Rural Mental Health: a collaborative approach to improving clients health related behaviours

Challenge

Turning Point

Success

Insights

- Collaboration with local agencies
- Developing community partnerships
- Identifying mental health needs
- Addressing stigma and shame

Turning Point

- CHA LGB & HIV
- Social and Health Partnership project

Carol

- Increased awareness of mental health
- Improved access to services
- Better outcomes for clients

Peter

- Improved communication
- Enhanced mental health literacy
- Stronger community connections

Success

- Improved mental health outcomes
- Reduced stigma and discrimination
- Increased social inclusion

- Seeing the need for change
- Taking action
- Making a difference
Rural Mental Health: a collaborative approach to improving clients health related behaviours

**Challenge**

- Stress
- Smoking
- Social isolation
- Financial hardship
- Limited access to health services

**Turning Point**

- CHSA LHN Do It For Life and Mental Health Partnership pilot - Murray Bridge and Port Pirie

**Success**

- Reduced stress levels
- Quit smoking
- Increased social interaction
- Improved financial management
- Expanded access to mental health services

**Insights**

- Identifying key barriers to health behaviour change
- Developing targeted strategies to overcome barriers
- Engaging community leaders to promote mental health initiatives

**Turning Point Support**

- Mental health workers supported in being trained in lifestyle interventions
- Developing tailored support packages for clients with chronic disease

**Objectives of trial**

- Improve awareness and referral pathways to lifestyle programs
- Identify appropriate clients
- Evaluate benefits of Do It for Life being trained in lifestyle interventions
- Develop tailored support packages for clients with chronic disease

**Less junks foods**

- Less snacking on high calorie foods like crisps, nuts, cakes
- Eating a healthy breakfast
- Avoiding fast food
- Cutting down sugary drinks

**Carol**

- It's all about a healthy lifestyle, eating well, being active, managing stress
- Embracing mental health and healthy living initiatives
- Seeking support and advice from health professionals

**Peter**

- Physical exercise is vital for maintaining a healthy lifestyle
- Including activities like walking, cycling, swimming
- Staying active and maintaining a healthy weight
Challenge

In 2013 Aust study, people living with psychotic disorders found 73% male, 56% females were smokers. 50%smokers 20+/day (Cancer Council).

SNAPS
- Smoking
- Nutrition (Poor)
- Alcohol (Risky use)
- Physical inactivity
- Stress

Multiple links of obesity, lack of physical activity and poorer mental health.
Mental illness can affect an individual's ability to participate in health-promoting behaviours such as eating healthy food or being physically active. This not only impacts an individual's mental health but also leads to further physical and emotional health issues placing them at high risk of developing chronic disease.
Do It For Life - free lifestyle behaviour modification program, in major centres in rural SA. Lifestyle advisors support individuals to reduce their risk of developing a chronic disease such as diabetes or heart disease by helping them to make changes to SNAPS risk factors.
SNAPS

- Smoking
- Nutrition (Poor)
- Alcohol (Risky use)
- Physical inactivity
- Stress
Clients with mental illness have multiple SNAPS risk factors (high rates of obesity, smoking, drug use, binge eating, physical health issues) - higher DNA rates and poorer progress.
those with mental disorders are at increased risk of obesity both from the illness and from its treatment. Obesity + M Illness → metabolic syndrome (HBP, HBS, Hchol, inc risk CVD)
In 2013 Aust. study of people living with psychotic disorders found 73% males and 56% females were smokers. 50% smoked 20+/day (VIC Cancer Council)
Higher rates of substance abuse - dual diagnosis or co-morbidity i.e. problems with alcohol and other drugs and mental health issues
reactions to stress, anxiety often associated with increased food and alcohol intake
Logic Model for integrating MH into chronic disease prevention and health promotion suggested long term outcomes of optimal mental and physical health could be achieved through: 'forming and strengthening public health partnerships with mental health programs' & 'Secondary prevention: modify public health interventions to address those with MH issues and severe mental illness'

Center for Disease Control and Prevention 2006
Turning Point

Objectives:
- improved lifestyles
- identify, evaluate, motivate
- develop, explore

Do It For Life lifestyle advisors willing to collaborate

Mental health workers supported in being trained in Flinders model* for the prevention of chronic disease

*Behavioural change management tools
CHSA LHN Do It For Life and Mental Health Partnership trial - Murray Bridge and Port Pirie
Supportive consulting psychiatrist

Exploring benefits for clients with
Mental health workers supported in being trained in Flinders model* for the prevention of chronic disease

