



QNPICU and QNFMHS Joint Webinar

EPMH: The Importance of Physical Activity During COVID-19

@RCPsychCCQI #QNPICU #QNFMHS @EPMH_Network #EPMH

Please keep microphones muted



Thankyou



Aims of Webinar

- Introduce you to the EPMH and raise awareness of the role of Qualified Exercise Professionals in mental health care
- Raise awareness of the importance of physical activity/exercise in peoples care pathways.
- Understand the additional challenges to getting people active during COVID-19 – Forensic and PICU services
- Share examples of practice and adaptations to support continued engagement in physical activity and exercise opportunities
- Give ideas and support to help services improve the facilitation of physical activity and exercise.



What and who is the EPMH Network?

- Aim to ensure exercise and physical activity is offered at the core of peoples care both in secondary care settings and the community
- Aim to establish standards and guidelines for Exercise Professionals and Service providers to follow to ensure safe, quality, effective practice is delivered routinely.
- Raise awareness of the benefits of exercise on physical and mental health
- Raise awareness of the role of qualified exercise professionals in Mental Health care



How is our health?

- Higher prevalence of serious physical health conditions in those suffering from a mental health illness.
- People with Severe Mental Illness (SMI) in England die on average 15 to 20 years earlier than the general population
- Many people are experiencing at least one physical health condition at the same time as their mental illness with increased levels of cardiometabolic and respiratory diseases vs general population.
- Physical inactivity/sedentary behaviour is one of the leading causes of death in developed countries, (responsible for an estimated 22-23% of CHD, 16-17% of colon cancer, 15% of diabetes, 12-13% of strokes and 11% of breast cancer)

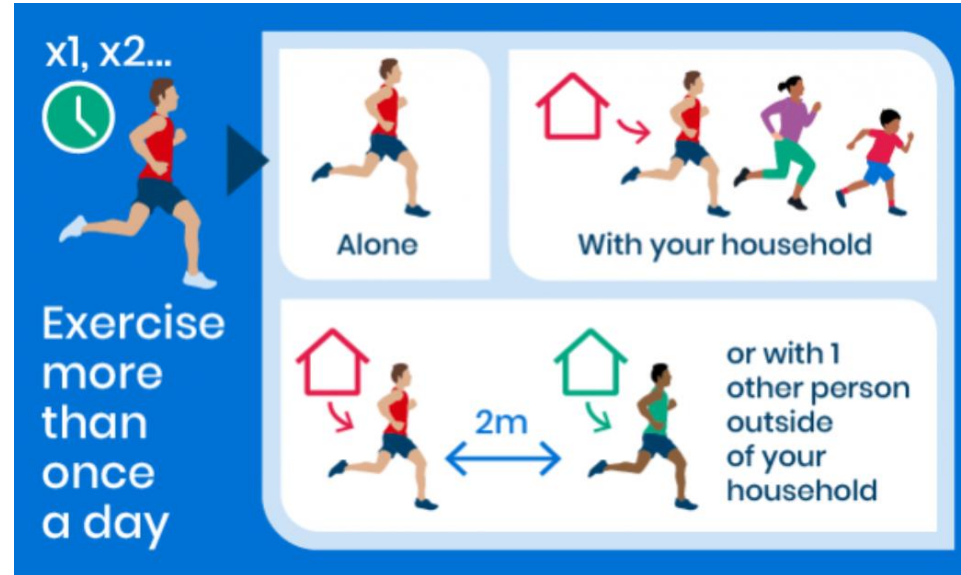


Benefits of physical activity?

- Regular physical activity can reduce the risk of many chronic conditions:
 - Type II Diabetes -40%
 - Cardiovascular Disease -35%
 - Falls, Depression and dementia -30%
 - Joint and Back Pain -25%
 - Cancers (Colon and Breast) -20%
-
- “If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat.” UK Chief Medical Officers, 2019

Covid-19 and Exercise Guidance

How much?



