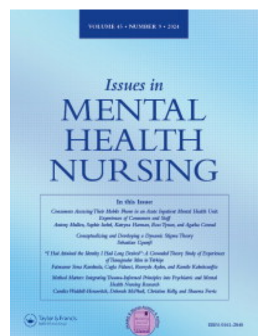

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The Physical Health Nurse Consultant: Perceptions and Experiences of Those Who Care for People with Mental Illness

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ABSTRACT

Mental health carers are crucial in improving the physical health outcomes of people diagnosed with a mental illness (hereafter referred to as consumers). The long-term and multifaceted mental and physical health support carers provide to consumers can contribute to caregiver burden. Consequently, carers advocate for coordinated and integrated physical healthcare to improve the physical health outcomes of consumers and alleviate caregiver burden. The aim of this qualitative exploratory study is to explore carers' perceptions and experiences with the Physical Health Nurse Consultant role. Semi-structured interviews with nine carers nominated by consumers were conducted. Interviews were transcribed and reflexively thematically analysed. Three main themes were identified: (i) Therapeutic relationship s were a catalyst for health behaviour change; (ii) Overt and covert positive changes were observed by carer and (iii) Cares' involvement in integrated mental health and physical health care. Nine carers who were nominated by consumers to be involved in their physical healthcare planning, preferred to adopt a supporting role as this prevented or reduced caregiver burden. The findings support the adoption and continuation of the Physical Health Nurse Consultant role to facilitate positive physical health outcomes for consumers and a reduction in caregiving burden. The benefits of the Physical Health Nurse Consultant provide a compelling argument to embed the role in routine practice. Mental healthcare services should advocate for continued funding and career development for such positions to provide long term benefits for consumers and carers. Future research is required to explore carer and consumer involvement in co-producing future and localised iterations of the Physical Health Nurse Consultant role. This research should also measure the outputs and outcomes of co-production to clarify how the process worked in practice.

Introduction

In Australian policy, a mental health carer is defined as a person with a close relationship, who provides unpaid support or care for a person diagnosed with a mental illness (hereafter referred to as consumer) outside of the clinical setting (Commonwealth of Australia, 2013; Department of Health, 2017). The term "carer" is also associated with professional, paid, or formal caregivers in the healthcare sector (Victoria Department of Health, 2015). Consistent with recovery principles and in this research, all categories of carers provide long-term and multifaceted mental and physical health support (Australian Bureau of Statistics, 2020; Cameron et al., 2022; Doody et al., 2017), particularly when the consumer is less involved in their care planning (Çelik Ince et al., 2019; Small et al., 2017).

Emotional, cognitive, and practical supports from carers are sometimes required because of impairment to consumers' occupational, social, and emotional functioning resulting from symptoms of their mental illness (Center for Behavioral Health Statistics and Quality, 2018; Edmunds, 2018). In 2018, an estimated 943,400 Australian consumers diagnosed with a mental illness lasting 6 months or more, required assistance with at least one or more aspects of their daily living, such as cognitive and emotional tasks (Australian Bureau of Statistics, 2020). Consequently, carers spend an estimated 40 h or more each week providing the required emotional, cognitive, and practical support alongside mental health services (Australian Bureau of Statistics, 2020; Diminic et al., 2018). The sizeable contribution that carers provide indicates unmet needs in the mental healthcare system whereby caregiving responsibility is transferred to carers' who support the consumers' physical and mental health recovery.

The roles of carers in mental and physical health includes providing transport, coordinating services, facilitating medical decisions, and monitoring medication (Ateş et al., 2018; Diminic et al., 2018; Doody et al., 2017; Fisher et al., 2018; Happell et al. 2017a; Liu et al., 2020). Research studies highlight the positive influence of carers' support on consumers'

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physical and mental health outcomes, such as maintenance of healthy lifestyle behaviours, reduction of hospitalisations and increase in treatment adherence (Cameron et al., 2022; Wonders et al., 2019). Carers' inclusion in mental and physical healthcare is therefore crucial to advocate for the consumer especially if their condition worsens over time (Happell et al. 2017a). At varying times of the consumers' recovery journey, carers provide support through advocacy, navigation, coordination, and evaluation of mental health services (Wonders et al., 2019). In these examples, consumers' mental and physical health recovery is illustrated as a reciprocal dynamic where carers adjust their level of support to meet the fluctuations in consumers' needs over time.

Caregiver burden can result in decreased care provision, worsening quality of life, financial resources and physical and psychological health (Happell et al. 2017b; Liu et al., 2020; Parmar et al., 2019). Carers report higher levels of depression, anxiety and worsening quality of life compared to people without carer responsibilities (Bailey et al., 2019; Happell et al. 2017b; Liu et al., 2020; Parmar et al., 2019). These findings have implications for how carers prefer to, and should be, supported by mental healthcare systems to enable their ongoing support for consumers (Happell et al. 2017b; Jackson & Browne, 2017; Parmar et al., 2019; Poon et al., 2018). Mental healthcare systems have a role in preventing or reducing caregiver burden through supportive, coordinated, and integrated approaches when involving carers in mental and physical healthcare planning (Ateş et al., 2018; Happell et al. 2017b; Jackson & Browne, 2017; Parmar et al., 2019; Poon et al., 2018; Small et al., 2017; T. S. Tabvuma et al., 2022; van Hasselt et al., 2013). Healthcare systems can support carers through multicomponent interventions including counselling, education, and respite care (Jackson & Browne, 2017).

