Sample Training Cases

PCAM Scored

Contents

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Patient Vignette – Alan

PCAM Training Case – Results of Health Screening	
BMI	34
Blood glucose (mg/dl)	209
Blood pressure (mmHg)	150/92
Cholesterol (mg/dl)	278
Age	56
Gender	M

Alan has been unemployed for eight years; he was a physical laborer. He has a high fat diet with virtually no fruit and vegetables. He lives alone and does not cook. He lives in a very rural area with limited shops and transportation. He does not exercise, but he does have to walk to get around since he lost the car. He sleeps quite a lot during the day and is quite tired most of the time. He smokes up to 20 self-rolled cigarettes a day, uses marijuana a couple of times a week, and drinks daily averaging 40 bottles of beer a week.

He lives in supported housing and feels secure there. He is divorced, lives alone and has adult children with whom he has little contact. He feels lonely and does not have interests. He has no plans for the future. He lives in a small town of around 20 houses but “keeps himself to himself” and feels “difficult and judged” around people he doesn’t know. He does not have debts but regularly runs out of money.

He realizes that he is not “as fit as he should be” but thinks that that is just old age. He does not understand that being obese is a health issue and is dismissive of health advice given. He does not seem to engage in discussion and appears to have been drinking before the consultation.

He is not receiving active care from his doctor and there are no other agencies involved.

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 or problems already being investigated	Mild vague physical symptoms or problems; but do not impact on daily life or are not of concern to client	Moderate to severe symptoms or problems that impact on daily life	Severe symptoms or problems that cause significant impact on daily life
Routine Care	Active Monitoring	Plan Action	Act Now

You should 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.

*Alan sleeps most of the day and is still always tired. His cholesterol and blood pressure are high and he is likely overweight. He has a high fat diet consisting of processed foods, and he smokes and drinks heavily every day. He should be rated **red (Act Now)** as the combination of these health risks indicates a need for action.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider issues raised in item 1 and the physical symptoms of life-style problems. Nurses who piloted the tool have found that it is useful to ask patients how physical symptoms/ conditions make them feel when they are discussed.

*Alan does not seem to have many usual activities that are being impacted by his physical health although he is sleeping a lot during the day and still feeling very tired which may be preventing him from engaging and enjoying other activities. His mental health is being impacted regardless of whether it is due to his physical or his mental health. This seems to be an area where there should be some action. Alan should be rated **orange (Plan Action)**.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider impacts upon well-being resulting in anxiety, self-esteem, depression.

*He does not exercise, his diet is poor, and his alcohol and marijuana use may be contributing to his isolation and making plans for his future. He may also be experiencing depression and low self-esteem since he is lonely and feels 'difficult and judged' around people he doesn't know. Alan's mental health may be keeping him from addressing his physical health needs. He should be rated **red (Act Now)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here consider mental well-being other than those considered above. These may include anxiety, depression, bereavement, historical 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.

*Alan is very isolated and lonely. He is divorced, lives alone and has little contact with his adult children. He does not have a job nor does he seem to have friends or hobbies to keep himself busy. His mental well-being appears to be severely impacting his daily functioning so he should be rated **red (Act Now).***

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
Routine Care	Active Monitoring	Plan Action	Act Now

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. Otherwise, it may help to simply ask "How are things at home?", "Do you feel safe at home or in your neighborhood?" 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.

*Alan lives alone in supported housing and feels secure about where he lives. He should be rated **green (Routine Care).***

Item 2: Daily Activities

2.	How do **daily activities** impact on the client's well-being? (include current or anticipated unemployment, work, caregiving, access to transportation 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
Routine Care	Active Monitoring	Plan Action	Act Now

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

*He has been unemployed for many years and no longer has a car, but he feels secure in his supported housing. His daily activities appear to be very limited which may be due to low income, lack of transportation, and social isolation. These all can contribute to low mood or stress so Alan would be rated **orange (Plan Action)** to begin to address this area.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Good social networks can be protective against depression, anxiety and suicide. Nurses have found it useful to ask "if you had a problem or were feeling down, who would you be able to talk to?"

Alan is very lonely and isolated; divorced from wife and little contact with his adult children. He

*does not work or appear to have friends. He should be rated **red (Act Now)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Concern about debt is a significant risk factor for mental well-being. Some nurses have initially found this a difficult question to ask. Within the context of the current, global economic situation, it is 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?"

*Alan has supported housing and feels secure, and while he doesn't have any debt, he does run out of money regularly. Alan is rated **yellow (Active Monitoring)** but this item should be re-visited regularly since he is having some financial challenges.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

*Alan admits he's not as fit as he should be but sees it as part of aging. He doesn't understand that obesity is a health issue and was dismissive of the health advice he received. Alan should be rated **orange (Plan Action)**.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

Alan did not seem engaged in the discussion regarding obesity to the point of being dismissive. He drinks daily and also appears to have been drinking before the consultation. Alan's alcohol consumption may interfere with his engagement and he should be rated ***red (Act Now).***

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
Routine Care	Active Monitoring	Plan Action	Act Now

There can be multiple actions for a patient, thus the rating can only summarize the actions. 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.

Alan should be referred to a doctor/clinic to address his high cholesterol and blood pressure as well as for monitoring for his blood glucose. He should also be screened for mental health and chemical health, both of which may be exacerbating his social isolation. He should be rated ***red (Act Now)****.*

Item 2: Service coordination

2.	Are services involved with this client well-**coordinated**? (Include coordination with other services you are now recommending)		
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
Routine Care	Active Monitoring	Plan Action	Act Now

What action is required?	Who needs to be involved?	Barriers to action?	What action will be taken?
Cardiovascular disease assessment	GP	None identified	Referral, urgent
Mental health screening	GP or community clinic	Alan's willingness	Referral
Reduce or stop drinking	Substance abuse treatment facility	Alan's willingness	Continue to address in future appointments with non-judgmental harm reduction methods
Reduce or stop smoking	Smoking cessation classes/resources	Alan's willingness	Continue to address with non-judgmental harm reduction methods
Increase exercise	Alan	Alan's willingness	Discuss in future visits
Diet and nutrition	Nutritionist	Alan's willingness	Discuss in future visits
Social isolation	Social services	Alan's willingness	Discuss in future visits

Notes:
Alan was unwilling to engage in most of the discussion around his health issues. As the discussion continued, he did agree that he should get his heart checked out. He wasn't willing to act on the other referrals but did begin to take note about increasing his exercise and cutting back on his drinking and smoking as a start to improving his health.

