

Health needs principle

1. What do **the Act** and relevant guidance say?

The medical and other health needs of people living with mental illness or psychological distress are to be identified and responded to, including any medical or health needs that are related to the use of alcohol or other drugs. In doing so, the ways in which a person's physical and mental health needs may intersect should be considered (s 22).

The health needs principle specifically refers to medical or health needs related to the use of alcohol or other drugs, and requires consideration of how a person's physical and mental health needs may intersect. This principle reflects the importance of a holistic, integrated approach, and is intended to prevent people who live with substance use or addiction being precluded from accessing treatment, care or support (Explanatory memorandum to the Mental Health and Wellbeing Bill 2022, pp 21-22).

People living with mental illness experience worse health outcomes and lower life expectancy (excluding as a result of suicide) than the general population (National Mental Health Commission (NMHC), 2016, pp 10-11). Aboriginal and Torres Strait Islander people have a lower life expectancy than other Australians, which is further increased for those experiencing mental illness (NMHC 2016, p 10).

What are some factors that contribute to worse health outcomes and lower life expectancy for people living with mental illness?

- the serious side effects of many mental health treatments: particularly the side effects of many antipsychotic medications, high doses of medication, and polypharmacy
- compulsory treatment and lack of informed consent: many consumers experience that compulsory treatment takes away the opportunity to choose treatment options that have fewer health risks, for example, talking therapies, peer support and reduced doses
- impacts of mental health problems and emotional distress: living with reduced motivation, having more important priorities (like housing), or self-medicating because treatments are not helpful or available, can also impact physical health
- discrimination in health care: people experience physical health being ignored because symptoms are seen as mental illness
- impacts of socioeconomic disadvantage: many consumers live with poverty, homelessness or unstable housing, isolation, stigma and discrimination, creating further disadvantage. Those experiencing these disadvantages are also more likely to smoke.

(As outlined in VMIAC's foreword to *Equally well in Victoria: physical health framework for specialist mental health services* Department of Health and Human Services, 2019, p 2)

The health needs principle requires mental health and wellbeing service providers to work collaboratively with consumers and their carers, family, supporters and kin to identify and respond to the range of medical and physical health needs a person may have, being guided by what is important to the person. In doing so, services must recognise, respect and respond to people's diverse identities, needs and experiences (gender, family circumstances, culture, language, religion, sexual and gender identity, age and disability).

Services must be guided by the principles and priority areas of the Equally well in Victoria framework. The Commission understands that future priority areas will include support to quit smoking or vaping, improving metabolic health – nutrition and eating behaviour, physical activity, harm minimisation (alcohol and substance use), sexual and reproductive health and blood-borne viruses, medicine optimisation, dental and oral health, reducing falls, women's health, cancer screening, Aboriginal and Torres Strait Islander peoples' health, and young people.

The NSQHS Standards (Australian Commission on Safety and Quality in Health Care, 2021) are also relevant, particularly Standard 2: Partnering with consumers, Standard 5: Comprehensive care standard and Standard 8: Recognising and responding to acute deterioration standard.

2. How do **human rights** relate to this principle?

A human rights approach to this principle involves responding to the medical and other health needs of consumers in a person-centred and collaborative way.

Many consumers have experienced stigma and discrimination within health and mental health settings. Sometimes this can lead to diagnostic overshadowing, which is where a person's physical symptoms are incorrectly attributed to mental illness and not responded to. Acting compatibly with the right to equality in the Charter (section 8) and the positive duty to prevent discrimination in the Equal Opportunity Act 2010 are important part of taking a human rights approach to this principle and preventing discrimination.

The Charter also requires that people who are deprived of their liberty must be treated humanely (section 22). In the compulsory treatment context, complying with the health needs principle is important to upholding this right.

Related mental health and wellbeing principles include:

Dignity and autonomy
Least restrictive
Supported decision making
Family and carers

Related decision making principles include:

Care and transition to less restrictive support
Autonomy

3. How might a **consumer** experience this principle?

When my medical and health needs are identified and responded to:

- My physical and mental health are treated together, not separately.
- I can talk openly about drug use, smoking, or physical health habits without feeling judged.
- People check in with me about my sleep, nutrition, exercise, medication effects, and sexual/reproductive health.
- I am supported to access GPs, dentists, and other specialists when I need them.
- I feel hopeful that improving my physical health will support my recovery and quality of life.

4. How might **carers, families and supporters** experience this principle?

When the medical and health needs of the person I support are identified and responded to:

- I feel confident that the person I care for is receiving appropriate and timely medical and health support, including for co-occurring alcohol or drug use.
- I am informed and included in discussions about how the physical and mental health needs of the person I care for are being addressed.
- I feel supported and respected by health professionals when raising concerns about the physical or substance-related health needs of the person I care for.
- I understand how the person's mental illness and substance use may interact with their physical health, and I feel equipped to help them navigate these challenges.



5. How do treating teams put this principle into practice?



This section gives an overview of requirements and good practice suggestions for putting the health needs principle into practice. As noted earlier in this guidance, the dignity and autonomy and supported decision making principles underpin all other principles and must always be considered.

