Equally Well - together we can make a difference

6th Annual Aged Health Collaborative Forum

Presenter Russell Roberts

www.equallywell.org.au

EquallyWell au

signup@equallywell.org.au
Thank you it’s great to be here!

1. Data – general popn
2. Data - older people
3. Recent research older people with mental illness
4. What is Equally Well
5. Implementation ideas
“The fact that people with a serious mental illness die an average of 20 years earlier than the rest of the population, the majority from preventable causes, is one of the biggest health scandals of our time, yet it is very rarely talked about.”

Professor Sue Bailey
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 diseases¹

More than twice the mortality rate² of the general population, three times for people with a psychotic disorder

Cunningham et al. NZMJ 2014 127:1394

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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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Respiratory disease
Prostate cancer and
Breast cancer
Percentage with physical illness

- Cancer
- Diabetes
- Cardiovascular Disease
- Asthma

- People with no mental health condition
- All people with mental health conditions
- People with a psychotic disorder

https://equallywell.org.au/
Relative risk of early death

ABS, September, 2017

Standardised death rate

- Total Australia
- Persons accessing mental health-related treatments (mi)
- mi and rural
- mi and social disadvantage
- mi and male
- mi and not in the labour force

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For every one person who dies of suicide, 10 die early of heart disease, respiratory disease and cancer!

For every of every day one person with a mental illness dies early of cancer, heart disease or respiratory disease

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

Mortality of People Using Mental Health Services and Prescription Medications
Analysis of 2011 data
Every 8 years longevity increases by 1 year (Zuo et al, 2018)

No evidence of natural ceiling

Australians are living 7 years longer than in mid 1960s

These are additional HEALTHY years!
Over 65’s

- Provide 20% of ALL childcare of 0-11 yr olds
- 60% social participation
- 10% have a bachelors degree or above
- 31% provide voluntary work (over 1,000,000 people)
Age has a protective effect on mental health

- Age has a protective effect on mental health (17%)  
  Lorem et al 2017

- **But** the rate of depression in RACF is 50%

- And in 8 of the last 10 years men over 85 have the highest rate of suicide
But...comorbidity rises dramatically!!

National Health Survey: Mental Health and co-existing physical health conditions, Australia, 2014 – 15. (Feb, 2016)

...and co-morbidity is 33% higher for older persons living in rural communities
Each year more people age 65 - 85 living with mental illness die than the entire rest of the Australian population in that age range.

Year more people 65-85 living with mental illness die than for the rest of the pop

ABS 2017
And the percentage of population accessing MBS/PBS treatments goes up to about 30%
Relationship status: “It’s complicated”
Changes in risk are not simply age related
( Olfsen 2015)
But its clear that poor physical health is the largest contributor to poor mental health (Lorem et al, 2017)

“...mental health symptoms caused by physical illness is an increasing public health problem”

- 40,000 participants over 65.
- Waves of research at 7 year intervals from 1974 to 2008.
- Age has a protective effect on mental health (17%)
- Physical illness has major impact: 42% of total effect
Physical health has the strongest associations with psychological distress

- 1,633 Aboriginal and 233,405 Non-Aboriginal in NSW
- High distress in 44% of Aboriginal people his severe physical limitations
- And in 21% of Non-Aboriginal
Suicidality in over 65’s

- 11 population studies
- 16,000 participants
- Cancer, COPD, Arthritis all increased suicidal behaviour
- Relationship between functional disability and suicidal behaviour
Exercise as treatment
Shcuch et al. 2016

• Exercise improved psychological domains
• Should be standard treatment for depression
• Effect is equal or greater than medication
The Drivers of Inequities

- Health systems
- Workforce issues
- Exposure to known risk factors
- Psychotropic Medication
- Socio-economic status
- Adverse childhood experiences
A health system...?
The launch of the national consensus statement

Equally Well
quality of life — equality in life

Improving the physical health and wellbeing of people living with mental illness in Australia
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
WE are here

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

Level Health

Additional Stakeholder interviews
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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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)
Three actions

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

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

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

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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

**Resource Capital**

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

**Initiatives**

**The Issue**
in the universe of Australian health and human services
**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.
Action 16 Governments will work with PHNs and LHNs to build into local treatment planning and clinical governance the treatment of physical illness in people living with mental illness by:

16.1. including it as part of joint service planning activity between PHNs and LHNs
16.2. including it as part of joint clinical governance activity
16.3. requiring roles and responsibilities to be documented as part of local service agreements.

