

How can community organisations best deliver physical healthcare to people living with a mental illness?

Key messages

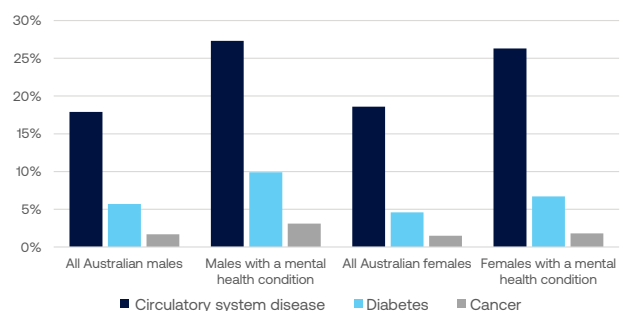
- People living with mental illness have poorer physical health, are less likely to receive care for their physical health and have reduced life expectancy compared with the general population
- The NSW Ministry of Health commissioned a review of the latest research about how community-based mental health services can deliver effective preventive and physical health interventions to their consumers
- The review found that services can use a variety of different delivery models and initiatives to successfully improve the physical health of people living with mental illness
- Elements that contribute to the successful delivery of such programs include: linkages or referrals to other healthcare providers; co-design of interventions with consumers and staff; involving mental health peer workers in delivering programs; and tailoring existing interventions to meet the needs of the mental health population
- When designing interventions, services should assess barriers and enablers that are specific to their organisation – these include client factors, staff factors, tailoring factors, environmental/systemic factors and intervention factors.

What is the issue?

We know that people living with a mental illness experience poorer physical health than those without, and that they are less likely to receive care or support for their physical health. People with mental health conditions are more likely to experience chronic preventable diseases than the general population, and as a result, have reduced life expectancy (Figure 1).

Community-managed organisations play an important role within the Australian mental health sector and are already working to improve the physical health of people in their care. However, it is important to understand the latest evidence about how they can deliver physical and preventive healthcare most effectively to improve the health outcomes of people living with mental illness.

Figure 1: People living with mental health conditions experience higher rates of chronic disease than the general population



Source: Australian Health Policy Collaboration. Australia's Mental and Physical Health Tracker, August 2018.

What did the reviewers do?

- Researchers reviewed evidence published over the past 10 years about initiatives delivered by community mental health organisations to provide preventive healthcare and/or physical healthcare to people living with mental illness.
- They analysed the findings of 29 studies that met the review criteria, to assess which preventive health intervention services were most effective and how community mental health services could best deliver or facilitate physical healthcare for clients.

The review also looked at the barriers and enablers encountered in delivering this care to people living with mental illness.

How to best deliver or facilitate physical and preventive care for people living with mental illness





There are a variety of different delivery models that community-managed organisations can use to deliver or facilitate physical and preventive healthcare for consumers, including:

- Peer-led self-management models
- Care delivery by existing staff members
- Integration of a new dedicated care provider
- Combined care delivery by a dedicated provider and usual staff
- Online delivery of care.

What are the most effective preventive healthcare interventions?

The evidence supports community-managed organisations delivering a range of different multi-strategy preventive health interventions to help consumers make lifestyle changes that benefit their health.

Key characteristics found in programs that were successful in promoting behavioural changes including weight loss and smoking cessation are outlined below:

	Interventions that last from 12 weeks to 12 months
	Delivery of care face-to-face and/or by telephone
	Both individual and group sessions are effective
	<p>Providing people with:</p> <ul style="list-style-type: none"> • Education and advice e.g. personalised fitness plans • Free lifestyle aids, e.g. gym memberships or free nicotine replacement therapy for smoking cessation • Counselling and coaching e.g. Quitline counselling • Assistance, practical support and demonstrations e.g. hands-on nutrition activities

Six strategies to consider when setting up programs to improve people's physical and preventive health

The following strategies were shown to contribute to the success of programs provided by community-managed organisations to improve the physical health outcomes of people living with mental illness.

- 1 Refer consumers to physical healthcare providers and services – for example Quitline telephone services, oral health services and primary, secondary or speciality healthcare services.
- 2 Support the integration of new models or initiatives by using multiple implementation strategies, such as training, personnel to support practice change, and resources and information for providers.
- 3 Undertake a systematic assessment of the barriers and enablers to delivering the program that are specific to the organisation, in order to identify solutions.
- 4 Involve mental health peer workers (who have personal lived experience of mental illness) in delivery and support of physical health interventions.
- 5 Involve the organisation's staff and clients in co-producing physical health care interventions.
- 6 Tailor or adapt existing, evidence-based physical healthcare interventions to meet the needs of the service's clients.

What are the barriers and enablers to delivering such interventions?

Barriers and/or enablers to providing physical and preventive healthcare programs to people living with mental illness can be grouped into five broad categories:



Client factors: availability of social support; motivation; mental health medications; transport and accessibility; and client knowledge



Staff factors: staff knowledge, attitudes and confidence; clarity of roles and responsibilities; concerns regarding workload; building rapport with clients; and having a lived experience (for peer workers)



Tailoring factors: session time; location and frequency; type of session; logistical and cultural changes; tailoring interventions to the resources of the services; and alignment with recovery models



Environmental/systemic factors: including location of care; environmental features of facilities; budget, staffing and resources; financial strain; unstable housing; waiting lists for healthcare; referral processes; organisational culture; and information technology capacity



Intervention factors: including intervention design, length and content of the intervention and provider of the intervention.

What are the gaps in the evidence?

The review urged further research into other areas including:

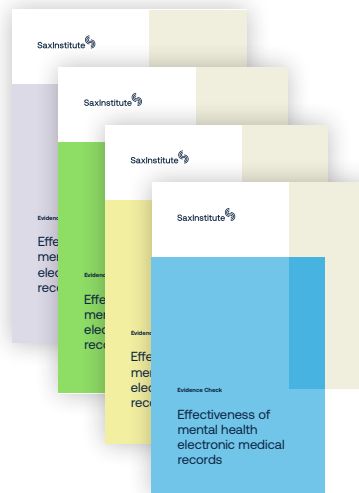
- How preventive healthcare programs can best target multiple risky health behaviours simultaneously
- How to address additional priority health areas for people living with mental illness, e.g. medication monitoring, and how to prevent and manage communicable diseases, sexual health issues and musculoskeletal conditions
- More rigorous evaluation of different models or approaches to providing physical and preventive healthcare within community-managed organisations
- How to effectively integrate and coordinate provision of physical healthcare across different services or sectors
- Providing physical and preventive healthcare for priority groups, including culturally and linguistically diverse people, older people, Aboriginal and Torres Strait Islander consumers and refugees or asylum seekers
- Encouraging community-managed organisations and local health districts to document best practice examples of collaboration and integration to support people with mental illness to have improved health outcomes.

About the Sax Institute

The Sax Institute is an independent, not-for-profit organisation that improves health and wellbeing by driving better use of evidence in policies, programs and services.

About Evidence Checks

An Evidence Check review is a synthesis, summary and analysis of the best and most relevant research evidence to inform policy making and program development.



The Evidence Check: “Initiatives to improve physical health for people in community-based mental health programs” was brokered by the Sax Institute for the NSW Ministry of Health, Mental Health Branch and was conducted by:

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This Evidence Brief was developed in consultation with the NSW Ministry of Health.

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