

# Equally well in Victoria

## Physical Health Framework for Specialist Mental Health Services

Maggie Toko – CEO VMIAC

Marie Piu – CEO Tandem

Anna Love – Chief Mental Health Nurse

March 2019

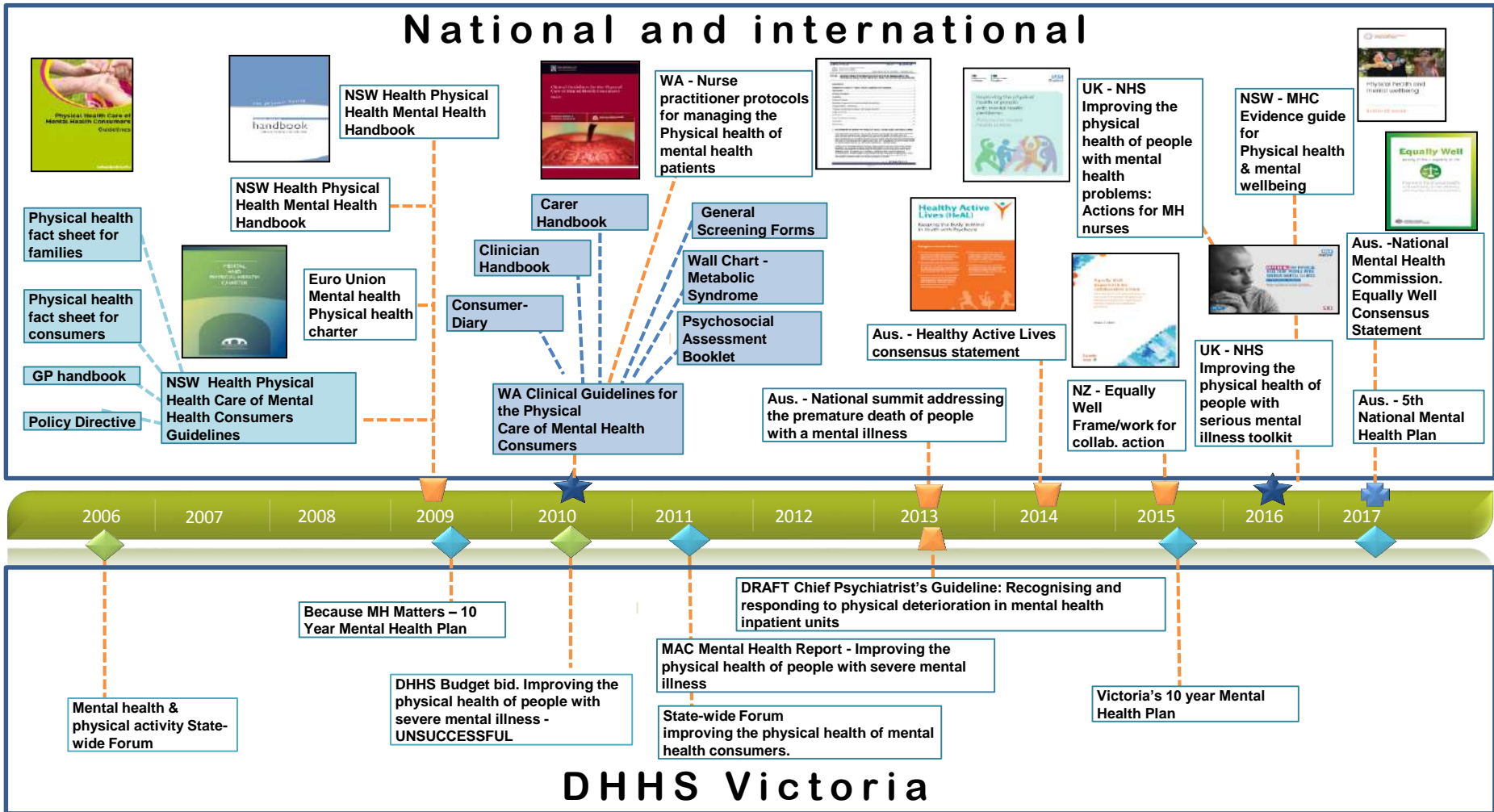


Health  
and Human  
Services

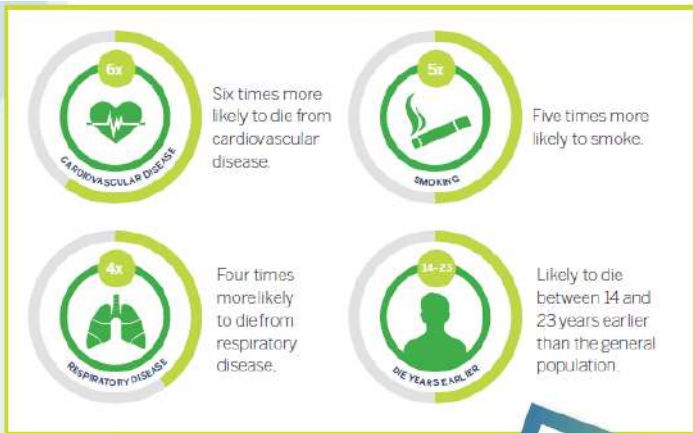
# Development

A potted history of activities associated with physical health of mental health consumers

