# Handout: Self-management support

Some definitions you need to understand.

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| **Term** | **Definition** |

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| **Self-management (SM)** | Ongoing way a person with long-term conditions (LTCs) manages their conditions by themselves. |
| **Self-management support (SMS)** | Support that health professionals and health coaches give people with LTCs so people can self-manage better. |
| **Self-management education (SME)** | Short-term programmes (usually six weeks) where a small group of people with LTCs work with leaders to help them manage their LTCs. SME programmes include Stanford’s Chrome Self-Management Programme. |

## What is self-management support?

A person who is good at self-management:

##### knows about their LTC

##### follows a care plan agreed with their health professional/health coach

##### makes decisions **with** their health professionals/health coach

##### manages their LTC and knows what to do if things get worse

##### manages the impact of their LTC on their physical, emotional and social life

##### does things that support their health – healthy eating, being more active and other social activities

has access to support services and has the confidence and ability to use them.

(Adapted from Principles of Self-Management, Flinders Human Behaviour and Health Research Unit. (2007).The Flinders ProgramTM for Chronic Condition Management Information Paper. Retrieved from <http://www.flinders.edu.au/medicine/fms/sites/FHBHRU/documents/publications/FLINDERS%20PROGRAM%20INFORMATION%20PAPER%20FINAL_M.pdf>)

SMS can be seen in two ways:

1. A number of techniques and tools that help people to choose healthy behaviours.

2. Changing the patient/health professional relationship from the health professional/health coach telling people what to do to a joint partnership between the person and health professional/health coach.

(Adapted from Health Foundation (2011). *Helping People Helping Themselves: A review of the evidence considering whether it is worthwhile to support self-management*. London: Health Foundation.)

In New Zealand, SMS for people with LTCs is varied. Some health care providers do a good job of providing SMS and others do very little SMS.

## Why is SMS so important?

Like a lot of other countries in the world, New Zealand has an ageing population that is living longer. This means more and more people are living with LTCs. New Zealand’s health system can’t cope unless people with LTCs manage their LTCs to make sure they don’t need to go into hospital or need expensive treatments all the time.

SMS for people to help them to manage their LTCs is key to coping with the growing population with LTCs and a health system that is not going to have enough money to provide the current level of health services.

### Different stages of LTCs

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| **Key stage** | **SM issues for person** | **How SMS can help** |
| **Diagnosis** | By this point, the LTC may already have seriously affected person’s life and ability to manage.People feel challenged about having a LTC and how they will manage their ‘new’ life. | Helps person come to terms with their diagnosis.Helps person make good decisions about treatment options for LTC. |
| **Living with LTC** | Person needs information and skills to maintain good health.People can become isolated if they cannot do what they used to. | Supports people to work through their experiences of LTCs.Helps people to re-connect to their community. |
| **LTC gets worse** | People experience a cycle of illness and person’s health can be very up and down.Symptoms get worse.Person struggles to get extra support during periods of ill-health.Person may lose some ability to manage. | Helps to avoid periods of ill-health or reduces their impact.Helps people to recognise early warning signs and quickly act on them.Helps with emotional impact of LTC getting worse.Supports person’s changing needs. |
| **Needing even more support** | Person moves between services, sometimes needing different levels or types of support.Person dealing with many needs/conditions and therefore needs a range of services.Person can get stressed which can have serious impact on their health. | Supports person to manage using more or different services.Keeps focus on person’s needs so services are organised around these needs.Provides person with sense of control at a time when they may not feel in control. |
| **End of life** | This difficult time involves complex challenges.Death may be earlier than expected.People may have to cope with symptoms of the LTC along with the challenges of dying. | Supports person to meet a range of challenges and maintain control.Helps with other needs e.g. emotional, spiritual, whānau and lifestyle depending where the person lives |

(Adapted from Long-Term Conditions Alliance (2008). *Self-Management Strategy for Long Term Conditions.* Scotland: Scottish Government.)

## What can health professionals and health coaches do to provide good SMS?

Health professionals and health coaches need to change their behaviour as much as the person with the LTC. Health professionals and health coaches need to ask themselves this question every time they work with a person with LTCs:

***What can we do to support this person and their whānau/family to manage better at home?***

 (Mudge, S., Kayes, N., & McPherson, K. (2015). Who is in control? Clinicians’ view on their role in self management approaches: a qualitative metasynthesis. *BMJ Open* 5: e007413.)

