

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



PATHWAYS

wisegroup.



mind&body



Linkage



Te Ope Whakaora



**Thank you
NZNO for
assisting with
the
development
and endorsing
the
Equally Well
position paper**

Level Health





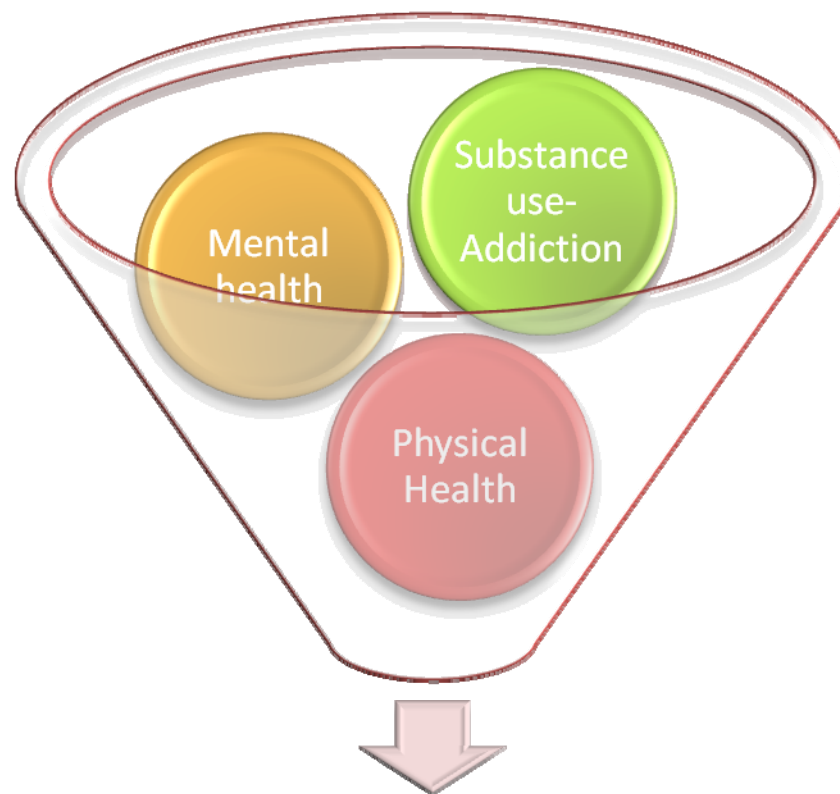
How?

