

**Enabling patients to walk through one door.  
Achieving parity between mental health and  
physical health**

**The MaP project**

**A Partnership in Innovation and Education**

**Final report**

**September 2019**



## Partner organisations involved in the MaP project



London Ambulance Service **NHS**  
NHS Trust



Hammersmith CEPN  
Westminster CEPN

NHS North West London Collaboration of CCGs

Central London Community Healthcare **NHS**  
NHS Trust

Barnet ■ Hammersmith and Fulham ■ Kensington and Chelsea ■ Westminster

Central and North West London **NHS**  
NHS Foundation Trust

Chelsea and Westminster Hospital **NHS**  
NHS Foundation Trust

Hounslow and Richmond  
Community Healthcare **NHS**  
NHS Trust

London North West Healthcare **NHS**  
NHS Trust

West London  
Mental Health **NHS**  
NHS Trust



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## Contents

Acknowledgements .....	1
Executive summary .....	2
1. Background and introduction .....	4
2. Aims and objectives .....	5
3. Methodology and approach.....	6
3.1. Multiprofessional Collaborative Learning Groups (MLCGs) .....	6
3.2. Development of the MaP board game .....	7
4. Results.....	9
4.1. Multiprofessional Collaborative Learning Groups .....	9
4.2. ‘Enabling the patients to walk through one door’ - Achieving parity between mental and physical health conference 21 <sup>st</sup> September 2019 .....	9
4.3. Survey data and evaluation themes .....	12
4.3.1. Health and care professionals increasing their understanding of diverse perspectives across the workforce.....	13
4.3.2. Understanding the service users perspective .....	14
4.3.3. Communicating consistent messages between members of the health and care workforce about people with both mental and physical health needs .....	14
4.3.4. Promoting health and wellbeing, prevention and early intervention .....	15
4.3.5. Critical appraisal of approaches in the care of those with both mental and physical health needs .....	17
4.3.6. Managing transitions in the care of those with both mental and physical health conditions .....	17
4.4. Themes identified by members of the public in the development of the board game.....	18
4.5. Key tips for the success of the project.....	19
4.6. Unanticipated outcomes of the MaP project .....	20
4.7. Benefits identified above and beyond what was expected.....	20
4.8. Sustainability of the MaP project .....	21
4.9. Challenges and barriers to the delivery of the project .....	21
5. Conclusions.....	22
Appendix A .....	24
Appendix B.....	26
Appendix C.....	27
Appendix D .....	30
Appendix E.....	32

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These included Age UK London, Central and North West London NHS Foundation Trust, Central London Community Healthcare NHS Trust , Chelsea and Westminster NHS Foundation Trust, Hammersmith Community Education Provider Network, Hounslow and Richmond Community Healthcare NHS Trust, London North West Hospitals NHS Trust, NHS North West London Collaboration of Clinical Commissioning Groups, University of West London, West London NHS Trust and Westminster Community Education Provider Network.

## Executive summary

In England there is a strong focus on achieving greater parity in supporting those with both mental and physical health needs. This Mental and Physical Health Partnership in Innovation and Education, MaP project, was funded by Health Education England North West London over a 2 year period from Autumn 2017 – Summer 2019. It focussed on:

- Identifying and recognising the skills, knowledge and expertise required of the current health and care workforce in North West London who support people with both mental and physical health needs.
- Developing the knowledge, skills and competence of the health and care workforce to support people with both mental and physical health needs

In order to achieve these aims over the 2 year period nine Multiprofessional Collaborative Learning Groups were developed in seven boroughs in North West London. Eleven partner organisations were originally involved in developing the MaP project. 102 learners attended the MCLGs, each of which comprised three (free to attend) half day face to face sessions over a 2 month period. The learners included Allied Health Professionals, nurses, GPs, support workers, care workers, care navigators, social workers and psychologists. The learners came from acute hospitals, tertiary centres, care homes, domiciliary care agencies, local authorities and primary care.

A board game has also been developed as part of the project to enable players, which can include health and care professionals as well as members of the public, to have structured learner-led conversations about the management of both mental and physical health needs, help build confidence, knowledge and skills and act as a legacy product beyond the time of the project.

The impact and outcomes of the MaP project were captured through:

- An online survey completed before and after attending the MCLGs.
- Evaluation forms completed at the end of each MCLG session.

The majority of participants attending the MCLGS reporting an increased level of understanding of:

- the roles of different health and social care staff in supporting those with mental and physical health needs
- diverse perspectives from across the workforce in supporting those with mental and physical health needs.
- the service user's perspective of having both mental and physical health needs.
- how to deliver consistent messages about people with both mental and physical health needs between members of the health and care workforce.
- ways to promote health and wellbeing and the prevention of mental and physical health conditions.
- the benefits of early intervention in the prevention of mental and physical health conditions.
- approaches to managing transitions in the care of those with both mental and physical health conditions between different professionals, sectors and settings

Patient and public engagement was crucial throughout the project in advising on the themes for inclusion in the MCLGs and the board game and participation in a conference at the end of year 1.

Connections and networks have continued to be made between those attending the MCLGs. Attendees have found the sessions to be very valuable and an important space for discussion about this important topic area.

The project aligns extremely well with HEEs 2019/2020 investment themes. It is proposed that other health and care organisations across the UK would benefit from this approach in supporting their staff to manage those with both mental and physical health needs.

# 1. Background and introduction

In England there is a strong focus on supporting greater parity in supporting those with both mental and physical health needs<sup>1 2 3</sup>.

The Mental and Physical Health project, MaP project, as developed as a Partnership in Innovation and Education (a PIE) with a bid submitted to HEE Health Education England North West London (HEE NWL) in 2017 as a result of a call for proposals for new PIEs.

A multiprofessional group of senior representatives from HEE NWL, local primary care, NHS NWL service providers, University of West London and Allied Health Solutions (AHS) met in 2017 to discuss supporting the workforce to manage those with mental and physical health needs.

Key themes for the discussion included:

- Health and care staff lacking confidence, knowledge and skills to effectively deliver a service to those with both mental and physical health needs.
- The importance of recognising the current skills of the health and social care workforce employed to support the recovering human being.
- Any development programme must be co-produced with service users and their carers/relatives.

The scope of the MaP project was to:

- Identify and recognise the skills, knowledge and expertise of the current health and social care workforce in NWL to support those with both mental and physical health needs.
- Develop the knowledge, skills and competence of the health and social care workforce to support those with both mental and physical health needs.

This PIE was informed through learning from previous PIES i.e. Aligning stakeholders in the management of falls and frailty across North West London<sup>4</sup> (ALIGN and ALIGN 2) and the Public Health Allied Health Support Worker Education PIE (PHASE)<sup>5</sup> and included Allied Health Professionals (AHPs), nurses, doctors, social workers, pharmacists, the unregistered workforce and the public.

The organisations who agreed to be partners in the PIE included:

- Age UK London
- Central and North West London NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- Chelsea and Westminster NHS Foundation Trust
- Hammersmith Community Education Provider Network<sup>6</sup>
- Hounslow and Richmond Community Healthcare NHS Trust
- London North West Hospitals NHS Trust

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<sup>1</sup> NHS England (2019) The NHS Long Term Plan

<sup>2</sup> NHS England (2016) The Mental health forward View

<sup>3</sup> Equally Well <https://equallywell.co.uk/>

<sup>4</sup> <http://www.alliedhealthsolutions.co.uk/OurProducts/RegionalNetworkDevelopment#RND4>

<sup>5</sup> <http://www.alliedhealthsolutions.co.uk/OurProducts/ProductsUnderDevelopment#PUD2>

<sup>6</sup> <https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/04/community-education-prov-networks.pdf>

- NHS North West London Collaboration of Clinical Commissioning Groups
- University of West London
- West London NHS Trust
- Westminster Community Education Provider Network <sup>7</sup>

Funding was initially provided for one year by HEE NWL. At the end of the first year further funds were allocated to developing the PIE in the second year.

## 2. Aims and objectives

The aims of the MaP project was for Allied Health Solutions (AHS), in collaboration with the partner organisations above, to develop a PIE to enhance the knowledge and skills of the health and social care workforce to be able to support those with both mental and physical health needs.

The PIE objectives were to:

- Increase health and social care staff's understanding of the roles of others when supporting those with mental and physical health needs, leading to greater peer support and team working and appropriate delegation.
  - Identify and recognise the skills, knowledge and expertise of the current healthcare workforce in NWL to support those with both mental and physical health needs.
- Increase the knowledge and skills of health and social care staff to support this patient group

These objectives were achieved through the delivery of the activities set out under methodology and approach. They were deemed suitable education interventions for the learners.