Despite negative impacts of caregiving, strong interest to be involved in the physical healthcare planning for the consumers' benefit remains evident (Çelik Ince et al., 2019; Doody et al., 2017; Fisher et al., 2018). Carers frequently express concern about the physical ill-health of consumers (Çelik Ince et al., 2019; Happell et al. 2017a). For example, carers note depressive episodes, undesirable side-effects of medications such as increased appetite, lack of nutritional knowledge and financial limitations as contributors to the ill-physical health of consumer (Çelik Ince et al., 2019). For this reason, carers advocate for better physical healthcare that incorporates a coordinated approach and encouragement from healthcare professionals for consumers to participate in physical health-enhancing practices (Çelik Ince et al., 2019; Happell et al. 2017a). As advocates, carers do not have access to health information nor can they share such information unless granted by the consumer under the Australian Privacy Act 1988 (Commonwealth of Australia, 1988)). Given their role as advocates in supporting positive physical health outcomes, it is surprising that carers' voices remain underrepresented in peer reviewed literature (Bailey et al., 2020; Çelik Ince et al., 2019; Happell et al. 2017b; Small et al., 2017). The existing literature describes carers' concerns about inadequate access and healthcare responsiveness to the physical health needs of consumers (Happell et al. 2017a; van Hasselt et al., 2013). As a result, carers frequently adopt a coordinator role (Happell et al. 2017a), further increasing caregiving burden and contributing to deterioration in their own mental and physical health (Azman et al., 2019; Çelik Ince et al., 2019; Happell et al. 2017a).

Considering the perceived absence of comprehensive physical healthcare coordination, carers indicated support for the introduction of a Physical Health Nurse Consultant role (herein referred to as Nurse Consultant) (Happell et al., 2016). The Nurse Consultant integrates mental and physical health expertise to coordinate and deliver care aimed at improving physical health of all consumers with mental health conditions (Happell et al., 2018). Carers perceived the Nurse Consultant would enhance consumer access to physical health care through coordination thus relieving them from the same responsibility (Happell et al., 2016). Given carers explicit expectations for the Nurse Consultant role, it is crucial to qualitatively explore if these expectations were met. Exploring carers' perception and experiences of the Nurse Consultant role will provide valuable insights into the enablers and barriers to adequate physical healthcare service provision.

Aim

This study aimed to explore carers' perceptions and experiences with the Physical Health Nurse Consultant role. Exploring the perceptions and experiences of carers with the Nurse Consultant, will strengthen mental health carers voice in physical healthcare literature and contributes to future role development.

Methods

Study design

A qualitative exploratory design was used (Stebbins, 2001). This approach is frequently used for a topic that is yet to be understood because participants openly share perspectives and experiences (Frain et al., 2021; Happell et al., 2018; McKenna et al., 2014). This manuscript adheres to the COREQ (COnsolidated criteria for Reporting Qualitative research) guidelines (Tong et al., 2007).

Setting

The research was undertaken in an Australian public community mental health service between November 2020 and April 2021. The service offers assertive care, day services and outpatient programs such as Home Assessment and Acute Response Team, and Forensic Consultation and Intervention Service, to consumers aged 18 to 65 diagnosed with varying mental health issues.

Physical health nurse consultant role

The Nurse Consultant is a specialist mental health nurse with interest, training and expertise in physical health care, and post-graduate education working with consumers diagnosed with psychosis. The role provides health behaviour change advice and coordinates physical healthcare (Happell et al., 2018). The Positive Cardiometabolic Health treatment framework (Curtis et al., 2012), an internationally established

guideline for metabolic screening, prevention and interventions, informed the Nurse Consultant's approach when engaging with consumers (Happell et al., 2018). Consumers were supported by the Nurse Consultant to determine and implement their personal health goals and priorities. The Nurse Consultant supported consumers' choice to involve or exclude a support person in their physical healthcare planning. In addition, the Nurse Consultant referred consumers to other relevant allied health services including such as exercise physiologists or dieticians, to facilitate holistic care.

Study population and recruitment

Nine carers nominated as support persons by consumers' from the broader study (Tabvuma et al., 2022), who were working with the Nurse Consultant were recruited for this study. Participants included seven family members and two paid support coordinators. The parameters used to define a carer were broadened through the inclusion of two paid support persons to reflect the consumers' choice in who they nominated as a carer (Commonwealth of Australia, 2013; Piat et al., 2020). Consumers prefer to choose who, how and when to involve their nominated support person in their physical and mental healthcare (Wonders et al., 2019).

In this study, the sampling technique involved consumers nominating a support person for recruitment and providing the lead researchers' contact details to the carers. Carers then contacted the researcher to express an interest in study participation. The lead researcher, a female mental health nurse with no prior relationships with participants, provided additional information and arranged an interview. Participants who agreed to be involved were sent a written informed consent form and Participant Information Sheet via email.

