

# Equally Well Symposium 2025

## Putting Principles into Practice: The Equally Well Journey in SALHN Mental Health

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**Health**  
Southern Adelaide  
Local Health Network



# Welcome

Ngadlu tampinhi yalaka ngadlu Kurna yartangka inparrinhi. Ngadludlu tampinhi, parnaku tuwila yartangka.

Kurna Miyurna yaitya yarta-mathanya Wama Tarntanyaku, parnaku yailtya, parnaku tapa puru purruna. Kurna Miyurna ithu yailtya purruna, yarta kuma puru martinhi, puru warri-apinhi, puru tangka martulayinhi.

We acknowledge this land that we meet on today is the traditional lands for the Kurna people and that we respect their spiritual relationship with their country.

We also acknowledge the Kurna people as the custodians of the Adelaide region and that their cultural and heritage beliefs are still as important to the living Kurna people today.

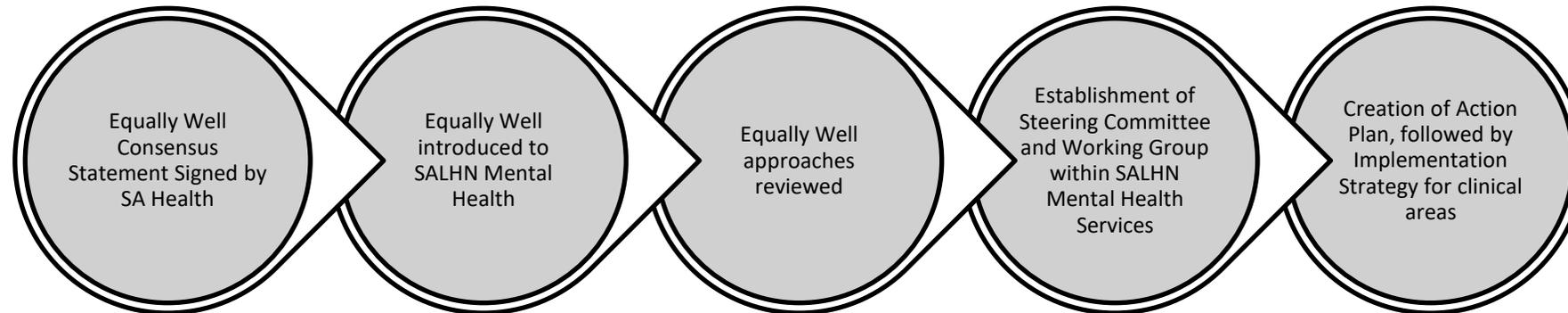


# Why Equally Well Matters

- Physical health inequities for people with mental illness is well documented and studied
- Equally Well principles and their relevance
- Our commitment in **Southern Adelaide Local Health Network (SALHN) Mental Health's Strategic Plan – particularly;**
  - *the Vision – “striving for exceptional care”*
  - *the Purpose “working together to improve health and wellbeing”*
  - *the Values “empathy/trust/inclusion”*
  - *the Priorities - “deliver equitable services and provide quality care”*

# The Beginning of Our Journey

## From Commitment to Action



# Governance and Accreditation

## Embedding Equally Well into Accreditation

- Equally well action plan with all memberships presented to Standard meetings
- Evidence based presentation shared with meeting chairs
- Equally Well is a standard agenda item for Comprehensive Care meeting
- Working group meeting summary provided to Steering Committee each meeting
- Improvement coach is a member of the working group to formalize all QI's
- Members of working group and Steering committee share the quality theme presentation with their staff
- Presentations are captured on local Standard boards
- Minutes are review from each standard meeting, to capture initiatives across the division
- Updates are provided to the Equally Well statewide meeting & SALHN MH governance plus CAG

