



THE UNIVERSITY OF
WESTERN AUSTRALIA

Achieving International Excellence

School of Psychiatry and Clinical Neurosciences
Community, Culture and Mental Health Unit
www.psychiatry.uwa.edu.au

Clinical Guidelines for the Physical Care of Mental Health Consumers

Susanne Stanley
Dr Jonathan Laugharne

CCMHU / UWA
Government of Western Australia
- Mental Health Commission



Overview

- Background to the project
- Dimensions of Physical Health for mental health consumers
- Outline of each component in the package



Duty to Care Report (Lawrence, Holman & Jablensky, 2001)

- People with a mental illness have considerably elevated mortality rates from all main causes of death. Overall mortality rate is 2.5 times higher than the general population.
- Greatest number of excess deaths in mentally ill due to ischaemic heart disease.
- High rates of hepatitis, HIV, alcohol-related and smoking-related disorders, deficiency anaemias
- Poor cancer prognoses
- Low rates of revascularisation procedure, high risk of surgical complications



- **Who is Your GP report** (HealthRight Advisory Group, WA Office of Mental Health, 2004)
 - Raise awareness, educate health professionals, and include physical health care in the routine care of mental health patients and provide proper documentation
 - Recognise the central role of GPs
 - Enhance the voice of patients, their families and carers
 - Develop targeted health promotion and illness prevention strategies
 - Better coordination and integration of physical and mental health care
 - Further research, and ongoing monitoring and evaluation
- Department of Health, Mental Health Division, WA 2009
 - Review national/international literature and develop Clinical Guidelines

