The Stepwise Team

- Researchers
  - Remy Grey
  - Serena Gregory
  - Kelly Wilson

- Clinician stepwise therapists
  - Iorwerth John (Worthing ATS)
  - Carrie Marks (Bognor EIP)
  - Lydia Turkson (Crawley Recovery/ATS)
  - Alison MacKenzie (Uckfield Recovery/ATS)
Physical health in Unusual distressing experiences (Psychosis)

• Life expectancy 10-20 years below average

• 75% of people die from natural causes
  – 33-60% die from Cardio vascular disease

Osby Arch Gen Psychiatry. 2001 Sep;58(9):844-50
Prevalence of being overweight with Unusual distressing experiences (psychosis)

# Health Risks with Being overweight

<table>
<thead>
<tr>
<th>Over three times the risk</th>
<th>At least double the risk</th>
<th>Slightly increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Cardiovascular disease</td>
<td>Cancers</td>
</tr>
<tr>
<td>Gallbladder disease</td>
<td>High blood pressure</td>
<td>Post-menopausal breast</td>
</tr>
<tr>
<td>Dyslipidaemia</td>
<td>Osteoarthritis</td>
<td>Endometrial</td>
</tr>
<tr>
<td>Insulin resistance</td>
<td>Hyperuricaemia</td>
<td>Colon</td>
</tr>
<tr>
<td>Breathlessness</td>
<td>Gout</td>
<td>Reproductive hormone</td>
</tr>
<tr>
<td>Sleep Apnoea</td>
<td></td>
<td>abnormalities</td>
</tr>
<tr>
<td>Non-alcoholic fatty liver disease</td>
<td></td>
<td>Polycystic ovarian syndrome</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Impaired fertility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fetal defects</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Back pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased anaesthetic risk</td>
</tr>
</tbody>
</table>

- Post-menopausal breast
- Endometrial
- Colon
- Reproductive hormone abnormalities
- Polycystic ovarian syndrome
- Impaired fertility
- Fetal defects
- Back pain
- Increased anaesthetic risk
Psychological Effects

• Being overweight is associated with:
  – Lower self-esteem
  – Problems in relationships
  – More relapse of mental health problems
  – More likely to stop taking medications
Contributors to weight gain

- Antipsychotics
  - Appetite
  - Basal metabolic rate (?)
  - Sedation
  - Altered physical activity

- Psychosis related factors
- Food options
- Low physical activity

Being overweight

Holt and Peveler Diab Obes Metab 2009 Jul;11(7):665-79
# Predictors of significant weight gain

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger age</td>
<td>Choice of Antipsychotic</td>
</tr>
<tr>
<td>Family history of obesity</td>
<td>First episode psychosis</td>
</tr>
<tr>
<td>Non-white ethnicity</td>
<td>Some bipolar experiences</td>
</tr>
<tr>
<td>Tendency to overeat in time of stress</td>
<td>Psychosis experiences</td>
</tr>
<tr>
<td>Cannabis usage</td>
<td></td>
</tr>
</tbody>
</table>

Holt and Peveler Diab Obes Metab 2009 Jul;11(7):665-79
Encourage healthy eating behaviours

• Only eat at meal times
• Avoid doing other things while eating
  – Watching TV
  – Working
• Smaller plates
• Low fat/sugar
• Learn to deal with cravings
  – Distraction
Cutting portions to reduce calories

Mega burger
666 kcal

Cheeseburger
299 kcal

Save 367 kcal
Physical Activity

• Moderate-intensity physical activity
  – raises heart rate/sweat, but able to talk

• 2.5-4 hours per week prevents weight gain, weight loss when combined with diet

• More than 4 hours per week - significant weight loss

Interventions for Physical Health

• NICE reviewed 24 trials of exercise and healthy eating or just exercise
• Exercise and healthy eating together improved weight gain and well-being in psychosis
• Exercise alone, not better than usual care
Interventions for Physical Health

