



MIND AND BODY CARE NAVIGATOR

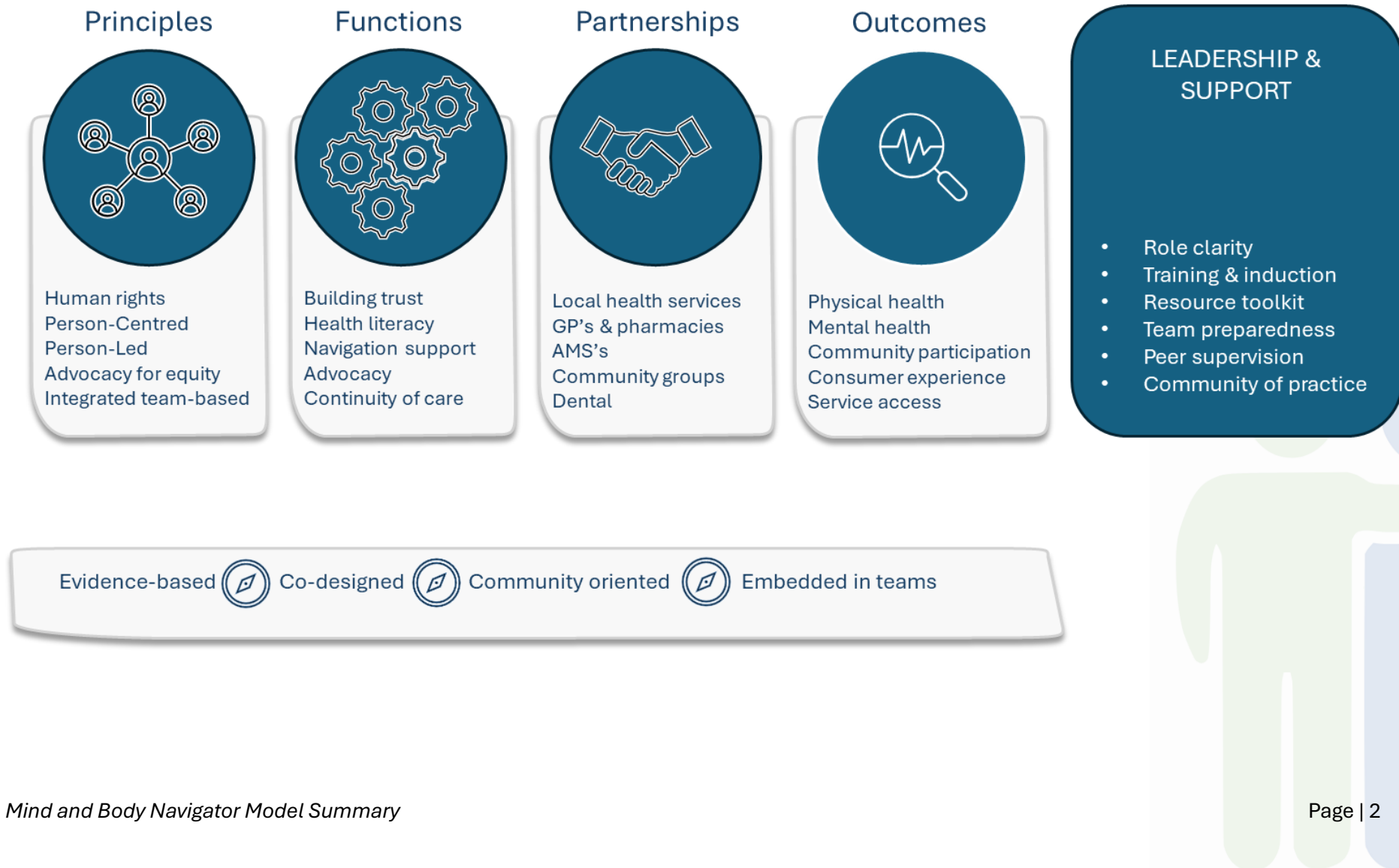
Model of Care



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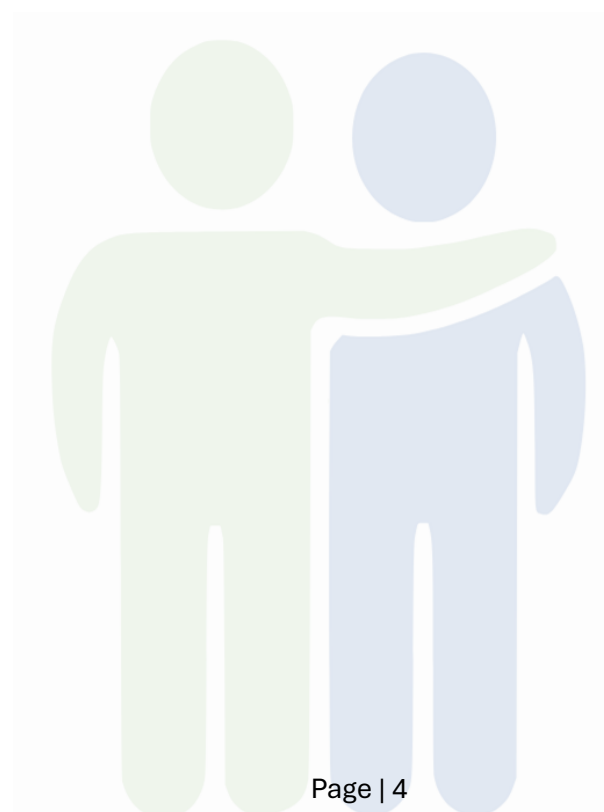
Mind and Body Care Navigators – Model Summary



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Context

i. Overview

This Physical Health Care Navigators (PHCN) model summary has been developed as part of the *Consumers and carers as Physical Health Care Navigators in rural Australia: experiences of care and a randomised efficacy trial*, funded by the National Health and Medical Research Council (NHMRC). The aim of this aspect of the project is:

- To co-design a Physical Health Care Navigator (PHCN) model of care to improve the physical health of people living with severe mental illness in rural Australia
- To assess the acceptability and efficacy of three types of PHCNs (mental health consumers, carers, and mental health professionals)
- To trial the model in two rural areas of Australia – Dubbo and Bathurst (Western NSW) and Bundaberg (South Eastern Queensland)

Through a co-design process, it was determined to call this part of the project the Mind and Body Navigators trial. This term will be used henceforth in the document.

The trial will assess the acceptability and efficacy of three types of physical health navigators – 1) personal lived experience (peer) navigators, 2) carer lived experience (carer) navigators, and 3) mental health professional (clinician) navigators – (hereafter referred to as ‘Navigators’). See [the Mind and Body Navigators website](#) for updates on the progress of the trial, resources and research reports associated with this project.

ii. Trial sites

This Model of Care is designed to be implemented in conjunction with relevant state/territory policies, strategies and guidelines. In the trial states, relevant guidance is:

- NSW - *Physical Health Care for People Living with Mental Illness Guideline (GL2021_006)* and *Physical Health Care within Mental Health Service Policy Directive (PD2017_033)*
- QLD - Multimorbidity Quality Improvement Strategy (MQIS), aimed at improving healthcare outcomes of mental health and alcohol and other drugs service users with or at risk of co-occurring chronic conditions by improving the use of evidence-informed screening, assessment and intervention

This Model of Care is designed to assist Navigators to work within multidisciplinary mental health and social emotional wellbeing teams in public mental health services, non-government or community managed organisations and Primary Health Networks. The Navigators’ work will be informed, guided and supported by this PHCN Model Summary. In addition, the integration of the Navigators as part of a multidisciplinary team will be supported by service managers and team leaders who support and supervise the Navigators, in line with their organisation’s corporate and clinical governance arrangements (see Section 2, Governance).

iii. Reasons for Physical Health Care Navigators in multi-disciplinary community mental health teams

People living with mental health conditions generally have poorer health and reduced life expectancy than the rest of the population. Every day in Australia 46 people living with mental health conditions die prematurely of preventable illness.

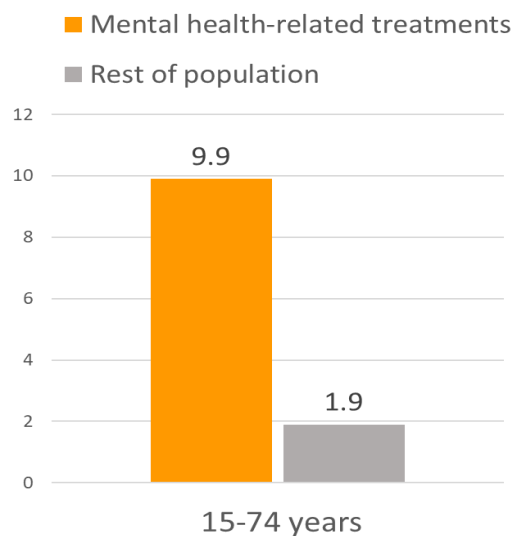
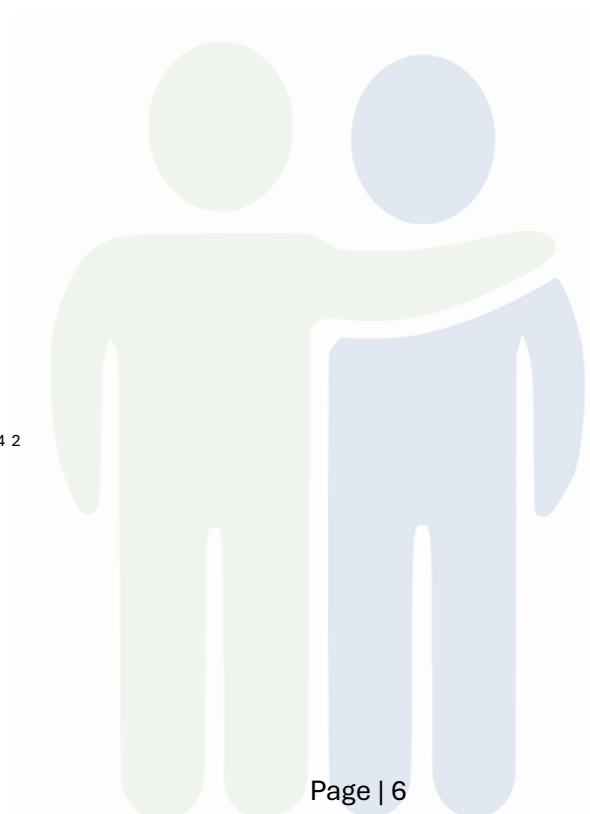


Figure 1: The premature death rate of people living with mental health conditions versus the rest of the population.

People living with mental health conditions:

- Have five times the risk of premature death than the rest of the population (see Figure 1).
- Have a reduced life expectancy of between 12 (any mental health condition) to 20 years (people living with severe mental illness)¹
- Have greater risk of death from:
 - ◆ Breast cancer 6 times the risk
 - ◆ Prostate cancer 5 times the risk
 - ◆ Lung cancer 5 times the risk
 - ◆ Skin cancer 5 times the risk
 - ◆ Colon cancer 4 times the risk
 - ◆ Lower resp disease 7 times the risk.
 - ◆ Cerebrovascular disease 6 times the risk
 - ◆ Cardiovascular disease 4 times the risk
 - ◆ Diabetes 5 times the risk²
 - ◆ Vaccine preventable deaths 3 times the risk.^{3, 4 2}



- For all causes, people 46 people a day die prematurely of potentially preventable physical health conditions. Twenty four of these are due to cancer.²
- These health disparities are even greater for people living with mental health conditions in rural areas.²
- While the incidence of cancer in people living with mental health conditions is the same or lower than the rest of the population, the rates of screening for the rest of the population are between 33⁵ and 44%⁶ lower. For instance, only 1 in 4 people living with mental health conditions who are eligible receive bowel cancer screening.

Cardiac, and respiratory death rates have dropped dramatically since 1990.⁷ Cancer survival has also increased over the last 30 years,⁸ with many common cancers having survival rates in the mid 90% range.⁸ However, these population health improvements have not been evident in people living with mental health conditions. In fact there is evidence the life expectancy gap is actually increasing.⁹ Behavioural nudges¹⁰ and light touch public health interventions¹¹ all have potential to save thousands of lives of people living with mental health conditions in Australia. Table 1 shows how small increases in cancer screening rates for people living with mental health conditions could have substantial impact on mortality rates.