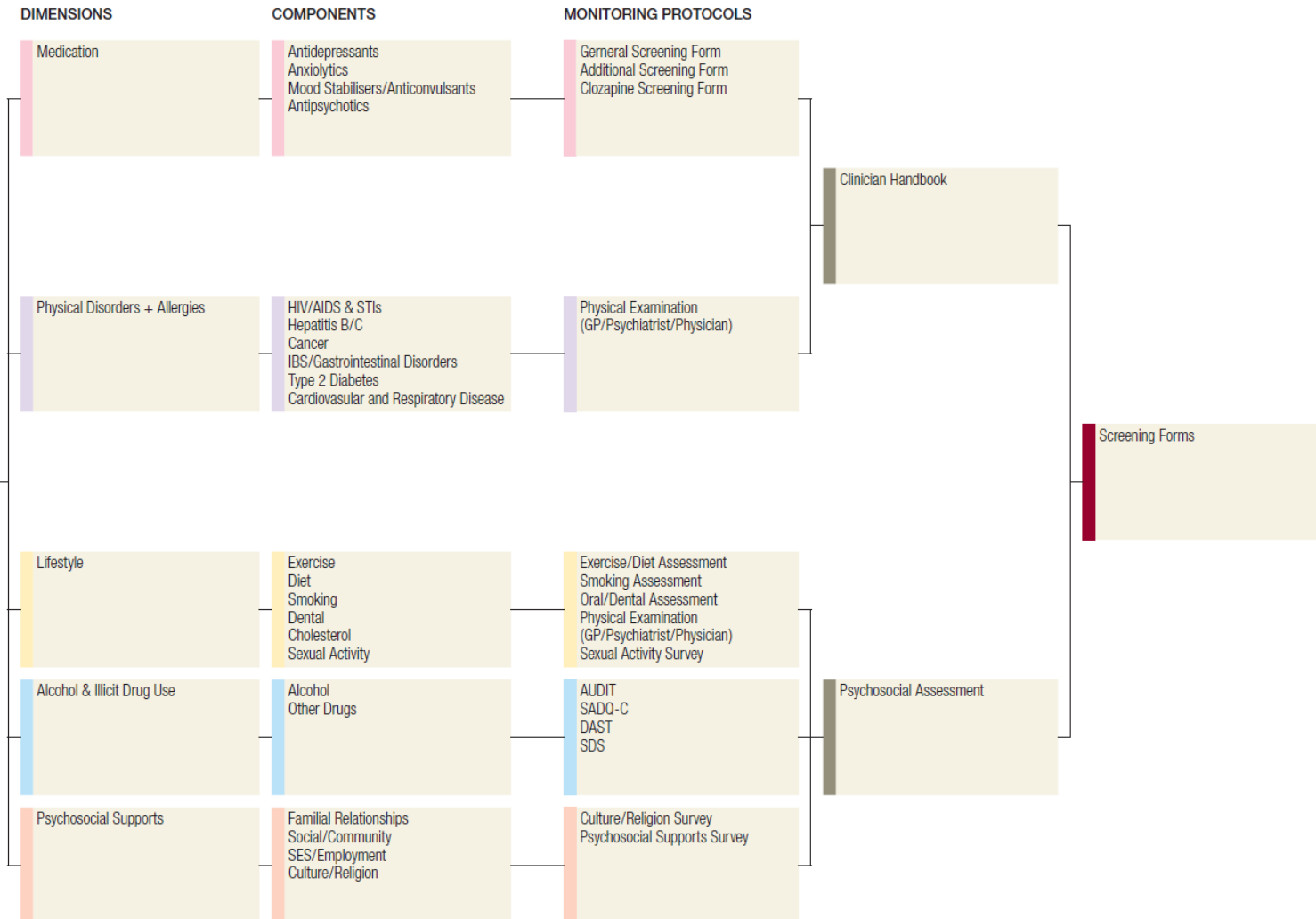


Clinical Guidelines for the Physical Care of Mental Health Consumers

- Comprehensive literature review:
 - Identified 5 dimensions of physical health for mental health consumers
 - Medication
 - Physical Disorders
 - Lifestyle
 - Alcohol & Illicit Drug Use
 - Psychosocial Supports
- Identify practical, evidence-based clinical screening tools and protocols
- Develop an individualised assessment and monitoring package for clinical use



Dimensions of Physical Health





Clinical Guidelines for the Physical Care of Mental Health Consumers Package

Five Components:

- (1) Report
- (2) Wall Chart - Metabolic Syndrome Algorithm
- (3) Clinician Handbook
- (4) Psychosocial Assessment booklet
- (5) Screening Forms



Time to take some healthy measures?



Adapted by the Australian Government, Copyright 2011, Canberra

1 in 2 Australian adults is overweight. And, irrespective of your height or build, if your waistline is getting bigger it could mean you are at increased risk of chronic diseases like some cancers, heart disease and type 2 diabetes.

Understanding the risk

For most women, a waistline measurement of over 80cm carries increased risk and over 88cm indicates greatly increased risk.

To find out your level of risk, it is important to measure your waistline accurately.

Measuring your waistline is a simple check:

- Measure directly against your skin
- Breathe out normally
- Make sure the tape is snug, without compressing the skin
- The correct place to measure your waist is horizontally halfway between your lowest rib and the top of your hipbone. This is roughly in line with your belly button.

94cm **102cm** **MEN**

Increased risk Greatly increased risk

80cm **88cm** **WOMEN**

Increased risk Greatly increased risk

Remember to use heading or other helpword.

Simple measures for better health

- Go for at least 2 serves of fruit and 5 serves of vegetables every day
- Limit your intake of "sometimes" foods like unhealthy snacks and take-away foods
- Be active every day in as many ways as you can
- Aim for 30 minutes or more of physical activity every day

For more information and measures you can take to reduce your health risks, go to australia.gov.au/MeasureUp today.

What measures will you take

Australian Better Health Initiative
A joint Australian, State and Territory government initiative





Metabolic syndrome

- Cluster of inter-related risk factors for the development of cardiovascular disease and type 2 diabetes
- 2-3 fold increased risk of MI or CVA, 5 fold increased risk of type 2 diabetes
- Affects 19-29% of Australians over 25 yrs of age
Zimmet et al, 2005
- Syndrome of considerable public health significance



Metabolic syndrome criteria

- **World Health Organization**
- **American Heart Association**
- **International Diabetes Federation (2005)** –
consensus definition “easy to use in clinical practice
....a simple diagnostic and clinical tool....ease
comparison of data”



