<table>
<thead>
<tr>
<th><strong>Category:</strong></th>
<th>Therapeutic and Clinical Services</th>
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<tr>
<td><strong>Entry Title:</strong></td>
<td>Keeping the Body In Mind: Lifestyle support for people with diagnosis of severe mental illness.</td>
</tr>
<tr>
<td><strong>Name of Applicant:</strong></td>
<td>Oscar Lederman, Keeping the Body In Mind Clinical Lead</td>
</tr>
<tr>
<td><strong>Organisation:</strong></td>
<td>South Eastern Sydney Local Health District, Mental Health Services</td>
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</tbody>
</table>
Additional Information about Entry (1 x A4 page).

Please expand upon the brief description given in Part A.

Young people initiating anti-psychotic treatment are particularly vulnerable to weight-gain and metabolic complications. They are also more likely to smoke. The typical trajectory for someone that is prescribed anti-psychotics is significant and rapid weight gain leading to obesity, type 2 diabetes and metabolic syndrome. The age of onset and prevalence for cardiometabolic and respiratory disease is significantly younger for individuals with a diagnosis of a severe mental illness resulting in a 15-20 year premature mortality gap compared to the general population.

In 2013, the 12-week Keeping the Body in Mind (KBIM) cluster-controlled pilot study found an evidence-based lifestyle intervention was able to prevent the typical severe weight gain in a small sample of youth receiving treatment for first-episode psychosis (FEP) and with <4 weeks of antipsychotic exposure. The success of this pilot led to the rollout and integration of the KBIM program across the South Eastern Sydney Local Health District (SESLHD) youth mental health services and more recently expansion to adult community and inpatient services.

Keeping the Body in Mind (KBIM) aims to:

a) prevent and manage cardio-metabolic risk for individuals with a lived experience of severe mental illness,

b) evaluate feasibility, acceptability and effectiveness of lifestyle-interventions (e.g., dietetics, exercise physiology, smoking cessation and peer health coaching) within mental healthcare,

c) develop and evaluate innovative methods of reducing cardiometabolic risk, and

d) evaluate service implementation of KBIM and its impact on workforce culture change.

Integrated within the mental health services, KBIM Dietitians, Exercise Physiologists, Nurse Specialists, and Peer-Support Workers deliver evidence-based interventions to promote positive physical and mental health (Appendix Figure 1). Additionally, a tobacco treatment specialist (specialised mental health nurse) and dedicated peer worker provide smoking cessation support. KBIM utilises translational research (partnering with UNSW and Mindgardens), evaluating clinical and peer interventions to refine existing services and inform best practice.

Since inception in 2014 KBIM clinicians and affiliated researchers have delivered care to 888+ individuals, produced clinical resources, educational modules and 50+ peer-reviewed publications related to mental health, lifestyle and physical health. KBIM is a key advocate influencing mental healthcare reform influencing holistic approaches locally (including NSW Health policy), nationally (including Equally Well Australia) and globally (including WHO). This SESLHD translational research showcases innovative collaboration that has transformed mental healthcare to include the body and the mind.
Address the following Criteria (max. 10 X A4 pages).
Judges allocate marks to each criterion

1. Evidence of a significant contribution to the field of mental health on a local, state or national level.

Since the original KBIM pilot study in 2013, the KBIM program has expanded and permanently embedded over 15 lifestyle clinicians and peer workers across 4 SESLHD Mental Health sites (Bondi, Maroubra, Kogarah, and Sutherland) to improve physical health outcomes for people diagnosed with a severe mental illness. KBIM are tasked with providing effective lifestyle interventions to those accessing community and inpatient mental health services and have demonstrated high productivity, providing clinical services to more than 888 of approximately 1500 eligible individuals in the SESLHD community (Appendix Figure 2 and 3).

KBIM has been scaled and replicated within headspace Bondi Junction (headspace Active) and Primary healthcare (KBIM-Primary) (partnership with the Central and Eastern Sydney Primary Health Network (CESPHN)) and the University of New South Wales). KBIM-Primary, enables people with a diagnosis of severe mental illness that are not receiving care from SESLHD, to receive KBIM services via referrals from general-practitioners or their primary care provider within the Central and Eastern Sydney community.