Procedure

Between November 2020 and April 2021, one-on-one semi-structured interviews ranging from 30 to 60 min were conducted with consenting participants until data saturation was reached. Concurrent data analysis informed sampling sufficiency as no evidence of new themes were identified from the data (Vasileiou et al., 2018). Interviews were conducted via telephone or videoconferencing as per the Australian government COVID-19 recommendations for physical distancing (Commonwealth of Australia, 2022). Participants interviewed by videoconference were offered the choice to turn off their cameras. All participants were reimbursed $75 for their participation. Reimbursing the participation of people with a lived experience and carers in research reflects best practice in mental health consumer and carer research in Australia and aligns with the recommendations from the National Mental Health Commission "Paid Participation Policy" guidelines (National Mental Health Commission, 2020).

Analysis

Audio recordings of interviews were transcribed verbatim and reflexively thematically analysed using the 6-step Braun and Clarke (2022) framework and NVIVO 12 (QSR International, Burlington, MA). This qualitative analysis approach is frequently used to systematically organise, interpret and identify the main themes aligning with the study's objective (Happell et al. 2017b; T. Tabvuma et al., 2022). The framework provides guidance through six stages of: (i) re-reading transcripts to enable familiarisation with data; (ii) identifying initial codes; (iii) reviewing codes for their relevance and grouping them by similarities; (iv) generating provisional themes that are titled descriptively; (v) revising and organising the tentative themes to confirm their accuracy with the transcripts and consensus views and, (vi) research team verifying, re-defining and revising the themes to organise into a report for academic output (Braun & Clarke, 2022).

Trustworthiness

Triangulation, reflexivity and member checks were taken to limit bias and ensure rigour. Credibility of data was enhanced through a reflexive process by the three members of the research team, with PhD qualifications, qualitative research experiences and backgrounds in nursing and exercise physiology, meeting throughout the project to reflect on their assumptions and opinions of the research topic (Braun & Clarke, 2021). To accurately reflect participant perspectives and experiences, participants were provided an opportunity to review and edit their transcripts. To further strengthen trustworthiness and credibility of data, investigator triangulation was used by researchers separately reflexively thematically analysing and interpreting data and resolving discrepancies of themes through discussions. This ensured multiple perspectives about a phenomenon are explored to confirm findings (Carter et al., 2014).

Ethics

This study complied with the National Statement on Ethical Conduct in Human Research guidelines (Commonwealth of Australia, 2018). Ethics approval was granted from the Human Research and Ethics Committee (approval number 2020/ETH.00081), prior to participant recruitment. Potential participants received a Participant Information Statement containing information about the study, including data collection, usage, and storage. Researchers maintained participants' confidentiality throughout the project. Given the small sample size, demographic details of carers were excluded from data collection to maintain their anonymity.

Results

Participant awareness of the consumer working with the Nurse Consultant varied which possibly indicated the degree of carer involvement in the consumers' care planning. From the nine participants, five were actively involved, one was partially involved and three were uninvolved in care planning with the Nurse Consultant.

Three themes were identified primarily reflecting a positive view of the Nurse Consultant role. In summary, the participants: (i) recognised the therapeutic relationship between

the consumer and Nurse Consultant as a catalyst for positive health behaviour changes; (ii) observed positive health behaviour changes; and (iii) shared their desire to be involved in integrated mental and physical health care planning. Figure 1 highlights the main themes and subthemes.

Theme 1: Therapeutic relationships were a catalyst for health behaviour change

The first theme reflects how the participants viewed the therapeutic relationship between the consumer and Nurse Consultant as a catalyst for their positive health behaviour changes, including two sub-themes: connecting at a human level, and a holistic and practical approach.

Sub-theme 1: Connecting at the human level

All participants recognised the Nurse Consultant had successfully connected with the consumer to influence a change in health behaviour and attitudes. One participant admired the ability of the Nurse Consultant to connect and initiate change in consumers who were reluctant to engage with other health professionals.

> The [Nurse Consultant] actually done a good job in just making a connection… [consumer] really doesn't engage well with people generally…[The Nurse Consultant] got [consumer] to think about their weight, because we as service providers have been trying to do that for many years, and [the Nurse Consultant] actually got them doing that, I think is quite impressive…I think the [Nurse Consultant] is not preachy and just talks to them (Participant 1)

> …The contact and connection… and getting to know them [consumer]…has been a really positive thing for them. (Participant 5)

Participants identified personal attributes of the Nurse Consultant that fostered the initial rapport building and ongoing positive therapeutic relationships with consumers. The Nurse Consultant was described as understanding, relaxed, conversational, non-judgemental, patient, friendly and supportive. Some participants compared these favoured therapeutic approaches to strategies used by other health professionals. While the reasons for this were not explicitly described, carers described the Nurse Consultant as being relatable and welcoming, hence making the experience less daunting for the consumer and themselves.

