



SANE Australia

Mind + Body

Rehabilitation and Support Development Project

Final Report

This project was funded by the William Buckland Foundation

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1 Introduction

This document is the final report of the SANE Mind and Body: Rehabilitation and Support Development Project. The project was undertaken between August 2010 and July 2013. This document describes the process SANE Australia and Neami took to implement a holistic organisational health promotion strategy. This report provides a summary of the outcomes and the development by SANE of a good practice model for non-government organisations (NGO's) to promote and support good physical health for clients living with mental illness.

2 Background

SANE Australia received funding from the William Buckland Foundation to conduct this project in collaboration with Neami.

2.1 SANE Australia

SANE Australia is a national charity helping all Australians affected by mental illness lead a better life – through campaigning, education and research. The Mind and Body project is a specific initiative that recognises that a healthier life includes both mental and physical wellness, and promotes common sense steps to improve the health for the whole person.

2.2 Neami

Founded in 1986, Neami is a non-government mental health organisation that provides support services within a recovery framework to people with a serious mental illness. Neami staff use the Collaborative Recovery Model (CRM) to assist consumers to build their confidence and skills to develop a sense of meaning and purpose in their life. The model emphasises hope by encouraging consumers to identify and enhance their strengths and values when working towards achieving goals.

Neami currently employs approximately 240 staff and 30 peer leaders and provides services at 24 different sites in Victoria, New South Wales, South Australia, Queensland and Western Australia. In Victoria, Neami operates from 11 service delivery sites, offering services to 900 consumers and employing approximately 150 staff.

3 Purpose and Scope

People with mental illness experience considerable physical health concerns such as significant weight gain and preventable chronic physical health conditions such as high blood pressure, type 2 diabetes, heart or respiratory disease and stroke. These conditions often arise due to the effects of prescribed medication and lifestyle. The life expectancy of a person living with mental illness is 15 to 25 years less than the general population.

There are significant barriers to improving the physical health of people living with mental illness, including government funding practices, fragmented service delivery practices and a lack of organisational policies. Negative and/or stigmatising beliefs and attitudes are still often held by mental health workers towards people with mental illness, reinforcing the lack of focus on physical health. Too often the focus for an individual's care is placed on supporting their mental health concerns with their physical health needs being neglected. This results in under-detection of preventable chronic diseases.

The purpose of this project was for SANE Australia and Neami to collaboratively research, develop and pilot, in Neami's Victorian locations, an innovative program of physical health policy and behaviour change interventions.

The aims of the project were to:

1. Improve the physical health of people living with a mental illness who attend Neami programs.
2. Develop a good practice model for creating best possible health promoting environments for clients and staff of mental health services.

The project objectives were:

1. SANE and Neami capacity-building
2. Personal change in people living with mental illness
3. Advocacy and system wide change.

Appendix 1 – Rehabilitation and Support Development Project Evaluation Plan

4 Methodology

This project adopted a change management strategy, recognising that multiple interventions, rather than simply staff training, was required to sustain change within an organisation when a cultural issue, like the lack of focus on physical health was concerned.

1. Environmental scan – a review of organisational structures, policies and staff attitudes toward smoking and healthy living, that directly impact on the issue, or have the potential to impact program goals and objectives
2. Policy development, implementation and monitoring – in consultation with all relevant internal and external stakeholders, through a focused leadership group program
3. Program and resources research and development – consultation and development of program materials, train-the-trainer manuals and consumer information
4. Staff professional development – consultation, forums, education and training
5. Assistance for service users and staff - access to healthy living initiatives, involving researching, piloting, evaluating and modifying initiatives such as support networks for smoking cessation, physical activity and healthy eating supports, for example, gym visits, cooking classes, healthy living clubs
6. Change management evaluation - surveying and reporting back to staff and management.

5 SANE Good Practice Model

SANE Australia has documented Neami's progress and developed a good practice model for improving physical health as outlined in the *SANE Healthy Living Guidelines*. By demonstrating success through change at one mental health NGO, the guidelines have been shared with other providers in the field, for improved overall health of people living with mental illness. [SANE Australia: Mind + Body Initiative](#).

SANE conducted an environmental scan to review relevant initiatives and policies that focused on making organisational wide or system changes to improve health outcomes for people living with a mental illness.

Appendix 2 – Environmental Scan

5.1 SANE Smokefree Guidelines for mental health NGOs

SANE was able to share its resources and provide evidence-based research as Neami implemented its 'Smokefree and Wellness Program', key activities included:

- Implementing a Smokefree Policy
- Mental health specific smoking cessation groups for staff and consumers

- Evaluation of organisational smoking culture change through three staff attitudes and belief surveys, and
- Training of staff to deliver smoking cessation support groups on site.

SANE developed the *SANE Smokefree Guidelines for mental health NGO's*, including a sample Smokefree policy based on that developed by Neami.

There have been 1,468 downloads of the Smokefree guidelines on the SANE website to date (10 August 2013).

Appendix 3- SANE Smokefree Guidelines for mental health NGOs

The *SANE Smokefree Kit* was designed for mental health organisations to run an 8-session program for clients with a mental illness. Based on the learning's from Neami's staff training the kit was refined to better suit the clients needs. It was made more flexible to fit with how people in the meetings were feeling and focused on reduction as well as quitting smoking.

5.2 SANE Healthy Living Guidelines for mental health NGOs

Activities and projects under the healthy living program that occurred at Neami included:

- The evaluation of staff and consumer knowledge, perceptions and beliefs regarding the physical health care needs of consumers through two physical health surveys
- The development and roll out of the health prompt
- Activities around the health promotion priority areas (Oral Health, Diabetes, SCTT)
- Staff specific health promotion activities – Soup Off, 10,000 steps, WorkSafe staff health checks and the Neami indoor soccer team.

The *SANE Healthy Living Guidelines* were developed in partnership with Neami. Through this project they have been tested, refined and promoted to the wider sector. They outline how a mental health NGO can better support the physical health of consumers.

They are supported by literature on how to:

- Create a [framework](#) for physical health support,
- Creating a health-promoting [environment](#) and
- Ensure [sustainability](#) by integrating healthy living into the organisations everyday practice.

There have been 1,906 downloads of the *Healthy Living Guidelines* on the SANE website to date (10 August 2013).

Appendix 4 – SANE Healthy Living Guidelines for mental health NGOs

SANE promoted this project and the *Healthy Living guidelines* through:

- Workshop presentation at The Mental Health Services (TheMHS) September 2011 conference
- Presented at the Mental Health Coordinating Council (MHCC) Physical Health Conference, October 2011
- Journal Article in 'New Paradigm' Physical and Mental Health, Winter 2011 edition titled 'Building capacity to improve physical health'
- Trade display at the Psychiatric Disability Services of Victoria Conference, May 2012
- Trade display at TheMHS August 2012 Conference
- Presented an e-poster at TheMHS Physical and Mental Health Summer Forum, February 2013
- Social media via SANE Australia Twitter and Facebook posts
- Abstract submitted to present the outcomes of the project at the TheMHS 2013 conference.

5.2.1 Staff Training

SANE delivered a *Healthy Living Workshop – Supporting people with a mental illness to live healthier lives* one day training to site champions and health promotion officers. The training provided staff with health behaviour change concepts, confidence in how to approach consumers about physical health issues and ways to integrate healthy living concepts into their daily work.

An e-poster on the Healthy Living Workshop was presented at the TheMHS Summer Forum in February 2013. The e poster discussed the development, implementation and evaluation of the healthy living workshop delivered to 20+ Neami staff, which formed part of a larger organisational strategy aimed at improving physical health outcomes for mental health consumers.

6 A Healthy Living Initiative in Practice – Neami

6.1 Neami Substance Use study

Prior to 2010 Neami had identified the need for and made significant organisational commitment to ensuring the success of its healthy living program.

In 2009, a sample of 489 individuals aged 16-64 participated in the Neami Substance Use study, recruited from Neami service sites in Victoria, New South Wales, South Australia and Western Australia. The results of Neami's research identified the following:

- 65 % (317) of participants identified as daily tobacco smokers
- 16.9% (54) reporting they smoked 1-10 cigarettes per day, 36.3% (116) reported smoking 11-20 cigarettes per day, 30.9% (99) smoked 21-30 per day, 14.7% (47) reported smoking between 31-50 cigarettes per day and 1.3% (4) smoked more than 50 cigarettes per day
- 70% also believed that their Neami support worker should be able to support them to reduce/quit smoking at the same time as supporting them in their recovery.

The results from the 2009 Neami Substance Use study reinforced the importance of Neami addressing the physical health issues of its consumers, and in particular, to continue its focus on smoking cessation.

6.2 Smoke Free and Wellness Program

In September 2008, Neami released a policy to ban smoking on all Neami premises. In recognition of the complex issues surrounding smoking within a community mental health service the Neami Smoke Free and Wellness Program was introduced, aimed at creating a supportive environment for those with a mental illness who desired to reduce or quit smoking. For many years smoking has been accepted as part of the norm for mental health consumers. The Neami Smokefree and Wellness initiative was a real catalyst for change, challenging the attitudes and beliefs of an entire sector.

The Neami Smokefree and Wellness Initiative was an evidence based initiative informed by:

- Review of key policy documents, seminal papers and other similar initiatives
- Consultations with staff and managers
- Consultations with key partner agencies
- Results of the Neami Substance Use study (2009)
- Results of the Neami Staff Smokefree & Wellness Survey.

There are significant barriers to improving the smoking status of people with a mental illness including:

- A lack of organisational policies and procedures
- Limited access to funding targeting sustained health promotion initiatives

- Negative and/or stigmatising beliefs and attitudes, often held by mental health workers towards people with a mental illness, which can reinforce inaction in this area of growing concern
- Priorities for an individual's care is often placed on supporting individuals mental health, with their physical health needs potentially being neglected
- High level strategies required to engage effectively with external services and develop referral pathways
- Psychosocial factors.

Key program activities at Neami included:

- Health Promotion Officers (HPO's) being appointed in each state with Smoking Cessation a key portfolio of their role
- Appointment of site champions to support and further promote the work of the HPO's
- Administration of a staff survey aimed at assessing staff's attitudes and beliefs towards smoking and feedback of results challenging myths held by staff
- Dissemination of a Smoke Free Policy
- Distribution of resource kits to support workers and consumers in developing action plans, goal setting and identifying resources to assist in reducing/quitting smoking
- Brief intervention training for staff and the delivery of smoking cessation support groups, using SANE Australia's *Smokefree Kit*. The consistent delivery of these groups across Neami commenced in early 2011
- Development of a holistic, whole of organisation approach documented in the Neami Health Promotion framework.

6.2.1 Smokefree and Wellness Budget

Australians pay a huge cost for the higher rate of physical health problems amongst people with mental illness. The human cost of loss of healthy life through disease, disability and premature death – known as burden of disease – is \$29.4 billion a year. The total cost to Australia of smoking amongst people with mental illness, for example, is estimated at \$33 billion a year.

No specific budget was allocated to the Smokefree and Wellness Initiative, rather the recruitment of a 0.4EFT Health Promotion Officer in Victoria to support the implementation of the Neami Health Promotion Framework and key priority areas, of which the Smokefree and Wellness initiative was a key component. Partnerships with key agencies have been pertinent to the success of the Neami Smokefree and Wellness Initiative. In particular, Neami has worked closely with Quit Victoria in the development, implementation and ongoing evaluation of the initiative. Quit Victoria has been able to

provide a range of support from smoking cessation resources to mental health specific smoking cessation training through to evaluation support. Given the relatively modest investment and in light of the sustainability and success of the initiative it can be concluded that the initiative has demonstrated value for money relative to the health outcomes achieved.

6.2.2 Evaluation of the Smokefree and Wellness Program

The Smokefree and Wellness program was appropriately modified to meet the needs of consumers, through the ongoing evaluation of the Fresh Start (smoking cessation groups), where Neami worked with Quit Victoria to develop an appropriate evaluation tool.

Neami acknowledged that in order to be effective in becoming a smoke free organisation it had to address staff attitudes and beliefs towards smoking. As a result Neami administered three staff attitudes and belief surveys over the period of the Smokefree and Wellness initiative. The first survey was designed and disseminated in 2009 to all staff within Neami to gather baseline data to look at attitudes, perceptions and beliefs around consumer and personal smoking. Neami re administered this survey in 2010 and again in November 2012.

6.2.3 Key findings

Comparisons of results from 2009, 2010 and 2012:

- The frequency with which service delivery workers were raising the issue about smoking habits and assessing consumers' interest in reducing or quitting smoking had increased in 2012 compared to both 2009 and 2010.
- Service delivery workers were providing motivational interviewing interventions more frequently in 2012 compared to both previous surveys.
- Overall, the data suggested that addressing consumers' smoking habits was an area of increasing priority for service delivery workers.
- Results from all the surveys indicated that beliefs among Neami staff about the contributing role of smoking habits to disadvantage had become stronger over time.
- The attitudes and beliefs amongst groups within Neami towards whether smoking was one of the few things consumers could actually enjoy varied between surveys, staff smoking status and between position held in the organisation (Manager, Head Office, Peer Support Worker (PSW), Community Rehabilitation Support Worker CRSW). Overall, the majority of all staff disagreed with the statement, and that was consistent with results from the 2009 survey, but tended more towards strongly disagreeing than responses in 2010.
- Continuing the trend in survey responses in 2009 and 2010, the majority of staff in 2012 strongly disagreed that staff smoking with a consumer was a good way to build rapport and

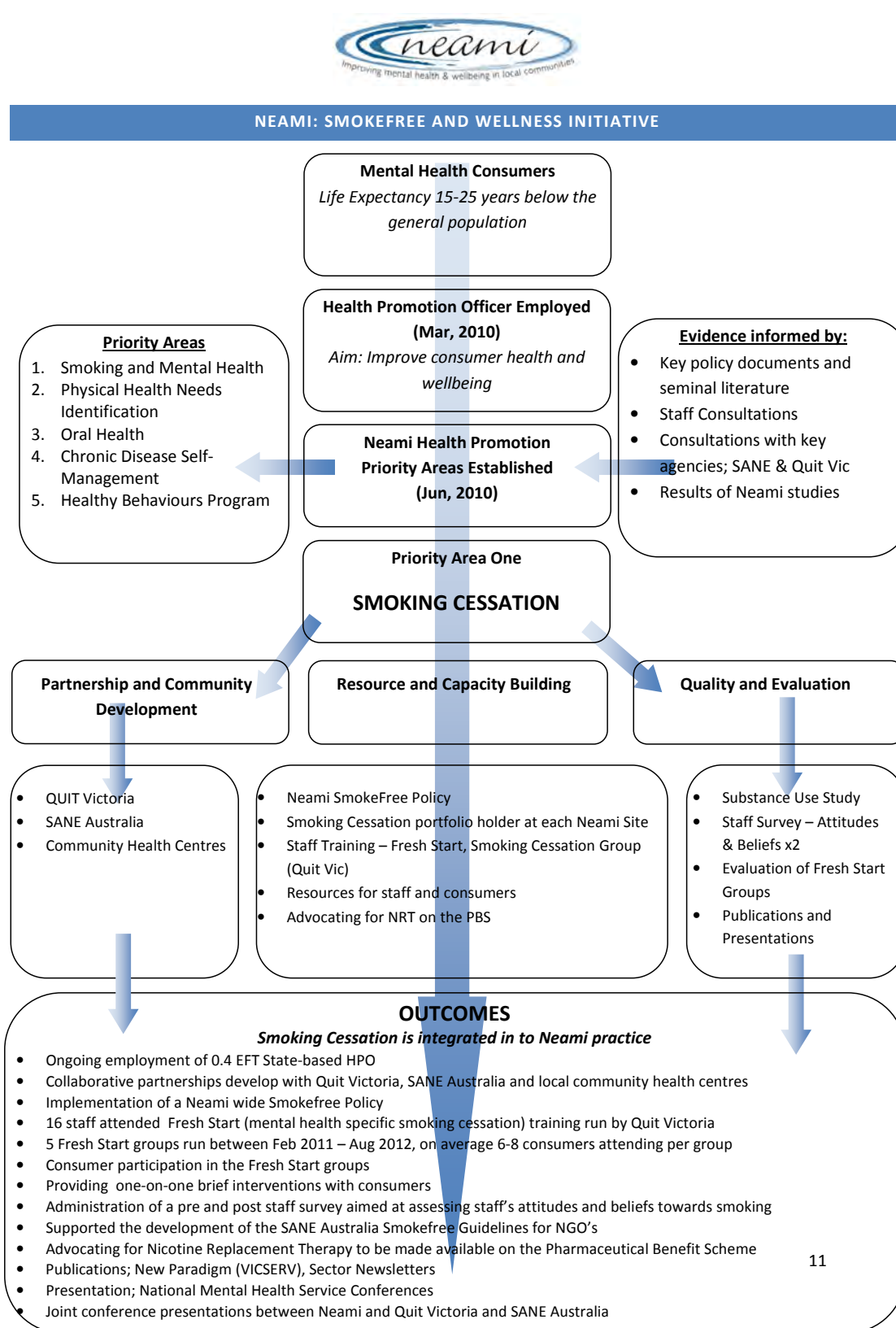
develop relationships. However, responses from Peer Support Workers varied considerably compared to the previous year, with 50% disagreeing with the statement in 2012, compared to 27.3% in 2010.

- Compared to 2010, more respondents in 2012 strongly disagreed that smoking with consumers can be a useful way to de-escalate a tense situation.
- The majority of staff disagreed with the statement, for the majority of consumers who smoke; there was not a great interest in quitting or reducing smoking.
- In response to the statement that quitting or reducing smoking was not a high priority for most consumers. As with responses from the previous survey, respondents in 2012 were almost equally split between agreeing and disagreeing with the statement. Overall, CRSWs and PSWs tended to agree with the statement, whereas Managers and Head Office functions were neutral or disagreed.
- In 2012, there were a higher proportion of staff overall who strongly agreed that consumers who smoke should be encouraged to quit/reduce (28.8% in 2012; 23% in 2010; 22.9% in 2009). Compared to 2010, a higher percentage of PSWs strongly agreed with this statement (8.3% in 2012; 0% in 2010).
- Quitting smoking could increase the chances of consumers having a relapse in their mental illness. Interestingly, more PSWs agreed with this statement in 2012 (25.0%) than did in 2010 (9.1%) as did CRSWs (21.3% in 2012; 7.5% in 2010). Overall, results in 2012 have shifted more towards neutrality compared to 2009 and 2010.
- As in previous years, the majority of staff from all role types strongly agreed or agreed that consumers should be able to access support if they want to quit or reduce smoking. There was a slight increase in the percentage of staff that strongly agreed with the statement in 2012 compared to 2010 (86.8% compared to 82% respectively).
- Overall, responses appeared to be largely similar to those in 2010, with 46.6% of all staff strongly agreeing that Neami should help consumers to quit or reduce smoking. However, when role types are considered, there are some notable differences compared to previous years. There was a significant decrease in the percentage of Head Office workers who strongly agreed with the statement (38.7% in 2012 and 62.5% in 2010). Finally, the percentage of PSWs who strongly agreed with the statement in 2012 decreased compared to 2010 (8.3% and 27.8% respectively).
- Overall, the results indicate that more staff in 2012 disagreed with the statement, that smoking education and support would leave less time to address mental health needs, than did in 2010 (38.7% and 32.8%), suggesting that service delivery workers have successfully incorporated smoking education and support into their everyday process without detracting from their ability to address mental health needs with consumers.

