Working in partnership to improve physical health of mental health consumers

**Aim**
Improve physical health of people with Serious Mental Illness (SMI)

**Research**
People with SMI have high rates of obesity, cardiovascular disease and Type 2 Diabetes with a mortality rate 2.5 times higher than the general population. Conversely, this group has lower rates of hospitalization for physical health conditions (Coglan et al., 2001).

Improved monitoring of physical health and support for healthy lifestyle changes at the beginning of treatment for a SMI will enhance physical health (Robson & Gray, 2007). Particular lifestyle behaviors associated with SMI are poor diet, high rates of smoking, social isolation and sedentary lifestyles.

**Local need**
Mental health staff at Neami reported that consumers needed more information and resources about nutrition (2011, Banyule Community Health, Survey of Neami staff).

A third of clients who failed to attend Dietetic appointments on more than one occasion had a SMI. (2012, Banyule Community Health analysis of consumers who did not attend appointments).

**Objective**
Improve the knowledge, motivation and confidence of Neami consumers to make healthy lifestyle changes.

**Principles**
- **Time:** Banyule Community Health
- **Flexibility:** Neami National
- **Common Goal:** Person centered care
- **MUTUAL RESPECT:** Shared Consumer participation
- **Risk Taking:** Mental health Collaborative recovery model
- **Skill Sharing:** EXPERTS VALUES EXPERIENCES

**Intervention: a six week program**
Consumers completed a pre-program survey of learning needs and before each session decided the topics and issues for the day.

- **Week 1:** What does being healthy mean to you?
- **Week 2:** Nutrition Q&A
- **Week 3:** Ambivalence is natural, Strengths inevitable
- **Week 4:** Q&A Physical activity
- **Week 5:** How to kick goals
- **Week 6:** Managing life’s ups and downs and health services.

**Evaluation**
Please rate your Knowledge/Motivation/Confidence to make changes to your health?

**Learnings**
- Consumer participation meant it was relevant to the group. Partnership was essential for (a) BCH to access a hard to reach group (people with SMI), and (b) Neami to offer a nutrition program for consumers.
- Shift in roles from presenter to facilitator. Flexibility to respond to consumer needs on the day.
- Based on evidence – research, service surveys of need, consumer input and best practice principles.
- Changing to a flexible open group was more suited to client’s need rather than a fixed 6 week program.

**Consumers said ...**
- “the lessons were run in a creative way”
- “sharing opinions and experiences”
- “sharing a little of ourselves”
- “group and individual activities”
- “working on goals, topics as a group”

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