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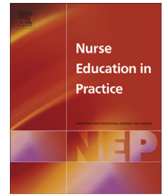

Increasing the health literacy of learning disability and mental health nurses in physical care skills: A pre and post-test evaluation of a workshop on diabetes care

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A B S T R A C T

This paper presents the pre- and post-test results of the outcomes of a workshop designed to increase learning disability and mental health nurses' knowledge and skill to undertake interventions for service users at risk of, or with a diagnosis of, type 2 diabetes. Health literacy is also discussed as a way of explaining why such nurses may lack expertise in physical health care. Findings from the workshop show that learning disability and mental health nurses have the motivation to increase their health literacy (skills and knowledge) in diabetes care. The potential of such workshops, and how organisations looking forward to the future can build health literacy, is discussed.

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Introduction

People with a learning disability or serious mental illness face complex health inequalities that cannot be understood solely from the perspective of their condition. The increased incidence of physical ill health, including diabetes, for people with a learning disability is due to complex interactions including ability to communicate, poverty, lifestyle and access to physical assessment (Jinks et al., 2011; Hardy and White, 2013). These conditions are also associated with a wide array of social and economic circumstances (Department of Health (2008); Department of Health (2011)). Causation may also be due to current treatment regimes, including side effects from psychotropic medication (Edward et al., 2010; Curtis and Curtis, 2013). The seriousness of physical symptoms being identified as psychosomatic behaviour, known as diagnostic overshadowing, is also significant when considering the number of people with a learning disability or serious mental illness being at risk of, and suffering from, long-term physiological conditions (Nocon, 2004).

Individuals with a learning disability or serious mental illness are also less likely to be offered screening which the general population would receive routinely: for example cholesterol, urine or weight checks, or opportunistic advice regarding smoking cessation (Oullette-Kuntz, 2005: Hardy et al., 2011). This suggests that not only are service users at risk due to lifestyle choices and the impact of psychotropic medication, but also that to some degree they are marginalised from mainstream prevention services. The lifestyle factors that pose significant risk, such as poor diet, reduced physical activity, smoking and alcohol consumption, are all prevalent within the population of those with learning disabilities and serious mental illness, and potentially could be modified by sound advice, guidance and assessment by the mental health or learning disability practitioner.

Prevalence of diabetes

Diabetes poses a significant public health problem, as both morbidity and mortality are greater in patients with diabetes compared to corresponding rates in the general population. Diabetes patients have a higher risk of death from cardiovascular disease (typically coronary heart disease or stroke) and microvascular disease, including sight-threatening retinopathy and nerve damage (neuropathy); leading to lower limb amputation

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(National Institute of Clinical Excellence [NICE], 2008; World Health Organisation [WHO], 2011). Rates of type 2 diabetes have increased dramatically in recent years: Diabetes UK (2012) reports a prevalence of 4.5% for both type 1 and type 2 diabetes in the United Kingdom. Worldwide, particularly in emerging economies, the International Diabetes Federation (IDF, 2012) estimates a global prevalence of 8.3%. Type 2 diabetes is associated with a variety of lifestyle factors, such as obesity, poor diet and a sedentary lifestyle, and also the metabolic effects of anti-psychotic medication (Edwards et al., 2010; Shiers and Holt, 2012; Curtis and Curtis, 2013).

Diabetes and people diagnosed with a learning disability

Diabetes is a complex condition. The comprehension, communication and literacy difficulties experienced by diabetics with learning disabilities makes it a major challenge to undertake appropriate assessment and related interventions for the condition (Kelly, 2011). In 2009, Diabetes UK reported that 9 million people in the UK had learning disabilities, with an estimated 270 000 of these having type 2 diabetes (Diabetes UK, 2009). However, this remains unsubstantiated (Emerson, 2011). People with learning disabilities are more prone to developing type 2 diabetes than those without learning disabilities (Disability Rights Commission, 2006-DRC; Department of Health, 2009). This increased propensity is higher in people diagnosed with Down's syndrome, particularly if they are female and obese (Phillips, 2009). Obesity tends to occur more frequently in those with learning disabilities, which may be attributed to poor diet and inactive lifestyles (Jinks et al., 2011).