- **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 diseases¹

General population

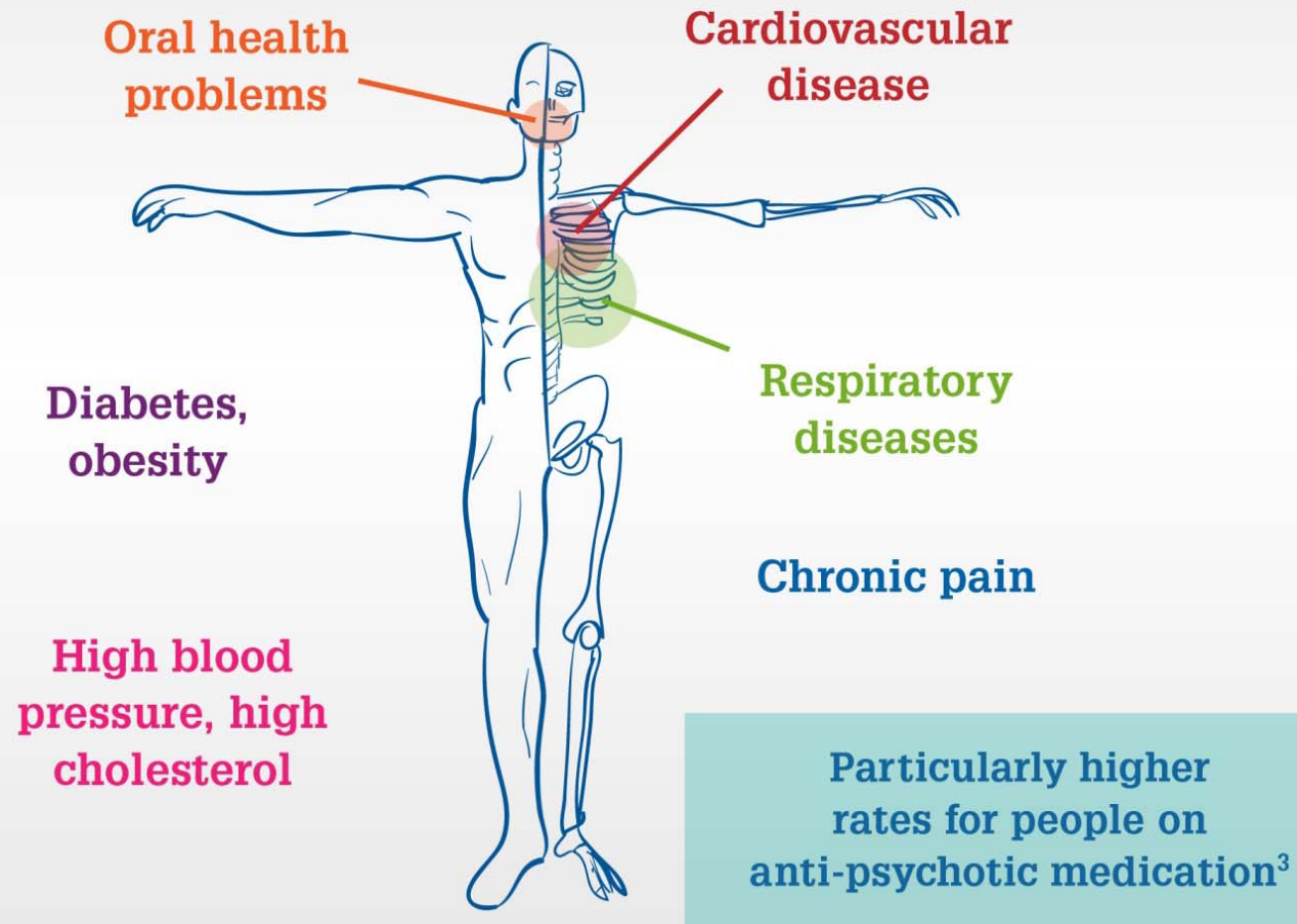
People with a mental illness