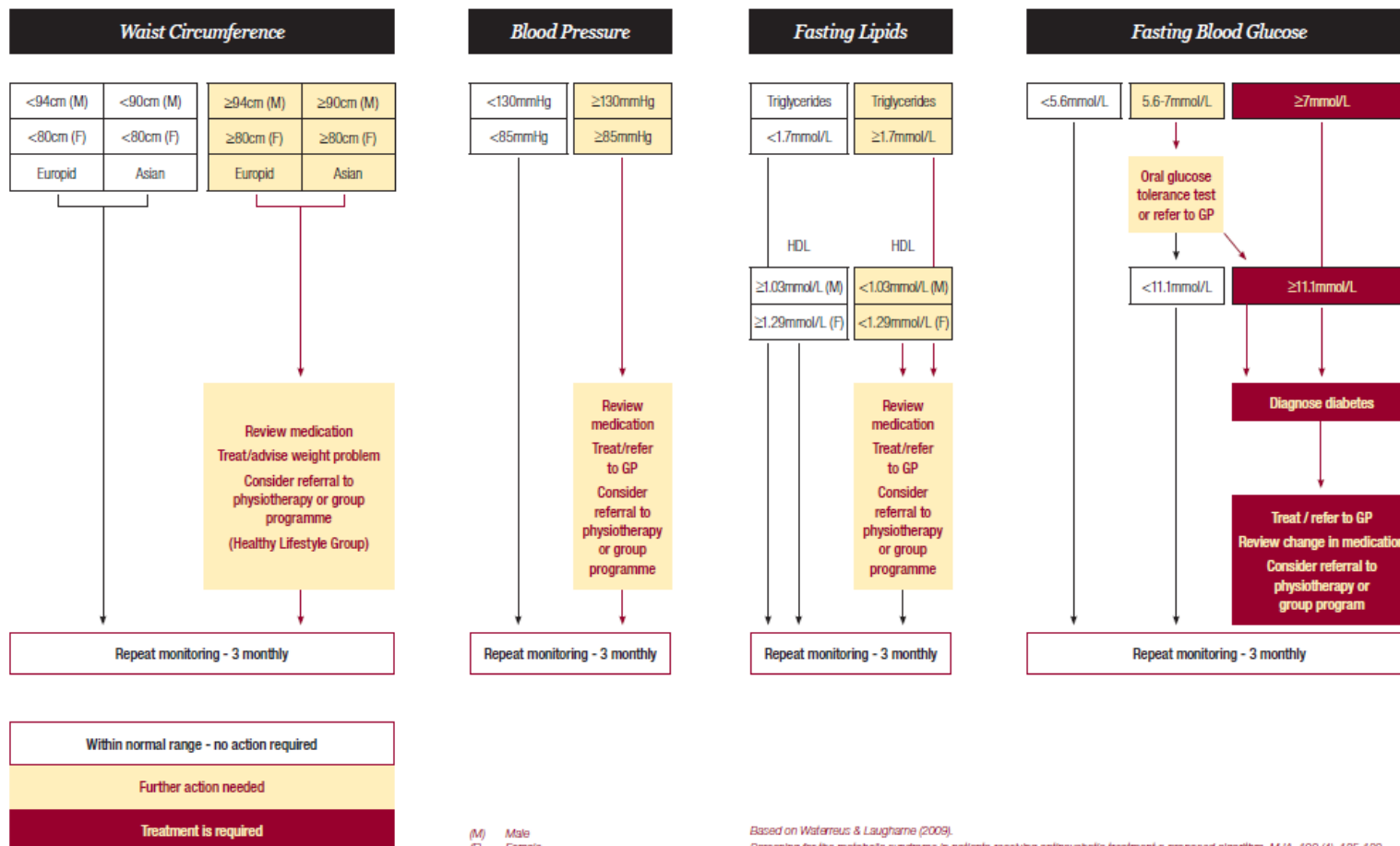
Metabolic syndrome and mental illness

- Prevalence of Met S in psychiatric patients 24-53% (US & Europe data)
- CATIE : 36% men (cf 20%) & 52% women (cf 25%)
- Western Australia: 54% prevalence of Met S in all patients on antipsychotics, more prevalent in bipolar patients than schizophrenia.
John et al 2009
- NSW: rehab cohort (all with psychosis) Met S 68%, overweight 29%, obesity 59%
Tirupati & Chua 2007



Wall Chart Algorithm - Metabolic Syndrome

Clinical Algorithm for monitoring metabolic syndrome in mental health patients

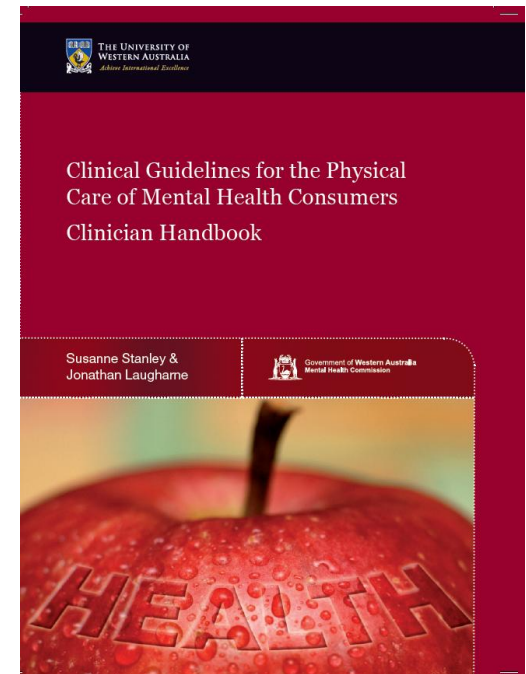


Based on Wafaricus & Laughane (2009).
 Screening for the metabolic syndrome in patients receiving antipsychotic treatment: a proposed algorithm. *MJA*, 190 (4), 185-189.



