Equally Well-working collaboratively to improve the physical health of people experiencing mental health and or addiction problems.

Primary care nurses conference
31 July- 2 August 2015
Suzette Poole- Clinical Lead
Equally Well- collaborative initiative to improve the physical health of people experiencing mental health and or addiction problems

- **Created** by a group of non-government organisations in 2014
- **Led** by **Platform Trust** - national network of non-government community organisations & **Te Pou o Te Whakaaro Nui** - national centre of evidence based workforce development for the mental health, addiction and disability sector
- **Endorsed** by a number of organisations including NZNO & General Practice NZ who have made a public commitment to take action
Goals

• Improve the quality of physical health care

• Reduce exposure to risk factors

• Promote prevention and early intervention
Driving principles

- To be identified as a priority group at a national policy level based on significant health risks and relatively poor physical health outcomes.

- To have access to the same quality of care and treatment for physical illnesses as everybody else, and in particular to have a right to assessment, screening and monitoring for physical illnesses.

- To be offered support to make the connection to how they are affected physically and guidance on personal goals and changes to enhance their physical wellbeing.
Consensus partners
Thank you NZNO for assisting with the development and endorsing the Equally Well position paper.

Level Health
How?

- **Phase 1**: Evidence collection and initial stakeholder discussions

- **Phase 2**: Communication, strengthen partnerships, build consensus
  - Position paper

- **Phase 3**: Collaborative action
Why? What is the problem?

Impact on persons wellbeing and quality of life
Mental and physical health needs are intertwined – the health system needs to address them both and should not treat them as separate.

*Gary – mental health consumer*
The Facts

New Zealanders with a serious mental illness and/or addiction have:

Life expectancy reduced by up to 25 years. The most common causes of death being cancer and cardiovascular diseases

More than twice the mortality rate\(^2\) of the general population, three times for people with a psychotic disorder
Higher rates of physical health conditions

- Oral health problems
- Cardiovascular disease
- Diabetes, obesity
- Respiratory diseases
- High blood pressure, high cholesterol
- Chronic pain

Particularly higher rates for people on anti-psychotic medication
Causes of premature death in people using mental health services

Men
- cancer
- cardiovasc
- other natural causes
- suicide
- other external causes

Women
- cancer
- cardiovasc
- other natural causes
- suicide
- other external causes

Level Health
Cunningham et al. NZMJ 2014 127:1394
Similar rates of cancer, but worse outcomes – indicating disparity in access to and quality of health care treatment
The drivers

Health systems
Separation of mental health and physical health care

Workforce issues
Practitioner training needs, better assessment and referral processes, stigma and discrimination.

Socio-economic status
Contributing factor but alone cannot account for disparities in health status

Exposure to risk factors
Higher levels of smoking, obesity. Lower levels of exercise, lower health literacy

Medication
Side effects of psychotropic medication
Explanations for inequity in health outcomes

• Greater exposure to known risk factors
  ◦ low socio economic status,
  ◦ smoking,
  ◦ reduced physical activity,
  ◦ poor nutrition

• Psychotropic medication effects
  ◦ contribution to obesity, metabolic syndrome,
  ◦ cardio vascular disease
  ◦ type 2 diabetes

• Reduced access to and quality of healthcare
  ◦ financial barriers,
  ◦ stigma and discrimination,
  ◦ lack of clarity about responsibilities for physical health across primary and secondary care
Phase Three: Collaborative action

Equally Well

A collaboration of people acting for change

Key
- Areas of Activity
- Partner
- Activity lead – the partner leading a specific area of action
- Action push – a window of opportunity for action

Shared Vision
Improving the physical health of people who experience mental health and addiction issues

Stewardship Group

Dynamic sector-led activities
Coordination, facilitation and strategy
Solutions- Systems level

- Increase visibility - formal identification as a priority health group
- Structural integration particularly shared care
- Address stigma and discrimination experienced by people accessing health care
- Guidelines outlining roles and responsibilities in monitoring, screening and on-going management
Solutions – Service level

• Provide effective physical health monitoring and screening processes for people using mental health services, especially those on psychotropic medication – across primary and secondary care

• Invest in early intervention in psychosis services
Solutions- Practice level

• Strengthen linkages between primary care and mental health services
• Early intervention services which provide weight management support
• Personalised wellness programmes for all
• Routinely offer smoking cessation
• Improve access to dental treatment
Action is being taken
Primary Care Options- Tairawhiti

• Everyone under the care of the specialist adult community MH&A teams will have 6 funded primary care visits a year for physical healthcare.

