

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
- Please don't forget to register for your next webinar at:
<https://www.primaryhealthtas.com.au/for-health-professionals/events/>

Presenter

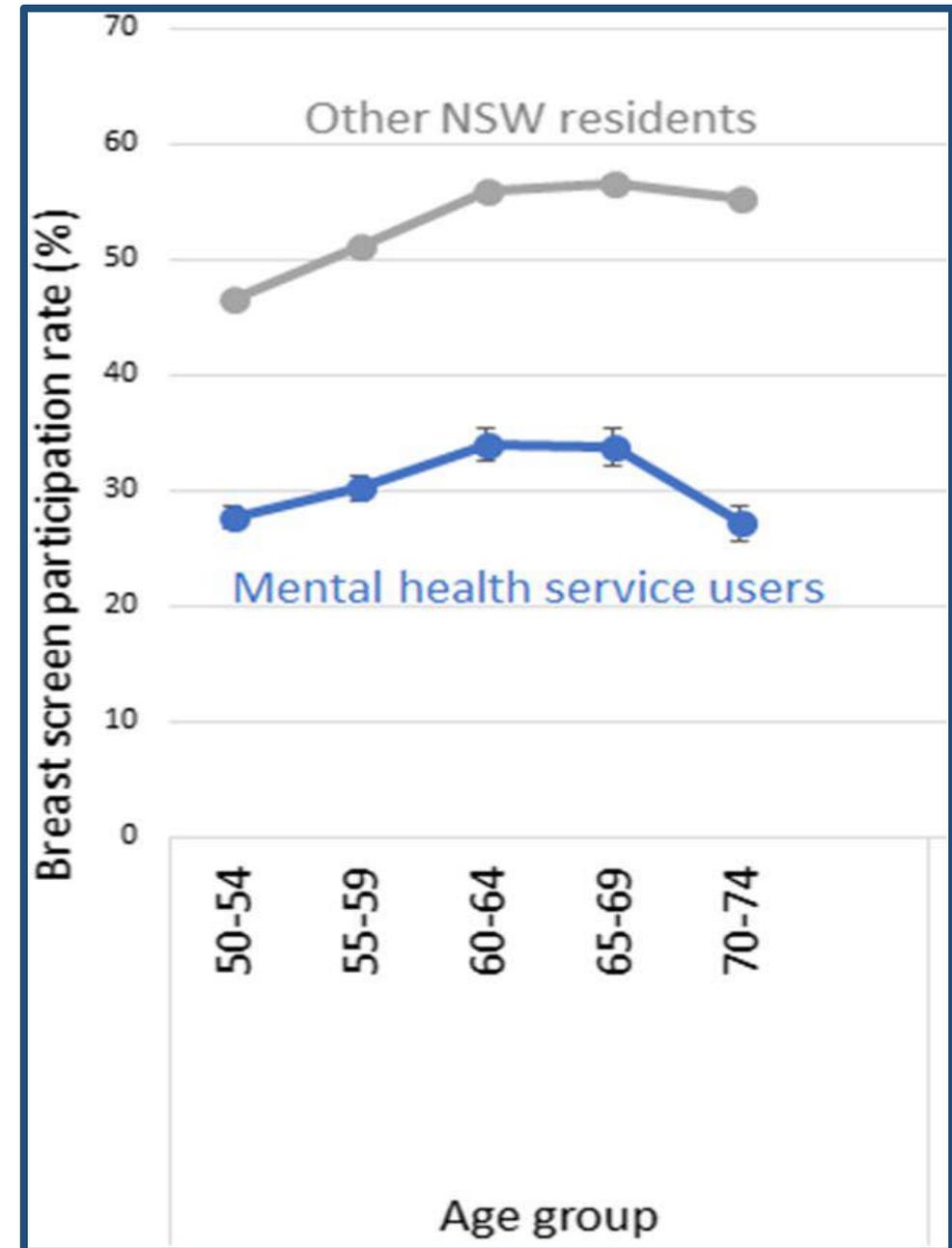
Professor Russell Roberts

Chief Executive Officer, Equally Well



Case study – Breast cancer

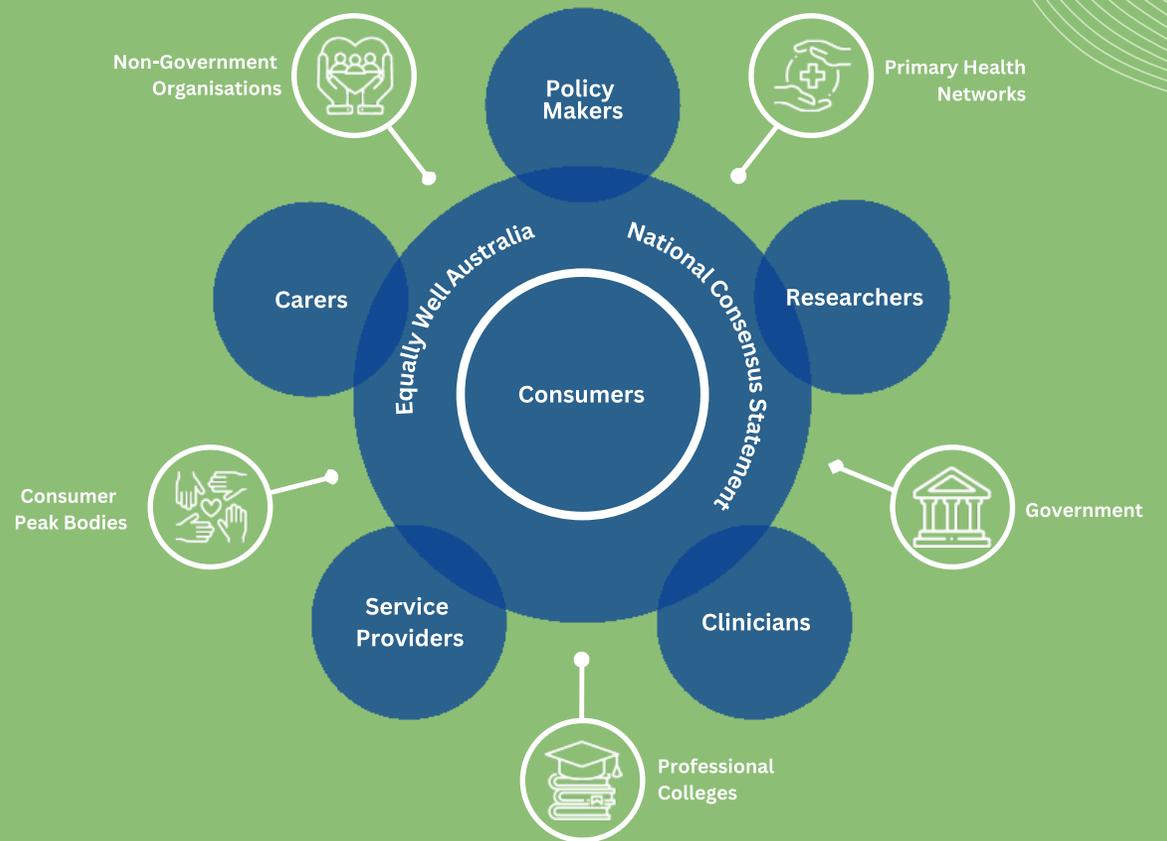
- What is remarkable about this graph?
- How many MHPN associates/members?
- How many clients would they see in a day?



