

Details of Usual Care

Routine physical activity support for patients with severe mental ill health (psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder)

Trust Name: **Birmingham & Solihull Mental Health Foundation Trust**

Date of completion: **14th July 2022**

Role of person completing: **Professional Lead Health Instructor**

1. Does your Trust offer a physical activity programme* to patients with severe mental ill health (psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder)?

a. **Yes**

b. No

*by physical activity programme we mean any programme that incorporates an element of physical activity.

2. Does your trust offer more than one physical activity programme?

a. **Yes (if yes, please complete a separate form for each programme).**

b. No

3. Please enter the name of the programme you are completing the form for:

Recovery College, Lets get Physical, Team work

3. Who can be referred to this programme? Select all that apply.

a. **All service users**

b. People in early intervention services

b. People with psychosis

c. People with schizophrenia

d. People with schizoaffective disorder

e. People with bipolar disorder

4. In a typical month approximately what proportion of eligible patients are referred?

a.

b. Don't know

5. In a typical month approximately what proportion of patients referred, attend the programme?

a.

b. Don't know

6. What are the key features of this programme? Select all that apply.

a. **Supervised physical activity sessions**

b. **Information or education about physical activity**

c. **Physical activity counselling from a trained facilitator**

d. **Peer support**

e. Other

(please give details)

7. What type of physical activity is available?

Swimming

Details of usual care

Details of Usual Care

Access to a gym

Football

Access to fitness classes

Walking group

Netball

Cycling

Yoga

Basketball

Other (please state)

8. What is the setting of this programme?

a. Inpatient

b. Outpatient/Community

c. **Mixed inpatient and outpatient**

9. What is the format of this programme? Select all that apply.

a. One-to-one face-to-face

b. **Group face-to-face**

c. One-to-one online

d. **Group online**

e. **One-to-one by telephone**

f. Other

(please give details) _____

10. How is the programme arranged?

a. Ongoing course

b. Drop-in sessions

c. **Over a fixed period (e.g., 1 session a week for 8 weeks)**

d. Other

(please give details) _____

11. If more than one mode of support was selected in Q10, can each patient choose how they receive support?

a. Yes

(please give details) _____

b. No

c. **N/A**

12. Is everyone who accesses services able to access the physical activity programmes as part of standard care? Please tick all that apply

a. **Yes**

b. Only those who express an interest in physical activity

c. Only those who are eligible, if yes how is the decision made and by whom _____

d. No

Details of Usual Care

13. Who supports patients in this programme? Select all that apply.

- a. **Fitness instructor**
 - b. Healthy living advisor
 - c. Physiotherapist
 - d. Occupational therapist
 - e. Mental health worker trained in physical activity (e.g., nurse)
 - f. **Peer support worker**
 - g. Other
- (please give details) _____

14. What level is the person providing the support trained to?

- a. **To degree level or above in a relevant area**
- b. **Other training (please give details) Chartered Institute for Sport and Physical Activity – (CIMSPA/REPS) Exercise qual, level 4**

15. Does the Trust signpost service users to physical activity programmes outside of the Trust?

- a. **Yes**
- b. No

16. If yes, who provides these programmes? Select all that apply.

- a. **Local council**
 - b. Secondary care trust
 - c. Other NHS
- (please give details) _____
- d. Not for profit company
 - e. **Charity**
 - f. **Other third sector organisation (please give details) e.g All sessions considered**

17. Does the Trust use any other strategies to promote physical activity in people with severe mental ill health? (e.g., one-off activity health promotion events, brief advice during healthcare contacts, environmental prompts)

- a. **One off activity events**
- b. Brief advice during healthcare contacts
- c. Financial support (e.g. free gym membership)
- d. **Sign posting to activities**
- d. Other (please give details) _____

18. Do you feel that the physical activity provision in the trust meets the needs of the patients?

- a. **Yes**
- b. No

19. If there is anything else you would like to say about physical activity please state below.
This programme is accessible by staff, service users, stakeholders as part of the Recovery college curriculum.
