Health Beliefs and Experiences of a Health Promotion Intervention Among Psychiatric Patients With Substance Use: An Interview Study

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A R T I C L E I N F O

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A B S T R A C T

We aimed to explore beliefs about physical health from the perspective of patients with concurrent mental illness and substance use and to explore how a health promotion intervention influenced their personal agency for changing health-related behaviour. Our findings were that patients' beliefs were focused on their present day state of health and that patients had strategies to normalize their health and health-related behaviour. Health promotion to this group of patients should be tailored to fit their particular beliefs. Health measurements were experienced as providing tangible insight into their health and appeared to prevent patients from minimizing physical health problems.

Introduction

Dually diagnosed patients constitute challenges to mental health services, because their treatment needs to integrate management of both their psychological problems and their drug dependence (Munro & Edward, 2008). The concept dual diagnosis is used to describe a patient with concurrent mental illness and substance use disorder. The complexity of effectively treating these patients is further complicated by a high prevalence of physical comorbidities. In comparison to patients with mental illness without concurrent substance use disorder, patients with dual diagnosis have a higher likelihood of contracting infectious, gastrointestinal and respiratory diseases (Dickey, Normand, Weiss, Drake, & Azeni, 2002; Frasch, Larsen, Cordes, et al., 2013), and of dying prematurely (Steingrimsson, Sigurdsson, Aspelund, Sigfusson, & Magnusson, 2016). More reasons for these heightened somatic morbidity and mortality rates can be pointed out. These patients are likely to experience overdoses and accidents resulting from substance abuse (United Nations Office on Drugs and Crime, 2012). Furthermore, they are prone to experience inadequate physical health care and adverse effects of treatment with psychotropic medication (Osborn, 2001). In addition, they often adopt unhealthy behaviour like tobacco smoking (Drake & Green, 2015) and poor engagement in physical exercise (Abrantes et al., 2011). Thus, developing and implementing new knowledge in clinical routines to improve physical health and lifestyle in these patients is warranted (Munk-Jorgensen, Blanner Kristiansen, Uwawke, et al., 2015).

Recently, interventions to improve physical health in patients with mental illness have been highly prioritized in clinical practice (Happell, Davies, & Scott, 2012; Hjorth et al., 2017). In 2013, a health promotion intervention was conducted over a period of two years at a Danish outpatient mental health clinic specializing in the treatment of patients with dual diagnosis. The aim of the intervention was to improve patients' physical health by addressing and potentially modifying their health behaviour. The intervention consisted of individual consultations, group sessions and optional participation in physical exercise in addition to treatment as usual. All patients attending the clinic during...
the period were offered to participate, but a commitment to at least six months follow-up was required. The consultations were individually tailored and included guidance on diet, exercise and stopping smoking. During group sessions, patients were taught about healthy dietary habits and how to read and understand food declarations. Additionally, patients were informed about accessible support for exercise and stopping smoking by consultants from the municipality. Throughout the study, numerous physical health parameters were measured to assess the effect of the intervention, i.e. weight, waist circumference, body fat percentage, blood pressure, pulmonary function, and clinical laboratory measurements of serum lipids and average blood glucose. Patients were continually informed about these test results to enhance their motivation for changing or maintaining habits regarding their health. Results from this study have been published (Juel, Kristiansen, Madsen, Munk-Jørgensen, & Hjorth, 2016). The first author provided all parts of the intervention and was member of staff at the clinic during the intervention period.

There are several articles reporting research into experiences of participating in health promotion interventions from mental health patients’ points of view (Aschbrenner et al., 2013; Shiner, Whitley, Van Citters, Pratt, & Bartels, 2008). For instance, Roberts and Bailey (2013) interviewed patients with severe mental illness and found continual measurement of health indicators as being important to maintaining engagement in a lifestyle intervention. However, studies involving patient perspectives tend to focus on health behaviour change programs and to a lesser extent, on the meaning mental health patients ascribe to physical health (Happell et al., 2016). Lay people's perceptions of health were found to be the absence of illness and as the ability to carry out daily functions (Hughner & Kleine, 2004). Similarly, mental health patients believed health to be the absence of disease, injury or pain and as being functional in everyday tasks (Bandura, 1989).

Methods

Design

The study was designed within an interactionist perspective (Holstein & Gubrium, 1995). From this perspective, the conducted semi-structured interviews were seen as social interactions, where meanings were constructed and interpreted between interviewer and participants. The interviews took place in February–April 2016, 2–4 months after concluding the intervention.

Theoretical perspective

We used Kleinman’s (1981) concept of “explanatory models” to inform the outline of the interview guide. According to Kleinman, explanatory models are an individual's beliefs about health and illness that are shaped by the social and cultural values inherent in the individual's contextual reality. These beliefs are partly idiosyncratic and out of the individual's awareness, but also flexible and giving meaning to the individual's behaviour in maintaining health and in choosing and evaluating particular treatments (Kleinman, 1981). An individual's explanatory model of an illness may include notions about (i) the etiology of the illness, (ii) reasons ascribed to time of onset, (iii) pathophysiology, (iv) the course of illness, including severity and sick role, and (v) the appropriate treatment of the illness. By adapting the concept of explanatory model we explored patients' beliefs about physical health, notions regarding reasons for health problems and onset of symptoms, pathophysiology, course of their physical state of health and appropriate health actions including the intervention. The interview questions were then constructed around these dimensions (see Table 1 for an outline of the interview guide).

Participants

All patients who participated in the health promotion intervention and completed follow-up (N = 40) were eligible for an interview. All patients had an ICD-10 diagnosis of psychiatric disorder and diagnosis indicating harmful use or dependence on a substance (World Health Organization, 2004). The purposeful sampling strategy entailed recruiting “information-rich” (Patton, 1990) patients, from whom we could learn about the explanatory models of physical health and experiences of participating in the intervention. The interviewer approached 16 patients for an interview. The sample size was ultimately determined by available resources for data management and data analysis, but we anticipated that the scope and depth of interview data would be sufficient to explore the explanatory models of physical health.
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