



Better Together: Elevating Physical Health in Mental Health Care

The development of a Chief Psychiatrist Standard for physical health care within South Australian mental health services.

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Acknowledgement of Country

We would like to acknowledge the Traditional Owners of the Kurna lands on which we gather here today. We pay our respects to Elders past, present and emerging.

We acknowledge and respect that Aboriginal and Torres Strait Islander people are the First Nations people of this country and recognise them as the traditional owners and occupants of Australian land and waters.

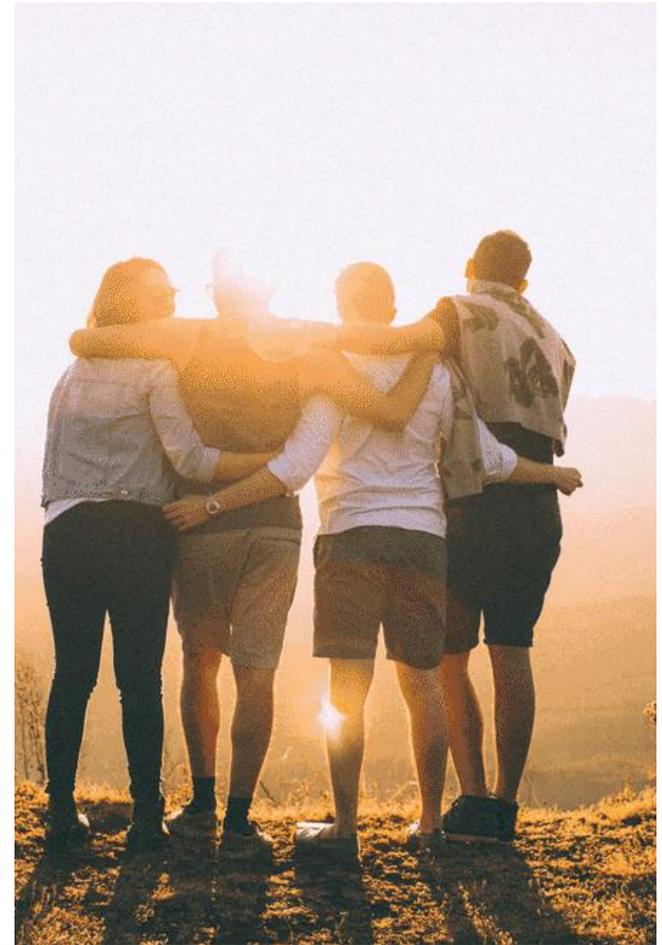
We also acknowledge that First Nations people have never ceded sovereignty and remain strong in their enduring connection to land and culture.



Acknowledgement of Lived Experience

We recognise the strength and resilience of people living with mental health issues and their families.

Their voices are essential to improve the capacity of our services to care and heal.



Office of the Chief Psychiatrist – South Australia

Chief Psychiatrist: an independent statutory officer who holds powers, functions and responsibilities as prescribed by the *Mental Health Act 2009*.

Through these statutory functions, the Chief Psychiatrist ensures the rights of those with lived experience of mental illness are respected and safeguarded.



Chief Psychiatrist Functions

90—Chief Psychiatrist's functions

- (1) The Chief Psychiatrist has the following functions:
 - (a) to promote continuous improvement in the organisation and delivery of mental health services in South Australia;
 - (b) to monitor the treatment of voluntary inpatients and involuntary inpatients, and the use of restrictive practices in relation to such patients;
 - (c) to monitor the administration of this Act and the standard of mental health care provided in South Australia;
 - (d) to advise the Minister on issues relating to mental health and to report to the Minister any matters of concern relating to the care or treatment of patients;
 - (e) any other functions assigned to the Chief Psychiatrist by this Act or any other Act or by the Minister.
- (2) The Chief Psychiatrist may issue standards that are to be observed in the care or treatment of patients.
- (3) Any standards issued by the Chief Psychiatrist under this section will be—
 - (a) binding on any hospital that is an incorporated hospital under the *Health Care Act 2008*; and
 - (b) binding as a condition of the licence in force in respect of any private hospital premises under Part 10 of the *Health Care Act 2008*.
- (4) The Chief Psychiatrist will—
 - (a) have the authority to conduct inspections of the premises and operations of any hospital that is an incorporated hospital under the *Health Care Act 2008*; and
 - (b) be taken to be an inspector under Part 10 of the *Health Care Act 2008*.