Benefits of exercise during Covid-19

- Can help manage mental health
- Can help manage physical health
- Can support immune system
- Can support social interaction

- even during social distancing

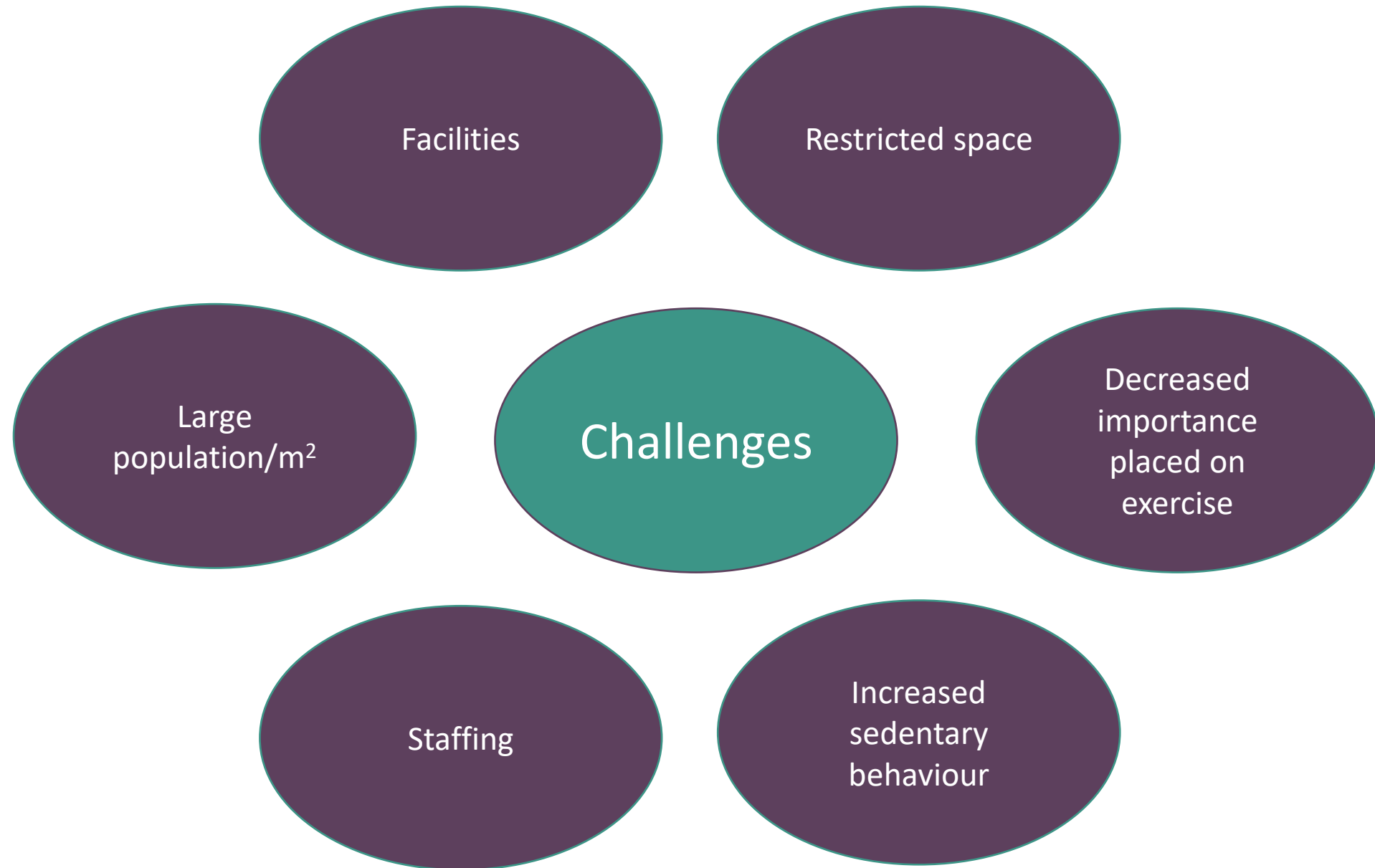
63% of adults in England say exercise is helping them with their mental health during the coronavirus crisis

Source: Savanta ComRes report (weeks 1-6) April-May 2020

SPORT ENGLAND



Covid-19 - Exercise in PICU & Forensic Services



Covid-19 - Exercise in PICU & Forensic Services



Covid-19 and Exercise in PICU & Forensic Services

Think in and outside the box

Whilst maintaining social distancing and infection prevention and control measures

Walking

Structured exercise



Challenges/Charity

Dancing

Gardening





Cumbria, Northumberland,
Tyne and Wear
NHS Foundation Trust



Exercise Therapy COVID-19 Response

- Well established pathway within services – however we had to adapt quickly especially in early stages, when advice and guidelines were changing rapidly and impacting clinical activity.
- Positive response from management team and ward consultants – recognising the importance of facilitating daily physical activity.
- Adopted a new service model – to speed up referral process and open service up to patients who wouldn't normally engage in a structured exercise programme.
- Increased social media presence and joint working with Sunderland Foundation of Light.

