


2014


2013


**2012**


**Overview of the Flinders Chronic Condition Management Program™**

The Flinders Chronic Condition Management Program™ (Flinders Program™) was formerly known as the Flinders Model. There are a number of reasons for the name change. The Flinders Program™ is no longer a model. Ten years of research and clinical use in a variety of settings and countries has led to more robust reinforcement of the components of the Program, the education and training options and adaptations for special populations.


**Background and rationale**

The health and wellbeing of Aboriginal and Torres Strait Islander people stills lags behind that of all other Australians [1-2], despite the efforts of all Australian governments [3]. Chronic health conditions are prevalent, particularly among Aboriginal people, and put significant strain on patients, their families and communities, and the health care system as a whole. Recent national aggregated data highlight that 50% of all Aboriginal people have a chronic condition or disability, and that chronic disease contributes to 80% of the estimated 11.5 year life expectancy gap between Aboriginal and other Australians [3-4]. Deaths attributable to all chronic conditions were 2-3 times higher for Aboriginal people than other Australians, and diabetes-related deaths were 6-7 times higher [2]. Chronic conditions include long term illnesses such as diabetes, cardiovascular disease, renal and pulmonary disease, mental illness and substance use problems. Many Aboriginal people are living with several chronic conditions at once, highlighting the need for holistic yet individualised approaches [2, 5]. To reduce the burden and cost associated with chronic conditions, various chronic condition management strategies were developed and promoted widely by government for both the general population [6-7] and for Aboriginal people in particular [8-10]. Chronic condition management strategies that are holistic, primary care approaches to enable people with chronic conditions to live healthy productive lives, are in accord with the Aboriginal community controlled health sector’s values [11-12], as well as those of the larger Aboriginal community:

‘Aboriginal health is not just the physical well being of an individual but also the social, emotional and cultural well being of the whole community in which each individual is able to achieve their full potential
thereby bringing about the total well being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life.’ [13]

However, although chronic condition management strategies seem like a good idea, and we know that some of these strategies have been implemented successfully in different settings including Aboriginal communities, little is known about their clinical effectiveness, sustainability or transferability.


2011


Lawn S (2011) Mental illness is no excuse for turning a blind eye to smoking. The Conversation, 7 November 2011.


**2010**


2009


Flinders Human Behaviour & Health Research Unit (2009) The Flinders Program. *DVD (Created for the Flinders Living Well Program developed for the South Australian Department of Health’s ‘Do It for Life’ Program.).* Flinders Human Behaviour & Health Research Unit, Bedford Park, SA


The Flinders Human Behaviour and Health Research Unit has contributed to the specific questions from the taskforce via the consultation held in Adelaide on January 29, 2009. We would like to submit this further information in support of the work of the taskforce. This would primarily relate to the potential for direction for the National Prevention Taskforce overall as well as to potential strategies for interventions in the SNAPS (smoking, nutrition, alcohol, physical activity, stress) lifestyle risk factors for chronic disease.


Introduction
Chronic conditions pose significant burdens on health and wellbeing for individuals, families and communities (WHO, 2002). Their common co-morbidity adds to this burden. In Australia, chronic conditions such as asthma, diabetes, depression, arthritis and cardiovascular disease are the main cause of death and disability. The burden of chronic conditions is expected to reach 80% of healthcare expenditure by 2020 (National Health Priority Action Council, 2006). The term ‘chronic condition’ has been chosen instead of ‘chronic disease’ as it encompasses diseases, mental disorders and disabilities. Chronic conditions are also among the most preventable health conditions. An estimated 6.8 million Australians currently have one or more chronic conditions (AIHW, 2004). Chronic condition management and self-management often involves the management of co-morbid health conditions and related complications. Early detection and treatment and active collaboration with the patient can delay complications and disability (Glasgow, Orleans, Wagner, Curry & Solberg, 2001). This approach is most effective within systems that are integrated and support self-management by the patient (Wagner, Austin & Von Korff, 1996a).

The skills of the primary health care (PHC) workforce are essential for effective chronic condition self-management support to patients across the lifespan. The World Health Organization has identified a number of competencies required by health professionals and healthcare systems to deliver effective care to those with, or at risk of developing, chronic conditions. These competencies include patient-centred care, partnering with the patient and other healthcare providers, and adopting a public health
perspective. Empowering individuals towards adopting self-management strategies, where appropriate, feature significantly in these competencies (WHO, 2005).