• Everyone who is transitioning from specialist services will receive 4 extended GP visits and 4 normal GP visits plus between 12-26 practice nurse visits

• Each general practice has eight 30 min. sessions per year with a consultant psychiatrist.

*Partnership between TDHB, Midlands Health Network, Ngati Porou Hauora and National Hauora Coalition, local NGOs- Recovery Solutions, Turanga Health & Te Kupenga Net Trust*
Health passport- Tairawhiti DHB

Aims to reduce stigma by emphasising both physical and mental wellbeing.

Due to stigma around mental health, when people with mental health issues present at emergency units or general hospital wards with physical concerns, often the attention is on their mental wellbeing.

Can help prevent physical issues being overlooked or misunderstood.
Helps people gain control over their physical and mental health.

Encourages a more person-centred approach to help people track their physical health.

“It’s special because I own it. It’s my plan and it can be different to the doctor’s one.”
Increasing mental health and addiction knowledge and skills among practice nurses

- Mental health and addiction credential – Te Ao Maramatanga NZ College of Mental Health Nurses
  - Individual nurses
  - Nurses in PHOs
    - Manaia PHO
    - Auckland DHB- PHOs collaborative
Credential in Primary Care “doors continue to open”.

... the willingness of her colleagues to utilise her expertise, and this in turn breaks down stigma and discrimination in the workplace towards people experiencing MH&A issues; a win-win situation for nurses and for people receiving healthcare.
“It (credentialing) has created a vehicle for staff to address what is happening and instead of staff getting frustrated with people, they know they can ask for help and who may be able to do this”
RN in a medical centre

Because of what I have learnt I view patients in a more holistic way, I am more understanding and empathetic, less judgemental and more able to care for them in ways that are uplifting.

The patients I see are hopefully sensing that I am a nurse who wants to connect and care.
RN working with students

We learnt during our educational days that the strength of the therapeutic relationship was a key determinant to a positive outcome for clients.

Through the use of listening skills, showing respect for clients and their whānau along with the increased knowledge and skills mentioned above
I feel more confident in my ability to build a therapeutic relationship with clients, make appropriate referrals and thereby assisting them to reach a positive outcome for their health and wellbeing.
W.O.O.F (Warrant of OK fitness)

• A self-assessment tool and a brochure that details how to get the most out of GP visits a brainwave of the HealthWatch initiative.

• Thinking about physical health as a priority is a big challenge for some Centre 401 members
“Having somewhere to live, being able to pay the rent and to buy food come higher up the priority list for many members than thinking about their health when they don't necessarily feel unwell.”

...the cost of GP and dentist visits is also a big negative – an impossible stretch for some people.
“I’m getting older. I used to smoke and drink heavily so I decided I should get things checked out. And it was worth it. When I went to the doctor, I got my blood pressure checked, and also found out that I was B12 deficient and require monthly injections. I would never have realised otherwise.”
It wasn’t hard to make the changes but I didn’t do it straight away. I was still smoking when I first did the W.O.O.F. and I needed to get off that to have the finances to buy the health foods I wanted to eat.”
Mauri Tu, Mauri Ora’ – An active soul is a healthy soul’-
Mahitahi

- 31 tangata whai ora - Māori
  - overweight, experienced a serious mental illness and experienced other health problems.
  - 21 people were on clozapine (68%)
  - 5 people aged 20-30 years were glucose intolerant (16%)
  - 11 people had hypertension (35%)
  - 9 people had type 2 diabetes (29%)
  - 27 smoked tobacco (87%)
• Daily korero around smoking cessation
  ◦ gum and lozenges with option to obtain a prescription for nicotine replacement therapy (NRT) patches.

