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**Equally Well:  
Quality of life; equality in life.**

***The Australian National Consensus Statement  
on the physical health of people with a mental illness***

People living with a mental illness die earlier, have poorer health, receive less health care and lower quality health care than the rest of the population. Yet this is rarely acknowledged or discussed. Equality in health for people living with a mental illness is a fundamental human right which is currently being denied.

This situation cannot persist.

***We call for national and local action to address the  
physical health needs of people living with a mental illness.***

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## Our Consensus

Our vision is that people living with a mental illness will have the same life expectancy, quality of life and access to quality health care as the general population.

We commit to making the physical health of people living with a mental illness a national, state and local priority. We will advocate the importance of the physical health of people living with a mental illness across the spectrum of health: prevention, promotion, primary care, community care, hospital care, specialist care, chronic disease management, safety and quality standards and mental health care.

This consensus statement contains six essential elements needed to address the physical health needs of people living with a mental illness.

### **1. Equipping and empowering**

We commit to enhancing the capacity of **all involved** in health care to achieve best practice in physical health care for people living with a mental illness. People living with a mental illness and their carers will be empowered by recognising their rights, being included in decision-making related to their care and service planning, and equipped to advocate and partner in the provision of quality health care.

### **2. A promotion, prevention and early intervention approach**

We will seek prevent avoidable physical illness and facilitate early detection and intervention to promote physical health and a healthy, contributing life.

Services will focus on promoting a healthy lifestyle, and intervening early to prevent the development of physical disease. We will work to ensure people living with a mental illness have equal access to housing, education, employment, community participation and a safe environment. These are underlying determinants of health and mental health.

People living with a mental illness who smoke will be offered tailored support to quit smoking.

### **3. Equity of access**

We will explore and promote mechanisms to ensure equity of access to GP services, allied health and health promotion support, and, where required, hospital and specialist care. This will include the exploration of alternative funding mechanisms for access to GP, allied health and dental services.

People living with a mental illness will have equal access to primary health, hospital, specialist and healthy lifestyle support services. People living with a mental illness will not be discriminated against because of their mental illness.

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#### **4. Quality care\***

We commit to the provision of quality physical health care for people living with a mental illness. All mental health services will ensure physical health checks are an integral part of the care of people living with a mental illness. Health and mental health workers will understand their role in integrated health care, including their responsibility to ensure quality physical health care for people living with a mental illness.

#### **5. Care coordination and integration\***

We will commit to providing integrated and coordinated care, provided seamlessly across the health, mental health and the social services sectors to improve physical health and psychosocial recovery. This involves national leadership and local coordination through the Primary Health Networks to ensure existing, new and emerging services work together effectively to optimise the physical health of people living with a mental illness.

\*The establishment of a person-centred e-health record as an enabler **of both** quality care and care coordination should be a priority.

#### **6. Measuring progress towards equity**

We commit to supporting the development of targets and indicators to measure progress towards improving the physical health of people living with a mental illness at local, state/territory and national level. We will have information and research systems to monitor progress and to support service accountability and improvement.

## Quality of Life: People with mental illness have poorer physical health.

Once someone receives a diagnosis of mental illness, contact with effective clinical and support services means they can usually lead healthy, active and contributing lives. Unfortunately, the research reveals that far too often this is not the case.

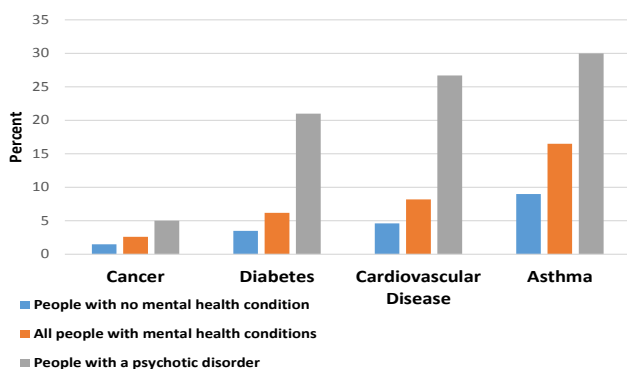
*“Physical illness” when used in this document refers to a physical condition that has lasted, or is expected to last longer than six months.*

**Three out of every five (60%) people living with a mental illness have a co-existing physical illness.** In the general population this rate is 12%.

