



EQUALLYWELL

2019 Symposium

28-29 March 2019, RMIT Melbourne

The First National Equally Well Symposium

Summary Report

***Equally Well in Action: Implementing strategies to improve
the physical health of people living with mental illness.***



Acknowledgements

Charles Sturt University (CSU) acknowledges all First Nations Elders, both past and present, from the lands where CSU students and staff reside. In particular, CSU acknowledges the Wiradjuri, Ngunawal, Gundungarra and Biripai peoples of Australia, who are the traditional custodians of the land where the university's campuses are located. CSU and RMIT also acknowledges the Wurundjeri people of the Kulin nations on whose traditional lands this symposium took place

We acknowledge all people who have personal experience of mental illness. The voice of people with lived experience is essential to our work.

Thank you to the volunteers who generously gave of their time and experiences to assist this event:

Jonathon Balzary
Sitong (Jessie) Chen
Liannah Diacaris
Madeline Grigg
Eliza Hew

Jack Hudson
Georgia Lennon
Justine Ma
Mahnaz Pourlotfi
Deniz Vardy

Notes

Charles Sturt University acknowledges the wide range of terms often used within the field of mental health, such as service user, consumer, patient, client, person with lived experience and psychiatric survivor. These terms reflect local contexts, historical moments, political influences and preferences. We have used the term people living with mental illness. We also acknowledge the critique and limitations of all terms, including people living with mental illness.

Conference Organising Committee

Associate Professor Russell Roberts (Co Chair), Charles Sturt University
Dave Peters (Co Chair), EWIC Consumer representative
Dr Chris Maylea (Scientific Program Chair), RMIT
Catherine Brown, National Mental Health Commission
Lee Cobb, Equally Well, Charles Sturt University
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Jennifer Bowman, University of Newcastle
Rosie Forster, Royal Australian and New Zealand College of Psychiatrists
Andrew Watkins, Keeping the Body in Mind, South Eastern Sydney Local Health District

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Suggested citation:

Croakey Professional Services, *Summary Report of the First Equally Well National Symposium: Equally Well in Action: Implementing strategies to improve the physical health of people living with mental illness*, RMIT, Melbourne, March 2019.

This Summary Report from the Equally Well symposium, staged in Melbourne on 28-29 March 2019, has been compiled by Croakey Professional Services for the [Equally Well Implementation Committee](#), in consultation with Convenor Dr Russell Roberts, from Charles Sturt University.

April 2019

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Executive Summary

Equally Well Australia hosted its inaugural national symposium at the RMIT City Campus in Melbourne on 28-29 March 2019, with the theme: *Equally Well in Action: Implementing strategies to improve the physical health of people living with mental illness*.

The two-day forum, staged by the Equally Well Implementation Committee, brought together, for the first time, representatives from many of the 85 agencies and organisations signed up to the Equally Well [Consensus Statement](#), and other interested people.

Strong sponsorship support meant the symposium could offer free registration to the 240-plus people who attended each day. Coming from all states and territories, the participants included people living with mental illness, carers, health professionals and clinicians including GPs, psychiatrists and pharmacists, and funders, researchers, and policy makers.

The discussions were amplified beyond the symposium by the Croakey Conference News Service, which live tweeted the event, conducted and broadcast video interviews and provided independent [journalistic coverage](#). Key sessions were livestreamed via the Periscope app, and at 23 April 2019 had attracted 1,196 viewers.

Presentations and keynote addresses highlighted the need to break down silos between physical and mental health care, and to address the stigma and discrimination experienced, in and out of the health system, by many people living with mental illness.

The event heard that targeted lifestyle interventions can work for people living with mental health illness (and mental health service staff), but that inequalities could not be addressed without a focus on the social determinants of health and the physical health impacts of mental health medications and treatments.

A range of themes emerged from discussions, including the need for co-production, systems change, and diverse collaborations, and to get commitment, funding and action on the growing body of evidence around Equally Well.

"We do not have a knowledge gap, we have an implementation gap" was an over-riding message.

