



# WESTERN AUSTRALIAN HEALTH PROMOTION FOUNDATION FINAL REPORT

## HEALTHRIGHT HEALTHY LIFESTYLES PROGRAM 2007\_2008

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## 1. Objectives and Target Group

### Objectives

1. Increase the number of people with mental health problems in target communities who have 'tried' or show an intention to participate in healthy lifestyle activities by 10% by August 2008
2. Build the capacity of 50 + health and community organisations to create supportive environments to support improved physical health for people with mental health problems by August 2008
3. Increase awareness of the link between improved physical health and mental health and other key health messages that promote health and lifestyle behaviour change, among people with mental health problems and key stakeholders, in targeted communities by 10% by August 2008

### Target Group

**The primary target group** for this program was identified as:

- People who have experienced mental health problems aged between 18-65 years and who access Mental Health Services or engage with NGO's or live in hostels in the areas of Midland, Rockingham/Kwinana, Mirrabooka and Morley.

### **Secondary target group**

- Key Health Professionals, NGO's and community leaders who work with people with mental health problems in the Midland, Morley, Rockingham/Kwinana & Mirrabooka areas;
- Key Health Promotion agencies in WA who deliver programs that address the SNAP risk factors



Target groups were identified in the above areas because the HealthRight project had already set up a Peer Support Service in those areas, links and networks had been established and it was desirable to link this work with existing successful partnerships. However, the HealthRight Peer Support Service in Mirrabooka was unsuccessful in that referrals were not received from the Mental Health Services and the service was re-located in Joondalup. The Healthway target group was also, therefore, re-located from Mirrabooka/Morley to Joondalup. There was no change in strategy based on this re-location, and new partnerships and linkages in Joondalup were established with relevant agencies.

## 2. Strategies

The HealthRight project commenced in October 2005 and had been underway for some time when the funding application was made to Healthway. The activities for this Healthy Lifestyles Program followed on and were closely connected to the HealthRight activities. In particular, the HealthRight art competition had already been held and the winning art works were already decided and available when the Healthway work commenced.

All strategies had been preceded by the setting up of a network of stakeholders with whom discussion and collaboration has been maintained. Focus groups had been held in October 2006 and January 2007 with 28 key stakeholders in Rockingham, Fremantle, Midland and Joondalup to gain an understanding of the needs, health seeking behaviour and barriers experienced by the target group.

In August 2007 a further three meetings were held with key community stakeholders in Rockingham, Joondalup and Midland to discuss how to motivate people with mental illness to have physical health checks and look after their physical health and how to involve them in healthy lifestyles. A total of 26 people attended. From these initial focus groups and discussions, and from the work done since then, a database of 205 people has been developed. These names all of whom represent stakeholders from the public mental health services, allied health, non-government agencies, GP Divisions, academics, consumers of mental health services, local government, pharmaceutical companies, carers, gyms and wellness centres, can be categorised as:

- 72 HealthRight Champions;
- 4 Hostel owners/employees;
- 13 News subscribers;
- 15 Non-government agencies;
- 48 Participants in training sessions undertaken for Heathway funded work;
- 22 Reference group members/peer supporters;
- 31 People who have ordered resources.

### **A. Train 6 peer supporters as walk buddies, to work with people with mental health problems to access established walking groups in their local communities.**

*What happened?*

- 7 people were identified as above and a half day training session was run for them to prepare them as walking buddies. Documentation was prepared and issues of inclusion, disclosure were discussed.

- Contact was made with health services in the target communities that were referring to the HealthRight Peer Supporters and the service was explained and referrals encouraged. Fliers for those services were drawn up and circulated to all staff (Mental Health services in Joondalup, Rockingham Kwinana and Midland and Street Doctor Service in Midland). Local non-government agencies also received the fliers and were encouraged to refer to the walking buddies through the HealthRight contact person. Local walking groups were contacted and Mental Health Awareness training, Community Inclusion Training and MARS training conducted as detailed below.
- Local community walking groups were identified and walk group leaders contacted by the HealthRight contact person.
- Referrals were slow and it was difficult to convince referring agencies to refer to the walking buddies and to mainstream community groups. In addition, four of the 7 Peer Supporters who had agreed to do this work unexpectedly had the opportunity to continue either with HealthRight Peer Support work (due to additional funding), or to be employed elsewhere as Peer Supporters, and declined the opportunity to become walking buddies. It was beyond the scope of this project and impossible due to time and budget constraints, to recruit additional walking buddies. One of the remaining 3 people decided to take up other interests and the other two received referrals as detailed below:
  - Two referrals were made in the Rockingham area and the Peer Supporter concerned accompanied those people twice on community walks. One of the people referred chose to continue walking alone and the other arrived at the wrong venue to walk and in a follow up conversation with the project officer chose to continue walking without support at times convenient to her. Both these people seemed to have needed assistance in locating a group and nothing more. The Peer Supporter working with these clients did not continue in the trial.
  - The final Peer Supporter received a referral from Joondalup Mental Health Services and agreed to meet and walk with the person concerned in a Community Group at Ocean Reef. At her coffee meeting with the referred person prior to joining the group the Peer Supporter was concerned that this person may not be ready to walk. However, as the referral had been made by an Occupational Therapist she decided to go ahead. The community group was not accepting of either the Peer Supporter or the referred person and the issue of stigma became very apparent. They were asked not to return to the group. Later when training was being done on social inclusion the walk group leader was invited to attend, but she reported that as the group had decided not to include people with mental illness, this would not be necessary.
- The negative experience of stigma in the community group did have positive outcomes. A focus group was held with 6 mental health consumers, 4 of whom were working as Peer Supporters and one of whom had encountered the negative stigma experience. Her story was used as a case study and guidelines on the role of Peer Supporters in community inclusion, assisting community groups to include/welcome people with mental illness and how to support individuals to be active in the community were developed and placed on the HealthRight website for the benefit of all concerned. These guidelines were then promoted widely throughout the HealthRight network.
- One of the people supported in the HealthRight project by a Peer Supporter and who had made great progress in his recovery and in dealing with his own physical health, expressed an interest in becoming involved in this trial. Because of the negative experience in the community walking group it was decided that he should walk with referred participants in groups being run by the June O'Connor Centre for people with mental illness in Rockingham. He has had excellent results and has worked a total of 19 hours in this trial.
- All peer supporters have been paid as casual UWA employees for the work done. This ensured appropriate employee insurance cover for them.