Patient Vignette - Bill

PCAM Training Case – Results of Health Screening	
BMI	31.6
Blood glucose (mg/dl)	86
Blood pressure (mmHg)	153/106
Cholesterol (mg/dl)	305
Age	65
Gender	M

Bill has a previous diagnosis of angina and has recently been experiencing chest pains which limit his walking up the stairs. He has also been experiencing headaches which interfere with driving. He has not been going to his doctor as regularly as he should and "forgets" to take medication.

His current diet is good, he does not exercise, does not smoke, but he does have four drinks of alcohol daily. He has started to feel a little anxiety in the evening which is starting to interfere with his sleep and is probably why his drinking has increased. So far he is trying not to let anxiety affect him in the day.

He owns his own home in a small town with the mortgage paid. He is retired and divorced with no children. He has a livable private pension and some savings. He cares for his father (who lives nearby) and who has Alzheimer's and progressed heart disease. Although help does come in, Bill finds the caring difficult but is happy to do it.

His social circle is good, but he is finding the heart condition and caring duties is beginning to limit this.

He is willing to engage and understands that there are problems. His priority is looking after his father. There are no other agencies involved.

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 or problems already being investigated	Mild vague physical symptoms or problems; but do not impact on daily life or are not of concern to client	Moderate to severe symptoms or problems that impact on daily life	Severe symptoms or problems that cause significant impact on daily life
Routine Care	Active Monitoring	Plan Action	Act Now

You should 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.

Bill has angina and been experiencing chest pains recently when he walks up stairs and has also experiencing headaches that interfere with driving. He also reports not seeing his doctor as often as he should and is forgetting to take his medication. His cholesterol and blood pressure are high and he is overweight. Given all of this, he should be rated ***Red (Act Now)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider issues raised in item 1 and the physical symptoms of life-style problems. Nurses who piloted the tool have found that it is useful to ask patients how physical symptoms/ conditions make them feel when they are discussed.

Bill is also reporting that he is beginning to experience some anxiety in the evening that is interfering with his sleep and may be contributing to his increased drinking. He is trying not to let the anxiety affect him during the day. Bill should be rated ***Orange (Plan Action)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider impacts upon well-being resulting in anxiety, self-esteem, depression.

Bill does not exercise and drinks daily reporting that it has increased to four drinks a day. His diet is good and he does not smoke, but the increased drinking is a concern. He thinks it may be due to the anxiety he has also started experiencing. He should be rated ***Orange (Plan Action)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here consider mental well-being other than those considered above. These may include anxiety, depression, bereavement, historical 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.

Bill is his father's caregiver and while he has help caring for him, he is reporting that it is difficult. He has no other family to help out and says it is his priority to care for his father. With his father's Alzheimer's and advanced heart disease, providing care is probably difficult work. Bill should be rated ***Orange (Plan Action)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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. Otherwise, it may help to simply ask "How are things at home?", "Do you feel safe at home or in your neighborhood?" 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.

Bill owns his home and has no mortgage payments so his housing is secure. He is not reporting any issues with safety or stability. ***He should be rated Green (Routine Care)****.*

Item 2: Daily Activities

2.	How do **daily activities** impact on the client's well-being? (include current or anticipated unemployment, work, caregiving, access to transportation 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
Routine Care	Active Monitoring	Plan Action	Act Now

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

Bill cares for his father who has Alzheimer's disease and advanced heart disease. Even with some outside help, it is difficult for him despite the fact that he enjoys being able to help and says it is a priority for him to continue caring for him. The burden of caregiving may be keeping him from managing his own health. Bill should be rated ***Orange (Plan Action)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Good social networks can be protective against depression, anxiety and suicide. Nurses have found it useful to ask "if you had a problem or were feeling down, who would you be able to talk to?"

Bill reports having a good social circle but doesn't have family other than his father. His health

*and his caregiving responsibilities are limiting his involvement with his social circle. He should be rated **Red (Act Now)**.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Concern about debt is a significant risk factor for mental well-being. Some nurses have initially found this a difficult question to ask. Within the context of the current, global economic situation, it is 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?"

*Bill owns his home and his mortgage is paid. He has a pension that supports him and also has some savings so he does not appear to have any financial concerns. He should be rated **Green (Routine 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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

*Bill understands his angina diagnosis but is not seeing his doctor like he should and not taking his medication as prescribed. He is also now having headaches that are affecting his driving and his blood pressure, cholesterol and weight need management. He is also reporting some anxiety. While he seems to understand his health issues and is willing to engage, he is not managing them well he should be rated **Red (Act Now)**.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

*Bill understands he has health problems and is willing to engage. He should be rated **Green (Routine Care)**.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

There can be multiple actions for a patient, thus the rating can only summarize the actions. 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.

*Bill has health issues that are serious enough that he needs to seek medical care. While he has other help providing care for his father, he is likely the primary caregiver as he appears to be the only family member caring for him. The caregiving burden may be affecting his health. He should be rated **Orange (Plan Action)**.*

Item 2: Service coordination

2.	Are services involved with this client well-**coordinated**? (Include coordination with other services you are now recommending)		
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
Routine Care	Active Monitoring	Plan Action	Act Now

What action is required?	Who needs to be involved?	Barriers to action?	What action will be taken?
Heart disease	Bill's heart doctor	None	Referral, urgent. Discuss of importance of taking medication as prescribed
Headaches	Primary care	None	Referral
Follow-up checks for cholesterol, blood pressure, and weight	Primary care	None	Referral
Reduce anxiety	Primary care	Bill	Discuss in future visits
Caregiving support	Wilder Caregiver Resource Center	None	Referral to explore options for additional help and support
Social isolation	Bill, Wilder Caregiver Resource Center	Bill	Discuss importance of social support and connections for health

Notes:
Bill understands he needs to manage his health issues in order to be able to continue to care for his father which is a priority. He was willing to follow up with medical referrals for his heart and headaches, but not so sure about the anxiety referral. He wasn't sure about the caregiving referral but is willing to check it out and understood that he should make it a priority to re-connect with his social circle and talk with them for support and social connection.