Challenges and Positive Outcomes

Challenges

- Establishing protocols for continued gym use across the trust
- Social distancing
- Use of PPE
- Increase demand for physical activity opportunities
- Communication/interpretation of trust guidelines and varied response across sites.

Positive Outcomes

- Improved access to the service
- Increased engagement time with SU's and ward staff
- Targeted 1:1 sessions
- Improved social media presence
- Improved adherence with department care plans.
- Plans to create physical activity pathway to support the established structured exercise pathway.
- Improved awareness regarding the role of physical activity/exercise in supporting recovery during admission.



THANK YOU

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South West London and
St George's Mental Health
NHS Trust

Springfield Hospital, London



Before covid-19:

- 2 Clinical Exercise Therapists (CET)
 - 4 forensic wards (1 low secure male ward, 2 medium secure male wards and 1 medium secure female ward)
 - Gym sessions, sport sessions, community groups (swimming and walk in parks), health promotion groups, work together with dietitian
 - Health screens and gym assessments of all service users

Start of covid-19:

- Allocated a ward to avoid staff cross contamination (CET allocated a medium male ward each)
- Closed the central therapy area from day one
- Bigger garden used for two medium secure male wards. One hour per day to do exercise, and 1-1 sessions on ward or garden when available
- Sports hall is used by the female ward only

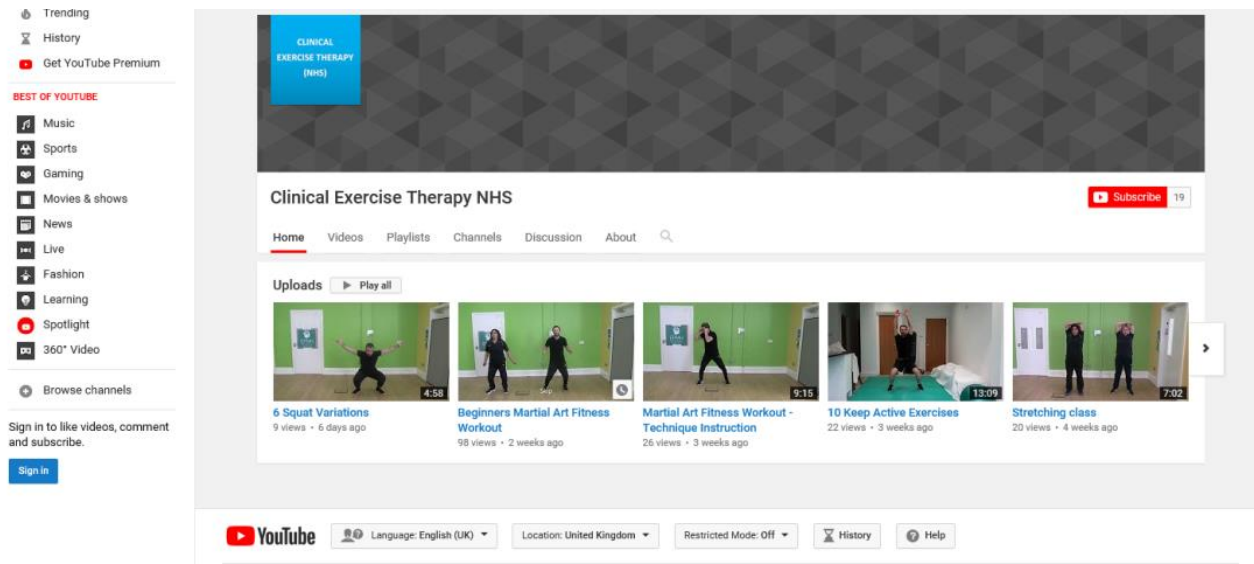
Exercise Provision

- Female ward did Zumba from video projected to big screen
 - New female service users health screened over phone by CET
- Table tennis on each ward male ward.
- Exercise bingo. 1-1 or 2-1 session: jogging/running and body weight exercises. Some patients did exercises in their rooms
- Often staff joined in exercise sessions run by CET
- In process of opening the gym in forensic service