## **B. Implement nutrition and weight management programs in 3 hostels in the target communities.**

*What happened?*

- As outlined in the project grant application a qualified nutritionist/diabetes educator, was employed to undertake a 20 week nutrition program in three hostels. Because Mirrabooka was no longer included in the target population it was decided that the HealthRight project officer should attend a meeting of the Association of Licensed Psychiatric Hostels and ask for expressions of interest in becoming involved in this project. At the meeting she explained the project and three hostel owners showed immediate interest in being involved. They were Devenish Lodge in East Victoria Park, Honeybrook Lodge in Midland and Rosedale Lodge in Guildford.
- These three hostels were those selected and work was undertaken as detailed in the grant application. Outcomes from the Hostels program are available on the HealthRight website and the nutritionist's work plan.

## **C. Implement M.A.R.S (Motivation, assertiveness, resilience, self responsibility) training in target communities for people with mental health problems.**

*What happened?*

- The training was advertised through the HealthRight champion and non-government, databases detailed above.
- Applications were received from interested people and courses were facilitated in Midland, Joondalup and Rockingham by Sport and Recreation Network for a total of 22 participants. All participants were people with mental illness who had low self-esteem and a desire to gain confidence and become involved in community activities. All were given fliers regarding the peer supported walking and were encouraged to discuss the service with case managers and GPs. All participants were also given Champion packs, HealthRight t shirts and resources such as water bottles, pedometers, BMI guides. A full list of resources is provided below (creative resources to raise awareness and encourage healthy behaviour).
- HealthRight resources were distributed to participants and the powerpoint presentations from the workshops are available on the HealthRight website.

## **D. Create the HealthRight Tick of Approval & Awards Program.**

*What happened?*

- All 205 individuals and organisations listed on the database were sent an e-newsletter explaining the Tick of Approval and Awards Program. The original date for the Awards Ceremony was set for June 2008 and this was changed due to negotiations regarding the on-going funding of the HealthRight project which were taking place at that time. The HealthRight Project Officer discussed the program with NGO representatives and organisations were encouraged to register as "HealthRight", thereby making a commitment to creating a supportive environment and working positively towards improving physical health for people living with mental illness. A total of 17 organisations registered and were accepted as HealthRight organisations and these are listed on the HealthRight website Honours page. Each registering organisation was sent a "champion" pack containing the HealthRight resources and other relevant information on the physical health of people with mental illness, pedometers, water bottles, caps and BMI measures.



- A particularly noteworthy outcome was that a significant number of public mental health services showed interest in this, made the HealthRight commitment and have also been nominated for HealthRight Awards. A total of 25 organisations and individuals were nominated for HealthRight Awards. The winners were Derek Horlin, Peer Supporter with Rockingham Kwinana Mental Health Services, and Subiaco Rehabilitation Service (Harrow House).
- The Recognition and Awards Ceremony was held on 11<sup>th</sup> September 2008 at the Community, Culture and Mental Health Unit (UWA School of Psychiatry and Clinical Neurosciences) in Fremantle. The event was attended by 52 people and prizes were presented by the Dean of the Faculty of Medicine, Dentistry and Health Sciences, Prof Ian Puddey. Photos of the event are included on CD with this report.
- The current **Service Standards for Non-Government Providers of Community Mental Health** were reviewed and gaps in physical health policy identified. Consultation with the WAAMH (WA Association for Mental Health) and the Office of the Chief Psychiatrist was instigated with the view to add HealthRight Policies to the existing standards. Due to the lengthy consultation process required with stakeholders and research required to develop these changes to policy, this process will be considered for the next stage of the project

HealthRight has developed 3 sets of guidelines based on project strategies. These guidelines will be used to develop policy and distributed to Key Stakeholders and uploaded to the website and are as follows:

1. Healthy Food Service Guidelines (which were presented to the 3 participating hostels in the form of a laminated poster for the wall.
2. Guidelines for inclusion for all stakeholders aiming to include people with mental illness in community activities.
3. HealthRight Guidelines for Promoting Physical Health for People with Mental Illness”.

