



Equally Well - together we can make a difference

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*Using research to inform the actions of the
Equally Well collaborative: an evidence
update*



www.tepou.co.nz/equallywell



@EquallyW

The problem

People who experience mental health conditions and addiction have much higher rates of premature death and physical illness than people who do not.

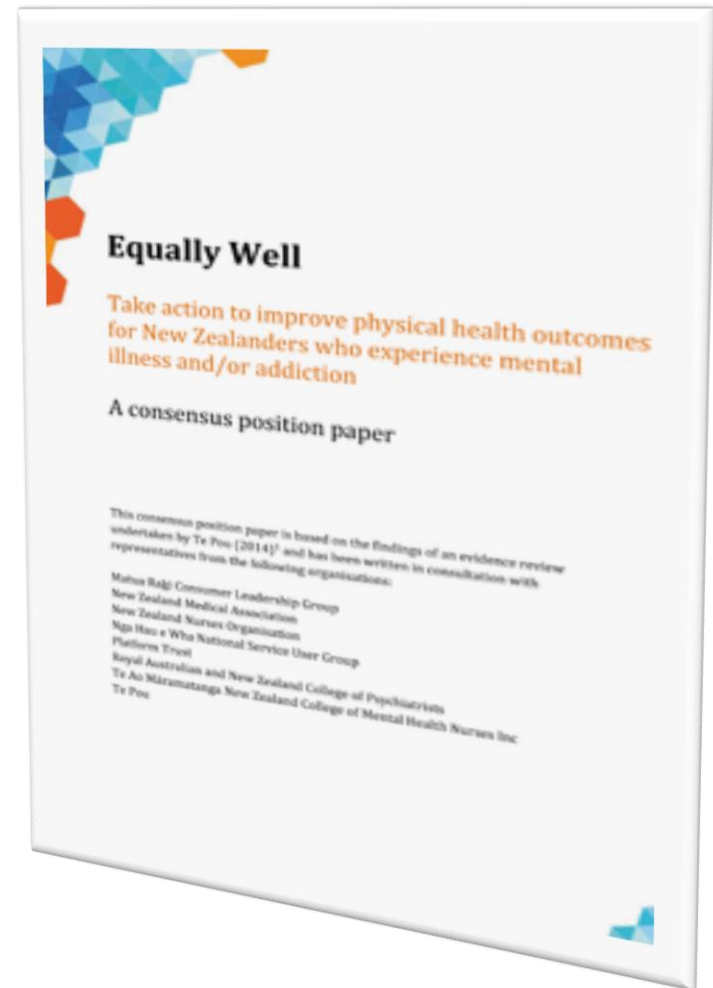
This is unfair.

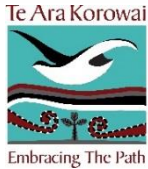
Equally Well – who are we?

- A nationwide collaboration of people and organisations taking action to improve the physical health of people who experience mental health conditions and addiction.
- Supported by lightweight governance and a backbone team at Te Pou.

A call to action

- Consensus position paper
- Acknowledge this health disparity and commit to taking action





Te Menenga Pai Nga Whare Hauora



TE WAIKATO



Nelson Marlborough District Health Board



DAYSPRING Dedicated to Maternal Wellbeing



Beth-Shean Trust house of safety... place of hope

Fairleigh Lodge



Hawkes Bay District Health Board mental health and addictions services



New Zealand Early Intervention in Psychosis Society (NZEIPS) Inc.