Representatives from numerous mental health services nationally and internationally have visited the Bondi Centre (the heart of KBIM) to learn about and adapt the KBIM model. KBIM clinicians are a pioneering source of consultation for external services to build similar frameworks of physical healthcare into mental healthcare having received visits from many local and international guests such as Waterford College in Ireland, Hopkins Medicine in Baltimore and Western Australia Mental Health Services to name a few. KBIM is currently producing resources (report and video) that share the evolution of the program including barriers and enablers to implementation to further facilitate similar programs within mental health services.

In collaboration with Mindgardens Neuroscience Network, KBIM have developed a mental health tobacco cessation service including a peer worker to reduce the high level of cigarette smoking in this population and with Ministry of Health support are currently scaling the model of care beyond SESLHD to reach to rural mental health services.

In addition, KBIM has developed a range of educational resources to enable mental health staff, those receiving mental health care and family and carers to work through physical health educational topics (Appendix 3). KBIM has recently been commissioned by NSW Mental Health Commission to further develop a suite of KBIM resources, making them accessible to all mental health services across NSW incorporating digitalised versions, educational videos and infographics, as recognised in the Being Equally Well Roadmap.

KBIM also frequently deliver training/education to mental health workforce locally and nationally and provide ongoing student placement (Exercise Physiology and
Dietetic Undergraduate and Masters Students) to build capacity and enable physical health promotion.

KBIM has developed physical health training for 150+ mental health staff and generated/published over 45 educational resources. KBIM has influenced national and international documents including a recent Lancet Commission and the NSW Health Physical Health Care for People Living with Mental Health Issues Guidelines.

The impact of the program on enhancing existing mental health services to provide holistic care and improve health outcomes is evident from the data presented in various research projects (see below and Appendix 5). The publication of these results in peer-reviewed journals and further dissemination at relevant conferences via symposia and oral and poster presentations has influenced and enhanced mental health services nationally and internationally. KBIM clinicians and affiliated researchers have produced 50+ peer-reviewed articles related to mental health, lifestyle and physical health, 3 PhD’s, 1 Research Masters, and >10 student Allied Health research projects.

2. Evidence of innovation and/or recognised best practice.

Before the original pilot program was developed in 2013, public mental health services did not routinely provide specialist services to address the physical health co-morbidity that was frequently experienced by people with a lived experience of severe mental illness.

The key innovation (KBIM) was the development of a multidisciplinary team incorporating specialist nurses, exercise physiologists, dietitians, and peer-support workers, who were embedded in the service alongside existing community and inpatient mental health treatment teams. This novel program introduced a lifestyle team within the community mental health service that worked in partnership with psychiatrists and other medical specialists with the goal of preventing the development of physical health co-morbidity in young people experiencing their first episode of psychosis.

The pilot project demonstrated for the first time that increases in BMI and waist circumference could be prevented over the first months of treatment with antipsychotics with a comprehensive, individualised lifestyle and life skills intervention focussed on improving nutrition and increasing physical activity.

Following the pilot program at the Bondi Centre, the program was rolled out to all the first episode psychosis teams across SESLHD and implemented as part of routine care. Over time, gyms were established within the community centres facilitated by fourth year Exercise Physiology students and supervised by the KBIM Accredited Exercise Physiologists. Sports group run by Exercise Physiologists, and cooking groups run by the Accredited Practising Dietitians were run weekly. Young people were invited to speak one-on-one with Dietitian and/or Exercise Physiologist for individualised care. Peer workers at each site provide lived experience perspective to support young people in their recovery and involvement with KBIM. As a result of the innovative pilot program, all the aforementioned are available as routine care to young people receiving care from SESLHD early psychosis services (note: some
services affected by COVID restrictions). Evaluation of the program embedded as usual care across the district over a 5-year period replicated the results of the pilot study to show that as routine care, the KBIM program can attenuate weight gain for youth newly prescribed antipsychotic medication (<2 years) that have experienced a first episode of psychosis.

The next step was to take this innovative approach and adapt it for people with established psychotic illness, many of whom were obese and lived highly sedentary lives. Here the goal was to improve fitness and diet quality with the long-term goal of reducing obesity, improving key metabolic parameters, and reducing the prevalence of metabolic syndrome, Type 2 diabetes, and hypertension in this vulnerable population. To aid integration of the KBIM team and foster a culture for inclusion of lifestyle/physical health care within the mental health service, KBIM implemented a novel staff-focused intervention called Keeping our Staff In Mind (KoSIM). KoSIM was effective in improving staff knowledge and confidence to monitor cardiometabolic health and support lifestyle change and improved their own lifestyle behaviour. Improving staff health may be an important strategy in improving the uptake and/or the effectiveness of lifestyle interventions targeting mental health service users.

