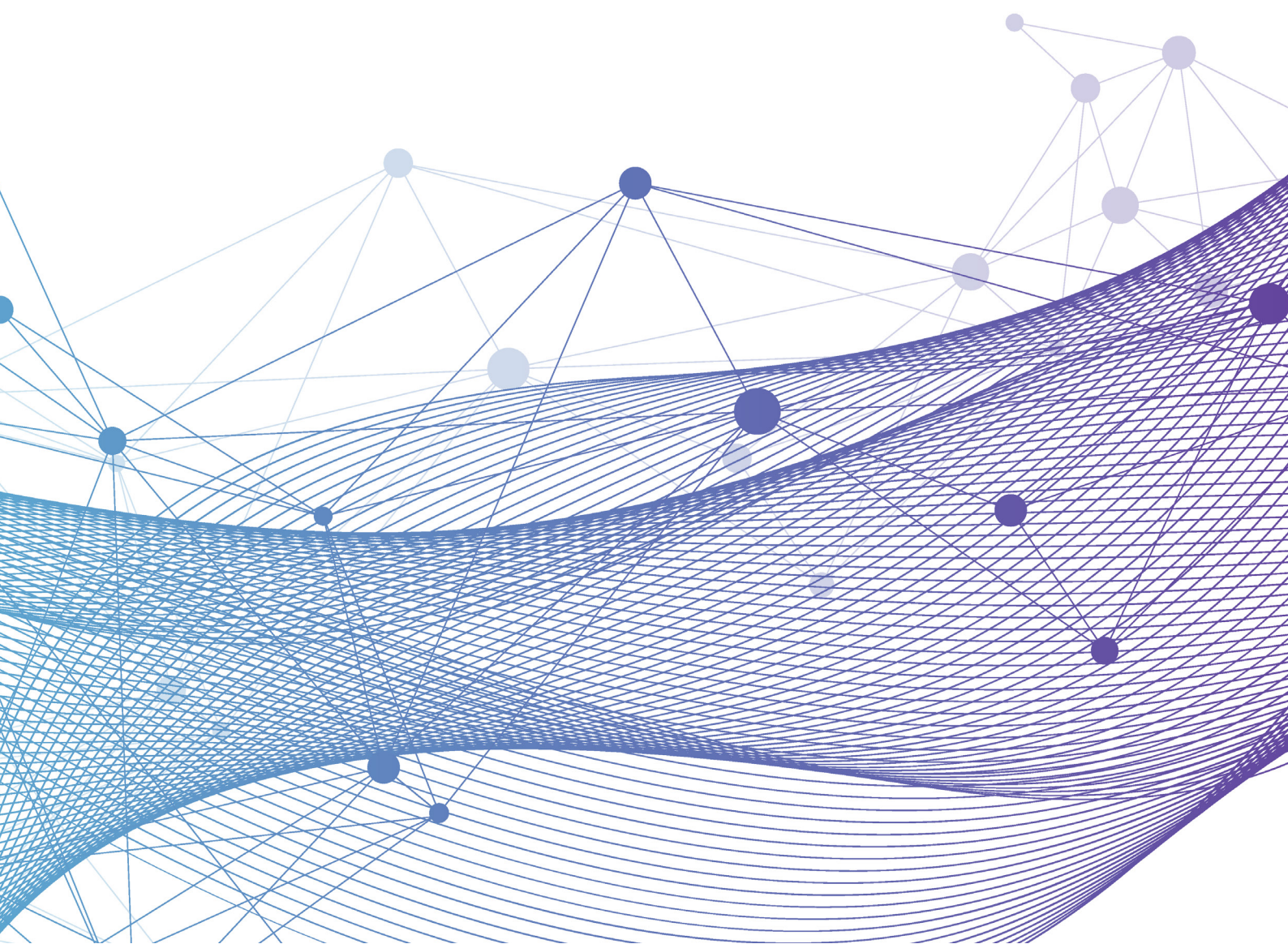


Review of Physical and Mental Health Care in Australia

A report by Lived Experience Australia Ltd and Equally Well



EQUALLYWELL

Quality of Life - Equality in Life



**Lived
Experience
AUSTRALIA**

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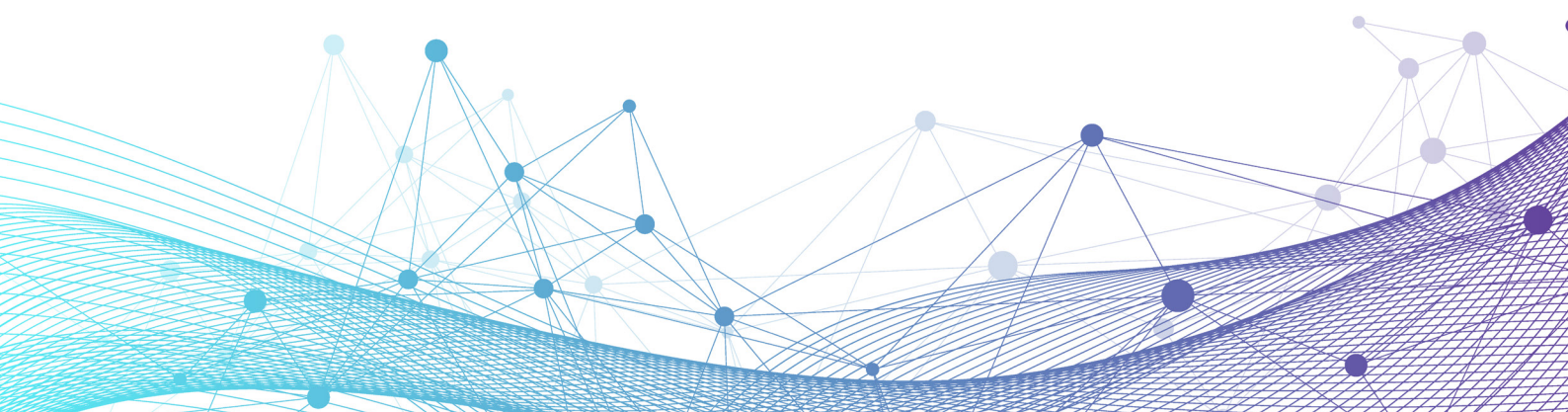
Lived Experience Australia Ltd
PO Box 542, MARDEN South Australia 5070, Australia
Telephone: 1300 620 042
Email: admin@livedexperienceaustralia.com.au
Website: www.livedexperienceaustralia.com.au

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Cover Image: This image was selected to show connections between health and mental health professionals, consumers, and carers.

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Executive Summary

People living with mental ill-health die, on average, 20 years earlier than the rest of the population.¹ Improving the physical health of people living with mental ill-health is therefore a priority in the Fifth National Mental Health and Suicide Prevention Plan² and the Equally Well National Consensus Statement.³ It is also a 'Priority Reform' and 'Start Now' reform of the Productivity Commission Mental Health Inquiry Report.⁴ This research indicates that multiple opportunities to prevent the unnecessary and preventable early death of people living with mental ill-health are being missed by health professionals. Almost all respondents in this survey had seen a health professional in the previous 12 months, and over two-thirds had seen a mental health professional. However, in most instances consumers and carers report these mental health professionals did not ask or inquire about the physical health of their clients.

Context

Over 11,000 Australians living with mental ill-health die prematurely due to the top 10 causes of death each year.⁵ This equates to over 30 people per day. Just 8% of these early deaths are due to suicide. Further, poor physical health is an associated risk factor in over 40% of completed suicides.⁶ Most of these deaths are due to heart disease, diabetes, lower respiratory disease and cancer and most of these early deaths are preventable. For instance, each day 16 people living with mental ill-health die prematurely due to cancer, against an expected population rate of 1.8 per day.

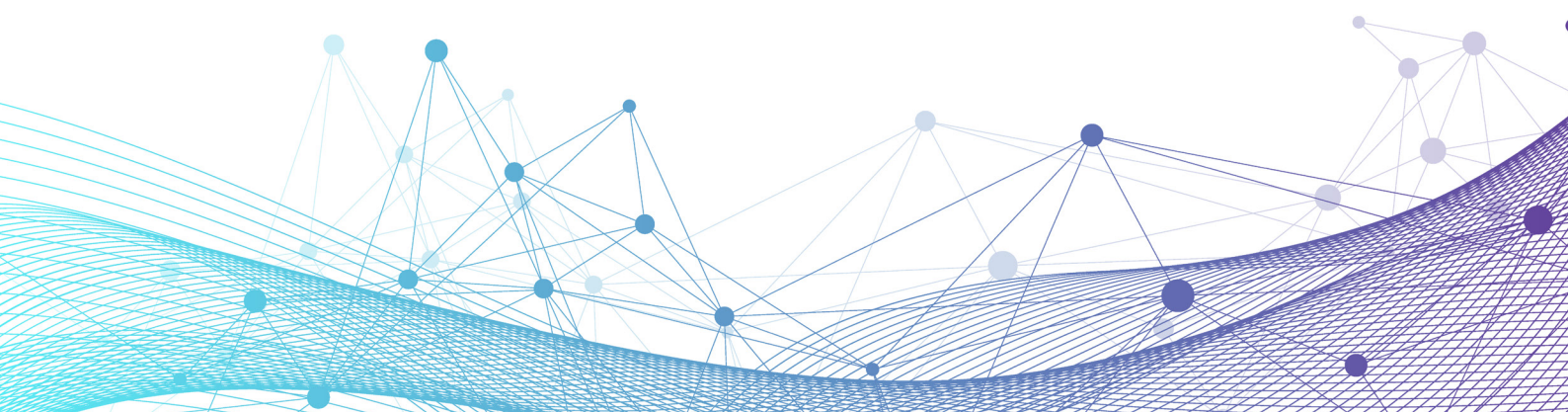
Eighty percent of people living with serious mental ill-health conditions live with at least one co-existing chronic physical health condition.⁷ Thus prevention, screening, early identification and treatment of physical health conditions in people living with mental ill-health are vital. This survey investigates consumers' and carers' experiences of physical health care in their contact with GPs, allied health, NDIS, and mental health professionals.

Research Focus

This research project was designed to better understand the level of support and focus on the physical health needs of people living with mental ill-health from the health professionals and mental health professionals they have accessed. This report presents a national collective voice of consumers' and carers' experiences of accessing mental health services and support for their physical health care needs. This national research project was conducted as a partnership between Lived Experience Australia (LEA)ⁱ and Equally Well (EW).ⁱⁱ

i. Lived Experience Australia (LEA) is a representative organisation for Australian mental health consumers, families, and carers, formed in 2002. It is the only consumer and carer advocacy organisation with a focus on services provided within private sector settings as well as having over 2,000 individual consumer and carer members and a social media following of over 1,500. LEA's core business is to advocate for systemic change, empowerment of consumers in their own care, promoting engagement and inclusion of consumers and carers within system reform processes, design, planning, implementation, and evaluation. Most importantly, LEA's core business is advocating for consumer choice and family and carer inclusion.

ii. Equally Well (EW) is a national collective of mental health consumers and carers, service providers (government and non-government), funding bodies, policy makers and researchers. EW was established in 2017 with the aim of improving the quality of life for people living with mental ill-health. By championing physical health and equal access to quality health care as a priority, supporters of the Equally Well National Consensus Statement commit to working collaboratively through innovative partnerships to improve the physical health of people with mental ill-health. The goal is to take collective action and responsibility to reduce the 20-year life expectancy gap between people living with mental ill-health and the rest of the population.



Key Findings

The survey of 512 consumers and carers from across Australia indicated significant opportunities to provide better physical health care for people living with mental ill-health. The respondents to this survey indicated:

- Almost all consumers and carers accessed a health professional in the previous 12 months.
- The vast majority of mental health professionals did not ask or enquire about the physical health of their clients.
- When consumers raised concerns about their physical health or medication side effects, only half of the mental health professionals took these concerns seriously. This percentage was the same for when carers raised physical health concerns on behalf of the person they were supporting.
- GPs mostly do ask about physical health, but gaps still exist in some areas such as smoking and cancer screening.
- Most health professions do not include carers in care planning and decisions.
- Most consumers cannot afford to access health professionals as often as they need.

As summary of the key findings follows.

1. Health professionals accessed and enquiry about physical health needs

1.1. Consumers and carers are generally not asked about their physical health by their mental health professional

Consumer respondents to the survey indicated that mental health professionals generally do not pay attention to consumers' physical health or physical health concerns. Only 1 in 5 consumers (21%) reported that their mental health professional routinely asked about their physical health in the previous 12 months. Approximately 1 in 10 consumers indicated that their mental health professional asked specifically about diabetes (11%), cholesterol (10%), or cancer screening (8%). Mental health professionals were most likely to ask about sleep (71%) and exercise (59%). A mere 23% asked about smoking.

The data from carers revealed a similar pattern of results with respect to the person they support. Only 1 in 4 mental health professionals (28%) routinely asked about the consumers' physical health in the previous 12 months. Carers reported only very low percentages asking about cholesterol (27%), diabetes (29%) or cancer screening (19%). Fifty-two percent reported that the mental health professionals asked about smoking.

This data is extremely concerning. In context, heart disease, cancer and diabetes alone account for over 8,400 premature deaths of people living with mental ill-health each year.⁸ Most of these premature deaths are preventable through early detection and treatment. Mental health professionals rightly, routinely screen for suicide risk.

1.2. Half of all mental health professionals do not take consumers' physical health concerns seriously

When a consumer raised a concern about their physical health, only half (52%) reported that mental health professionals took these concerns seriously. Just over half (55%) said mental health professionals showed interest outside their mental health diagnosis (e.g., social connection/engagement, community participation, life goals). Similarly, only 56% of mental health professionals reported paid attention to consumers' concerns over the physical health side-effects of their medications. Carers' responses revealed an almost identical pattern regarding attention to consumers' physical health concerns (45%) and medication side effect concerns (48%) of the consumers they support.

EFFECTIVE PROMOTION, PREVENTION AND EARLY INTERVENTION

Much of the premature death and physical illness associated with mental illness is preventable. Promotion, prevention and early intervention can help prevent the onset or development of an illness, lower its severity and duration, and reduce its impact.

Actions

Physical health and lifestyle assessments should start from the first contact with health and mental health services, with identified health needs addressed early and on an ongoing basis (see also 4. Improved quality of health care).

National Mental Health Commission. *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*. Sydney, NMHC, 2016 (p.16)

The Equally Well Consensus Statement shown here highlights the expectation that health checks should start from first contact with any health or mental health professional.

1.3. GPs and other health professionals do much better (but significant gaps are still apparent)

People living with mental ill-health die, on average, 20 years earlier than the rest of the population. Over 84% of GPs and 81% of allied (physical) health professionals asked or paid attention to the physical health of people with mental-ill health conditions. This different result to mental health professional is perhaps not surprising given the nature of the health services GPs and allied health staff provide. Nonetheless, the survey data suggest a significant proportion of the population is not being asked or screened for basic physical health conditions. The allied health professionals least likely to ask about a consumers' physical health were pharmacists (29%) and social workers (45%).

GPs most frequently asked about blood tests (86%) and vaccinations (72%). Approximately half of the consumer respondents reported that GPs asked about cholesterol (52%), diabetes (41%) and cancer screening (47%). They were least likely to ask about smoking (35%) and lung function (17%). This is concerning. Lung cancer and respiratory disease are the predominant causes of premature death of people with mental ill-health conditions; almost half of the consumer respondents were smokers, and smoking kills 1 in 2 regular smokers.^{9 10}

Carers' reports of GP physical health enquiries showed a similar pattern of data to that reported by consumers across most health domains. The only significant difference was the data on enquiry about smoking. Carer responses showed 54% of GPs asked about this.