The event attracted strong positive feedback from participants, especially about speakers, content and free attendance, with suggestions also for improvements on workshop structure and outcomes, IT support, First Nations representation, and the need to recognise the impact of trauma.

That feedback and other discussions have informed a number of recommendations, including that another symposium should be staged in 2020, with sponsorship to cover attendance for most participants, to build on the momentum in Australia and internationally of this event and other developments in Equally Well.



Introduction

After 2 years of consultation and development the Equally Well [Consensus Statement](#) was launched by the National Mental Health Commission in 2017 amid growing concern that people living with mental illness have poorer physical health yet receive less and lower quality health care than the rest of the population – and die younger.

Since it was officially launched by Professor Alan Fels in July 2017, 85 agencies and organisations have signed up to the statement.

Representatives of many of those agencies and organisations and other interested people attended the inaugural Equally Well Australia national symposium at the RMIT City Campus in Melbourne on 28-29 March 2019, meeting under the theme: *Equally Well in Action: Implementing strategies to improve the physical health of people living with mental illness*.

The symposium aimed to highlight innovative practice and showcase excellence in Australia, New Zealand and the United Kingdom, and to hear from leading advocates.



Key links:

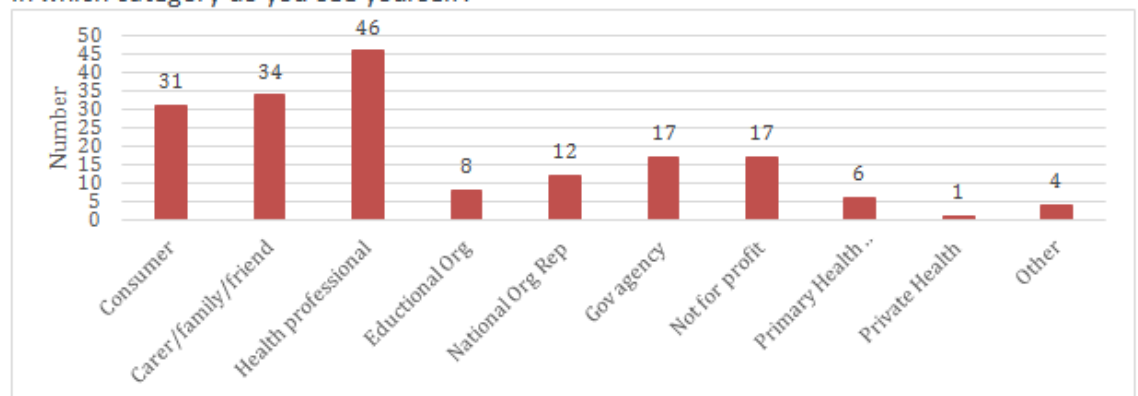
- Full program PDF: <https://www.equallywell.org.au/wp-content/uploads/2019/03/Equally-Well-A3-Program-2-pages-v7.pdf>
- Event website: <https://www.equallywell.org.au/symposium/>
- Speakers list, bios and abstracts: <https://www.equallywell.org.au/symposium-speakers/>

Registrations

Due to strong sponsorship, the symposium was able to meet an important equity target by offering all registrations for free. This provided access for many people, particularly those living with mental illness and those not in full-time employment, who otherwise would not be able to attend such an event. This offer was very well received and taken up.

- Registrations were initially capped at 220 delegates. Eight weeks prior to the symposium all available places were booked, with approximately 80 people on the waitlist. The cap was then raised to 275. On the eve of the symposium, approximately 50 people remained on the waitlist.
- Attendance was approximately 220 each day. This represented a much lower attrition rate (20 per cent) than experienced by most free conferences (40-50 per cent) but was less than optimal because those on the wait list missed the opportunity to attend and the shortfall meant wasted catering costs.
- Delegates included people living with mental illness, carers, health professionals and clinicians including GPs, psychiatrists and pharmacists, and funders, researchers, and policy makers.
- A designated component of the sponsorship included bursaries for people living with mental illness and carers to attend. The bursaries covered travel within Australia, accommodation in Melbourne, and transfers. Fourteen bursaries were offered and taken up.

