

Physical Health Care within Mental Health Services

Summary The policy provides direction to NSW mental health services in improving the provision of physical health care to consumers. It should be read in conjunction with the NSW Health Physical Health Care of Mental Health Consumers – Guidelines (GL2017_019).

Document type Policy Directive

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Author branch Mental Health

Branch contact (02) 9391 9262

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Status Review

Functional group Clinical/Patient Services - Medical Treatment, Mental Health, Nursing and Midwifery
Population Health - Health Promotion

Applies to Affiliated Health Organisations, Cancer Institute, Environmental Health Officers of Local Councils, Government Medical Officers, Local Health Districts, Ministry of Health, Public Hospitals, Specialty Network Governed Statutory Health Corporations

Distributed to Divisions of General Practice, Environmental Health Officers of Local Councils, Government Medical Officers, Health Associations Unions, Ministry of Health, Public Health System, Tertiary Education Institutes

Audience All clinical staff in mental health services

PHYSICAL HEALTH CARE WITHIN MENTAL HEALTH SERVICES

PURPOSE

This policy supersedes PD2009_027 *Physical Health Care within Mental Health Services*, which was first released in 2009.

It should be read in conjunction with the *NSW Health Physical Health Care of Mental Health Consumers – Guideline (GL2017_019)*.

The policy provides direction to NSW mental health services in improving the provision of physical health care to mental health consumers by:

1. Establishing expected standards for the physical health care.
2. Clarifying the role of mental health services, and appropriate linkages with other health care providers, to meet physical health care needs.
3. Developing a consistent, co-ordinated, approach to the physical health care of mental health consumers.

MANDATORY REQUIREMENTS

Mental health services in all settings have responsibility to ensure that:

- Staff are trained and supported to implement the *NSW Health Physical Health Care within Mental Health Services*.
- Provision and access to physical health care for mental health consumers; or facilitating or advocating for the provision of such care; is recognised as the responsibility of the mental health service.
- Organic causes must be excluded or appropriately treated at first presentation of mental illness or in the event of major changes in mental health presentation.
- Adverse physical health outcomes from mental health treatment are minimised and options discussed with the consumer.

Services are required to develop their own local policies and protocols for mental health settings such as inpatient units, community mental health services and psychiatric emergency care centres.

IMPLEMENTATION

Chief Executives are required to ensure:

- The principles and requirements of this policy and guidelines are applied, achieved and sustained.

- All appropriate staff are made aware of their roles and responsibilities in relation to this policy.
- All appropriate staff receive education and training to enable them to carry out their roles and responsibilities in relation to the policy.

Managers must:

- Ensure that all mental health staff read and understand this document.
- Monitor compliance with this policy.

Clinicians are required to:

- Read, understand and comply with the requirements of this policy.

NSW Ministry of Health will:

- Review this policy directive at 5 years following the date of publication.

REVISION HISTORY

Version	Approved by	Amendment notes
July 2017 PD2017_033	Deputy Secretary, Strategy and Resources Division	Revised Policy.
May 2009 PD2009_027	Director-General	Initial Document.

Physical Health Care within Mental Health Services



Issue date: September-2017

PD2017_033

CONTENTS

1	BACKGROUND.....	1
2	KEY PRINCIPLES	1
3	PHYSICAL ASSESSMENT CORE COMPONENTS.....	2
4	RELEVANT HEALTH INTERVENTIONS	3
5	MONITORING AND REPORTING	4
6	APPENDIX.....	5

1 BACKGROUND

All consumers of mental health services have the right to expect health care that is responsive and in line with the care provided to the general population.

According to available research, both national and international, the physical health of people with a mental illness is poor, and poor physical health is associated with impaired mental health. People with severe mental illness have high rates of mortality and reduced life expectancy as well as decreased access to healthcare.

Mental health services are uniquely placed to support improvement in the physical health of mental health consumers through the adoption of a holistic approach to the care and treatment provided.

Appropriate support provided by well-trained mental health staff can assist consumers to identify and seek treatment for physical illnesses or disease.

Working collaboratively with primary health providers, such as General Practitioners (GPs), Primary Health Networks and non-government organisations play a critical role in the initiation of preventative measures for consumers.

2 KEY PRINCIPLES

1. Mental health consumers are entitled to quality, evidence based education, care, and treatment for all aspects of health, including physical health.
2. Physical health for mental health consumers is considered by mental health services in planning, education, access, health promotion, screening and preventative activities.
3. Physical health care for mental health consumers must:
 - a) recognise consumers as critical partners in the care team
 - b) appropriately involve consumers, their families and carers
 - c) discuss with the consumer and be delivered in a respectful, non-judgemental and culturally sensitive way
 - d) support the consumer to make informed choices.
4. Mental health services work collaboratively with other key health providers in providing quality physical health care for mental health consumers. GPs, Primary Health Networks and non-government organisations have a pivotal role in the provision of care.
5. Physical health care is responsive to issues such as consumer preferences, gender, ethnicity, English proficiency and age.