> It's more the rapport building that's really important, and [the Nurse Consultant] got that with [the consumer] …their demeanour which is one of being very natural… They are not there as

Sub-themes

Connecting at the human level

Holistic and practical approach

Overt physical health changes

Covert and unexpected changes

Degree of carer involvement desired

Alleviating caregiver burden

Themes

Therapeutic relationship as a catalyst for health behaviour change

Overt and covert positive health behaviour changes observed by carer

Carers' involvement in integrated mental and physical health care

Figure 1. Subthemes and themes.

> this white coated professional who's there to assess…they were always very chatty, very friendly, and relaxed…that they made me feel welcome, and I'm just a support person. (Participant 2)

> There was no judgement at all… They [Nurse Consultant] treated them as an equal, so there was never any looking down at [consumer]. (Participant 3)

The communication style of the Nurse Consultant was described as involving active listening, language matching, paraphrasing and repetition, contributed to the adoption of health behaviour change advice. One participant described how this communication style fostered retention of information and vulnerability for the consumer to share their challenges which helped the Nurse Consultant tailor and reinforce the health behaviour change advice.

> It's the reassurance that when [consumer] turns up there, [the Nurse Consultant] is going to listen… That's where the mirroring, the reflecting back…they will respond to that sort of talk… That's the key to letting [consumer] drop their barriers, they are willing to share in that moment as well… and to take on the information as best as they can (Participant 2)

Sub-theme 2: Holistic and practical approach

Participants reported on the helpful approaches of the Nurse Consultant to influence consumers to make positive health behaviour changes. They observed the provision of holistic, person-centred, and practical physical and mental health support. Participants described this approach as follows;

> The [Nurse Consultant] listens to them [consumer]…is going to give them little hints and tips and understand the complexities around what they are fighting…it's certainly not just physical… it's more like, who is this person, in entirety? (Participant 2)

> They [Nurse Consultant] focused mainly on exercise, diet… and took an interest in [consumer's] extracurricular activities. (Participant 3)

An integrated and continuity approach used by the Nurse Consultant to discuss and address the consumers' physical health over time was commended. Participants believed continuity of care via therapeutic relationships served as a catalyst for positive health behaviour changes.

> Outside of being obliged [through a Community Treatment Order] to see mental health clinical manager, this is the longest [consumer's] ever engaged…Now they're actually quite keen to engage …starting to get to the point of wanting to make a bit of a change in their life across the board. (Participant 1)

> It's been just a long time…I can't really remember how long she's been engaged with the physical health team, but I would assume there would have been discussions over that period with them, which has led to things such as running, exercise. (Participant 4)

The regularity and flexibility of communication and practical health behaviour change advice was cited by another participant as a contribution to the consumer's positive health behaviour changes.

> I think just the regularity of it. Consumer liked the phone calls SMS. So, it was just that communication and contact… Continuity is always good for someone who has mental health issues. (Participant 7)

Theme 2: Overt and covert positive changes were observed by carer

The second theme describes the overt and covert positive physical health attitude and behaviour changes by the consumer and positive influences on the carer. Unexpected changes to the consumers' physical health were noted by some carers.

Subtheme 1: Overt physical health changes

Overt positive health behaviour changes by consumers were observed by most participants, including those uninvolved in care planning with the Nurse Consultant. The health behaviour changes attributed to the consumer working with the Nurse Consultant included healthier lifestyle knowledge, increased physical activity, healthier diet and reduction of cigarettes and alcohol. Specific positive health behaviour changes included consumers' increasing frequency and duration of walking, regularity of exercise, and healthier dietary choices. Some participants linked these physical health behaviour changes to observable outcomes such as weight loss or maintenance, or reduction in waist circumference.

> I know [consumer] has been cutting down their cigarettes … [Consumer] would like to give up smoking before turning 40 that surprised me because [the General Practitioner (GP)] tells them to cut down on alcohol and cigarettes but it went onto deaf ears… I would say that the [Nurse Consultant] has talked to [the consumer] about things, and then it's gradually sinking in. (Participant 6)

Weight loss was a recognisable change reported by carers, resulting from consumers' exercise and dietary changes. Participants reported that consumers were pleased with the physical health results which also benefitted their mental health.

> [Consumer] has lost 30 kilos. [Consumer] knows healthy food. [Consumer] talks to them [Nurse Consultant] … [Consumer] exercises twice a day. One is an hour walk and then consumer swims in the afternoon. [Consumer] felt quite chuffed telling people how much exercise they were doing. It was a little pat on their back… [Consumer] feels physically good and mentally good after they have exercised. (Participant 3)

> [Consumer] has lost a few centimetres off their belly. I think they have lost a couple of kilograms, although I think they yo-yoed a little bit in terms of the weight. (Participant 5)

One participant expressed awe for the consumer's ability to maintain a healthy weight whilst being prescribed an antipsychotic medication. Moreover, they recognised the Nurse Consultants' contribution to this improvement.

