



## Mental Illness and Chronic Physical Health Care

2014 (November) - DAY 1 – Q6

Medical Leader	
Medical Expert	<input type="checkbox"/>
Communicator	
Advocate	•
Scholar	•
Professional	
Collaborator	
Manager	

You are the Chief Medical Advisor and Medical Administrator in an Area Health Service / District Health Board.

One of your Board members has recently read a paper highlighting the poor physical health and dramatically reduced life expectancy of people living with mental health and addiction disorders. At the last Board meeting, she asked your CEO how your organisation is addressing the needs to identify, treat and prevent physical health problems in this vulnerable group.

The CEO asks you to prepare a briefing paper to the next Board meeting in three weeks' time.

You contact the Clinical Director of Mental Health Services for his take on this issue. He states that his team is barely able to provide in-patient and community mental health care services without becoming "the client's General Practitioner". He further states that that physicians and emergency specialists are happy to demand mental health consultations in the acute hospital wards but it is almost impossible to get a medical consult on the psychiatry wards.

Outline your approach to preparing the paper for the Board.

## Guidance for Censors:

### Principles:

- Patients with mental illness and addictions disorders are entitled to the same high level of care for both mental and physical illnesses as the general population
- Physical health of people with mental illnesses is poor, and poor physical health is associated with impaired mental health. Persons with mental illness do not generally volunteer information about their physical health status or needs.
- Seriously mentally ill also have high rates of mortality and reduced life expectancy as well as decreased access to healthcare
- Pharmacological treatment for mental illness has side-effects which increase the risk of comorbidities such as cardiovascular disease, obesity, diabetes
- Patients with mental illness and addictions disorders should receive a high level of health promotion, screening and preventative activities
- Mental health services are uniquely placed to support an improvement in the physical health of those who use their service through the adoption of a holistic approach to the care and treatment of mental health consumers, in conjunction with general practitioners and community providers.
- Mental health services have an obligation to promote healthier life-styles in this population.

### Approach to briefing paper:

- Review appropriate Ministry of Health policies, guidelines from national/state Mental Health Agencies, and evidence-based practice.
- Review any local epidemiological data
- Review current arrangements and identify gaps
- Consultation with clinical staff in inpatient units, community, Psychiatric Emergency Care Centres, Rehabilitation centres
- Review of medical records, consultation with Mental Health Review Tribunal, community visitors, patients and carers, general practitioners, specialists
- Analysis of demographics of local population and disease burden of physical and mental illness
- Briefing paper to include both strategies, implementation, evaluation and funding
- What general health promotion activities are already in place targeting this population?

## **Proposed Program should include:**

- Clear criteria for when nursing or allied health staff should notify medical staff of concerns about the physical health of consumers
- Clear protocols for identifying and responding to medical emergencies.
- Care plans for all consumers addressing physical health needs, including alerts, special precautions, and plans to address acute and/or ongoing physical health issues.
- Weight and/or waist-hip ratio (WHR) measured every 6 months, or more frequently if the consumer is identified as over-weight, unless the consumer specifically declines
- Activities relevant to physical healthcare in rehabilitation and recovery programs.
- Physical examinations carried out by mental health service staff are consistent with prescribed requirements e.g. within 24 hours of admission to acute inpatient unit
- Appropriate equipment available in mental health care facilities
- Care consumer management plans that address consumers' needs related to chronic health conditions and preventative health care developed in conjunction with general practitioners and mental health clinicians
- Appropriate documentation in patient's clinical records
- Access to medical or surgical support for inpatient mental health consumers is equivalent to such support available for non-mental health inpatients
- Appropriate follow-up for identified physical health care needs
- access to health promotion, screening and preventative activities
- A process occurs to exclude physical causes of mental illness in consumers at increased risk.
- Advocacy for patients to improve access to management for physical illnesses
- Ongoing relationship of patients with general practitioners
- Clear definition of responsibilities for key managers and clinicians
- Regular auditing of medical records to monitor compliance
- System to monitor and report health outcomes
- Medical problems addressed to include cardiovascular health, smoking cessation, weight control, exercise, BP monitoring, dental health, influenza vaccination, cancer screening e.g. breast, cervical, testicular, contraceptive advice.