

Together we are making a difference Lessons learnt from the Aotearoa New Zealand **Equally Well collaborative**

Caro Swanson and Helen Lockett







The Equally Well collaborative

Evidence informs both *What* we do and *How* we do it



The beginnings

A meeting of leaders from the nongovernment mental health and addiction sector were discussing the number of untimely and unexpected deaths of people using their services This is not acceptable

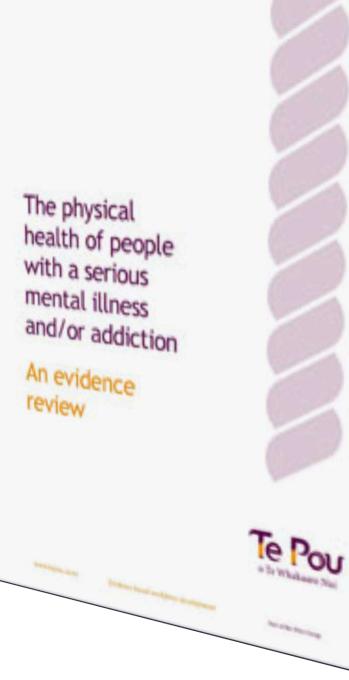
Understand the issues

Phase 1 (from mid 2013)

- Evidence collection
- Listening to people's experiences and concerns
- Making some new friends



review



It takes a system

"... because of the complex and interrelated factors contributing to this disparity, a systemic approach is needed"

Nease, 2014



Donald E Ne ase Jr MD

Associate Professor of Farrily Medicine and Vice Chair of Research, Department of Family Medicine, University of Colorado-Deriver, Colorado USA

he paper in this issue by Wheeler and colleagues' echoes similar work and policy in the United States The increasing prevalence of chronic physical health conditions among patients with serious mental illness (SMI) and its recognition has driven much of the impetus to consider how to best serve the physical health needs of this population. Two agencies working at our federal level in the United States to address these concerns are the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Agency for Healthcare Research and Quality (AHRQ). Both of these agencies have developed websites focusi ng on various aspects of integrated behavioural and physical health care (www.integration.samhsa.gov) and (www.integrationacademy.ahm.gov). These agenal their websites take slightly different apregisted care, stemming from their

and behavioural health

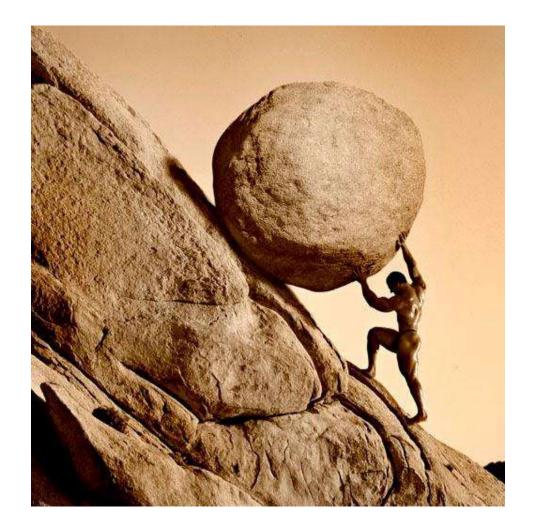
with serious mental illness-it takes a system

cated in a recent systematic review from Woltmann and colleagues.3 Apart from solutions that directly embed or co-locate primary care providers into behavioural health clinics or vice versa, the need for care coordination between primary and behavioural health care is critical. The need for, and challenges associated with this, are well described in a recent qualitative study by Ecell et al.4 Finally, regardless of the setting where patients with SMI receive care, maximising their engagement is critical. Research is currently upderway to examine the best ways to improve S patients' engagement with care."

In summary, health systems worldwi pling with the challenges of addr and health disparities of put-Identifying the dispari by patients with

Wicked problems

Wicked problems are difficult to define and they fight back when you try to solve them.



Sources: Fixen et al., 2013; Rittel and Webber, 1973

September 2014 - an evidence-informed **Call to Action**

Te Pou o te Whakaaro Nui











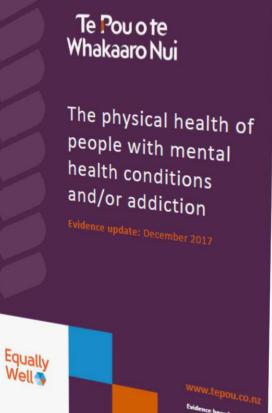
Tu Te Akaaka Roa New Zealand National Office