• Each day a physical component was introduced from sports to active games.

• Education around nutrition “what’s in our food” workshops followed with cooking classes.

• Manurewa Marae come and spoke about rongoa.

• A mana wahine and mana tane group
  ◦ discussed personal hygiene, cancer screenings for prostate, cervical and breast.
• Team challenges to create and plant a vegetable garden bed in each of the six whare.

• Introduced
  ◦ sensory modulation,
  ◦ self nurturing and
  ◦ keeping well workshops.
• 13 tangata whai ora prepared for the Iron man.

• Over half attend the gym 2-3 weekly or have an individualised exercise plan with our life style coaches.

• Takeaways are now healthy options and the menus in the whare are healthier.

• **Whai ora are supported to be responsible for their health and well being.**
Minding the gaps: Cost barriers to accessing health care for people with mental illness

Royal Australian and New Zealand College of Psychiatrists (RANZCP)

*If you are on a pension of $145 a week then $35 to see a GP is impossible*

*Claire – mental health consumer*
It is important that health professionals know how to build rapport with mental health consumers and have the time to do this so that they can address physical health issues in a way that maintains their relationship.

There is a really fine line between bringing someone’s weight to their awareness and adding to the shame many people already feel about their mental illness.

Sheree – mental health consumer
Applying an Equally Well lens

• Health assessment tools
  ◦ Cardiovascular Risk assessment (CVDRA)

• Clinical pathways
  ◦ Canterbury Health clinical pathways
Recent ‘think tank – Wicked problems’

• How to improve access to funded primary care visits?

• How to gain agreement on the roles and responsibilities for routine screening, monitoring and management of physical health issues across secondary mental health and addiction services and primary care?

• Making access to healthy lifestyles advice and programmes a routine part of mental health and addiction services treatment
Every nurse has the potential to take action to improve physical health outcomes for people who experience mental health and or addiction problems.
Figure 1 Health Care Context Model for Nurse Specialist

- **Level of Health Care Need**
  - General
  - Complex (includes patient/population and/or workforce development need)

- **Level of Nursing Response**
  - General RN
  - BN PGCert
  - Nurse Specialist
  - Specialty Nurse
  - Nurse Practitioner (separate scope of practice)
  - Advanced
  - Masters PhD

- **Education Level**
  - Competent
  - Competent-Proficient
  - Proficient-Expert

- **PDRP level**
Remind me what was the problem

Higher rates of physical health conditions

- Oral health problems
- Cardiovascular disease
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Particularly higher rates for people on anti-psychotic medication
Do we as nurses understand the values and attitudes needed to support people with mental health and addiction problems?

Values

- Respect
- Human rights
- Service
- Recovery
- Communities
- Relationships

Attitudes

- Compassionate and caring
- Genuine
- Honest
- Non-judgemental
- Open-minded
- Optimistic
- Patient
- Professional
- Resilient
- Supportive
- Understanding
Recovery- Do we as nurses

- believe and hope that every service user can live a full and meaningful life in the presence or absence of their mental illness and/or addiction.

- understand that recovery is not only related to the mental illness and/or addiction itself, but also to all of the losses associated with it.
Be part of the action

- Circles of influence
- Making new friends

Level Health
Quick steps

• Encourage your practice setting to **endorse** *Equally Well*

• Apply an **Equally Well lens** to your nursing practice

• Check out our website and
  ◦ Sign up to receive our **Equally Well Newsletter**
  ◦ Join the **Lommio** online discussion group
Remember: Every nurse has the potential to take action to improve physical health outcomes for people who experience mental health and or addiction problems. We would love to hear about what you are doing.
Thank you

For more information visit our website: www.tepou.co.nz/equallywell
or contact

Helen Lockett
Helen.lockett@wisegroup.co.nz

Chelvica Ariyanayagam
Chelvica.Ariyanayagam@tepou.co.nz

Suzette Poole
Suzette.poole@tepou.co.nz