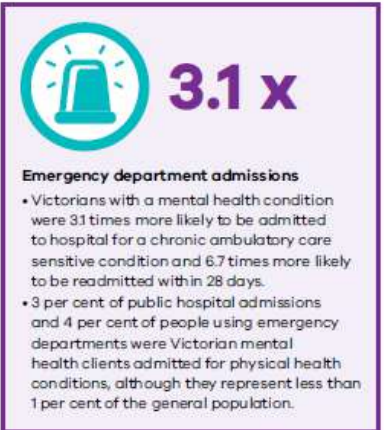
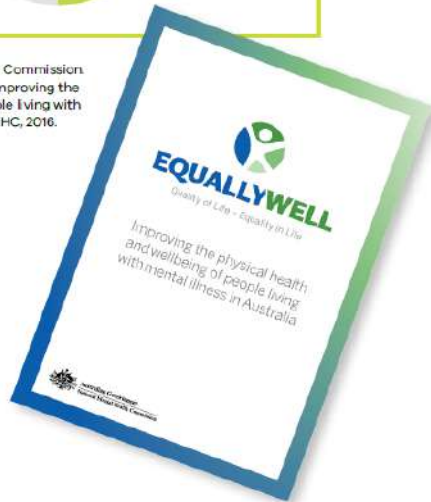
## National and international



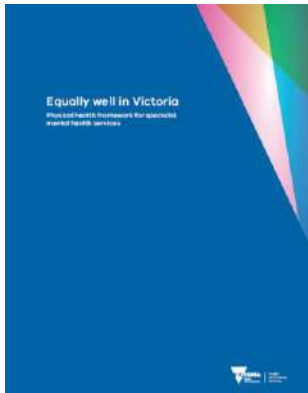
# Data



Equally Well – National Mental Health Commission  
Equally Well Consensus, Statement: Improving the physical health and wellbeing of people living with mental illness in Australia. Sydney NMHC, 2016.