Patient Vignette - Bob

PCAM Training Case – Results of Health Screening	
BMI	31.6
Blood glucose (mg/dl)	86
Blood pressure (mmHg)	153/106
Cholesterol (mg/dl)	305
Age	46
Gender	M

Bob last ate 3 hours ago. He experienced a minor heart attack six years ago. He has not attended follow-up with his GP in the past year or taken his medication consistently. Despite this, he has been experiencing chest tightness over the past few months, which now slows walking upstairs and hills. This is now frustrating him and he has noticed becoming more easily tired. His father died of lung cancer at 43 and his mother of breast cancer at 78.

He is a retired retail manager, now working 10 hours a week, although he is starting to find that a struggle. His wife was diagnosed with Alzheimer's a year ago, she is currently functioning well but he is aware that this will change over the next few years. This is a source of significant stress for him and he has started to take on more duties at home. He is finding his change of roles difficult to adjust to.

He has put on weight over the past few years as home-life started to slow down and he cut back on work. He has been purchasing more processed food to reduce the burden on his wife and taking a drink in the evenings to help him to sleep (12 drinks a week). He stopped smoking when he had his heart attack and then managed to lose several pounds, but has since put the weight back on. Regaining the weight is getting him down, he feels that can't find the energy to lose it this time.

He is an owner occupier and the mortgage is paid. However, he does not have a private pension and has only limited savings. He is also worried about a disagreement with some increasingly aggressive neighbors and about the effect this could have upon his wife. He has one daughter who lives nearby and a son in Australia, the relationship with both is good. His daughter does visit twice a week. The couple has a good circle of friends, but they have started to withdraw a little from them because social events are becoming more stressful.

Bob engaged well with discussion and he appreciates that his health will impact upon his ability to care for his wife. He is willing to engage with help. Other than the GP, there are no other agencies involved.

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 or problems already being investigated	Mild vague physical symptoms or problems; but do not impact on daily life or are not of concern to client	Moderate to severe symptoms or problems that impact on daily life	Severe symptoms or problems that cause significant impact on daily life
Routine Care	Active Monitoring	Plan Action	Act Now

You should 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.

> *Bob had a heart attack six years ago and has not consistently taken the medication prescribed after the heart attack. He is now feeling chest tightness that is slowing him down. His BMI, cholesterol and blood pressure are all high, and he is eating more processed food. Bob should be rated **red (Act Now)***

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider issues raised in item 1 and the physical symptoms of life-style problems. Nurses who piloted the tool have found that it is useful to ask patients how physical symptoms/ conditions make them feel when they are discussed.

> *He is frustrated about how the chest tightness has slowed him down and makes him more easily tired. The weight he gained over that last few years is getting him down and he doesn't feel like he has the energy to lose it again like he did when he quit smoking. He should be rated **red (Act Now)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider impacts upon well-being resulting in anxiety, self-esteem, depression.

His wife's Alzheimer's diagnosis is causing considerable stress and he is taking on more household responsibilities and knowing that her functioning will continue to decline. He is finding it difficult to adjust to this new role. He has also begun to drink to help him sleep at night. Bob should be rated ***orange (Plan Action)*** *for this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here consider mental well-being other than those considered above. These may include anxiety, depression, bereavement, historical 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.

In addition to the other significant stress in his life, Bob is also worried about a disagreement he had with some neighbors who have become increasingly aggressive with him. He is worried about how this will affect his wife's health. Bob should be rated ***red (Act Now)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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. Otherwise, it may help to simply ask "How are things at home?", "Do you feel safe at home or in your neighborhood?" 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.

> *As noted above, the issue with the neighbors is a concern. However, his housing is secure, and he has a daughter who visits regularly. They have a good circle of friends, but they are withdrawing from them due to his wife's illness. There are no immediate issues so this item can be rated **green (Routine Care)**.*

Item 2: Daily Activities

2.	How do **daily activities** impact on the client's well-being? (include current or anticipated unemployment, work, caregiving, access to transportation 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
Routine Care	Active Monitoring	Plan Action	Act Now

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

> *Bob is mostly retired but still works about 10 hours a week. However, with the need care for his wife and to take on more household responsibilities, he finding this difficult and stressful. He should be rated **orange (Plan Action)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Good social networks can be protective against depression, anxiety and suicide. Nurses have found it useful to ask "if you had a problem or were feeling down, who would you be able to talk to?"

*Bob has a good relationship with both of his children, and his daughter visits twice a week. They have a good circle of friends, but are withdrawing from social activities with them because of the stress. As his wife's health deteriorates, he will need more support so he is rated **orange (Plan Action)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Concern about debt is a significant risk factor for mental well-being. Some nurses have initially found this a difficult question to ask. Within the context of the current, global economic situation, it is 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?"

*Bob has retired but still works 10 hours a week, but that is becoming difficult with his need to help with his wife at home. His home is paid for but he has limited savings and no pension. He is financially secure but has some challenges so he is rated **yellow (Active Monitoring)** for this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

*He is engaged well with the discussion and recognizes that his health will impact his ability to care for his wife whose health care needs will continue to increase. He is willing to engage with help. Bob is rated **green (Routine Monitoring)** for this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

*Again, Bob is engaged in the discussion and does not appear to have any barriers. He is rated **green (Routine Care)** for this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

There can be multiple actions for a patient, thus the rating can only summarize the actions. 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.