Cancer	Mental Illness Deaths/month ¹	Treatment survival rate ¹³	Lives saved per month by screening a percentage of those not currently screened			
			100%	67%	33%	10%
Colon	160	72%	83	56	28	8.3
Breast	131	92%	83	56	28	8.3
Prostate	129	96%	64	43	21	6.4
Skin	72	93%	52	35	17	5.2
Lung	318	68%	195	131	64	19.5
Total	810		479	321	158	48

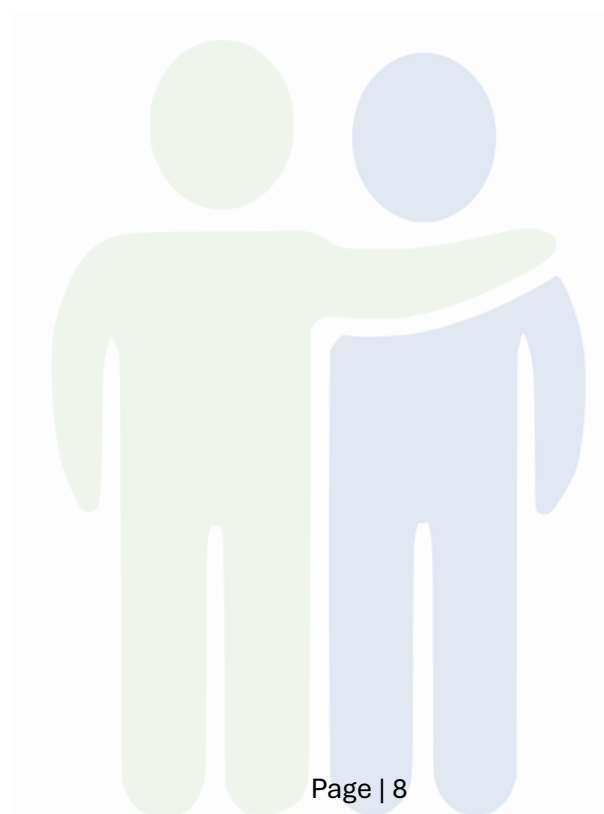
Table 1: Impact of improving screening rates of people living with mental health conditions who are not currently accessing screening programs



Many mental health professionals tend to not take physical health concerns of their clients seriously

For people living with mental health conditions the risk of premature death due to physical health conditions is over 20 times greater than the risk of suicide. However, research indicates that most mental health workers tend not to take the physical health concerns of people living with mental health conditions seriously:

- Only 1 in 5 consumers reported their mental health professional asking about their physical health
- Only half report that mental health professionals took their physical health concerns seriously
- Only half reported that their mental health professional showed any interest in areas outside of their mental health diagnosis
- Only half of respondents reported that mental health professionals paid attention to their concerns over the physical health side effects of medication
- Only 1 in 4 carers reported mental health professionals asking about the physical health of the person they support.¹²



iv. Why the role of Mind and Body Navigator?

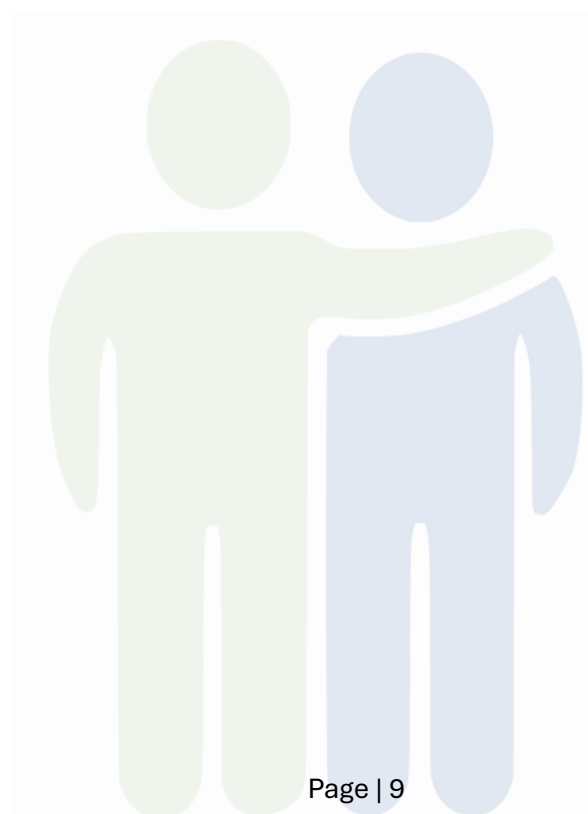
There are many reasons why Navigators can support improvements in the physical health of people living with mental health conditions:

- Service systems are fragmented, disconnected and hard to navigate^{13, 14}
- Rural mental health workers and primary care workers are often overloaded and overworked¹⁵
- There are shortages of rural mental health workers^{14, 16}
- It is difficult to access Medicare Benefit Scheme (MBS) funded physical health and mental health services, especially in rural communities¹⁷
- There are a range of barriers for people to access services¹⁸
- People of carry trauma or distress from their experiences with the mental health and physical health system.^{19, 20}

The main challenges identified in our research of experience of physical health care were:

- Being aware of what services are available
- Being able to afford to access services
- The difficulty of developing a good relationship with a trusted supporter who is embedded in the system
- Bridging the gap and navigating care across disjointed service systems (e.g. GPs, mental health, primary care, screening).

In summary, over two thirds of the deaths of people living with mental health conditions could be prevented if people accessed existing free prevention and screening services and received the same quality of treatment as the rest of the population. Navigators can help people become aware of, and access the freely available physical health care services, and help connect across service systems.



v. Purpose

The purpose of this Mind and Body Navigator Model Summary is to guide the implementation of the physical health care navigator trial in the four participating services. This model is evidence-informed, and has been co-designed with experts by experience, place-based experts and experts by profession.

vi. Developing the model

The development of this model has been informed by several iterative and interactive mechanisms. These include:

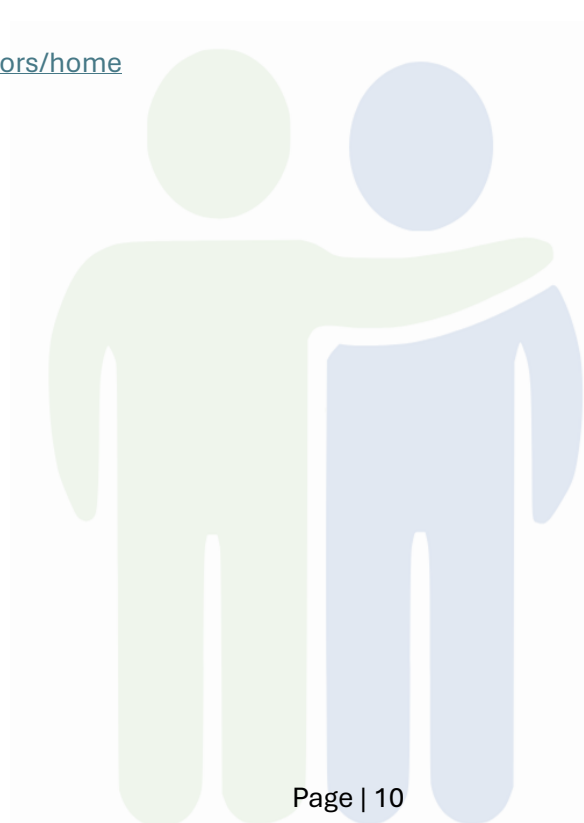
- The findings of a comprehensive literature review of published research and relevant grey literature
- A series of interviews and focus groups with mental health consumers and carers
- The findings of a survey of consumers, carers and clinicians
- The work of the participants in a Model of Care workshop.

The information gathered via these processes has been collated by the project team and considered by the Expert Reference Group (ERG). The ERG was Chaired by a member of the Lived Experience Leadership Team (LELT) and comprised consumers, carers, clinicians, content experts, place-based experts, and service managers. The clinicians and service managers were from the state mental health and community managed services from each of the trial sites.

The primary function of the ERG was to provide expert advice to ensure the research findings, and the model of care workshop findings are appropriately applied to real-life service contexts. A robust model of care needs to work from the perspective of consumers, carers, service providers and the partner services that host the navigators.

This Mind and Body Navigators Model Summary has been developed through a collaborative process with the ERG. Importantly, the development of the model has been lived experience-led, with co-design throughout the process. Details of the LELT, the ERG and the research team are available on the [Mind and Body Navigator website](https://www.csu.edu.au/research/mind-and-body-care-navigators/home).

<https://www.csu.edu.au/research/mind-and-body-care-navigators/home>



Overview of the model

The Mind and Body Navigators Model Summary outlines key aspects of the model, including:

1. **Key principles** underpinning the model
2. **Leadership and governance** arrangements and considerations
3. The **target group** for the PHCN trial
4. **Functions and ways of working** for PHCNs
5. **Partnerships and relationships** that will support the model
6. **Key processes** for PHCNs in the context of team processes
7. **Staffing and Physical Health Care Navigator support**
8. **Outcome measures, data collection, documentation and reporting**

The PHCN Model Summary does not cover every aspect of physical health care navigation but is a high-level summary intended to guide the trial sites and the evaluation of the trial. It is designed to be considered alongside of the BAML Toolkit and implementation guide. The model will rely on physical health care navigators working within the existing governance and organisational processes of the participating services.

What the research says

Stage 1. Review of existing research literature: findings (Dalton et al.)

The PHCN model is informed by a review of relevant published evidence, including peer reviewed and grey literature. The evidence review shows the significant role that physical health navigators can play in improving health outcomes for people with mental health conditions. Navigation supports can be provided by lay individuals (including peers with lived experience of the conditions of concern and needed supports) and/or professional clinicians who draw on their education and expertise to support patients and families (Reid et al., 2020). Successful programs have demonstrated clear role definitions, structured training, strong integration into healthcare systems, and measurable health and social outcomes (Magasi., 2019, Robinson., 2023, Horny, 2017).

A recurring theme in the literature is the importance of clear role definitions to prevent role misutilisation and professional boundary issues (Mancini, 2018). The Mental Health Commission NSW (2023) found that for staff and providers, the visibility of peer navigators was central to understanding and valuing the peer navigator model. Studies that included structured training and supervision, competency-based assessments, mentorship and other support mechanisms demonstrated higher success rates (Mistry, 2023).

Successful integration was most evident in structured environments such as general practice or community settings, where navigators were embedded within primary care services (Magasi, 2019). This model allowed navigators to assist with referrals, provide appointment information, and support social benefit applications, leading to improved patient engagement and navigation of healthcare systems. The Mental Health Commission NSW (2023) conducted multiple pilot studies involving the employment of peer navigators across the state in different clinical settings to support equitable access to mental health care, identifying some strengths and success factors. Key success factors were a co-design approach and use of the navigator's place-based expertise and networks in their community to support referral processes.

The evidence review for the PHCN project identified the use of quantitative health markers and

Key principles underpinning the PHCN model

1. **Whole person** - “They are interested in my whole health, not just my mental health diagnosis” (3 out of 5 mental health professionals are not)
2. **Respect** – “They listen respectfully to my concerns and take them seriously” “acknowledge, respect and support my decisions.”
3. **Free/affordable access** to physical health services – “Hard to afford out-of-pocket expenses”
4. **Hear my voice** – “make sure my voice is heard by health care professional”
5. **Personal sovereignty** – “Check back with me about I would like to proceed”

Key functions and approaches of physical health care navigation

1. **Navigation** – (74% are not confident navigating the health system).
2. **Advocacy** for my holistic and physical health need in multi-disciplinary teams and generally (strongest agreement and consensus 93, 91, 94% consumers, carers, and clinicians respectively).
3. **Address discrimination** – “Stand up for me if a health care prof makes discriminatory or dismissive comments” (consumers 92%, clinicians 95%).
4. **Help me to access** health professionals as needed to support my physical health.

Key processes and enablers

1. **More emphasis accessing existing system resources** – vaccination, cancer screening, cholesterol tests, (all in bottom 5 queries).
Less emphasis on victim (blaming)– diet, weight, exercise, sleep (all in top 5 queries). “
2. **Working within the multidisciplinary community mental health** teams advocating of holistic and physical health needs
3. **“Educate my health care professionals** about the physical health care needs of people living with mental health conditions” (97% of respondents have seen a health professional in the last 6 months – 62% see a health professional monthly).
4. **Teach me to advocate** (73% consumers, 74% carers)

What does good look like?

1. **People taking good care of their health** and are confident and well-connected to preventative and primary physical health care services. They are accessing available free screening, vax, NRT, regular comprehensive check-ups with GP, with follow-up care as needed.
2. People feel **welcome** at health services and **comfortable** to share their concerns. They are **confident** that if they share their concerns that they will be taken seriously.
3. **Carers are equipped** to advocate, support and help protect the physical health – and are included in care planning as appropriate.
4. Health professionals **understand the risks** to good physical health of people living with mental health conditions, and (as part of the health system) **take responsibility** to ensure people living with mental health conditions have the same quality of health care as the rest of the population.
5. The existing system elements (GPs, screening services etc, are more aware of current inequity in health service provision for people living with mental health conditions and respond and address this.
6. People living with mental health conditions access promotion, prevention and treatment services at the same level (or better) as the rest of the population.
7. **All stakeholders accept** the model as a good (acceptable, practicable, helpful and sustainable).