# Development



## Where to start?

Clinical mental health

Community services

Primary care

Health promotion  
/prevention

Guideline vs  
framework

Directions vs  
practical

## Who are our partners?

Consumers

Carers

Clinicians

Community services

Professional  
organisations

Academics

## What's the scope?

Robust debate

Comfort vs  
innovation

Biomedical vs  
recovery

For clinicians vs for  
person

# The approach

*VMIAC's input*

*Tandem's input*

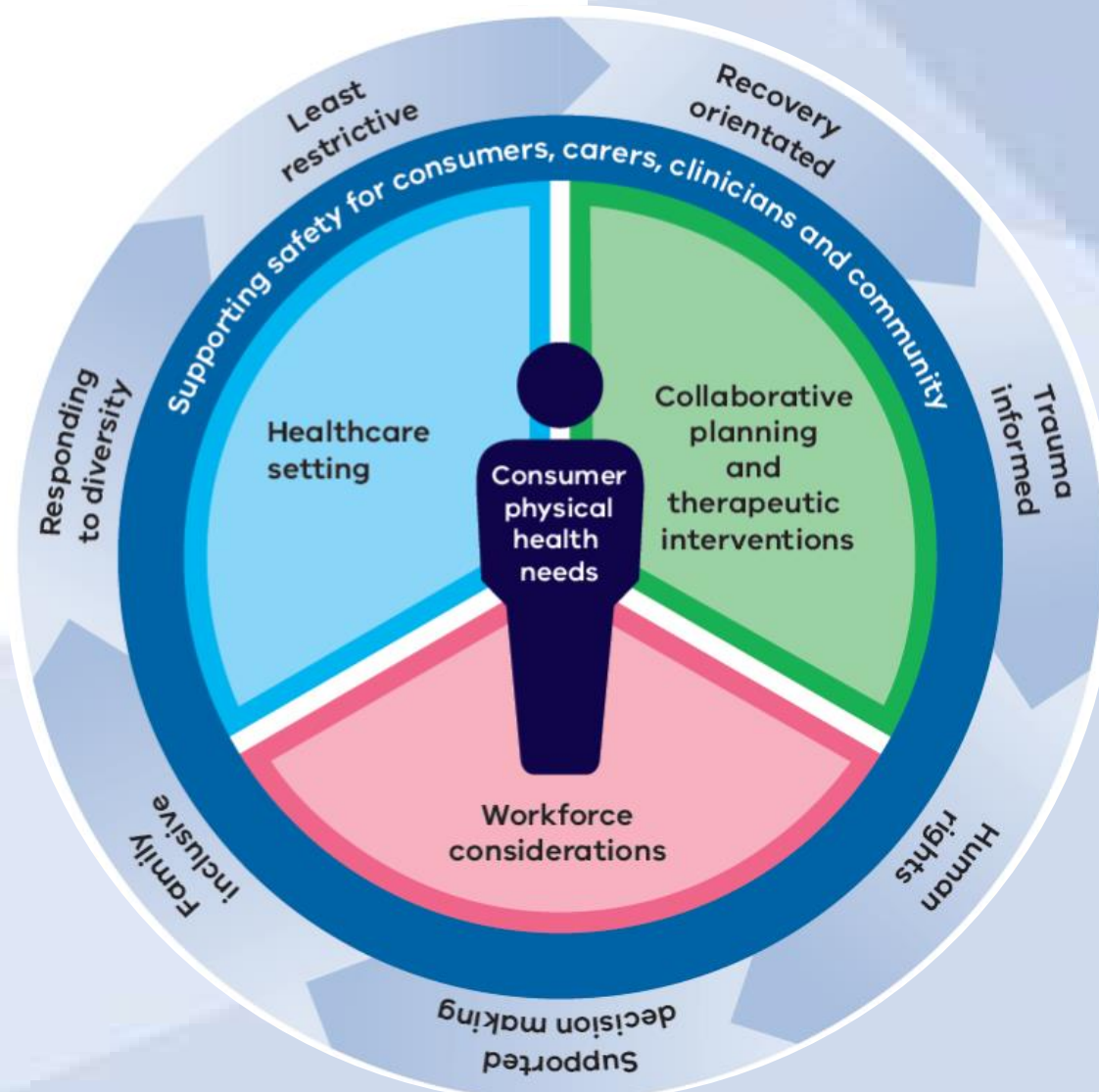
*Victoria's Specialist Mental Health Services' initiatives*

*Existing material developed across Australia and worldwide*

**A case for change: a Victorian study of the interplay of mental illness on cardiovascular health from a consumer's perspective**

