



EQUALLYWELL

2023 Symposium

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Improving
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Health
South Western Sydney
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OLDER PEOPLE'S MENTAL
HEALTH SERVICES



LIVE WELL

Feel Well – Age Well – Stay Well



ENABLING
HEALTHY LIFESTYLES
AS PART OF
ROUTINE CLINICAL CARE

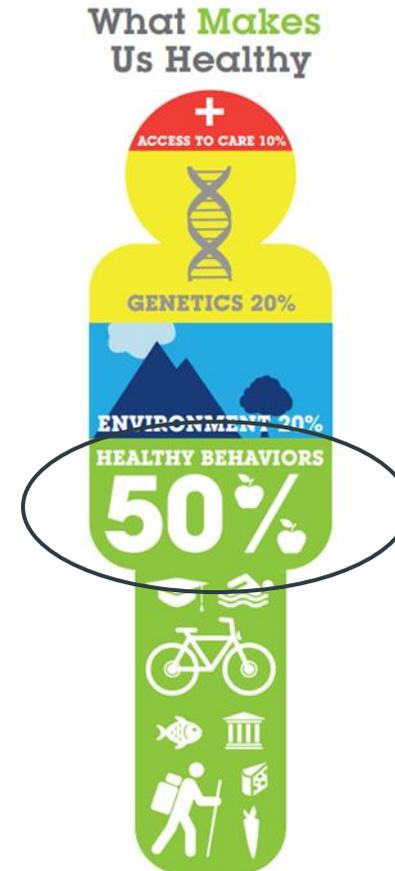
The problem

- ▶ People with mental illness more likely to
 - ▶ **develop physical illnesses**
 - ▶ Have long periods of **physical disability**
 - ▶ **die about 10 years** earlier than general population
- ▶ Reasons include
 - ▶ Direct effects of **illness**
 - ▶ Poor **health seeking** behaviour
 - ▶ **Medication** effects
 - ▶ Stigma and **disadvantage**
 - ▶ Adverse **economic** situation
 - ▶ Poor **lifestyle**



What makes us healthy

- ▶ A **healthy lifestyle**
 - ▶ Contributes to 50 % of health
 - ▶ gets only 4% of health spend
- ▶ Addressing lifestyle issues should be a **core element** of all health care



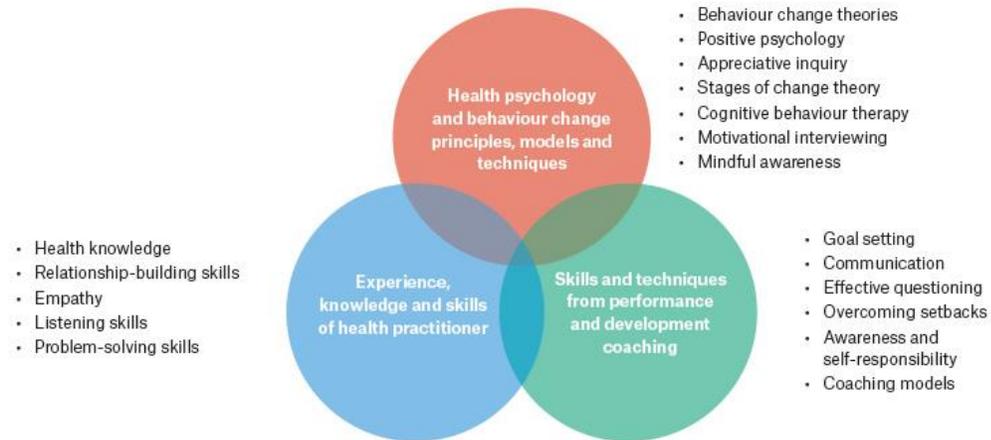
**" Health
promotion mechanisms
..... should be adapted for
delivery in all specialist
mental health settings and
... become **core elements
in the service** ‘offer’ in
both inpatient and
community settings”**

