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# Implementation of Exercise Physiology and Dietetic Services in a High-Secure Forensic Hospital

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# Objectives

1. Understand the importance of collaborative physical health care and the role of mental health services
2. Learn how the consumer voice can shape physical health services
3. Explore the complexity of integrating Exercise Physiology (EP) and Dietetic services in a Forensic setting
4. Learn practical ways to embed physical health services in a forensic and mental health settings

# Patient Story

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"I appreciate that we were asked for our opinion, especially in here where everything is usually dictated and controlled. So, to be asked in the first place is a privilege and then for it to be taken and actioned is another level of respect, which you crave in here."

# Case for change

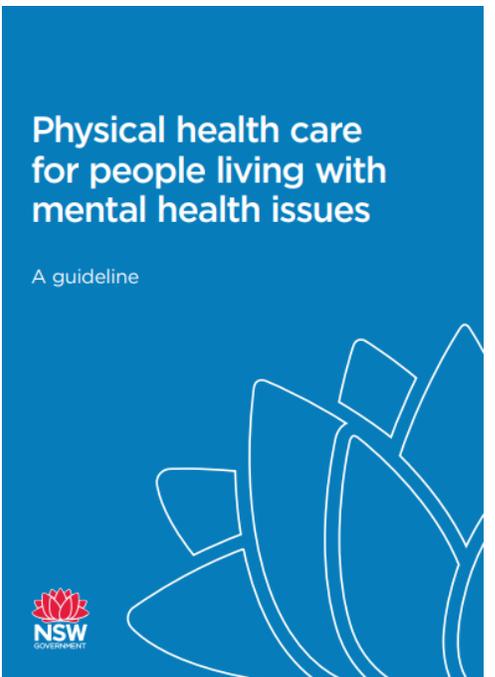


"It's an important part of the mental health journey to be in touch with these services like a physio, dietitian, the EP etc".



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Quality of Life - Equality in Life



