

Unequally Unwell: Shorter life experiences, reduced life opportunities for people living with mental health conditions

This webinar will start shortly.

Unequally Unwell: Shorter life experiences, reduced life opportunities for people living with mental health conditions

Zoom webinar – Wednesday 30 October, 1-2.15pm

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.



Acknowledgement of lived experience

Given the purpose of the webinar today, I acknowledge those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them. We respect and value their generous contributions which assist us to continually shape and deliver quality care.



Some housekeeping

- Today's webinar is being recorded
- Please use the Zoom Q&A feature to ask questions or the chat function
- At the end of the webinar your browser will automatically open an evaluation survey. We appreciate you taking the time to complete this to help us improve our events programme
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<https://www.primaryhealthtas.com.au/for-health-professionals/events/>

Presenter

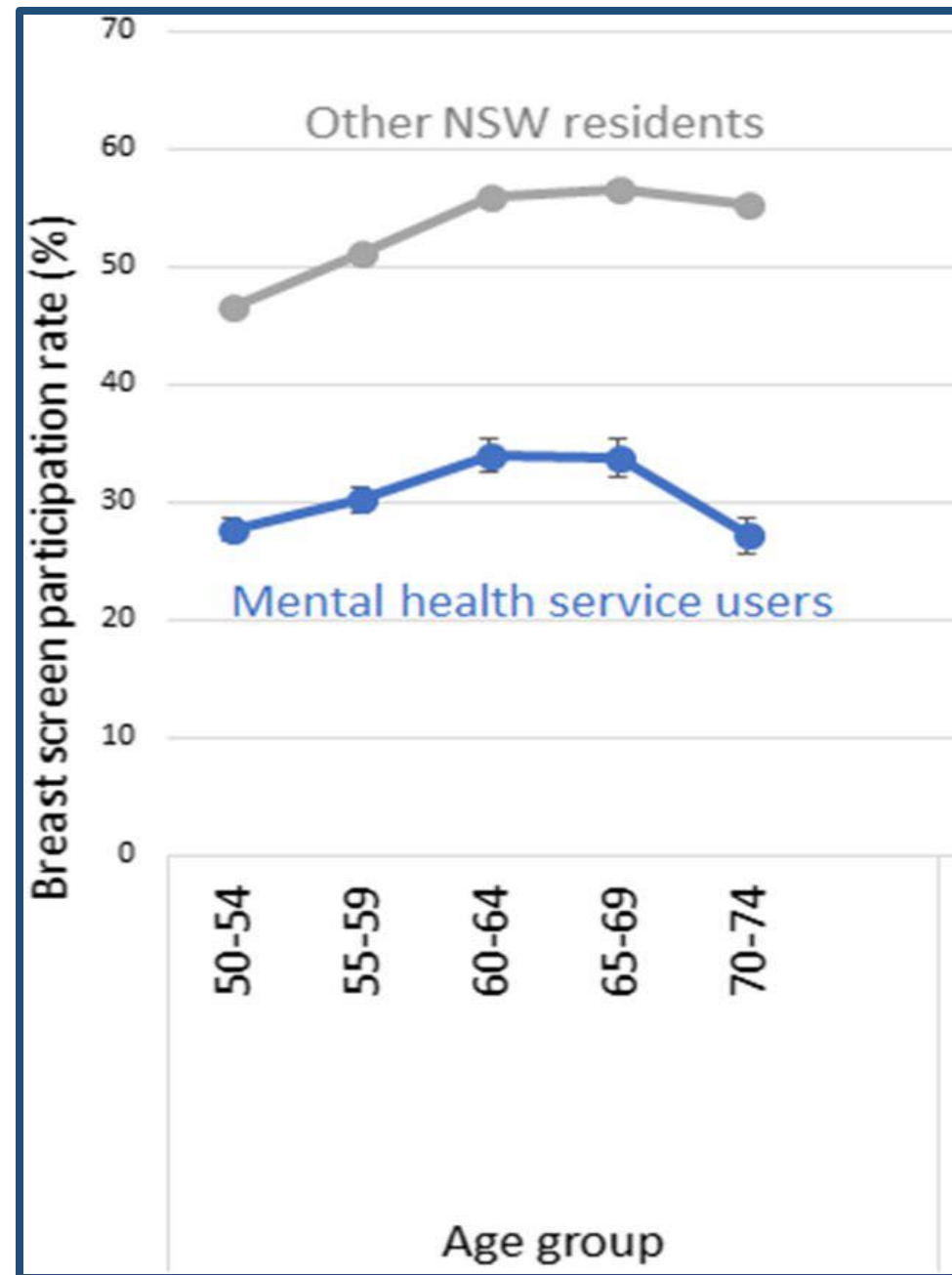
Professor Russell Roberts

Chief Executive Officer, Equally Well



Case study – Breast cancer

- What is remarkable about this graph?
- How many MHPN associates/members?
- How many clients would they see in a day?



Who is **EQUALLYWELL** ?

Equally Well is a movement around the shared goal of improving the physical health and wellbeing of people with a lived experience of mental health issues and promoting equity of access to physical health care as a basic human right.

Equally Well is anyone who works together to improve physical health for people living with mental illness.



EQUALLY WELL IS ALL OF US!



Collective Impact

“Collective impact is a network of community members, organizations, and institutions that advance equity by learning together, aligning, and integrating their actions to achieve population and systems-level change.”

(Kania & Kramer, 2013 p 14)