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)

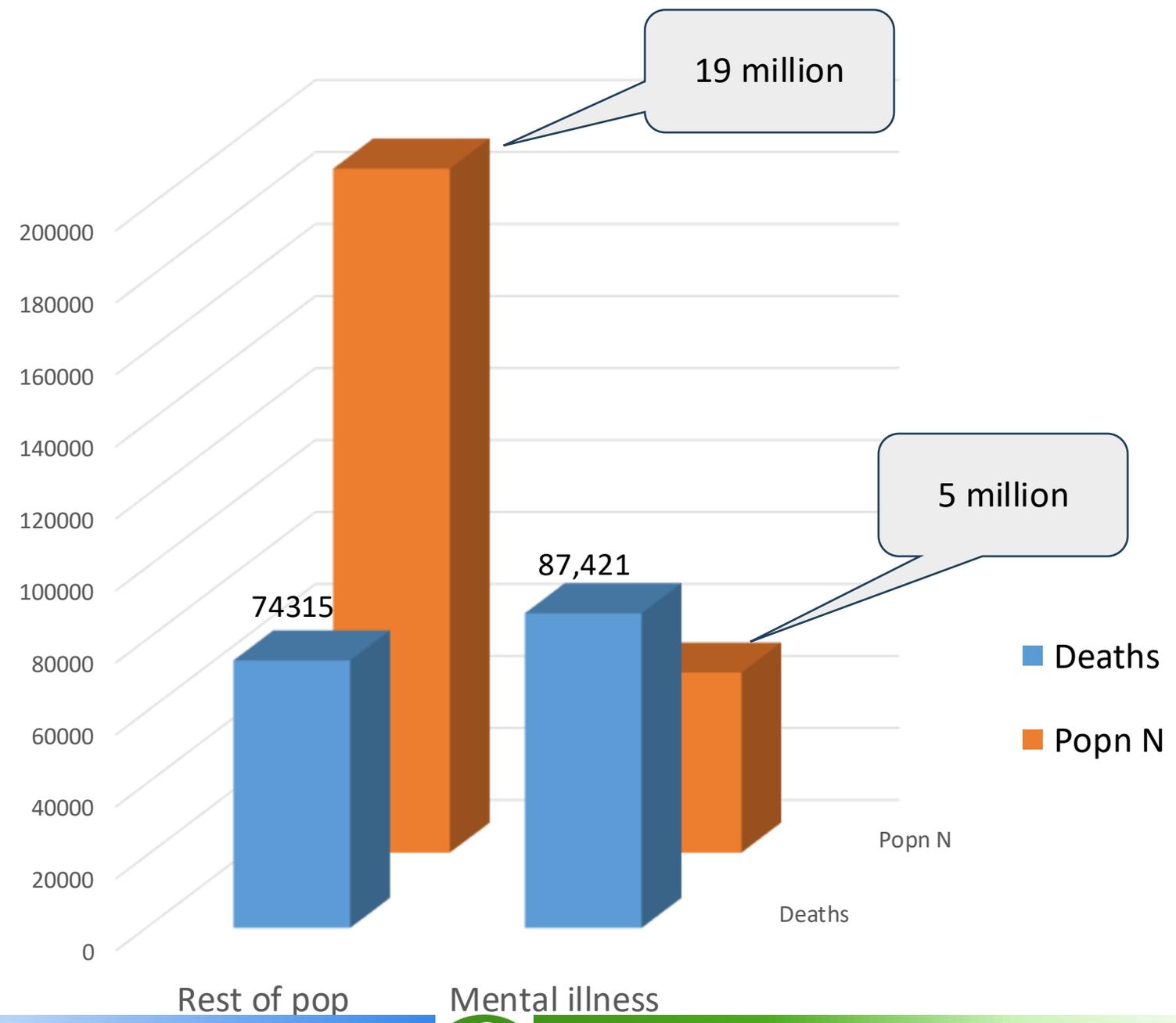




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2216 6465

Premature deaths, Australia





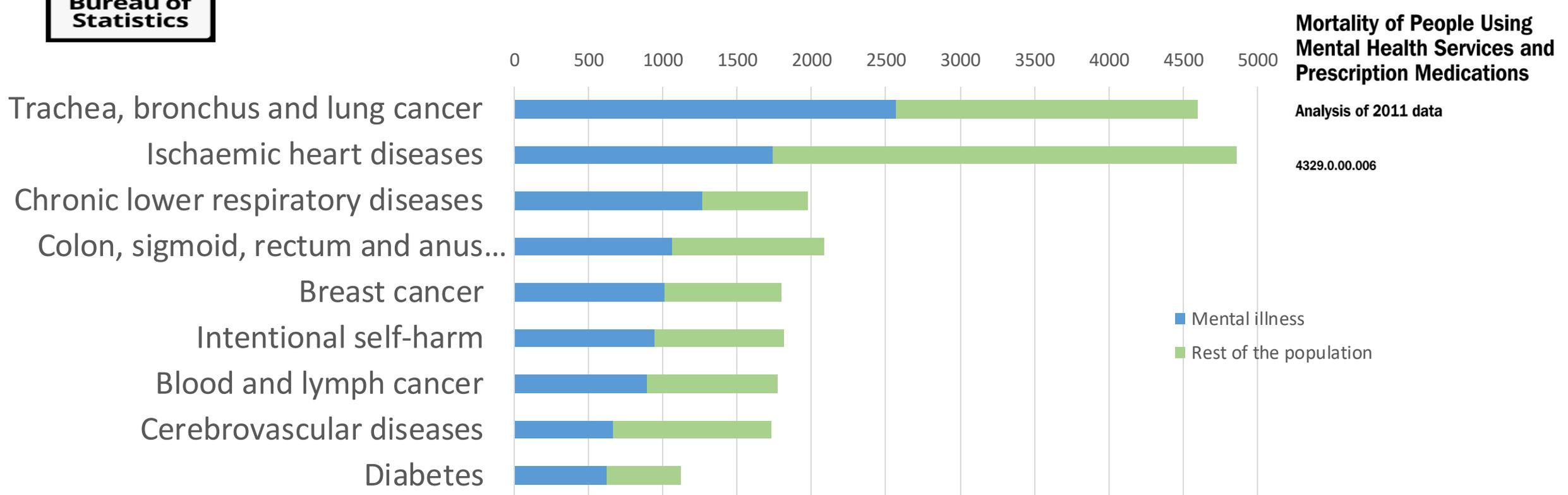
If you were to wager your life in a roulette game, would you be on red or black?

