Cate Carrigan reported on the Equally Well 2022 Symposium for the Croakey Conference News Service.

Croakey Health Media is a non-profit public interest journalism organisation based in Australia.
https://www.croakey.org
# Contents

Improving the physical health of people with mental illness ........................................ 3

Changing lives, saving lives and transforming care .................................................... 10

Improving systems, attitudes, care and lives: tweet reports from Equally Well Symposium ................................................................. 16

Holistic approaches to improving physical and mental health ................................... 22

Research reveals priority concerns of people with mental illness .......................... 31

New shoots: pilot program offers hope for better care for people with serious mental illness ........................................................................... 37
Improving the physical health of people with mental illness

Cate Carrigan writes:

Every day in Australia, many more people with mental illness die from often preventable physical illness than as a result of suicide, yet most are still not asked about their physical health when they seek healthcare.

That’s a key finding of a soon-to-be-released report from Lived Experience Australia (LEA), which found those with mental illness are missing out on basic health checks, leading to a delay in diagnosis and effective treatment for chronic illness, cancer and other conditions.

Professor Sharon Lawn, Chair and Executive Director of LEA, and a former Mental Health Commissioner for South Australia, will launch the report at the second Equally Well Symposium, held in April as a virtual event as well as in person at the Gold Coast Campus of Griffith University.

She told Croakey of her own experience with clinicians overlooking the physical health of those with mental illness.
Lawn’s husband (who helped prepare her talk for the symposium), a former professional Rugby League player, has lived with schizophrenia for decades, for many years undiagnosed and untreated.

Her husband grew up amidst family violence, poverty, racism, sexual and physical abuse, but also with a culture of strong and fierce commitment to family and football.

While his eventual diagnosis of schizophrenia and treatment with anti-psychotic drugs helped address his mental health, the treatments have also led to much poorer physical health.

The metabolic impact on his weight – he gained 30 kilos in the month following his first admission to hospital – and overall health has been significant.

“Those things chase each other and cause other things. You become more inactive and are likely to put on more weight – it’s quite a vicious cycle,” Lawn explained.

“He was homeless when we met 20 years ago and the impact of that time living in deprived situations has also left him with other insidious and continuing physical health problems.”

Now in his 50s, her husband has had several periods of hospitalisation for mental illness, many medications, and accumulating diagnoses for his physical health.

Taking time

Lawn, a Professor in the College of Medicine and Public Health at Flinders University in Adelaide, wants clinicians to know that it is not just a matter of telling someone to ‘be healthy, eat better and move more’ – it’s about trying to walk in their shoes.

“It’s very hard when you’re struggling with trauma and problems with motivation and, like my husband, have trouble initiating, planning and thinking about what to do most days,” she said.
Many days are spent rising late or staying in bed, resulting in loss of muscle tone and bone strength, and – like many with schizophrenia – smoking (people with schizophrenia are five times more likely to smoke than the general population).

“Add that to the mix and you have a real problem with the person’s ability to walk as far as they used to, be motivated and not spend their day just sitting, smoking and sleeping – losing connection with people and self-esteem,” she said.

Lawn wants clinicians to see the whole man – not just the schizophrenia – and tap into her husband’s past, what happened in his childhood and his success with Rugby, to help him find motivation.

“It’s like they are just standing by and watching things move in a particular direction and feel powerless to change anything.”

Lawn believes clinicians could be more up-to-date with evidence-based treatments, such as effective smoking cessation programs, and also tap into what gives her husband self-esteem.

She wants consistency and follow-up to ensure there is feedback and motivation to keep going, rather than every contact being an isolated incident.

The impacts of her husband’s mental and physical health are there every day and are felt by the whole family, but particularly her husband.

Yet family members are often left out of the discussion. “We’re the magic fairy navigator who sits in the waiting room but often doesn’t get included,” she said.

The message to the conference from her husband will be for clinicians to ‘be hopeful’ and ‘take an interest in more than just compliance with medications’, ask more about the patient as a person, and find what motivates them.

He also wants clinicians to work on boosting his self-esteem and make a living plan to measure small steps and progress, using scales and other tools regularly to monitor weight and breathing, and work with the family, rather than leaving them in the waiting room.

Lawn echoes her husband’s comments, saying family members are often in the background doing the prompting, supporting and encouraging.

**Tackling barriers**

The National Director of Equally Well Australia, Professor Russell Roberts, said a key focus of the symposium would be tackle barriers such as those outlined by Professor Sharon Lawn, as well as sharing success stories.

With the theme: ‘Equally Well: Action and collaboration for hope and health’, the gathering will bring together experts from the United Kingdom, New Zealand and Australia to share innovative practice and developments aimed at improving the physical health and wellbeing of people living with mental illness.

It’s a chance for signatories to the [Equally Well Consensus Statement](#) initiated by the National Mental Health Commission in 2017 to touch base, check progress and reset.
Roberts said most people with mental illness were still not asked about their mental health by clinicians, showing there is still a long way to go.

This is happening even though the risk of premature death from chronic physical diseases is “far, far higher than the risk of death by suicide”, he told Croakey.

“We’re talking about over 70 people a day with mental illness dying early from mainly preventable chronic health conditions and still they are not being asked about things like vaccination, smoking, cholesterol, blood sugar and cancer screenings in consultations,” said Roberts.

“This is a no brainer – basic health checks, such as cancer screening, can result in early detection and effective treatment, yet too few people with mental illness are being encouraged or supported to access it.”

Vaccination rates – for COVID-19 and other infectious diseases – are also much lower for those with mental illness, with vaccine-preventable deaths five times higher and vaccine-preventable hospitalisations seven times higher for those with mental illness than the general population.

The fact that people living with mental illness are not getting basic, inexpensive health-preserving and life-saving vaccinations shows how far away we still are from achieving equity of access and health outcomes, he said.

But Roberts also pointed to many successful initiatives in recent years, with Equally Well goals now on the national agenda, and clinicians, services and advocacy bodies implementing hundreds of initiatives to address the physical health of those with mental illness.

Our motto is for people and organisations to do ‘what they can, where they can, when they can’, whether that be employing someone to focus on physical health or a state government implementing a comprehensive Equally Well strategy, he said.

Clinicians had told EWA of people living with undiagnosed chronic illness for decades who had been successfully treated simply because the mental health team started a program to also focus the physical health of those with mental illness, not just their psychiatric diagnosis.

**Gym power**

One initiative successfully boosting physical health for people with mental illness is an innovative gym and swim program at an aquatic centre at Marrickville in Sydney’s inner west.

Barriers stopping people with mental illness from accessing gyms and pools can be financial and emotional, with body image linked to medicine-induced weight gain, and lack of confidence being some of the hurdles.

“I know with my lived experience being able to go to the gym with people who look like me, and have similar experiences to me, made me feel more comfortable in the gym,” Katie Thorburn, a lived experience peer support worker with Marrickville CORE Mental Health Team in inner west Sydney, told Croakey.