# SALHN Mental Health Equally Well Steering Committee

## Driving Change Together

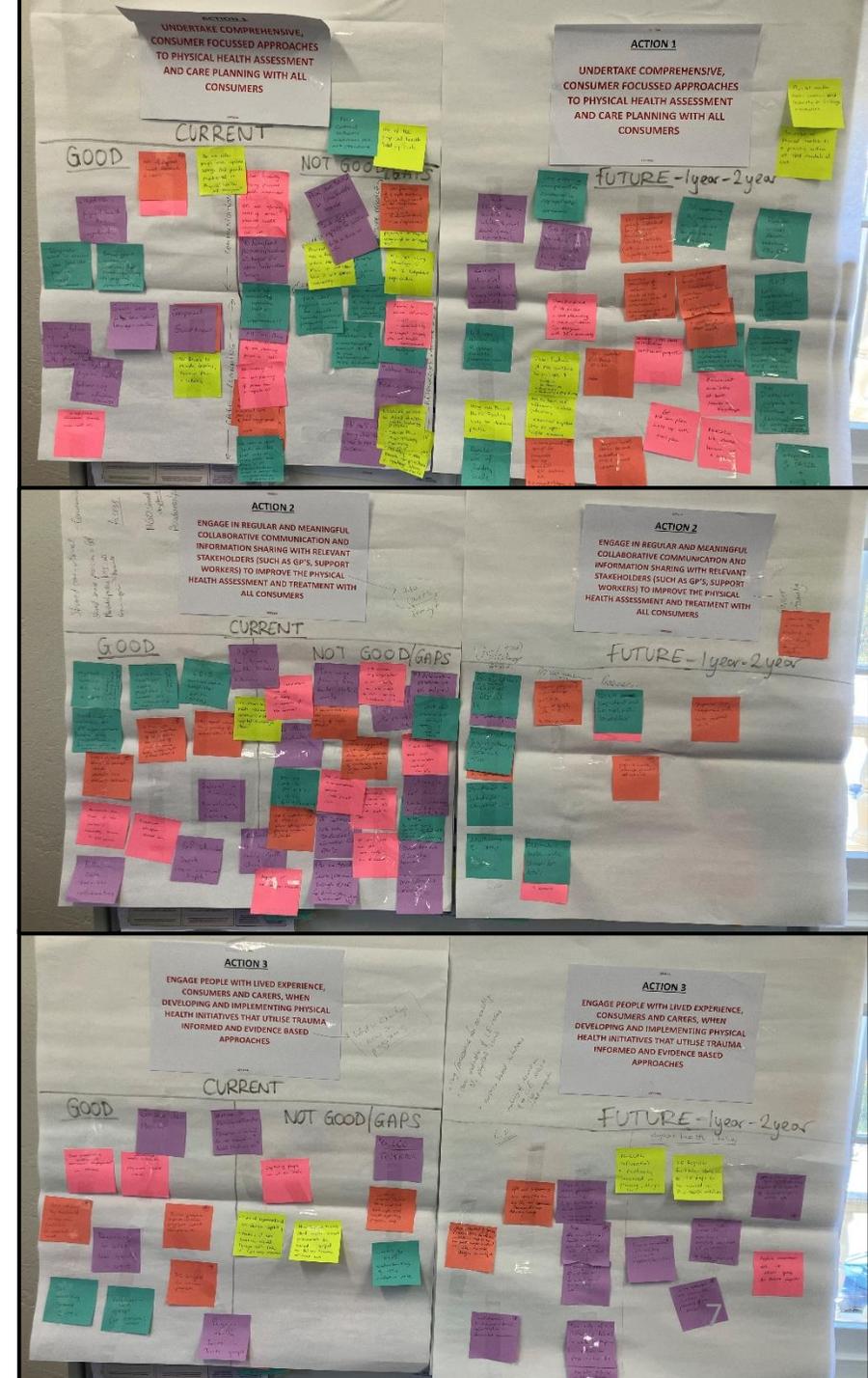
**Purpose:** Oversight, strategy, accountability, and alignment with SALHN priorities