Action 17 Governments will commence regular national reporting on the physical health of people living with mental illness. This will include:

- building on existing datasets and reporting mechanisms
- identifying and addressing data gaps
- seeking opportunities to share data across traditional boundaries.
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)
• Comprehensive review of literature (Nov 2018)

https://equallywell.org.au/
“the greatest current barrier to increasing life expectancy of persons with serious mental illness is no longer a knowledge gap it is an implemenation gap”

(Bartells et al., 2015)
The Paradox - Dying for a Life Worth Living...

“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”
Procedures, hospitalisations and death rates

- Gen Population
- Depression
- Personality disorders
- Other psychosis
- Affective Psychosis
- Schizophrenia

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<tr>
<th>Condition</th>
<th>Procedures</th>
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<th>Death</th>
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Diagnostic overshadowing and 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)

• 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)
What can you do on Monday?

*Don’t just screen... intervene*

- Check, screen...
  - Complete physical examination in last 12 months?
  - Medication review – type, dose, polypharmacy?
  - Smoking? Offer support and advice to help
  - Community engagement, activity participation?

- Have a wellness and recovery focus...

- Arrange: Collaborate, initiate, advocate

- Join us!

[https://equallywell.org.au/](https://equallywell.org.au/)
What can YOU do to improve people’s wellbeing?

- **Empower Patients to Self-research solutions and bring them to you**
- **Offer “stepped” solutions – alternative and complementary medicine, not just pharmacological**
- **Involving people in decisions about their treatment**
- **Offer longer appointments, employ nursing or admin for holistic/root cause screening questions**
- **Screen for deficiencies (i.e. B12) and Inflammatory Conditions/Autoimmunity**
- **Screen for deficiencies (i.e. B12) and Inflammatory Conditions/Autoimmunity**
- **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**
- **Recognising this priority group in policies**
- **Implementing trauma-informed care**
- **Developing good links with community services and resources**
- **Developing models of shared care**
- **Connect people with formal or informal Peer Support**

**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
Activate, advocate

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✓ Get your organisation and/or professional body to endorse the consensus position paper

✓ Sign up to receive the Equally Well e-news

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

Equally Well in Action:
Implementing strategies to improve the health of people living with mental illness

28 and 29 March 2019
RMIT City Campus, Melbourne.

Focusing on implementation and solutions
Equally Well Australia is hosting a symposium with invited experts from the UK, New Zealand and Australia who will share the latest developments to enhance the health of people living with mental illness.

Themes
The symposium will focus on the 6 essential elements and the actions of the National Consensus Statement
1. Equipping and engaging consumers
2. Promotion and prevention
3. Equity of access
4. Providing quality care
5. Care coordination
6. Measuring progress

The symposium aims to highlight innovative practice and showcase excellence. To this end we are inviting poster presentations on the following topics:
- Human rights
- Peer workforce
- Young people
- Smoking
- Lifestyle
- Aboriginal and Torres Strait Islander health
- Digital health
- Substance use
- Older people
- Training and development
- Improving access
- LGBTI
- Comprehensive care
- Care coordination
- Informed consent and informed consumers

Supported by:

Join the conversation

Equally Well Symposium
Melbourne,
28, 29 March 2019

www.equallywell.org.au
“Contact us” - Get involved!

Sign up

signup@equallywell.org.au

Commit

lcobb@csu.edu.au

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https://equallywell.org.au/

Put the link on your webpage

https://equallywell.org.au/

Share your innovation and evidence

https://equallywell.org.au/