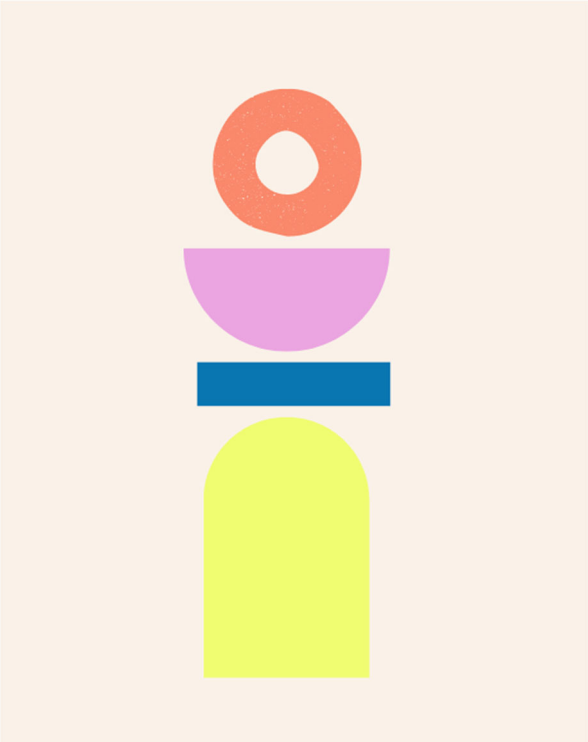
# **“A balance of good mental health and good physical health, and joy”** Regional mental health service users understanding of the connection between physical health and mental health, and their wellbeing



Cassandra Porter 2022
Clinical Nurse Specialist 1
Mental Health Services
Northern NSW Local Health District
Cassandra.porter@health.nsw.gov.au

HETI HEALTH EDUCATION & TRAINING INSTITUTE

NSW GOVERNMENT Health Northern NSW Local Health District

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## Acknowledgments

This research was funded and supported by the HETI Rural Research Capacity Building Program, I am sincerely grateful for the opportunity to participate in the program and all the people who supported me along the way

Firstly, I would like to acknowledge the traditional owners of the various lands in which this research was undertaken and the Aboriginal people who participated in this study. I pay my respect to Elders past, present and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW

I would like to express my gratitude to all the participants of this study who generously shared their perspectives and trusted me to share their words of wisdom

**Dr Kerith Duncanson & Mr David Schmidt**, thank you for your dedication to us novice researchers, your guidance, support, cheer leading, and humour. The RRCBP would not be what it is without the two of you. I am forever grateful to be part of the RRCBP family!

**Dr Christina Aggar**, thank you as always for your patience, unwavering support and mentorship. I admire your expertise and dedication to the fields of research, nursing and health promotion

**The 2020 RRCBP cohort**, thank you being on this journey with me. You have taught me that research is a team sport!

**Lauren Maguire**, thank you for your ongoing support to my professional development and commitment to this research study

**All Mental Health Nursing Unit Managers and clinicians** who helped to facilitate the interviews and showed interest in the research study. I am grateful to work alongside you in the aim to improve the health and wellbeing of our patients


## Abbreviations

HETI- Health Education Training Institute
RRCBP- Rural Research Capacity Building Program
NSW- New South Wales
LHD- Local Health District
IPU- Inpatient Unit
MHPs- Mental Health Professionals

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## Table of contents


**Acknowledgments** ..... 2

**Abbreviations** ..... 2

**Abstract** ..... 4

**Executive Summary & Recommendations** ..... 5

**Context** ..... 7

**Terminology** ..... 7

**Introduction** ..... 7

**Background & literature review** ..... 8

**Research Aim & Question** ..... 9

**Ethics Approval** ..... 9

**Method** ..... 9

*Study Design* ..... 9

*Sampling* ..... 10

*Data Collection* ..... 10

**Data Analysis** ..... 11

**Reflexivity** ..... 11

**Results** ..... 11

**Discussion** ..... 19

**Strengths and Limitations** ..... 23

**Conclusion** ..... 23

**Recommendations** ..... 24

**References** ..... 25

**Appendices** ..... 27

**Appendix 1. Semi-Structured Interview Questions** ..... 27

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## Abstract

**Introduction:** People living with mental illness are often mistakenly considered as lacking motivation or not prioritising their health and wellbeing. Understanding perspectives of people living with mental illness is crucial to adapt services, improve holistic care and meet mental health service users’ needs. The aim of this study was to explore regional NSW mental health service users understanding of the connection between physical and mental health, and their wellbeing.

**Method:** A descriptive qualitative study design, underpinned by empowerment theory was conducted. Quantitative demographic data were collected, with semi-structured interviews used to collect qualitative data. Thematic analysis was utilised to identify emergent themes.

**Results:** Fourteen participants admitted to regional mental health inpatient units aged between 25 and 84 years old were interviewed. Most participants (71%) self-reported their physical health to be only ‘fair’. Participants who self-reported their mental health as ‘good’, ‘fair’ and ‘poor’ were evenly represented in interviews. Majority of participants (71%) self-reported their overall health and wellbeing as either ‘good’ or ‘very good’. Qualitative data analysis revealed themes around the ability to function, feelings of control, having balance, self-concept and meeting basic needs. Interviews were described by participants as therapeutic and empowering, prompting participants to learn more about improving their physical and mental health through provided information or telephone-based coaching for support and motivation.

**Discussion:** Connecting and disconnecting factors between physical health, mental health and wellbeing explained participants understanding of the connections between them. Participants emphasis of their need for meaning and purpose in life, good physical and mental health, is important for practice and health promoting intervention development.

**Conclusion:** To improve holistic care, it is crucial that clinicians and patients work together to apply the theory of wellbeing to practice.



**Key words:** Mental health, physical health, wellbeing, patient perspectives, mental health service users, holistic care

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## Executive Summary


### Introduction

People living with mental illness are at higher risk of developing physical illnesses, resulting in poorer quality of life and reduced life expectancy of up to 20 years (Hennessy & Cocoman, 2018). Physical health conditions significantly increase a person's risk of developing mental health conditions (Doherty & Gaughran, 2014). For people living with mental illness, antipsychotic medications can complicate their physical health with significant adverse consequences (Bardi & Moorley, 2016; Happell et al., 2019). Both mental health professionals (MHPs) and people living with mental illness agree that mental illness is often the underlying cause of physical health problems (Blanner Kristiansen et al., 2015).