In which category do you see yourself?



Total: 120 respondents

Sponsors

The Symposium Organising Committee was grateful for the support of nine major sponsors, which provided both direct funding and, in the case of RMIT and Charles Sturt University, substantial in kind support.

The in kind support included RMIT's venue, IT services and 10 student volunteers on each day who assisted with registration, way finding, plenary and concurrent session support, and general logistics.

The in kind support from CSU included overall planning, and coordination, speaker invitations, securing sponsorship, travel arrangements for speakers and supported delegates, meeting secretariat, production of conference program and printing and overall planning logistics.

Catering services, including all day coffee service on both days, were sourced from community providers: SRC Catering, a not-for-profit social enterprise of the Asylum Seeker Resource Centre, and the Wild Timor Coffee Co.



Multi-media coverage

To amplify the discussions of the symposium and the broader aims of Equally Well beyond the walls of the venue and the delegates attending, the conference contracted the Croakey Conference News Service to live-stream key sessions via Periscope (and Twitter) and to provide independent journalistic coverage at the public health news site [Croakey](#).



Stories and video interviews:

- The stories and 10 video interviews with keynote speakers, presenters and participants can be accessed via [this link](#).
- As at 11 June 2019, the video interviews, available via this [playlist](#), had been viewed a total of 1,628 times across Periscope and YouTube.
- Croakey's live streaming of symposium sessions had logged 1,196 viewers as at 23 April 2019.

Social media coverage:

- Custom analytics captured by [Symplur](#) show 288 participants engaged on the issues raised at the symposium on Twitter using the hashtag #EquallyWellAust, sending 2,475 tweets, and creating more than 14.59 million Twitter impressions.
- NB Some delegates and other Twitter participants used other hashtags, including the standard #EquallyWell but these could not be captured for the event.

Program

A warm Welcome to Country was delivered by Wurundjeri Elder Uncle Dave Wandin who said: "By keeping our Country healthy, we keep our people healthy".

Each day also opened with an acknowledgement of the people living with mental illness, including from Dave Peters, Conference Co Chair who said: "I really celebrate the diversity of experience and those who are able to use it to inform improvements."

Conference Co-Chair Dr Russell Roberts welcomed those attending, saying the symposium was being held at a "very special moment in time for physical health equality of people with mental health issues where this work is gaining momentum, and builds on the efforts over the last 20 years of many people here".

"Everyone here is now part of mental health history," he said. "The aim of this conference is to share, to influence and to be influenced."

Keynote speakers

Dr Simon Rosenbaum is a Senior Research Fellow in the School of Psychiatry, UNSW Sydney and the Black Dog Institute, who currently holds an NHMRC Early Career Fellowship and is also an inaugural UNSW Scientia Fellow. He is Equally Well's exercise ambassador, and is a passionate advocate for the integration of lifestyle interventions as "routine care" for people living with mental illness.

His address mapped his work following his early successful clinical trial of exercise for inpatients with post-traumatic stress disorder. He discussed the need for culture change in mental health services to break down silos in physical and mental health care, critiqued mainstream media messages on the impact of exercise on mental health that alienate people with mental illness, and urged clinicians and services to shift their focus from weight loss to physical fitness.

He asked: "Can exercise improve the physical health of people living with mental illness? The answer is yes, absolutely. Our biceps don't care what the DSM diagnosis is."

Lucy Brogden is the Chair of the National Mental Health Commission, with more than 25 years commercial experience including with Macquarie Group and Ernst & Young working in accounting, finance and organisational psychology.

She officially opened the symposium, congratulating the Equally Well Implementation Committee, as well as the NZ delegates on their pioneering work – "we are really seeing a movement take hold in this space". She said she saw that in action last year when she represented Australia on behalf of Health Minister Greg Hunt at the Global Mental Health Ministers forum in London, to mark the release of The Lancet Commission special report on global mental health and sustainable development which prioritised physical health.

