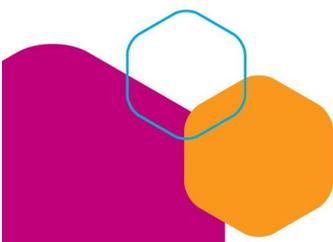


A Guide to Setting up a Gym Facility in a Mental Health Unit

September 2009

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1. Introduction

There is growing research evidence of the link between physical activity and mental health benefits, including mood elevation, better cognitive functioning and improved self-perception, self-esteem and self-efficacy. Physical activity has also been shown to enhance the effectiveness of psychological therapies and to have a role in improving quality of life and symptom management for people with a wide range of mental health problems.

Choosing Health, the White Paper on improving the public's health, is the key policy driver underpinning programmes of work to improve the physical health of people with serious mental illness (SMI). The White Paper identified people with mental health problems as a priority group and acknowledged that their physical health was worse than the rest of the population. There was also recognition that supporting these groups to lead healthier lifestyles would enhance their mental and psychological well-being as well as their physical health.

Department of Health 2006

NICE guidance for anxiety disorders and depression includes physical exercise as an evidence based intervention for mild depression.

Also, the NICE, Public health interventions to promote positive mental health and prevent mental health disorders among adults: Evidence briefing, January 2007, which includes a topic on physical activity.

2. The Benefits

The physical health benefits of a balanced programme of regular exercise are well-established and widely accepted. People who lead active lifestyles enjoy lower rates of coronary heart disease, stroke, high blood pressure, some cancers, type 2 diabetes, osteoporosis, and obesity, plus a reduced risk of premature mortality in general of about 20-30%ⁱ.

Exercise has positive effects on the musculoskeletal, cardiovascular, respiratory and endocrine systems, and helps build and maintain healthy muscles, bones and joints.ⁱⁱ

The mental health benefits of physical activity are also well-established. Exercise has been associated with reduced anxiety, decreased depression, enhanced mood, improved self-worth and body image, and improved cognitive functioning.ⁱⁱⁱ

This guide is based on how a gym facility was established by John Warden, Occupational Therapist at The Woodlands Unit. The Woodlands Unit is an adult acute in-patient unit based on the Queen Mary's site and managed by Oxleas NHS Foundation Trust.

3. The Cost

Staff Training

Initially a member of staff would need to undertake the YMCAfit Gym Instructor Training. Once qualified, this member of staff would be able to carry out patient and staff inductions to the gym. The Gym Instructor training is normally offered as a 10 day intensive course over 3 weeks plus 1 day assessment or a blended learning option of 5 days practical training combined with distance learning.

Cost : £795

Source: www.ymcafit.org.uk

Subsequently, once this member of staff is a qualified YMCA Gym Instructor they should undertake the YMCA Exercise and Mental Health

Module offered as a 1 day training course. The course covers areas such as:

- Identifying medications and their implications for exercise
- Identify barriers to exercise and suggest strategies to overcome these
- Plan appropriate sessions for individuals with mental health problems

Cost : £160

Source: www.ymcafit.org.uk

IFI (Inclusive Fitness Initiative)

IFI is a programme that supports the fitness industry to become more inclusive, catering for the needs of disabled and non-disabled people alike.

In addition, where appropriate staff should undertake the YMCAfit Level 3 Award in Exercise programming with Disabled People, offered as a 2 day training course with 1 day assessment. This course is able to be taken consecutively with the Level 2 Award in Supervising Exercise with Disabled People.

Cost: £350

Source: www.inclusivefitness.org/inclusive-fitness-initiative/staff-training/

Cost: £350

Source: www.inclusivefitness.org/inclusive-fitness-initiative/staff-training/

Both courses are in association with the Inclusive Fitness Initiative (IFI).

Gym Equipment

Below is a list of standard gym equipment, a punch bag and mitts are added as optional extra items. Prices are based on high quality equipment from reputable suppliers. The use of high specification gym equipment increases the patient's transferability to community gyms.

Resistance Equipment	
Multi Gym or	£1,000
Free Weights & Weights Bench*	£100
	£80
Cardio Vascular Equipment	
Concept 2 Rowing Machine	£2,000
Cross Trainer	£2,000

Upright Bike	£1,000
Treadmill	£1,500
Mats x 4	£400
Optional	
Punch Bag	£300
Swiss Ball	£20
Mitts	£30
Total Cost	£8,430

The above prices were correct at the time of printing, however prices can vary quite considerably depending on the supplier you

* Either a multi-gym or free weights are sufficient – there is no need to purchase both. There is also a health safety consideration in that free weights could be used mis-used.

Future expansion of the gym to become Inclusive Fitness Initiative (IFI) accredited, should be taken into consideration in the planning stages, in order to be able to facilitate the new inclusive equipment required, with every effort made to make space, signage and sessions inclusive and accessible from the start.