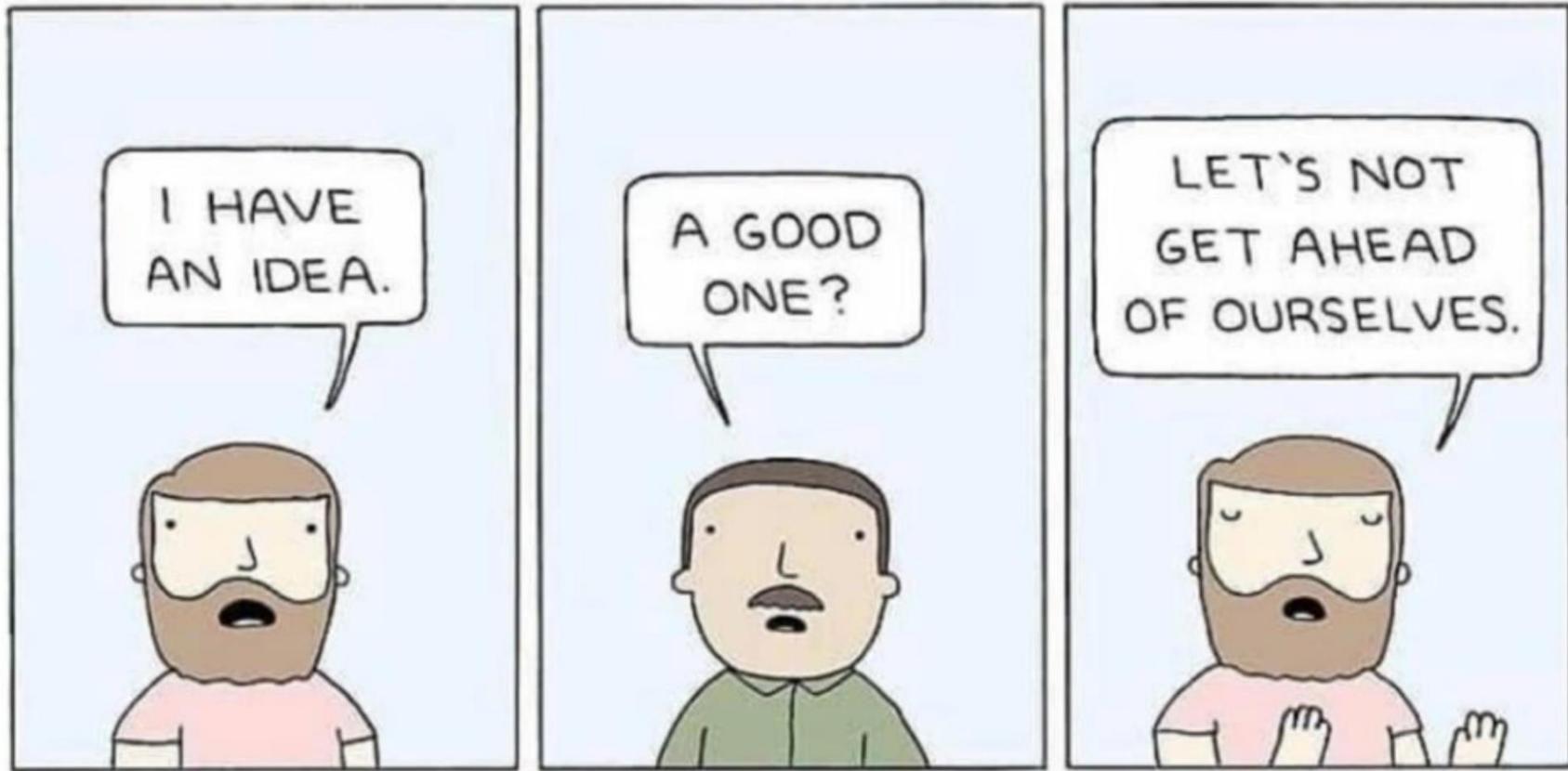
# The Forensic Hospital, Long Bay



# The Services



confidence  
morbid factor self  
organisational support  
psychotropic medication staff  
side effect occupational functioning  
lack of encouragement social support  
desire for self care dietary habit  
lethargy restricted access low mood  
access effect of medication  
poor dietary habit lack of knowledge  
socio  
restricted exercise equipment  
trouble negative symptom amotivation  
low desire increased appetite  
cognitive impairment poor socio  
low emotional energy symptom  
co-morbid physical activity value  
decisions outdoor space appetite  
exercise equipment