A project steering group was set up to advise and support the project team with:

- Monitoring the delivery of the PIE objectives via a clear project plan with timeline.
- Ensuring engagement of staff in the PIE in their respective organisations.
- Supporting the project lead to provide regular reports to HEE NWL on the progress of the PIE.
- Monitoring the evaluation and impact of the PIE activity.
- Supporting the project lead to ensure that regular communication and progress of the PIE is shared within each of the organisations involved in the PIE. This will also include communication in the HEE NWL newsletter and through the partner organisations.

The membership of the project steering group (Appendix A) included representation from each of the partner organisations.

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<sup>7</sup> <https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/04/community-education-prov-networks.pdf>



### 3. Methodology and approach

There were two main activities undertaken in this PIE. These were the development of Multiprofessional Collaborative Learning Groups and the production of a board game

#### 3.1. Multiprofessional Collaborative Learning Groups (MCLGs)

MCLG participants were from 15 different health and care organisations in year one and 29 different organisations in year two. 58% of participants identified that they had not had specific training about supporting those with both mental and physical health needs.

Multiprofessional Collaborative Learning Groups (MCLGs) were set up as a way of bringing together health and care professionals from across all health and care sectors and settings to learn and share together. These included primary care homes, primary care, secondary care, local authority, hospice and care homes and the independent care agency sector.

In the development of the MaP project bid with stakeholders from the partner organisations it was agreed that each MCLG would:

- Be focussed in a different borough and advertised to health and social care staff across all sectors and settings.
- Meet three hours once a month three consecutive months to cover a range of topics and discuss case studies about people with both physical and mental health problems.
- Be at no cost for people to attend however those applying were strongly encouraged to attend all three sessions. The aim was for the same people to meet each time and for approximately 12-15 people to join each group.

In year one (March 2018 – June 2018) five MCLGs were set up across NWL. These were in Brent and Harrow, Ealing, Hammersmith and Fulham, Hounslow and Richmond and Westminster.

In year two (January 2019 – June 2019) four MCLGs were set up across NWL. These were in Brent and Harrow, Ealing, Hammersmith and Fulham and Hillingdon.

Topics covered in each MCLG included:

- Gaining an understanding of the person's perspective of having both mental and physical health needs from the service user's perspective.
- Understanding the role of different health and care professionals in the support and management of those with both physical and mental health needs.
- Identifying ways to advise people to adapt to their condition(s) and manage the ongoing impact.
- Screening and referring for mental illness
- Treatment adherence
- Self-care and self-management.
- Prevention of physical and mental health conditions.
- Understanding how to deliver consistent messages about people with both mental and physical health needs between members of the health and social care workforce.
- Collaborative action-planning between agencies and professionals.
- How community assets can be used to support this group.

- Identifying the networks, the health and social care workforce are part of and how they can be used to support this client group.

The MCLGs were planned, developed and delivered by one of the Directors of Allied Health Solutions using a combination of presentations, local and national videos and case studies to promote discussion in the groups. There was a lot of informal discussion and networking promoted in each of the MCLGs.

Promotional information about the MCLGs was circulated across a range of professional networks across NWL.

Once an applicant's place had been confirmed to join an MCLG they were then sent a short online survey asking a few questions about their perceived level of skills and competence against the topic areas listed above.

A further survey was sent to those who completed the MCLGs to determine any changes in levels of understanding against the topics above.

### 3.2. Development of the MaP board game

A group of health and care professionals along with service users were identified from across NWL to work with Allied Health Solutions and Focus Games Limited ([www.focusgames.com](http://www.focusgames.com)) to develop a board game with a focus on supporting those with mental and physical health needs.

Once developed the game was used during the MLCGs. On completion of the PIE activities can now be used to support sustainability of the MaP project as a stand-alone product that can be used by any organisation to catalyse similar discussions and learnings beyond the boundaries of the initial project.

The game was designed to enable players to have structured learner-led conversations about the management of both mental and physical health needs and help build confidence, knowledge and skills. The game consists of a game board to move around, player tokens representing each team, and a number of questions or/and scenarios. The game works by each team in turn selecting a question to ask the opposite team. They are given a little time to discuss and then give their answer, which will be judged by the team who read it out. The aim is that the questions trigger a discussion.

There were key principles in developing the game (Appendix B):

- Have a clear learning objective for each game
- Keep the game play simple (should be easy to understand how to play without a detailed explanation)
- Language should be simple – questions need to be read out aloud
- Questions and answers should be short and to the point (as much as possible)
- Play should last between 45-60 minutes.

## Learning outcomes from playing the game

Players of the game will be able to:

- Describe the roles of different health and care staff in supporting those with mental and physical health needs
- Demonstrate an understanding of the service user's perspective of having both mental and physical health needs from the service user's perspective.
- Describe how to deliver consistent messages about people with both mental and physical health needs between members of the health and care workforce.
- Identify ways to promote health and wellbeing and the prevention of mental and physical health conditions.
- Identify the benefits of early intervention in the prevention of mental and physical health conditions.
- Critically appraise their approach and care of those with both mental and physical health needs.
- Identify ways they can improve the delivery of care to those with mental and physical health needs
- Identify approaches to managing transitions in the care of those with both mental and physical health conditions between different professionals, sectors and settings.

Six members of the public tested and played a prototype of the game. Their feedback included:

- Clarification required on some questions such as the use of the term disability.
- The term 'treatment' is a term not necessarily used in social care.
- Scenarios worked well. There were a few suggestions for additions to the suggested answers.
- A good balance between short answer questions and questions requiring longer discussion.

In addition, at the end of year 1 a conference entitled 'Enabling the patients to walk through one door' - Achieving parity between mental and physical health was held.

## 4. Results

### 4.1. Multiprofessional Collaborative Learning Groups

A total of 102 learners attended the nine MCLGs held over the two year period of the MaP project. Learners came from 15 different health and care organisations in year 1 and 29 different organisations in year 2. In year 2 there were a greater proportion of learners from the care home sector, independent care agencies and local authorities than in year 1 (Table 1). Appendix C sets out the profile of the learners who attended the MCLGs and the organisations in which they were employed

**Table 1 Number of learners, organisations involved and number of MCLGs held over the two years of the MaP project.**

	Year 1	Year 2	Total
Total number of learners	59	43	102
Total number of organisations involved	15	29	-
Number of MCLGs	5	4	9

### 4.2. ‘Enabling the patients to walk through one door’ - Achieving parity between mental and physical health conference 21<sup>st</sup> September 2019

At the end of year one of the MaP project an event was held (Appendix D) with the aim of increasing health and care staff’s and patients understanding of each other’s roles when supporting those with mental and physical health needs through a range of activities, leading to:

- greater peer support
- collaborative team working and delegation
- increased referrals to different services
- increased signposting to relevant community-based resources

The event objectives were to:

- Gain exposure to and an increase your understanding of diverse perspectives from across the workforce in supporting those with mental and physical health needs.
- Networking with and learning from health and care colleagues you may not know.
- Understand the roles of different health and care staff in supporting those with mental and physical health needs
- Demonstrate an understanding of the service user’s perspective of having both mental and physical health needs from the service user’s perspective.
- Describe how to deliver consistent messages about people with both mental and physical health needs between members of the health and care workforce.

75 people attended the event including members of the public, volunteers, GPs, nurses, occupational therapists, physiotherapists, rehabilitation assistants and nursing home managers. The organisations represented at the event included:

- Age UK London
- Brunel University
- Central London Community Healthcare NHS Trust
- Central London Healthcare
- Imperial College Healthcare NHS Trust
- London Borough of Hammersmith and Fulham
- London North West University Healthcare NHS Trust
- Royal Brompton and Harefield NHS Trust
- South London and Maudsley NHS Foundation Trust
- West London NHS Trust

Some themes from the event evaluation (Figure 2 and Appendix E) about what attendees were going to do differently are highlighted below:

**Figure 2 – Themes from the event evaluation**

*'Befriend lovely people and support them. Encourage them to go out and meet people and make them feel that you care for them.'*

*'Pay greater attention to mental health as I would to physical health.'*

*'Will review 'All Our Health' website and use in staff training.'*

*'Take more opportunities to make conversations happen about changing lifestyle behaviours using resources delivered in presentation'.*

*'Really important to support carers to prevent a mental health episode becoming an emergency all because of a lack of help at right time.'*

*'Look at increasing social prescribing in all treatments/assessment opportunities.'*

*'I do not have to through in the towel when faced with adversity.'*

*'Ensure all training has a patient story.'*

*'Very useful networking opportunity. I am going to meet some of the delegates to discuss how we can collaborate to support our respective organisations, work programmes and strategic aims.'*

*'Adopt a non-judgemental attitude with my patients.'*

*'Wow! Excellent speakers, excellent chairing. Great to have professionals, volunteers and others engaging together.'*

### 4.3. Survey data and evaluation themes

Table 2 shows the number of responses to survey 1 and 2 in both year 1 and year 2 of the project.

