

rethink

Physical Health Check: Guidelines for use

Introduction

Background

People with mental health problems often have poor physical health. Their physical health needs often go unnoticed by mental health staff. The Physical Health Check aims to tackle this by identifying unmet physical health needs and developing an action plan to address them.

Your role

The PHC effectively comprises of a checklist to help you to engage a service user in conversation about their physical health. It is not the intention of the tool that you *provide* the health check, but rather that you explore areas that need to be followed up and in conjunction with the service user, draw up an action plan to address these areas.

Completing the PHC

Any mental health professional can use the PHC. No special training is required but it is recommended that these guidelines are read before use.

The PHC should be completed jointly with clients. The time taken to complete will vary depending on the needs of the client, however it will usually take no more than 30 minutes. It is suggested that the person who undertakes to complete the PHC with a service user should know them reasonably well, or have some rapport with them, as some of the questions are quite personal.

The PHC comprises of a series of questions about physical health divided into four sections. After each question in the PHC there is an option to circle Yes/No, or space to write an answer if more detail is required. Explanatory notes accompany questions which may require prompts or further exploration.

There is a series of tick boxes positioned on the right hand side of each page. These boxes should be used to identify a health need to be returned to in the Action Plan section. The purpose of the Action Plan section is explained in the next section.

It may not be possible to provide all the detail requested by the PHC (e.g. it might not be feasible to conduct a urinalysis or blood pressure reading). This is acceptable, but the PHC will be of most benefit when it is completed as fully as possible. Efforts should be made to obtain this missing information. It should be noted that the PHC does not replace a GP visit but rather should be viewed as a supplement to this.

The PHC: section by section

As already mentioned the PHC is divided into four sections. The purpose and scope of each of these is detailed below.

Section 1: General Health and Lifestyle

This section establishes a baseline of relevant information about known health issues. It also examines relevant lifestyle factors, in order to identify areas that could pose a risk to physical health. The section on medication should include all psychiatric and non-psychiatric medication including 'over the counter' drugs and herbal remedies. Additional questions may sometimes be required in order to clarify issues. For example, you might want to ask supplementary questions about a person's diet (e.g. Do you eat regular meals? How many portions of fruit or vegetables do you have each day? How often do you eat takeaways? How often do you eat a main meal?).

It is important to ensure that physical activity such as walking, gardening etc. are recorded, as well as more formal exercise.

The last question in this section gives the opportunity to address any further issues that have arisen as a result of completing this section.

The right hand column can be used to indicate any area that needs to be addressed in the Action Plan.

Section 2: Symptoms checklist

This section can be used to identify specific areas where physical health problems are experienced.

In Table A, encourage participants to tick any of the symptoms they have experienced. These are possible indicators of diabetes, cardiovascular disease, asthma and bowel cancer-conditions which people with mental illness are at increased risk of.

On each body figure encourage the participant to indicate specific areas where current or regular pain/discomfort/difficulties in the body are experienced. This should be done by numbering each area identified. For example a '1' placed on the chest might indicate chest pain (problem) experienced when walking briskly (frequency) which prevents the person from exercising (impact).

Table B should then be completed.

The **Problem** section should be used to describe the nature of the problem in detail.

The **Frequency** section should be used to describe the situation in which and how often the problem occurs.

The **Impact** section should be used to detail how the problem affects the participant's life.

It is important to try to include as much detail as possible in this section.

The right hand column can be used to indicate any untreated or undiagnosed health problem that you think might need following up in the Action Plan.

Section 3: Screening

This section has two objectives. The first is to detail whether key screenings have been undertaken. Some of these are common to people of all ages and some are particular to men or women of a certain age. This should highlight unmet needs for further investigation. The second objective is to record information in order to identify additional areas of risk for follow up.

A degree of individual judgement is required to determine what specific clients need. The following standards are recommended but if in doubt please seek medical advice.

| Dental Visits | Cervical Screening | Mammogram | Prostate screening | ECG |
|---------------|---|---|-------------------------------------|---|
| Annually | Every 3 years for women between the ages of 20-65 | Every 3 years for women between the ages of 50-64 | Annually for men over the age of 50 | Every 6 months for those on high doses of anti-psychotic medication |

RECOMMENDED BLOOD TESTS

The Cambridgeshire and Peterborough Mental Health Partnership NHS Trust Medication Monitoring Guidelines contain details of the recommended blood tests to be undertaken when people are taking antipsychotics, mood stabilizers and other mental health medicines.

It may not always be possible to record weight, height, blood pressure and urinalysis, waist circumference and BMI. If possible, consideration should be given to arranging this in the near future.

A person's BMI can be calculated by using the following formula:

1. Work out your height in metres and multiply the figure by itself.
2. Measure your weight in kilograms
3. Divide the weight by the height squared (ie. the answer to Q1). For example, you might be 1.6m (5ft 3in) tall and weigh 65kg (10st 3lb). The calculation would then be:

$$1.6 \times 1.6 = 2.56. \text{ BMI would be } 65 \text{ divided by } 2.56 = 25.39$$

| BMI | Weight Status |
|--------------|---------------|
| Below 18.5 | Underweight |
| 18.5-24.9 | Normal |
| 25-29.9 | Overweight |
| 30 and above | Obese |

BMI Weight status categories

Section 4: Action Plan

This is the most important part of the PHC and should be completed in as much detail as possible. All areas where a health need has been indicated (through the ticking of a box in the right hand column) should be addressed here.

It is helpful to clearly state the proposed action, who will undertake this, when this will be done and whether follow up is required. Some actions may be taken by the client, some by staff and some may require referral elsewhere.

General health and lifestyle: Section 1 may have indicated potential areas for health promotion. Educational materials and verbal advice may be sufficient for some clients with an agreement that this will be discussed again within a specified time, while others may require more structured help e.g. referral to a smoking cessation clinic. Local information regarding health promotion initiatives and leisure facilities will be important here.

Difficulties with medication such as side effects, may require referral to a GP or psychiatrist to discuss further.

Identified symptoms: Section 2 may have indicated symptoms which require no particular action other than to ask about them at the next contact. This may be the case if symptoms are already being monitored and treated by a doctor. Others may require an entry in the Action Plan for referral to a GP or primary health care nurse. This may be particularly important in the case of symptoms that are not known to anyone else at present. If in doubt, always seek medical advice.

Screening: Section 3 may have identified overdue screening checks. The action plan offers the chance to address this.

There may be some gaps in the physical health information (e.g. waist measurement, blood pressure) which can be identified for follow-up in the Action Plan.

After the PHC has been completed

When completed the PHC provides a review of a person's physical health, which can guide care planning in the areas of physical health needs and health promotion.

A copy of the PHC should be stored securely with the client's notes. Clients should also be given a copy for themselves, which they might like to take to subsequent appointments with GPs etc.

It is recommended that the PHC be completed at least once every 12 months and that action points from the Action Plan are monitored and followed up, if this has been agreed.