1.4. Most consumers and carers have accessed a health professional recently

Health professional accessed

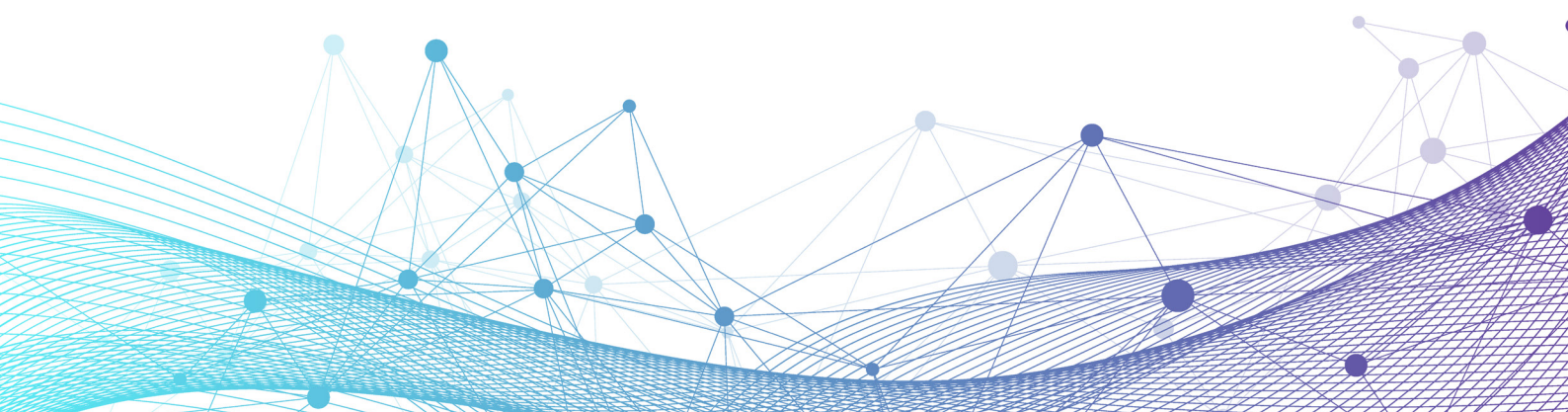
Almost all survey respondents had seen a (physical) health professional in the last 12 months. Most consumer respondents had seen a range of health professionals. The most commonly accessed health professionals included GPs (96%), pharmacists (82%), psychologists (68%), and psychiatrists (53%). Most consumers have a regular GP as reported by consumers (91%) and carers (84%). One-third of consumers had seen at least two health professionals including a GP and 36% had seen three or more health professionals in the last 12 months. Carer respondents rated similar, with the most common health professionals accessed by the person they support being GPs (77%), psychiatrists (64%), and psychologists (50%).

Accessing information

Consumer respondents rated their preferences for receiving information, with the most frequently rated by one-quarter or more being health professionals/support workers (29%), online resources (26%), and in-person workshops (25%). This highlights the key role of health professionals and support workers engaging with both consumers and carers around physical health care needs and information. Carer respondents showed similar preferences.

Most consumers (80%) reported going to the internet or Google for information about physical health care needs. Other common sources of information were other health professionals and family or friends. While the vast majority of respondents went to the internet to access information about physical health conditions, most expressed a preference for this information to come via their health professionals. The survey data was consistent from both consumers and carers.

These findings indicate conversations with health professionals about physical health and lifestyle concerns of consumers and carers would be welcomed and well received. It also indicates the need for a reliable and trusted website for consumers to access reliable information.



1.5. Carers are largely excluded from the consumers' care planning and delivery

Family members were identified by 38% of consumer respondents and over half of carer respondents as providing the most support to the consumer regarding their physical health. However, only 49% of these consumers reported mental health professionals including them in their own care planning or provision. Similarly, only 33% of carers indicated that the mental health professional included them (carers) in the physical health care of the person they support. This is a significant missed opportunity to supplement, support, and enhance the holistic care of people living with mental ill-health.

Less than half of consumers (47%) and one-third of carers (31%) reported having a chronic condition management plan with a GP. Of those consumers with a chronic condition management plan, less than half said that the plan was shared with other mental health professionals that may be involved in supporting them, and a further quarter were unsure. Less than one-third of carers stated that the plan is shared with other mental health professionals that may be involved in the consumer's care.

IMPROVED QUALITY OF HEALTH CARE

Actions

All mental health services should include documented physical health care checks as part of the routine care of people living with mental illness:

- Health assessments should be part of an integrated physical and mental health care plan developed together with the person living with mental illness, their family, carers, and supporters.
- It should take the person's strengths, and the extended support available through family, friends, carers, and peers, into account.
- Assessments should consider the risk of developing conditions such as obesity, cardiovascular disease, respiratory illness, osteoporosis, diabetes, and metabolic syndrome.

National Mental Health Commission. *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*. Sydney, NMHC, 2016 (p.18)

The Equally Well Consensus Statement shown here highlights minimum expectations for physical health care checks as part of routine care by mental health services.

1.6. Affordable access to mental health and physical health care is still a challenge

Affordability was a common barrier for access to care. Two-thirds of the respondents reported not being able to afford to access a mental health professional as often as needed, and 70% reported not being able to access an allied health professional about their physical health concerns.

This identifies a significant gap in access and affordability of services for people with mental ill-health. While there was no significant difference in affordability of mental health services across states, access challenges were more pronounced in rural and regional settings.

2. Other physical health concerns

2.1 Reported physical side effects of mental health medications

Nineteen percent of consumers and 38% of carers reported the physical health side effects of mental health medications for consumers as a problem. The most frequently reported physical health conditions identified by both consumer and carer respondents included weight gain/obesity and diabetes. Some consumer respondents also described the cumulative impacts of their physical health conditions such as losing their teeth due to mouth dryness from medication. As previously indicated, only half of consumers (53%) reported having their concerns about medications respected and listened to by mental health professionals.

2.2 COVID-19 vaccinations

According to consumer respondents, most (91%) have had, or were planning to have a COVID-19 vaccination. Over three-quarters of consumers were asked by their GP about their COVID-19 vaccination status, and 62% of carers reported a GP enquiring about the COVID-19 vaccination status of the person they support. No data was collected regarding other health or mental health professionals enquiries into COVID-19 vaccination status. Future research should investigate this, as contact with health professionals is an opportunity to ask not only about COVID-19 vaccination but influenza and other vaccination statuses. This would represent an easy and effective public health intervention. People living with mental ill-health have 5 times the rate of vaccine preventable deaths and 7 times the rate of vaccine preventable diseases as the general population. COVID-19 has highlighted the importance of vaccinations generally as a public health measure, and an opportunity to improve the physical health and life expectancy of people living with mental ill-health (www.equallywell.org.au/declaration).

3. Recommendations from survey respondents

3.1 Training for health professionals in holistic care, engagement and anti-stigma

Several carers highlighted issues with the attitudes of health professionals and service culture toward people with mental ill-health and their family carers, stating that they were stigmatising and viewed physical health problems as inevitable. Carers raised concerns about neglect of physical health and stigma toward those with mental ill-health conditions.

Carers also highlighted the important role they play in supporting the consumer to navigate the system and their desire to be included by health professionals as partners in the person's physical and mental health support. Several consumers called for improvements in the system and coordination of physical and mental health care. Improvements suggested by several consumers included health professionals' training and education, how healthcare is funded, and the types of workforce involved.

Consumers and carers highlighted the need for further education for health and mental health professionals in supporting a person's mental health and including family and carers in care planning and support.

Of note, 65% of consumer respondents and 59% of carer respondents were interested in being involved in the development of a resource to support mental and physical health, with 216 respondents providing email addresses. This demonstrates a strong wish of consumer and carer respondents to be active participants in care planning and provision.

A HOLISTIC PERSON CENTRED APPROACH TO PHYSICAL AND MENTAL HEALTH AND WELLBEING

Access to quality health care is a basic human right. All Australians, including those living with mental illness, have specific rights fundamental to good health care.

Actions

- Respect the rights of people living with mental illness to receive safe and high-quality care
- Receive the same standard of health care as someone without a mental illness
- Be treated as a person, not just as a physical or mental illness
- Receive clear and transparent information on services, treatment options, and costs
- Be informed about the risks and side effects of treatment, including medication
- Not be discriminated against or disadvantaged because of mental illness
- Be an active partner in ongoing, individualised care
- Be at the centre of decisions about their care, together with their families and other support people. Health and mental health care support must take the individual's cultural background into account.

National Mental Health Commission. *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*. Sydney, NMHC, 2016 (p.15)

The Equally Well Consensus Statement shown here highlights the basic right for all Australian's to expect quality health care to be provided to them.

3.2 Advocacy and support when accessing care

Access to and affordability of both health professionals and programs/resources to support their physical health were concerns for many consumer respondents. Access was a particularly high barrier for consumers located in regional centres and rural areas.

Several consumers reinforced the need for more to be done, stressing their keenness to be involved in any advocacy. Several consumers and carers expressed their appreciation for the survey and its focus on this topic. Many consumer respondents took the opportunity to provide further suggestions for addressing physical health for people with mental ill-health such as whole-of-system reform by making physical health care part of routine mental health care and vice-versa, addressing problems earlier, using peer workers more as supports and system navigators, and improving knowledge and understanding within the broader health workforce.

Conclusion

This survey of consumers' and carers' contact with health providers indicated major gaps in asking about and addressing the physical health concerns of consumers and their carers. With the epidemic of people living with mental ill-health dying prematurely of preventable physical health conditions, this is not acceptable. The data revealed that almost all the respondents had contact with a health professional in the last 12 months. Each of these occasions of service represents an opportunity for physical health promotion, screening and care. Far too frequently these opportunities are being neglected and missed. This is despite the fact that the main mental health professional groups have committed to the Equally Well National Consensus Statement and work translating this to particular professions. This presents a significant cost to the health and wellbeing of consumers, carers, and ultimately, to the Australian health system overall.

Recommendations

Mental health professionals need training in:

- Seeing clients as a whole person, not just a mental health diagnosis.
- Being sensitive to clients' serious physical health concerns.
- Including carers in care planning and provision.
- Accessing resources and information to share with consumers and carers.

In particular, for all health professionals, education packages need to be developed highlighting opportunities for protecting the physical health of people living with mental ill-health. This includes screening, asking, advising, assisting¹¹ and advocacy¹² in the major areas responsible for early death- smoking, heart disease, diabetes, cancer screening, and vaccination status.

To support this, a central, trusted repository of resources for better physical health needs to be disseminated for consumers, carers, and health professionals.

Actions need to be implemented to address 'diagnostic overshadowing'¹³ by health professionals and stigma felt by consumers and carers when in contact with health professionals and mental health professionals. Recommendations from the National Stigma and Discrimination Reduction Strategy¹⁴, especially in reference to contact with health services, need to be implemented across the health and mental health service systems.

Methodology: What we did

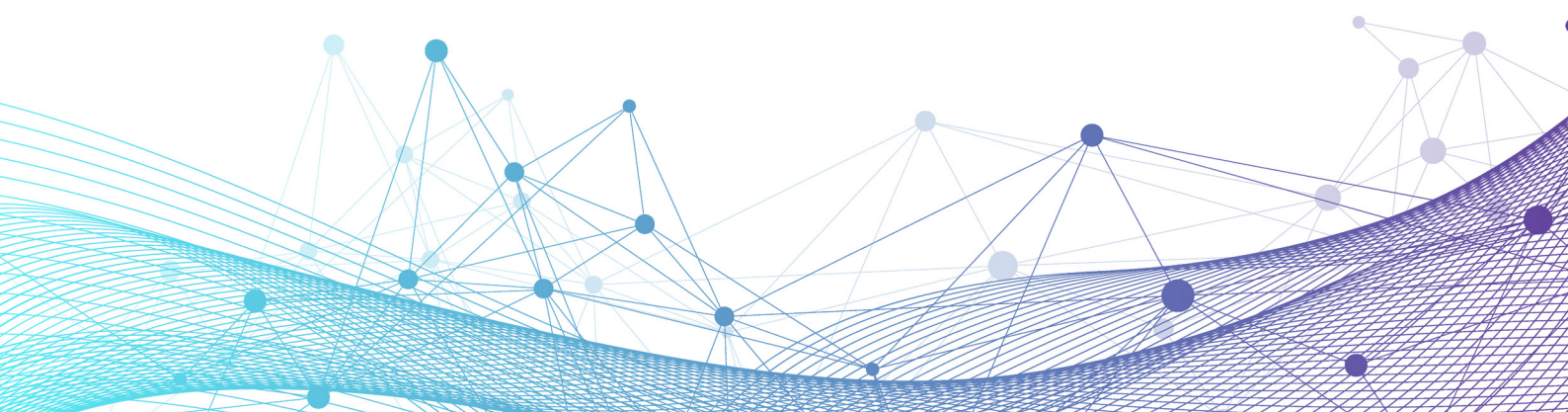
A survey was distributed to mental health consumers, families, and carers across Australia. The goal of this survey was to gather feedback on their experiences of accessing mental health services and the level of attention to and support for their physical health care needs from a range of health providers.

The survey was open for 4 weeks between October and November 2021. A copy of the survey questions is available from tinyurl.com/MH-PH-Survey.

The survey focused on the extent of attention to both their physical and mental health when accessing various health professionals such as General Practitioners (GPs), psychiatrists, pharmacists, allied health, and mental health professionals. Carer respondents were asked the same questions from the perspective of a family member/carer providing support to a person with mental ill-health.

Overall completion rate

Five hundred and twelve consumer and carer respondents across all states and territories began the survey and responded to the first question asking if they were completing the survey as a consumer or carer. From this, 362 continued to answer questions in the main section of the survey. This resulted in an overall completion rate of 70.70% (inclusive of the first question) for all respondents, and a completion rate of 97.51% for the main body of the survey of both the consumer and carer surveys, excluding those who did not proceed beyond the first question.



Survey Findings: Consumers

Demographics

While 340 started commenced the survey, (n=256) started questions in the main section of the survey and went on to answer the 27 questions in that section, with a mean average completion rate of 98%.

Consumer respondents provided demographic details including geographic location, gender, age, cultural background and language spoken at home.

Most consumers completing the survey were female (75%, n=159), 21% were male (n=45), and 3% identified as other (n=7).

Consumer respondents were predominantly aged between 41-65 years (63%, n=133), with 29% aged between 18-40 years (n=62), and 8% aged over 66 years (n=17) (Figure 1, Table 1).

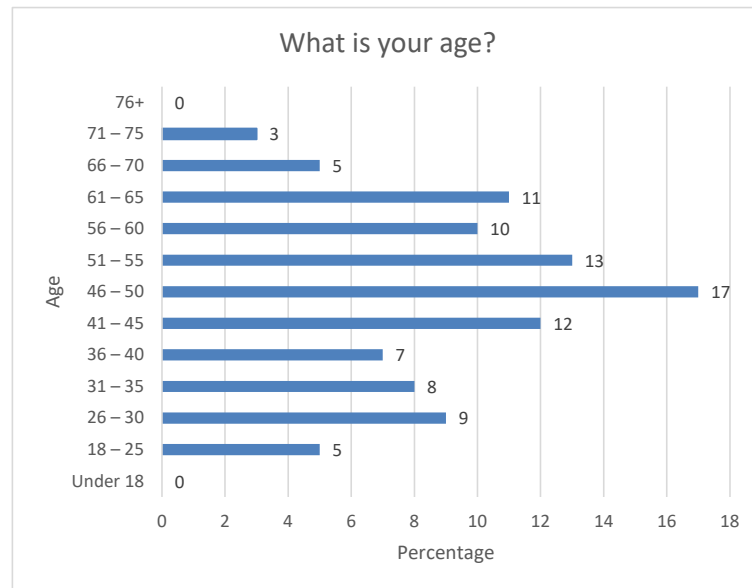


Figure 1: Consumer respondents by age

Consumers completing the survey were located across all Australian states and territories, with the largest proportions from Victoria (20%, n=43), New South Wales (21%, n=44), South Australia (19%, n=41), and Queensland (20, n=42) (Table 2).

Almost two-thirds (63%) of consumers completing the survey were located in a capital city (n=134), 27% lived in regional centres (n=57), and 10% lived in rural/remote locations (n=21). This closely approximates the geographic population distribution in Australia.

Three percent of respondents identified as being from Aboriginal or Torres Strait Islander descent (n=6). This approximates the percentage of Aboriginal and Torres Strait Islander people in Australia, but is an under-representation of the percentage of people living with mental ill-health of Aboriginal and Torres Strait Islander descent. Most consumer respondents speak mostly English at home (97%, n=204) with 3% identifying other languages (n=6), which included Auslan, Flemish, Dutch, Spanish, and Farsi.