Council of Medical Colleges in New Zealand



Tu Te Akaaka Roa New Zealand National Office



CHILD POVERTY ACTION GROUP



Te Ao Māramatanga New Zealand College of Mental Health Nurses Inc

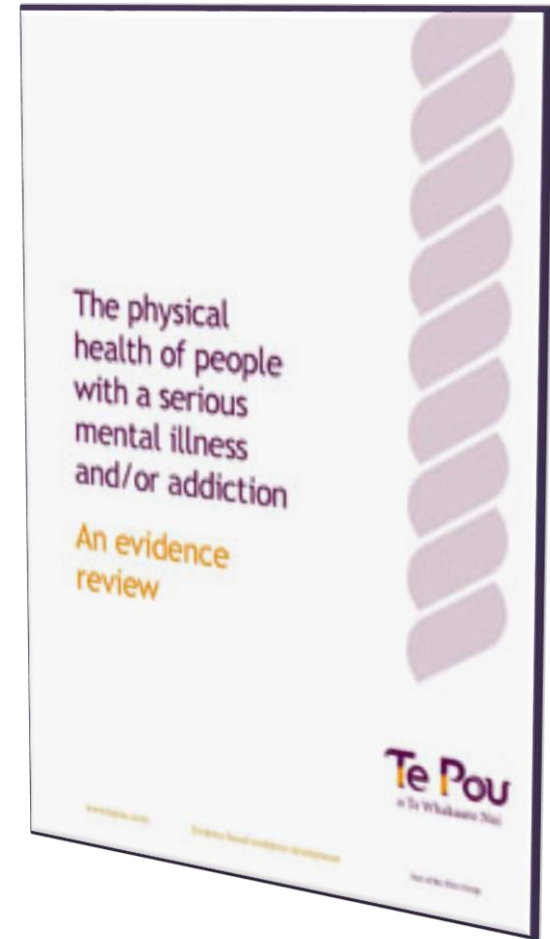


LAKES DISTRICT HEALTH BOARD

Phase 1

[from mid 2013]

2014 evidence review
and initial stakeholder
discussions



Focus of evidence update



- New evidence (2014-2017) on:
 1. Physical health problems among people who experience mental health and addiction problems
 2. Systems-level approaches, healthcare service changes, and behavioural interventions that are demonstrating effectiveness, or showing promise

Mortality and morbidity update



- International reviews indicate life expectancy up to 25 years shorter than the general population
- NZ research indicates mental health services users have more than twice the mortality rate of other New Zealanders
- Significantly higher rates of CVD, diabetes, metabolic syndrome, and higher death rates from cancer

2014 review confirmed that

People who experience mental health conditions have:

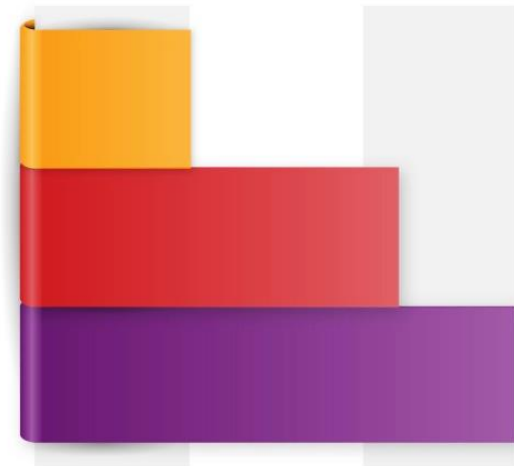


Life expectancy reduced by up to 25 years. The most common causes of death being cancer and cardiovascular diseases¹