People with a psychotic disorder

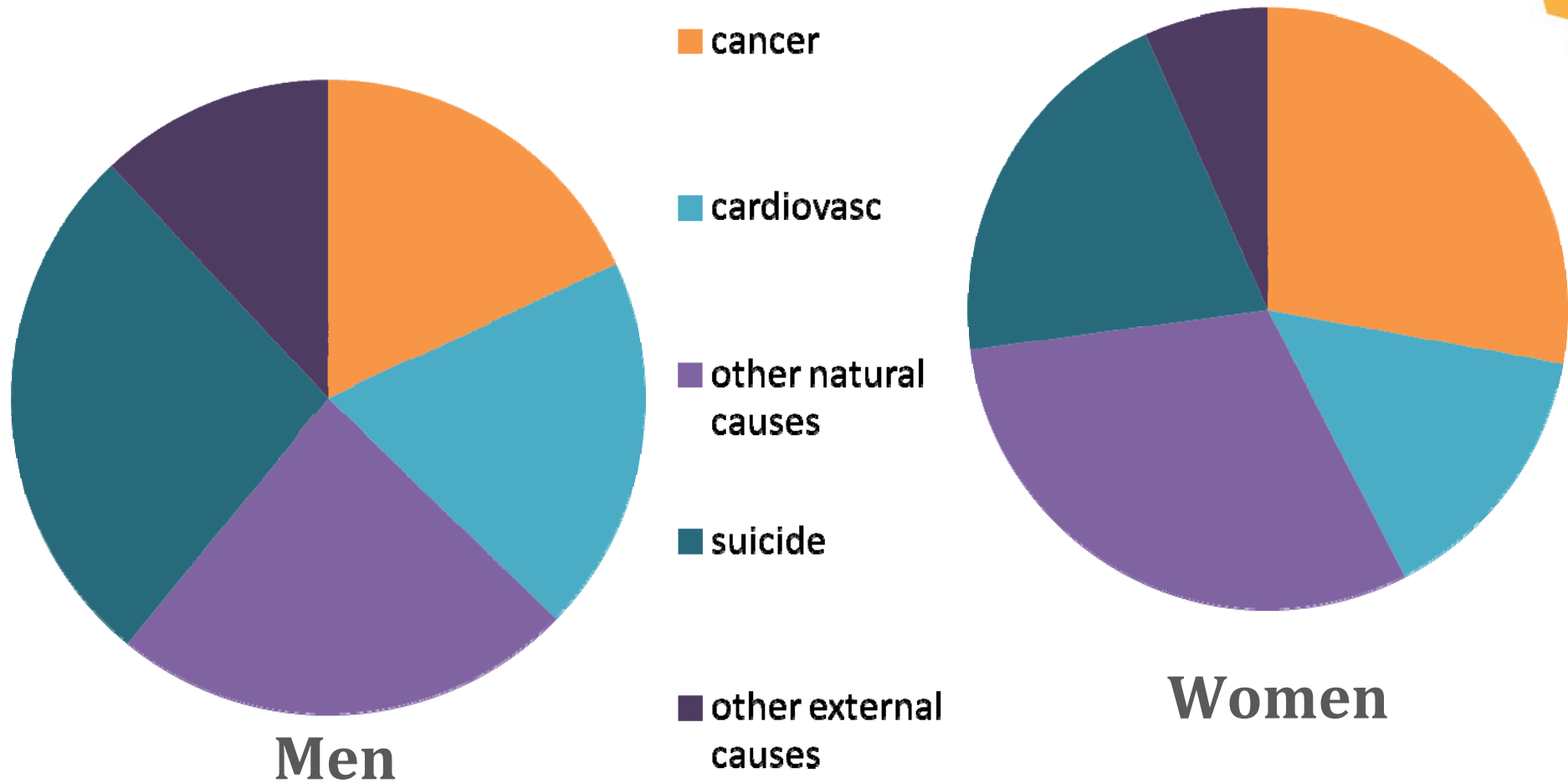


More than twice the mortality rate² of the general population, three times for people with a psychotic disorder

