

## Physical Health Care Within Mental Health Services

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Clinical/ Patient Services - Medical Treatment  
Clinical/ Patient Services - Nursing and Midwifery  
Population Health - Health Promotion

**Summary** This Policy Directive provides direction to NSW mental health services regarding the provision of physical health care to the consumers who use their service. It should be read in conjunction with the NSW Health Guidelines for the Physical Health Care of Mental Health Consumers - GL2009\_007.

**Author Branch** Mental Health and Drug and Alcohol Office

**Branch contact** Rochelle Kelly 9424 5981

**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Community Health Centres, Public Hospitals

**Audience** Clinical, nursing, psychiatrists, emergency depts, PECCs, mental health staff

**Distributed to** Public Health System, Community Health Centres, Divisions of General Practice, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Hospitals, Tertiary Education Institutes

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### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

# **Provision of Physical Health Care within Mental Health Services**

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## 1. Introduction

All consumers of mental health services have the right to expect health care that is responsive and in line with the care provided to the general population.

According to available research, both national and international, the physical health of people with a mental illness is poor, and poor physical health is associated with impaired mental health. The seriously mentally ill also have high rates of mortality and reduced life expectancy as well as decreased access to healthcare.

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.

Appropriate support provided by well-trained mental health staff can assist consumers to identify and seek medical aid for physical illnesses or disease, reducing morbidity and mortality in those individuals. Working collaboratively with primary health providers, such as General Practitioners (GPs), mental health services also have a critical role to play in the initiation of preventative measures for consumers. Such measures will enhance both the physical and mental health of this group and ultimately improve their general wellbeing and quality of life.

## 2. Policy Context

This Policy Directive responds to concerns raised through various NSW Health review mechanisms regarding the physical health of consumers of mental health services. It is also in line with a recommendation from the Mental Health Sentinel Events Review Committee (SERC) Tracking Tragedy 2007 report.

The objectives of this Policy Directive have linkages to the *State Plan – A New Direction for NSW*, specifically *F3(a-c): Improved outcomes in Mental Health*, as well as the *State Health Plan, Towards 2010 – A New Direction for NSW*, specifically *Strategic Direction 2: Create better experiences for people using health services*.

Other Australian and NSW government strategies, legislation and NSW Department of Health Policy Directives that should be considered when implementing this Policy Directive includes:

- Mental Health Act 2007
- National Standards for Mental Health Services (1996)
- NSW Carers Action Plan
- NSW Health Privacy Manual (Version 2, 27)

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- PD2005\_353 NSW Health Management Policy to Reduce Fall Injury Among Older People
- PD2005\_358 MH-OAT Clinical Assessment Protocols and Modules - NSW Standardised
- PD2006\_052 Standard Procedures for working with Health Care Interpreters
- PD2008\_005 Discharge Planning Policy for Adult Mental Health Inpatient Services

### **3. Aim and Objectives**

#### **3.1 AIM**

The aim of this Policy Directive is to provide direction to NSW mental health services regarding the provision of physical health care to consumers who use their service. It should be read in conjunction with the NSW Health *Physical Health Care of Mental Health Consumers – Guidelines* (GL2009\_007). The Guidelines, which support this Policy Directive, provide comprehensive information and advice regarding how mental health services can improve the physical health of consumers. The Guidelines should be used to ensure the broad, overarching responsibilities of mental health services outlined within this Policy are met.

The minimum requirements noted within this Policy Directive provide clear direction to mental health services regarding a base line for the provision of physical health care. All services are required to build on this base line utilising the Guidelines.

#### **3.2 OBJECTIVES**

*The objectives of this Policy Directive are to:*

- 3.2.1 Establish expected standards for the physical health care of consumers of mental health services (mental health consumers);
- 3.2.2 Clarify the role of mental health services, and appropriate linkages with other health care providers, in meeting the physical health care needs of mental health consumers;
- 3.2.3 Develop a consistent, co-ordinated, approach to the physical health care of mental health consumers; and
- 3.2.4 Improve the physical health care of mental health consumers.