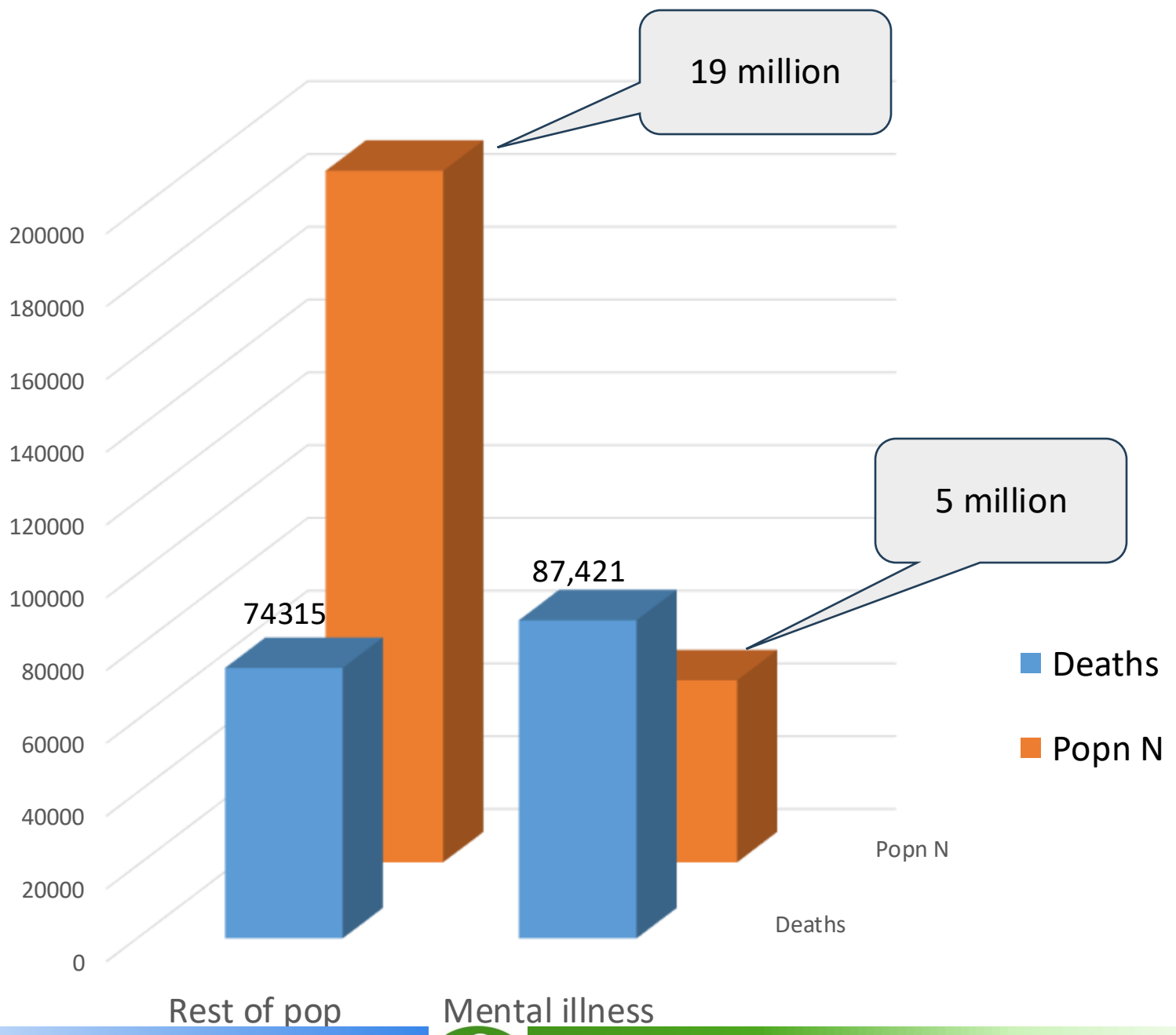




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Premature deaths, Australia





*If you were to wager your life in a roulette game,
would you be on red or black?*

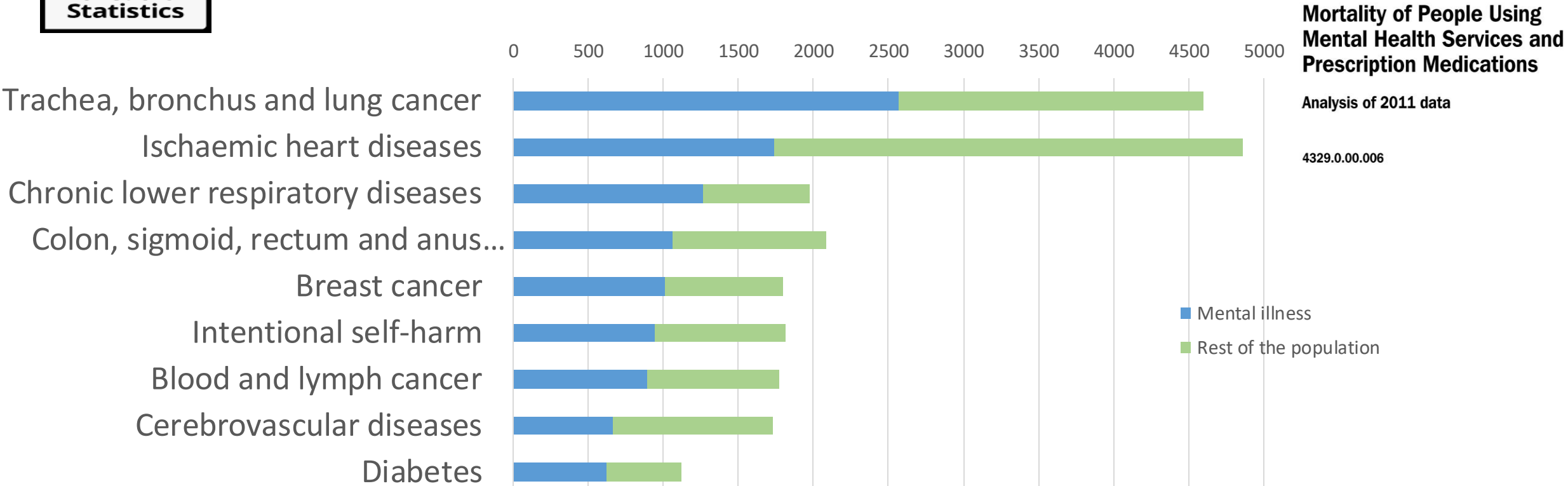
*What if the odds were pre-set **for red** - 4:1?*



- 80% of people living with mental illness have at least one chronic physical health condition (Aust Institute of Health and Welfare)
- 55% have two or more