### Situation

Some mental health professionals (MHPs) believe patients are not interested or motivated to make healthy lifestyle changes, and patients report they do not have the surplus energy needed to break old habits and make healthy changes (Blanner Kristiansen et al., 2015). While MHPs believe patients don't prioritise their physical health, patients report having a lack of daily structure, poor sleeping habits and being unemployed results in them having other priorities (Blanner Kristiansen et al., 2015). People living with mental illness are often interested in learning more about how to improve their health (Verhaeghe et al., 2013). This disconnect highlights the need for MHPs to better understand the perspectives of people living with mental illness to improve holistic care and meet mental health service users' needs (Chadwick et al., 2012; Cranwell et al., 2016; Happell et al., 2016).

### Background

The perspectives of MHPs on physical and mental health are well documented, however research exploring the perspectives of people living with mental illness remains limited. This study was designed to explore regional NSW mental health service users' understanding of the connection between physical and mental health, and their wellbeing. Before interventions can be implemented to improve the health and wellbeing of people living with mental illness regionally, understanding their perspectives is crucial.

### Assessment

Using a qualitative approach, data analysis of interviews with 14 voluntary patients admitted in Northern NSW mental health units found five themes. The ability to function, feelings of control, having balance, self-concept and meeting basic needs explained participants understanding of the connection of physical health, mental health and their wellbeing. These results suggest that to improve holistic care, it is crucial that clinicians and consumers work together to apply the theory of wellbeing to practice.

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**Recommendations**

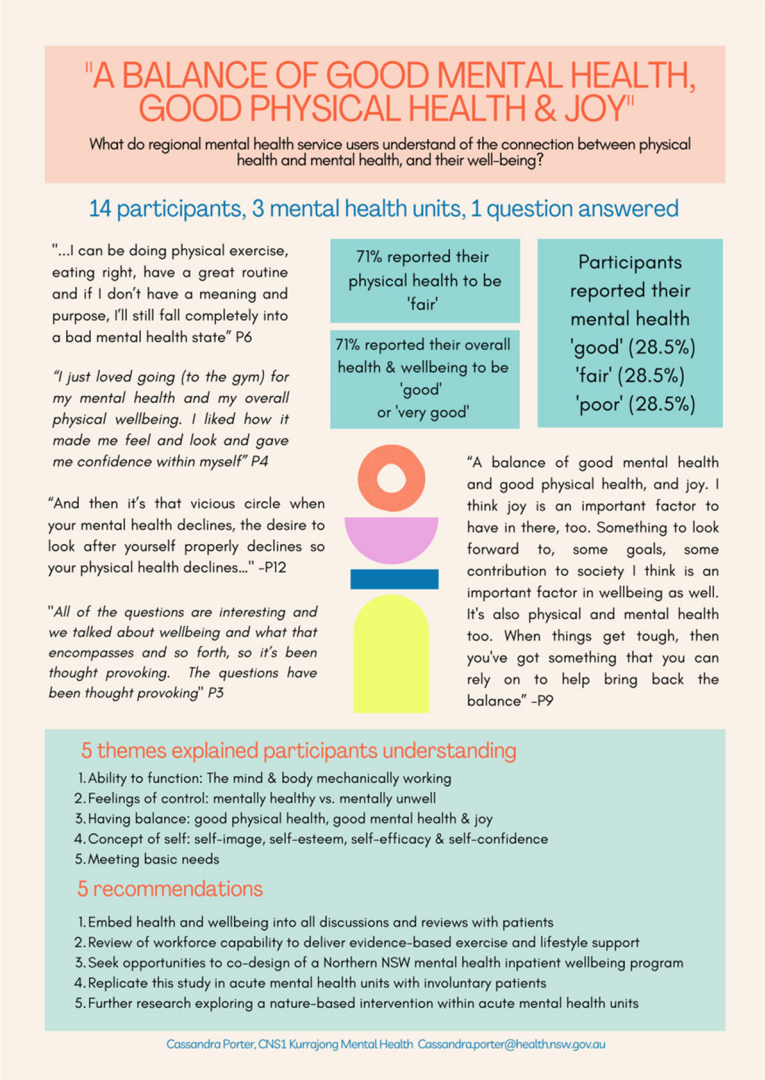
⇒ Disseminate findings of this study to all Northern NSW Adult Mental Health Inpatient Units (IPUs). Embedding health and well-being into all discussions and reviews with patients is recommended

⇒ Northern NSW Executives to consider a review of workforce capability to deliver professional evidence-based exercise and lifestyle support. This review could consider the role of specialist expertise such as exercise physiology

⇒ Northern NSW Health to seek opportunities to embed a consumer voice in service design, including providing opportunities to co-design a wellbeing program with patients and carers

⇒ Researchers to consider replicating this study in acute mental health units with involuntary patients

⇒ The health and wellbeing benefits of exposure to nature are well known, further research exploring the impact of a nature-based intervention within acute mental health units is recommended



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## Context

For decades researchers and health services in Australia and worldwide have attempted to address the physical health of people living with mental illness. Despite the efforts, the number of years of life lost due to physical health conditions is increasing (Firth et al., 2019). Cardiovascular disease accounts for 80% of deaths among people living with mental illness, suicide accounts for 14% (Lawrence et al., 2013). On top of increased physical health conditions, people living with mental illness have reduced access to adequate healthcare (Firth et al., 2019) with people living rurally and regionally also experiencing poorer access to' and use of, healthcare services than people living in metropolitan areas (AIHW, 2022). Furthermore, people living with mental illness are less likely to access healthcare services due to mental illness-related stigma (Knaak et al., 2017).

## Terminology

While the term physical health is somewhat ambiguous (Happell et al., 2016), for the purposes of this study physical health refers the condition of one's body and how the body is functioning. Mental health as defined by the World Health Organisation (WHO) is "*A state of well-being that enables people to cope with the stresses of life, realise their abilities, learn well, work well and contribute to their communities*". Mental illness is a diagnosable disorder with a standard set of diagnostic criteria. The terms mental illness and mental health conditions are used interchangeably in this paper. A person's mental health can fluctuate throughout their life due to life traumas and stressors, without having a diagnosis of mental illness. It is important to highlight that mental health is more than the absence of mental health conditions. A person living with mental illness can achieve mental well-being. While the most appropriate definition of well-being is debated, for the purposes of this study wellbeing is "*the combination of feeling good and functioning well*" (Ruggeri et al., 2020).

## Introduction

Health and wellbeing is a complex combination of a person's physical health, mental health and social determinants of health. In Australia, people are seen to move between three population groups, the well population, the at-risk population and the population with mental illness, as their mental health and well-being fluctuates (Commission, 2020). A person's mental health is influenced by social determinants of health including social, economic and physical environments throughout their life stages (Allen et al., 2014). Positive social environments, access to healthcare and social services are protective factors for a person's mental wellbeing (Commission, 2020). A person's lifestyle, family, community and broader environment can either protect or harm their mental health (Commission, 2020).

