



Canberra Health Services

Procedure

Dhulwa Mental Health Unit – Provision of Physical Health Care

Contents

Canberra Health Services	1
Contents	1
Purpose.....	3
Alerts	3
Scope	3
Section 1 – Approach to Physical Health Care	3
Section 2 – Physical Examination	4
2.1 Initial Examination.....	4
2.2 General Practitioner Assessment.....	5
2.3 Metabolic Monitoring	5
Section 3 – Additional Screening and Assessment.....	5
3.1 Screening for Sexually Transmitted Infections (STIs) and Blood Borne Virus (BBVs)	5
3.2 Dental Care.....	6
3.3 Optometry Care.....	6
3.4 Exercise Physiologist	6
Section 4 – Ongoing Assessment and Treatment	6
4.1 Metabolic Monitoring	6
Section 5 – Special Needs Groups.....	7
5.1 Aboriginal and Torres Strait Islander Consumers	7
5.2 Culturally and Linguistically Diverse Consumers.....	7
5.3 Consumers who are Older Persons.....	7
5.4 Pregnant Consumer.....	8
5.5 Consumers who have an Intellectual Disability or Impaired Decision-making Capacity.	8
5.6 Decision Making Capacity	8
5.7 Consumers Lacking Decision Making Capacity	9
Section 6 – Visiting Health Professionals	9

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	1 of 12



6.1 Documentation..... 9

Section 7 – Discharge Planning 9

Evaluation..... 10

Related Policies, Procedures, Guidelines and Legislation..... 10

References..... 11

Search Terms..... 11

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	2 of 12
Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register					



Purpose

The purpose of this procedure is to provide staff with information regarding the provision of consistent, evidence based physical health care to consumers at Dhulwa Mental Health Unit (Dhulwa) to ensure that:

- Consumers’ acute physical health care needs are identified, assessed and managed in a timely and effective way, and
- Consumers have their ongoing physical health needs identified, assessed and managed.

[Back to Table of Contents](#)

Alerts

Staff should always refer to the *Mental Health Act 2015*, the *Mental Health (Secure Facilities) Act 2016*, and the *Public Health Act 2007* for understanding, interpretation and explanation of the applicable legislation, particularly when making any decisions under these Acts.

[Back to Table of Contents](#)

Scope

This procedure identifies the minimum level of physical health assessment, monitoring and treatment of consumers who are inpatients at the Dhulwa Mental Health Unit.

This procedure applies to all clinical staff in Dhulwa Mental Health Unit.

[Back to Table of Contents](#)

Section 1 – Approach to Physical Health Care

All mental health consumers have the right to receive physical health care that is equivalent to the health care received by the general population. Under section 74 of the *Mental Health (Secure Facilities) Act 2016*, Canberra Health Services (CHS) is required to ensure that Dhulwa consumers have access to specialist health services from health practitioners, including:

- Regular health checks.
- Timely treatment where necessary, particularly in urgent circumstances
- Hospital care, where necessary, and;

There is a clear consensus in the mental health literature that the physical health of people with mental illness is poor¹.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	3 of 12

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



Smoking, alcohol consumption and other drug use, poor diet, lack of exercise, regular use of psychotropic medication and high-risk behaviours all contribute to a range of physical illnesses and conditions, including:

- Coronary heart disease.
- Diabetes.
- Cancers.
- Infections.
- Obesity.
- Respiratory disease.
- Dental disease, and
- Poor outcomes following acute physical illness such as myocardial infarction or stroke.²

Consumers with serious mental illness have much higher rates of morbidity and mortality than that of the general population resulting in high social, economic and individual costs.³

The poor health of consumers is linked to reduced access to appropriate assessment and treatment. There may be a diminished awareness among consumers about physical health and wellbeing issues and many suffer from self-neglect and lack of motivation as well as limited social and communication skills – all of which can impede the ability of consumers to seek medical assistance.

Many consumers may have had poor experiences of receiving physical health care, due to their inability to access services, stigma and discrimination associated with their mental illness and/or lack of financial resources.

Dhulwa is committed to delivering evidence based physical health care to all consumers in a respectful, non-judgemental and culturally sensitive way.

[Back to Table of Contents](#)

Section 2 – Physical Examination

2.1 Initial Examination

Each consumer will receive a physical health examination, conducted by a medical officer, within 24 hours of admission to Dhulwa. This examination is to identify any immediate and acute physical health needs.

