

Aim: 100% of the women on Connolly ward to have a completed women's health questionnaire during admission and referred to appropriate services as needed.

We want to achieve this aim by March 2015

Project on Connolly ward By Rachael Levett & Samantha Ranson

Project background:

Improving physical health in mental health services is a prominent feature of national government policy (DOH-'No health Without Mental Health') which aimed to bring physical and mental health together in clinical settings. It also highlighted the importance of more people having a positive experience of care and support.

This report, in line with the Connolly Ward ethos, wants to empower people to 'take control' of their care, and for us to do this in a way that isn't simply ticking the boxes, but instead considers the wider health needs of service users.

As a ward, we realised we were not being consistent in offering support that is specific to women's issues. For example support around hormonal & menstruation difficulties, sexual health, relationships – domestic abuse, and access to health screenings (cervical and breast screening services). This inspired us to work with service users to think about areas of help which are specifically relevant to women's needs and also to plan how we could best address these needs. We provided the resources to empower the women on the ward to tell us what was most important to their health and what they wanted in the questionnaire.

Evidence shows:

'People with severe mental illness have high morbidity and mortality, due to physical illness than the general population and are more likely to engage in high risk sexual behaviours, eg unprotected sex, multiple partners, involvement in sex trade and illicit drug use' Kaltenthaler, Pandor & Wong (2014)

'People with mental illness can find it very difficult to go to the GP. They might be anxious about it or may struggle with the early-morning booking system because medication can make it difficult to wake up early. Another problem is that when they do go and see their GP, sometimes their concerns are dismissed or seen as a manifestation of their mental illness, rather than as a health issue in its own right. People with severe mental health problems are much more likely to suffer from physical illness than rest of the population, but are less likely to get the right help and support from the NHS when they do.'

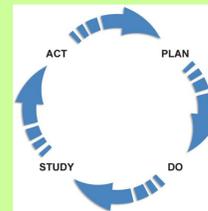
Rethink +20 Report
https://my.rethink.org/my/plus_twenty_report.aspx

This evidence has reinforced our intent to improve women's health, by offering the **right care at the right time.**

PDSA cycles allowed us to develop the questionnaire & care package

Start of change:

- Cycle 1-Staff feedback of Q
- Cycle 2-Patient feedback of Q
- Cycle 3-Staff feedback, add Q
- Cycle 4-Test new Q with patients
- Cycle 5-Test final draft of Q
- Cycle 6-Amendment-action plan/mammogram referral & access.
- Cycle 7-Add FGM/Safeguarding Q.
- Cycle 8-Available to Gardner ward
- Cycle 9-Staff training session
- Cycle 10-Staff training info leaflet
- Cycle 11-Improve completion rates.



The questionnaire covers health issues such as:

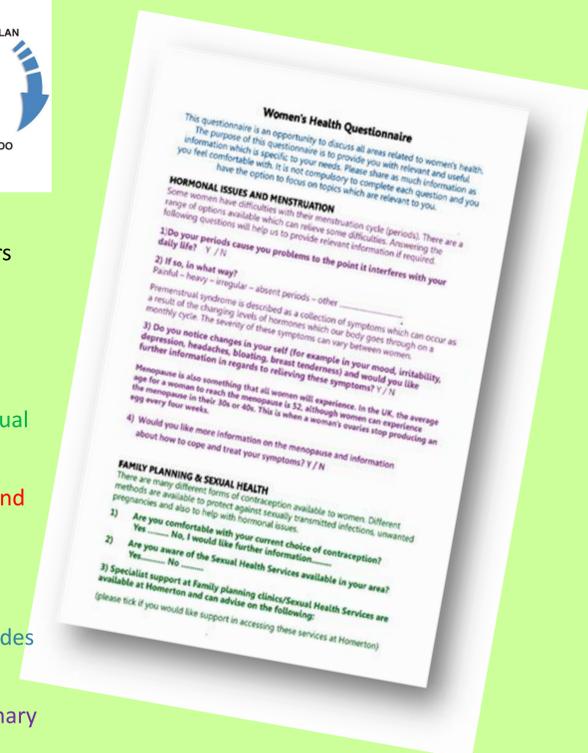
Hormonal issues and Menstruation

Family planning and sexual health

Physical health checks and screening; This includes cervical smears and mammograms.