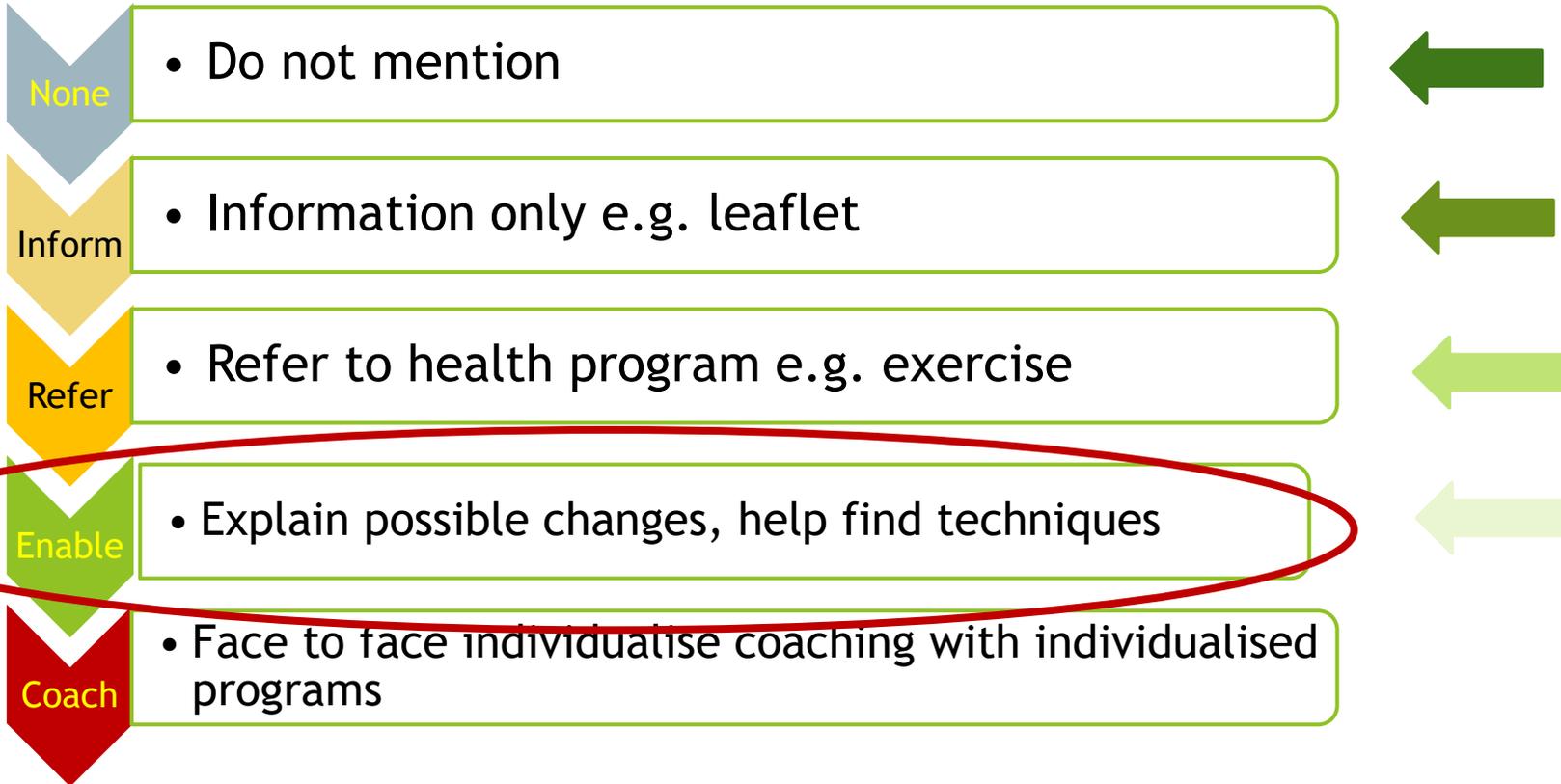
RANZCP (2015) *Keeping Body and Mind Together:
improving the health and life expectancy of
people with serious mental illness*
<https://www.ranzcp.org/files/resources/reports/keeping-body-and-mind-together.aspx>



- ▶ Despite the RANZCP recommendations many mental health services do not do any lifestyle health interventions