poorlydrawnlines.com

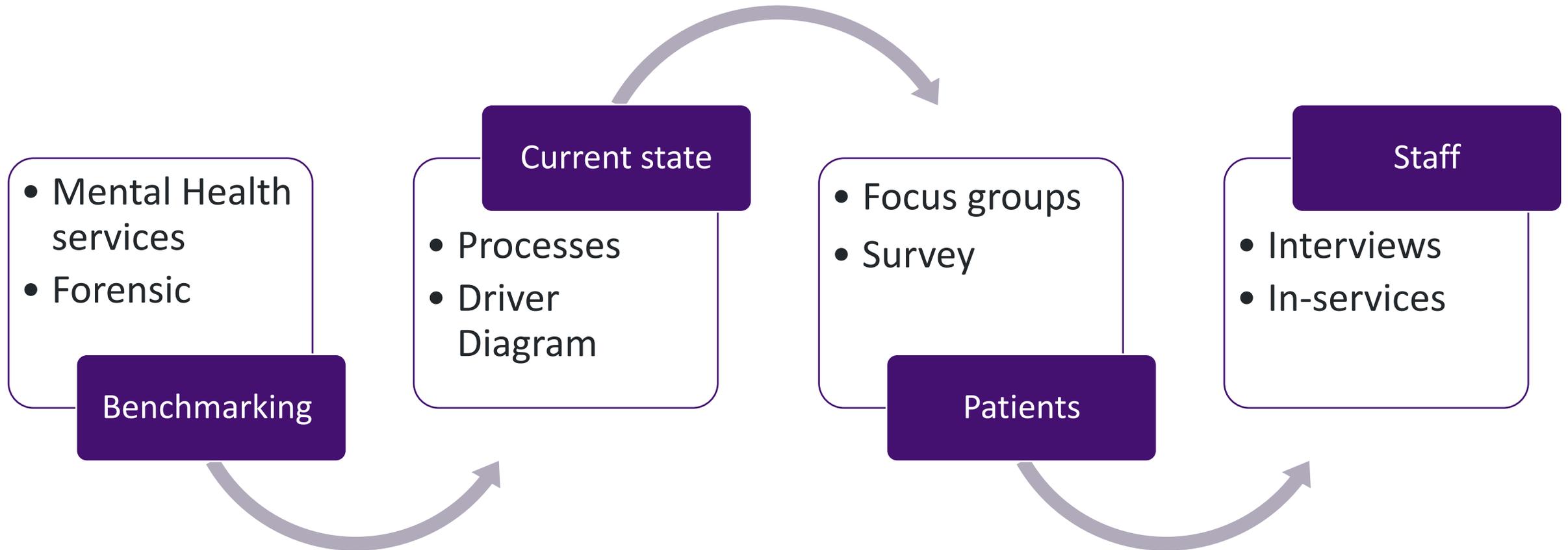
# Aim

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Within 6 months, produce an **implementation plan** for the delivery of novel nutrition and physical activity services that incorporates the **expectations, preferences and requirements** of 90% of **patients**.



# Methods



# Patient Demographics



128

Patients in Forensic Hospital



98%

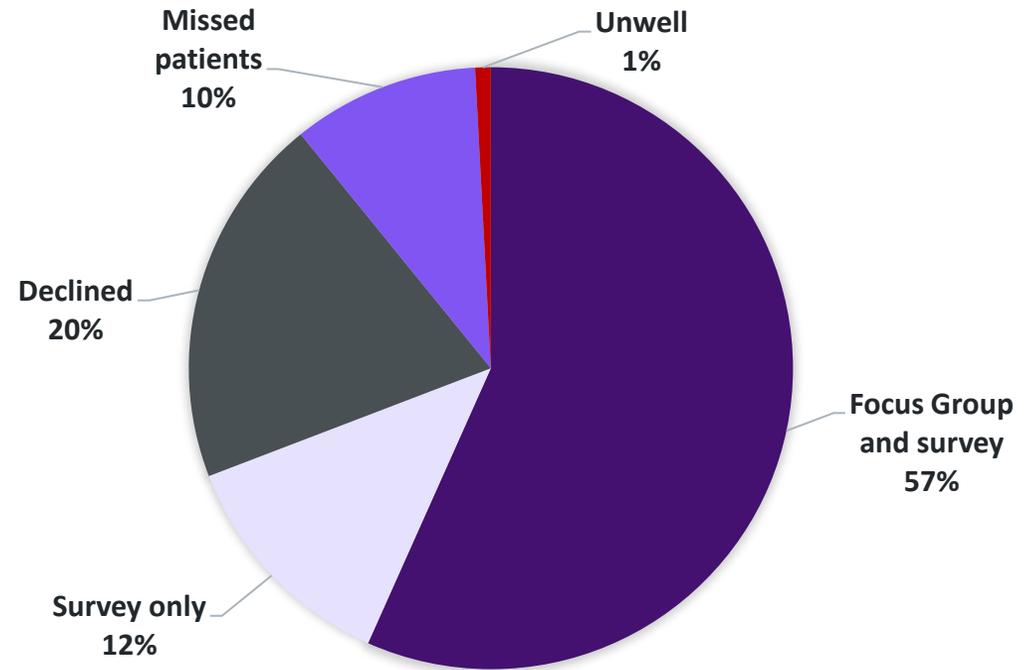
Adult



88%

Male

## PATIENT PARTICIPATION



- Ward based group programs
- Chair exercise group
- Swimming
- Daily walks
- Men's health group
- Ward cooking group
- Bike riding
- Sports
- Health events
- Individual exercise on the ward
- Functional fitness
- Yoga
- Basketball