> A massive effort from [consumer] and everybody…The whole effort of controlling physical health when – on Clozapine given the side-effects of rapid weight gain if there is no action…the things that [consumer] has done to control their weight have just been absolutely fabulous. Living on 1300/1400/1500 calories again, plenty of exercise, [consumer] has got their weight down considerably…The help from the physical health nurse - is important. (Participant 8)

Whilst physical health improvements were noticed, one participant cautioned that these were not solely attributed to

the Nurse Consultant but part of a larger and integrated healthcare team.

> We wouldn't say the improvements are [only] from the physical health nurse but their role certainly contributes. (Participant 8)

Some participants highlighted how the consumers' readiness to change behaviours influenced their physical health improvements. They recognised that the consumer's readiness to change enhanced their ability to be receptive and adopt the health behaviour change advice from the Nurse Consultant.

> The role is really important … but you've got to have the client that's ready – that's open and receptive to that information. When all of this came about– it was perfect for consumer, it was perfect timing. (Participant 5)

The consumer's inherent self-motivation parallel to the support from the Nurse Consultant was applauded by a participant who recognised these as enablers for the reduction and maintenance of their weight.

> It's a combination of all the support and work but not forgetting the effort that [consumer] puts in, just absolutely enormous every day. (Participant 8)

Sub-theme 2: Covert and unexpected changes

Where overt changes were not observed, participants expressed noticeable differences in consumers' thinking and attitude related to lifestyle habits. A participant described some shifts in the consumer's attitude towards their diet resulting from the ongoing encouragement and motivation from the Nurse Consultant.

> While [consumer] is sticking with the Optifast, they can't stick with the diet bit of it… I think just keep on just planting those seeds and maybe talking to them about the balance. (Participant 1)

Despite a consumer's challenges with maintaining their weight, the encouragement and positive reinforcement used by the Nurse Consultant helped retain the consumer's motivation to continue exercising.

> The encouragement about the exercise. Just that ongoing check-in helped… [Consumer] needs encouragement and support because they can get quite –down about their weight… so they do need –support around their physical appearance… [consumer] is walking much more regularly now… (Participant 5)

Positive flow on effects of the consumer's interaction with the Nurse Consultant included participants gaining knowledge directly from the Nurse Consultant or the consumer sharing information they had learnt. A participant reflected on how the consumer gained knowledge regarding healthier dietary habits which resulted in the whole family adopting healthier dietary choices.

> We've done different types of eating… there's just been fine tuning of diet and stuff over time. We try to be as supportive as possible…If [consumer] needs a diet change then everyone in the house gets a diet change. (Participant 4)

Another participant recalled gaining more knowledge about the management of weight for the consumers' prescribed antipsychotic medication. They were able use the knowledge gained to provide informal support to others.

> It's been a big learning experience for us in actually being able to help [consumer]… We've learnt that to introduce Metformin regardless is a helpful thing… It's great to be able to pass on some of these tips and thoughts and things that we've noticed and ideas along the path because it's been quite a journey. (Participant 8)

A participant who was uninvolved in care planning with the Nurse Consultant, perceived the consumer's physical health outcomes had worsened and queried how the Nurse Consultant had left some aspects of the consumers' physical health unattended. They were unclear whether the weight loss observed resulted from increased alcohol consumption, irregular sleep, and inadequate dietary practices. They recognised that the Nurse Consultant, like them, could only provide encouragement as this was a voluntary service.

> [Consumer] looks very sick. Their face is all puffed up…lips are all dry and walks very slowly. [Consumer's] got a big tummy. [Consumer] has lost a lot of weight, but physically, they do not look healthy at all…I'm not sure whether a weight loss is because of their drinking or not eating and sleep… why hasn't the Nurse Consultant picked up that they are diabetic and drinking? …The [Nurse Consultant] can only encourage them [consumer], like me. I can encourage them. I can't make them do [it]. (Participant 9)

This participant believed the consumer should adopt personal responsibility adjacent to the support offered.

> [Consumer] has to take responsibility and start managing health and not blame everybody else or not blame that I wasn't told or [consumer] knows what is happening…the support services are there, they are telling you, but why aren't you putting that in practice…a person has to be willing to take some responsibility (Participant 9)

Theme 3: Carers involvement in integrated mental and physical health care

The last theme conveys the ideal level and type of involvement participants' desire in mental and physical healthcare planning. The degree of carer involvement preferred is in a supportive capacity to prevent or reduce caregiver burden.

Subtheme 1: Degree of carer involvement desired

Participants actively involved in care planning with the Nurse Consultant role reported voluntary participation in meetings with the Nurse Consultant and consumer, their ability to passively participate in meetings and use information from meetings to reinforce health behaviour change advice at home. Participants recalled how consumers were more likely to be influenced by the Nurse Consultant reinforcing health behaviour change advice, than carers themselves.

> It was a very comfortable sort of situation…they were nice and kind, so I could sit back and sometimes just listen to the talk. Sometimes I'd chat… But just somebody outside the family saying very similar things, all of a sudden, it just carries a little bit more weight, I think. (Participant 3)

> It's really important for someone outside of the family to give [consumer] that professional input. (Participant 6)

A participant uninvolved in care planning with the Nurse Consultant observed healthy dietary changes from the consumer. They recalled their involvement in providing positive reinforcement. In future, they preferred to be involved in the consumer's physical healthcare planning to become aware of and reinforce health behaviour change advice.