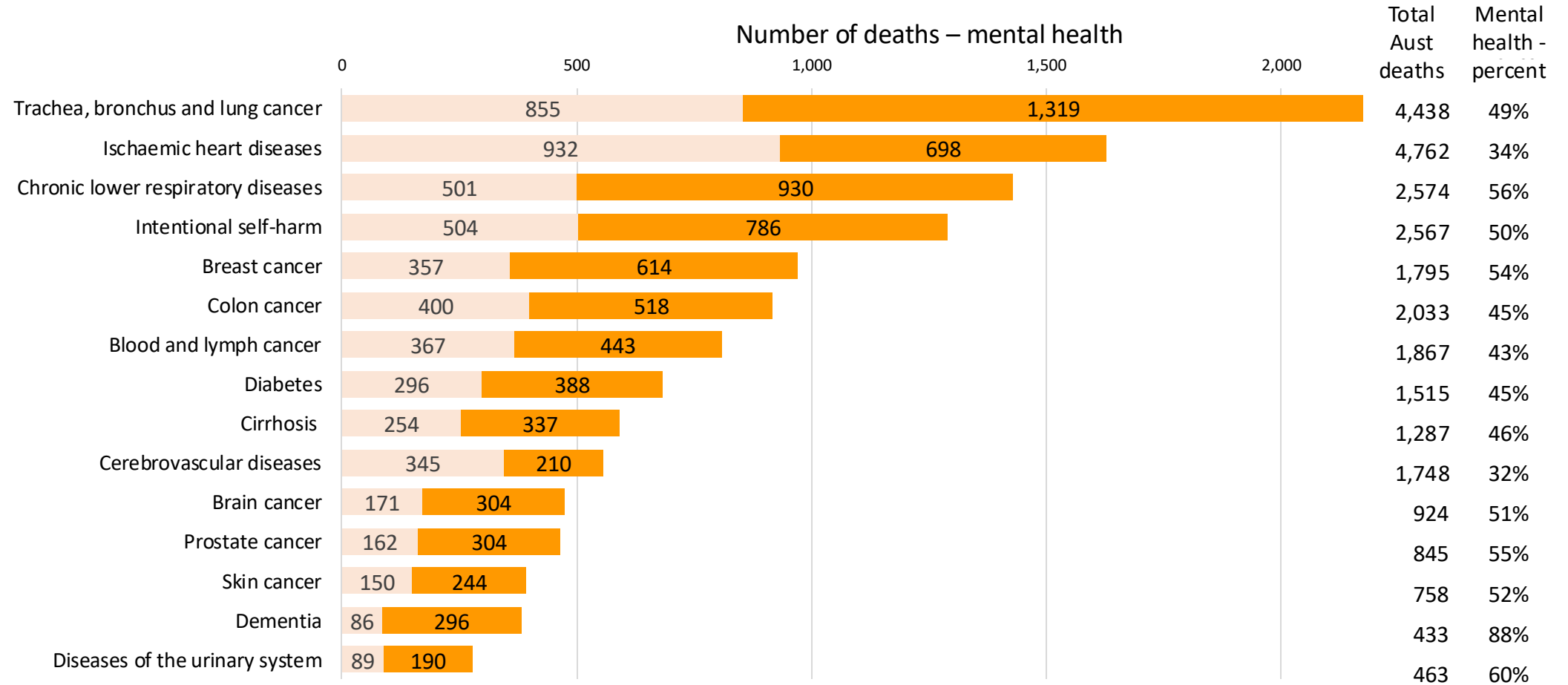


Annual number of premature deaths of persons with mental illness in Australia by cause



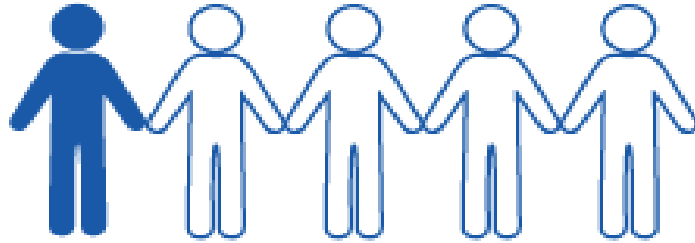
	Diabetes	Cerebrovascular diseases	Blood and lymph cancer	Intentional self-harm	Breast cancer	Colon, sigmoid, rectum and anus cancer	Chronic lower respiratory diseases	Ischaemic heart diseases	Trachea, bronchus and lung cancer
Mental illness	618	667	895	943	1012	1064	1264	1740	2567
Rest of the population	505	1063	876	875	785	1018	709	3123	2031

Three in five deaths of people living with mental illness are excess (potentially preventable) deaths



Most mental health professionals wager on black!

20%



Only 1 in 5 consumers reported their mental health professional asking about their physical health

52%

Only half reported that mental health professionals took their concerns about physical health seriously

55%

Only half reported that mental health professionals showed interest outside of their mental health diagnosis (e.g. social connection, community participation, etc)

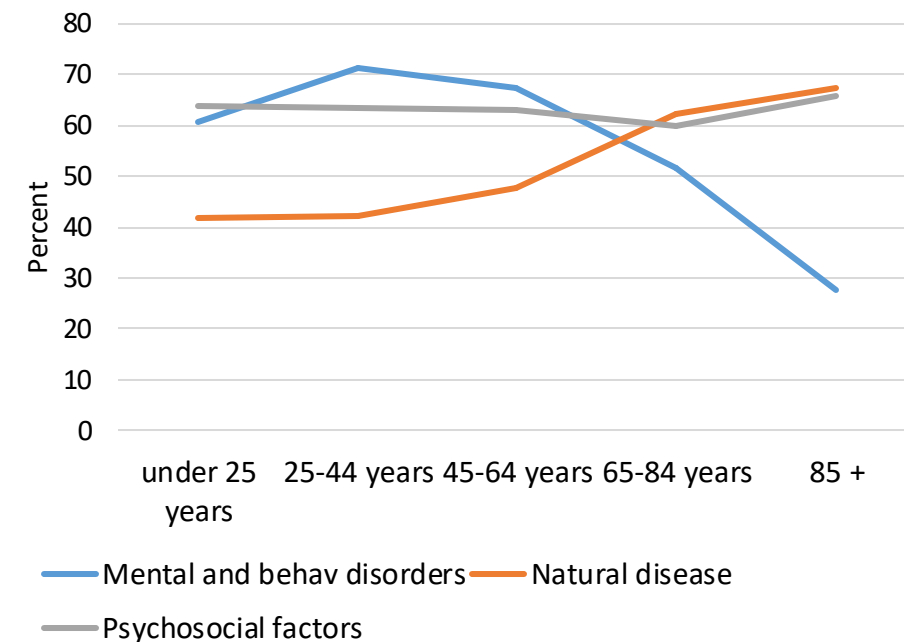
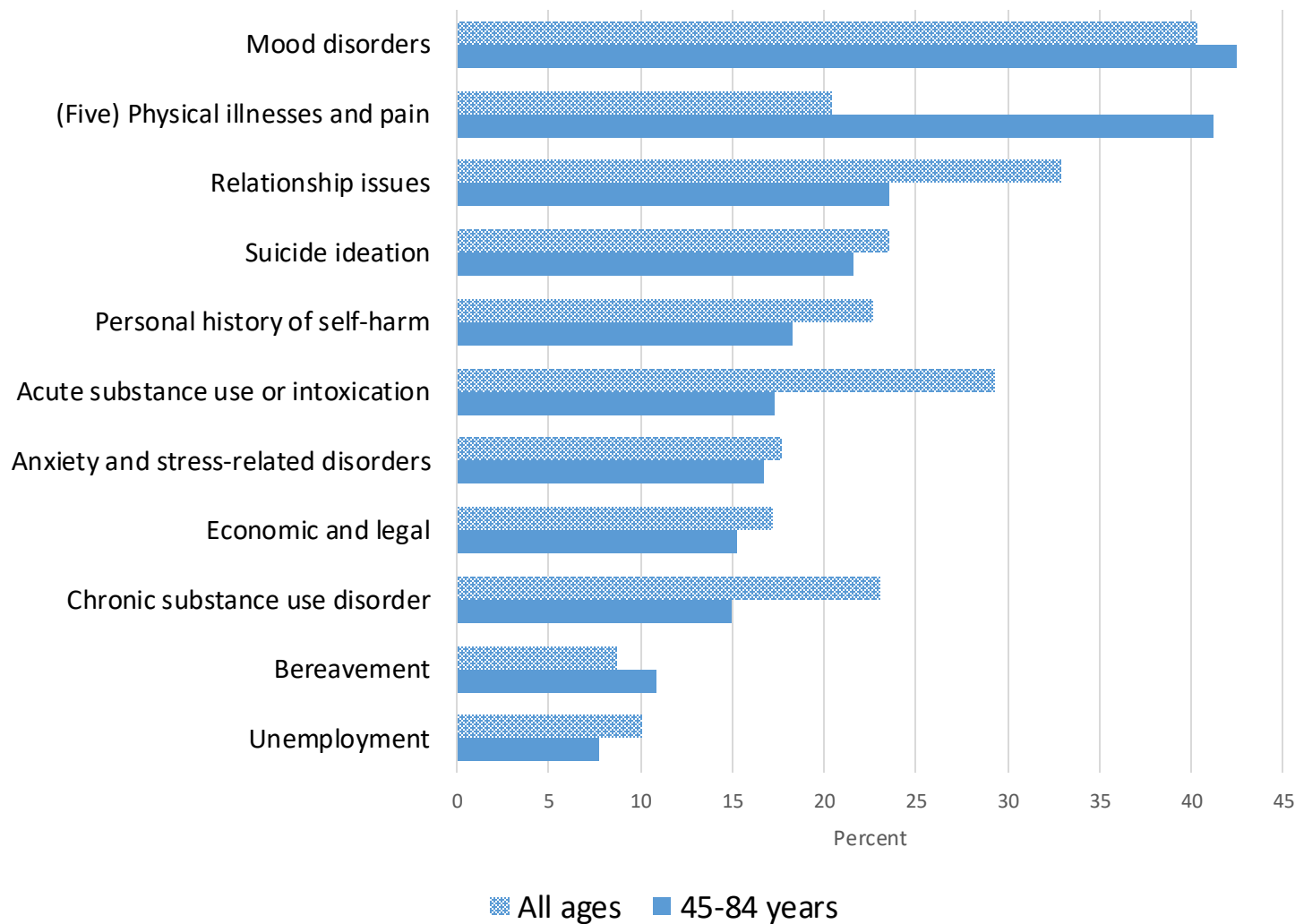
53%

