

Braveheart: From research project to thriving community programme

Alison Clyde introduces the Braveheart Mentoring Programme, unique to Forth Valley, Scotland, designed and proven to help and support adults with coronary heart disease.

Scotland's biggest killer is heart and circulatory disease (cardiovascular disease or CVD); it is estimated that in Scotland more than 620 000 people have heart and circulatory disease. Coronary heart disease (CHD), causes 9000 deaths each year: approximately one in five men and one in seven women. However, mortality, from CHD is falling rapidly; the number of people living with CHD appears to be rising, specifically in the older age groups (British Heart Foundation (BHF) 2010).

Scotland's national heart charity, the British Heart Foundation, states that the bulk of CHD is preventable. Even though treatments for heart disease continue to improve and be developed, the proportion of people dying from the most acute form of the disease (heart attack) remains high.

The Braveheart Programme is an approach to help fight the battle of CHD; the model has continued to be proven successful over the past 13 years.

What is Braveheart?

Braveheart works throughout Falkirk District and Clackmannanshire to help adults with heart problems move towards healthier lifestyles and improved health. Living well and enjoying a good quality of life with these conditions relies on people having access to the right information, education and support.

The programme aims to increase patients' knowledge about heart disease, helping them achieve a healthy lifestyle. Volunteer lay health mentors are trained to run self-help groups at which a range of issues are

discussed. Volunteers act as positive role models providing information and encouragement to small groups of people (8–12), who meet once every 3 weeks, for 2 hours, over the period of 1 year. At group meetings, participants are given the opportunity to discuss subjects relating to their condition such as heart health, medication, healthy eating, cholesterol, physical activity, smoking cessation (including the dangers of second hand smoke), alcohol, stress/relaxation, cycle of change as well as how they can adapt to this change and, therefore, self-manage their condition. The participants are able to share their own experiences and consider new ideas on how to enjoy life to the full.

Braveheart's model is as non-clinical as possible, running group meetings in local community facilities including sport centres, libraries, community education centres, village halls and the like. There is also help with transport if participants cannot physically gain access to public transport to get them to meetings.

GPs, practice/district nurses, staff within Forth Valley Cardiac Rehab Team and other health professionals make referrals to the programme; people can also self-refer.

After the self-help group has reached the year-end, participants can move on to join Braveheart Plus, which has been set up to provide continuing support, guidance and focus for post-Braveheart participants, friends and family members. Monthly meetings consist of talks and presentations on health matters as well as allowing members to continue to meet others in a similar health situation.

Good partnership working, especially with the local council, has been invaluable; they provide free meeting room accommodation as well as activity health passes which allow Braveheart participants the opportunity to try various activities, including swimming, at no cost. This in itself has

been a considerable saving and helps keep the programme very cost-effective and encourages members to become more physically active.

Research study

Braveheart began in 1996 as a randomized controlled trial on elderly patients attending Falkirk & District Royal Infirmery in Central Scotland with CHD (Coull et al, 2004).

Patients aged 60 or over, admitted to hospital or who had attended the outpatients department with a clinical diagnosis of CHD, were recruited. The intervention consisted of participation in a mentor-led group, through attending 2-hour meetings in community facilities every 3 weeks over a 1-year period. A wide range of issues relating to cardiovascular disease, its management and self-help regarding well-being were discussed. The core activities covered in the programme were lifestyle risk factors of diet and exercise, smoking, blood pressure and cholesterol, and their ability to cope with CHD. Input was provided from a pharmacist, cardiac rehabilitation specialist nurse, dietician, welfare benefits advisor and members of leisure services.

Volunteer lay health mentors, who were recruited from the local community, led the groups; 30 hours of initial training was provided by the cardiac specialist nurse, dietician, hospital physician and project coordinator. The focus and main emphasis of the training was based on the person-centred approach of psychologist Carl Rogers, reinforcing self-help principles and enabling group facilitation. The project coordinator provided training and ongoing support for the mentors.

Conclusions of the study

Lay health mentoring had been shown to promote healthy changes in lifestyle in an older population. It had formed alliances

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A Braveheart self-help group

between older people, their community and health professionals. It was and still is practicable, feasible, inclusive and safe, appearing to provide additional benefit to conventional rehabilitation and secondary prevention. Mentoring has been associated with lifestyle changes in diet and exercise and a demonstrable reduction in hospital resource use.

This study was among the first to show beneficial lifestyle modifications and changes in behaviour using a mentoring strategy. The model continues to provide a useful means to achieve measurable health gains in adults of all ages with CHD.

Further information on the research can be viewed and downloaded at www.braveheart.uk.net.

What happened next?

