MI Fellowship™ practice framework:
Physical health

People with mental illness tend to have poorer physical health than the general community, and often struggle with confidence and motivation. To take charge of their own well being, people need encouragement from others, especially family, friends and peers; while health programs must be designed to instil confidence as well as improve health.

1.1　MI Fellowship's physical health principles

Where physical health is an issue, we need to ensure that people:

- feel hopeful and confident about their ability to improve their own health and well-being

- are encouraged by family, friends and workers who understand the barriers the person may face

- are welcomed by groups and services in the community that can support the person in a healthy lifestyle.

1.2　Evidence base for MI Fellowship's approach to physical health

Research into the physical well-being of people with serious mental illness suggests that people may believe they have little control over their health, and that this lack of self-efficacy is a major barrier to engaging in physical health programs (Lysaker et al, 2001). Lack of encouragement from a person's support network, including workers, also contributes to low motivation (Dean et al, 2001).

People are generally keen to engage in health programs if these are designed in a way that promotes self-efficacy and include effective social support from others (Ussher et al, 2007). Peer-led programs are especially helpful given that the most effective sustainable behaviour changes occur when people set goals and track their achievements over time; and that self-efficacy is increased through peer support (Richardson et al, 2005).

1.3　Features of MI Fellowship's approach to physical health

MI Fellowship will:

- Offer health and well-being programs that can be tailored to individual needs, and that are designed to increase self-efficacy through peer support, goal setting and celebrating small achievements

- Invite family members and friends to get involved in activities that they can enjoy with the person, and offer information about how to effectively encourage and motivate people

- Develop and strengthen support networks – especially people and services in the community that can help include the person in health programs and support the person in continuing a healthy lifestyle

- Ensure that workers are knowledgeable about working with barriers to engagement such as low self-esteem and self-efficacy.

1.4　References

Dean J, Todd G, Morrow H, Sheldon K, 2001, 'Mum, I used to be good looking . . . Look at me now: The physical health needs of adults with mental health problems: The perspective of users, carers and front-line staff', *International Journal of Mental Health Promotion*, 3 (4), pp16-24.

Lysaker P H, Clements, C A, Wright, D E, Evans J, Marks K, 2001, 'Neurocognitive correlates of helplessness, hopelessness and well-being in schizophrenia', *The Journal of Nervous and Mental Disease*, 89 (7), pp 457-462.

1.4 References (cont.)

Richardson C R, Faulkner G, McDevitt J, Skrinar G S, Hutchinson D S, Piette J D, 2005, 'Integrating physical activity into mental health services for persons with serious mental illness', *Psychiatric Services*, 56 (3), pp 324-331.

Ussher M, Stanbury L, Cheeseman V, Faulkner G, 2007, 'Physical activity preferences and perceived barriers to activity among persons with severe mental illness in the United Kingdom', *Psychiatric Services*, 58, pp 405-408.

Community Recovery Model

People affected by mental illness have the right to create a good life: making a home, engaging in meaningful work or learning, and building good relationships with friends, family and people in their community.

MI Fellowship's Community Recovery Model recognises that real and lasting recovery does not occur in isolation, and can be best achieved by working at three levels to:

• promote recovery and positive change for people with mental illness

• assist families and friends to build resilience

• create welcoming communities.

Resilient

a good life

Welcoming

family and Friends
• We understand mental illness
• We know what helps recovery
• We look after our own wellbeing

Individual
• I can take charge of my life
• I feel connected to people
• I am part of my community

Community
• We include people with mental illness
• We stand up for equal rights
• We create opportunities for people

Quality
Improvement
Council
'Yes ... we are
a QIC accredited
organisation'