Explore the key topics covered in this section:

- Ask the person about their priorities, preferences and concerns
- Offer tailored support to address physical health disparities
- Give relevant information, education and support
- Work together to develop a holistic plan that reflects individual needs and preferences
- Review progress and revisit priorities

Ask the person about their priorities, preferences and concerns

Requirements include:

- Ask the person about their views, preferences and priorities for their physical health. Respect where the person is at. If there are aspects of their physical health that they do not wish or are not ready to address, revisit this another time. Prompts may include:
 - What is important to the person, their daily life and what they would like to do?
 - What would they like to maintain, change or improve?
 - Is there anything that worries them about their physical health?
-  Take all reasonable steps to find out if a person has an advance statement of preferences and make all reasonable efforts to follow those preferences. See supported decision making principle.
-  Take all reasonable steps to find out if a person has a nominated support person and if that nomination is current. If yes, take all reasonable steps to involve the nominated support person in treatment and care discussions.

- Ask the person if they would like to involve any carer, family or supporter in discussions about their physical health.
- Where it is in scope for your role and training, use relevant health and medical screening processes on presentation, during clinical examination and history taking and when required during care, in accordance with relevant guidance and any local protocols.
- Be non-judgmental about any alcohol or substance use. Explore the person's reasons for substance use, and how it impacts their mental health, wellbeing and recovery.
- Be alert to the person's safety and that of their family, including any dependents, which may be related to physical health issues. For example, personal safety issues or family violence risk that may relate to substance use. Use the tools of the MARAM framework to identify and respond to family violence risk, including consultation with specialist services if indicated.

Good practices may include:

- Enable the person to speak with a peer support worker to help them identify their physical health goals and priorities.

Offer tailored support to address physical health disparities

Requirements include:


- Ensure that services are safe and responsive for all. See cultural safety, diversity and gender safety principles.

Good practices may include:

- Be aware of the impact of diverse life experiences and identity on physical health. People who have faced discrimination in healthcare based on culture, ethnicity, diverse gender and sexuality, disability or substance use may face additional barriers to accessing care. Take steps to ensure people's needs and identities are respected and responded to. If people feel safer accessing specialist services, support their preferences wherever possible. For example, LGBTIQA+-friendly services, ACCHOs.
- Work with consumers, carers, families, supporters and kin from identified communities (for example, Aboriginal and Torres Strait Islander communities) to develop specific strategies for supporting physical health during engagement with mental health and wellbeing services.

Give relevant information, education and support

Requirements include:

-  Give and explain copies of orders and statements of rights, in ways that the person understands, using appropriate supports. See [dignity and autonomy](#) principle.
- Identify and explain real and meaningful choices, and give the person all relevant information including about the risks and benefits of different choices and a chance to ask questions and get support to make decisions. This includes choices about treatment for mental illness, or choices that relate to the person's physical health priorities. Give priority and weight to a person's reasons for their preferences, including concerns about side effects or previous experiences, including trauma.

Good practices may include:

- Encourage and support consumers to participate in clinical reviews.
- Take all opportunities to improve health literacy, for example, share accessible resources including videos, in-language resources where possible, using the health promotion messages from *Equally well in Victoria* when talking about physical health.
- Run educational groups on aspects of physical health, guided as far as possible by the preferences and interests of consumers accessing the service at the time. This could be in partnership with the health promotion team at your service (if applicable).

Work together to develop a holistic plan that reflects individual needs and preferences

Requirements include:

- Work together with the person and, with their consent, their carer, family, supporters or kin, to develop a treatment plan that addresses their needs, preferences and priorities around medical and physical health.
- Be guided by the priority areas and advice of the *Equally well in Victoria* framework, when published. Demonstrate how these inform practice. Ensure that the impact of physical health needs, including alcohol and drug use or disability related needs, is considered core to mental health care and treatment planning.
- Make referrals to other parts of your service or external services as needed to help the person access the services they need. For example, dietitians, exercise physiologists, dentists, podiatrists, dual diagnosis services, harm reduction programs such as opioid replacement therapy or needle exchange programs, peer support for mental health and/or alcohol and drug use, specialist referrals as needed.
- Recognise the importance of cultural and spiritual activities as part of a person's overall wellbeing, which may have significant impact on their physical health, and include these as priorities in line with the consumer's preferences.
- Work with general practitioners (GPs) as part of a person's broader care team.
- Support the person to work through practical barriers that may be preventing them from improving their physical health. For example, explore the impact of medication side effects, financial barriers to taking steps to improve physical health, any other barriers to accessing services or activities that may help to address their goals for their physical health - for example, accessibility and inclusivity.
- If the person is a smoker, explore interest in reducing or quitting smoking and offer support. If the person is an inpatient, offer nicotine replacement therapies in accordance with relevant guidance.

Good practices may include:

- Consider collated consumer and carer feedback about their priorities for their physical health, whether they can currently be met either within your service or people can reasonably access them externally, and work on systemic solutions.
- As far as possible try to maintain awareness of local GPs who have a particular interest in mental health and/or who offer bulk billing, acknowledging that it can be extremely hard for consumers to find an affordable GP with an interest in mental health and complex care. Consider approaches such as a dedicated GP liaison clinician in community clinics.
- Work with local partners and other agencies to ensure service users have access to leisure centres, gyms and sports facilities.
- Support eligible people to access free dental care by providing letters of recommendation to access priority dental services through Dental Health Services Victoria.