Stage 2b Qualitative study of consumers and carers (Maylea et al., 2025)

Focus groups and interviews conducted with consumers and carers to inform the project highlighted several key principles that should underpin the model and guide the practice of navigators. The model must be person-centred, trauma-informed, and focused on advocacy and encouragement. The navigator should work with the person rather than making decisions on their behalf. People with lived experience and carers valued navigator models where the client had a strong say in the support they were offered and was supported to gain new skills. Developing trust, rapport and empathy were identified as essential to effective practice for health navigators. Consumers and carers expressed a desire for the navigator to take a holistic view of the consumer's health needs, acknowledging the role of housing, financial stability, and other social factors in health outcomes.

Our research with consumers and carers found that facilitating collaboration between members of the consumer's care team (both within the team hosting the navigator and with other key services) was an important function of the navigator, as many consumers and carers interviewed felt they were unable to influence this themselves. Navigators should also help individuals understand their options and ensure they receive appropriate support. Advocacy was identified as another central function. Consumers and carers wanted navigators to advocate on their behalf but also help them develop confidence in advocating for themselves. They also indicated they would value hands-on, practical help, such as the navigator attending appointments with them if needed and following up referrals and appointments to alleviate administrative burden for consumers and their carers.

In terms of PHC Navigator skills and support, the research participants identified the need for a health navigator to have appropriate training, skills, support and service knowledge to assist with the navigation of complex service systems. Having a navigator who understands the system was seen as key to building trust, and this trust supported people to feel comfortable accessing the care they needed. Many research participants also felt that a peer acting in a Health Navigator capacity needed to be appropriately supported and resourced to succeed in their role.

Stage C Qualitative study of clinicians (Dalton et al., 2025)

There was enthusiasm and support for the role and acknowledgement of the importance of improving the physical health of people living with mental illness.

The key themes centred around the role and its implementation, including the model of care and contextual considerations. Participants viewed the navigator role to be consumer centred, for navigators to have the skills and attributes needed to build rapport, advocate for clients, and build health literacy. In terms of the model of care, participants viewed the navigator role fitting within a multidisciplinary team, including the training and support to enable that. Discussions regarding scope of practice were raised, including limits and opportunities by navigator background (clinician compared to those with a lived experience background, carer or consumer).

Two types of contextual considerations were raised, first by rural and remote geography and second by employer-type. Participants noted that in rural and remote settings, limited services, long waitlists, and specialist shortages often leave consumers with fewer options, requiring providers to "hold" people longer without referral pathways. Low health and digital literacy further complicate access. Participants also viewed that access would vary by organisational positioning, with State health service-based navigators likely to integrate more easily with clinical teams and systems, while NGO-based navigators would be situated more on the "outer," however, their flexibility and creativity would be an advantage to work around fragmented intractable systems.

Model of care workshop and Expert Reference Group (ERG) input

A workshop involving people with lived experience, carers, health and mental health professionals, and researchers with relevant expertise provided the basis for expert consensus on key areas of the PHCN model, including key principles, functions and measures of success. The workshop was informed by the Stage 1 and 2 research findings. The workshop outputs are reflected in key sections of the model summary.

Important **principles** were flagged as central to the model:

- Person-led
- Human rights focussed
- Concern for the whole person
- Advocacy oriented.

Several ideas were workshopped with respect to **role and function** of the navigators

- Advocacy
- Navigation
- Collaboration and relational skills, building trust and connection
- Facilitation, communication
- Transformation (addressing discrimination) and empowerment
- Building health literacy/health education
- Clinical supervision/advice.

The workshop also identified **key enablers** of the navigator role

- People skills and rapport
- Recruitment, training and ongoing support of navigators
- Clear guidelines
- Service buy-in, system and organisational support
- Legitimacy and influence for the navigator
- Role clarity/clear KPIs
- Identifying goals/priorities of consumers.

Finally, the workshop participants discussed other **important considerations** of:

- Sustainability
- Whole of system/well-integrated and collaborative approach
- Intentionality.

Model of Care – Expert Reference Group

An expert reference group established to provide expert input to the model highlighted a range of important considerations for both the model and the trial of the model. A key theme was the importance of a human rights focus on which well-informed individual choice, dignity, and equitable access to free health screening, assessment and care are at the forefront. The PHCN approach should be person-led, holistic and collaborative, leveraging existing services and systems, and the place-based expertise of the navigators and trial services. A consistent message was the need for well-considered structures for governance and leadership, sound preparation of services and teams for embedding navigators, and appropriate support for navigators.

Consumer choice and consent were considered important in linking a consumer to a navigator. The ERG highlighted the importance of relationship and trust building in successful navigator practice, and of service navigation support, advocacy and support for self-advocacy as key navigator functions. The necessity of generating and maintaining strong connections with key local individuals, services and programs to support effective navigation were emphasised. In terms of measures of successful navigation, the ERG emphasised the need to consider the consumer's experience of navigation and their assessment of the outcomes of contact with the PHC navigator, in addition to other measures. The advice of the expert reference group is reflected throughout the PHCN model and in the plans and supporting resources for the PHCN trial.

1. Key principles and philosophy of care

The co-design workshop highlighted the need for support to be underpinned by key principles and values.

1.1. A philosophy underpinned by human rights and ethics

The model founded on a **human rights and ethics framework**. Our research highlighted that most respondents with lived experience had experienced discrimination in the system in some way and cautioned the risk of a poorly devised model replicating the healthcare system's current power inequities rather than working to equalise them (Maylea et al., 2025). The workshop outputs and consultations with LET and ERG stressed a human rights focus, in which informed choice, dignity, and equitable access to health screening, assessment and care are at the forefront.

The navigator model aligns with the [*United Nations Convention on the Rights of Persons with Disabilities \(UNCRPD\)*](#), which recognises,

‘that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability’²⁵ and commits to “provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons.”

Australia has been a signatory to this UN convention since 2008 and the fundamental right to equitable access to health care without discrimination is a key plank of the model's philosophy of care.

1.2. A person-led, trauma-informed approach to care

A core principle is a **person-led** approach in which the individual's agency and self-determination is supported, and their priorities and goals lead the way. Also relevant to this approach is **trauma-informed care** (TIC). TIC involves recognising the incidence and impacts of trauma for those seeking health service access and aims to minimise re-traumatisation with an emphasis on safety, choice, collaboration, trust and empowerment (SAMHSA, 2014). Further, a goal-focussed and **strengths-based** approach draws on individuals' existing strengths, skills, and resources.

1.3. Advocacy and equity at the heart of the model

Advocacy emerged as a central theme throughout the project research and co-design processes. Vital to an advocacy orientation is the need to ensure people's rights and preferences are respected, to call out discrimination. This approach not only advocates on behalf of consumers and their physical and holistic health needs, but also supports consumers to build skill and confidence in self-advocacy. Our research found that this was key to navigating the health system was an important aspect of a PHCN model for consumers and carers, including better understanding how to identify their eligibility for and traverse different services. Taken as a whole, an advocacy-focused approach seeks to promote empowerment and informed choices in healthcare and help address systemic inequities and stigma.

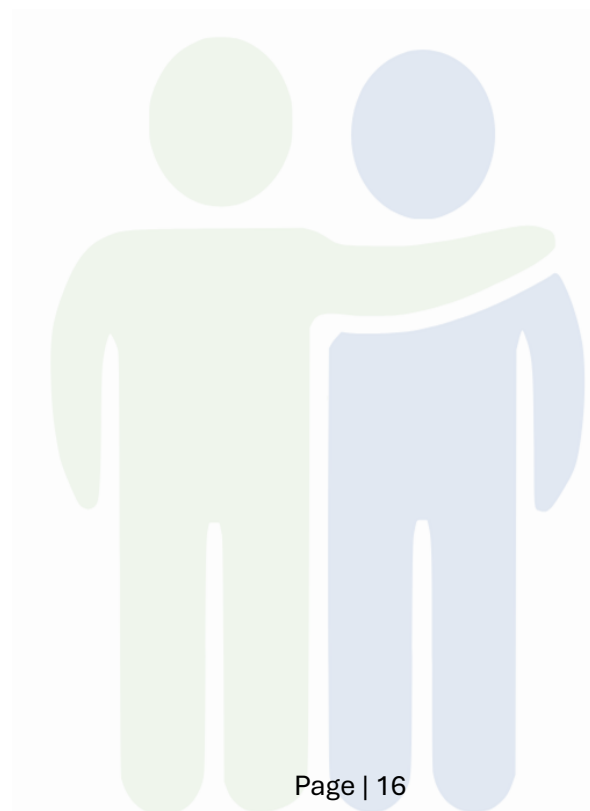
1.4. A person-centred, holistic approach

A consistent message of PHCN model research and co-design was the need to extend attention beyond individual consumers' physical health to their broader wellbeing. The PHCN model calls for a **person-centred** approach **focussed on the whole of the person**; their context, ways of being and goals rather than on the diagnosis. This requires recognising and addressing the non-medical determinants of health such housing, safety, financial barriers, community participation, social relationships, and food security. (A person-centred approach focusses on the health and support services a person is entitled to. The person-led approach means the person determines if, how and when they access these services).

1.5. A collaborative, proactive approach that integrates into multi-disciplinary teams and leverages existing systems

Our evidence review indicates that models should be **incorporated into current healthcare systems** to navigate and connect physical and mental health services. Article 25 of the UNCRP emphasises the importance of equitable access to health care and programs.²⁵ Accordingly, the model seeks to work within and utilise existing systems and services.

Our research also highlighted that consumers and carers would value a navigator facilitating collaboration between members of the consumer's care team (both within the team hosting the navigator and with other key services). Embedding change agents within an existing health services context calls for a **collaborative and proactive approach**. Consequently, the model situates Navigators within multi-disciplinary teams, so that staff in these teams become partners in working out to the web of care. As such the Navigators link with existing staff, resources and structures to protect and enhance the physical health of people living with mental health conditions.



2. Leadership and Governance

A consistent message from the co-design processes was the need for well-considered structures for leadership and governance, sound preparation of services and teams for embedding navigators, and appropriate support for navigators. A new and emerging workforce requires clear operational, clinical and professional governance arrangements to support them and the team of which they are a part (see also Section 7, *Staffing and PHC navigator support*). As the Navigators will add a new role to the multidisciplinary team, effective leadership in embedding the role will be important, as will effective guidance and support for those in the PHCN role.

Governance refers to the oversight and decision-making processes that ensure effective management of the Navigators within the context of their host services and includes risk identification and management, escalation processes and quality assurance. The model is predicated on strong leadership and governance within services and organisations hosting Navigators. For the purposes of the trial, there will be additional governance and support mechanisms, such as that provided by the Implementation Advisory Group (IAG), peer supervision and Communities of Practice.

2.1. Key mechanisms for leadership and governance

Various national policies and standards guide and support the leadership and governance of mental health services in Australia, including the National Mental Health and Suicide Prevention Agreement (2022-2025), national practice standards for the mental health workforce (2013), national safety and quality health service standards (2021), and the Mental Health Statement of Rights and Responsibilities (2012). These also guide the PHCN model.

Recent [WHO Guidance on mental health policy and strategic action plans](#) highlights the criticality of lived experience involvement in decision-making and policy across political and social spheres (Policy directive 1.4). It emphasises the need to engage people with lived experience as crucial advisors for mental health policy, reform, and the protection of human rights. The PHCN project is underpinned by co-design, involving people with lived experience in design and implementation of the model.

The PHCN model relies on strong local operational and clinical governance arrangements, and well-engaged local executive and team leadership to support navigator roles.

Local operational and clinical governance

The Navigators will be embedded within existing local services, sites will maintain and add to operational, professional and clinical governance arrangements as appropriate. These arrangements are embedded in state and national guidelines and standards. Sites will identify how Navigators and their managers will work within this context, paying careful attention to the following considerations:

- Clarifying and safeguarding the specific role of the Navigator, to ensure role clarity and avoiding scope creep or dilution of their expertise
- Ensuring Navigators are provided all mandatory training and induction processes
- Ensuring appropriate management and supervision for Navigators
- Ensuring dedicated peer supervision is provided for peer navigator/s as part of the local governance model
- Providing opportunities to participate in Communities of Practice
- Ensuring clear risk identification, documentation and escalation pathways and processes are in place

For each trial site this is documented in the Services Agreement between CSU and the partner organisation. The trial services will also work with relevant place-based advisory groups as appropriate.