## 4. Principles

### **Physical health care in all mental health settings must take into consideration the following principles:**

- 4.1 Mental health consumers are entitled to quality, evidence based care and treatment for all aspects of their health, including their physical health.
- 4.2 Such care and treatment for mental health consumers:
  - Is delivered in a respectful, non-judgemental and culturally sensitive way, with information about their illness, physical condition and treatment options provided to enable them to make informed choices;
  - Recognises consumers as critical partners in the care team; and
  - Involves their families and carers, with the consent, wherever possible, of consumers.
- 4.3 The physical health of mental health consumers is considered by mental health services in the planning and provision of any mental health interventions.
- 4.4 Working collaboratively with other health providers, particularly GPs, is key to providing quality physical health care for mental health consumers.
- 4.5 Physical health care includes access to health promotion, screening and preventative activities.
- 4.6 The provision of physical care is responsive to issues such as consumer preferences, gender, ethnicity, English proficiency and age.

## 5. Responsibilities and Minimum Requirements for Mental Health Services

### 5.1 ALL SERVICES

#### 5.1.1 Responsibilities

*Mental health services in all settings have responsibility for ensuring that:*

- 5.1.1.1 The provision of physical health care for mental health consumers, or facilitating or advocating for the provision of such care, is recognised as the responsibility of the mental health service with which the consumer is involved.
- 5.1.1.2 Physical causes for a mental illness or disorder in consumers at risk, such as those with a first presentation of mental illness or those with major changes in their mental health presentation, are excluded.
- 5.1.1.3 The risk of adverse physical health outcomes due to the provision of mental health interventions is minimised.

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- 5.1.1.4 A program to improve the standard of physical healthcare provided to consumers is developed and implemented that is consistent with the NSW Health *Physical Health Care of Mental Health Consumers - Guidelines*.
- 5.1.1.5 Staff are trained to conduct roles consistent with these Guidelines.

## **5.1.2 Minimum Requirements**

*Mental health services in all settings must:*

- 5.1.2.1 Have clear criteria for when nursing or allied health staff should notify medical staff of concerns about the physical health of consumers.
- 5.1.2.2 Have clear protocols for identifying and responding to medical emergencies.
- 5.1.2.3 Include activities relevant to physical healthcare in rehabilitation and recovery programs.
- 5.1.2.4 Ensure care plans for all consumers address physical health needs, including alerts, special precautions, and plans to address acute and/or ongoing physical health issues.
- 5.1.2.5 Ensure all consumers have their 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.
- 5.1.2.6 Have two staff members present for physical examination that requires removal of clothing, or palpation of more than limbs, (such as initial examinations) unless a need for urgent care prevents this, or the consumer specifically requests this does not occur. In such situations the reason for not using a chaperone must be documented.
- 5.1.2.7 Ensure physical examinations carried out by mental health service staff are consistent with the core components listed within Appendix C.
- 5.1.2.8 Ensure that there are clear protocols for consumers receiving ongoing care (>3 months inpatient, >6 month community) to identify and develop consumer management plans that address consumers' needs related to chronic health conditions and preventative health care. These must ensure that the issues in 'List A' in Appendix A have been discussed with the consumer, provided/conducted if appropriate, or reasons for not acting documented.
- 5.1.2.9 Develop and implement a strategy to improve partnership arrangements with local GPs.

- 5.1.2.10 Ensure all physical examinations are properly documented and recorded within the consumer's clinical record. If such examinations have not been conducted by community mental health staff, there must be, at a minimum, documentation within the consumer's community record of who conducted the examination, when it was conducted and any key findings.