## **E. Implement two half-day *HealthRight Healthy Body Healthy Mind Awareness workshops.***

### *What happened?*

Fliers for Mental Health Awareness training were circulated in September 2007 to Allied Health Professionals via associations such as the Australian Dental Association, Nutrition Australia, Chiropractic Association via TAFE Colleges, WAAMH and Health Promotion and Health Science students at ECU, UWA and Curtin. Two half day sessions were scheduled and run, one in Midland and one in Joondalup and these were attended by a total of 22 people. The sessions were run in Mental Health Week in October 2007. The presenters were a qualified Psychologist working with a GP Division and a mental health consumer who spoke of her own relevant experiences.

HealthRight resources were distributed to participants and the powerpoint presentations from the workshops are available on the HealthRight website



## **F. Implement HealthRight Healthy Body Healthy Mind Community Inclusion training.**

*What happened?*

The City of Rockingham scheduled several activities in October 2007 for Mental Health Week and HealthRight was invited to participate. One Healthy Body Healthy Mind Community Inclusion training session was run and was attended by 12 people.

As a result of the negative experience in the Community walking group detailed above, and due to requests from interested parties (including the Mentally Health WA Program which had identified a need for more information for people with mental illness), it was decided that an additional half-day session should be run on mental health awareness and that an additional module on inclusion should be added. This session was run on 28<sup>th</sup> May 2008 and was attended by 11 people from the local government, public health and NGO sectors and from Divisions of General Practice.

HealthRight resources were distributed to participants and the powerpoint presentations from the workshops are available on the HealthRight website

## **G. Design and implement an interactive website about physical health for improved mental health for people with mental health problems and other key stakeholders.**

*What happened?*

The HealthRight website – [www.healthright.org.au](http://www.healthright.org.au) – was launched in August 2007 and during this past year has been developed to include the resources produced for the project, healthy lifestyle fact sheets, success stories, publications and details of HealthRight presentations and events. There is also a substantial list of contact organisations and additional resources. There had been a total of over 18,000 visitors to the website over the 10 month period from August 2007-June 2008.

The website is updated regularly and remains a sustainable and freely accessible information source for people with mental illness, health and community professionals and the general community.

## **H. Develop creative resources to raise awareness, promote and encourage healthy behaviour to people with mental health problems (This strategy supports the overall HealthRight communications and Media Campaign).**

*What happened?*

Using the winning art works from the HealthRight art competition which had been held in June 2007, T shirts, posters, art cards, GP referral cards and Champion packs were produced. Examples of each of these are enclosed with the report. In addition resources had been produced for the HealthRight project for use by Peer Supporters assisting people to make GP appointments and engage in healthy activities.

Contents of “champion” packs varied slightly according to whom they were distributed. Contents included: Healthright back sacks, T shirts, balloons, art cards, lapel stickers and brochures on accessing GPs and suggested health checks for men and for women; a variety of other relevant information such as food for health, diabetes, managing weight, guidelines on healthy balanced diet, standard drink guidelines, steps for safe health; and resources donated by Eli Lilly including water bottles, caps, pedometers, BMI measures, pens and food-mood diaries.



Health messages on the art cards and posters were developed from information gathered from Focus Groups and were adapted to meet the perceptions, attitudes and beliefs of the target population. Five art cards were created using the SNAP Framework to develop health messages for general well-being and for Smoking, Nutrition, Alcohol and Physical Activity. The messages on the cards were sent to the Health Promotion reference group and Key stakeholder groups for pre-testing. (These groups include people health and community professionals and people with mental illness)

Resource order forms were placed on the website in 2008 and orders for HealthRight resources have been received from community mental health services, non-government agencies, WA Country Health Service, three wards at Graylands hospital and public general hospitals. Orders continue to be received.

Resources were also distributed widely during Mental Health Week in 2007 to anyone placing orders from the community and these were received for rural and remote areas as well as from schools, clinics and non government agencies in the metro area. 42 orders were received. The resources were evaluated at this early stage of project implementation and the results are recorded in the formative evaluation below.

Success stories were gathered from HealthRight Champions. Five interviews were conducted with people who either requested to share their story or were encouraged. The researchers aimed to feature stories that reflected the SNAP factors (Smoking, Nutrition, Alcohol and Physical Activity) and successful behaviour change with messages of encouragement to others. The success stories are featured on the Healthright Website and include stories of quitting smoking; asking for help and support; weight loss and physical activity; alcohol management and peer support. This web page has been one of the Top 20 pages visited; over the 10 month period from August 2007 to June 2008 there have been a total of 422 visitors to these online success stories.