Which health professionals have you seen in the past 12 months, and did they ask about your general physical health?

Respondents reported seeing a range of health professionals with most seeing a GP (96%, n=238), or pharmacist (81%, n=190), and over half seeing a psychologist (68%, n=156), psychiatrist (53%, n=125), and/or other allied health professionals (51%, n=119). These existing high rates of contact with health professionals indicate good opportunities for health professionals to monitor and support people living with mental ill-health to optimise their physical health.

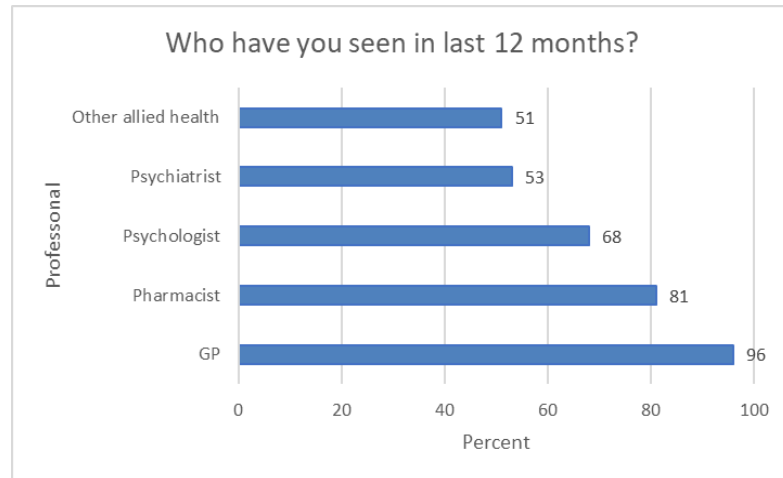


Figure 2: Health professionals seen in the previous 12 months

One-third of consumers reported seeing two different health professionals in the past 12 months (33%, n=47) with slightly more seeing three or more health professionals in this timeframe (37%, n=74) (Figure 3).

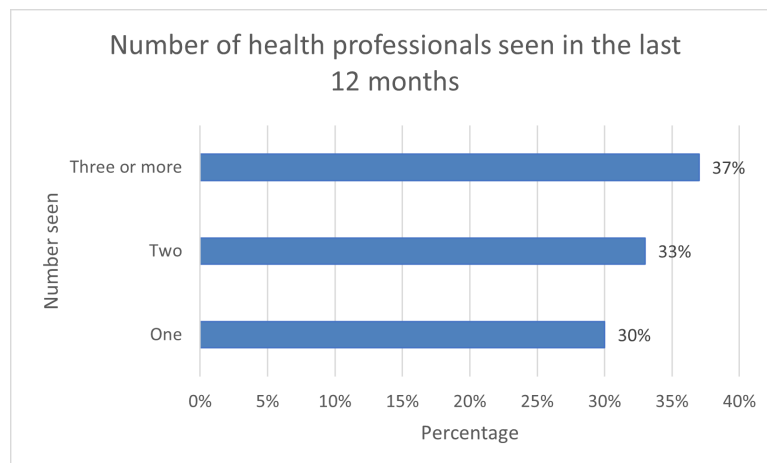


Figure 3: Consumer responses - number of health professionals seen in the past 12 months

The professionals who most frequently asked about the consumer's physical health included GPs (84%, n=199) and other allied health professionals (81%, n=96). This is not surprising given that GPs and other allied health professionals provide support regarding physical health as part of their core services. Close to two-thirds of consumers reported that their psychologist (62%), mental health nurse (64%) and NDIS support person (67%) asked about their physical health, for those that accessed these service providers. This was consistent with reports from carer respondents. The health professional groups least likely to ask about a consumer's physical health were pharmacists (29%, n=35) and social workers (45%, n=18) (Figure 4, Table 3).

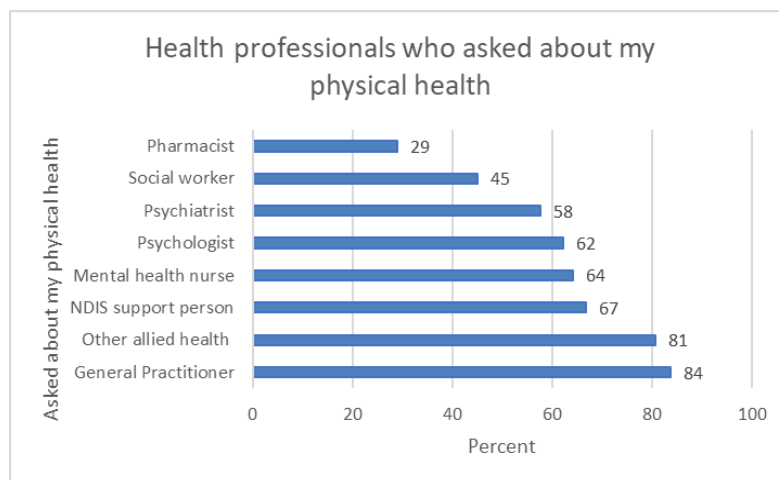


Figure 4: Percent of each profession that asked about physical health

There was a statistically significant difference showing that consumer respondents who live alone were more likely to be asked by their NDIS support worker about their physical health care needs (26.32%, n=20, P=0.05) than those who do not live alone (8.33%, n=11). They were also more likely to be asked by their psychiatrist about their physical health care needs (40.74%, n=33) than those who do not live alone (26.35%, n=39, P<0.05) (Table 4). This may be due to an assumption that, if the consumer does not live alone others in the household take an active role in physical health care advocacy.

Most consumer respondents reported having a regular GP (90.61%, n=229). Consumers who live alone were more likely to have a regular GP (96.59%, n=85) than those who do not live alone (87.34%, n=138, P<0.05, CI95%) (Table 5).

In the last 12 months has a GP talked to you about these physical health areas?

In analysing this data, the analysis took the most optimistic calculation. That is, if respondents were unsure, or checked 'not applicable', these responses were not included as eligible responses. For instance, 55% of consumer respondents said that a GP had not talked to them about smoking because it was not applicable to their circumstances. Thus, the smoking figure (35%) was not of the total sample.

Over two-thirds of consumer respondents reported that a GP had asked them about blood tests (69%), vaccinations (72%), blood pressure (69%), and sleep (67%). They also, but less often, asked about healthy eating and diet, exercise and physical activity and weight. The areas that GPs talked least to consumer respondents about included lung function (17%), smoking (35%), and sexual health (26%).

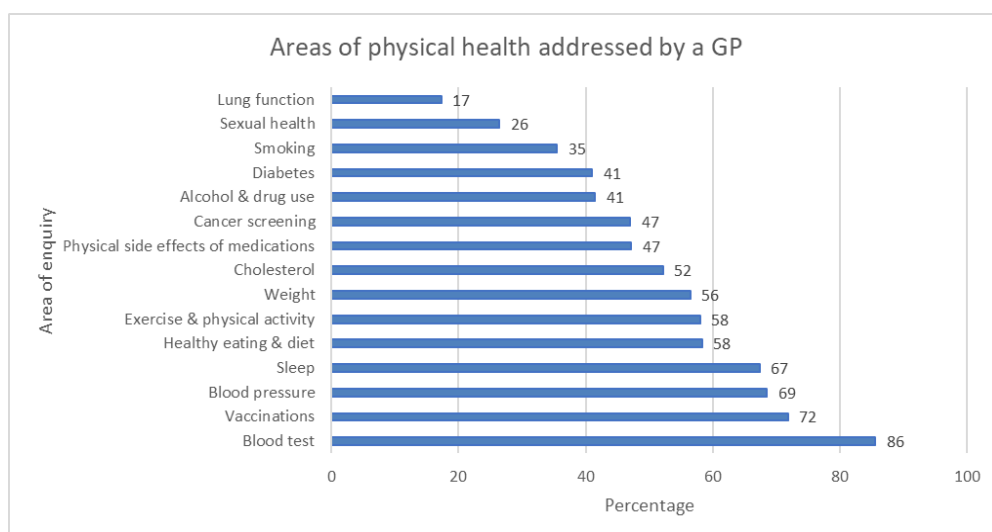


Figure 5: Areas of physical health addressed by GP

Alcohol and drug use was identified as being 'not applicable' by over one-third of consumer respondents (41%, n=101) (Table 6).

Men were more likely to be asked about smoking by the GP (26%, n=11) than women (12%, n=19, P<0.05, CI95%) (Table 7).

In the last 12 months, has any mental health professional (other than a GP) talked to you these physical health areas?

The most frequent areas of physical health enquiries by a mental health professional (other than a GP) were sleep (71%) and exercise and physical activity (59%). The areas that mental health professionals talked least to consumer respondents about included lung function (5%), cancer screening (8%), diabetes (11%), and cholesterol (10%) (Figure 6, Table 8). This represents a lost opportunity by mental health professionals to prevent unnecessary deaths. For instance, asking about diabetes and metabolic syndrome should be routine given the number of consumers and carers who had identified diabetes as a side effect of medication they are taking for their mental health condition.

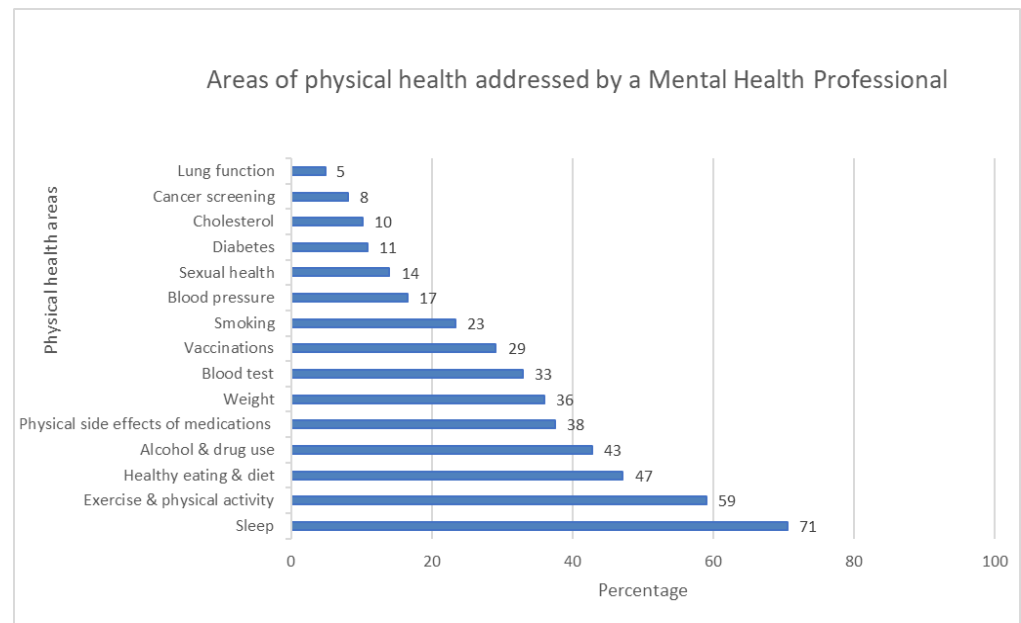


Figure 6: Physical health areas asked about by mental health professionals

There was some discrepancy, with fewer consumers reporting 'not applicable' for smoking (49%, n=121) and alcohol and drug use (38%, n=92) than in the previous question relating to GPs; however, this may be due to discussion not being as pertinent to health professionals in these settings (Table 8).

Men were more likely to be asked about smoking by mental health professionals (23%, n=10) than women (8%, n=13, $P<0.05$, CI95%). They were also more likely to be asked about their sexual health (20%, n=9) than women (9%, n=14, $P<0.05$, CI95%) (Table 9).

Overall or general experience when seeking support from a mental health professional (excluding GPs)

The consumer responses to these questions powerfully demonstrated the lost opportunities by mental health professionals to help prevent unnecessary deaths of people living with mental ill-health. Only 1 in 5 routinely ask about physical health, and only half take seriously the health concerns raised by consumers. The responses to this question were varied across ratings demonstrating differences in experiences and no specific areas where a majority had rated a similar overall experience. This suggests that physical health is not explored by mental health professionals as common practice. When a consumer has raised concerns about their physical health, only half of mental health professionals (52%) have taken them seriously either 'often' or 'always' and this is a similar percentage as reported for concerns about medication and an interest in the whole person (social engagement, life goals, etc.) (Table 10). There were a number concerning findings regarding consumers' experiences when seeking support from a mental health professional, including:

- Less than one-quarter of consumers were asked about their physical health by the mental health professional (21%, n=53);
- Over half of consumers said that physical health concerns they have raised with mental health professionals were not taken seriously (51%, n=128);
- Only half of consumers rated that mental health professionals are interested in their whole health (e.g., social connection/engagement, life goals), not just their mental health diagnosis (55% n=138);
- Only half of consumers feel that the mental health professional generally respects and listens to their concerns about medications (53%, n=133);

- Over half of consumers are not provided with clear information about any tests, medication or concerns in a way that they can understand (54%, n=134);
- More than half of consumers are not kept informed and included in each step and decision about their physical health care by mental health professionals (61%, n=153);
- Almost half of consumers are not encouraged to be an active participant in their own physical self-care (45%, n=112).
- Two-thirds of consumers cannot afford to see a mental health professional when and as often as they need to (68%, n=169); and
- Most consumers do not have enough access to allied health professionals to support their physical health (70%, n=176).

Furthermore, only 16% of consumers were asked about their physical health when accessing an emergency department for their mental health (n=39). However, in response to this question, it is possible that consumers rated 'never' because they had not accessed an ED for their mental health, rather than never being asked when they did access one.

Women more frequently rated 'always' to their concerns about their physical health being taken seriously by mental health professionals (32%, n=50) compared with men (16%, n=7, $P<0.05$, CI95%) (Table 11).

Mental health professionals in South Australia (42%, n=16) and Queensland (43%, n=18) were more likely to ask about weight than in New South Wales (16%, n=7, $P<0.05$, CI95%). Mental health professionals in Victoria were more likely to ask about exercise and physical activity (67%, n=29) than in New South Wales (43%, n=19, $P<0.05$, CI95%) (Table 12).

Access and affordability

Over two-thirds of the respondents report not having sufficient access the allied health and physical health professionals (Figure 7). Also, when they access an emergency department, only 1 in 5 report staff asking about their physical health. There was no significant difference in affordability of mental health services across states and territories or by rural/regional/capital city. However, there was a statistical significance with consumers in regional centres rating never having access to enough allied health professionals (25%, n=14) more frequently than consumers located in capital cities (12%, n=16).

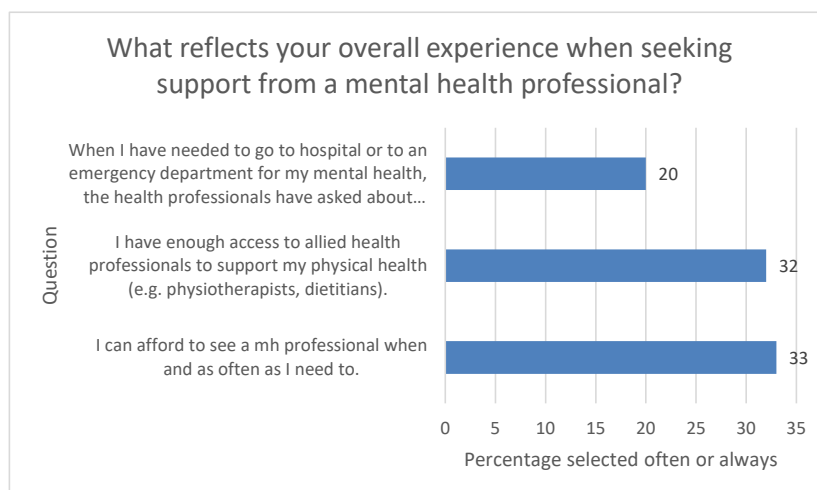


Figure 7: Consumer responses- access and affordability

COVID-19 Vaccinations

Over two-thirds of consumers (69%) have been asked by a GP if they have had a COVID-19 vaccination (n=177) and 91% have had or are planning to have their COVID-19 vaccination (n=231). A higher proportion of women have had or are planning to get the COVID-19 vaccination (93%, n=146) than men (80%, n=36, $P<0.05$, CI95%) (Table 13).