## **5.2 MENTAL HEALTH INPATIENT CARE**

### **5.2.1 Responsibilities**

*Within this setting mental health services have responsibility for ensuring that:*

- 5.2.1.1 The acute physical health care needs of inpatients are identified, assessed and managed in a timely and effective manner, in line with the NSW Health *Physical Health of Mental Health Consumers - Guidelines*.
- 5.2.1.2 Access to medical or surgical support for inpatient mental health consumers is equivalent to such support available for non mental health inpatients.
- 5.2.1.3 Follow up mechanisms are identified and arranged for identified physical health care needs, and appropriate information is communicated at discharge to support this.
- 5.2.1.4 Access is available to appropriate mental health care for consumers with co-morbid physical health disability.
- 5.2.1.5 Local mental health service policy defines any limitations in the inpatient units' ability to meet physical health care needs, and identifies mechanisms for access to physical health care for consumers with such needs.
- 5.2.1.6 Consumers in non-acute inpatient units have their ongoing physical health needs identified, assessed and managed. This includes appropriate access to health promotion, screening and preventative activities and incorporating physical health goals and activities in rehabilitation and recovery programs

### **5.2.2 Minimum Requirements**

*Within this setting, mental health services must:*

- 5.2.2.1 Have ready access to the equipment listed in Appendix B of this Policy Directive.
- 5.2.2.2 Ensure consumers receive a physical examination consistent with the core components of Appendix C within 24 hours of admission, unless an examination has

already been conducted by the mental health service from which the consumer is being transferred and documentation of this is available within the consumer's clinical record.

- 5.2.2.3 Re-examine consumers within 24 hours of admission from an Emergency Department, unless there is an agreement for satisfactory completion of the MH-OAT Physical Examination in the Emergency Department.
- 5.2.2.4 For consumers who have been admitted for longer than 3 months, discuss interventions and investigations relevant to ongoing health, and provide/conduct if appropriate, or document reasons for not acting.
- 5.2.2.5 Ensure consumers in non-acute care have a physical examination and focussed interview consistent with core components within Appendix C, plus examination for movement disorders, no less frequently than every 12 months.

## **5.3 COMMUNITY MENTAL HEALTH SETTINGS**

### **5.3.1 Responsibilities**

*Within this setting mental health services have responsibility for ensuring that:*

- 5.3.1.1 The physical health of a consumer is considered in the planning and provision of any mental health interventions.
- 5.3.1.2 A process occurs to exclude physical causes of mental illness in consumers at increased risk.
- 5.3.1.3 The risk of adverse physical health outcomes due to the provision of mental health interventions is minimised.
- 5.3.1.4 Improvement to partnership arrangements with providers of physical health care most relevant to the consumers who use their service is actively sought.
- 5.3.1.5 Consumers are assisted to access:
  - Physical health care equivalent to the general population
  - Appropriate inclusion in health promotion, screening and preventative activities
  - Physical health care to address needs arising from mental health interventions or mental illness
- 5.3.1.6 Advocacy is provided to improve such access, if required. Consumers who, due to the severity of their mental illness, have a persistent inability to access mainstream

primary health services are identified, along with specific mechanisms to meet their physical health needs.

- 5.3.1.7 Physical health goals and activities are incorporated in rehabilitation and recovery programs.

## **5.3.2 Minimum Requirements**

*Within this setting, mental health services must:*

- 5.3.2.1 Have a clear mechanism for accessing the equipment listed within Appendix B of this policy directive for consumers whose need for physical examination cannot be met through collaboration with GPs.
- 5.3.2.2 Ensure consumers receive physical examinations, conducted either by mental health service staff in any setting, the consumer's GP or another health care provider. Such examinations must occur:
- Within 1 month of admission, unless:
    - an examination was conducted as part of inpatient care immediately preceding admission; or
    - an examination was conducted by the consumer's GP or other health care provider within 1 month of referral, and documentation of this is available within the consumer's clinical record;
  - No less frequently than every 12 months; and
  - More frequently than this, if clinically indicated.
- 5.3.2.3 Ensure consumers are supported to receive appropriate investigations as outlined within the *Physical Health Care of Mental Health Consumers - Guidelines*.
- 5.3.2.4 Ensure that an annual examination for movement disorders for all consumers taking antipsychotic medications, or who are otherwise identified as being at increased risk of movement disorder, is conducted.
- 5.3.2.5 Ensure ongoing monitoring for the emergence of physical health care needs of consumers through observation and direct enquiry, in collaboration with a consumer's primary healthcare provider where possible, and document outcomes in the consumer's medical record.