She urged those signed up to the Equally Well Consensus Statement to commit to the change of practice and of culture that they have endorsed.

"We can have these beautiful documents...that everyone puts their name to, but they are for naught if, in our minds and behaviours, we are still doing old practice, old ways, and not embracing a new mindset."

Helen Lockett and Caro Swanson are pioneers of Equally Well in New Zealand, and presented together at the symposium. Helen is an experienced researcher, innovator and critical thinker, works as a senior advisor to the OECD and the New Zealand government, and has a national leadership role for Equally Well New Zealand. Caro is Principal Advisor Mental Health and Service User Lead for Te Pou o te Whakaaro Nui, the national centre of evidence-based workforce development for the adult mental health, addiction and disability sectors in New Zealand. She is a longtime Equally Well champion.

They talked about the origins of Equally Well in New Zealand and how they navigated and addressed concerns that this should not add another layer of scrutiny and stigma for people living with mental illness, but should look to creating diverse collaborations of organisations and services and to addressing systemic gaps and failures that are behind physical health issues for people with mental illness.

They offered 7 tips for building and sustaining such a collaboration:

1. Create a sense of urgency.
2. Involve the people affected from the outset.
3. Help individuals and organisations see how they can contribute.
4. Build a virtual community.
5. Develop distributed leadership.
6. Work with diversity, respect difference.
7. Build understanding and bridges across different sectors.

Indigo Daya and Dr Chris Maylea spoke about physical health as a human rights issue. Indigo has lived experience as a survivor of childhood trauma, madness and coercive mental health services and is Human Rights Advisor at the Victorian Mental Illness Awareness Council (VMIAC) and Research Fellow at the Melbourne Social Equity Institute, Faculty of Law, University of Melbourne. Chris is a mental health social worker, mental health lawyer and a lecturer at RMIT University, and manager of external relationships and consumer engagement and participation for the Equally Well Initiative. His work is informed by his own lived experience of mental health diagnosis.

They said efforts to improve the physical health of people living with mental illness must start with changed prescribing practices for medications and treatments that can impact on physical health and ensuring that mental health services comply with international human rights obligations.

This involved the need to ensure that consent is truly free and informed, through full disclosure of possible side-effects of medication through to opposition to compulsory treatment, including seclusion and restraint.

Chris said: “Human rights are not something you can bolt on. If you are doing mental health service provision and you are not maintaining human rights, not upholding dignity and autonomy, you are not doing mental health work.”

Adjunct Associate Professor Kim Ryan is CEO of the Australian College of Mental Health Nurses (ACMHN).

She said Australia’s 410,000 nurses and midwives should be a priority focus for Equally Well efforts, given they are often the first point of contact for many people with mental health concerns but not necessarily alert or skilled to help manage mental health issues.

She spoke about ACMHN's initiatives to put a stronger focus on physical health, including a proposed mental health component of registered nurse accreditation standards, a mental health scope of practice for general practice nurses, and new online modules.

Physical health care check reminder cards have also been developed to go with the ACMHN’s popular Mental Status Examination (MSE) cards that are attached to ID lanyards and used by mental health nurses, primary care nurses, student nurses and others in their daily practice. Like the online modules, they too are proving popular, she said.

Dr Kym Jenkins is a psychiatrist, and was president of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) at the time of her plenary address.

She highlighted the advocacy campaign launched in recent years by the RANZCP for the physical health of people with serious mental illness. That has included four reports that document the issues and economic cost of serious mental illness in physical health terms, an expert consensus statement and new clinical practice guidelines.

The RANZCP's aim is to draw the attention of governments and policy makers to the reduced life expectancy of most people with serious mental health issues, and to work with its own committee and members to drive change in practice.

“I think we have a really important role in addressing stigma, monitoring side-effects of all medications, not just antipsychotics, advocating and helping patients in lifestyle interventions,” she said.