If a physical examination is not possible within this time frame (e.g. if it would be distressing to the consumer to undergo a physical examination due to their mental state), then the reason should be clearly stated in the consumer’s Digital Health Record (DHR) , any relevant observations documented (e.g. gait, posture, energy levels, levels of hydration, nutritional status), and continued attempts should be made to undertake the examination.

Wherever possible, all consumers exhibiting symptoms of confusion should have a comprehensive physical examination at the time of admission.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	4 of 12
Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register					



The findings of all physical assessments will be documented in the consumer’s DHR under the heading of ‘initial physical assessment’.

2.2 General Practitioner Assessment

All new consumers to Dhulwa will receive a General Practitioner (GP) assessment at the next available appointment. The aim of this assessment is to identify and assess any chronic health risks and concerns.

The findings of all physical assessments will be documented in the consumer’s DHR. .

2.3 Metabolic Monitoring

A Dhulwa nurse will commence Metabolic Monitoring with a baseline measurement on admission. Baseline measurement will include the consumer’s:

- Blood pressure and pulse.
- Height, weight and waist circumference.
- Hip to waste ratio measurement.
- Electro Cardiograph (ECG).
- Blood tests Urea, Creatinine and Electrolytes (UECs), Liver Function Tests (LFTs), Thyroid Function Tests (TFTs) and Full Blood Count (FBC).
- Body Mass Index (BMI) – if over 30kg/m², referral for specialist assessment should be made.

If the consumer has impaired decision-making capacity, the consumer’s preferences, choices and interests in relation to physical and mental health treatment, care and support must be informed by their Advanced Agreement or Advance Consent Direction, if available.

See Advance Agreements, Advance Consent Directions, and Nominated Persons under the *Mental Health ACT 2015* Procedure for more information.

The findings of all metabolic monitoring will be documented in the consumer’s DHR.

[Back to Table of Contents](#)

Section 3 – Additional Screening and Assessment

3.1 Screening for Sexually Transmitted Infections (STIs) and Blood Borne Virus (BBVs)

Screening for Sexually Transmitted Infections (STIs) and Blood Borne Virus (BBVs) will be offered to all consumers.

Mandatory notifications will be made for required conditions as per the ACT Health Communicable Disease Control Section in accordance with the *Public Health Act 1997* and the *Reporting of Notifiable Conditions Code of Practice 2017*.

Where appropriate, referral to Justice Health Services (JHS) Population Health Team and/or the Canberra Hospital Sexual Health service will be facilitated for consumers.

Doc Number	Version	Issued	Review Date	Area Responsible	Page
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	5 of 12

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



3.2 Dental Care

All consumers in Dhulwa will have access to basic dental services, including examination, x-rays, pain relief and fillings. The consumer’s primary nurse will assist them to make an appointment, as required.

3.3 Optometry Care

All consumers requiring optometry assessment of eyeglasses will receive assessment and care as appropriate.

3.4 Exercise Physiologist

Once the consumer has had an opportunity to settle into Dhulwa they may, if appropriate, be referred to the Exercise Physiologist for a physical exercise risk assessment using the Dhulwa Gym Pre-Screening Tool and the Physical Assessment Form. The Dhulwa Gym Pre-Screening Tool is available from the Dhulwa form folder located in the Q drive. . These will be scanned into the consumer’s DHR.

[Back to Table of Contents](#)

Section 4 – Ongoing Assessment and Treatment

Consumers who do not have any chronic health conditions will be reviewed by the GP at least annually in accordance with The Royal Australian College of General Practitioners (RACGP) *Guidelines for Preventive Activities in General Practice* (Red Book), 9th ed.

For consumers with ongoing health conditions, the GP will identify a review period. This will be documented in the consumer’s Individual Care Plan (ICP).

A review of each consumer’s physical health will occur three monthly, as part of their ICP.

Ongoing monitoring of physical health care needs and treatment is the responsibility of all clinical staff. Any concerns regarding a consumer’s physical health will be discussed in the Multi-Disciplinary Team (MDT) meeting and, where necessary, an appointment made with the GP.

4.1 Metabolic Monitoring

Nursing staff will be responsible for metabolic monitoring for consumers as follows:

- Consumers undergoing Clozapine titration – weekly
- Consumers on Olanzapine long acting injection (LAI) – fortnightly
- For consumers prescribed another antipsychotic – three monthly (minimum).