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## 5.4 PSYCHIATRIC EMERGENCY CARE CENTRES (PECCs)

### 5.4.1 Responsibilities

*Models of care in this setting at the interface of Emergency Departments and acute mental health inpatient care are expected to continue to evolve. Within this setting mental health services have responsibility for:*

5.4.1.1 Actively seeking to improve partnership arrangements with Emergency Department staff to ensure mental health consumers access:

- Physical health care equivalent to the general population
- Physical health care appropriate for an acute mental health presentation that is consistent with the *Mental Health for Emergency Departments: A Reference Guide*

5.4.1.2 Ensuring consumers who remain in the unit for over 24hrs receive physical health care consistent with inpatient mental health guidelines.

## 6. Implementation

### 6.1 PROCESS

Implementation of this policy directive is required according to the process outlined in Appendix D and must be completed by **30 June 2010**.

Verification that implementation has been effected within the Area Mental Health Service is required through completion and submission of the checklist provided at Appendix D. This form must be signed by the Area Mental Health Service Director and submitted to the Department of Health, Mental Health and Drug and Alcohol Office, as per the instructions provided on the form.

### 6.2 RESPONSIBILITIES

*The Chief Executive, Area Health Service has responsibility for ensuring that:*

- 6.2.1 Structures are established to appropriately implement this Policy Directive.
- 6.2.2 All line managers clearly understand they are accountable for effective implementation of the processes required to meet the outlined responsibilities of this Policy Directive.

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*The Director, Area Mental Health Service has responsibility for ensuring that:*

- 6.2.3 This Policy Directive is successfully implemented within the Area Mental Health Service.
- 6.2.4 The Implementation Checklist (Appendix D) is completed and submitted to verify implementation by all mental health facilities/services within the Area Mental Health Service.
- 6.2.5 Local policies and procedures are developed to ensure the requirements of this Policy Directive are met.
- 6.2.6 Regular file audits are undertaken to monitor compliance with this Policy Directive.
- 6.2.7 Reporting occurs against the agreed measures, once they have been defined and communicated.

## **7. Monitoring and Reporting**

Explicit measures are being developed to assess service quality and monitor progress against desired outcomes. Advice will be provided regarding these measures and the information to be collected to support the reporting process.

## **8. Appendices**

The following appendices have been provided to support implementation of this policy directive:

Appendix A	Relevant Health Interventions
Appendix B	Equipment Checklist
Appendix C	Physical Examination Core Components
Appendix D	Implementation Plan & Checklist

Professor Debora Picone AM  
**Director-General**

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## Appendix A - Relevant Health Interventions

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Health interventions particularly relevant to the long term health status of mental health consumers are listed below. 'List A' includes those that are particularly relevant to cardiovascular health and 'List B' are other potentially indirect interventions.

### **List A – cardiovascular health**

- Smoking cessation (if relevant)
- Weight control interventions, including dietary and life-style advice, if BMI > 25 or WHR >1
- Regular exercise
- BP monitoring

### **List B – potentially indirect interventions**

- Contraceptive advice (if of reproductive age) and sexual safety advice
- Visual acuity and clinical hearing evaluation; with referral to secondary care if any abnormalities
- Dental review if not conducted in previous 12 months or a need is identified prior to this
- Education on breast (women) or testicular self examination and symptoms of prostatism (men over 55 years)
- Provision of information regarding HPV vaccination (females <27yo)
- Influenza vaccination when indicated
- Examination for skin malignancies
- Education on risks related to alcohol and illicit drug abuse