“We need integration and communication with other health practitioners. I can’t underscore that enough, and we need to advocate for systemic change.”

Dr Kate Johnston-Ataata and Dave Peters presented on the intersections of mental and physical health, and particularly about the role of Healthtalk Australia and the value of online health and illness experiences. Kate is a Research Fellow in the Social & Global Studies Centre's Social Research in Health Program at RMIT and coordinator of Healthtalk Australia. Dave is consumer co-chair of the Equally Well Implementation Committee and a social researcher.

They outlined the power of individual stories, including Dave's, that emerged through a HealthTalk Australia research project which spoke to 29 people from across Victoria and from a range of backgrounds who have received psychiatric diagnoses including psychosis, schizophrenia, bipolar disorder, and depression.

They spoke about their experiences of diagnosis, medication, hospitalisation, discrimination, personal recovery, and about how they could best be supported by health professionals in making decision about treatments and other aspects of their lives.

Dave talked about an ongoing challenge for people with mental illness: "Do I look after my mental wellbeing by taking medication or do I look after my physical health and risk getting into a risk space of mental unwellness?"

Fay Jackson is the General Manager of Inclusion at Flourish Australia, Emeritus Deputy NSW Mental Health Commissioner and a current member of the Clinical Innovation and Clinical Excellence Commission Council.

She delivered a powerful plenary speech at the symposium, using her lived experience with mental illness "purposefully, as peer workers do" to highlight how poorer physical health is not because of mental illness but a range of other factors, including some medications and discrimination in health services and health care.

Drawing attention to the earlier deaths of so many people living with serious mental illness, she asked: "Do you plan on being old? I don't. It's highly unlikely I'll make it."

Fay urged mental health professionals and policy makers at the symposium to go back to work and "actually make a difference" as a result of the things they had learnt there.

"This isn't about your ego or even about your research or about your clinical work, this is about making a difference, a positive difference," she said.

"So please don't strive for better services, strive for friggin' excellent services and deliver them."

Andy Bell is Deputy Chief Executive for the Centre for Mental Health UK, which was instrumental in the establishment of Equally Well in the UK in 2017.

His address could not be shown live at the symposium due to technical reasons, but a recording is available at CroakeyTV, via [this link](#).

Andy said Equally Well UK was following three core principles:

1. Improving physical health has to be everyone's business and requires collective action.
2. The importance of co-production, where solutions are delivered through the shared actions of people with professional expertise and lived experience.
3. Making sure that people who have already developed good initiatives are able to share their ideas, insights and understandings and bring about change by growing the knowledge that is already in the field.

He said Equally Well UK had 50 members signed up to a Charter for Physical Health, and was growing by the week. Signatories to date included medical and mental health organisations, housing providers, user led organisations and charities.

Program highlights included:

- A presentation by Andrew Watkins, developer and clinical lead of the Keeping the Body in Mind (KBIM) run by the South Eastern Sydney Local Health District (SESLHD). It was described by session chair NSW Chief Psychiatrist Dr Murray Wright as a "model of translational research", where momentum came entirely from within the clinical team who pursued a solution to concerns about young people with psychosis.
- Steven David outlined the success of a multidisciplinary effort by the Western NSW Local Health District in Orange to better manage the physical health of patients in the community and avoid acute hospital admissions through dramatically improved metabolic monitoring, medication reviews, and coordination among health services.

Themes

A range of themes emerged from the two days of discussion. They included (but are not confined to) the following:

- There is a growing global movement to improve physical health of people with mental illness.
- True co-production is critical.
- We do not have a knowledge gap, we have an implementation gap.
- Poor physical health is a human rights issue.
- The side effects of medication and lack of screening and treatment are major contributors to poor physical health.

