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### 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

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# 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

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**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”<sup>1</sup>.

There is a growing body of evidence demonstrating the significant relationship between mental health and physical health outcomes<sup>2-4</sup>. 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 obesity<sup>3-5</sup>. 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 outcomes<sup>6-8</sup>.

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 measure<sup>9</sup>. Mental health consumers themselves have identified that their physical health is neglected once they receive a diagnosis of a mental illness<sup>10</sup>. 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 providers<sup>11-12</sup>.

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 interventions<sup>11-12</sup>. However, ‘those in nursing roles cannot address the physical ill-health of consumers alone’<sup>11</sup>, and there is a critical need for collaborative support, infrastructure and resources to perform this role effectively and equitably<sup>13-14</sup>.

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 disparity<sup>14</sup>, 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:

- 1 NSW Department of Health. Physical Health Care of Mental Health Consumers: Guidelines. 2009. Available from: [http://www.health.nsw.gov.au/policies/gl/2009/pdf/GL2009\\_007.pdf](http://www.health.nsw.gov.au/policies/gl/2009/pdf/GL2009_007.pdf)
- 2 Lambert, T., Velakouli, D., Pantelis, C. Medical comorbidity in schizophrenia. *MJA*. 2003; 178 (Supp 5): S67-S70
- 3 Lambert, T.J.R., Newcomer, J.W. Are the cardiometabolic complications of schizophrenia still neglected? Barriers to care. *MJA*. 2009; 190 (4): S39-S42
- 4 Australian Government Dept Health & Ageing. People Living with Psychotic Illness 2010. Section 7: Physical Health Profile; p 41-44; Online ISBN: 978-1-74241-614-4
- 5 Hennekens, C.H. Increasing global burden of cardiovascular disease in general populations and patients with schizophrenia. *J Clin Psychiatry*. 2007; 68 Suppl 4: 4-7
- 6 Lambert, T.J.R., Chapman, L.H. Diabetes, psychotic disorders and antipsychotic therapy: a consensus statement. *MJA*. 2004; 181(10): 544-548
- 7 Newcomer, J.W. Second-generation (atypical) antipsychotics and metabolic effects: a comprehensive literature review. *CNS Drugs*. 2005; 19 (Supp 1): 1-93
- 8 De Hert, M., Schreurs, V., Sweers, K. et al. Typical and atypical antipsychotics differentially affect long-term incidence rates of the metabolic syndrome in first-episode patients with schizophrenia: a retrospective chart review. *Schizophr Res*. 2008; 101: 295-303
- 9 National Mental Health Commission, 2012: A Contributing Life, the 2012 National Report Card on Mental Health and Suicide Prevention. Sydney: NMHC
- 10 Dean, J., Todd, G., Morrow, H., Sheldon, K. 'Mum, I used to be good looking... look at me now'. The physical health needs of adults with mental health problems: The perspectives of users, carers and frontline staff. *International Journal of Mental Health Promotion*. 2001; 3(4): 16-24
- 11 Happell, B., Scott, D., Platania-Phung, C., Nankivell, J. Should we or shouldn't we? Mental health nurses' views on physical health care of mental health consumers. *International Journal of Mental Health Nursing*. 2012; 21: 202-210
- 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
- 13 Faulkner, G., Taylor, A. Transitioning theory and evidence into practice: What is the role of health professionals? *Mental Health and Physical Activity*. 2012; 5 (1): 1-3
- 14 Scott, D., Platania-Phung, C., Happell, B. Quality of care for cardiovascular disease and diabetes amongst those individuals with severe mental illness. *Journal for Healthcare Quality*. 2012; 34(5): 15-21

**Key Words**

Mental health, physical health, engagement, collaborative care, sustainable change