**Table 2 Survey responses in year 1 and year 2 of the MaP project**

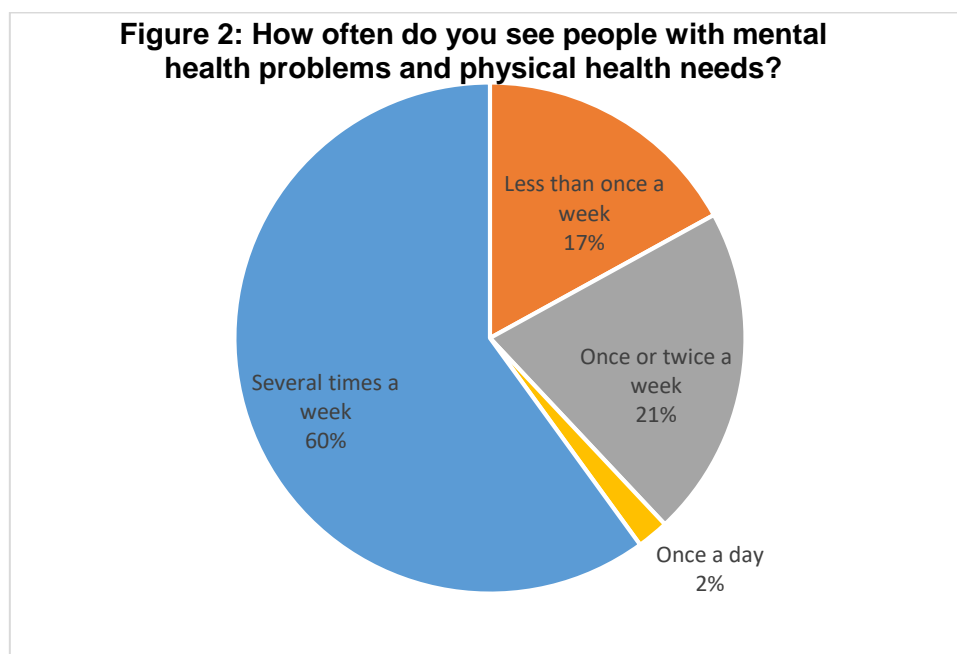
	Year 1	Year 2
Survey 1 number of responses	48	30
Survey 2 number of responses	10	10

Two questions asked in survey 1 were:

- Whether respondents had had specific training about supporting those with both mental and physical health needs
- Frequency with which respondents see people with mental health problems and physical health needs in their roles

58% of total respondents to survey 1 from year 1 and year 2 identified that they had not had specific training about supporting those with both mental and physical health needs. 42% identified that they had received specific training about mental and physical health needs (Figure ).

Over half (60%) of respondents reported that they saw people with both physical and mental needs several times a week (Figure 2).



### 4.3.1. Health and care professionals increasing their understanding of diverse perspectives across the workforce

It is important for health and care professionals to develop an understanding of each other's roles when supporting those with mental and physical health needs and how the support and interventions they deliver fit in with those provided by the wider team.

<b>Evaluation theme</b>	<b>Understand the roles of different health and care staff in supporting those with mental and physical health needs</b>
<b>Combined survey 1 results from year 1 and year 2</b>	
Awareness of the roles of different health and care staff in supporting those with mental health problems and physical health needs	8.3% role model 33% capable and effective 64% could benefit from development 8% need significant development
<b>Combined survey 2 results from year 1 and 2</b>	
Understand the roles of different health and care staff in supporting those with mental and physical health needs	90% respondents increased their level of understanding  10% of respondents understanding remained the same
Your understanding of diverse perspectives from across the workforce in supporting those with mental and physical health needs.	80% respondents reported an increased their level of understanding 20% of respondents reported that their understanding remained the same
<b>Comments from the MCLG sessions related to this theme</b>	
<p><i>'That different professions have their own scope of practice that will influence their interventions – nice being reminded.'</i></p> <p><i>'There are a variety of roles that are involved with patients that I was not aware of.'</i></p> <p><i>'Insight into varying roles and how to synthesise services for patients.'</i></p> <p><i>'How much physical needs are mismanaged in someone with mental health needs.'</i></p> <p><i>'That there is even more than I thought going on in other professions that we do not know about and vice versa – and the importance of embedding ways to share more.'</i></p> <p><i>'Understanding what the patients' needs are rather than what the healthcare professional thinks they need.'</i></p> <p><i>'The need to really understand the roles of other healthcare/other people involved in a patients care.'</i></p> <p><i>'Extent to which different professions still need to learn about each other's practice.'</i></p>	



### 4.3.2. Understanding the service users perspective

It is really important that those supporting people with both mental and physical health needs try to understand the persons perspective of their conditions and see the effect on the patient in order to inform the delivery of personalised care and support.

<b>Evaluation theme</b>	<b>Demonstrate an understanding of the service user's perspective of having both mental and physical health needs from their perspective</b>
<b>Combined survey 1 results from year 1 and year 2</b>	
Demonstrate an understanding of the service user's perspective of having both mental and physical health needs.	6.3% role model 35.4% capable and effective 54% could benefit from development 14.6% need significant development
<b>Combined survey 2 results from year 1 and 2</b>	
Demonstrate an understanding of the service user's perspective of having both mental and physical health needs.	90% of respondents reported an increased their level of understanding  10% of respondents reported that their understanding remained the same
<b>Comments from the MCLG sessions related to this theme</b>	
<p><i>'Use of alternative questioning to glean information about patients' goals 'what are the things that are important to you at the moment?'</i></p> <p><i>'Film shown in the session really displayed how complex patients physical and mental health can be. It showed how challenging living with a mental health illness can be. It displayed from people's personal experiences that they often felt stigmatised by their mental health diagnosis and that could it was often "prioritised" over their physical health needs. '</i></p> <p><i>'That you can learn a lot by listening to other people's perspectives.'</i></p> <p><i>'Understanding what the patient's needs are rather than what the HCP thinks they need.'</i></p> <p><i>'Choice of language (individual and collectively) is important in determining engagement.'</i></p>	

### 4.3.3. Communicating consistent messages between members of the health and care workforce about people with both mental and physical health needs

From the service user's perspective receiving consistent messages about how they manage their health and wellbeing is important to avoid confusion and limit non-adherence and non-compliance with advice.

<b>Evaluation theme</b>	<b>Describe how to deliver consistent messages about people with both mental and physical health needs between members of the health and care workforce</b>
<b>Combined survey 1 results from year 1 and year 2</b>	
Describe how to deliver consistent messages about people with both mental and physical health needs between members of the health and care workforce.	6.3 % role model 45.8 % capable and effective 47.9 % could benefit from development 10.4 % need significant development
<b>Combined survey 2 results from year 1 and 2</b>	
Describe how to deliver consistent messages about people with both mental and physical health needs between members of the health and care workforce.	90% of respondents increased their level of understanding  10% of respondents reported that their understanding remained the same
<b>Comments from the MCLG sessions related to this theme</b>	
<p><i>'It's about the conversations we have with people.'</i></p> <p><i>'Service user to be supported to take lead.'</i></p> <p><i>'Identify service users preferred choices/goals.'</i></p>	

#### 4.3.4. Promoting health and wellbeing, prevention and early intervention

Healthy conversations or Making Every Contact Count (MECC) encourages those working within the health sector and beyond to use every opportunity and interaction with patients and the public to promote healthy lifestyle choices and signpost to relevant services.

