

## REQUEST EXPENDITURE FROM CHARITABLE FUNDS

<b>Requestor</b> Kate Ford	<b>Tel no.</b>	<b>Date</b> 18 <sup>th</sup> June 2024	<b>Site/ Dept.</b> AOT, 27a St Owens
<b>Payment to:</b> <b>(Name and address)</b> Services		<b>Goods/ Service ordered</b> <ul style="list-style-type: none"> <li>• Booking of room at Union Café on a weekly basis (£30 weekly - £1,080 for 3x12 week group programmes)</li> <li>• Physical activities for patients/staff eg cycling track, rock climbing, tennis, gym, tai chi, golf (£900)</li> </ul>	
<b>Fund number /name</b> Payment to be made upon receipt of invoices to services		<b>Requisition Number</b>	<b>Total price inc. VAT</b> £1,980
<b>Details in support of request</b>  <b><u>Rationale for the Group:</u></b>  <p>The plan is for the Healthy Lifestyles group to be offered to patients on the Assertive Outreach Team (AOT) caseload. This is to be a joint venture, facilitated by Hereford Healthy Lifestyles Team and supported by staff from the Assertive Outreach Team.</p> <p>The rationale for offering this group, is that:</p> <ol style="list-style-type: none"> <li>1) Patients on the Assertive Outreach Team caseload find it difficult to engage in community activities and require more intensive support to engage in any meaningful activity.</li> <li>2) Patients on our caseloads' fitness levels, social skills and confidence mean that they face barriers when attempting to access mainstream community and physical activities. This group programme will enable patients to engage in a therapeutic group, in a community setting, with the support of AOT staff.</li> <li>3) This group will provide a stepping stone, for patients to access mainstream activities in the local community.</li> <li>4) A large majority of patients on our caseload have poor physical health. Factors influencing this include lifestyle choices, substance misuse, symptoms of illness and anti-psychotic medications. This group will support patients to improve their knowledge around healthy lifestyles and will give them opportunities to improve their physical health.</li> </ol> <p>The group programme will have 2 elements; an educational component and a physical activity component.</p> <p>The educational component of the group will run for x1 hour, once weekly, for 12 sessions. The group will run in a community setting (Union Café), in Hereford city centre. This is to enable participants to engage in meaningful activity, within their local community. In order for this group to run in a community setting, funding is required for room hire. The Healthy Lifestyles team are available to run the course for free, but they do not have a venue for group sessions at their base.</p> <p>In addition to the educational component, the plan is for participants of the group to have the</p>			

opportunity to try out a range of physical activities in their local community eg cycling at the cycle track, bouldering, tai chi, badminton, swimming, the gym, tennis and other activities as suggested by participants. Some of these activities will have costs involved. In order for all group attendees to have opportunity to try these activities, funding is being requested in order to support patients to be able to attend.

The plan is, for this to be a rolling programme. Between 6-8 patients on our caseload to be offered places on each 12 week course. Patients to be referred onto the course by care co-ordinators. Referrals to be sent to Kate Ford (occupational therapist). Once referrals received, discussion to be had by the team on priorities for each programme.

### **Evidence base for the need and value of Healthy Lifestyles groups:**

There is a wealth of evidence documenting the challenges that individuals with psychosis/general mental health difficulties have, with their physical health and also with engaging in physical health interventions/physical activity. Oliva et al (2023) report that patients with psychosis have a significantly shorter life expectancy of around 10 years compared to the general population (Firth et al., 2017). Oliva et al note that there are several potential reasons behind this mortality gap, for example daily life habits and chronic diseases such as diabetes, metabolic syndrome, and cardiovascular diseases, which frequently co-occur with psychosis, play an important role (Schmitt et al., 2018). Although antipsychotic drugs help with positive symptoms of psychosis, they can also exacerbate chronic medical conditions, making it hard to treat both specific psychotic symptoms and overall health (Fisher et al., 2020).

Psychotic symptoms such as hallucinations and delusions cause significant functional impairment (Segura et al., 2022) across a range of psychotic disorders (Oliver et al., 2019). Physical activity and exercise have been found to help, when used alongside other treatments, by improving the patient's overall health, function and potentially lower symptom levels for psychotic patients (Suen et al., 2021). In a systematic review and meta-analysis by Ziebert et al (2022) aerobic intervention was observed to be effective in reducing negative and general symptoms in patients with schizophrenia.

