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Moving stories – local health trainers in mental health

Can local health trainers help to address physical health issues such as obesity in people with mental ill health?

Health trainer programmes (HTPs) aim to improve public health, particularly obesity and diet, by supporting people underserved by mainstream services to make lifestyle changes. They recruit and train local people to become health trainers (HTs) and support others. The goal is to improve lifestyles and increase years of healthy living, preventing avoidable illness and tackling inequality in health and wellbeing. HTPs have been introduced across England, concentrating on areas of deprivation. Box 1 describes some key features of HTPs. As they have developed, some have specialised in delivering services to particular groups.

This article describes how the programme developed in one area towards more specialist provision for mental health in parallel to reaching out to other target groups. After five years of development, the Bexley health trainer team felt it was timely to review the programme.

Mental health is a key area that the HTP might be suited to. People with mental ill health have classically been poorly catered for by mainstream services, prone to social exclusion and subject to significant health inequalities (MHF, 2013). The government committed to transforming mental health day services including offering chances for people with mental ill health to be involved in providing services (DH, 2006). This modernising agenda fitted well with the emphasis

Box 1: Key features of health trainer programmes

HTs act as a bridge into local communities, providing support and personal health planning to individuals around obesity, exercise, smoking and alcohol. But any issue that has an impact on an individual's health and wellbeing can be addressed by a HT.

Introduced in England in 2004 (DH, 2004). Took about four years to roll out from 12 demonstration programmes.

Part of a wider shift in public health to:
- Create a lay workforce 'from advice on high to support from next door' (DH, 2004)
- Reach disadvantaged or hard to reach groups
- Promote healthy lifestyles and prevent illness.

Low impact 'nudging' strategy to change public health (Visram & South, 2013) relying on:
- Voluntary engagement
- The adoption of personal responsibility for behaviour change
- Behaviour modification.

About 2,790 people employed/in training as HTs in the UK (DCRS, 2012)

Guidance and accredited training provided, based on principles of behavioural science, about improving skills and boosting motivation (Michie *et al*, 2008).

Link to wider determinants of health 'actively supporting people to make better decisions about their own health and welfare' (Wanless, 2004).

Target audience

- Mental health professionals working with service users who may have physical health issues such as obesity.

Take-home messages

- Health trainers can act as a bridge to local communities, providing potentially non-stigmatising services as people are seen alongside others without any mental health issues.
- Health trainers have some influence on the physical health of people with mental ill health but the full impact remains to be seen.

of the HT model towards strengthening the role of people using services, training them and providing opportunities to undertake public health prevention work with their peers.

Public health links to mental health in Bexley

Nationally, HTPs focused on geographical communities, especially those experiencing entrenched health inequalities and with high levels of poverty and disadvantage. Bexley is an outer London borough that is relatively well off with only 9.1% of people living in the 20% most deprived areas in England. Its biggest public health challenge is the high incidence of obesity, reported as significantly worse than the rest of England, (Bexley Health Profile, 2012).

The HTP was one of several public health interventions employed in the borough, including exercise on referral schemes, healthy walks programmes and smoking and alcohol interventions (Bexley Health Trainer, 2013). Most HT clients in Bexley accessed the service to change their diet (68% in 2010, moving to 75% in 2013) or for help around exercise (20% in 2010). Figure 1 shows the year-on-year increase in number of clients accessing the Bexley health trainer service.

HTs worked with clients to set personalised health plans with SMART goals and action plans. Bexley's HTs were also integrated into the 'Well at Work' 12-week programme of gentle exercise. A short service user-focused film made by Bexley HTs and their clients explains what HTs in Bexley do and how clients typically respond. It is available at: www.bexleyhealthtrainers.org.uk

HTPs across the country developed specialisations in different health areas. These included cardiovascular problems (Scarborough), older people, teenagers and men (East Riding), people with long-term conditions (Kirklees) and diabetes (Bradford and Sheffield) (White *et al*, 2013). Although the primary target groups of Bexley HTP were those living in deprived areas, black and minority ethnic groups and older people in general, the service impact on those with mental health problems began to emerge in the process and a specialist focus on mental health started to take precedence.