Thorburn, who will present her team’s findings at the EW symposium, is part of a team from the Sydney Local Health District (SLHD), which put together a program that made going to the gym a fun and safe experience for people with mental illness, and, most importantly, built a community.

The Gym and Swim Program (GSP), an initiative of the Living Well Living Longer team at SLHD, boosted confidence and fitness levels, with many participants going on to sign up for regular gym sessions.
Exercise physiologist with Katie Thorburn. Photo provided by Sydney Local Health District

Based at the Annette Kellerman Aquatic Centre, the program has exercise physiologists working alongside peer support workers to provide personalised programming for participants, all within a low-cost, flexible membership environment.

It’s one of many initiatives to address the dramatic life expectancy gap between people living with a mental illness – 80 percent of whom also have a serious physical health condition – and the general population. For those with severe mental illness life can be shortened 14-23 years.

Thorburn said the supportive environment was key to the program’s success, with participants waiting for each other, walking in together, and urging each other on while using the equipment.

“It’s great to be doing exercises with other people who might have similar mobility …. with people who understand the struggles with medication and related health issues.”

Thorburn backs wider use of programs such as the Gym and Swim, featuring collaboration between local organisations, exercise physiologists and – most importantly – lived experience peer workers to ensure the needs of consumers are understood.

Since it began in 2018, the program’s 106 participants have completed 1,323 exercise sessions, with 25 attending more than 10 sessions and others transitioning to general community exercise services, something Thorburn views as a mark of the program’s success.

One participant – nicknamed the ‘godfather’ – had gone on to win a six-week general fitness challenge at the centre, and others had started doing their own gym sessions.

Thorburn said the GSP broke down the barriers to using a gym by creating a supportive community, with participants ringing each other to see who was going and how they were feeling.

“It became an organic thing – not just a program that relies on the facilitators but something that becomes self-sustaining,” said Thorburn.
Peer support

Conference participants will also hear about research on a physical activity intervention program for emergency service workers, which found peers crucial in engaging and motivating participants.

A workforce regularly exposed to trauma – and even more so through the last two years of bushfires, COVID-19 and devastating floods – emergency service workers such as police, paramedics, fire fighters and State Emergency Service volunteers, are at a heightened risk of poor mental and physical health.

In Australia, one emergency service worker takes their life every six weeks and emergency service workers are twice as likely to experience suicidal thoughts as the general population. In addition, one in 10 develop post-traumatic stress disorder (PTSD).

Dr Grace McKeon from the School of Psychiatry at the University of NSW, who will deliver the paper on behalf of the multi-university research team, told Croakey that despite the mental health risks, there are significant barriers to emergency workers getting the healthcare they need.

These included a workplace culture built around being ‘tough’.

To address this, McKeon’s team recruited peer facilitators – mainly former emergency service workers who had been diagnosed with PTSD – to work with exercise physiologists in delivering an online physical activity intervention program to current and ex-emergency service workers.

“We know that emergency service workers with PTSD are not only experiencing high rates of mental health issues but high rates of diabetes and cardio-vascular disease and that’s what drove us to deliver this intervention.”

To help recruit participants, the research team enlisted the ex-service community organisation, ‘Behind the Seen’, founded by a former fire fighter – who left the service with PTSD – and his partner, a social worker.

Delivered online to ensure access for those in remote and regional settings, participants were given Fitbits to monitor their activity, and encouraged to engage in any physical activity they enjoyed – be that lifting weights, walking, riding a bike or other forms of exercise.
McKeon said the program significantly eased levels of psychological distress but one of the most rewarding outcomes was seeing strong friendships forged.

The peer facilitators, with their credibility and knowledge, were critical in understanding how the participants were feeling – if they didn’t feel like exercising on a particular day and normalising those ups and downs, she said.

In feedback, the peer facilitators, many of whom had lost part of their identity due to PSTD-related job loss, said they found participation rewarding, boosting their own mental and physical health.

**Keynote speakers**

The symposium aims to prioritise First Nations people, LGBTQI+ people, and those from culturally diverse backgrounds, and to focus on consumer and carer co-design in the planning and rollout of programs.

Keynote speakers include:

- Professor David Castle, Scientific Director of the Centre for Complex Interventions (CCI) at the Centre for Addictions and Mental Health (CAMH), Toronto, Canada, on a workforce to help consumers
- Assistant Minister to the Prime Minister for Mental Health and Suicide, David Coleman
- Cardiologist and Associate Professor David Colquhoun from the National Heart Foundation and
- Caro Swanson from Equally Well NZ with a consumer perspective
- Andy Bell from the Centre for Mental Health UK.

Concurrent sessions will cover primary care, partnerships, prevention, co-design, models for online care, chronic care, physical activity and diet, care coordination and lifestyle.
Changing lives, saving lives and transforming care

The important and evolving role of peer workers in mental healthcare, lessons learnt from COVID-19, and the urgent need to improve care for people with mental illness were among some of the topics covered at the Equally Well 2022 Symposium, reports Cate Carrigan for the Croakey Conference News Service.

Cate Carrigan writes:

Underlying health susceptibilities coupled with medically-induced weight gain are creating a “ticking time bomb” of health risks for people with schizophrenia spectrum disorders, a conference on the physical health of people with mental illness has been told.

Professor David Castle, scientific director of the Centre for Complex Interventions at the Centre for Addictions and Mental Health (CAMH) at the University of Toronto, told the Equally Well 2022 Symposium that a united effort was needed to tackle the issue, and that peer workers could be central to this.

A keynote speaker at the two-day symposium, being held on the lands of the Yugambeh and Kombumerri peoples at Griffith University, Castle deplored the “appalling inconsistencies” in the provision of care to people with mental health problems.

Individuals with schizophrenia spectrum disorders are disproportionately affected by chronic diseases and physical health problems – such as cardiovascular disease (CVD), obesity, diabetes and hypertension – due to a combination of lifestyle, physiological, and social factors, shortening their life expectancy by 10-25 years, he told the two-day gathering.
People with schizophrenia are at higher risk of chronic metabolic disorders, said Castle, adding that some antipsychotics have a large metabolic footprint, resulting in increased weight gain (and waist circumference), a key risk factor for CVD.

He cited an Australian study that found weight gain happens very early on for those with schizophrenia – even in their teens – when they may have their first episode of psychosis.

**Informed choices**

“So, we have a ticking time bomb …. that we need to get in and defuse,” Castle said.

“One of the things we should not do is use medications that are going to exacerbate the problem.”

It wasn’t a matter of saying who should or shouldn’t be on certain medications, but it was a matter of ensuring there was informed, and personal choice and that the physician needs to be upfront, he said.

“The only way to tackle this is with clinicians of all persuasions working with patients and carers to address the “really appalling inconsistencies in the way the care is both provided to and received by patients with mental health problems”, he said.
Peer worker research

Castle called for a larger role for peer workers, saying he had been privileged to be part of workshops in Australia where there was a strong desire for more peer worker involvement.

These are workers with “experience of mental health issues and metabolic health issues”, and their involvement boosted motivation, social support, feelings of control and engagement with health services.