## Physical activity programs

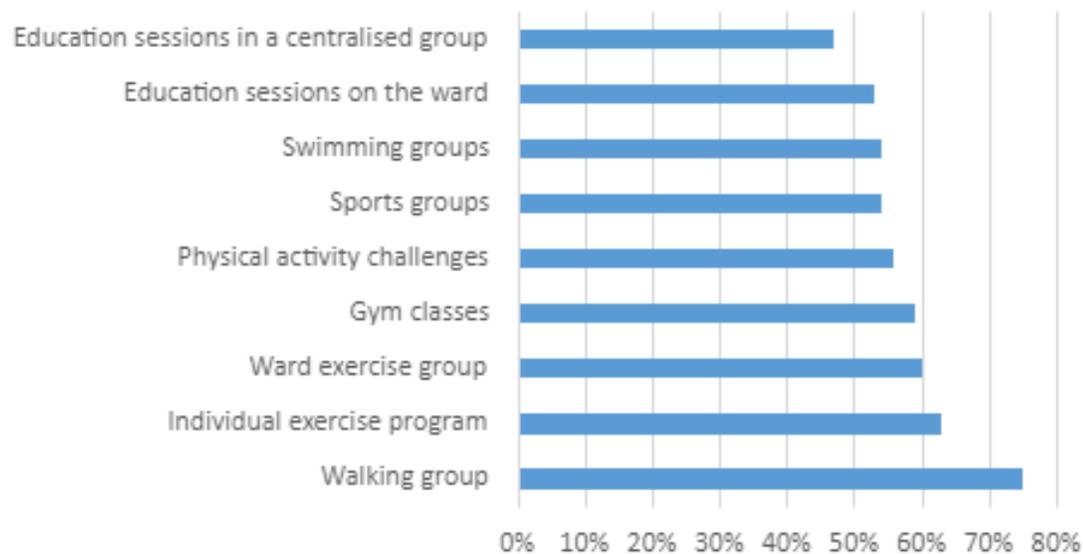


## Nutrition programs

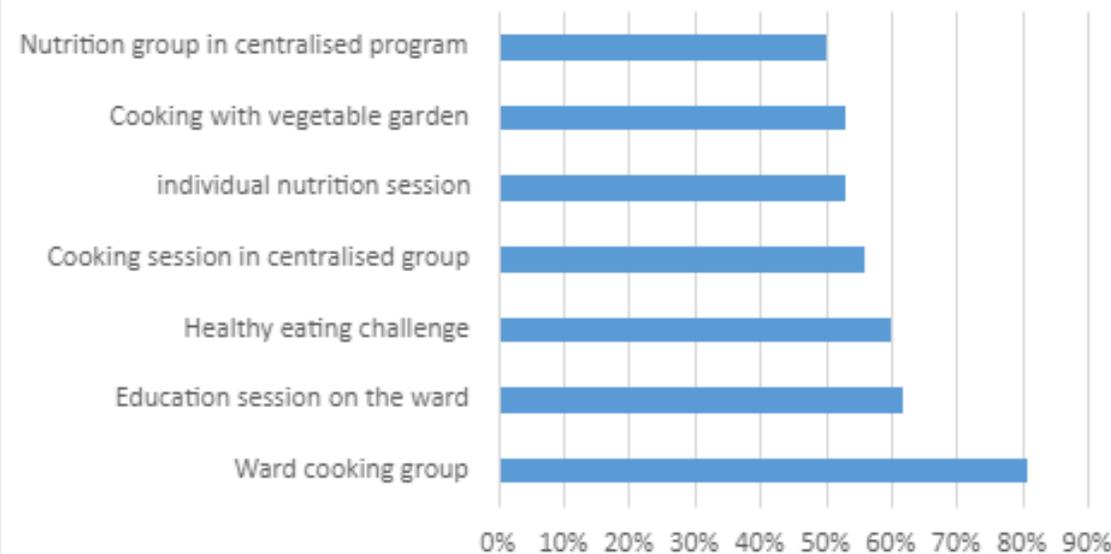


# Patient Preferences

## Physical activity preferences



## Nutrition preferences



# Patient Focus Groups and Surveys

## Themes

- Individual advice and support
- Variety
- Qualified and trusted professionals
- Peer led



“would like more time to see the dietitian (1xweek not 1xmonth)”



“make sure the group meets everyone's needs”



“it matters to know and trust the facilitator”



“I want the facilitator to be experienced”