*Bob has significant health care needs that he needs to address and his wife's health will require an increasing level of care and care and support from him. On this item, Bob is rated **red (Act Now)**.*

Item 2: Service coordination

2.	Are services involved with this client well-**coordinated**? (Include coordination with other services you are now recommending)		
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
Routine Care	Active Monitoring	Plan Action	Act Now

What action is required?	**Who needs to be involved?**	**Barriers to action?**	**What action will be taken?**
Cardiovascular disease assessment	GP	None identified	Referral, urgent

Diet advise and plan to cope with change in circumstances	Food worker, nutritionist	Burden of caring for wife	Referral
Increase exercise	Get active	Caregiver burden	Referral
Address caregiving burden on mental well-being	GP	Caregiver burden	Referral
Address caregiving burden on mental well-being and social isolation	Social services, caregiver support, Alzheimer's group, family	Caregiver burden	Sign-post
Financial challenges in near future to be addressed	Social services, benefits counseling	None identified	Sign-post
Notes: Although Bob's high BMI, alcohol intake and finances are not urgent, his caregiver burden is only likely to increase. Thus these things should be addressed now. The cardiovascular issue is urgent and an appointment should be made that day.			

Patient Vignette – Elaine

PCAM Training Case – Results of Health Screening	
BMI	19.8
Blood glucose (mg/dl)	76
Blood pressure (mmHg)	120/90
Cholesterol (mg/dl)	166
Age	46
Gender	F

Elaine last ate four hours ago. She has recently been experiencing intense headaches, which have begun to affect her work. She smokes 30 to 40 cigarettes a day and drinks only 6 alcoholic beverages per week. She does not exercise but does walk to work and is active. She has a very low fat diet which is largely processed. She is a little worried because her father died suddenly of a stroke at 61.

She works as an administrator in a local school and is finding the job very stressful. She reports some bullying in the office. She lives in subsidized housing with her husband and two teenage children. A son died six years ago and she is likely still grieving.

Her husband has begun drinking and she thinks that he is worried about getting laid off his job, but he hasn't spoken about it. He has hit her in the past and his temper has recently got worse. He has stopped helping at home, and she is struggling to cope with the two children who are evidently themselves feeling some strain.

She did have a good circle of friends, who rallied when her son died, but she now has less contact. She feels that her husband has resented the time she spent with them and discouraged her from going out.

She engaged well in discussion and wanted to make changes but felt that she has other priorities at the moment. She didn't want to cause problems at home.

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 or problems already being investigated	Mild vague physical symptoms or problems; but do not impact on daily life or are not of concern to client	Moderate to severe symptoms or problems that impact on daily life	Severe symptoms or problems that cause significant impact on daily life
Routine Care	Active Monitoring	Plan Action	Act Now

You should 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.

*Elaine is experiencing sharp headaches and her blood pressure is in the pre-high range that indicates it should be monitored. She should be rated **orange (Plan Action)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider issues raised in item 1 and the physical symptoms of life-style problems. Nurses who piloted the tool have found that it is useful to ask patients how physical symptoms/ conditions make them feel when they are discussed.

*Elaine's father died suddenly when he was 61 from a stroke, and this has her worried about the headaches she is now experiencing. She should be rated **yellow (Active Monitoring)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider impacts upon well-being resulting in anxiety, self-esteem, depression.

*Elaine is a heavy smoker. While she does not exercise regularly, she does walk to work and is active. Her diet is very low fat although much of it comes from processed foods which are generally high in sodium, potentially affecting her blood pressure. She should be rated **orange (Plan Action)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here consider mental well-being other than those considered above. These may include anxiety, depression, bereavement, historical 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.

*Elaine has a number of well-being concerns. Her job is stressful and she reports being bullied. Her relationship with husband is suffering. His temper has increased recently and he has a hit her in the past. She and her children may still be grieving the death of her son, but she no longer has the support from her friends who supported her when her son died. Because these issues, she should be rated **red (Act Now)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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. Otherwise, it may help to simply ask "How are things at home?", "Do you feel safe at home or in your neighborhood?" 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.

In this case, you already have the information you need to make an assessment. Her husband's current behavior and his past history of abuse threatens her safety and stability. She should be

*rated **red (Act Now)** on this item.*

Item 2: Daily Activities

2.	How do **daily activities** impact on the client's well-being? (include current or anticipated unemployment, work, caregiving, access to transportation 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
Routine Care	Active Monitoring	Plan Action	Act Now

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

*Elaine's reports that her job is very stressful and that she is being bullied at times. She is struggling to cope with her children who are also feeling the strain of their father's behavior as well as possibly still grieving the loss of her son. Again, this is an area that needs attention and should be rated **red (Act Now)**.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Good social networks can be protective against depression, anxiety and suicide. Nurses have found it useful to ask "if you had a problem or were feeling down, who would you be able to talk to?"

*When her son died, Elaine had a network of friends who supported her but she has lost contact with them and feels her husband resented it and discouraged her from being with them. This has left her isolated from her friends. She should be rated **red (Act Now)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Concern about debt is a significant risk factor for mental well-being. Some nurses have initially found this a difficult question to ask. Within the context of the current, global economic situation, it is 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?"

*While Elaine suspects that her husband is worried about losing his job, they have not talked about it and their housing appears to be secure. She has not disclosed any concern about their finances. This item should be rated **green (Routine 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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

> *Elaine was engaged and is willing to make changes although she currently feels she has other priorities as well as some concerns about causing problems at home. Other than her smoking, she is active and has taken steps to improve her diet. Elaine should be rated* ***green (Routine Care)*** *for this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

> *Elaine had no difficulty engaging in her healthcare discussions. She should be rated* ***green, (Routine Care)*** *for this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

There can be multiple actions for a patient, thus the rating can only summarize the actions. 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.

Proposed actions for Elaine should be coded overall as red (Act Now). Below is a summary action plan completed for Elaine.

Item 2: Service coordination

2.	Are services involved with this client well-**coordinated**? (Include coordination with other services you are now recommending)		
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
Routine Care	Active Monitoring	Plan Action	Act Now

What action is required?	**Who needs to be involved?**	**Barriers to action?**	**What action will be taken?**
Investigate headaches	GP	None	Referral
Reduce or stop smoking	Smoking cessation	None	Referral
Employment stress	Sign-post human resources	Patient does not want to cause trouble	Bring back to discuss in 3 months
Domestic stress	Relationship counseling	Patient does not want to cause trouble	Bring back to discuss
Bereavement	Counseling service		Referral
Social isolation	Patient		Patient accepted service
Notes: Although Elaine declined some services, she accepted others and may be able to discuss stress with the GP in relation to the headaches.			