Example: A service developed an internal multidisciplinary team to better support consumers living with mental ill health and substance use. The team included mental health professionals, medical doctors, substance use specialists, and lived and living experience workforce, including AOD peer workers to offer comprehensive care to support people's mental health, medical and physical health needs including those associated with alcohol and drug use.

Review progress and revisit priorities

Requirements include:

- Monitor physical health regularly, including comparing physical health against intake/admission, and update plans if things have changed. Ensure this monitoring prioritises the person's experiences and views about what is or isn't working well for them and where they would like more support.
- Follow relevant clinical guidance for monitoring specific health conditions and/or medication - for example, specific guidelines for monitoring Clozapine.

Good practices may include:

- Consider dedicated roles in community clinics or outreach services to support the physical health needs of consumers who are receiving long-term support, or who have identified physical health as a priority, or who are identified as having high physical health needs.
- Ensure physical health is routinely addressed in clinical reviews and make efforts to involve the consumer and, with consent, their carer or family, in these reviews, to ensure the things that are important to them are prioritised.

Tips for talking about health needs with consumers

- Be curious about the person's values, preferences and priorities for their physical health. Explore what is important to them and how their physical health interacts with their recovery goals.
- Listen deeply to the person's concerns. If medication side effects are impacting their physical health and wellbeing, explore different options including support to manage side effects, the benefits of different approaches including peer support and talking therapies and exploring medication options including alternative medications, doses, or timing.
- Explore with the person what support they may need to address their priorities. This may be information and education, referrals including within your service, to community-based services or to specialists, or coordination with their GP.
- Share and discuss clear information about any physical health risks of medication as part of seeking informed consent to treatment and as part of overall discussions about the risks and benefits of different treatment approaches.

6. How might **services reflect** on practice?

- How do we explore physical health with people in ways that are led by their priorities, preferences and values?
- Are we providing health promotion messages in accessible, inclusive ways that respond to the diversity of people's priorities and experiences (for example, education groups, video resources, etc.)? Do we tailor our education and health promotion activities to the interests of consumers using our services at any given time?
- How do we share information about the impacts of smoking and substance use, in non-judgmental ways?
- How can we improve how we share information about medication side effects and work through people's concerns and experiences with them?
- How do we promote physical health (including in inpatient or residential services)? For example, activity areas, supported access to gyms, walking groups, cooking groups, etc.

7. **Scenario:** addressing health needs holistically¹⁷

What happened?

Oli presented to the service with a very low mood. They hadn't slept for several days and hadn't been eating. Oli had engaged with the service over several years and had co-occurring alcohol and drug use. Oli had presented to the service in the past with similar issues, and their sleep and food issues had resolved after getting support with their drug use.

What actions did the service take?

The service admitted Oli with depression and eating issues, and started by adjusting their medication as this had helped Oli in the past. However, within a day or two of admission, Oli spoke of severe toothache.

The nurse asked if Oli had been to the dentist recently. They responded that they had never been to a dentist because of the cost.

The nurse referred Oli to the social worker arranged an immediate visit to the hospital's dental service. Oli had serious tooth decay which was able to be addressed by the dentist. Oli's psychiatrist immediately reviewed their medications because it was the toothache - rather than deteriorating mental health - that was impacting Oli's eating, sleep and mood.

The service used Oli's experience to reflect on how health needs must be considered as early as possible in a patient's stay. The service embedded an oral health screening at admission, including a process for referral to public dentistry if needed.

Once the tooth issue was resolved, Oli was asked what else might be impacting their sleep. Oli told their nurse that their mattress at home was so thin, they could feel the bed base. Oli's case manager then applied for funding for a new mattress, which was approved. This helped immensely with Oli's sleep, and Oli was happy with the treating team's support of their health needs.

Reflections from Commission lived and living experience staff

It is so important to address the person's health needs. When Oli was seen in their whole context, with understanding of how much physical health can affect mental health, and when people considered physical health as well as mental health and drug use, the things that were really impacting Oli could be identified and addressed. In this case, Oli's medications were reduced back to normal levels, their tooth pain was fixed, they knew where to get support if further dental work is needed, and they could go home to a comfortable bed.

Which other principles were engaged?

Mental health and wellbeing principles: dignity and autonomy, supported decision making, diversity of care

How would you approach this situation?

What might you do differently?

¹⁷ Note: The scenarios in this guidance are adapted from real examples. These simple scenarios focus on the application of one principle and are intended to show that applying the principles is not always complicated. Scenarios that address the principles in more complex situations and ways are available in implementation resources on the Commission's website.

8. Where can I find more information?

Department of Health (2025) *Equally well in Victoria*

National Mental Health Commission (2016) *Equally Well consensus statement: Improving the physical health and wellbeing of people living with mental illness in Australia* https://www.mentalhealthcommission.gov.au/sites/default/files/2024-03/equally-well-consensus-statement_1.pdf