Simultaneously, a smoking cessation program was trialled in the youth mental health services. People with a severe mental illness diagnosis have significantly higher rates and intensity of smoking despite the willingness to quit. Evidence indicated that bespoke programs offering individualised care were required as more general quit programs and public health initiatives had little impact. Seeing the gap in the evidence, the KBIM team sought and were awarded grant funding to employ a mental health nurse with smoking cessation specialisation. Being one of the first of its kind, the team evaluated feasibility, acceptability and effectiveness of the program for publication. Following the evaluation, SESLHD funded the position for a further 12 months so that the program could be expanded to adults receiving care from SESLHD mental health services. This too showed positive results (soon to be published) and the position has received further funding from Ministry of Health to expand to rural settings and from Prince of Wales Hospital Foundation to employ a peer worker.

To enhance the role of the KBIM Peer Worker, the Peer outreach Wellness Coach Healthcare (PoWCH) navigator project was designed to deliver a health coaching intervention. Through health coaching, information sharing and group interventions, the PoWCH navigator facilitates recovery according to the peer principles of hope, choice and self-determination. Feedback from consumers was overwhelmingly positive with over 70% of consumers interviewed stating that they would be likely or very likely to recommend 1-1 peer health coaching to other consumers, and 100% stated that they would like peer led physical health service navigation to be available in the future.

The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness (Firth et al, 2019), has recognised the need to integrate physical health interventions within mental health services as best practice. Through the above innovative programs and via evaluation of the programs, KBIM believe to
be addressing the identified needs of individuals receiving health care for severe mental illness.

3. Evidence of participation of mental health consumers in the planning, implementation and evaluation of mental health service delivery. Evidence of prioritising increased level of engagement and influence of consumers and where higher level participation such as authentic co-design is highly favoured.

There may be exceptions to the involvement of mental health consumers. Some entries may reasonably explain any particular circumstances where the involvement of mental health consumers is different or limited.

KBIM collaborates with those who access services to ensure the voice of lived experience is a prioritised component of the program. A peer worker was a core member of the pilot KBIM team in 2013. The peer had previously received care from the youth mental health team at the Bondi Centre and was a key consultant in the delivery of the program. A peer support worker is part of each KBIM team embedded within SESLHD.

Through evaluation, both quality improvement and academic research projects, KBIM have continually sought feedback from those that engage in the program. For example, prior to commencing the adult group program, surveys and focus groups were conducting to understand the needs and expectations of individuals receiving care from community mental health services.

More recently, with the support of Mindgardens Neuroscience Network, KBIM have undertaken the co-evaluation of the KBIM Xtend program (partnership with Mission Australia). Program participants, peer workers and clinicians came together in a co-facilitated workshop to discuss the barriers and enablers of the program to co-evaluate its feasibility, acceptability and effectiveness. With the support of Mindgardens, since 2019 KBIM have employed a lived experience project manager to ensure that lived experience representation is embedded within each project. Additionally, the KBIM team have participated in co-design training workshops to understand and adopt the principles of authentic co-design.

4. Evidence of partnerships and linkages with all key stakeholders (collaboration for continuity between organisations).

Collaboration and teamwork are at the core of KBIM’s practice. This is demonstrated through a) KBIM’s integration within the mental health workforce across the age spectrum and b) partnerships with NGOs, Universities (e.g. UNSW, Manchester, Cambridge), Ministry of Health, Mental Health Commission, Equally Well Alliance, research organisations (Mindgardens, Orygen, Sydney Partnership for Health, Education, Research and Enterprise - SPHERE) and PHN’s (e.g. CESPHN).