Ongoing monitoring will include:

- Monitor the consumer’s blood pressure and pulse

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	6 of 12
Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register					



- Measure the consumer’s weight and waist circumference
- Measure the consumer’s planned and incidental physical activity for a day, and
- Reviewing any nutrition or exercise intervention program that the consumer is participating in.

The findings of all metabolic monitoring will be documented in the consumer’s DHR.

[Back to Table of Contents](#)

Section 5 – Select Population Groups

Some consumers, because of their cultural identity, ethnicity, age or due to the presence a specific health condition, will require additional attention. Minimum requirements for these groups are set out below.

5.1 Aboriginal and Torres Strait Islander Consumers

Specific cultural and historical issues mean that Aboriginal and Torres Strait islander consumers have poorer health compared to the general population. Dhulwa will be guided by the National Aboriginal Community Controlled Health Organisation/Royal Australian College of General Practitioners' *National Guide to a Preventive Health Assessment in Aboriginal and Torres Strait Islander People*, available on-line at <https://www.racgp.org.au/download/Documents/Guidelines/National-guide-3rd-ed-web-final.pdf> when assessing the physical health needs of this population.

If the consumer would like the support of the Dhulwa Aboriginal and Torres Strait Islander Liaison Officer (ALO), the ALO will be notified of this and requested to be present to support the consumer during all assessments.

5.2 Culturally and Linguistically Diverse Consumers

All assessments of consumers should be conducted with sensitivity to the consumer’s cultural and linguistic backgrounds, including arranging for a female clinician to examine female consumers, wherever possible and having respect for a consumer’s understanding and beliefs about the aetiology of their illness.

See CHS Procedure, Language Services, Interpreters and Translated Materials.

5.3 Consumers who are Older Persons

Older persons more frequently suffer from interrelated medical, psychiatric and social issues. In addition to the assessment areas identified above, assessment should have particular focus on the following at risk of problem areas:

- Falls.
- Multiple medication use.
- Malnutrition.
- Pressure areas (if they have reduced mobility).

Doc Number	Version	Issued	Review Date	Area Responsible	Page
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	7 of 12
Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register					



- Musculo-skeletal limitations and pain, and
- Constipation.

As the physical health needs of older consumers can change quickly, consumers over the age of 65 years will receive a comprehensive physical examination at a minimum, three monthly.

The MDT may consider a consultation liaison assessment with the Older Person’s Mental Health Community Team for guidance and advice in managing specific clinical issues.

5.4 Pregnant Consumer

If a consumer is pregnant, clinical staff should:

- Carefully weigh the potential risks and benefits of any medication the consumer may currently be taking and consider appropriate alternatives.
- Ensure the consumer is connected with antenatal services and arrange appointments as required, and;
- With the consumers consent, liaise with the perinatal mental health service.

5.5 Consumers who have an Intellectual Disability or Impaired Decision-making Capacity

Cognitive and communication difficulties can make it difficult for people with intellectual disability to recognise and communicate pain or other symptoms of ill health. With the consumer’s consent, clinical staff will involve family members or other support workers to assist in the identification of health issues and the provision of a medical history.

5.6 Decision Making Capacity

As with all consumers, decision making capacity must be assessed to ensure that the consumer’s intellectual disability, mental illness or mental disorder do not seriously undermine their ability to make a decision about their treatment, care and support

The Consultant Psychiatrist must assess whether the consumer:

- Understands why they are in a secure mental health facility,
- Can weigh up the consequences of their choices, and
- Can communicate decisions they make.

Decision-making capacity must be assessed in view of the consumer’s life and circumstances, including religion, culture, identified gender and previous choices and expressed preferences.

Note:

A consumer cannot be found to lack decision-making capacity unless the consumer has been given all practicable support and assistance to make the decision. This may involve providing opportunities for the consumer to talk about their choices with their nominated person, guardian or other decision-making supporter. If decision-making capacity is fluctuating, the person should be given the opportunity to make decisions when they have capacity, if possible.

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	8 of 12
Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register					



5.7 Consumers who do not have Decision Making Capacity

For consumers who have been assessed as lacking decision-making capacity after providing all necessary decision-making support, the treating Consultant Psychiatrist should:

- Provide treatment, care or support in accordance with the consumer’s Advance Agreement (AA) or Advance Consent Direction (ACD).
- Consult with a consumer’s enduring power of attorney, if they have one, and
- Consult with the consumer’s guardian if they have one.