> I just try to be as supportive as I can through that [diet change]. Obviously, it takes a bit of understanding the science behind it, what you can and what you can't eat… I'm happy with just an email that explains the scope, the scope of services, what the goal is and things that I should be aware of, if there have been goals set just so I'm across those. (Participant 4).

Participants uninvolved in care planning with the Nurse Consultant, expressed a desire for better communication and to be more involved in physical healthcare planning, primarily to support the consumer and reinforce consistent messaging regarding the health behaviour change advice. Despite this desire to be more involved, some participants respected the consumers' choice to work with the Nurse Consultant independently.

> People [could] proactively ring me and say, you're [the consumer's] support coordinator…can I grab a few minutes to get some information, or to see what you think? Or to let me know what's going - because often there is stuff that I can do to support what their goals are with them. i.e., [consumer] does have money in their plan. I could get an exercise physiologist to work with them one on one. (Participant 1).

> That's part of [the consumer] becoming independent. If they were worried about something, I'm sure they would tell us. (Participant 7)

An unconscious ambivalence about being involved in the consumers' physical healthcare planning was observed from one participant, who expressed a desire to be involved but previous exclusion from healthcare planning made them more reluctant.

> They [mental health service] have never called me to sit down for [consumer's] care plan… One day I made a call to them myself, and I talked to them… I am the carer, they say, but – I am an invisible carer. (Participant 9)

The same participant queried if the consumer had intentionally excluded them from being involved in their healthcare planning with health professionals to avoid the truth about their diagnosis being shared. The perceived negative behaviours and helplessness of the consumer were frustrating and contributed to the caregiving burden they experienced.

> I'm not going to hold back because I know what the [consumer] does [substance misuse], and they don't like me because I call black – what is black …I am giving up because they don't listen to me. (Participant 9).

Subtheme 2: Alleviating caregiver burden

Participants described their experiences as carers supporting the consumers' physical healthcare prior to the introduction of the Nurse Consultant. Most reported being advocates, role modelling healthy behaviours, providing health advice, and coordinating mental and physical healthcare services. Having the Nurse Consultant provide consistent messaging regarding healthy lifestyle choices was appreciated by some participants.

> I was [consumer's] doctor, nurse, carer, driver, food cooker, bed maker, everything… it gave me a respite…and somebody else was saying, now water's so good for you. It wasn't just [the consumer's] mum again. It was professionals saying the same thing. (Participant 3)

> I've been [the consumer's] advocate, trying to keep them on the right track in terms of what foods they eat… the [Nurse Consultant] is one of the people, that's been another big plus in their world (Participant 5)

> [We] help [the consumer] coordinate their NDIS [National Disability Insurance Scheme] support worker [for activities and transportation] - we're trying to help them gain independence. (Participant 7).

Benefits of the Nurse Consultant extended beyond supporting consumers with improving their physical health. Participants perceived the Nurse Consultant helped to relieve the burden on carers for having primary responsibility of navigating and coordinating the consumer's physical health. This was highly appreciated by the participants.

> … create more programs such as this [Nurse Consultant] to support the individual client in whatever positive way they can…It's been a big weight off my mind…I hope that it's [Nurse Consultant] going to continue…somebody else being focused, or helping [the consumer] be focused, on their physical health. (Participant 5).

> To be able to pass on a little bit of the workload, fantastic. It gave me three minutes' reprieve from that constant helping [of the consumer]. I love helping [the consumer], but it's a 24 - well, it's not 24 hours now. (Participant 3)

The perceived benefit of reducing carer burden contributed to most participants supporting the continuation of the Nurse Consultant role. Some participants suggested embedding the Nurse Consultant role in routine practice and as part of an integrated and intervention strategy.

> The [Nurse Consultant] … should be a compulsory part of people with mental health coming out of hospital… I just think that if there was any way of it being implemented, I think that would be a good thing. (Participant 3)

> The [Nurse Consultant] gets provided when somebody is being diagnosed and started onto the right medication and support from psychologists and things… making sure that they're not just nurses, that they are mental health nurses. (Participant 8)

Discussion

This study aimed to explore carer perspectives and experiences with the Nurse Consultant role. Most participants recognised the positive impact the therapeutic relationship between the consumer and Nurse Consultant had on the consumers' physical health, irrespective of whether they were actively involved in care planning with the Nurse Consultant. Participants attributed the Nurse Consultant's ability to

connect with consumers at a personable level and their holistic and practical approaches, as facilitators for positive health behaviour changes. These changes were exemplified by carers observing consumers' healthier lifestyle knowledge, choices, and behaviours. Moreover, covert positive health changes were noted to include the consumers' shifting health attitudes, a positive influence on family knowledge and dietary habits, and reduction of caregiving burden on them. Most participants preferred to be included in physical healthcare planning in a supportive capacity compared to their previous burdensome roles.

