Heartscapes: A new narrative for understanding the complexities that underpin cardiovascular vulnerability

Teresa Kelly, Bridget Hamilton, Sharon Lawn, and Suresh Sundram

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Acknowledgements

Acknowledgement of Country

- We wish to acknowledge the traditional owners of the Land on which we are meeting today, the Wurundjeri people of the Kulin Nation, and pay our respects to their elders, past, present and emerging

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Acknowledgements

Acknowledgement of lived experience

- We wish to acknowledge the valuable contribution of the study participants. We thank them for their generous sharing of knowledge, wisdom, and lived experience
- We wish to acknowledge people with lived experience of mental illness, mental distress, and other trauma who are present today
- We wish to acknowledge people with lived experience of caring for someone who lives with mental illness, mental distress or other trauma who are present today

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Research team

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Ethical considerations

- Ethics approval was obtained from the Melbourne Health Human Research Ethics Committee

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The research problem

- All of us have been vexed by the tragedy of high morbidity and mortality rates with people dying up to 20 years younger than the general population[1,2]
- Cardiovascular disease is the major cause of this premature mortality[1,2]
- Improvements in cardiovascular health in the general population have not benefited people who live with mental illness[1]

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The research problem

- Extensive research has produced important biomedical knowledge of cardiovascular disease in mental illness populations. BUT this knowledge has not translated into improvements in the cardiovascular health of people who live with mental illness
- Strategies have emphasized protocols to identify and respond to biomarkers of cardiovascular disease risk. YET these have failed to impact this longstanding health inequality
- Understanding why this is so, is the bedrock of my PhD research questions and aims

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Research questions

1. How does living with mental illness influence the cardiovascular health of the participants in their everyday lives?
2. How do the participants experience their heart and their heart health, and what meaning do they make of these experiences?
3. How do their stories explain the cardiovascular disease risk and mortality inequalities experienced by people who live with mental illness?

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A realist qualitative design

- I used critical realism[3,4] and a realist qualitative design[5,6] to frame a multi-method narrative inquiry[7,8,9,10]

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Methods

Setting:

- Community settings within one area mental health service in metropolitan Melbourne

Participants:

- 12 people
  - who live with mental illness
  - who accessed treatment at the area mental health service

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Methods

Multi-method narrative inquiry

- Data collection:
  - Clinical file reviews
  - Semi-structured interviews
  - Semi-structured narrative interviews
  - Visual methods
- Data analysis:
  - Narrative analysis undertaken across the datasets produced a collection of 10 illustrated core stories
  - Thematic analysis conducted within and across the storied collection produced a metanarrative

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Research artefacts

1. Cardiometabolic risk factor data displays
2. Cardiovascular health visual data displays
3. Illustrated core story collection
4. Metanarrative

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Results

Metanarrative

- Four themes
- Mapped to a landscape metaphor
- Four lands

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Results

Heartscapes:

1. Borderlands: Getting mental illness, switching on the complex interplay
2. Entangled lands: Living the complex interplay
3. Heartspace: Uncovering the human hearts
4. Transformational Lands: Transforming vulnerable hearts.

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Discussion

A new narrative

- Using a multiperspective exploratory approach generated a new narrative for understanding the complex interplay of mental illness and cardiovascular health

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Discoveries

New perspectives

- Mental illness is a potent contributor to lived cardiovascular vulnerability
- Cardiovascular disease is not an inevitable consequence
- Individual interpretations of heart and heart health matter
- Connection is key to transforming cardiovascular vulnerability into possibilities for cardiovascular health

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Significance

- Enabling heart health depends on recovery-oriented care
- **BUT…**

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Implications for practice & conclusions

A call for a radical, relational, and integrated approach to addressing cardiovascular inequalities.

- Why radical?

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Implications for practice & conclusions

Translation of research findings into policy in Victoria is underway:

– *Equally well in Victoria: Physical health framework for specialist mental health services*

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