Castle said 12 studies of peer interventions for physical health outcomes in schizophrenia had shown improvements in physical health, BMI, physical activity, and healthy eating.

But he said more research was needed to prove the cost-effectiveness of such interventions and that the CAHM was working to co-design a trial to measure the long-term improvement in targeted physical health outcomes.

The trial – which is currently in co-design phase and will be implemented in the next couple of months – will involve two part-time appropriately trained individuals with lived experience to act as peer facilitators working closely with the research team to create and plan the intervention.

“We are looking at the peers working alongside clinicians to deliver group-based interventions every week and also to do one-to-one follow-ups to ensure they are on track, and addressing any barriers as they arise,” he said.

Castle said it was critical that any peer workers be properly trained and supported, and that any impact of the work on their own physical and mental health must be monitored.

“Something I have seen in my clinical practice is this engagement and human connection can really break the ice in regards to these sorts of care packages,” he said.

Renewable resources

The importance of peer workers was also highlighted by Mental Health Peer Coordinator at COORDINARE, South Eastern NSW PHN, Tim Heffernan, who described the peer workforce as the “renewable resource” of the mental health system.

“The traditional workforces are the fossil fuels that sustain the biomedical model,” he told delegates.

“Things are obviously worsening in this system, but as with climate change, there are significant vested interests whose survival depends on maintaining the status quo, regardless of the damage done.”

Heffernan, Deputy Commissioner with the NSW Mental Health Commission, who has over thirty years of lived experience of mental illness, said while there are good people working across mental health, “we have reached a point where we need new inputs”.

“We need inputs from people who want to help themselves, who want to re-frame their lives from deficit, deficiency and shame, to one of being productive, joyous and happy,” he said.
Heffernan recalled advice relayed by a consumer in a NSW mental health unit that: “You don’t go to the doctor when you are unwell, you go to someone who has recovered from the sickness”.

Investment in peer workers was ‘a must’ and needed to be framed as an urgent human rights and social justice issue. It wasn’t about money – it was about investing in people, he said.

It was about “sharing experiences of recovery, ill-health and getting the vibe back”.

“We have a right to these things because they work. These are the things that keep us physically well yet a lot of the treatment I had as a young man was coercive – it was under the Mental Health Act and I never wanted to go back to hospital,” he said.

In pressing the case for the involvement of more peer workers, Heffernan said: “Most of us want agency in our lives, not agencies in our lives”.

Peer work – despite all the discussion about it – remained a very small part of the mental health workforce, was fragmented and forced to try to fit into often hostile systems.

Evolving roles

Heffernan spoke of the evolving role of peer workers, saying when he’d first been employed in such a role he was told “not to talk about medication” with consumers but now the World Health Organization (WHO) had countered such misconceptions, stating that ‘peer-to-peer discussions should not be limited to light topics’.

The WHO document goes on to say peer workers are in an ideal position to use their own personal experiences to talk about complex and distressing issues, such as the benefits and negative effects of medication.

In his opening address to the Symposium, Co-Chair of Equally Well and Ramsay Health Care Professor of Psychiatry Malcolm Hopwood spoke of progress in the Equally Well movement over the last five years.

Hopwood said the 2017 Equally Well Consensus Statement of the Mental Health Commission had outlined the need to address the poor physical health of those with mental illness, which significantly reduced their longevity.

The costs of these premature deaths were highlighted in a 2016 Mitchell Institute and Royal Australian and New Zealand College of Psychiatrists study that found the early death of those with severe mental illness was costing Australia $15 billion a year, he said.
Hopwood said central to the initial statement was putting in place a holistic, person-centred approach and there had been consensus that the best way to do this was through adapting/improving existing services rather than creating something new.

Since then, Hopwood was pleased to see a cascade of policies and EW principles being recognised nationally in a number of ways, including in the Productivity Commission Report on mental health, which raised physical health comorbidities as a key issue.

A marker of success of the EW movement is to see initiatives permeating widely, he said.

“I personally feel very proud to be part of an organisation that’s managed to collect people from across the sector in a way that doesn’t always happen in mental health,” he said.

**Lessons learnt**

The National Director of Equally Well Australia, **Professor Russell Roberts** spoke on the lessons learnt from the COVID-19 outbreak, saying people with mental illness were more vulnerable: they were more likely to become infected, suffer serious illness, be hospitalised and die from the virus.

What has happened with COVID-19 is just a reflection of the overall issue of the poor physical health of those with mental illness, said Roberts.

One positive message from the pandemic was that prevention – in the form of vaccination and other public health measures to counter the virus – works.

Roberts used discussion of vaccination to highlight the fact that people with mental health issues are six times more likely to be hospitalised for the common flu than other people in the community.

A flu vaccination that cost just $60 could save a hospital admission costing $2,000 a night, he said yet many healthcare providers fail to ask mental health patients about their immunisation status.

Roberts added that 16 people with mental illness die every day from a cancer that could have been effectively treated had they been sent for screening.

While EW-informed policies were being put in place, Roberts said there was still much work to do:

- “It’s great to have the policy but that’s just a platform to do something.
- Where are the resources? How are we going to do it and coordinate it? All of these things need to happen and it needs to be person-centred not service-centred.
- Mental health and primary health services are foreign lands. They are there for the convenience of the service providers – but we need to go to the territory where consumers are comfortable.”

**Changing lives**

Roberts said COVID taught health service providers to reach out to the marginalised or they won’t access services and that providers need to be creative and flexible.

Praising those working to implement EW changes, Roberts said all involved are doing a “grand thing” – something variously defined as magnificent, imposing in size, dignified and generational.

“What we are doing is a grand thing. This is a massive issue that we are tackling,” he said.
“We are talking 23,000 people per annum who die prematurely, at least half – maybe more – of those deaths are preventable.”

Every time we make a difference we change a life, said Roberts, giving the example of a health worker applying EW principles in checking the physical health of a woman with long-term mental illness who was losing her hair.

After ten years of chronic disease, and being seen by mental health services, it turned out “she was malnourished”.

A small team changed her life around by referring her to a dietician. “One life with a family and sibling and parents – transformed by that action of an EW practitioner.

“We are doing thousands of these interventions every day. We’re having a grand impact. This is a grand, a dignified thing we are doing,” he said.
Improving systems, attitudes, care and lives: tweet reports from Equally Well Symposium

The Equally Well 2022 Symposium put the spotlight on efforts to improve the physical health of people who have a mental illness, as well as the urgent need for such efforts.

Equally Well Australia covered the #EquallyWellAu22 discussions for Croakey’s rotated, curated Twitter account @WePublicHealth, and a selection of their tweets follows below.

Equally Well Australia tweets:

#EquallyWellAu22 @WePublicHealth · Apr 12
Good morning! Sonia here from the @EquallyWell_AU project team, hopping on here for the first symposium sessions. I’m joining from Gadigal land, and pay my respects to elders past, present and emergent. #EquallyWellAu22 1/

#EquallyWellAu22 @WePublicHealth · Apr 12
Like many others, I’m attending the symposium virtually, and I’ll be sharing some tweets today from the virtual experience - join the conversation with hashtag #EquallyWellAu 2/2
You can track Croakey’s coverage of the Conference here.