3 PHYSICAL ASSESSMENT CORE COMPONENTS

Core components of a physical assessment of a consumer admitted to inpatient or community mental health care include a relevant history and physical examination.

The core components of a relevant history at first assessment are:

- current prescribed, over the counter or alternative medications
- drug and alcohol use assessment, including smoking
- the presence of any new physical problems or symptoms that are concerning the consumer, their carer or family
- known presence of
 - diabetes
 - high blood pressure
 - high cholesterol
 - asthma or other respiratory illness
 - 'other' illness
- relevant family history

If the assessment is being conducted as part of a review it should also include information about;

- diet
- physical activity
- the consumer's wish to discuss any relevant health issues
- the consumer's participation in relevant preventative health care

History may be obtained as part of a broader mental health assessment, or using a form completed by the consumer, with the assistance of carer or family if appropriate.

The core components of a physical examination are:

- observations - BP; pulse and respiratory rate; temperature
- weight and waist circumference
- height (if not already recorded from previous contact)

- examination of respiratory, cardiovascular and gastrointestinal systems
- initial examination of the neurological system including at least notation regarding presence or absence of marked abnormality of key features such as:
 - equality of pupil size, or eye movement
 - facial symmetry
 - limb and hand power
 - gait
 - limb tone
 - orientation and alertness
 - involuntary movement or akathisia (the Abnormal Involuntary Movement Scale may be used to assist this if clinically appropriate)

4 RELEVANT HEALTH INTERVENTIONS

Health interventions particularly relevant to the long term health status of mental health consumers are listed below. 'List A' includes those that are particularly relevant to cardiovascular health and 'List B' are other potentially indirect interventions.

List A – Cardiovascular Health

- Smoking cessation (if relevant)
- Weight control interventions, including dietary and life-style advice, if BMI > 25 or abdominal obesity
- Regular exercise
- BP monitoring

List B – Potentially Indicated Interventions

- Contraceptive advice (if of reproductive age) and sexual safety/sexual health advice
- Visual acuity and clinical hearing evaluation, with referral to secondary care if any abnormalities
- Dental review if not conducted in previous 12 months or a need is identified prior to this

- Education on breast (women) or testicular self- examination and symptoms of prostatism (men over 55 years)
- Provision of information regarding HPV vaccination (females <27yo)
- Influenza vaccination when indicated
- Examination for skin malignancies
- Education on risks related to alcohol and illicit drug abuse

5 MONITORING AND REPORTING

Monitoring the implementation of this policy will occur in part through analysis of the physical health related questions developed for the NSW mental health version of the National Your Experience Survey. Other potential mechanisms to assess service quality and monitor progress against desired outcomes will continue to be explored and Local Health Districts will be consulted regarding any additional proposed mechanisms to support the reporting and monitoring process.

6 APPENDIX

Attachment 1: Equipment checklist

ITEM	
<ul style="list-style-type: none"> A private, warm, well lit area with an examination couch or bed suitable for conducting of physical examinations, together with sheets or towels 	
<ul style="list-style-type: none"> Stethoscope 	
<ul style="list-style-type: none"> Sphygmomanometer 	
<ul style="list-style-type: none"> Thermometer 	
<ul style="list-style-type: none"> Tendon hammer 	
<ul style="list-style-type: none"> Non-stretchable measuring tape 	
<ul style="list-style-type: none"> Tuning fork (256 Hz) 	
<ul style="list-style-type: none"> Weighing scales 	
<ul style="list-style-type: none"> Urinalysis sticks 	
<ul style="list-style-type: none"> Auriscopes and ophthalmoscopes 	
<ul style="list-style-type: none"> Examination torch 	
<ul style="list-style-type: none"> Snellen chart 	
<ul style="list-style-type: none"> Height measure 	
<ul style="list-style-type: none"> Disposable gloves 	
<ul style="list-style-type: none"> Examination lubricant 	
<ul style="list-style-type: none"> Neurological testing pins 	
<ul style="list-style-type: none"> Peakflow monitor 	
<ul style="list-style-type: none"> Glucometer 	
<ul style="list-style-type: none"> Alcometer/breathalyser 	
<ul style="list-style-type: none"> Oximeter 	
<ul style="list-style-type: none"> X-ray box or electronic substitute 	
<ul style="list-style-type: none"> Pathology venipuncture and associated collection equipment 	
<ul style="list-style-type: none"> Pathology specimen containers 	

Attachment 2: Implementation checklist

LHD/Facility:			
Assessed by:		Date of Assessment:	
IMPLEMENTATION REQUIREMENTS	Not commenced	Partial compliance	Full compliance
1. Assign responsibility, personnel and resources to implement the principles and procedures in mental health service settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
2. Local policies and procedures developed and disseminated to support services to understand and meet the requirements of the Guidelines and Policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
3. Develop and implement a strategy to establish or build on local partnerships with GPs, Primary Health Networks, Community Managed Organisations and other health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
4. Undertake a review of current staff skills, identify gaps in knowledge and factor these into future training plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
5. Identify, develop and implement strategies to address at risk populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Notes:</u>		