General population

People with a mental illness

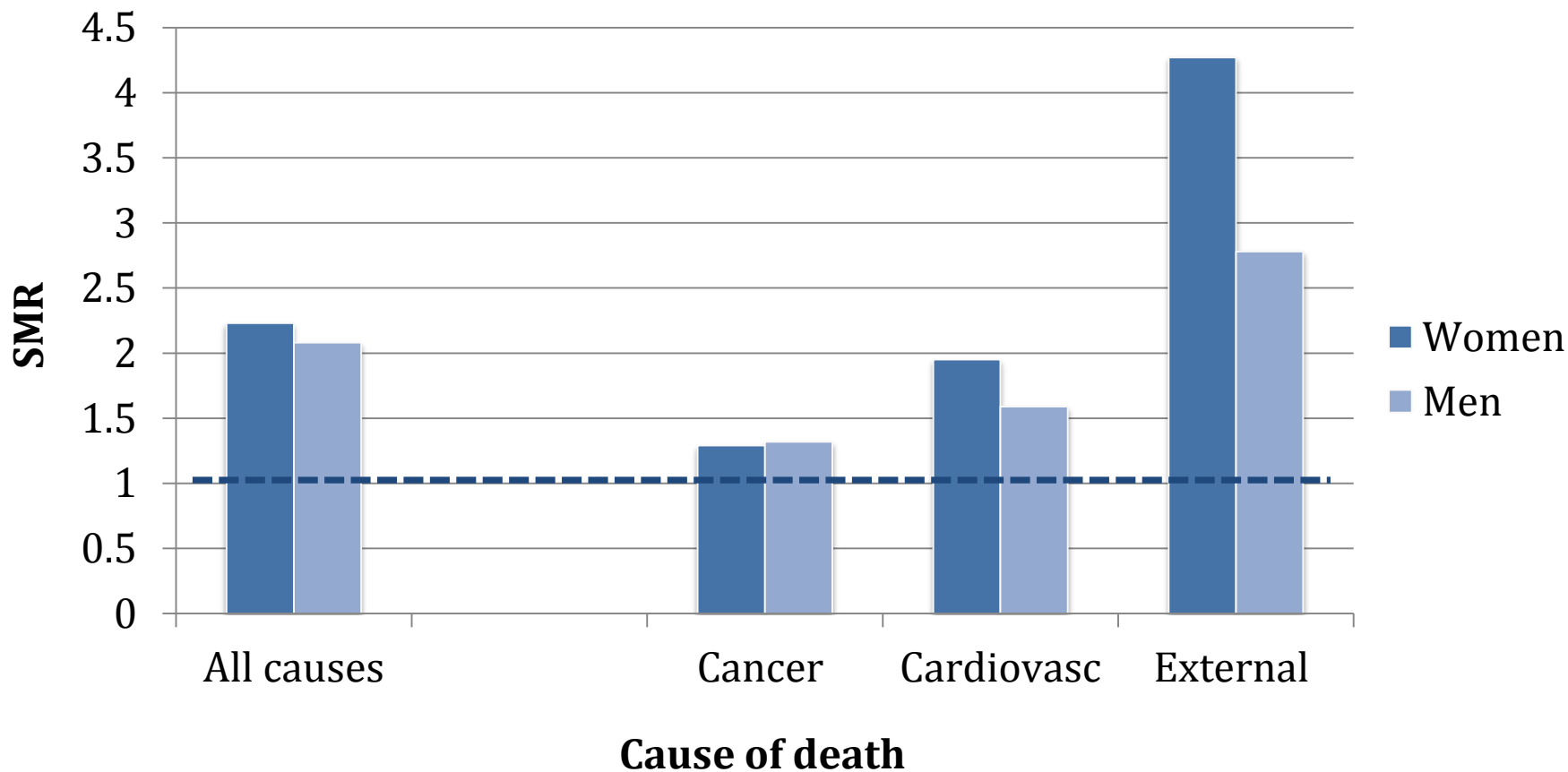
People with a psychotic disorder



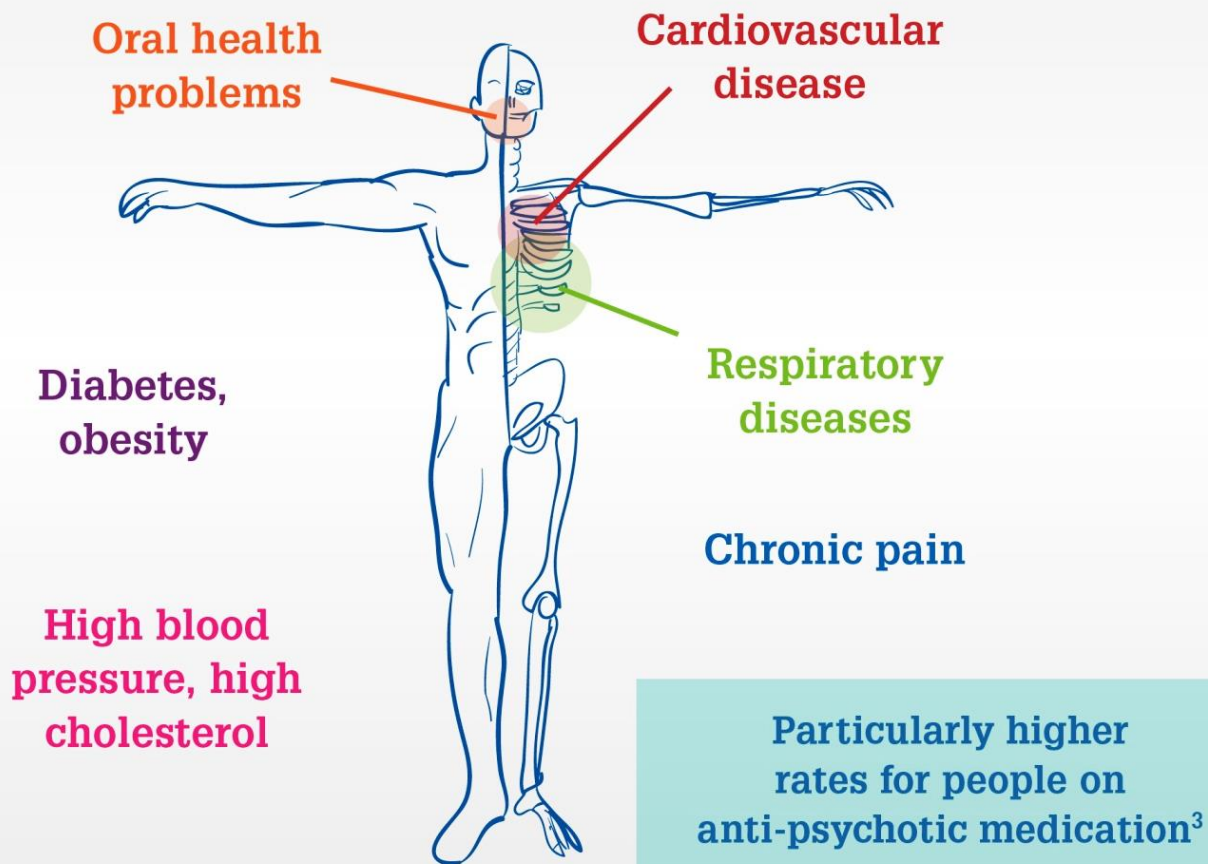
More than twice the mortality rate² of the general population, three times for people with a psychotic disorder

Premature mortality by cause of death

Standardised Mortality Ratios for adults using MHS in NZ 2002-10



Higher rates of physical health conditions



New evidence on relatively poor physical health

- No indication that shortening of life has lessened over time in international studies
- New evidence that the life expectancy gap between people who experience serious mental health problems and those who do not, has widened in the last 25 years
- A strong relationship between income inequality and the incidence of schizophrenia found in comparisons between countries

New evidence on relatively poor physical health (cont)

- New Zealanders with a diagnosis of schizophrenia, schizoaffective disorder and bipolar disorder prior to cancer diagnosis have two to three times the risk of dying of their cancer within five years
- There is significantly increased CVD risk in people with SMI, at an earlier age
- There are inequities in assessment and management of CVD risk in people with SMI, and they have a significantly higher risk of dying from CVD than the general population

Systems-level interventions

- Many new international, national and district frameworks for action (WHO, NHS England, NSW Mental Health Commission, RANZCP, RNZCGP)
- National policies should provide resources for effective interventions and monitor progress via routine data collection from local facilities, national and regional databases.