- Membership include clinicians from each part of the service to represent
- NSQHS Standard 5 champions across all disciplines were encouraged to join the working groups

# The Action Plan

## Turning Principles into Practice

- The Action Plan was co-designed with Steering Committee members and endorsed by Mental Health Clinical Governance with wider consultation from the division.
- Actions:
  1. Undertake comprehensive, consumer focussed approaches to physical health assessment and care planning with all consumers.
  2. Engage in regular and meaningful collaborative communication and information sharing with relevant stakeholders (such as GPs, support workers, carers and family) to improve the physical health assessment and treatment with all consumers.
  3. Engage people with Lived Experience, Consumers and Carers, when developing and implementing physical health initiatives that utilise trauma informed and evidence-based approaches.
- Reviewed in 2024 with follow up due in 2026.





## Southern Adelaide Mental Health Services

### EQUALLY WELL ACTION PLAN: November 2024 - November 2026

By endorsing the [consensus position paper](#), we acknowledge the physical health inequities in people who experience mental health issues; and we are committed to taking action to achieve physical health equity. In particular, aligned with our commitment we believe that people with experience of mental health issues:

- ▶ be identified as a priority group at a national policy level based on significant health risks, poorer physical health outcomes and a higher prevalence of premature mortality
- ▶ have access to the same quality of care and treatment for physical health issues as the general population, and in particular to have the right to assessment, screening and monitoring for physical health and wellbeing that takes into account greater levels of risk
- ▶ be offered support to make the connection to how physical health interacts with mental health and addiction issues, and support to develop personal goals and changes to enhance physical wellbeing.

#### SALHN MH Services Equally Well action plan

**MISSION STATEMENT** = Ensure consumers receive equitable access to physical health interventions and services which address equality and diversity.

- ▶ Undertake comprehensive, consumer focused approaches to physical health assessment and care planning with all consumers
- ▶ Engage in regular and meaningful collaborative communication and information sharing with relevant stakeholders (such as GPs, support workers carers and family) to improve the physical health assessment and treatment with all consumers
- ▶ Engage people with lived experience, Consumers and Carers, when developing and implementing physical health initiatives that utilise trauma informed and evidence-based approaches



These are the guiding principles of  
Equally Well



# Implementation Highlights

## Real Change on the Ground

- Integration into care planning and multidisciplinary reviews
- Partnerships with GPs and allied health for physical health follow-up
- Training initiatives: smoking cessation, metabolic monitoring, and nutrition



# Implementation Plan Monitoring Tool Example

## SALHN Mental Health Equally Well Service Level Action Plan Monitoring Tool

**Name of Service:** Morier and MTC

**Related Action:** ACTION 1: Undertake comprehensive, consumer focussed approaches to physical health assessment and care planning with all consumers.