Only half reported that mental health professionals paid attention to their concerns over the physical side-effects of their medications

DIAGNOSTIC OVERSHADOWING

A huge barrier to getting physical health care for myself and others struggling with mental ill-health is being dismissed, or fear of being dismissed. It's very common that once you have a psychiatric diagnosis, any physical complaint you have is either your anxiety, in your head, a manifestation of your true feelings or a side effect of your medication. These are possibilities to consider, sure, but patients know their bodies and deserve to be listened to.

Addressing physical illness is an overlooked suicide prevention strategy

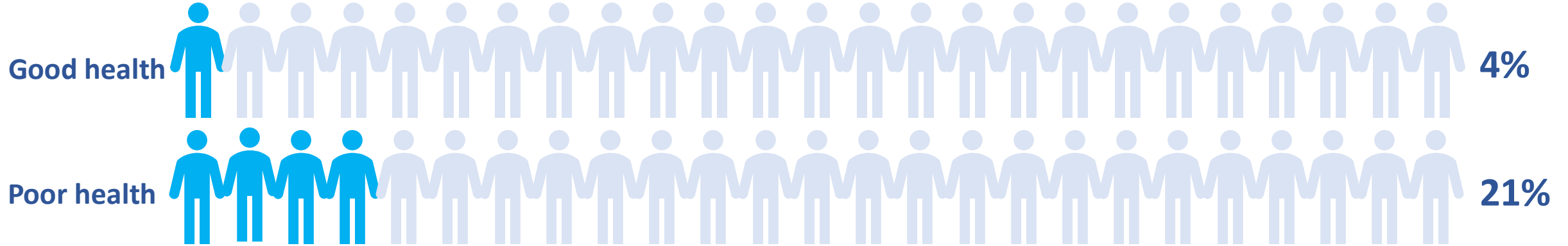


Suicide Prevention Strategy -2024

1. Surveillance.
2. Means restriction
3. Media
4. Access to services
5. Training and education
6. Crisis intervention
7. Post-vention
8. Awareness
9. Stigma reduction
10. Oversight and coordination

Poor physical health is associated with severe psychological distress & increases the gap!

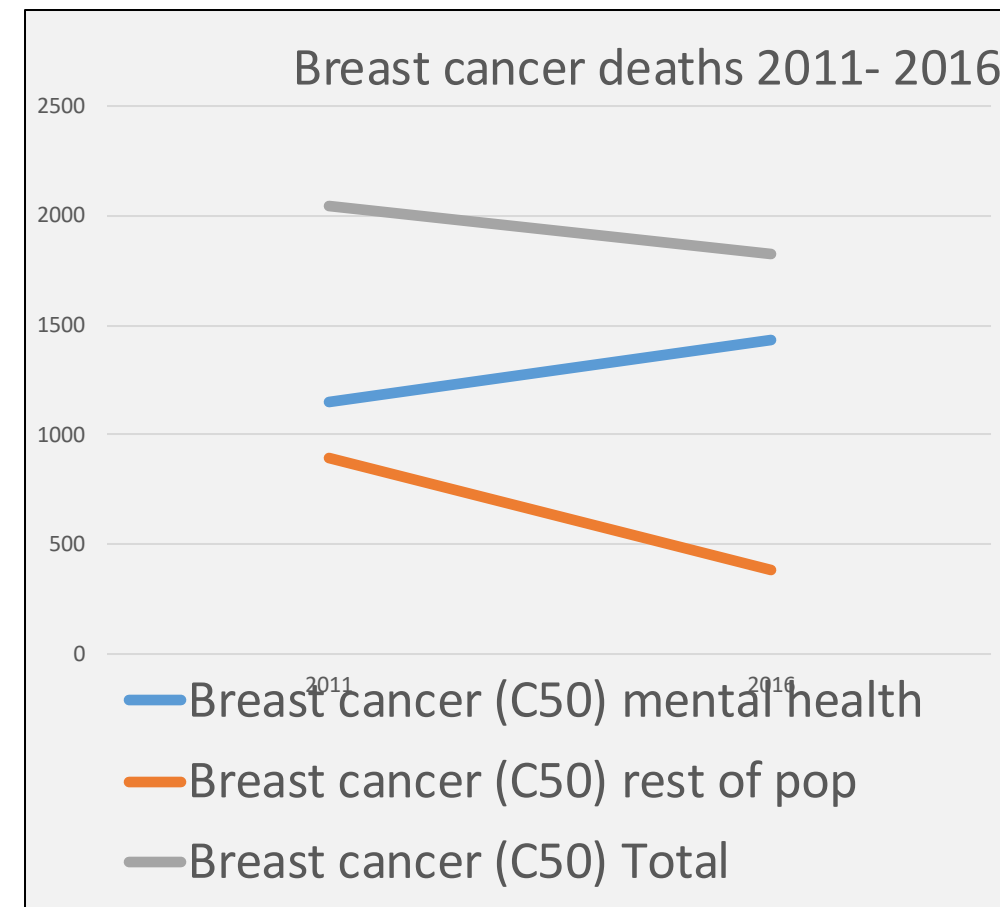
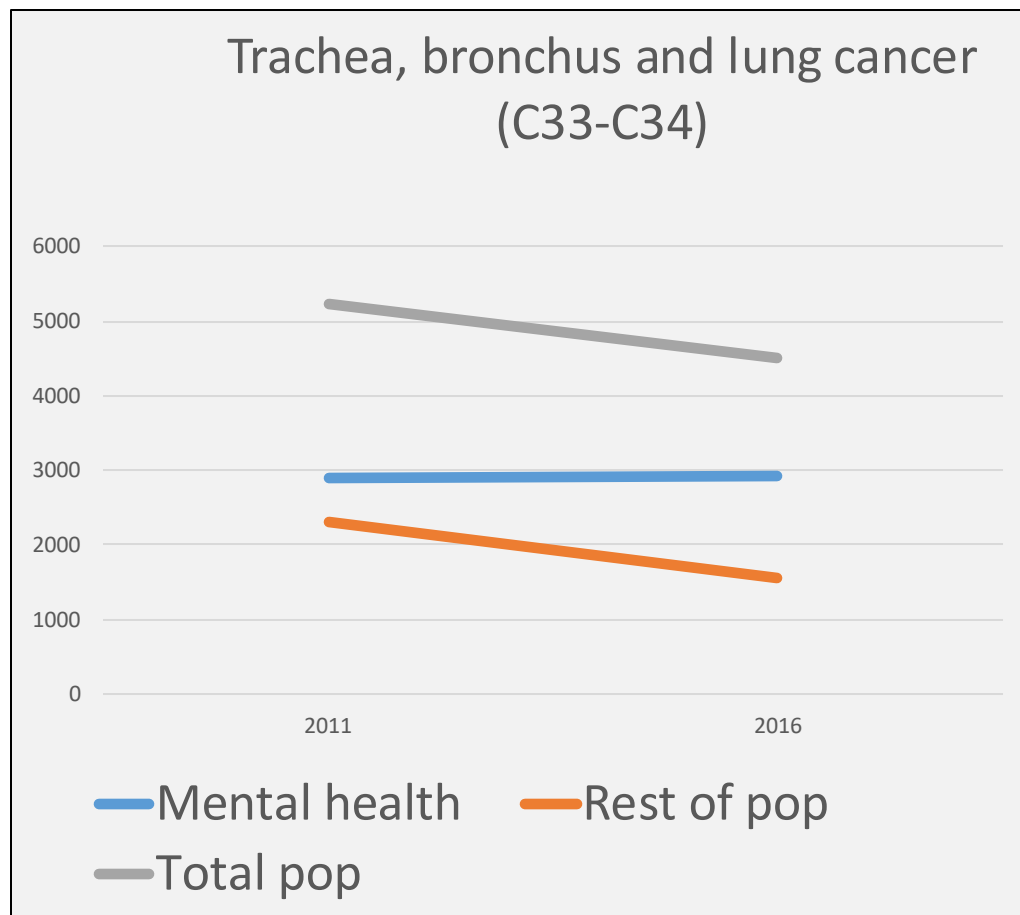
Severe psychological distress - Non-Aboriginal population