Improving systems, attitudes, care and lives: tweet reports from Equally Well Symposium

#EquallyWellAu22 @WePublicHealth · Apr 12
We’re not just going to stretch our minds in the next two days, we’ll stretch our bodies too! Thanks for this stretch session sponsored by Guardian Exercise Rehabilitation! #EquallyWellAu22 @EquallyWell_AU

#EquallyWellAu22 @WePublicHealth · Apr 12
@ChrisMaylea now presenting on: ‘What do we mean when we talk about physical health? Preliminary findings from an Equally Well-Healthtalk collaborative project’
#EquallyWellAu22 @EquallyWell_AU

#EquallyWellAu22 @WePublicHealth · Apr 12
Carolynne White at @mindaustralia, talking about the Australia-wide survey looking at people’s experiences of stigma and discrimination. Powerful stats on experiences of discrimination and stigma, anticipated future stigma, and diagnostic overshadowing. #EquallyWellAu22

Croakey “Conference News Service”
You can track Croakey's coverage of the Conference here.

#EquallyWellAu22 @WePublicHealth · Apr 12
Up now: Victoria Palmer on Coproducing assertive cardiac care with and for people with lived experience #equallywellau22

#EquallyWellAu22 @WePublicHealth · Apr 12
Up now: Kath Thorburn & Shifra Waks on 'Co-designing a Physical Health Conversation Guide: Working together for hope and health' #EquallyWellAu22

#EquallyWellAu22 @WePublicHealth · Apr 12
Leadership is not reserved for those with formal management positions - anyone who gets people to follow them is a leader. Reflecting now on our personal sources of power at #EquallyWellAu22.
@EquallyWell_AU @EquallyW @AUMentalHealth @NSWMHC @CroakeyNews @rus_l

Improving systems, attitudes, care and lives: tweet reports from Equally Well Symposium

Croakey
“Conference News Service”
You can track Croakey's coverage of the Conference here:

#EquallyWellAu22 @WePublicHealth · Apr 12
@backmanhoyle chairing the discussion with @CliffordLewis, Maggie Toko, Sharnie Roberts, and Reza Rostami. Talking about access and inclusion for asylum seekers and refugee groups, First Nations Australians, the LGBTIQ+ community, and those with lived experience. #EquallyWellAu22

#EquallyWellAu22 @WePublicHealth · Apr 12
The final panel of the day is bringing so many insights, including on intersectionality, the risk of homogenising all people or groups, the need to listen and understand each community in its cultural context, and the need for implementation + action in practice. #equallywellau22

#EquallyWellAu22 @WePublicHealth · Apr 12
Powerful insights on #inclusion, #diversity and #wellbeing in the final panel for day 1:
Maggie Toko: “The first thing that will change how services respond is if staff just listened. If they did nothing else but just listened and heard what people were saying.”
#EquallyWellAu22

#EquallyWellAu22 @WePublicHealth · Apr 13
Symposium co-chair and dead-set legend @Dpeters1977 is slaying at #EquallyWellAu22
You can track Croakey’s coverage of the Conference here.

Equally Well Au @EquallyWell_AU · Apr 13
@vickylangan talking #EquallyWellAu22 to help people quit smoking: we need investment, evidence, collaboration, and recognition to improve physical health in mental illness not one size fits all @neaminational

Equally Well Au @EquallyWell_AU · Apr 13
The future for improving outcomes in health equity is more collaboration. We are making a start but it needs to be more funding allocating funding for physical health resources in mental health Vicki Langan from @neaminational #EquallyWellAu22

#EquallyWellAu22 @WePublicHealth · Apr 13
Jenny Bowman on the role of Community Managed Organisations to support healthy lifestyles:

Brief interventions to deliver preventive care – previous trials in clinical settings:
- Hospital (inpatient) trial – 3 sites
- Support patients with 60 min education on diabetes care
- Provide smoking trial support to patients post discharge

Community Mental Health Services – 3 trials
- All patients’ social pre-intervention care in urban communities
- A randomized healthy lifestyle care programme for the care
- NIPS funded service 2019-2021
You can track Croakey’s coverage of the Conference here.

Improving systems, attitudes, care and lives: tweet reports from Equally Well Symposium

#EquallyWellAu22

Published on Wednesday, April 20, 2022

---

@qldhealth data linking mental health and smoking in people living with mental illness to create innovative quit smoking intervention saving lives #EquallyWellAu22

Six Monthly Statewide Forums

“Every healthcare workers responsibility

Smoking cessation... and a mental health problem - it's not my job.

You... best placed to make informed decisions

Empower consumers to make informed decisions.

Staff interactions must be short and target.

6 minutes saves lives

#EquallyWellAu22 @WePublicHealth • Apr 13

We are change agents! We are leaders! This isn’t aspirational and should not be unusual! We will change the system!

Who are the Lived Experience (Peer) Workforce?

Who are the Lived Experience (Peer) Workforce?

published work on

Croakey "Conference News Service"
Holistic approaches to improving physical and mental health

The Equally Well 2022 Symposium put the spotlight on efforts to improve the physical health of people who have a mental illness, as well as the urgent need for such efforts. Cate Carrigan reports below on the role of lifestyle medicine, as well as how the holistic approaches to health of Aboriginal and Torres Strait Islander peoples have influenced the language of healthcare in Australia.

Cate Carrigan writes:
In dealing with his own mental and physical health issues over the years, Dr Sam Manger, a GP on the Sunshine Coast in Queensland, has found practices such as meditation and regular exercise helpful in keeping himself well.

His lived experience has given him insights that benefit his patients, and he advocates strongly for more people with mental illness to be supported to engage with “lifestyle medicine”.
Manger says the lifestyle-based clinical interventions are safe and effective for mental and physical wellbeing, with the 2020 Royal Australian and New Zealand College of Psychiatrists’ (RANZCP’s) clinical practice guidelines for mood disorders including evidence-based lifestyle interventions as first line recommendations.

The interdisciplinary field uses food, movement, sleep, mind-body practices, social connection, and connection with the natural world, in combination with behaviour change and health coaching approaches along with evolving models of care to improve physical and mental health.

While there is some overlap with social prescribing (which enables health professionals to refer people to a range of local, non-clinical services), they are distinct fields, said Manger.

Part of the clinical toolbox

A keynote speaker at the recent Equally Well Symposium, and the President of the Australasian Society of Lifestyle Medicine, Manger wants more clinicians to have lifestyle medicine as a ‘go-to’ part of their toolbox.

He says there is a strong and growing evidence for ‘lifestyle medicine’ and says many patients’ lives have been transformed by the approach – leaving them healthier, happier both physically and mentally.

“I went through multiple medical specialists, scans and procedures to only be offered pills at the end of it; a common story,” Manger told Croakey.