<b>Evaluation theme</b>	<b>Identify ways to promote health and wellbeing and the prevention of mental and physical health conditions</b>
<b>Combined survey 1 results from year 1 and year 2</b>	
Identify ways to promote health and wellbeing and the prevention of mental and physical health conditions.	6.3 % role model 45.8 % capable and effective 47.9 % could benefit from development 10.4 % need significant development
<b>Combined survey 2 results from year 1 and 2</b>	
Identify ways to promote health and wellbeing and the prevention of	90% of respondents increased their level of understanding

mental and physical health conditions.	10% of respondents reported that their understanding remained the same
<b>Comments from the MCLG sessions related to this theme</b>	
<p><i>'Ways to motivate and encourage preventative change in patients Impact of preventative change and importance.'</i></p> <p><i>'Learn different ideas about public health Locus of control Models of behaviour change.'</i></p> <p><i>'Understanding if patients are motivated to change themselves is important.'</i></p> <p><i>'Think about public health needs and hard to reach groups.'</i></p>	

It is important for health and care professionals to be aware of the many benefits of early intervention and prevention in order to promote healthier conversations with patients.

<b>Evaluation theme</b>	<b>Identify the benefits of early intervention in the prevention of mental and physical health conditions.</b>
<b>Combined survey 1 results from year 1 and year 2</b>	
Identify the benefits of early intervention in the prevention of mental and physical health conditions.	2 % role model 47 % capable and effective 27 % could benefit from development 10 % need significant development
<b>Combined survey 2 results from year 1 and 2</b>	
Identify the benefits of early intervention in the prevention of mental and physical health conditions.	60% of respondents increased their level of understanding  40% of respondents reported that their understanding remained the same
<b>Comments from the MCLG sessions related to this theme</b>	
<p><i>'Medication for schizophrenia can affect physical health.'</i></p> <p><i>'Smoking video very interesting and stats e.g. mental health, medication and smoking.'</i></p> <p><i>'Interventions as part of all our work what can be done to encourage and recognise progress/success.'</i></p> <p><i>'Importance of spreading messages about public health.'</i></p>	

#### 4.3.5. Critical appraisal of approaches in the care of those with both mental and physical health needs

It is important for healthcare professionals to reflect and critically appraise different approaches they take to supporting people with mental and physical health needs in order to provide a person-centred approach.

<b>Evaluation theme</b>	<b>Critically appraise approaches and care of those with both mental and physical health needs.</b>
<b>Comments from the MCLG sessions related to this theme</b>	
<i>'Remembering to consider physical conditions within differential diagnosis of mental health problems.'</i>	
<i>'Understood more about what a psychologist does within the pain service and how GPs can support their patients to get more from attending such a service.'</i>	
<i>'That there is even more than I thought going on in other professions that we do not know about and vice versa – and the importance of embedding ways to share more.'</i>	
<i>'The group provided support in building confidence in dealing with physical health issues being in a mental health setting.'</i>	
<i>'Hearing stories from other teams.'</i>	
<i>'Language can't be changed unless practice changes to.'</i>	

#### 4.3.6. Managing transitions in the care of those with both mental and physical health conditions

Transition, rather than discharge, was discussed in the groups as the recovery process does not stop when transferring patients, nor should it be interrupted or negatively affected by discharge.

<b>Evaluation theme</b>	<b>Identify approaches to managing transitions in the care of those with both mental and physical health conditions between different professionals, sectors and settings.</b>
<b>Combined survey 1 results from year 1 and year 2</b>	
Identify approaches to managing transitions in the care of those with both mental and physical health conditions between different professionals, sectors and settings.	2 % role model 20.8 % capable and effective 54.2 % could benefit from development 14.6 % need significant development
<b>Combined survey 2 results from year 1 and 2</b>	

Identify approaches to managing transitions in the care of those with both mental and physical health conditions between different professionals, sectors and settings.	60% of respondents increased their level of understanding  40% of respondents reported that their understanding remained the same
<b>Comments from the MCLG sessions related to this theme</b>	
<p><i>'Understanding the transition process.'</i></p> <p><i>'Knowing that when a patient is discharged that services are followed up.'</i></p> <p><i>'Importance of MDT planning for transition.'</i></p> <p><i>'Transition instead of discharge.'</i></p> <p><i>'Transition and discharge impact on care pathway.'</i></p>	

A survey was undertaken by those who were due to attend an MCLG (Survey 1) and a further survey (Survey 2) was sent to those who had attended the MCLGs. The results of the surveys form the basis of the 'baseline data comments' and the 'output' comments below which also include relevant survey 2 responses and comments from the MCLG sessions linked to each theme.

#### 4.4. Themes identified by members of the public in the development of the board game

In discussions with eight members of the public in a focus group enabled by Age UK London a variety of themes were identified for inclusion in the board game.

The comments identified can be divided into (Table 3):

- Health and care professionals behaviours and ways of working identified as important
- Specific topic areas for inclusion in the board game

**Table 3 Comment from a focus group with members of the public**

<b>The behaviours and ways of working by health and care professionals</b>	<b>Specific topic areas for inclusion in the board game</b>
<ul style="list-style-type: none"> <li>• Respecting cultural differences</li> <li>• Include conversational language</li> <li>• Views of BME groups and vulnerable groups</li> <li>• First impressions matter</li> <li>• Health care professionals need to be non-judgemental</li> <li>• Tension between a doctor and the patient and a feeling that the patient is not being listened to.</li> <li>• Reassurance and encouraging healthcare professionals can give better explanations especially with lifestyle changes</li> <li>• Need to be careful with language around mental health, be sensitive</li> <li>• Perception of interventions referred to such as seeing a ‘therapist’.</li> <li>• Learn how to have a conversation about therapy</li> <li>• What do you think the problem is? This is a way of questioning the patient by a healthcare professional.</li> <li>• Consider body, mind, spirit and be holistic.</li> <li>• Subtlety of the question by a healthcare professional can be a problem</li> <li>• Use open questions</li> <li>• Patients expect Doctors to know everything</li> <li>• Patients can mimic symptoms they read on internet</li> <li>• Put self in their shoes</li> </ul>	<ul style="list-style-type: none"> <li>• Identifying mental health issues in children and those in their first year of university.</li> <li>• Management of transitions in care important.</li> <li>• Consider mental health versus mental illness</li> <li>• Exposing and identifying hidden conditions</li> <li>• Prevention of conditions important including public health and reducing social isolation.</li> <li>• There are people with varying degrees of psychological wellbeing who display health and unhealthy behaviours.</li> <li>• Focus on obesity and health eating.</li> <li>• Some people have severe depression and low self-esteem and don’t want to be a bother.</li> <li>• Anxiety around health – hypochondriac</li> <li>• Employee and work rights – long term work issues can manifest in mental health issues</li> <li>• Transcultural care</li> </ul>

#### 4.5. Key tips for the success of the project

From experience of leading other PIEs and also from this project the following are some tips for success:

- Stakeholder engagement is key from the outset and in advance of the project bid being approved as the engagement of partners is crucial to success.
- The project governance should be considered early on with the establishment of a project steering group with representation from all partner organisations

- Communication of the progress with the project to the organisations should be undertaken using local communication channels.
- Project evaluation needs to be considered early in the project and how impact will be demonstrated
- Networks that are already set up really do help promote the project and help with communication.
- Links to the organisations to raise awareness
- Clear expectations should be set out for participants attending sessions.
- Timescales to undertake the work need to be realistic and tasks always take longer than originally planned. Forward planning is important.
- A culture of equality, respect and listening amongst the multiprofessional team of those delivering the teaching.
- Set up a simple income and expenditure spreadsheet in order to monitor the project budget.
- A simple name for the project can really help people recognise the work.

#### 4.6. Unanticipated outcomes of the MaP project

Many connections were made between professionals that although they are physically located in similar areas did not necessarily know each other in advance of attending the MCLGs however were often found to be referring to each other.

Many of the issues raised within the groups about supporting those with mental and physical health needs were very similar and there was much informal discussion about different approaches taken by different professionals. This was seen as one of the most valuable parts of the MCLGs.

Several participants raised the issue that it would be really helpful to have an ongoing forum such as that created through the MCLGs to share experiences and approaches to supporting those with mental and physical health conditions.

#### 4.7. Benefits identified above and beyond what was expected

There were several benefits of the project above and beyond those initially expected. These included:

- Development of higher-level thinking, oral communication, self-management, and leadership skills in those attending the MCLGs.
- Exposure to and an increase in understanding of diverse perspectives from across the workforce which was one of the most mentioned areas in the qualitative evaluation of the MCLGs. Participants heard about the problems that other professionals face, and how they go about addressing these which could be used in their own practice.
- Preparation for real life situations with patients and an opportunity to learn new and different approaches from other participants about how to support patients with mental and physical health needs.