Severe psychological distress - Aboriginal Population



Are we an Equally Well country?

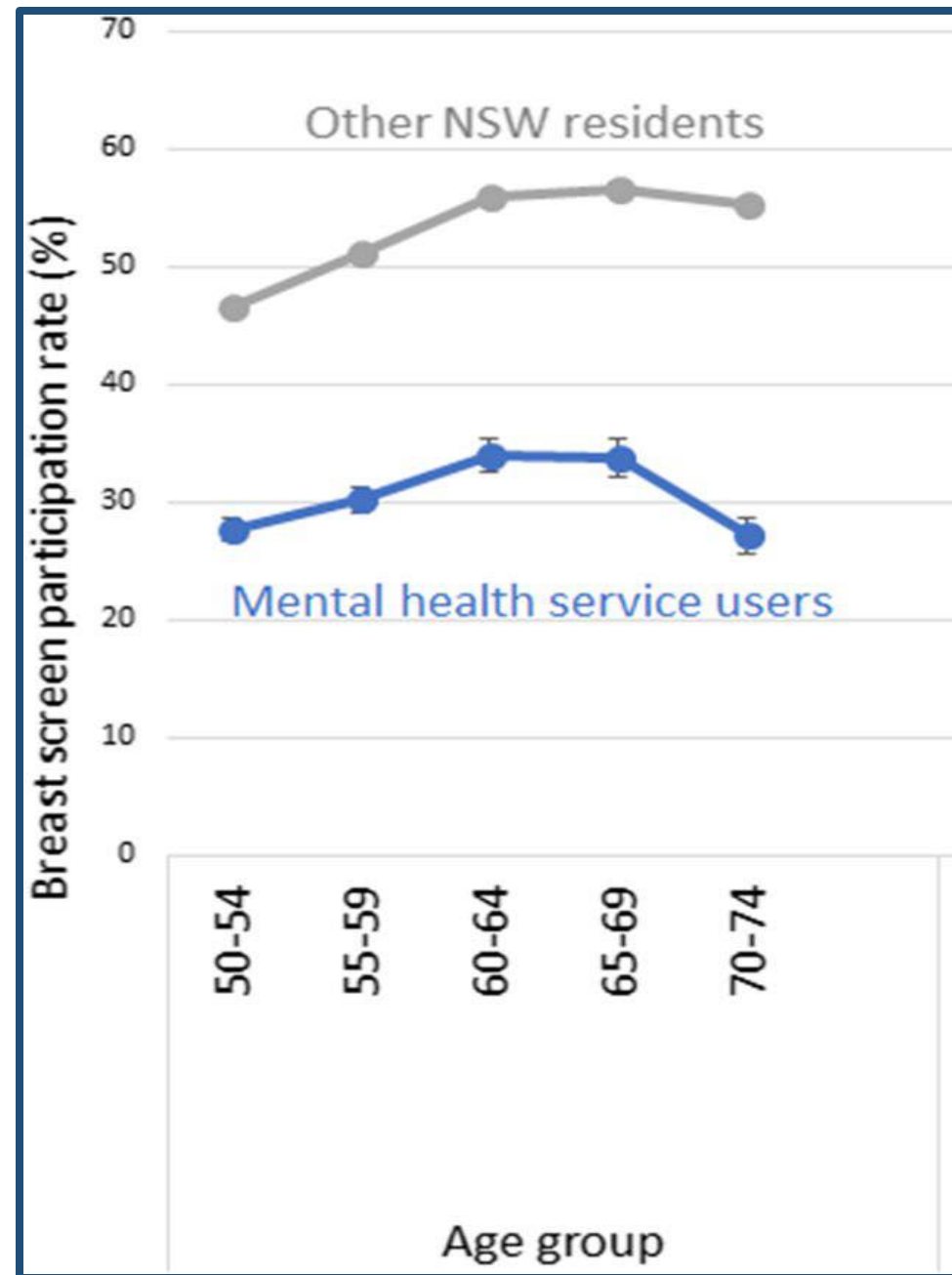


* Indicative data only



Case study – Breast cancer

- What is remarkable about this graph?
- How many prof contacts in your networks?
- How many clients would they see in a day?





EQUALLYWELL



Simon Rosenbaum
Exercise Physiology Ambassador

"The vision and sharing of resources, knowledge and experience is the most exciting part of Equally Well and is what will ultimately lead to pragmatic and scalable solutions to addressing inequality."



Brenda Happell
Nursing, Consumer & Carer Experience Ambassador

"Equally Well brings together all people with an interest in physical health and mental health including consumers, carers, clinicians, academics, managers and policy makers to pursue their mutual interests. As such it focuses on common purpose and unites people around this goal."



Jenny Bowman
Psychology & Research Ambassador

"Equally Well represents an important coming together of key stakeholders... including key policy makers... with a consumer voice at its centre. Equally Well provides a vehicle for raising the profile of the issue and keeping it on the agenda."



Dave Peters
Lived Experience Ambassador

"Equally Well is positioned very well to lead a change in attitudes and to help lead by example to co-ordinate the services across Australia with a strategic plan for addressing the physical health of people living with chronic mental illness."