“This system works well for some …. our healthcare at the moment is not wrong, just incomplete, and lifestyle medicine is that missing pillar of healthcare.”

Working as a GPSI (GP Special Interest) with Sunshine Coast public mental health services for past three and a half years, Manger has run a raft of lifestyle medicine and wellbeing programs, which he has seen change patients’ lives.

“In my clinical and academic roles I have seen diabetes, heart disease, autoimmune disease, chronic pain, mental illness and many more not only improve, but some remit and always a person’s quality of life improves towards genuine wellbeing,” he said.

With 90 percent of diabetes and 80 percent of heart disease being preventable, these are things that can really make a difference, he said.

Manger says lifestyle medicine is very inclusive of the social determinants of health, pushing back at criticism that it doesn’t address the underlying causes of poor health such as poverty, racism and poor housing.

“As a clinician, if I can provide people with food, movement forms, mindfulness practices, encourage social reconnection and social prescribing, this will improve people’s lives in ways that are often largely free or cheap … and support vitality in health services, communities, schools and workplaces,” says Manger.

The Sunshine Coast program is just one example of successful and innovative work being done to reverse the poor physical health of those with mental illness highlighted at the two-day Equally Well gathering, which brought together those with lived experience, clinicians, pharmacists, researchers and service providers.
Overview of the evidence

Manger, a senior lecturer at James Cook University (JCU) and Equally Well Ambassador, told the symposium lifestyle medicine had been shown to be just as – and often more – effective than anti-depressants in improving the health of people with mental illness.

Manger cited studies showing the impact of stress on the body and the effectiveness of mind-body practices, such as mindfulness, breath work, relaxation training and exercise, in counteracting it.

“Good research has shown that regular physical activity can be as effective as anti-depressants and psychotherapy in treating depression – it’s not an optional bonus but fundamentally crucial for mental health care,” Manger said.

“If you’ve got a person you are treating with anti-depressants and psychotherapy, who is under a high level of psychological or physical stress, their brain is inhibited to rewire and refire.”

On diet, Manger told the symposium about evidence of a link between food and mood, with a randomised controlled trial showing 32 percent of patients with moderate-to-severe major depression disorder going into remission after being put on a Mediterranean diet compared to eight percent in the control group.

“Food can be anti-inflammatory and pro-inflammatory. We take medication all the time to reduce inflammation and yet we are eating food three times a day that is perpetuating inflammation,” he said.

“That doesn’t just make us stiff and sore in the joints, it makes us systemically inflamed and depressed, this really matters,” he said, citing this 2020 paper, ‘Diet and depression: exploring the biological mechanisms of action’.

Sleep disorders, which could be treated effectively with lifestyle interventions, were also a key problem for those with mental illness, affecting 40 percent and up to 80 percent of those with schizophrenia. Additionally, a 2016 study found that 15 percent of Alzheimer’s cases may be linked to sleep disorders.
When patients are fatigued it is often put down to medication or poor lifestyle but often it’s a treatable sleep disorder, he said.

“You treat the sleep disorder, and they wake up feeling fresh and have the energy to exercise and engage, and their mental health improves.”

Manger said this was backed by studies which showed sleep interventions had a large impact on relieving symptoms of depression.

Social connection is another important issue for people with mental illness. A 2010 study showed a 50 percent increased likelihood of survival for participants with stronger social relationships.

As with stress, diet and sleep deprivation, there was a neurobiological basis. Manger explained that bereavement, social isolation or rejection switches on a threatened stress response in the system sending the message: “we are alone, we are under threat” and reduces activity in the prefrontal cortex, the planning future-thinking part of the brain.

**Barriers to implementation**

Manger said none of these lifestyle medicines interventions were “soft options” but were based on strong and growing evidence.

Despite this, data from 2015-2016 showed that 63 percent of mental health encounters end with a script for psychotropic medication, and less than eight percent of all GP consults end with a script for lifestyle-based interventions.

Manger highlighted a lack of time as one barrier, explaining that GPs’ 15-minute consultation window was limiting clinicians, and he felt he could only ever be “10 to 20 percent as good as he could be”.

“While there are many amazing GPs, training and practices, systems to genuinely deliver lifestyle medicine are lacking.”

“We need lifestyle medicine embedded at a clinical service level,” he said. “We need health coaching, peer support coaches and link workers, better digital technology and we need proactive models of care that we can deliver to schools, workplaces and civic communities.”
The ASLM wants “to drive and lead and lobby change at the social level as well and help address the social and cultural determinants of health”.

Manger urged delegates to start practising mindfulness themselves – to meditate, do breathing and stretch exercises – and to be leaders and get onboard in implementing lifestyle medicine solutions.

He also urged executives and decision makers to provide their staff with time for their own self-care and time for teams to create local solutions in their services.

One of the best experiences of his life had been incorporating the approach through helping to establish a native, cultural garden at Pangula Mannamurna, an Aboriginal Community Controlled Health Organisation (ACCHO) in Mount Gambier, South Australia.

“We suddenly saw this massive engagement with the health service. It was their service, their story and reconnection was part of it,” he said.

“Sometimes health is not about cells, or receptors, or hormones or pills, it’s about how we reconnect people together.”

First Nations strengths

Aboriginal and Torres Strait Islander peoples’ ways of seeing physical and mental health were also highlighted at the symposium, with Tom Brideson, the CEO of Gayaa Dhuwi (Proud Spirit), telling delegates of positive changes in healthcare policy to strengthen First Nations’ leadership and input.

Brideson, a Kamilaroi man with 30 years of experience in mental health, said the 2017 Fifth National Mental Health plan had for the first time prioritised Aboriginal and Torres Strait Islander peoples’ mental health. Since then, there had been many other policy initiatives which involved growing input from and collaboration with First Nations people.

The narrative in healthcare had changed, with a more strengths-based approach reflected in the latest Close the Gap report, which addressed transforming power and voices for generational change, he said.

One of the Closing the Gap targets – around social and emotional wellbeing – commits governments “to building and supporting structures to empower Aboriginal people to share decision-making” and accelerate policy towards place-based progress.
Brideson told delegates Aboriginal and Torres Strait Islander peoples and their holistic approach to physical and mental health – revolving around the individual, within the family, within the community – had influenced the language of healthcare in Australia.

That language change was reflected in the Equally Well consensus statement, which focused on person-centred, holistic care, prevention and early intervention.

Brideson spoke of the importance of growing the national mental health lived experience workforce.

The lived experience of Aboriginal and Torres Strait Islander people underpinned all the work of Gayaa Dhuwi.

Finally, he stressed inclusion, saying Gayaa Dhuwi ensured many voices were heard, including LGBTQI+ communities, the Stolen Generations, and those of young people, to enhance the expertise of the organisation.

**System problems**

Queensland Mental Health Commission (QMHC) Ivan Frkovic told the symposium that despite the strong links between physical and mental health, this isn’t yet reflected widely in service delivery.