A higher proportion of consumer respondents in South Australia have had or are planning to have their COVID-19 vaccination (97%, n=39) compared with Queensland (83%, n=35, $P<0.05$, CI95%), and 100% of consumer respondents from the ACT and Northern Territory have had or are planning to have a COVID-19 vaccination (Table 14).

Chronic Condition Management Plans

Almost half of consumers (47%) reported that they have a chronic condition management plan with a GP (n=119). From this, 44% (n=67) stated that the plan is shared with other mental health professionals who may be involved in supporting them and 24% (n=37) were unsure.

Physical health conditions as side effects of medications for mental health conditions

Approximately one-fifth of consumers (19%, n=49) stated that they have a physical health condition that a GP has told them is a side effect of medication taken for their mental health condition (Table 15).

Although 49 stated they have a physical health condition that a GP has told them is a side effect of taking medication, 60 provided further detail about these physical health conditions. This may be because some consumer respondents who had answered 'no' did in fact believe that their physical and mental health conditions were causally linked. We felt it important for the question to enable all consumer respondents to provide further information here if they wished to do so.

Of note, 36 consumer respondents identified more than one physical health condition, many of these having 2-4 and some having up to 6 physical health conditions. Of the 24 consumers who only noted having one physical health condition, half identified this as being diabetes.

- 20 weight gain or obesity / 5 metabolic syndromeⁱ
- 12 diabetes
- 5 heart conditions (arrhythmia, tachycardia, high blood pressure)
- 4 liver problems / high cholesterol
- 4 tremors (tardive dyskinesia, restless legs, shaking)
- 4 sleep problems (sleep apnoea, insomnia)
- 4 thyroid problems (hypothyroidism, saliva impacts such as drool, dry mouth)
- 3 sexual dysfunction
- 3 kidney problems (renal transplant)
- 3 gastric problems (nausea, vomiting)
- 2 joint pain
- 2 dental problems
- 2 epilepsy
- 1 each of the following: Bursitis, Fibromyalgia, Skin condition, Sjogren's syndromeⁱⁱ, Hyperhidrosisⁱⁱⁱ

Given the number of consumers and carers reporting physical side effects of medications, only 53% of consumers said the mental health professional respects and listens to their concerns about medications (n=133) and 39% of carers said mental health professionals (n=39) respected and listened to the consumer and carer concerns about medications.

i. A collection of conditions that often occur together and increase your risk of diabetes, stroke and heart disease. The main components of metabolic syndrome include obesity, high blood pressure, high blood triglycerides, low levels of HDL cholesterol and insulin resistance.

ii. A disorder of the immune system identified by its two most common symptoms — dry eyes and a dry mouth. The condition often accompanies other immune system disorders, such as rheumatoid arthritis and lupus.

iii. Abnormally excessive sweating that is not necessarily related to heat or exercise.



Involving others in physical health care

Approximately one-third of consumers (35%, n=89), reported that they live alone, 63% (n=159) live with others, and 2% (n=4) preferred not to say. More than one-third (38%, n=98) of consumer respondents involve their family or other support person in their day-to-day physical health care, and 4% (n=11) rated 'not applicable' for this question. For those who do involve others in their physical health care, 41% (n=46) stated that the mental health professional generally includes their family or other support person in their physical health care with their permission.

Consumer respondents who live alone were less likely to involve family or friends in their physical health care needs (72%, n=64) than those who live with others (50%, n=79, $P<0.05$, CI95%). They were also less likely to have family or other support people included by the health professionals (10.81%, n=8) than those who live with others (28%, n=38, $P<0.05$, CI95%) (Table 16). This is possibly because they themselves were less likely to involve others at all.

Men (39%, n=15) were more likely to have health professionals include the carer/family than women (18%, n=24, $P<0.05$, CI95%) (Table 17).

For those who involve family/friends in their physical health care, health professionals in South Australia (35%, n=13) were more likely to include the family/friends in their physical health care than health professionals in New South Wales (14%, n=5) (Table 18).

Who provides the most support to look after your physical health?

Over one-third (36%, n=92) of consumer respondents said that other than health professionals, family members provide them with the most support for their physical health (Figure 8, Table 19). There were 29 who said 'no-one', or they didn't require support. Thirty-three consumer respondents made further comments about 'others' beyond the options listed. Several identified 'myself' or 'no-one', or family members/partners as their main support; a small number mentioned a peer worker or HASI worker; two identified online supports or the internet and one consumer respondent mentioned their dog.

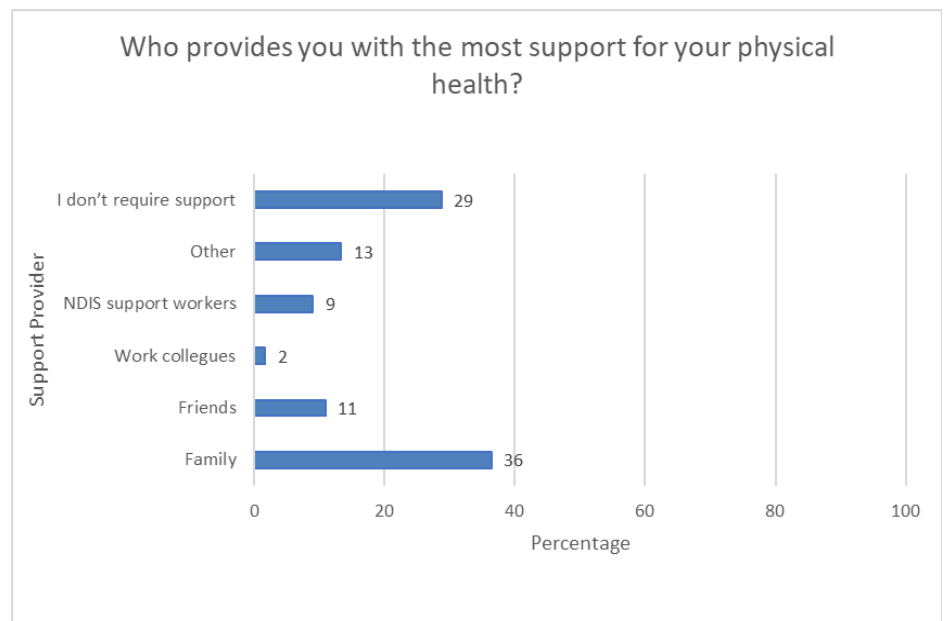


Figure 8: Consumer responses- who provides the most support for your physical health

Consumer respondents who live alone were less likely to seek support from family (16%, n=14) than those who live with others (40%, n=76, $P<0.05$, CI95%), and were more likely to say no-one provides them with support, or they do not require support (37%, n=33) compared to those who live with others (24%, n=38, $P<0.05$, CI95%) (Table 20).

What would be most useful in improving your physical health care?

Three options were offered for this question, and consumer respondents were asked to rank these in order of highest priority. The results were mixed without a clear priority order; however, when looking at the number one rating for consumers, most prioritised better access to resources (45%, n=106) (Figure 9).

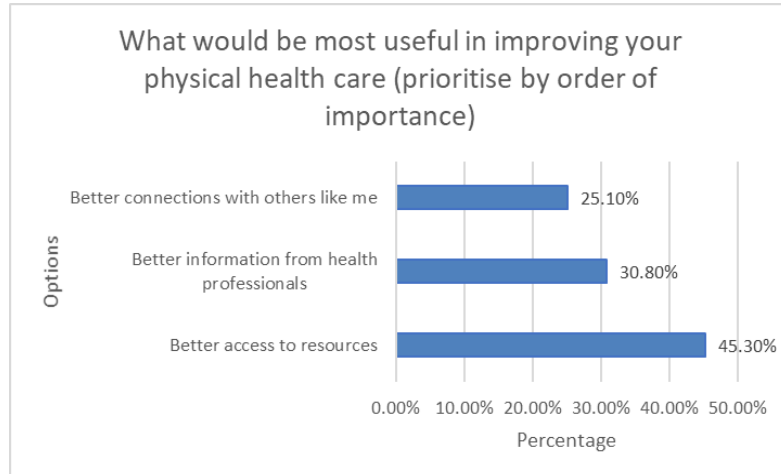


Figure 9: Consumer responses- what would be most useful in improving your physical health care?

Seventy-five consumer respondents provided further suggestions and comments about what would be most useful in improving their physical health. Many consumers raised concerns about access and affordability to both health professionals and programs and resources that could better support their physical health, with rurally located consumers particularly noting barriers to access and limited supply in their locations.

“Finding support is almost impossible because it’s fragmented and expensive. Even accessing GP is hard because they don’t bulk bill and have wait lists.”

Chronic disease management plans are helpful; however, you are only limited to 10 sessions per year. When you require physiotherapy every fortnight, this becomes expensive once the 10 sessions have been used. As a result, I can then only see my physiotherapist once a month.

More affordable treatment. It cost me \$150 to see my GP yesterday & have an ECG done. I have to have regular ECG because of my eating disorder.

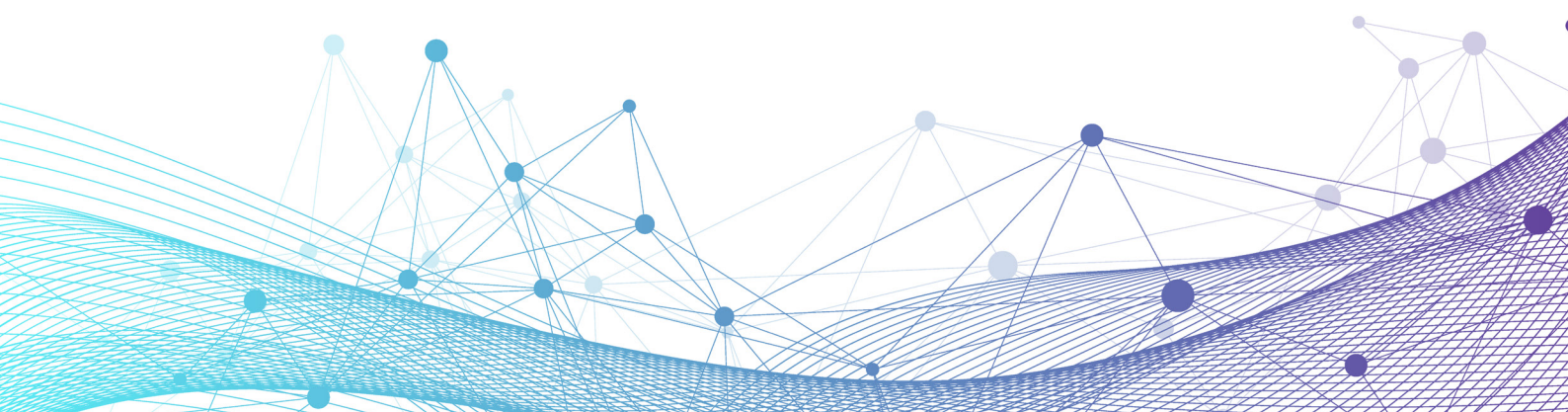
Access to health professionals can often be limited in rural areas. At this time, one is unable to get an appointment because there are so few psychologists. Also, the GP is unable to offer a longer appointment for extended discussion. Most appointments are less than 15 minutes. So, the exercise is kind of tick and script!

Access to safer alternative medicines that have less side effects than heavy pharmaceuticals.

Many of us know what to do we either can’t afford it or lack the motivation to be able to. For me ignoring my physical health goes along with the suicidal thoughts, maybe I will get cancer, etc., and die that way.

Majority of the time, I’ve had to seek alternate physical PT from my cultural background as I rely heavily on cultural diet.

“Finding support is almost impossible because it’s fragmented and expensive. Even accessing GP is hard because they don’t bulk bill and have wait lists.”



Several consumers called for improvements in the system, workforce conditions, and the coordination of physical and mental health care:

“My experience has demonstrated that health care professionals are very siloed in their approach to patients. Specialists only work on the component they specialise in and don't consider the whole person.”

“My experience has demonstrated that health care professionals are very siloed in their approach to patients. Specialists only work on the component they specialise in and don't consider the whole person. GPs are better, but my GP doesn't routinely ask about my overall health. My appointments are to address single issues and he relies on me to tell him what's going on. There is no general health screening that he has performed in the time I have been seeing him. Yet he is part of a clinic that has multiple services. He hasn't screened me for or recommended me to any other service (like skin cancer screening, mental health, etc.).”

There is a lot of talk about holistic health care in which the patient is included in and has an active part in their long-term treatment plan. Everyone knows this is much needed, but the reality is that is in unachievable when you are squeezed into frantic 15-minute time slots spaced weeks or months apart and for which you had to wait weeks or months to become available and are then attended to by physicians that are overworked, stressed and have had to put their empathy on hold to just survive their jobs.... This not only fails the patient, but the good physicians who can no longer watch the never-ending train wreck that is our health care system. Eventually, they have to become immune to the plight of their patients and play along with what everyone knows is a woefully inadequate system or get out.”

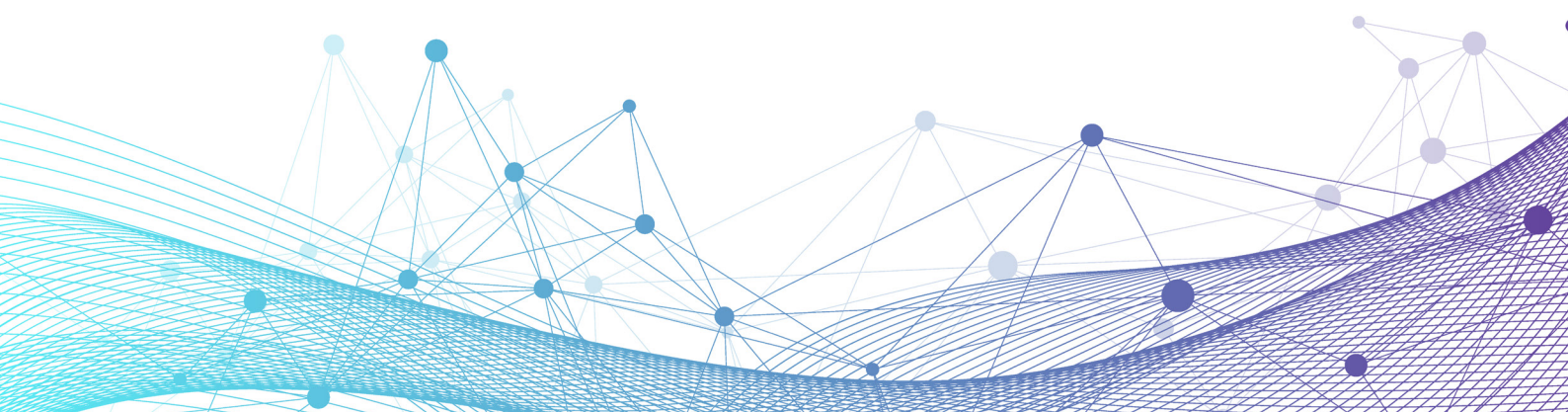
Only a small number of consumers raised concerns about stigmatisation toward them as part of their efforts to seek help for their physical health concerns within the health care system.

“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.”

“I think a culture change is needed - mental health diagnoses often overshadow physical health conditions. Symptoms are overlooked as being psychological and not investigated thoroughly - especially if they are cardiac (e.g., racing heart rate), to do with lung function, or a side effect from psychiatric treatment.”

Health professionals who don't judge me, dismiss my concerns, talk down to me. The information doesn't help if I can't hear it because the person is rude, dismissive, or mean.

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.”



Several consumers made suggestions for what needs to improve within the health care system to improve their physical health; these included health professionals' training and education, how healthcare is funded, and the types of workforce involved.



More access to peer workers.

Would be great to have Peer Support available under MHCP or Chronic Disease Management Plans. A Mental Health Peer Worker or Psychosocial Recovery Coach could then help me keep on track with my physical health goals.

Queer friendly and body positive.

Cannot find a GP who is trained/specialises in Dual Diagnosis. My GP doesn't refer me to other services/professionals for my chronic pain management, instead she gives me antidepressants, so I buy street drugs to manage.

1) More lived experience education for health professionals. 2) More eating disorder education and training for health professionals and families.