Patient Vignette – Jim

PCAM Training Case – Results of Health Screening	
BMI	42.6
Blood glucose (mg/dl)	150
Blood pressure (mmHg)	152/93
Cholesterol (mg/dl)	332
Age	58
Gender	M

Jim last ate two hours ago. He has been experiencing knee pain for two years which is now limiting him climbing stairs, doing work around his house and lifting at work. He gets more easily breathless than he did a few years ago. He has not been to see his GP but is likely suffering osteoarthritis. He has been experiencing stress in his driving job, fearful of being laid off and increasing demands. He admits to having a high fat diet, low in fruit and vegetables, but largely eats while driving. Since the ban on smoking in the workplace he has reduced his smoking to around 10 per day but probably replaced it with eating. His father died of a heart condition at 86.

Up until 10 years ago he played some local softball but felt he got "too fat" to play. This has obviously affected his self-esteem. More recently he would walk his dogs regularly, but his knee pain has been limiting him and he finds he is more tired. He misses getting "away from things" but doesn't really enjoy doing things anymore.

He is a homeowner. The mortgage is unlikely to be paid before he is 65, and he is increasingly worried about this. He often wakes up thinking about it and finds it difficult to get back to sleep. There are significant repairs that he has been unable to complete. His relationship with his wife has been declining, and he has rejected help from his son who lives nearby. This has been a source of argument. Sometimes he thinks his family would be better-off without him.

He engaged in discussion, now understanding that there were significant problems, but he didn't know where to start. He was willing to engage in change.

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 or problems already being investigated	Mild vague physical symptoms or problems; but do not impact on daily life or are not of concern to client	Moderate to severe symptoms or problems that impact on daily life	Severe symptoms or problems that cause significant impact on daily life
Routine Care	Active Monitoring	Plan Action	Act Now

You should 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.

Jim has significant risk factors for cardiovascular disease and diabetes which will require investigation. In addition, he has been experiencing knee pain and fatigue which is significantly limiting his daily life. He should be rated ***red ('Act Now')*** *for this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider issues raised in item 1 and the physical symptoms of life-style problems. Nurses who piloted the tool have found that it is useful to ask patients how physical symptoms/ conditions make them feel when they are discussed.

Thinking about Jim, his knee pain has stopped him from taking his dogs walking which has had further impacts. This should be rated as a ***red (Act Now)****, because he no longer can enjoy things and feels he cannot escape.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider impacts upon well-being resulting in anxiety, self-esteem, depression.

*Jim should again be rated as a **red (Act Now)** here. He has managed to cut-down on smoking, but snacking has increased and exercise reduced. His weight is impacting upon his self-esteem, his social life and, potentially, his home life. It is difficult to separate out the effects of his weight and work/money pressures.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here consider mental well-being other than those considered above. These may include anxiety, depression, bereavement, historical 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.

*Jim should again be **red (Act Now)** here. His work stress and money concerns are impacting upon his mental health. He is having sleeping problems. He has thought that his family would be "better off without him", but this had not extended to suicidal thoughts.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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. Otherwise, it may help to simply ask "How are things at home?", "Do you feel safe at home or in your neighborhood?" 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.

*Jim is a homeowner, but is worried about future stability. He has problems completing some repair work (severity not known). He should be rated **yellow (Active Monitoring)** for this because instability is not urgent, despite the effect upon his mental well-being.*

Item 2: Daily Activities

2.	How do **daily activities** impact on the client's well-being? (include current or anticipated unemployment, work, caregiving, access to transportation 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
Routine Care	Active Monitoring	Plan Action	Act Now

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

Jim's work is having a severe impact upon his well-being. He is stressed about being laid off and being able to cope with the job. As a driver he is finding it difficult to eat healthy. It should also be considered that working as a driver may contribute to his limited social circle. Jim should be rated as ***red (Act Now)*** *for this item, to reflect the persistent and severe impact upon his 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
Routine Care	Active Monitoring	Plan Action	Act Now

Good social networks can be protective against depression, anxiety and suicide. Nurses have found it useful to ask "if you had a problem or were feeling down, who would you be able to talk to?"

Jim has stopped playing softball because of his weight. It is likely that work stress and poor self-esteem have contributed to his declining family relationships. Jim should be rated as ***red (Act Now)*** *here, because his isolation is persistent and likely to worsen. It is having a significant impact upon well-being.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Concern about debt is a significant risk factor for mental well-being. Some nurses have initially found this a difficult question to ask. Within the context of the current, global economic situation, it is 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?"

Jim does not seem to have imminent resource challenges, but is concerned about paying his mortgage before he retires. If he continues on the same path, it is unlikely that he will be able to continue in his current job beyond 65. He should be rated ***yellow (Active Monitoring)*** *for this,*

because he is not currently insecure and has some resources. There is no evidence that he cannot pay bills and for groceries.

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

Jim was able to understand that there were problems. He had had problems understanding what he could do about these, but with the health check he had made progress. Jim should be rated ***green (Routine Care)*** *for this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

Jim did not have any problems engaging with the healthcare discussion. He should be rated ***green (Routine Care)*** *for this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

There can be multiple actions for a patient, thus the rating can only summarize the actions. 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.

*Proposed actions for Jim would be coded overall as **red (Act Now)**. Below is a summary action plan completed for Jim.*

Item 2: Service coordination

2.	Are services involved with this client well-**coordinated**? (Include coordination with other services you are now recommending)		
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
Routine Care	Active Monitoring	Plan Action	Act Now

What action is required?	**Who needs to be involved?**	**Barriers to action?**	**What action will be taken?**
Further checks of blood glucose, blood pressure, cholesterol.	GP/practice nurse.	None identified	Referral
Knee pain should be investigated	GP	None identified	Referral
Weight loss	Weight loss group		Referral
Increase activity	Walking group		Sign-post
Smoking	Smoking cessation group	Patient expressed this was too much to take on just now	None
Stress reduction	Local stress management service	None	Referral
Debt management to discuss future shortfall on mortgage	Debt management group		Sign-post for future use
Relationship problems	Jim		Advice from nurse

Notes:
Even though debt was not an immediate issue, Jim was advised to talk to someone to help him to plan and to reduce his anxiety.
He declined help with smoking cessation while he tackled his weight etc, but would be happy to look at this in the future. He would try to reduce his smoking further.
Jim was advised to talk with his family and to try to build his support network.