## **I. Provide Information on the benefits of physical health for improved mental health to people with mental health problems, other key stakeholders and the general community in targeted areas (This strategy supports the overall HealthRight communications and Media Campaign).**

### *What happened?*

Fact sheets were created on each of the SNAP factors, Smoking, Nutrition, Alcohol and Physical Activity. The information was researched from the literature and included information on common myths; and simple strategies to promote healthy behaviours with Top 5 links to more information. The information was uploaded to the HealthRight Website with downloadable fact sheets. The information was promoted to the HealthRight Network along with other updates. There had been a total of over 18,000 visitors to the website over the 10 month period from August 2007-June 2008, with these pages being one of the top 10 pages visited (n=699).

A total of 8 electronic news updates and notices were sent to HealthRight Networks and champions. These news updates included links to the latest project information on the website including publications on Alcohol and Mental Health; Diabetes and Mental Health and promotion of Success stories. These publications are available on the HealthRight website.

Presentations on the campaign have been made at conferences locally and interstate (Kindling the Flame in Perth 2007 and Royal Australian and New Zealand College of Psychiatrists Congress in Melbourne May 2008). Presentations have also been made to Divisions of General Practice forums, Mental Health Community Clinic teams in Joondalup, Rockingham Kwinana and Fremantle.



Display boards were purchased and displays placed in libraries and civic centres in Joondalup, Rockingham Kwinana, Warwick and Midland in the second part of 2007. The displays included information cards and brochures which members of the public were able to take away. The displays also included a competition which required members of the public answering 4 questions and names being drawn for prizes which included t shirts, pedometers and information on physical health and lifestyle issues for people with mental illness.

The displays have also been put up in the Health Department building during Mental Health Week 2007 and at a number of local community events, e.g. Blue Sky Day in Armadale 2007, Homeless Persons Week 2008 (Forrest Place and Midland Hills Community Support Group drop-in centre luncheon), *Music to Open Your Mind*, Fremantle March 2008.

Radio interviews were given by the project officer with Geraldine Mellett on ABC in June 2007, in July 2007 on Radio Fremantle, and on Access TV in July 2007, stating the objectives of the campaign and getting the physical health message across. Copies of the radio interviews are included with the resources. It was not possible to copy the Access TV interview which was conducted on 11/07/2007. The Access TV interview was focused on the art project and as the Healthway work had not commenced, there was no reference to this project.

### **J. Develop 180 HealthRight Healthy Lifestyles Champion Packs to promote the program and use as incentive to participation.**

*What happened?*

Project champions were enlisted at HealthRight events and meetings to spread the *Healthy Body Healthy Mind* message and distribute project resources and information. Project champions were given a Champion back pack which included information and resources as listed above.

Champion packs have been distributed on many occasions and have included information appropriate for the target groups..They have been used for organisations registering as "HealthRight" on the website (17), for participants in training sessions (68), for use by Peer Supporters (approx 30) and, on request, for staff in NGO's and Mental Health Services. Champion packs were also made available to hostel residents (40) who were interested in the campaign and they were distributed to Alma Street patients (approx 20) at a camp held at Woodman Point earlier in the year and to patients on the wards (approx 15) who chose to attend talks given by the Project Officer on the importance of regular visits and health checks by a GP. These talks are done in collaboration with the GP Liaison nurse who helps anyone interested in changing or accessing a GP.

Project information was distributed to Champions through the HealthRight Network over the 12 month period. This included electronic news updates and notices with links to the latest project information on the website. More information about the electronic news is detailed in point (I) above.

### **3. Timeline**

Healthway advised that the funding application had been successful in June 2007. Because of the unusual nature of the work from the perspective of UWA, the agreement was finally signed in August 2007. The final report and accounts are due on September 30<sup>th</sup> 2008 and the work has been completed within the specified time.



Because of the delay in finalising the agreement work had already commenced by August 2007. Organisation and planning of the strategies and the initial design of resources was underway.

The final activity associated with the project was the HealthRight Awards Ceremony and this was held on September 11<sup>th</sup> 2008.

## 4. Evaluation

### Formative Evaluation

Formative evaluation was conducted with representatives of the target group. This included focus groups with mental health consumers held prior to the commencement of the Healthway project work at 4 metropolitan locations and included a total of 27 participants. Focus groups aimed to determine values; perceptions and preferences of target group; test program concepts and messages.

Valuable information gathered informed project goals, objectives and strategies and was used to develop project resources and health messages that included a poster and set of 5 art cards promoting GP visits and health messages using the SNAP Framework (Smoking Nutrition, Alcohol and Physical Activity); Healthy Body Healthy Mind; Be Active; Drink Safe, Control Smoking and Eat for Health.

The resources were evaluated early in the project implementation to test the effectiveness of the images and messages. Evaluation forms were sent to the 42 Organisations that ordered Resources in Mental Health Week 2007. 24 evaluation forms were returned (57%) with all respondents agreeing that : 1. The images on the resources are attractive and interesting; 2. The health messages on the resources are clear and easy to understand; 3. The resources will be effective at creating awareness of healthy behaviours; 4. The resources will be effective at creating awareness of physical health.