# Key Themes of Staff Interviews

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## Marketing

- Referrals
- Multi-Disciplinary Team (MDT) relationships
- Pathways to service

## Core business

- Processes
- Metabolic monitoring -> intervention
- Targeted Physical Health team

## Complex care

- Speciality support for high risk patients
- Targeted Physical Health team – triage/pathways

## Changing the landscape

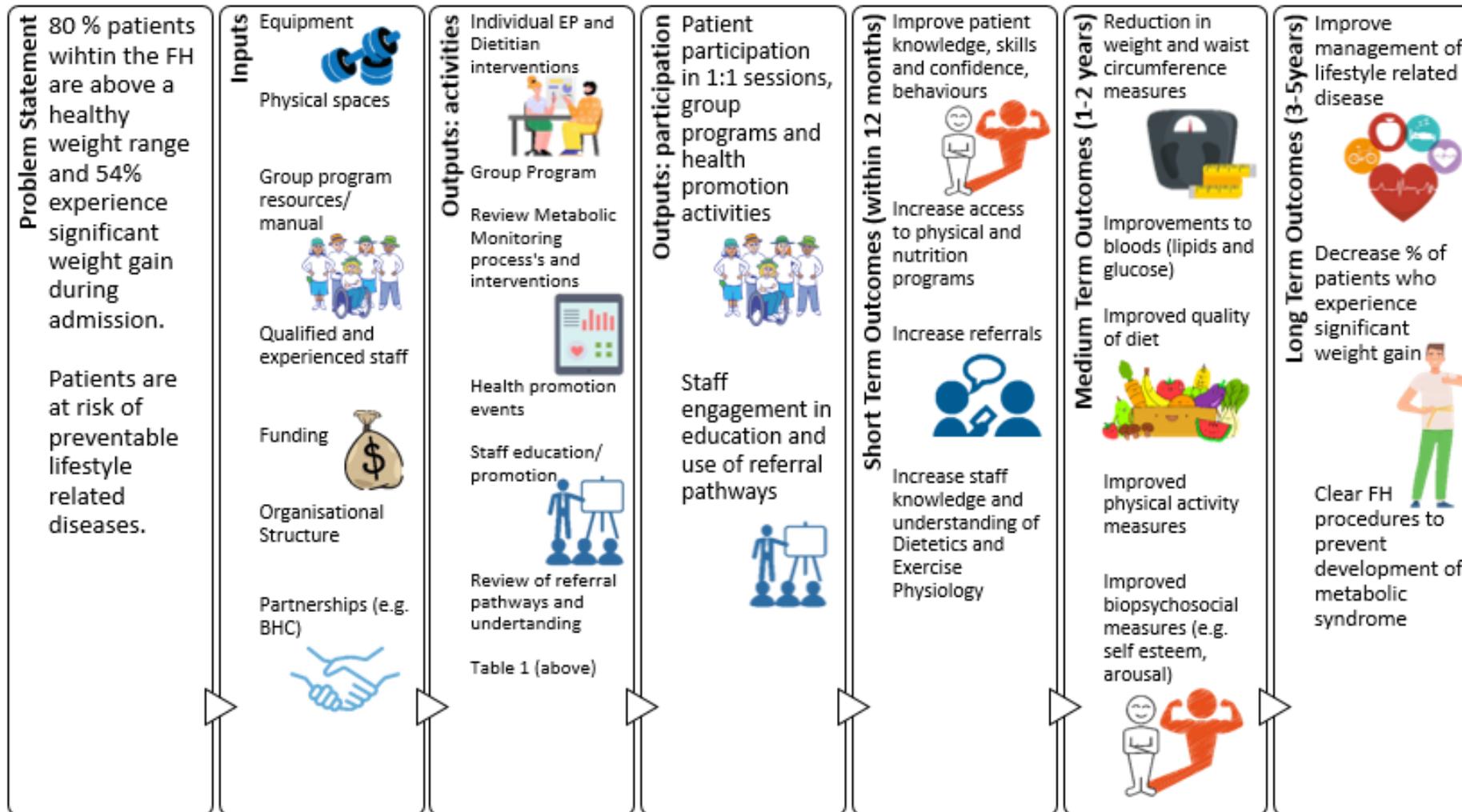
- New menu
- Technology
- Equipment

# Outcomes - The Implementation Plan



Phase 1 – Quick wins (6 – 12 months)	Phase 2 – Evidence based programs (12 – 24 months)	Phase 3 – Core Business (3 years)
<b>Rec Hall Timetable Update</b>	Healthy Lifestyle Program (develop, implement, evaluate)	<b>Physical Health Team (develop, implement, evaluate)</b>
<b>Equipment</b>	Fit Bit Study	Model of Care Workforce resourcing, KPIs, Referral pathway
<b>New Menu Project</b>	Increase access to cooking programs	<b>Building workforce capacity</b>
<b>Individual sessions - Dietitian and Exercise Physiologist (EP)</b>	<b>Hospital Wide Programs</b> <b>Physical health challenges</b> <b>Sports competitions (FH Olympics, field day)</b>	Growing staff confidence, knowledge and attitudes towards physical health
Group sessions led by EP Incorporation of Physitrack for ward-based groups	<b>Group development within centralized group program</b>	<b>Policy and procedures that trigger healthy lifestyle response</b> <b>“don’t just screen, intervene”</b>
<b>Health promotion events</b>	Targeted interventions for high-risk populations	Integrating key stakeholders in service provision
<b>Marketing</b> <b>Attendance at MDTs</b> <b>Presentations &amp; In-services</b>	Brand Development <i>Creating Healthier Tomorrows: Improving the physical health of our patients</i>	