Routine physical health checks enable health risks and existing physical illnesses to be identified early, treated effectively and often prevented altogether. Yet the risk and presence of physical illness in people living with a mental illness frequently goes undiagnosed or untreated. Compared to the general population, people living with a mental illness are\*:

- Three times more likely to have cardiovascular disease;
- Three times more likely to have respiratory disease;
- Two times more likely to have diabetes;
- Two times more likely to have osteoporosis;
- 50% more likely to be overweight/obese;
- 70% more likely to smoke, and
- Six times more likely to have dental problems.

**Figure 1: The percentage of people experiencing a long-term physical illness by diagnosis**



*Socio-economic factors play a part in the poor health and early death of those with a mental illness. However, under-diagnosis, under-representation in screening, unmet medical needs, lack of preventative care and lower quality of care also play a part.*  
***These things can change.***

People with co-existing mental and physical illness are **twice as likely** as people with only one physical or mental illness, and **eight times more likely** than people with no physical or mental illness to suffer significant impairment to their normal activities.

Poor health in people living with a mental illness is not inevitable. Research has shown effective care and support enables people living with mental illness to live healthy, contributing lives.

\*The references to this data and all subsequent data and Figures can be located in the *Equally Well* Background Paper.

## People with a mental illness die earlier.

People living with severe mental illness\* are:

- Likely to die 20 years earlier than the general population;
- Two to four times more likely to die prematurely.
- Six times more likely to die from cardiovascular disease;
- Four times more likely to die from respiratory disease.

People living with a severe mental illness who are of Aboriginal or Torres Strait Islander decent have additional risks of premature death than Non-Aboriginal people living with severe mental illness.

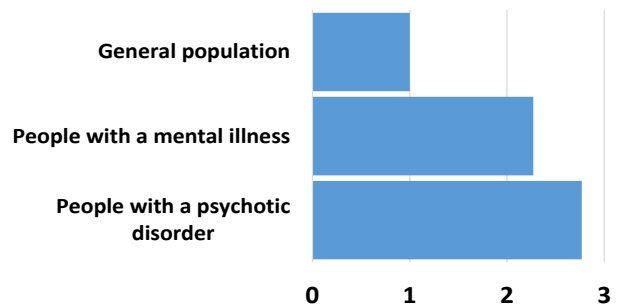
Those living with an eating disorder have the worst health and the highest death rate of any group of people living with a mental illness.

### Poorer physical health comes at a cost

The total cost of physical illness in people living with a mental illness in Australia has been estimated at \$4.16 Billion per annum. Much of this cost is avoidable. Quality physical health care, provided early, reduces avoidable hospital and emergency department admissions and takes pressure off the whole health system.

\*A 'severe mental illness' as used in this document refers to a diagnosis of non-organic psychosis or personality disorder; with a two-year or longer history of mental illness or treatment and associated with significant functional impairment.

Figure 2: Rates of premature death



People living with a mental illness comprise approximately one third of all avoidable deaths.

*Suicide accounts for only a small percentage of early death in people living with a mental illness. However, longstanding and persistent physical illness is a significant contributor to suicide.*

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## 1. Equipping and empowering

Access to quality health care is a universal human right. For people living with a mental illness a number of specific rights and practices are foundational to good health care.

We support the following actions and rights to improve the physical health of people living with a mental illness.

- People living with a mental illness have a right to:
  - Receive safe and high-quality care;
  - The same standard of health care as someone without a mental illness;
  - Be treated as a whole person, not just as a physical or mental illness;
  - Be informed about services, treatment options, side-effects and costs in a clear and transparent way;
  - Not to be discriminated against or disadvantaged because of mental health difficulties.
- People living with a mental illness and their carers should be at the centre of decisions and choices about their care. They should be active partners with mental health workers and health workers in constructing their holistic care plan.
- Information and resources should be developed to facilitate advocacy for the physical health of people living with a mental illness. This should include information about the relative risks of developing a physical illness and recommended screening protocols for diabetes, cardiovascular disease, obesity, respiratory disease and osteoporosis.
- The role of peer workers as healthy lifestyle coaches and supporters, and as part of the multidisciplinary care team, should be recognised and expanded.
- **All involved** in the physical health care of people living with a mental illness should be equipped to understand and fulfil their respective roles and responsibilities. This will require further education and resource development in partnership with associations, societies, professional bodies, undergraduate and continuing professional education providers.

