

Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales.

P 07 3171 3335 **F** 07 3318 7666
E info@essa.org.au **W** www.essa.org.au
A Locked Bag 4102, Ascot QLD 4007

essa.org.au



EXERCISE & SPORTS SCIENCE AUSTRALIA (ESSA) SUBMISSION

RE: EQUITY, ACCESSIBILITY AND APPROPRIATE DELIVERY OF OUTPATIENT AND COMMUNITY MENTAL HEALTH CARE IN NEW SOUTH WALES

LEGISLATIVE COUNCIL PORTFOLIO COMMITTEE NO. 2 – HEALTH

Dear Dr Amanda Cohn MLC and Committee,

Thank you for the opportunity to provide feedback in relation to the New South Wales, Legislative Council inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales.

Exercise & Sports Science Australia (ESSA) is the peak professional association for exercise and sports science professionals in Australia, representing more than 11,000 members comprising university qualified Accredited Exercise Physiologists, Accredited Sports Scientists, Accredited High-Performance Managers and Accredited Exercise Scientists.

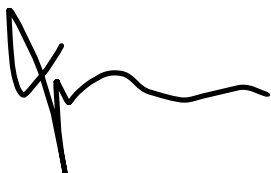
In response to this inquiry and aligned with the [NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022](#) [1] better engagement of Accredited Exercise Physiologists (AEP's) provides significant opportunity to improve the physical health of people with mental health conditions. They do this by offering physical health care plans and strengthening the link between physical and mental health interventions.

There are several reports that support the inclusion of the treatment of physical health for people with mental health conditions including the [Productivity Commission Mental Health Inquiry Report](#) [2], [Equally Well Consensus Statement](#) [3], and NSW Guideline: [Physical Health Care for People Living with Mental Health Issues](#) [4].

This submission will address selected terms of reference that relate to equity, accessibility, and delivery of mental health services with a particular focus on physical health services.

We welcome the opportunity to provide further details or appear before the Committee if invited. Please contact ESSA Policy & Advocacy Advisor Stephanie Robinson on 07 3171 3335 or at Policy@essa.org.au for further information or questions arising from the following submission.

Yours sincerely



Judy Powell
Manager Policy & Advocacy
Exercise & Sports Science Australia



Stephanie Robinson
Policy & Advocacy Advisor
Exercise & Sports Science Australia

1.0 ABOUT ACCREDITED EXERCISE PHYSIOLOGISTS

Accredited Exercise Physiologists (AEPs) are at least four-year university degree qualified allied health professionals.

They provide services to people in our communities across the full health spectrum, from the healthy population through to those at risk of developing a mental or physical health condition, and people with existing health conditions, a disability, and aged related illnesses and conditions, including chronic, complex conditions.

Exercise physiology services are recognised by Australian compensable schemes including Medicare, the National Disability Insurance Scheme (NDIS), Department of Veteran Affairs (DVA), workers' compensation schemes and most private health insurers. Australia's exercise physiology profession comprises approximately 7,500 AEPs, with over 2500 of these in New South Wales [5].

The role of AEPs in the mental health setting is extensive, ranging from prescribing, designing and delivering clinical exercise interventions, using a person-centred approach, and employing behaviour change techniques, motivational interviewing, and education strategies for people with a mental health conditions [6].

AEPs play a pivotal role in delivering physical health and lifestyle interventions within the mental health setting. Several successful models of care exist, integrating AEPs in multidisciplinary teams to deliver interventions for people with mental health conditions. [Keeping the Body in Mind](#), is **one example of an evidence-based model, delivered in South Eastern Sydney Local Health District and this could be rolled out across NSW** [7]. More detail on models of care are provided in 7.0: Appendix A.

2.0 SUMMARY OF RECOMMENDATIONS

Responses to the following Terms of Reference:

a) Equity of access to outpatient mental health services.

Recommendation 1: That access to Exercise Physiology services be made available as standard in the delivery of outpatient and community mental health services across NSW.

d) Integration between physical and mental health services, and between mental health service and providers.

Recommendation 2: That the Committee support funding for and the integration of physical health service providers, such as Accredited Exercise Physiologists (AEPs) into the multidisciplinary mental health team to holistically support people with mental health conditions. This would help to reduce the impact of physical comorbidities for people with mental health conditions.

e) Appropriate and efficient allocation of mental health services.

Recommendation 3: That funding be provided to trial programs which utilise AEPs as link workers in a community mental health care setting.

Recommendation 4: That multidisciplinary models of care including AEPs be explored by the committee to ensure appropriate and efficient allocation of mental health services encompassing both in person and telehealth services.