- Considerable discussion about the questioning of patients such as using ‘What matters to me?’ rather than ‘What’s the matter with you?’. These differences promote different responses in patients and their families, carers and relatives.
- Further developing the culture of co-production in which decision-making is genuinely shared between people and healthcare professionals. This assumes a level of understanding at a patient and staff level that may not always be there.
- Enabling participants in the MCLGs to listen attentively, ask good questions, and gain confidence in expressing their own views. These skills can be transferred to scenarios in the workplace.
- MCLG attendees learning group dynamics and how to manage these.
- The ability for MCLG participants to have transformational conversations.

#### 4.8. Sustainability of the MaP project

The connections made at each of MCLGs are continuing and the project lead has had direct feedback about participants continuing to connect and further build relationships beyond the life of the three identified MCLG sessions that were attended by each participant.

A copy of the MaP board game is being provided to each partner organisation to use as a learning tool with their staff.

#### 4.9. Challenges and barriers to the delivery of the project

Lack of uptake at the start of the project for participants to attend the MCLGs. This changed as spaces for the latter sessions filled up when people had attended early groups and had discussed the benefits of attending in their teams. Hence places for MCLGs that were scheduled later in year 1 and year 2 filled more quickly.

Attendance at the project steering group started well however reduced significantly as the project progressed. This was in part due to some representatives changing roles and significant demand on individuals’ diaries.

Engagement with steering group members was achieved virtually where specific advice was required.



## 5. Conclusions

The MaP project has been well received by those that have participated in the activities and it is seen as an important topic area. Health and care professionals from a wide range of sectors and settings have particularly valued the opportunity to meet together to learn about each other's roles and the services provided in supporting those with both mental and physical health problems.

Each of the MCLGs was very different due to the different participants background, professions and experience.

The overall impact of the MCLGs included:

- 90% respondents increased their level of understanding of the roles of different health and social care staff in supporting those with mental and physical health needs
- 80% respondents reported an increased level of understanding of diverse perspectives from across the workforce in supporting those with mental and physical health needs.
- 90% of respondents reported increased level of understanding the service user's perspective of having both mental and physical health needs.
- 90% of respondents increased their level of understanding of how to deliver consistent messages about people with both mental and physical health needs between members of the health and care workforce.
- 90% of respondents increased their level of understanding of ways to promote health and wellbeing and the prevention of mental and physical health conditions.
- 60% of respondents increased their level of understanding of the benefits of early intervention in the prevention of mental and physical health conditions.
- 60% of respondents increased their level of understanding of the approaches to managing transitions in the care of those with both mental and physical health conditions between different professionals, sectors and settings

The MaP project has functioned as a network that has enabled it to deliver educational activity in a way that meets the projects key objectives.

Factors enabling the success of this project as it has developed have included:

- the importance of engaging with stakeholders in each of the partner organisations on an ongoing basis.
- Project steering group membership was inclusive of all partner organisations. This enabled the steering group to be diverse, varied with significant expertise.
- Project progress was regularly communicated and discussed, and stakeholder input was requested from those unable to attend the steering groups.
- The project lead and evaluation lead were responsive throughout with skilled facilitation of the MCLGs.
- There was an element of structure to the MCLGS to help enable discussion and progression through the topic areas.
- The use of case studies that have come from the services as part of the activities undertaken in the MCLGs
- HEE NWL enabled a non-bureaucratic way of working that enabled creativity and innovation throughout the project and the opportunity for the network to grow.
- A culture of equality, respect and listening was fostered amongst the multiprofessional team of those delivering the teaching.
- There was enthusiasm from the service providers in the project.

This project was valued by those who attended the MCLGS as it enabled space and time to discuss the issues when supporting those with physical and mental health needs. The project aligns very well with HEEs 2019/2020 investment themes including:

- Developing the support worker
- Upskilling for advanced and extended roles
- Supporting patient safety and person centred care
- Promoting prevention

It is proposed that other health and care organisations across the UK would benefit from this approach in supporting their staff to manage those with physical and mental health needs.

## Appendix A

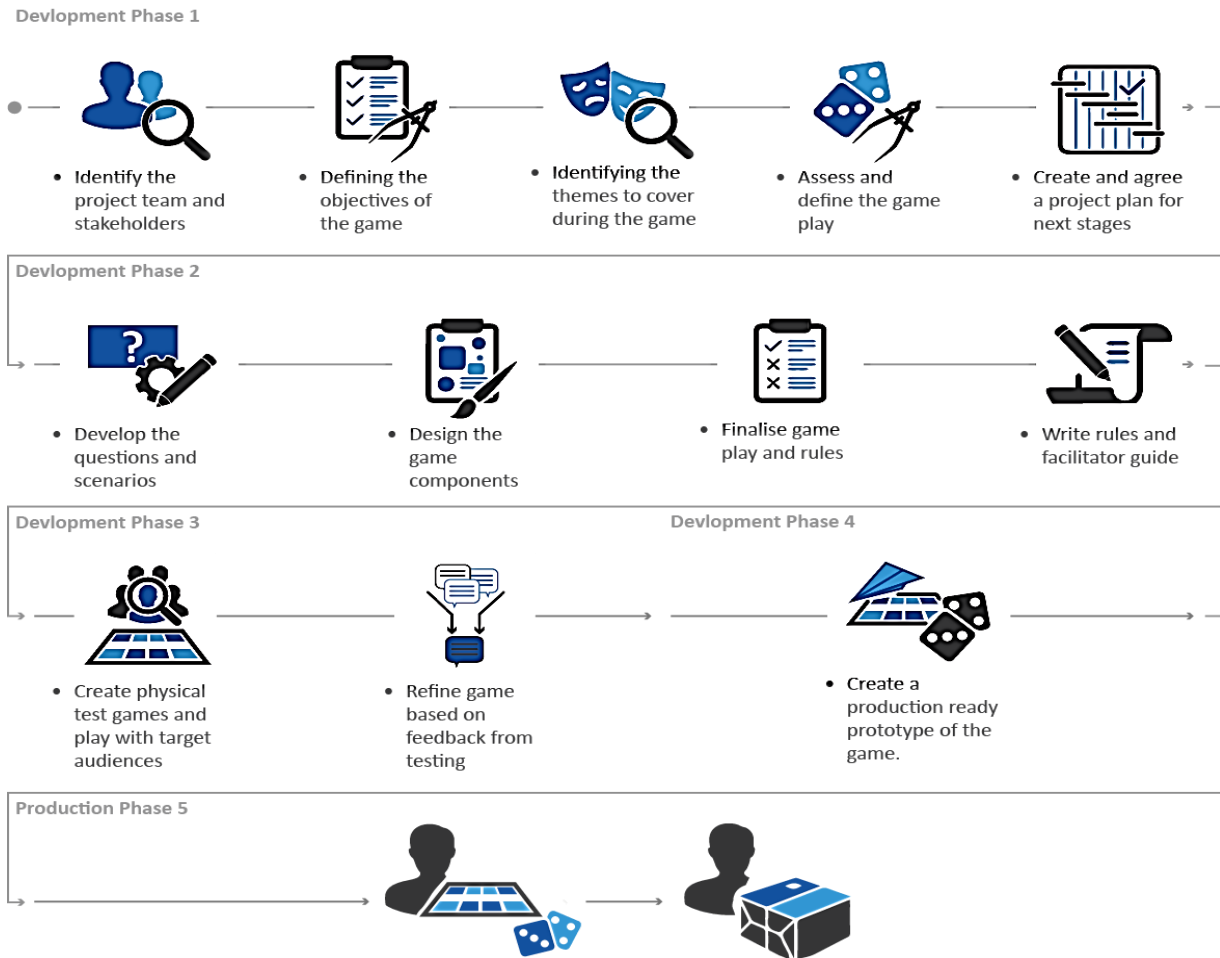
### Membership of the MaP project steering group