Smoking status of Neami staff:

- Since 2009, the rates of both current and social smoking among Neami staff have dropped consistently from 13.2% and 11.6% respectively in 2010, and 10.6% and 9.6% respectively in 2012.
- In 2009 and 2012, the majority of current and social smokers had not made any quit attempts in the past 12 months (55.3% and 54.8% respectively). This was an interesting finding, given that across all three surveys, the majority of smokers responded that they wish to quit or reduce smoking.
- Smokers' reasons for quitting were largely consistent across the 2010 and 2012 surveys; at least 85% of respondents had concerns about health (their own or others), while 50% of staff said that the cost was a reason for wanting to quit.
- Of those who had attempted to quit in the past 12 months, the duration of their longest quit attempt varied considerably across the two surveys. In 2010, the majority of respondents had quit for less than one month (40%) whereas in 2012, this increased to less than six months (50%). This was an encouraging finding, given the quit attempts increased in duration with each survey.
- The most common methods of quitting across the three years were cutting down/ harm reduction and cold turkey.
- In 2009, the majority of workers suggested they had read Neami's current smoking policy (78.7%). This increased to 82% in 2010, but then dropped sharply to 55.6% in 2012.
- In 2010, 94.3% of staff indicated that they had heard of Neami's Smoke Free Program; this figure decreased to 82.2% in 2012.
- A greater percentage of staff in 2010 and 2012 believed that Neami management was supportive of the Smoke Free Program (76.2% and 71% respectively).
- In 2010 and 2012, more than 80% of staff was aware of health promotion site champions/portfolio holders and their role (82.8% in 2010 and 88.4% in 2012).
- In 2010, staff accessed a number of smoking cessation resources, including the Neami Smoke Free policy (59.6%), external resources (44.7%), and Neami Smoke Free consumer kits (43.6%).
- The trend of utilising non-Neami resources continued in 2012, with 50% of staff accessing external websites and 41.4% of staff accessing external resources. The next most frequently utilised resources were Health Promotion Site Champions/Portfolio holders, with 40.4% of respondents stating that they had consulted with these individuals.

Figure 1: Neami Smokefree and Wellness initiative



6.3 Neami's Health Promotion Strategy

Providing support for the physical wellbeing of consumers and staff requires a systematic, coordinated approach from the organisation to ensure real changes to practice are made, and that the changes mean real improvements for consumers. Organisations need to ensure a good framework is in place for this to occur.

Poor access to relevant resources or expertise, limited funds to support staffing and program expenses and staff attitudes, behaviour, time as well as competing priorities can get in the way. A good framework can help overcome these barriers.

6.3.1 Neami Health Promotion Framework

The Neami Health promotion framework was developed as part of the health promotion project and was designed to guide:

- State Managers, HPOs, HP site champions, CRSWs and Managers to implement the identified health promotion priority areas
- Staff orientation to the health promotion project and priority areas
- Building links with health agencies in the community
- Recognising the links between health promotion and sustainability.

Neami's Health Promotion Framework consists of four interrelated components, which feed into the consumer's recovery:

- Resource and Capacity Building – to empower and resource Neami staff to better support their own health and consumers health and well-being
- Partnerships and Community Development – Neami engages with people and organisations to develop strategies and pathways to address health needs of consumers and promote health and well-being
- Quality and Evaluation – see 6.3.2 for more detail
- Holistic Approach- including biomedical, behavioural and socio-environmental factors that impact on consumers health and wellbeing.
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Appendix 5- Neami Health Promotion framework 2012

To support the framework's implementation, the health promotion question and answer document explains what health promotion is and how it is integrated into programs, positions and the organisation as a whole; this was made available to staff on Neami's intranet.

Appendix 6- Health Promotion Q&A

6.3.2 Health Promotion Quality and Evaluation

The Health Promotion initiative was evaluated during all stages of implementation and practice to assess the effectiveness of the program to improve the physical health outcomes for consumers and staff.

The evaluation findings were used:

- In the annual planning cycles across all levels of the organisation
- To strengthen and develop the work of the Neami Health Promotion initiatives
- To assist in enhancing and strengthening partnerships with other health organisations and sectors
- To empower consumers to be in control of their own health management
- For continuous improvement which may identify the need for further research.

6.3.3 Health Promotion Officers (HPOs)

In 2010 Neami funded HPOs in each state with the overall aim of improving health and well-being outcomes for consumers and staff. HPOs are responsible for the planning, development, implementation and evaluation of health promotion activities. Workforce development and capacity building strategies are also important components of health promotion practice. In keeping with the whole of organisation approach, staff were encouraged to reflect on their own health behaviours and to initiate activities to support their own health and well-being and a healthy workplace.

The HPO's report directly to the State Manager and work closely with service delivery teams, by supporting and resourcing teams to incorporate health promotion initiatives within their practice.

A Neami Health Promotion strategy meeting was held quarterly, reporting back against the annual health promotion priority areas. This meeting was attended by State Managers, Health Promotion Officers, SD team and the SANE Mind + Body Project Coordinator who played a coordinating role in the initiative.

In 2011 Neami recognised the value and contribution that Health Promotion had made to the physical health needs of mental health consumers by endorsing the ongoing funding of permanent health promotion officer positions across the organisation.

6.3.4 Site Champions

Each service site identified a Site Champion who with the support of the HPO and Service Manager ensured all staff were resourced and had the capacity to help implement the Neami annual Health Promotion strategic directions, priority areas and initiatives.

The role of the site champion included the following:

- Liaise with the State Health Promotion Officer
- Provide new staff with a site induction around health promotion (i.e. HP resource location, local contacts and the Health Promotion strategic directions and priority areas)
- Support staff to identify health promotion resource needs
- Promote the Neami Smoke Free policy and Health Promotion policy
- Obtain and respond to staff health promotion feedback
- Participate in Health Promotion meetings organised by the State Health Promotion Officer
- Take a leadership role in driving specific health promotion projects at services (e.g. oral health, diabetes). This included giving presentations and raising awareness regularly on the team agenda.
- Work as a member of the team to discuss the implementation and strategies with the service manager.

6.3.5 Health Promotion Priority Areas

Priority areas were revised annually and determined through the revision of key policy documents, seminal papers, the literature and other similar initiatives. They were then finalised in consultation with Neami HPOs and the Neami National Leadership team.

The Neami 2010-2011 Health Promotion Priority Areas

Priority Area	Key Performance Indicator
Smoking and Mental Health	Increased number of staff assessing and supporting consumers to quit/ reduce smoking
Physical Health Screening	Implementation of Physical health screening practices and protocols within Neami
Oral Health	Increase staff and consumers awareness of the need for improved oral health
Diabetes	Increase staff and consumers awareness of the impact of diabetes
Lifestyle Modification Programs	Increase access to lifestyle modification programs to address weight management physical health concerns for consumers
Caffeine Misuse	Increase awareness of the high incidence and impact of caffeine misuse amongst consumers as identified through the Neami Alcohol and Other Drug research

The Neami 2011-2012 Health Promotion Priority Areas

Priority Area	Key Performance Indicator
Smoking and Mental Health	Increased number of staff assessing and supporting consumers to quit/ reduce smoking. Increased number of consumers engaging in smoking cessation.
Physical Health Needs Identification	Implementation of physical health check processes for Neami consumers. All staff regularly explores physical health issues with consumers.
Oral Health	Increase staff and consumer awareness of the need for improved oral health
Chronic Disease Self-Management (e.g. Diabetes, CVD)	Increase staff and consumer awareness of the impact of chronic diseases
Healthy Behaviours Program	Increase access to nutrition and exercise programs to address weight management and physical health concerns of consumers

The Neami 2012- 2013 Health Promotion Priority Areas

Evaluation- Increase strategies and reports to support an evidence based approach to the services health promotion practice Capacity building and consumer participation- increased skill, knowledge and opportunities to support health promotion initiatives and participation in the development or modification of existing health	Priority Area	Key Performance Indicator
	Smoking and Mental Health	<ul style="list-style-type: none"> Reduction in consumer smoking rates Increased engagement in smoking cessation programs Increased confidence in smoking cessation training provision & advice Reduction in staff smoking rates Increased engagement in smoking cessation programs Increased number of partnerships established and consolidated
	Physical Health Needs Identification	<ul style="list-style-type: none"> Increase in physical health outcomes Increase in physical health checks e.g. GP check ups & associated referral to health/allied health services Increased number of care plans Increased confidence in supporting the HP initiative Increased awareness of physical health issues and health check processes Increased referral pathways & community links to physical health, nutritional, emotional/psychological support services
	Oral Health	<ul style="list-style-type: none"> Increased knowledge around Oral Health and Oral health Services Improved Oral health Outcomes Increased confidence in supporting and resourcing staff around Oral Health and Oral Health services Increased awareness of Oral health services and how to refer to these services Increase in and consolidation of exiting pathways with appropriate agencies to support timely and affordable access to services
	Chronic Disease Self-Management (e.g. Diabetes, CVD)	<ul style="list-style-type: none"> Increase in capacity to self manage chronic disease Increased confidence in supporting and resourcing staff around managing chronic disease and mental health Increase in awareness and knowledge of chronic

		disease and mental illness <ul style="list-style-type: none"> • Increase in pathways with appropriate agencies to support timely and affordable access to services
	Healthy Behaviours Program	<ul style="list-style-type: none"> • Increase in access to a diverse range of nutrition and exercise programs to address weight management, other physical health concerns for consumers • Increase in awareness of Healthy Behaviours and related resources • Increase in awareness of Healthy Behaviours and related resources • Increase in nutritional resources adopted/adapted

6.4 Staff Professional Development and Training

Staff professional development and training was another strategy used by Neami to integrate the health promotion framework into the organisation. All staff received an introduction to health promotion at their induction.

6.4.1 Healthy Living Workshop

In August 2012 SANE Australia ran a one-day Healthy Living Workshop educating Neami site champions on:

- The physical health issues commonly experienced by people with a mental illness
- How to approach consumers about physical health issues
- How to build motivation for health behaviour change
- Integrating healthy living concepts into daily work and
- Using related resources with consumers.

The workshop content was informed by a pre-evaluation survey that found support workers had difficulty broaching the subject of physical health and some felt they were over stepping their boundary asking or prompting physical health discussions with consumers. Other challenges included dealing with consumers' lack of motivation and resistance to change.

Attendees comprised site champions, HPOs and some state managers. Site Champions were then responsible to take the information back to their peers. The training was based on the Health Change Australia (HCA) Health Change model. This model uses concepts such as behavioural change techniques and motivational interviewing, concepts that support workers are already familiar with and use through the Collaborative Recovery Model and Camera, Compass and Map tools utilised at Neami. Site champions often faced resistance from peers around implementing physical health recommendations with their consumers, as it was seen as being more work added to an already busy schedule. The workshop included strategies to respond to resistance.

Key program activities included:

- A one day training session for site champions
- Pre and post training evaluation
- Distribution of resource kits to attendees to be disseminated to staff.

The most effective way to overcome the challenges presented by staff was to ensure the HPOs and site champions were equipped with a comprehensive level of knowledge about the issues around physical health. This was passed on to staff to promote the benefits of the health promotion program.

Reinforcing the findings from recent research supported Neami's decision to implement the Health Promotion framework and highlights why it was made a priority area. Neami has acknowledged that change takes time and staff need to feel supported, heard and given the opportunity to reflect on their beliefs and attitudes.

6.5 Creating a health promoting environment

Once a solid framework was established for supporting the physical health of consumers, the goal was to create a health-promoting environment for consumers and staff. That is an environment that enables consumers and staff to increase control over and to improve their own health. The following describes the projects and health promotion priority areas that Neami Victoria established over the past three years.

6.5.1 Oral Health

The Victorian Oral Health project began in March 2011 and is still continuing. The project aim was for oral health care and awareness to become a standard part of Neami's service delivery and that oral care outcomes improve for consumers.

To promote, educate and resource both staff and consumers on the available Oral Health funding and schemes, there were five key oral health resources developed for use and distribution in Victoria. These included:

- Victorian Oral Health Staff Resource – information & support resource for staff, explaining State funding.
- Community Dental Clinics Brochure – information brochure for consumers on the available state program
- Community Dental – Priority Access – letter of support template, for consumers to gain quick access to community dental clinics
- Community Dental – Co-payment Exemption – letter of support, for consumers to gain exemption from paying the co-payment at community dental clinics

- Medicare Chronic Disease Dental Scheme Brochure – information brochure for consumers on the federal dental scheme. This scheme was closed in December 2012.

The Oral Health resources were distributed to all Victorian staff via email and made available for download from the Neami intranet in March 2011. They were also promoted and discussed at all Victorian services.

To measure the progress of the Victorian Oral Health project, a short progress evaluation was disseminated to staff in February 2012. There were 47 respondents.

- 55% were aware of the program, 32% unaware of the program and 13% unsure
- Of the respondents who had utilised the resources, 60% found them useful, 50% found them relevant and 30% found them informative. 20% said they required more information.
- Suggested improvements to the Oral Health Program from staff included providing clear guidelines and case examples and promoting the resources more at meetings, through email reminders and at staff inductions
- Staff viewed the top four barriers to the oral health of consumers as being too expensive (80%), lack knowledge of dental services (78%), lack of motivation (65%) and fear of dentist (61%)
- 74% of staff rated their confidence in supporting consumers with their oral health as being confident or higher
- Recommendations were made to improve staff confidence in supporting consumers with oral health and to better support and improve the oral health care of consumers

6.5.2 Physical Health Needs identification

Initially, the role of addressing the physical health of consumers was debated within Neami – 'How many hats do we expect our support workers to wear? They aren't health experts'. 'Shouldn't GPs be the ones having this conversation?' However, as an organisation Neami knew these conversations were not occurring on a regular basis and if something were not changed their consumers would continue to die up to 25 years earlier than the general population.

Neami saw part of their role in improving the overall wellbeing of their consumers was to help consumers engage with GPs. To facilitate this engagement, Neami recognised that it had to:

- Increase consumer and staff awareness of the importance of the physical health of people with a serious mental illness – awareness-raising activities conducted during staff meetings, site champions promoted issue amongst service sites, staff professional development opportunities investigated.

- Promote consumers' engagement with GPs for regular physical health screening – consumer information kits distributed, a 'You and Your GP' pamphlet was developed for consumers, directories of 'mental health friendly' GP's sourced and distributed to staff.

6.5.3 SCTT – Service Coordination Tool Templates

In March 2010, a project between Austin Health (Clinical), Neami (a Psychiatric Disability Rehabilitation and Support PDRS) and Banyule Community Health Service was established. The aim of the study was to implement a screening process to address the physical and emotional needs of consumers utilizing mental health services.

Support workers/clinical case managers completed a revised version of the Service Coordination Tool Template (SCTT) with consumers. Where a consumer was receiving both clinical and psychiatric rehabilitation support, clinical case managers administered the tool. If they did not have a clinical case manager, Neami staff administered the tool. The screening tool identified areas of concern for consumers to discuss with their support worker/ clinical case manager. The workers were then able to support consumers in accessing appropriate primary health care services. This process improved collaboration between services with the main goal being a holistic approach to improving consumer health and wellbeing.

Overall, the study indicated that the physical and emotional health of consumers was critically poor. The poor health of consumers was a reflection of lifestyle (including smoking, poor nutrition and inadequate levels of physical activity) as well as systemic concerns (such as the low percentage of consumers obtaining a general health assessment). In response to such concerns, the implementation of routine screening and referral processes should be an essential part of holistic care. To facilitate this level of holistic care, the development and maintenance of collaborative relationships between primary care and the mental health sector is vital.

Neami wanted to show that having a process and tool in place, would lead to better outcomes, and this was demonstrated by the SCTT trial.

Appendix 7- SCTT Final Report

6.5.4 Health Prompt

The planning and development of the physical health needs identification initiative 'Health Prompt' was in the making for over two years. Neami wanted an evidence-based tool to identify the physical health needs of its consumers that weren't being addressed. Initially the Health Promotion Priority Areas were informed by the literature, moving forward it will become evidence based from the health prompt

findings. It was also about an approach that was consistent with Neami's role, which wasn't to conduct health screening and diagnosis of physical health conditions.

The primary aim of the health prompt was to promote guided conversations between staff and consumers to address the health care needs that weren't being met. These conversations led to physical health concerns being addressed through engagement with primary health care providers, GPs, allied health professionals, alternative practitioners or relevant services.

The prompt covers areas pertinent to holistic health care. The questions are positively framed and strength based, so consumers respond to a 'yes'. This is in line with Neami's values. It is informative and empowering for consumers, for example it asks how many serves of fruit and vegetables do you consume per day, as well as informing on the recommended daily intake.

All consumers are invited to complete the Health Prompt at their initial assessment and to revisit it every 6 months. The information collected is confidential and will help Neami to:

- Develop an accurate consumer profile
- Facilitate relevant referral pathways
- Support the development of collaborative partnerships
- Build an evidence base
- Evaluate consumer health outcomes.

The Health Prompt was rolled out after each state had received training between October and December 2012. Site Champions, State Managers and Senior Practice Leaders attended a train the trainer session; run in each state by the HPOs to provide attendees with the skills and knowledge to pass on to support staff. The training included a history of the project to demonstrate the thought that has gone into its development, the aims and key messages, benefits to consumers, how to use the prompt, good practice and where to from here. This was supported with an Information and Practice Guidelines document and a poster and brochure to inform consumers of its availability.

Appendix 8- Neami Health Prompt Information and Practice Guidelines

Because the prompt had been in development for over two years there were a number of conversations and consultations with staff and consumers during its development, it had been a very open and transparent process. A concern from staff was 'Not another form to fill out'; hence the name 'Health Prompt' and it being promoted as a conversational piece, something to prompt a conversation around physical health. The name health prompt was also about consistency with Neami's role, because Neami does not see its role to conduct health screening but rather find the gaps that consumers need to

address with a health professional or service. The site champion's role is to feedback both ways from staff to management if there are any issues.

Evaluation of the Health Prompt

During the roll out of the health prompt training to Neami staff, the importance of data collection was reinforced. The outcomes of the health prompt are to be entered into the consumers profile and collected at 6 monthly intervals. Carelink is the client database management system used by Neami. This data will be used to develop an evidence base of the physical health needs of Neami's consumers, so the 'Health Promotion Priority areas' can directly support those needs. Unfortunately, the preliminary data is not available for this report.