• Recent meta-analysis (Yung and colleagues)
• Exercise alone can make you more physically fit – reducing risk of heart disease
• Exercise (90 minutes a week or more vigorous) reduces psychosis experiences, improves energy and motivation

• Preliminary evidence metformin may limit weight gain in 10/11 studies - 495 people
Limitations of current RCT data

- Most studies are less than 3-6 months in duration
- No long term follow-up
- Few studies in first episode psychosis
STEPWISE

• 4 year project to:
  – evaluate whether:
    ▪ structured lifestyle education programme
    ▪ delivered to people with schizophrenia or schizoaffective diagnosis, including those with first episode psychosis,
    ▪ in a community mental health setting,
    ▪ can support weight loss
  – Adapted for psychosis/focussed on weight loss
  – People taking medication and overweight/concerned
  – Multi-site RCT of effectiveness/cost effectiveness
Outcomes

Weight loss at 12 months

- Waist circumference;
- Body mass index;
- Physical Activity;
- Diet Changes
- Smiling status;
- Blood pressure
- Blood results (Fasting glucose, lipids, HbA$_{1c}$)
- Quality of life
- Mental health
- Medication changes and side effects;
- Service use and costs
Numbers involved

- 396 participants (198 per arm)
  - 10 centres nationally
  - 40-50 participants per centre
  - 20-25 of whom will receive the intervention in 3 or 4 groups
How was the intervention developed?

- Based on DESMOND self-management approach
- Tailored to mental health service users
- Pilot
  - 4 iterative cycles in Sheffield
- Local user group consulted throughout
- Focus groups and semi-structured interviews helped inform refinement process
The Intervention

• 4 weekly sessions
  – Delivered by 2 STEPWISE-trained Facilitators (Community Mental Health Workers)
  – In a community setting
  – Lunch provided
  – Transport offered
  – Supporting Tools
Session Plan

SESSION 1
INTRODUCTION (15 mins)

YOUR STORY
YOUR STORY (20 mins)

TOPIC 1a (20 mins)
Taking control of your weight: your medication & your weight

TOPIC 18 (20 mins)
Taking control of your weight: healthier drinks

INTRODUCTION (5 mins)
INTRODUCTION (5 mins)
INTRODUCTION (5 mins)
INTRODUCTION (5 mins)

SESSION 2
SHARING STORIES (20 mins)

TOPIC 2a (25 mins)
Taking control of your weight: Healthier snacks

TOPIC 2b (25 mins)
Physical Activity and calories

TOPIC 3a (25 mins)
Taking control of your weight: Calorie and portions

TOPIC 3b (25 mins)
Sedentary Behaviour

SESSION 3
SHARING STORIES (20 mins)

SESSION 4
SHARING STORIES (20 mins)

TOPIC 4a (20 mins)
Taking control of your weight: Eating out

TOPIC 4b (15 mins)
Taking control of your weight: Making changes to food

NEXT STEPS (30 mins)
Making a plan

NEXT STEPS (15 mins)
NEXT STEPS (15 mins)
NEXT STEPS (15 mins)

SUPPORTING TOOL:
Weighing scales & water bottle

SUPPORTING TOOL:
Pedometer

SUPPORTING TOOL:
Cookery book
Food scales

SUPPORTING TOOL:
Tape measure

STEPWISE FACILITATOR MANUAL & CURRICULUM
www.soccentreservice.rsp.org.uk

Would you like support with managing your weight?
Are you over 15 years old?
Are you new to PRS

Then STEPWISE might just make things a bit clearer...

Your STEPWISE Handbook
Supporting you all the way with your weight management.
SESSION 3: TAKING CONTROL OF YOUR WEIGHT: CALORIES AND PORTIONS

Duration: 25 minutes

Key Messages
- Small changes in food can help you to lose weight
- You can build on these small changes to increase your weight loss

Participant Learning Opportunities
Participants will have the opportunity to explore/learn:
- Reflection on food diary to identify changes that could be made to reduce calorie intake by 100 calories
- Identification of healthier cooking methods
- Exploration of factors that affect calorie content of foods and meals (fat/alcohol/portion size/cooking method)

Facilitator Activity
- Facilitate discussion about factors that may affect weight gain
- Facilitate calorie activity
- Facilitate food portion activity

Participant Activity
- Reading and reflecting upon food diaries
- Taking part in calorie activity
- Taking part in portion activity
Weight Management: Reducing your calories

Small changes in what you eat, or small increases in your activity levels can lead to an increased reduction in your weight. Just eating 100 calories less each day or using up an extra 100 calories for physical activity will either help you lose weight or stop you from gaining weight.

