Facilitating better health care for mental health consumers through engagement: complexities of establishing a partnership pilot program between mental health professionals and university exercise physiology students

Angela Douglas  
*University of Wollongong, adouglas@uow.edu.au*

Alex Gagan  
*University of Wollongong*

Keirin McCormack  
*University of Wollongong, keirinm@uow.edu.au*

Sarah Lisle  
*University of Wollongong, slisle@uow.edu.au*

Follow this and additional works at: https://ro.uow.edu.au/smhpapers

Part of the Medicine and Health Sciences Commons, and the Social and Behavioral Sciences Commons

**Recommended Citation**

Douglas, Angela; Gagan, Alex; McCormack, Keirin; and Lisle, Sarah, "Facilitating better health care for mental health consumers through engagement: complexities of establishing a partnership pilot program between mental health professionals and university exercise physiology students" (2013). *Faculty of Science, Medicine and Health - Papers: part A*. 1430.  
https://ro.uow.edu.au/smhpapers/1430

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library: research-pubs@uow.edu.au
Facilitating better health care for mental health consumers through engagement: complexities of establishing a partnership pilot program between mental health professionals and university exercise physiology students

Abstract
Abstract of the oral presentation.

Keywords
facilitating, better, health, physiology, care, students, mental, consumers, engagement, complexities, establishing, partnership, pilot, program, between, professionals, university, exercise

Disciplines
Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

This conference paper is available at Research Online: https://ro.uow.edu.au/smhpapers/1430
Facilitating better health care for mental health consumers through engagement: Complexities of establishing a partnership pilot program between mental health professionals and university exercise physiology students

“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”1.

There is a growing body of evidence demonstrating the significant relationship between mental health and physical health outcomes2-4. Research has shown that people living with serious mental illness (SMI), regularly experience significantly poor physical health compared to those without SMI. On average, people living with SMI have a reduced life expectancy by 25 years, due to an increased risk of heart-related conditions, diabetes and obesity3-5. Behavioural factors commonly associated with SMI (unhealthy diet, physical inactivity, low motivation, high smoking rate) and adverse effects of common medications substantially contribute to poor physical health outcomes6-8.

As recently as 2012, the National Mental Health Commission identified that the physical health of those living with a mental illness is worse than the general community on just about every measure9. Mental health consumers themselves have identified that their physical health is neglected once they receive a diagnosis of a mental illness10. Addressing the physical health needs of consumers requires skilled, innovative and knowledgeable practitioners; and the reduced fragmentation of services with increased collaboration between health care providers11-12.

Mental health nurses are at the forefront of service provision within mental health care settings. Research has identified that nurses are in favour of taking on physical health care as part of their role, and have many of the skills necessary to deliver successful, group-based health behaviour interventions11-12. However, ‘those in nursing roles cannot address the physical ill-health of consumers alone’ 11, and there is a critical need for collaborative support, infrastructure and resources to perform this role effectively and equitably13-14.

Allied health professionals, such as dietitians, exercise physiologists and physiotherapists, are trained to facilitate health behaviour change, and the delivery of specialised health interventions is within their scope of practice. However, the employment of allied health professionals within mental health services is not common, nor are allied health services readily accessed by people with SMI living in the community. Furthermore, study of specific knowledge and skills to work in mental health care is not a common area of focused tertiary training or clinical experience for these professions. Although the integration of physical health care in mental health care settings has great potential to reduce the existing disparity14, there is a dearth of research literature focusing on structured health programs that aim to improve the physical health of mental health consumers.

This presentation offers insights gained as a result of the development, implementation and evaluation of the ‘ACTive’ program - a healthy lifestyle program to improve the physical health of mental health consumers in a mental health rehabilitation unit (MHRU). It will explore the elements that influence and challenge the development of ‘having a good idea’ to having a tangible and successful outcome.

The ‘ACTive’ program was a collaborative project created in partnership between Shellharbour Mental Health Rehabilitation Unit (part of Illawarra Shoalhaven Local Health District), and the School of Health Sciences and School of Nursing, Midwifery and Indigenous Health at the University of Wollongong. It aimed to integrate into the current care model a sustainable and structured healthy lifestyle pilot program that engages consumers to actively address their physical health during admission, and provides resources and strategies that can be maintained following discharge. The program was delivered by a collaborative team comprising MHRU staff, an exercise physiologist and UOW exercise physiology students. As such, this project offered a wonderful opportunity for interdisciplinary collaboration within health care, growth in allied health student clinical practice, and contribution to the literature on physical health programs within mental health.

This presentation will explore the learning experiences of those involved in building a small pilot project into a sustainable program. The presentation will reflect on the invaluable (and steep) learning curve faced in drawing together university and public health institutions to align patient care, health policy, clinical education
and relevant research outcomes at the level of a small, grassroots project. The expectations, experiences and reflections of the clinicians, educators and students involved in the pilot program will be discussed.

Evaluation of the program identified a number of challenges significant to the outcome of a program. Staff ‘buy-in’, interest and availability; managerial support for staff time and resources; aligning procedure, policies, ethics and occupational health concerns across two large and politically governed institutions; lack of experienced/senior researcher as part of the project team; balancing research interests of project members; aligning university scheduling and student availability with program requirements; communication and collaboration logistics between staff and organisations, proved to impact the program.

One of the greatest identified influences to the continued success and sustainability of the program was the perceived logistical challenges, and not actually the potential benefits to consumers. This finding alone highlights the significance of research that seeks to identify perceived challenges and successes of establishing and sustaining such a program.

Successful integration of the ‘ACTive’ program into the Unit, and its potential application into a wider range of mental health service provision environments will expand the future scope of allied health student placement and professional employment in mental health care; enhance the engagement of mental health professionals with consumer’s physical health; and, ultimately serve to improve mental health consumer physical health outcomes.

References:

2  Lambert, T., Velakouli, D., Pantelis, C. Medical comorbidity in schizophrenia. MJA. 2003; 178 (Supp 5): S67-S70
12 Chadwick,A., Street, C., McAndrew, S., Deacon, M. Minding our own bodies: Reviewing the literature regarding the perceptions of service users diagnosed with serious mental illness on barriers in accessing physical health care. International Journal of Mental Health Nursing. 2012; 21: 211-219
**Key Words**
Mental health, physical health, engagement, collaborative care, sustainable change