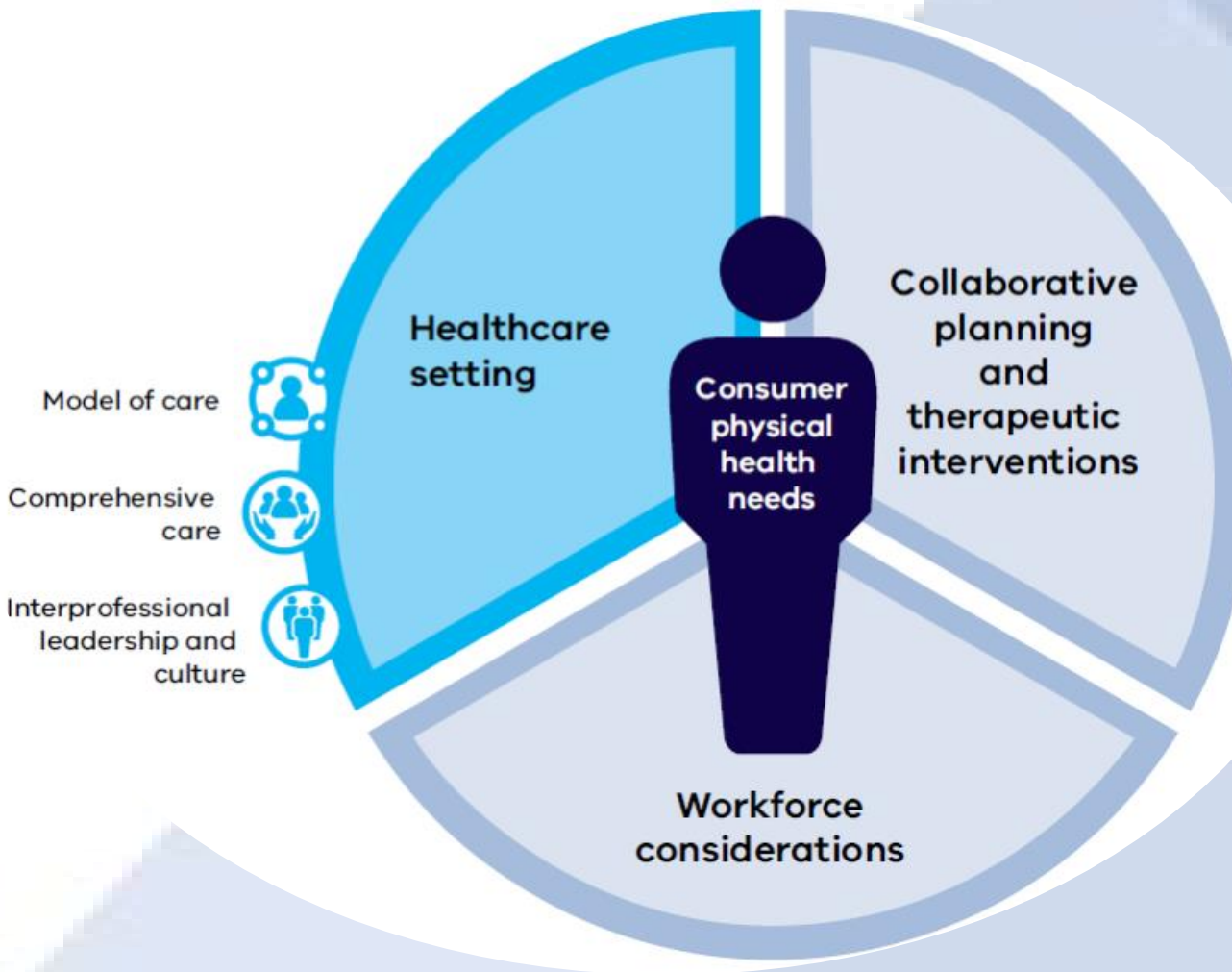
*Teresa Kelly RN, MHN, PhD Candidate, Department of Nursing, School of Health Sciences, The University of Melbourne, and Professor Suresh Sundram, Unit Head, Adult Psychiatry, Monash Medical Centre, Department of Psychiatry, School of Clinical Sciences, Monash University.*