If you cut out more than 100 calories through food or burn up more than 100 calories, you will lose more weight.

Making small changes are a good place to start.

The next page lists some options for eating 100 calories less.

Foods that are about 100 calories

Biscuits
- 1 chocolate biscuit
- 1 ½ digestives
- 2 Jaffa cakes
- 2 custard creams
- 3 chocolate finger
- 4 morning coffee

Milk & Milk Products
- ½ oz butter
- 1oz full fat cheese
- 2 tblsp double cream
- 2 tblsp condensed milk

Fats & Oils/Fried Food
- ½ oz sunflower margarine
- 1 tblsp oil
- 1 small roast potato
- 1 oz low fat spread

Sauces & Jams
- 1 tblsp mayonnaise
- 2 tblsp salad cream
- 2 dsp French dressing
- 3 tblsp gravy made with fat
- 6 tblsp tomato sauce
- 7 tsp jam

Cakes & Baked Goods
- ½ hot cross bun
- ½ doughnut
- ½ Danish pastry
- 1 fondant fancy

Crisps & Snacks
- ½ oz peanuts
- 1 small packet of crisps

Pastry
- ½ mini pork pie
- ½ small pastry
- ½ sausage roll
- 1 small dumpling
- 2 small Yorkshire puddings
- 2 cocktail sausage rolls

Puddings and Desserts
- ½ portion fruit pie
- ½ portion apple crumble
- 1 ladle custard
- 1 bowl of jelly
- 2 scoops ice cream
- Average portion of rice pudding

Drinks
SAMPLE SCRIPT

Introduction

Now we are going to explore together what sometimes makes it difficult for us to make healthier choices when eating out or having a take away.

Menu Choices Activity

The key message for this activity is to support participants to work out for themselves how they can make healthier choices when eating out or having a takeaway, if they wish to.

Using the four example menus in the handbook plus any menus participants have brought with them and ask them to get into groups of 2 or 3 to choose one menu to focus on. There is an Indian, Chinese, Italian and Burger menu.
How can you reduce your sitting time?

Elicit possible solutions and record responses onto the flipchart. Examples of this may be:

<table>
<thead>
<tr>
<th>Sitting activities</th>
<th>What can help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching TV</td>
<td>Standing during the adverts</td>
</tr>
<tr>
<td>On the computer</td>
<td>Stand at desk</td>
</tr>
<tr>
<td>Driving</td>
<td>Park car further away</td>
</tr>
<tr>
<td>Sitting at a desk</td>
<td>Standing up for a phone call</td>
</tr>
<tr>
<td></td>
<td>Standing up for a phone call</td>
</tr>
<tr>
<td>Sitting on a bus/train</td>
<td>Getting off at a stop earlier</td>
</tr>
</tbody>
</table>

To summarise, it is important to reduce your sitting time even if you are active during the day as we have discussed earlier. You may want to consider this in your Next Steps session.
SAMPLE SCRIPT

Making changes to food

We are going to explore the challenges of making changes to food and discuss what you can do to overcome these.

How hard or easy is it to make changes to the food you eat?

Facilitator note:

It will be even harder for this population; some of the reasons are e.g. not feeling full, eating when mood is low, not having the money to buy healthy foods, food being prepared for them etc.

Making changes can be very hard. In this activity we are going to explore some of the challenges you may face when trying to make changes to food and together come up with solutions. It may help to think back to previous sessions and the messages around food.