Handbook

- Informative, evidence-based booklet for clinicians
- Outlines recommended investigations and adverse effects for all of the major medication categories
 - Antidepressants
 - Anxiolytics
 - Antipsychotics & Mood Stabilisers
 - Carbamazepine
 - Lithium Carbonate
 - Valproic Acid
 - Clozapine
- Provides normative ranges for tests
- Summary of core health information





- Highlights common physical conditions (Pre-existing or developing)
 - HIV/AIDS & STD's
 - Hepatitis B&C
 - Cancer
 - Irritable Bowel & Gastrointestinal disorders
 - Type 2 Diabetes
 - Cardiovascular Disease
 - Respiratory Disease
- Outlines research data and assessment issues for major dimensions of physical health for mental health consumers



Psychosocial Assessment Booklet

Culture / Religion / Spirituality survey:

Cultural Safety = Collaboration (Williams, 1998)

Shared respect, meaning, knowledge, experience, listening

- Language / need for interpreter
- Autonomy versus Relatedness:
 - Importance to the person
 - Current perceptions
- Impact of culture/religion/spirituality on the person's life
- Person's understanding of physical and mental health, problems, treatment



Exercise and Diet:

- Physical activity levels (Lifescrpts - Department of Health & Ageing, 2008)
- Weight and Body Mass Index (BMI) (WHO, 2004)
- Abdominal Girth (Waterreus & Laugharne, 2009)
- Nutrition and Diet (referral based on BMI & abdominal girth)

Smoking:

- Probability of dependence
 - Interest in quitting – need for information?
 - Confidence in quitting – need for support?
- (Lifescrpts - Department of Health & Ageing, 2008)



Oral/Dental:

- Natural teeth and dentures
- Problems e.g. pain, difficulty eating etc.
- Oral side-effects of medication?
- Dental treatment
 - Registered with a dentist?
 - Last saw a dentist?

Adapted from Griffiths et al. (2000) - “Oral healthcare for people with mental health problems: Guidelines and recommendations”

Sexual Activity:

- Sexual behaviour
- Sexual difficulties – medication effects
- Contraception
- HIV/AIDS and Sexually Transmitted Infection’s (STI’s)



Alcohol:

- AUDIT – Alcohol Use Disorder Identification Test (Babor, de la Fuente, Saunders & Grant, 1992)
- SADQ-C – Severity of Alcohol Dependence Questionnaire (Stockwell, Sitharan, McGrath & Lang, 1994)

Other Drugs:

- DAST – Drug Abuse Screening Test (Skinner, 1982)
- SDS – Severity of Dependence Scales (Gossop et al., 1995)

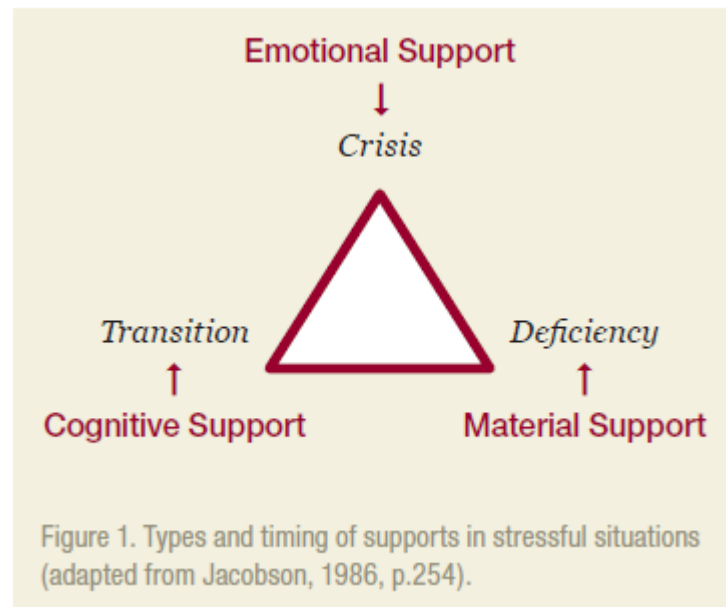
* *All tests found to be reliable with psychiatric populations*