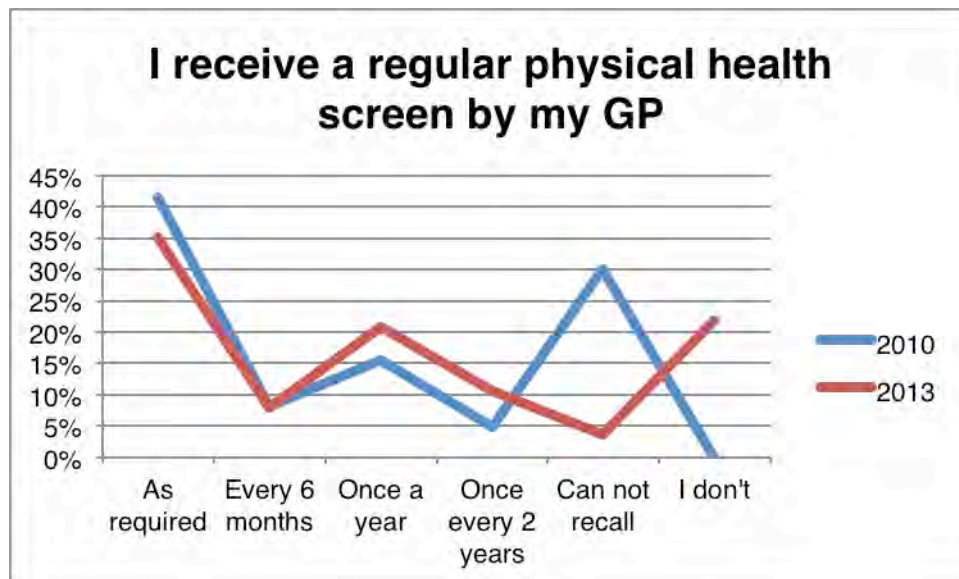
6.5.5 Physical Health and Mental Health Survey findings

Neami collected data on staff attitudes and beliefs around physical health and healthy living as part of its internal scan in July 2010. It was important for Neami to know how staff perceived their own health and how they felt about raising the issue of physical health with consumers. The 2013 survey was conducted after the states had received training around the prompt and most sites would have commenced using the prompt with consumers. By comparing the data changes in behaviour, attitudes and beliefs over the three years of this project can be identified.

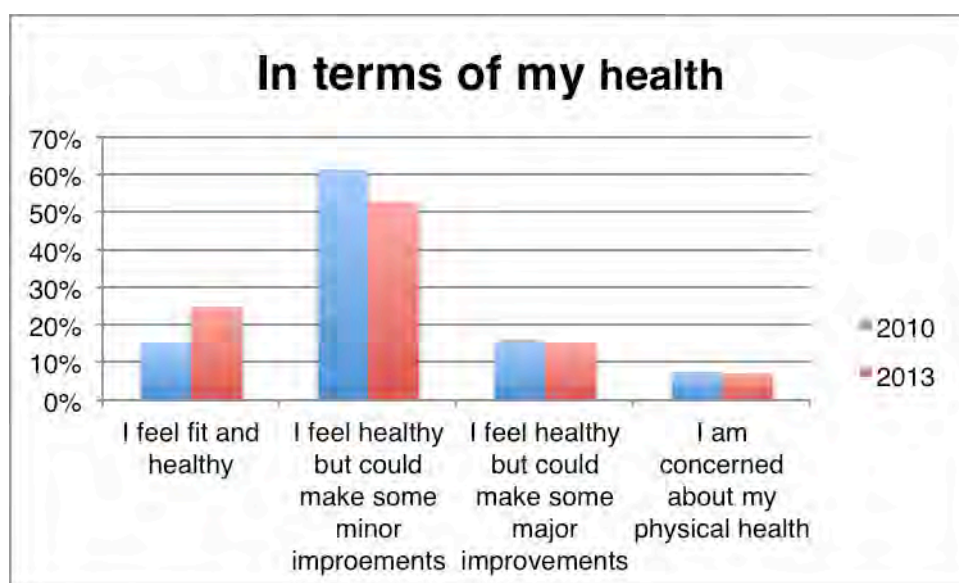
The number of staff that did not have a GP decreased from 19.4% in 2010 to 12.6% in 2013, indicating more staff had a GP in 2013.



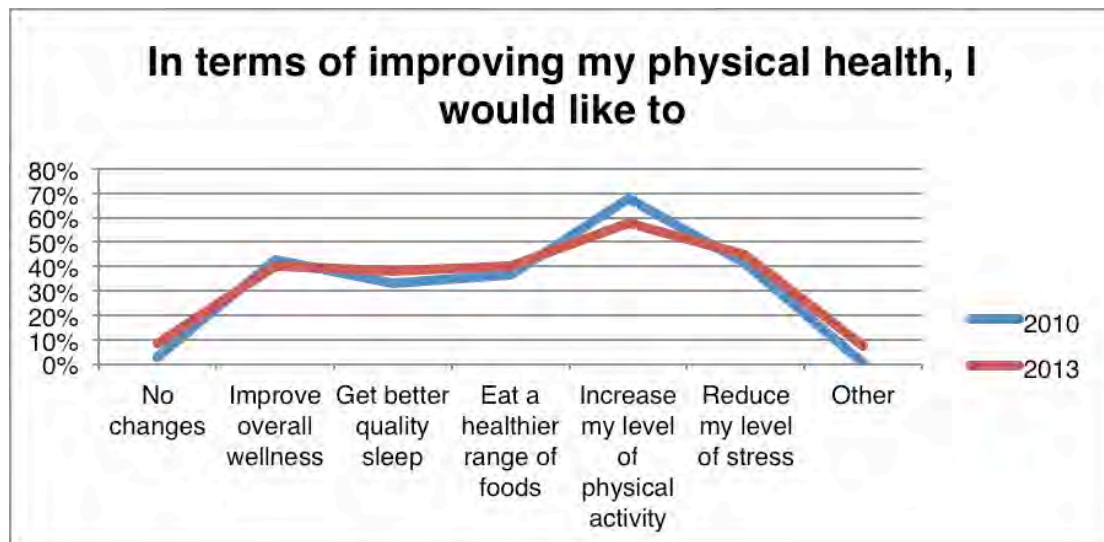
The number of times staff visited their GP remained the same, with around 40% visiting every 6 months.



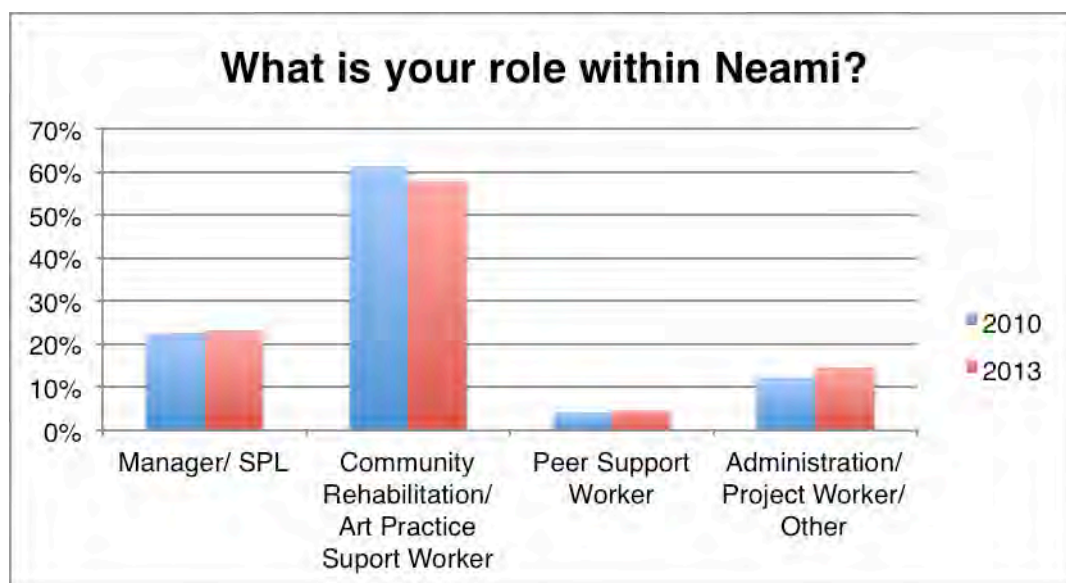
The highest proportion of staff still receive a regular health screen as required, there was a 5% increase in staff receiving an annual physical health screen which corresponds with the health message promoted.



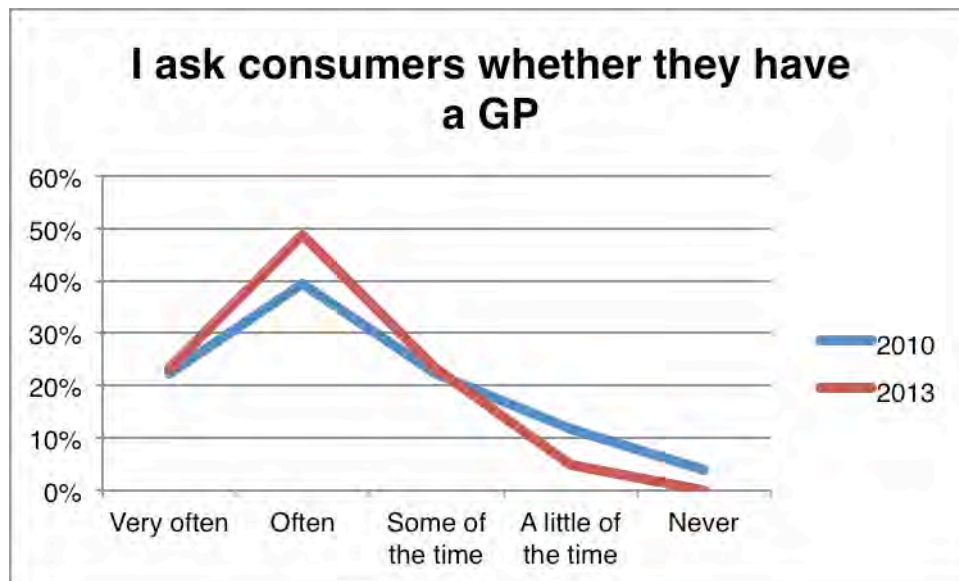
The number of staff who feel healthy but could make some minor adjustments reduced from 61% in 2010 to 53% in 2013, indicating more staff are happier with their health.



In response to what areas of physical health staff would like to improve the results across the three years have remained similar, the area with the highest response of 67.7% in 2010 and 57.7% in 2013 was increasing levels of physical activity. This could be an area that Neami focuses for staff health promotion activities.

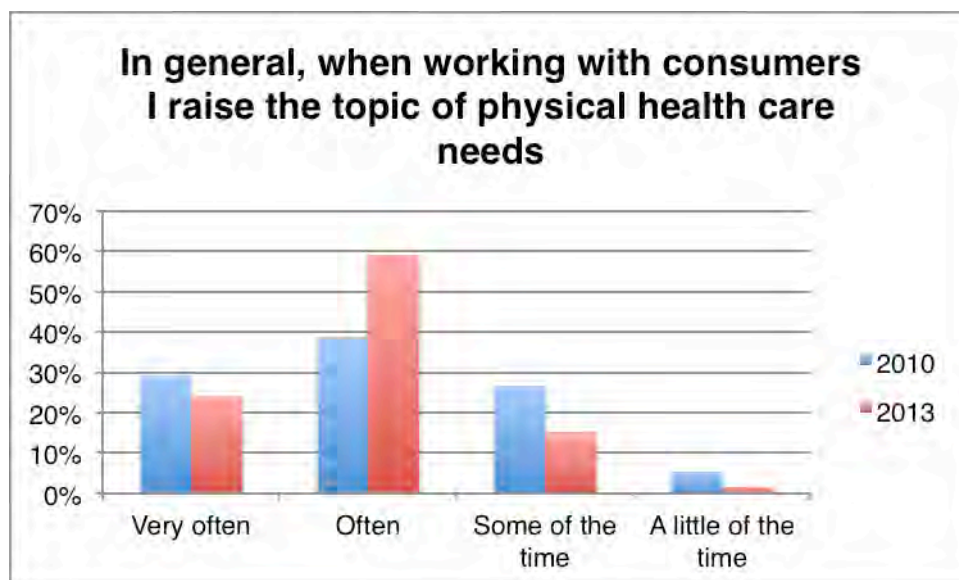


The role of staff across the two surveys remained similar as did age and gender. Community rehabilitation/ art practice support workers were the largest role to respond.



The number of staff who asked consumers whether they have a GP 'often' increased by nearly 10% between 2010 and 2013.

The response 'often' to the statement 'I prompt consumers as to whether they have seen their GP for regular physical health screening' increased from 28.9% in 2010 to 41.6% in 2013, and the response 'never' dropped from 11.8% in 2010 to 1.6% in 2013. Indicating more staff are prompting the question.



This graph shows that staff are raising the topic of physical health care needs of consumers more 'often' in 2013 than in 2010. In general, staff are having more conversations with consumers about their physical health and seeing a GP.

Staff were asked to rank the following statements from strongly agree to strongly disagree. Comparing the 2010 and the 2013 results, the following was found:

- Due to the effects of some medications it is difficult for consumers to attend to their physical health care needs- agreement with this statement increased from 59% to 70%.
- Clinical services are more focused on consumers' mental health and place less emphasis on consumers' physical health care needs- agreement with this statement decreased from 77% to 65% and disagreement increased from 12% to 17%.
- Poor physical health outcomes are inevitable for those with a serious mental illness- disagreement with this statement decreased from 80% to 67%.
- Caring for a consumers' physical health care is just as important as their mental health needs- agreement and strong agreement increased for this statement from 94% in 2010 to 99% 2013.
- Consumers are appropriately linked in with a GP- responses to this statement changed slightly with staff moving away from agreement 42% to 39%, neutral 36% to 32% and disagreement 22% to 27%.
- Taking a holistic view of consumers' health is paramount to producing positive outcomes for consumers- the response to this statement was overwhelmingly positive and increased from 95% to 97%. Indicating staff are in support of the values behind the health promotion framework.

The final question asked staff their opinions on a number of statements around the introduction of a routine health-screening tool with consumers. Keeping in mind in 2010 there wasn't a health prompt available to Neami staff and in 2013 staff had been trained in the use of the health prompt and had commenced using it with consumers.

- Using the tool disrupts building a positive relationship with consumers- over time disagreement with this statement increased from 50% to 62%, indicating staff weren't finding the prompt disruptive.
- Screening for physical health care needs should be a part of the routine work at Neami- agreement with this statement increased from 66% to 84%, a neutral response decreased from 20% to 12% with 5% of staff in 2013 disagreeing.
- It is not appropriate for direct support worker within a psychosocial rehabilitation service to administer a tool regarding the physical health care needs of consumers – more staff 'disagreed' with this statement over time. 61% in 2010 compared to 82% in 2013, 6% of staff in 2013 agreed.
- It makes me uncomfortable discussing the physical health issues with consumers- 85% of staff disagreed with the statement in 2010 and 2013.

- I do not feel equipped with the skills to discuss physical health issues with consumers- agreement with this statement dropped from 27% in 2010 to 15% in 2013.
- Screening for a consumer's physical health care needs is just as important as their mental health needs- agreement with this statement increased from 87% in 2010 to 93% in 2013.
-

These results indicate that respondents have accepted the health prompt and believe it is a part of their role at Neami to address the physical health needs of consumers. Some follow up training around the use of the health prompt might be necessary with 15% reporting they don't feel equipped with the skills to discuss physical health issues with consumers.

6.4.6 Parallel Process – Staff Activities

In keeping with the whole of organisation approach, staff were encouraged to reflect on their own health behaviours and to initiate activities to support their own health and well-being and a healthy workplace. In parallel to the consumer programs, to promote positive attitudes and healthy behaviours amongst staff, the Victorian sites organised a range of health promotion activities specifically for staff.

These included free staff health checks through the WorkSafe initiative in 2010- 2012. Linking staff with public health initiatives, such as the '10,000 Steps competition' and fitness initiatives such as local fun runs, creating a Neami indoor soccer team and participating in Mental Health Awareness Week activities.

In July 2011, Neami launched its Diabetes Education program in Victoria. The half-day program for staff included a play, an expert panel consisting of a Diabetes Educator, Dietician, Podiatrist and Consumer, a presentation on emotional eating from Diabetes Victoria and judging of the 'Soup Off'. Attendees brought in a healthy soup to share that the panel judged. The activity was fun and interactive as well as informative for staff, who had identified their lack of knowledge in this particular area.

7 Summary

Over the period of this project Neami has integrated its health promotion program through changes to policies and procedures, staff induction and training and structural changes.

Whilst behaviour change can be a slow process, there have been cultural shifts evident from changes in staff attitudes and behaviours within Neami. The following outcomes demonstrate the successful changes that have occurred since 2010:

- Establishment of a recurrent budget and funding of Health Promotion Officers in each state
- Introduction of Health Promotion Site Champions
- Developed of Neami's Health Promotion Framework
- Established Neami Health Promotion Priority Areas (2010-2011, 2011-2012, 2012-2013)
- State Health Promotion activities as reported at the Health Promotion quarterly meeting's
- Guidelines and Health Promotion support documents available to all staff on the intranet (this is one of the most frequented pages)
- Partnerships developed and in place through the Health Promotion project
- Incorporation of Health Promotion training at staff induction.

Neami has attributed the success of the development, integration and sustainability of its health promotion project to two key elements. The first, developing partnerships with other organisations, such as SANE, Community Health, Quit, and the second, an organisational change approach that includes vision, commitment from senior management, resource allocation, building an evidence base and rationale for the change and communicating the successes back to staff.

A further outcome from the SANE Mind and Body: Rehabilitation and Support Development Project has been securing funding to conduct a three year Peer Support Health Coaching project with Neami. SANE will train Neami peer support workers to support consumers to improve their physical health and prevent chronic conditions. This is a great continuation to SANE and Neami's partnership and a nice addition to Neami's health promotion program.