Inclusive Fitness Initiative (IFI) work with most major equipment suppliers to produce a full range of accredited accessible equipment, a full list of equipment can be found on their website.

Source: www.inclusivefitness.org/inclusive-fitness-initiative/inclusive-fitness-equipment/accredited-equipment/

4. Space

A room of 16ft x24ft should accommodate the equipment listed above. Another option could be to use 2 smaller adjacent rooms with one for warming up and stretching and the other for the gym equipment. The room would also need to be properly ventilated .

5. The Process

Once funds have been agreed for the gym and a member of staff has been trained, a referral process would need to be established.

Below is an example of a referral process:

- n Patients can access the gym through a self referral or by a staff referral triggered by a ward round needs assessment.
- n Patients are accepted into the gym after an initial health screen has been completed. This will require medical staff i.e. an SHO to sign that the patient has no medical reasons preventing them using the gym. Contra indicators might include high/low blood pressure or high pulse.
- n They will be inducted into the gym and work 1:1 with instructors to develop a fitness programme that includes goal setting, which will be agreed and signed.
- n They will continue to work on these programmes under the supervision of a trained instructors in booked time slots.

6. Documentation & Policies

- n Health Screen Form (see example in Appendix 1) or use Rethink's Physical Health Check for people living with serious mental health problems:

http://www.rethink.org/how_we_can_help/research/research_themes/physical_health_chec.html
- n Patient Induction form (see example in Appendix 2)

- n Staff Induction form – only a qualified member of staff with a Gym Instructor Certificate can carry out inductions – once other members of staff are inducted, they can accompany patients to the gym

- n Gym Policy (see example in Appendix 3)

- n Risk Assessment

- n Agreement to Use the Gym

7. Audit/Evaluation

An audit should be carried out at least once a year to assess the effectiveness of the gym in meeting the patients physical and mental health needs and evaluate the promotion of active lifestyle and mood management by exercising patients through gym activities.

Objectives of an Audit:

1. To assess the awareness of service users to the presence of a gym facility within the mental health setting
2. To measure patients mood before and after using the gym facility
3. To evaluate access to the gym by service users.
4. To evaluate use of the gym by service users.
5. To ascertain the needs of service users in relation to gym use.
6. To compare current use to recommendations for developing a healthy life style and achieving therapeutic benefit.

Anticipated Benefits/Outcomes of an audit

- n Patients will receive improved access to physical activity while inpatient in the mental health setting
- n Patients will be able to develop healthier lifestyles and maintain their mental health more successfully
- n Pathways to community facilities will be developed.

Example Methodology for Audit:

- Method:* Cross sectional study.
Sample: All patients on acute wards for Adult services.
Period: Cross sectional sample of inpatients present on a particular day
Tool: Semi- structured purpose designed questionnaire.

Audit Standards:

It is important to establish which guidance/standards you are measuring your service against. Below are some suggested guidelines to work from

PH2 - Four commonly used methods to increase physical activity - guidance – NICE Guidelines (2006)

NSF for Mental Health

CG22 – Anxiety: NICE Guidelines (amended)

CG23– Depression: NICE Guidelines (amended)

Schizophrenia (replaced by CG82): NICE Guideline (amended)

8. Conclusion

The benefits of establishing a gym facility in a mental health setting are numerous. Most significantly a gym provides an opportunity for patients to engage in physical activity in a controlled and structured environment on site. A tailored fitness plan can be implemented to target the patient's individual health and emotional needs, for example, a punch bag can be used as a controlled way of releasing aggression.

Becoming active whilst in an in patient facility can also facilitate the transition into mainstream gyms and sporting facilities. An activity pathway would begin within the hospital with exclusive activities such as gym usage being offered as a safe environment for service users to be able to be introduced to physical activity. Other activities based at the hospital would run alongside the gym usage to be able to provide choice and options.

From these exclusive and internally run sessions would be a link to the same activities or new ones that are still exclusive for service users but held and run externally to the hospital, allowing a sustainable familiar activity that would be open to service users whilst in the hospital and also when back in the community but still in the care system. It would be from these externally run sessions that reintroduction into mainstream sport and activity could occur with individuals already based at an established inclusive club which runs an activity that they already enjoy. This progressive approach should increase confidence and familiarity of physical activity, as well as helping to remove barriers and stigma that are often faced by people with mental illness.

ⁱ National Institute For Clinical Excellence (2003) Depression, Nice Guideline, Second Consultation. London: NHS,

ⁱⁱ National Centre For Chronic Disease Prevention and Health Promotion (1999) Physical Activity And Health: A Report Of The Surgeon General. Atlanta: Centres For Disease Control And Prevention.

ⁱⁱⁱ Biddle, S., Fox, K., Boutcher, S. eds (2000) Physical Activity And Psychological Well-Being. London: Routledge