KBIM’s partnerships have and continue to demonstrate successful improvements in holistic clinical care for those receiving mental health care including:

- KBIM deliver services to Indigenous Australians with a lived experience of severe mental illness who are jointly linked with the La Perouse Aboriginal Health clinic.
• KBIM Xtend was developed in partnership with Mission Australia as a program allowing individuals to continue lifestyle behaviour change after discharge from SESLHD. KBIM worked with Mission Australia to develop a program and provided training and support to Mission Australia staff.
• Partnering with CESPHN, SPHERE and UNSW Sydney to develop a KBIM service for individuals receiving primary care outside of SESLHD (KBIM Primary)

KBIM’s contribution to translational research have been amplified through partnerships and collaboration such as:

• Adapting the KBIM model for people with a refugee or asylum seeker background in collaboration with UNSW Discipline of Mental Health and Psychiatry, Addison Road Community Centre and Ministry of Health.
• Revising and adapting physical health resources for the Mental Health Commission to be shared on the Ministry of Health Physical Health Portal.
• Validating a metabolic risk prediction algorithm with Cambridge University using data from SESLHD.

5. Verification of effectiveness (quality improvement activity, data collection and its use, including graphs and tables, achievement of performance indicators, e.g. attendance figures, outcome measures, number of document downloads, page views, click through rates etc).

SESLHD consumer engagement with KBIM clinicians

By 2020, more than 900 SESLHD individuals with lived experience of severe mental illness had received an intervention from the KBIM teams.

*Figure 1. Number of consultations each year*

Number of consultations each year

In 2020, there were obvious impacts in KBIM engagement due to the COVID-19 pandemic, however KBIM adapted to include socially distanced exercise and nutrition interventions (group and individual) as well as telehealth exercise, nutrition and physical health consultation.
Keeping the Body in Mind data overview

KBIM has demonstrated through peer reviewed publications and quality improvement projects that the lifestyle interventions being implemented are having direct improvements to patient health and social outcomes. Examples of projects to evaluate the impact of KBIM services on the health of our consumers (and staff) are provided below.

2-year follow-up: Still Keeping the Body In Mind

Initial KBIM pilot study, the 12-week KBIM program, was affective in attenuating weight gain in young people commencing antipsychotics (with first episode psychosis) when compared with routine care.

Figure 6. Clinically significant (>7%) weight gain at 12 weeks

2-year follow-up data were obtained from 12 participants from the original cohort. Results are as follows;

- Mean weight gain was not significant at +1.3kg (p=0.6).
- Waist circumference was not significant at +0.1cm (p=0.9).
- 75% did not experience clinically significant weight gain (>7% baseline weight) at 2 years

y-QUIT smoking cessation program.

- y-Quit targets youth (16-25yo) mental health consumers of SESLHD. Tobacco use is 6 times higher in youth experiencing psychosis than aged-matched peers and is a significant contributor to premature mortality.
- y-Quit is delivered by at Clinical Nurse specialist (Tobacco treatment specialist) 3 days per week.
- Results from this study are summarised in the table below
- Although 15% managed to successfully quit, a further 21 significantly reduced cigarette consumption.
Table 2. Demographic characteristics, quit prevalence and pharmacotherapy received among smokers who received full or brief intervention

<table>
<thead>
<tr>
<th></th>
<th>Full intervention (n = 21)</th>
<th>Brief intervention (n = 20)</th>
<th>All participants (n = 41)</th>
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<tr>
<td>Age (median, range)</td>
<td>22 (19–25)</td>
<td>20 (18–25)</td>
<td>21 (18–25)</td>
</tr>
<tr>
<td>Age (mean, SD)</td>
<td>22.1 (2.0)</td>
<td>20.6 (2.0)</td>
<td>21.3 (2.1)</td>
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<tr>
<td>GENDER</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Male (n)</td>
<td>19</td>
<td>16</td>
<td>35</td>
</tr>
<tr>
<td>Female (n)</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Quit smoking in, %</td>
<td>6 (28.6)</td>
<td>0</td>
<td>6 (14.6)</td>
</tr>
<tr>
<td>PHARMACOTHERAPY (n, %)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral NRT only</td>
<td>1 (4.8)</td>
<td>1 (10.0)</td>
<td>3 (7.3)</td>
</tr>
<tr>
<td>Combination NRT</td>
<td>18 (66.7)</td>
<td>4 (20.0)</td>
<td>22 (53.7)</td>
</tr>
<tr>
<td>Varenicline</td>
<td>1 (4.8)</td>
<td>–</td>
<td>1 (2.4)</td>
</tr>
<tr>
<td>None</td>
<td>1 (4.8)</td>
<td>1 (7.0)</td>
<td>15 (36.6)</td>
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- Since completion of the pilot study, the y-QUIT program has been extended to all mental health consumers across the district of all ages (appointments per month seen below).
- More recently Ministry of Health have supported expanding the program to rural services across NSW.

