

PROVIDER: Do you think it would help if you were both trying to give up together?

PATIENT: Yes, I think so, yes. Well, it definitely would because, you know, if someone's smoking there, then the other wants to, don't they?



Social support as an enabler to engagement



Social support as an enabler to engagement

Positive feedback and monitoring progress

Mutual health benefits

Concerns about each other's health

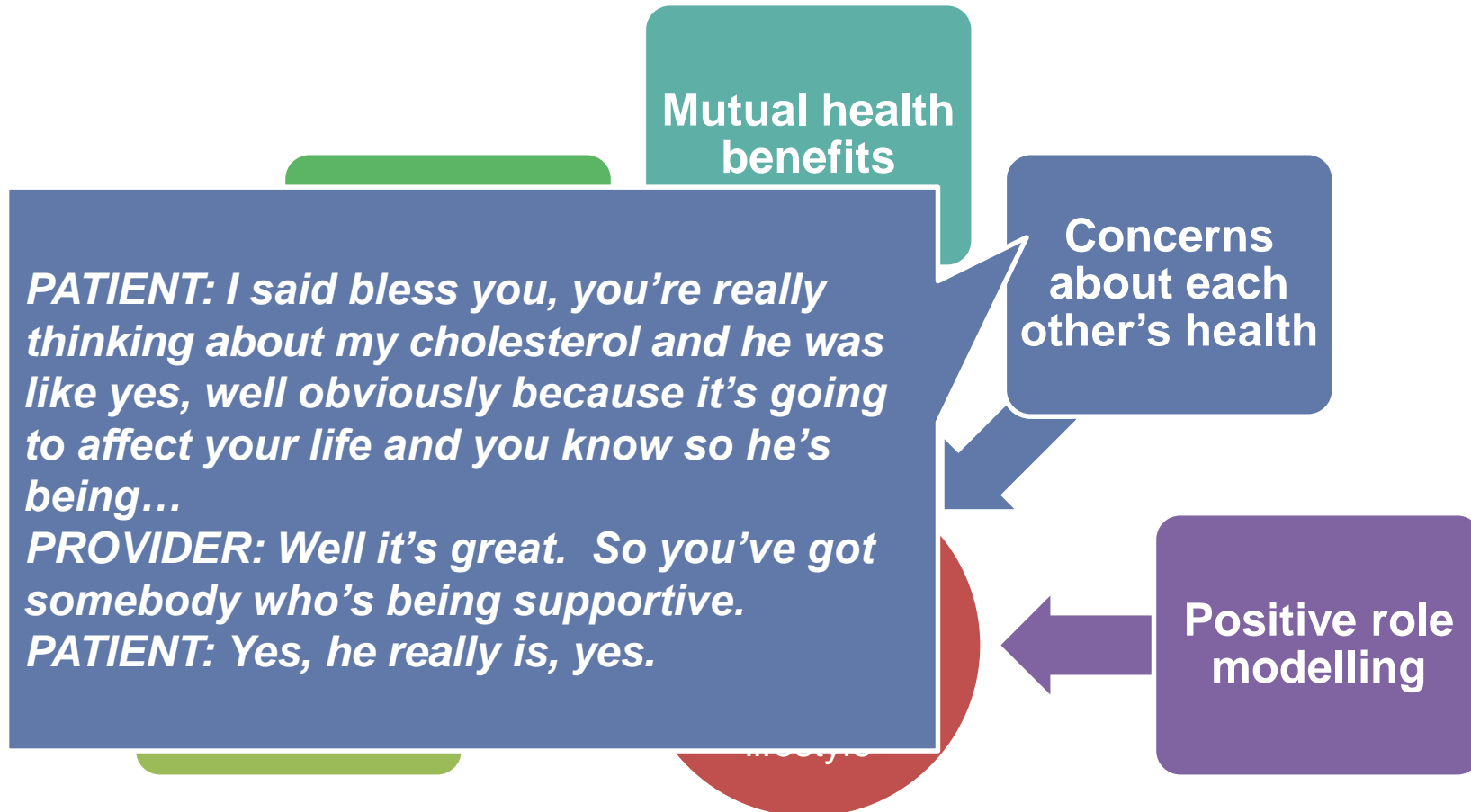
PROVIDER: Could he do with losing a bit (of weight)?