New Zealand College of Mental Health Nurses Inc





November 2014 – Equally Well summit Growing the crowd



Harm Reduction Approach to Psychiatric Drugs (12) Equally Well - 19 Aug



Conferences and events 2016 (1) Equally Well - 4 Aug

Detoxing from psychiatric medications (19) Equally Well · 4 Aug

New Kings Fund report (5) Equally Well · 3 Aug

metabolic screening (3) Equally Well - 25 Jul

Liver health (7) Equally Well · 6 Jul



Cardiovascular disease guidelines review (11) Equally Well · 30 Jun



archiving our older discussion threads (1) Equally Well - 29 Jun

Physical Health Resources (1) Equally Well - 27 Jun



Shared care initiatives (3) Equally Well - 23 Jun





Identified the drivers of inequalities

Health systems

Workforce issues

Psychotropic Medication

Socioeconomic status



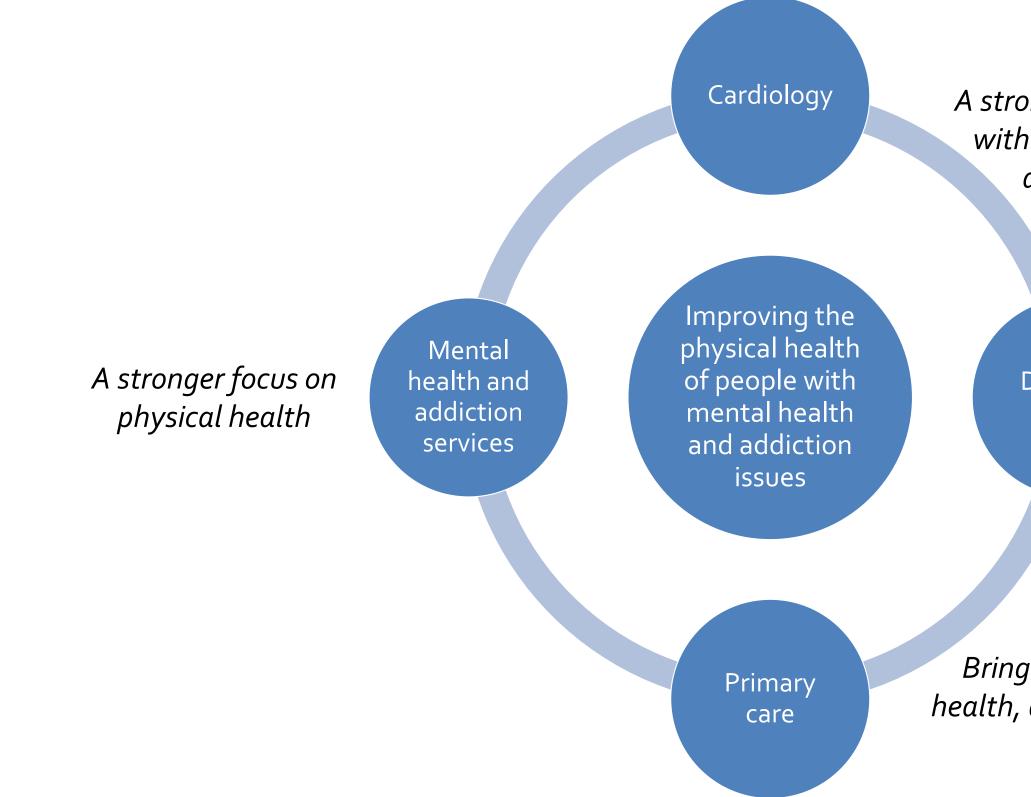
Exposure to known risk factors

Adverse childhood experiences

A fundamental shift in the way we 'view' the issues



EQUALLY WELL: LEVERAGING CHANGE ACROSS THE HEALTH AND SOCIAL CARE SYSTEM



Equally

Well

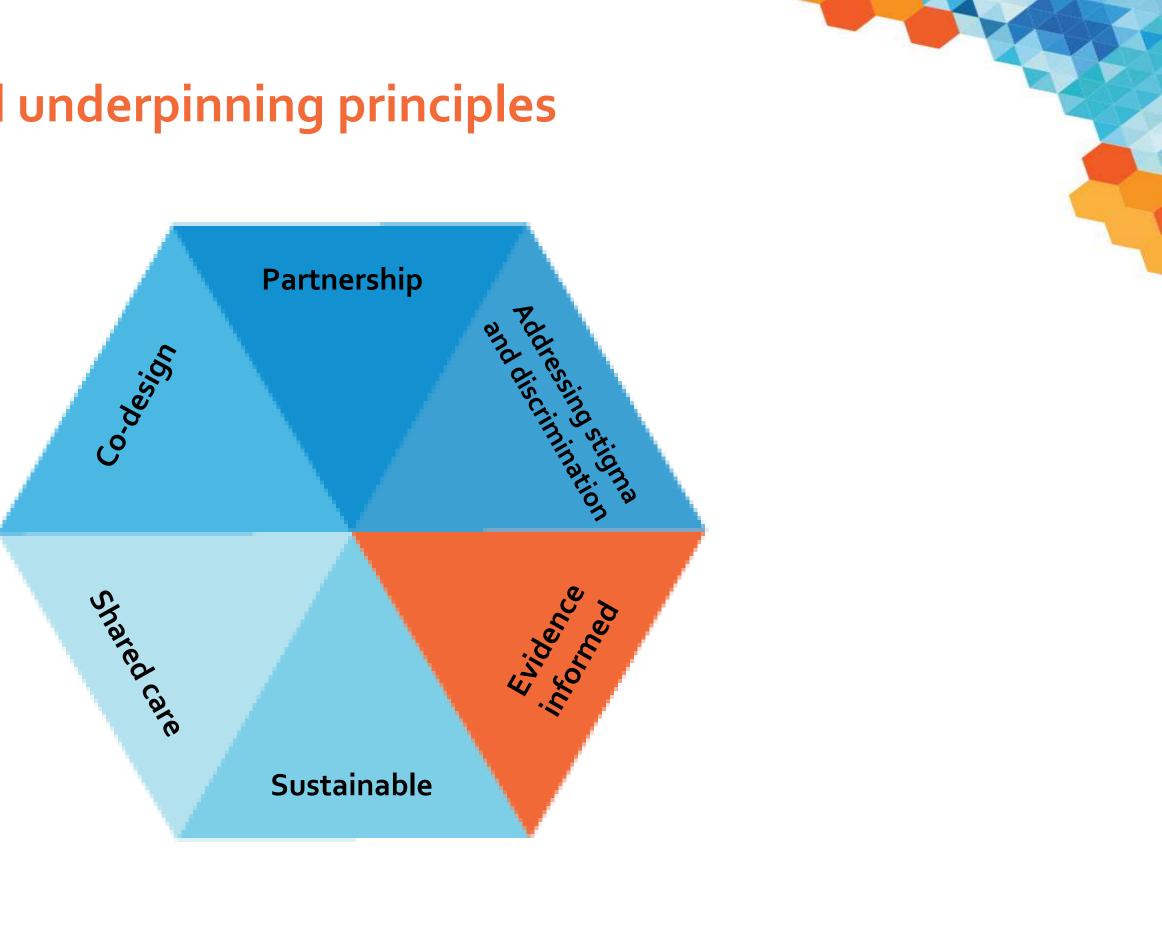
A stronger focus on people with mental health and addiction needs

> Diabetes care

Bringing together mental health, addiction and physical health



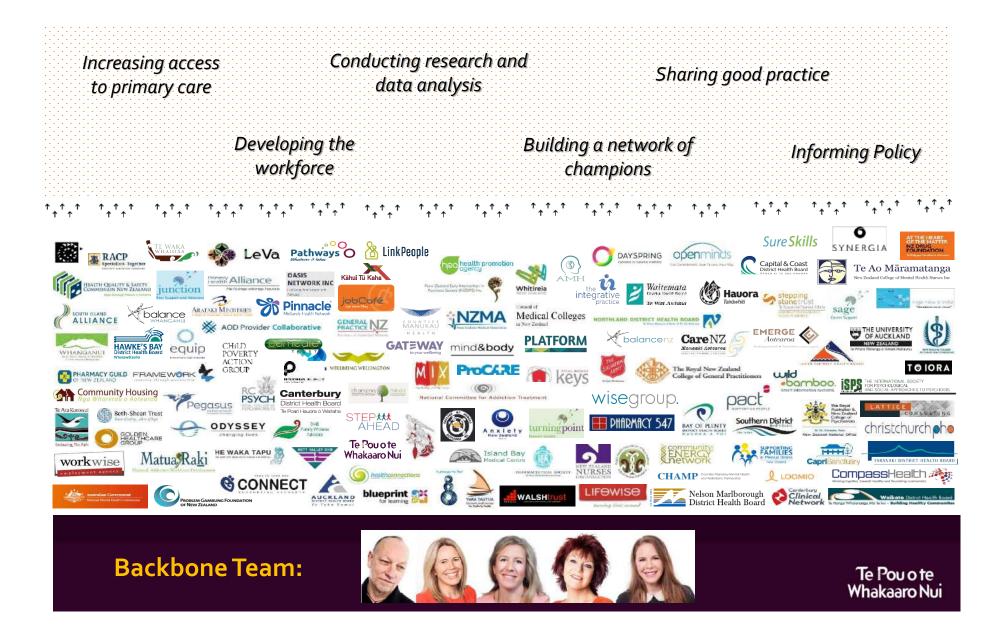
Equally Well underpinning principles



Collective impact brings people together, in a structured way, to achieve social change.