Patient Vignette – Jo

PCAM Training Case – Results of Health Screening	
BMI	27.8
Blood glucose (mg/dl)	77
Blood pressure (mmHg)	118/92
Cholesterol (mg/dl)	201
Age	58
Gender	F

Jo has not experienced any physical symptoms. She does not smoke and does not drink alcohol. She has a fairly balanced diet, admits to a few too many snacks, but only low exercise. Both her parents died before 65 with heart conditions.

She owns a home in a small town. She is married and her husband is retired. She did work as a retail assistant but is now on Disability which she is concerned about losing. She cares for her grandchildren after school and covers sick days and most holidays. Her children live locally but she only sees them when they are picking up the grandchildren. She is concerned for her grandchildren about potential violence from some teenage neighbors. She does not have any debt problems and the mortgage is paid.

She increasingly is not leaving the house, feeling too anxious about what might happen. Her husband is usually working on projects or golfing. She feels lonely. She has been previously diagnosed with severe depression and responded to medication. However, she feels that symptoms are starting to come back and things are becoming difficult.

She engages in the conversation and is willing to follow advice but doesn't want to let her children down on the babysitting or bother anyone. She has not told her mental health provider how she feels.

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 or problems already being investigated	Mild vague physical symptoms or problems; but do not impact on daily life or are not of concern to client	Moderate to severe symptoms or problems that impact on daily life	Severe symptoms or problems that cause significant impact on daily life
Routine Care	Active Monitoring	Plan Action	Act Now

You should 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.

*Jo is not experiencing any physical health issues despite being on disability. However, she is reporting some anxiety about leaving her home, some loneliness and is concerned that she is experiencing the symptoms she had when previously diagnosed with severe depression. Because of that she should be rated **Orange (Plan Action)** to create a plan for her to talk to her mental health provider.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider issues raised in item 1 and the physical symptoms of life-style problems. Nurses who piloted the tool have found that it is useful to ask patients how physical symptoms/ conditions make them feel when they are discussed.

*While she is not experiencing any physical health issues, her parents died young from heart issues and she does not exercise much. Her anxiety about leaving her home may or may not be contributing to her lack of exercise but exercise may be good for both her physical and mental health. She should be rate **Orange (Plan Action)** on this item.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider impacts upon well-being resulting in anxiety, self-esteem, depression.

Jo does not smoke or drink and has a balanced diet, but she does not exercise much. Both her parents died young of heart conditions and she is nearing the age when her parents died. While addressing her mental health and determining if her anxiety about leaving her home is related to her mental health or to concerns about her personal safety because of the teenage neighbors, she should be rated ***Yellow (Active Monitoring.***

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here consider mental well-being other than those considered above. These may include anxiety, depression, bereavement, historical 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.

Jo is reporting anxiety about leaving her home and concerns about experiencing the symptoms she had when she was diagnosed previously with severe depression. Even though she is still able to care for her grandchildren, she should be rate ***Red (Act Now)*** *and referred to her mental health provider to begin to discuss her mental health concerns before they become more serious.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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. Otherwise, it may help to simply ask "How are things at home?", "Do you feel safe at home or in your neighborhood?" 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.

*Jo's housing is safe and secure. She is concerned about a group of teen neighbors potentially harming her grandchildren, and she is increasingly anxious about and not leaving her home. It is unclear if this anxiety is because she is also concerned for her physical safety. Regardless, Jo should be rate as **Orange (Plan Action)** to begin to address her fears about leaving her home and the impact it could have on her mental health.*

Item 2: Daily Activities

2.	How do **daily activities** impact on the client's well-being? (include current or anticipated unemployment, work, caregiving, access to transportation 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
Routine Care	Active Monitoring	Plan Action	Act Now

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

*Jo has concerns about losing her disability. She is caring for her grandchildren daily after school and whenever her children need help with their care. She wants to continue to be able to help care for her grandchildren and should be rated **Yellow (Active Monitoring)** regarding her disability status and mental health concerns.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Good social networks can be protective against depression, anxiety and suicide. Nurses have found it

useful to ask “if you had a problem or were feeling down, who would you be able to talk to?”

Jo appears to be socially isolated in that she is increasingly not leaving her home. Her husband is active with projects and golf and her despite seeing her children daily, it appears that they do not socialize or do other things together. She also reports feeling lonely and should be rated ***Red (Act Now)*** *to explore options to help her connect with her family and friends for social support.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Concern about debt is a significant risk factor for mental well-being. Some nurses have initially found this a difficult question to ask. Within the context of the current, global economic situation, it is 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?”

There do not appear to be any financial issues causing stress or access to care. Her and her husband do not have debt problems and the their home is paid for. She should be rated ***Green (Routine 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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

Jo is aware and able to articulate that she is lonely, is experiencing symptoms that she had when diagnosed in the past with severe depression and that things are becoming difficult. She also acknowledges that she responded to the medication she took to treat her depression. She has, however, not discussed this with her mental health provider and should be rated ***Yellow (active Monitoring)*** *to encourage her to follow-up with her mental health provider for assessment and possibly treatment.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

*Jo engages in the conversation and is willing to follow advice. She is worried about bothering others and letting her children down on caring for her grandchildren. While this maybe impacting her decision to not talk to her mental health provider she should be rated **Green (Routine Care)** and encouraged to engage with her mental health provider because she is willing to acknowledge her mental health concerns and follow advice.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

There can be multiple actions for a patient, thus the rating can only summarize the actions. 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.