Source: Te Pou evidence update 2014-2017; WHO (Liu, 2017)

Healthcare level interventions

World Health Organisation priorities for health sector:

- Co-ordination of outpatient support in the first year after discharge from psychiatric services
- People with MH&A problems should have providers responsible for both mental and physical health, and good communication between providers
- They should be offered the same health screenings as the general population – especially for CVD and cancer
- Health providers actively support people to quit smoking
- Lifestyle interventions tailored and modified to need, social support strategies and environmental supports.

Source: WHO (Liu et al., 2017)

Healthcare level interventions (cont)

Te Pou evidence update suggests also:

- Recognition of the importance of recovery amongst health professionals
- Supported employment programmes
- Peer support to improve access to primary care
- Adherence to clinical guidelines in psychotropic medication prescribing (especially re polypharmacy)
- Comprehensive cardiovascular risk management processes for people taking antipsychotic medication

Reducing exposure to risks

- Interventions to change behaviours can reduce risk in people who experience mental health conditions
- Tailored approaches and proactive follow-up by usual mental health clinicians can contribute to long-term changes
- Nutrition interventions delivered by dietitians, and those aiming to **prevent weight gain** at antipsychotic initiation, had the largest effect sizes for weight
- Weight loss in First Episode Psychosis is achievable but often not sustained
- Models of care that motivate service users to address their general health (with support of professional or peer) can improve health, medication adherence, and health care use

Source: Te Pou evidence update 2014-2017; Baxter et al., 2016; Teasedale et al., 2017; Gates et al., 2015; Kelly et al., 2014

Reducing exposure to risks (cont)

- Smokefree hospital policies alone can reduce smoking prevalence in people admitted to psychiatric wards
- Good evidence that provider training, combination treatment e.g counselling plus bupropion, with or without NRT; smartphone reminders; cognitive and motivational strategies; increased contact and social support can improve effectiveness

Source: Te Pou evidence update 2014-2017; Stockings et al., 2014; Liu et al., 2017; Thurgood et al., 2016.