Relationships; This includes domestic abuse.

Other; This includes urinary incontinence.



Physical Health & Mental Health

NHS England promote cervical screenings and the wider campaign regarding breast screenings and checking your breasts. We wanted to ensure this information and access to services was available to women on the ward.

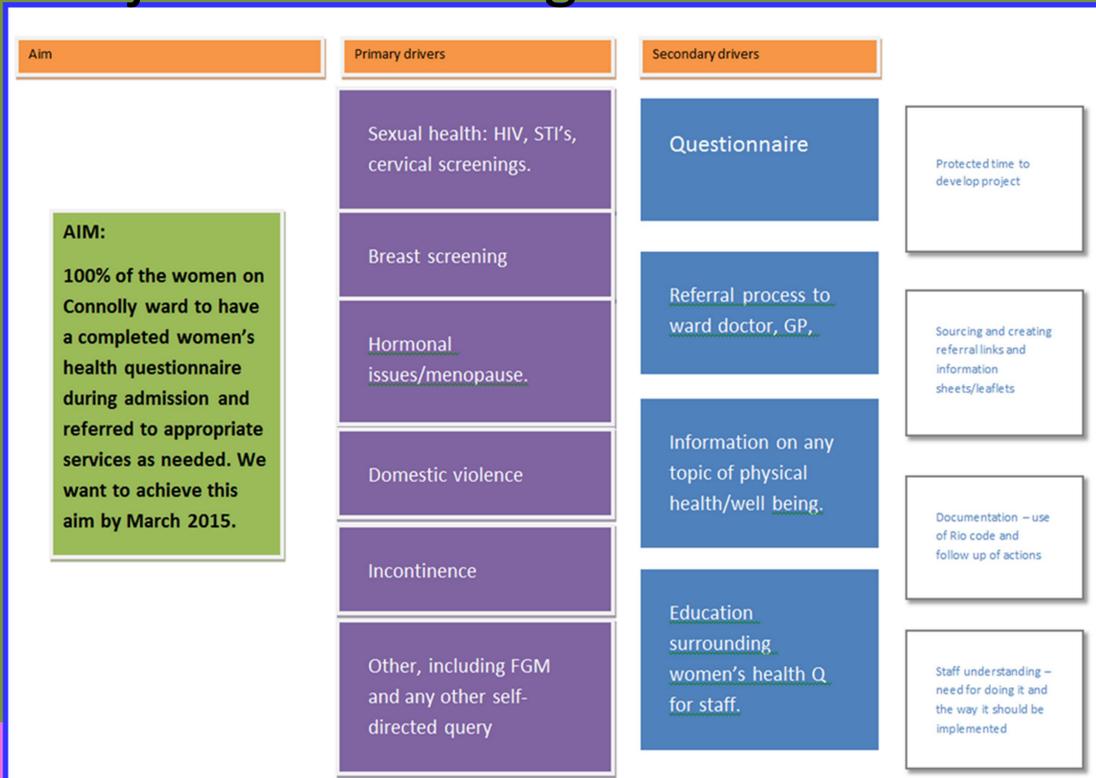
Research suggests that 63% of eligible women with schizophrenia had a cervical smear compared to 73% of women in the general population (Disability Rights Commission, 2006.) Giving women the option to access these services when in hospital allows them to be actively involved in their care, to make decisions and to be fully supported and encouraged with this

Evidence also highlights the importance of continuity of care in the service, allowing service users to access different aspects of care to improve their overall well-being (Freeman, 2002.) By extension, actions to improve continuity are likely to enhance health gain (Callaghan, Playle & Cooper, 2009).

The questionnaire aims to work alongside NICE guidelines, which state that care should 'aim to foster their autonomy, promote active participation in treatment decisions and support self-management.'

The questionnaire and care package is flexible in the way it allows service users to take away the information and support they require.