The relationship and causality between a person's physical health and mental health are well understood, as are the consequences if they are not maintained or achieved. People living with mental illness are at higher risk of developing physical illnesses, resulting in poorer quality of life and reduced life expectancy of up to 20 years (Hennessy & Cocoman, 2018). Paradoxically, physical health conditions significantly increase a person's risk of developing mental health conditions (Doherty & Gaughran, 2014). For people living with mental illness, antipsychotic medications can complicate their

physical health with significant adverse consequences (Bardi & Moorley, 2016; Happell et al., 2019). Both mental health professionals and people living with mental illness agree that mental illness is often the underlying cause of physical health problems (Blanner Kristiansen et al., 2015)

People living with mental illness' low self-efficacy are often mistaken by MHPs as lack of motivation or priority. Mental health professionals often overlook the holistic needs of the person despite a general consensus that physical and mental health is inseparable (Blanner Kristiansen et al., 2015; Lundström et al., 2020). Blanner Kristiansen (2015) reported that mental health professionals believed patients were not interested or motivated to make healthy lifestyle changes. Conversely, patients reported they did not have the surplus energy needed to break old habits and make healthy changes (Blanner Kristiansen et al., 2015). While MHPs believed patients don't prioritise their physical health, patients reported a lack of daily structure, poor sleeping habits and unemployment resulted in them having other priorities (Blanner Kristiansen et al., 2015). People living with mental illness are often interested in learning more about how to improve their health (Verhaeghe et al., 2013). This disconnection in understanding highlights the need to better understand the perspectives of people living with mental illness to improve holistic care and meet mental health service users' needs (Chadwick et al., 2012; Cranwell et al., 2016; Happell et al., 2016).

## Background & Literature Review

People living with mental illness identify the importance of good physical health and good mental health and the role of MHPs in helping them to manage both (Cocoman & Casey, 2018). People living with mental illness rely heavily on mental health services for their healthcare needs, generally only accessing their general practitioner for chronic conditions (Young et al., 2017). However, people living with mental illness report a division between physical and mental health care and the stigma of mental illness as a barrier preventing them accessing and receiving appropriate physical health care (Happell et al., 2012). While patients report being reasonably satisfied with the mental health service, they also report having come to accept and expect the lower standard of care provided (Young et al., 2017). Patients report they were treated as second class citizens because of their mental health diagnosis and/or psychosocial disability (Ewart et al., 2017). Difficulty communicating with healthcare professionals, powerlessness, hurried atmosphere, mental health diagnosis overshadowing and lack of follow-up were barriers patients experienced (Chadwick et al., 2012). Healthcare professionals working together, with more cooperation between psychiatric and general medical healthcare, is needed to develop and provide interventions to enable healthy living for people living with severe mental illness (Blanner Kristiansen et al., 2015; Blomqvist et al., 2018).

For healthy living to be enabled among people living with mental illness mental health professionals need to be treat patients holistically and provide individualised support (Blomqvist et al., 2018). People living with mental illness are aware of the need to engage in health protective behaviours, have everyday structures and motivating life events. However, they often feel overwhelmed by comorbidities and barriers and need individualised support to enable healthy living (Blomqvist et al., 2018; Cocoman & Casey, 2018). McCloughen et al. (2016) also reported young people with mental illness prescribed antipsychotics are concerned about their physical health and need individualised

support to manage the effects of sedentary behaviour on diet, exercise, sleep, self-esteem and self-worth, finding it hard to gain control to change their physical health on their own.

There is little published literature about the perspectives of people living with mental illness on how they understand physical health, mental health and the connections. Three studies specifically mentioned participants making the connection between mental health and physical health (Blanner Kristiansen et al., 2015; Cocoman & Casey, 2018; Happell et al., 2016) while McCloughen et al. (2016) reported participants made reference to this connection. Three studies discussed this connection as including wellbeing. (Ewart et al., 2017; Happell et al., 2016; Owens et al., 2010). Barriers included service delivery and stigma preventing good physical and mental health while Blanner Kristiansen et al. (2015) & Blomqvist et al. (2018) discussed individualised support to enable better health outcomes. Owens et al. (2010) highlighted wellbeing as being neglected in research, preventing understanding it's importance in peoples' lives, the development of treatment and improving holistic care for people living with mental illness. The perspectives of rural and regional people living with mental illness and how this cohort views physical health, mental health, and their wellbeing have not been explored.

## Research Aim & Question

The aim of the study was to explore how regional mental health service users understand the connection between physical health and mental health, including their well-being. In this study, the research question was "*What do regional mental health service users understand of the connection between physical health and mental health, and their well-being?"*

## Ethics Approval

Ethical approval was granted by the North Coast NSW Human Research Ethics Committee (HREA307) on the 29th of March 2021. Site Specific Assessment Approval 2021/STE00146 was authorised on the 30th of March 2021. This study conformed to the guidelines of the National Statement on Ethical Conduct in Human Research (2007).

## Method

*Study Design*

This study used a descriptive qualitative study design which was underpinned by empowerment theory (Perkins & Zimmerman, 1995). Using empowerment theory to guide the semi-structured interviews provided the opportunity for data collection to be empowering for participants and have a therapeutic effect.

*Sampling*

This study used purposive sampling to identify and select individuals or groups who were living with mental illness (Palinkas et al., 2015).

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*Data Collection*

Participants were patients aged 18 and over who were accessing one of four Northern NSW Mental Health Inpatient Services as a voluntary patient. The data was collected over a 1-month period in 2021. The researcher attended each of the four Northern NSW Mental Health Inpatient Services for two days on separate dates at least one week apart to allow for patient turnover, except for one unit which was attended over two consecutive days. Written consent was obtained before the interview. Participants were interviewed by the researcher who is a qualified and experienced female mental health nurse. Participants were invited to have their nominated carer present. Interviews were audio recorded and transcribed verbatim. Data was de-identified during the transcription process. Transcripts were not provided back to participants for comment due to de-identification.

Qualitative data were collected via 20-30-minute semi-structured interviews. Quantitative demographic data was collected concurrently to support qualitative data. Semi-structured interview questions were a mix of general and survey questions (see appendix 1). Semi-structured questions were modified from questions previously asked by Happell et al. (2016) and wellbeing questions asked by Owens et al. (2010).

Demographic information including age, gender and Aboriginal or Torres Strait Islander origin was also collected.

Evaluation questions were asked to understand if participants found the interview empowering or therapeutic. Questions were asked to identify if participants wanted to learn more about improving their health and wellbeing or receive telephone-based coaching.