In 2002, with positive findings, it was agreed to roll the programme out into the local community inviting primary care staff to refer and individuals to self-refer. The age criteria for entry onto the programme was dropped allowing adults 18 years and over to join: participants ages range between 24 years and 84 years. Volunteer health mentors were also recruited from a wider age range. Charitable status was reached in 2004 and in 2006 the programme rolled out to Clackmannanshire covering two-thirds of the Forth Valley area.

To date more than 800 people have been supported through the mentoring process. Braveheart has achieved further success in helping people become more physically active by securing funding to develop a walking programme specifically designed for people with heart problems, helping

them to walk in a safe and supported environment, covering a distance from half a mile up to two miles.

Participant feedback continued to highlight some unexpected findings. The need for a similar walking programme was identified, as well as phase IV cardiac rehab community classes. These developments are gathering pace in partnership with Clackmannanshire Healthier Lives and the Forth Valley Cardiac Rehab Team.

Training of volunteer health mentors

From 2002 until 2007 Braveheart continued to use the original study training-manual; however, with funding secured from the Scottish Government, Age Scotland, NHS Forth Valley & Awards for All, a new training pack was created with up-to-date and revamped materials. Contributions from a team of health professionals, volunteer health mentors, Braveheart staff, an editor and graphic designer brought the new pack to life extending the training from the original 30 hours to 35 hours.

This Braveheart Health Mentor Training Pack contains two manuals: a Trainers' Manual and a Volunteers' Handbook and contains all the information required to run the Health Mentor Training Course. It is accompanied by its own set of Trainers' slides provided in PowerPoint presentation format.

Recognition

The Braveheart programme has received acclaim for innovation and recognition of good practice in volunteering within the NHS by Volunteer Development Scotland

and the Scottish Government.

The use of community and voluntary resources to provide support for patients and carers has been a key focus in many of the Scottish Government's reports. Braveheart has been cited in numerous strategies and reports over the past seven years including:

- ♦ *Building a Health Service Fit for the Future* (Scottish Executive, 2005)
- ♦ *Cardiovascular Disease — A Guide to Primary Prevention in Scotland* (Health Scotland, 2005)
- ♦ *Response to NHS Scotland's "Better Health, Better Care": A discussion document* (Volunteer Development Scotland, 2007)
- ♦ *Better Heart Disease and Stroke Care Action Plan* (Scottish Government, 2009)

A recent statement from Nicola Sturgeon MSP, Cabinet Secretary for Health and Wellbeing said (McCall, 2010)

'Our Better Heart Disease and Stroke Care Action Plan recognises that cardiac rehabilitation is both clinically and cost effective. Put simply, it saves lives. The extremely successful Braveheart Project in Falkirk is a great example and we would like to see its model extended nationwide.'

'To that end, we have instructed all health boards in Scotland to assess



A Braveheart volunteer health mentor and participant

the cardiac rehab they currently provide to see where they can learn lessons from Braveheart.'

The cost of Braveheart

The costs of CHD in the UK is vast: approximately £3.2 billion a year. Hospital care accounts for the vast majority of these costs, approximately 73% (BHF Scotland, 2010).

The research study ran on a total cost of around £200 per person per year. Compared with other options in providing support in health care, this is not an expensive model. The health economic analysis of the project also indicated significant savings in hospital bed days saved through the implementation of Braveheart (Health Scotland and Braveheart, 2003).

Future plans

Further to the release of last year's action plan, Braveheart is currently in discussion with Chest Heart & Stroke, Scotland to examine options for expanding the model to become nationally available.

More information regarding the work of The Braveheart Association can be found at: www.braveheart.uk.net

British Heart Foundation Scotland (2010) *Scotland Coronary Heart Disease Statistics 2009-10*. Factsheet. February. <http://tinyurl.com/3aflue3> (accessed 23 April 2010)

Coull A, Taylor V, Elton R, Murdoch P, Hargreaves A (2004) A randomised controlled trial of sen-

Quotes from volunteer health mentors:

'I had a typical West of Scotland diet—too much fat, salt and sugar – but now my house is like a fruit and veg shop'

'My involvement with Braveheart keeps me active and interested, I meet lots of wonderful people and it gives me tremendous satisfaction to be able to give something back after my life was saved by the health service'

'I was prompted to volunteer because heart health was something that has always interested me as both my parents died from heart failure'

Quotes from participants:

'In the aftermath of a heart attack you are forced to face reality and the recognition that you are not immortal can be a serious blow to your confidence. Braveheart played a major role in restoring my confidence, helping me understand what was required from me and how others, peers and professionals, could contribute to getting my life back on track. I have a lot to thank it for.'

'Since joining Braveheart I have completely changed my lifestyle'

'Thanks to Braveheart I know more about my condition and I am enjoying better health'

'I've changed my lifestyle; I lost weight and reduced my alcohol intake'

rio Lay health Mentoring in older people with ischaemic heart disease: The Braveheart Project. *Age Ageing* 33: 348–54.

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