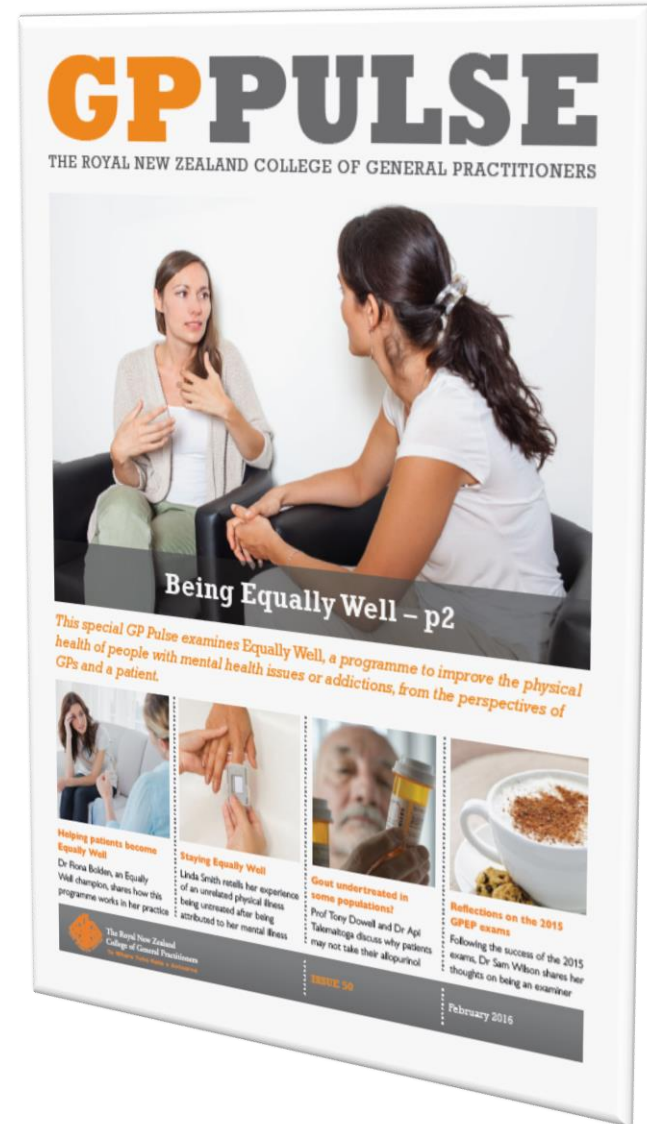


Some examples of the action that is happening...



The Royal New Zealand
College of General Practitioners

- Endorsed position paper
- Board signed off on an Equally Well action plan
- Special edition of GP Pulse
- Equally Well policy paper



Priority for CVD risk assessment

- The Ministry of Health are updating the primary care CVD risk assessment guidelines

Te Pou
o te Whakaaro Nui



Equally Well

Cardiovascular disease risk and management in people who experience serious mental illness: an evidence review

What this review found:

- People who experience serious mental illness (SMI) have a greater relative risk of cardiovascular disease (CVD) than the general population after controlling for other risk factors.
- This increased risk is present at an earlier age.
- Current CVD risk assessment tools may underestimate the risk for this population.
- There are gaps in the assessment and management of CVD risk and CVD for people who experience SMI.
- People who experience SMI have a significantly higher risk of dying from CVD than their general population counterparts.

Table 1: Potential causes of elevated risk of CVD in people with SMI

Category	Sub-category	Specific factors
Genetic	Family history	Family history of CVD
	Genetics	Genetic predisposition to CVD
	Metabolic syndrome	Metabolic syndrome
Lifestyle	Diet	Unhealthy diet
	Physical activity	Low physical activity
	Tobacco and alcohol	Tobacco and alcohol use
Clinical	Diabetes	Diabetes
	Hypertension	Hypertension
	Hyperlipidaemia	Hyperlipidaemia
Psychological	Stress	Stress
	Depression	Depression
	Substance use	Substance use

Table 2: Potential causes of elevated risk of CVD in people with SMI

Category	Sub-category	Specific factors
Genetic	Family history	Family history of CVD
	Genetics	Genetic predisposition to CVD
	Metabolic syndrome	Metabolic syndrome
Lifestyle	Diet	Unhealthy diet
	Physical activity	Low physical activity
	Tobacco and alcohol	Tobacco and alcohol use
Clinical	Diabetes	Diabetes
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Figure 1: Potential causes of elevated risk of CVD in people with SMI