Place-based advisory groups

The model is designed to work with existing systems and promote access to existing local services. To help facilitate this and ensure implementation is aligned with the specific rural community's context and needs, it is recommended that each site regularly consults on the implementation of this model with their local advisory group. This may be an existing group or groups, or a group established to support the PHCN trial. These group/s can offer their place-based leadership and expertise and facilitate local communication between services and community organisations.

2.2. Risk identification, management and escalation

Navigators will work within the host service's existing risk management processes and protocols. However, as a new and unique workforce, the Navigators are supported by local team processes and the research project team. In the initial stages of implementation, local service and team managers will play a key role in identifying and responding to risk from clinical and operational perspectives.

Some governing principles and processes to be considered in risk management include:

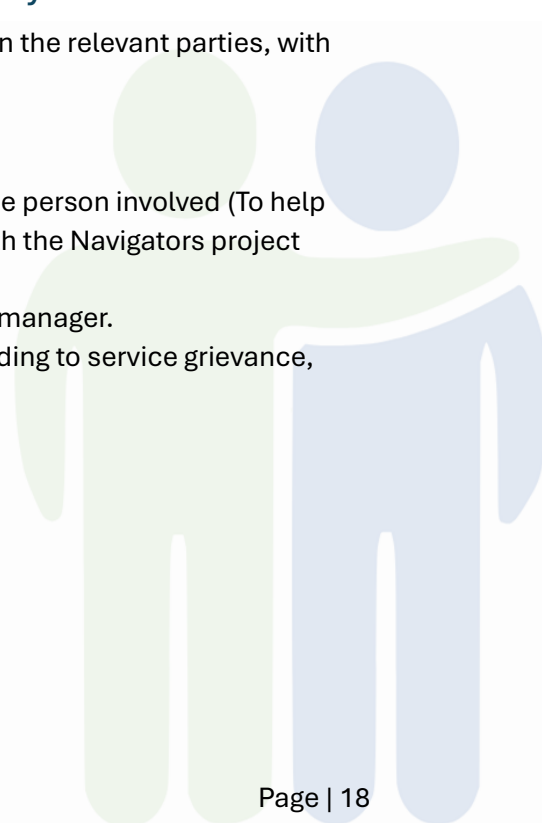
- Risk identification and assessment processes are led by a person-centred and trauma-informed approach that seeks to uphold self-determination and human rights
- Risk registers are to include potential systemic-based harms such as coercion, discrimination, and service gaps
- Emergent risks and issues relating to the overall PHCN model and navigators will be escalated as appropriate
- Risk-oriented processes integrate lived experience leadership through expertise and consultation at all levels (including the local service level and the Navigator project level)

2.3. Issue resolution and escalation pathways

If possible, issues should be managed as soon as possible between the relevant parties, with timely escalation if the issues cannot be quickly resolved.

Broad guidance for Navigators is as follows:

1. If comfortable in the first instance discuss the issue with the person involved (To help frame the conversation it may be helpful to first discuss with the Navigators project support worker or a trusted peer colleague).
2. If not successful, issues should be discussed with the line manager.
3. If necessary, issues can be escalated as appropriate according to service grievance, complaint or issue protocols.



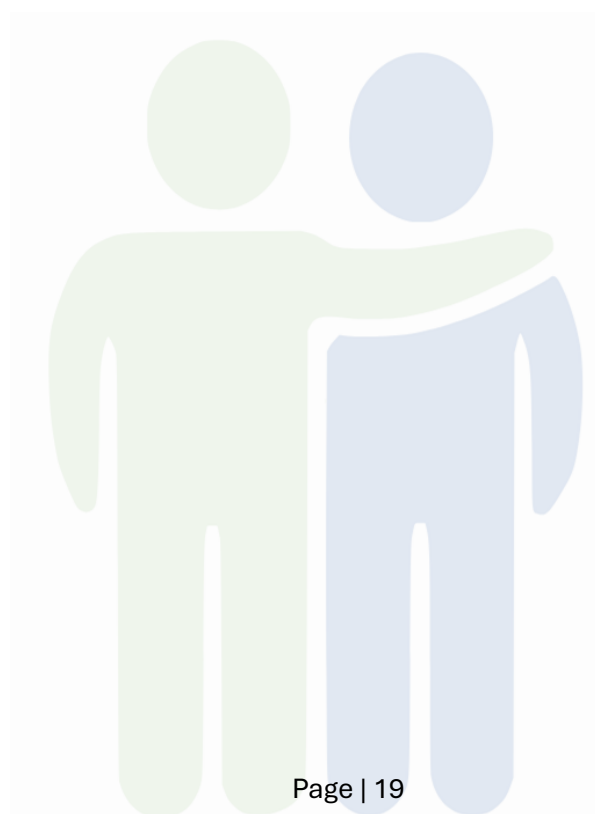
3. Target group

Eighty percent of people living with mental health conditions have a mortality-related physical health condition, and 55% have two or more.^{26, 27} As such every consumer should be given the opportunity to work with a Navigator. The key inclusion criteria across the PHCN trial sites are:

- a. Consumers who have contact (continuing and new service users) with the service
- b. Are 18 years or older
- c. Provide informed consent

The exclusion criteria include people who:

- a. are presenting at an emergency department; and/or
- b. are undergoing intensive, in-patient or high-dependency care
- c. have a primary presenting issue of substance misuse or dependency
- d. are under 18 years of age
- e. have a conflict of interest such as an existing personal relationship with a Navigator



4. Key functions

A flexible, person-led approach

The philosophy of a person-led, holistic, advocacy-driven approach underpinned by human rights and ethics should drive the functions of the Navigators. The Navigator's support of individual consumers through various functions should be situated within this context. This requires tailoring support to suit the individual consumer's priorities and goals, and as appropriate to the local context. Accordingly, a flexible approach is required, as some individual consumers may only require occasional guidance, while others might prefer more consistent and intensive support.

There are 5 key functions for Mind and Body Navigators:



1. Building relationships based on trust



2. Increasing health literacy



3. Service navigation support



4. Advocacy and supporting self-advocacy



5. Promoting continuity of care.

The principles and philosophy of care are described in **Section 1**. A companion document to this Model Summary is the **Neami Health Prompt Toolkit**. In this toolkit the information and links to the required knowledge and resources related to each question in the Health Prompt are detailed.

What the research says about the key functions

The [Ramsay Foundation's findings](#) regarding the four key elements of effective practice for 'linkers' in health and social care are informative for the key functions and ways of working for PHC Navigators. These elements of practice are: 'navigation and flexible support, client-led goals and aspirations, relationship and trust building, and community knowledge and relationships' (p. 3).

The literature on nudging interventions is also informative for ways of working. Nudging interventions are small changes in the environment or prompts by service providers towards a minor behaviour changes such as undertaking more physical activity or accessing screening. A meta-analysis of 33 studies found the nudging interventions were associated with small but significant increase in health protective behaviour.²¹ Similarly, a review of health nudging interventions for older people found that they were effective in prompting small changes in health behaviours.¹⁰ With respect to heart health a large multi-site cross sectional trials has found small behavioural changes associated with significant improvements in health outcomes.²²⁻²⁴

In the Mind and Body Navigators research project survey questionnaire, people with lived experience reported it was important a navigator helped them understand how they can access services, and the cost implications and funding options of the treatment. For carers, the cost implications were less of a concern. However, they emphasised the need to have enough information about available physical health care. People with lived experience wanted a navigator to talk with them about their health and services available to support them, advocate for their holistic care and stand up for them if they experienced discrimination. They wanted a navigator to be aware of their needs in areas other than their physical health, and to acknowledge, respect and support their decisions about which health needs they would like to address.

Carers wanted support with following up actions arising from physical health discussions. They also wanted information to better support them in assisting their loved one's physical health care journey. They were also interested in actions to support their own health, partly so they could 'be there' for their loved one.

The interviews with health care professionals showed a general enthusiasm for the role and acknowledgement of the importance of improving the physical health of people living with mental illness.

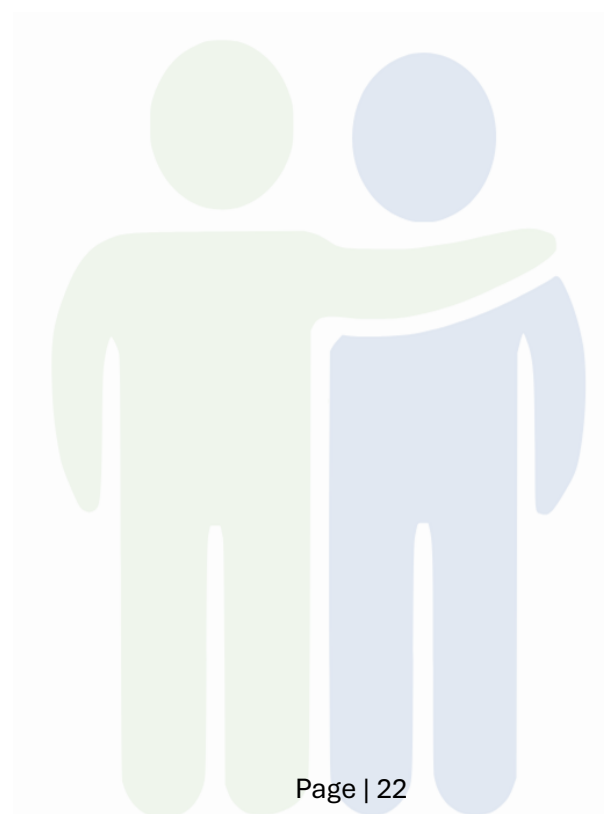
The key themes centred around the role and its implementation, including the model of care and contextual considerations. Participants viewed the navigator role to be consumer centred, for navigators to have the skills and attributes needed to build rapport, advocate for clients, and build health literacy. In terms of the model of care, participants viewed the navigator role fitting within a multidisciplinary team, including the training and support to enable that. Discussions regarding scope of practice were raised, including limits and opportunities by navigator background (clinician compared to those with a lived experience background, carer or consumer).

Participants noted that clinical navigators could offer strong clinical expertise and system knowledge but may miss broader social determinants, while peer navigators would provide holistic, relational support grounded in lived experience yet could face limits in brokering access to some clinical services. It was perceived that carer navigators bring empathy and practical navigation skills and are viewed as promising but remain overlooked.

Two types of contextual considerations were raised, first by rural and remote geography and second by employer-type. Participants noted that in rural and remote settings, limited services, long waitlists, and specialist shortages often leave consumers with fewer options, requiring providers to "hold" people longer without referral pathways. Low health and digital literacy further complicate access. Participants also viewed that access would vary by organisational positioning, with State health service-based navigators likely to integrate more easily with clinical teams and systems, while NGO-based navigators would be situated more on the "outer," however, their flexibility and creativity would be an advantage to work around fragmented intractable systems.

The research focus groups and interviews conducted for this trial with consumers highlighted that the navigator should work with the person rather than making decisions on their behalf. People with lived experience and carers valued navigator models where the client had a strong say in the support they were offered and was supported to gain new skills. Developing trust, rapport and empathy were identified as essential to effective practice for health navigators. Consumers and carers expressed a desire for the navigator to take a holistic view of their health needs, acknowledging the role of housing, financial stability, and other factors in health outcomes.

Facilitating collaboration between services, and between the navigator and clinicians, were viewed as important functions, as many consumers and carers interviewed felt they were unable to foster collaboration between members of their care team. The research also highlighted the Navigators could also help individuals understand their options and ensure they receive appropriate support. Advocacy was another central function. Consumers and carers wanted navigators to advocate on their behalf but also help them develop confidence in advocating for themselves. They also indicated they would value hands-on, practical help, such as the navigator attending appointments with them if needed and following up referrals and appointments to alleviate administrative burden for consumers and their carers.



4.1. Building relationships based on trust



Establishing trust and building rapport

The work of the navigators is built on a foundation of trust and respect. The Physical Health Care Navigator provides a trusted ally to support and affirm the consumer in their care journey. The relationship should be one where the person feels they can be open and honest about their feelings, goals and concerns.

What the research says

Published literature, and the research and expert consensus evidence informing the model emphasise the importance of relationship and trust building in successful navigator or 'linker' practice. Stage 2 PHCN research findings highlight the value of developing a good relationship with a trusted supporter who is embedded in the system. A frequent finding is the distrust in many mental health consumers of mental health professionals (Zirnsak et al 2025). The first and fundamental process of physical health care navigation therefore involves engaging with the person, establishing trust and building rapport.