Hand out statement cards, or lay them out on the table if time is limited, and ask participants to choose the one they feel relates to them the most. You can also have a few blank cards and explain to participants that they can be used to depict a challenge they face or have faced and that isn’t already on the table.
The Intervention

• 3 booster sessions at 3, 6 and 9 months after the weekly sessions
  – Delivered by 2 STEPWISE-trained Facilitators (Community Mental Health Workers)
  – In a community setting
  – Lunch provided
  – Transport offered
  – Supporting Tools
## Booster Session Plan

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>10 mins</td>
</tr>
<tr>
<td>2</td>
<td>Introduction</td>
<td>10 mins</td>
</tr>
<tr>
<td>3</td>
<td>Introduction</td>
<td>10 mins</td>
</tr>
<tr>
<td></td>
<td>Sharing Stories</td>
<td>30 mins</td>
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<td></td>
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<td>30 mins</td>
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<tr>
<td></td>
<td>Cooking Healthy Meals on a Budget</td>
<td>25 mins</td>
</tr>
<tr>
<td></td>
<td>Physical Activity Revisited</td>
<td>25 mins</td>
</tr>
<tr>
<td></td>
<td>Being in the Moment with Your Food</td>
<td>25 mins</td>
</tr>
<tr>
<td></td>
<td>Keeping It Going</td>
<td>25 mins</td>
</tr>
<tr>
<td></td>
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<td>25 mins</td>
</tr>
<tr>
<td></td>
<td>Keeping It Going</td>
<td>25 mins</td>
</tr>
<tr>
<td></td>
<td>Next Steps</td>
<td>20 mins</td>
</tr>
<tr>
<td></td>
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<td>20 mins</td>
</tr>
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<td></td>
<td>Next Steps</td>
<td>20 mins</td>
</tr>
</tbody>
</table>

**Supporting Tools:**
- **Session 1:** Mixed Herbs, Spices, Stock Cubes
- **Session 2:** Theraband
- **Session 3:** Fridge Magnet, Calendar

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*STEPWISE Booster Curriculum*

www.chicestersababeaconcentre.org.uk

*Please contact [email address] for more information.*

*Resources for you*

**Booster Session 1**

Visit our website for further resources to support you in delivering your own sessions.

*THANK YOU to the STEPWISE Booster sessions might just be what you are looking for...*
The Intervention

• Fortnightly support contact
  – Telephone preferred
  – Face to face optional
  – Postcard if unavailable
What makes STEPWISE different?

- Mental health is usually the priority
- Specific tailoring required for group sessions:
  - Engagement
  - Breaks
  - Transport
  - Short sessions
  - Interactive
  - Lunch/Supporting Tools
  - Addressing barriers to behaviour change due to mental health
The Sussex experience … recruitment
The Sussex experience … of data collection

• Experiences of the assessment process?
The Sussex experience … of the intervention

• The delivery of the intervention?

• Service user feedback?
The Sussex experience … working together with clinical teams

• The challenges

• And the benefits
The Sussex experience …
clinician feedback

'The training we received from Stepwise was incredibly helpful and made me feel well-prepared to deliver the intervention. It’s been great to put the training into practice and to see the positive response from clients in the group sessions alongside improving my own facilitation skills'
The Sussex experience …
clinician feedback

'I’ll be able to use some of the ideas that we are giving to the participants in my own life and delivering the intervention will motivate me to be healthier as well
The Sussex experience … service user feedback

'It's been really good to meet other people who are in similar situations to me and have the same difficulties and struggles with their weight that I have and to be able to talk about my experiences with people that understand.'
The Sussex experience … service user feedback

‘I use the pedometer every day and it's a great way of measuring how active I am and to motivate myself when I haven’t done much’
The Sussex experience … enhancing practice

• To get more physical health and psychological interventions into Assessment and treatment and Recovery clinical services

• To offer more effective physical health interventions in the trust
The Sussex experience … positive practice
Sussex Psychosis Research interest Group
www.sussex.ac.uk/spriglab

@STEPWISE_Trial
@SPRIGSussex