Online Resources

- Clinical Exercise Therapy team covering rest of Trust started a Youtube channel. Posted one video per week for their community patients and staff working from home to follow along
- Zoom live sessions for their football team
- Gym on grounds have been open with restrictions since day one



The screenshot shows the YouTube channel page for 'Clinical Exercise Therapy NHS'. The channel banner features the text 'CLINICAL EXERCISE THERAPY (NHS)'. Below the banner, the channel name 'Clinical Exercise Therapy NHS' is displayed with a 'Subscribe' button showing 19 subscribers. The navigation menu includes 'Home', 'Videos', 'Playlists', 'Channels', 'Discussion', and 'About'. The 'Uploads' section is active, displaying a row of five video thumbnails with their titles, view counts, and upload dates:

Video Title	Views	Upload Date
6 Squat Variations	9 views	6 days ago
Beginners Martial Art Fitness Workout	98 views	2 weeks ago
Martial Art Fitness Workout - Technique Instruction	26 views	3 weeks ago
10 Keep Active Exercises	22 views	3 weeks ago
Stretching class	20 views	4 weeks ago

At the bottom of the page, there are settings for Language (English (UK)), Location (United Kingdom), Restricted Mode (Off), History, and Help.

Challenges and Successes

-

- Two wards without CET got less exercise input
- Areas on wards not big enough for the amount of people attending
- Central therapy are closed down from day one
- Lack of social inclusion as no mix of wards

+

- Good attendance in groups
- Service users that normally would not attend have started to engage in exercise sessions
- Easier to promote exercise and build relationships with staff and services users when most time is spent on the ward
- Staff joins the sessions too

Langdon Hospital Physical activity during Covid-19 restrictions



Physical Therapies
Team



Devon Partnership
NHS Trust



EPMH
EXERCISE PROFESSIONALS
FOR MENTAL HEALTH

Team Restructure



Band 7 Physio

Band 5 Lead Physical Health Practitioner

Band 4 Physical Health Practitioner

Band 4 Physical Health Practitioner

Band 4 Physical Health Practitioner

Band 4 Physical Health Practitioner

Band 3 Physical Activity Support Worker

Band 3 Physical Activity Support Worker

Band 3 Physical Activity Support Worker

Band 3 Physical Activity Support Worker

Facilities at Langdon Hospital



Physical Therapies
Team



Devon Partnership
NHS Trust



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- All Male
- 4 medium secure wards
- 3 low/open wards
- MSU has a main gym with fixed weight machines and cardio equipment as well as a sports barn, the admissions ward has a cardio area as well as a MUGA
- Low/Open has a gym with a free weights area as well as a cardio room and physio/mated area, a football pitch, the 2 low wards have a MUGA. We are very lucky to have a vast amount of land and countryside on site with a specific buzzard path walk





PHYSICAL THERAPIES TEAM TIMETABLE

Shifts 9-5 7 Days a week 4.30-5 (notes)

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Gym MSU/Stour 9.15-12 AM		Gym MSU/Stour 9.15-11.15 AM		Gym MSU/Stour 9.15-12 AM		12 week challenge personal training sessions 9.30-10.30 AM		Gym MSU/Stour 9.15-12 AM		Gym STOUR 9.15-11 AM		Ward Based Activity MSU 9.15 -11 2 Staff	
Quiet Gym Relaxed Low Level 12-1		PROTECTED TIME 11.15-1		Quiet Gym Relaxed Low Level 12-1	Pre/Rehab Circuits (physio) 12-1	SPORTS CAFE STOUR 10.45-13.00 PM 5 Staff	Holcombe Ward 10.45-1300 2 Staff	Quiet Gym Relaxed Low Level 12-1		Gym MSU 11-1 AM		Ward Based Activity Low/Open 11-1 2 Staff	
Lunch 1-1.30		Lunch 1-1.30		Lunch 1-1.30		Lunch 1-1.30		Lunch 1-1.30		Lunch 1-1.30		Lunch 1-1.30	
Avon REC session 145-3 PM 2 staff	Ashcombe REC session 145-3 PM 3 staff	Thai Chi/Yoga/Stretching 2-4 PM 2 Staff		Ashcombe REC session 1.45-3 PM 4 Staff	Holcombe Ward 1.45-3 PM 2 Staff	Cycling 2-4.30 PM 3 Staff		Ashcombe REC Session 1.45-3 PM 3 Staff	Group Indoor Cycling 1.45-3 2 Staff	1-1 Sessions MSU 1.45-3 PM 2 Staff		AD HOC 1-1 sessions 1-3.30 PM 2 Staff	
Bodyball Sports Barn 3-4.30 PM 5 Staff		Referral Swimming 2-4 PM 2staff		Owen Ward 1.45-3 PM 1 Staff		Walking Group 2-4.30 PM 4 Staff		Handball/Basketball 3-4.30 PM 5 Staff		1-1 Sessions Low/Open 3-4.30 PM 2 Staff		MAWG round up 3.30-5	
7		8		9		9		7		2		2	