PATIENT: Yes, he could.

PROVIDER: So you could do it together, couldn't you?

PATIENT: He could do with it a lot, yes. [husband] could, yes. He has a lot of health problems, physically like, my husband

Social support as an enabler to engagement



Social support as an enabler to engagement

PATIENT: Well, I've been... My wife goes, so I've been doing what she's been doing.

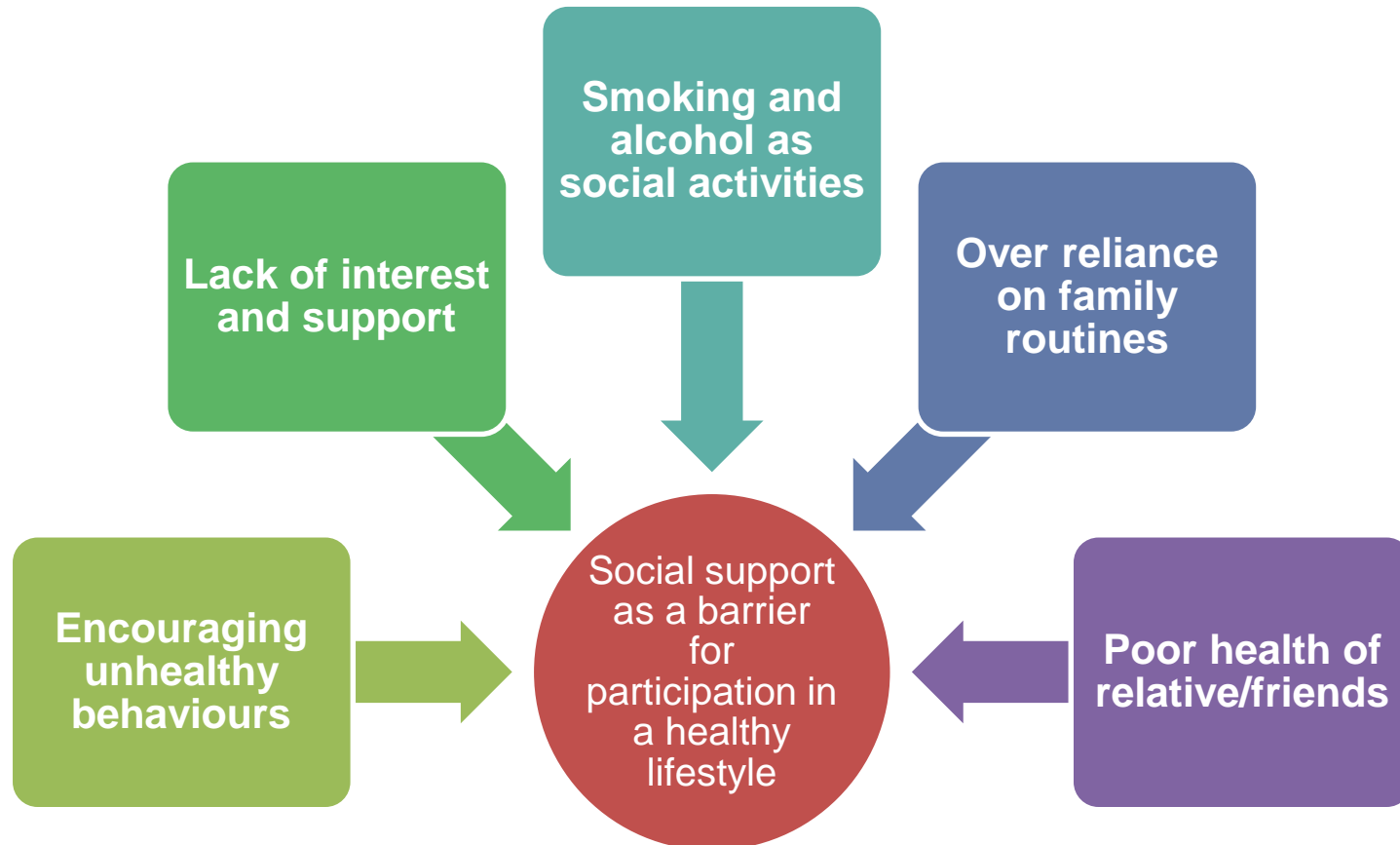
PROVIDER: So you sort of tagged on to what she's done is some ways, yes.