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



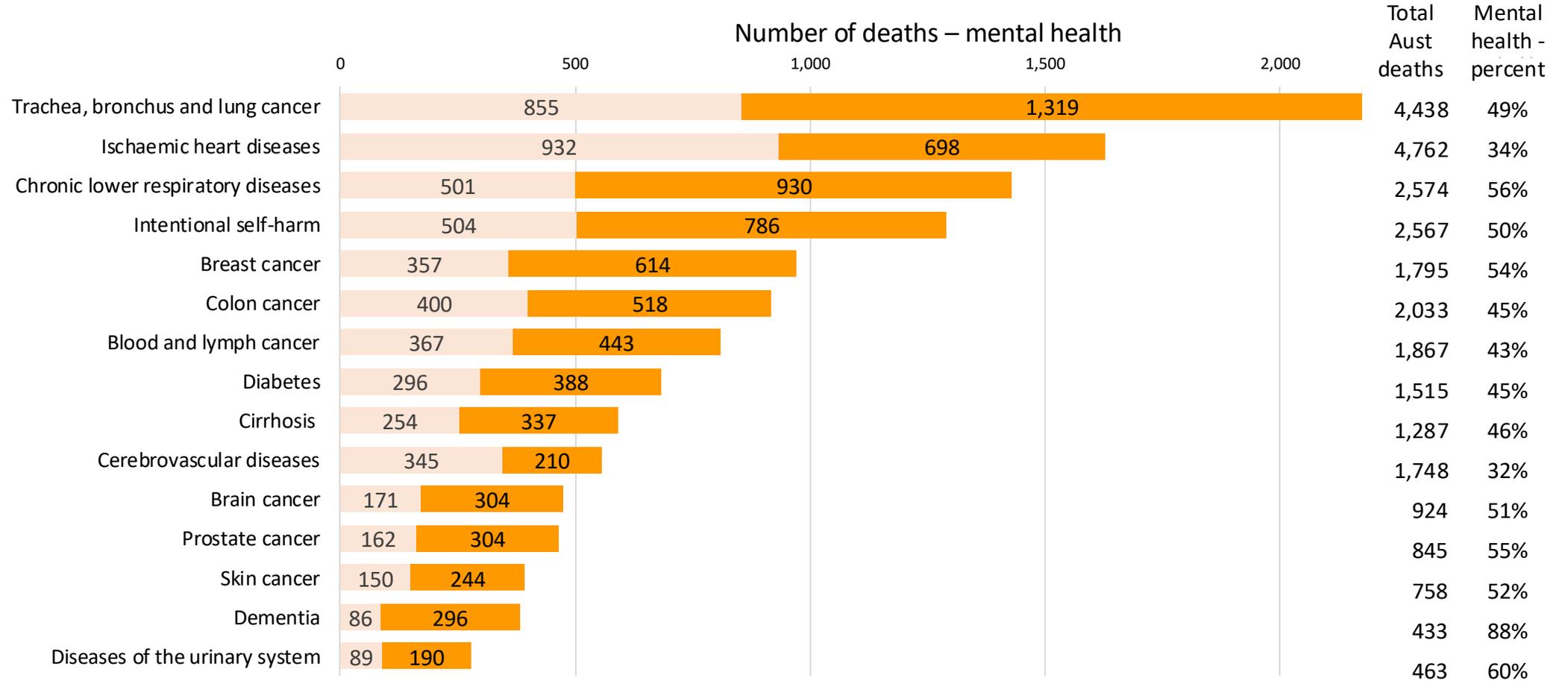
- 80% of people living with mental illness have at least one chronic physical health condition (Aust Institute of Health and Welfare)
- 55% have two or more

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

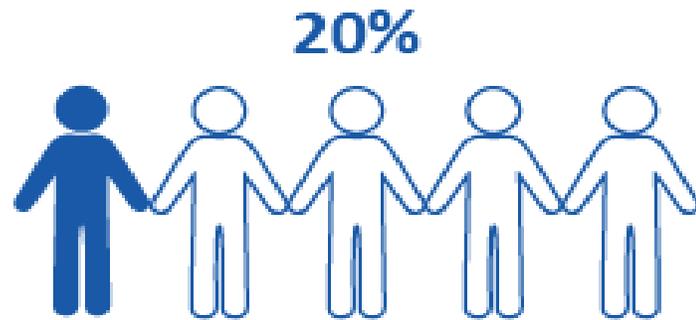


	Diabetes	Cerebrovascular diseases	Blood and lymph cancer	Intentional self-harm	Breast cancer	Colon, sigmoid, rectum and anus cancer	Chronic lower respiratory diseases	Ischaemic heart diseases	Trachea, bronchus and lung cancer
■ Mental illness	618	667	895	943	1012	1064	1264	1740	2567
■ Rest of the population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

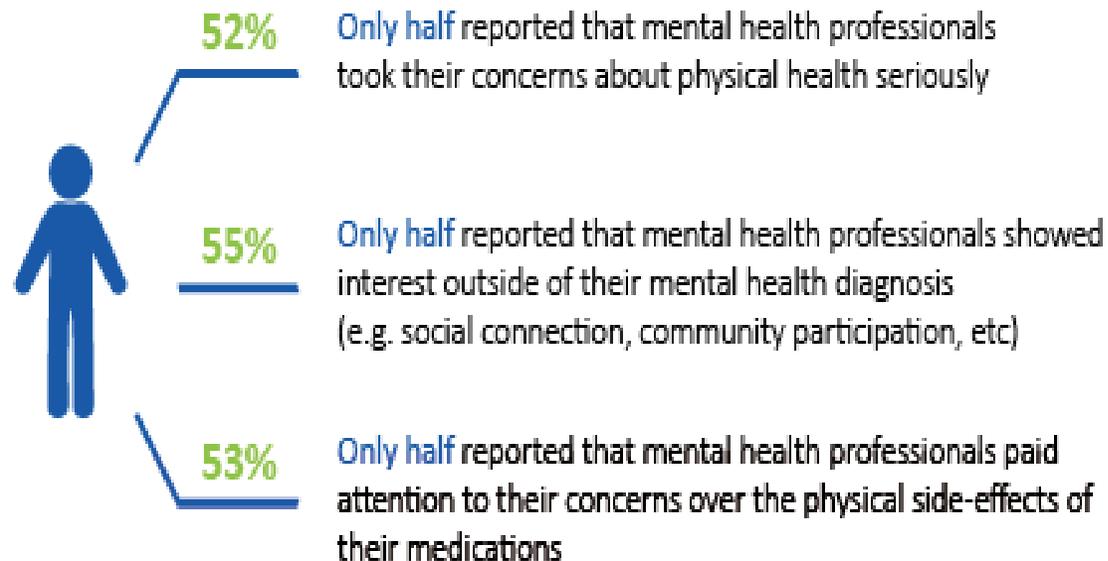
Three in five deaths of people living with mental illness are excess (potentially preventable) deaths



Most mental health professionals wager on black!



