Equally Well - together we can make a difference

Presenters

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www.equallywell.org.au
The Facts:

People who experience mental health conditions have:

- Life expectancy reduced by up to 25 years. The most common causes of death being cancer and cardiovascular diseases\(^1\)

- More than twice the mortality rate\(^2\) of the general population, three times for people with a psychotic disorder

Cunningham et al. NZMJ 2014 127:1394

[www.equallywell.org.au](http://www.equallywell.org.au)
Physical health of people living with SMI

- Six times more likely to die from cardiovascular disease.
- Five times more likely to smoke.
- Four times more likely to die from respiratory disease.
- Likely to die between 14 and 23 years earlier than the general population.

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Comorbidities

- 80% of people living with a mental illness have a chronic physical illness *(ABS, 2017)*
- 55% have two or more co-existing conditions *(AIHW, 2017)*
- 20% of people with a physical illness have a co-existing mental illness *(ABS, 2015)*

There is a high likelihood that someone visiting a rural health professional for a specific health issue will also have another health-related condition. The Australian Institute of Health and Welfare’s report on chronic disease co-morbidities indicates that 77% of people experiencing a chronic health condition also have another long-term health condition, and 53% have three or more co-existing conditions. These data indicate that every professional should be attuned to health issues their clients may be experiencing in addition to the presenting problem. This is especially the case for mental health conditions. The Australian Bureau of Statistics (ABS) National Health Survey shows that over 29% of people with a long-term physical illness also have a mental health condition. The norm for survey of mental and co-existing conditions found that 80% of people living with a mental illness have a co-existing, mentally related physical illness. This speaks to the need for routine physical health screening for people experiencing mental illness, and the consideration of general health screening for those with a physical health condition. Taken together, these findings underscore the importance of integrating care for rural Australians.

Having established a helping relationship, the rural health worker is in a prime position to connect clients to other professionals and services. This does, however, require the rural health worker to actively explore the possibility of the occurrence of other health issues, to be aware of ways to access other services, to take responsibility for the next steps necessary to secure appropriate assessment and treatment, and to be willing to work in partnership with other professionals. This includes not only local health workers and services but also those based in regional or major cities.

Rural health care essentially lends itself to integrated care. Living, working and socialising in the same community helps. So does working in co-located offices and the imperative to work together creatively and collaboratively due to the scarcity of health resources and the tyranny of distance. Integrating care also provides an opportunity for collaborative input. Integrated care is even more important in rural Australia as people living in regional and remote areas are 33% more likely to experience co-morbidity compared to those living in major cities.

The case for integrated care is so strong, and its advantages so clear, it is difficult to understand why so many people continue to live with undiagnosed co-morbid conditions. People living with serious mental illness have a life expectancy approximately 20 years less than the general population, and this life expectancy gap is mostly due to undiagnosed and untreated co-existing physical health conditions. Addressing physical health has a demonstrated positive effect on mental health. Likewise, addressing mental health issues has a positive effect on physical health.

The Australian Journal of Rural Health exemplifies and contributes to an integrated approach to rural health. It shares knowledge across professions, issues, regions and research methodologies. By providing the rural health community with the latest in research, policy and practice across a wide range of health professions, it increases the awareness of the contributions and practices of those professions. It also addresses underlying key issues in rural health such as workforce development, training, models of care and the effective use of technology. Finally, it looks to integrate insights from different types of research - clinical and non-clinical, and qualitative and quantitative. Most of all, it seeks to work in partnership to promote and advance the health of rural Australians.

References

4. Thorsen G. Prevalence of mental illness among people with mental illness. At best a failure to act on evidence, at worst a form of lethal discrimination, British Medical Journal 2013; 346: (2965), doi:10.1136/bmj.f2965

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Number of premature deaths is high in Australia for people living with mental illness.

ABS 2017

Mortality of People Using Mental Health Services and Prescription Medications

Analysis of 2011 data

Annual number of premature deaths of persons with mental illness in Australia by cause

- Trachea, bronchus and lung cancer
- Ischaemic heart diseases
- Chronic lower respiratory diseases
- Colon, sigmoid, rectum and anus cancer
- Breast cancer
- Intentional self-harm
- Blood and lymph cancer
- Cerebrovascular diseases
- Diabetes

Mental illness vs Rest of the population

ABS 2017
The risk of premature death is high in Australia for people with mental illness.