Physical Health within Mental Health Services

From 2007-2009 core group of clinicians across MHS developed a metabolic action plan - *It's not just about your head* campaign launched in 2009.

- Ongoing webpage development over the years, with specific dedication of pages for clinicians and lived experience.

Statewide training program for nursing and medical staff for metabolic health training.

Historical use of Nurse Practitioner roles within LHNs with a physical health scope and focus

Pilot projects and initiatives

Investment in physical health monitoring equipment



Physical Health within Mental Health Services

Development of a suite of physical health monitoring screens within documentation systems

- Recently updated in late 2024 to include further preventative health and SNAP lifestyle factors questions.

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Preventative Health Checks

Date of last check. Overwrite if updated. Staff ID of clinician following up: (for 'GP')

Bowel Screening >50 years every 2 years: ...

Mammogram every 2 years: ...

Prostate check every 4 years: ...

Cervical Screening every 5 years: ...

Flu Vaccination every year:

Dental Hygiene Check every year: ...

Skin check: ...

Self check Dermatologist Clinician / GP

Sexual Health check: ...

Comments:

Physical Comorbid Conditions	Consumer	Family History
Diabetes	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Cardiovascular Disease	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Cancer	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Obesity	See Page Two	<input checked="" type="radio"/> Yes <input type="radio"/> No
Gestational Diabetes	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Renal Disease	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Respiratory Disease	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

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Life Style Factors

Ethanol: number of standard drinks per day week

Ethanol types and consumption patterns:

Caffeine use: number of drinks per day

Caffeine type (energy drinks, coffee, cola):

Tobacco: number of cigarettes per day

Vaping: Yes No

Nicotine added: Yes No

Nicotine e-liquid strength: mg/ml Vial ml Vials per week month

Is the consumer an ex-smoker? Yes No Year ceased smoking:

Add all over the counter and prescription medications to MEDSREC.

Does the consumer use illicit substances? Yes No

Type	Route	Quantity	Frequency	
Methamphetamines	Injected	0.5 point	3 times a w	

Activity How many times per week does the consumer engage in 30 minutes of physical activity?

What physical activity does the consumer engage in?

Sleep pattern: hours per night Bed time: Get up time:

Does this consumer have a day time sleep? Yes No Duration (Hours):

Sleep pattern notes:

*Examples depicted are taken from a testing screen from development

The challenges we have faced

Siloing of mental health services and general health services.

Funding resources for ongoing pilot programs or position funding.

The disparity both across and within our 11 Local Health Networks – 4 metropolitan and 6 regional.

GP funding for mental health, which is considered a significant proportion of their work

The Equally Well Working Group



INITIATED IN JUNE 2024.



REPRESENTATION FROM MENTAL HEALTH STAFF ACROSS SERVICE GROUPS AND LHNS, LIVED EXPERIENCE, FIRST NATION AND CALD, PHYSICAL HEALTH PRACTITIONERS, GPS AND PUBLIC HEALTH



PROMOTES BEST PRACTICE BY IMPROVING PHYSICAL HEALTH FOR PEOPLE WITH MENTAL ILLNESS IN SA AND FOSTERING COLLABORATION BETWEEN COMMUNITY HEALTH PROVIDERS AND SPECIALIST MENTAL HEALTH SERVICES FOR INTEGRATED CARE.



Promoting Equity in Physical and
Mental Health Care for People
with a Mental Health Condition

Chief Psychiatrist
Standard

Developing the Standard

Core group developed from within the Equally Well Working Group:



- Lisa Wilton – Advanced Nurse Practitioner MH GP Shared Care, OCP
- Camillo Guaqueta – previous Principal Advisor Human Rights & Lived Experience
- Professor Nicholas Procter – Professor and Chair in Mental Health Nursing
- Hannah Albanese – Nurse Consultant Safety Quality Risk, OCP

Developing the Standard

Grounded in the Royal Australian New Zealand Colleges of Psychiatrists (RANZCP) and the Equally Well Consensus Statement.

Ensuring promotion of equitable access to physical healthcare collaborative care and improved wellbeing for those with a lived or living experience of mental health.

Identified content of the standard that would ensure the rights of people with a lived experience were upheld, whilst also delivering improvement to physical health care collaboratively within mental health services.