While there were great pockets of work, such as that being done by Dr Sam Manger on the Sunshine Coast, such initiatives needed to be implemented across the healthcare system in a bid to stop people with mental illness dying – from mainly preventable physical conditions – 15-20 years earlier than the general population.

Frkovic told of a man with a long-standing mental health condition going to an hospital emergency department for a physical condition and being quickly triaged to the mental health unit.

The example showed how a person’s mental health diagnosis often dominated treatment even if they were overweight, had diabetes or a heart condition or other risk factors, he said.

One of the main challenges of getting GPs to check the physical health of those with mental illness was the limited time of consultations, of 12-15 minutes.

Frkovic called for the creation of a healthcare workforce that has the opportunity and time to respond in a holistic way to complex co-morbidities.
“We need to promote a health services culture where mental health and physical health are seen together rather than viewed separately,” he said.

At a systems’ level, Frkovic said there was a need for better integration of services, and the establishment of multi-disciplinary teams to support people and provide the physical and mental health treatment they need.

Frkovic spoke of the need for better partnerships between people with lived experience of mental health conditions, their families and carers, to ensure consumers have more control and input into their own treatment and care.

The QMHC was committed to driving forward the agenda and was working with public and private agencies to ensure the broader implementation of programs boosting the integration of physical and mental health treatment, but there was a long way to go to create systemic change, he said.

---

**From Twitter**

Russell Roberts @rus_j

Andrew Watkins "Our Equally Well journey is is like trekking in the mountains... looking forward and we still have a long way to go...but when you look back and we come a long way..." @CroakeyVoices @EquallyW @EquallyWellUK @NMHC @Qld_MHC @AUMentalHealth

Dave Peters @Dpeters1977 - Apr 13

Last discussion today is being led by John Allen, joined by Fay Jackson @Fay_Jackson_MH Vicki Langan from @neaminational Andrew Watkins @andrewwatkinsau and Caroline Johnson @CarolinetheGP #EquallyWellAU22
Prof Russell Roberts with powerful messages: “Policy alone is not sufficient - it’s great to have the policy framework, but that’s just the platform to do something. We need to operationalise that at the service level... and it needs to be person-centred.” @rus_l @EquallyWell_AU

“"If we want to support consumer health choices, we need to give the right information, at the right time, and in the right way.” Great insights from Grant Sara & Sarah Kelshaw on consumers of mental health services receiving information about physical health. #EquallyWellAu22
The future for improving outcomes in health equity is more collaboration. We are making a start but it needs to be more funding allocating funding for physical health resources in mental health. Vicki Langan from @neaminational #EquallyWellAu22

Published on Wednesday, April 27, 2022
Research reveals priority concerns of people with mental illness

Calls to amplify the voices of people with mental illness. Photo by Juliana Romão via Unsplash (digitally altered by Croakey).

Efforts to tackle discrimination and ensure more appropriate use of medication are priority issues for people with mental illness, according to research presented at the recent Equally Well 2022 Symposium.

Symposium participants also heard about other research highlighting the importance of ensuring people with mental illness have equal access to vaccinations, reports Cate Carrigan.

Cate Carrigan writes:

Keys to improving the life expectancy of people with mental illness include amplifying the voices of those with lived experience, tackling discrimination and stigma, and ensuring more informed use of medication.
These were among the key themes at the recent Equally Well Symposium, which brought together clinicians, consumers, service providers and researchers to discuss successes and barriers in turning around the poor health statistics.

The importance of lived experience voices was highlighted in the preliminary results from an Equally Well/Healthtalk Australia “Physical Wellbeing and Mental Health” research project, which surveyed 33 mental health consumers in metropolitan and regional New South Wales and Victoria.

Associate Professor of Law at La Trobe University, Chris Maylea, told the symposium that the two ‘overarching’ concerns of participants in the joint La Trobe, RMIT and Charles Sturt University project were discrimination and the use of medication.

“Everyone said they’d been discriminated against, with comments such as: ‘I won’t go near the health service because they don’t take me seriously’,“ said Maylea.

Those who had experienced compulsory treatment didn’t trust the health system and the impact of “force, coercion, blame and stigma” were all very real in the results of this study.

When some had raised concerns about their physical health while in mental health inpatient units, they had been dismissed as being “delusional”.

Such diagnostic overshadowing was another major concern for participants.

“There just seems to be a lower bar when looking after the physical health needs of people with mental health conditions,” Maylea later told Croakey.

“Health professionals will allow for a level of squalor, high smoking rates, or poor nutrition in mental health consumers which they would prioritise in any other patient,” he said.

The use of medication was another major issue for participants, who questioned the prioritisation of eliminating ‘mental illness symptoms’ over any long-term side effects.

Consumers repeatedly told of feeling as though ‘it didn’t matter if it (psychotropic medication) was going to take 10/20 years off my life so long as I could be discharged from the hospital’.

Many participants said the medication was the major contributor to their poor physical health.

It wasn’t necessarily the immediate side effects of the medications but the long-term and indirect impacts, such as tiredness and drowsiness, that undermine the ability to exercise or do everyday tasks, said Maylea.

Participants identified the major failings of the health system as poor coordination of care (including a lack of services), dismissal of health concerns, and a lack of trauma-informed care.
Study participants reported a large range of illnesses, from issues with fertility, trans-affirmative healthcare, epilepsy, traumatic brain injury to cancer.

But Maylea said many didn’t highlight the issues often prioritised by clinicians: issues such as cancer, smoking or exercise.

The results showed the importance of talking to people about their lived experience and that while cardiovascular disease and cancer are major contributors to early death in this cohort, participants lived with diverse and complex diagnoses.

“It points to the comorbidity in this cohort – people who have negative health experiences will often have many and multiple negative physical and mental health diagnosis throughout their lives,” said Maylea.

The results highlight the need to expand physical health priorities for those with mental illness beyond the common targets of cancer, cardiovascular diseases and diabetes to take in multiple diagnoses over many years.

“I think there’s a bit of a blind spot about the harm that the mental health service can do, particularly the side effects of medication, so clinicians prefer to focus on things consumers are doing – like smoking or drinking too much or not exercising.”

Empowering consumers

Maylea suggested clinicians may need to look at how the mental health system might be contributing to factors, such as powerlessness and poverty, stigma and discrimination, that might drive someone to substance use or not having the self-image to go to the gym or the park.

He said participants had just as much commitment to their physical health as anybody else, but their lifestyle experiences, homelessness, or poverty made that difficult.
“Hopefully our resource will address some of the diagnostic overshadowing and convince clinicians to do things differently and understand that people with mental health conditions do care about their physical health,” he said.

It’s about “empowering consumers to have honest and difficult conversations with their doctors”, to be aware of their rights in regard to the medication they are taking and to be part of the “decision-making process”.

“It’s one thing to give a list of side effects of medication and another to have a conversation about how that could be balanced with the potential physical health side effects and what can be done to mitigate those,” he said.

The Equally Well/Healthtalk Australia Physical Wellbeing and Mental Health resource will be available later this year. It will include audio, visual and animation with voice-overs of participants talking about their experiences of physical healthcare in the context of using mental health services.