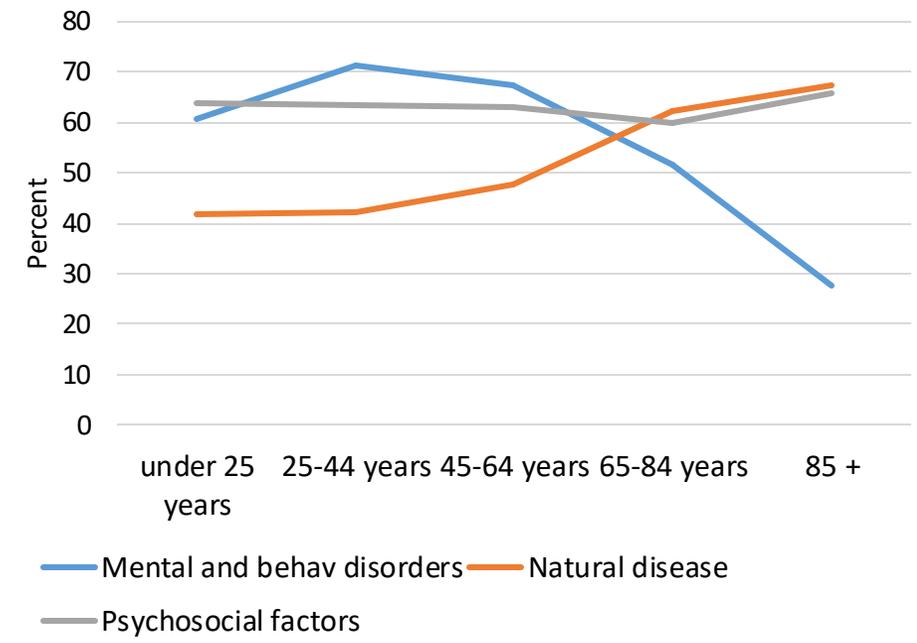
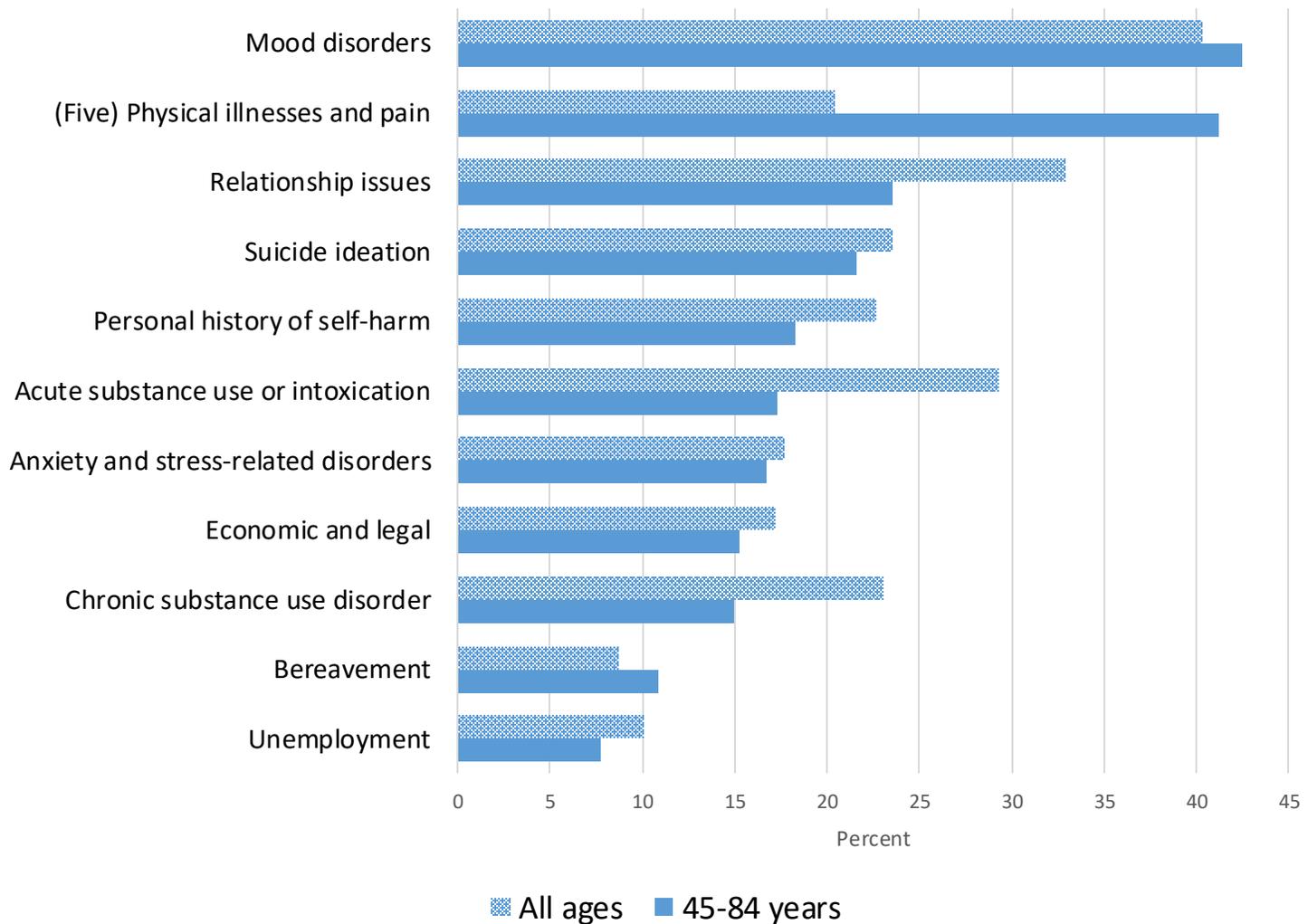
Only 1 in 5 consumers reported their mental health professional asking about their physical health



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



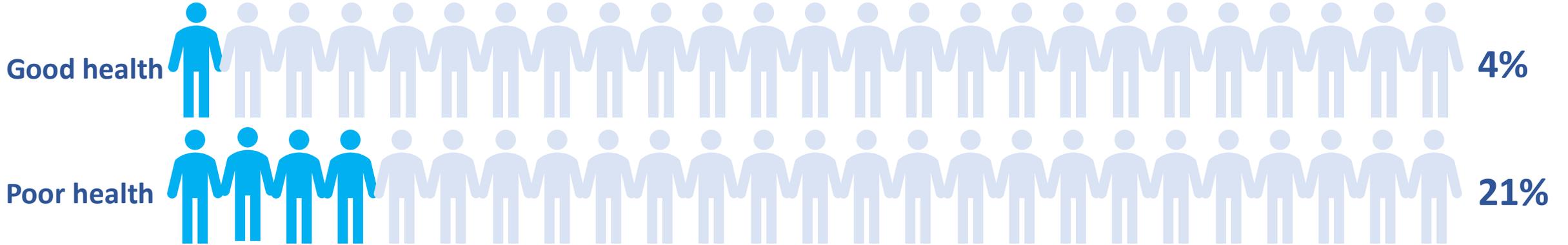
Suicide Prevention Strategy -2024

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

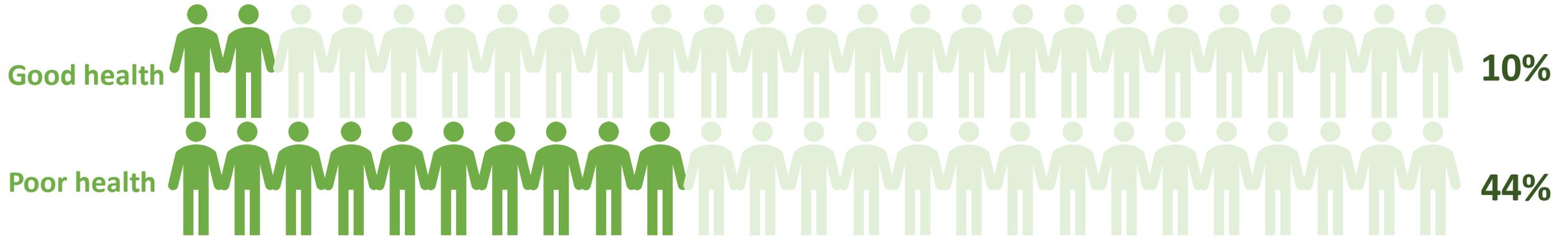


Poor physical health is associated with severe psychological distress & increases the gap!

