OP42 SERVICE USERS’ EXPERIENCES OF A PHYSICAL ACTIVITY AND LIFESTYLE INTERVENTION FOR PEOPLE WITH SEVERE MENTAL ILLNESS: A LONGITUDINAL QUALITATIVE STUDY
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Background Individuals with serious mental disorders die up to 30 years earlier than the general population, mostly from cardiovascular causes. Explanations include obesity, diabetes (exacerbated by medication), hypertension, smoking, poor diet and sedentary lifestyle. The need for action is widely recognised, but services are rare and without thorough evaluation.

Objective To describe and explore the experiences of service users participating in a lifestyle intervention, particularly barriers to uptake and continued adherence to lifestyle change.

Design In-depth qualitative interviews were conducted with people with severe mental illnesses admitted to an acute psychiatric day hospital. We included interviews with individuals who did not engage with the intervention. The interviews were audio-recorded, transcribed verbatim and analysed using the principles of thematic analysis. Detailed within-case analysis, followed by thematic analysis across the cases (cross-case analysis), comparisons and interpretations aimed to capture an insight into the meanings of each case.

Setting andParticipants A purposive sample of 15 service users with ages between 18 and 65 years were interviewed after taking part in a lifestyle intervention in an acute psychiatric day hospital. The interviews were conducted at discharge and 3-months after discharge.

Findings Engaging with physical activity is potentially beneficial, especially as a group activity or when embedded in other social activities (eg, organised walks, games) or when serving a specific purpose (eg, losing weight or releasing anxiety). Physical activity had an overall positive impact on mental health, however with short-term, rather than long-term benefits. Changing dietary habits, sleep routines and quitting smoking are all described as difficult changes to make due to their complex personal and social functions and meanings. Smoking, for instance is seen not only as self-therapy and a coping strategy, but also as characteristic to a desirable identity. In sustaining lifestyle changes the main barriers identified are perceived stigma, lack of social support and financial difficulties. Participants identify and experience little or no lifestyle change at follow-up and for some service users starting to think about lifestyle change is experienced as a significant step.

Conclusions These preliminary findings revealed the diversity of experiences and attitudes towards physical activity and lifestyle of people with severe mental illnesses, as well as the complex relationship between lifestyle and mental health. These results are discussed with reference to modern theories of behavioural change, stigma, and recovery processes in mental illness.