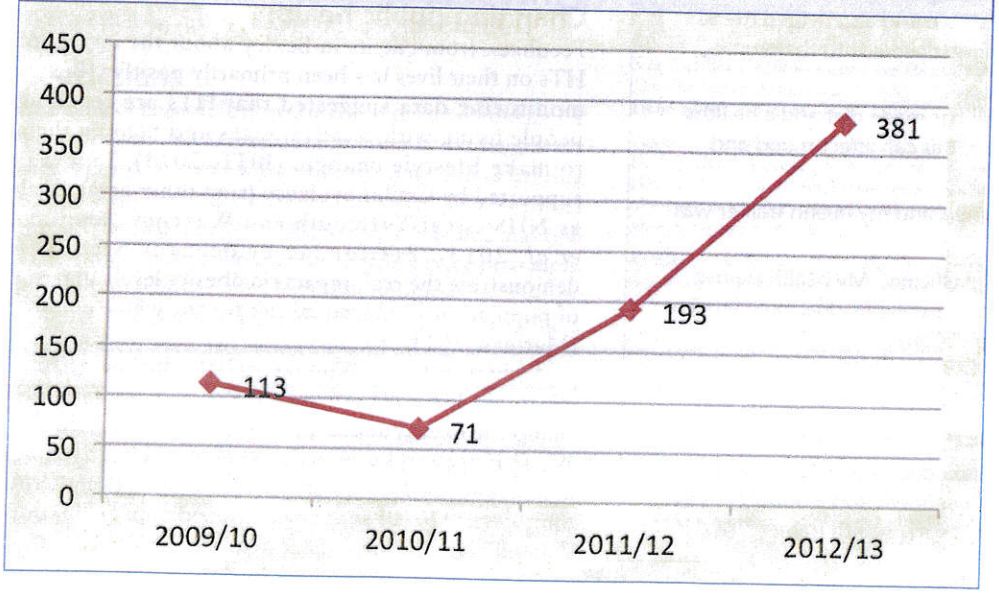
The HTP operated from different sites and community venues including GP surgeries and children's centres across Bexley. The service is currently exploring opportunities to operate from all three GP localities in Bexley with the aim of integrating the HTP with a health check service. Workshops and group engagements were held in community centres throughout the borough, extending the geographical reach of the service. Promotion of services and equity of access were enhanced through collaboration with other Mind in Bexley services, including the Welfare Benefits Advice Service and the Social Inclusion and Recovery programme.

In 2009, HTs were given office space at Mind in Bexley and the service's mental health focus increased along with referral numbers. By 2011, a new emphasis on wellbeing and preventative mental health linked the HTP in Bexley more firmly into the mental health setting. Mind successfully retendered for the Bexley HTP contract to run the programme from 2011–14 in partnership with Age UK in Bexley, a charity that supports older people, and Inspire Community Trust, which supports disabled people and those with sensory impairments.

Mind in Bexley also became a hub for the Improving Access to Psychological Therapies (IAPT) programme in the borough. This created an increased opportunity for the Bexley HTP to reach people with mental health problems and support them with lifestyle changes. In addition, HTs were an integral part of the Mind pilot recovery model service, based on personalisation and the Mind eco-therapy initiatives. This was significant in enabling referrals between Mind services, thus ensuring the availability of psychological support and access to other preventative support.

Bexley HTs were able to have some influence on the health of people with a range of mental health issues. Referrals were made to and from the IAPT programme, which primarily supports people with mild and moderate depression and anxiety. People with

Figure 1: Health trainer programme client numbers over time (Bexley Health Trainer, 2013)



HTs act as a bridge into local communities, providing support and personal health planning to individuals around diet, exercise, smoking and alcohol

severe and enduring mental illness were also referred from the Mind Social Inclusion service and Oxleas NHS Foundation Trust with 20% of referrals coming directly from mental health services (BHT, 2013).

Whether this level of referral rate leads to a significant impact on health outcomes is yet to be seen, but it does indicate recognition of the relevance within mental health services for community public health support with issues like diet and exercise. As well as support on lifestyle changes, HTs reported supporting people with mental health problems on social issues, including isolation, by identifying and signposting them to groups and activities to help establish an active social life and build their social capital. This support further enhanced the opportunities available to residents in Bexley with mental health issues.

Mental wellbeing and satisfaction of health trainers

Nationally some HTPs were manned entirely by volunteers, while others used a combination of volunteers and trained, paid staff. Inner-city and urban boroughs reported more difficulty in recruiting and retaining volunteers and moved to trained staff (Visram & South, 2013). Bexley's experience reflected this and four part-time staff were recruited from those that had previously volunteered in the programme thus providing local residents with employment opportunities.

Two Bexley adult education colleges completed the accreditation process to deliver City & Guilds Level 3 Certificate for Health Trainers and the Royal Society of Public Health Level 2 Award in Understanding Health Improvement – the minimum training to become a Health Trainer Champion – in 2008.

The Bexley HTs expressed satisfaction with their training opportunities and subsequent qualifications.