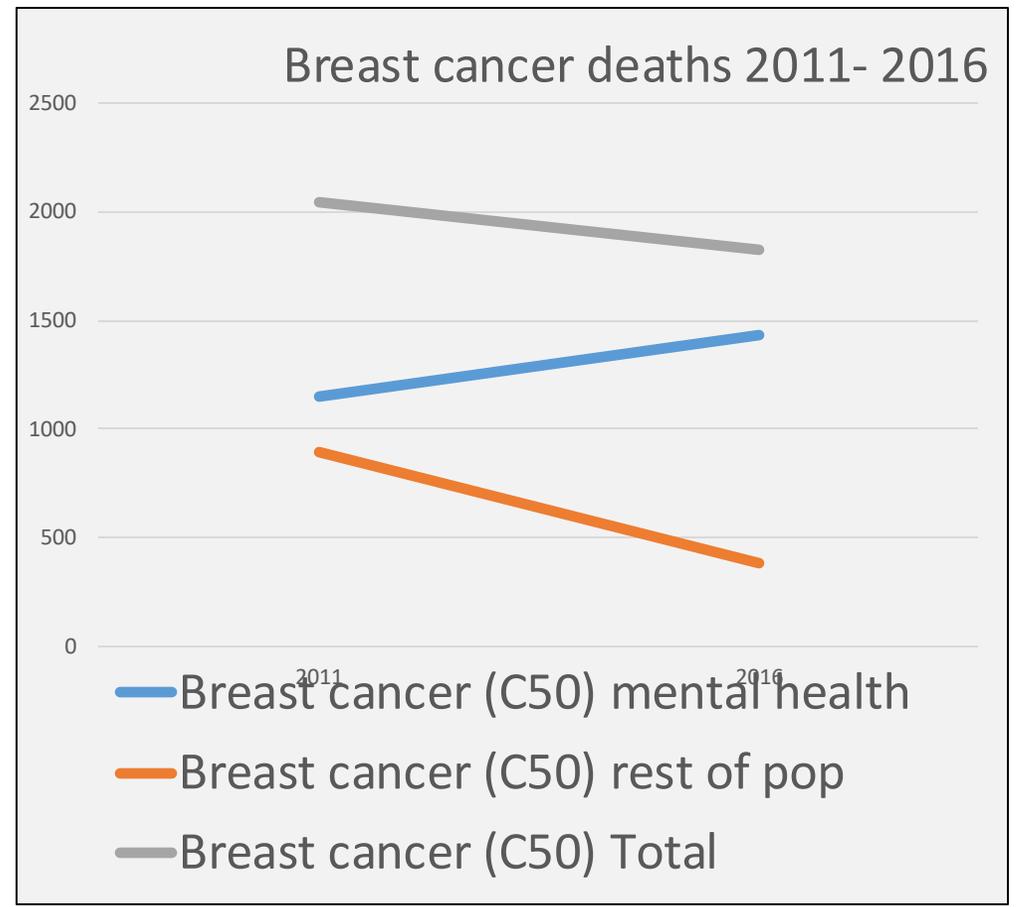
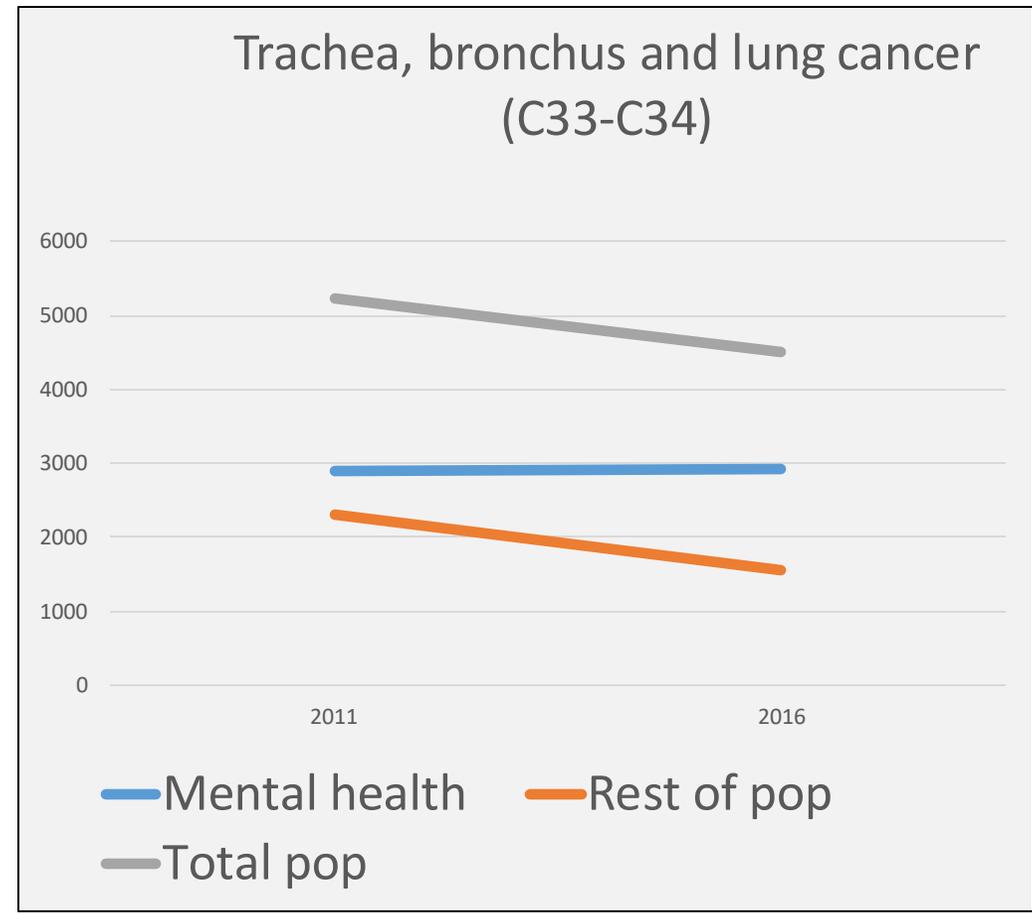
Severe psychological distress - Non-Aboriginal population



Severe psychological distress - Aboriginal Population



Are we an Equally Well country?