PATIENT: Well, I think it's better because I've been eating a bit healthier. It seems to be a better thing.



Social support as a barrier to engagement

A third of participants did not identify a supportive other to help them engage with CVD risk reducing behaviours.

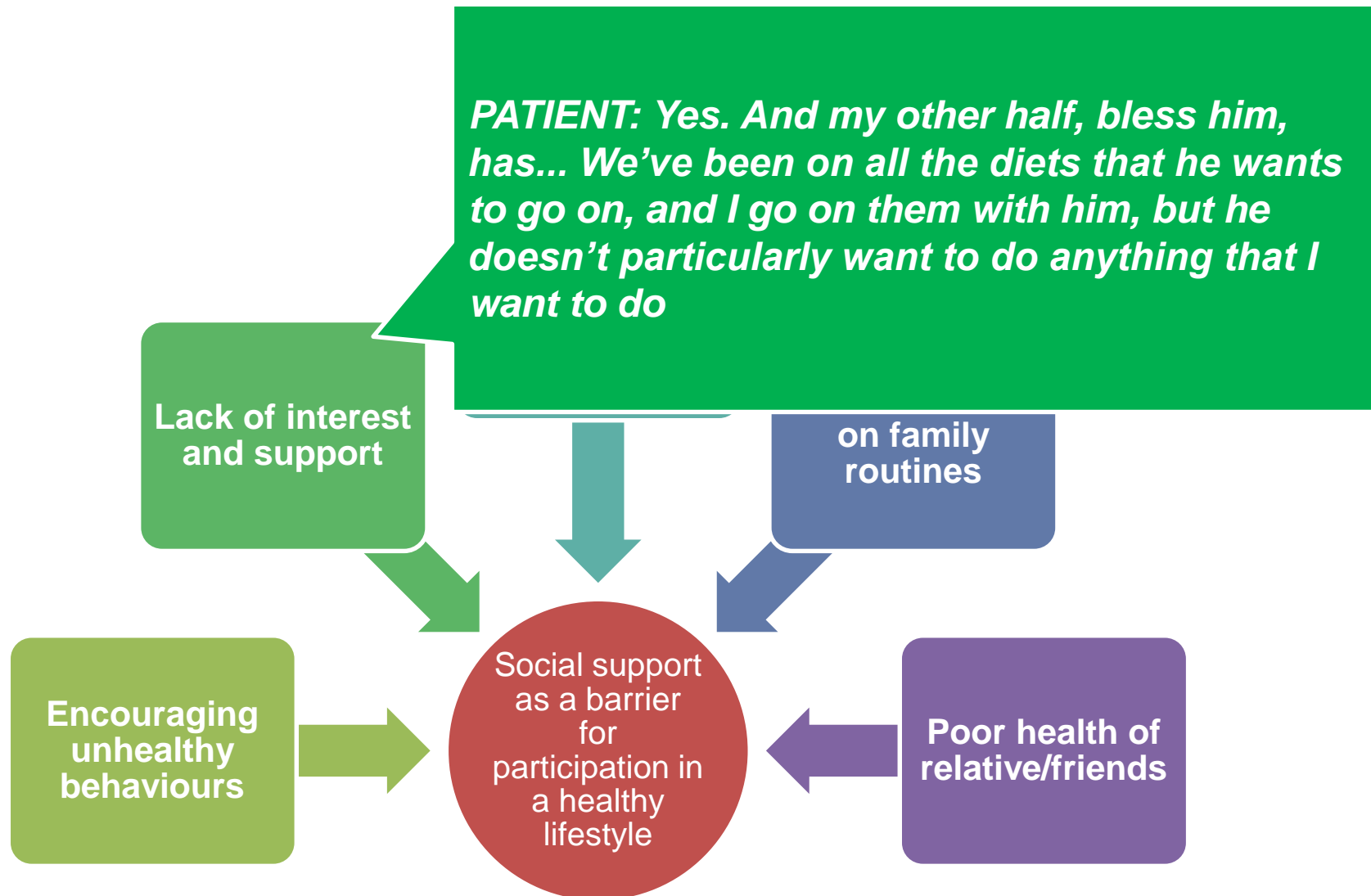


Social support as a barrier to engagement

PROVIDER: Do you think your colleagues would come on board with that?
PATIENT: Well, <work colleague> is a bit of a tease because he knows I want to lose weight and sometimes he's my spanner in the works.
PROVIDER: He can be a bit jealous, maybe, of your efforts?
PATIENT: Maybe. I don't know, but (he) can be the spanner in the works because he's the one that will, you know, I'll be going well for a few weeks, then he'll say, well, I've bought you a biscuit or a—like, a feeder—I've bought you something



Social support as a barrier to engagement



Social support as a barrier to engagement

Lack of interest and support

Smoking and alcohol as social activities

Over reliance on family routines

PATIENT: I don't know. I suppose its friends and alcohol, stuff like that.

PROVIDER: Okay, so Wednesday night is pub night, is it? How will you manage at the pub with no cigarettes? Oh, I suppose you're smoking tonight.

PATIENT: Well, I have to play it by ear and just go for it

Social support as a barrier to engagement

PROVIDER: *Is there anybody else that you want to rope in to help you with this? Is there anybody or is it something that you feel you can do by yourself?*

PATIENT: *My partner has been brilliant.....He's been saying right we're going to start eating healthy and he's been going out and getting all the stuff And then he was away yesterday and I was working and didn't get home until about eight with the kids and I thought do you know what I've been really good all week I'm going to have steak bake and some chips.*

Over reliance on the routines of others

Poor health of relative/friends

Social support as a barrier to engagement

Smoking and

PATIENT: Yes. I mean, you know, the thing is, a lot of my mental health friends that aren't particularly well, we make all these arrangements and then it all goes a bit, like, oh we're not doing it

Over reliance on family routines

Unhealthy behaviours

participation in a healthy lifestyle

Poor health of relative/friends

Lack of social support

A small number of participants described having nobody to involve and/or being lonely