**Project summary**
This project will investigate what psychological, social, political or environmental factors contribute to successful quitting or resilience against taking up smoking in populations where a high percentage of individuals smoke. This will be done through a literature review and interviews. The literature review will systematically search for information on resilience, coping and smoking. The interviews will then explore and explain the barriers and facilitators to ‘never smoking’ and ‘quitting’ in Aboriginal and Torres Strait Islanders people, mentally ill and young people. Long-term smokers will also be interviewed in these 3 ‘at risk’ populations to ascertain why they are resilient to public health messages regarding the adverse health effects of smoking tobacco products.

**Summary of projected outcomes**
• Inform South Australian State-wide policy responses to smoking.
• Enable better targeting of smoking programs and interventions to key population groups (Aboriginal groups, mentally ill and young people).
• Contribute to, and inform, the South Australian Department of Health’s response to the South Australian Strategic Plan (SASP) target.

2008


**Background**
The Australian Better Health Initiative (ABHI) is a $500 million program of the Council of Australian Governments to implement the National Chronic Disease Strategy which was developed to improve chronic disease prevention and management across Australia. A key element of the strategy is education and training of the current and future Australian primary health care (PHC) workforce in chronic condition prevention and self-management support (CCSMS) principles. The drivers for the Strategy include the ageing population, workforce pressures, a need for cultural change in clinician attitudes and practices, inequities in access to services, inadequate coordination and integration of services and the need to enhance the quality of services.

In May 2007, as part of the ABHI the Flinders Human Behaviour and Health Research Unit (FHBHRU) in conjunction with its project partners, the Australian General Practice Network (AGPN), the Australian Psychological Society (APS) and the Flinders University Department of General Practice received funding from the Commonwealth Department of Health and Ageing to investigate Training and information options to support chronic condition prevention and self management in primary health care. This project built upon previous work by FHBHRU in the development of an undergraduate curriculum in CCSMS for medicine, nursing and allied health.

This final report draws together the outcomes of all stages of the project, with detailed recommendations to address the gaps in training and information available to the primary health care workforce to support their patients in chronic condition prevention and self-management. The information and opinions contained in this document do not necessarily reflect the views or policies of the Australian Department of Health and Ageing.


Executive Summary

Much debate has surrounded the issue of smoking within psychiatric facilities both in the research literature and within clinical settings internationally. Direct causal links between smoking and onset and exacerbation of multiple health problems is well established. The World Health Organization (2006) estimated that tobacco consumption accounted for 5 million deaths worldwide in 2006 and that this figure will double by 2020. In the current climate of growing concern for the harmful effects of cigarette smoking and passive smoking (VicHealth Centre for Tobacco Control, 2002; NH&MRC, 1997; OEHHA, 1997), the high prevalence of this activity within psychiatric settings can no longer be ignored.

Those with mental health problems smoke significantly more and consequently experience greater smoke-related physical harm than the general population. However, smoking also affects mental health by not only increasing the risk of first developing a mental illness but also by its dose dependent relationship with depressive and anxiety symptoms. To this end, many mental health services are attempting to be smoke-free or are discussing ways that they can place restrictions on tobacco smoking within their inpatient facilities as part of Occupational Health, Safety and Welfare concerns for both patients and staff.

This survey of Australian psychiatric inpatient facilities was a direct response to the growing number of contacts for assistance and advice received by the first author, and the limited research in this area. In particular, there appears to be a lack of detailed information about the practical steps made by facilities that have successfully gone smoke-free or the reasons for failure in those facilities that have attempted to be smoke-free. The goal of this study was to engage with people working in these settings, where policies often take on a very different meaning for those who deliver them and so determine the true measure of what actually works.

The study involved interviewing 60 clinical staff with a broad range of roles in 99 open (n=56) and locked (n=43) inpatient units across all Australian states and territories. This included units that had successfully gone smoke-free (n=39), units that were actively planning to become smoke-free (n=15), units that had attempted and failed (n=14) and units that were not currently planning to be smoke-free (n=31). Adult acute units made up the majority of the sample with forensic units, veteran units, geriatric care units and detoxification units included in the sample in smaller number.