3.0 EQUITY OF ACCESS TO OUTPATIENTS MENTAL HEALTH SERVICES

ESSA members have identified multiple barriers to accessing outpatient mental health services.

In addition to individual patient characteristics affecting access, there are limited positions for AEP's across the state, making availability an issue. In some areas, people have no access to clinical exercise interventions at all. This lack of equitable access affects people from all backgrounds in urban and rural areas, different economic groups, and especially affects those who face additional barriers to treatment either in person or online.

There is an increasing body of evidence promoting the efficacy of exercise interventions for both the psychological and physical health outcomes of people experiencing mental illness and as such, exercise interventions are appropriate as a form of treatment and pathway to recovery from a mental illness. Exercise has been shown to improve the following symptoms of those suffering with mental illness:

- Decreased symptoms of depression, anxiety, stress and schizophrenia [8-12]
- Decreased social isolation [13]
- Improved sleep quality [14, 15]
- Increased engagement with treatment and service utilisation [16, 17]
- Reduced cravings and withdrawal in substance use disorders (SUD) and alcohol addiction [18-20]
- Increased self-esteem [21]
- Improved quality of life [8] [22, 23]

In 2021, [The Missing Middle](#) a report carried out by Lived Experience Australia explored access to outpatient mental health care from a patient perspective. From a study of 500 patients and carers from across Australia, their experiences revealed a range of access issues, pointing to a fragmented and disjointed system [24]:

- 41% of patients and 47% of carers could not access services when they were needed.
- Difficulties in navigating the mental health system, consistency, or meeting eligibility requirements, is a major reason people do not receive the care they need.
- Lack of communication and collaboration between health professionals results in people having to re-tell and re-live their trauma, and a lack of consistency in their mental health support and allied services.
- Strategies suggested by both patient and carer respondents support the engagement (or re-engagement) with mental health services which include better quality providers, access to allied services, staff training, availability of peer workers with lived experience, affordability, persistent follow up, consistency, continuity and coordinated physical and mental support.

AEPs could be part of the solution to better connect people with their community. Initiatives involving social connection such as group-based exercise, have demonstrated positive impacts on mental health and wellbeing [25]. Exercise interventions when completed in a group setting, foster social connections and feelings of belonging [26].

In the lead up to the 2023 NSW election ESSA identified gaps in the delivery of physical health services in outpatient mental health services across NSW particularly in rural and remote areas. See [NSW Election 2023 ESSA](#) for full details.

Recommendation 1: That access to Exercise Physiology services be made available as standard in the delivery of outpatient and community mental health services across NSW.

4.0 INTEGRATION BETWEEN PHYSICAL AND MENTAL HEALTH SERVICES, AND BETWEEN MENTAL HEALTH SERVICES AND PROVIDERS

An integrated approach allows professionals to plan care around an individual's needs, values, preferences and their own understanding of health and wellbeing. Integration such as better referral mechanisms helps to overcome fragmented service delivery, and to improve quality and cost-efficiency of care. Combining lifestyle interventions with first line medication is endorsed by international guidelines such as the *early intervention framework for patients on psychotropic medication* [27].

Greater integration will support the implementation of [Future Health: Guiding the next decade of health care in NSW 2022-2032](#) [28]. Future Health focuses on addressing the rising demand for mental health services and diabetes services, as well as an aging population and growing complexity with one in four people with two or more chronic diseases. Increased access to exercise physiology and exercise science services will assist in meeting these future changes from an economic and health outcomes perspective.

Currently there is no requirement for lifestyle services to be integrated into core mental health service delivery despite compelling clinical evidence, the existence of NSW guidelines and strategic state-wide priorities, plus workforce planning frameworks.

AEPs are well placed to deliver models of early intervention and preventive care (Appendix A), which focus on behavioural change, wellness and rehabilitation that lead to better physical and mental health, as well as better social and economic outcomes. As part of a coordinated approach to treatment AEPs can provide patients with a consistent point of contact regardless of their location and are well placed to link patients with other health professionals (such as dietitians) via established referral processes within an integrated model of care.

Recommendation 2: That the Committee support funding for and the integration of physical health service providers, such as Accredited Exercise Physiologists (AEPs) into the multidisciplinary mental health team to holistically support people with mental health conditions. This would help to reduce the impact of physical comorbidities for people with mental health conditions.

Recommendation 3: That funding be provided to trial programs which utilise AEPs as link workers in a community mental health care setting.

