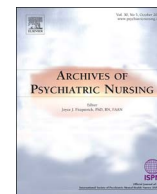


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Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

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

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ARTICLE INFO

Keywords:

Attitude to health
Diagnosis
Dual (psychiatry)
Health promotion
Interview as topic
Qualitative research

ABSTRACT

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; Frasc, 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-Jørgensen, 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 participants' 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

[☆] All authors have approved the final version of the article upon submission for publication.

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⁴ Niels Buus: made substantial contributions to the design of the study, analyzing data and drafting the article.

<https://doi.org/10.1016/j.apnu.2018.01.004>

Received 8 May 2017; Received in revised form 19 December 2017; Accepted 1 January 2018
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Table 1
Outline of the interview guide.

Explanatory model	Questions
Etiology	How would you describe your physical health? Why do you think your physical health is like it is? Why do you think your physical health changed?
Timing and onset of physical health problems	What had happened when you first noticed the change in your physical health? How did you respond to this change? Where did you look for help?
Pathophysiology	What do you think good physical health is?
Course of physical state of health	How would you describe your present state of health? What will happen if your physical health remains as it is at present? What do you fear most with regard to your physical health? How do people around you respond to your physical health?
Intervention and treatment	What can help you to improve your physical health? Describe in detail what you experienced during the intervention? What did you get out of the intervention? Did the intervention help you to change your behaviour in regard to your physical health? How? Suggestions for improvement of the intervention

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-Jorgensen, & 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 (Happell et al., 2016). As such, these health perceptions seem not to resonate strongly with biomedical beliefs of healthcare professionals, but may explain why patients continue to engage with health risk behaviours despite being advised not to. Thus, in the present study we aimed to explore beliefs about physical health from the point of view of dually diagnosed patients. We then used these insights as context for exploring patients' experiences of participating in a health promotion intervention and of how they understood the intervention's influences on their personal agency for changing behaviour in regard to their health. In the context of this paper, the term 'personal agency' refers to the ability to exert influence over one's functioning and the course of events by one's actions (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

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