Resources continued to be distributed to mental health and community organisations across WA and art cards are now distributed to all new patients entering the North Metropolitan Health services.

### Process evaluation

All education/training strategies were evaluated to measure levels of knowledge, confidence, competence and satisfaction of educational workshops and information collated.

A process evaluation tool was used to record all the strategies of the program. Details of specific strategies can be found below.

### Training Strategies

**Program objective: To build the capacity of people with mental illness to look after their physical health**

Motivation, Assertiveness, Responsibility and Motivation (MARS) Training for people with mental illness in Midland, Rockingham and Joondalup.

Outcomes: 22 people trained. Workshop evaluation showed positive feedback with the majority reporting that as a result of the training they: felt more motivated to manage their personal health, had a better understanding of how to be resilient, felt more confident about managing their personal health and an increased understanding about how to be assertive.



**Program Objective: To build the capacity of health and community organisations to create supportive environments to support improved physical health for people with mental health problems**

Healthy Body Healthy Mind Mental Health Awareness workshops.

To increase mental health awareness about types and ways to effectively work with people with mental illness, identify ways to deal with people in mental distress, understand self care.

Outcomes: 22 health and community professionals trained at 2 locations. Workshop evaluation showed that the majority of participants reported they had a greater understanding of the types of mental illness; felt more confident about responding to a person in mental distress; improved knowledge of working with people with mental illness as a result of the workshop. These events were promoted and run during Mental Health Awareness Week, 2007.

Community Inclusion Training

This training was facilitated through Recreation and Sport Network Inc. to educate and inform health and community workers to include people with mental illness into community sport and recreation.

Outcomes: 12 people participated in the workshop in Rockingham. Good feedback from participants with the majority agreeing or strongly agreeing the training increased understanding and confidence in including a people with mental illness. Following these workshops and due to the problems encountered with attempting to include people with mental illness in community walking groups, the project coordinators decided to run another half-day session which included both mental health awareness and inclusion in the same workshop. This was run in May 2008.

Mental Health Awareness & Community Inclusion Workshop

To increase mental health awareness and understanding of inclusion to providers of recreation services to build capacity and create supportive environments.

Outcomes: 12 health and community professionals participated. Workshop evaluation revealed that, as a result of the workshop the majority of participants had: an increased understanding of how to support people with mental illness to be physically active; had an increased understanding of what inclusion means and a better understanding of how to create inclusive community recreation groups.

## Impact evaluation

Impact evaluation measures the immediate effect of the program. A number of surveys were developed to measure this which included a telephone survey of people with mental health problems, a pre and post survey of hostel residents and a survey of key mental health stakeholders from the health and community sector. The success and challenges of evaluating the program impacts are discussed below.

### Surveys

#### **Survey of People with Mental Health Problems**

At the beginning of the program, a pre test of the target group was conducted with people living with mental illness. The purpose of this survey was to find out how effective health promotion strategies are in raising awareness of physical health needs and increasing participation. It also provided an understanding of the attitudes and belief about health related behaviour and intention to change health related behaviour.



Participants were recruited to the study via advertisements in local newspapers, through community mental health consumer groups in each of the targeted communities and via the Mental Health Services where people were given invitations to participate. Thirty two people were interviewed (40% male, 60% female, aged 30 - 65 years).

There were some elements of the survey methodology that created challenges for participant engagement. The target population was difficult to reach because not all have regular visits to mental health services, and because of the nature of the illness, may not readily participate. The desired target population with long term mental illness who may be transient, of low socio-economic status or live in hostels, were not always accessible by telephone. As a result, the participants who were engaged were more likely to be active community members who got involved in groups, read the newspaper and were comfortable to participate in a telephone interview. It is possible that those participants' mental illness was not as severe, or that they had sufficient support to live healthier lifestyles. As a result, this sample may not be representative or predictive of the typical target group.

Results of the survey of showed:

1. Most people who did make health behaviour changes did so on their own or with assistance from friends or family member. The primary reason to make changes to health behaviour was to improve physical health.
2. For this sample the levels of smoking and alcohol consumption were not as high as may have been predicted, the physical activity levels were higher than might have been expected, and eating habits were better than expected.
3. Most people regularly saw a GP and had a physical health check in the last 6 months.

To capture a more accurate representation of the attitudes, beliefs and health behaviours of the target group, a similar survey was developed as a face-to-face interview and it targeted people living with long term mental illness in 3 licensed psychiatric hostels. The aim of this survey was also to gather baseline measurement of understanding, attitudes and beliefs around physical health issues prior to the implementation of the nutrition program in hostels and again at the end of the program to measure any changes.

Thirty five people were interviewed in the **pre test survey**, (25 males and 10 females, mean age 45 years). The majority were in the 40-59 age group. In the **post test survey** 23 people participated (15 males and 8 females, mean age 46 years).

NB: When interpreting these results it should be noted that the post test sample of hostel residents did not include some of the more physically active and socially engaged people who had participated in the pre-survey and in the program strategies, as they were on work and social programs on the day of the survey. As a result the survey comparison may not be a true reflection of strategy impacts and intention to change health behaviours.