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## 2. A promotion, prevention and early intervention approach

**Much of the premature death and physical illness associated with mental illness is preventable.**

Promotion and prevention can and should occur at any time during the course of an illness.

Promotion of a healthy lifestyle in people living with a mental illness is an important and necessary element of quality care. It also improves mental health. Physical health screening and early intervention will reduce the rate of physical illness and premature death.

We support the following actions to facilitate health promotion, illness prevention and early intervention.

- Physical health and lifestyle assessment should start from the first contact with services, with identified health needs addressed as soon as practicable. This assessment should cover the domains outlined in Section 4 and be ongoing throughout an individual's care.
- There should be a strong focus on early intervention and prevention of physical illness in young people experiencing a first episode of psychosis. The HeAL declaration principles and protocols should be implemented to support this.
- Smoking is a major contributing factor to a number of high prevalence physical diseases. People living with a mental illness who smoke should be offered tailored support to quit smoking.

*Contrary to popular belief, people with mental illness are as motivated and as able to quit smoking as the general population. The support of peer workers further improves quit rates. Smoking does not help mental health.*
- Primary Health Networks should play an active role in coordinating and integrating specialist mental health services, general practice and community services to support the early detection and treatment of physical illness, prevention of chronic disease and promotion of a healthy lifestyle.
- Personalised flexible funding packages should be used to help prevent the onset of physical illness and promote physical health in people living with a mental illness.
- The most effective way to prevent poor physical and mental health is to provide:
  - Secure housing;
  - Meaningful education, training and employment;
  - Opportunities to contribute to society and connect with community, and
  - A safe environment free from violence, abuse and trauma.

These factors should be addressed as a priority.

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### 3. Equity of access

People living with a mental illness regularly experience stigma, discrimination and numerous hurdles when they have contact with health care services. These experiences discourage further attempts to seek help, leading to low levels of access and care which in turn lead to poor health outcomes.

We support the following actions to address the current inequities in access to health care.

- GPs, peer support workers, and mental health workers should advocate to ensure that people living with mental illness receive equitable treatment in hospital and from specialist health services.
- Every person living with a mental illness should have easy access to affordable GP, primary health care and allied health services.  
Options to be considered to help achieve this include:
  - Alternative funding mechanisms, so that appropriate physical health screening and care of people living with a mental illness does not constitute a financial disincentive to GPs.
  - Flexible funding through PHNs and/or modification of the Medical Benefits Schedule Initiative to enable people living with severe and enduring mental illness to access a comprehensive annual physical health assessment.
  - Funding adjustments to enable those with a severe mental illness to afford the medicines they need.
  - Flexible funding to enable access to dental care.
- The use of digital health and a personalised e-health record should be expanded and accelerated to help address the inequities in access to physical health care that currently exist for people living with a mental illness.
- Work needs to be done to address problems with current inflexible appointment systems and difficulties accessing information about health and mental health services.
- Issues of geographical access to health care, particularly in rural, remote and outer urban areas, should also be addressed.



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## 4. Quality care

We know that comprehensive assessment of physical health and quality care are essential to improving health outcomes of people living with a mental illness. However, people living with a mental illness often do not receive the same quality of care as the general population. People living with a mental illness have the highest rates of excess deaths due to heart disease and many other medical conditions, yet medical procedures to improve their condition are undertaken far less frequently than for the general population.

We support the following to improve the quality of health care for people living with a mental illness.

- All mental health services should include physical health care checks in the routine care of people living with a mental illness. These checks should occur upon entry to, and exit from the service and at regular intervals during the period of care and support.
  - This assessment should form part of an integrated physical and mental health plan formed in collaboration with the person living with a mental illness, their carers and supporters.
  - It should take account of the person's strengths, and the extended support available through family, friends, carers and peers.
  - This documented assessment should include risks for future obesity, cardiovascular disease, respiratory illness, osteoporosis and diabetes.
  - It should include a systematic appraisal of lifestyle, alcohol and drug use and medication effects.
  - Care plans should specifically consider all of these factors, with a healthy lifestyle, health promotion emphasis.
  - Care plans and actions should be regularly reviewed and followed up.
  - All the above information should be recorded in the personalised e-health record.
- Primary Health Networks should use flexible funding packages to provide targeted, personalised lifestyle care packages, coordinating the range of supports in the local community.
- Voluntary enrolment into mental health medical homes should be introduced.