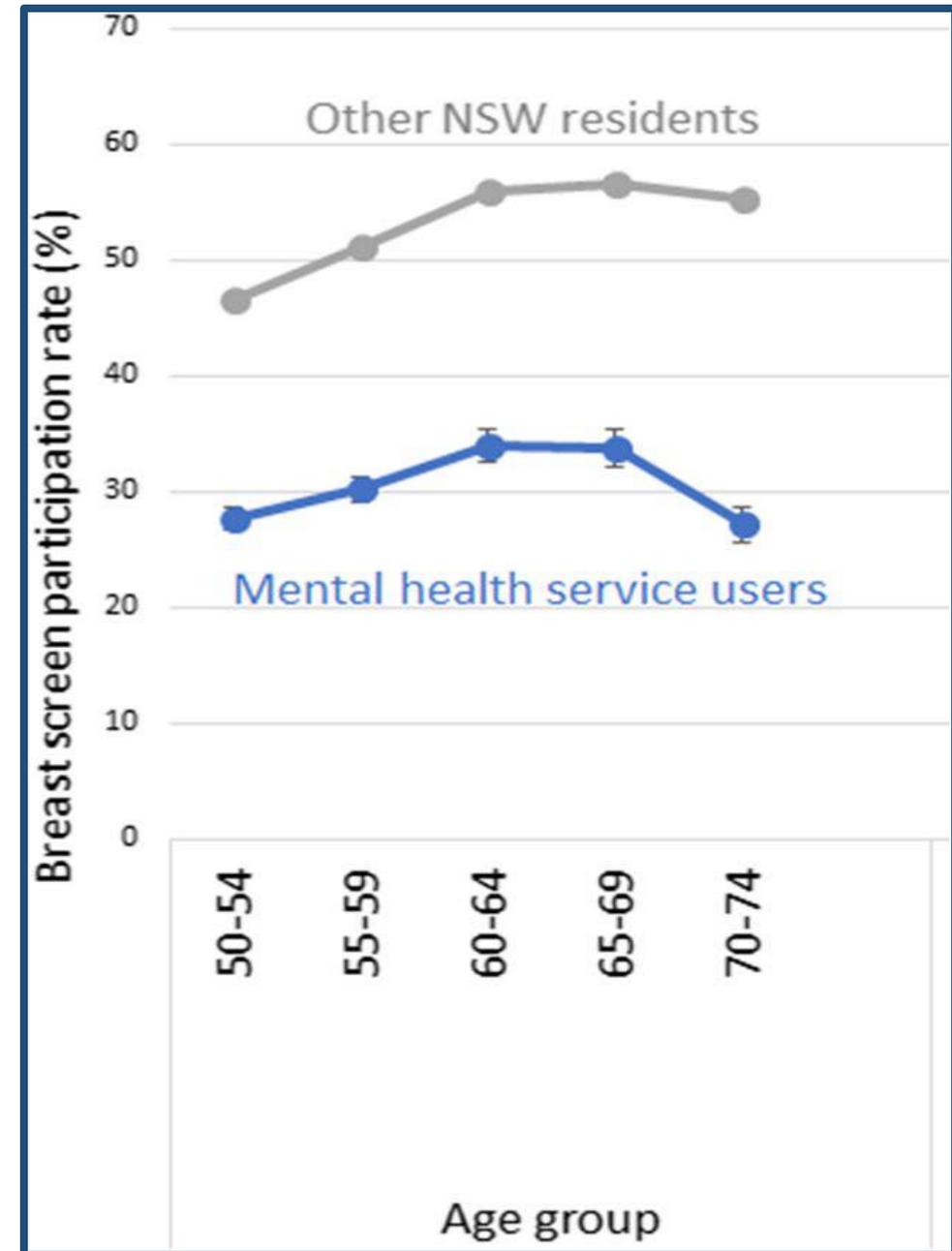


* Indicative data only



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?





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

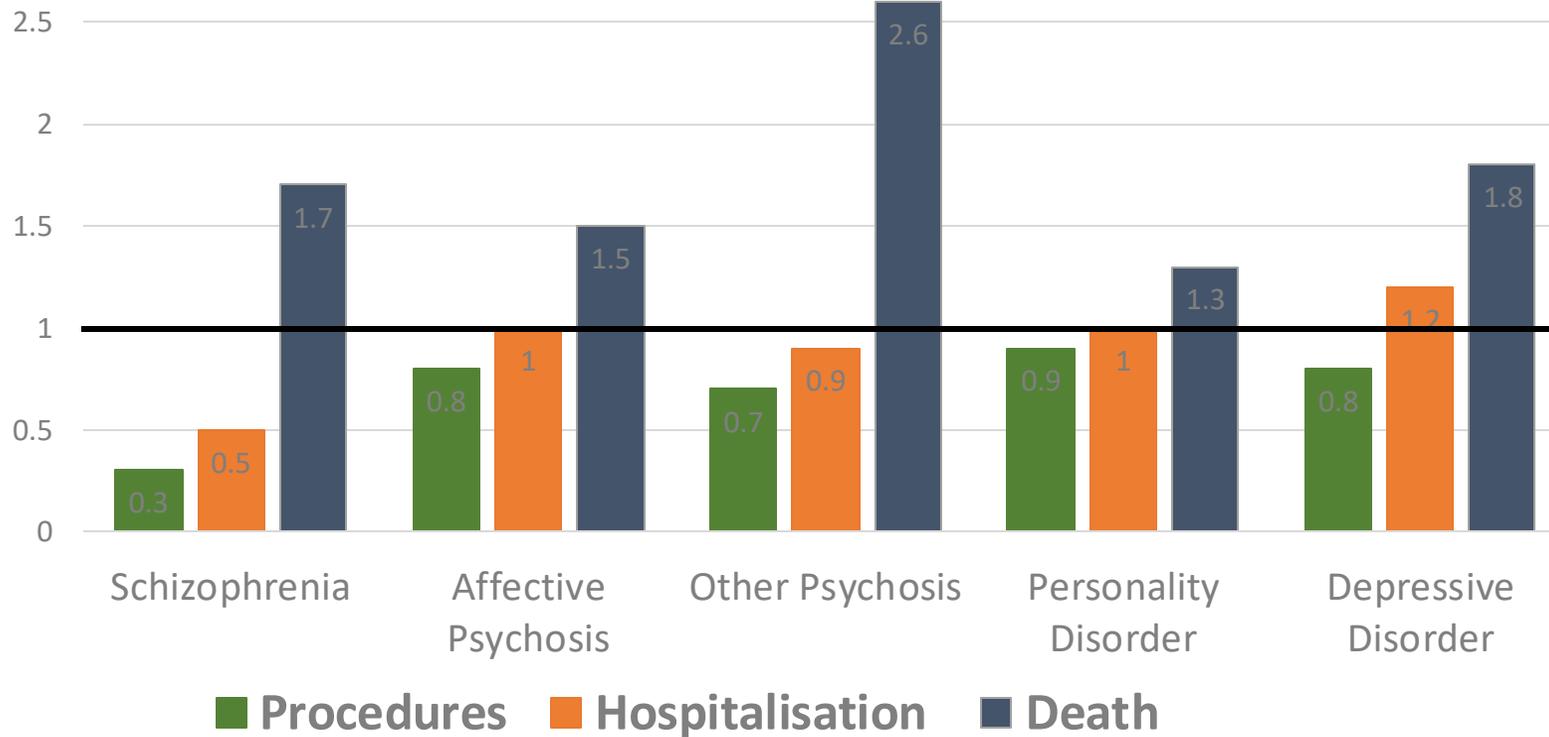
Russell Roberts

Equally Well Australia | Charles Sturt University

equallywell.org.au



ISCHAEMIC HEART DISEASE HOSPITALISATION, REVASCULARISATION PROCEDURE AND DEATH RATES



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

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VOL. ■, NO. ■, 2023

ORIGINAL RESEARCH PAPER

Sudden Cardiac Death in People With Schizophrenia

Higher Risk, Poorer Resuscitation Profiles, and Differing Pathologies

Elizabeth D. Paratz, MBBS, PhD,^{a,b,c} Alexander van Heusden, MPH,^a Dominica Zentner, MBBS, PhD,^{d,e} Natalie Morgan, RN,^f Karen Smith, PhD,^{g,h,i} Tina Thompson, RN,^{d,e} Paul James, MBChB, PhD,^d Vanessa Connell, RN,^j Andreas Pflaumer, MD, PhD,^{k,l} Christopher Semsarian, MBBS, PhD,^m Jodie Ingles, PhD,ⁿ Sarah Parsons, MBBS,^{l,o} Ilan Rauchberger, MBBS,^{h,p} Dion Stub, MBBS, PhD,^{a,b,q,r} 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, Prahan, Victoria, Australia; ^bAlfred Hospital, Prahan, 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 Paediatrics, University of Melbourne, Parkville, Victoria, Australia; ^lMurdoch Children's