Appendix 1- SANE Mind and Body: Rehabilitation and Support Development Project- Evaluation Plan

Goal: To develop a good practice model for creating an organisational health promoting environment for clients and staff of mental health services. To improve the physical health of people living with mental illness who attend Neami programs.			
Target Population: Staff and consumers of mental health non government organisations			
Objective 1: SANE and Neami capacity building	Key Questions (what do we need to know to decide if we have achieved this objective)	What information do we need to answer these questions?	How will this information be collected, by whom and by when?
Support for physical health initiatives, through organisational policy review, benchmark and change implementation at Neami	What policies, documents, positions and procedures have been developed to support physical health initiatives and change implementation at Neami?	<ul style="list-style-type: none"> • Health Promotion Framework document • Smokefree workplace document • Introduction of Health Promotion Officer positions • Introduction of Health Promotion Site Champions • Annual Health Promotion Priority Areas developed and disseminated • Health Promotion program covered at staff inductions and training 	<ul style="list-style-type: none"> • Policies, procedures and positions implemented to Neami, discussed, developed and advocated for through the Health Promotion quarterly meetings
Increase the number of staff and clients who are knowledgeable about the benefits of a healthy lifestyle and physical health screening	<p>Have staff and clients knowledge about the benefits of a healthy lifestyle and physical health screening improved?</p> <p>Are staff aware of the health promotion activities, tools and education available to support staff and consumers?</p> <p>Are staff aware of the physical health prompt?</p>	<ul style="list-style-type: none"> • Pre and post 'Healthy Living Workshop' survey (staff) • Comparative data from the 3 Smokefree and Wellness survey's (staff) • Post evaluation from Diabetes Launch (soup off day) (staff) • Evaluation from the Neami and Banyule SCTT health screening project (staff) • Physical Health and Mental Illness survey pre and post (staff) • Health prompt findings over time • ASSIST questionnaires • Number of consumers and staff participating in smoking cessation courses • Number of staff and consumers participating in health promotion activities 	<ul style="list-style-type: none"> • Evaluations administered at health promotion activities by staff to collect consumers knowledge at the time of the activity • Physical Health and Mental Illness survey administered in July 2010 and December 2012 • Smokefree and Wellness survey administered in 2009, 2010 and 2012 • ASSIST questionnaires conducted at induction and every six months after • Number of health prompts being completed
Increase in the number of staff actively involved in supporting healthy choices in their day to day activities	<p>Are staff aware of the health promotion activities available at Neami?</p> <p>Are staff supporting the health promotion activities with consumers?</p>	<ul style="list-style-type: none"> • Number of staff training sessions occurring on the health promotion activities? • Do staff feel supported and resourced to support consumers health promotion activities? 	<ul style="list-style-type: none"> • Staff attitudes, perceptions and beliefs from the Smokefree and Wellness survey collected in 2009, 2010 and 2012. • Physical Health and Mental Illness Survey 2010 and 2013

	<p>Do staff believe that physical health is part of their role to address with consumers?</p> <p>Do staff feel confident in addressing the physical health needs of consumers?</p>	<ul style="list-style-type: none"> Number of staff supporting health promotion activities on a regular basis? Staff agree physical health promotion is part of their role and it doesn't detract from other parts of their role? Staff are confident in addressing the physical health needs of consumers 	<ul style="list-style-type: none"> Quarterly reporting of activities undertaken in Victoria at Health Promotion meetings
Increase in the number of staff and peer support workers who feel confident about advocating for change for themselves and their clients	Do staff and peer support workers feel confident advocating for change for themselves and consumers?	<ul style="list-style-type: none"> Staff are confident advocating for change in the physical health needs of consumers and themselves 	<ul style="list-style-type: none"> Staff attitudes, perceptions and beliefs from the Smokefree and Wellness survey collected in 2009, 2010 and 2012. Physical Health and Mental Illness Survey 2010 and 2013
Objective 2: Personal change in people living with a mental illness	Key Questions (what do we need to know to decide if we have achieved this objective)	What information do we need to answer these questions?	How will this information be collected?
Better weight management and an increase in physical activity and healthy eating practices	<p>Are consumers managing their weight?</p> <p>Are consumers increasing their physical activity levels?</p> <p>Are consumers making healthy food choices?</p>	<ul style="list-style-type: none"> Consumers weight Consumers exercise levels and frequency Consumers dietary patterns 	<ul style="list-style-type: none"> Results from the health prompt collected at the consumers first visit and every six months after
An increase in preparedness to quit smoking within client groups	Consumers and staff have said they want to quit smoking or are actively preparing to quit smoking	<ul style="list-style-type: none"> Attendance numbers at 'Fresh Start' Smoking cessation programs Consumer is working with their case worker to quit or reduce smoking Staff member is working with a support person to prepare to quit 	<ul style="list-style-type: none"> Attendance numbers at Fresh Start groups Smokefree and Wellness Survey results
An increase in the uptake of metabolic monitoring conducted by GPs and clinicians to improve early detection of diabetes and heart disease	Has there been an increase in metabolic monitoring of consumers by GPs and clinicians?	<ul style="list-style-type: none"> Does the consumer have a GP? Has the GP tested for metabolic syndrome risk factors in the past 12 months? 	<ul style="list-style-type: none"> Results from the health prompt collected at the consumers first visit and every six months after
Objective 3: Advocacy and system wide change	Key Questions (what do we need to know to decide if we have achieved this objective)	What information do we need to answer these questions?	How will this information be collected?
<p>Contribute to longer term/advocacy goals for structural change through:</p> <ol style="list-style-type: none"> Clear acknowledgment in government policy and program documents of the need for health promotion activities and physical health screening for people with a mental illness Government subsidies for nicotine replacement therapy (NRT) for people with mental illness 	<ol style="list-style-type: none"> Has the government documented the need for physical health screening of people with a mental illness? Is there a government subsidy for NRT for people with a mental illness? Are there smoking cessation programs available specifically for people with a mental illness? Is there an MBS item for physical health checks for people with a mental illness? 	<ol style="list-style-type: none"> Government document NRT subsidy details Smoking cessation programs MBS item number 	<ol style="list-style-type: none"> Online Pharmaceutical Benefits Scheme website Fresh Start smoking cessation groups specifically for people with a mental illness at Neami Medicare Benefits Scheme website

<p>3. Provision of tailor made quit programs for people with mental illness through Quit or similar groups</p> <p>4. Introduction of a specific Medicare Benefits Scheme (MBS) item for physical health checks for people with a mental illness</p>			
<p>This model, if effective, to be picked up in final format by different mental health services, NGO's and GP Divisions</p>	<p>How many mental health services, NGO's, GP Divisions and other organisations have picked up the model?</p>	<ul style="list-style-type: none"> • Number of copies of the SANE Healthy Living Guidelines downloaded from SANE website • Number of copies of the SANE Smokefree Guidelines downloaded from the SANE website 	<ul style="list-style-type: none"> • Statistics from the SANE website
<p>More preparedness for GPs to 'meet consumers half way' in monitoring physical health and in reviewing psychiatric medication in context of potential physical health problems</p>	<p>Are GPs monitoring the physical health of patients with a mental illness?</p> <p>Are GPs adjusting medications based on the feedback from patients about side effects or physical health concerns expressed?</p>	<ul style="list-style-type: none"> • Answers from the health prompt about the consumer having a GP and if they are happy with their GP • Discussions with consumers around their GPs prescribing habits 	<ul style="list-style-type: none"> • Results from the health prompt collected at the consumers first visit and every six months after
<p>Health promotion activities and physical health screening for people with mental illness to be part of mainstream practice</p>	<p>How many mental health organisations have a comprehensive physical health screening program operating within their organisation?</p> <p>How many mental health organisations have a health promotion project or activity operating within their organisation?</p>	<ul style="list-style-type: none"> • Number of mental health organisations that have a physical health screening project 	<ul style="list-style-type: none"> • Data from the environmental scan conducted by SANE

Good Practice Systemic Healthy Living Initiatives in Mental Health

A directory of good-practice initiatives that have focused on making organisational-wide or system changes to improve health outcomes for clients with mental illness.

Neami

Location: Victoria

Status: Ongoing

www.neami.org.au

Over the past few years, Neami has been developing a comprehensive health promotion program to improve the physical health and overall wellbeing of its consumers. In 2010, SANE Australia received funding for a three-year pilot project to work with Neami in integrating healthy living into their service framework in a more systemic and sustainable way.

Back on Track Health (BOTH) Project

Organisation: Richmond PRA (Psychiatric Rehabilitation Australia)

Location: NSW

Status: Ongoing

www.pra.org.au

The BOTH Project focused on improving the capacity of the organisation to identify and address the unmet physical health needs of its clients, and to ensure this is incorporated in a systemic way across the organisation's services. The BOTH Project involved developing:

- A Physical Health Checklist and resources
- Service user and staff health education package
- Staff training and support
- Organisational policies and procedures
- Monitoring and review processes
- Links with GPs, and through the Divisions of GP.

As a way of empowering clients and facilitating links between client, support workers and GP, PRA developed the *My Green Book* and the *My Health Needs Checklist*. The Checklist acts as a prompt for client, support worker and GP to identify and discuss unmet physical health needs. The *My Green Book* is a booklet that can be used by the client to record their health information, visits to the GP, appointments, test results, prescriptions and so on. PRA also developed six client case studies that were distributed to GPs.

The BOTH Project also involved implementation of a Health Needs Policy, which sets out that a client must receive a health needs check every six months, and that staff must follow up on a client's expressed health need.

HealthRight

Location: Western Australia

Organisation: The University of Western Australia, funded by the Department of Health, WA

<http://www.psychiatry.uwa.edu.au/research/community-culture/healthright>

A project aimed at increasing mental health service users' engagement with GPs, and encourages users to address lifestyle risk factors. The project involved three major initiatives:

1. Peer Support Program – supporting people to engage with a GP and assisting people to deal with lifestyle issues and allied health community services
2. Healthy Body, Healthy Mind, Healthy Lifestyle Project – social marketing, education and resources on the SNAP risk factors
3. Healthy Settings Strategy: HealthRight Organisations – guidelines for promoting physical health, Guidelines for Healthy Food Service, Guidelines for Community Inclusion.

The Peer Support Pilot, conducted over a nine-month period between 2006 and 2007 appointed peer support workers to help people living with mental illness find GPs and then make and attend GP appointments. Workers also assisted people to deal with lifestyle issues and allied health and community services such as physiotherapy services, or recreation and sports groups. Almost 40 per cent of the trial participants were diagnosed with previously unknown health problems during the trial. Almost half of the participants improved their diet, reporting that they were eating more fruit and vegetables at the end of the trial, and over half increased their level of physical activity, reporting that they were exercising more frequently. The program also improved participants' self-esteem and life skills, enabling them to utilise existing services more effectively.

The second phase of the HealthRight project will look at delivering a healthy living program based on the Flinders Model of chronic disease self-management (based on funding approval), as research has shown that the Flinders Model can be successfully applied to mental illness care (Lawn et al, 2007).

Smoking cessation initiatives

Breathe Easy Project

Location: NSW

Timeline: February 2008 – August 2009

Organisation: Mental Health Coordinating Council (MHCC) and Cancer Council NSW

<http://www.mhcc.org.au/projects-and-research/breathe-easy-project.aspx>

A project focused on improving smoking cessation services for people with mental illness by changing the organisational culture of MHCC member organisations. The project's three keys strategies were:

- Training for staff in tobacco cessation and mental health
- Policy development
- Providing support structured to consumers to address their smoking.

Tackling Tobacco Program

Location: NSW

Status: Ongoing

Organisation: Cancer Council NSW

<http://www.cancercouncil.com.au/1384/reduce-risks/smoking-reduce-risks/tackling-tobacco/tackling-tobacco-goals-and-target-groups/>

The NSW Smoking Care project is targeted towards community service organisation working with people living with mental illness as well as other disadvantaged groups in the community including Aboriginal and Torres Strait Islander people, homeless people and people with drug and alcohol problems.

The project delivers awareness seminars for organisations on the importance of addressing tobacco use amongst disadvantaged groups, free tailored one-day training for staff to help staff build skills around providing smoking cessation support, and other useful tools and resources for staff and consumers.

Tobacco and Mental Illness project

Location: South Australia

Status: January 2003- March 2009

'Be Smoke Free' Program

The Project has developed the 'Be Smoke Free' Program, that is a structured and supportive smoking cessation/reduction program for people with mental illness who want to quit or reduce their tobacco use.

Since January 2003 well over 700 people with mental illness have asked for support to tackle tobacco. Most participants have been highly motivated and their results have been outstanding, many have

significantly reduced or have quit altogether. Staff within the community rehabilitation sites or day program services have been involved in running these groups; supporting participants to make significant change to their health, finances and quality of life.

Development of Policy and Practice within Mental Health Services

The *Safe Tobacco Practices in Mental Health Services* have been developed after extensive research and consultation with consumers, carers, mental health and tobacco control workers, about best practice in tobacco policies within mental health services. They have been endorsed by Regional Mental Health Services and the Director of Mental Health Services and mental health services are now working together with the SA Smoke Free Hospitals and Health Services to implement significant tobacco policy change.

Staff Training – 'Helping People with Mental Illness to Be Tobacco Smoke Free'

Since January 2006, over 300 workers from mental health, general health and tobacco control services, both metropolitan and rural, have been involved in a full day workshop building skills and confidence to assist people with mental illness to address tobacco.

Tobacco Free – a guide to supporting people with mental illness to tackle tobacco

The Tobacco and Mental Illness Project in South Australia have compiled this guide. The manual provides information and practical tools for health services wanting to help people to tackle tobacco and promote the health and wellbeing of people living with mental illness.

For more information about the Tobacco and Mental Illness project, contact Maxie Ashton at maxie.ashton@health.sa.gov.au or (08) 8200 2006 or the Tobacco Control Unit, Drug and Alcohol Services SA at DASSTobaccoContolUnit@health.sa.gov.au on +61 8 8274 3333.

Service Coordination/ Integration

Banyule Community Health Service Integration Framework

Location: Victoria

Timeline: 2010-2013

Organisation: Banyule Community Health Service

Contact: Boyce Felstead or Rhonda Nelson Hearity, (03) 9450 2000

A project aimed at developing a framework for service integration to improve health outcomes for people living with either a mental illness or a mental illness and a drug and/or alcohol problem. Project partners include Banyule Community Health, Austin Health, Neami Ltd, Nexus, La Trobe University,

North East Primary Care Partnership (NEPCP) and North East Valley Division of General Practitioners (NEV).

The project involved piloting the use of the Service Coordination Tool Templates (SCTT) <http://www.health.vic.gov.au/pcps/sctt.htm> Health Behaviours and Health Conditions Profiles, to assess consumers' physical wellbeing status, and facilitate referrals into local services. Preliminary results suggest that 45% of the 177 consumers involved in the pilot were referred or recommended for referrals to appropriate services.

***Improving Access to Primary Health Care Services for People with Serious Mental Illness
Demonstration Project***

Location: Victoria

Timeline: 2009-2010 demonstration project

Organisation: Inner South Community Health Service (ISCHS) and EACH, Funded by Department of Health

Contact: Marissa Davidson (ISCHS) or Sharon O'Boyle (EACH)

A project aimed at strengthening the role of community health in better supporting the health of people living with severe mental illness. This project involved developing a model of care for clients with severe mental illness that incorporated physical health. Project partners included community health centres, divisions of GP, area mental health services, primary care partnerships and the Department of Health (Victoria). Participating health professionals received comprehensive training on physical health assessments, working with people with severe mental illness and supporting meaningful goal setting (health coaching, motivational interviewing, etc).

Government and GP Divisions

Linking Physical and Mental Health (LPMH) Initiative

Organisation: NSW Health

http://www.cadre.com.au/nsw_health/index.html

Launched in 2009, LPMH is a NSW Health Initiative to build the capacity of clinical services and community mental health services in NSW to better meet the physical healthcare needs of mental health consumers. The initiative has developed a web resource portal, featuring guidelines, policy directives, resources and training workshops on addressing the physical health of people with serious mental illness for GPs and clinicians. Also developed a range of resources on the topic of physical health for consumers. Although the information presented is most relevant to clinicians and GPs working within clinical or community mental health settings, the information can be helpful to anyone

working on this issue. In fact, the training workshop discusses the importance of forming collaborative relationships with MH NGOs.

Activate: Mind & Body

Organisation: General Practice Queensland and QLD Health

<http://www.activatemindandbody.com.au>

A QLD-based initiative aimed at improving the physical and oral health of people living with severe mental illness by building the capacity of:

- Divisions of general practice
- General practitioners (GPs)
- Specialist mental health services, and
- Consumers and carers.

The initiative features a:

- Website for consumers, GPs and the general public with resources on physical health and mental illness, in addition to resources on key health promotion messages including smoking, nutrition, alcohol and physical activity (SNAP).
- Handbook for the physical health care of mental health consumers – for GPs. Redeveloped from the NSW Health Guide for GPs and Clinicians for the QLD context.
- Health promotion resources including posters, postcards, brochures etc on the key health promotion messages of SNAP. Distributed through division networks.
- Consumer Health Information cards, a wallet-sized card for consumers to note their health information, appointment details, etc.
- Training package for GPs, Clinicians, Clinic Nurses and Mental Health Nurses – brief intervention tools for physical health of mental health consumers.

International

Physical Health

Rethink Physical Health Check Project

Organisation: Rethink

Location: UK

<http://www.rethink.org/phc>

Rethink designed a physical health tool specifically for use by non-clinical mental health workers.

The PHC tool has three main objectives:

1. To stimulate a conversation about physical health
2. Identify unmet physical health needs
3. Develop an action plan to address these needs.

The tool is accompanied by guidelines for use and a comprehensive background document on the physical health issues commonly experienced by people living with a mental illness.

As part of the Physical Health Check Project, Rethink Mental Illness has developed and collated a range of resources for health care professionals.

Minding our Bodies – healthy eating and physical activity for mental health

Location: Canada

Timeline: 2008-2013

Organisation: Canadian Mental Health Association, Ontario, Mood Disorders Association of Ontario, Nutrition Resource Centre, YMCA Ontario, and York University's Faculty of Health, with support from the Ontario Ministry of Health Promotion

www.mindingourbodies.ca

Minding our Bodies is a multi-year project to increase capacity of the community mental health system in Ontario to promote active living and healthy eating for people with serious mental illness. The project helps community mental health service providers develop and deliver evidence-based physical activity and healthy eating programs. The project includes training for mental health workers, consumer leaders, and volunteers on how to run successful healthy living programs, a toolkit and online resource to support program development.



SANE Smokefree Guidelines

Best practice in staying smokefree
for mental health NGOs (non-government organisations)

These Guidelines will help your service develop and implement a smokefree policy that will lead to improved health for both clients and workers.

Why make mental health services smokefree?

Smoking is the leading risk factor for disease throughout the world. People with mental illness make up over 38% of all smokers in Australia and are more likely than the general public to be heavy smokers.

Many people with a mental illness are interested in quitting, however, and are able to do so given the right support. The entrenched smoking culture in mental health services is starting to change. Support and advice on quitting, along with Nicotine Replacement Therapy (NRT) and other treatments, can improve cessation rates in people with mental illness to as high as those in the general population.

When NGOs provide supportive environments for reducing and quitting smoking, both clients and workers benefit.

- 1 Smokers who want to quit are supported.
- 2 It is easier for ex-smokers to stay non-smokers.
- 3 Once people quit, they have more money, experience immediate and long-term health benefits and have an increased sense of control over their lives.
- 4 Staff benefit from a healthier work environment.

Facts and figures

- 1 At least 42% of all cigarettes sold in Australia are smoked by people with a mental illness.
- 2 At least 50% of regular smokers with mental illness will die prematurely from smoking-related disease.
- 3 Many people with a mental illness are interested in quitting and are able to do so with the right support.
- 4 The total financial cost to Australia from smoking by people with a mental illness has been estimated at \$3.53 billion dollars (2005).
- 5 Smokefree environments are becoming widespread as legislation changes to protect the public from second-hand smoke.
- 6 Smokefree environments benefit the overall health of the community.



Being smokefree is not just a matter of putting up a 'No Smoking' sign. It is an important initiative which can have a major impact on improving the health and wellbeing of your clients and staff.

The process may not always be easy, however. Both smoking and non-smoking staff, as well as clients and visitors, may feel that it is not the role of the organisation to impose rules on smoking. However, NGOs do have a duty of care to provide a safe, healthy environment, as well as to comply with any legislation and government regulations in this area. Physical and mental health are integral to each other and the health of the whole person.

Following these Guidelines – tailoring them to suit your organisation where appropriate – increases the likelihood that your smokefree policy is successful and is accepted by staff, clients and visitors.

The aims of a smokefree policy are to:

- ➊ eliminate or reduce exposure to tobacco smoke among clients, staff, volunteers, and visitors
- ➋ increase knowledge of the serious harm caused to health by smoking and exposure to tobacco smoke
- ➌ increase the number of clients and staff who quit or reduce smoking.