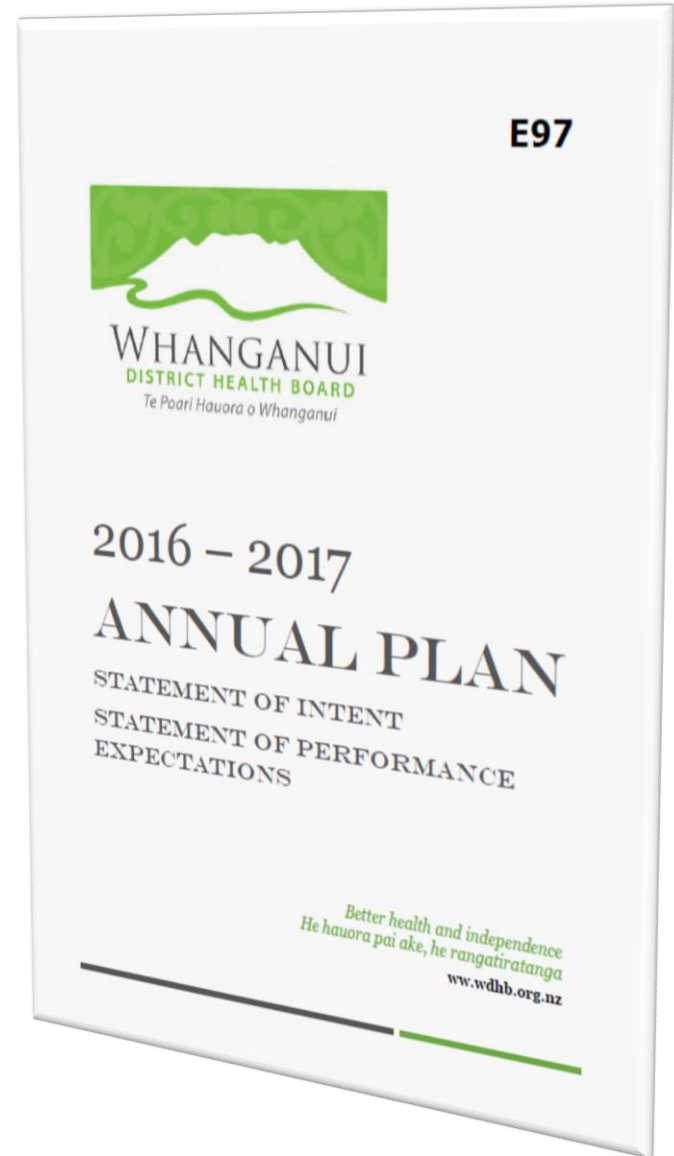
Conclusions

The review found that people with SMI have a higher risk of CVD than the general population. This risk is present at an earlier age and is not fully explained by traditional risk factors. Current CVD risk assessment tools may underestimate the risk for this population. There are gaps in the assessment and management of CVD risk and CVD for people who experience SMI. People who experience SMI have a significantly higher risk of dying from CVD than their general population counterparts.

