

PCAM User Guide for Conducting the Assessment

Health and Well-being

Item 1: Physical Health Needs

1.	Thinking about your client's physical health needs, are there any symptoms or problems (risk indicators) you are unsure about that require further investigation?			
	No identified areas of uncertainty <u>or</u> problems already being investigated	Mild vague physical symptoms <u>or</u> problems; <u>but</u> do not impact on daily life or are not of concern to client	Moderate to severe symptoms <u>or</u> problems that impact on daily life	Severe symptoms <u>or</u> problems that cause significant impact on daily life

For this item, include risk factors identified as a result of the physiological tests conducted during the health check (e.g. blood pressure, blood glucose). In addition, include issues raised spontaneously by the patient, and ask them if there any health issues affecting them. Patients may already be receiving care but symptoms have changed or are unremitting and impacting upon daily life.

Sample questions you may wish to ask:

Can you describe for me how your health is at the moment?

How about your physical health?

If assessment is being done outside a clinic setting, have you needed to be seen by a doctor recently?

What was that for?

Item 2: Physical health impacting mental well-being

2.	Are the client's physical health problems impacting on their mental well-being?			
	No identified areas of concern	Mild impact on mental well-being e.g. "feeling fed-up", "reduced enjoyment"	Moderate to severe impact upon mental well-being and preventing enjoyment of usual activities	Severe impact upon mental well-being and preventing engagement with usual activities

Here you may consider issues raised in item 1 and the physical symptoms of life-style problems.

Sample Questions you may wish to ask:

How do your physical symptoms/conditions make you feel when we talk about them?

How is X condition impacting you at the moment?

How about your mental well-being? Are you stressed or feeling fed up at all?

Item 3: Lifestyle impacting mental well-being

3.	Are there any problems with your client's lifestyle behaviors (alcohol, drugs, diet, exercise) that are impacting on physical or mental well-being?			
	No identified areas of concern	Some mild concern of potential negative impact on well-being	Mod to severe impact on client's well-being, preventing enjoyment of usual activities	Severe impact on client's well-being with additional potential impact on others

For this item consider the impacts of lifestyle behaviors like alcohol or drug use, diet, exercise and how they might be affecting both physical and mental health.

Sample Questions you may wish to ask:

Are you having any concerns about alcohol or drug use?

What kinds of things to do you do to keep healthy? Exercise? Diet?

Item 4: Other mental well-being concerns

4.	Do you have any other concerns about your client's mental well-being? How would you rate their severity and impact on the client?			
	No identified areas of concern	Mild problems- don't interfere with function	Mod to severe problems that interfere with function	Severe problems impairing most daily functions

Here consider mental well-being other than those considered above. These may include anxiety, depression, self-esteem, bereavement, abuse, relationships, employment in addition to severe conditions such as schizophrenia etc. You may be concerned about “opening a Pandora’s Box” during a time-limited consultation. This can often be moderated by experience, training and service planning (e.g. being able to bring a patient back to discuss an issue further).

Occasionally patients may express suicidal thoughts. Training in risk assessment will help you to deal with this. Patients who express these thoughts will very rarely be at imminent risk and talking may help to reduce this risk.

Sample Questions you may wish to ask:

Are there any other things going on in your life that may be affecting your health?

Have you experienced any losses or changes in your personal relationships?

How well do you feel you are able to manage your life?

Social Environment

Item 1: Home Environment

1.	How would you rate their home environment in terms of safety and stability (including domestic violence, insecure housing, neighbor harassment)?			
	Consistently safe, supportive, stable, no identified problems	Safe, stable, but with some inconsistency	Safety/stability questionable	Unsafe and unstable

This can be a challenging area of discussion, but with experience, the nurses who piloted the tool found it very rewarding. Issues may arise through discussion of mental well-being. You cannot evaluate an environment second-hand, but here you are recording what the patient has reported. An at-risk patient may not disclose at this point, however, opening up the discussion in a normalizing, naturalistic manner may help them to consider disclosing in the future.

Sample Questions you may wish to ask:

How are things at home?

Do you feel safe at home and in your neighborhood?

Are you happy with where you are living? Why/why not?

Item 2: Daily Activities

2.	How do daily activities impact on the client’s well-being? (include current or anticipated unemployment, work, caring or other)			
	No identified problems or perceived positive benefits	Some general dissatisfaction but no concern	Contributes to low mood or stress at times	Severe impact on poor mental well-being

Work stress, unemployment and caring responsibilities can all impoverish well-being.

Sample Questions you may wish to ask:

Are you able to do your usual daily activities at the moment? Why/why not?