Findings and comparisons of pre and post intervention with hostel residents showed:

- An increase in the number of people who had heard of the HealthRight project and an increase in the number of people who had seen or heard of health promotion message 'Healthy Body Healthy Mind' from 37% to 91%. The majority cited the notice board as the place they saw the message, reinforcing that participants had taken notice of this strategy in hostels to raise awareness of program messages.

- The percentage of people who agreed it was a good idea to see a GP every 6 - 12 months for a physical health check remained similar pre and post at approximately 66% and there was a reduction in the numbers of those who disagreed with the statement.
- The majority of respondents both pre and post test had seen a GP in the last 12 months and had had a physical health check at the time (a GP visits the hostels on a weekly basis).
- The majority of respondents both pre and post test (approx 74%) thought it was important or very important for people with mental illness to take responsibility for their own physical health by adopting healthy lifestyle behaviours.
- The percentage of people who smoked remained the same (approximately 63%) but there the post test survey people were smoking less and heavy smoking (more than 20 a day) had reduced. There was also an increase (19%) in the number of people who had contemplated trying to quit in the last 6 months in the post test survey.
- The majority of respondents both pre and post test rated eating habits as good or moderately good. There was no increase in the number of people intending to change eating habits in the post test survey. In both pre and post test some people suggested that they could not make changes because they had to eat what was served by the hostels. In the post test survey 3 people said the new nutrition program in their hostel had prompted them to make changes to eating habits.
- There was an increase in the number of people who said they ate fruit and vegetables every day between pre and post test surveys, (68% pre, 74% post). It is unclear whether increased fruit and vegetable intake from new menus contributed to this response.
- The majority of respondents both pre and post test (approx 90%) never drank alcohol or only drank monthly or less.
- In the pre test survey the number of people who cited that they never did physical activity for 30 minutes or more was 37% and this was reduced to 27% post test. The majority who did exercise did so 1-3 days per week in both pre and post test. There was no increase in intention to increase exercise levels in the post test.

NB: The healthy Lifestyles program did not include strategies to reduce smoking or manage alcohol consumption so any changes in these outcomes cannot be attributed to this program. Physical activity strategies included gardening and some structured walking sessions.

## Key Stakeholder Survey

In July 2007 an electronic survey to key stakeholders aimed to gather information from stakeholder groups on: the current examples of best practice in physical health promotion for people with mental health problems; the current information and resources available and the policies and procedures; staff and resources required to develop health promoting services, the barriers to developing healthy settings/lifestyle programs and the capacity of key health and community professionals to deliver health and lifestyle initiatives.

- 46 key stakeholder organisations participated, the majority were mental health services and non government organisations that deliver services to people with mental illness (PWMI). The majority of respondents were NGO/community service providers (49%, n=19) or mental health services (54%, n=21).
- 74% had heard of the Duty to Care report and 66% had heard of the HealthRight project.
- Most responses suggested Mental Health services and GPs were those most responsible for addressing the physical health needs of PWMI. And NGOs and Mental Health Services should be the ones to provide opportunities to do this.
- Of the organisations participating, 54% had community inclusion policies, 48% had alcohol management policies, 56% had smoking policies, 42% had healthy eating or food service policies and 43% had physical activity policies.



- Organisations delivered a range of interventions to PWMI including smoking reduction, healthy eating and weight loss, alcohol management, physical activity and initiatives for physical health checks. The most frequently delivered interventions were around the themes of healthy eating and physical activity and the majority of these were via one-to-one consultations and group training. Both mental health services and NGOs provided interventions with almost equal frequency. Organisations reported that they provided health information on: smoking reduction, healthy eating, alcohol management, physical activity and importance of physical health checks in the form of one-to-one advice, brochures and fact sheets.
- Participants suggested they sourced information on physical health and healthy lifestyles for PWMI mainly from health agencies, websites, other health professionals and journals.
- Evidence shows 64% of those surveyed partner with the broader community (eg GP, NGO or local gym) to promote physical health.
- Respondents reported that more funding, motivated staff members, support from management, motivated clients and policies to support healthy environments were the most reported 'very important' elements to support PWMI to participate in healthy lifestyle and support group activities.
- Of the 43 organisations surveyed, approximately 50-60% had people in their organisation that were trained to support PWMI in smoking reduction, alcohol management, physical activity or physical health checks.
- Only 37% provided equipment to support PWMI to improve physical health. Equipment included sporting equipment such as cricket bats, table tennis, balls, golf clubs, cooking and art materials. Some also included providing access to gyms and exercise bikes in the local community and assisted access to these resources.

### HealthRight Tick of approval

17 organisations registered on the web- site as "HealthRight" organisations. This number may increase in the future as there was no deadline for registration.

## 5. Other results

### Hostel Program

- Staff working at the hostels had adopted new menus and lost weight, thereby providing good role modelling for residents.
- A trained Peer Supporter from the HealthRight project is now walking regularly with hostels residents at one hostel and engaging regular walkers to get active. This activity is on-going and will not end with the completion of the Healthway funded work.
- Herb gardens provided a new activity for some hostel residents and there were indications that the residents will continue to tend gardens and herbs used by kitchen staff.
- The menu changes and portion plates introduced as part of the hostels program resulted in no additional costs to management, despite a big increase in the purchase and consumption of fresh fruit and vegetables and whole grains. Reduction in meat intake and less food wastage kept costs the same.