*Jo has a mental health provider although it is unclear how often or regularly she meets with the provider. It is clear she has not talked with her provider about her concern about her deteriorating mental health. She also is worried about violence from teen neighbors that should be addressed both for her piece of mind and the safety of her grandchildren, and to determine if her anxiety about what might happen when she leaves her home is due to fears about the teen neighbors and/or her worsening mental health. She should be rated **Orange (Plan Action)** to develop a plan to aid her in discussing her symptoms with her mental health provider.*

Item 2: Service coordination

2.	Are services involved with this client well-**coordinated**? (Include coordination with other services you are now recommending)		
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
Routine Care	Active Monitoring	Plan Action	Act Now

What action is required?	**Who needs to be involved?**	**Barriers to action?**	**What action will be taken?**
Depression symptoms	Mental health provider	Concerns about bothering her children	Referral
Fear of leaving home	GP, mental health provider	Anxiety, not wanting to bother anyone	Discuss options to involve police, children, husband about teen neighbors
Social isolation	GP, mental health provider	Fear of leaving home, not wanting to bother anyone	Referral

Notes:
Jo expressed a willingness to talk to her mental health provider about the symptoms of depression she is feeling and was able to see how her feeling of not wanting to let her children down or bother anyone is contributing to her loneliness. She wasn't sure she was wanted to take any action now about her concerns about the teen neighbors, but is willing to discuss with her mental health provider.

Patient Vignette- Julie

PCAM Training Case – Results of Health Screening	
BMI	19
Blood glucose (mg/dl)	76
Blood pressure (mmHg)	120/90
Cholesterol (mg/dl)	166
Age	47
Gender	F

Julie has been experiencing uncomfortable/painful bowel problems for about 6 months. She has lost her appetite, lost some weight and feels embarrassed when she is experiencing discomfort in public. Otherwise she has no other symptoms. Her mother died of bowel cancer, and she is starting to worry she has the same. She has always had an irregular diet including missing meals. However, she is trying to improve it by eating more fruit and vegetables but also feels this worsens the symptoms. She does not actively exercise, but her job as a care-worker is active and busy. She stopped smoking five years ago and only drinks a couple of small glasses of wine a week.

She lives in a rural area, is married with two teenage children. She has several close siblings and a good local network. She does not have any money worries and feels secure at home.

She understands that she should go to see her doctor and seems willing but has been busy. There are no other agencies involved.

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 or problems already being investigated	Mild vague physical symptoms or problems; but do not impact on daily life or are not of concern to client	Moderate to severe symptoms or problems that impact on daily life	Severe symptoms or problems that cause significant impact on daily life
Routine Care	Active Monitoring	Plan Action	Act Now

You should 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.

*Julie is experiencing uncomfortable and painful bowel problems for the last 6 months and has also lost her appetite and lost some weight. Her mother died of bowel cancer. Julie should be rated **Red (Act Now)** to see a doctor.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider issues raised in item 1 and the physical symptoms of life-style problems. Nurses who piloted the tool have found that it is useful to ask patients how physical symptoms/ conditions make them feel when they are discussed.

*Julie is worried that she may have bowel cancer like her mother. She is also embarrassed about the discomfort she is experiencing when she is out in public. She should be rated **Yellow (Active Monitoring)** as she is reporting that it is affecting her and reducing her enjoyment.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider impacts upon well-being resulting in anxiety, self-esteem, depression.

*Julie reports having an irregular diet that includes missing meals. She is trying to improve her diet by adding more fruits and vegetables, but is also concerned that they are worsening her symptoms. She has an active and busy job as a care-worker but does not actively exercise. Julie should be rated **Yellow (Active Monitoring)** to support her desire to improve her diet and to encourage exercise.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here consider mental well-being other than those considered above. These may include anxiety, depression, bereavement, historical 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.

*Julie is not reporting any concerns or experiencing any other issues affecting her mental well-being. She should be rated **Green (Routine Care)**.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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. Otherwise, it may help to simply ask "How are things at home?", "Do you feel safe at home or in your neighborhood?" 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.

*Julie has secure and safe housing and no concerns about her safety and security. She should be rated **Green (Routine Care)**.*

Item 2: Daily Activities

2.	How do **daily activities** impact on the client's well-being? (include current or anticipated unemployment, work, caregiving, access to transportation 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
Routine Care	Active Monitoring	Plan Action	Act Now

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

Julie has not reported any daily activities that are impacting her well-being. She is experiencing some concerns about the bowel discomfort in public but has not indicated that is a barrier. She should be rated ***Green (Routine Care)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Good social networks can be protective against depression, anxiety and suicide. Nurses have found it useful to ask "if you had a problem or were feeling down, who would you be able to talk to?"

Julie is married with two teen children and has several close siblings as well as a good local network for support. She should be rated ***Green (Routine Care)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Concern about debt is a significant risk factor for mental well-being. Some nurses have initially found this a difficult question to ask. Within the context of the current, global economic situation, it is 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?"

Julie does not have any financial concerns. She should be rated ***Green (Routine 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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

While Julie has had symptoms over the last 6 months, she does understand the need to see her doctor. Because she is willing to see her doctor but been busy, Julie should be rated ***Green (Routine Care)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

Julie does not appear to have any barriers to engaging in discussions about her health. She understands why she needs to see her doctor and willing to go. She should be rated ***Green (Routine Care)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

There can be multiple actions for a patient, thus the rating can only summarize the actions. 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.

*Other than a referral to see her doctor, there are no other care or services needed to help Julie so she should be rated **Green (Routine Care)**.*

Item 2: Service coordination

2.	Are services involved with this client well-**coordinated**? (Include coordination with other services you are now recommending)		
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
Routine Care	Active Monitoring	Plan Action	Act Now

What action is required?	**Who needs to be involved?**	**Barriers to action?**	**What action will be taken?**
Diagnostic check for bowel concerns	Primary care or gastroenterology doctor	None	Referral

Notes:
Julie was willing to see her doctor to discuss the bowel problems she had for the last 6 months and accepted the referral.

Patient Vignette – Ronnie

PCAM Training Case – Results of Health Screening	
BMI	26.3
Blood glucose (mg/dl)	131
Blood pressure (mmHg)	132/98
Cholesterol (mg/dl)	2332
Age	62
Gender	M

Ronnie has not experienced any apparent physical symptoms. He has a fairly high fat diet but does eat some fruit and vegetables daily (probably 2-3 portions). He smokes 10-20 cigarettes a day and drinks 6 alcoholic beverages each evening to help him relax.

