



Guidelines for Promoting Physical Health

1. PURPOSE AND SCOPE

The following guidelines address how NGO's and Mental Health Services can create a supportive environment to promote physical health for people with mental illness.

2. BACKGROUND INFORMATION

The Duty to Care Report (2001) provided evidence that people with mental illness in Western Australia are two and a half times more likely to die from a physical illness than the general population; 43% smoke, compared to 24% people without mental illness; nutritional deficiencies, obesity and diabetes are major problems; they are more likely to engage in high risk behaviour such as smoking, alcohol or drug abuse; and are less likely to engage in health-promoting activities such as good diet and exercise. In response to the findings of the Duty to Care Report, the HealthRight Advisory Group was established, and made recommendations for targeted health promotion strategies such as 'fostering health promoting services'.

Community needs were identified through a survey and focus groups with people who live with mental illness conducted in 2007. The main aim was to gain an understanding of the physical health needs, health seeking behaviour and barriers experienced. In addition a survey was conducted with NGO's and Mental Health Services to gather information from stakeholder groups on: the current examples of best practice in physical health promotion for people with mental illness; 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.

With these research findings and recommendations in mind, the HealthRight Healthy Lifestyles Program was developed to work with NGO's and Mental Health Services to improve the physical health of service users. More specifically to build the capacity of health and community organisations to create supportive environments to support improved physical health for people with mental health illness.

The following guidelines have been developed based on the Ottawa Charter for Health Promotion Action (1986) and the Jakarta Declaration for Improving Health in the 21st Century (2007). These well recognised charters for health promotion outline the following key areas for action:

1. Build Healthy Policy
2. Create supportive Environments
3. Develop personal Skills
4. Re-Orientate service towards prevention
5. Strengthen Community Action and Empowerment
6. Promote Social Responsibility for improving health
7. Increase investments for health development
8. Consolidate and expand partnerships for health
9. Increase community capacity and empower individuals
10. Secure infrastructure for health promotion.

Information to build healthy policy and personal health skills is based on the SNAP behaviour risk factors for health (2004), Smoking, Nutrition, Alcohol and Physical Activity.



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3. GUIDELINES FOR PROCEDURE DEVELOPMENT

3.1 Build Healthy Policy

Policies provide guidelines or standards for supporting positive health behaviours. They reinforce the organisation's commitment to promote good health and set guidelines for clients/participants/staff on what to expect from an organisation around health issues. Examples may include:

- No smoking policy or quit smoking guidelines; or
- Healthy eating or food service guidelines; see HealthRight Guidelines for Healthy Food Service.
- Alcohol management policy or guidelines; or
- Physical health and healthy lifestyles policy or guidelines; or
- Community participation and/or social inclusion policies or guidelines.

3.2 Create Supportive Environments

This involves providing a physical environment that supports and encourages healthy behaviours such as quitting smoking, eating nutritious food, managing alcohol and other drugs and engaging in physical activity. Examples include:

- Establishing support groups or peer support programs e.g. quit smoking or weight management group;
- Providing equipment and programs to engage people in increased physical activity i.e. gym equipment such as walker, exercise bike or portion plates;
- Staff and management role model healthy behaviours (e.g., cycling /walking to work, weight loss, quitting smoking, safe drinking);
- The organisation rewards and recognises healthy behaviours;
- Training for staff in supporting people with mental illness to engage in healthy behaviours e.g. brief intervention training.

3.3 Provide Physical Health Information

Access to up-to-date health information is an important part of building health literacy of clients and creating behaviour change. Information is best given in conjunction with personal skills training or other complementary strategies. Examples include:

- Establishing a health information resource area (notice board, health information corner, pamphlet display stand); Links to resources and information can be found at www.healthright.org.au ;
- Raising awareness of health issues and engaging people in health promotion campaigns such as Quit , Find 30, Walk it. Go to www.whatson.health.wa.gov.au to find out about the latest Health Promotion campaigns;
- Displaying health promotion campaign posters and brochures, and merchandise;
- Providing health brochures, fact sheets, newsletters and articles and access to health websites to clients.

3.4 Develop Personal Health Skills

Building personal skills and motivating individuals to address lifestyle behaviours is an essential part of working towards positive behaviour change. Examples include:



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- Providing opportunities for people to participate in healthy lifestyle initiatives and workshops (e.g. cooking classes) within the organisation or in the broader community;
- Offering brief intervention, counselling, education and training in healthy behaviours for clients;
- Individual health monitoring or physical health checks, such as blood pressure, weight and BMI;
- Providing peer support or establishing support programs to help individuals plan and maintain behaviour change.

3.5 Create Opportunities for Social Inclusion and Community Participation

Social exclusion is a major factor impacting the health and wellbeing of people with mental illness. Provide programs and support for social inclusion and participation by linking with established programs and events in the community. Examples include:

- Supporting people to attend existing physical health activities in the community e.g. local gym, government sport and rec centres, walking groups; See HealthRight Guidelines for Supported Inclusion.
- Providing opportunities for clients to participate in local community events;
- Creating awareness of mental health and promoting positive images of people with mental illness in the community; Information on Mental Health Awareness can be found at www.healthright.org.au ;
- Inclusion training for staff. See HealthRight Guidelines for Supported Inclusion.

4. MONITORING AND REVIEW OF THE GUIDELINES

These Guidelines for Promoting Physical Health are based on information gathered during the HealthRight Healthy Lifestyle Project 2007-2008. They are not monitored and it is suggested that the guidelines be included in the policy and procedures of NGO's and Health Services that support people with mental illness.

Review Date: July 2009

5. REFERENCES AND LINKS TO MORE INFORMATION.

Duty to Care Report (2001). Available from <http://www.healthright.org.au/go/top-nav/about-healthright>
HealthRight Project Information. <http://www.healthright.org.au>

Jakarta Declaration for Health Promotion (2007). Available from
<http://www.who.int/healthpromotion/conferences/previous/jakarta/declaration/en>

Mental Health Division, Dept of Health WA. <http://www.health.wa.gov.au/mentalhealth/home>

Ottawa Charter for Health Promotion (1986). Available from
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en>

Service Standards for Non-Government Providers of Community Mental Health:
<http://www.waamh.org.au/docs/Service%20Standards%20for%20NGO.pdf>

SNAP Behavioural Risk factors (2004) *SNAP: a population health guide to behavioural risk factors in general practice.*
Available from <http://www.racgp.org.au/guidelines/snap>

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