**Date updated:** 8/8/2025

<b>Started:</b>	2025
<b>Expected completion:</b>	Each outcome has a different date
<b>Implementation Plans / Key Activities:</b>	<ul style="list-style-type: none"> <li>link with other areas (dietetics, diabetes, podiatry, respiratory) and MDT (s/w, OT) to provide specialist support to consumer. Referral data will be regularly reviewed at team and nursing meetings.</li> <li>80% nursing staff attend a metabolic refresher course (with assistance of MH educator to support flexible access to training)</li> <li>audit their physical health equipment and develop an action plan to address issues, with champion identified.</li> </ul>
<b>Outcomes / Successes:</b>	<p>Workforce plan updated. Has included:</p> <ul style="list-style-type: none"> <li>Activity Supervisor 0.74</li> <li>Another AHP2 &amp; AHP3 Occupational Therapist</li> <li>Another AHP2 &amp; AHP3 Social Worker</li> <li>Podiatry 0.1 FTE</li> <li>Physiotherapy 0.1 FT</li> <li>Dietician 0.7 FTE             <ul style="list-style-type: none"> <li>Can this include 'Nutrition education' groups for consumers</li> </ul> </li> <li>Increase in Peer Specialist FTE             <ul style="list-style-type: none"> <li>More groups planned to include exercise &amp; walking groups</li> </ul> </li> <li>Exercise physiologist             <ul style="list-style-type: none"> <li>Lifestyle guidance</li> <li>Sleep hygiene</li> <li>Stress management</li> <li>Keeping hydrated</li> </ul> </li> <li>Aboriginal Liaison officer new 0.6 FTE</li> <li>Carer Consultant – new</li> <li>Senior Peer Specialist</li> </ul> <p>Tier 1</p> <ul style="list-style-type: none"> <li>OT update the group on current referrals – completed and on-going</li> <li>SW update the group on current referrals - completed and on-going</li> </ul> <p>Metabolic Training</p> <ul style="list-style-type: none"> <li>Local champions undertaking refresher training for all nursing staff - completed</li> </ul> <p>Physical Health equipment</p> <ul style="list-style-type: none"> <li>All wards have scales, Bariatric scales in the Treatment room, all wards have blood pressure and pulse oximeters available BGL machines</li> <li>Wheelchairs available, Stress balls &amp; fidget toys</li> <li>NRT             <ul style="list-style-type: none"> <li>Nicotine lozenges are available</li> <li>Nicotine patches are available</li> </ul> </li> </ul>
<b>Evidence:</b>	As above
<b>Issues / Barriers and support required to resolve:</b>	None

**Name of Service:** Marion Psychosis

**Related Action:** ACTION 1: Undertake comprehensive, consumer focussed approaches to physical health assessment and care planning with all consumers.

**Date updated:** May 2025

<b>Started:</b>	2025
<b>Expected completion:</b>	<b>Completion first round March 2025, second round October 2025</b>
<b>Implementation Plans / Key Activities:</b>	<ul style="list-style-type: none"> <li>A CRW with a Wellbeing Portfolio will support clinicians in linking consumers with GPs, with referrals endorsed through clinical reviews and tracked monthly, alongside a local guide shared within two months. (1<sup>st</sup> round)</li> <li>A new Enrolled Nurse will conduct physical health assessments where needed, with activities tracked monthly and a local guide shared within two months. (1<sup>st</sup> round)</li> <li>A metabolic health equipment audit will be conducted, followed by an action plan to ensure nursing staff have easy access for physical health assessments. (2<sup>nd</sup> round)</li> </ul>
<b>Outcomes / Successes:</b>	<b>Increased access for MH consumers to primary care, mapping exercise completed, and updated 6monthly, this has occurred twice. In-service to all staff, and process copied across to Noarlunga site.</b>
<b>Evidence:</b>	<b>Consumer CBIS reports and PHA updates, shared care details reviewed. PHA in shared care numbers increased and documented.</b>
<b>Issues / Barriers and support required to resolve:</b>	Version control of primary document, GP details changing = regular discussions with staff and GP's.

# Working Groups & Monthly Themes

## Keeping the Conversation Alive

- In order to support the Steering Committee, a Working Group has been established, where equally well champions from each service participate to discuss and share ideas on how to incorporate physical health in daily practice and conversations.
- Monthly clinical themes help focus the group on individual topics each month and members present on ways to incorporate the theme in service delivery.
- Teams discuss and promote the clinical theme and its adoption within their services.
- Consumer stories are shared



SALHN Equally Well Working Group Representative Report

Representative: Michelle and Amanda

Clinical Service Area: TPC

Date: 21/10/2025

Equally Well Reporting Items	Local clinical practice or processes for reporting
Previous month quality theme reflections from your area (clinical discussions or consumer outcomes)	Nutrition – The theme was woven into mental health day celebrations with healthy food provided on the day – this was very well received by all present.
Clinical theme	<b>Oral health and dental care</b>
Are there any local QI activities progressing in your area relating to this theme?	Information board in reception. Distribution of toothbrushes and toothpaste this month Part of the physical health assessment
Any gaps against the theme?	None
Any issues for escalation?	None
Consumer stories relating to this theme?	There have been many instances of CRW's assisting residents with accessing free dental care.