Figure 2. Number of appointments with Tobacco treatment specialist

Cardio-metabolic risk in individuals prescribed long-acting injectable (LAI) antipsychotic medication

- This observational cross-sectional study aimed to assess the prevalence of metabolic syndrome and other cardio-metabolic risk factors in SESLHD consumers prescribed LAI and managed by community mental health teams.
- Of the 301 participants, many met the criteria for metabolic syndrome (44%). Cardio-metabolic risk factors were largely under- or un-treated. Smoking rates
were very high (62%) along with reported high rates of physical inactivity and poor dietary intake.

Table 3. Demographic and cardiometabolic risk characteristics of the survey participants

<table>
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<tr>
<th>Characteristic</th>
<th>N</th>
<th>%</th>
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<tr>
<td>Male Gender (n = 301)</td>
<td>197</td>
<td>65.4</td>
</tr>
<tr>
<td>Age (n = 301)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 35 years</td>
<td>70</td>
<td>23.3</td>
</tr>
<tr>
<td>35-44 years</td>
<td>87</td>
<td>28.9</td>
</tr>
<tr>
<td>45-54 years</td>
<td>77</td>
<td>25.6</td>
</tr>
<tr>
<td>55-64 years</td>
<td>49</td>
<td>16.3</td>
</tr>
<tr>
<td>65+ years</td>
<td>18</td>
<td>6.0</td>
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<tr>
<td>Country of Birth (n = 298)</td>
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<tr>
<td>Australia</td>
<td>185</td>
<td>62.1</td>
</tr>
<tr>
<td>Asia, Middle East, N. Africa, Southern Europe</td>
<td>44</td>
<td>14.0</td>
</tr>
<tr>
<td>Other</td>
<td>69</td>
<td>23.2</td>
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<tr>
<td>Diagnosis (n = 300)</td>
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<tr>
<td>Schizophrenia</td>
<td>214</td>
<td>71.3</td>
</tr>
<tr>
<td>Schizoaffective disorder</td>
<td>63</td>
<td>21.0</td>
</tr>
<tr>
<td>Bipolar affective disorder</td>
<td>23</td>
<td>7.7</td>
</tr>
<tr>
<td>Community Treatment Order (n = 301)</td>
<td>156</td>
<td>51.8</td>
</tr>
<tr>
<td>Injection administration venue (n = 299)</td>
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<td></td>
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<tr>
<td>Community clinic/Hospital</td>
<td>208</td>
<td>79.6</td>
</tr>
<tr>
<td>Home visit</td>
<td>38</td>
<td>12.7</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>23</td>
<td>7.7</td>
</tr>
</tbody>
</table>

| Body Mass Index (n = 273)                          |    |    |
| Underweight (≤18.5)                                | 3  | 1.1|
| Desired (18.5-24.9)                                | 66 | 24.2|
| Overweight (25.0-29.9)                             | 76 | 27.8|
| Obese (30.0-39.9)                                  | 103| 37.7|
| Morbidly Obese (≥40.0)                             | 25 | 9.2|
| Smoker (n = 301)                                   | 187| 62.1|
| Nicotine Dependence (n = 175)                      |    |    |
| Moderate                                           | 78 | 44.6|
| High                                               | 33 | 18.9|
| AUS-D Risk category (n = 256)                      |    |    |
| Low                                                | 22 | 8.6|
| Intermediate                                       | 68 | 26.6|
| High                                               | 166| 64.8|
| Physical Activity (n = 280)                        |    |    |
| Moderate Vigorous (minutes per week)               | 0d | 0.07d|
| MVPA of 150 (minutes per week)                     | 31 | 10.7|
| Walking (minutes per day)                          | 21d| 0.42d|
| Sitting (minutes per day)                          | 450d| 0.110d|
| Last visit to General Practitioner (n = 293)       |    |    |
| < 3 months ago                                     | 176| 60.1|
| 3-6 months                                        | 45 | 15.4|
| 6-12 months                                       | 40 | 13.7|
| > 12 months ago                                   | 32 | 10.9|

Figure 3. Prevalence of cardiometabolic risk factors in Depot consumers (%)