<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Melvin Bell	Director	Focus Games
Nicola Cross	AHP project lead	Hounslow and Richmond Community Healthcare
June Davis	Director and MaP project lead	Allied Health Solutions
Goretti Dowdican-McAndrew GDM	Head of Professional Education	London North West Hospitals NHS Trust
Caroline Durack	Director of Operations and lead for Hammersmith CEPN	Hammersmith CEPN
Kathleen Egan	Operational manager	Age UK London
Jan Goldsmith	Physical Health Lead	Central and North West London Mental Health Trust
Ellen Herbert	Therapy Team Lead	Chelsea and Westminster NHS Foundation Trust
Mandekh Hussain	Project lead	Westminster CEPN
Carol Jollie	Head of contracts and workforce development	University of West London
Andrew Kenny	Occupational therapist	London Borough of Hammersmith and Fulham
Helen Lycett	Strategic Trust Lead for Occupational Therapy and Allied Health Professions	West London Mental Health NHS Trust
Professor Mary Lovegrove OBE	Director, Evaluation lead	Allied Health Solutions
Leah Madnick	Darzi Fellow	West London Mental Health NHS Trust
Delvir Mehet (Steering group chair)	Assistant Director of Workforce and Organisational Development	NHS NWL collaborative of CCGs
Jerry Ngwena	Professional lead for Mental Health	University of West London
Jane Nicoli – Janes	Head of Clinical Improvement for Nursing and AHPs	Hounslow and Richmond Community Healthcare

Christina Richards	Therapy Manager	Chelsea and Westminster NHS Foundation Trust
Tom Shakespeare	West London Health and Social Care Integration Lead	West London Alliance
Flora Shaminder	Discharge team	London Borough of Hammersmith and Fulham
Briony Sloper	Deputy Director of Nursing and Quality	London Ambulance Service
Clive Simpson	Lecturer	University of West London

## Appendix B

### The process of developing the MaP board game



## Appendix C

### Profile of the learners and their employing organisations who attended the MCLGs in year 1 and year 2

#### Year 1

##### **Brent and Harrow MCLG**

<b>Organisation</b>	<b>Learners roles who attended this MCLG</b>
Brent Council	Social workers x 3 Deputy team manager, reablement team
Central and North West London NHS Foundation Trust	Primary care dementia practitioner Clinical Educator/ Brent Substance Use in Mental Health Lead Rehabilitation assistant
London North West Hospitals NHS Trust	Alcohol and drugs specialist Practice development nurse Occupational therapist Physiotherapist Macmillan palliative care clinical nurse specialist

##### **Ealing MCLG**

<b>Organisation</b>	<b>Learners roles who attended this MCLG</b>
Buckinghamshire New University	Second year student nurse
Central London Community Healthcare NHS Trust	Rehabilitation assistant
Central London Healthcare	Care navigator
Eleanor nursing and social care limited	Area manager Deputy manager
London Borough of Hammersmith and Fulham	Mental health support manager
London North West Hospitals NHS Trust	Practice development nurse Paediatric occupational therapist
Royal Brompton and Harefield NHS Trust	Trust lead for older people
West London NHS Trust	AHP Darzi Fellow Rehabilitation assistant Occupational therapist Physiotherapist Dietitian Rehabilitation support worker x 2 Vocational services manager
White Friars nursing and residential home	Manager

##### **Hammersmith and Fulham MCLG**

<b>Organisation</b>	<b>Learners roles who attended this MCLG</b>
Central and North West London NHS Foundation Trust	Occupational therapist
West London NHS Trust	Occupational therapist x 3

	Physiotherapist Care coordinator, Hammersmith and Fulham first
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### Hounslow and Richmond MCLG

Organisation	Learners roles who attended this MCLG
Hounslow CCG	GP mental health lead for Hounslow GP – the practice Feltham 2 x GP Heart of Hounslow practice
Hounslow and Richmond Community Healthcare NHS Trust	Practitioner psychologist
London North West Hospitals NHS Trust	Clinical sister, HIV
West London NHS Trust	Professional occupational therapy lead Occupational therapy technician Occupational therapist x 2

### Westminster MCLG

Organisation	Learners roles who attended this MCLG
Central London Healthcare	Care navigator x 7
Central and North West London NHS Foundation Trust	Healthcare assistant Acting ward manager
Dr Hickey Surgery	GP
London Borough of Hammersmith and Fulham	Senior mental health support worker
Soho square medical centre	Practice manager

### Year 2

#### Brent and Harrow MCLG

Organisation	Learners roles who attended this MCLG
Adolphus Care	Social Worker
Central and North West London NHS Foundation Trust	Art Therapist
Methodist Home for the Aged	Deputy manager
Norwood	Social Worker
Riverview Lodge	Deputy manager
Royal National Orthopaedic Hospital, Stanmore	Occupational Therapist Physiotherapist
Simply Care Ltd	Home manager
St Mungo's Community Housing Association	Registered manager
St Peters Medical Centre	Healthcare assistant
TLC Care Services Ltd	Registered manager

### Ealing MCLG

Organisation	Learners roles who attended this MCLG
Bluebird care	Registered care manager
Eastmead surgery	GP
Grove park surgery, Chiswick	Practice nurse
Hillingdon 4 all	Wellbeing support officer
Imperial College Healthcare NHS Trust	Clinical practice educator
North West London CCGs	Complex care commissioning manager Transformation lead
Royal National Orthopaedic Hospital, Stanmore	Physiotherapist
Roshini care home	Deputy manager
West London NHS Trust	Local services Recovery College Lead Occupational therapist

### Hammersmith and Fulham MCLG

Organisation	Learners roles who attended this MCLG
Central and North West London NHS Foundation Trust	Head of Arts Psychotherapists
Certitude	Day centre manager
Chelsea and Westminster NHS Foundation Trust	Occupational therapist Physiotherapist x 2
Hestia Housing and Support	Registered manager
Sterndale surgery	Administrator
University of West London	Mental Health nurse lecturer
Yarrow housing	Care manager

### Hillingdon MCLG

Organisation	Learners roles who attended this MCLG
Hillingdon 4 all	Wellbeing support officer x 5 Community development officer
Hillingdon hospitals NHS Foundation Trust	Assistant director of nursing – emergency care
MD Homes	Registered manager Senior healthcare assistant Healthcare assistant Home manager
Ruislip nursing home	Registered home manager



## Appendix D

### The MaP project

**‘Enabling the patients to walk through one door’**

**Achieving parity between mental and physical health**

**Friday 21<sup>st</sup> September 2018**

**9.30am – 4pm**

**Age UK London, Tavis House, 1-6 Tavistock Square, London, WC1H 9NB**

<b>Time</b>	<b>Activity</b>	<b>Lead</b>
<b>9.30am</b>	<b>Registration and refreshments</b>	<b>ALL</b>
<b>10.00am</b>	<b>Welcome</b>	Paul Goulden, Chief Executive, Age UK London
<b>10.05am</b>	<b>Introductions and overview of the day</b>	Dr Tony Burch, Primary care advisor, HEE North London
10.15am	<b>An overview of the MaP project</b>	June Davis, Director, Allied Health Solutions
10.35am	<b>Key note presentation</b>	Andy Bell, Deputy CEO, Centre for Mental Health
11.00am	<b>Prevention of mental and physical health</b>	Linda Hindle, Deputy Allied Health professions Officer and Allied Health Professional Lead, Public Health England
11.20am	<b>Break</b>	<b>ALL</b>
11.40am	<b>A Patient Story of Resilience &amp; Over Coming Adversity</b>	Steve McNeice
12.10pm	<b>The perspectives of different professionals</b>  Occupational therapy	Ian Merrick, Professional Lead OT, WLMHT, Carrie Scott,

	GPs and primary care	Occupational Therapist, WLMHT Annabel Crowe, GP Mental Health Clinical Lead and Governing Body Member for Hounslow CCG
<b>1.00pm</b>	<b>LUNCH</b>	<b>ALL</b>
<b>1.45pm</b>	<b>The perspectives of different professionals</b>  Making Every Contact Count  Vocational services and dietetics, Broadmoor	Claudine Pisani Clinical Educator/ Brent Substance Use in Mental Health Lead  Venus Kan, Vocational services manager and Shirley Mabindisa, Dietitian
<b>2.30pm</b>  <b>(refreshments available during this time)</b>	<b>Understanding different perspectives through playing a board game</b>	Melvin Bell, Director, Focus Games June Davis and Professor Mary Lovegrove OBE, Directors, Allied Health Solutions
<b>3.30pm</b>	<b>Sum up and evaluation</b>	Dr Tony Burch, Primary care advisor, HEE North London
<b>4.00pm</b>	<b>Close</b>	

## Appendix E

### 21<sup>st</sup> September 2018 event - Enabling the patients to walk through one door. Achieving parity between mental and physical health (31 completed evaluation forms)