## Data Analysis

Data saturation was likely reached when no new concepts were mentioned, so no more participants were recruited, and data collection concluded. Six step thematic analysis (Braun & Clarke, 2006) was used to identify potential themes. Transcripts were read several times for familiarisation with the data and interesting features noted on transcriptions. Direct quotes were extracted from the transcripts to excel spreadsheet and initial codes generated for the entire data set. The principal investigator used both Excel spreadsheets and then post-it-notes to transform codes into themes. Meetings were held between principal investigator and two co-researchers (research mentors) to search and collate data into potential themes. Themes were discussed, critiqued, revised, and defined as a team to add rigor to the study. Thematic memoing was used to analyse and understand the patterns within each theme and collate appropriate quotes. These memos were then transformed to form the basis of the findings section of the manuscript.

## Reflexivity

This research study was not conducted as advocacy research, however advocating for people living with mental illness drives the researcher in their professional roles as a mental health clinician and novice researcher. With post graduate qualifications in Mental Health Nursing and Health Promotion, and a decade of experience in acute mental health inpatient units, it is important to acknowledge the

researcher's role, experiences, and assumptions. In the study design, the researcher acknowledged their position as a mental health nurse working part time (2 days a fortnight) in one of the mental health units included in the study and the questioned the appropriateness of their role as interviewer. Discussion with co-researchers determined the researchers experience and expertise in this field was beneficial to reduce the risks of psychological harm from participation in the research. The use of predetermined survey-type and semi-structured questions were used, to ensure transferability. To minimise the risk of researcher bias reflection after each interview was undertaken to ensure reliability in research procedures. Regular mentoring sessions throughout the research were valuable to reflect on the journey. The researcher found it difficult at times to listen and probe objectively and not adopt their usual role as mental health nurse who would provide solutions, regular discussions with co-researchers were held to manage this. Due to these biases, data analysis was conducted as a team, discussions held to ensure consistency and reflective practice, thematic analysis steps were followed, and the step-by-step process was documented. The researcher approached the emerging themes with the desire to deepen their understanding of people living with mental illness rather than bring preconceived ideas of what they expected to find, which allowed them to be pleasantly surprised with the research findings.

## Results

*Quantitative findings*

Fourteen participants were interviewed: seven males, seven females aged between 25 and 84 years old. Most participants were admitted to sub-acute or older persons units. Two participants identified as Aboriginal. No participants withdrew from the study. No participants chose to have their nominated carer present at the interviews.

Most participants of this study (71%) self-reported their physical health to be 'fair'. Self-reported mental health was spread more evenly across 'good' (28.5%), 'fair' (28.5%) and 'poor' (28.5%). Majority of participants however self-reported their overall health and wellbeing as either 'good' or 'very good' (71%).

*Qualitative findings*

Qualitative data analysis resulted in the generation of five main themes: the ability to function, feelings of control, having balance, self-concept and meeting basic needs.

### Ability to Function

Functioning was explained as the body and mind mechanically working properly and fully functioning, with the body systems and organs working as they should.

> *"Able to walk up and down stairs, just navigate your environment, you know. Just be able to walk where you want to go, be able to do tasks you want to do whether that's cooking or just any general task I class as physical" -P12*

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The mind functioning well was explained by one participant as:

> *"It means having to formulate ideas and execute plans and tasks that I set myself" -P5*

Sleeping well was a precursor to having the motivation and energy to exercise and the opposite to be true, when fatigued from not sleeping well motivation was low.

> *"I'm not sleeping well and as a result of not sleeping well I'm fatigued. So my motivation to exercise is very limited, very low" -P3*

Side effects from medication, such as weight gain impacted on the ability to function:

> *"I've been on a couple of different medications and they all have side effects. Some of them can make you gain weight, that can affect your mental health and obviously your physical health, some of them can make you have sexual problems, which can affect your mental health, and some of them can even make you have suicidal thoughts, which is going to affect your mental health obviously"- P6*

For some participants the role of medications in helping them recover were seen as positive:

> *"Medication's a big part of it at the moment. For me especially because it's a chemical imbalance so I can feel when the medication's working and then when it changed it didn't work and that was apparent almost instantly"- P12*

Diet was viewed as an opportunity for safeguarding by one participant:

> *" I have in my freezer two weeks' worth of good food I packed. If I know I'm going to fall, then I've got two weeks of food there to help me through it instead of eating crap and knowing that that's just going to make me spiral" -P7*

Smoking was mentioned by one participant as a disconnector of physical and mental health:

> *"Smoking is definitely a no, no if you want to have physical health and I've seen similar results of people who have smoked for a long time in the units and that's been quite an eye opener" -P3*

The inability to undertake basic living tasks including showering, dressing, cooking or desired exercised at the gym because of physical disability was detrimental to both physical and mental health.

> *"Well, it's (arm injury) hard because it frustrates me and it makes me feel incapable of just functioning normally. The normal everyday things that people take for granted, I have trouble doing. So it frustrates me and the pain impacts too and it's hard to separate what's*

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> *going on here because I'm having so much grief, and then there's the pain attached to it. And everything's unravelled because of the pain, and because I lost control of everything because I wasn't able to function anymore” -P9*

Functioning was discussed as either temporary or permanent. There could be temporary physical disability from injury or a bad mental health day or there could be permanent changes to functioning due to chronic mental illness:

> *“There’s people that get diagnosed with anxiety or depression and like that’s a disease. Whereas people can be, like I’m having a bad mental health day and it goes away within a couple of days or a week. Whereas some people who have a mental illness, it’s sometimes permanent and a lot more difficult, and it affects people differently -P14*

For one participant, mental illness was not a precursor for poor functioning, in fact they felt they could still function highly despite being mentally unwell:

> *“I just assumed mental health meant that you’re okay, you know you’re functioning… Since being in hospital I understand a lot more. I can understand that you can be really quite mentally ill but still functioning” -P12*

**Feelings of control**

The ability to function theme related to participants feelings of control.