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Vaccine Preventable Conditions

- 3 times vaccine preventable deaths
- 5 times vaccine preventable hospitalisations
- 7 times vaccine preventable hospital bed days (ALOS 11.2 days)

Psychological Medicine
cambridge.org/psm

Vaccine-preventable hospitalisations in adult mental health service users: a population study

Grant Sara^{1,2,3}, Patrick Gould², Jackie Curtis², Michael Lau⁴, Parashar Ramanuj⁵, David Currow⁶

Original Article

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Key words:
Epidemiology; prevention; vaccination

Author for correspondence:
Grant Sara,
E-mail: Grant.Sara@health.nsw.gov.au

Abstract
Background. Vaccine-preventable conditions cause preventability in people living with mental illness. We examined how range of vaccine-preventable conditions varied by age and service users.
Methods. Linked population data from New South Wales identify vaccine-preventable hospitalisations (VPH) for 19 Adult MH service users (n = 418 915) were compared to other rates standardised for age, sex and socioeconomic status admissions for COVID-19 to September 2021.
Results. We identified 94 180 VPH of which 41% were influenza, 32% were COVID-19, 19% were pneumococcal pneumonia, 14% were hepatitis B, 10% were pertussis, 8% were shingles, 7% were measles, 6% were tetanus, 5% were diphtheria, 4% were rubella, 3% were meningococcal meningitis, 2% were hepatitis A, 1% were hepatitis C, 1% were hepatitis E, 1% were hepatitis G, 1% were hepatitis I, 1% were hepatitis J, 1% were hepatitis K, 1% were hepatitis L, 1% were hepatitis M, 1% were hepatitis N, 1% were hepatitis O, 1% were hepatitis P, 1% were hepatitis Q, 1% were hepatitis R, 1% were hepatitis S, 1% were hepatitis T, 1% were hepatitis U, 1% were hepatitis V, 1% were hepatitis W, 1% were hepatitis X, 1% were hepatitis Y, 1% were hepatitis Z, 1% were hepatitis AA, 1% were hepatitis AB, 1% were hepatitis AC, 1% were hepatitis AD, 1% were hepatitis AE, 1% were hepatitis AF, 1% were hepatitis AG, 1% were hepatitis AH, 1% were hepatitis AI, 1% were hepatitis AJ, 1% were hepatitis AK, 1% were hepatitis AL, 1% 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Background
People living with mental ill health experience increased rates of vaccine-preventable hospitalisations and premature mortality. Vaccine-preventable conditions such as influenza, pneumococcal pneumonia, hepatitis B, pertussis, shingles, measles, tetanus, diphtheria, rubella, meningococcal meningitis, hepatitis A, hepatitis C, hepatitis E, hepatitis G, hepatitis I, hepatitis J, hepatitis K, hepatitis L, hepatitis M, hepatitis N, hepatitis O, hepatitis P, hepatitis Q, hepatitis R, hepatitis S, hepatitis T, hepatitis U, hepatitis V, hepatitis W, hepatitis X, hepatitis Y, hepatitis Z, hepatitis AA, hepatitis AB, hepatitis AC, hepatitis AD, hepatitis AE, hepatitis AF, hepatitis AG, hepatitis AH, hepatitis AI, hepatitis AJ, hepatitis AK, hepatitis AL, hepatitis AM, hepatitis AN, hepatitis AO, hepatitis AP, hepatitis AQ, hepatitis AR, hepatitis AS, hepatitis AT, hepatitis AU, hepatitis AV, hepatitis AW, hepatitis AX, hepatitis AY, hepatitis AZ, hepatitis BA, hepatitis BB, hepatitis BC, hepatitis BD, hepatitis BE, hepatitis BF, hepatitis BG, hepatitis BH, hepatitis BI, hepatitis BJ, hepatitis BK, hepatitis BL, hepatitis 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Introduction
Mental health (MH) conditions are associated with reduced life expectancy. Disadvantage, life-style, increased prevalence of chronic illness, medication side effects, reduced help-seeking and the accessibility and quality of health care all contribute to this mortality gap (Lawrence *et al.*, 2010; Liu *et al.*, 2017; Firth *et al.*, 2019). Action on this problem requires complex health system changes across the spectrum of prevention, primary care and specialist mental and physical health services (Liu *et al.*, 2017; Barber and Thornicroft, 2018; Firth *et al.*, 2019). Effective indicators are essential for health system change (Berwick *et al.*, 2003). This study examines Potentially Preventable Hospitalisations (PPH) as a possible indicator of medical morbidity and health care in people with MH conditions. PPH, also called 'Ambulatory

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Potentially preventable hospitalisations for physical health conditions in community mental health service users: a population-wide linkage study

G. Sara^{1,2}, W. Chen¹, M. Large³, P. Ramanuj^{4,5}, J. Curtis¹, F. McMillan⁶, C.L. Mulder⁷, D. Currow⁸ and P. Burgess⁹

Original Article

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Author for correspondence:
Grant Sara,
E-mail: grant.sara@health.nsw.gov.au

Abstract
Aims. Mental health (MH) service users have increased prevalence of chronic physical conditions such as cardio-respiratory diseases and diabetes. Potentially Preventable Hospitalisations (PPH) for physical health conditions are an indicator of health service access, integration and effectiveness, and are elevated in long term studies of people with MH conditions. We aimed to examine whether PPH rates were elevated in MH service users over a 12-month follow-up period more suitable for routine health indicator reporting. We also examined whether MH service users had increased PPH rates at a younger age, potentially reflecting the younger onset of chronic physical conditions.
Methods. A population-wide data linkage in New South Wales (NSW), Australia, population 7.8 million. PPH rates in 178 009 people using community MH services in 2016–2017 were compared to population rates. Primary outcomes were crude and age- and disadvantage-standardised annual PPH episode rate (episodes per 100 000 population), PPH day rate (hospital days per 100 000) and adjusted incidence rate ratios (AIRR).
Results. MH service users had higher rates of PPH admission (AIRR 3.6, 95% CI 3.5–3.6) and a larger number of hospital days (AIRR 5.2, 95% CI 5.2–5.3) than other NSW residents due to increased likelihood of admission, more admissions per person and longer length of stay. Increases were greatest for vaccine-preventable conditions (AIRR 4.7, 95% CI 4.5–5.0), and chronic conditions (AIRR 3.7, 95% CI 3.6–3.7). The highest number of admissions and relative risks were for respiratory and metabolic conditions, including chronic obstructive airways disease (AIRR 5.8, 95% CI 5.5–6.0) and diabetic complications (AIRR 5.4, 95% CI 5.1–5.8). One-quarter of excess potentially preventable bed days in MH service users were due to vaccine-related conditions, including vaccine-preventable respiratory illness. Age-related increases in risk occurred earlier in MH service users, particularly for chronic and vaccine-preventable conditions. PPH rates in MH service users aged 20–29 were similar to population rates of people aged 60 and over. These substantial differences were not explained by socio-economic disadvantage.
Conclusions. PPHs for physical health conditions are substantially increased in people with MH conditions. Short term (12-month) PPH rates may be a useful lead indicator of increased physical morbidity and less accessible, integrated or effective health care. High hospitalisation rates for vaccine-preventable respiratory infections and hepatitis underline the importance of vaccination in MH service users and suggests potential benefits of prioritising this group for COVID-19 vaccination.