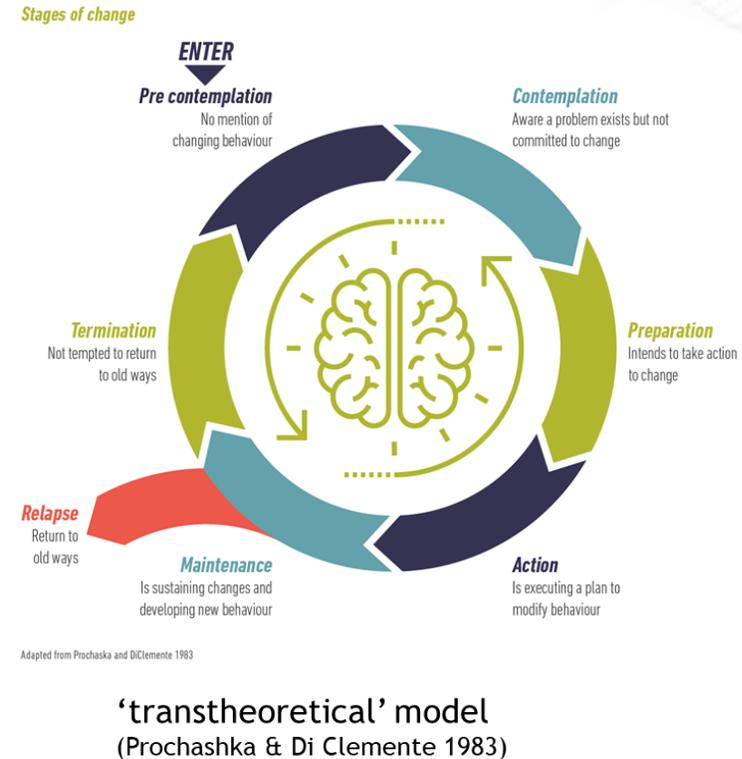
- ▶ Knowledge
- ▶ skills
- ▶ time
- ▶ confidence







- ▶ Based on model of behavioural change model
- ▶ Leverages therapeutic relationship
- ▶ Introduces topic
- ▶ Allows exploration of lifestyle
- ▶ Provides structure for sustainable change
- ▶ Enables self-directed positive action







**HEALTH and WELLNESS
QUESTIONNAIRE**
INITIAL ASSESSMENT v1f

PATIENT ID:
CLINICIAN ID:
Date:

Describe what you think over the past 3 months about the following statements

1. I am physically active

1. Never	2 Rarely	3 Sometimes	4. Often	5. Always
----------	----------	-------------	----------	-----------

2. The food I eat is fresh and varied

1. Never	2 Rarely	3 Sometimes	4. Often	5. Always
----------	----------	-------------	----------	-----------

3. I stay in touch with my friends and family

1. Never	2 Rarely	3 Sometimes	4. Often	5. Always
----------	----------	-------------	----------	-----------

4. I learn new things or tackle mentally challenging tasks

1. Never	2 Rarely	3 Sometimes	4. Often	5. Always
----------	----------	-------------	----------	-----------

5. My mind can relax and feel calm

1. Never	2 Rarely	3 Sometimes	4. Often	5. Always
----------	----------	-------------	----------	-----------

6. I am optimistic and confident

1. Never	2 Rarely	3 Sometimes	4. Often	5. Always
----------	----------	-------------	----------	-----------

- ▶ **SPECIFIC:** type (e.g. phone call) *and* target (family)
- ▶ **MEASURABLE:** e.g., number of contacts duration or frequency
- ▶ **ACHIEVEABLE :** the consumer has to be able to do it
- ▶ **RELEVANT:** these are people the person would enjoy getting in touch with.
- ▶ **TIMED:** what time, how often, how long will the contacts happen each week

LIVE WELL
FEEL WELL · AGE WELL · STAY WELL



My goal is to do more

- Physical activity Mental activity Social Activity
 Healthy eating Mental Wellbeing Positive thinking

Specific

What changes will I be doing? e.g. exercising more, reading more, eating healthier

Measurable

How will I measure this activity? e.g. number of times, time I spend doing it

Achievable

Is this action do-able given my health and circumstances?