Positive therapeutic relationships between the consumer and the Nurse Consultant were observed and strongly contributed to the consumers' healthier lifestyle attitudes, knowledge, and behaviours, by participants. Hallmarks of the positive therapeutic relationship included the Nurse Consultant's personal attributes of being non-judgemental, patient, relatable and empathetic. Previous literature confirms these attributes indicate skilful therapeutic use of personal attributes to enable the formation of sustainable, trusting, collaborative, and respectful relationships (Fisher et al., 2018; Hartley et al., 2020; Miciak et al., 2018; T. Tabvuma et al., 2022). Moreover, the Nurse Consultant was reported to demonstrate skilful communication through active listening, language matching and paraphrasing. Strong therapeutic relationships are known to empower consumers to exercise choice of personal responsibility in their physical and mental health recovery (Piat et al., 2020). A systematic review of interventions targeted at improving the nurse–patient therapeutic alliance in mental healthcare settings, explains that a therapeutic relationship is an essential skill of nursing practice, and when mastered, contributes significantly to positive outcomes for consumers (Hartley et al., 2020). Synonymous with this description, a specialist mental health nursing role is trained to effectively apply therapeutic relationship and physical health caregiving skills (T. Tabvuma et al., 2022), hence demonstrating positive effects on consumers physical health outcomes, and positively influencing some families to engage in healthier dietary attitudes and behaviours. By combining these therapeutic skills with the Nurse Consultant's advanced and integrated mental and physical health knowledge, training, years of experience and skills (Happell et al., 2018; Happell et al. 2017b; T. Tabvuma et al., 2022), and access to multidisciplinary healthcare professionals, the Nurse Consultant is well positioned to positively improve consumer physical health outcomes.

Uniformly, participants linked the perceived positive therapeutic relationship to the consumers' improved clinical health outcomes. These changes were attributed to the health behaviour change advice adopted by consumers to increase the frequency of their walking or exercise, choose healthier dietary options and reduce cigarette and alcohol consumption. Where a positive, trusting, and empowering therapeutic relationship is present, consumers are motivated to actively engage in their treatment (Hartley et al., 2020; Kinney et al., 2020; Miciak et al., 2018; T. Tabvuma et al., 2022). Conversely, if interactions with healthcare professionals lack humanistic and person-centred approaches or a consideration for their preferences in treatment and family involvement, consumers report poorer health outcomes, including non-adherence to treatment (Cameron et al., 2022; Fisher et al., 2018). The adoption of the health behaviour change advice suggests potential for a Nurse Consultant role in improving physical health outcomes for consumers.

Collaborative and integrated physical healthcare approaches were preferred by participants and consumers in previous studies (T. Tabvuma et al., 2022; T. S. Tabvuma et al., 2022). Based on these studies, the Nurse Consultant demonstrated the intended role responsibilities to integrate mental and physical health, coordinate and deliver physical healthcare as part of a multidisciplinary team (Happell et al., 2016; Harris & Panozzo, 2019). Consistent with recent literature, multidisciplinary and integration of mental and physical healthcare is recommended to mobilise physical health improvements for consumers (Department of Health, 2017; Duggan et al., 2020; Edmunds, 2018; T. S. Tabvuma et al., 2022). Perceived potential ongoing challenges of coordinating a multidisciplinary approach to avoid fragmentation of physical and mental healthcare services has been reported (Duggan et al., 2020; Edmunds, 2018). Future research should explore the process, barriers, and enablers of the Nurse Consultant's efforts to coordinate a multidisciplinary response when attending to consumers' physical health needs.

Participants supported the continuation of the Nurse Consultant role for a dual benefit to consumers and themselves. Reports of additional improvements to participants' own physical health knowledge, dietary habits and reduction in caregiver burden were cited. For example, many participants described experiencing relief and respite that a credible and skilful healthcare professional was focusing on and addressing the physical health needs of the consumers. Research studies examining support required for carers with family in palliative and dementia care suggest that healthcare professionals have a role in alleviating caregiver burden (Ateş et al., 2018; Jackson & Browne, 2017; Parmar et al., 2019). Carers are more willing to accept healthcare assistance if they perceive the source to be credible (Fisher et al., 2018; Parmar et al., 2019). Conversely, where carers feel unsupported and undervalued by the healthcare system, they report experiencing caregiver burden characterised by a decrease in care provision, quality of life, physical and mental health (Ateş et al., 2018; Azman et al., 2019; Jackson & Browne, 2017; Liu et al., 2020; Poon et al., 2018). In the present study, caregiver burden was demonstrated by a participant exhibiting compassion fatigue and contemplating resignation of the caregiver role. Compassion fatigue is the state of exhaustion and biological and psychological dysfunction resulting from prolonged exposure to compassion stress (Liao et al., 2022). Being able to continue care provision or maintain compassion can be challenging for carers (Liao et al., 2022), particularly when they feel undervalued or have conflicting opinions with the consumer (Doody et al., 2017; Wonders et al., 2019). This may explain the value carers place on the sustained positive therapeutic relationship between the Nurse Consultant and consumer.