Andrew Watkins
Health Services Ambassador

"Equally Well is that national voice. It brings together resources from around Australia and in doing so inspires consumers, carers and clinicians to promote equity of access to quality health care."



Carolynne White
Occupational Therapy Ambassador

"Equally Well will empower consumers and carers and enable them to receive more holistic health care. It also encourages practitioners to genuinely apply person-centred principles in practice, which will ultimately benefit everyone."



Sam Manger
General Practitioner Ambassador

"I am proud that Equally Well is working to recognise and prioritise these areas to improve the health of so many who suffer, often unnecessarily."



Scott Teasdale
Mental Health Dietitian Ambassador

"Equally Well's focus on integration of mind and body care, combined with a focus on prevention, early intervention, and ongoing recovery support for both mental and physical health, can facilitate real-world changes for a better model of care."



Reza Rostami
Refugee and Culturally and Linguistically Diverse Ambassador

"My goal is to extend the organisation's goal to a wider group of people, such as refugees and asylum seekers."



Amanda Wheeler
Pharmacy Practice Ambassador

"I believe our diversity and combined energies can make a genuine and sustainable difference to reducing comorbidities and 'closing the gap' in life expectancy for people living with mental illness(es)."



EQUALLYWELL

aims to improve the quality of life of people living with mental illness.





***Unequally Unwell:
The premature mortality of people
with mental health conditions.
Where to from here?***

Primary Health Tasmania | Oct 2024

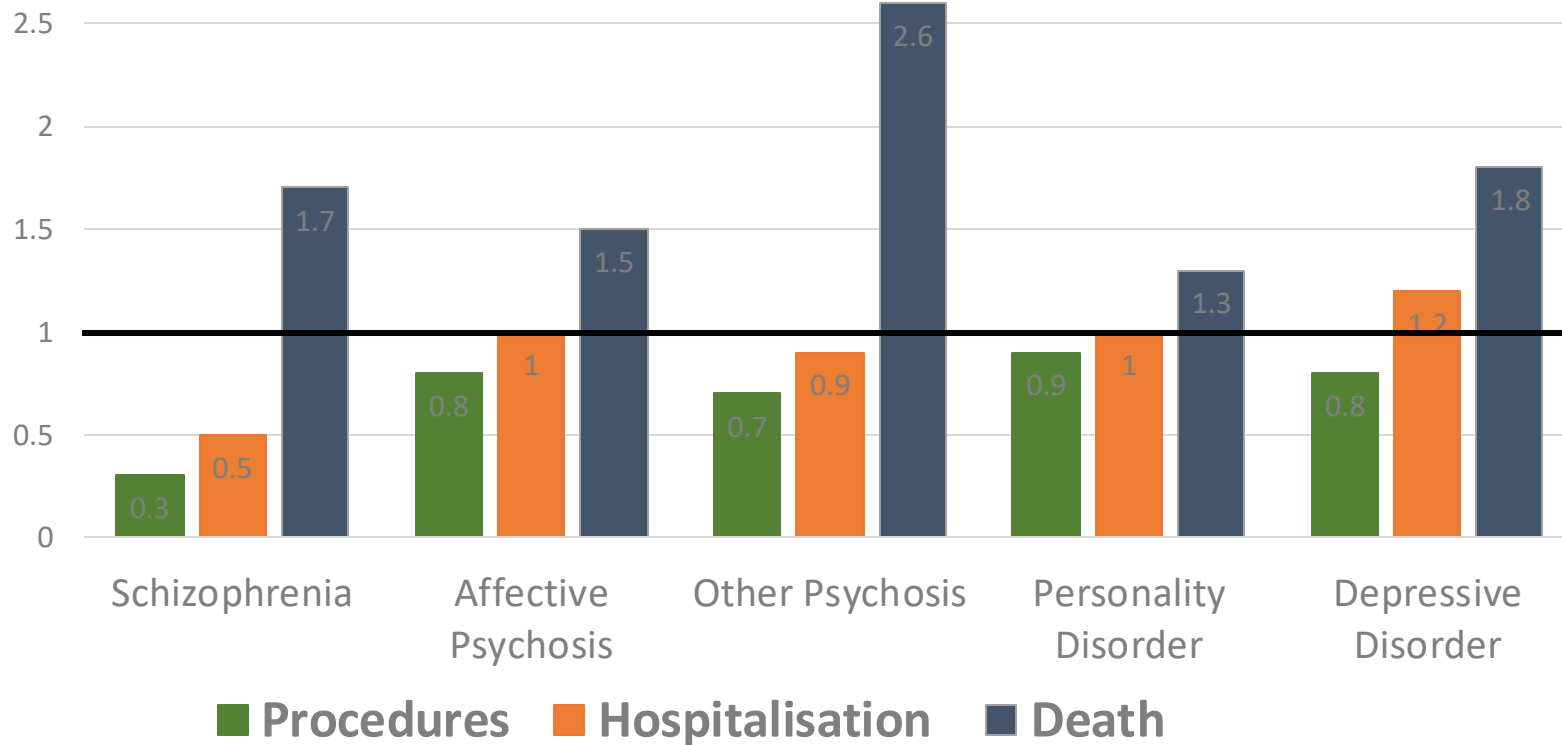
Russell Roberts

Equally Well Australia | Charles Sturt University

[**equallywell.org.au**](https://equallywell.org.au)



ISCHAEMIC HEART DISEASE HOSPITALISATION, REVASCULARISATION PROCEDURE AND DEATH RATES



**11 times rate
(Paratz, 2023).
Baker Inst, Melb Uni**

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ORIGINAL RESEARCH PAPER

Sudden Cardiac Death in People With Schizophrenia

Higher Risk, Poorer Resuscitation Profiles,
and Differing Pathologies

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Natalie Morgan, RN,^f Karen Smith, PhD,^{g,h,i} Tina Thompson, RN,^{j,k} Paul James, MBChB, PhD,^d Vanessa Connell, RN,^l
Andreas Pflaumer, MD, PhD,^{a,h,i} Christopher Semsarian, MBBS, PhD,^m Jodie Ingles, PhD,ⁿ Sarah Parsons, MBBS,^o
Ilan Rauchberger, MBBS,^{b,p} Dion Stub, MBBS, PhD,^{a,b,q} Andre La Gerche, MBBS, PhD,^{a,b,c}

ABSTRACT

BACKGROUND People with schizophrenia account for approximately 1.0% of the population and seem to experience increased rates of sudden cardiac death (SCD).

OBJECTIVES This study sought to determine characteristics of increased SCD in people with schizophrenia.

METHODS The End Unexplained Cardiac Death (EndUCD) prospective state-wide registry compared people aged 15 to 50 years with and without schizophrenia who experienced SCD within a 2-year time period and were referred for forensic evaluation.