*A mental health medical home is a general practices chosen by someone living with mental illness to be responsible for their ongoing, comprehensive, whole-person health care. The medical home holds a person's whole health story. The medical home provides the person's direct care and ensures access to appropriate providers for all their health, mental health and lifestyle needs.*

- Governance arrangements should be in place to ensure high quality, comprehensive, person-centred health care delivery.
- Addiction, and the harmful effects of drugs and alcohol should be assessed and should also be considered during assessment and care planning.
- Due to the very high risk of poor oral health, the important role of dentistry should be incorporated into all mental health and primary health care planning.

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- There should be a regular assessment of the effects of medication, both positive and negative. Where a possible adverse impact on physical health is identified, consideration should be given to alternatives. In particular everyone prescribed antipsychotic medication should be given clear and accessible verbal and written information about the risks and benefits, and actions put in place to minimise the side-effects of obesity, cardiovascular disease and diabetes; ideally in the presence of their carer or support person.
  - The revised Australian Health Service Standards should reflect these recommendations as appropriate.

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## 5. Care co-ordination and integration

Nationally, leadership will be provided through policy and guideline development and dissemination. Locally, the Primary Health Networks and their partners will seek to implement these, taking into account local community needs, resources and service context.

We support the following actions to establish coordinated care and improve the physical health of people living with a mental illness.

### Nationally:

- Professional colleges, associations and societies have a responsibility to clarify professional roles and ensure their members are adequately skilled and equipped to fulfil their responsibilities.
- All mental health professionals should receive basic physical health assessment training as part of ongoing mandatory training. Mental health nurses should be skilled and equipped to carry out physical health checks.
- General practitioners should be provided with specific support and advice on identifying the physical health risk factors in people living with a mental illness and the need for appropriate and timely screening, medical treatment and preventative health care.
- Support and education packages should be developed for GP and health service reception staff to enhance their interest, experience and skills in working with people with mental illness.

### Locally:

- Primary Health Networks should be required to prioritise the physical health of people with severe mental illness in all aspects of their work, including tender specifications, procurement and service contracts.
- These agreements should include transparent, reportable performance indicators relating to the physical health of people living with a mental illness.
- Primary mental health care planning and collaborative care committees will be established to improve local integration and facilitate better coordination of relevant services for physical and mental health care. This is to be guided locally by Primary Health Networks.
- The local referral pathways between general practice and the mental health service system must be strengthened, including exchange of information and feedback. Mental health services will seek to provide support to GPs.
- Upon entry to a mental health service, if the person living with a mental illness has a GP, the GP should be contacted to provide a summary of past and current medical problems and medication.
- Digital technology such as videoconferencing should be utilised to facilitate joint care planning across services.
- All involved in care should consider the underlying social determinants of health (e.g. secure housing, employment/education, community participation and safety) and advocate to ensure these issues are addressed.

*"Mental health services" used in this document refers to any organisation or service which focusses on social and emotional well-being and mental health. It includes, but is not limited to, state funded mental health services, non-governmental organisations, community controlled organisations and Primary Health Networks.*

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## 6. Measuring progress toward equity

To monitor progress and drive service improvement, targets and indicators should be linked to desired outcomes. They should also be meaningful, practicable and enable progress to be measured.

We support the development of targets and indicators that:

- Monitor chronic disease prevention and management. These targets and indicators should incorporate measures focussing on the physical health of people with mental illness.
- Each local health district adds to their performance dashboard, to monitor compliance with minimum standards of physical health care for people living with a mental illness.
- Monitor the rate of access to health services, such as GPs, primary care, and hospital based services, for people living with a mental illness.
- Measure rates of smoking and obesity in people living with a mental illness.

Research on the physical health of people living with a mental illness should be a priority in order to support and monitor progress in this important area.

People with a lived experience of mental illness should be involved in all stages of the research process.