There is a good deal of research indicating one of the most consistent and powerful factors in a helping relationship is trust and rapport.^{28, 29} Further, systematic reviews, indicate that a recommendation from a trusted person is one of the most effective ways to improve uptake of health protective action and access to screening services.^{10, 21, 30}

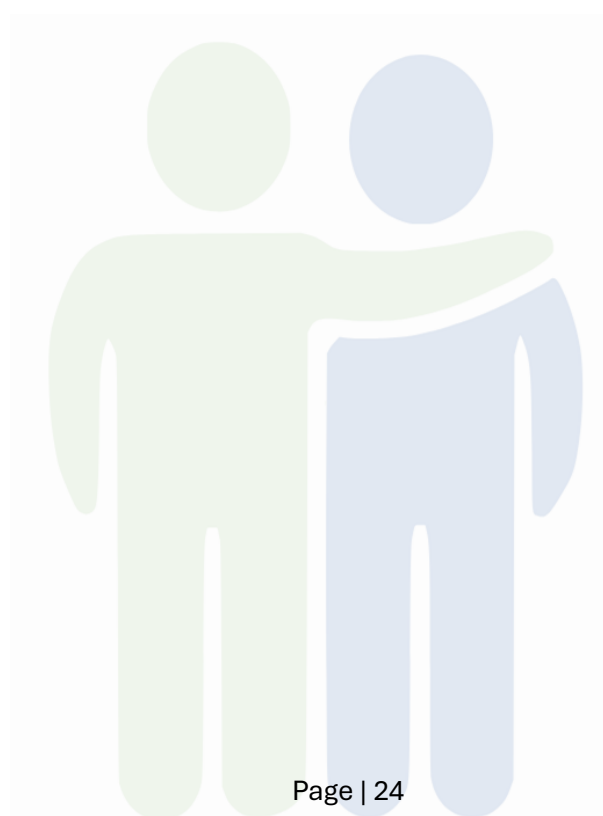
Functions

To establish good rapport and trust, navigators need to come to the relationship with the attitude of an understanding friend or ally. Some ways to communicate this are:

- Listen with warmth, empathy and attentiveness
- Demonstrate active listening, validating experiences and concerns
- Be attuned to the total situation, including their life goals and aspirations
- Do not judge, but seek to understand
- Focus on client-led physical health goals
- Work to build genuine rapport and trust.

Ways of working:

- Work together with the person as an equal partner
- Work with respect and in a non-judgemental way
- Adopt a strengths-based approach, identifying assets, and life goals
- Recognise and appreciate the whole person, considering the situation in the context of the social determinants of health (housing, income, community)
- Equip and support individual consumers to make their own well-informed decisions about their healthcare
- Adopt a trauma-informed approach to help eliminate or reduce systemic harm
- Respect different cultural backgrounds, worldviews, perspectives and experiences, adopting a culturally responsive and safe approach
- Include family, supporters and kin in the process; according to consumer preferences and if it is safe to do so.



4.2. Increasing health literacy

Building health literacy



Navigators raise awareness of available physical health screening and health protecting services. Navigators are knowledge brokers for consumers, carers and clinicians. They work to enhance health literacy in consumers, their carers, supporters and kin., and in the multidisciplinary teams where they are based. They also work to improve health literacy in the teams where they are based, and with service partners such as GPs, community pharmacies, clinics, screening services, primary, secondary and chronic care providers.

What the research says

The research and expert consensus evidence informing the model highlight that building the health literacy of the consumer is a key function of Mind and Body Navigators. Building health literacy can include providing clear, accessible information about potential health risks, protective factors, rights and options, health screening, health protection service and health care. This assists in the process of informed decision making with respect to accessing health screening, assessment and treatment services while supporting their personal agency, self-determination, and self-advocacy.

Developing literacy in consumers and carers.

Many consumers and carers are not aware of the free health services that are available and where to access them. With change of accommodation and address, notifications for such things as breast cancer and colon cancer may go missing. The co-designed [consumer resource](#) is an tool to equip people to identify and discuss their health needs.³¹ In addition the Equally Well, [Neami Health Prompt](#)³² also presents an opportunity to talk about the range of health services available, while practically supporting the right to quality health care at the same range and quality to that provided to the rest of the population.²⁵

Developing literacy in primary care and mental health workers

Many health workers are also not aware of the range for free and affordable services available for people living with mental health conditions. An example of this is free lung cancer screening for people who are or have been heavy smokers.³³ Another example is the range of 14 funded health services available from community pharmacies such as lung function tests and medication reviews.

Another area where health literacy in health workers can be improved is the incidence of mortality-related physical health illnesses in people living with mental health conditions (80%)²⁷, and this increased risk (5 times) of premature death of people living with mental health conditions.² For instance New Zealand Government health guidelines recommend comprehensive heart checks for people living with severe mental illness over the age of 29 years.³⁴

Related to this is the need for health workers to appreciate the implications of this for protective health care for people living with mental health conditions, for example although national screening notifications are sent to all people over 50, people over 45 are eligible for free screening for some of these services.³⁵

*Finally, navigators can play an important role in improving the health literacy with respect to **attitudes** relating the attitudes and motivation relating to screening and health protective behaviours.³⁶ For instance, smoking is not good for mental health, and quitting has a positive effect on mental health.³⁷ Similarly, given appropriate support people living with mental health conditions are just as likely to quit*

smoking as the rest of the population.^{38, 39} Likewise many health workers have a distorted view with respect to vaccination uptake willingness in people living with mental health conditions. Contrary to many discriminatory beliefs people living with mental health conditions have the same rates of vaccine acceptance and resistance as the rest of the population.³⁰

Developing literacy in the chronic care sector

Navigators can have an important role in improving access and experience of care when people living with mental health conditions have contact with screening and chronic care. At each stage of the health care journey people living with mental health conditions face systemic discrimination.⁴⁰ Training and education for professionals in the health screening and chronic conditions sector on the barriers and challenges of access for people living with mental health conditions is an recommendation and action of the Australian Cancer Plan.³⁵

Functions

Building health literacy

Navigators raise awareness of available physical health screening, health protecting and health care services by:

- Helping people understand their rights and options
- Clearly and transparently explaining systems, screening procedures, and options
- Offering clear, practical guidance to help build confidence in people's understanding and navigation of the system
- Enhancing health literacy with respect to health risks and available health protection and illness prevention services
- Navigators fulfil an important health literacy education role.

Building health literacy and education is a key role of a navigator. Consumers, carers, mental health, primary health and service partners will all benefit from increased awareness of the health risks and the range of health protection and illness prevention services available.

For consumers and carers

Navigators provide clear, accessible information about:

- The right to free or affordable health care
- Risks of illnesses such as heart disease, respiratory diseases, diabetes, cancer and infectious diseases (such as the flu, and COVID-19)
- The range of health screening services available (such as breast, colon, lung, cervical, prostate, skin and colon cancer)
- Health protection services such as vaccinations
- The potential side-effects of medications
- Protective lifestyle factors such as diet, exercise and community participation.

For mental health workers

Navigators can provide up-to-date information on:

- The incidence of physical illnesses in people living with mental health conditions (80%)
- Physical health needs of people living with a mental health condition
- The most common physical health risks for people living with mental health conditions
- The potential side-effects of medications, and the interventions to reduce or lessen medication side-effects.
- The positive impact of improving physical health on mental health
- The strong association between poor physical health and suicide
- The benefits of screening
- Treatment success data.

For primary care workers and service partners

Navigators can provide information about:

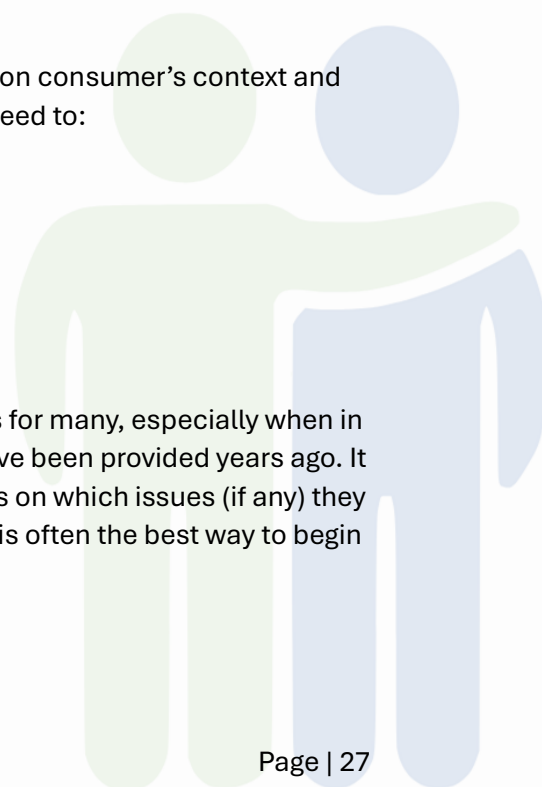
- The incidence of mortality related physical health conditions for people living with mental health conditions (80%)
- The increased risk of premature death for people living with mental health conditions
- The average life expectancy gap for people living with mental health conditions
- The low rates of accessing life-saving cancer screening
- The low rates of accessing GPs and having health checks
- Trauma-informed care
- The impacts of discrimination on health seeking behaviour and making and keeping medical appointments
- The impact of diagnostic overshadowing.

Ways of working

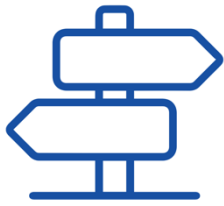
Navigators need to be sensitive where their client is at. Depending on consumer's context and past experiences, and preferred learning style, the navigator may need to:

- Work as a support person
- Work as a partner
- Work as a health educator
- Work as a consultant.

This information may be overwhelming in amount and implications for many, especially when in some cases the consumer realises that this information should have been provided years ago. It is important to discuss options and seek advice from consumers on which issues (if any) they wish to address first. Setting small goals, and celebrating success is often the best way to begin the journey toward better physical health and wellbeing.



4.3. Service navigation support



Facilitating/coordinating relevant screening, assessment and care.

The physical health navigators help connect the consumer to any screening services or health protective services they decide to access. They may also prompt mental health and primary care professionals to consider recommending referrals to appropriate physical health screening, per required need.

Effective promotion, prevention and early intervention can help to prevent the onset or development of illness, lower disease severity or duration and reduce its impact. Physical health screening can help identify a person's risk of negative physical health outcomes, identify if further assessment is warranted, and support a plan of action. Prevention and early intervention are a focus of the NSW Health policy on *Physical Health Care for People Living with Mental Health Issues* (2021). It also sets minimum standards for physical health screening outlined.

The use of health prompts or pre-screening tools to support collaborative physical health care planning for people living with mental health conditions has been found to be acceptable to consumers, clinicians and peer workers and effective in promoting follow-up of physical health screening, assessment and treatment according to individual needs, risks and priorities.

For the purposes of the model, the Equally Well Neami Health Prompt will be used the key tool to structure discussions about physical health. Based on these discussions the Navigator can provide information on the different, health promoting, screening and treatment options as appropriate and per the consumers preferences.

A fundamental practical role of the navigator is the help and support the consumer get to appropriate health services. The level of support can range from moral support through to arranging and attending appointments with the consumer.



What the research says

People living with mental health conditions are confronted by numerous barriers in accessing health services (Maylea et al, Dalton et al, Lewis et al). Service systems are fragmented, appointments can be hard to arrange and get to. Cost and lack of available services, especially for people living in rural communities is a major problem.¹⁸ In addition, many services are not 'user friendly' and people living with mental health conditions often have to cope with stigma and discrimination in order to get help.