Higher rates of physical health conditions



Causes of premature death in people using mental health services





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



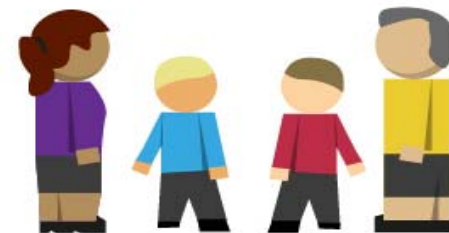
Exposure to risk factors

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



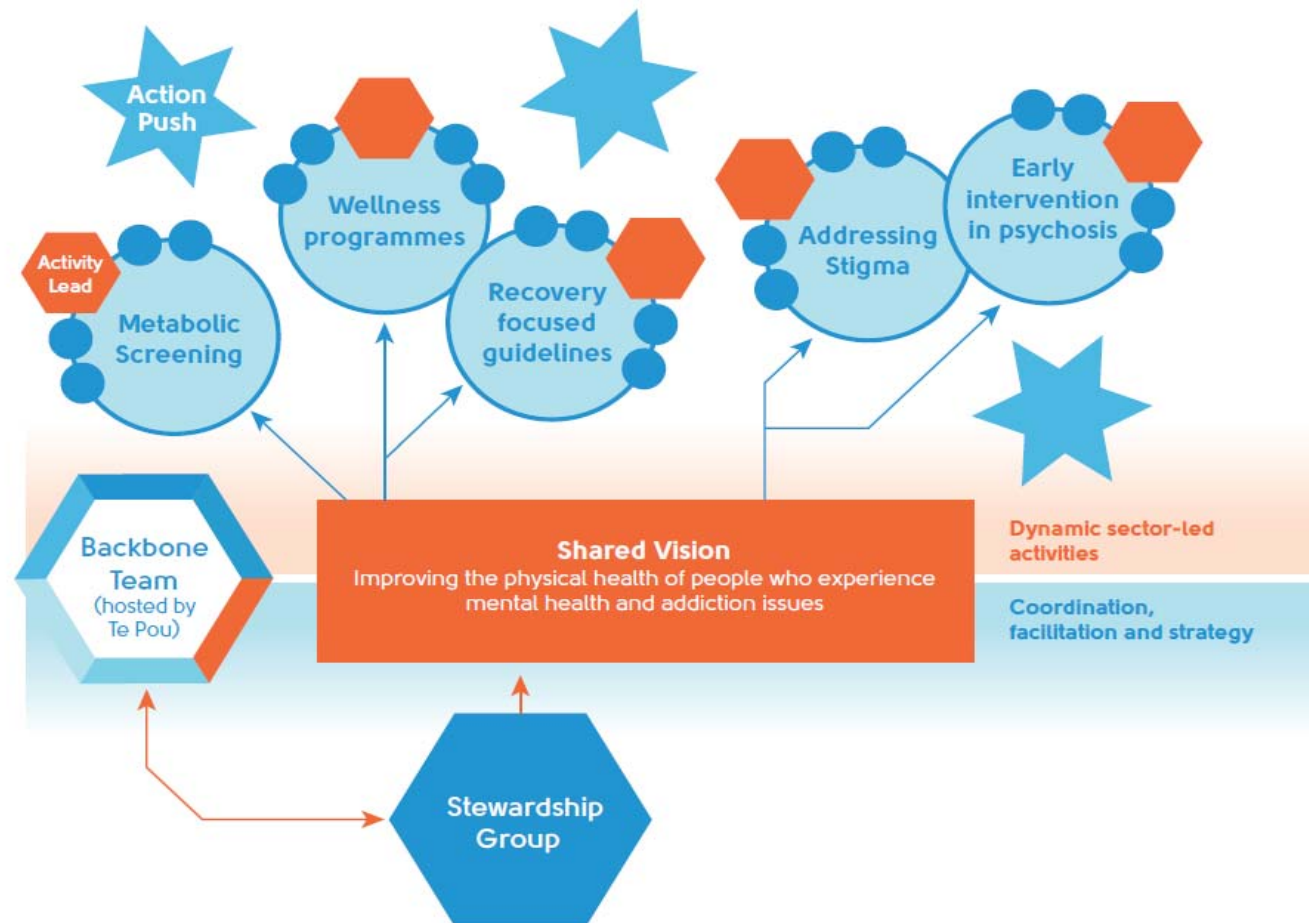
Phase Three: Collaborative action

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