Psychosocial Supports Survey:

- Based on the MOS Social Support Survey (Sherbourne & Stewart, 1991), and Jacobson's (1986) 'types and timing' of social supports

“Social relationships influence the health outcomes of adults”

(Holt-Lunstad, Smith & Layton, 2010, p.14)



Screening Forms



GENERAL SCREENING FORM

NAME:

HEIGHT (CM):

DATE COMMENCED:

DATE		Baseline	3 Months	6 Months	9 Months	12 Months	15 Months	18 Months	21 Months	24 Months
MEDICATION	BP (mmHg)	/	/	/	/	/	/	/	/	/
	f BSL (mmol/L)									
	Glucose Tolerance Test									
	LFT									
	Vitamin D									
	U & E's									
	ECG									
LIFESTYLE	Cholesterol: TC									
	TG									
	HDL-C									
	LDL-C									
	Exercise: Weight (kg)									
	BMI (kg/m ²)									
	Abdo. Girth (cm)									
	Activity Level									
	Diet: Nutritionist									
	Eating Guide									
	Smoking: Yes/No									
	Dental: Last Appointment									
Contraception:										
PHYSICAL DISORDERS & ALLERGIES										
	HIV / STI's									
	Hepatitis C / B									
	Pregnancy Test									
ALCOHOL & ILLICIT DRUG USE	Alcohol: AUDIT									
	SADQ-C									
	Other Drugs: DAST-10									
	SDS									
PSYCHOSOCIAL	Familial Support									
	Social Support									
	SES & Employment									
	Culture									



ADDITIONAL SCREENING FORM

NAME:

HEIGHT (CM):

DATE COMMENCED:

DATE		Baseline	3 Months	6 Months	9 Months	12 Months	15 Months	18 Months	21 Months	24 Months
ANTIPSYCHOTICS / MOOD STABILISERS	AIMS: Facial-Oral									
	Extremities									
	Trunk									
	Global									
	Prolactin									
VALPROIC ACID	FBP									
	Prothr. Time									
	Serum Valproic Acid									
LITHIUM CARBONATE	FBP									
	Urinalysis									
	TSH									
	Serum Lithium									
CARBAMAZEPINE	FBP									
	TSH									
	Serum Carbamazepine									



CLOZAPINE SCREENING FORM

NAME: _____ **HEIGHT (CM):** _____ **DATE COMMENCED:** _____ **BLOOD TYPE:** _____

Baseline / Week		B/L 10	Week 1/11	Week 2/12	Week 3/13	Week 4/14	Week 5/15	Week 6/16	Week 7/17	Week 8/18	Week 9/19
MEDICATION	Date										
	FBP										
	ECG										
	Troponin T										
	FBP (monthly)	Baseline	3 Months	6 Months	9 Months	12 Months	15 Months	18 Months	21 Months	24 Months	27 Months
	ECG										
	Troponin T										
	LFT's										
	U&E's										
	Vitamin D										
	BP (mmHg)	/	/	/	/	/	/	/	/	/	/
	fBSL (mmol/L)										
	Glucose Tolerance Test										
	Echocardiogram										
	Temperature										
Pulse											
LIFESTYLE	Cholesterol: HDL-C										
	LDL-C										
	TC										
	TG										
	Exercise: Weight (kg)										
	BMI (kg/m ²)										
	Abdo. Girth (cm)										
	Activity Level										
	Diet: Nutritionist										
	Eating Guide										
	Smoking: Yes/No										
Dental: Last Appointment											
Contraception											
PHYSICAL DISORDERS & ALLERGIES											
	HIV / STI's										
	Hepatitis C / B										
Pregnancy Test											
ALCOHOL & ILLICIT DRUG USE	Alcohol: AUDIT										
	SADO-C										
	Other Drugs: DAST-10										
	SDS										
PSYCHOSOCIAL	Familial Support										
	Social Support										
	SES & Employment										
	Culture										



Summary

- The **Clinical Guidelines for the Physical Care of Mental Health Consumers** package is:
 - Consumer-focused
 - Developed for clinicians
 - Encourages a partnership approach, need to develop Consumer Handbook to assist consumers to care for and monitor themselves
 - Provides an overall, individualised, evidence-based evaluation of each consumer's physical health status
 - Incorporates ongoing monitoring



Further information:

jonathan.laugharne@uwa.edu.au