

Poster presentation submission for Public Health Science 2019: A National Conference Dedicated to New Research in UK Public Health

Changing health behaviours in people with severe mental illness: A qualitative study of a primary care led intervention to reduce cardiovascular disease risk.

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Abstract

Background

Despite a number of initiatives, the mortality gap in people with severe mental illnesses (SMI) due to cardiovascular disease has increased. Poorer health behaviours including poor diets, physical inactivity, smoking and excessive alcohol contribute. We aimed to explore how health behaviours were supported and changed in an intervention delivered by primary care healthcare professionals (HCPs) to people with SMI, 'PRIMROSE'; an intervention informed by the behaviour change wheel delivered over six months in primary care across England. This addressed the limited evidence regarding how primary care interventions may influence health behaviour change in people with SMI.

Methods

A secondary qualitative analysis of semi-structured interviews with staff and patients describing experiences of implementing 'PRIMROSE' was conducted. The sample were selected from a random 20% of primary care practices. Topic guides were based on the COM-B model of behaviour and the Theoretical Domains Framework. We identified how behaviour change techniques (BCTs) were applied by mapping the coded data to the BCT Taxonomy (v1). We explored barriers, facilitators and processes of supporting/making health behaviour changes using thematic analysis. Themes were further informed by COM-B.

Findings

Fifteen patients and 15 HCPs participated, from a broad range of backgrounds across England, but with limited ethnic diversity. We identified 20 BCTs being used. Factors affecting supporting and changing health behaviours included: 1. *Motivation*; motivated patients were more proactive to action advice, which was affected by witnessing physical health benefits, 2. *Health knowledge/perceptions*; developing knowledge regarding how to change health behaviour facilitated motivation but negative health perceptions could be difficult to change, 3. Difficulties with patient *capability* including mental and physical health status affected motivation, 4. *Staff proficiency* including prior experience with mental health and motivational interviewing skills aided supporting patients, 5. *Social influences*; patients felt pressure to achieve goals to avoid staff disappointment. Creating healthy social (peer) norms facilitated motivation, conversely unhealthy norms prevented changes, 6. *Environmental level* influences; access to time and resources were perceived as critical. Making use of existing opportunities for behaviour change such as open spaces for walking facilitated positive changes.

Interpretation

The value of the application of BCTs and primary HCPs in supporting health behaviour change in this population was variable. For some, they helped increase motivation, capability and opportunity to change health behaviours. In others, complex challenges that people with SMI experienced prevented behaviour change. Further staff training, involvement from mental health practitioners (MHPs), access to appropriate resources and time are required. Our findings suggest that with training, primary care HCPs can facilitate health behaviour change in some cases, but policy-makers/commissioners may consider enabling more integration with MHPs.

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Contributors

SH is an early career researcher and led on the analysis as well as wrote the abstract. KW, LM and AB provided input on the abstract. The whole research team were involved in discussing and refining the results. All authors have seen and approved the final version of the Abstract for publication.

Conflicts of interest

We declare that we have no conflicts of interest.