**Program objective:** To deliver evidence based targeted lifestyle interventions to improve the physical health of patients within the Forensic Hospital (FH)



**Assumptions:** Easing of restrictions due to COVID-19, funding and resources in-kind, patients will attend programs, staff will engage in education, stakeholders will support programs devised

**External factors:** The COVID-19 pandemic, hospital restrictions (e.g. risk and safety, research projects, funding and contracts (e.g. dietitian role), government policy (e.g., Physical health in MH guidelines)

# Implementation in Action – Phase 1



TIME	MONDAY	TUESDAY		WEDNESDAY	THURSDAY		FRIDAY	SATURDAY	SUNDAY	
		REC HALL	POOL		REC HALL	POOL				
0900 – 1000	ADOLESCENTS REC HALL / SWIM	ADOLESCENTS REC HALL / SWIM		ADOLESCENTS REC HALL / SWIM	ADOLESCENTS REC HALL / SWIM		ADOLESCENTS REC HALL / SWIM	ADOLESCENTS	ADOLESCENTS	
1000 – 1100	BRONTE REC HALL & SWIM	FUNCTIONAL FITNESS		BRONTE REC HALL & SWIM	FUNCTIONAL FITNESS		BRONTE REC HALL & SWIM	BRONTE Gyms & Swim	BRONTE	
1100 – 1200	WOMEN'S REC HALL / SWIM	WOMEN'S REC HALL	ELOUERA SWIM	WOMEN'S REC HALL / SWIM	WOMEN'S REC HALL	ELOUERA SWIM	WOMEN'S REC HALL / SWIM	WOMEN'S	WOMEN'S	
1200 – 1230 1230 – 1330										
1300 – 1400	DEE WHY REC HALL & SWIM	BRONTE REC HALL	DEE WHY SWIM	DEE WHY REC HALL	ADULT MALE SWIM LIFEGUARD ON DUTY	BRONTE REC HALL	DEE WHY SWIM	DEE WHY REC HALL & SWIM	ADOLESCENTS REC HALL & SWIM	DEE WHY
1400 – 1500	CLOVELLY REC HALL & SWIM	ZUMBA?	CLOVELLY SWIM	ELOUERA REC HALL		ADULT MALES REC HALL	CLOVELLY SWIM	ELOUERA REC HALL & SWIM	SPORTS COMP ALL WARDS	ELOUERA
1500 – 1600	ELOUERA REC HALL & SWIM	ADULT MALES REC HALL	BRONTE SWIM	CLOVELLY REC HALL		YOGA	BRONTE SWIM	CLOVELLY REC HALL & SWIM		CLOVELLY
1600- 1700	ADOLESCENT	ADOLESCENTS		ADOLESCENTS	ADOLESCENTS		ADOLESCENT	ADOLESCENTS	ADOLESCENTS	