RESULTS We identified 579 individuals, of whom 65 (11.2%) had schizophrenia. Patients with schizophrenia were more commonly smokers (46.2% vs 23.0%; $P < 0.0001$), consumed excess alcohol (32.3% vs 21.4%; $P = 0.05$), and used QTc-prolonging medications (69.2% vs 17.9%; $P < 0.0001$). They were less likely to arrest while exercising (0.0% vs 6.4%; $P = 0.04$). Unfavorable arrest-related factors included lower rates of witnessed arrest (6.2% vs 23.5%; $P < 0.0001$), more likely to be found in asystole (92.3% vs 73.3%; $P < 0.0001$), and being more likely to be found as part of a welfare check after a prolonged period of time (median 42 hours vs 12 hours; $P = 0.003$). There was more frequent evidence of decomposition, and they more commonly underwent autopsy (41.2% vs 26.4%; $P = 0.04$ and 93.8% vs 82.5%; $P = 0.05$), with a diagnosis of nonischemic cardiomyopathy being more common (29.2% vs 18.1%; $P = 0.04$).

CONCLUSIONS People with schizophrenia account for 11% of young SCD patients referred for forensic investigations, exceeding population rates by 11-fold. They have a higher preexisting cardiac risk factor burden, unfavorable resuscitation profiles, and higher rates of nonischemic cardiomyopathy. Strategies targeting biopsychosocial support may deliver not only psychological benefits, but also help to decrease unwitnessed cardiac arrest. (J Am Coll Cardiol EP 2023;■:■-■) Crown Copyright © 2023 Published by Elsevier on behalf of the American College of Cardiology Foundation. All rights reserved.

From the ^aBaker Heart and Diabetes Institute, Prahran, Victoria, Australia; ^bAlfred Hospital, Prahran, Victoria, Australia; ^cSt Vincent's Hospital Melbourne, Fitzroy, Victoria, Australia; ^dRoyal Melbourne Hospital, Parkville, Victoria, Australia; ^eRoyal Melbourne Hospital Clinical School, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Melbourne, Victoria, Australia; ^fVictorian Institute of Forensic Medicine, Southbank, Victoria, Australia; ^gAmbulance Victoria, Doncaster, Victoria, Australia; ^hDepartment of Paramedicine, Monash University, Melbourne, Victoria, Australia; ⁱDepartment of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria, Australia; ^jThe Royal Children's Hospital, Melbourne, Victoria, Australia; ^kDepartment of Pediatrics, University of Melbourne, Parkville, Victoria, Australia; ^lMurdoch Children's

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[illegible] Charles Sturt University



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Why should health professionals worry about the physical health of people living with mental illness?

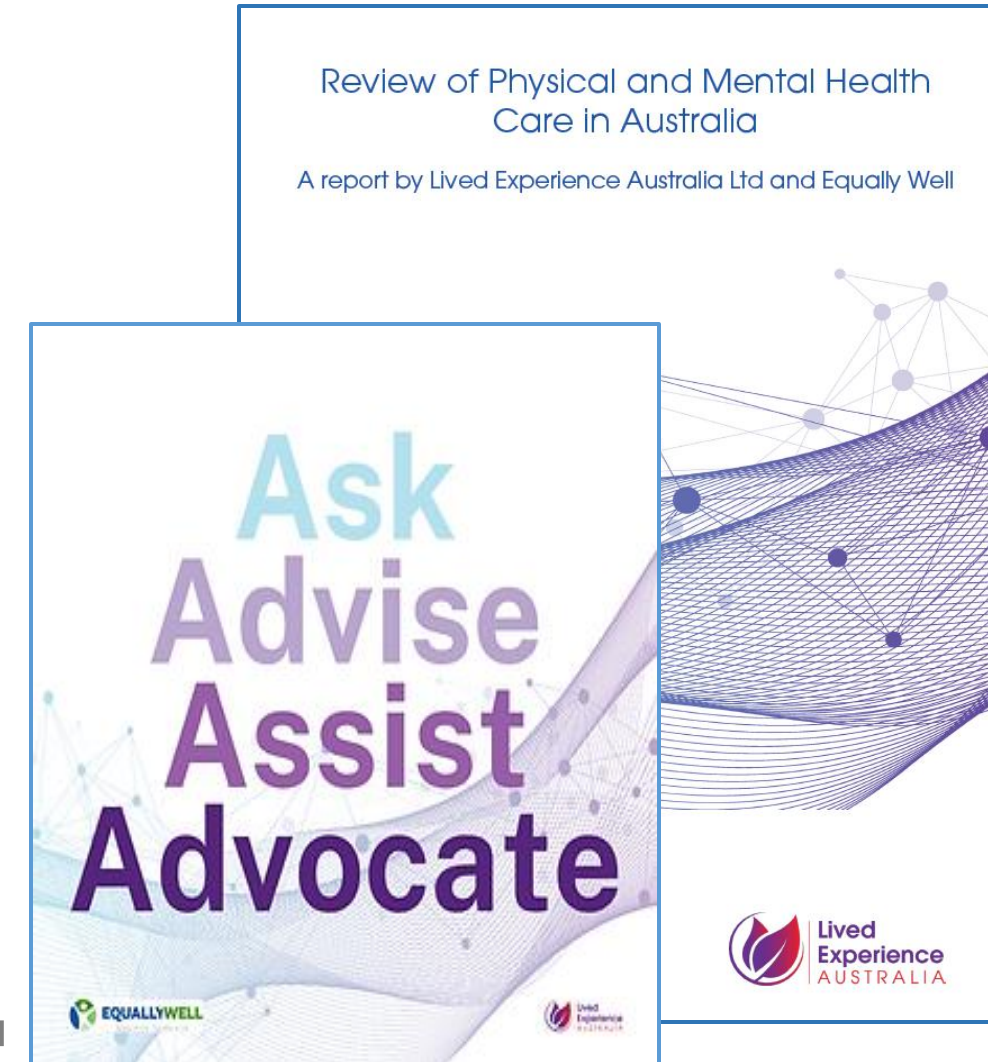
- Holistic care is our job
- Equity of access to health care and optimal health is a fundamental human right
- Poor physical health is associated with a 4 times increase in the incidence of psychological distress
- And associated with 60.2% of completed suicides
- Improved physical health results in far fewer hospitalisations, reducing pressure and costs to medical staff, services and facilities.



Key Findings - Recommendations

- Regularly ask about health screening for cancer, heart disease, lung disease and vaccination status, and be ready and equipped to action this screening or treatment (smoking cessation).
- Including families and carers in care planning and support.
- Ready access to resources and information to share with consumers and carers.
- Training in including consumers and carers in decision making about medications and responding to concerns about their physical and mental health care.

www.equallywell.org.au



“Do:-
what you can,
where you can,
when you can.”



equallywell.org.au



Equally Well Au



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Stay connected and join the Equally Well
movement.