Physical Therapies team ward specific sessions 2x staff (activity to be decided with ward manager and Physical Health Practitioner)

Time Slot	Monday	Tuesday	Wednesday	Thursday	Friday
09.30-11.00	Cofton	Holcombe	Cofton	Ashcombe	Chichester
11.00-12.30	Warren	Ashcombe	Warren	Holcombe	Avon
Lunch/Notes					
13.30-15.00	Owen	Avon	Connelly	Avon	Cofton Warren
15.00-16.30	Connelly	Chichester	Owen	Chichester	Owen Connelly
Notes/Admin					

Ward Colour	Cofton	Warren	Ashcombe	Holcombe	Avon	Chichester	Owen	Connelly
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Physical Therapies Team Ward Support



Phase 1

- Stick to current timetable(pre Covid response) with extra support offered to wards to help with escorting to sessions, important to keep gym going for many reasons such as social inclusion, mental wellbeing and also physical health staying active will help patients stay physically healthy and in a better place to fight virus
- Still facilitate ward sessions as current timetable displays, try and use these sessions to facilitate as much leave as possible as wards may be strained and will find it hard to facilitate leave
- Deep clean after every session follow had wash protocol of before and after every session

Phase 2

- Keep gym open but allocations for one ward at a time (signage and clear social distancing measures used)
- 15 minute deep clean in between wards
- Ward activity slots
- Working from home stopped
- Weekend Provision of activity becomes site wide rather than just 2 wards
- Keep ward named member of Physical Therapies team for transition and point of contact morning check ins to plan patient activity for the day
- Split Team in two groups for MSU/Low to stop cross working between units but also allows ward not to miss out when ward allocated staff member is not in work.
- Timetable is set on 6 staff to take into account any leave, if all 8 members are in wards with high need for activity will be allocated staff

Morning

Time	Ward Gym Slot MSU	Ward Gym Slot Low/Open	Ward activity
9.00-9.45	Cofton 2 Staff	Owen 2 Staff	Warren 2 Staff
9.45-10.00	Deep Clean	Deep Clean	
10.00-10.45	Warren 2 Staff	Avon 2 Staff	Cofton 2 Staff
10.45-11.00	Deep Clean	Deep Clean	
11.00-11.45	Holcombe 2 Staff	Chichester 2 Staff	Ashcombe 2 Staff
11.45-12.00	Deep Clean	Deep Clean	
Lunch			
12.45-13.30	Ashcombe 2 Staff		Holcombe 2 Staff

Afternoon

Time	Group Session	Ward Activity	
13.30-14.30	Socially distanced ward groups *community when able (2 MSU 2 Low)	13.30-14.30	Owen 2 staff
14:45-16:00	Caseload referred work from GP (4 staff)	14.30-15.30	Chichester 2 staff
		15.30-16.30	Avon 2 staff

Phase 3

- If cases rise make team available for ward based activity the main role of the member of the physical therapies is to provide physical activity sessions this may include 1-1 gyms, grounds walks etc.
- **This may involve helping with numbers and ward based duties**
- Gyms may be facilitated on a 1-1 basis social distancing, hand wash procedures and all covid-19 procedures must be followed at all times with strict cleaning measures in between use of equipment with PPE worn
- Physical Therapies Team member assigned a ward (no cross site working)
- Allied health professionals to create one rota which will supply 3 extra staff to the ward but to focus on role specific work unless required by ward for duties
- Rota to allow for home working to reduce risk of infection and loosing staff

Phase 4

- If the Hospital is in crisis and there is a severe shortage of staff the Physical Therapies Team will be placed on the wards shift patterns and duties will be delegated by the ward manager

Jack Phillips, Lead Physical Health Practitioner at **Devon Partnership NHS Trust**, shares how the Trust has adapted to continue promoting physical exercise. To learn about other change ideas being tested and discuss with others, join our COVID-19 Mental Health Improvement Network. #MHSIPCV19

1. What problem were you trying to solve?

Keeping patients physically active throughout the COVID-19 outbreak, not only to promote physical wellbeing, but also the positive mental health aspects of physical exercise.