# Implementation in Action – Phase 2



**CHOCOLATE PEANUT BUTTER BALLS**  
*Perfect as a starter or snack!*

SERVINGS: 12    PREPPING TIME: 10 MIN    COOKING TIME: NIL

**INGREDIENTS**

- 3/4 cup rolled oats
- 1/2 cup natural peanut butter
- 2 Tbsp honey/maple syrup
- 1 scoop/25g-30g chocolate protein powder
- 1 Tbsp Chocolate chips

**DIRECTIONS**

1. Place oats, peanut butter, honey, protein powder and chocolate chips into a large bowl and stir to combine
2. Getting the mixture to combine takes a little a muscles and it may seem too thick at first, but come together as you keep mixing. Use your hands to knead dough to help
3. Once combined, use a small spoon or scoop to portion balls
4. Use hands to roll into spheres
5. Store in a covered container in the fridge or freezer

**NOTES**

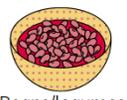
If the protein ball mixture seems a little too dry or crumbly, add water or milk, 1 tsp at a time until the mixture forms together

## CARBOHYDRATES

Serving Sizes - Aim for 6 a day!

 1 slice of bread	 1/2 wrap	 1/2 burger bun
 1/2 potato	 1 banana	 4 wheat crackers

1/2 Cup or 1/2 a Fist for 1 serving

	 Noodles	 Beans/legumes
 Pasta	 Rice	 Porridge/cereal



NAME PENDING, OPEN TO SUGGESTIONS!!

## Nutrition and Physical Activity Program (NPAP)

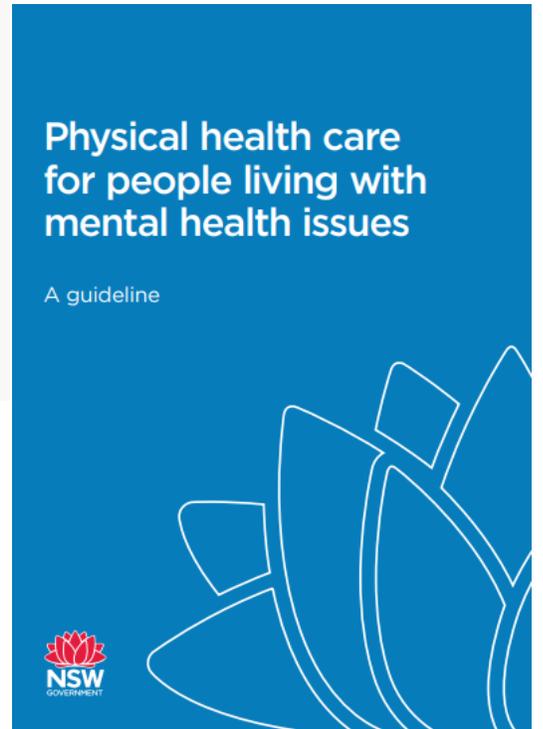
Tara Fraser  
Jade Lyndal Kearsey

# Implementation in Action – Phase 3

## PHYSICAL HEALTH TEAM REFERRAL MAP

Ensure patient consent for referral, where possible.

EATING DISORDER DIETITIAN	CLINICAL DIETITIAN	EXERCISE PHYSIOLOGIST	PHYSIOTHERAPIST	METABOLIC CLINIC
<p><b>When to refer:</b></p> <p>Suspected/established eating disorder</p> <p>Hunger strike <math>\geq 3</math> days</p> <p>BMI <math>&lt; 18.5 \text{ kg/m}^2</math> and inadequate dietary intake for <math>\geq 3/7</math></p>	<p><b>When to refer:</b></p> <p>Reduced oral intake/ appetite for <math>\geq 3</math> days</p> <p><math>\geq 5\%</math> unintentional weight loss in 3-6 months</p> <p>BMI <math>&lt; 18.5 \text{ kg/m}^2</math> and inadequate dietary intake for <math>\geq 3/7</math></p>	<p><b>When to refer:</b></p> <p>Gym Assessment/ Orientation</p> <p>Behavioural activation</p> <p>Functional Capacity</p> <p>Ongoing management of musculoskeletal injury</p>	<p><b>When to refer:</b></p> <p>Functional decline e.g. post acute hospitalisation</p> <p>Falls risk</p> <p>Mobility assessment</p> <p>Post orthopaedic surgery</p>	<p><b>When to refer:</b></p> <p>Metabolic syndrome</p> <p>Diabetes diagnosis</p> <p>Cardiovascular conditions</p> <p>Poorly controlled diabetes and on insulin/ newly commenced insulin</p>