# The framework





# The framework in action

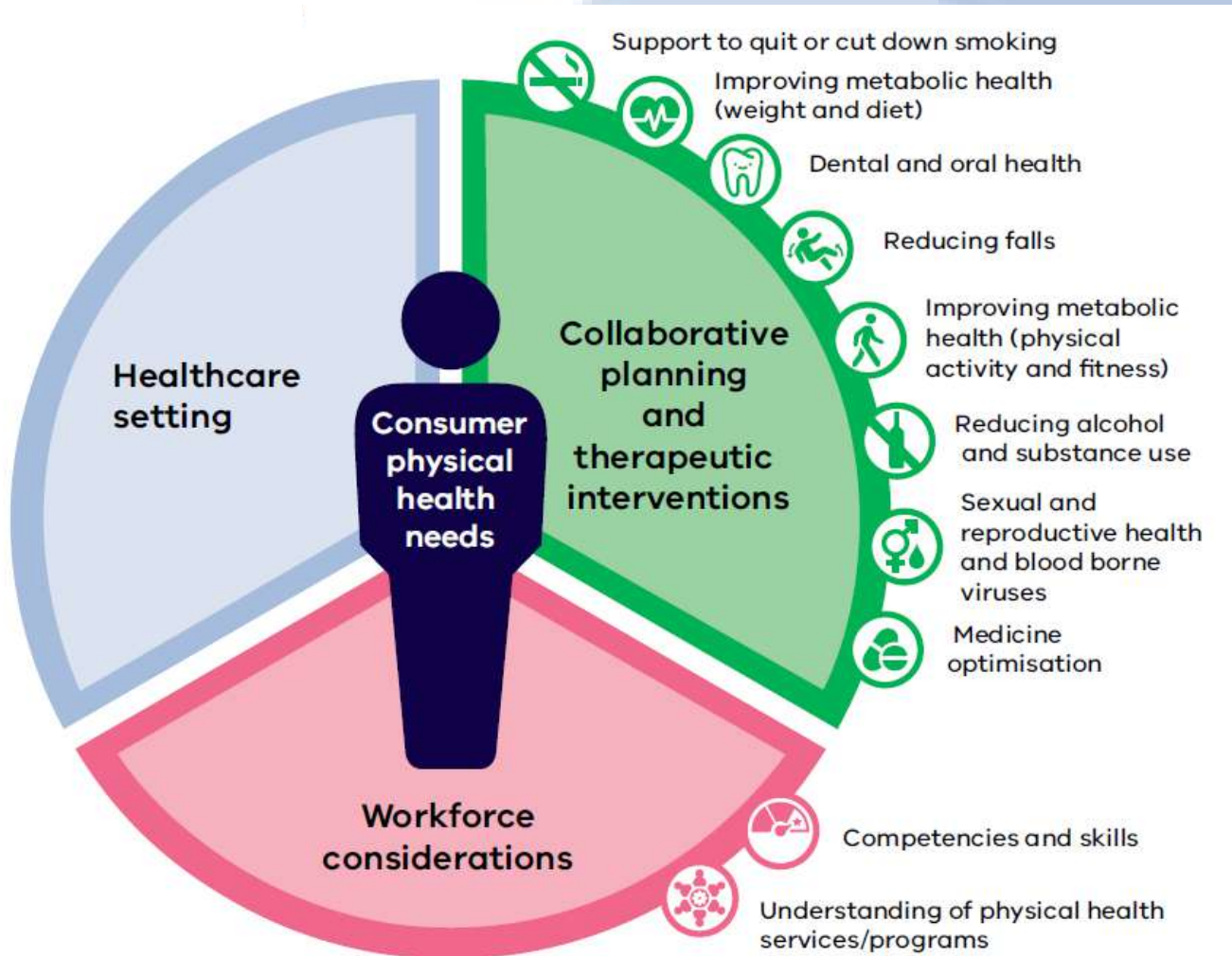


'High-quality health care requires clinicians and consumers to be engaged.