I saw physiotherapists etc., for back pain for years and it took me a long time to realise on my own that my anxiety was a huge contributor to my back pain. All health professionals should have mental health training to understand the relationship between mental ill-health and physical conditions. I even disclosed my anxiety/stress, and they didn't refer me to a psychologist.

3 years to become a nurse is not long enough 5 years to become a doctor is not long enough.

[RE GPs] The job is too much for them to properly manage on their own. Therefore, people need communication support services, that can accompany people to medical appointments, to help ensure that health concerns are heard and addressed, in a timely and respectful manner.... I'm sure some carers would also appreciate having such support that they could ask to accompany their family member during medical appointments, to lighten the load, as family aren't generally medically trained.

I am currently participating in a Metabolic Clinic for 16 weeks. It involves 2 x 2 hour sessions per week with exercise physiologist, endocrinologist, dietitian, psychologist and mental health nurse. My mental and physical health is improving and I'm losing weight. Great program.

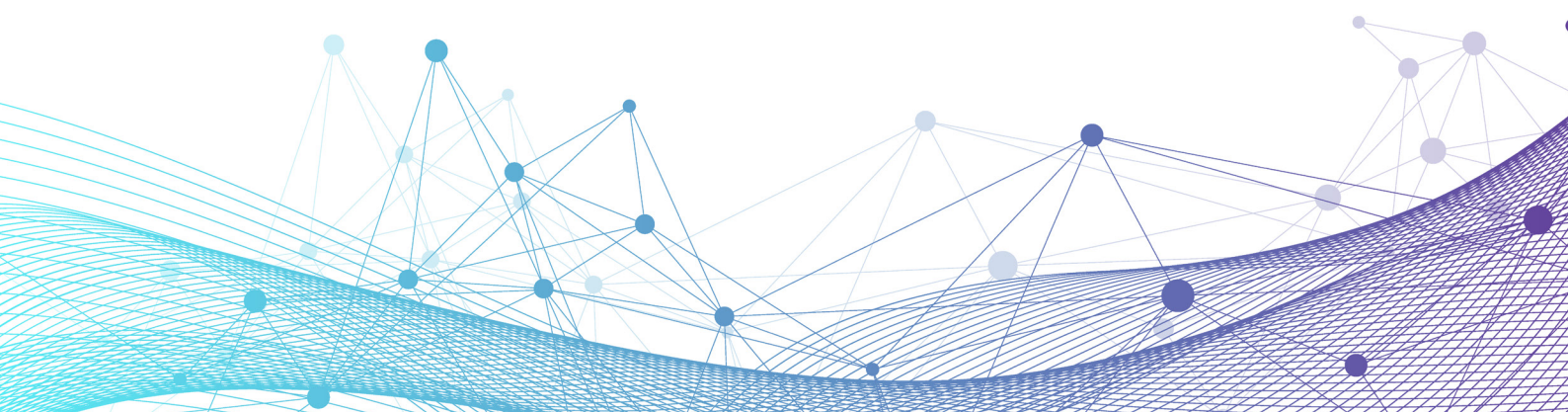
NDIS does not fund personal trainers or gym memberships. This would be enormously beneficial.

Subsidised exercise and exercise group programs for consumers.

Psychosocial disability recipients could receive subsidised gym and council pool entry.



Cannot find a GP who is trained/specialises in Dual Diagnosis. My GP doesn't refer me to other services/professionals for my chronic pain management, instead she gives me antidepressants, so I buy street drugs to manage.



Where do you go for information about your physical health other than a GP?

Over 80% (n=206) of consumer respondents go to the internet or Google to find information about their physical health. Over half (56%, n=142) access other health professionals, and 44% (n=111) go to family or friends (Figure 10, Table 21).

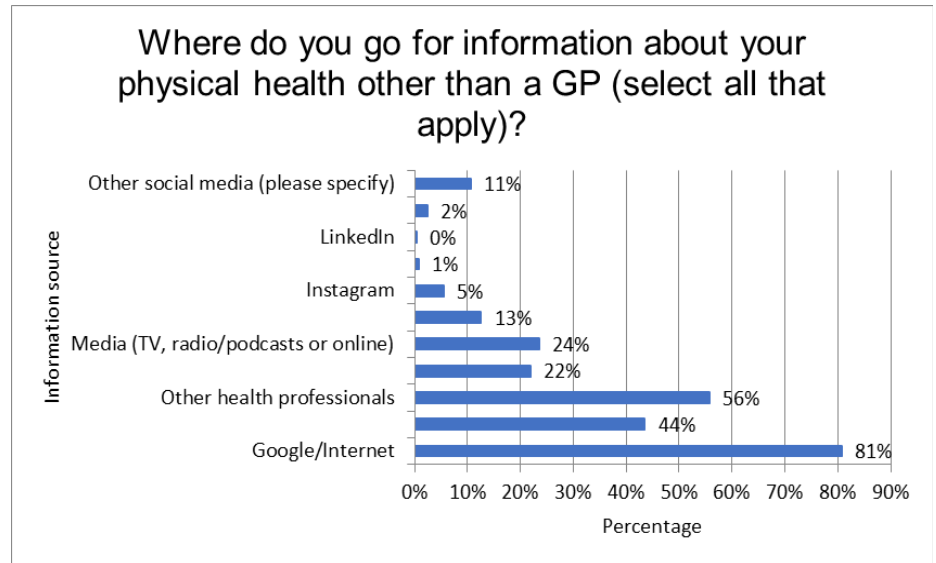


Figure 10: Consumer responses – where information is accessed about physical health other than a GP

Twenty-seven consumers provided other comments which included government websites (n=6), medical journals (n=5), TikTok (n=2), books (n=2) and others identified Quora, Monthly Index of Medical Specialties (MIMS), forums and lived experience networks.

Consumers who live alone were also more likely to turn to Facebook for information about their physical health (19%, n=17) than those who live with others (9%, n=14, $P<0.05$, CI95%) (Table 22).

How would you prefer to receive information to support your physical health care needs?

Consumers were asked to select a maximum of two options identifying how they would prefer to receive information to support their physical health needs (Figure 11, Table 23). The results were varied; however, approximately a quarter selected each of the following options:

- 29% from my health professional or support worker (n=75)
- 26% online resources (links, documents, articles, etc.) (n=66)
- 25% in-person workshops (n=65)
- 25% verbal explanation from health professional (n=63)

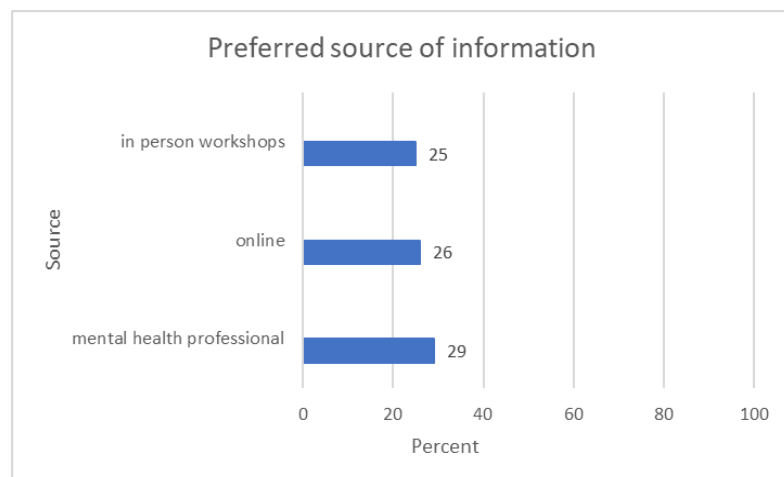


Figure 11: Preferred source of information about physical health care

Other suggestions and comments received included:

Explanation and suggestions from my healthcare professional together with written resources for additional information and appropriate referrals would be most useful to me.

“

None of these sound viable, I am ambivalent towards all these options.

Be a volunteer in mental health.....can ask staff questions whilst working.

Explanation and suggestions from my health care professional together with written resources for additional information and appropriate referrals would be most useful to me.

Podcast.

Intuitively, spiritually guided.

Self-directed learning. I like reading websites and then delving deeper into terminology and underlying pathophysiology.

Peer workers.

Physicians.

I do my own research by watching health shows on ABC and SBS and read newspapers and books on health matters.

”

Of note, 66% (n=164) of consumer respondents were interested in being involved in the development of a resource to support mental and physical health, with 157 providing email addresses for further follow-up. This illustrates the appetite of consumers to be active participants in their physical health care decisions and planning.

Other feedback regarding physical and mental health

In addition to the above survey results, 49 consumer respondents made further comments broadly about physical health and mental health prior to finalising their survey. Several reinforced the need for more to be done, stressing their keenness to be involved in any advocacy, and expressing appreciation for the survey and its focus on this topic.

Holistic approach makes a huge difference, please let it be accessible early to avoid emergency department visits.

“

Currently even just mental health support waits until you are hospitalised before you can get help. Holistic approach makes a huge difference, please let it be accessible early to avoid emergency department visits.

Health professionals need to build their capacity to understand trauma informed care and a Social and Emotional Wellbeing practice framework. More peer workers and peer navigators to support a person's journey from GP to other health practitioners.

I have a great deal of knowledge around physical and mental health but find it difficult to advocate for myself. I often feel the GP is busy and doesn't want to raise lots of issues.

Thank you for looking into this health area. I have a chronic health issue that affects my mental health. And when my mental health is not good, it takes much more energy to manage my physical health. Sometimes I just don't do what I need to.

”



Many took the opportunity to provide further suggestions for addressing physical health for people with mental health issues. This included whole-of-system reform by making physical health care part of routine mental health care and vice-versa, addressing problems earlier, using peer workers more as supports and system navigators, and improving knowledge and understanding within the broader health workforce. Examples of comments that capture the range of views are provided below:

“Having the motivation to do any of this stuff is problematic, I am not interested in online resources or websites and resent being lectured by others. Social media sucks. There are no real professionals in my area. I get highly fed up with hearing about walking daily and the daily exercise and eating requirements which are unrealistic for those of us with MH issues. And MH medications have such negative impacts physically. People giving you the same ‘advice’ is not motivating or encouraging.

I can barely afford to see my GP let alone other health professionals. Mental health support often waits until you are an emergency department admission, holistic approach needs to be available early to help avoid deteriorating to hospitalisation.

Health professionals need to build their capacity to understand trauma informed care and a Social and Emotional Wellbeing practice framework. More peer workers and peer navigators to support a person’s journey from GP to other health practitioners.

All significant shifts in our political, economic, and social circumstances throughout history have only ever happened when enough people have had enough and speak up demanding change. But as the only people who truly know the extent of our health system failures and inadequacies are the sick or the ones on whom their livelihood and dreams of making a difference depend, perhaps we need to start with being honest about the state of the system, educating the wider public and developing a righteous anger that will demand for real and substantial change in how we value and fund healthcare in this nation. Thank you for the opportunity to comment.

I have a great deal of knowledge around physical and mental health but find it difficult to advocate for myself. I often feel the GP is busy and don’t want to raise lots of issues. It would be great if here was an item there was a Medicare item number for a comprehensive biannual check-up.

I belong to a relatively new group of individuals. I am 62. I was started on psychiatric medications at 22 as a result being labelled Schizophrenic, with severe and debilitating depression and anxiety disorder. I have not been drug-free at all over this period. Is anyone truly aware of the impact the types and level of medications that were given out then had on the body or the mind. This was a fairly new area and there was, it appeared, a lot of guess work or maybe calculated assumptions with these drugs. 40 years on various psych meds + the addition of more medications to deal physical issue. This does indeed weave a tangle web.

I would like to see thorough testing done routinely before prescription of psychiatric medication or other prescribed psychiatric treatment. Particularly blood tests like thyroid function or vitamin D; but also, I wish that someone had measured my memory and concentration beforehand. I feel like my memory and concentration were greatly impacted by ECT, but without anything to compare it to, I could not “prove” that it had changed or become worse. In addition, I had more migraines, and frequent concussion symptoms, that no health professional would admit to being caused by ECT.

When I answered your questions about, “has your (healthcare professional) talked to you about exercise, physical wellness, etc” - I answered yes to most because I raised the issue with them, they did not initiate those discussions.

Please do something about all of this. It is disgraceful that I have to see myself and so many people fall apart physically and mentally because the system is completely messed up.

Motivating consumers to quit smoking and follow healthy diet and exercise should be ongoing and funded routinely by mental health services. Not just one-off programs.

Health literacy and informed agency is crucial for both mental and physical health, and both need to be equally prioritised by mental health professionals, support services and in both inpatient units and community clinics. A random brochure or poster is woefully inadequate.

“I have a great deal of knowledge around physical and mental health but find it difficult to advocate for myself. I often feel the GP is busy and don't want to raise lots of issues. It would be great if here was an item there was a Medicare item number for a comprehensive biannual check-up.”

Survey Findings: Carers

Demographics

While 172 carers started the survey, fewer (n=106) started questions in the main section of the survey and went on to answer the 25 questions in that section, with a mean average completion rate of 99%.

Carer respondents provided demographic details including geographic location, gender, age, cultural background and language spoken at home. The majority of carers completing the survey were female (82%, n=61), 16% (n=12) were male, and 1% (n=1) identified as other. Over half of carer respondents (58%, n=44) were aged between 51-70 years, 32% (n=24) were aged between 18-50 years, and 11% (n=8) were over 71 years (Figure 12, Table 24).

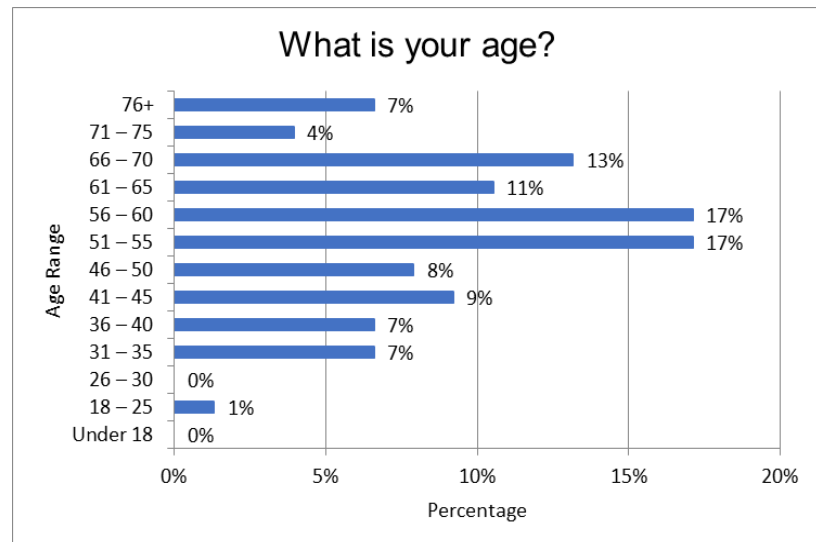


Figure 12: Carer respondents by age

Carers completing the survey were located across all Australian states and territories, with the largest proportions from Queensland (25%, n=19), South Australia (22%, n=17), and New South Wales (17%, n=13) (Table 25).

Over half of carers (57%, n=43) completing the survey were located in a capital city, with 36% (n=27) living in regional centres, and 8% (n=6) living in rural/remote locations.

Four percent of carer respondents identified as being from Aboriginal or Torres Strait Islander descent. The majority of carer respondents (96%, n=73) mainly speak English at home, with 4% (n=3) speaking other languages, which included Malayalam, Spanish, and Fijian.

Health professionals the person you support has seen in the past 12 months, and did they ask about general physical health?

Most carer respondents identified that the person they support had seen a range of health professionals with most seeing a GP (78%, n=76), or psychiatrist (65%, n=62), and half seeing a psychologist (50%, n=43).

The highest rated health professionals who carers reported had asked about the consumer's physical health included other allied health professionals (82%, n=28), NDIS Support Person (81%, n=29) and GPs (76%, n=58). This was consistent with consumer responses. Over half of carers reported that the health provider asked about the consumer's physical health with the exception of pharmacists (37%, n=17). There were a number of carers who answered 'unsure' or 'don't know' regarding whether the consumer saw the health professional and/or if they were asked about their general physical health (Table 26).

In the last 12 months has a GP talked to you or the person you support about these physical health areas?