Participants described mental health as something you have control over, the ability to control your thoughts, trajectory and life:

> *“(Talking about control) When it comes to mental health, yes. When it comes to mental illnesses, none at all” -P14*

> *“We don't have a lot of control over what happens to us, so good mental health is really being able to react positively to what's happened. It's being able to take responsibility for how you behave and how you respond when you lose that” -P9*

Having no control over one’s thoughts and something in the mind causing negativity in one’s life was seen as mental illness. Mental illness was seen to detract from mental health, the opposite of mental health:

> *“Something in your mind that either you can’t control that’s, or that’s causing you negativity in your life is mental illness” -P6*

> *“Mental illness is something that detracts from mental health” -P5*

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Asking and accepting help for mental illness was viewed as having a level of control over one's mental health:

> *"I would say mental health would be like being open, dealing with the illness and the illness is just a term to diagnose that you have a mental health issue, if that makes sense" -P4*

When participants were experiencing good mental health, it was easier to motivate themselves to exercise, eat well, socialise and pursue goals:

> *"I've just started to re-establish my physical health, albeit small, but I don't want to go right into too hard and fast. And naturally enough, I want to get my mental health side back into proportion with the physical, but obviously I want my mental health as the primary importance to me to get that re-established. And then I think the physical side will then naturally flow on from that because you're motivated, you have a purpose to increase your physical wellbeing as well" P13*

When experiencing poor mental health or mental illness participants explained they lost control of their physical health:

> *"And then it's that vicious circle when your mental health declines, the desire to look after yourself properly declines so your physical health declines… I think the more mentally unwell you get, physically I feel like you do. You tend to eat badly because, well because maybe cooking is an effort, you don't exercise because that becomes an effort" -P12*

Participants explained that losing control both physically and mentally was gradual, slipping away slowly rather than all at once:

> *"Not really, it just happened I guess without even realising it was happening. It was very hard to do things that I was normally, you know around the house that I was normally able to do and that affected me. I didn't have any appetite and I'm a good cook and I couldn't even be bothered cooking. Yeah, so these things happened little but little they didn't happen all at once, just long enough for me to realise something is happening" -P10*

**Having Balance**

Having balance for participants was viewed as looking after themselves physically, mentally with goals to look forward to.

> *"A balance of good mental health and good physical health, and joy. I think joy is an important factor to have in there, too. Something to look forward to, some goals, some contribution to society I think is an important factor in wellbeing as well. It's also physical and mental health too. When things get tough, then you've got something that you can rely on to help bring back the balance" -P9*

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Having a balance between multiple dimensions of wellbeing was described as a feeling:

> *"Just being healthy, happy and positive and those together, it's a big fire inside of you, just powering you on. It makes you feel good" -P4*

Wellbeing was ultimately the result of having balance between physical health and mental health. Reciprocally, 'being in balance' was explained as having wellbeing:

> *"Wellbeing, … I think it just means that you, you feel good physically, you feel good mentally, just feel normal, you know. To me it's quite simple, I think wellbeing is just that you're quite happy in life, just happy where you are and what you're doing" P12*

The imbalance between physical health and mental health was described by one participant:

> *"Like they're all intertwined but just because you have one side perfect, it isn't going to make the other side perfect. Do you know what I mean? Like if your mind is in a perfect Zen place and you're not having any problems with it, you could be completely unfit or you could be the most athletic person ever and have a mental disorder. It's a hard one." P6*

**Concept of Self: self-image, self-esteem, self-efficacy, self-confidence**

This theme emerged from how one felt about themselves, their physical abilities, their appearance, and their confidence.

> *"I just loved going (to the gym) for my mental health and my overall physical wellbeing. I liked how it made me feel and look and gave me confidence within myself" P4*

> *"Having a healthy image of myself when I look in the mirror. Washing my clothes so I don't present bad" -P7*

Participants reported a perception that a person experiencing a physical illness was viewed as more favourably with their illness or injury being more evident and tangible:

> *"The difference between physical health and mental health is you can see physical health problems generally, or you can feel how they affect you more and other people can see. Whereas with mental health problems it can sometimes be hard to explain them or know what's going on or other people can't really see it from the outside. I think sometimes people with physical health problems have it easier in some ways in regard to the way other people treat them than people with mental health, because it's easier to tell when someone has a physical health problem like say a broken arm" P6*

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**Meeting basic needs**

The human needs of social connection and community, financial stability including housing and spirituality including purpose were highlighted by participants as having the most significant impact on their wellbeing.

Social connection with like-minded positive people made a huge difference to participants:

> *"I think it's very, very important that people have some exposure to social things. Whether it be a club of some sort or whatever. It's really very important…The thing about that is that when you're in amongst all the people, you're all equal. There's no one talking down at you, no one talking up at you. There's no one wealthier than you. There's no one poorer than you. You're all equal. And that's what makes a huge difference" P2*

Having supportive friends, family and mental health professionals to talk to about their problems or seek help from when needed were identified as crucial for wellbeing:

> *"I think seeking support is really important and knowing when you're in a dangerous place and asking for help is always important in terms of mental health" -P6*

Participants expressed being treated with kindness, listened to and like family by mental health professionals was appreciated and important for their health and wellbeing:

> *"They're kind, they're safe, they just, it's just like a family. It's not, "You're sick." They don't make you feel sick and they listen to what you say. You're heard. And they're not afraid to think outside the box because it's all a learning progress for everyone involved, not just one person. They persevere. They're absolute superheroes of perseverance" -P7*

Participants who had good relationships with friends and family expressed gratitude and pride for these:

> *"My family are really, really good. I'm really lucky" -P14*

Financial wellbeing was frequently identified by participants as important for their health and wellbeing. Participants spoke of both the financial wellbeing they aspire to and their current financial situation as impacting on their wellbeing:

> *"Financial wellbeing is something that we all aspire to, to create that comfortability that we can meet our responsibilities financially. Obviously, when that, something happens to affect that it's obviously a fairly important one, a very important one that we have to consider as far as our wellbeing goes" -P13*

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> *"Well, financial is a bit of a struggle because I'm on [a Disability Support Pension] so that's a bit of a tricky situation because I don't get very much money. So that does impact on me and my wellbeing because I worry about money, so I have financial insecurity" P3*

Housing was identified as vital for health and wellbeing:

> *"I'm stressing at the moment 'cause I don't really … like I can go live in a tent at a campsite but it's not going to really benefit me and my wellbeing, like I don't really want to go back to be living in a tent. Just 'cause there's, I don't know, it's not really very secure. But if you've got a house, say for housing, I don't know, you've kind of got your own sanctuary where you can recharge" P11*

Money is needed to buy medication and food, with fresh healthy food being seen as unaffordable for individuals with low income:

> *"I got myself very sick with diabetes, because I had no money to buy the tablets" P1*

> *"If you're in the economically lower part, it's going to be hard to acquire those things (healthy foods). They're quite costly." -P7*

The central motivating aims in one's life were highlighted as vital if one was to have wellbeing:

> *"For me, there's a major thing that makes my mental and physical health better, and that would be having a purpose in life… I can be doing physical exercise, eating right, have a great routine and if I don't have a meaning and purpose, I'll still fall completely into a bad mental health state" P6*

> *"Having something that you're passionate about, something that you love doing. It's always grounding. It's a very grounding exercise and it's somewhere to go when you're feeling a little wobbly. I miss my gardens" P9*