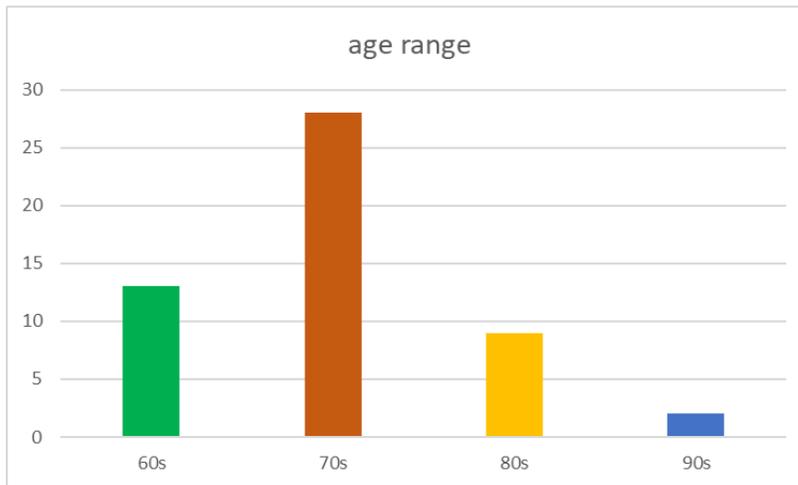
Realistic

Can I realistically do these activities? e.g. at home, in the park

Timed

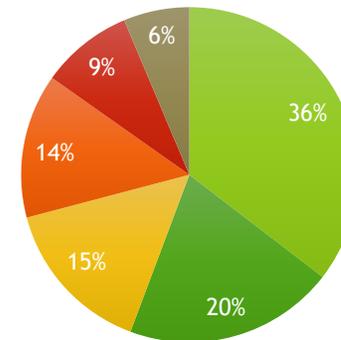
When and how often will I do this? e.g. every Monday and Wednesday, once a day in the morning

- ▶ 24 clinicians across 5 teams within SWS LHD enrolled consumers
- ▶ 65 consumers (30 men, 35 women) , 57 from ESB, enrolled
 - ▶ 52 completed 3 interventions
 - ▶ Age: 65-94 (mean age 74.8)



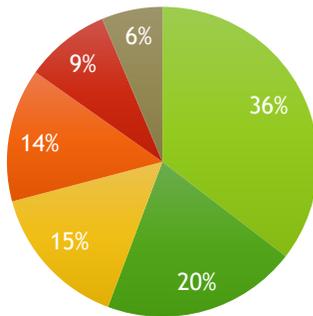
Lifestyle domains chosen

- Physical activity
- Mental Activity
- Mental Wellbeing
- Social Activity
- Positive Thinking
- Healthy Eating



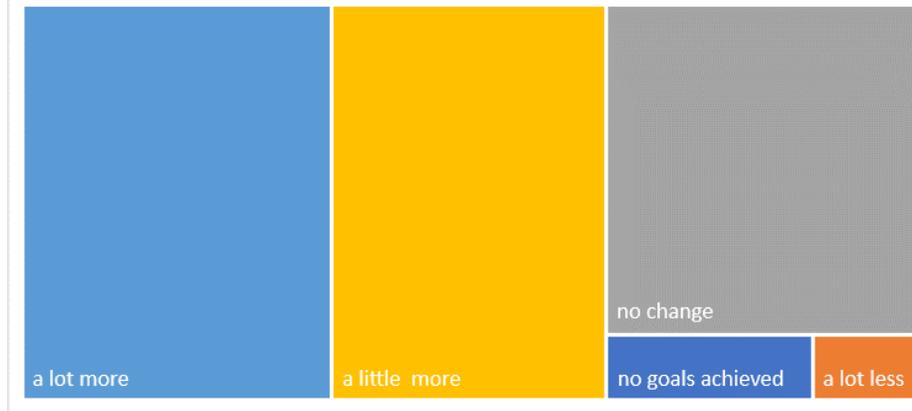
Lifestyle domains chosen

- Physical activity ■ Mental Activity ■ Mental Wellbeing
- Social Activity ■ Positive Thinking ■ Healthy Eating