Most carer respondents reported that the person they support has a regular GP (84%, n=89), with those that don't have a regular GP being 12% (n=13), and 4% (n=4) being 'unsure' or 'I don't know'.

Over half of carer respondents reported that a GP had asked the person they support about blood tests (81%, n=68), vaccinations (75%, n=54), weight (70%, n=53) and sleep (74%, n=53) which was consistent with reports from consumer respondents (Figure 13). The areas that GPs talked to consumers about least as reported by carers included lung function (29%, n=17), cancer screening (23%, n=14) and sexual health (24%, n=11). Smoking was rated as 'not applicable' by 41% (n=41) of carer respondents. For those who did not exclude smoking by selecting not-applicable, only 43% (n=26) said their GP had asked about smoking. For those who did not exclude alcohol and drug use as not applicable, only 63% (n=35) said their GP has asked about alcohol and drug use (Figure 13, Table 27).

There were between 12% (n=12) and 39% (n=40) of carers who were unsure or did not know if the GP has asked the person that they support about various health areas.

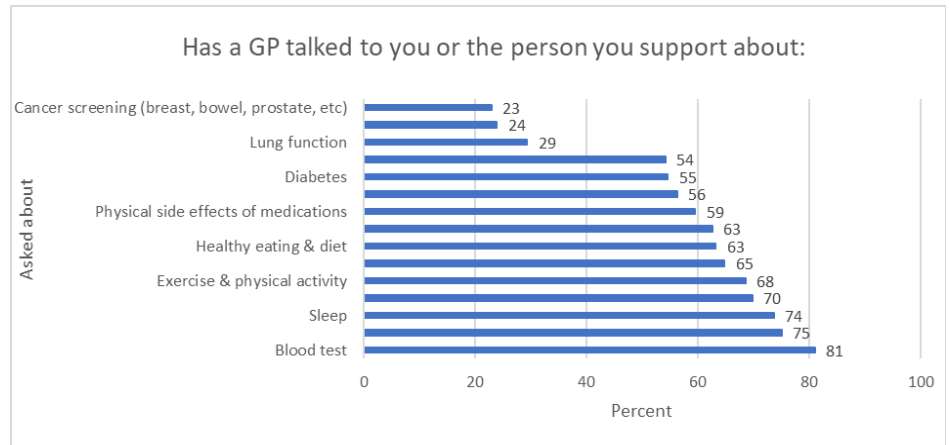


Figure 13: Physical health areas asked about by GPs

When the person you support sees a mental health professional other than a GP, which of the following reflects their overall or general experience, or your experience on their behalf?

Similar to the experiences of consumers, the responses from carers indicate a significant lack of concern about consumers' physical health and disturbingly a large percentage not treating consumers' physical health or medication side effect concerns seriously. This suggests that physical health is not commonly a focus of mental health professionals when supporting consumers with their mental health (Table 29). With a life expectancy gap of 20 years for people living with mental ill-health and a premature death due to preventable physical health conditions 10 times the suicide rate¹⁵, this represents a significant opportunity for clinical practice improvement. This data is an illustration of 'diagnostic overshadowing'¹⁶, where a focus on the mental health diagnosis overshadows consumer (often debilitating and life-shortening) physical health concerns.

There were a number concerning findings that carers reported on consumers' experiences when seeking support from a mental health professional including (Figure 14):

- Only one-quarter of carers said the person they support was asked about their physical health by the mental health professional (28%, n=25);
- Over half of carers said that they or the person they support is not taken seriously by mental health professionals regarding physical health concerns (54%, n=38);
- Only one-third of carers said mental health professionals are interested in the consumer's whole health (e.g., social connection/engagement, life goals), not just their mental health (34%, n=35);

- Over one-third of carers said mental health professionals respected and listened to the consumer and carer concerns about medications (38%, n=39);
- Over half of carers said the consumer was not provided with clear information about any tests, medication or concerns in a way that they could understand (60%, n=41);
- Over half of carers said mental health professionals did not keep the consumer informed and did not include them in each step and decision about their physical health care (54%, n=37);
- Over half carers are not kept informed and included in each step and decision about the consumer's physical health care by the mental health professional (54%, n=31); and
- Less than half of carers said mental health professionals encourage the consumer to be an active participant in their own physical self-care (48%, n=42).

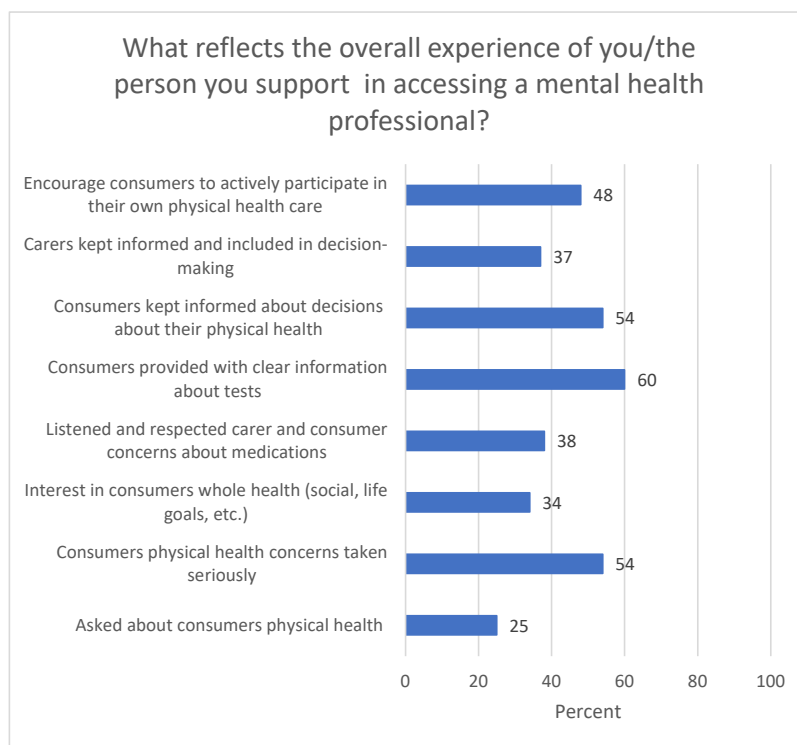


Figure 14: Carers' reports of consumer contact with mental health professionals

Access and affordability

Two-thirds of carers reported that the consumer cannot afford to see the mental health professional when and as often as they need to (68%, n=162). Over two-thirds of carers reported that the consumer does not have enough access to allied health professionals to support their physical health (71%, n=162). Furthermore, only 28% of carers (n=21) reported that the consumer is asked about their physical health when accessing an emergency department for their mental health. However, in response to this question, it is possible that carers rated 'never' because the consumer had not accessed an ED for their mental health, rather than never being asked when they did access one (Figure 15).

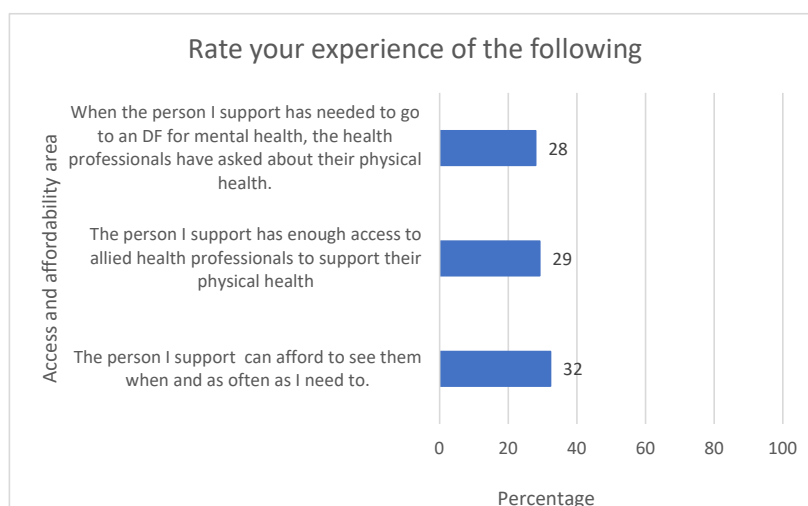


Figure 15: Carer reported experiences of access and affordability

In the last 12 months has a mental health professional (other than a GP) talked to the person you support about the following?

Consistent with the responses from consumers, mental health professionals most frequently asked the person they support about sleep (76%) and exercise and physical activity (70%). Also consistent with consumer respondents, the least frequent areas for a mental health professional to ask about, according to carer respondents, were lung function (20%), cancer screening (19%), sexual health (27%), cholesterol (27%), and diabetes (29%) (Table 28, Figure 16). These figures are likely to be over-estimates as respondents who marked 'don't know' or 'unsure' were excluded from the analysis.

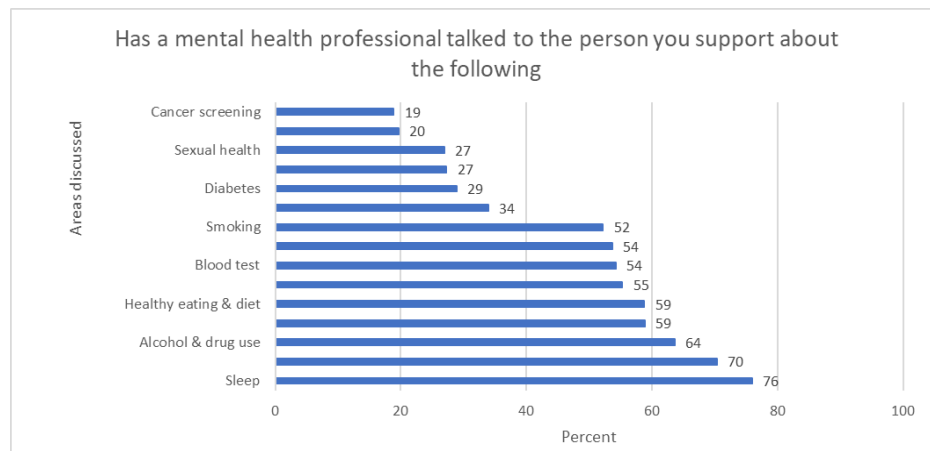


Figure 16: Physical health areas mental health professional asks about

COVID-19 Vaccinations

Over half of carer respondents (60%, n=61) said the person they support has been asked by a GP if they have had a COVID-19 vaccination and 21% (n=21) were unsure. Almost three-quarters (74%, n=78) of carers reported that the person they support has had or is planning to have their COVID-19 vaccination, and 9% (n=9) were unsure.

Chronic Condition Management Plans

Almost one-third of carers (31%, n=33) reported that the person they support has a chronic condition management plan with a GP. For those who do, one-third (33%, n=11) stated that the plan is shared with other mental health professionals that may be involved in supporting them, and 12% (n=4) were unsure.

Physical health conditions as side effects of medications

Over one-third of carer respondents (38%, n=40) stated that the person they support has a physical health condition that a GP has told them is a side effect of medication taken for their mental health condition (Table 30).

In response to this question, 35 of the 40 carer respondents who said 'yes' provided further detail. Of note, 11 carer respondents identified that the person had more than one physical health condition, many of these having 2-3, with one identified as having 6 conditions.

- 18 weight gain or obesity / 2 metabolic syndromeⁱ
- 8 diabetes / 2 prediabetes
- 4 high blood pressure / 1 cardiopathy
- 3 high cholesterol / 2 fatty liver
- 3 tremors / 1 Ataxia
- 3 saliva impacts (drool, dry mouth)
- 2 cough
- 2 joint pain
- 1 each of the following: Peripheral neuritis, Stage 4 kidney failure, Sleep apnoea, Lactating issues, Anorexiaⁱⁱ, Gastric problems.

Most of these carer respondents named diagnosed physical health conditions and some identified concerns that suggested the person may not have received a diagnosis yet (e.g., cough, joint pain).

i. A collection of conditions that often occur together and increase your risk of diabetes, stroke and heart disease. The main components of metabolic syndrome include obesity, high blood pressure, high blood triglycerides, low levels of HDL cholesterol and insulin resistance.

ii. A disability involving thought processing in which the subject retains less than full memory or comprehension of written material.

One carer respondent provided a detailed response about the experience of their family member who was subject to an order under the Mental Health Act and how this meant the identification and sufficient care of their physical health was more complex.

“The person I care for is an involuntary patient now in Community (CTO) about to be renewed. He often raises issues about medication and side effects, but these are not addressed. He experiences symptoms that may be related to side effects but also to other things with no way to unpack this under current treatment. He has been hospitalised a number of times through ED for both mental health assessment and physical emergencies / injuries. Last time he was taken for assessment he asked for treatment for a broken hand with no response. I raise physical issues with them, and we both raise medication issues. Last session with team I raised 3 head injuries within the previous 2 weeks, and we were given MRI request but the person I care for refused. He will not see GP and it takes a lot to get him to hospital (usually only when an ambulance is called and there is no choice). We need health and physical checks etc., integrated into treatment plans and teams as default mechanism - especially for those who are involuntary and have complex needs.”

Involving others in physical health care

Approximately one-third of consumers (34%, n=35) reported that the person they support lives alone, 64% (n=65) live with others, and 2% (n=2) preferred not to say. Over half (58%, n=62) said the person they support includes them in their day-to-day physical health care, and 8% (n=9) rated 'not applicable' to this question. For carers who are involved in the physical health care of the person they support, less than half (45%, n=36) stated that the mental health professional generally includes them in the physical health care of the person they support.

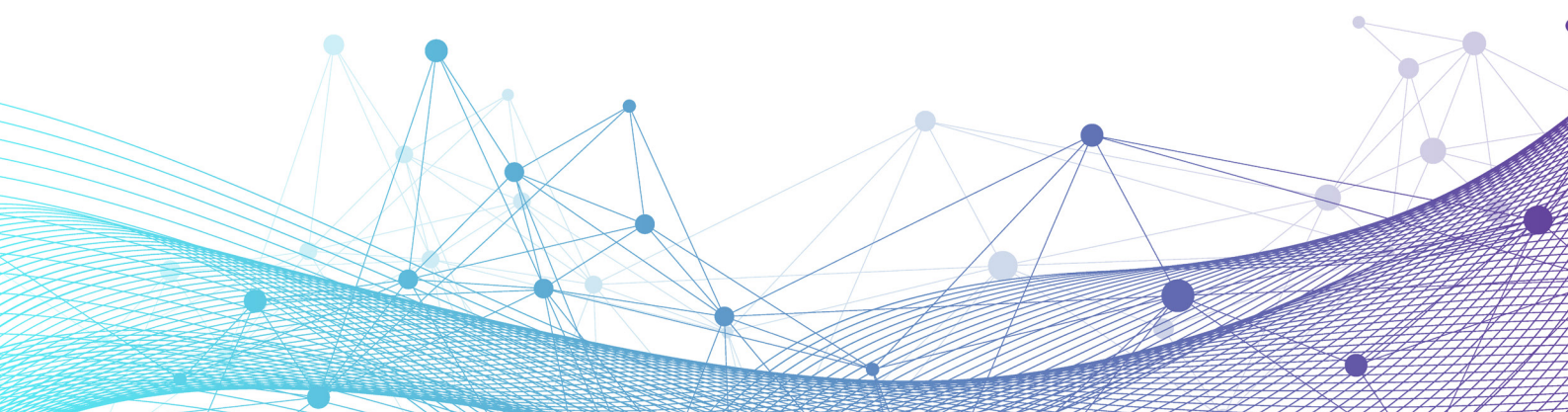
Other than health professionals, who provides the person you support with the most support to look after their physical health?

Over half of carer respondents (51%, n=54) said that they provide the most support to the person they care for regarding their physical health. There were 16% (n=17) who identified family members, and 11% (n=12) who identified an NDIS support worker. Eight carer respondents made further comments, with several relating to NDIS support, with mixed views on the opportunities that this support provided to work with the person holistically to help support both the person's mental and physical health.

“The NDIS support worker just visits for half an hour, sits and listens to my daughter. Peer-worker. Funded with NDIS plan, but I wanted to specify the peer-worker part. My daughter has many support workers but only her peer-worker is able to engage with her about eating or physical health. He gets support through his NDIS package at least 5 days per week for up to 3 hours per day. However, I am not sure if they necessarily have the knowledge and ability to effectively communicate to get the best outcomes for my son.”