# Working Groups & Monthly Themes

## SALHN MH Equally Well Working Group Quality Themes

### for meetings V0.8

MONTH	DATE	THEME	CASE STUDY PRESENTER
OCTOBER	15/10/2024	Introduction to the new framework	None – seeking volunteers two months in advance
NOVEMBER	19/11/2024	Smoking & Respiratory Health	TPC - Beyond the smoke
DECEMBER	17/12/2024	Suicide & Deliberate Self Harm	Sarah Skinner - Advanced Nurse Consultant & Chair
JANUARY	21/01/2025	NO MEETING DUE TO SUMMER BREAK	
FEBRUARY	18/02/2025	Obesity/Weight Management	Michelle Quirk – CRW TPC
MARCH	18/03/2025	CANCELLED DUE TO CLINICAL DEMAND	Sarah Skinner
APRIL	15/04/2025	Falls	Sarah Skinner – Advanced Nurse Consultant & Chair
MAY	20/05/2025	Physical Activity	Natalya Exercise physiologist –MRHS project role – again could ask them to present
JUNE	17/06/2025	Infections and vaccinations	Mai Duong – GP Integration Unit SALHN
JULY	15/07/2025	Medication Optimisation Processes and Engagement	Claire Jones/Steve Nham
AUGUST	19/08/2025	Sexual and Reproductive health	Sarah Skinner - Advanced Nurse Consultant & Chair
SEPTEMBER	16/09/2025	Nutrition	Dietitian - TBA
OCTOBER	14/10/2025	Oral Health & Dental Care	Morier Ward staff

# Outcomes and Learnings

## Reflections on Impact

- Increased awareness and engagement across services
- Improved collaboration between teams
- Evidence of changes from teams
- Lessons learnt: start small, celebrate wins, and build champions, expand the membership

### Brief updates from each area against each action

**OPMHS** – New consumer group being devised with consumer recruitment underway. New OT groups established, based upon nutrition, budgeting and organisation skills. Enhanced coordination of physical health assessment within the team, with a new CBIS schedule created and in use. New capacity building strategies within the team and leadership.

**Adult Acute inpatient** – chronic disease stakeholder involvement now being tracked in team meeting and nursing meetings. New ward-based groups established for “Nutrition”. Increase in Peer specialist FTE plus more groups planned to include exercise. Aboriginal liaison officer newly employed, AH staff daily updates on Tier 1 board. Physical health equipment audit completed, and equipment updated. Training requirements established to meet the model.

**Psychosis teams** – chronic disease service providers internally and externally have been mapped and referral pathways and contacts available to all. GP education sessions re; key risk areas Suicide prevention, Shared care and physical health standards, challenging behaviour. GP shared care internal processes reviewed and enhanced, new stakeholder service directory established. Daily Equally Well quality theme captured on IMS boards.

Performance Measure	02-May	09-May	16-May	23-May	30-May	06-Jun	13-Jun
Physical Health Assessment	24	33	34	27	22	28	32
CBIS Physical health compliance	74%	72%	71%	71%	68%	68%	70%
	Infections / Vaccinations						
Equally Well conversation (notice board monthly topic)	1	2	2	0	4	6	3

# Next Steps

## Continuing the Journey

- Sustain and embed physical health focus in everyday care
- Expand consumer partnerships
- Complete a survey on consumer experience for all initiatives through the working group memberships
- Seek grants to support health initiatives
- Continue collaborative working across the divisions within SALHN plus the LHN's
- Maintain our record for highest number of PHA's in the state
- Monitor outcomes and share learnings statewide
- Conduct research into our initiatives

# Thank you/ Q&A

Together, we can ensure physical health is everyone's business



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