PROVIDER: *Do you have friends or family if you need some support?*

PATIENT: *Well my family's about 100 miles away. I've got some friends though yes so... But most of them are working, so I can't really ask them*

PATIENT: *Because it's long nights on your own and... As I say, I see my daughter quite often; I'm lucky. But if I didn't have her I wouldn't see anybody.*

PROVIDER: *Are you going to do that by yourself or would you like to involve somebody else?*

PATIENT: *That would be... I don't have anyone else to involve.*

Conclusions

- Identifying and harnessing positive social relationships could be considered as a simple strategy for use by primary care professionals to encourage uptake of healthy lifestyle behaviours in people with SMI
- Further work is needed to explore whether social support positively impacts on engagement in health behaviours
- Future interventions should aim to both increase social support and improve health outcomes for people with SMI who have negative or limited social contacts.

References

1. Hayes, J. F., Marston, L., Walters, K., King, M. B., & Osborn, D. P. J. (2018). Mortality gap for people with bipolar disorder and schizophrenia: UK-based cohort study 2000–2014. *Br J Psychiatry*, 211(3), 175-181.
2. Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Med*, 7(7), e1000316.
3. Barth, J. P., Schneider, S. B. S., & von Kanel, R. M. D. (2010). Lack of social support in the etiology and the prognosis of coronary heart disease: a systematic review and meta-analysis. *Psychosom Med*, 72(3), 229-238.
4. Uchino, B. (2006). Social support and health: a review of physiological processes potentially underlying links to disease outcomes. *J Behav Med*, 29(4), 377-387.
5. Osborn, D., Burton, A., Hunter, R., Marston, L., Atkins, L., Barnes, T., Walters, K., and the PRIMROSE Research Team. (2018). Clinical and cost-effectiveness of an intervention for reducing cholesterol and cardiovascular risk for people with severe mental illness in English primary care: a cluster randomised controlled trial. *Lancet Psychiatry*, 5(2), 145-154. doi:10.1016/S2215-0366(18)30007-5

Funding

This presentation summarises independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research scheme (grant reference number RP-PG-0609-10156).

The views expressed are those of the presenter and not necessarily those of the sponsor, the National Health Service (NHS), the NIHR, or the Department of Health.