A health professional and a health coach can contribute to and support people's behaviour change by:

providing the best health care

ensuring that SMS is culturally appropriate

encouraging people to participate actively in their self-management by acknowledging that the person is the expert in their own lives

providing information that helps people with LTCs make informed decisions and set goals for themselves

referring people to appropriate support agencies as needed

supporting people with LTCs to attend SME courses, where they are available

following up with people after they have participated in SME, to support their learning.

## SMS strategies health professionals and health coaches can use

### Action Planning

You use Action planning with a person once they have decided on a goal.

1. Make a list with the person of all the things they could do to achieve their goal.
2. Get the person to choose one thing they could work on from that list and then write an action plan based on these questions:

##### How much or how often will I do this?

##### When will I do this?

##### Who can help me?

##### How confident am I that I can do this?

#####  not at all confident 1 2 3 4 5 6 7 8 9 10 very confident

##### Other things I will do to help?

##### Things to ask my health professional or health coach?

### Problem-solving

People with LTCs will often have problems that can stop them completing actions plans and achieving their goals. People can find it hard to deal with problems on their own and might ask you to help them solve a problem. Here is a step by step problem-solving process that you can go through with people with LTCs. This process will help give the person some ideas about how to solve any problem.

##### Step 1. Identify and define the problem.

##### Step 2. Quickly think up some ideas about possible solutions to the problem.

##### Step 3. Think about each idea and rate each one according to its pros (good things about the idea) and cons (not so good things about the idea that could stop person putting idea into action).

##### Step 4. Choose the best idea on the list after you have looked at the pros and cons of each idea.

##### Step 5. Put idea into action (develop an Action Plan).

###### Step 6. Review and refine. Did your idea work? What went well? What didn't go so well? What could I learn from this? If the idea didn't work, choose another idea from your list or start the problem-solving process again.

Sometimes problems can not be solved and you might need to talk to the person you are working with about that.

### Decision-Making

People with LTCs have to make decisions all the time about their health. And often they are making those decisions at a time when they are not feeling very well. Obviously you can not help people with clinical decisions if you don't have clinical training. However, people might be making decisions about something that is not clinical and you can help them make a decision using steps that are similar to the problem-solving steps.

##### Step 1. Work out the different options.

##### Step 2. Write down the pros (good things about the option) and cons (not so good things about the option).

##### Step 3. Score each pro and con from 1 (not important to the person) to 5 (very important to the person).

##### Step 4. Add up all the scores for the pros and cons to find which side has the highest score.

###### Step 5. Before the person goes ahead with the side with the highest score, ask the person does it feel right for them. If the person says yes, then they should go with that decision.

### Case Study

One of the people you are working with currently has fish and chips every Thursday night for dinner. You have been encouraging him to eat more healthy food and he is trying to decide if he could have fish and chips once a fortnight instead of every week.

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| **Decision - *Should I start eating fish and chips once a fortnight instead of once a week?*** |
| **Pros** | **Score** | **Cons** | **Score** |
| It is much healthier  | 3 | I will miss it  | 4 |
| It will help with my cholesterol | 3 | I will have to cook something else for dinner  | 3 |
| It will help with my diabetes  | 4 | The fish is good for me  | 2 |
| It will help me lose weight  | 2 | It is quick  | 4 |
| It will save some money  | 1 |  |  |
| It will be better for the whānau | 3 |  |  |
| **Total**  | **16** | **Total**  | **13** |

Based on this, the decision would be to have fish and chips once a fortnight. Remember to check with the person that the decision feels right for them and they are confident to make this change

## Other SMS strategies

This diagram has four quarters and shows how different SMS strategies can be used to create different outcomes. For example, if the health professional and health coach was focussing on self-efficacy and behaviour change, the strategies in the top right-hand quarter would be used.

And if the focus was on clinical skills linked to a LTC as well as behaviour change, the health coach would use the strategies in the bottom right hand side of the diagram.

**Focus on self-efficacy**

(confidence in ability to succeed)

Motivational interviewing

Telephone coaching

Care plans

Goal setting

Patient held records

Active group education

**Providing information about LTC**

**Behaviour change**

Group education

Online courses

Self-monitoring

Electronic information

Written information

**Focus on clinical skills**

**linked to LTCs**

(de Silva, D. (2011). *Helping people help themselves.* The Health Foundation. Retrieved from <http://www.health.org.uk/sites/health/files/HelpingPeopleHelpThemselves.pdf>)