Creating a smokefree environment in your organisation will be most effective when implemented as part of an overall healthy living strategy. See www.sane.org for details of the SANE Mind and Body initiative for ideas and further resources on this topic.

Planning and Preparation

- ➊ Allow at least six months for planning and preparation. Allow at least a further six months for support.
- ➋ Support from the organisation's Board and senior management is essential. They need to agree on timeframe and scope – for example, 100% smokefree by the end of a 12-month period or a smoking area in the grounds but not inside the buildings.
- ➌ Staff support is also critical. Conduct a simple survey on staff readiness. Assess prevalence of smoking amongst staff, and their knowledge of, and attitudes to, smoking and the harm it causes.
- ➍ Form a planning and implementation group with staff and client representation, to oversee consultation, implementation, monitoring and review of the policy.
- ➎ Appoint a staff member to be Smokefree Coordinator, responsible for implementation and evaluation of the policy.
- ➏ Allocate a budget for training, cessation support programs, free or subsidised NRT, signage and shelters for designated outdoor smoking areas.

- ➐ Communicate to all staff what is happening, what the process will be, and that all staff will be consulted throughout the process. Find staff champions.
- ➑ Begin staff education, in particular on the harm of smoking, how to provide cessation support as well as on the planned smoking policy. Encourage smoking cessation or reduction by staff.
- ➒ Build a case for change. Provide information to staff, visitors and clients on the evidence regarding smoking and mental illness, and smokefree environments.
- ➓ Prepare the draft policy (see sample included with these Guidelines). Consult with Board members and senior management. Ensure staff understand the implications of the policy, and allow them time to comment on it.
- ➔ Finalise policy.

Implementation

- ➊ Support staff champions to promote the new policy within the organisation.
- ➋ Ensure all staff know about smokefree workplace laws. Are they aware of the penalties for non-compliance, or how to report non-compliance? Train specific staff to act as enforcement officers and ensure they have the appropriate responsibility to be able to enforce the policy.
- ➌ Offer cessation support, in the form of a quit program, support groups, referrals and free or subsidised NRT. Use the *SANE Smokefree Kit* for an 8-session program to reduce and quit smoking, specifically designed for people living with mental illness. It is strongly advised that clients consult with a doctor prior to quitting or reducing smoking.
- ➍ Address smoking by clients within an overall approach to improving physical health. Ensure staff trainers can deliver smoking education and cessation support to clients.
- ➎ Communicate with the wider community, volunteers and contractors about the new policy, and prepare for media coverage if wanted.
- ➏ Organise an official launch. Extend staff education to clients and visitors, and emphasise the harm caused by smoking and the many positive benefits of reducing and quitting smoking. Think about timing, signage and who you will invite to the launch – for example, health professionals who are expert in the area, clinicians and peer workers. If media coverage is wanted, inform local journalists of the launch event.

Sustainability

- Maintain ongoing leadership that is clear, consistent and visible.
- Maintain access to smoking cessation support in the long-term.
- Implement a monitoring and review schedule. Inform all relevant people of the milestones. Review policy annually. Consult with staff after each review.
- Management and the Smokefree Coordinator need to be able to help staff with problem-solving as any concerns arise.
- If applicable, follow-up with each service site in the first days of implementation so that sites feel included, supported and fully informed.
- Understand that going smokefree is an ongoing process not a single event. Maintain communication about smokefree policy via staff meetings, emails and other internal channels.
- Consider providing a comments box as a safe way for staff, clients or visitors to provide feedback.
- Celebrate your organisation's successes in making the smokefree change.
- Integrate smokefree policy with existing policies on healthy living and the use of alcohol and other drugs.
- Evaluate the process and, if necessary, write it up for publication.

What should be in a smokefree policy?

A smokefree policy should include:

- A brief introduction with the reasoning and principles behind the smokefree policy.
- An outline of the organisation's smokefree sites and vehicles as well as a guide to designated smoking areas, if relevant. Add specific information for each site including maps of any designated smoking areas.
- Statements outlining the organisation's policy on:
 - ☐ Staff smoking breaks
 - ☐ Smoking with clients
 - ☐ Home visits and other settings
 - ☐ Smoking in organisation cars
 - ☐ Smoking at organisation functions.
- A statement that volunteers and contractors who work on-site are required to comply with the policy.
- An outline of the support provided for clients and staff interested in quitting.
- A statement that all clients (new and existing) are to be asked about their smoking and assessed for readiness to quit at appropriate intervals.
- An outline of what will happen if people ignore the policy, and the consequences of breaching the policy.
- Contact details of the Smokefree Coordinator.
- Statement of the organisation's intention to work for consistent smokefree policy and practice in partnership with other agencies working with the same client group.
- A clear statement outlining who is responsible for implementing and enforcing the policy.

Sample Smokefree Policy

- Our organisation is committed to providing a healthy work and service delivery environment and is therefore a smokefree organisation. All offices, adjacent outside areas, interactions with clients, and company vehicles are smokefree.
- Staff will explain our organisation's commitment to providing a healthy environment for staff and clients, and will support this policy by:
 - providing clients with a positive role model by refraining from smoking while meeting them
 - where appropriate, requesting that clients and their carers refrain from smoking in their presence
 - providing information to clients on internal and external supports available to reduce and quit smoking
 - promoting healthy lifestyle choices when meeting with clients
 - confining smoking to discrete locations and only in break periods or staff member's own time.
- All visitors, volunteers and contractors are informed of, and expected to comply, with this policy.
- Staff will be supported with the skills and resources necessary to assist clients in their efforts to reduce or quit smoking.
- Staff will use <specify selected brief intervention tool> to explore risk, readiness to quit and prompt short interventions.
- Information and support on smoking cessation will be available to clients.
- Smoking cessation support groups will be available through the organisation's <insert program name>.
- Nicotine Replacement Therapy (NRT) is now available at a subsidised rate for people on the Disability Support Pension. We will actively source opportunities for all clients to access subsidised NRT.
- The organisation will develop partnerships with relevant local services and programs to support clients and staff in this area.
- List details of programs and resources available and relevant contact persons.
- Any breach of this policy will lead to normal disciplinary action. <Describe organisation's disciplinary procedures>

- Staff and client inquiries or feedback can be forwarded to <insert details of nominated contact person>.
- The responsibility for enforcing this policy rests with managers and supervisors.
- The organisation will work for consistent smokefree policy and practice with all our partner agencies.

SANE Australia

A national charity working for a better life for people affected by mental illness – through campaigning, education and research.

SANE Smokefree Guidelines

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PDF version available at www.sane.org.

These Guidelines were developed as part of the SANE Mind and Body Initiative and funded by a grant from The William Buckland Foundation which is managed by ANZ Trustees. The sample smokefree policy is based on that developed by Neami Ltd, who kindly gave permission to use it with these Guidelines.

SANE Australia has developed a range of resources to help people quit smoking, including:

- The *SANE Guide to a Smokefree Life* for individuals
- The *SANE Smokefree Kit* for organisations to run courses for clients with a mental illness
- Factsheet on *Smoking and Mental Illness*
- *SANE Smokefree Guidelines for GPs*
- Factsheets and Podcasts on healthy living.

For more information on resources and the SANE Mind and Body Initiative, see the Campaigns area of www.sane.org or contact info@sane.org.

www.sane.org



SANE Healthy Living Guidelines

Best practice in healthy living promotion
for mental health NGOs (non-government organisations)

Good physical health is essential for everyone's wellbeing. These Guidelines describe good practice for NGOs wishing to promote and support good physical health for clients living with mental illness.

Why are NGOs important to promoting physical health?

NGOs are uniquely placed to help people improve their physical as well as mental health. The frequency of contact, collaborative nature and duration of the relationship with the client provide capacity to encourage and support long-term improvement in health behaviour. NGOs often have a relationship with a client's family and friends, and can draw on the support and encouragement that peer workers, as well as volunteers, can offer.

What can NGOs do to help improve clients' health outcomes?

The first step to improve the physical health of people with mental illness is to acknowledge that this is integral to mental health, and that physical health support is therefore an essential component of psychosocial rehabilitation and recovery services.

The next stage is to integrate promotion of good physical health into all aspects of service development and delivery so that it becomes part of everyday practice. These Guidelines outline how NGOs can build a good framework for doing this, and describe some practical ways NGOs can create an environment to help support the physical wellbeing of clients. It's also worth noting that when clients' physical health is considered, the wellbeing, job satisfaction and morale of staff can also be greatly improved.

Looking after our physical wellbeing is important for all of us, yet this is often overlooked in services for people affected by mental illness.

- 1 People with mental illness have significantly poorer physical health than others, with life expectancy up to 20 years less than the general population. They experience far higher rates of diabetes, kidney disease, and heart and lung diseases. This is associated with a range of factors, including obesity, higher smoking rates, poor diet, and lack of exercise. These factors, in turn, may be related to the effects of mental illness, the side-effects of some medications, and poor access to good healthcare and community support.
- 2 Improving the physical health of people with mental illness is the responsibility of everyone in the health system. This includes GPs, hospitals, mental health services, private health providers and NGOs, as well as people with a mental illness themselves.
- 3 NGOs are especially well placed to use their unique position and skills to help improve the physical as well as mental health of clients.



How can my organisation build a good framework for physical health support?

Providing support for the physical wellbeing of clients is about more than putting up a few 'healthy eating' posters or 'no smoking' signs. It requires a systemic, coordinated approach from the organisation to ensure real changes to practice are made, and that those changes mean real improvements for clients. Organisations need to ensure a good framework is in place for this to occur. Poor access to relevant resources or expertise, limited funds to support staffing and program expenses and staff attitudes, behaviour, time and competing priorities can get in the way. A good framework can help overcome these barriers.

Key strategies for a good framework are:

- 1 ensuring the full support and commitment of board and management by making a strong case for change
- 2 using these Guidelines to develop a practical, evidence-based policy for your organisation
- 3 consulting clients about their physical health needs, and how your organisation could help them address these
- 4 appointing a coordinator to oversee the initiative
- 5 finding out about staff attitudes and behaviours beforehand through staff surveys and forums
- 6 preparing staff by training, personal development, official launches, making the initiative fun, and allowing plenty of time for staff to discuss any concerns
- 7 recruiting enthusiastic staff as site champions, if your organisation operates over multiple sites

- 1 encouraging staff to improve their own physical health, so they feel confident about the issue and can model healthy behaviours
- 2 embedding the change, by including the policy in strategic plans, position descriptions and staff recruitment processes
- 3 building partnerships with local health services including GPs, clinical services, community health centres and other NGOs
- 4 tapping into existing resources and expertise by linking with relevant health organisations.

Creating a health-promoting environment

Once your organisation has built a solid framework for supporting the physical wellbeing of clients, the goal is to create a health-promoting environment for clients (and staff). That is an environment that helps people to increase control over, and to improve, their own health.

To create this environment, NGOs can:

- 1 **Provide information on SNAP risk factors** to all staff, volunteers, peer workers, clients and their families. (The SNAP factors are defined by the Royal Australian College of General Practitioners as: Smoking, Nutrition including caffeine, Alcohol and Physical activity.) Information can also be given on managing chronic conditions such as heart disease and diabetes. SANE Australia has a number of factsheets, guides, podcasts and a DVD on healthy living which are suitable for staff and clients. Information resources on particular conditions are available through organisations such as Diabetes Australia and the Heart Foundation.



- **Encourage and facilitate regular physical health checks** such as blood pressure and waist measurements.

This does not mean staff conducting these checks, but rather:

- being aware of a client's state of physical health (through observation or direct enquiry) and ensuring any needs identified are addressed
 - empowering and supporting clients to ask for physical health checks at their GP or other health service
 - integrating promotion of physical health checks into normal practice, and make the monitoring of physical wellbeing by clients a regular, systematic process. Using a physical health checklist to initiate conversations about risk factors and symptoms can help with this. Formal physical health checks (at a GP or other health service) for this high-risk group are recommended every six months at least.
- **Provide a smokefree environment** and offer access to smoking cessation supports (see the *SANE Smokefree Guidelines* and other resources). Offer physical activity and healthy eating programs.
- **Offer one-on-one and group support** to build and sustain motivation for health behaviour change, using techniques such as health coaching or The Flinders Program (for chronic illness self-management support).
- **Develop the personal health skills of clients** including self-advocacy skills and essential basic life skills such as food shopping, cooking and budgeting. Empower clients to work effectively with a GP by helping them make an appointment, offering to go along with them to an appointment if needed, and improving their understanding of basic physical health checks.

- **Tap into peer leadership**

as the shared understanding of the everyday challenges of living with a mental illness between peer worker and client means that the worker can greatly influence positive health behaviour change in clients, and act as a positive role model.

- **Involve friends and families**

where possible, as their attitudes and behaviour regarding food and physical activity are important. Research has shown that most people with mental illness want support from friends and family and believe that their encouragement would help them to achieve their goals. Provide them with information about resources, programs and services and involve them in activities if appropriate.

- **Link with community and public health initiatives**

such as the many government-approved public lifestyle programs aimed at people at risk of chronic conditions. Many of these are either free or low cost.

- **Acknowledge gender and cultural differences**

Gender as well as cultural and religious background can influence people's health attitudes and behaviours. Ensure your organisation acknowledges these differences and makes the most of them by tailoring messages and programs accordingly.



How can we ensure sustainability?

Ensure sustainability by integrating healthy living into the organisation's everyday practice.

Many measures in these Guidelines can be implemented at little or no cost to the organisation by adapting regular practices, drawing on available resources, and linking clients with community initiatives. For example, there is little or no cost in scheduling a regular chat about physical health, or simply going for a short walk with a client rather than sitting at a café or fast food restaurant. The most important aspects of a healthy living initiative are changes to culture and attitudes.

If designated funding is required, funding sources may include the Australian and State governments, philanthropic trusts and foundations, and local government support. Fundraising events can also involve healthy living promotion and activities – such as a sponsored walk, for example.

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SANE Healthy Living Guidelines

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PDF version available at www.sane.org.

These Guidelines were developed in partnership with Neami.

The project is funded by a grant from The William Buckland Foundation which is managed by ANZ Trustees.

The SANE Australia Mind + Body Initiative has developed a range of resources to promote health living, including:

- 1 The SANE DVD Kit on Healthy Living
- 2 The SANE Guide to Healthy Living
- 3 Healthy Living Factsheets and Podcasts
- 4 The SANE Guide to a Smokefree Life (for individuals)
- 5 The SANE Smokefree Kit (for organisations to run courses for clients with a mental illness)
- 6 Factsheet on Smoking and Mental Illness
- 7 SANE Smokefree Guidelines for NGOs
- 8 SANE Smokefree Guidelines for GPs
- 9 The SANE Guide to Drugs

For more information on resources and the SANE Mind + Body Initiative, see the Projects area of www.sane.org or contact info@sane.org.

www.sane.org





NEAMI

Health Promotion Framework

Feb 2012

HEALTH PROMOTION AT NEAMI

People with a mental illness have an increased likelihood of developing diabetes, various cancers and cardio vascular disease. It also appears that the diagnosis and treatment of these conditions may be delayed in people with mental illness contributing to substantially higher levels of morbidity and mortality for those with a mental illness than the general population (VICSERV 2008). Neami is committed to doing what it can to improve the physical health outcomes of people with mental illness and integrates this commitment in all aspects of its work with consumers.

Neami initiated its Smoking and Wellbeing program in 2007 conducting research and developing programs in conjunction with state partners. In 2010 Neami funded Health Promotion Officers in each state with the overall aim of improving health and well-being outcomes for consumers. The Health Promotion Officers resource Neami service sites to offer an integrated and holistic approach to supporting consumer well being in keeping with the World Health Definition of health:

‘A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity . . .’

This definition sits neatly with the concept of recovery and integrates well with the Collaborative Recovery Model.

HEALTH PROMOTION PRIORITIES

The Health Promotion Project is coordinated and supported by the Service Development team. An annual planning process draws on available literature to inform priorities and reflect the common themes associated with supporting improved health outcomes for consumers.

The Neami 2011-2012 Health Promotion Priority Areas:

1. Smoking and Mental Health
2. Physical Health Needs Identification
3. Oral Health
4. Chronic Disease Self-Management (e.g. Diabetes, cardio-vascular disease)
5. Healthy Behaviours Program

Health Promotion Officers are responsible for the planning, development, implementation and evaluation of health promotion activities including health education, community development and community engagement processes, advocacy, lobbying strategies, social marketing, health policy, and structural and environmental strategies. Workforce development and capacity building strategies are also important components of health promotion practice. In keeping with the whole of organisation

approach, staff are encouraged to reflect on their own health behaviours, and to initiate activities to support their own health and well-being and a healthy workplace.

Each service site identifies a Site Champion who with the support of the State Health Promotion Officer (HPO) and service manager ensures all staff are resourced and have the capacity to help implement the Neami annual Health Promotion strategic directions, priority areas and projects. See attached HP site champion guidelines

The HPO'S report directly to the State Manager and work closely with service delivery teams, by supporting and resourcing these positions to incorporate health promotion initiatives within their practice. A Neami HP strategy meeting is held quarterly, reporting back against the annual HP priorities.

The Neami Health promotion framework was developed as part of the health promotion project and is designed to guide:

- Neami's State Managers, the state-based Health Promotion Officers (HPO), HP site champions, CRSW's and Managers to implement the identified health promotion priority areas.
- Staff orientation to the health promotion project and the priority areas.
- Building links with health agencies in the community.
- Recognising the links between health promotion and sustainability.

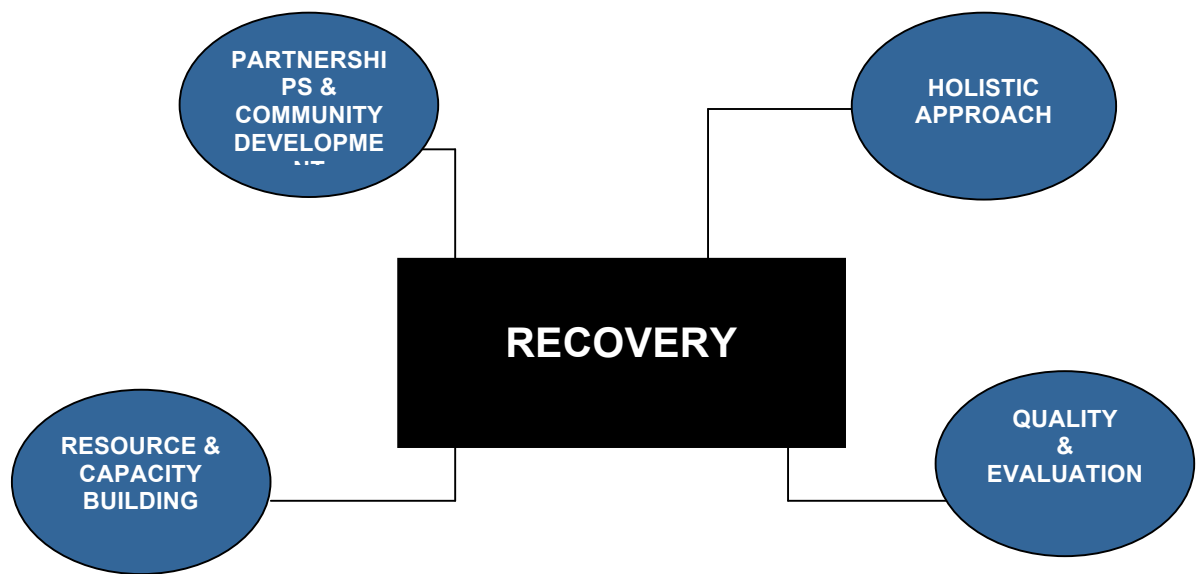
NEAMI'S HEALTH PROMOTION FRAMEWORK

Neami is committed to working in partnership with consumers at all levels of the organisation. This commitment is articulated in Neami's vision of Full citizenship for all people living with a mental illness in Australian society and enacted through the Mission Improving mental health and well being in local communities. The 2011-2014 Strategic Directions identify four key strategies which are; lead through innovation; promote services that achieve quality recovery outcomes; expand services for people with complex mental health and social needs; and develop a skilled and diverse workforce committed to recovery.

