1   HOW CAN MENTAL HEALTH NURSES IMPROVE THE PHYSICAL HEALTH OF THOSE WITH MENTAL HEALTH PROBLEMS?

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We have known for some time that those with severe mental health problems are more likely to have higher rates of mortality and morbidity compared to the general population (Osborn et al., 2007). We also know that many of these health problems are related to socially determined health behaviours such as poor diet, smoking, lack of exercise and excessive alcohol use. This raises a key question about the extent to which mental health nurses can influence these kinds of behaviours in an effort to improve physical health.

Understandably, the relationship between nurses and service users is of prime importance, as evidenced by many of the papers published in mental health nursing journals. This relationship has dominated the approach to promoting physical health; a typical example of which is a nurse led intervention for cardiovascular screening for those diagnosed with severe mental illness (Osborn, Nazareth, Wright, & King, 2010). These interventions target individuals and demonstrate some promise in improving access to health care and health screening (Osborn et al., 2010).

The effects on health behaviour, however, are limited. For example, changes in health behaviours such as exercise are much more difficult to achieve (Stanton & Happell, 2014).

I believe there may be another approach that is based on the assumption that health gains result from changes in a person's micro social environment. Changing social relationships is fundamental to this approach including those that are of immediate relevance to mental health nursing. These include the relationships nurses have with service users, informal carers, family, friends and other health and social care professions.

There is a growing body of evidence that mental health nurses are already working is ways that aim to change social relationships which underpin health behaviours. Hultsjo and Hjelm (2012) in their recent review of interventions for people diagnosed with psychotic disorders and Diabetes Mellitus Type 2 suggest that mental health nurses have an active role in care co-ordination and planning. Synergistic positive professional relationships between those responsible for health services and health service users are of key importance in achieving service integration.

If these relationships work well then better integration of physical and mental health care will follow and this will lead to changes in health behaviours.

Mental Health nurses also work in a diverse range of community settings, including schools. They already engage in interventions that aim to bring about change in the social culture of schools with view to improving pupils' social capital and promoting positive mental health (Onnela, Vuokilia-Okkonen, Hurtig, & Ebeling, 2014). Synergistic positive relationships between teachers, pupils, family and friends are key to the success of these programmes. Furthermore, the effectiveness of these types of interventions is currently being assessed in relation to the impact of health behaviours such as smoking, illicit drug use and alcohol consumption (Henderson et al., 2016). I believe these socially oriented interventions hold some promise if applied to those with mental health problems. In addition, we have yet to realise the potential of social media in their design. There is also the need to evaluate how well they translate to the mental health settings and populations and ultimately how effective they are in changing health behaviours. Of course it is much more difficult for mental health nurses to bringing about change in the marco-social environment which involves large-scale health improvement. Examples include government taxation on food products, smoking bans, and large infrastructure projects, including transport (cycling paths) and widening access to employment and education. Viewed in this way the contribution of mental of mental health nursing to these types of public health interventions will prove limited. Nevertheless, the potential in bringing about social change at the micro level should not be dismissed. I think it is possible to address social relationships as a necessary element in health interventions for those with mental health problems. There is evidence that mental health nurses are beginning to engage with these types of interventions and these should be subject to robust evaluation.

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