Community Mental Health - Physical Health Screening Procedure

1. Guiding Principles

Effective: 22 June 2021

There is significant evidence to demonstrate an association between mental illness and poor physical health. Research in many countries has consistently confirmed that psychiatric patients have high rates of physical illness, much of which goes undetected.

Such investigations have led to calls for health professionals to be more aware of these findings and for better medical and oral health screening followed by physical and oral health treatment of psychiatric patients.

2. Procedure

Great Southern Community Mental Health Clinics:

Community Mental Health

The GSMHS Community Mental Health teams are to conduct and record a physical health examination opportunistically to the best of the nurse's ability when clients present to the clinic. This can include but is not limited to general physical observations (blood pressure, temperature, respiration rate, oxygen saturation), height, weight, blood sugar level and metabolic monitoring such as a waist circumference or body mass index (BMI).

According to the Mental Health framework for Statewide Standardised Clinical Documentation: "Community Mental Health care could have the physical examination completed with the consumer's general practitioner. Any repeat physical documentation is not required unless clinically indicated".

All consumers undergoing extended community care should have a physical examination, including oral health screening, no less frequently than every 12 months. This can be performed by the General Practitioner (GP) or Aboriginal Health Services. Case managers should assist clients to make a GP appointment for this to occur.

Clinical appointments can be used as an opportunity to provide clients with strategies and information about health promotion. Treatment rooms within each clinic are to have a range of health promotion/health education resources available for this purpose.

Three monthly clinical reviews:

Physical health (including oral health) screening is to be incorporated into the three monthly clinical reviews of clients by the case manager. As part of this review process the client meets with the case manager who follows up with the GP to monitor that physical health screening is occurring and to source a document of current health

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concerns for the medical record. This document also forms part of the evidence of required follow up.

Attention should be paid to clients at higher risk of metabolic syndrome including clients on Clozapine or Antipsychotic medication.

If a client refuses a physical health screening or physical health examination notify the treating consultant. This is to be discussed at the weekly multidisciplinary team meeting to formulate an individualised and patient centred physical health plan for the client.

3. Definitions

Purpose	The physical examination clinical document provides a structured format for the completion of a physical and oral health examination undertaken by a medical officer.	
Completion Requirements	The clinical document can be completed by a Medical Officer or General Practitioner. The initial component of the first page can be completed by an appropriately qualified and experienced nurse	
Physical Health Examination	A full physical health examination is a general examination of the body performed by the doctor or general practitioner	
Physical Health Screening	Using simple tests, examinations, or procedures to identify those who may have medical conditions	

4. Roles and Responsibilities

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

Clinical Nurse Specialists within ATT and the Clinical Treatment Team (CTT) are responsible for ensuring that there is appropriate equipment and resources to complete regular physical health screening of clients within their teams.

Case Managers are responsible as part of ongoing clinical review for ensuring that physical and oral health screening is completed as part of treatment planning and review.

Team Managers are responsible for ensuring that treating teams have the appropriate equipment and resources to complete required screening and those governance systems are in place to ensure they are in working order or replaced as required.

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5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the <u>Integrity Policy Framework</u> issued pursuant to section 26 of the <u>Health Services Act 2016</u> (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with <u>Health Record</u> <u>Management Policy</u>

7. Evaluation

Monitoring of compliance with this document is to be carried out by periodic audit of physical health screening tools within the Community Mental Health Service.

8. Standards

<u>National Safety and Quality Health Service Standards</u> – 1.08, 1.10, 1.15, 2.10, 8.01, 8.02, 8.04, 8.08 National Standards for Mental Health Services – 8.10, 8.11, 10.5.2, 1.4, 7.4

9. Legislation

WA Mental Health Act 2014

10. References

Physical health of people with severe mental illness, Phelan, Stradins and Morrison, 2001

11. Related Forms

Statewide Standardised Clinical Documentation Adult Observation and Response Chart MR 140A

12. Related Policy Documents

<u>Community Mental Health Triage Procedure</u> <u>Shared Care Relationships with Primary Care and Non-Government Providers-</u> <u>Ambulatory Care Setting Procedure</u> Community Mental Health Case Management Procedure

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13. Related WA Health System Policies

<u>Triage to Discharge Mental Health Framework for Statewide Standardised Clinical</u> <u>Documentation</u> Recognising and Responding to Acute Deterioration Guideline

14. Policy Framework

Mental Health Policy Framework

This document can be made available in alternative formats on request for a person with a disability

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