### Walking

- A walker supported by a peer supporter in other stages of the HealthRight project is now an active peer supporter himself, helping others to become physically active and connecting with the community. He was the "buddy" who assisted in the Healthway funded work. The peer supporter kept records of all walks which noted details of the walk experience and benefits observed or problems encountered. His notes document the changing attitude and increased confidence of the walker, (also leading to new employment). His final report makes this comment:  
" I noted that over the 7 walking sessions a really big change in the attitude towards fitness and I felt that this person has really benefited from the programs physically and emotionally and has set long term goals"



## General

- One of the significant outcomes is the HealthRight network of 205 health and community professionals, champions and people with mental illness. This network provides a foundation for future strategies and increases the capacity of the community to improve physical health for people with mental illness.
- The HealthRight project has increased its profile through this work and the Mental Health Division has provided on-going funding for HealthRight until June 2010. Many of the collaborating organisations have commented that the project has helped them to clarify the importance of physical activity and lifestyle issues for the people with mental illness with whom they work; e.g. Ruah Community Services now routinely utilise HealthRight principles and resources with their clients; The Hills Community Support Group is continuing with Peer Support and will focus on the HealthRight message and use HealthRight resources.
- "HealthRight" is a finalist for the Mental Health Division Good Outcomes Award in Category 6 – Edith Cowan University Award for Mental Health Promotion and Mental Illness Prevention. Results will be known on October 7<sup>th</sup>, 2008.
- Requests were received for use of the HealthRight display board (on which all the resources developed in this project appear) by the Department of Health for Mental Health Week 2007 and for the 2007 Good Outcomes Awards breakfast.

## 6. Results measured against objectives

### **Objective 1: Increase the number of people with mental health problems in target communities who have 'trialled' or show an intention to participate in healthy lifestyle activities by 10% by August 2008**

When the program was devised the three targeted communities were identified as Rockingham, Midland and Joondalup. While the intention was to develop strategies in those target communities, this focus was changed as described in Section 1 of this report. In addition, it was difficult to engage people with mental illness into baseline evaluation surveys. As a result, outcomes from surveys developed to measure changes in this objective were inconclusive.

Process evaluation and anecdotal evidence however, suggests that people with mental illness who got involved in healthy lifestyle activities in hostels, such as nutrition education sessions, walking and gardening were happy to be participating and were looking to find more opportunities beyond what this program offered.

### **Objective 2: Build the capacity of 50 + health and community organisations to create supportive environments to support improved physical health for people with mental health problems by August 2008.**

- 17 organisations registered to be HealthRight and made a commitment to support the physical health of people with mental illness.
- 7 organisations and 18 individuals were nominated for HealthRight Awards program and were recognised for their contribution to supporting people with mental illness to improve their physical health.
- 45 people participated in mental health awareness and community inclusion training.
- All 205 of the people whose names are on the HealthRight database were circulated the information and linked to downloadable guidelines for developing health promoting and supportive environments.



**Objective 3: Increase awareness of the link between improved physical health and mental health and other key health messages that promote health and lifestyle behaviour change among people with mental health problems and key stakeholders in targeted communities by 10% by August 2008.**

- Awareness of hostel residents of the healthy body healthy mind message increased by 54%.
- There have been 18,484 website sessions since the website was launched in August 2007.
- 15,000 art cards have been distributed commencing with those ordered for Mental Health Week 2007, to Mental Health Services, NGO's, members of the public Divisions of GPs, (4000 of these were ordered by North Metro Mental Health Services to include one of each card in the information pack given to all new patients as they enter the services). 5000 art cards have been delivered in September 2008 and will continue to be distributed as requested and as considered appropriate.
- The project resources, art cards, posters, GP Referral Cards, Balloons and Stickers were evaluated in 2007. Evaluation forms were sent to the 42 organisations that ordered Resources in Mental Health Week 2007. 24 evaluation forms were returned (57%) with all respondents agreeing that :  
1. The images on the resources are attractive and interesting; 2. The health messages on the resources are clear and easy to understand; 3. The resources will be effective at creating awareness of healthy behaviours; 4. The resources will be effective at creating awareness of physical health
- 400 T shirts have been distributed to participants in training sessions all clients assisted by the HealthRight Peer Supporters, all who attended the HealthRight Art Exhibition Launch, in-patients of Alma Street Centre, interested members of the public and staff, and all HealthRight Champions. A new delivery of 200 has been received in September 2008 and these will continue to be distributed as appropriate.
- A total of 1000 posters have been ordered and half of these have now been distributed. Distribution will continue for the duration of the HealthRight project.
- 17 organisations registered to be HealthRight and made a commitment to support the physical health of people with mental illness and 7 organisations were nominated for HealthRight Awards. 18 individuals were nominated for Awards.
- Due to time and budget constraints, a decision was made to not implement a Post Survey to Key Stakeholders. The pre-survey however provides useful information for implications on future project work. On recommendation from Dr. Michael Rosenberg, further research of HealthRight Key stakeholders, volunteers and champions will be considered in the next stage of the project.