5.0 APPROPRIATE AND EFFICIENT ALLOCATION OF MENTAL HEALTH SERVICES

Cost of illness studies confirm that people with combined physical and psychiatric comorbidity have higher hospital costs, increased readmission rates, and higher total health sector costs compared with people without psychiatric diagnoses [29]. According to the Equally Well Consensus statement, the total cost of physical illness in people living with severe mental illness in Australia is estimated at \$15 billion a year [30]. Much of this cost is avoidable. Providing access to exercise and dietary interventions as part of routine mental healthcare offers part of the solution to improving the quality of life of people with mental health conditions and reducing health care costs [29]. Low levels of physical activity are a critical modifiable risk factor contributing to the increased burden of poor physical health in this population.

There are cost savings for the NSW Government through the employment of AEPs in mental health services. This has been highlighted in a 2015 Deloitte Access Economics report which estimated total annual savings, in avoided health system costs, due to AEP exercise interventions to be \$2,239 per person living with a mental health condition [31].

The [National Mental Health Service Planning Framework](#) (NMHSPF) is an evidence-based workforce planning tool that provides insights into the appropriate and efficient allocation of mental health services in Australia. The NMHSPF highlights the importance of lifestyle interventions as a core mental health service alongside other frontline treatments such as pharmacological and psychological therapies. In recent years mental health services have introduced smoking cessation pathways, however other lifestyle interventions such as exercise and nutrition have not received the same attention [32].

Additionally, the utilisation of digital technologies to provide consultation, treatment, and ongoing support for people in harder to reach communities offer a solution for appropriate and efficient allocation of mental health services. Throughout the COVID-19 pandemic AEPs delivered teleconsultation services and ESSA published a telepractice policy to support practitioners [33]. These kinds of services are suitable for mental health patients who would benefit from easier access to physical interventions. Teleconsultations provide a cost-effective delivery method regardless of location and enable more people to access integrated physical and mental health care to optimise their health outcomes.

Exercise physiology services provide cost effective and clinically proven lifestyle interventions to support good health, the economy and multidisciplinary, person-centred mental health care.

Recommendation 4: That multidisciplinary models of care including AEPs be explored by the committee to ensure appropriate and efficient allocation of mental health services encompassing both in person and telehealth services.

6.0 CONCLUSION

ESSA commends the Committee on this important inquiry which presents an opportunity to action the strategic vision and recommendations outlined in the NSW Ministry of Health, Guideline: Physical Health Care for People Living with Mental Health Issues.

AEPs deliver proven, cost effective and evidence-based clinical exercise interventions for people with mental health conditions. Unfortunately, access to AEPs as a member of the multidisciplinary mental healthcare team is not standard and therefore people with mental health conditions are missing out on treatment to optimise health outcomes.

ESSA encourages the committee to recommend funding for AEP positions in all mental health services across NSW via in person and telehealth delivery models. We welcome the opportunity to present and discuss our recommendations as part of this inquiry.

7.0 APPENDIX A – MODELS OF CARE

Model of Care 1: A model of care for a lifestyle intervention for mental disorders delivered by a multidisciplinary team, including Accredited Exercise Physiologists in the South Eastern Sydney Local Health District (SESLHD) – Keeping the Body in Mind [7].

The **Keeping the Body in Mind (KBIM)** program is a district wide program of SESLHD Mental Health for consumers of the service that was developed to prevent and address cardiometabolic health issues for those with a severe mental illness. The program is delivered by a multidisciplinary team including a nurse, an **exercise physiologist**, a dietitian, and a peer support worker.

KBIM is tailored to the young adult population, 15-25 years, who have experienced first episode psychosis and are currently taking antipsychotic medication. The program uses an evidence-based model of care to provide a 12-week individualised program targeting lifestyle factors and providing support to bring about healthy changes to diet, exercise, smoking, sleep hygiene and managing stress to ensure long-term changes are maintained. The program includes the following types of support:

- **Health coaching** delivered by a nurse consultant using motivational interviewing techniques to improve adherence and increase motivation to participate in the program.
- **Dietetic support** is provided on a weekly basis by qualified dietitians to ensure nutritional adequacy and energy balance was maintained throughout the 12-week program.
- **Exercise program** delivered by **exercise physiologists** in accordance with the [World Health Organization's recommendations for physical health participation](#), and the [American College of Sports Medicine resistance training guidelines](#). The exercise physiologists also deliver tailored individualised programs taking into account individual psychiatric symptomology. The interventions are further tailored to ensure the intensity and volume of exercise were challenging whilst maximising enjoyment for participants.
- **Youth peer wellness** coaches are people who have a lived experience of a mental illness and are able to act as positive role models for the KBIM participants.