The Neami Health Promotion Framework is also aligned with the Ottawa Charter and consists of 4 interrelated components

- Resource and Capacity Building
- Partnerships and Community Development
- Quality and Evaluation
- Holistic Approach

The focus on health promotion for both consumers and staff is integrated into all aspects of what we do and we use every opportunity to promote workplace health and optimal health and well being.



RECOVERY FOCUS

'Recovery is being able to live a meaningful and satisfying life, defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process.' Scottish Recovery Network

Neami employs the Collaborative Recovery Model (CRM), which focuses on the consumer's strengths and values to direct their recovery path.

Neami focuses on individual's strengths empowering consumers as a matter of self-determination; resulting from an increase in self-esteem and sense of self-efficacy. It requires that consumers have access to the means and opportunity to assume responsibility for their own lives and well-being and choose freely their own path to recovery.

Improvement of physical health has been identified as important to many consumers on their recovery journey. The Health Promotion Officers support Community Rehabilitation Support Workers to better facilitate the conversations that assist consumers to recognise health issues and be empowered to achieve their physical health goals.

The HP framework sets a context for staff to support consumer's recovery by:

- Encouraging support workers to be alert to opportunities to pursue health related aspects when consumers are identifying their Valued Directions and goals
- Providing information, resources opportunities and support to make choices regarding their physical health, as well as their mental health and wellbeing
- Advocating for systemic change and removing barriers. For example improving flexible access to physical health care services and reducing cost to consumers.
- Involving consumers to participate in the process of developing, implementing and evaluating health promotion programs at Neami.

Also see *Neami Policy & Procedure Manual*

3.1 Rehabilitation (Recovery Framework)

3.19 Health promotion

HOLISTIC APPROACH

The Neami Health promotion project supports working in an integrated framework incorporating the following three elements and associated strategies. Community Rehabilitation and Peer Support Workers assist consumers to identify their strengths, values and goals and then explore how addressing health will assist in achievement of those goals.

- **Biomedical** – health as an absence of disease or disorders. Strategies to address health may include treatment, prescriptions and medications, surgery, referral pathways, increased responsiveness of health providers and supporting consumers to strengthen their relationships with GPs and other health professionals.
- **Behavioural** – health as the product of making healthy lifestyle choices. Strategies to improve healthy behaviours include education, enabling self-help and advocating for policies supporting lifestyle choices (e.g. Smokefree environments).
- **Socio-environmental** – health as the product of social, economic and environmental determinants that provide incentives and barriers to health of individuals and communities. This includes broader advocacy, policy change, and community mobilisation to address systemic issues such as poverty or environmental pollution as determinants of health.

RESOURCE AND CAPACITY BUILDING

Capacity building refers to increasing and strengthening the skills, competencies and abilities of people and communities to assist in overcoming barriers that contribute to ill-health. By being better equipped with the necessary resources and skills to understand and take ownership of one's own physical health needs, the health outcomes of individuals and communities are able to improve significantly.

Health Promotion at Neami adopts a strengths-based approach to build on the existing capacity of consumers and staff by providing relevant resources (such as health education material, necessary partnerships, supporting consumer engagement in community health activities) to increase health literacy and awareness of one's own physical health. Where a gap is identified in existing resources, Neami aims to develop necessary and relevant material to meet the needs of consumers and staff. Typically consumers with mental health issues have poor health outcomes compared to that of the general population. The Neami health promotion team aim to empower and resource Neami staff in gaining better awareness, access and key strategies to improve consumers and staffs health and wellbeing.

PARTNERSHIPS AND COMMUNITY DEVELOPMENT

As with all aspects of Neami's work, partnerships and a community development approach is integrated into our daily work. Community development involves changing the relationships and developing structures so that everyone can take part in the issues that affect their lives. It starts from the principle that within any community there is a wealth of knowledge and experience which, if used in creative ways, can be channeled into collective action to achieve the communities' desired goals.

Community development practitioners work alongside people in communities to help build relationships with key people and organisations and to identify common concerns. They create opportunities for the community to learn new skills and, by enabling people to act together, community development practitioners help to foster social inclusion and equality.

Definition of CD'Community Development Exchange. <http://www.cdx.org.uk/community-development/what-community-development>.

There is considerable evidence to suggest that resources, strengths and skills already exist within communities to address the physical health needs of consumers (e.g. community-based organisations, GP's etc). Neami engages with these people and organisations to develop strategies and pathways to address health needs of consumers and promote health and well-being.

Neami seeks to empower individual consumers and groups to advocate on their own behalf, improve their lives, and provide communities with access to resources. Neami's key priorities in partnership and community development are:

Improving networks and partnerships within the community.

Identifying health needs from consumers' point of view

- Influence local planning and delivery of services within communities.
- Developing structures that act as a resource.
- Improving self-esteem and skill development of consumers
- Widening the boundaries of the health care debate by involving people in defining their views on health and local services.

QUALITY AND EVALUATION

The Health Promotion project will evaluate initiatives during all stages of implementation and practice to assess the effectiveness of the program in improving physical health outcomes for consumers and staff.

The evaluation findings will be used

- In the annual planning cycles across all levels of the organisation
- To strengthen and develop the work of the Neami Health Promotion initiatives
- To assist in enhancing and strengthening partnerships with other health organisations and sectors.
- Empower consumers to be in control of their own health management
- For continuous improvement which may identify the need for further research

References

Ottawa Charter for Health Promotion. WHO, Geneva, 1986

Community Development Exchange – www.cdx.org.uk

Pathways to social inclusion: Health inequalities. Psychiatric Disability Services of Victoria (VICSERV), 2008

Appendix 6- Health Promotion Q&A



HEALTH PROMOTION QUESTION & ANSWER

WHAT IS HEALTH PROMOTION?

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond health life-styles to well being (Ottawa Charter, 1986).

WHY IS HEALTH PROMOTION IMPORTANT AT NEAMI?

Through extensive research Neami identified that people with mental health concerns were at high risk of having poor physical health outcomes compared to the general population. People living with mental illness are 2.5 times more likely to die from cardiovascular disease, 2,5 times more likely to develop Type 2 diabetes, 2 times more likely to develop metabolic syndrome and at least twice as likely to be obese and have a life expectancy 20 years less than the general population. Neami recognises that good physical health plays a vital role in people's health and wellbeing and should be considered within the holistic approach to the recovery process.

WHAT ARE NEAMI'S HEALTH PROMOTION PRIORTY AREAS? HOW ARE THEY DECIDED?

The Neami 2011-2012 Health Promotion Priority Areas:

1. Smoking and Mental Health
2. Physical Health Needs Identification
3. Oral Health
4. Chronic Disease Self-Management (e.g. Diabetes, cardio-vascular disease)
5. Healthy Behaviours Program

Priority areas are revised annually and are determined through the revision of key policy documents, seminal papers, the literature and other similar initiatives. They are then finalised in consultation with Neami Health Promotion Officers and the Neami National Leadership Team.

Examples of progress to date: Health Promotion priority areas

Smoking and Mental Health

Physical Health Needs Identification

Oral Health

Chronic Disease Self-Management (e.g. Diabetes, cardio-vascular disease)

Healthy Behaviours Program

WHO DO I GO TO FOR HEALTH PROMOTION SUPPORT?

Within every service site a health promotion site champion should be the first point of contact for health promotion support. The site champion with support from their State Health Promotion Officer and Service Manager will ensure all staff are resourced to help implement the Health Promotion strategic directions, priority areas and projects.

HOW DO I INTEGRATE HEALTH PROMOTION WITH MY WORK

Position	Health Promotion Tasks & Responsibilities
Manager & Senior Practice Leader	<ul style="list-style-type: none"> • Raise health promotion in supervision with staff & site champion and support development of health promotion practice. • Incorporate health promotion within service development planning and keep health promotion on the service agenda throughout the year. • Model an advanced level of holistic practice and health promotion with consumers. • Liaise regularly with State-based Health Promotion Officer.
CRSW	<ul style="list-style-type: none"> • Educate and inform consumers on physical health issues. • Participate in health promotion projects and tasks (e.g. administration of AUSDRISK tool – Type II Diabetes risk assessment). • Support change enhancement with consumers for physical health issues such as through use of motivational interviewing skills. • Support consumers with physical health needs and goals utilising the CRM practice model, e.g. strengths & values identification (camera), goal setting

	<p>(compass), action planning (map).</p> <ul style="list-style-type: none"> • Complete risk assessment and management of physical health issues. • May participate in and attend physical health training and professional development opportunities at discretion of local management depending on needs of consumer base. • Recognise and respond to any emerging physical health issues with consumers through providing updates to service manager, SPL, Health Promotion Site Champion and team. • May be Health Promotion Site Champion
Peer Support Worker	<ul style="list-style-type: none"> • Support change enhancement with consumers through the Flourish coaching model. • Support consumers, through the Flourish coaching model, with physical health goals with a focus on developing self-efficacy and autonomy; utilising the CRM practice model, e.g. Strengths & values identification (camera), goal setting (compass) and action planning (map). • May participate in and attend physical health training and professional development opportunities at discretion of local management depending on needs of the consumer base. • Recognise and respond to any emerging physical health issues with consumers through providing updates to SPL, Service Manager, HP site champion and team. • May be Health Promotion Site Champion in a role-sharing capacity due to part-time nature of PSW role. • Role modeling holistic wellbeing with consumers, in the context of sharing one's recovery journey, is part of peer support work.
Operational Support	<ul style="list-style-type: none"> • Ordering of healthy catering • Supporting service administration of health promotion initiatives and tasks
State-based Health Promotion Officer	<ul style="list-style-type: none"> • Research of local and state level projects, programs and services to identify opportunities in developing partnerships, joint projects and referral pathways. • Take a leadership role in developing and implementing the health promotion program within each service site in their respective state. • Participate in and hold consultation with key stakeholders within Neami including manager meetings, team meetings, consumer advisory groups, focus groups, etc. • Health Promotion project planning and reporting. • Resource identification, development and distribution, including quarterly health promotion newsletters, factsheets, brochures, etc.

	<ul style="list-style-type: none"> • Developing effective partnerships internally with key stakeholders, state and local services & organisations, and participation in local and state level working groups and steering committees, e.g. NSW Physical Health Industry Reference Group. • Identify external physical health professional development opportunities for staff. • Revise organisational health promotion policy and support the implementation of new policy. • Identify funding opportunities and prepare grant submissions. • Development of evaluation frameworks and dissemination of evaluation findings.
Health Promotion Site-Champion	<ul style="list-style-type: none"> • Provide new staff with a site induction around health promotion (i.e. HP resource location, local contacts and the HP Strategic directions and priority areas) • Support staff in identifying health resource promotion resource needs • Promote the Neami smoke free policy and Health Promotion policy • Obtain and respond to staff health promotion feedback • Liaise with the state Health Promotion Officer • Participate in monthly Health Promotion meetings organised by the state Health Promotion Officer • Take a leadership role in driving specific health promotion projects at services (e.g. oral health, diabetes). This may include giving presentations and raising awareness regularly on the team agenda. • Work as a member of the team to discuss the implementation and strategies with the service manager

Let's make it work: collaborative physical health screening for consumers of mental health services

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Initial results of the screening show a distinct disparity between the physical health of mental health consumers and the general Victorian population. Figures indicate that 68% of participants self-reported their health as poor or fair; more than double that of the general Victorian population at 32%.

Background

Worldwide, mental illness is acknowledged as one of the largest causes of disability burden. The World Health Organisation (2007) estimates that around 10% of all adults worldwide (about 450 million people) have mental health problems. Australian statistics released in 2007 indicate that of the 16 million Australians between the ages of 16 and 85, 7.3 million will suffer from a mental health issue(s) in their lifetime (ABS, 2007).

Furthermore, research indicates that mental illness significantly augments the risk of physical illness. This co-morbidity of physical and mental illness can impact upon diagnosis and prognosis for those who experience poor mental health (Prince *et al.*, 2007). Statistics reveal that those with severe mental illness are more than twice as likely to be obese, five times more likely to have type 2 diabetes and two-and-a-half times more likely to die from cardiovascular disease (Coglan *et al.*, 2001). Such alarming statistics are attributable to a variety of

lifestyle factors including poor diet, smoking, social isolation and sedentary lifestyle. Attributable systemic concerns include side effects of medication, poor access to (and understanding of) health services and prioritisation of mental health needs (diagnosis and treatment) above physical health needs. Due to these issues, people with severe mental illness have a life expectancy of 15-20 years below the general population (Coglan *et al.*, 2001).

In response to the poor health outcomes associated with severe mental illness, the Australian Government commissioned a number of reports (*Duty to Care - physical illness in people with mental illness*, 2001 and *Activate: Mind and Body* – Queensland 2009). These reports provided a more comprehensive understanding of the physical health requirements of mental health consumers, identifying the following findings. Firstly, physical health screening should be undertaken by mental health services. Secondly, strong government policy support is required to support mental

health services around improving consumer physical health outcomes. Thirdly, consumers require improved accessibility to primary health care services. Finally, ongoing funding is required to support organisational changes within mental health services.

To date, publically funded mental health services are not mandated to actively manage the physical health of consumers. However, recent policies (including the *NSW Physical Health Care of Mental Health Consumers Guidelines and Policy Directive, 2009*, *Because mental health matters: Victorian mental health reform strategy, 2009*, and the *National Standards for Mental Health Services, 2010*) have identified 'physical health management in a mental health service environment' as a priority area. Additionally, *Victoria's community health priority tools, 2009*, now recognises people with a serious mental illness as a priority group. This tool provides consumers with access to a diverse range of community health services. These changes are indicative of the shift towards a more holistic approach to mental health.

Project

In March 2010, a project between Austin Health (Clinical), Neami Ltd (a Psychiatric Disability Rehabilitation and Support (PDRS) service) and Banyule Community Health Service was established. There were three aims of this project:

1. Identify the physical health needs of consumers from these mental health services.
2. Further develop service partnerships and collaboration between the aforementioned agencies.
3. Support mental health consumers in gaining timely and affordable access to primary health care services.

The partnering agencies agreed that the best way to identify the physical health needs of mental health consumers was via a collaborative screening project. Two screening tools were selected (and then adapted) from the Service Coordination Tool Templates (SCTT) – a Victorian initiative developed to facilitate and support improved service coordination practices between agencies (Primary Health Branch, Victorian Government Department of Human Services, 2009). SCTT was selected due to the ease of implementation, sector acceptance and minimal staff training requirements.

The two adapted SCTT tool templates (Profile: Health Behaviours and Profile: Health Conditions) were used to gain a broader understanding of the physical health of these mental health services. Consumers were asked to report on areas such as self identified health status, smoking status and current level of physical activity. Additional questions were also integrated into the profiles that covered sexual health, mental health (interest in counselling services) and drug use.

To ensure an adequate understanding of the project objectives and tasks, staff from Austin Health and Neami Ltd were provided with an assortment of training. Training included briefing sessions on the rationale for the health screening project as well as project information sheets. Staff were informed how to use the adapted SCTT tools with consumers and where applicable practiced them in team meetings. Education was provided on the data collection process as well as the referral pathways to primary health care services. Guest speakers from Banyule's primary health care services (dental, problem gambling, counselling and general practice) also presented at staff team meetings.

Austin Health Case Managers and Neami Ltd Community Rehabilitation Support Workers administered the two SCTT profiles to consumers, using a question-and-answer interview process. To avoid duplication, Neami Ltd staff only administered to those consumers who were not also case managed. Very few consumers declined to be involved in this process and the majority of staff were actively involved in data collection with their consumers. Where physical health 'gaps' were identified as a result of the screening, staff from both Austin Health and Neami Ltd actively supported consumers in gaining access to appropriate primary health care services at Banyule.

Results

Data was collected from 177 adult consumers, aged between 18 and 68. The sample comprised 96 (54%) males and 81 (46%) females with the mean age of participants being 42 years. Eighty-nine respondents were both clinical and PDRS consumers and 88 were PDRS consumers. The respondents were predominantly from the Continuing Care Team, however data was also collected from the Youth Early Psychosis Service and the Mobile Support and Treatment Team. Data from the PDRS service was collected from two locations in the same mental health region.

A descriptive analysis of data was undertaken and results were then contrasted with the Victorian Population Health Survey, 2008. Where possible, data was analysed against additional population health data including dental health (*Trends in Access to dental care among Australians, 2010*), physical activity guidelines (*National Physical Activity Guidelines, DoHA, 2010*) and falls (*Preventing Falls in Victoria, 2007-12 Discussion Paper*).

Initial results of the screening show a distinct disparity between the physical health of mental health consumers and the general Victorian population. Figures indicate that 68% of participants self-reported their health as poor or fair; more than double that of the general Victorian population at 32% (Victorian Population Health Survey, 2008). Preliminary results also indicate a significant variation between those with a serious mental illness and the general population on a range of

Of particular interest were the results around emotional support. It was found that 52% of participants identified their interest in receiving further support from counselling services. When asked which counselling support they required, 44% of respondents indicated they wanted help with anxiety, 43% with depression, 35% with relationship/family issues, 23% with trauma and 21% with grief/loss.

variables. These included smoking rates, oral health, vision difficulty, falls, nutritional risk, gambling, sexual health, physical activity and multi-morbidity.

When comparing mental health consumers to the general Victorian public, a range of issues become apparent. For instance, 50% of participants identified themselves as current smokers, contrasting to 19% of the Victorian population (Victorian Population Health Survey, 2008). Compared to the general population, participants were twice as likely as to have current dental problems (*Trends in Access to dental care among Australians*, 2010). In fact, 43% of participants reported having dental problems. Vision difficulty was experienced by 33% of participants and one third of these participants reported that this difficulty impacted upon their daily activities. A fear of falling was reported by 18% and 23% of participants reported having had a fall in the past 12 months. At least one nutritional risk issue was identified in 65% of participants, 27% reported an issue with gambling and 45% of women had a Pap Smear test in the past two years, comparative to 71% of the general population (Victorian Population Health Survey, 2008). Only 52% of participants met the national physical activity guidelines and over 60% reported multi-morbidity (the presence of two or more diseases).