Culture doesn't just happen; it is purposeful. A strong organisational culture is required to support leaders and staff to create and maintain high-quality care. The culture should be one of fairness, respectfulness and transparency. It should be based on principles of natural justice, innovation, learning from errors and accountability for decisions and behaviours.'<sup>4</sup>

# The framework in action

15





# The framework in action



# The framework in action

- Understanding the consumer's perspective or journey
- Links to recovery goals
- When the consumer is ready to make changes to ...
- When the consumer is not yet ready to make changes to

## Priority area: Medicine optimisation



### Collaborative planning and therapeutic interventions

#### Understanding the consumer's perspective or journey

To optimise medicines, we first need to understand the person's values and beliefs and the role that these play in their mental health and wellbeing. Values and beliefs can vary depending on the person's age, gender and cultural background. Factors that inform the person's beliefs about their medicines include the relationship they have with their interprofessional care team, past experiences of medication, the complexity of their medication regimen and whether they consider possible side effects to their medicines as acceptable.

People should be involved in all aspects of their assessment, treatment and recovery and should be supported in making decisions, even when the decision involves a degree of risk (see the Mental Health Act). This includes decisions about their medication regimen.

#### Reasons supported in making decisions about medicines

#### When the consumer is ready to address medicine issues and side effects

The doctor or nurse will:

- Explore what the person thinks would help. What are their goals and what has worked for them before?
- Adopt an interprofessional collaborative approach to medicine optimisation throughout the person's journey from admission through to discharge from the mental health service.
- Taking a medication history can be challenging if a person is acutely unwell on admission. It is important to take the best possible medication history to ensure there is an accurate and up-to-date record of the medicines, doses and indications. It is important to know what medicines the person has found helpful and which were unhelpful or perhaps ceased due to unacceptable side effects. It is also important to know when a medicine was stopped.

- Ensure that medicines that are used topically are included (inhalers, creams, eye drops, hormone patches), as well as Chinese, herbal and other alternative medicines. Any of these prescribed or alternative medicines have the potential to interact with newly prescribed medicines or may otherwise affect physical activity. Take note of any depot injections the person may be prescribed and check when the next dose is due.
- Where pharmacy services are available, work collaboratively with the pharmacist to ensure the person's medication list is current and accurate.
- Provide information to consumers and their carers to ensure they know the therapeutic use, dose, side effects, precautions and contraindications to prescribed medicines, especially when medicines are newly prescribed. The pharmacist can assist in providing written information. This may include thinking about how to support

#### When the consumer is not yet ready to address medicine issues or side effects

The doctor or nurse will:

- Engage in a supported decision-making conversation.
- Provide up-to-date information about medications. Provide objective feedback and invite the person to comment.
- People are more likely to take their medication if they are meaningfully engaged and informed of the reason for taking the medication and its possible side effects, and if they are involved in making decisions about their medication regimen.
- When a person forgets to take their medication or chooses to cease their medication abruptly, they may be at risk of becoming mentally unwell; for example, they may experience a relapse in schizophrenia, bipolar disorder, depression or anxiety. It is therefore important to inform the person of these risks in a non-judgemental way.

- If the person believes their medication is not working or causing unacceptable side effects, suggest that they discuss this with the prescriber. It may be possible to improve the person's wellbeing by changing the dose, changing the medication or taking the medication at a different time of day.
- When a person does not want to discuss any aspect of their medication use, it is important to ensure they at least know how to access medication information when they are ready. Some sources of written medicine information include:
  - locally developed medicines information leaflets
  - information from reputable online sources such as beyondblue, the Black Dog Institute, SANE Australia, Choice, medication.org and NPS MedicineWise consumer medicines information.
- Offer the consumer other options for discussing medication with someone outside the mental health service – for example, with a community pharmacist or GP.

# The framework in action

- Workforce considerations
- Health promotion messages
- Practice tips for age groups



## Youth mental health services considerations

- Work collaboratively with the young person and their parents regarding dosing times and the timing of dose titration and medication changes, taking into consideration the potential impact on school and peer relationships.
- Be aware of the psychodynamic representation of medication being an external locus of control with all the projected desperation, hopes and wishes and the risks associated at a crucial time for social emotional development and identity formation (simply put, know what and who are we treating and what other hard conversations need to be had).
- Avoid polypharmacy and simplify to a single prescriber where possible.