If the consumer does not have an AA or ACD, a guardian or a person appointed under an enduring power of attorney, a health attorney (who is a domestic partner, carer or close relative or friend of the consumer) can be appointed by the treating team to provide consent to medical treatment. Refer to Part 2A of the *Guardianship and Management of Property Act 1991* for requirements.

As a last resort, an application can also be made to ACT Civil and Administrative Tribunal (ACAT) for the appointment of a guardian or emergency guardian for the consumer.

[Back to Table of Contents](#)

Section 6 – Visiting Health Professionals

All visiting and consulting health professionals to Dhulwa will visitors be admitted in accordance with the *Dhulwa Mental Health Unit (DMHU) - Visitors Procedure*.

6.1 Documentation

- All visiting and consulting health professionals who assess and /or treat a consumer in Dhulwa will document their interaction on progress notes, available from staff station.
- The progress notes will be stored in the consumer’s DHR.
- The consumer’s allocated nurse will scan and upload the progress notes into the consumers DHR, if the health practitioner does not have access.

[Back to Table of Contents](#)

Section 7 – Discharge Planning

Ongoing treatment for any physical health care issues that have been identified for which the consumer has been receiving treatment during their admission must be addressed in the consumer’s discharge plan (see *Dhulwa Mental Health Unit (DMHU) Referral, Admission and Transfer of Care Procedure* for more information).

Doc Number	Version	Issued	Review Date	Area Responsible	Page
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	9 of 12

Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register



Where consumers do not have a regular GP, Dhulwa will liaise with the GP Liaison Nurse to support consumers to connect with a GP. (see CHS Procedure, Discharge Summary Completion).

With the consumer’s consent:

- The consumer’s family or carers should be invited to participate in such discussions.
- The consumer’s primary nurse will discuss the consumer’s health needs with the consumer’s GP or other primary healthcare provider, over the telephone. Details of the communication must be documented in the consumer’s DHR.

[Back to Table of Contents](#)

Evaluation

Outcome

- Provision of best practice physical health care.
- Timely access to health care.

Measures

- Completion of physical health assessment within 24 hours of admission.
- Improved outcome of consumer’s physical health.

[Back to Table of Contents](#)

Related Policies, Procedures, Guidelines and Legislation

Policies

- Work Health and Safety Policy
- Work Health and Safety Management System
- Incident Management Policy
- Medications Handling Policy
- Informed Consent - Clinical

Procedure

- MHJHADS Advance Agreements, Advance Consent Directions, and Nominated Persons Procedure
- Dhulwa Mental Health Unit (DMHU) Referral, Admission and Transfer of Care
- Language Services, Interpreters and Translated Materials
- Discharge Summary Completion
- Assessment of Decision-making Capacity and Supported Decision-making for people being treated under the Mental Health Act 2015

Standards

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	10 of 12



- Australian Charter of Healthcare Rights
- National Standards for Mental Health Services 2010
- National Safety and Quality Health Service Standards 2017

Guidelines

- Guideline Manual for Consumers use of Gym Facility at Dhulwa Mental Health Unit
- Reporting of Notifiable Conditions Code of Practice 2017

Legislation

- *Mental Health Act 2015*
- *Mental Health (Secure Facilities) Act 2016*
- *Human Rights Act 2004*
- *Public Health Act 1997*
- *Carers Recognition Act 2011*

[Back to Table of Contents](#)

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5. Shiers D. E., Rafi I., Cooper S. J., Holt RIG. 2014 update (with acknowledgement to the late Helen Lester for her contribution to the original 2012 version) *Positive Cardiometabolic Health Resource: an intervention framework for patients with psychosis and schizophrenia. 2014 update.* Royal College of Psychiatrists, London.

[Back to Table of Contents](#)

Search Terms

Dhulwa Mental Health Unit, Dhulwa, DMHU, Physical Health Care

[Back to Table of Contents](#)

<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	11 of 12
Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register					



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Policy Team ONLY to complete the following:

<i>Date Amended</i>	<i>Section Amended</i>	<i>Divisional Approval</i>	<i>Final Approval</i>

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<i>Doc Number</i>	<i>Version</i>	<i>Issued</i>	<i>Review Date</i>	<i>Area Responsible</i>	<i>Page</i>
<xxxxx/xxx>	X	<XX/XX/XXXX>	<XX/XX/XXXX>	XXXX	12 of 12
Do not refer to a paper based copy of this policy document. The most current version can be found on the CHS Policy Register					