



“People with *persistent* mental health conditions live between 10-32 years less than the general population.”

Australian Government. Mental Health Commission (2012), *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*, pp 31-38.

# PHYSICAL HEALTH RESEARCH PROJECT 2014

## Outcomes and Recommendations:

This project compared physical health practices provided by mental health community managed organisations (CMOs) in NSW to international best practice. The views of consumers, carers and workers were an important element that informed this report.

### This project reaffirms existing international research findings:

- ▶ People living with mental health conditions are much more likely than the general population to experience a number of serious and life threatening physical health conditions than the general population.
- ▶ They receive less access and poorer quality of care for their physical health conditions.
- ▶ There is a lack of systemic routine appraisal of physical health needs across the health system including mental health CMOs.

### What is happening around physical health in the community mental health sector?

- ▶ Few organisations have formal policies supporting consumers with their physical health.
- ▶ Staff report a lack of confidence and skills in providing physical health support.
- ▶ There are highly valued physical health initiatives, some reflecting the elements of best practice.
- ▶ Systematic, sustainable practices of sharing experience and resources are needed.
- ▶ Local networking and partnerships are increasing awareness and coordinated support for consumers.



“Workers need to be more proactive...”  
Support Worker

“We need partnership programs that work across communities to support physical health”  
Staff Instructor

## BEST PRACTICE PRINCIPALS

The following elements of best practice have been distilled from the literature and in combination are most likely to produce an effective physical health program or approach.

- ✓ Individualised and tailored support;
- ✓ Linkage with other health services professionals;
- ✓ Self-management models;
- ✓ Peer support workers;
- ✓ Multi-layered programs;
- ✓ Multi-session formats;
- ✓ Positive facilitator style & environment; and,
- ✓ Measurement of consumer outcomes.

\* For further detail and program examples download the [MHCC Physical Health Research and Recommendations Report](#)



*“I think we could get our people actually understanding the interface between mental health and physical health and how to pick it up in their one-to-one work.”*

CMO Manager

*“Are they happy with their GP, do they have a GP they can talk to?”*

Support Worker

## RECOMMENDATIONS TO ENHANCE PHYSICAL HEALTH PRACTICES

1. Encourage information sharing and education at all levels of service delivery.
2. Training for all CMO staff, including the peer workforce, to support self-directed care.
3. Training to enhance advocacy skills for consumers, carers and staff.
4. Embed the requirement to ensure formal systems to support consumers.
5. Continued program quality improvement.
6. Forge stronger collaborations and develop integrated models of support.



**For more helpful resources and information on Physical Health visit:**  
[www.mhcc.org.au](http://www.mhcc.org.au) (search 'physical health')

This [Summary Report](#) presents elements of best practice in the delivery of physical health initiatives and program examples for community managed organisations to learn from and reflect on in terms of their own experiences and future practice possibilities.

The Physical Health Industry Reference Group will continue to work towards improving health outcomes for people with mental health conditions. For more information contact:

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