2. What did you do?

- Our physical health practitioners were assigned a specific ward to prevent cross-ward working.
- We made a 'super team' and created an allied health professional rota which involved at least 3 extra staff added to the ward numbers, with some staff working from home 'on call' to facilitate the activity timetable as an AHP group.
- We've facilitated 1-1 gym sessions, with physical health practitioner in PPE and gym deep cleaned between patients. We've also created an appropriate facility for hand washing and changing PPE.
- Ground walks and barn sessions timetabled.
- Socially distanced activities planned as a MDT.

3. How did it go?

Involvement in physical exercise has increased and spending more time with patients has worked really well as strong therapeutic relationships are being formed. We have found newly adapted activities not offered before have been really popular and staff confidence facilitating these has increased hugely.



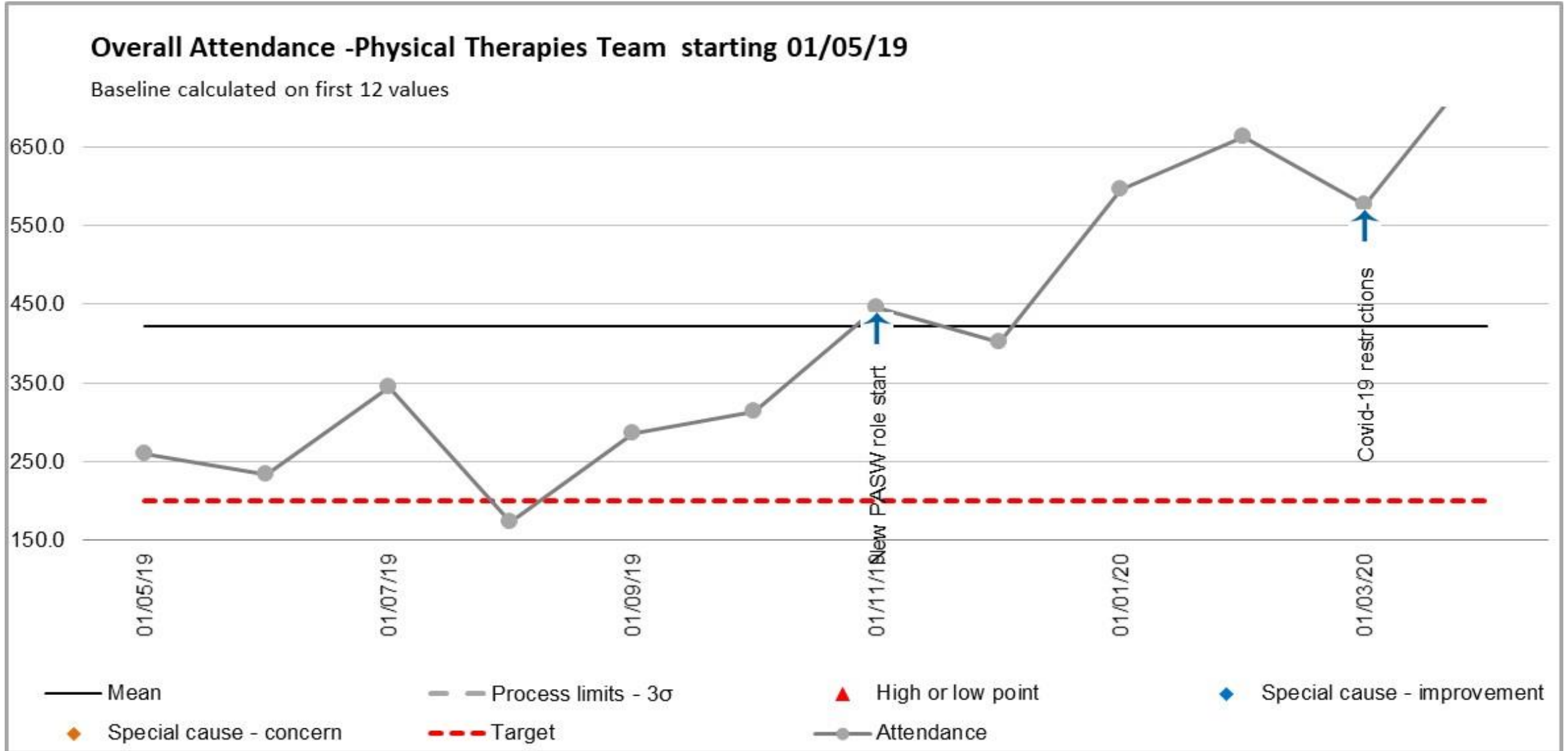
4. What was the main learning from your intervention?