Evaluation

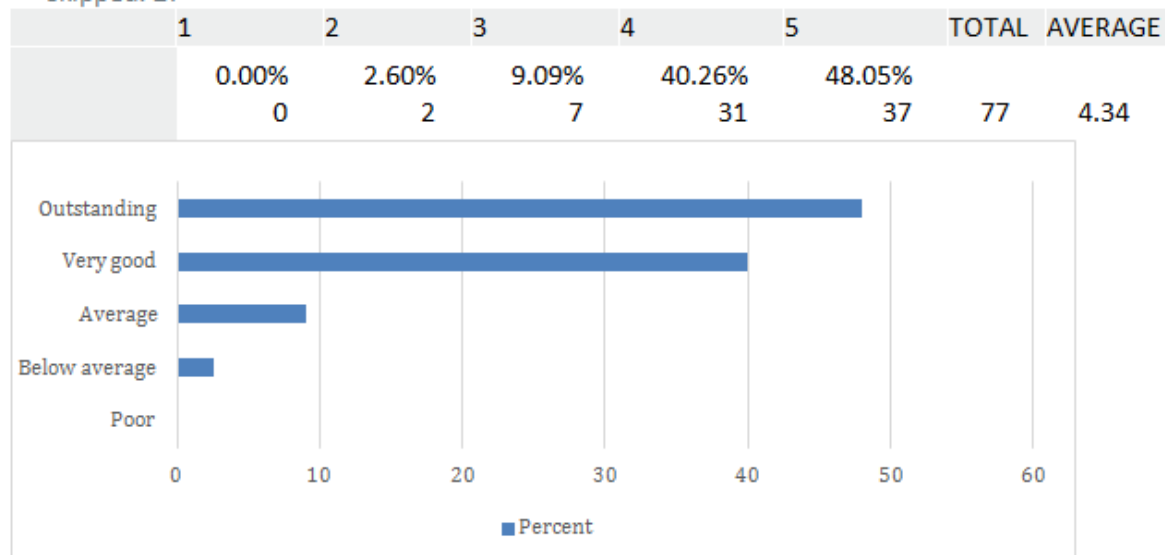
To evaluate the symposium and seek ideas for future improvements, organisers sent emails to all registered delegates, including those who did not attend.

The majority of responses were strongly positive. The evaluation also invited suggestions that might improve future events. A full copy of the evaluation is available. The following summary captures the main feedback.

How do you rate the symposium keynote speakers?

- Answered: 77

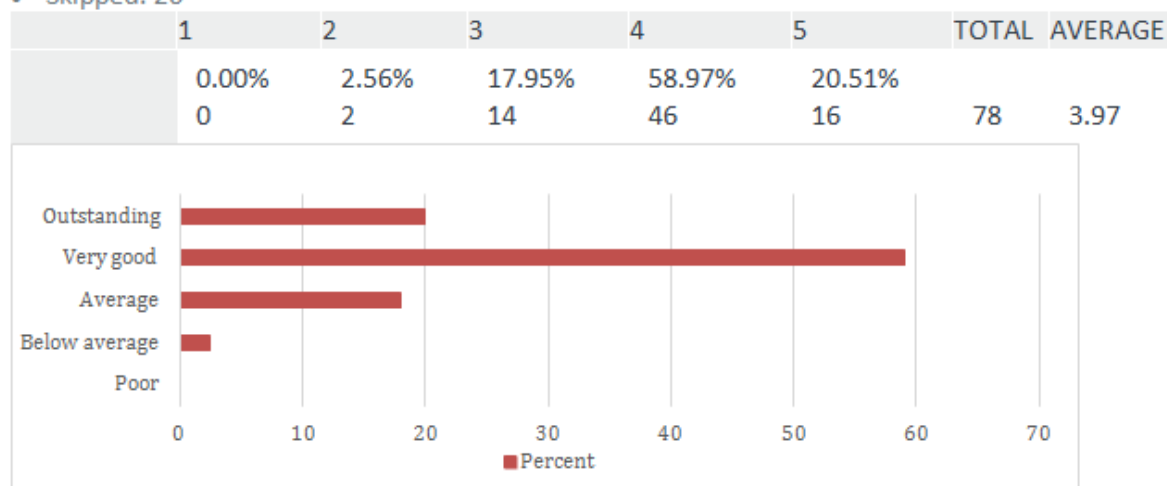
- Skipped: 27



How do you rate the concurrent and workshop sessions?