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

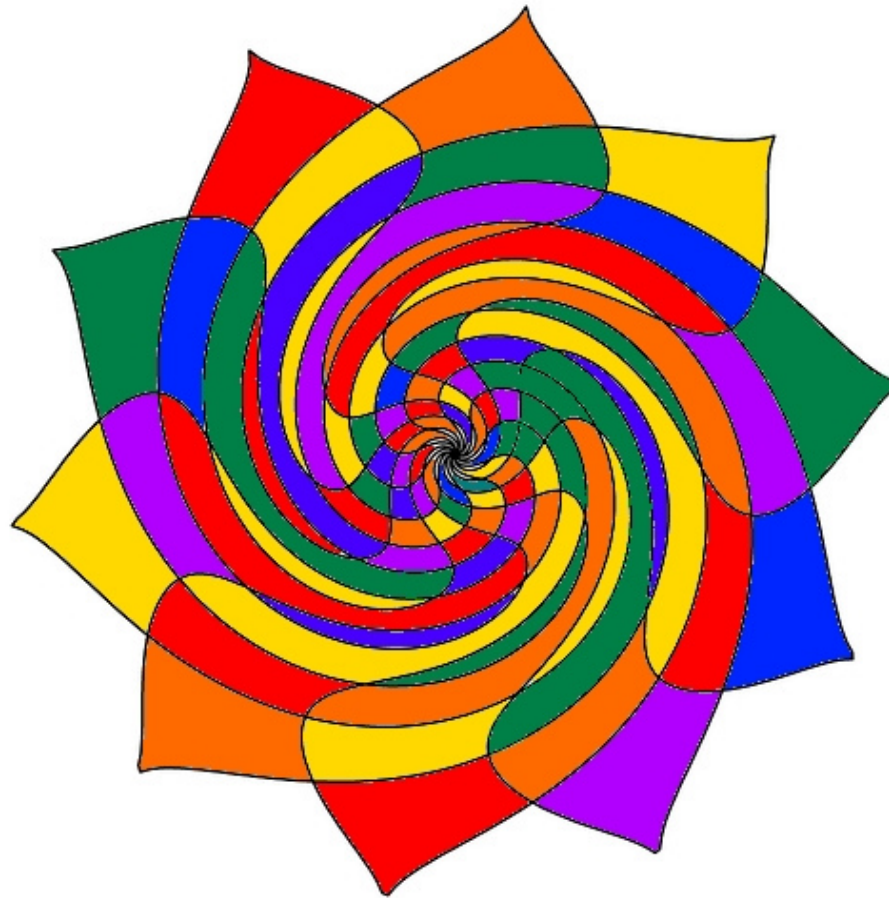


Solutions- Practice level

- 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

RN in a PHO

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.

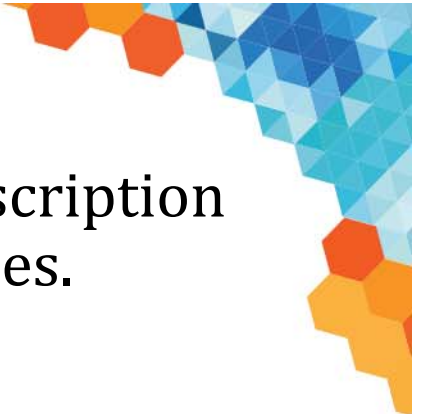
I would never have realised otherwise.”





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'