Abs 2017

Mortality of People Using Mental Health Services and Prescription Medications

Persons accessing MBS/PBS mental health related treatment

- Chronic lower respiratory diseases
- Prostate cancer
- Breast cancer
- Trachea, bronchus and lung cancer
- Diabetes
- Intentional self-harm
- Diseases of the urinary system
- Colon, sigmoid, rectum and anus cancer
- Blood and lymph cancer

- mental illness
- rest of pop'n
Relative risk of early death
ABS, September, 2017

- General Population
- Mental Illness
- MI and disadvantage
- MI and rural
- MI and male
- MI and not in workforce

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Relative risk of early death

ABS, September, 2017

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“Many people are spending years living with undetected but **treatable** physical health problems and people are losing their lives because things have been picked up too late”
The Drivers of Inequities

- Health systems
- Workforce issues
- Exposure to known risk factors
- Psychotropic Medication
- Socio-economic status
- Adverse childhood experiences
Taking Action

Health Systems >
Integrate practice
Address Stigma & discrimination

Workforce Issues >
Address diagnostic overshadowing

Exposure to known risk factors >
Support healthy lifestyles

Psychotropic Medication >
Prescribe for wellbeing

Socio-economic status >
Support employment aspirations

Adverse Childhood Experiences >
Trauma informed care
2014: A Call to Action
“You have to learn about thousands of diseases, but I only have to focus on fixing what’s wrong with ME! Now which one of us do you think is the expert?”
Stakeholder interviews
Published literature Review
Draft Workshop Materials
Grey Literature Review
Consensus Building Workshop
Draft Consensus Statement
Draft Background Paper
Grey Literature Review Cont.
Broad Consultation
Final Consensus Statement and Background Paper
Endorsement by Organisations
Mental Health Drug and Alcohol Principal Committee
Implementation and collaboration
Expert Advisory Group
WEIC
Building on a strong base

- 6 focused reports (Australian)
- 10 state and territory mental health plans
- 6 national mental health plans
- 7 Australian consensus statements
- 41 state and territories mental health/physical health clinical guidelines and related policy documents
- 8 international ph-mh statements/plans/platforms
- 125 reviews, reports, research papers.

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Working in partnership

COMPARISON RATINGS OF 80 CONSENSUS ITEMS FOR 8 WORKSHOP GROUPINGS AND TOTAL SAMPLE

Av Total sample  Psychiatrist -clinician (3)  Service Provider (10)  National Organisation (7)  Other - misc (4)
Academic Researcher (3)  Professional Colleges (8)  State Territory MH (11)  Carer -Consumer (8)
A collaboration of people acting for change
Three actions

Set Targets & Measure Progress
- National snapshots
- MHISSC data/targets
- ABS monitoring
- Self evaluation
- Web-based analytics
- Stakeholder consultation

Facilitate Collaboration
- Virtual communities
- Social and digital media
- Connecting initiatives
- Symposium

Promote Awareness
- Stakeholder database
- Communication strategy
- Website
- Social media campaigns
- Newsletters
- Symposium

Level Health

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Actions across three fronts

Measure Progress
- Audit tool. Test-retest
- MHISSC data/targets
- ABS monitoring
- Self evaluation
- Web based analytics
- Stakeholder consultation

Facilitate Collaboration
- Audit of activities
- Symposium

Promote Awareness
- Stakeholder database
- Communication strategy
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A health system...?
in the universe of Australian health and human services
A Growing Movement

Since November 2014, it has grown from 8 organisations to more than 200 in ANZ

www.equallywell.org.au
Evidence Informed

Over 20,000 research publications

Te Pou o te Whakaaro Nui

- 2014 Evidence review
- 2017 Evidence update

National Mental Health Commission

- 2018 Narrative review

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Increasing access to primary care: Canterbury’s *Equally Well* extended GP consults

Four extended consultations per year for everyone who has been, or is expected to be, on antipsychotics for more than 3 months
Equally Well: Improving the physical health of people experiencing mental health and/or addiction issues

People experiencing mental health and/or addiction issues are at unacceptably greater risk for a range of chronic health conditions, have worse physical health outcomes, and are at risk of dying earlier than their general population peers. The influence of antipsychotics on weight gain and cardiovascular disease (CVD) is a major contributor to the inequitable rate of premature mortality. Diagnostic overshadowing, where clinicians attribute physical symptoms to a person’s mental illness, also contributes to this inequity. Cancer outcomes are also inequitably worse, in part due to late diagnosis. This Policy Brief aims to provide GPs with information about why these health inequities occur and what they can do to help mitigate them.

Which patients are we talking about?

Researchers use a variety of definitions and groupings to define those with serious mental illness and addiction who are at risk of poor physical health, with some using recorded diagnosis while others use contact with secondary mental health services as an indicator. A broad definition includes those who have been severely impacted by mental illness and/or diagnosed with schizophrenia, schizoaffective disorder, bipolar affective disorder (BPD), major depressive disorder (MDD), and/or addiction.7 While research tends to focus on patients with severe illness, as this is where the inequities are greatest, it is worth noting that less severe mental illness (eg mild to moderate depression or anxiety) is also associated with chronic physical diseases, and patients may also face barriers to care.8 Additionally, while research tends to focus on adults, children living with mental health and addiction are at greater risk of physical health problems and health risk behaviours.4 It is also of note that children with parents affected by mental illness are at higher risk of adverse developmental outcomes and mental health problems.5,6

Importantly, while this resource does not address Alzheimer’s or other diseases causing dementia, eating disorders, or intellectual disability, people with these conditions also face considerable challenges in accessing health care and staying physically well.