Session	What I learnt	What I am going to do differently
<b>An overview of the MaP project</b>	<p>That interprofessional education is still not integrated into professional education.</p> <p>How mental health can be managed.</p> <p>Partnerships are key.</p> <p>Progress being made.</p> <p>Didn't know about the MaP project before.</p> <p>Importance of bringing all together.</p> <p>Howe improvement are going to happen.</p> <p>Clear understanding of the project.</p> <p>More of an overview of the MaP project.</p> <p>Physical and mental health go hand in hand. Aim for parity and holistic assessment.</p> <p>About the project.</p> <p>Importance of understanding each other's roles and competence of staff.</p> <p>About PIEs.</p>	<p>I am not a professional anymore.</p> <p>I will take more interest in my mental health.</p> <p>Keep looking for these opportunities.</p> <p>Think about opportunities to use board game.</p> <p>Share the information with others.</p> <p>Promote across partnership board.</p> <p>Pay greater attention to mental health as I would to physical health.</p> <p>Use project as good practice example in policy and influencing work.</p> <p>Work towards competence of staff.</p> <p>Engage in PIEs</p> <p>Continue to develop relationships with primary care health programme.</p> <p>Engage more with physical health.</p> <p>Feedback to my team.</p>

	<p>Different perspectives on mental and physical health.</p> <p>Good overview.</p> <p>Lots!</p> <p>All very good information.</p> <p>Initiatives on mental and physical health integration.</p> <p>The importance of working together.</p> <p>Informative about project.</p>	<p>Have contacts.</p> <p>Follow to see how progresses.</p> <p>Give integration importance.</p> <p>Share with my colleagues.</p>
<p><b>Key note presentation</b></p>	<p>Equally Well x 2</p> <p>Updated me on recent stats.</p> <p>Good overview of issues/solutions</p> <p>About the Centre for Mental Health, Equally Well UK x 2</p> <p>National initiatives.</p> <p>Very informative.</p> <p>Very interesting to hear about both reality and that can change.</p> <p>Brilliant!</p> <p>Understood a bit more about the work of the Centre for Mental Health</p>	<p>Contact local Healthwatch to check this is used locally</p> <p>Keep going, communicate messages to patients and staff.</p> <p>Ensure most sign up to Equally Well.</p> <p>Look not Equally Well project.</p> <p>Ensure that GPs treat mental health and physical health collaboratively when visiting a patient.</p> <p>Meet CFMH to discuss priorities for strategic planning in my role.</p> <p>Make my team aware of Equally Well.</p> <p>Keep this in mind when considering service users.</p>

	<p>You have the right to good physical and mental health.</p> <p>CFMH priorities and research.</p> <p>Offer mental and physical health services in the same place.</p> <p>Excellent information re: statistics, reality of current situation.</p> <p>Shocking reality of the health of the nation.</p> <p>Involvement of centre for mental health.</p> <p>Great presentation of all relevant facts.</p> <p>New information and advice.</p> <p>Great realistic and informative.</p> <p>Inspirational/committed speaker.</p> <p>The impact of co-morbidity on care outcomes.</p> <p>Statistics.</p> <p>Inspiring and lots of facts about why mental health needs physical health input.</p> <p>Always work collaboratively.</p>	<p>Check out website.</p> <p>Review how our Trust is currently engaged with Equally Well.</p> <p>Be open minded.</p> <p>Get involved.</p> <p>To listen and give importance to both physical and mental health.</p> <p>Share some of data with my team.</p> <p>Address mental health support.</p> <p>Carry on trying to get physio into mental health teams to include physical activity and treat aches and pains.</p> <p>Befriend lovely people and support them. Encourage them to go out and meet people and make them feel that you care for them and wanted.</p>
<p><b>Prevention of mental and physical health</b></p>	<p>Public Health England did not include loneliness and is not on the list of causes of mortality even though there is research to show it is.</p>	<p>Try and promote apps.</p>

	<p>People should make the effort to change their lifestyle.</p> <p>Prevention should be more well-resourced and prioritised in health services.</p> <p>Health profile for England results.</p> <p>All Our Health x 2</p> <p>New resources.</p> <p>They are inter-related but not holistic as the spiritual is missing.</p> <p>Very important needs to be highlighted.</p> <p>Signposting for healthcare professionals.</p> <p>The challenge of attitudinal change for good mental and physical health.</p> <p>Develop strategies to maintain good health and wellbeing and reduction of inequalities.</p> <p>Health profile for England. Existence of PHE morbidity stats re: people with severe mental health problems.</p> <p>The inequality and how it has not improved.</p> <p>Resources out there.</p> <p>Very informative.</p> <p>Good to see the up to date information on risk factors.</p>	<p>I will actively get involved in helping to improve my mental health and helping others as well.</p> <p>Include focus on prevention in my work and communicate benefits to colleagues.</p> <p>Take more opportunities to make conversations happen about changing lifestyle behaviours using resources delivered in presentation.</p> <p>Will review All Our Health website and use in staff training.</p> <p>Integrate the 3 aspects of health.</p> <p>To make general public aware and not treat as taboo.</p> <p>Look at resources available.</p> <p>Pay a greater attention to what I eat, drink and do more exercise.</p> <p>Use stats in policy and influencing work.</p> <p>Use the resources and ask colleagues also.</p> <p>Look at increasing social prescribing in all treatments/assessment opportunities.</p> <p>Give advice.</p>
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	<p>So much more needed in this area.</p> <p>Consistency of key messages.</p> <p>Prevention is key.</p> <p>Statistics.</p> <p>Good resources.</p> <p>Importance about thinking of mental and physical health.</p>	<p>Really important to support carers to prevent a mental health episode becoming an emergency all because of a lack of help at right time.</p> <p>Use MECC more.</p> <p>Address more often to patients the risk factors and long term conditions.</p> <p>Use resources in team training.</p>
<p><b>A Patient Story of Resilience &amp; Over Coming Adversity</b></p>	<p>Very courageous and moving. Belief and willpower, mental attitude all very important.</p> <p>Very inspiring x 2</p> <p>Challenging the status quo. Personal goals.</p> <p>The power of the mind, positive mental attitude and resilience can make.</p> <p>Power of patient story.</p> <p>Resilience vital for recovery.</p> <p>Very strong personality – gives us all hope.</p> <p>Fantastic.</p> <p>Excellent, Inspirational.</p> <p>Very inspiring.</p> <p>Amazing.</p>	<p>Useful in relation to dealing with ageing</p> <p>Use this story to inspire patients who are demotivated.</p> <p>Ensure all training has a patient story.</p> <p>Encourage others not to give up.</p> <p>Information sharing with professionals and key partners.</p> <p>Never get discouraged when the going gets tough.</p> <p>I do not have to through in the towel when faced with adversity.</p> <p>Be an encourager. Importance of co-working with health professionals.</p>