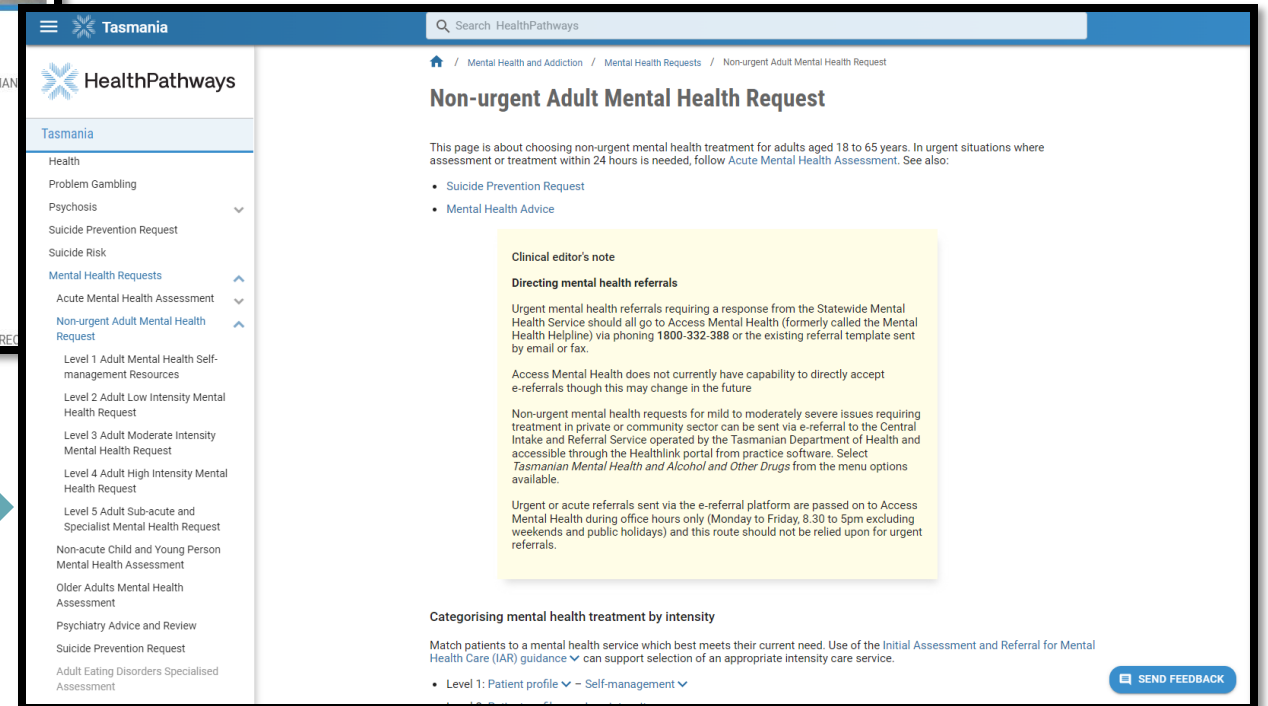
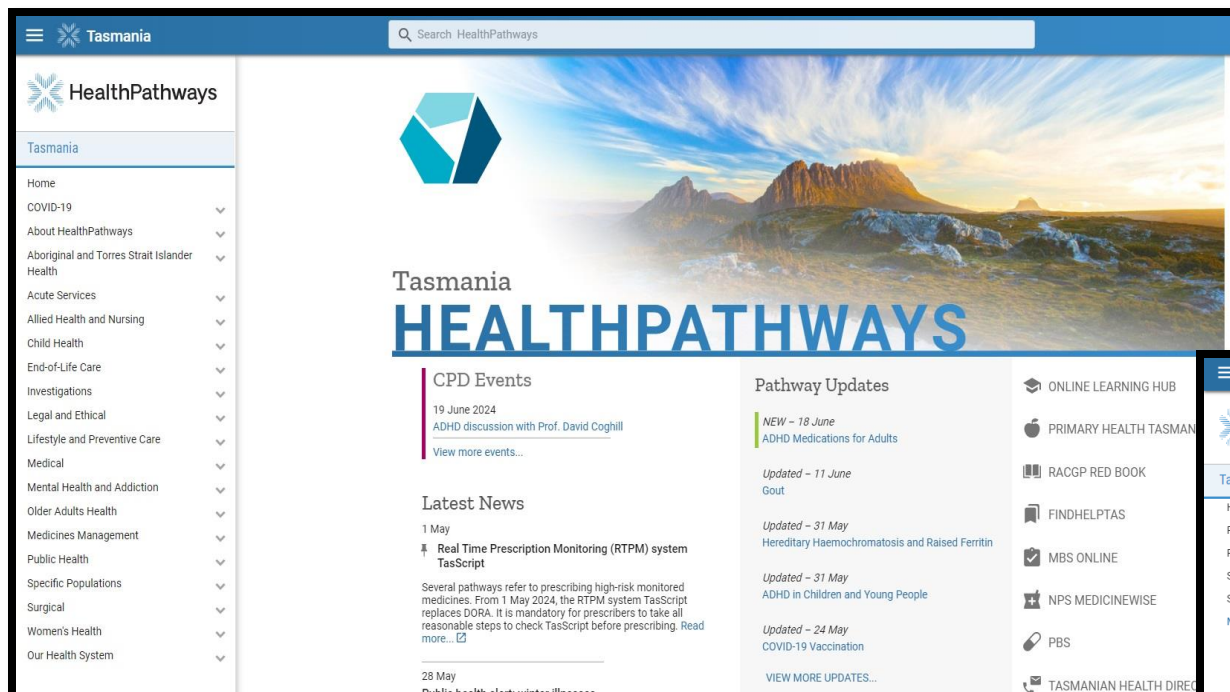


Tasmanian HealthPathways is a web-based information portal developed by Primary Health Tasmania. It is designed to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.



For access to the Tasmanian HealthPathways, please email:

healthpathways@primaryhealthtas.com.au



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please email:**

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Future PHT education opportunities

Lessons in Disaster training

Topic: Gender and disaster

Facilitated by: Gender and Disaster Australia and Primary Health Tasmania

Speaker: GADAus

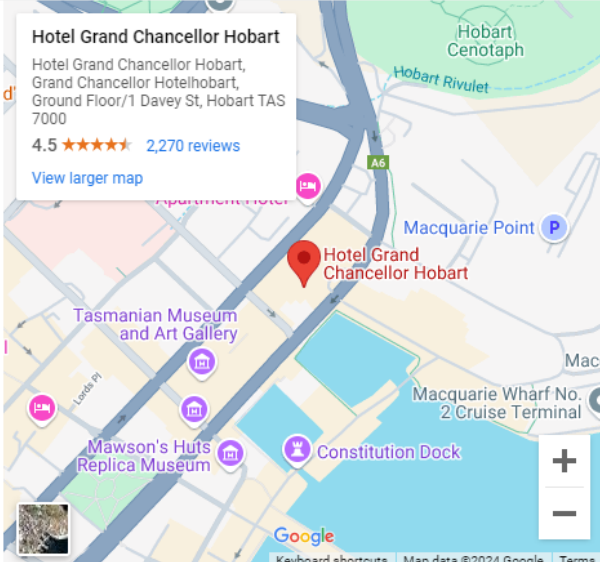
Date and time: Saturday 23 November 2024 - 9:30am to 5:00pm

Location: Hotel Grand Chancellor Hobart, 1 Davey Street, Ground Floor

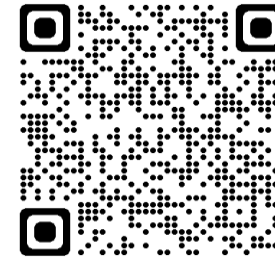
Audience: GPs, emergency services, allied health professionals and other primary healthcare providers and staff working in community health or primary health sector.

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4.5 ★★★★★ 2,270 reviews
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Some final words

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Thank you



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