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Discussion

The results of the physical health screening are broadly consistent with recent findings in this area (Davidson & O'Boyle, 2010; Everett et al, 2008; Coghlan, et al, 2001). These results lend strong support to the aforementioned state and federal policy initiatives that intend to address this crisis in health care. Of particular concern is the self-reported health status of mental health consumers, which is significantly lower than the Victorian population (Victorian Population Health Survey, 2008). This measure has been shown to be a reliable predictor of ill-health, future health care and premature mortality (Idler & Benyamini, 1997; Milunpalo, et al, 1997; Burstrom & Fredlund, 2001).

In response to such concerns, the implementation of routine screening and referral processes should be considered an essential part of holistic care. The findings of this project, which have identified poor physical health outcomes for mental health consumers, reinforce the necessity of routine screening and referral processes. Staff in the mental health care sector have also recognised the benefits of screening tools. One staff member from Neami Ltd stated that '[having a health screening tool] opened up a conversation about physical health... questions about specific physical health [issues] such as vision were really good, as these areas are often overlooked.' The project also demonstrated that in order to facilitate this level of holistic care, the development and maintenance of collaborative relationships between primary care and the mental health sector is vital.

►►► FIND OUT MORE: Further details of the project and findings can be provided upon request. Please contact Boyce Felstead by email at: boyce.felstead@bchs.org.au.

In response to such concerns, the implementation of routine screening and referral processes should be considered an essential part of holistic care. The findings of this project, which have identified poor physical health outcomes for mental health consumers, reinforce the necessity of routine screening and referral processes. Staff in the mental health care sector have also recognised the benefits of screening tools.

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Neami Health Prompt Information & Practice Guidelines

October 2012

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These guidelines have been prepared for use by Neami staff for the administration of the Neami Health Prompt by the Neami Health Promotion Team.

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1. INTRODUCTION

NEAMI HEALTH PROMPT

The Neami Health Prompt was developed in response to the physical health needs of consumers of Neami. Comparative to the broader population individuals with a serious mental illness have a significantly reduced life expectancy of 15-25 years, are 2.5 times at greater risk of cardiovascular disease and double the risk of respiratory disease.

The Health Prompt was developed with the primary aim of promoting guided conversations between staff and consumers to address health care needs. These conversations should lead to physical health concerns being addressed through engagement with primary health care providers, GPs, allied health professionals, alternative practitioners or relevant services.

The Health Prompt aims to:

- Improve the physical health outcomes of consumers
- Increase the regularity and quality of physical health checks
- Increase awareness of physical health issues and health check processes
- Improve consumer self-management of physical health
- Increase confidence of staff in providing physical health information and interventions
- Increase referral pathways and community links to physical health, nutritional, and emotional/psychological support services

HOW WAS THE HEALTH PROMPT DEVELOPED?

The Neami Health Prompt was compiled by the Health Promotion Team with reference to existing health promotion health tools and resources. The Health Prompt covers areas pertinent to holistic health care and each question has been thought through to align with nationally recognised standards and consumer needs. The resource aims to act as a prompt, as well as an education resource to both staff and consumer's development of health knowledge and practice.

The Health Prompt questions have been drawn upon from existing health information resources, including:

- One Minute Health Check
- Rethink Health Check
- Service Coordination Tool Templates (piloted in Victoria)
- Australian Alcohol Guidelines
- Go for 2&5 Campaign

2. USING THE HEALTH PROMPT

PROCESS

The Health Prompt document is a resource to help facilitate a conversation with a consumer around their health needs. The document itself may be completed with either the staff member or consumer asking the questions, recording responses and noting follow up plans.

Please take care to ensure that you have clearly outlined the process and the consumer has a clear understanding of why they are being asked about their physical health. It may be necessary to provide extra information on physical health for the consumer to feel confident in having a conversation about their physical health.

All consumers are invited to complete the Health Prompt at their initial assessment and to revisit every 6 months. Any information collected through the Health Prompt is confidential and will assist Neami:

- in developing an accurate consumer profile
- to facilitate relevant referral pathways
- support the development of collaborative partnership
- to build an evidence base
- in evaluating consumer health outcomes.

THE HEALTH PROMPT STRUCTURE

There are 3 sections of the Health Prompt to guide the physical health conversation.

1. **Questions:** The Health Prompt asks a series of questions which generate either a 'yes' or 'no' answer. A 'no' is an indication that follow up is required and it is important for the consumer to see a GP or relevant health practitioner.
2. **Body Scan:** The back of the page provides an image of a body. This is for consumers to identify areas of the body where they may be experiencing aches, pains or have some concerns that may not have arisen out of the question section.
3. **Comments:** This section is for consumers to note any other concerns they have with their health or write notes in relation to their health care. The consumer may also like to make notes about their personal or family history of their health in this section.

As you complete the Health Prompt, follow up action may be required. Please see the later section on Providing Follow Up for steps and suggestions.

FREQUENCY

All consumers will be invited to have a physical health conversation guided by the Health Prompt when they enter the service and then to revisit every six months.

CONSENT

The Health Prompt is a voluntary process for the consumer to engage with, and they may decline participation at the beginning or at any point during the conversation or Health Prompt questions. If a consumer declines to use the Health Prompt:

- Respect and validate the decision
- Ask about the reason for declining to engage in a physical health conversation guided by the Health Prompt
- Support the consumer to find ways to minimise the factors or barriers that may be preventing the consumer from engaging with the Health Prompt
- Explain the reasons and benefits for using the Health Prompt
-

STORAGE OF INFORMATION, CONFIDENTIALITY & DUTY OF CARE

A copy of the Health Prompt will be kept in the consumer file and responses to be recorded on the Carelink + database. If a consumer declines to discuss their physical health, this should be recorded in the file and on Carelink +.

As detailed in the 2009 Neami Policy Manual all information collected from the consumer is kept confidential in accordance with the Privacy and Confidentiality Policy. Consumers consent is required for the transfer of their information, unless duty of care overrides the need for consent. Refer to Section 3.21 Duty of Care and 3.22 Collection and Storage of Information.

RESPONSIBILITY

All staff at Neami have the responsibility to support work towards the improvement of physical health outcomes for consumers. Key responsibilities are outlined below.

REGIONAL & STATE MANAGERS

The Regional & State Manager should ensure that their area of jurisdiction takes full responsibility for implementation and regular use of the Health Prompt for physical health conversations.

SERVICE MANAGER OR SENIOR PRACTICE LEADER

The Service Manager or Senior Practice Leader should:

- Support the administration of the health prompt at the time of intake.
- Support CRSWs in developing their practice in regards to quality physical health conversations, knowledge and use of the Health Prompt.

KEYWORKER

The keyworker has the responsibility to ensure physical health is discussed regularly and the Health Prompt offered every 6 months after intake. The conversations and Health Prompt may be administered by any other team member in line with Neami's team approach.

STATE HEALTH PROMOTION OFFICERS & HEALTH PROMOTION SITE CHAMPIONS

The State HPOs and site champions are to:

- Support resourcing at state and local levels
- Provide information on physical health needs and means to address them
- Support the development of partnerships and referral pathways

3. GOOD PRACTICE: USE OF THE HEALTH PROMPT

Neami acknowledges that medication is a significant factor of which affects physical health outcomes for many consumers. The purpose of the Health Prompt is to draw out information that will assist you to coach individuals through the stages of change in a recovery environment. There are certain practices and considerations that a worker can use in working towards better health outcomes for consumers. Some of these are outlined in the points below:

- Be mindful that discussing physical health may be an overwhelming conversation for some consumers.
- You may need to re-phrase some questions for some consumers.
- You may need to provide prompts for some questions.
- Emphasise to consumers that there are no right or wrong answers.
- It may be useful to begin with health domains that the consumer is familiar with and then build upon their knowledge.
- Remember that the Health Prompt is not a form to completed, but a resource to facilitate conversations exploring consumer health needs.
- Aim to explore all the health domains raised through the questions, as each are key in holistic health and wellbeing.
- A number of contact visits may be required for an ongoing physical health conversation.
- Be mindful of your own personal discomfort when asking some questions, and be careful not to let this influence the consumers comfort and response.
- Be mindful that conversations concerning an individuals health needs may be challenging and potentially harrowing and aim to respond accordingly.
- Focus on the 'yes' responses as areas of strength and achievement.
- Try and use the Health Prompt in a way that empowers consumers by:
 - Building physical health knowledge
 - increasing consumer value in good health and its relationship with recovery
 - increasing consumer independence and autonomy in caring for their own health.

Please refer to the *SANE Healthy Living Guidelines* (www.sane.org.au) for further information on promoting and supporting healthy living with team members and consumers at Neami.

4. GOOD PRACTICE: PROVIDING FOLLOW-UP

Providing useful and quality follow up after administering the Health Prompt or having a physical health conversation is essential in working towards better health outcomes for consumers. It may be useful to use the Compass & Map CRM protocols to help plan and act upon the necessary follow up. At all points of arranging follow up ensure that the consumer is being included, informed, empowered to take lead in the progress of their physical health and wellbeing.

The most likely or common follow up suggestion would be to advise or support the consumer to see their regular GP for a health check or health advice and for them to take their completed Health Prompt with them to the appointment.

NATIONAL FOLLOW-UP RESOURCES

Below is a table of suggestions for follow up if a 'No' is generated through the Health Prompt Questions or if areas of concern arise from the Health Prompt Body Scan. Please note that this table is not an exhaustive list of follow up suggestions and it may be useful for sites to develop a table of local follow up resources and services.

HEALTH NEED	FOLLOW-UP
Questions 1 & 2 <ul style="list-style-type: none"> GP 	<ul style="list-style-type: none"> Support consumer to be connected to GP they feel comfortable with. Beyond Blue has a directory of Medical and Allied Health Professionals in Mental Health that may be useful to locate a helpful GP: http://www.beyondblue.org.au/index.aspx?link_id=107.1007
Questions 3, 4 & 5 <ul style="list-style-type: none"> Blood pressure Cholesterol Blood Sugar Levels 	<ul style="list-style-type: none"> See a GP for a complete physical health check Diabetes Type 2 AUSDRisk assessment link http://www.health.gov.au/internet/main/publishing.nsf/Content/chronic-diab-prev-aus Diabetes Australia. http://www.diabetesaustralia.com.au Nutritional guidelines. http://www.gofor2and5.com.au/ Lifestyle – nutrition/exercise/ healthy behaviours http://swapit.gov.au/
Question 6 <ul style="list-style-type: none"> Physical Activity 	<ul style="list-style-type: none"> See a GP to discuss referrals to appropriate Allied Health professionals (eg. Exercise physiologist) Discuss options currently used to support consumers with physical activity at a local service level Reclink community recreation activities http://www.reclink.org/ National physical guidelines http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-physical-activity-adults-pdf-cnt.htm www.heartfoundation.org.au & www.10000steps.org.au http://www.bing.com/search?q=10+000+step+program&src=IE-SearchBox&Form=IE8SRC-#

<p>Question 7</p> <ul style="list-style-type: none"> Alcohol 	<ul style="list-style-type: none"> See a GP to discuss alcohol intake. Use the ASSIST as a brief intervention Drug arm. http://www.drugarm.com.au Alcohol and other Drug Council of Australia state contacts. http://www.adca.org.au/content/view/31/187/ Australian Drug Information Network. http://www.adin.com.au/content.asp?Document_ID=38
<p>Question 8, 9 & 10</p> <ul style="list-style-type: none"> Nutrition Water Intake 	<ul style="list-style-type: none"> See a GP to discuss referrals to appropriate Allied Health professionals (nutritionist/dietitian) Provide educational resources, information and have conversations with consumers around nutrition and water intake Support consumer with budgeting or shopping support Nutritional guidelines. http://www.gofor2and5.com.au/ Lifestyle – nutrition/exercise/ healthy behaviours http://swapit.gov.au/ Nutrition Australia. http://www.nutritionaustralia.org/
<p>Question 11</p> <ul style="list-style-type: none"> Waist Measurement 	<ul style="list-style-type: none"> See a GP to discuss how waist measurement may be affecting health. Utilise the AUSDRISK Type II Diabetes Risk Assessment Tool to determine a risk score to Diabetes and appropriate follow up. Explore weight management, exercise, & nutritional options Lifestyle – nutrition/exercise/ healthy behaviors http://swapit.gov.au/
<p>Question 12, 13 & 14</p> <ul style="list-style-type: none"> Skin Eyes Hearing 	<ul style="list-style-type: none"> See a GP for skin check, eyes & hearing assessment information. Pension cardholders or recipients of sickness allowance may receive free hearing test. Hearing Australia. http://www.hearing.com.au Free eye checks are available through Medicare through optometrists. Cancer Council for more information and skin cancers. http://www.cancer.org.au Skin cancer/mole checking clinics – some are bulk billed.
<p>Question 15</p> <ul style="list-style-type: none"> Smoking 	<ul style="list-style-type: none"> See a GP to discuss methods of smoking cessation. Support consumer to attend a smoking cessation clinic or engage in a Neami smoking cessation support group Quit now website http://www.quitnow.gov.au Quit line support ph 13 78 48 & get free quit pack I can quit – online services http://www.icanquit.com.au/
<p>Question 16</p> <ul style="list-style-type: none"> Oral health 	<ul style="list-style-type: none"> See a GP regarding Medicare Chronic Disease Dental Scheme Provide Neami Oral Health consumer information brochures Have a discussion around daily oral health care See the Neami Intranet for Oral Health resources. Consider food and beverages, increase water and reduce sugar Find a Dentist - Australian Dental Association www.ada.org.au Links between dental and heart www.heartfoundation.org.au

Question 17 <ul style="list-style-type: none"> Balance 	<ul style="list-style-type: none"> See a GP to discuss possible cause and medications Discuss possible referral to ear, noise & throat specialist Discuss possible referral to appropriate Allied Health professionals (podiatrist, physiotherapist, exercise physiologist, occupational therapist). Consider physical activity especially core strength activities like pilates, yoga, tai chi.
Question 18 <ul style="list-style-type: none"> Foot care 	<ul style="list-style-type: none"> See a GP to discuss possible referral to appropriate Allied Health Professionals (podiatrist, chiropodist). Support consumer to purchase appropriate and comfortable footwear. Diabetes Australia. http://www.diabetesaustralia.com.au
Question 19 <ul style="list-style-type: none"> Sleep 	<ul style="list-style-type: none"> See a GP as many factors can affect sleep: medication, incontinence, symptoms of illness, alcohol and other drug use, tobacco addiction, stress, depression and anxiety Support consumer to improve sleeping area by exploring if a new mattress, pillows or bedding is required Support consumer to create a healthy sleep routine such as relaxation techniques, mindfulness, reading, exploring good sleep hygiene and avoiding stimulants and eating before bed Advice and fact sheets www.sleephealthfoundation.org.au
Question 20 <ul style="list-style-type: none"> Medication 	<ul style="list-style-type: none"> Support the consumer to see a GP or speak with their clinical case manager, psychiatrist, chemist or whoever may be monitoring their medication.
Question 21 <ul style="list-style-type: none"> Emotional Support 	<ul style="list-style-type: none"> See a GP for referral to appropriate service Provide information on other counseling and support options such as Lifeline 13 11 14, parents line 1300 301 300 and suicide call back line 1300 659 467 Directory of mental health services and therapies. http://www.beyondblue.org.au/index.aspx?link_id=107.1203 Positive psychology www.authenticchappiness.sas.upenn.edu
Question 22 & 23 <ul style="list-style-type: none"> Bowel & Bladder Function Bowel Cancer 	<ul style="list-style-type: none"> See a GP for referral to appropriate service Provide support to address incontinence issues Discuss possible referral to appropriate Allied Health professionals (nutritionist, physiotherapist, exercise physiologist, occupational therapist) National bowel cancer http://www.cancerscreening.gov.au/
Question 24 <ul style="list-style-type: none"> Sexual Health & Reproduction 	<ul style="list-style-type: none"> See a GP for a sexual health check Sexual Health and Family Planning Australia. http://www.shfpa.org.au/
Question 25, 26 & 27 <ul style="list-style-type: none"> Pap Smear Breast Check Mammogram 	<ul style="list-style-type: none"> See a GP for health checks. Breast screening/mammogram Australia and cervical Health screening http://www.cancerscreening.gov.au/ Cancer Council information on women's health checks http://www.cancercouncil.com.au/ Health information http://www.womhealth.org.au/

Question 28 <ul style="list-style-type: none">Prostate	<ul style="list-style-type: none">See a GP for referral or for health checksCancer council information on men's health checks. http://www.cancer.org.au/Healthprofessionals/patientfactsheets/Lifestyle/Get_checked_men.htm
Body Scan or Health Concerns	<ul style="list-style-type: none">See a GP for health checks.Discuss possible referral to appropriate Allied Health professionals (podiatrist, physiotherapist, exercise physiologist, occupational therapist)

For more information and support on any specific health need please check the Neami Intranet Health Promotion page or contact your State-based Health Promotion Officer.

5. GOOD PRACTICE: INCORPORATING THE HEALTH PROMPT INTO CURRENT PRACTICE

The Health Prompt is one of many practice interventions, tools and resources available to staff at Neami to provide support and facilitate recovery with consumers. These other skills and resources available, include:

- CRM Components, Skills & Resources
- Change enhancement & motivational interviewing
- Strengths and values clarification (CAMERA)
- Goal-setting (COMPASS)
- Action planning (MAP)
- Good Life Album
- Camberwell Assessment of Need (CAN)
- BASIS 32
- Alcohol, Smoking & Substance Involvement Screening Tool (ASSIST)
- Risk Assessment

It may be useful to think about how the Health Prompt can link in with other conversations had with consumers and how the Health Prompt may be a useful resource to guide conversations at any point of the consumer's recovery journey at Neami.

Please refer to the Neami Intake, Assessment & CRM Service Planning Flowchart.

USING THE HEALTH PROMPT IN CURRENT PRACTICE

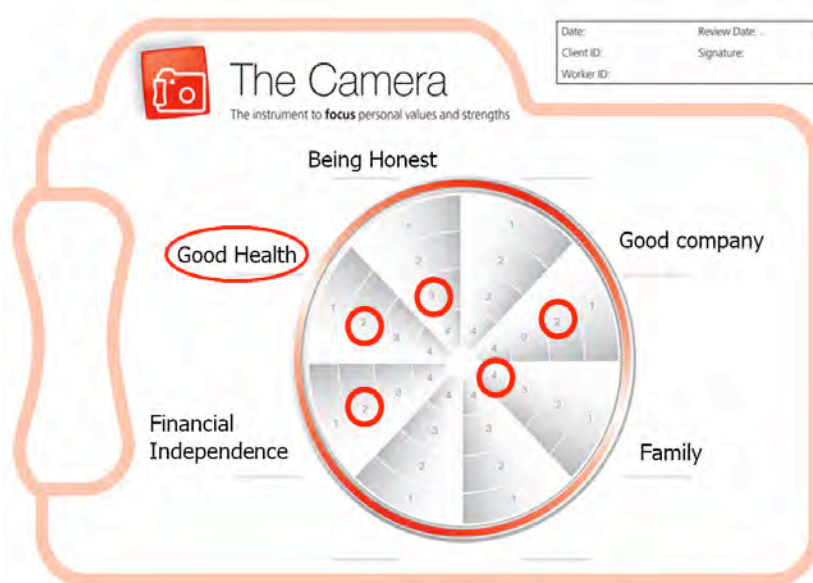
EXAMPLE 1

'Good Health' may arise in conversations with consumers when you are discussing what their values are. You may record this on the Camera protocol. You could utilise the Health Prompt to deepen this discussion with the consumer by:

- Helping to decide if 'Good Health' is the valued direction that the consumer may want to work on.
- Clarifying what the specific health needs or strengths may be.
- Helping to decide what the target goal may be to record on the Compass.
- Guide action planning through the Map (eg. Going to the GP for a physical health check).