The physical health of people living with mental health and addiction issues

New Zealand research found that people who used mental health services were twice more likely to die prematurely than their general population counterparts, and people with psychotic disorder were three times more likely.9 Additionally, in 2015, Cunningham et al. showed that those with a history of recent psychiatric service use or diagnosis with severe mental illness had considerably poorer survival after diagnosis with breast or colorectal cancer than those without such a history.4 International evidence suggests that people experiencing challenges with mental health and/or addiction – particularly those on antipsychotic medications – have the following comorbidities:2,8–13

- Cardiovascular disease (particularly women)
- Metabolic syndrome, obesity
- Diabetes
- Respiratory disease
- Cancers (particularly bowel cancer and breast cancer with schizophrenia)
- Stroke under the age of 55

Key messages

- Significant physical health inequities exist for people living with mental illness or addiction, including a risk of dying younger. There are many complex drivers of this inequity that can be broadly categorised as lower socioeconomic status, higher exposure to risk factors, medication effects and side effects, and access to and quality of health care.
- Diagnostic overshadowing, where a clinician misattributes symptoms to the person’s mental illness rather than seeing them as a separate physical complaint, is a particularly relevant driver for GPs to consider.
- GPs already provide care for people with mild to moderate mental illness and are enmeshed to play and increasing role in caring for those living with stable severe mental illness (SMI).
- GPs can contribute positively to this issue by being aware of the inequitable health outcomes, taking on a model of wellbeing-focused prescribing, actively avoiding diagnostic overshadowing, empowering patients, and working closely with other health providers.
Diabetes strategy (p.21)

- By 2020 there should be routine diabetes screening for all people who experience mental health and addiction issues.
Action 14 Governments commit to the principles of Equally Well—The National Consensus Statement for improving the physical health and wellbeing of people living with mental illness in Australia.

Action 15 Governments will develop or update guidelines and other resources for use by health services and health professionals to improve the physical health of people living with mental illness. Implementation of the guidelines and resources will be monitored and reported. These guidelines and resources will:

- provide advice on how to ensure physical health checks are part of the routine care of individuals with mental illness
- provide advice on screening, detection, treatment and early medical intervention for people known to be at high risk of physical ill-health
- define the roles of GPs, other primary care providers and specialist health providers in supporting integrated physical and mental health care.
Current policy directions

- National Consensus Statement
- National Mental Health Commission Report Card
- ACSQHC – Health care standards – Health service standards
- ABS tracking and reporting (Sept 2017)
What can YOU do to improve people’s wellbeing?

- Empower Patients to Self-research solutions and bring them to you
- Offer longer appointments, employ nursing or admin for holistic/root cause screening questions
- Screen for deficiencies (i.e. B12) and Inflammatory Conditions/Autoimmunity
- Offer “stepped” solutions – alternative and complementary medicine, not just pharmacological
- Involving people in decisions about their treatment
- Improving access to primary care, e.g. extended consultations
- Offering routine screening and assessment
- Taking time to explain health problems and co-morbidities
- Acknowledge “Qualified By experience” Expertise
- Connect people with formal or informal Peer Support
- Recognising this priority group in policies
- Implementing trauma-informed care
- Developing good links with community services and resources
- Developing models of shared care
- Priority actions for improving the health of people who experience mental health problems.
WHO Multilevel Model

**Individual-focused interventions**
Mental health disorder management
- Early detection and appropriate treatment
- Interventions delivered at critical time points (e.g., within first year of discharge from hospital)
- Recovery-oriented treatment (e.g., service-user involvement, informed choice)

Physical health treatment
- Early detection and appropriate treatment

Lifestyle behaviour interventions
- Tobacco cessation
- Behavioural weight management programmes, including healthy diet, physical activity
- Interventions addressing substance abuse and risky sexual behaviour

**Community level and policy-focused interventions**

Social support
- Peer support programmes
- Family support programmes
- Mental health and consumer advocacy groups

**Sigma reduction interventions**
- Directed toward communities with SMD and general public

**Lifestyle behaviour interventions**
- Comprehensive health care packages, insurance parity and quality
- Public health programmes (tobacco cessation, HIV prevention, suicide prevention)
- Employment, housing, and social welfare sector involvement

**Health system-focused interventions**
Service delivery
- Screening for medical conditions
- Care coordination or collaborative care strategies (e.g., nurse care manager)
- Guidelines for integrated delivery of mental and physical health care
✓ Get your organisation and/or professional body to endorse the consensus position paper

✓ Sign up to receive the Equally Well e-news

✓ Be part of the discussions on the Equally Well online

✓ Spend some time today thinking about one or two actions you can start tomorrow...

www.equallywell.org.au
Join the conversation

Equally Well Symposium
Melbourne,
28, 29 March 2019
Supported by RMIT, CSU, NMHC

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