People living with mental health conditions have much lower rates of cancer screening. People living with mental health conditions have between 40-70% the rate of breast⁶, colon⁵ and skin cancer screening (see Figure 2). For example only 1 in 4 of people living with mental health conditions eligible for bowel cancer screening, participate in this free service, with 43 percent of all premature deaths of people living with mental health conditions caused by cancer this is a major issue.⁴¹

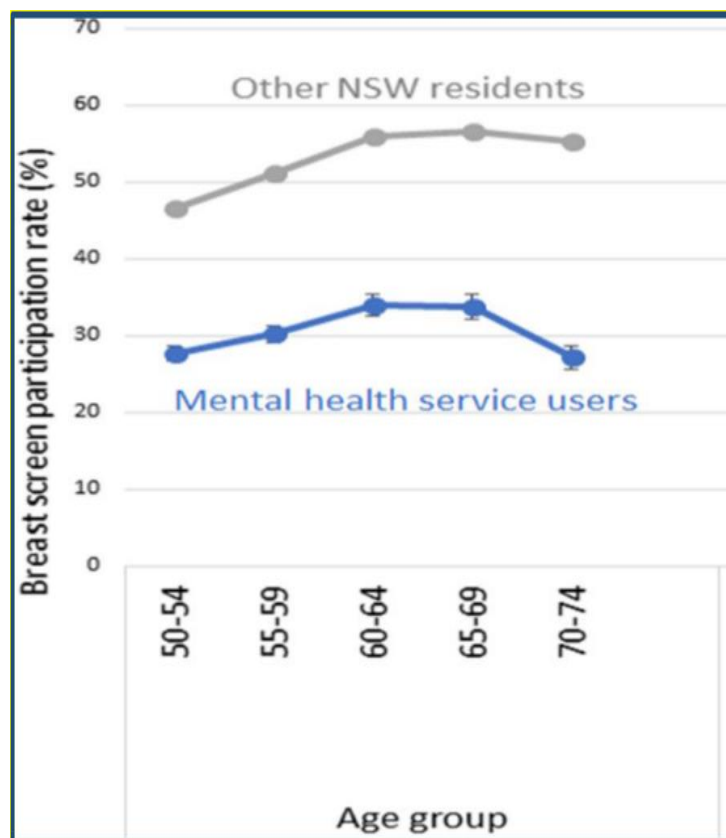


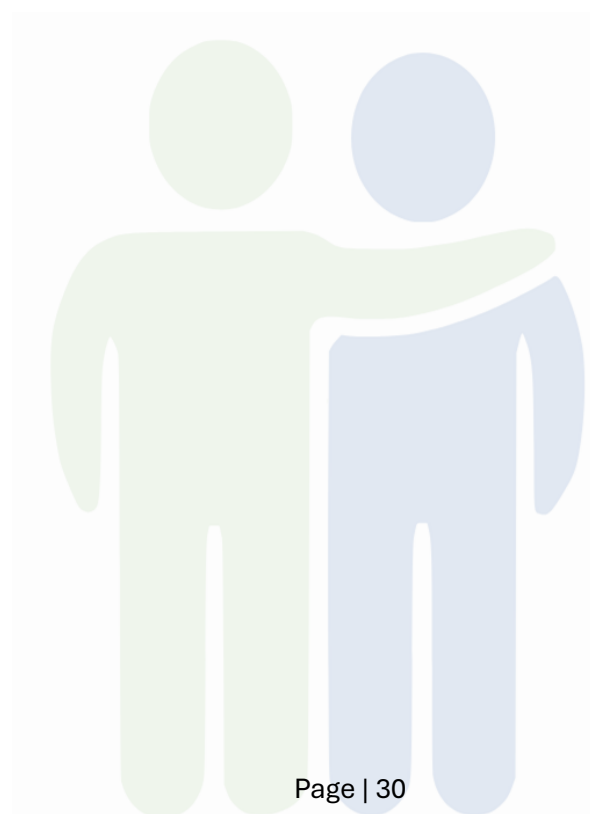
Figure 2: Breast screening rates in NSW ⁶

Another challenge relates to “diagnostic overshadowing”. This is where health professionals focus on the psychiatric diagnosis overshadows all other areas of a consumers experience, such as their physical health, social and wellbeing needs.¹¹ Research conducted by Lived Experience Australia and Equally Well indicated that only 20% of consumers reported their mental health professional asking about their physical health.⁴² In addition, consumers reported that only half of mental health professionals asked about the side effects of medications, or took consumers concerns about their physical health seriously.⁴² By focussing on physical health, Navigators can support consumers to prioritise their health needs and support consumers to access needed health services.

The Lived Experience Australia and Equally Well research also indicated that carers were often excluded from care planning, and similar to consumers, when they raised concerns about the physical health of the person they support, these concerns were mostly dismissed and ignored.⁴² Physical Health Care Navigators can play an important role in supporting carers to access required health services for themselves and the person they support.

Smoking kills 1 in 2 long-term smokers.⁴³ There are now a range of targeting smoking cessation programs for people living with mental health conditions⁴⁴⁻⁴⁶, yet mental health and physical health professionals do not actively promote these life-saving (and money-saving) programs. Physical Health Care Navigators can play an important role in helping people living with mental health conditions navigate to available smoking cessation programs and support.

The funding models for GP practices mitigate against people living with mental health conditions receiving regular, comprehensive physical health examinations.¹⁷ As such GPs are often reluctant to schedule sufficient time to conduct a comprehensive physical health examination for people living with mental health conditions. Nonetheless, studies have shown that with support for the local mental health team, GPs are able and willing to provide comprehensive and integrated physical health care for people living with mental health conditions.⁴⁷⁻⁴⁹ As such, Physical Health Care Navigators have an important role, as part of a multi-disciplinary community mental health team in navigating access to this physical health care.



Functions

The physical health navigators help connect the consumer to health screening, health protective and health care services by:

- Working with the person to assess their health and wellbeing needs using the Health Prompt
- Helping people become aware of free and affordable services available and how to access them
- Helping people navigate the system, connecting them to different services and facilitating smooth transitions between different levels of care
- Supporting preparation for appointments e.g. helping to ask the right questions (the EW consumer resource is helpful here)
- Organising appointments and follow-ups
- Coordinating transport to appointments
- If necessary, attending appointments with people
- Encouraging peer support for consumers through connections with others who share lived experience
- Encourage peer and community-led solutions
- Connecting people to existing available community resources and supports.

Ways of working

- Work as a partner with the consumer, carers and support people – help them get the services they want to access
- Communicate with the multi-disciplinary community mental health team members on progress and updates
- Looking for opportunities to work with and support your multi-disciplinary community mental health members to more fully appreciate the physical health care needs of people living with mental health conditions
- System enhancement – look for ways to strengthen connections between service providers (e.g. the mental health team and community pharmacies, GP practices, NDIS providers, screening services)
- Helping service partners (GPs, pharmacies, screening services) appreciate the need to adopt a Trauma Informed Care and an affirmative action orientation to service provision
- Educator – raising awareness of the increased health risks for people living with mental health conditions.

The Neami Health prompt provides an opportunity to:

- Provide information on the different, health promoting, screening and treatment options as appropriate
- Obtain of sense of how much of a concern a physical health issue is
- Identify the issues (if any) they would like to work on, based on their personal context, resources, and motivation

This facilitates a person-centred discussion, increases awareness of a wide range of potential issues, and promote agency, by letting the person decide what they would like to work on.

4.4. Advocacy and support for self-advocacy

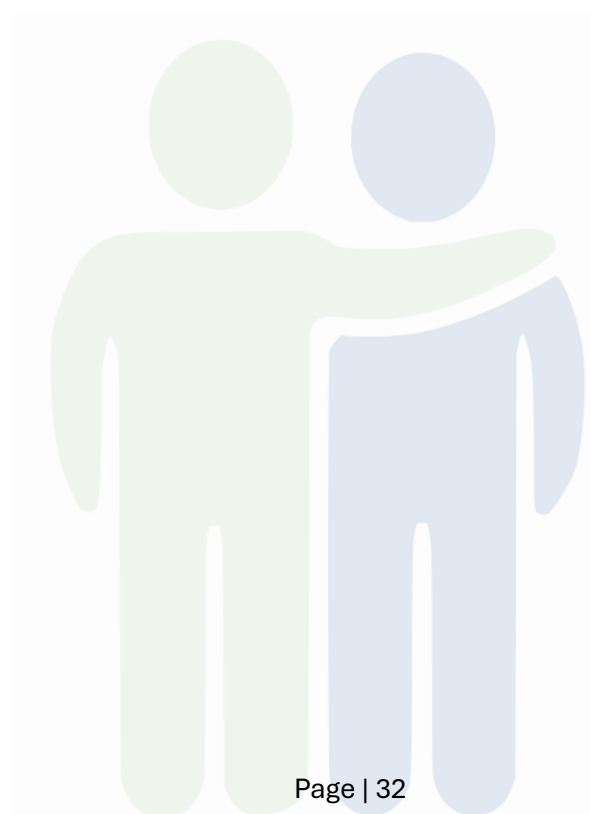


Advocacy

People living with mental health conditions are confronted many barriers such as diagnostic overshadowing, systemic discrimination and lack of care coordination. Navigators can help support someone to develop their self-advocacy skills. Some situations navigators may need to ‘go in to bat’ for the consumer to ensure they do get equal access to available services.

What the research says

The key processes of facilitating/coordinating relevant screening, assessment and care coordination relate to the Navigator key functions of service navigation support and advocacy and self-advocacy (see Section 4). The key physical health care challenges for people with mental health conditions identified in stages 1 and 2 research included awareness of available services, access to affordable services, and navigation/coordination to bridge the gaps across service systems (e.g. GPs, mental health, primary care, screening). Navigators can help people become aware of, and access freely available physical health care services, and help connect across service systems. They can also help advocate for the person if there are barriers to care.



Functions

Navigators seek to develop self-advocacy confidence and skills and if necessary, advocate for consumers to access the health services the need and deserve. They can do this by:

Supporting, empowering and equipping consumers and carers.

Navigators can support consumers:

- Increasing their awareness of their basic health care rights
- Building their skills and confidence in self-advocacy, including helping them to prepare for appointments, articulate symptoms clearly, (see consumer resource) and request appropriate investigations
- Providing emotional support to reduce self-stigma and build confidence in navigating the system
- Providing tools and resources to support self-advocacy
- Connecting consumers with peers and support groups.

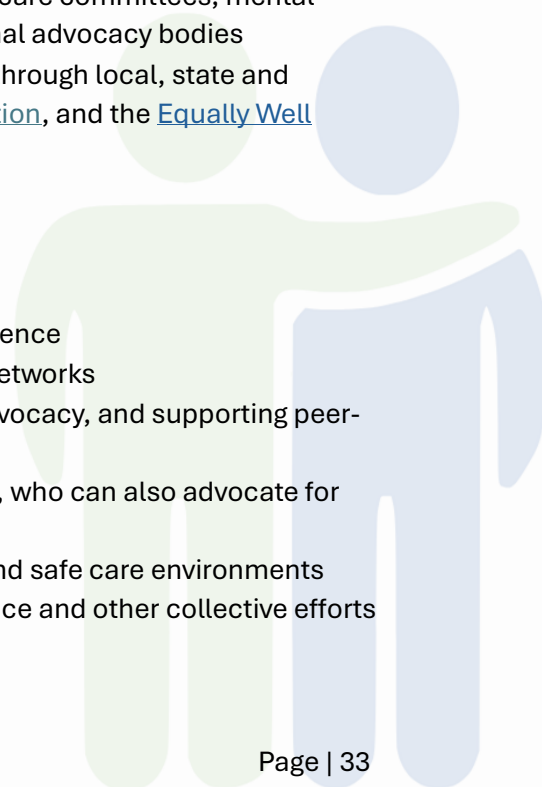
Advocacy with and on behalf of consumers and carers.

At times navigators may need to advocate on behalf of the person they are working with. Some ways to do this include:

- Ensuring that physical health concerns are taken seriously in medical and mental health appointments
- Identifying patterns of recurring barriers (such as diagnostic overshadowing) and developing a plan of action to overcome this
- Encouraging service partners to provide welcoming and inclusive care environments and reception areas
- Calling out discrimination or harmful practices
- Bring systemic discrimination and barriers to the attention of mental health advocacy groups – such as the local consumer councils, quality care committees, mental health consultative committees, and/or state or national advocacy bodies
- Advocating for policy changes and systemic change – through local, state and national organisations (see the [Equally Well Call to Action](#), and the [Equally Well Advocacy Framework](#)).

Ways of working

- Looks to build individual autonomy, agency and confidence
- Seeks to connect consumers to appropriate support networks
- Partners with communities to strengthen collective advocacy, and supporting peer-led and community programs
- Builds alliances with ‘mental health friendly’ providers, who can also advocate for person-centred and co-ordinated care
- Supports services to provide accessible, welcoming and safe care environments
- Engages with healthcare teams, communities of practice and other collective efforts to address discrimination at a service or system level.



4.5. Promoting continuity of care



Promoting continuity of care: Review, check-in and follow-up

The Navigators ensure their clients don't 'fall between the physical health care cracks'. They follow-up on appointments made by the consumer or referrer to ensure continuity of care. They can also support the client to ensure test results have been received, considered, acted upon and communicated with the consumer and their supporters.