Not to underestimate the value of physical activity for patients. Managing 1-1 sessions in time slots is crucial and sticking to these to allow for routine.



IMPROVING MENTAL
HEALTH SAFETY
COVID-19 Mental Health
Improvement Network

Covid-19 Learning Pros/Cons



Covid-19 Learning Pros/Cons

Pros

- Increased working relationship with wards and the wards understanding of the importance of physical activity
- Adapted activities/games have worked really well that will benefit hard to engage patients that will be kept
- “Hard to engage patients” have engaged in low level activity and good therapeutic relationships have been built

Cons

- If wards designated member of the Physical Therapies Team is off the ward misses out on gym/physical activity sessions
- The loss of the social benefits of physical activity as no cross ward groups can take place
- Members of the physical therapies team become less familiar with patients on other wards in regards to physical health issues and already built up therapeutic relations are lost
- Patients wanting to utilise skill sets/qualifications of a certain practitioner can not do so if assigned to a certain ward



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Mile A Day Challenge

Coast 2 Coast



Mile a Day
(2000 Steps)

Lands End - John
O'Groats & Back



C

2

C



30 Day
Step Challenge

Coast 2
Coast



30 Day Step Challenge



Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

Launching on Monday May 11th

A structured Step Challenge for
ALL.

Service Users & Staff

Together lets walk the length of
the UK - & back again!

PERDOMETERS PROVIDED

2000 Steps = 1 Mile

To achieve our goal - We Must
take 3.5 MILLION Steps

TOGETHER!

Prizes & Certificates to be won!



www.mpft.nhs.uk

Together we are making life better for our communities

@mpftnhs



Town	Distance	Steps	Town	Distance	Steps
Redruth	28.3 Miles	56600	Beattock	507.6 Miles	1015200
Bodmin	58.7 Miles	117400	Douglas	534.4 Miles	1068800
Okehampton	96.6 Miles	193200	Glasgow	563.4 Miles	1126800
Taunton	153 Miles	306000	Loch Lomon	592.6 Miles	1185200
Bristol	199.9 Miles	399800	Bridge of Orchy	627.4 Miles	1254800
Chepstow	210.1 Miles	420200	Fort William	667.6 Miles	1335200
Hereford	251.7 Miles	503400	Fort Augustus	699 Miles	1398000
Shrewsbury	321 Miles	642000	Drumnadrochit	735.7 Miles	1471400
Warrington	352.6 Miles	705200	Tain	751.9 Miles	1503800
Preston	380.9 Miles	761800	Helmsdale	786 Miles	1572000
Kendal	422.7 Miles	845400	Wick	820.6 Miles	1641200
Carlisle	467.1 Miles	934200	John O Groats	837 Miles	1674000



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Individual Step Tracker

C2C

Record Your Daily Step Count Over The Next 30 Days

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Record How You Felt After Your Walk.



5
Miles

C2C

Certificate of Completion

Awarded to:

NHS
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Mile-a-day: Coast-2-Coast

Adaptations

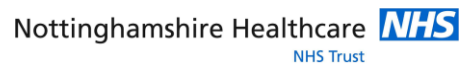
- Ward Bikes
 - Recumbent bikes added to wards 1 week prior
 - 20 minutes = 1 mile
- Physical rehab needs
 - Repetitions of physio exercises counts towards target
 - 1 rep = 1 step
- Individual targets for less able / less motivated
 - Smaller targets and routine daily breakdown sessions

Examples of Practice



PICU

- Making better use of our PICU garden spaces. We train at a social distance using Joe Wicks style circuit sessions – low barrier to entry, no equipment, fun, emphasis on movement
- Support staff well being - Currently have 40 staff training between 2 PICUs
- We have accumulated nearly 200 hours of physical activity over the past 8 weeks between 2 PICUs, amongst patients & staff
- Staff successes – female HCA has lost 5kg. This news filters around the hospital & more staff engage
- We've improved the garden environments with gardening – partnered with local garden centres. Patients respond well to improving their environment. Therapeutic process
- Significant reduction in violence from exercise & gardening. More activity, more distraction, more teamwork & less boredom