- **Antipsychotic medication monitoring** is conducted in addition to usual psychiatric care to manage the effects of medication on weight gain.

The KBIM program has been evaluated and shown to successfully manage weight gain in young adults using antipsychotic medication. The integrated care provided by a multidisciplinary team, including exercise physiologists, has been an effective model of care in managing the physical comorbidities experienced by people with severe mental illness.

Model of Care 2: Healthy Bodies, Healthy Minds (HBHM) is a PCYC Queensland based multidisciplinary lifestyle intervention program for people with mental illness. The program delivers exercise and nutrition service by qualified allied health professionals including exercise physiologists and dietitians [34-36].

Healthy Bodies, Healthy Minds (HBHM) is a PCYC Queensland based multidisciplinary lifestyle intervention program for people with mental illness. The program delivers exercise and nutrition service by qualified allied health professionals including exercise physiologists and dietitians.

Healthy Bodies, Healthy Minds (HBHM) is lifestyle intervention service co-delivered with Hospital and Health Services (HHSs) and non-government organisations (NGOs) to support people with mental health issues. HBHM has been delivered in 8 HHS regions in Queensland under funding from Primary Health Networks and federal disability funding (NDIS) to the benefit of over 600 participants since 2015.

HBHM is targeted at adults, 18+ years, who are currently receiving treatment for a mental health condition from a public mental health service or a non-government organisation. The exercise physiologist provides one-on-one and group-based exercise instruction, and health literacy sessions are co-facilitated by NGO peer workers and HHS clinicians.

The goal of HBHM is to build knowledge of exercise and nutrition and confidence in making healthy lifestyle changes and improve quality of life. The program provides 2-hour weekly group sessions which include a 1-hour nutrition session and a subsequent 1-hour exercise session.

Exercise sessions are delivered weekly by exercise physiologists with the goal being to progressively improve exercise knowledge and confidence, and to allow consumers to develop their own exercise programs by the end of the 8-weeks. The exercise program is tailored to the participant's goals and accommodates for varying fitness levels and health conditions.

HBHM has been routinely evaluated since its initiation in 2015, and has demonstrated improvements to quality of life, recovery, motivation, sense of belonging, fitness, and physical activity, and reduced psychological distress. Positive outcomes regarding feasibility and scalability of the program make HBHM an effective model of care for the sustainable implementation of an early intervention lifestyle intervention for people with mental illness.

International Model of Care: The Supporting Health and Promoting Exercise (SHAPE) is lifestyle intervention services in the United Kingdom that was established based on the Keeping the Body in Mind service in Sydney, Australia [37].

The **Supporting Health and Promoting Exercise (SHAPE)** program is a 12-week exercise and health behaviour intervention that delivers weekly supervised group sessions to young people (16+ years) with psychosis in the United Kingdom. The service offers exercise and nutrition support in addition to routine care and is delivered by a multidisciplinary care team, including an **exercise professional** and peer support worker.

SHAPE uses an evidence-based model of care that was derived from the early success of the KBIM service and provides a 12-week individualised exercise and health behaviour intervention to young adults. Utilising the KBIM framework, the SHAPE program has been modified to address the key factors and social determinants of health associated with implementation in the UK early intervention psychosis service setting.

The SHAPE program includes the following types of support:

Firstly, educational, and supervised exercise sessions were designed and delivered to increase the participants' understanding of how health behaviours impact short- and long-term physical health.

- **Education sessions** are delivered by qualified professionals and covered topics such as: healthy eating, substance avoidance, mindfulness, personal care, sexual health, sleep management, dental hygiene, and goal setting.
- **Nutrition supports** are provided by trained nutritionists who delivered 3, x 45-minute sessions covering topics including healthy eating, menu planning, eating out and shopping lists. The purpose of these sessions is to enable participants to make healthier food and drink choices to off-set the weight gain linked to antipsychotic medication.
- **Exercise programs** are delivered by qualified **exercise professionals** on a weekly basis and included support on how to exercise safely. These sessions include education on how to use fitness equipment, how to self-monitor exercise intensity and progression and appropriate training techniques. Exercise activities included circuit training, cardiovascular exercise, weight training, Tai Chi, yoga, walking, Pilates, and team games. The purpose of the group exercise sessions is also to utilise and reinforce a range of mastery experiences and provide positive verbal persuasion to create and sustain long-term behaviour change.

A recent [evaluation](#) demonstrated that the program appears to be effective at attenuating weight gain associated with antipsychotic medication use and improving health behaviours and outcomes for young people with severe mental illness.

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