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## Appendix B - Equipment Checklist

ITEM	✓
▪ a private, warm, well lit area with an examination couch or bed suitable for conducting of physical examinations, together with sheets or towels	
▪ stethoscope	
▪ sphygmomanometer	
▪ thermometer	
▪ tendon hammer	
▪ non-stretchable measuring tape	
▪ tuning fork (256 Hz)	
▪ weighing scales	
▪ urinalysis sticks	
▪ Auriscope and ophthalmoscope	
▪ Examination torch	
▪ Snellen chart	
▪ Height measure	
▪ Disposable gloves	
▪ Examination lubricant	
▪ Neurological testing pins	
▪ Peakflow monitor	
▪ Glucometer	
▪ Alcometer/breathalyser	
▪ Oximeter	
▪ X-ray box or electronic substitute	
▪ Pathology venipuncture and associated collection equipment	
▪ Pathology specimen containers	

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## **Appendix C - Physical Examination Core Components**

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Core components of a physical examination of a consumer admitted to inpatient or community mental health care are:

- Observations - BP; pulse and respiratory rate; temperature
- Weight and waist-hip ratio or waist measurement
- Height (if not already recorded from previous contact)
- Examination of respiratory, cardiovascular and gastrointestinal systems
- Initial examination of the neurological system including at least notation regarding presence or absence of marked abnormality of key features such as:
  - equality of pupil size, or eye movement
  - facial symmetry
  - limb and hand power
  - gait
  - limb tone
  - orientation and alertness
  - involuntary movement or akathisia (the Abnormal Involuntary Movement Scale may be used to assist this if clinically appropriate)

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## Appendix D - Implementation Plan & Checklist

**Area Mental Health Service:** \_\_\_\_\_

This document must be completed, signed and returned to the Mental Health and Drug and Alcohol Office (MHDAO) by the deadline noted below, to the attention of:

**Manager, Clinical Governance Team, MHDAO  
Locked Mail Bag 961, North Sydney NSW 2059**

**DEADLINE FOR RECEIPT OF COMPLETED FORM  
30 June 2010**

Action	✓
<ul style="list-style-type: none"> <li>▪ Nominate a health service staff member within each service to be responsible for implementing and monitoring adherence to the Physical Health Care for Mental Health Consumers (PHCMHC) Guidelines and Physical Health Care within Mental Health Services (PHCMHS) Policy Directive</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Undertake a review of current practices and identify and document any necessary practice improvements or changes to meet the requirements of the PHCMHC Guidelines and PHCMHS Policy Directive</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Develop and implement a strategy to establish or build on local partnerships with GPs</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Develop and implement a plan to support promotion of physical health care to stakeholders (consumers, carers, GPs, relevant NGOs)</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Organise required equipment, or develop and document a mechanism to support access to equipment</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Develop and implement a system to ensure audits are carried out to monitor compliance with the PHCMHC Policy Directive</li> </ul>	
<ul style="list-style-type: none"> <li>▪ Develop local policies and procedures to support services to meet the requirements of the PHMHC Guidelines and PHCMHS Policy Directive, including:                             <ul style="list-style-type: none"> <li>○ individual roles and responsibilities</li> <li>○ necessary practice improvements</li> <li>○ implementation of GP strategy</li> <li>○ implementation of promotion strategy</li> <li>○ access to equipment</li> <li>○ reporting requirements</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>▪ Undertake a review of current staff skills, identify gaps in knowledge and organisational change management issues that may impact on implementation of the PHMHC Guidelines or PHCMHS Policy Directive and factor these into future training plans</li> </ul>	

**Once signed, this form verifies that the above actions have been completed by all mental health services within the stated Area Mental Health Service.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Name** \_\_\_\_\_  
**Director, Area Mental Health Service**