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THE ACTIVELIFE PROGRAMME

A HEALTH AND WELL-BEING PROGRAMME TO IMPROVE THE LIVES OF MENTAL HEALTH SERVICE USERS THROUGH EXERCISE, NUTRITION AND GROUP INTERACTION.

“ActiveLife is a boutique initiative that was developed by amalgamation of recreational and therapeutic approaches.”

Kay Fletcher, CEO Comcare Trust

AT A GLANCE

- What: ActiveLife is a health and well-being programme for people who experience mental illness.
- Why: To address physical well-being and the cyclic effects of new antipsychotics for people living in the community.
- How: A combination of three approaches - physical activation, education and social support and interaction.
- Target: Mental health service users living in the community.
- Where: Comcare Trust, Canterbury region, urban and rural.

THE PROFILE

ActiveLife is a health and well-being programme for people experiencing mental illness. It combines physical activity, nutrition and well-being information with peer support. The programme offers service users the opportunity to make life changing commitments to their physical health and well-being through a supportive group that meets weekly. [Health Eating Healthy Action](#) (HEHA, the Ministry of Health's strategic approach to improving nutrition, increasing physical activity and achieving healthy weight for all New Zealanders) is formally evaluating the impact of the programme. Sustained physical outcomes vary among attendees, but all report improved self-esteem, motivation, awareness of healthy eating and the importance of exercise.

THE BEGINNINGS

Established in 1987, Comcare Trust develops and provides a range of community mental health services. The trust has several operational divisions.

- A multiple award winning housing service.
- Community support services, urban and rural.
- Group living.
- Community integration service.
- Jobconnect.
- Peer services.
- Activelinks.

Activelinks provides support to get active through increased participation in physical activity, sport, recreation or leisure activities.

In 2003, dieticians from Canterbury DHB developed the *Why Weight* book, sponsored by Eli Lilly (NZ) pharmaceutical company. This educational resource for mental health staff and service users focuses on improving the food choices and weight management of mental health service users. A growing body of research shows that mental health recovery is linked to the physical well-being of service users. Physical health has become a starting point of social and psychological improvement and needs to be taken into account to enhance employment opportunities and, consequentially, to better socio-economic status.

Comcare, along with several other local NGOs, recognised the value of the *Why Weight* programme and ran it in the community for two years with support from Eli Lilly. The trust then considered addressing the cyclic impact of new antipsychotics on people – increased appetites leading to weight gain, followed by decreasing self-esteem, leading to non-adherence to medication regimes and the subsequent deterioration of mental health.

These considerations, combined with the results from running *Why Weight* groups, led to the development of the ActiveLife programme in 2007. The programme team leader and the facilitator received professional training in physical fitness and group facilitation, added educational and social components to the existing *Why Weight* programme structure and incorporated successful fitness programme elements from the existing Activelinks service.

The ActiveLife programme targets service users living in both rural and urban communities. Research shows that mental health service users are at greater risk of chronic health conditions because of

- increased societal risks combined with poverty
- the impact of illness on motivation
- the impact of medication on metabolism
- high unemployment rates that affect activity level, self esteem and motivation
- the impact of hospitalisation on decreasing daily activity levels.

Comcare funded the early stages of the programme's development. The programme also received a one-off contract from the Canterbury DHB personal health funding division.

THE PROCESS

ActiveLife is a 16 week programme targeting mental health service users living in the community. It is a 'closed' programme which has one intake of accepted clients at a time. Four programmes have been run so far – two in Christchurch and two in rural settings (Ashburton and North Canterbury). Two facilitators deliver the course and guest speakers are invited for a range of educational sessions. A peer support worker is part of the team who deliver the programme, mediating with facilitators and providing personal and telephone support for participants.

The programme has three key elements: recreational (fitness activities group), facilitation (to develop a supportive culture in the group) and nutrition. The programme runs once a week. The fitness sessions are held in a community gym. The educational and social part takes place in a separate room, either in the gym or in a nearby building.

A manual has been developed to assist the facilitation of the programme. Each session follows a step-by-step format. It includes goals/purpose of the session, activities, questions, points for discussion and resources. The manual serves as a guide but the facilitators adjust the programme to the specific needs of the group, which allows each service user to gain optimal results from participating in the programme.

Step by step

1. Service users are referred to the programme either by self-referral or by community support workers, GPs or other medical professionals.
2. Acceptance to the programme is based on an initial assessment, carried out by the team leader of the programme and the facilitator. It involves motivational interviewing to establish readiness to change and commitment to the programme.
3. Participants are assessed at the beginning of the programme (session two, baseline information) and towards the end (session 15, second to last). A four month follow up is carried out to evaluate the sustainability of the

changes. These assessments are also part of the independent evaluation of the programme.

The baseline assessment includes fitness, physical measurements and surveys. It involves measurement of weight, waist, upper arm, hip, body mass index (BMI), blood pressure, heart rate and fitness levels. The surveys used are Active Canterbury Physical Activity Survey, Active Canterbury Nutrition Survey, Beck Depression Inventory (BDI) and CopperSmith Self-Esteem Survey.

4. During each 2.5 hour group session, participants take part in 30 minutes of physical activity, one hour lunch and group culture development. After lunch, besides celebrating the group's achievements, various topics about nutrition, physical well-being, motivation, self-esteem or mental health issues are presented and discussed.