*Behavioural change management tool developed at Flinders University under the leadership of Prof. Malcolm Battersby. (barriers, strengths and impact of social heath determinants)
Do It For Life lifestyle advisors willing to collaborate
Objectives of trial:
- improve screening processes and referral pathways to lifestyle program
- identify appropriate clients
- evaluate benefit of MH staff being trained in lifestyle motivational model
- develop better shared care arrangements
- explore benefits for clients with a chronic disease
Need for continuing evidence based evaluations by university researchers to support future funding
Peter
married, 2 sons, unable to work, psychotic illness, 54 yrs old

**Issues:** weight gain, repeated hospital admissions, binge eating, no exercise, carer stress

**Actions:** awareness of hunger vs stress & boredom, reduce portions, healthier food options, exploring activity options

**Outcomes:** reduced hospital admissions, walking 1-2 x day, cooking group, no binge eating 12 mths, healthy snacks, grad. wt loss, ++ contribution to household
Carol

38 yr old, children living with ex partner, psychotic illness, student, boyfriend

**Issues:** weight gain, poor eating habits (boyfriend), smoker, binge drinker, lack of exercise, poor knowledge healthy meal options, lack of confidence to look after kids if they visit

**Actions:** motivation for change- have kids to stay on weekends and feed them properly. Food diary, awareness of healthy foods and meal planning, reduce smoking, info standard drinks and calories, walking routine, change eating with boyfriend

**Outcomes:** >10 cigs, 4 st drinks, walking at Uni and around block, healthy breakfast, healthy meals for kids - kids visit more often, grad loss of weight
Increase in MH staff knowledge of healthier lifestyle options in local areas with some staff participating in healthy lifestyle programs themselves

Drop in client DNA's and increase in compliance with actions to improve risk factors

Increased mental health client referrals to lifestyle advisors from MH staff trained in lifestyle behaviour change model

NGO support worker partnerships improved including joint visits
Less junk food

Less snacking on high sugar foods late at night
reducing portion sizes

Eating a healthy breakfast

using gym equipment at home
swimming
eating more vege and fruit

cutting down smoking

being more mindful of how their body feels and reduced hospital admissions

joining a walking group
Insights

✅ Flexibility and time required to engage with clients due to illness and forgotten appointments

✅ All workers involved need to have an understanding of healthy lifestyle behaviours to encourage uptake by client

✅ Weight gain due to medication - emphasis is on long term health outcomes with a shift away from short term weight loss expectations

✅ Longer timeframes needed to maintain ongoing changes

✅ Need for continuing evidence based evaluations by university researchers to support future funding
Rural Mental Health: a collaborative approach to improving clients health related behaviours

**Insights**
- Mental health professionals are affected by challenges similar to clients.
- Teams and families are supported to engage with professional help.
- Counteracting of healthy habits requires from primary intervention.
- Mental health professionals need to be engaged in maintaining healthy habits.
- Support and intervention are needed in maintaining healthy habits.

**Peter**
- Increased physical activity
- Reduced stress
- Healthier eating

**Less junk food**
- Less snacking on high sugar foods
- Less snacking on sugary drinks
- Eating a healthy breakfast

**Carol**
- Increased physical activity
- Reduced stress
- Healthier eating

**Eating a healthy breakfast**
- Eating more regular breaks
- Eating more fruit and vegetables

**Turning Point**
- Support for smoking cessation

**Success**
- Improved mental health
- Increased physical activity
- Improved eating habits

**Challenge**
- Increased mental health problems
- Decreased physical activity
- Unhealthy eating habits

**Insights**
- Mental health professionals are affected by challenges similar to clients.
- Teams and families are supported to engage with professional help.
- Counteracting of healthy habits requires from primary intervention.
- Mental health professionals need to be engaged in maintaining healthy habits.
- Support and intervention are needed in maintaining healthy habits.

**Epigenetics**
- Epigenetic changes in DNA
- Gene expression
- Environmental factors

**CHSA LHN Do It For Life and Mental Health Partnership trial - Murray Bridge and Port Pirie**
- Ongoing support
- Mindfulness training
- Group workshops

**Objectives of trial**
- To improve physical health and mental health
- To reduce stress levels
- To improve eating habits

**Support for smoking cessation**
- Quitline services
- nicotine replacement therapy
- Behavioral counseling

**Mental health workers supported in being trained in Motivational Interviewing model for the prevention of chronic disease**
- Behavioral change management and its development at Flinders University under the leadership of Prof. Michelle Botella
- Greater strength and impact of social health determinants