It is well established that physical activity helps improve mental health. In a recent study of 1.2 million US adults, in which participants were matched across numerous background and demographic factors, individuals who exercised reported better mental health functioning compared to non-exercisers (Chekroud et al 2018). Also in a recent meta-analysis of 49 prospective studies across nearly 267,000 individuals, it was found that higher levels of physical activity was associated with reduced odds of developing depression across age groups. Physical activity also prospectively associated with lower odds of developing elevated anxiety symptoms and anxiety disorders in a recent meta-analysis of more than 80,000 individuals (McDowell et al 2019).

Along with reducing the likelihood of developing physical health diseases, Bellringer (2006) reports that 'physical activity stimulates the production of endorphins, which as a result can improve mood and reduce anxieties'. Bellringer (2006) added 'endorphins are a strong analgesic, and give a pervasive sense of happiness'.

All the evidence above, demonstrates the need for our patients with psychosis/depression/anxiety to pay careful attention to their physical health and to work on improving their physical health and fitness. This needs to be through a range of strategies – including physical health screenings and work around healthy lifestyles and exercise. Unfortunately, due to the nature of our AOT caseload, many of our patients have a range of functioning difficulties, so find it difficult to assess and work on their physical health independently. Diamond et al (2023) reported that for people with psychosis, the provision of information, resources and practical help to access exercise programmes has often been insufficient to promote behaviour change. Therefore, we need to reach out to our patients and support them to access ways to improve their physical health and fitness levels.

This healthy lifestyles group, will be facilitated in a community setting, meaning that patients will have the opportunity to learn and implement ways to improve their physical health, while integrating with their local community. The group will have an educational component and will offer taster sessions of a variety of different exercise activities. This will enable them to explore what physical activities they feel may benefit them going forward.

### **Therapeutic Aims of the Group:**

- To provide a safe, non-threatening environment for patients to engage in their local community.
- To enable the opportunity for patients to learn about healthy lifestyles in an enjoyable and meaningful way.
- To enable opportunity for patients to maintain and improve their physical health and fitness (particularly important for this client group who are at increased risk of physical health conditions and premature death due to long term use of antipsychotic meds).
- To enable opportunity for patients to maintain and improve their community living skills (ie getting themselves to a venue, organising and planning their time, engaging with the public, using public transport).
- To provide opportunity for patients to increase self-esteem – through improved physical health/fitness/well-being and confidence in a community setting.
- To enable the opportunity for some structure, routine and meaningful activity for the patients' week.
- To enable opportunity for staff to check in with patients re their current functioning (ie motor skills, social interactions, level of motivation, emotional well-being).
- To assess risk in a different environment.
- To provide an enjoyable, social outlet through meaningful activity.
- To enable patients opportunities to develop positive social relationships with staff and fellow peers.
- Develop a hobby and awareness of leisure amenities in the community – patients can then continue to access activities they have enjoyed independently following the group.
- To be available to encourage and signpost patients to physical activities and health lifestyle activities in the local community.

### **Logistics of the Group:**

The cost of room hire is £30 per week. This is for the venue hire for the facilitating the sessions. There will be additional costs for the physical activities that we would like to introduce patients to during the course.

The patients will make their own travel arrangements to the weekly session. AOT staff may be able to support patients to attend, if they are unable.

Patients will be reminded of session times by phone/text, by staff from the AOT.

Patients will be encouraged to wear suitable clothing and bring drinks, when engaging in physical activities as part of the session.

Facilitators will link in with care co-ordinators regarding specific support needs of the patients. Facilitators discuss any issues that arise during sessions with care co-ordinators, so that functioning/health issues can be addressed.

The weekly sessions will be facilitated by staff from Hereford Healthy Lifestyles Team and AOT staff.

The regular time allocated for facilitating this activity will be co-ordinated according to availability of Healthy Lifestyles Team and AOT. This will be a consistent time slot once agreed.

Time will be needed for the setting up of the session, the x1 hour educational slot and then additional time for any community physical activity. There will need to be time for informal interactions and checking in with attendees. Further time will be required for ensuring that clinical notes are documented on Care Notes for the patients attending.

### **Charitable funds request:**

The charitable funds request is for the cost of the room hire and for additional money to put towards the physical activities that we would like to introduce patients to during the course.

Room hire: £30 weekly – programme of 12 weeks: £360.