Rampton High Secure

- All therapy staff allocated to one ward but continued to offer exercise provision Inventive ways to maintain exercise and physical activity alongside tracking miles on ward walking track, social distance sports & circuits.
- Initial challenges included managing staff and patients anxieties around safely exercising and maintaining social distances on wards.
- This was overcome by using designated areas on the wards to exercise- running 1:1 sessions and maintaining good cleaning and hygiene between different patients accessing the area.
- having regular exercise and therapy staff working on the wards full time has aided in building a rapport- and led to new patients engaging and an increase in time spent in the ward gyms and accessing fresh air.
- Challenging exercising in full PPE! And logistical issues with IC on movement of patients



Examples of Practice



Bracton Centre MSU/LSU

- Therapies took a 'business as usual' approach at the beginning of lockdown, however introducing new health & safety measures across the sites
- gym access limited to one ward per 45 minute slot in the morning and a second slot in the afternoon, with a maximum of 3 patients during each slot.
- After every gym slot, member of exercise therapy team sanitise and clean all fitness equipment before next visit from patients. Also, face masks to be worn when entering a ward to collect or return patients.
- Each ward has daily access to gym, sports hall, outdoor meadow and sports field, totalling to around 3 hours of designated physical activity & exercise from the revised therapies timetable.
- there has been more interest from patients requesting 1 to 1 work around their lifestyle habits e.g. tailored fitness programmes, diet, smoking cessation.



Leeds and York Partnership
NHS Foundation Trust

PICU, Locked Rehab, Acute Inpatients

- Healthy living advisor allocated to wards to avoid cross contamination
- Continued to offer ward based exercise opportunities but limited with infection control measures.
- Now established 1:1 gym sessions as well. PPE Worn and changed after each session.
- Ward allocated ½ day split into time slots
- Service User books allocated time slot.
- Rigorous Cleaning schedule developed with infection control team



EPMH
EXERCISE PROFESSIONALS
FOR MENTAL HEALTH

Exercise Therapy – the National Picture

- Large evidence base of the benefits of exercise and physical activity on physical health, mental health and during COVID-19
- Everyone's role to get people active and reduce sedentary time
- Allow QEPs to use their training, knowledge and skills to support service users to increase their physical activity and exercise opportunities.
- Services that have allocated one QEP per ward have reported increase in uptake of physical activity.
- NHSE - Managing a Healthy Weight in Adult Secure Services - Practice Guidance
*Developed through the Adult Secure Clinical Reference Group (NHS England & Improvement)
Managing a Healthy Weight Task and Finish Group.*



Future of exercise and physical activity in mental health Care

- Opportunity to build on the increased awareness of benefits of exercise on *health* and develop new culture
- Physical activity and exercise MUST be offered at the core of service user care.
- Guidelines and standards MUST be developed to ensure physical health and physical activity is mandatory within service provision
- Accreditation of QEPs
- Specialist sub groups (Eating Disorders, Forensics, women, adolescents, addictions, SMI & COVID-19 Return to play)

References & Resources

Firth et al (2019) *The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness*

<https://www.sciencedirect.com/science/article/pii/S2215036619301324>

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Posted. BJSM 91

Stubbs and Rosenbaum (2018) *Exercise-based interventions for mental illness. Physical activity as part of clinical treatment*, Elsevier; London.

Stubbs B, Vancampfort D, Hallgren M, et al. (2018) *EPA guidance on physical activity as a treatment for severe mental illness: a meta-review of the evidence and Position Statement from the European Psychiatric Association (EPA), supported by the International Organization of Physical Therapists in Mental Health (IOPTMH)*. European Psychiatry. 2018 October 1

Youtube Channel - Clinical Exercise Therapy NHS - <https://www.youtube.com/channel/UC385KEmTT2FpActont8ueZw>

Moving medicine - <https://movingmedicine.ac.uk/>

Sport England <https://www.sportengland.org/how-we-can-help/coronavirus>

Sport England <https://www.sportengland.org/news/surge-appreciation-exercise-and-activity-during-lockdown>





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Thankyou & Questions

@RCPsychCCQI #QNPICU #QNFMS @EPMH_Network #EPMH



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Exercise Professionals for Mental Health



EPMH Network