

Volume 14, 8 December 2014

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2014; WCIC Conf Suppl; [URN:NBN:NL:UI:10-1-116688](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-116688)

Copyright: 

---

Conference Abstract

## Using a Collaborative Approach to Unite Physical Health Needs and Mental Health Care of People with Severe Mental Illness

*Irene McCarthy, Queensland Health, Australia*

*Sally Plever, Queensland Health, Australia*

*Brett Emmerson, Queensland Health, Australia; University of Queensland, Australia*

Correspondence to: **Irene McCarthy**, Queensland Health, Australia, E-mail: [irene.mccarthy@health.qld.gov.au](mailto:irene.mccarthy@health.qld.gov.au)

---

### Abstract

The aim of the Mental Health Clinical Collaborative (MHCC) was to apply a quality improvement methodology to improve the assessment of physical health for consumers of adult mental health services across Queensland. It is well documented that people with severe mental illness are at increased risk of early mortality due to poor physical health, including cardiovascular disease and other chronic physical health disorders (Brown, Kim, Mitchell & Inskip, 2010; Foley et al, 2013). It was proposed that encouraging the monitoring of physical health would increase staff focus on the physical health as well as the mental health needs of this population.

A collaborative methodology was used to bring together sixteen public mental health service organisations across Queensland to implement service improvement activities and improve physical health assessments in people with serious mental illness. A clinical indicator was developed and data from existing Queensland Health databases were used to provide six-monthly reports on statewide and individual service progress. In conjunction with this, statewide forums, individual service presentations and a secure intranet site were provided to enable networking, collaborative target setting and peer review.

Improvement in the MHCC Physical Health Assessment clinical indicator was demonstrated across the state over a two-and-a-half year period with an increase in the number of physical health assessments recorded from 12% to 49%. Significant improvement was demonstrated in fifteen services across the state.

The results suggest that the implementation of a collaborative methodology for targeted aspects of clinical work in mental health can assist with statewide service improvement. Moreover, providing services a regular opportunity, at statewide forums, for services to showcase the local implemented changes allows for demonstration of local ownership of these improvements. It would seem that the introduction of a physical health monitoring indicator increased the focus of mental health staff on the importance of addressing the physical health needs as part of routine care for people with serious mental illness.

## Keywords

**mental health; physical health; benchmarking; service improvement; schizophrenia; metabolic monitoring**

---

## References

1. Brown S, Kim M, Mitchell C, Inskip H. Twenty-five year mortality of a community cohort with schizophrenia. *British Journal of Psychiatry*. 2010;196(2):116-121.
  2. Foley DL, Mackinnon A, Watts GF, Shaw JE, Magliano DJ, Castle DJ, McGrath JJ, Waterreus A, Morgan VA, Galletly CA. Cardiometabolic risk indicators that distinguish adults with psychosis from the general population, by age and gender. *PLoS ONE*, 2013;8(12):e82606. Doi:10.1371/journal.pone.0082606
-