## 7. Implications for health promotion

The HealthRight Healthy Lifestyles Program goal was to increase awareness of and participation in healthy lifestyle behaviours for people with mental health problems in targeted communities. The program complements the broader strategies of the HealthRight project which promotes physical health for improved mental health.

The project was developed with an understanding of and consideration for underlying health promotion principles and practices. These include an understanding of the social, economic and environmental factors that impact on health, and the importance of sustainable action such as developing healthy policy, developing personal skills, building community capacity and social capital, and creating supportive environments for healthy behaviour.

This pilot project has identified both successes and challenges in working with people with mental illness and developed some sustainable outcomes to inform other projects that work with hard to reach target groups and also to utilise these ideas in the next stage of the HealthRight project.



The challenges of setting up a walking program with the target group have been highlighted and while they reflect the health promotion principles of community development, they also reinforce that it is important for health promoters to be mindful, that while listening to the needs of the target group, it is essential to follow evidence based practice to ensure success. The resulting Inclusion guidelines that were developed in consultation with the target group are an example of an action research approach. The program strategies identified need for more support to include people with mental illness in community activities and the project officers responded to that need.

Outcomes showed that building individual and community capacity and focusing on a healthy settings approach are most successful when addressing this target group.

The website will provide on-going health promotion information for interested stakeholders.

## 8. Dissemination of Project Findings

The HealthRight Project Officer has organised a number of opportunities to disseminate project findings.

- Hostel program report on website (with permission from Healthway);
- Final Healthway report will be sent to key informants and stakeholders, including Mental Health Division (with permission from Healthway);
- It will be possible to continue ordering HealthRight website-resources for the foreseeable future and at least until June 2010;
- Information on issues of interest will continue to be disseminated to the HealthRight database of partners, champions and participating organisations and individuals for the duration of the project;
- It is planned to submit articles on the project to industry newsletters and journals including the Australian Health Promotion Journal and Newsletter, Psychiatric Hostels Association newsletter, GP networks, NGO's via (WAAMH), and Intersector Magazine.
- Results were disseminated at the HealthRight Awards morning tea on September 11<sup>th</sup> and have been regularly reported to the Office of Mental Health throughout the duration of the HealthRight project. Being a finalist in the Good Outcomes Awards also gives coverage to the activities of the project.
- The Project Officer will continue to make presentations at appropriate conferences and meetings, e.g. has been invited to give a presentation at the Home Medicines Review workshop scheduled by the WA Pharmacy Guild for GP Divisions in November 2008.

Over the course of the program, the information has been presented to a range of target groups such as:

- Annual RANZCP Congress in Melbourne, May 2008 on HealthRight health promotion campaign;
- Ward presentations to patients in Alma St Centre on importance of finding a GP and importance of looking after physical health;
- GROW group residential weekend presentation on physical health for mental health;
- Display boards placed in libraries, local government premises and Health Department, and at community events such as Blue Sky Day in Armadale 2007, Homeless Person's Week 2008 opening in Forrest Place and Hills Community Support Group Midland, Music to Open Your Mind day in Fremantle March 2008. The board will be on display at the Blue Sky Day again on October 12<sup>th</sup> 2008.
- Talks to the Eli Lilly Mind Body Life Groups allied health professionals working in the mental health services and non government sector;
- Resources distributed to Alma Street Centre patients at a camp at Woodman Point in 2008.



## 9. Project Sustainability and Continuation

- Funding for the HealthRight project has been extended until June 2010. Contact with organisations and individuals listed on the database that has been created for this project will be continued and new information will be disseminated via e-news letters.
- The information and down-loadable brochures and fact sheets and the guidelines and policy will continue to be accessed by interested parties for the duration of the project. It is the intention to ensure that information remains available by including the HealthRight website on the newly developed Mental Health Division website once HealthRight is completed in 2010.
- The HealthRight plan for the next two years includes the further dissemination of resources and information outside of the Perth metro area. This will involve passing on the art cards and other resources to Mental Health Services and Divisions of GPs in the WA regional, rural and remote areas.
- The website will continue as an information site and be included in the newly created Mental Health Division website and will continue to provide information on physical health for mental health for consumers and health professionals
- One of the Peer Supporters in Midland has started a walking program and will continue to target hostel residents in that area.
- The recurrent funding made available to continue the HealthRight Peer Advocacy and Support program through The Hills Community Support Group will ensure continued work with the Mental Health Services to try and provide meaningful activity related to healthy lifestyles. The involvement of HealthRight will be to assist with on-going development of the service and to conduct research on the effectiveness of the service. HealthRight resources will continue to be made available to those using the service and to the Clinics wishing to use them.
- There has been no deadline on registration of organisations as “HealthRight” organisations and others will be encouraged via the e-newsletters to do so.

## 10. Contact Information

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