- Answered: 78

- Skipped: 26



Delegates were also asked:

How can we improve the Equally Well symposium? What did we do well?

In summary, the feedback was very positive, especially about the quality of speakers, overall content and free attendance.

Consumer delegates in particular asked for more consumer/peer/carer voices among speakers, including more joint consumer/clinician presentations such as that by NZ Equally Well's Caro Swanson and Helen Lockett. There was also concern that some more clinical presentations were not sensitive to the trauma in the room. One delegate asked for consumer presenters who work in clinical services rather than "political voices".

Re speaker content, some urged more focus on research, others wanted more on implementation, and there were different views on whether more or fewer streams of topics were needed in future events.

A number of delegates said the workshops required more structure and should have formally reported back to the plenary room with recommendations.

There was much positive feedback on event logistics, and some concerns/recommendations re IT, venue accessibility, catering, and the need to 'walk the talk' by providing breaks for physical activity, meditation or outside sessions.

Many feedback suggestions are taken into account in the Recommendations below.



Quotes from the feedback

"I think it was one of the best symposiums I have attended for years. Keeping it free and affordable and maybe having it in different cities each year would be great."

"The whole event was fantastic. Very sensitively done."

"I was not in attendance. As a student researcher I would have loved to be there in person. But also enjoyed being able to access so much via Twitter."

"I think the way in which you were outwardly respectful of the Lived Experience voice was refreshing. This element was sincere in your symposium whereas in most others it is just the beautiful rhetoric. A few people were triggered by a couple of the presentations. The presenters need to be considerate of this."

"It would be good to have access to a bit more information about the sessions – as only the title of the session was on the programme – would make it easier to choose what session is the best fit."

"More consumer experiences and challenges. Maybe what is working for them, what community services are working for them."

"Consider trauma informed principles for running conferences and dealing with potentially distressing content."

"Fantastic opportunity making it free for equity of access and show the commitment to the cause. Great keynote speakers. Great chairing. Great central location. Needed to have far more access to water during both days – water on tables in main auditorium would have been very welcome."

"Aboriginal and Torres Strait Islander speaker."

"Provide a template for workshop facilitators to give feedback from the session."



Recommendations

1. To keep up the momentum being generated by the Equally Well Consensus Statement and the 2019 Equally Well Symposium, stage a similar event in 2020, with consideration then given to whether it then be held every year or every two years.
2. Seek sufficient sponsorship to ensure the symposium is again a free event, and support attendance particularly for people with lived experience and carers. Also consider ways to support smaller service providers and those who may have to travel quite a distance.
3. More actively track registrations so that those who have registered but end up unable to attend can be replaced by those on the waiting list. Consider other efforts to reduce attrition that can stem from free registration and/or costs, such as requiring those in full time employment to pay for their meals.
4. Improve IT and audio/visual resources to ensure reliability, particularly for PowerPoint and video presentations. When these services are provided at a discount, ensure that systems are well tested before the event.
5. Consider a cost-effective way to prompt questions electronically, for those who may not want to speak publicly and also to minimize the deflating and distracting effect of longwinded and irrelevant questions (that are sometimes statements in disguise?).
6. Provide presenters, particularly those with clinical backgrounds, with guidelines for strengths-based, trauma-sensitive language (in content and images) to avoid causing harm or distress to those attending.
7. Strive harder to include Aboriginal and Torres Strait Islander mental health leaders in such public events, particularly given the greater health inequity experienced by Indigenous Australians which was highlighted in multiple sessions.
8. Set a more formal structure for workshops, to ensure chairs can report back on findings and recommendations to the wider audience.
9. Consider a process to summarise key findings, themes and recommendations in real time for symposium delegates.
10. On logistics: ensure the venue is accessible (particularly with lifts to all session rooms), with environmentally friendly catering and ample access to water.