"It has also created a career opportunity for health trainers, which otherwise they may not have considered. They can be made more beneficial to the community by tapping this opportunity onto other health promotion activities." (Haile)

Client feedback about the HT service (some names changed)

"I feel that it is an excellent service and helped me to deal with issues that I could not deal with on my own and also helped me to understand the problem better and how to work with them on a daily basis." (Jaccqe)

"A much-valued and needed service. It has made diet and a healthy lifestyle important to me as well as how this can affect mood and emotions." (Jenny)

"The service is good enough to tell others and my health trainer was very good and friendly." (Ngozi)

"The service felt personal, cheerful and efficient. My health trainer was very understanding as if she had the same personal experience of the diet issue I was going to change." (Ian)

"Very impressed all round... very impressed with your service. The support on goal setting and self-monitoring of behaviour and progress was fantastic." (Glenda)

"Before I [went] to the health trainers programme, I had very low self-esteem. I came across like quite a confident and a bubbly person – people tell me that after the support by my health trainer." (Issy)

"The practical health promotion experience that the health trainer programme has exposed me to has been invaluable in putting into perspective some of the educational theory that I have learned as part of my degree course in public health." (Patience)

Opportunities for additional training for Bexley HTs increased over time. Early on the HT co-ordinator and others were trained on the National Database for Health Trainer services, which was set up in Birmingham by the Department of Health. By 2011/12, HTs had received additional training on sexual health awareness, generic mental health issues, level 2 stop smoking and nutrition, diversity and equality, conflict resolution and local walk leader training.

Key questions about whether HTPs work include if training local people to support their peers in local communities is a successful strategy and if it offers new skills to community members. Early evidence from other areas suggested the programme was working for HTs themselves. Research by Crawford (2013) and Rahman & Wills (2013) found that lay people have:

- Enjoyed the training and working together (mutualism)
- Liked helping others in their community (altruistic helping)
- Gained confidence (support and accredited training)
- Raised their status in the community (through valid, useful work).

In Bexley, the HTs similarly reported largely positive views:

"It is often rewarding to be associated with some of the small but significant health changes that clients are able to achieve on the programme." (Patience)

"Health trainers are local from diverse ethnic backgrounds and because of language and unique local knowledge so are better able to reach and engage with the local community." (Haile)

A development initiative identified for the project was to work alongside mental health service users as part of service delivery and as co-researchers in the research and monitoring process. The hope was that the HTP service would then start to better reflect the views of those most influenced by the service (Palmer *et al*, 2009).

Changing public health

Feedback from clients in Bexley about the impact of HTs on their lives has been primarily positive. Bexley monitoring data suggested that HTs are reaching people living with disadvantages and helping them to make lifestyle changes (BHT, 2013). This was supported by similar evidence from other areas, such as NHS Great Yarmouth and Waveney (Jennings *et al*, 2013). But further evidence is needed to demonstrate the real impact on obesity levels in terms of population-level inequalities for the whole country (Marteau, 2011).

Authors including White *et al* (2013) highlighted that it is too early for the national HTP to measure sustained changes in obesity and other long-term health outcomes. We also need to know more about the effectiveness, acceptability and sustainability of HTP in the long-term. Smith *et al* (2010) suggested that existing evaluation data on HTs was limited because:

- It relied on self-report measures
- The extent of behaviour change was easily exaggerated
- Lack of control group
- Selection bias
- Missing behaviour data.

Additionally, little is yet known about how well the national HTP works with specialised and vulnerable groups such as those with mental health problems. An evaluation of the Offender Health Trainer Service in Greater Manchester revealed an overall positive impact on that group, such as improving self-reported health and wellbeing, building hope and self-belief and developing trust and motivation to change. Of the prisoners involved 90% were reported to have a diagnosable mental health and/or substance misuse problem (Dooris *et al*, 2013). But few other mental health-related HT reports are available.

Therefore, a key challenge for Bexley in the immediate future is how to measure the impact of the programme on people with mental health problems. Following clients from mental health referral sources might become meaningful as the size of the client base increases. HT staff suggested that care must be taken in considering relevant measurement timescales for people in mental health.

"Some, for example older people and people with mental health issues, took a longer time to achieve their set goal." (Haile)

Another team member stressed that we also need to change what we measure:

"The DCRS [Data Collection Reporting System] is limited in such a way that although health trainers support individuals with multiple issues the data does not give a true reflection of the support clients receive or the holistic picture of the process of behaviour change." (Patience)

The need for accompanying social and structural change in the local community was also stressed, such as re-directing resources to local businesses to increase the availability of healthy food.

"Maintaining behaviour change very much depends on conditions of local environment such as availability and affordability of fruit and vegetables locally... [we need] change in the wider socio-economic conditions if HTP is to achieve long-lasting behaviour changes." (Haile)

Conclusions

At a time of economic downturn and reduced funding for mental health, the Mental Health Foundation suggest we need to look at fresh ways of developing and delivering services and to particularly consider peer support approaches (MHF, 2013). HTPs offer a potential addition to existing mainstream mental health service provision. HTs act as a bridge into local communities, providing support and personal health planning to individuals around diet, exercise, smoking and alcohol. They are preventative and potentially non-stigmatising, as mental health clients are seen alongside others without any mental health issue with similar lifestyle behaviour change goals.

The HTs themselves are members of local communities, potentially including people with mental health problems, who receive training and career opportunities to help their peers.

Future challenges will be about measuring whether HTs can help to significantly change the public health outcomes of people with mental health problems and prove themselves to be a realistic and affordable additional low-cost solution to existing problems with obesity, poor diet and opportunity for physical exercise. ■

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