Staff physical health intervention – Keeping our Staff in Mind (KoSiM) 40

- Physical health intervention delivered by the KBIM team to 212 SESLHD mental health staff to improve their physical health
- 6 weeks of dietetic and exercise physiology consultations
- Significant improvements to staff physical health (nutrition quality, physical activity and metabolic health/weight) as well as improvements to their knowledge and confidence of talking to their patients about physical health issues
- KoSiM has seen strong culture change in SESLHD Mental health facilities to support physical health as core mental health treatment.
- “Healthier staff = positive role modelling to patients”

Figure 4. Work setting of KoSiM staff

Figure 5. KoSiM staff role

headspace Active

A pragmatic exercise physiology program offered to 14-to-25-year old’s with at-risk mental states (i.e. at risk of developing psychosis) and seen through Eastern Suburbs Mental Health Service.

Results suggest headspace Active was well accepted and integrated within the youth mental health service and was associated with improvements in physical and mental health outcomes among youth (results in table below). Given the potential scalability of this real-world physical activity program to other youth mental health settings, these results have implications for best practice implementation of physical activity interventions for individuals with emerging mental illness.

Table 4. Attendance and engagement of completers (n=20)

Table 5. Efficacy outcomes - anthropometry and fitness scores

- indicating improvements
- indicating nil changes
Keeping the body in mind: A qualitative analysis of the experiences of people experiencing first-episode psychosis participating in a lifestyle intervention programme

- The aim of this study was to explore the experiences of young people who participated in the Keeping the Body in Mind program. A qualitative approach was used employing a semi-structured interview format.
- Thematic analysis revealed four main themes: the role of physical health in mental health recovery; the importance of staff interactions; the value of peer interaction; and graduation to a sustainable healthy lifestyle.
- Study participants reported that they valued the program for both their physical health and mental health recovery.

Studies under review or in draft:

- Results from 182 young people that attended KBIM early psychosis program between 2015 and 2019 have shown the program can prevent rapid weight gain for youth recently prescribed antipsychotic medication (manuscript currently under review)
- 172 individuals referred to the KBIM Tobacco Treatment Specialist, with 18 people quitting smoking and 25 reducing their daily cigarettes to less than 5.6 (manuscript in draft)

These examples have demonstrated KBIM to be an evidence-based model of care and have been vital in supporting the inclusion of KBIM as part of standard SESLHD Mental health care. Although each project reflects a sample of consumers accessing SESLHD services, our aim is for KBIM to be offered to all SESLHD mental health consumers. Data and program evaluation is ongoing.

A full list of peer-reviewed publications is available in Appendix 5.
Conclusion (1/2 x A4 page).

The physical health disparities for people with mental illness contravene international conventions for the ‘right to health’ and been labelled a scandal of premature mortality (Thornicroft 2011). The Keeping the Body In Mind program aims to address the mortality gap through lifestyle behaviour change and reducing cardio-metabolic risk. KBIM have been a pioneering lifestyle program for people diagnosed with severe mental illness. One of the first of its kind worldwide, KBIM have been integrated within the publicly funded, SESLHD mental health service and are strong advocates to bring physical health care to the forefront of mental health care more broadly.

A key focus of KBIM is to further build and embed authentic co-design within its clinical programs, quality improvement and research projects. This is evidenced by the commitment to a lived experience project manager who supports the team in this endeavour.

KBIM have embedded translational research within its development and been able to share the evolution of the program locally, nationally and internationally contributing evidence to support scalability of lifestyle programs including exercise physiology, nutrition and smoking cessation to other mental health services. KBIM is a key advocate influencing mental healthcare reform influencing holistic approaches locally (including NSW Health policy) and globally (including WHO).

KBIM have formed many partnerships and collaborate with local and international stakeholders to improve physical health outcomes for people with a lived experience of severe mental illness. Working with groups such as Mindgardens Neuroscience Network, Equally Well, iPhys, AEPCC, MAGNET, ALIVE and Growing Minds Australia, KBIM will continue to build the evidence to improve physical health outcomes and expedite the translation of research into clinical practice.
Appendix of Support Material (max. 8 x A4 pages).