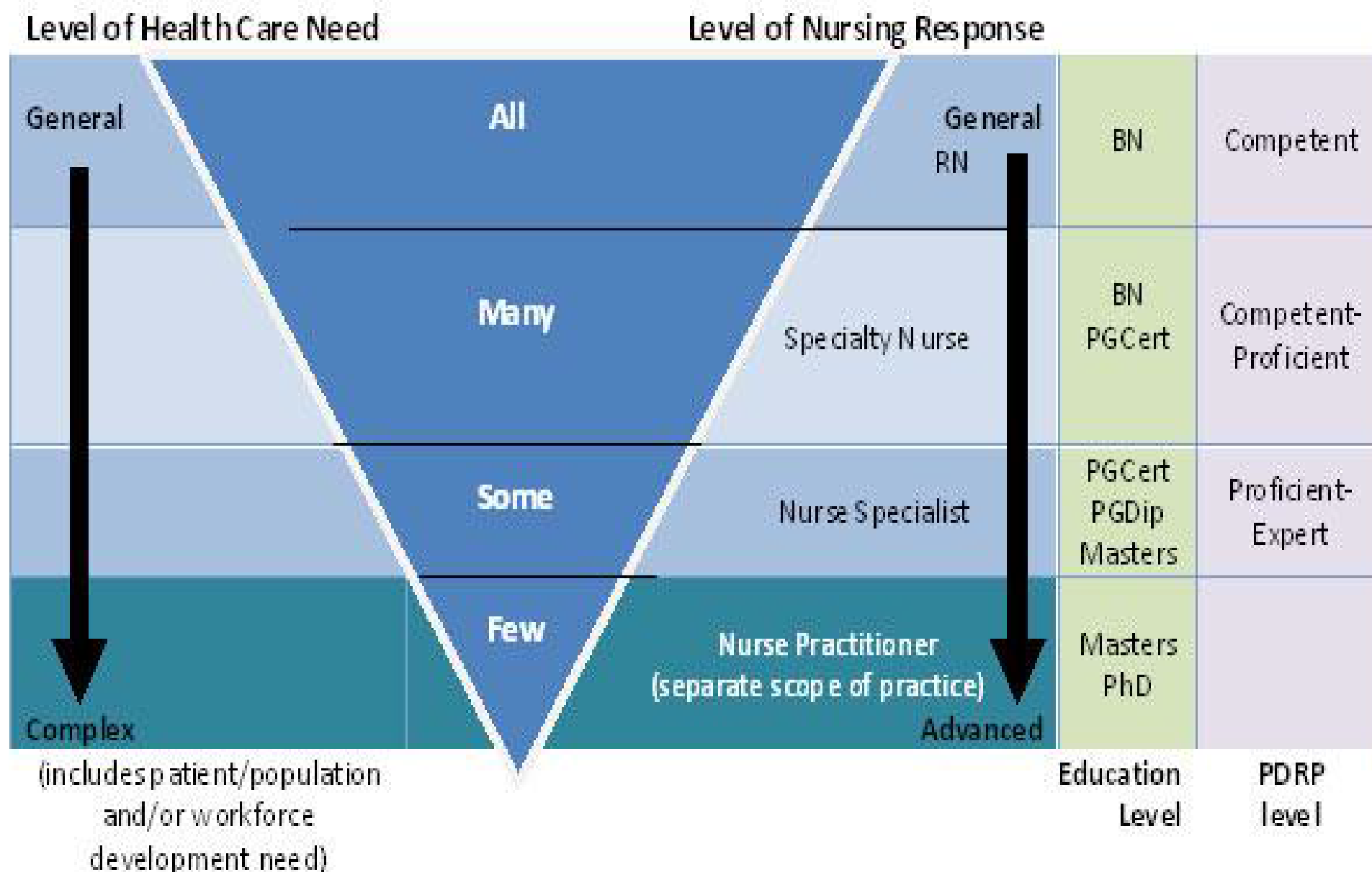
- How to improve access to funded primary care visits?
- How to gain agreement on the roles and responsibilities for routine screening, monitoring and management of physical health issues across secondary mental health and addiction services and primary care?
- Making access to healthy lifestyles advice and programmes a routine part of mental health and addiction services treatment