What would be most useful in improving the physical health care of the person you support?

Three options were offered for this question, and carer respondents were asked to rank these in order of highest priority. The results were mixed without a clear priority order; however, when looking at the number one rating for carers, most prioritised better access to resources (44%, n=44) (Figure 17), which is consistent with the highest priority as rated by consumers.



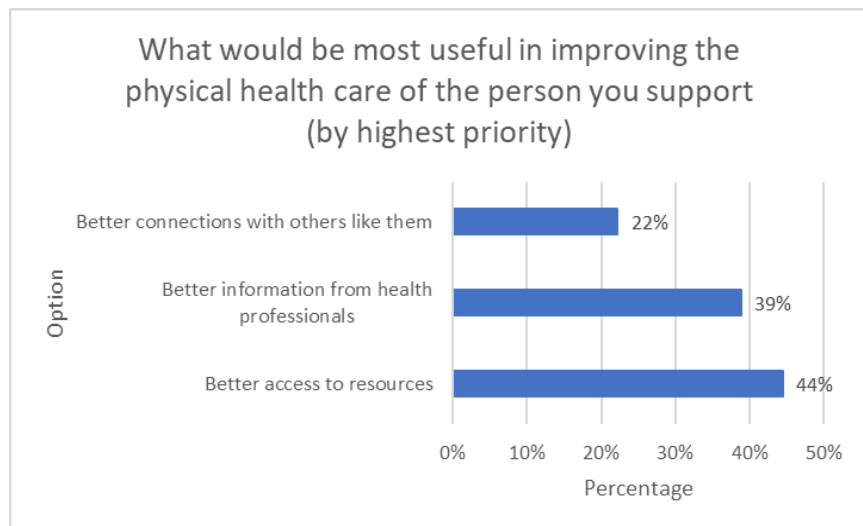


Figure 17: Carer responses - what would be most useful in improving the physical health care of the person you support?

Forty-four carer respondents provided further suggestions and comments about what would be most useful in improving physical health for the person they support. Their comments covered concerns about neglect of physical health, service culture and stigma, the need for more training of those involved in supporting the person's mental health, calls for more holistic care, greater involvement of family and carers, and system-related problems.

Several carer respondents made practical suggestions for how the health system could respond better. This included the everyday micro level of interactions between the person and the health professional, the meso level of how health professionals and services work with the person and their family carers, and the macro level of how support for physical health care could be improved through funding levers.

To allow support workers to get more involved in health of the people since they spend most of the time with them.

Better explanation of medication.

Having the mental health professional asking about their physical health would go a long way.

In home visits to get a good understanding of the whole person and the environment and relationships around them - this would truly be holistic.

Better access to resources, obesity clinics, food disorder therapy/assistance, addiction other things besides drug and alcohol e.g., to Coca Cola, sugary fatty fast foods. Access to other therapies.

Better collaboration from all professionals involved. Currently work individually and do not collaborate even though physical and mental health impact each other.

There needs to be a Medicare number specific for doctors to bulk bill carer visits. Family should be included when they support the mental and physical needs of their loved one. If doctors had another provider number, they would be encouraged to include carers and families. As carers we need to be included, my son has a poor memory which means he forgets to tell the doctor vital things. Doctors will include us if they can bill for it. This will result in healthier patients because we are all working together ... Perhaps it could be piggybacked onto the 2717 item number.

Every person with severe mental ill-health, particularly those under treatment orders, should receive physical health assessment and care ... We should not continue to detain people, force them to take medications and then resist providing general health care.

Better collaboration from all professionals involved. Currently work individually and do not collaborate even though physical and mental health impact each other.

Several carer respondents called for changes in health professionals' attitudes and the perceived culture in services toward people with mental health issues and their family carers, which they saw as stigmatising and, in some cases, accepting that the development of physical health problems was inevitable.

“

I have the impression from our mental health care team the diabetes is an inevitable outcome - my partner and I find this frustrating and disappointing.

Less stigma and judgement from health professionals. The quality of information from a health professional is irrelevant if the health professional cannot establish rapport due to their own bias.

There needs to be a culture change within the mental health system to stop using 'privacy' as a smokescreen to lock out carers. The 'triangle of care' gets better results. Physical care needs to be integrated with mental health treatment and is ultimately cost effective to the government.

Despite all the awareness campaigns around destigmatising mental health, in our experience we are still mostly faced with specialists who seem too ready to assume physical illness is always caused by the mental ill-health Or perhaps they are just feeling helpless at tackling the underlying complicated enmeshment of the two. We can certainly understand that! But if I could put my finger on just one thing that would make a difference ... it would be the ability to connect with a suffering fellow human being and be willing to explain the thinking behind their treatment plans and hear and answer our admittedly, sometimes dumb questions without feeling their expertise are being questioned or that we are being argumentative. This of course will never happen while we have a system where the sick are squeezed into frantic 15-minute time slots and physicians are overloaded and under resourced, let alone not trained in (or actually trained in the lack of) humility and empathy.

There is an attitude for a long time now that families are 'a nuisance'. They behave as if they 'own' the person and their opinion is the only one that matters. They don't possess the skills or training to include a family member into any discussion. They exist in their own bubble, and the person is just a number.

Doctors need to listen more, do more pharmacological training, consider long term health outcomes, lose the stigmatisation and spend more time investigating all aspects of health. No one has taken my son's blood sugar, blood pressure, colonoscopy when he has blood in his stool or factored in his general health. Utterly appalling. I have had to bring him home, feed and support him when I am unwell. We need ALL of the above, better access better information - most doctors don't have a clue about the dangers of polypharmacy. Psychiatrists are horrified!

”

“
There needs to be a culture change within the mental health system to stop using 'privacy' as a smokescreen to lock out carers. The 'triangle of care' gets better results. Physical care needs to be integrated with mental health treatment and is ultimately cost effective to the government.
”



Where does the person you support go for information about their physical health other than a GP?

The most frequent responses included 46% of carers (n=49) who said the consumer goes to them for information about physical health, 42% (n=44) go to Google or the internet, 33% (n=35) go to family or friends, and 28% (n=30) to go other health professionals (Figure 18, Table 31). It is worth noting the percentage of consumers going to Google as reported by carers, is about half that reported by the consumers themselves. This is not at all surprising and carers are likely to be unaware of consumers' internet activity in this respect.

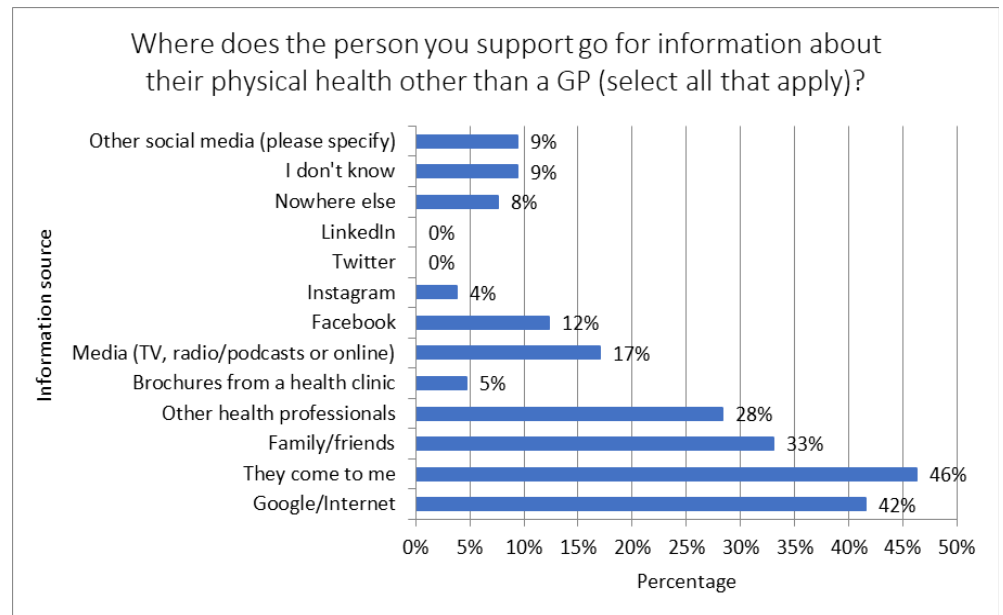
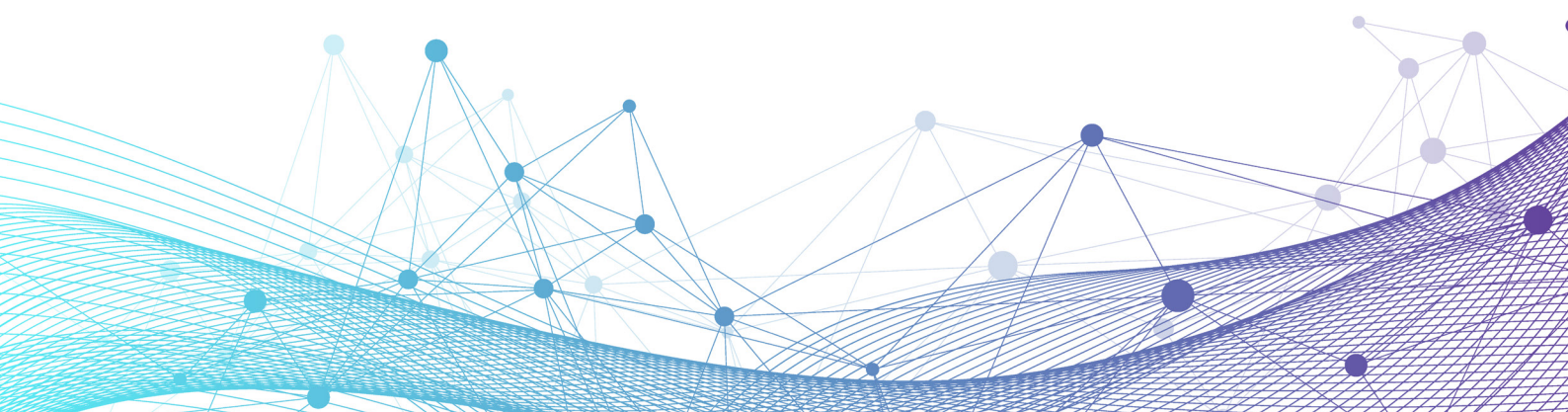


Figure 18: Carer responses – who does the person you support go to for information about their physical health other than a GP?

Ten carers provided further options for where they believed consumers go for information about physical health needs; three identified TikTok, and two talked about the person they care for having limited insight into their physical health.

“Our son, due to his range of mental health issues and drug addiction was not concerned for his physical health because as we were continually told, our son had no insight into his conditions!

No appropriate choice in this list. My daughter gets no information at all. She does not have radio, TV, computer, phone, friends. She will listen to no one, in any case.”



Preferences for receiving information to support the physical health needs of the person you support

Carers were asked to select a maximum of two options identifying how the person they support would prefer to receive this information (Table 32).

The most frequently selected option was verbal explanation from a health professional (45%, n=48), followed closely by from their health professional or support worker (33%, n=35), and websites (25%, n=26) (Figure 19). This highlights the need for face-to-face or direct communication with health professionals as a trusted source regarding physical health needs in addition to digital resources.

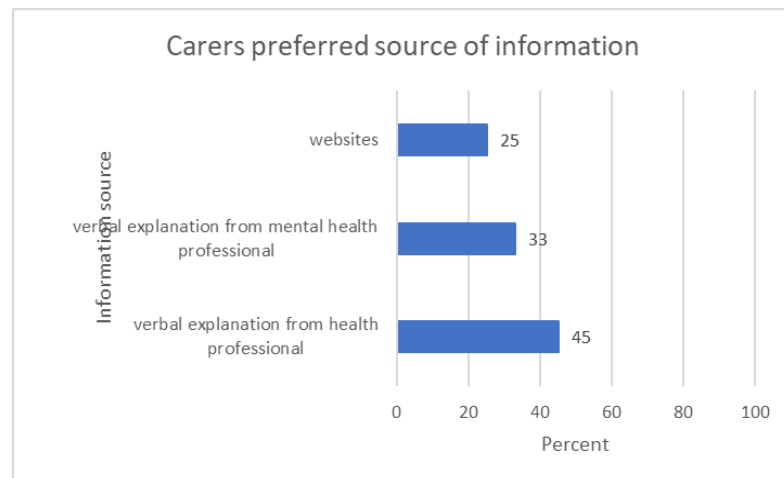


Figure 19: Carers' preferred source of information about physical health conditions

Eight carers provided further options/comments regarding barriers consumers experience to accessing information.

Our son died because he did not receive the holistic care that he should have received because of his comorbidity issues.

They don't need information, they need support, money and motivation. I don't really know how anyone can get through to my daughter. She blocks herself off when the subject of physical health is raised.

Issues with dyslexia and short-term memory loss interfere with understanding and retaining information.

He seems not to care about his health.

From their peer-worker. They cannot hear it from me or from health professionals who don't have lived experience, because what would we know? They cannot access any group environments, or anything delivered by online video.

NDIS support workers can be very helpful if informed themselves.

Online forums.

Our son died because he did not receive the holistic care that he should have received because of his comorbidity issues. The mental health system in Australia, as it currently stands, failed my son. He died under a PTO and there is a coronial inquest currently underway.

Over half of carer respondents (59%, n=61) were interested in being involved in the development of a resource to support mental and physical health, with 59 providing email addresses for follow-up.

Other feedback regarding physical and mental health

In addition to the above survey findings, 36 carer respondents made further comments broadly about physical health and mental health prior to finalising their survey; several expressed their appreciation for the survey and its focus on this topic. Many took the opportunity to provide further suggestions, again stressing the important navigation and support role played by family carers, their desire for inclusion as partners in supporting the person's physical health and mental health, and the need for system change. Examples of comments that capture the range of views follow:

“lived experience. Neuroleptic medications destroyed the person I support’s physical health and their will to care about it. It has also had a ripple effect on our family’s physical health. We need more resources and financial support to be motivated and have energy to make lifestyle changes. It’s sickening to be told information and health professionals are the answer.

Significant gaps between the various service providers. Family often holds the most accurate history. Why don’t the various health professionals talk to each more and work from the same page?

The carer is not always involved or privy to what is discussed in appointments with health professionals or others unless the carer is able to attend or proactively asks or information and is permitted to be included or has guardianship. Carers often have to foot the bill for many of the treatments.

They [mental health professionals] have said to me it is not their job to take him to a doctor for his physical health, which has been very bad. I do not expect him to have a long life. My son is now on medication and has put on about 20 kilos as a consequence. His NDIS worker takes him swimming to the local pool once a week and is just the person he needs. I am very grateful for their help.

My son has had varied experiences over the past 12 months. Some professionals/ doctors have showed concern for his physical health others have shown none. But the side effects of the medication can do more harm than good especially to the body, yet this seems to go unchecked. All they care about is finding a med that works to relieve anxiety and not worry what other serious problems it creates. The physical issues need regular monitoring. My son’s GP put him on a new med and said see you in 8 weeks. He’s been to hell and back in that time. They hand drugs out like lollies, and don’t care what they do to the person. Again, thank you for your work!

Acute mental health Inpatient units must take more responsibility for the physical health of inpatients. With lengthy admissions, there is little or no provision for exercise and support with menus. We have a long way to go to address inpatient wellbeing and communication with carers. Covid restrictions have made hospitalisations so much harder.

I’m glad that the correlation between mental health medication and physical health issues are being explored as carers are often left to pick up the pieces without any external help from professionals. It would be great if the mental health system could be more responsive to the common physical health issues that follow!

The person I care for is under 16. I wish there was more credible info for her about connection between mental and physical health.

My son is receiving very good NDIS care, including support from a diabetes educator to supervise and train the NDIS support workers. This has only occurred because I fought very hard to get these services. My son does NOT think he has a mental ill-health or diabetes. It was disgraceful that mental health services had NO interest whatsoever in my son’s physical health care, in fact, he has been banned from staying in the XXXX intermediate care centre because he is unable to manage his diabetes without assistance. We were told that the nurses are mental health nurses, not general nurses. I find this an infringement of human rights. No wonder people with severe mental ill-health like schizophrenia have a 25-year reduced life expectancy.