1. Brief overview of KBIM
   Keeping the Body In Mind Program

KBIM key aims

1. Preventing and managing cardio metabolic risk in consumers with severe mental illness
2. Advocate for the physical health needs of all mental health consumers through education, consultation and training.
3. Clinical and research reciprocity

In addition to the SESLHD KBIM teams, other services available include:

- a Tobacco Treatment Specialist (Clinical Nurse Specialist) and Peer Worker are available for smoking cessation support
- an Exercise Physiologist and Dietitian are available for individuals receiving mental healthcare from general practitioner, psychologist or private psychiatrist (ie not with SESLHD)
- KBIM is being adapted for individuals from a refugee or asylum seeker background
2. Impact for KBIM participants

“I really love the KBIM gym, and the gym was actually a really good place for me to come when I first got out of hospital. I felt hopeless coming out of hospital and didn’t really see the point in life. KBIM really got me back on my feet with my mental health and it was something to do as well. It definitely made me feel a lot better in myself.” Nadya (age 20)

“When I first got unwell, I felt really lost and questioned whether life was worth living. Having the KBIM program to go to was certainly a welcome distraction. It gave me goals to focus on, it was like I was doing something worthwhile and not just sitting at home as that can be a really depressing experience. The structure was really important I stopped being so focussed on the psychosis itself. I’m now more physically active and take care of myself in terms of physical activity and nutrition, it has improved my mood, my enthusiasm and my focus on things.” Angela (age 23).

“I always wanted to be healthier and I would be for a while but I couldn’t keep consistency. At the centre I made a plan with the staff that was manageable. I was then able to develop a routine, so I could stick to it. I have been able to change the plan independently and stick to this too.” Angela (age 23).

“I have so much more energy now- I never want to go back to how I was.”

“I liked we had some people in group each week as I got to know them.”

KBIM infographic 2019

“The co-operation in cooking group is very satisfying, being able to get together in cooking group and make a meal that we can all sit down and eat together is very nice. The food is very good and feel like I have accomplished something with the group.”

Mohammad (age 21).

“You got me out of the house, thank you KBIM.”
3. KBIM Funding Awarded

Grants have enabled the piloting and subsequent scaling of KBIM services since inception.

<table>
<thead>
<tr>
<th>Funding Body and Scheme</th>
<th>Year</th>
<th>Project</th>
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<tbody>
<tr>
<td>Ministry of Health</td>
<td>2013</td>
<td>KBIM Pilot and Rollout</td>
</tr>
<tr>
<td>The Inspiring Ideas Challenge</td>
<td>2018</td>
<td>Peer Health Coaches Project</td>
</tr>
<tr>
<td>Agency for Clinical Innovation</td>
<td>2018</td>
<td>y-QUIT: Youth Smoking Cessation</td>
</tr>
<tr>
<td>Prince of Wales Hospital Foundation</td>
<td>2020</td>
<td>Maroubra Community Centre – gym fitout</td>
</tr>
<tr>
<td>SPHERE</td>
<td>2020 – 2022</td>
<td>KBiM Primary</td>
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<td>Central Eastern Sydney Primary Healthcare Network</td>
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<td>KBiM Primary</td>
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<tr>
<td>Ministry of Health, Mental Health Branch</td>
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<td>Tobacco Treatment Service (CNS)</td>
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<td>Prince of Wales Hospital Foundation</td>
<td>2021</td>
<td>Tobacco Treatment Service (Peer Worker)</td>
</tr>
<tr>
<td>Ministry of Health, Mental Health Branch</td>
<td>2021</td>
<td>Refugee Physical Health</td>
</tr>
<tr>
<td>Mental Health Commission NSW</td>
<td>2021</td>
<td>KBiM Resource Package</td>
</tr>
</tbody>
</table>

4. KBIM Resources

Promotional Video: Keeping the Body In Mind – The Lived Experience

https://youtu.be/bBYapkof0NU
**KBIM Modules**

Fourteen modules were developed by the KBIM team in 2014/15 to support non-KBIM staff, family and carers with supporting people living with mental illness on topics relating to physical health.

These modules have since been revised and funded by Ministry of Health to be made electronic and accessible to mental health services across NSW.

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**KBIM Training Videos**


A suite of videos was made in conjunction with the Ministry of Health (Mental Health Children Young People). They were made to promote the ideals of good mental health and inform clinicians as to best practice implementation of lifestyle intervention programs.

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**Clinician Training – Module 5**

The KBIM story: Implementing a lifestyle intervention program
5. KBIM in the Media


Mental illness means shorter life expectancy but physical health is key, experts say

6. KBIM published peer-reviewed Journal Articles

Research papers written by KBIM team members and/or using KBIM data.

[1-57]