Diabetes and people diagnosed with a serious mental illness

There is also a recognised higher incidence of type 2 diabetes in people with a serious mental illness. A recognised genetic predisposition to insulin resistance may be a factor related to increased incidence levels in this group (Hardy et al., 2013). Another theory is people with schizophrenia are a major risk group for abnormal glucose homeostasis, due to hereditary factors for developing the metabolic syndrome (Hulstsjo and Hjelm, 2012; Curtis and Curtis, 2013): the prevalence of type 2 diabetes is 2–4 times higher when schizophrenia is present (Edward et al., 2010; Schizophrenia Commission, 2012). Similarly, people diagnosed with bipolar disorder are likely to develop type 2 diabetes at a rate three times greater than in the general population (Calkin et al., 2013).

There is also high morbidity when serious mental illness and diabetes (type 2) is present. The Disability Rights Commission (DRC) (2006) found that 41% of people having a co-morbidity of schizophrenia and diabetes are aged under 55 years; much higher than the corresponding proportion in the general population (30%). Furthermore, 19% of people with this co-morbidity died prematurely; a rate twice as high as in the general population (9%). Nash (2009) states there are two major reasons for this: lifestyle factors and iatrogenic side effects of anti-psychotic medication. There is also a high risk of metabolic side effects, such as diabetes, especially when second generation anti-psychotics are prescribed (Edward et al., 2010; Curtis and Curtis, 2013). Weight gain, which is also a common side effect of some antipsychotics can contribute to the risk of type 2 diabetes developing, as it initiates the cascade of insulin resistance, hyperglycemia and pancreatic beta cell failure that features as the metabolic syndrome (Manu et al., 2013).

Calkin et al. (2013) report that there are shared pathologies with similar epigenetic interactions linking type 2 diabetes and bipolar disorder. These may be expressed in the presence of environmental factors such as stress, changes to diet and the some prescribed medications.

The learning disability nursing and mental health nursing role

An important part of the role of the registered nurse is to have greater awareness of the signs and symptoms of physical ill health, including long-term physical conditions (in this case diabetes), in relation to local service provision, so that practitioners can guide service users to the most appropriate care, treatment and support (Edward et al., 2010; Manthorpe and Martineau, 2010; Sheerin, 2011; Hardy and White, 2013). Learning disability nurses, for example, can assist service users to gain access to healthcare services suited to their needs, such as specialized diabetes services (Manthorpe and Martineau, 2010). This would suggest that in providing holistic care to service users and their carers, learning disability and mental health nurses need some basic knowledge in relation to the screening and management of long-term conditions, and this has been recognised in recent nursing reviews in both learning disability and mental health nursing (Department of Health (2006a, 2006b); Department of Health (2007)). Thus the nurse has a role in promoting both psychological and social aspects of health, including physical well-being, which are all central to recovery and person-centred care (Howard and Gamble, 2011; Hulstsjo and Hjelm, 2012; Sheerin, 2011; Hemingway et al., 2013a).

Evidence suggests that providing advice and guidance to individuals regarding both their mental and physical wellbeing improves service users' self-esteem and increases their ability to manage their own health (Nocon, 2004; Lennox et al., 2007). However, learning disability nurses and other care providers have been increasingly found to be inadequate, with some staff indifferent to (Mencap, 2007) or even neglecting (Jenkins and Davies, 2010) the basic physical health care of learning disability service users.

There are many reasons why service users' long term physical needs may not be identified. One may be a lack of confidence or ability in relation to physical health monitoring by learning disability and mental health staff. Training needs analyses carried out by Nash (2009) and Howard and Gamble (2011) of in-patient and community-based mental health staff found that staff did not have up-to-date skills or knowledge, and lacked confidence in physical care activities; thus delaying appropriate intervention. Manthorpe and Martineau (2010) also noted that health and social care staff providing services for people with a learning disability need education and training in physical health interventions.

However it is encouraging that good practice does exist. For example, the learning disability nurses' collaboration in primary care has initiated annual health checks for adults with learning disabilities (Martin et al., 2004; Manthorpe and Martineau, 2010). Additionally, studies have shown that mental health nurses are in an ideal position to assess mental health service users' physical health needs (Nash, 2010a; Howard and Gamble, 2011; Robson et al., 2012; Edward et al., 2012).

Sheerin (2011) suggests that to be truly holistic, learning disability nurses need to work with the service user to gain access to the same healthcare as the general population. There are comprehensive assessments now available now for the learning disability nurse (Martin et al., 2004; Cooper et al., 2006; Phillips, 2009) and mental health nurses (Phelan et al., 2004; White et al., 2009; Eldridge et al., 2011) to assess and inform clinical decision-making towards service users' physical needs. Through the holistic assessment of service users' needs, learning disability and mental health nurses have the opportunity to assess for long-term life-limiting physical health conditions, and to promote positive

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