Te Pou
Heart Foundation
Equally Well

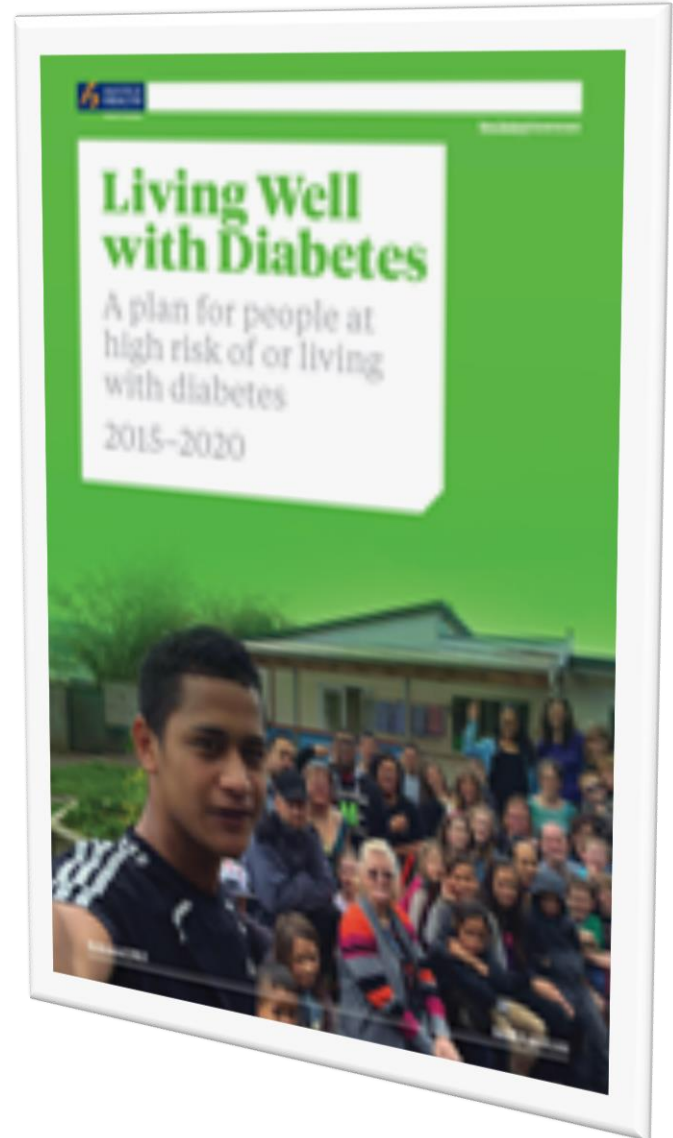
Health board annual plans

- In the mental health section AND the equity section.



Diabetes strategy (p. 21)

- By 2020 there should be routine diabetes screening for all people who experience mental health conditions and addiction.



Increasing access to primary care: Primary Care Options Tairāwhiti

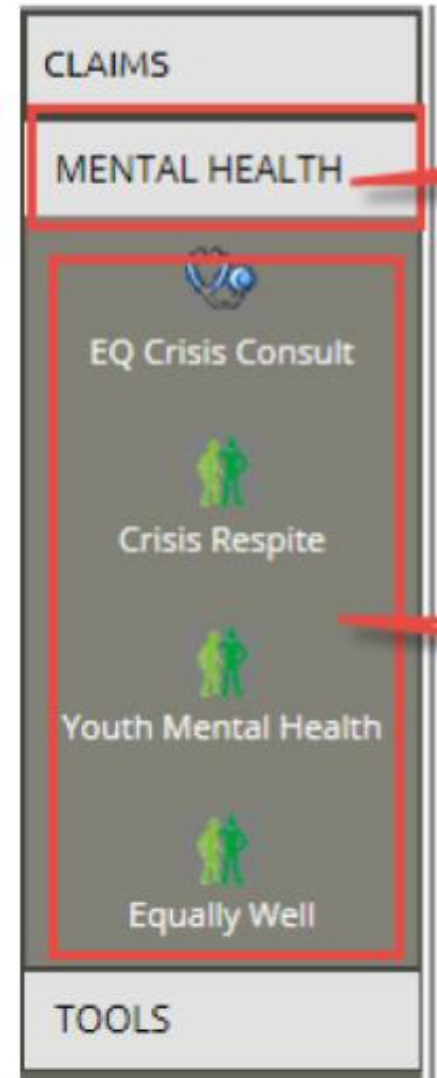
6-8 funded visits to the GP
per year for everyone in
contact with specialist
mental health and addiction
services



This initiative is a partnership between Hauora Tairāwhiti, Midlands Health Network, Ngāti Porou Hauora and National Hauora Coalition as well as the local NGOs, Emerge Aotearoa, Turanga Health and Te Kupenga Net Trust

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

Four extended consultations per year for everyone who has been, or is expected to be, on antipsychotics for more than 3 months



A priority group: national bowel screening programme (NBSP)

- Starts this year
- NZ evidence shows significant worse survival rates for people with mental health and addiction problems
- Late diagnosis a major factor
- Can we work together to make sure people with mental health conditions are being screened?



“The NBSP will focus on initiatives that drive equitable participation for all population groups”.
Ministry of Health, 2016

What could you do in your roles?

- Develop an Equally Well action statement?
- Ensure training includes information about this?
- Set targets for changing the current picture?

Consider:

What outcome do you want?

What difference might it make?

How will you know when you get there?



- ✓ Get your organisation and/or professional body to endorse the consensus position paper
- ✓ Sign up for Equally Well e-news
- ✓ Be part of the discussions on the Equally Well online Loomio group
- ✓ Spend some time today thinking about one or two actions you can start tomorrow...

Ngā mihi ki a koutou

Join the Equally Well collaborative and take action today.

Everything you do **DOES** make a difference



www.tepou.co.nz/equallywell



@EquallyW