## The Forensic Hospital Intra-Hospital Referral Form

Last updated by Olivia Leonard 7 weeks ago (v. 6) [Show History](#)

Physical Health needs (inclusive of medical equipment and monitoring) \*  Yes  No

Details \* 

Medically he presents with obesity, raised LFTs, raised cholesterol, and raised HbA1c. He has been commenced on statins and metformin.  
 He also has a dermatitis on his shins which is being treated successfully with corticosteroids.  
 Would be ideal candidate for metabolic clinic

Has the patient been referred to the metabolic clinic? \*  Yes (metabolic concerns)  No (not required)

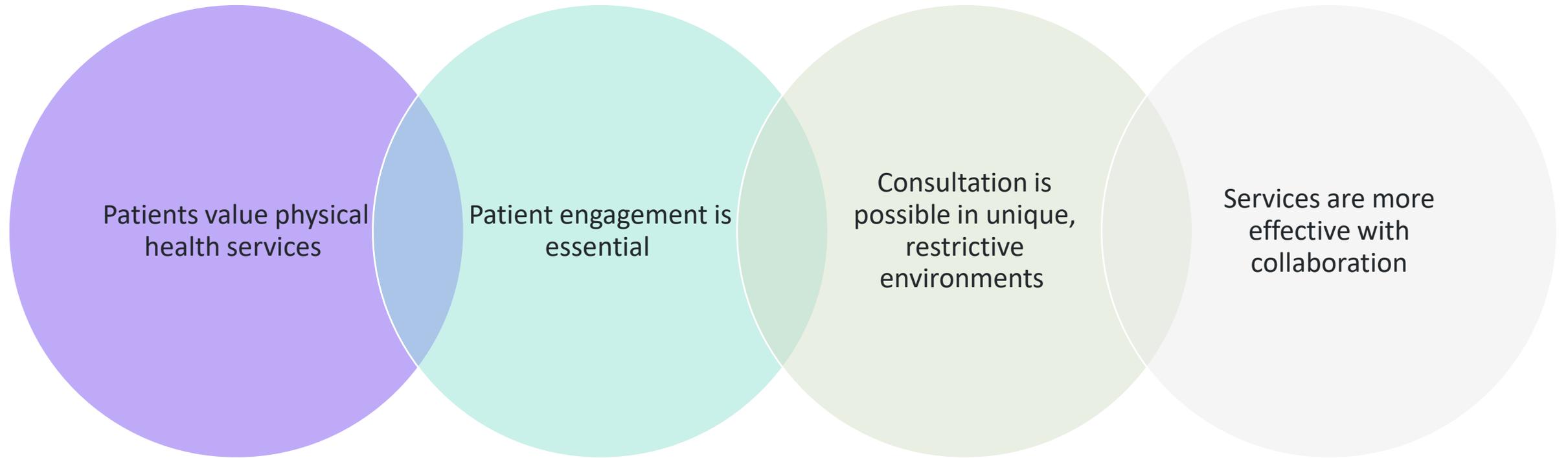
Future appointments \*  Yes  No

Being asked gives a sense of ownership over what happens in here & you feel heard

Being in a Forensic Hospital or Mental Health facility, my perceptions wouldn't be that there would be a fitness journey. It really helps the overall experience in here to be able to access these services especially when I'm feeling like things are hard or feeling low

# “Working collaboratively to reduce health inequality”

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**Law Edwards**

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**Justice Health & Forensic Mental Health Network**