Introduction
Mental health (MH) conditions are associated with reduced life expectancy. Disadvantage, life-style, increased prevalence of chronic illness, medication side effects, reduced help-seeking and the accessibility and quality of health care all contribute to this mortality gap (Lawrence *et al.*, 2010; Liu *et al.*, 2017; Firth *et al.*, 2019). Action on this problem requires complex health system changes across the spectrum of prevention, primary care and specialist mental and physical health services (Liu *et al.*, 2017; Barber and Thornicroft, 2018; Firth *et al.*, 2019). Effective indicators are essential for health system change (Berwick *et al.*, 2003). This study examines Potentially Preventable Hospitalisations (PPH) as a possible indicator of medical morbidity and health care in people with MH conditions. PPH, also called 'Ambulatory

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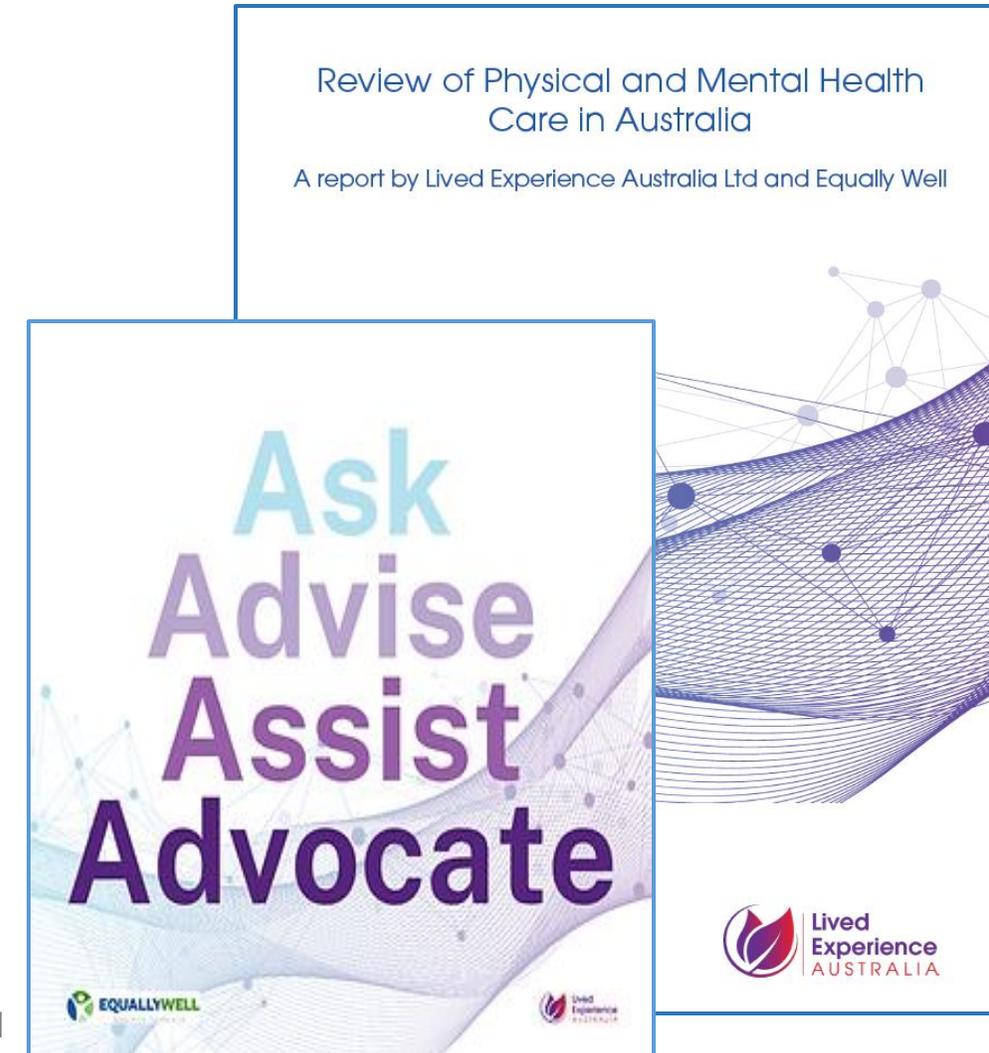
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- **Equity of access to health care and optimal health is a fundamental human right**
- **Poor physical health is associated with a 4 times increase in the incidence of psychological distress**
- **And associated with 60.2% of completed suicides**
- **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.

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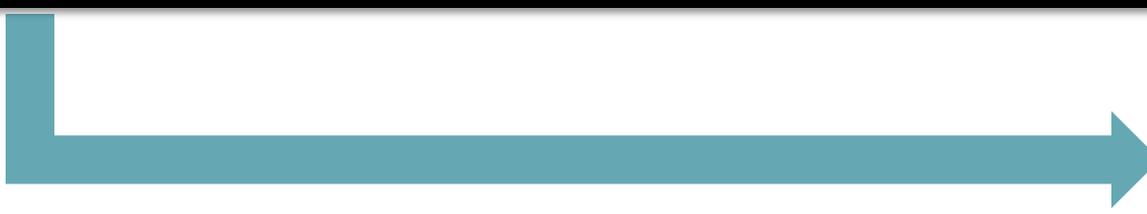


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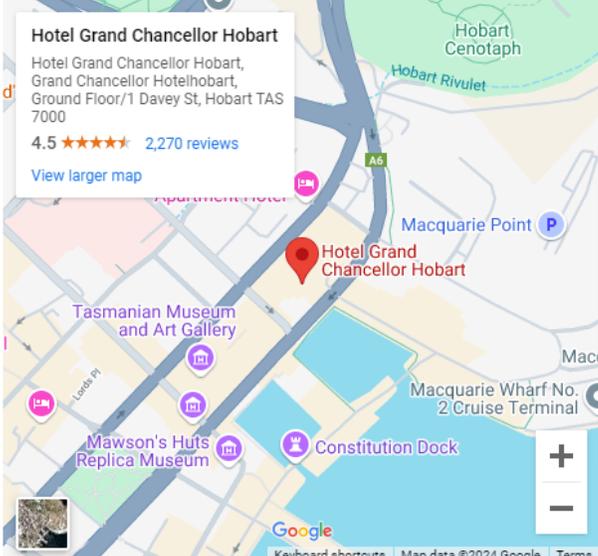
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Future PHT education opportunities

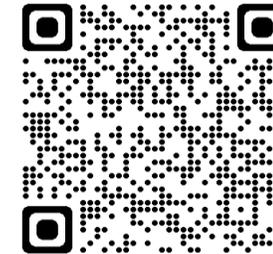
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Topic:	Gender and disaster
Facilitated by:	Gender and Disaster Australia and Primary Health Tasmania
Speaker:	GADAus
Date and time:	Saturday 23 November 2024 - 9:30am to 5:00pm
Location:	Hotel Grand Chancellor Hobart, 1 Davey Street, Ground Floor
Audience:	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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