## 65+ Aged care services considerations

- Assess the current prescribed pharmacotherapy including any over-the-counter medications that the person may be utilising.
- Return any unused or expired medications to a pharmacy.
- Assess each consumer for their ability to use medication self-administration aids such as blister packs and Webster packs.
- Be mindful when prescribing sedating medications and the effect these may have on mobility and increased risk of falls (if family violence/elder abuse is indicated or has been assessed, consider impact of sedation on person's safety).



## Health promotion messages for consumers, carers and supporters

- It is important to remember that medications can be an effective part of a broader approach to treatment including peer support and community assistance alongside counselling and a range of other supports.

It is important to know that some medicines may take two to four weeks to be effective during this time side effects may be noticeable. It is possible that a person may become more tolerant to effects, such as sedation, with use. It is important to discuss any concerns about a medicine's effects with a doctor, pharmacist or mental health nurse or carer because there may be changes made to reduce unwanted effects and improve the therapeutic effect of the medication.

## Workforce considerations

- Develop motivational interviewing skills.
- Become familiar with information about pharmacists and doctors who can help with medication management.
- Create interprofessional education and learning programs about medication side effects and referral services in your hospital and local area.

- Stopping psychotropic medications is best done slowly and with the support of a health practitioner.
- Most mental health or psychotropic medications have side effects. The most common ones are headaches, weight gain, dizziness, dry mouth, muscle spasms/cramps, nausea, loss of sex drive, constipation, sleepiness or problems sleeping. Discuss all side effects with a doctor, pharmacist, your nurse or nurse practitioner including weighing the pros and cons of treatment, and what options are available to provide the best possible quality of life.
- Minimise the use of excessive medication doses and polypharmacy because these can both be associated with greater physical health risks. Polypharmacy refers to concurrent use of multiple medications in a single patient. Please note that while polypharmacy has a negative connotation (implying an inappropriate or irrational use of multiple medications), it can sometimes be an effective clinical intervention.

# Implementation and next steps

## Victorian Department of Health and Human Services

### Existing strategies

- Equally well implementation resources
- Showcase and promote Victorian success stories

### Implementation committee

- A five year plan
- A focus on priority areas
- What we already have in place
- What we need to seek new resources for

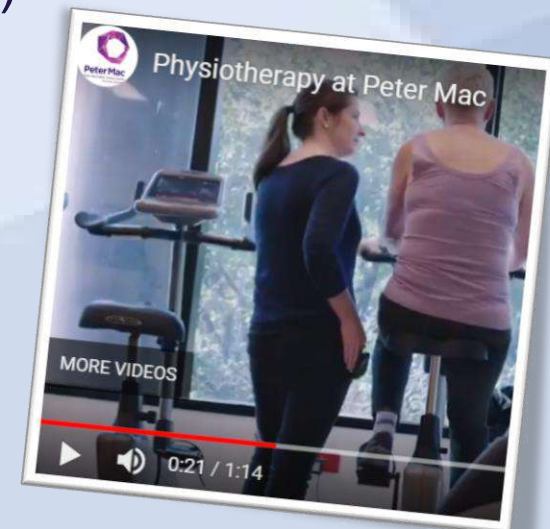
# Implementation and next steps

## Putting consumer views front and centre

### Priorities:

- Psychiatrists must improve informed consent practices and reduce prescribing risky medication
- Increase access to safer treatments (therapy)
- Equity of health services (we can learn a lot from leading oncology services)

**Next steps: We need to see funding commitments and much more data**





# Implementation and next steps

## Carer perspectives

### **Family and friends are recognised as:**

- an integral part of recovery from onset of illness
- uniquely placed to provide useful assistance in addressing physical health problems
- having invaluable insights to offer as part of the team.

### **Family and friends are provided:**

- information, education and support regarding physical health issues that may arise with illness and medication
- guidance on how to communicate about sensitive health issues with family members
- practical strategies that can easily improve physical health
- an opportunity to engage in discussion about any issues arising of concern
- support to look after their own physical health and wellbeing

**Tandem looks forward to the implementation of this framework in Victoria and a future where Victorians are equally well regardless of their mental health status.**

# Thank you

