



The Australian Prevention
Partnership Centre
Systems and solutions for better health

Effectiveness of a healthy lifestyle clinician in addressing the health risk behaviours of clients of a community mental health service: an RCT



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Mental illness and poor Physical health

- Reduced life expectancy: median of 10 years
- Primarily due to a greater morbidity and mortality from chronic diseases
- A higher prevalence of modifiable risk behaviours:
 - Tobacco smoking
 - Poor nutrition
 - Harmful alcohol consumption
 - Physical inactivity



Role of mental health services

- Clinical practice guidelines recommend the routine provision of care for risk behaviours by mental health services
 - E.g. in community mental health services
- AAR: Assess, Advise, and Refer
- Provision of such care by community mental health services in routine consultations is low internationally and in Australia.
- E.g. Bartlem, et al (2014), in Australia:
 - 9% provided assessment of risk (to 80%+ of clients)
 - 25% provided brief advice
 - 10% provided referral



An Alternative approach...



- A designated clinician providing preventive care
- Offer clients an extra preventive care appointment
- Few studies have trialled this approach
 - Focus on biomedical risks
 - None have looked at AAR for multiple behavioural risks
 - Uptake, acceptability and satisfaction



Aims

- RCT: examine the impact of a ‘healthy lifestyle clinician’ embedded in a community mental health service
- **Uptake**
- **Acceptability**
- **Satisfaction**
- Impact on **receipt of preventive care (AAR)**



Methods

Eligible adult clients (n=811)

Randomised to:
Intervention or **Usual Care**

Baseline telephone interview

Intervention

- Usual care, plus offered:
 - 40-minute consultation
 - AAR for health risk behaviours
 - Motivational interviewing
 - Follow-up call.

Usual Care

1 month post baseline follow-up



Data collection and outcomes

- Health behaviour status (SNAP)
- Receipt of the following (in the last month):
 - Assessment
 - Advice for 'at-risk' behaviours
 - Referral for 'at-risk' behaviours to Australian, free telephone services
- Intervention group:
 - Acceptability of the 'specialist practitioner' model
 - Satisfaction with the care provided by the healthy lifestyle clinician
- Process data collected by the healthy lifestyle clinician



Results

*Uptake, acceptability, satisfaction,
effectiveness*

Please contact the corresponding author, Caitlin Fehily, for details regarding results and relevant publications.

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Key findings

- High acceptability
- High satisfaction
- Increased receipt of preventive care

Implications

- This may be an effective model for preventive care provision
- Future research
 - Feasibility: e.g. economic analysis
 - Reasons for not attending and associations



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Thank you



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