He lives in private rented accommodations in a remote rural location but has had to move several times. He works doing manual labor and is worried about getting laid off at his age and losing his home again. He has been feeling more stressed recently and has been getting more angry with his family. He finds himself flaring over small things. He is worried that he may hit his wife.

He did have a good social circle but he now feels that he doesn't want to "sit there moaning and bringing everyone else down." His wife is supportive, but she seems to be getting tired of his temper. He owes money on furniture and the car which he can pay at the moment but it's a strain.

He did not have any apparent communication disabilities but seemed agitated which made it difficult to converse. He was not willing to engage with mental health but would look at lifestyle and debt issues. He did feel this was a mental health issue.

There were no other agencies involved.

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 or problems already being investigated	Mild vague physical symptoms or problems; but do not impact on daily life or are not of concern to client	Moderate to severe symptoms or problems that impact on daily life	Severe symptoms or problems that cause significant impact on daily life
Routine Care	Active Monitoring	Plan Action	Act Now

You should 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.

*Ronnie's blood glucose and cholesterol are both very high and his blood pressure is high for someone who is likely diabetic. While he says he has not experienced any physical symptoms, his high fat diet, smoking and daily alcohol consumption need to be addressed particularly in the context of his high clinical values. Ronnie should be rated **Red (Act Now)** and referred immediately to a doctor for follow up assessment and treatment.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider issues raised in item 1 and the physical symptoms of life-style problems. Nurses who piloted the tool have found that it is useful to ask patients how physical symptoms/ conditions make them feel when they are discussed.

*Ronnie is reporting being stressed and finding himself more and more angry to the point of being concerned about how he flaring up at small things and worried that he could strike his wife. Whether this is due to his physical health or the other stressors in his life, Ronnie was also agitated during the health check to the point of making the conversation difficult. He should be rated **Red (Act Now)**.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here you may consider impacts upon well-being resulting in anxiety, self-esteem, depression.

Ronnie smokes and drinks heavily on a daily basis to help himself relax. He reports feeling stressed and angry with his family and he is noticing that little things set him off. He doesn't want to talk with the people in his social circle like he used to because he doesn't want to bring everyone else down with him. Because he reported concerns that he may hit his wife, Ronnie should be rated ***Red (Act Now)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

Here consider mental well-being other than those considered above. These may include anxiety, depression, bereavement, historical 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.

Ronnie's mental well-being, as noted above, is having a severe impact on his health and seems to be worsening. He notes that his wife is supportive but seems to be getting tired of his temper. His well-being is affecting his relationships with his family and social circle. He should be rated ***Orange (Plan Now)*** *because of how much it is interfering with his 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
Routine Care	Active Monitoring	Plan Action	Act Now

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. Otherwise, it may help to simply ask "How are things at home?", "Do you feel safe at home or in your neighborhood?" 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.

Ronnie has a history of unstable housing and is worried about possibly losing his home and having to move again. He admits being concerned that his stress and anger have him worried about hitting his wife. Ronnie should be rated

Item 2: Daily Activities

2.	How do **daily activities** impact on the client's well-being? (include current or anticipated unemployment, work, caregiving, access to transportation 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
Routine Care	Active Monitoring	Plan Action	Act Now

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

Ronnie is worried about getting laid off from his job. He lives in a remote rural location which likely means there are few jobs for someone his age and with his manual labor skills.

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
Routine Care	Active Monitoring	Plan Action	Act Now

Good social networks can be protective against depression, anxiety and suicide. Nurses have found it useful to ask "if you had a problem or were feeling down, who would you be able to talk to?"

Ronnie reports that he did have a good social circle but he now doesn't want to confide in them. He feels like he will just be complaining and bringing everyone else down.

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
Routine Care	Active Monitoring	Plan Action	Act Now

Concern about debt is a significant risk factor for mental well-being. Some nurses have initially found this a difficult question to ask. Within the context of the current, global economic situation, it is 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?"

Ronnie is concerned about getting laid off his job and consequently losing his housing again. He also is worried about being able to pay for the furniture and car loans he has. Currently he is able to make the payments but they are causing financial strain. He should be rated ***Orange (Plan Action)****.*

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

It is difficult to know if Ronnie already knew or understands the serious of his physical health. He indicates that he is willing to look at this lifestyle and money issues but does not seem to understand how his mental health is contributing to his current concerns about his temper and feeling down.

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
Routine Care	Active Monitoring	Plan Action	Act Now

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.

Ronnie does not have any apparent communication barriers, however, he was agitated enough to make it difficult to converse with him. He understands he has some mental health issues but is not able to engage at this time wishing instead to look at lifestyle and debt concerns.

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
Routine Care	Active Monitoring	Plan Action	Act Now

There can be multiple actions for a patient, thus the rating can only summarize the actions. 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.

*In addition to his physical health, Ronnie is also experiencing mental health issues. He is worried about his work and housing situations as well as the debt that is becoming a strain. While he eats some fruits and vegetables, he still has a high fat diet and is drinking daily to try to relax. Ronnie has no other care involved and should be rated **Red (Act Now)** to begin to look as care and services that may help him.*

Item 2: Service coordination

2.	Are services involved with this client well-**coordinated**? (Include coordination with other services you are now recommending)		
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
Routine Care	Active Monitoring	Plan Action	Act Now

What action is required?	Who needs to be involved?	Barriers to action?	What action will be taken?
Diagnostic check of blood glucose, cholesterol, blood pressure	Primary care doctor	None identified	Referral
Mental health counseling	Therapist or other mental health provider	Ronnie not willing	None
Financial management	Public assistance, senior retirement services	None	Referral to financial counseling to explore possible resources
Stress reduction	Local support group	Ronnie not sure	Provide local resources & follow up in future visits

Notes:
Ronnie was willing to follow-up with a primary care doctor for his physical health needs.
He was also willing to look into resources that may be able to help his with debt management as well as to look into possible services for housing, job and/or retirement assistance.
He was more reluctant about his mental health and took information about stress reduction resources.
He was also encouraged to talk with his wife and his social circle about the work and housing stress he is experiencing.