What the research says

Lack of continuity of care, and people falling between the cracks of different services is a persistent and widespread problem.^{14, 16, 50} In addition to putting the health of consumers at risk is also has a negative impact on the morale, health behaviour and physical health outcomes of people living with mental health conditions. Lawrence and Coghlan, Kisely and Lawrence, Gould and Sara, Lambeth and Sara consistently demonstrate how people living with mental health conditions tend to get lost across the care journey of screening,^{5, 6} assessment, treatment, hospitalisation.^{3, 4, 40} This care attrition rate is much higher for people living with mental health conditions than for the rest of the community. Thus it is vitally important that consumers can have someone to follow-up on missed appointments by adopting the support advocacy approach.⁵¹ Figure 4 demonstrates how people living with mental health conditions miss out on necessary procedures and hospitalisation, resulting in much higher rates of death. (The number 1 on the graph's y-axis (Figure 3) represents the population average).

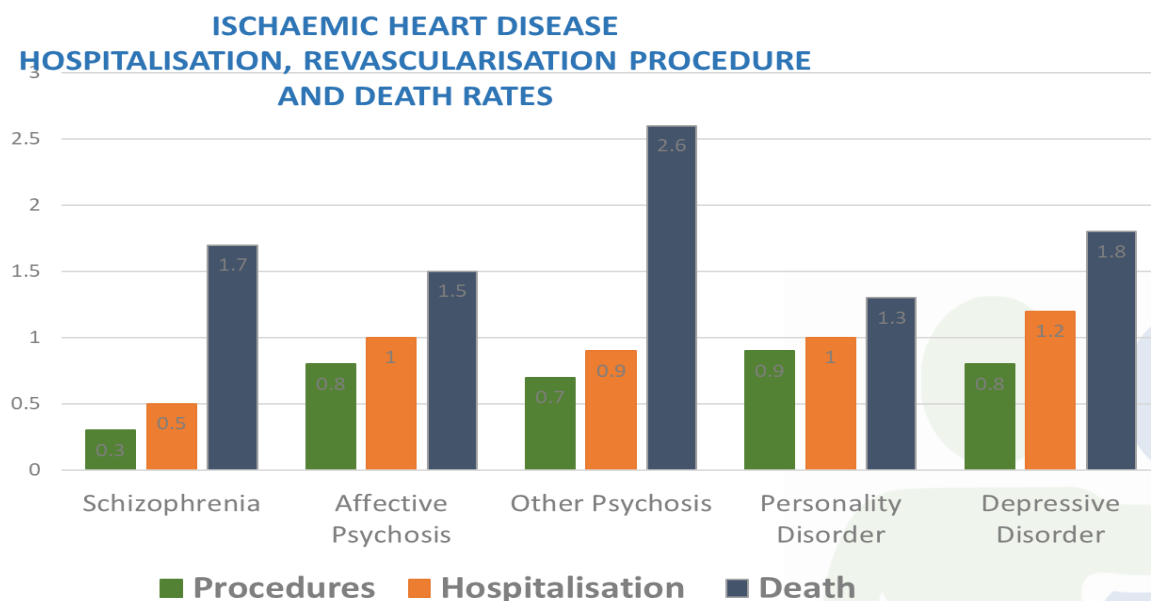


Figure 4: Hospitalisation, treatment and death rates by illness type.⁴⁰

Functions

Once a person is connected to a service, there are still multiple ways a person can get lost in the system. Navigators have an important role to help ensure people are not 'lost in the cracks'. A key function is to check on how people are progressing. This is an opportunity to encourage and support consumers, and if necessary to review plans and goals.

Navigators can support better continuity of care by:

- Ensuring the person does not get lost in the referral process
- Ensuring 'hand-over' between services has been effectively navigated
- Clarifying who is responsible for progressing the next step in the care journey
- Following up on missed appointments
- Checking results of tests have been communicated to the consumer, carer and service partners as appropriate
- Debriefing and supporting consumers in the event of a poor service experience.

Ongoing support and follow-up

Consumers

- Reviewing progress against consumer's documented goals and plans
- Checking in on experiences of care/screening
- Following up on any areas of lack of clarity or ambiguity
- Supporting completion of any incomplete goals, needs or plan.

Multidisciplinary team

- Confirming that agreed actions have been completed or underway
- Following up on any necessary next steps
- Checking in on experiences, barriers/difficulties
- Enquiring if any additional support is necessary.

Care partners

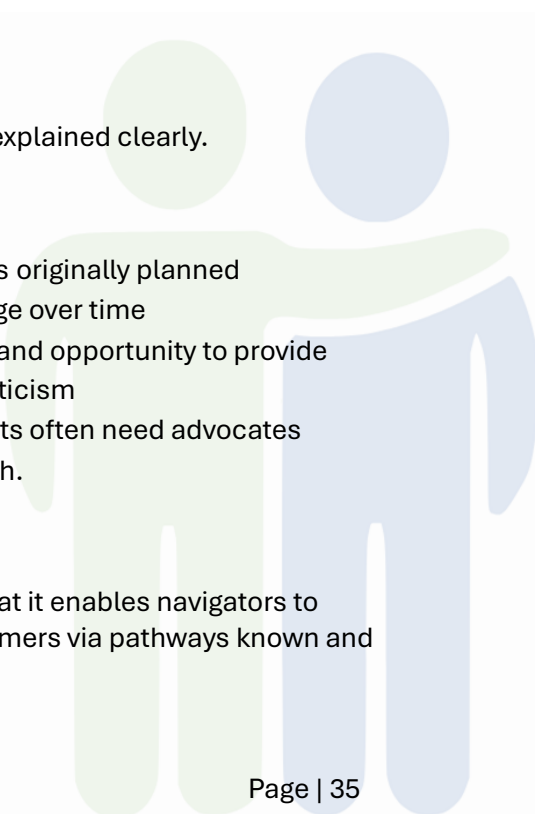
- Suitable follow-up appointments are made
- Missed appointments are rebooked
- Necessary referrals are made and supports in place
- Results of tests, and screening are communicated; and explained clearly.

Ways of working

- Works with an understanding that things often don't go as originally planned
- Appreciates that life circumstances and goals may change over time
- Using the check-in as a way of showing ongoing support and opportunity to provide practical and moral support, try not to imply blame or criticism
- Accepts that the health system is not perfect, and patients often need advocates
- Works with all involved with a solution focussed approach.

Working with different navigator skillsets

Another part of the aspect of the Mind and Body Navigator role is that it enables navigators to draw from their unique experiences and expertise to support consumers via pathways known and understood by them.



5. Key partnerships and relationships

What the research says

Consultations with the Mind and Body Navigators expert reference group highlighted the necessity of generating and maintaining strong local connections with various individuals, services and supports. It is anticipated that developing a robust network of local relationships will maximise opportunities for accessible client support at the individual level while also contributing to health literacy and broader community capacity-building in trial locations. Such a network can enable the Navigator to draw on their place-based expertise when offering support.

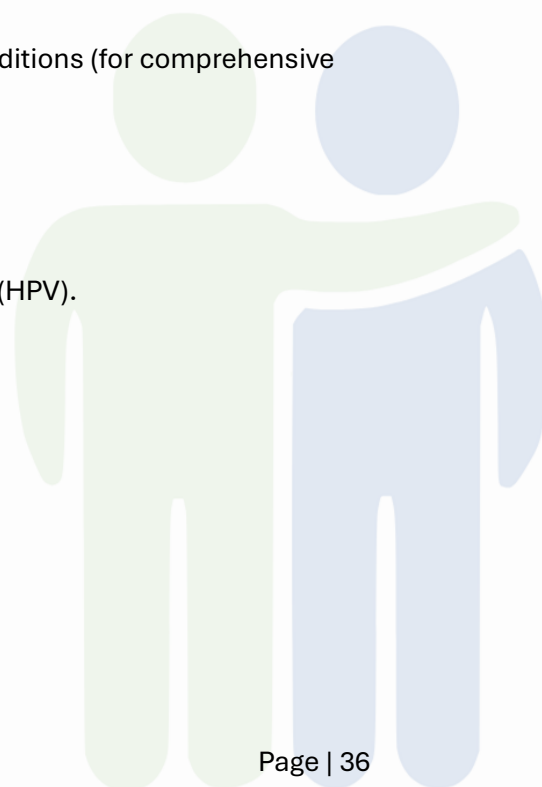
The key partner services will assist consumers to access appropriate health promotion, physical health screening, assessment, treatment, ongoing care and monitoring. The key physical health risk factors, health care access gaps and health inequalities for people living with mental health conditions will guide trial services and physical health care navigators in identifying key local service partners. Service availability and affordability will also influence care pathways. The Health Prompt toolkit has been developed to support the Navigator trial will also guide the identification of local service partners.

The place-based advisory groups outlined in Section 2 (Leadership and governance) can support the identification of key local services for trial services and the development of local partnerships between the community mental health team and relevant local service partners. The Ramsay Foundation report¹⁹ identified 'community knowledge and relationships' as key aspect of successful 'linker' or navigator practice. A systematic review of integrated primary mental health care highlighted the need for link staff enablers to facilitate the coordination across services.⁵²⁻⁵⁴ The Mind and Body Navigator model seeks to identify and leverage key local services and service partners.

5.1. Key service partners

There are a range of potential service partners, and this will vary considerably across different communities. They may include:

- Local **GPs** open to working with people with mental health conditions (for comprehensive physical health checks), including:
 - blood pressure
 - cholesterol
 - blood sugar/diabetes
 - referrals as appropriate for additional screening
 - some cancer screenings, including cervical screening (HPV).
- **Community Pharmacies**
 - Vaccinations
 - Lung function checks
 - Diabetes checks
 - Medication reviews.



- **Local health and screening services**

- Breast screening
- Medical imaging services (e.g. LDCT for lung cancer)
- Pathology screening labs
- Community pharmacies for health screening and assessment – such as diabetes finger prick test, lung function checks, and etc
- Skin cancer clinics or free skin cancer screening from GPs
- Colon cancer screening kits
- Heart and stress tests
- Spirometry
- A range of diagnostic services
- A range of allied health services, including physiotherapy, exercise physiology, dietetics and dental services
- Sexual health services
- Alcohol and other drugs (AOD) services.

- **Aboriginal Community Controlled Health Organisations**

- Provide a range of relevant screening
- Provide health promotion support
- Provide treatment and continuing care.

- **Community organisations** (lifestyle supports, community groups and activities)

While the following are **outside of scope of practice** for the Navigators, other members of the multidisciplinary team may partner with:

- NDIS providers
 - Disability support
 - Housing and accommodation
 - Activities of daily living
- Social Services
 - Financial support
 - Support services
- Relationship and counselling services
- Vocational, education, training employment services.



6. Key processes

What the research says

Research conducted to support the Mind and Body Navigators project (2b) highlighted that to function effectively, a health Navigator must be adequately supported. Collaboration between services, and between the navigator and clinicians, was also seen as an important function, as many consumers and carers interviewed felt they were unable to foster collaboration between members of their care team. Having a navigator who understands the system from a personal perspective was seen as key to building trust, and this trust supported people to feel comfortable accessing the care they needed.

A recurring theme in the literature is the necessity for clear role definitions to prevent role misutilisation and professional boundary issues (Mancini, 2018).

Team processes

Navigators will seek to work consistent with existing team processes. They will look to support and work closely with the relevant team member who has been allocated responsibility for the overall mental health and wellbeing care of the consumer (care coordinator/key worker).

As a member of the multidisciplinary team, the Navigator will participate in and contribute to key processes including

- Intake assessment and triage
- Allocation
- Multidisciplinary care planning
- Clinical review
- Case conferences
- Care planning and coordination meetings
- Discharge/transfer of care.

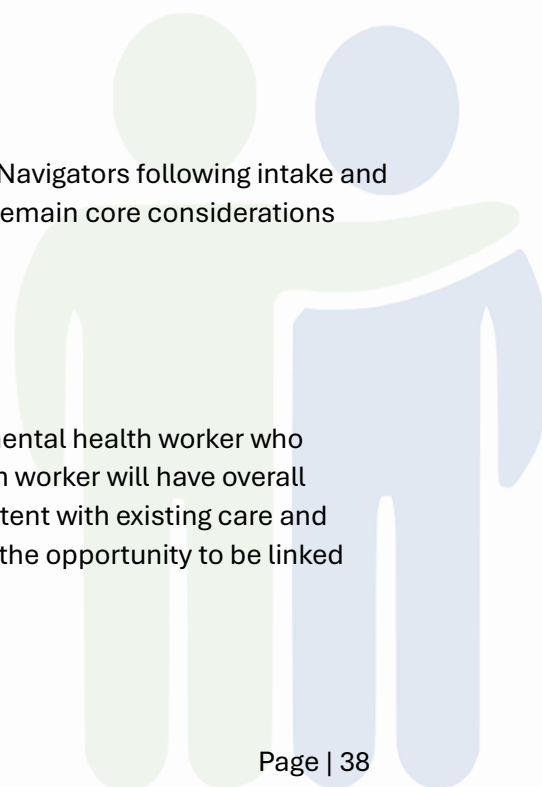
In working with the consumer, the Navigators and their host teams will seek to involve the consumer in all key processes of care, consistent with the key principle of a person-led approach to care.