Do you enjoy going to work every day, or is your job creating stress for you (if employed)?

Do you have any responsibilities that are impacting your daily life or well-being?

Item 3: Social network

3.	How would you rate their social network (family, work, friends)?			
	Good participation with social networks	Adequate participation with social networks	Restricted participation with some degree of social isolation	Little participation, lonely and socially isolated

Good social networks can be protective against depression, anxiety and suicide.

Sample Questions you may wish to ask:

If you had a problem or were feeling down, who would you be able to talk to?

Do you feel well supported by your friends and family? Why/why not?

What other kind of support would you like?

Item 4: Financial Resources

4.	How would you rate their financial resources (including ability to afford all required medical care)?			
	Financially secure, resources adequate, no identified problems	Financially secure, some resource challenges	Financially insecure, some resource challenges	Financially insecure, very few resources, immediate challenges

Concern about debt and finances are significant risk factors for mental well-being. Initially, this can be a difficult topic to discuss, however, within the context of our current economy and increasing income inequality, you may find useful to begin by normalizing the question “Lots of people are worried about losing their jobs or making ends meet at the moment. How are things for you?”

Additional sample questions you may wish to ask:

Do you feel like you are financially comfortable?

Do you feel you can cover costs related to your health care?

Health Literacy and Communication

Item 1: Health literacy

1.	How well does the client now understand their health and well-being (symptoms, signs or risk factors) and what they need to do to manage their health?			
	Reasonable to good understanding and already engages in managing health or is willing to undertake better management	Reasonable to good understanding <u>but</u> do not feel able to engage with advice at this time	Little understanding which impacts on their ability to undertake better management	Poor understanding with significant impact on ability to manage health

This item is intended to highlight barriers to accessing help. It may be useful to document this to inform future consultations or to justify bringing a patient back to discuss issues further. Patients may have an understanding of one aspect of their health and not of another (e.g. they may understand that they need to reduce their smoking but may not understand that anger at home is a health issue). Your record of this here should reflect the overall picture. If the patient understands enough to start to make progress, they should be recorded as a green or yellow.

Sample Questions you may wish to ask:

Do you feel like you have questions still for your health providers? What else would you like to know?

Do you feel like you have all the information you need about your health/diagnosis/issues?

Do you feel ready to make changes in your life your health provider has suggested? (Prompt diet, exercise, managing the health condition)

Item 2: Engagement in discussion

2.	How well do you think your client can engage in healthcare discussions? (Barriers include language, deafness, aphasia, alcohol or drug problems, learning difficulties, concentration)			
	Clear and open communication, no identified barriers	Adequate communication, with or without minor barriers	Some difficulties in communication with or without moderate barriers	Serious difficulties in communication, with severe barriers

As above this item is intended to highlight barriers to engagement in the discussion rather than the treatment indicated. It may be possible to bring a patient back and provide assistance such as a translator or refer the patient to resources to assist for patients with learning difficulties.

Sample Questions you may wish to ask:

Does your health provider explain what they think to you in a way that is easy to understand?

What would make your health provider easier to understand?

Service Coordination

Item 1: Other services

1.	Do other services need to be involved to help this client?			
	Other care/services not required at this time	Other care/services in place and adequate	Other care/services in place but not sufficient	Other care/services not in place and required

Use this item to assess the referrals you are recommending and the patient's interest and willingness to follow up with your recommendations. You may have multiple referrals, some of which the patient is willing to accept and others they may not be willing to address at this time. They reflect your opinion of need for action. The referrals actually made reflect this and the wishes of the patient. A patient may decide that a referral is not appropriate at this time.

Sample questions you may wish to ask:

Do you feel you are getting all the care you need at this time from your health provider and others who are also involved in your care?

How comfortable are you with the recommendations I am suggesting?

What feels like the most important issue you want to follow up with and address?

Item 2: Service coordination

2.	Are services involved with this client well-coordinated?			
	All required care/services in place and well-coordinated	Required care/services in place and adequately coordinated	Required care/services in place with some coordination barriers	Required care/services missing and/or fragmented

Use this item to indicate how well all care and services, including those already in place before your assessment, are coordinated. If services and care are fragmented and difficult for the patient to access, the patient may not be able to follow through even if they are committed and well-engaged.

Sample questions you may wish to ask:

How well organized are all the services you use?

Are the services you use easy to get to and offered at times that work for you?

Are you missing services or care because of difficulty arranging them or getting to them?

Use this section to summarize the actions you are recommending, who the referral is to, any barriers, and what the patient has indicated they are willing to do.

What action is required?	Who needs to be involved?	Barriers to action?	What action will be taken?
Notes:			