	<p>You can overcome adversity with goals, focussed mind, readiness to learn. Be prepared to challenge the status quo.</p> <p>I thought the presenter could have said more about support for mental health resilience given conference subject.</p> <p>Positive outcomes require working together between clients and clinicians.</p> <p>Importance of allowing patients to push boundaries.</p> <p>Determination and personal goals are key.</p> <p>Amazing presentation of own story also challenge 'status quo'.</p> <p>Mental attitude wins against such adversity.</p> <p>Brave inspiring speaker.</p> <p>How to successfully work with patients on their goals.</p> <p>The power of a determined mind.</p> <p>Be determined and focussed for your goals and wishes. Strong mental and physical attitude.</p> <p>Stories are powerful.</p> <p>Building resistance, start early, keep active.</p> <p>More people should listen to this story.</p>	<p>Work with patients to push boundaries and build resilience.</p> <p>People are more resilient than you think.</p> <p>Remembering how empowering narrative is in assessment process.</p> <p>Acknowledge to all one must be honest to face just what one cannot do.</p> <p>Listen to patient stories and work patient centred.</p> <p>Not just look at patient but their families and identify how we could use as motivation.</p> <p>I will use patient stories as a rehab tool to promote motivation and encouragement.</p> <p>Listen to patients and push them if possible.</p> <p>Be more positive and help people who have no confidence.</p>
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<p><b>The perspectives of different professionals</b></p> <p><b>Occupational therapy</b></p>	<p>Hounslow offers services that Wandsworth does not.</p> <p>Great alternative to health and wellbeing with good outcomes being measured.</p> <p>The therapeutic benefits of gardening re well known and o hear in practice.</p> <p>Importance of garden group activities. Very therapeutic projects in nature.</p> <p>Team work – it’s not only money.</p> <p>Relevant physical/mental health project. Benefit of community social prescribing.</p> <p>Confidence and team building, self-esteem, socialisation.</p> <p>Good practice.</p> <p>Thinking outside the medical model to affect health.</p> <p>Great to hear about social prescribing working.</p> <p>Very informative. A positive patient movement.</p> <p>Meaningful interventions. Lead to good outcomes.</p> <p>Allotments help mentally and physical needs.</p> <p>QSIR project, proactive intervention, allotment project.</p> <p>How simple things can make a big difference.</p>	<p>Raise these issues with mental health services in Wandsworth.</p> <p>Keep promoting value of OTs.</p> <p>Reinforce in training that activity groups will meet several of the 5 ways to wellbeing.</p> <p>Implement into my project.</p> <p>This will help hopefully to be more assertive to ask for help.</p> <p>Promote social prescribing.</p> <p>Spend more time gardening, things that are therapeutic.</p> <p>Highlight preventative/recovery support in influencing work.</p> <p>Encourage my patients to engage in the community.</p> <p>Know the resources available in local areas.</p> <p>Get CCGs to commission more services like allotments.</p> <p>Adopt a non-judgemental attitude with my patients.</p> <p>Use more community projects such as social prescribing.</p>
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		OTs to try and get patients back to community groups.
<p><b>The perspectives of different professionals</b></p> <p><b>GPs and primary care</b></p>	<p>Good case histories – shows improvement possible.</p> <p>Useful overview of GP challenges.</p> <p>It's the first year that people put on weight when started on anti-psychosis medication.</p> <p>Case studies really illustrated.</p> <p>GPs have a key role to play in Recovery.</p> <p>Good to know that changes are happening in certain areas. Hopefully it will be countrywide. What primary care looks like?</p> <p>Affirmation of the pressure of GP workloads x 2</p> <p>Role and work of GPs.</p> <p>Challenges for GPs in supporting physical and mental health.</p> <p>The difference a proactive GP makes.</p> <p>Many typical stories of mental and physical health, blurred boundaries.</p> <p>Case study 1 and 2 very useful.</p> <p>Totally relate to case stories of my patient cohort.</p>	<p>More liaison with GP. Promote importance of sleep.</p> <p>Don't fall into the trap of feeling that 'nothing can be done'. Remain optimistic. The use of case studies in training.</p> <p>Implement in community care.</p> <p>Check in our local area.</p> <p>Become more understanding of my local GP.</p> <p>Highlight importance of continuity of GP in policy influencing work.</p> <p>Discuss mental health more at work.</p> <p>Reflect!</p> <p>Encourage promotion to reflect this.</p> <p>Get better link with GPs during episode of care.</p> <p>Sell continuity as a service offer.</p>

	<p>GP perspective.</p> <p>Benefits of consistency and seeing same GP.</p> <p>Primary care homes delivering integrated care.</p> <p>GP ongoing care – no discharge.</p> <p>Importance of a stable social situation.</p> <p>GPs give continuity.</p> <p>GPs are gate keepers.</p>	
<p><b>MECC</b></p>	<p>Great trainers!</p> <p>One You very useful handout for communicating.</p> <p>Innovative and practical ways to address healthy eating and making healthier food choices with clients.</p> <p>Example of MECC.</p> <p>Well presented. Learnt of Apps which will be good for young people.</p> <p>Educational specially hidden sugars.</p> <p>What MECC training is.</p> <p>Good practice and useful resources.</p> <p>About apps available.</p> <p>Positive change in staff training with the introduction to physical health.</p>	<p>Going to order some physical health booklets for events for when we roll out using the same form. Order free resources from PHE. Use Change 4 Life food scanner. Attend more training on MECC.</p> <p>Using resources.</p> <p>Share with family and friends.</p> <p>Look into health pack for stats.</p> <p>Useful examples for policy/practice influencing work.</p> <p>Excellent apps will promote in my hospital.</p> <p>Look closely at MECC locally.</p> <p>Liaise more with CNWL.</p> <p>Use the app x 2</p>

	<p>CNWL have a great training project.</p> <p>Sugar content!</p> <p>Success of MECC</p> <p>Hidden sugar.</p> <p>High quantities of sugar found in daily foods, even in types of food/meals/drinks we think are healthy.</p> <p>Medications make situations worse. Reduce risk and improve health i.e. eat healthily.</p>	<p>To continue using MECC interventions.</p> <p>To download the food scanner app.</p> <p>Provide awareness to patients in regards risk of high sugar intake and helping them to choose better.</p> <p>Very interesting. Get education involved with projects.</p>
<p><b>The perspectives of different professionals</b></p> <p><b>Vocational services and dietetics, Broadmoor</b></p>	<p>Very amusing, force of nature shows what can be done.</p> <p>Very engaging and honest about challenges. Highlighted the challenges of promoting health eating in secure settings, implementing PHE government buying standards in their patient shop.</p> <p>What is possible to do in difficult and challenging setting.</p> <p>Informative.</p> <p>Insight into health promotion at Broadmoor.</p> <p>Management of foods patients eat. Challenge snacks patients eat. Introduce better health practices.</p> <p>Increased understanding of issues for people in secure hospitals</p>	<p>Keep going!</p> <p>Share themes to team my team and look into the buying standards.</p> <p>Put pressure on our Trust to review the food we provide as part of overall strategy.</p> <p>Be more food aware.</p> <p>I am conscious of the need to reduce my sugar intake.</p> <p>Less fatty foods practice healthier choices. Better self-discipline re: eating and drinking.</p> <p>Use data.</p> <p>Look into healthier choices at work.</p>

	<p>That patients want to engage.</p> <p>Interesting to hear how vocational services are working to improve public health in the patient population.</p> <p>We can all look at problems more laterally!</p> <p>Best talk.</p> <p>Very good to hear such positive progress re: diets.</p> <p>Speaker very informative and highlighted that change is difficult but not to give in!</p> <p>High incidence of obesity and diabetes in mental health patients.</p> <p>Very interesting making small changes have impact.</p> <p>Different ways to keep patients occupied.</p> <p>Excellent presentation.</p>	
<p><b>Understanding different perspectives through playing a board game</b></p>	<p>Fun!</p> <p>Good way to review. Questions a bit too general sometimes.</p> <p>Lots of fun, thought provoking!</p> <p>A truly innovative and interesting project.</p> <p>Enjoyed the game.</p>	<p>Will use with staff groups.</p> <p>Will share with team but very expensive.</p> <p>Will explore with my boss the idea of purchasing one.</p> <p>Encourage Trust to buy x 2</p> <p>Let team know available.</p> <p>Best part of the day.</p>

	<p>Importance of playing games in problem solving for professionals</p> <p>Useful tool.</p> <p>Can be effective for learning.</p> <p>Good fun. Some questions need rewording.</p> <p>Good fun.</p> <p>Very interesting way to learn.</p> <p>Good fun and good way to learn.</p>	<p>Share it with colleagues.</p> <p>Might consider buying the game in the future.</p>
<p><b>Any other comments</b></p>	<p>Excellent speakers. Good timings, Very useful.</p> <p>Some of talks very biased towards client and staff.</p> <p>Great day – many thanks!</p> <p>Very good informative event with variety of speakers from different backgrounds.</p> <p>There was a lot about statistics of the disparity between mental health and physical health which is widely known. I would just have appreciated a bit more focus on suggested interventions with our clients although this was discussed a bit more in the afternoon. A very enjoyable conference a lot of thought provoking material, thank you!</p> <p>Very good presentations but the mental and spiritual aspect of health for recovery is always left out of holistic health.</p> <p>Good conference, hopefully the information could be and should be shared with every citizen – starting from very young age.</p> <p>Very good day!</p>	

	<p>A really informative and enjoyable day.</p> <p>An excellent day work.</p> <p>Very useful networking opportunity. I am going to meet some of the delegates to discuss how we can collaborate to support our respective organisations, work programmes and strategic aims.</p> <p>Very educative and reinforcement of what we are trying to do in Merton.</p> <p>That I am very competitive. Make my own game at work for our induction process.</p> <p>Positive day focussed on the same goal and similar difficulties which are not surprising but good to hear some creative thinking/innovation.</p> <p>A very good informative day. So many varied projects.</p> <p>Fantastic day with lots of ideas. Also, participants from different backgrounds promotes networking opportunities.</p> <p>Very enjoyable and informative and thought provoking.</p> <p>Wow! Excellent speakers, excellent chairing. Great to have professionals, volunteers and others engaging together.</p>
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