6.1. Intake and triage

Services will link new or existing consumers with a Mind and Body Navigators following intake and triage (see Section 3, *target group*). Consent and informed choice remain core considerations from the outset.

6.2. Allocation

Existing and new consumers to the service all have a designated mental health worker who coordinates the consumer's wellbeing and care. This mental health worker will have overall responsibility for care coordination and mental health care, consistent with existing care and safety protocols of the team. In addition, the consumer be offered the opportunity to be linked with the Physical Health Care Navigator.



When a consumer first offered the opportunity to be linked to a Physical Health Care Navigators, they will first be presented with all relevant trial information to ensure they can make an informed decision about their choice to participate or not. Consumers who consent to participate in the trial will be linked to a navigator as per the trial protocol. The navigator will work with the consumer, and with the consumer's consent with their nominated/preferred supporter/carer.

6.3. Referral pathways

The Physical Health Care Navigators will work within the existing referral and mechanisms and pathways of their team. The role of the Physical Health Care Navigators is to point to possible additional referral pathways related to physical health care and support the consumer on the care journey.

There are different types of referrals:

- i. Self-referrals by the consumer
- ii. Referrals by the mental health team members for other services
- iii. Referrals to a medical officer – GP, medical officer, psychiatrist
- iv. Referrals to registered MBS/PBS prescriber
- v. Referral to screening such as LDCT for lung cancer.

Self-referrals

In addition, consumers can self-refer to services such as:

- GP visits including comprehensive physical health checks (the Equally Well Consumer Resource can be used to optimise the value of these visits)
- Pharmacies for vaccinations, health screening and other services
- Free cancer screening – breast, colon, skin.

Multi-disciplinary team referrals

A mental health team may refer someone to housing, accommodation, financial, legal and a range of other physical health, mental health and psychosocial services.

6.4. Secondary care and advanced screening and imaging

Referral and access to secondary care and advanced imaging services, and specialist assessments such as cardiology, radiology, oncology, endocrinology, respiratory physicians, gastro-enterology would normally be made by the consumer's GP, medical officer, registrar, or psychiatrist as appropriate.

6.5. The role of the Physical Health Care Navigators for referrals.

The role of the Navigator is to encourage, suggest and support referrals through the existing referral processes listed above. Detailed description of this role and function is described in [Section 4 Functions](#).

7. Staffing and PHC Navigator support

Introduction

What the research says

The evidence reviewed for the Mind and Body Navigator model shows the significant part that physical health navigators can play in improving health outcomes for individuals with mental ill health. Navigation supports can be provided by lay individuals (including peers with lived experience of the conditions of concern and needed supports) and/or professional clinicians who draw on their education and expertise to support patients and families (Reid et al., 2020). Successful navigator programs have demonstrated clear role definitions, structured training and strong integration into healthcare systems (Magasi., 2019, Robinson., 2023, Horny, 2017).

A recurring theme in the literature is the necessity for clear role definitions to prevent role misutilisation and professional boundary issues (Mancini, 2018). Many peer navigators in relevant studies were either placed in roles beyond their qualifications (e.g., intensive case management) or assigned tasks below their expertise (e.g., administrative work), which led to dissatisfaction and reduced effectiveness. Additionally, non-peer mental health professionals often struggled to understand the scope of peer navigator roles (Mancini, 2018), which led to organisational tension and poor integration into multidisciplinary teams. The Mental Health Commission NSW (2023) found that for staff and providers, the visibility of peer navigators was central to understanding and valuing the peer navigator model.

Studies that provided structured training, competency-based assessments, and mentorship, demonstrated higher success rates (Mistry, 2023). For instance, the PARTNER-MH training course equipped navigators with specialized knowledge in motivational interviewing and system navigation (Eliacin, 2023). Additionally, role-playing exercises, shadowing and peer-led training sessions were highlighted as valuable in building communication skills and confidence (Robles Arvizu, 2023).

Support mechanisms such as mentoring, shadowing and structured supervision were associated with improved navigator effectiveness and lower attrition rates. Programs incorporating research coordinators or social workers to provide mentorship reported fewer interpersonal conflicts and higher navigator satisfaction (Herrman., 2022, Mistry, 2023). Conversely, studies with little to no navigator support found high levels of job dissatisfaction, interpersonal tension, and confusion regarding responsibilities, leading to poor results (Graham, 2017).

The literature identifies the need to consider carers in research teams and navigation roles (Milberger, 2023). Carers can bring firsthand knowledge of system navigation challenges and can advocate for patient-centred improvements. The PHCN project includes carer navigators as part of the PHCN model and trial, alongside peer navigators and clinician navigators.

Research conducted to support the PHCN project (2b) highlighted that to function effectively, a health navigator must be designed with the right structures in place. Collaboration between services, and between the navigator and clinicians, was also seen as an important function, as many consumers and carers interviewed felt they were unable to foster collaboration between members of their care team. Having a navigator who understands the system from a personal perspective was seen as key to building trust, and this trust supported people to feel comfortable accessing the care they needed.

7.1. Personnel

For the purposes of trialling the P-model, there will be **three types** of physical health navigators:

- 1) **personal lived experience (peer) navigators** – people with lived experience of mental ill health
- 2) **carer lived experience (carer) navigators** – people with lived experience of caring for someone with mental ill health
- 3) **mental health professional (clinician) navigators** – mental health professionals/clinicians.

At each trial site – Dubbo (NSW), Bathurst (NSW) and Bundaberg (QLD) Navigators will be based in both a state mental health service (community team) and a community managed organisation (CMO). Each of the four participating services will have the three kinds of navigators: peer, carer and clinician.

Navigators may bring different sets of skills and experiences to the role related to both their professional and personal backgrounds. These will need to be considered in the orientation, training and support processes established within host services and teams. The development of the mental health peer workforce is supported by the National Lived Experience (Peer) Workforce Development Guidelines and relevant state and territory guidance and training. What will be common across the navigators is that they will be a new workforce within host services and will need clear role definition (in line with the PHCN model) supervision and support structures, including support at the executive, manager and team level. For peer navigators and carer navigators in particular, peer supervision and support are strongly recommended. Effective preparation and readiness of the host service and team will also be important, particularly in the context of effectively embedding the peer and carer navigators in trial services and host teams – see <https://www.qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/embedding-lle-workforces>.

Recruitment and induction

Participating trial services will be responsible for recruiting, supporting and managing the Navigators in line with their operational processes. Navigators will work within the employment conditions, line management, supervision, clinical governance, OH&S, risk management, code of conduct, operational protocols and industrial awards of their host organisation.

Orientation and training for the role will include both standard induction and training relevant to the host organisation, and role-specific orientation and training aligned to the PHCN model and trial and supported by the implementation guidance and resources developed for the trial. For the purposes of the trial, the Implementation Advisory Group (IAG) will provide advice and support to the trial services. A Navigator community of practice and other collaboration and support mechanisms are being considered for navigators and supporting managers.

7.2. Supervision and support

As a new and emerging workforce, **additional supervision and support** will be offered through the trial by the research project team if it is not already in place:

- Peer supervision – consumer, carer, other mental health professional
- Community of Practice – for all navigators.

Peer supervision in this model, refers to professional supervision by someone from the same professional group. For instance: for a peer worker (consumer), supervision would be with someone with experience as a lived experience peer worker (consumer); for a lived experience (carer) worker supervision would be with someone with experience as a (carer); worker and for other mental health professionals (e.g. nurse, social worker, psychologist) supervision would be by someone with the same professional background. In all cases peer supervision would be discipline specific supervision.

Community of Practice as referred to in this model refers to a group who share the same practice experience. In this model it refers to anyone who practices as a Mind and Body Navigator. As such it would be multidisciplinary, comprising of peer workers navigators (consumer), peer work navigators (carer) and other professionals such as nurses, social workers etc) who do this sort of work.

The process of introducing a new category of team member into a multi-disciplinary community mental health team entails considering adjustments in team dynamics and function for team leaders and existing team members. As such **additional support will be offered to existing staff**. This will be tailored to the needs and circumstances of each team, but it may include supports such as:

- Team leader COP/ and additional as needed support
- Support team preparedness to support embedding Physical Health Care Navigators into multi-disciplinary community mental health teams.

7.3. Training, support and development

Upon completion of the above elements, and **Training Support and Development Plan** will be developed for each Navigator.

The project team will deliver **training and education support** to ensure the Physical Health Care Navigators are equipped to carry out their role. This has four components:

1. Introduction to Equally Well
2. Introduction to the Mind and Body Navigators Model of Care
3. Using the Neami Health Prompt and associate Health Prompt toolkit
4. Research and data collection.

The education and support program will be developed with a view to as far as possible, utilise with programs currently provided by the partner organisation, or other training programs to support the Mind and Body Navigators.

8. Outcome measures, data collection, documentation and reporting

The fundamental goals of this project are to:

- Protect and improve the physical health and wellbeing of people living with mental health conditions
- Develop and assess the effectiveness of a new type of mental health worker, and thereby
- Support multi-disciplinary community mental health teams in providing a comprehensive service for the community
- Assess the acceptability and efficacy of the model.

The outcome measures assess this model against these goals.

8.1. Outcome domains

Within this framework outcomes will be evaluated across key domains. As this a co-designed and evidence-based model of care is part of a National Health and Medical Research Council research project, additional outcomes will be evaluated above the routine outcome measures used by multi-disciplinary community mental health teams. Some of these outcome measures will be routinely collected by the Navigators and others by the research project team. Table 2 provides a list of measures collected by Navigators. Other measures will be collected by members of the research team. These measures include standardised measures of feasibility, acceptability and qualitative interviews on stakeholder experiences.

The full list of measures, including timeline, responsibilities and foci appear in the Appendixes. As per the Grant Agreement with the NHMRC the major domains of health and wellbeing measured are:

1. **Physical health**, covering things such as blood pressure, glucose, cholesterol, lung function, heart and circulatory health
2. **Mental health** in areas such as psychological well-being, depression, and anxiety
3. **Community participation and social wellbeing** in work, social, recreational, spiritual, physical and other communal and shared activities
4. **User experience of service** of the model of: people living with mental health conditions; their carers supporters, and kin: members of the multi-disciplinary community mental health teams; and screening and service partners
5. **Service access**, measuring the extent to which people living with mental health conditions have been offered equitable access to available health enhancing and health protection supports and services.

8.2. Data collection, documentation and reporting

The data collection, documentation and reporting arrangements will, as far as possible, use existing data collection, documentation, performance indicators and outcome measures used at the partner sites. In addition, to enable national and international benchmarking outcome measures endorsed and supported by Australian Mental Health Outcomes and Classification Network (AMHOCN) are preferred.

Below is the list of measures to be collected by the Physical Health Care Navigators and the multi-disciplinary community mental health team members.

Focus	Navigators		
	Measure		When
1. Physical health			
GP physical examination	Done in last 6 months? Blood tests BP, LDL, PSA, EW/Neami Health Prompt		Pre/PRN/Post
Screening and vaccination	See attached for schedule (EW/Neami Health Prompt)		Pre/PRN/Post
2. Mental health			
Overall Wellbeing	Health of the Nation Outcome Scale (HoNOS) .		Pre/PRN/Post
Mental Health distress	K-10		Pre/PRN/Post
3. Community participation			
Community and social engagement	Living in the Community Questionnaire (LCQ)		Pre/PRN/Post
Recovery	Recovery Assessment Scale – Domains and Stages. (RAS-DS)		
4. Experience of service			
Consumers	Your Experience of Service (YES and YES-CMO) survey including the physical health module.		Post
Carers	Carer Experience of Service (CES and CES-CMO) survey including the physical health module.		Post
5. Service Access			
	See attached EW/Neami Health prompt for details	Y/N	Pre/13 weeks/ 26 weeks

Table 2: Measures collected by multi-disciplinary community mental health teams and Physical Health Care Navigators.

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10. Appendices

The [Mind and Body Navigator website](#) provides:

- Information on the trial
- The Equally Well/Neami Health Prompt
- Links to resources
- Link to the Equally Well website.

In addition, other materials are made available to Navigators through their training and induction.

This includes:

- The training and induction package
- The Neami Health Prompt toolkit
- Outcomes assessment.