**Hospitalisations higher**

The conference also heard that people with mental illness are more likely to be hospitalised for vaccine-preventable illnesses and to undergo emergency surgery than the general population.

The findings were detailed in two separate presentations by the Director of NSW Health’s InforMH team, Dr Grant Sara.

Sara told Croakey a 2021 study found people who had recent contact with mental health services had a four to five times greater chance of hospital admission for vaccine-preventable conditions, such as respiratory illnesses, hepatitis, and influenza.

There were two possible reasons for these findings, said Sara: that people with mental illness choose not to get vaccinated, find access difficult or are not being supported to get vaccines; or that they are getting more severe forms of illness.

Sara hopes the findings can be used to promote awareness across the health service to boost vaccination rates but that this “needs to be based on consumer choice” and ensuring people have the information they need.

“We want to make sure that those living with a mental health condition have the same right of access to a range of vaccines across their lifespan as others.”

While COVID-19 admissions weren’t part of the study, Sara said the higher admission rates for vaccine-preventable conditions for mental health users showed the importance of prioritising this group for COVID-19 vaccinations.

Sara also pointed to the vaccination lessons of the pandemic, where health services reached out to communities and did “good, flexible things to get people vaccinated … setting up relationships with pharmacies or other providers”.

“The evidence tells us that to reach anybody with complex problems or from a background of disadvantage … you need good, integrated care, with connection between health service and the GP, accessibility and affordability.”.
You can track Croakey’s coverage of the Conference here.

Research reveals priority concerns of people with mental illness

#EquallyWellAu22

The study on emergency surgery rates – undertaken by University of Sydney medical student Julia Hamer and yet to be published – found overall higher rates of surgery for people with mental illness and substantially elevated rates of emergency surgery, up to three times as high as the general population, depending on the procedure.

Sara stressed more work needs to be done to determine the causes of the increased rate of emergency surgery and what it means in terms of patient outcomes, with earlier research already showing mental health consumers have poorer post-surgery outcomes.

Inclusion essential

The importance of inclusion as a precursor to wellness was brought home during the first of two panel discussions at the Equally Well Symposium. Sharnie Roberts, a Widjabyl Wia-Bul woman who works on the WellMob project at University Centre for Rural Health, stressed the need for culturally sensitive mental health services.

Roberts, an Indigenous Youth Engagement Officer for Headspace Queensland, said the organisation wanted to reach out to communities in an appropriate and sensitive way, and that placed a lot of responsibility on First Nations people in roles such as hers.

She stressed the importance of strengthening and sharing resources, building relationships in a collaborative way, and advocating different ways of working with “our mob because we have our own cultural tools and healing methods” that should be used more in mainstream services and by non-Indigenous practitioners.

“This is how we will get better health outcomes for our mob because it’s a part of our identity and our self – it’s more inclusive and holistic,” she said.

A powerful learning space

Maggie Toko, the Assistant Commissioner Lived Experience and Engagement at the Victorian Mental Health Complaints Commission, said she was optimistic about the future.

“The space for inclusion for lived experience is huge at the moment, especially in Victoria following the Royal Commission into mental health services,” she said.

For Toko, the challenge is upskilling those with lived experience to fill those roles.
Toko told delegates of the power she had drawn from owning her “living experience” of mental illness, saying: “It’s a struggling space and it’s a learning space and being upfront about [it] ... gives you a power that no-one else can give you.”

“I embrace that power because if I don’t, I’m going to crawl into a hole somewhere – and I refuse to do that,” she said.

Maggie Toko
New shoots: pilot program offers hope for better care for people with serious mental illness

In her final report from the recent Equally Well 2022 Symposium, Cate Carrigan profiles a promising pilot program for people with serious mental illness, as well as other efforts to provide holistic care.

Cate Carrigan writes:

A program providing proactive support and follow-up care for people with serious and persistent mental illness in north-west Melbourne has shown the value of a coordinated, multidisciplinary approach to improving physical health, with consumers feeling valued and listened to.

The Integrated Chronic Care (ICC) pilot “stood out as providing a caring, compassionate and human connection in a service system where this was a rarity”, reported an evaluation of the program.

The program was funded by North Western Melbourne Primary Health Network (NWMPHN) and delivered by Neami National and cohealth from July 2019 to August 2021, with each service employing a registered nurse and a mental health peer worker, on fractional appointments.
“The data consistently indicate that the ICC model has significant potential,” reported the evaluation. “Overwhelmingly, consumers gave very positive appraisals, and professional stakeholders confirmed high and untapped demand. Both ICC programs were praised for providing compassion in an otherwise uncaring system.”

The evaluation, which was led by RMIT University’s Social and Global Studies Centre, also demonstrated the challenges of trying to improve care and outcomes for these patients when there are so many gaps in mental and physical healthcare systems.

“’The poorly functioning mental health system was only one side of the issue, exacerbated by a systemic lack of specialist pain management services and an absence of incentives for general practitioners to engage with people in the ICC target group,’ reported the evaluation.

As well, the experiences of many consumers are so complex that healthcare coordination alone is insufficient to address their needs when they are also dealing with needs for housing, family violence support and legal systems, the evaluation found.

The challenges for the program were even more difficult because of the coronavirus restrictions then in place.

Useful outcomes

Dr Caroline Johnson, a Melbourne-based GP and senior lecturer in General Practice at the University of Melbourne, presented on the pilot program and its evaluation at the recent Equally Well Symposium.

“The pilot encountered people in the region who had incredibly complex physical and mental health issues intertwined and who were really struggling to access the right mix of physical and mental healthcare,” she said.

Johnson told Croakey that people who use mental health services in north-west Melbourne have a life expectancy of 52 years – 30 years lower than the Australian population.

“The pilot aimed to ensure consumers received appropriate physical and mental healthcare service and supports to improve outcomes for their chronic conditions and be empowered in self-management of their health,” she said.

Consumers were offered care coordination with input from a nurse and peer worker, to assess goals for physical health and identify any barriers they might be experiencing, with pro-active support and follow-up being the key ingredient for both providers.

“We wanted to find out what consumers really needed and facilitate that within a complex and often under-resourced system”, she said.

Johnson said the intervention was “very well received by consumers and the impact of feeling listened to, cared for and understood were highly valued”, and GPs and nurses noting the high demand for this type of support.

Although the pilot didn’t measure specific quantitative physical health outcomes – with the pandemic hampering data collection, Johnson said those involved did see the precursors of change.
Despite the difficulty in both achieving and then measuring changes in health outcomes, the report noted there was a significant increase in screening, adding that much of the decreased life expectancy in people with mental illness is due to reduced screening due to diagnostic overshadowing.

There was “great potential to lead to tangible health outcomes, such as changing attitudes to health, increased health literacy and increased access to appropriate health services,” she said.

**Ongoing challenges**

Johnson said the pilot helped confirm ongoing challenges around the fragmentation and duplication of services and of providers often working on short-term contracts in under-resourced environments.