Requesting money for 3x12 week programmes: £1,080

Physical activity taster session contributions: £900

**Total: £1,980**

### **References:**

Bellringer.M (2006) *Endorphins - The Feel-good Molecules*, Bristol University, [www.chemsoc.org](http://www.chemsoc.org)

Chekroud SR, Gueorguieva R, Zheutlin AB, et al. 2018. Association between physical exercise and mental health in 1.2 million individuals in the USA between 2011 and 2015: a cross-sectional study. *Lancet Psychiatry* 5:739–46 [[PubMed](#)] [[Google Scholar](#)] [[Ref list](#)]

Diamond, Waite F, Boylan A, Hicks A, Kabir T and Freeman D (2023) Framework for understanding movement and physical activity in patients diagnosed with Psychosis. [Framework for understanding movement and physical activity in patients diagnosed with psychosis | BMJ Mental Health](#)

Firth J *et al.* (2017) Challenges in implementing an exercise intervention within residential psychiatric care: A mixed methods study  
*Ment. Health Phys. Act.*

Fisher E *et al.* (2020) Designing a feasible exercise intervention in first-episode psychosis: exercise quality, engagement and effect *Psychiatry Res.*

McDowell CP, Dishman RK, Gordon BR, Herring MP. 2019. Physical activity and anxiety: a systematic review and meta-analysis of prospective cohort studies. *Am. J. Prev. Med* 57:545–56 [[PubMed](#)] [[Google Scholar](#)]

Oliva H, Mateiro-Junior RS, Oliva IO, Powers AR (2023) Effects of exercise intervention on psychotic symptoms: A meta-analysis and hypothetical model of neurobiological mechanisms. <https://www.sciencedirect.com/journal/progress-in-neuro-psychopharmacology-and-biological-psychiatry>

Oliver et al (2019), cited in Oliva H, Mateiro-Junior RS, Oliva IO, Powers AR (2023) Effects of exercise intervention on psychotic symptoms: A meta-analysis and hypothetical model of neurobiological mechanisms. <https://www.sciencedirect.com/journal/progress-in-neuro-psychopharmacology-and-biological-psychiatry>

Suen et al (2021), cited in, Oliva H, Mateiro-Junior RS, Oliva IO, Powers AR (2023) Effects of exercise intervention on psychotic symptoms: A meta-analysis and hypothetical model of neurobiological mechanisms. <https://www.sciencedirect.com/journal/progress-in-neuro-psychopharmacology-and-biological-psychiatry>

Smith PJ, Merwin RM (2021) [The Role of Exercise in Management of Mental Health Disorders: An Integrative Review - PMC \(nih.gov\)](#)

Segura et al (2022), cited in Oliva H, Mateiro-Junior RS, Oliva IO, Powers AR (2023) Effects of exercise intervention on psychotic symptoms: A meta-analysis and hypothetical model of neurobiological mechanisms. <https://www.sciencedirect.com/journal/progress-in-neuro-psychopharmacology-and-biological-psychiatry>

Zeibert C, Bobos P, MacDermid JC, Furtado R, Sobczak DJ, Doering M (2022) The efficacy and safety of exercise and physical activity on psychosis: A systematic review and meta-analysis [Frontiers | The efficacy and safety of exercise and physical activity on psychosis: A systematic review and meta-analysis \(frontiersin.org\)](#)

Proposal prepared by Kate Ford  
June 2024

Signature (Fund Manager)	Date	Counter Signature over £2,000 (Chief Operating Officer)	Date
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**PLEASE NOTE:**

1. All sections on the top part of the form should be completed, signed and dated.
2. If ordering goods via supplies an order must be raised through the procurement system. All documentation regarding your request should then be sent to finance with this form.
3. The balance of the fund will be checked and the bid is passed for approval.
4. All bids over £2,000 need to be signed by Chief Operating Officer.
5. All requests for expenditure need the appropriate authorisation:
  - bids up to £250 – Fund Manager
  - bids up to £2,000 – Fund Manager and Director of Finance
  - bids £2,000 - £7,500 – Fund Manager and Charitable Funds Committee Chairman
  - bids over £7,500 – Charitable Funds Committee
6. The order is approved only once approval has been authorised as above.
7. Unless specified otherwise within the bid, the order should be placed within 3 months of approval. Failure to do so will result in the bid being void.

**TO BE COMPLETED BY FINANCE**

Trust Fund	Balance	Date	Order no.
Approval (Director of Finance)			Date
Approval (Chairman/ Trust Fund Committee)			Date
Passed for Payment			Date