A previous systematic review of the existing research in this field (Lawn & Pols, 2005) revealed a number of core principles required for successful implementation of smoke-free policy in psychiatric inpatient units. This current survey confirmed the applicability of these core principles which included the importance of clear and consistent leadership, team cohesion across professional disciplines, effective use of Nicotine Replacement Therapy (NRT) and incorporation of nicotine withdrawal management into routine clinical management, preparation, education and training of staff, and the importance of staff smoking status. These and other core themes are discussed in this report. A number of case studies are provided together with a checklist of steps to ensure success in going smoke-free based on the lessons learned from the experience of sites in this sample.

This survey found that smoke-free policy is possible within psychiatric inpatient settings, but that a number of core interlinking features are important for success and ongoing sustainability.

2007


Flinders Human Behaviour and Health Research Unit, Department of General Practice, School of Medicine, Spencer Gulf Rural Health School, Centre for Allied Health Evidence and School of Nursing and Midwifery (UniSA) (2007) *A chronic condition self-management support tertiary education curriculum framework*. Integration Plan, Flinders University.

**Background and purpose**

In March 2007, the Flinders Human Behaviour and Health Research Unit (FHBHRU) received support from the Commonwealth Department of Health and Ageing to undertake the Development of a framework to guide the integration of chronic condition self-management into undergraduate or entry level medical, nursing and allied health professional curricula project. This project was conducted by Flinders University and University of South Australia and was funded through the joint Australian, State and Territory government Australian Better Health Initiative. The aim of the project was to develop a curriculum framework for health professionals students enrolled in Australian Universities. The curriculum framework is described in a second document called Educating future health care professionals to support people with chronic conditions to live better and live longer - A chronic condition self-management support tertiary education curriculum framework.

The purpose of this document is to describe a plan to operationalise the framework in the Universities as well as in the workplace and regulatory settings. The plan arose as a result of extensive consultations from the University, professional and other sectors. The plan has been agreed to in principle by participants at a national CCSMS workshop held in Melbourne in August 2007 and has been subsequently endorsed by the project team and national reference group (see The development of a framework to guide the integration of chronic condition self-management into undergraduate or entry level medical, nursing and allied health professional education, Final Report, September 2007, submitted to the Commonwealth Department of Health and Ageing for details).

Project results indicate there is strong interest in moving this plan forward. Education leaders in relevant tertiary based health professions (medicine, nursing & midwifery, physiotherapy, audiology, occupational therapy, optometry, pharmacy, exercise physiology, dietetics, podiatrists, psychologists, social workers and speech pathologists) in Australia have endorsed the integration of CCSM into curricula nationally and there is a high level of enthusiasm and commitment evident. The time is right to advance this initiative to help all Australians with chronic conditions to live better and live longer, in partnership with their health professionals.

Background
One of the four key action areas of the National Chronic Disease Strategy is Chronic Condition Self-Management (CCSM). A key element of the strategy is education and training of the current and future Australian primary care workforce in CCSM principles as well as developing competency in client support skills.

In March 2007, the Flinders Human Behaviour and Health Research Unit (FHBHRU) received funding from the Commonwealth Department of Health and Ageing to undertake the Development of a framework to guide the integration of chronic condition self-management into undergraduate or entry level medical, nursing and allied health professional curricula project. This project was conducted by Flinders University and University of South Australia in 2007 and was funded through the joint Australian, State and Territory Government Australian Better Health Initiative.

Flinders Human Behaviour and Health Research Unit, Department of General Practice, School of Medicine, Spencer Gulf Rural Health School, Centre for Allied Health Evidence and School of Nursing and Midwifery (UniSA) (2007) Educating future health care professionals to support people with chronic conditions to live better and live longer. A chronic condition self-management support tertiary education curriculum framework. Flinders University, 31 October.

Introduction
This curriculum framework was developed after extensive auditing and consultation with medical, nursing and allied health schools, and professional, accreditation and registration bodies, on course content and curriculum delivery issues involving the teaching of chronic condition self-management support (CCSMS) in the tertiary education setting in Australia.

Results showed that whilst CCSMS education was considered important by the vast majority of schools and the knowledge of theoretical elements of CCSMS was usually being taught, very few schools were teaching or assessing the skills and attitudes that would ensure a new graduate is competent in providing CCSMS in clinical practice.


Lawn S (2007) Should psychiatric facilities be smoke free, and are we even asking the right questions? Australasian Psychiatry 15(3): 246-246.


2006


2005


2004


2003


2002


2001