Collective impact



TheMHS award for innovation and excellence

"Equally Well demonstrates that a great deal of value can be added to the health sector through collaboration around a common goal.

...the number of organisations involved is impressive and there are excellent examples of organisations creating change.





Examples of impact



POLICY BRIEF

Equally Well: Improving the physical health of people experiencing mental health and/or addiction issues

People experiencing mental health and/or addiction issues are at unacceptably greater risk for a range of chronic health conditions, have worse physical health outcomes, and are at risk of dying earlier

halve Worse projectain reality outcomes, and are a many organization of than their general population peers. The influence of antipsychotic and and cardiovascular diseases (CVD) is a major contributor to the inequitable rate of premoture montality. Disgonetic overshadowing, the inequitable rate of premoture montality. Disgonetic overshadowing, the pope with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable challenges in people with these concritions also face considerable considerable considerable challenges where clinicians attribute physical symptoms to a person's mental where clinicians attribute physical symptoms to a person's mental illness, also contributes to this inequity. Cancer outcomes are also in-equitably worse, in part due to late diagnosis. This *Policy Brief* aims to provide GPs with information about why these health ineq and what they can do to help mitigate them.

/hich patients are we talking about?

Researchers use a variety of definitions and arounings to define those with serious mental illness and addiction who are also at risk of poor physical health, with some using recorded diagnosis while others se contact with secondary mental health services as an indicator. A broad definition includes those who have been severely impacted by mental illness and/or diagnosed with schizophrenia, schizoaffective disorder, bipolar affective disorder (BAD), major depressive disorder (MDD), and/or addiction.² While research tends to focus on people with severe illness, as this is where the inequities are greater, it is worth 📒 Cardiovascular disease (particularly women noting that less severe mental illness (ag mild-to-moderate depression Metabolic syndrome, obsetry or anxiety) is also associated with chronic physical diseases, and Diabetes patients may also face barriers to care.³ Additionally, while research tends to focus on adults, children living with mental health and ad-diction are at greater risk of physical health problems and health risk behaviours.⁴ It is also of note that children with porents affected by

accessing health care and staying physically well.

The physical health of people living with mental health

New Zealand research found that people who used mental health services were two times more likely to die prematurely than their general population counterparts, and people with psychotic disorde were three times more likely? Additionally in 2015. Cupningham et al. showed that those with a history of recent psychiatric service use or diagnosis with severe mental illness had considerably poorer survival after diagnosis with breast or colorectal cancer than those without such a history.^{*} International evidence suggests that people exp ing challenges with mental health and/or addiction - particularly those on antineveloptic medications - have the following

- Respiratory disease
- E Cancers (particularly bowel cancer and breast cancer with
- schizophrenia) Stroke under the age of 55
- C The Royal New Zealand College of General Practitioners Published May



Understanding health inequities using NZ data

Infographic









Key messages

mental illness are at higher risk of adverse developmental outcome

Significant physical health inequities exist for people living with mental illness or addiction, including a risk of dying younger. There are many complex drive of this inequity that can be broadly categorised as lower socioeconomic status, higher exposure to risk factors medication effects and side effects, and access to and quality of health care.

- Diagnostic overshadowing, where a clinician misattributes symptoms to the person's mental illness rather than seeing them as a separate physical complaint, is a particularly relevant driver for GPs to consider.
- GPs already provide care for people with mild to moderate mental illness and are envisioned to play and increasing role in caring for those living with stable severe mental illness (SMI).
- GPs can contribute positively to this issue by being aware of the inequitable health outcomes, taking on a model of wellbeing-focused prescribing, actively avoiding diagnostic overshadowing, empowering patients, and working closely with other

Te Pou o te Whakaaro Nui

The physical health of people with mental health conditions and/or addiction

New Zealand Governme



Cardiovascular Disease **Risk Assessment** and Management for **Primary Care**

Be intentional about building and sustaining 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

Leading by example - trust and mutual respect



"Helen brings a HUGE sense of justice, a soul deep caring for people that is resolute, immense drive and energy, tenacity that is legend, she listens, she explores, she confronts, she affirms" "Caro brings OODLES of wisdom, personal insights, experience, and knowledge along with creativity, aroha, kindness, compassion, and is prepared to challenge and guestion".



Ngā mihi nui ki a koutou

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