Here you can see that CRM conversations may result in use of the Health Prompt, which can in turn be used to guide conversations and direction with other elements of CRM and the consumer's recovery journey.

The consumer identifies Good Health as a value on the Camera.



Use the Health Prompt to guide the physical health conversation to explore Good Health further.

HEALTH PROMPT

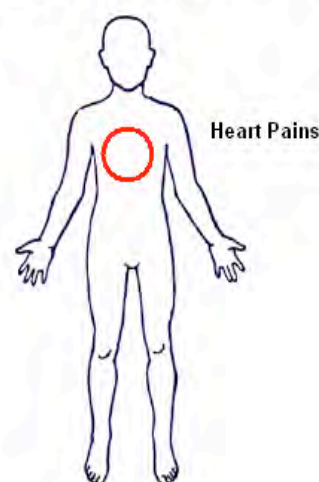
INTRODUCTION (Please read to consumers)
Thank you for agreeing to take part in this brief prompt about your health. I am going to ask you some questions to help establish whether your health needs are being met and identify areas you may like support with. This prompt will take 5-10 minutes to complete. Whilst we are interested in knowing about your health, please be assured that this information will be treated as strictly confidential.

Consumer Name:		Service Site:	
Date Completed:		Review Date:	

Questions:	Yes	No
1. Do you have a regular GP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you satisfied with the relationship you have with your GP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have you had your blood pressure checked in the last 6 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you had your cholesterol checked in the last year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you had your blood sugar levels checked in the last year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Do you do 30 minutes of moderate exercise 5 days per week?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Do you have at least 2 alcohol free days per week?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Do you eat 2 serves of fruit per day? <i>Example of 1 serve of Fruit: 1 medium apple/banana or a handful of grapes</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Do you eat 5 or more servings of vegetables per day? <i>Example of 1 serve of Vegetables: 1/2 cup of cooked vegetables or 1 cup of salad</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Do you feel you drink enough water? <i>2L or 8 glasses is the average recommendation</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Is your waist measurement below 88cm (women) or 100cm (men)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Have you had your skin checked in the last year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Have you had your eyes checked in the past two years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Can you hear and understand things easily?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Are you a non-smoker?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Have you had a dental check-up in the last 6 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Are you able to keep your balance and have not fallen recently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Are your feet free from sores, blisters and swelling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Are you satisfied with the quality of your sleep?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Do you feel you have enough information about the medications you are currently taking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. When feeling stressed or emotionally unwell, do you have someone you can contact?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Do you feel that you have healthy bladder and bowel function?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. If over 50, have you spoken to your doctor about bowel cancer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Do you have anyone to contact regarding your sexual health?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women only:		
25. Have you had a Pap Smear in the last 2 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. Have you had your breasts checked by a doctor in the last year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. If over 50, have you had a mammogram in the last 2 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Men only:		
28. If over 45, have you had your prostate checked in the last year?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **no** to any of these questions, it is important for you to follow up with your G.P. and talk to your support worker regarding any support you may require.

Please indicate on the picture below areas on your own body that you may be feeling worried or concerned about:




Please share any other health concerns:

— Nil —

Use the Camera & Health Prompt together to support the consumer to identify valued

direction and set goals on the Compass.



The Compass

The instrument to know where you are and **where you are going**

Date: _____ Review Date: _____
 Client ID: _____ Signature: _____
 Worker ID: _____


My personal life vision is:

(eg. what would you call a photo album of photos taken by your camera - ie values and strengths)

Please list in order of importance up to 3 **valued life directions** towards which you are typically trying to orient yourself in your daily life (blue areas).
 On the review date, rate the level of success you feel you've attained within this **valued direction** (orange areas).

	Valued direction A		Attainment Score	Valued direction B		Attainment Score	Valued direction C		Attainment Score
			(tick one at review)			(tick one at review)			(tick one at review)
	Good Health			Family					
Higher level goal attainment	Make a follow-up plan from results of physical health check		score = 2	To visit or speak with my family more than once a week		score = 2	Write goal here		score = 2
Target goal attainment >70% confident	Write goal here: Have a complete physical health check	Target goal importance A 6 (A+B+C must = 10)	score = 1	Write goal here: To visit or speak with my family once a week	Target goal importance B 4 (A+B+C must = 10)	score = 1	Write goal here:	Target goal importance C (A+B+C must = 10)	score = 1
Lower level goal attainment	Find a new GP that I am satisfied with		score = 0	To visit or speak with my family less than once per week		score = 0	Write goal here		score = 0
	Coordinate A			Coordinate B			Coordinate C		

Calculating Coordinates: For each Valued direction, multiply the Attainment score by the Target goal importance, to get a Coordinate.
Calculating Success Coordinates: Add Coordinates A, B and C. Multiply this number by 5. This is your Success coordinate out of 100.


Success Coordinate

Complete a Map with the consumer to make an action plan to achieve goals.



The MAP

My Action Plan: The instrument to plan **what to do next**

Valued Direction (from Compass)	Target goal (from Compass)		
Good Health	To have a complete physical health check.		
Action name:	Action Description: What specific action is required to achieve the target level goal?		
Health Check	Find new GP, have a health check, obtain results		
Date Set:	How often	When	Where
Today	2 visits required	Morning	GP
Social support	Resources Who can give me practical help? With what?	Information Who can give me information when needed? What information?	Emotional Who can listen to and support me?
	Support worker Family	Support Worker Family	Support Worker Family
Monitoring actions	How will I monitor actions? Completion of tasks (eg. finding a GP)		
Barriers	What are my barriers? Anxiety about tests		
Solutions	What are some solutions or backup plans? Practice relaxation methods Support worker to support first GP visit		
Confidence (circle level of confidence)	Not at all confident 0 10 20 30 40 50 60 70 80 90 100 Very confident		
Review date:	Review outcome:		
Two weeks away Make as soon as possible			

Date: _____

Client ID: _____

Worker ID: _____

Review Date: _____

Signature: _____

EXAMPLE 2

When having a conversation around physical health and utilising the Health Prompt to guide this conversation, it may become apparent that the consumer has a number of physical health needs or strengths. You could use the results of the Health Prompt to:

- Guide recovery conversations around values, goals & action planning.
- Use the ASSIST as a brief intervention if alcohol & smoking were highlighted as an issue in the health prompt.
- Inform the protective factors or physical health risks on the Neami risk assessment.
- Highlight areas to direct motivational interviewing conversations and enhance readiness for change.

The Health Prompt has been designed specifically as a resource to work with individuals who experience a mental illness. However, consumers all have their own unique set of circumstances, background and values. Good practice when having health conversations or when utilising the Health Prompt takes into account the individual circumstances of the consumer.

Following on is some information of things to consider when working with diversity including working with Aboriginal and Torres Strait Islanders, people from Culturally and Linguistically Diverse (CALD) backgrounds, and people who are experiencing Homelessness. However, there may be many other things to consider when working within a consumer-centred framework.

6.1 ABORIGINAL AND TORRES STRAIT ISLANDER CONSUMERS

People of Aboriginal and Torres Strait Islander heritage have a significantly shorter life span than the broader population and are over-represented in the incidence of health issues. There are a number of factors impacting on the health of Aboriginal and Torres Strait Islanders:

- Historical
- Economic
- Psycho-social / Cultural
- Health Care System Access
- Environmental
- Risk Behaviours
- Bio-medical Risks
- Non-Modifiable Risk Factors

GUIDING PRINCIPLES FOR WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDERS

The following principles should be followed when supporting Aboriginal and Torres Strait Islanders with their physical health:

1. Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health.
2. Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.
3. Culturally valid understandings must shape the provision of services.
4. It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing.
5. The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected.
6. Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander people's mental health and wellbeing.

7. The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognized as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.
8. There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships and tribes, as well as ways of living.
9. It must be recognized that Aboriginal and Torres Strait Island peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

(Taken from the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009*, p 6).

STRENGTHS UTILISED IN MANAGING HEALTH BY ABORIGINAL AND TORRES STRAIT ISLANDERS

Aboriginal and Torres Strait Islanders have a range of strengths to draw upon to manage health and chronic illness that should be explored and supported during physical health conversations and when utilising the Health Prompt:

- Access to a repository of cultural and traditional knowledge
- Insights from their own experiences which provide strategies for confronting the negative impacts of chronic illness
- Drawing strength from factors such as being part of an Aboriginal community, having regular and ongoing access to primary health care, and being well-connected to a supportive family network
- The value of elders who play an important role in increasing people's awareness of the impact of chronic illness on both individuals and communities
- The value of being able to access the AMS (even if there is sometimes a long wait to see the doctor)

(Taken from Menzies Centre Health Policy (2011) *People I can call on: Experiences of Chronic Illness*. Community report: Serious and Continuing Illness Policy and Practice Study, p 4.)

GOOD PRACTICE WHEN USING THE HEALTH PROMPT OR ADDRESSING PHYSICAL HEALTH WITH ABORIGINAL AND TORRES STRAIT ISLANDER CONSUMERS

1. Are you aware of specific Aboriginal and Torres Strait Islander specific cultural services (eg. Aboriginal Medical Service)?
2. Does the consumer have any fears about going to a GP or health practitioner?
3. What knowledge or information does the consumer already have about the care of their physical health?
4. Would the consumer like to be connected to services that provide for the consumer's cultural identity?

5. Have you discussed including the whole family unit in the physical health conversation if possible?
6. Have you explored with the consumer if they use traditional bush medicine?
7. Have you shared relevant information with your team members and State Health Promotion Officer for wide distribution of useful resources, services or funding available to support Aboriginal and Torres Strait Islander physical health outcomes?

RESOURCES

Australian Government Department of Health & Ageing:

- Aboriginal and Torres Strait Islander Health

<http://www.health.gov.au/internet/main/publishing.nsf/Content/Aboriginal+and+Torres+Strait+Islander+Health-1p>

- Indigenous Chronic Disease Package

<http://www.health.gov.au/internet/ctg/publishing.nsf/Content/home-1>

Australian Indigenous Health Infonet

<http://www.healthinfonet.ecu.edu.au/>

Indigenous Health

www.aihw.gov.au/indigenous-health/

Close the Gap: Indigenous Health Campaign

www.hreoc.gov.au/social_justice/health/index.html

Centre for Cultural Competence Australia

<http://www.ccca.com.au/>

National Centre for Indigenous Excellence (Redfern, NSW)

<http://www.ncie.org.au/>

6.2 CULTURALLY AND LINGUISTICALLY DIVERSE CONSUMERS

There are a number of factors that may act as barriers to the health care of people from a Culturally and Linguistically Diverse background in Australia and that staff should be aware of as part of good practice:

- Language
- Cultural beliefs and practices around health and illness
- Experience of racism & discrimination
- Cultural Bereavement
- Difficulties with accessing services

PRINCIPLES OF WORKING WITH CALD CONSUMERS

There have been a number of terms and principles used in working towards good practice when working with individuals from a CALD background. These are outlined further below and should be thought of as incorporated when working with consumers from CALD backgrounds.

CULTURAL AWARENESS & CULTURAL SENSITIVITY

- Cultural awareness is the initial step toward understanding 'difference', in what constitutes a cultural group, their rituals, beliefs, customs, and practices.
- Cultural sensitivity brings the practitioner one step further, as it is the stage at which there is acceptance of the legitimacy of difference in relations and experiences.

CULTURAL SAFETY

Where cultural awareness and cultural sensitivity assist practitioners in recognising their personal attitudes and prejudices, cultural safety provides a framework for engagement with consumers, so that consumer can assert power and control over their own health and wellbeing (Nguyen, 2008, p 991).

The four principles of Cultural Safety:

1. The focus must be on improved health outcomes for the consumer.
2. To work from an anti-oppressive framework where the significance of power relationships are examined.
3. Recognition of inequalities between worker and consumer is paramount, and quality improvement in service delivery and consumer rights is necessitated.
4. Workers should be self-aware of his or her own culture, history, attitudes and life experiences as no practitioner is culturally neutral.

(Desouza, 2008; Sakamoto, 2007)

CULTURAL COMPETENCE

Essential elements of Cultural Competence include:

1. A valuing of cultural diversity
2. Conducting a cultural self-assessment
3. Managing the dynamics of difference
4. Acquiring and institutionalising cultural knowledge
5. Adapting to diversity and cultural contexts

(Taken from Ethnic Communities Council of Victoria (2006) *Cultural Competence Guidelines and Protocols*, p 2)

GOOD PRACTICE WHEN USING THE HEALTH PROMPT OR ADDRESSING PHYSICAL HEALTH WHEN WORKING WITH CALD CONSUMERS

1. Have you built rapport and safe space for open dialogue about physical health with the consumer?
2. Are you aware of your own cultural background, beliefs and values?
3. Are you aware of the cultural background, beliefs and values of the consumer you are working with? If not, have you acknowledged this in a transparent way?
4. Are you aware of any particular cultural customs and beliefs of the background of the consumer you are working with? Does the consumer prescribe to these customs and beliefs?
5. Are you aware that language and customs can vary depending on the location within countries (eg. North & South Vietnam)?
6. Are you prepared to explain the questions of the Health Prompt (eg. What a pap smear is)?
7. Have you explored with the consumer if they access alternative practitioners or use alternative medicines?
8. Would the consumer like to be connected to services that provide for their cultural identity?
9. Have you shared relevant information with your team members and State Health Promotion Officer for wide distribution of useful resources, services or funding available to support culturally and linguistically diverse consumer physical health outcomes?

There may be heightened sensitivity towards particular questions on the Health Prompt depending on a number of individual circumstances: cultural background, family dynamic, social values of who should be asking questions of physical health. Try and accommodate these differences, but also try to normalise the Health Prompt that all these questions are valid and important to the management of good health and wellbeing.

RESOURCES

Translating Interpreting Service (TIS)

http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/

Multicultural Health & Support Service

http://www.ceh.org.au/mhss/info_for_service_providers/bbv_sti_resources.aspx

Health Issues Centre

<http://www.healthissuescentre.org.au/subjects/list-library-subject.shtml?subject=25>

Cancer Council CALD Resource Directory

<http://www.cancer.org.au/CALD>

Life is for Everyone

<http://www.livingisforeveryone.com.au/Culturally-and-linguistically-diverse-.html>

Centre for Cultural Competence Australia

<http://www.ccca.com.au/>

Australian Hearing

www.hearing.com.au

Deaf Australia (National Peak Body)

<http://www.deafau.org.au/>

6.3 CONSUMERS EXPERIENCING HOMELESSNESS

The Ottawa Charter outlines the following as prerequisites for health:

- Peace
- Shelter
- Education
- Food
- Income
- A stable eco-system
- Sustainable resources
- Social justice and equity

(WHO, 1986, *The Ottawa Charter for Health Promotion*)

Shelter, income, food, stability, sustainable resources and education may be particular barriers faced by consumers experiencing a mental illness, but also significantly increased amongst the homeless population. It may be challenging to have physical health conversations and administer the Health Prompt when several barriers to good health exist and the importance of good health may not be a prioritised value or need amongst this consumer group.

However, improving practice and working to address physical health is of high significance to quality of life and improving overall health and wellbeing outcomes for homeless persons. Homeless people often experience poor health, premature aging, and suffer disproportionately high rates of premature death.

PROBLEMS ENCOUNTERED BY HOMELESS PERSONS WITH HEALTH CARE PROVIDERS

Homeless persons tend to use emergency services to address health needs and often wait until illnesses are acute and life threatening before seeking help. The following points outline some challenges faced by homeless persons that may require advocacy and support to overcome and improve health outcomes:

- Some health providers invalidly assume homeless people's capabilities, so discharge them without regard for support and care needs
- Anxiety and distress around institutions and authority
- Homelessness makes it difficult to fill prescriptions or use and store medication effectively
- Homelessness creates limitations in receiving follow up care (eg. Dressings, diet, rest, therapy)
- Appearance and behaviour may lead to being ignored, discounted or rejected
- Communication and comprehension challenges
- Lack of awareness concerning entitlements and health resources
- Lack of flexible service provision to meet population needs.

(Taken from SEIAHS Homelessness and Health Services, p 22).

HIGH PREVALENCE HEALTH ISSUES FOR HOMELESS PERSONS

There are a few health domains that may be of particular note when having a physical health conversation or administering the Health Prompt with a homeless person. Although all areas of health are important and it is important not to make assumptions about a consumer's health needs, increasing knowledge around the following health needs and paying particular attention during the administration of the Health Prompt may be useful.

TOBACCO, ALCOHOL & OTHER DRUG USE

Alcohol and other drug (AOD) use is reportedly high amongst homeless persons. AOD use can be a risk factor for liver diseases, cognitive impairment, cardiovascular disease and neoplasms, blood born and food borne infectious diseases and malnutrition. Hepatitis A, Hepatitis C, HIV, sexually transmitted diseases and pediculosis also occur at higher than usual rates among particular subgroups of homeless people. The smoking rate of the homeless population is estimated at approximately 70%.

Question 5 in the Health Prompt asks *'Do you have at least 2 alcohol free days per week?'* and Question 13 asks *'Are you a non-smoker?'*. These are both questions which assist to opening up a dialogue to discussing why alcohol and tobacco may be problematic to health, and may be pathways to continued recovery and engagement with support.

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) available at Neami, may also be useful as a brief intervention to promote discussions about substance use.

ORAL HEALTH

Oral health issues amongst homeless persons include tooth loss, gum disease, dental decay and neglect. The Victorian homeless persons' study found that only one third of homeless people seen had all their teeth and one third had fewer than half or none of their own teeth (RDNS, 1999).

Question 14 of the Health Prompt raises the issue of Oral Health – *'Are your teeth, mouth, gums or dentures problem and pain free?'*

There are oral health programs and services available to homeless persons, please speak to your State Health Promotion Officer for more information.

FOOT CARE & PROBLEMS

Foot problems may be indicative of a number of conditions and illnesses including sprains, fractures, gout, gangrene, diabetes and many more.

Feedback from the Way2Home service in Darlinghurst, NSW reported that homeless persons have increased foot care and podiatry related issues. This saw the inclusion of Question 16 in the Health

Prompt – ‘*Are your feet free from sores, blisters and swelling?*’ If you are working with a consumer experiencing homelessness please take note of the importance of this issue.

ONLINE RESOURCES

Australian Health Review – A ‘*snap shot*’ of the health of homeless people in Inner Sydney: St Vincents Hospital.

<http://www.publish.csiro.au/paper/AH09824.htm>

Homelessness and Human Services – a Health Service Response

http://www.sesiahs.health.nsw.gov.au/Publications/Homelessness_Health/HSreport.pdf

7. EVIDENCE-BASE & REFERENCE LIST

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