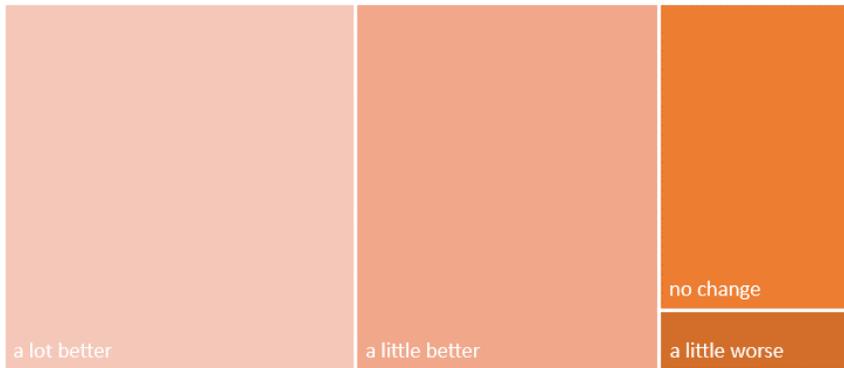
Goal achievement at week 12

- no goals achieved ■ a lot less ■ no change ■ a little more ■ a lot more



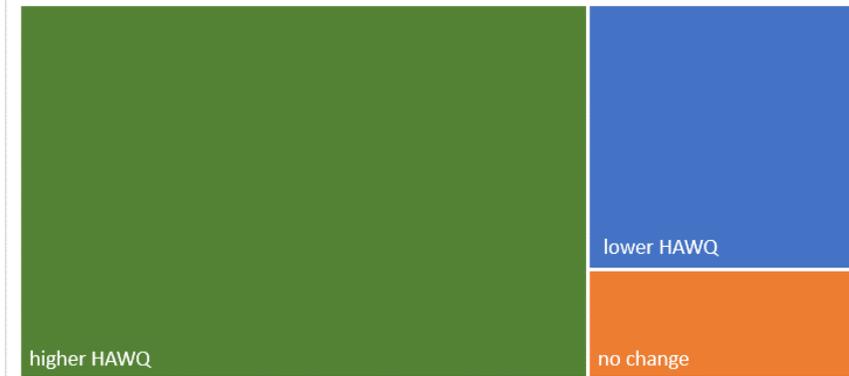
Self reported wellbeing at week 12

■ a lot worse ■ a little worse ■ no change ■ a little better ■ a lot better



wellness score at week 12

■ lower HAWQ ■ no change ■ higher HAWQ



Resources in 6 languages to support **consumers** including

- ▶ Consumer and Carer guide
- ▶ SMART take home goal sheet
- ▶ Consumer website
- ▶ 8 videos accessible by QR code





 Feel Well - Age Well - Stay Well


Mục tiêu của tôi là làm nhiều hơn (My goal is to do more)
 Hoạt động thể chất Hoạt động tinh thần Sinh hoạt xã hội
 Ăn uống lành mạnh An vui về tinh thần Suy nghĩ tích cực

Cụ thể (Specific)
 Tôi sẽ làm những thay đổi nào? ví dụ, tập thể dục nhiều hơn, đọc nhiều hơn, ăn uống lành mạnh hơn

Có thể đo lường được (Measurable)
 Tôi sẽ đo lường hoạt động này ra sao? ví dụ, số lần, thời gian tôi dành để làm việc đó

Có thể làm được (Achievable)
 Hoạt động này có làm được với sức khỏe và hoàn cảnh của tôi không?

Thực tế (Realistic)
 Tôi có thể thực sự làm được những sinh hoạt này không? ví dụ, ở nhà, tra

Giờ giấc (Timed)
 Tôi sẽ làm việc này khi nào và thường xuyên ra sao? ví dụ, thứ Hai và thứ Tư hàng
 lần vào buổi sáng