Spirituality and cultural connection were expressed as grounding, a belief, a connection that contributes to wellbeing rather than the answer to one's problems:

> *"If you live a life with a spiritual attachment to it, or a consciousness of it, it's an important thing to, well, it grounds you for starters, and it puts other things of life into perspective of consciousness of doing the right thing as well, which is important, not going over the boundaries of what we know is the way it should be… Spiritual side is, again, something that, from an individual point of view it's a personal thing, but I guess it forms, it gives you a balance spiritually to have belief in something like your deity or whatever. But ultimately, it doesn't solve the problems that we face" P13*

Spirituality included physical actions for some participants:

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> *"So, the other day I ended up going on a morning beach walk. I was going to walk in the fast group, but I ended up just getting lost in the moment. I would say spiritually with Indigenous people they use the term of 'grounding' and 'connecting to the land', so with me, I had my shoes off and I was just walking in the water, just feeling that breeze and just the smell of the ocean, just getting lost in the moment and it just felt like a whole weight just lifted off me. I just felt relaxed after leaving the beach" P4*

**Empowerment through interview**

Seven participants stated having the opportunity to speak about their health and wellbeing was thought provoking, gave them connections they had not made previously and a new focus for their recovery:

> *"I mean all of the questions are interesting and we talked about wellbeing and what that encompasses and so forth, so it's been thought provoking. The questions have been thought provoking" P3*

> *"It's given me something to think about because I've never really connected them" P12*

Seven participants said they had experienced no new insights, however highlighted it was useful to reaffirm what they already knew:

> *"No. It was good to have a yarn and have my mind using some of it for good" P7*

Nine participants stated they had not experienced any changes in motivation as a result of the interview, five stated they had:

> *"No, just keep on doing what I'm doing. It's quite difficult going to the gym in the morning, I find if I just put the gym gear on first then that's halfway there. Just force yourself to go down and normally once you start, it's okay. It's just that, it's making that effort, I'm doing that at the moment" -P12*

> *"You've naturally made me realise that for me, to move forward, then I have to improve my physical wellbeing and mental health" -P13*

A majority of participants (11 of 14) wanted to learn more about improving their physical and mental health, they were provided with additional information. Most participants (9 of 14) were interested in telephone-based coaching for support and motivation to reach their health and wellbeing goals and were provided with an information and coaching service brochure.

Four participants opted to receive results of the study and were emailed the infographic displayed in the executive summary.

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## Discussion

The aim of the study to explore regional mental health service users understanding of the connection between physical health and mental health, and their wellbeing was achieved. The hope that interviews would be therapeutic, and empowering was achieved for some participants. Connectors and disconnectors between physical health, mental health and wellbeing explained participants understanding. The ability to function, feelings of control, having balance, concept of self and meeting basic needs underpinned participants understanding of the connection of physical health, mental health and their wellbeing. Absence or loss of these same factors contributed to disconnection between physical health, mental health and wellbeing. Most participants wanted to learn more about improving their physical and mental health and were interested in telephone-based coaching for support and motivation to reach their health and wellbeing goals.

The two-way relationship between health and wellbeing is well known, health influences wellbeing and wellbeing influences health. It is possible however for someone to be experiencing a mental health condition and have high levels of wellbeing (Weich et al., 2011). Explaining experiences of wellbeing is complex, Weich et al. (2011) highlights there are distinct but complementary differences between hedonic (feeling full of life and having lots of energy) and eudaemonic (connection with family and friends, sense of belonging and purpose) wellbeing. Hedonic wellbeing declines with age while eudaemonic wellbeing is seen to increase with age (Weich et al., 2011). Higher wellbeing is linked to improved physical health outcomes, longevity and higher life satisfaction (Ruggeri et al., 2020). While some participants spoke of ‘feeling good’ most participants identified with the factors of eudaemonic wellbeing as having the greatest impact on their health and wellbeing.

Participants in this study viewed physical and mental health as the body and mind mechanically working as they should. The ability to get out of bed, attend to daily living activities and being able to walk where they wanted to go was seen as the body being able to function. This was described by Happell et al. (2016) as “being functional in everyday tasks”. Physical functional limitations including difficulty with climbing stairs and carrying objects are known to cause psychological distress, anxiety and depression, increasing the challenges for people living with these limitations (Backe et al., 2018). Physical injury and pain were viewed as disconnectors to physical functioning in both this study and by Happell et al. (2016) & Rollins et al. (2017). Consistent with Rollins et al. (2017) findings, physical injury and pain has a negative impact on mental functioning.

Exercise and sleep were viewed by participants as good for physical and mental functioning and lack of were contributors to poor mental health. Sleep serves as an important regulatory function for good mental health, while sleep disturbances increases stress and contributes to mental health problems (Palagini et al., 2022). Participants reported exercise, sleep, motivation, and energy levels went hand in hand, however viewed the association as one directional. When they were sleeping well, they had the motivation and energy to exercise, when fatigued from not sleeping well motivation and energy for physical activity was low. Physical activity and exercise for people living with mental illness is known to improve mood, reduce stress levels and increase energy levels however it is depression, stress and fatigue that prevents participation in exercise (Firth et al., 2016). Resistance exercises including weight training is an effective intervention to improve sleep quality (Kovacevic et al., 2018).

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While participants of this study did not highlight support to exercise as important to them, research shows having supportive people to assist with motivation, access to professional support to identify exercise goals and structured activity programmes can help to overcome psychological barriers and improve motivation to exercise (Firth et al., 2016; McCloughen et al., 2016).

Medications were viewed by participants of this study as having both negative and positive impacts on their mental health, physical health and wellbeing. The weight gain reported by several participants is consistent with widely reported antipsychotic medication side effects (Cocoman & Casey, 2018). Participants of this study highlighted the impact of weight gain on one's ability to do activities they would normally enjoy as most important to them. Antipsychotic medications cause weight gain, change a person's appearance and can negatively influence body image, self-esteem, quality of life; a challenge for both patients and clinicians (Dayabandara et al., 2017). Antipsychotic medications were also highlighted by participants in both this study and by Rollins et al. (2017) as an effective strategy to manage mental health. While participants in this study were able to identify many behavioural lifestyle strategies for managing their mental and physical health, it is important that mental health professionals empower patients to make behavioural lifestyle changes in addition to using medications (Rollins et al., 2017).

