

Pilot Project: The evaluation of a Multidisciplinary Physical Health Clinic within a Mental Health Rehabilitation Unit



Alexandra Harman, Naomi Page
Mental Health Dietitian
Illawarra Shoalhaven Local Health District

Abstract

People with mental illness have increased risk of physical disease, higher rates of comorbidities, reduced access to health care & reduced life expectancy (1,2). Modifiable lifestyle factors supported by specialised clinician interventions are recognised as fundamental to physical and mental health (3,4).

This study evaluated the implementation of a physical health clinic within an inpatient mental health rehabilitation unit.

Consumers attended a MDT clinic (Medical Officer, Exercise Physiologist, Dietitian) monthly over a 12 week period during admission.

A medical review, exercise & strength assessment, anthropometry & diet quality (EAT Tool), goal setting and evaluation occurred monthly.

Consumer satisfaction, demographic, metabolic and OOS data for previous 12 weeks on admission and at 12 weeks was collected.

AIMS

- Increase consumer access to specialist clinicians
- Evaluate pre and post cardio-metabolic outcomes & consumer experiences/satisfaction



Outcomes

NUTRITION & EXERCISE

- Average weight gain reduced from **2.7kg** to **0.8kg** over 12 weeks
- Diet Quality (EAT tool) scores: 90% scores increased, none decreased ($p < 0.05$)
- SIMPAQ: Consumers meeting physical activity guidelines increased 40% to 70%
- 6 minute walk test significantly increased ($p < 0.05$)
- 30 second sit to stand & SPPB: Increased

BEHAVIOUR CHANGE & SATISFACTION

- Overall increase in nutrition priority and confidence to make dietary changes
- The number of consumers who felt they were listened to / involved in plans for their physical health increased from 70% to 90%
- Average OOS per consumer increased from 5 to 15 (JMO), 1 to 4.2 (DTN), 1.2 to 4.2 (EP)



Addressing Health Inequities

Standardisation of a physical health clinic in a mental health rehabilitation unit was effective in successful in engaging with consumers to improve modifiable lifestyle factors

Increased access of vulnerable and at risk population to specialist clinicians in a setting with limited FTE for those clinicians (EP, DT)



Implementation / Translation to Practice

This study demonstrates how the NSW MOH Physical Health Care for People Living with Mental Health Issues guideline (2021) can be actioned within limited Allied health resources

Allocation of time to MDT clinic may deliver better outcomes than individual assessments

Explore need/potential for community based clinic in ISLHD- would require changes to current models of care/service delivery to allow FTE to be diverted

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