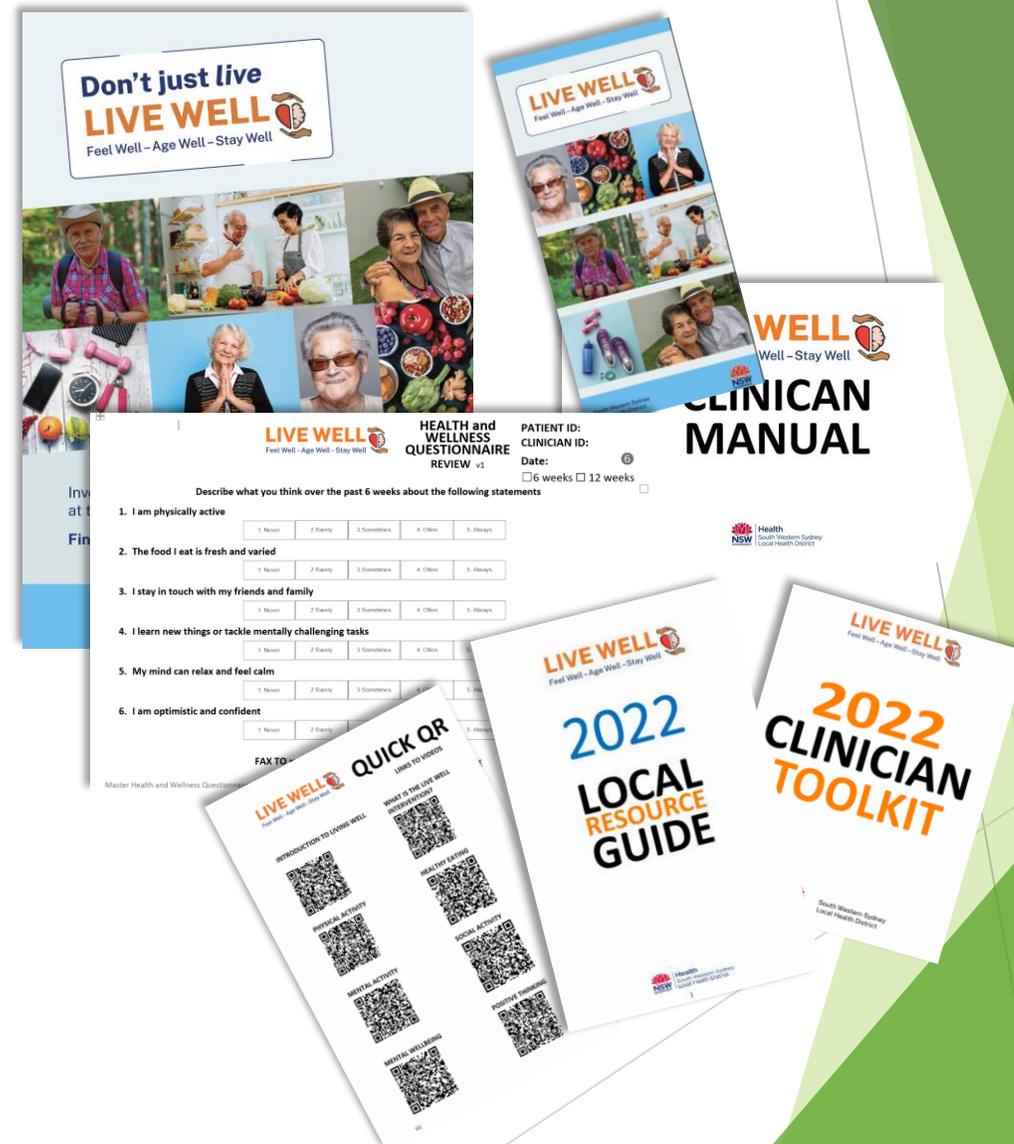
Master Take Home Goal Sheet, Version 1, 17 February 2022



Change - Yes We can

Resources to support support
clinicians

- ▶ Publicity poster & brochure
- ▶ Clinician toolkit PDF
- ▶ local resource guide
- ▶ Spiral-bound clinician manual
- ▶ QR Code sheet for videos



- ▶ Easy to learn
- ▶ Quick to use
- ▶ Supported by multiple resources
- ▶ **Allows lifestyle to be part of any clinical encounter**
- ▶ Enables small, sustainable consumer-led changes
- ▶ Cascade effects on multiple domains



“the greatest current barrier to increasing the life expectancy of persons with serious mental illness is no longer a knowledge gap

...it is an

implementation gap”

Bartels, S. (2015) *Can behavioural health organizations change health behaviour: The STRIDE study and lifestyle interventions for obesity in serious mental illness. American Journal of Psychiatry* 172:1,9-11



Project Team:

- Rebecca Abrahams
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- Meg Thomas

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Acknowledgements and thanks



Health
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Don't just *live*
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ANY QUESTIONS?

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