Diet and smoking were briefly mentioned by only a few participants. Eating nutritious food was identified as important for the body and mind to function and have stamina. Consistent with Blomqvist et al. (2018) study, participants identified eating regular meals, such as those provided during a hospital admission, an important strategy for looking after one's health and wellbeing. Interestingly and consistent with Happell et al. (2016) findings, only one participant of this study identified cigarette smoking as having an impact on physical and mental health, despite 81% of people living with psychotic illness reporting they are a current or previous smoker (Cooper et al., 2012). Happell et al. (2016) highlights the importance of mental health professionals specifically asking about smoking when assessing physical health to avoid any misunderstanding or ambiguity of the term physical health.

Participants explained they felt in control when feeling mentally healthy and not in control when experiencing mental illness. Good mental health was viewed as having emotional wellbeing and being happy, while poor mental health was seen as having mental illness and being emotionally, behaviourally and physically disturbed. (Willenberg et al., 2020). Participants felt if they focused their energy on regaining control of their mental health then their physical health would naturally improve through improved motivation and interest. Motivation although the hardest to gain was the key to exerting control and making lifestyle changes. (McCloughen et al., 2016). Interestingly, a study by Rollins et al. (2017) reported participants had different levels of perceived control over their physical and mental health, with some participants feeling it was easier to control their mental health rather than their physical health. While this study did not explore perceived levels of control with participants, it is important to consider this when working holistically with patients. Participants insight into control slipping away gradually highlights the importance of MHPs intervening as soon as possible.

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Participants in this study understood the connection between physical health and mental health as intertwined, with a natural flow between them. Participants saw this connection as either one directional or influencing each other consistent with studies by Rollins et al. (2017) & Cocoman and Casey (2018). Being physically active was seen as helping the mind at the same time and being on top of things mentally was seen as a precursor for controlling yourself physically; with the aim of a balance of both (Cocoman & Casey, 2018). When experiencing mental health problems participants explained they lost control of their physical health and when one's physical health was impacted by injury or illness it was more difficult to control their mental health. Rollins et al. (2017) participants explained this as "if one is bad, the other one is bad". Despite understanding the intertwining nature of physical health and mental health, some participants in this study reported nothing else mattered when they were mentally unwell. This is consistent with Blanner Kristiansen et al. (2015) study where participants felt mental illness took over everything else, when they were unwell they felt so terrible mentally they could not think about eating, exercising or worry about gaining weight.

A revealing finding of this study was that participants had a conceptual understanding of wellbeing. Participants were able to describe their wellbeing, despite having difficulty defining term 'wellbeing'. Owens et al. (2010) also found mental health service users had difficulty engaging with the term wellbeing. For participants having a balance between physical health, mental health, happiness and purpose was viewed as achieving wellbeing. This finding provides a new understanding of how to support patients to achieve wellbeing in their lives. Wellbeing as described by Ruggeri et al. (2020) supports participants descriptions of feeling good, functioning well, having some control over one's life, having life purpose and positive relationships. Blomqvist et al. (2018) participants linked an increased wellbeing with more motivation to continue their daily habits needed to live a healthy life. Individuals with higher levels of wellbeing have better physical and mental health, experience higher life satisfaction and live longer (Ruggeri et al., 2020). While this study did not measure participants subjective wellbeing, further research between subjective mental health, mental illness and wellbeing is needed to improve mental health promotion, illness prevention and improve life satisfaction and outcomes for people living with mental illness (Lombardo et al., 2018).

Participants' concept of self, including their self-image, self-esteem, self-efficacy and self-confidence could be seen as predictor of their wellbeing. A positive self-concept is a strong predictor of long-term mental health and wellbeing (Sirgy, 2021). Several participants spoke of how exercise improved their self-esteem and self-confidence. This is consistent with Kim and Ahn (2021) findings that exercise and physical activity can positively influence mental health by reducing depression and anxiety and enhancing self-esteem and self-concept. McCloughen et al. (2016) participants spoke of how they thought they 'should' feel in the terms of physical health, mental health, and wellbeing, and identified that they were still working towards their ideal. Interestingly, some participants viewed themselves as either a physical health person or a mental health person. Further research exploring self-concept and wellbeing may provide value in understanding how best to work with patients individually.

Participants in this study identified meeting their basic needs of social connection and community, financial stability including housing and spirituality including purpose as dimensions of their wellbeing. These basic needs are a result of the social, economic, environmental and political conditions in which

people are born, grow, live, work and age, they are the social determinants of health (Allen & Allen, 2016). WHO (2022) describes social determinants of health as “the non-medical factors that influence health outcomes”. Addressing the social determinants of health by empowering people to gain control over their lives, participate in their community and critically understand their community is important to reduce health inequalities (Allen & Allen, 2016; Perkins & Zimmerman, 1995).

Having supportive friends, family and mental health professionals to talk to about their problems or seek help from when needed was identified by participants of this study as crucial for wellbeing. Blomqvist et al. (2018) reported having both “emotional and practical support” from other people increases self-efficacy to live a healthy lifestyle. This study found connecting with likeminded others in community groups and social activities was highly favoured. Sharing experiences with likeminded others in social communities as highly important to a person’s overall wellbeing (Blanner Kristiansen et al., 2015). Engaging in encouraging activity groups with motivational support from friends, family, mental health professionals and peers has been found to help people living with mental illness improve their motivation to live a healthy life (McCloughen et al., 2016).

Poverty and financial hardship have long been associated with poor physical health and mental health outcomes, including reduced life expectancy and increased years living with disability (Frankham et al., 2020). While the cause and consequent relationship between poverty and mental health are questioned, there is a consistent link (Frankham et al., 2020; Hassan et al., 2021). A bi-directional relationship between housing affordability in Australia and mental health was highlighted by both Baker et al. (2014) and participants in this study. Participants in this study spoke of both the financial wellbeing they aspire to and their current financial hardship as impacting on their overall health and wellbeing. Participants highlighted their financial hardship meant they had difficulty purchasing healthy food and essential medications. Despite having the knowledge and motivation, poverty is a significant obstacle to eating a healthy diet (Happell et al., 2016) and limits the ability to access social activities beneficial for health and wellbeing (Blomqvist et al., 2018).

A sense of purpose or meaning in one’s life was highlighted by participants as vital if one was to have wellbeing, stating if they did not have purpose then good physical and mental health would not be enough. Meaning in life is vital for wellbeing, however good health is useful in the search for meaning (Grouden & Jose, 2015). Purpose and meaning in life has shown to have a greater impact on one’s health and wellbeing than good mental functioning and physical health (Steptoe et al., 2015; Wood & Joseph, 2010). Participants highlighted family and friends, contribution to society, health, a nice place to live, connection to others, sports and gardening gave them purpose and meaning in their lives. This is consistent with Grouden and Jose (2015) who found finding meaning in family, interpersonal relationships, health, religion and spirituality and a variety of meaningful sources protected a person from negative wellbeing outcomes. This finding highlights implications for practice; mental health professionals should empower patients to identify and develop a variety of sources of meaning and purpose in their lives.