Determination of expectations and mandatory functions of the Standard – how are these able to be measured and ensured that the Standard is being complied with, within gazetted mental health services?

The Standard – Expectations

Equal Access:

All people accessing Mental Health Services (MHS) have the right to physical and dental health care equal to the general population.

Integrated Care:

Mental and physical health care to be coordinated with equal priority to support recovery.

Collaborative Approach:

MHS and GPs engage in bidirectional partnerships for shared care and advice on both mental and physical health.

Person-Centred & Culturally Safe:

Care that is holistic, trauma-informed, and culturally sensitive, respecting Aboriginal and CALD communities, and addressing language barriers.

Informed Participation:

People and their families/carers should receive clear, accessible information to make informed decisions and actively participate in their care.

Ongoing Monitoring & Referral:

Physical health (including dental) regularly assessed, with referrals to GPs or specialists as needed, and consent obtained in line with legal requirements.

The Standard - Requirements

Clinical Collaboration:

MHS and GPs to work collaboratively to ensure regular physical health assessments and chronic condition management, using shared care where needed.

Standardised Screening:

Implement routine physical and metabolic health screening, with referrals to GPs for ongoing care when required.

Timely Assessments:

Within 12 hours for inpatient admissions
Within 14 days for community MHS
Six-monthly reviews for all persons

Clear Protocols:

Establish documented processes for assessments, screenings, and escalation of abnormal results.

Education & Communication:

Staff will be trained on physical health conditions and medication side effects, and provide compassionate, clear information to people and their families/carers.

Individualised Care Plans:

Physical health needs will be addressed in care plans, discharge summaries, and preventative health strategies.

The Standard – Key Principles

Advocacy & Equity:

MHS have a responsibility to advocate for and facilitate equality and equity in access to physical health care.

Diagnostic Overshadowing:

Be aware of the real and prevalent issue of diagnostic overshadowing for people with mental health conditions accessing physical health care.

Person-Centred Care:

Recognise and respect the rights and needs of vulnerable populations, including children, adolescents, and older persons.

Culturally Safe Care:

Provide holistic, culturally sensitive care for First Nations peoples, guided by principles of self-determination, cultural safety, and community involvement.

Preventative Health & Education:

Advocate for vaccinations, metabolic and physical health checks, and educate individuals and families about health care options across all age groups.

Address Co-morbidities:

Consider substance use, lifestyle factors, and medication impacts in overall health management, using standardised protocols and best practice guidelines.

The Standard - Implementation

Partnership in Care:

MHS work collaboratively with people, families/carers/supporters of choice, and other providers to plan, set goals, and in making informed decisions.

Integrated Communication:

Assessments include communication with GPs and specialists involved in the person's care.

Shared Care Model:

Establish bidirectional partnerships with GPs for mental and physical health advice and support.

Support for Unengaged Individuals:

For those unable to engage with a primary care provider MHS should coordinate physical health needs. In shared care models, MHS are encouraged to support until a GP is engaged, considering collaboration with medical specialties with LHNs

Oral Health & Medication Education:

Encourage regular oral health assessments and provide clear information and education about medication to individuals and their families/carers/supporters of choice.

Respect for Choice & Documentation:

If a person declines physical health assessment, take steps to understand why, document reasons and work toward a trauma-informed, recovery-focused strategy respecting personal preferences.

Consultation Process



First round of consultation – Lived Experience representation, Equally Well Working Group, LHNs, GPs (in SA Health liaison roles) and Primary Health Networks.



Broad range of feedback received.



Identified differing ideas about what the document should contain.



Extensive review and consideration of the feedback received, with further development of the Standard currently in progress.

Next Steps



FINALISATION OF
REVIEWED FEEDBACK



FINAL ROUND OF
CONSULTATION,
INCLUDING BROADER
CONSULTATION



FINALISATION OF THE
STANDARD AND
PUBLICATION



IMPLEMENTATION OF THE
STANDARD WITHIN
MENTAL HEALTH SERVICES



MONITORING OF
COMPLIANCE AND
MEASURABLE
EXPECTATIONS THROUGH
ONGOING INSPECTIONS
CONDUCTED BY THE
OFFICE OF THE CHIEF
PSYCHIATRIST



FUTURE DEVELOPMENT OF
A GUIDELINE



**Government
of South Australia**

SA Health