Supporting carers through a multifaceted approach is recommended and should include healthcare professionals coordinating physical and mental healthcare, referring carers

to informal supports, counselling, and educational interventions to alleviate burden (Azman et al., 2019; Bailey et al., 2019; Happell et al. 2017b; Jackson & Browne, 2017; Parmar et al., 2019). Expectations of carers articulated in Happell et al. (2016) regarding the Nurse Consultant role coordinating physical healthcare and alleviating caregiver burden, have been met. The Nurse Consultant is perceived to be a credible source of primary support to improve the consumers' physical health outcomes and provides respite for carers who prefer adopting a supporting role.

Varying degrees of participant involvement in care planning with the Nurse Consultant highlighted the tension between carers being excluded from mental and physical healthcare planning and the autonomy exercised by consumers nominating and involving their preferred support person when working with the Nurse Consultant. At the consumers' discretion, healthcare information may be withheld from carers and their involvement in physical and mental healthcare planning may be restricted (Commonwealth of Australia, 2013; Wonders et al., 2019). For some participants, this echoed similar reports of families experiencing exclusion from mental and physical healthcare planning (Fisher et al., 2018; Happell et al. 2017b). For example, a participant in this study described making several attempts to contact the mental healthcare service to no avail. An explanation for exclusion of carers, could be the healthcare systems legal responsibility to uphold consumers' rights to confidentiality and attempting to maximise their choice, thus excluding consideration of carers preferences (Doody et al., 2017). Despite this, research studies demonstrate the advantages for consumers when families are involved in physical and mental healthcare planning (Doody et al., 2017; Fisher et al., 2018; Small et al., 2017; Wonders et al., 2019). In circumstances where consumers involve carers, positive family involvement has contributed to relapse prevention, mental and physical health recovery, and improved quality of life (Doody et al., 2017; Fisher et al., 2018; Wonders et al., 2019). Carers' exclusion from care planning despite consumers' and carers desire to be involved can be resolved through collaborative open dialogue facilitated by the healthcare professionals (Doody et al., 2017). Future research could explore the Nurse Consultant's approach to involving carers in physical health care planning.

Some participants respected consumers' choice to work independently with the Nurse Consultant. Greater voluntary information sharing and involvement of carers in mental or physical healthcare planning has been associated with families who have reverence for the consumers' preference for privacy and confidentiality (Fisher et al., 2018). In the present study, we found a similar association between participants who regarded the consumers' autonomy with their increased reports of voluntary open dialogue and information sharing from the consumer. These accounts indicate a potentially reciprocal dynamic between carers' trusting and respecting consumers' autonomy, and subsequent reports of consumers' assuming personal responsibility for their recovery. Similar sentiments have been echoed in a study where consumers' who experienced choice in supported housing reported increased accountability for their life thus contributing to improved mental health outcomes (Piat et al., 2020). This dynamic of carer consideration for consumers' autonomy potentially influencing increased personal accountability warrants further investigation. Facilitating consumer choice to nominate a support person is consistent with recovery literature (Commonwealth of Australia, 2013; Wonders et al., 2019) and central to achieving positive outcomes for the consumer (Cameron et al., 2022; Piat et al., 2020).

Limitations and strengths

Limitations of this study include the challenge of generalising findings to all carers given the nature of a qualitative research design and small sample size associated with a single healthcare service. However, a qualitative research design is a strength by virtue of enabling in-depth understanding of a phenomenon and contributes to a growing body of knowledge about carers' views and experiences with the novel physical healthcare approach that improves consumer physical health outcomes. Other limitations of the study included varying levels of involvement in care planning with the Nurse Consultant, and the interviews being limited to English speaking carers. The application of recovery-oriented approaches to maximise consumer choice in nominating and defining their preferred carer is a significant strength. Another strength is the findings from this study provide a framework for mental healthcare services to consider when developing a Nurse Consultant role.

Conclusion

Carers support the continuation of the Nurse Consultant role because of its perceived benefits to consumers and carers. The Nurse Consultant's skilful combination of therapeutic and communication skills and, integration and coordination of physical and mental healthcare have been attributed to the improved physical health outcomes for consumers and alleviation of caregiver burden. The identified missed opportunity to integrate and collaborate with the multidisciplinary team will help inform future research exploring the process, including barriers and enablers, of the Nurse Consultant coordinating a multidisciplinary response when addressing the consumers' physical health needs. Nonetheless, carers trusted the Nurse Consultant as the primary caregiver of physical healthcare which led to them adopting a supporting role.

Relevance for clinical practice

The Nurse Consultant demonstrates capacity to reduce carer burden and support consumers through positive health behaviour change, underpinned by strong therapeutic relationships. The role meets or exceeds previously described carer expectations. These benefits argue strongly for the inclusion of the Nurse Consultant role as part of usual care to address physical healthcare disparities for mental health consumers. Mental healthcare services should advocate for

continued funding and career development for such positions to provide long term benefits for consumers and carers in line with best practice and policy recommendations for physical health care. Further qualitative research is required to explore carer and consumer involvement in co-producing future and localised iterations of the Nurse Consultant role. This research should also measure the outputs and outcomes of co-production to clarify how the process worked in practice.

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