Project Driver Diagram



Measures

Outcomes:

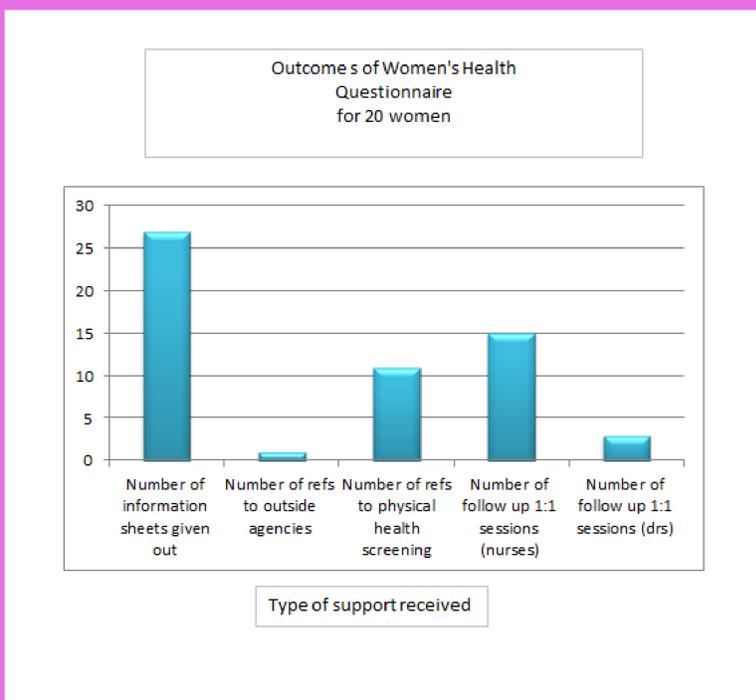
Access to information
Referrals to services
(physical screening appointments & local support agencies)

Process:

% of women completing the questionnaire, information being provided in all aspects of women's health and number of referrals to services

Results

- 1) Increase in information being provided for women's health issues.
- 2) Increase in 1:1 sessions about women's health issues, with nurses and ward doctors.
- 3) Increase in referrals for cervical and mammogram screenings



Comparison of support provided before and after the introduction of the Women's Health Questionnaire

	Pre Intervention					Post Intervention				
	Menstuation and hormones.	Sexual health and family planning	Physical Health Screenings	Relationships	Other (FGM/INCONTINEECE)	Menstuation and hormones.	Sexual health and family planning	Physical Health Screenings	Relationships	Other (FGM/INCONTINEECE)
AP	✘	✘	✘	✘	✘	✓	✓	✓	✓	✓
GA	✘	✓	✘	✘	✘	✓	✓	✓	✓	✓
KB	✘	✘	✘	✘	✘	✓	✓	✓	✓	✓
ADC	✘	✘	✘	✘	✘	✓	✓	✓	✓	✓

✘ = Topic not discussed ✓ = Topic discussed
 ✓ = Topic discussed and further support requested (inc 1:1, info sheets/leaflets, referrals to other)

Learning

Self development in areas of women's health
Teaching skills and motivating staff to support the project
It took an extensive period of time to develop the Questionnaire and to embed it into the admission process
Fitting time in to work on the Questionnaire during shift hours has been difficult!

Next steps

To roll out the Q onto other female wards
Continue to monitor the effectiveness of the Q
Confirm referral route for mammograms

References

- Kaltenthaler, Pandor & Wong (2014) 'The effectiveness of sexual health interventions for people with severe mental illness.' *Health technology assessment*,(18,1)
 Disability Rights Commission (2006.) retrieved from www.drc-gb.org.uk.
 Freeman (2002) in *Mental health Nursing Skills*, Oxford press, 1st Ed pp 48.
 Callaghan, Playle & Cooper (2009) *Mental health Nursing Skills*, Oxford press, 1st Ed, pp 48-49.
 Rethink +20 Report retrieved from : https://my.rethink.org/my/plus_twenty_report.aspx. accessed on
 DOH-'No health Without Mental Health report (2011) retrieved from <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