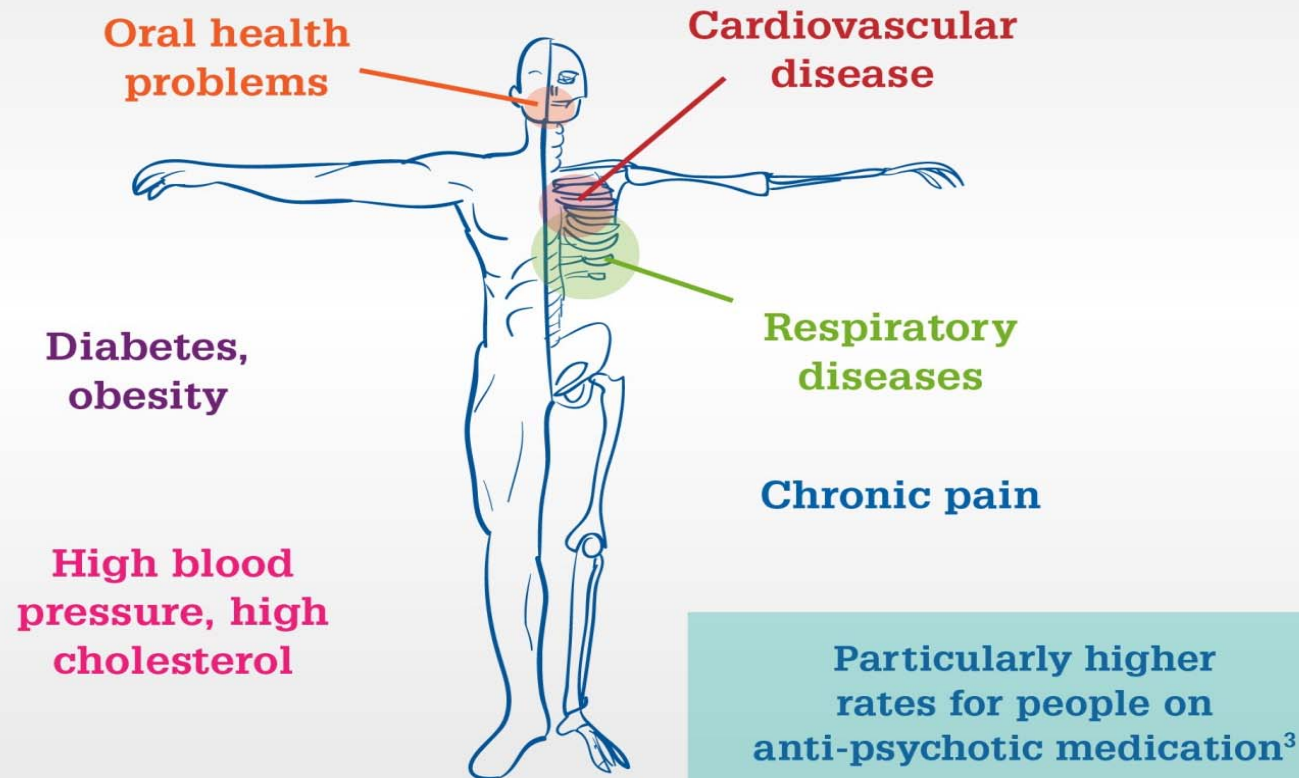
Every nurse
has the potential to take action
to improve
physical health outcomes for
people who experience mental
health and or addiction
problems

Figure 1 Health Care Context Model for Nurse Specialist



Remind me what was the problem

Higher rates of physical health conditions





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

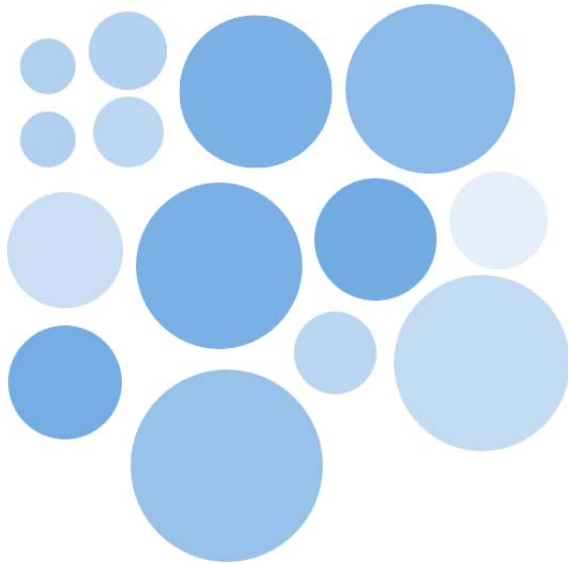
Recovery- Do we as nurses

- 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





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