“It is also clear that more work needs to be done to define the role of the peer workforce in this type of work, and in particular the type of support the peer workforce needs to achieve its potential in the future,” she added.

Johnson’s message to delegates was the value of taking a multidisciplinary approach and the “awesome experience” of working with skilled evaluators and lived-experience researchers, as well as other clinicians.

“That sharing of ideas and perspectives made for a very rich understanding of how the intervention played out in the real-world,” she said.

While ongoing funding for this approach is a decision for NWMPHN, Johnson was hopeful the pilot would inform the further development of mental healthcare services.

“Demonstrating improved health outcomes for people with serious and persistent mental illness will need a longer and stronger focus on measuring change over time, something that a pilot of this size and duration, impacted as it was by the pandemic, was not able to achieve.

“The pilot tells us what is needed next to achieve best-practice, in particular the need to do more to integrate care coordination with other primary care services, to fund adequately and for longer time-frames that minimise staff turnover and allow for development of a clear model for peer work for mental and physical health,” she said.

Among the report’s recommendations were best-practice screening; strategies to improve equity of access; care coordinators having expertise in both physical and mental healthcare; support and training of peer workers; service integration including co-location with NGO or primary care services rather than public mental health services; and adequate funding of future pilots to minimise staff turnover and to meet potential demand.

**Lived experience**

The symposium also saw the release of a joint Lived Experience Australia and Equally Well report into mental health consumers and carers’ experience of the healthcare system.

The report found only one in five consumers were asked about their physical health by their mental health professional, and that only 52 percent of those health professionals took consumers’ concerns about physical health seriously.
Only 55 percent of respondents reported that mental health professionals showed interest outside of their mental health diagnosis (for example, in their social connection, community participation), and only 53 percent of respondents reported that mental health professionals paid attention to their concerns about the physical side-effects of their medications.

The figures were better when it came to GPs and allied health professionals, with the report finding 84 percent of GPs and 81 percent of allied health professionals asked about the physical health of those with mental ill-health conditions.

However, the report went on to say that survey responses suggested there is still a significant proportion of the population who are not being asked or screened for basic physical health risks such as cancer screening (47 percent), or whether they smoked.

Other key findings included carers being largely excluded from consumers’ care planning (51 percent), and many people with mental illness not being able to afford to see a health professional when they needed to (68 percent).

**Living well and longer**

Andy Simpson, program manager with Sydney Local Health District’s Living Well Living Longer program, told the conference about a four-stage process aimed at improving the physical health of people with severe mental illness.

Launched in 2014, the program is part of SLHD’s commitment to ensuring people with severe mental illness have equitable access to the same high quality health care as the general population, including access to primary and secondary care and highly specialised health care.

An initial assessment sets up physical health goals; metabolic screening, to measure waist, weight etc, is undertaken; and shared care is set up with mental health service and GP, followed by a comprehensive cardio-metabolic check by the **Collaborative Centre for Cardiometabolic Health in Psychosis** (ccCHIP), a one-stop shop multidisciplinary clinic.

Simpson said peer support workers also facilitate weekly group meetings or outings, such as swimming, yoga or walking; there is follow-up metabolic screening and a ccCHIP and psychiatry review.

Through the Living Well Living Longer program, consumers have access to community lifestyle clinicians, such as dietitians, exercise physiologists, and smoking cessation officers, who work with them to develop individualised achievable and relevant health behaviour change.
The program is built around an annual cycle, with Simpson explaining consumers are referred back to ccCHIP every twelve months and follow-up recommendations are sent to GPs for action.

“It is remarkable how every week they discover someone they suspect has probably had untreated diabetes for ten years – literally it’s a weekly occurrence,” said Simpson.

Since the program started in 2014, more than 1,100 individuals have been reviewed at ccCHIP, 1,200 enrolled in Mental Health Shared Care, and over 2,100 have engaged with the lifestyle clinicians.

Simpson said the number of consumers undergoing physical health checks had doubled since the start of the program and the number of people who had seen a GP in the last six months had risen from two to 50 percent.

Comparing data from 2016 and 2020, he reported improvements in weight and metabolic measures.

Panel perspectives
Symposium participants heard from panels discussing some of the big topics and providing insightful pointers from consumers, services providers and researchers.
Below are some key takeaways from a panel on ‘Overcoming implementation barriers’.

Fay Jackson: General manager inclusion at Flourish Australia and former deputy commissioner for the NSW Mental Health Commission.

“Culture is a ‘problem and a killer’ in stopping the recognition and treatment of the physical health needs of those of us with mental health conditions. There is a culture in the community and health services that “so long as we are quiet and not causing a fuss then everyone is happy”.

We need a culture that’s open and understanding and values members of our family and community.

We need more peer workers to drive cultural change.

Let’s give peer workers Medicare provider numbers and set up share-care services in GP practices where a group of consumers can meet with a GP, nurse, psychiatrist and peer workers, and talk about physical health.

Doctors need to know that building relationships with consumers is a very powerful tool and that medication is not the only answer.”

Vicki Langan: NSW Health promotion and wellbeing manager for Neami National community mental health services.

“One of the main things that can be done to create cultural change is to increase the peer workforce because they will make sure physical health is always on the table.

We need to ensure collaboration between clinical and non-clinical primary mental health services: working alongside each other and not in silos.

Head to Health pop-up centres are a good example of primary health, peer workers and community mental health professionals working alongside each other.”

Andrew Watkins: Nurse practitioner working with ‘Keeping the Body in Mind’ program at South Eastern Sydney Local Health District and EW Ambassador.

“Letting staff experience interventions being used at SLHD helps them understand the programs and drives cultural change.

Individuals aren’t going to change government policy straight away, but we can look at integrating and reducing silos.

Change Medicare to ensure better funding for chronic disease management plans

We’ve come a long way and, although there is still a lot to be done, it’s much better than it was. We need to remain positive.”

Concluding words from Fay Jackson

“I do have hope now. I could drop off the perch at any minute, but I do feel now that I could die feeling like we have achieved something.

We have gotten somewhere and it’s likely that I won’t live until I am old but it seems as though I am going to live to be much older than I thought I was – that’s really good.”
New shoots: pilot program offers hope for better care for people with serious mental illness

#EquallyWellAu22

Recommended viewing from Equally Well

Andy Simpson: Program manager with Sydney Local Health District’s Living Well, Living Longer project

Dr Caroline Johnson: Senior lecturer in General Practice at the University of Melbourne and GP

Published on Wednesday, May 11, 2022
Twitter analytics

Almost 1,300 tweets were sent by 141 participants at the hashtag, #EquallyWellAu22, creating 12.4 million Twitter impressions during the period from 28 March to 20 April, according to Symplur analytics.

See the Twitter transcript.

On Twitter check out the discussions: #EquallyWellAu22

Also follow this Twitter list of participants.

Croakey Conference News Service

Reporting by Cate Carrigan

Editing by Melissa Sweet

Layout and design by Mitchell Ward