A small number of participants in this study highlighted that spirituality and cultural connection were important for their wellbeing, two of these participants identified as Aboriginal. Spirituality and

cultural connection were expressed as grounding, a belief, a connection to land and country. For Aboriginal people, connection to country is central to their existence, their health and wellbeing, disconnection from this land causes distress, powerlessness, poor health outcomes and inequality (Kingsley et al., 2013). Exposure to nature is known to improve emotional wellbeing, relieve stress, increase positive mood and provide opportunity to reflect on life among many other benefits (Brymer et al., 2010). There is increasing evidence that demonstrates green social prescribing of nature based therapies including forest therapy (Thomas et al., 2020), green care: gardening for health (Thompson, 2018), green mind therapy (Pretty et al., 2017) and ecotherapy (Pretty & Barton, 2020) are beneficial to physical health, mental health and wellbeing. Further research exploring exposure to nature to improve health and wellbeing in mental health units is recommended.

This study confirmed people living with mental illness are interested in learning more about how to improve their physical health, mental health and wellbeing. Patients accessing mental health services want to improve their health and wellbeing, however need support from mental health professionals to make healthy lifestyle choices in their daily routines (Blanner Kristiansen et al., 2015). Half of the study participants identified the interviews were therapeutic and a third of participants reported they felt empowered after the interview highlighting the important place for health and wellbeing discussions in mental health units. Patients feel respected as individuals when mental health nurses are interested to enquire and discuss their health and lifestyle issues (Verhaeghe et al., 2013). Empowerment-orientated interventions which aim to enhance wellbeing, improve situations, provide opportunities for participants to develop their skills and knowledge and collaborate with mental health professionals as equals (Perkins & Zimmerman, 1995) should be implemented into mental health services.

### Strengths and Limitations

This study was small in numbers, however data saturation was considered to have been reached. Participants were recruited from only three of the mental health units. The perspectives of patients admitted to acute mental health facilities were not heard. While the voices of people in an acute episode of mental illness admitted involuntarily under the Mental Health Act were excluded, this study represents people living with mental illness who potentially were involuntary and were recovering. While it would be beneficial to replicate this study in acute mental health units with involuntary patients, this study deemed the risks outweighed the benefits. This study did not use a psychometrically tested measure, instead amended questions previously used in other studies. Interviews were conducted by a qualified and experienced mental health nurse, while this potentially presents limitations, data analysis was conducted as a team to add rigor to the study.

### Conclusion

Using descriptive qualitative methods to analyse data from interviews with 14 voluntary patients admitted in Northern NSW mental health units we found that ability to function, feelings of control, having balance, self-concept and meeting basic needs explained participants understanding of the connection between physical health, mental health and their wellbeing. These results suggest that to

improve holistic care, clinicians and consumers need to work together to apply the theory of wellbeing to practice.

### Recommendations

- ⇒ Disseminate findings of this study to all Northern NSW Adult Mental Health Inpatient Units (IPUs). Embedding health and well-being into all discussions and reviews with patients is recommended
- ⇒ Northern NSW Executives to consider a review of workforce capability to deliver professional evidence-based exercise and lifestyle support. This review could consider the role of specialist expertise such as exercise physiology
- ⇒ Northern NSW Health to seek opportunities to embed a consumer voice in service design, including providing opportunities to co-design a wellbeing program with patients and carers
- ⇒ Researchers to consider replicating this study in acute mental health units with involuntary patients
- ⇒ The health and wellbeing benefits of exposure to nature is well known, further research exploring the impact of a nature-based intervention within acute mental health units is recommended

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## Appendices

### Appendix 1. Interview Questions

**Semi-Structured Interview Questions**

1. *If someone uses the term physical health, what does that mean to you?*

Probe- Nutrition, exercise, physical activity, sleep, hygiene and/or relaxation- Would you consider these as physical health or not, and why?

2. *What does mental health mean to you?*

Probe- A person's mental health can impact how they cope with stress and daily living. In your opinion and experience, how does the term mental health relate or compare to mental illness?

3. *How do you feel your physical health influences mental health?*

Probe- Some people report when they feel well and healthy in their body they feel better mentally, have you experienced this?

4. *How do you feel your mental health influences your physical health?*

Probe- Some people report that when they feel mentally well and happy they have the motivation to look after their physical body, can you think of any examples of this in your life?

5. *Well-being is a term that is regularly talked about. Can you tell me what you understand it to be? What does it mean to you?*

Probe- A person's well-being is thought to include aspects of their physical, mental, spiritual, cultural, social, environmental and financial well-being- out of these which one's resonate with you?

6. *How do you feel your physical and mental health together impacts your overall well-being?*

**Structured Questions**

7. *How do you rate your physical health?*
   Excellent, Very Good, Good, Fair, Poor

8. *Thinking about the past two weeks, could you please rate how you feel you have looked after your physical health?*
   Excellent, Very Well, Well, Fair, Poor

9. *How do you rate your mental health?*
   Excellent, Very Good, Good, Fair, Poor

"A balance of good mental health and good physical health, and joy"

***10.*** *Thinking about the past two weeks, could you please rate how you feel you have looked after your mental health?*
Excellent, Very Well, Well, Fair, Poor

***11.*** *How would you rate your overall health & well-being?*
Excellent, Very Good, Good, Fair, Poor

***12.*** *Thinking about the past two weeks, could you please rate how you feel you have looked after your overall health & well-being?*
Excellent, Very Well, Well, Fair, Poor

***13.*** *What kind of activities you have done to look after your health & well-being in the past two weeks?*

**Demographic Questions**

***14.*** *What is your age?*

***15.*** *What gender do you identify with?*
Female, Male, Neither, Prefer not to say

***16.*** *Are you of Aboriginal or Torres Strait Islander origin?*
No, Yes Aboriginal, Yes Torres Strait Islander, Yes both Aboriginal and Torres Strait Islander

**Evaluation Questions**

**17**. *What (if any) new observations or thoughts have you had about your health today during this interview?*

**18.** *Have you had any changes in your motivation to look after your health as a result of today's interview? If so, what were these?*

**19.** *Would you like to learn more about how you can improve your physical and mental health?*
If participant answers yes- provide Northern NSW Let's Get Physical 'Get Healthy and Feel Better' Patient Flyer

**20.** *Would you be interested in free telephone-based coaching for support and motivation to reach your health and well-being goals?*
If participant answers yes- provide brochure for NSW Health 'Get Healthy' Information and Coaching Program