These can include:

- emphasising breakfast, in conjunction with healthy living/healthy eating
- nutrition label reading
- healthy snacks
- supermarket tour
- why be active and how to exercise
- how to structure physical activity into your life
- menu planning and substitutions
- drinks, fibre and constipation
- diabetes.

“Stick to it and you feel better.”

Participant

The peer support worker provides support, facilitates and encourages participation during the programme.

In addition, members of ActiveLife groups often choose to meet outside of the formal group in a social manner.

THE UNIQUE APPROACH

- The programme combines three approaches that can lead to wellness: physical activation, education and social support and interaction. There is a specific focus on improving social skills.
- The programme design focuses on particular goals, thus preventing it from becoming an ‘everything’ programme.
- Staff have been specifically trained in facilitation, aiming to keep the participants engaged and to develop a group culture.
- The programme takes place in a community facility that has a de-stigmatising effect on service users, improves participants’ social skills and reduces social anxiety related to the interaction of service users with the general public.
- It is free for participants.
- The selection process targets development of the sense of ‘being selected’.
- The programme is funded by the personal health funding division of Canterbury DHB.
- The programme is a fully designed package which means it can easily be run at different locations.

THE RESULTS

The programme is being externally evaluated. The aim is to assess the outcomes for participants, and to work towards evidence or data-based approaches when planning and providing these programmes to ensure maximum usefulness and effectiveness for the client group.

The programme used pre- and post-biological and psychosocial measures to evaluate outcomes. The follow-up assessment is still underway and will be included in the final findings.

Preliminary results of the evaluation demonstrated that all participants showed improvement in almost all assessment variables.

“I have never had breakfast before and now I have breakfast every morning. My diabetes improved and I have reduced my diabetes medication”

Participant

The programme has an overall group retention of over 66 per cent. The participants rated “becoming more active and meeting new people” as the main reason for attending.

Physical health

- The percentage of people who lost weight ranged from 33 per cent in the North Canterbury programme to 66 per cent in Ashburton. Body measurements decreased between 66 per cent for participants in North Canterbury and 83 per cent in Ashburton.

Mental health

- The measures showed mental health improvements in all participants. Out of all the programmes, 73 per cent of the Christchurch participants reported improved self esteem (Coopersmith Self Esteem Inventory Test) and 100 per cent of the Ashburton group reported decreases in depression symptoms (Beck Depression Inventory Measure).

Lifestyle

- The Active Canterbury Nutrition Survey found that fewer people (0-17 per cent) needed major changes with their nutrition at the end of the programme, compared to the beginning of the programme (27-40 per cent).
- The physical activity survey showed that fewer participants had insufficient exercise levels at the end of the programme in Christchurch (change from 63 per cent to 36 per cent) and North Canterbury (from 15 per cent to 11 per cent), while there was no change in Ashburton (50 per cent).

Anecdotal evidence provided by the participants strongly supports the positive outcomes outlined in the formally conducted evaluation.

- Participants felt honoured to be accepted into the programme and this contributed to improving their self-esteem and confidence.
- There was a strong sense of camaraderie among participants that helped to counteract loneliness and stigma. They developed friendships with each other and kept them after completion of the programme.
- Additionally, the holistic approach to the participants' health had a strong positive effect on them. Throughout the programme participants' focus shifted from fitness and healthy eating to overall well-being and peer support. Service users reported that after completing the programme they engaged in activities they had never carried out before. They also reported feeling mentally equipped to face personal challenges and get involved with the community.
- If there were service users leaving the group, it was during the first couple of weeks, possibly because they "were not ready". As one of the participants described, service users had to "stick to it" to achieve their goals and feel better.
- Participants also pointed out that the facility where the programme took place had "a positive feeling", facilitators were "helpful, non-judgemental", "group dynamics was important", and paper handouts "were good for learning things".

"I was not able to go with my daughter to the park or the beach for more than five minutes. Now we go there and she gets surprised when I say, let's hang around"

Participant

"I found that I wasn't the only one and that there are other people having the same illness like me"

Participant

These positive results motivate the team to continue running the programme.

THE LESSONS LEARNT

- Physical health has a significant impact on mental well-being, self-esteem and motivation and needs to be addressed in mental health service provision.
- Peer support encourages participants to attend but also to translate the specific needs of the group to programme design and delivery.
- Community support workers are a key source of referral.
- Group culture is the main driving force for achieving positive outcomes.
- Skilled, helpful and non-judgmental facilitators, great community facilities and paper handouts contributed to participants' learning.
- Transport to the venue can be an issue. It would be great to be able to offer that too.

MORE INFORMATION

Contact

- Kay Fletcher at enquiries@comcare.org.nz or phone (03) 377 7020.

Documents/links

- ActiveLife programme leaflet and expression of interest form available by visiting stories of change at www.tepou.co.nz/knowledgeexchange.
- Comcare ActiveLife programme report (September 2008) available by visiting stories of change at www.tepou.co.nz/knowledgeexchange.
- Comcare Trust services description (Annual Report 2008, page 14 and 15) available by visiting stories of change at www.tepou.co.nz/knowledgeexchange.
- Evaluation of Comcare's ActiveLife and Pacific Trust's Healthy Pacific Lifestyles programmes (HEHA, 2008) available by visiting stories of change at www.tepou.co.nz/knowledgeexchange.