“Significant gaps between the various service providers. Family often holds the most accurate history. Why don’t the various health professionals talk to each more and work from the same page?”

”



Considerations for advocacy and action

People living with mental ill-health have a lower life expectancy than the general population due to poor health or chronic physical health conditions. This has significant impacts on quality of life, and indeed chronic physical health conditions are significant contributors to psychological distress¹⁷ and suicidality.¹⁸ Despite this evidence, only 1 in 5 mental health professionals inquire about physical health or chronic physical health conditions. Disturbingly, approximately half of mental health professionals do not respect or take consumers' concerns about their physical health seriously. Carers' reports in this survey about the contact the person they support has with mental health professionals mirror these findings.

The survey results suggest several key opportunities to improve holistic health care and the connection between physical and mental health support.

Key Finding 1: The need for holistic health care

People living with mental ill-health have a life expectancy 20 years less than the general population due to poor health or chronic physical health conditions, yet only 1 in 5 mental health professionals inquire about physical health, and only half take consumer concerns about physical health conditions seriously.

While mental health providers appear to ask about some physical health needs such as sleep, exercise and physical activity, other physical health risks such as smoking, drug and alcohol use, cancer screenings, etc., are often not discussed. This is despite 80% of people living with mental ill-health have a co-existing physical health condition.¹⁹ Almost half of mental health professionals did not show an interest in a consumer's whole health (e.g., social connection/engagement, life goals, etc.). When consumers raised concerns about their physical health or medications, only half of consumers reported being taken seriously by their mental health professional. This is an illustration of 'diagnostic overshadowing' where the clinician sees the psychiatric diagnosis but fails to see the person with the diagnosis.

Recommendation:

Further training, resources, and guidance for mental health professionals to seek further understanding of a consumer's physical health needs, which also includes a focus on whole health or holistic health care.

Further training for health professionals regarding including consumers in decision-making about medications and responding to concerns is required to ensure that consumers are heard and taken seriously in both their physical and mental health care.

Health professionals should routinely ask consumers about smoking, providing the opportunity to provide guidance and advice should the consumer be interested in quitting.

All health professionals (including mental health professionals) should regularly ask about health screening for cancer, heart disease, lung disease, and vaccination status. Health professionals should be ready and equipped to support and advocate for consumers to access the necessary screening and, if needed, follow-up treatment. All clinicians should adopt a model such as the 'Ask, Advise, Assist' model when providing support for people living with mental ill-health. This model does not impinge on consumers' personal agency but can help consumers to attain equal access to information and decisions regarding their physical health.



Key Finding 2: Cost and accessibility of mental health services

Affordability of mental health services continues to be a concern with less than one-third of consumer and carer respondents stating that they could afford mental health services when and as often as they needed. This was an issue across all states and territories.

Recommendation:

This is a broader mental health sector issue regarding affordability and a review of Medicare subsidies and private health insurance inclusions along with availability of services outside of capital cities would support improvements in this area.

Key Finding 3: Lack of communication and engagement with others involved in the care of the consumer

While many consumers and carers reported having a chronic condition management plan with a GP (n=152), only 29% stated that the plan is shared with other mental health professionals that may be involved in the consumer's care.

For consumers who involve a carer/family member in their physical health care, less than half of both consumers and carers said that the mental health professional generally involves them in their physical care.

Recommendation:

With the consumers' permission, chronic health information must be shared between GPs and others who are involved in the care of the consumer. Greater engagement with and involvement of carers is needed by all health professionals to support a 'whole of health' approach for consumers.

Key Finding 4: The need for resources to support physical and mental health needs

There was overwhelming interest from consumers and carers to be involved in the development of a resource to support both physical and mental health care needs with 216 consumers and carers providing their contact details to be involved in a project to undertake this work. Google and Facebook are accessed by a large majority of consumer respondents for information about physical health care needs, which does not necessarily provide credible information (depending on the source of the information accessed).

Recommendation:

There is an opportunity to gather further lived experiences and knowledge from consumers and carers who have expressed interest to develop a physical and mental health care resource that aims for holistic, whole of health care. Such resources could be created for consumers and carers as well as health professionals. There is an opportunity create a centralised resource repository specifically for people living with mental ill-health, their carers and professionals to access regarding physical health care to provide credible information rather than an over reliance on Google and social media. Such a site would ensure resources are scanned, identified and curated in a co-design process with consumers, carers and health professionals and be actively communicated to relevant audiences.

Research Limitations

This was not a random sampled stratified survey. Respondents were recruited via call outs from social media and LEA and Equally Well networks. The sample of completed surveys was relatively small. Respondents were mostly females. Specific ethnic, cultural, and sexual minority populations were also underrepresented, and their experiences may vary. While the survey questions were determined from a series of collaborative co-design discussions within our lived experience team and consultation with key staff from both Lived Experience Australia and Equally Well, other limitations relate to the survey design: reliability testing was not undertaken; the survey was open for a relatively brief period (4 weeks); there was limited opportunity for qualitative input; and the sample recruited may not reflect the broader community of people accessing mental health services.

Nonetheless, the represents the views of many consumers and carers from across Australia, and the collective voice of these respondents.

Appendix 1: Tables

Table 1: Consumer respondents by age

Answer Choices	Responses	
Under 18	0%	0
18 – 25	5%	10
26 – 30	9%	19
31 – 35	8%	18
36 – 40	7%	15
41 – 45	12%	25
46 – 50	17%	35
51 – 55	13%	28
56 – 60	10%	22
61 – 65	11%	23
66 – 70	5%	11
71 – 75	3%	6
76+	0%	0
Answered		212

Table 2: Consumer respondents by location

Answer Choices	Responses	
VIC	20%	43
NSW	21%	44
SA	20%	41
ACT	3%	7
TAS	4%	8
WA	10%	21
NT	3%	6
QLD	20%	42
Answered		212

Table 3: Consumer respondents - health professionals asking about physical health

Health Professional	I saw this health professional in the past 12 months		I saw this health professional and they did ask about my physical health		I saw this health professional and they did NOT ask about my physical health	
General Practitioner	96%	238	84%	199	16%	39
Pharmacist	82%	190	29%	55	71%	135
Psychologist	68%	156	62%	97	38%	59
Psychiatrist	53%	125	58%	72	42%	53
Other allied health professionals e.g., physiotherapist, occupational therapist, dietitian, naturopath, etc.	52%	119	81%	96	19%	23
Mental health nurse	24%	53	6%	34	36%	19
NDIS support person	22%	48	67%	32	33%	16
Social worker	19%	40	45%	18	55%	22

Table 4: Consumer responses – comparison of consumers who do or do not live alone and mental health providers asking about physical health needs

Psychiatrist					
Living Status	I did not see this health professional in the past 12 months	I saw this health professional, but they did not ask about my physical health	I saw this health professional and they did ask about my physical health	Unsure or I can't remember	Total
I live alone	42%	17%	41%	0%	81
I do not live alone	47%	24%	26%	2%	148
Total	42%	20%	29%	1%	247
NDIS Support Person					
Living status	I did not see this health professional in the past 12 months	I saw this health professional, but they did not ask about my physical health	I saw this health professional and they did ask about my physical health	Unsure or I can't remember	Total
I live alone	63%	9%	26%	1%	76
I do not live alone	84%	5%	8%	2%	132
Total	64%	6%	13%	2%	247

Table 5: Consumer responses – live alone and regular GP

Do you have a regular GP?	Yes	No	Total
I live alone	97%	3%	88
I do not live alone	87%	13%	158
Total	91%	9%	246
Answered			246

Table 6: Consumer respondents - GPs asking about areas of physical health

Physical Health Area	Yes	No	Not applicable	Unsure or I can't remember	Total
Blood test	84%	14%	1%	0%	252
Vaccinations (hepatitis, measles, flu, etc.)	67%	26%	6%	0%	250
Sleep	66%	32%	2%	0%	249
Blood pressure	65%	30%	5%	0%	247
Healthy eating & diet	57%	38%	2%	3%	252
Exercise & physical activity	57%	38%	2%	4%	248
Weight	55%	41%	3%	2%	248
Cholesterol	50%	44%	5%	2%	248
Cancer screening (breast, bowel, prostate, etc.)	45%	50%	5%	0%	246
Possible physical side effects of medications (e.g., weight gain, diabetes, heart disease)	43%	47%	8%	2%	249
Diabetes	36%	50%	13%	1%	249
Alcohol & drug use	25%	33%	41%	2%	248
Sexual health	21%	57%	22%	0%	248
Smoking	16%	28%	55%	1%	247
Lung function	16%	73%	10%	1%	245

Table 7: Consumer responses – comparison male/female and GP asking about smoking

In the last 12 months has a GP talked to you about smoking	Yes	No	Not applicable	Unsure or I can't remember	Total
Male	26%	26%	43%	5%	42
Female	12%	28%	59%	0%	155
Total	15%	27%	54%	1%	204
Answered					204

Table 8: Consumer respondents - Mental Health Professionals asking about areas of physical health

In the last 12 months has any Mental Health Professional other than your GP (e.g., psychologist, psychiatrist, mental health nurse, social worker, occupational therapist, etc.) talked to you about the following?

Physical health area	Yes	Not applicable	Unsure or I can't remember	Total
Sleep	65%	7%	0%	252
Exercise & physical activity	55%	8%	0%	251
Healthy eating & diet	44%	8%	2%	248
Possible physical side effects of medications (e.g., weight gain, diabetes, heart disease)	33%	13%	1%	249
Weight	32%	11%	1%	250
Blood test	29%	11%	0%	250
Alcohol & drug use	27%	38%	2%	244
Vaccinations (hepatitis, measles, flu, etc.)	25%	14%	1%	248
Blood pressure	15%	13%	0%	248
Smoking	12%	49%	0%	245
Sexual health	11%	22%	0%	247
Cholesterol	9%	13%	0%	248
Diabetes	9%	19%	0%	248
Cancer screening (breast, bowel, prostate, etc.)	7%	15%	0%	247
Lung function	4%	17%	0%	247

Table 9: Consumer responses – mental health professionals asking about smoking and sexual health comparison of men and women.

In the last 12 months has any Mental Health Professional other than your GP (e.g., psychologist, psychiatrist, mental health nurse, social worker, occupational therapist, etc.) talked to you about the following?

Smoking	Yes	No	Not applicable	Unsure or I can't remember	Total
Male	23%	36%	41%	0%	44
Female	9%	38%	54%	0%	153
Total	11%	37%	50%	0%	202
Sexual health	Yes	No	Not applicable	Unsure or I can't remember	Total
Male	20%	62%	18%	0%	45
Female	9%	69%	22%	1%	153
Total	11%	66%	20%	1%	202

Table 10: Consumers' overall experience when accessing a mental health professional

Options	Never	Rarely	Sometimes	Often	Always	Unsure	Total
They routinely ask about my physical health.	12%	30%	35%	14%	7%	1%	251
They take seriously any concerns I raise about my physical health.	5%	14%	26%	21%	28%	6%	251
They are interested in my whole health (e.g., social connection/ engagement, life goals), not just my mental health diagnosis.	7%	16%	21%	27%	28%	1%	251
They respect and listen to my concerns about medications.	6%	12%	24%	26%	27%	5%	251
They provide me with clear information about any tests, medication or concerns in a way that I can understand.	11%	12%	25%	20%	26%	6%	250
They keep me informed and include me in each step and decision about my physical health care.	12%	14%	26%	19%	20%	8%	251
They encourage me to be an active participant in my own physical self-care.	7%	11%	25%	26%	29%	2%	248
I can afford to see them when and as often as I need to.	14%	22%	28%	16%	17%	3%	250
I have enough access to allied health professionals to support my physical health (e.g., physiotherapists, dietitians).	20%	22%	23%	15%	15%	6%	251
When I have needed to go to hospital or to an emergency department for my mental health, the health professionals have asked about my physical health.	33%	18%	13%	8%	8%	20%	246

Table 11: Consumer responses – male and female general experience with mental health professionals

They take seriously any concerns I raise about my physical health.

Gender	Never	Rarely	Sometimes	Often	Always	Unsure	Total
Male	7%	9%	38%	24%	16%	7%	45
Female	5%	13%	24%	20%	32%	6%	156
Total	5%	12%	27%	21%	28%	6%	202

Table 12: Consumer responses – mental health professionals asking about weight by state/territory

In the last 12 months has any Mental Health Professional other than your GP (e.g., psychologist, psychiatrist, mental health nurse, social worker, occupational therapist, etc.) talked to you about weight or exercise and physical activity?

	Asked about weight	Did not ask about weight	Total	Asked about exercise	Did not ask about exercise	Total
VIC	30%	63%	43	67%	30%	43
NSW	16%	59%	44	43%	41%	44
SA	42%	50%	38	64%	36%	39
ACT	20%	60%	5	40%	40%	5
TAS	13%	88%	8	50%	50%	8
WA	38%	57%	21	52%	38%	21
NT	33%	67%	6	67%	33%	6
QLD	43%	48%	42	50%	40%	42
Total	31%	56%	210	55%	37%	210

Table 13: Consumer responses – comparison re COVID-19 vaccination by men and women

	Yes	No	Unsure	Total
Male	80%	4%	16%	45
Female	93%	4%	3%	157
Total	90%	4%	6%	202

Table 14: Consumer responses – COVID-19 vaccination by state/territory

State	Yes	No	Unsure	Total
VIC	95%	0%	5%	43
NSW	89%	5%	7%	44
SA	98%	3%	0%	40
ACT	100%	0%	0%	7
TAS	100%	0%	0%	7
WA	86%	5%	10%	21
NT	67%	0%	33%	6
QLD	83%	10%	7%	42
Total	90.4%	4%	6%	210

Table 15: Physical health conditions as side effects from medication for mental health conditions

Answer Choices	Responses	
Yes	19%	49
No	57%	144
Unsure	14%	35
Not Applicable	10%	25
	Answered	253

Table 16: Consumer responses – involvement of others by living status (alone/not alone)

Do you involve your family or another support person in your day-to-day physical health care?

Living status	Yes	No	Not applicable	Total
I live alone	25%	72%	3%	89
I do not live alone	47%	50%	4%	159
Total	39%	58%	4%	248

If yes, do the health professionals generally include your family or other support person in your physical health care (with your permission)?

Living status	Yes	No	Not applicable	Total
I live alone	11%	22%	68%	74
I do not live alone	28%	34%	38%	138
Total	22%	30%	49%	212

Table 17: Consumer responses – involvement of others by respondent gender

Yes	Yes	No	Not applicable	Total
Male	40%	26%	34%	38
Female	18%	30%	53%	135
Total	23%	29%	49%	173

Table 18: Consumer responses - health professional involving family/support person in physical health care needs by state/territory

State	Yes	No	Not applicable	Total
VIC	27%	16%	57%	37
NSW	14%	38%	49%	37
SA	35%	35%	30%	37
ACT	0%	20%	80%	5
TAS	0%	57%	43%	7
WA	6%	29%	65%	17
NT	0%	40%	60%	5
QLD	29%	24%	47%	34
Total	22%	30%	49%	179

Table 19: Consumer responses, support provided for physical health other than health professionals

Answer Choices	Responses	
Family members	36%	92
Friends	11%	28
Work colleagues	2%	5
NDIS support worker	9%	22
Aged care support worker	0%	0
No-one or I don't require support	29%	74
Other (please specify)	13%	33
	Answered	254

Table 20: Consumer responses – who provides the most support by living status (alone/not alone)

Living status	Family members	Friends	Work colleagues	NDIS support worker	No-one or I don't require support	Other (please specify)	Total
I live alone	16%	13%	1%	18%	37%	15%	89
I do not live alone	48%	10%	2%	4%	24%	13%	158
Total	36%	11%	2%	9%	29%	13%	247

Table 21: Consumer responses – where information is accessed about physical health other than a GP

Answer Choices	Responses	
Google/Internet	81%	206
Family/friends	44%	111
Other health professionals	56%	142
Brochures from a health clinic	22%	56
Media (TV, radio/podcasts or online)	24%	60
Facebook	13%	32
Instagram	5%	14
Twitter	1%	2
LinkedIn	0%	1
Nowhere else	2%	6
Other (please specify)	11%	27
	Answered	255

Table 22: Consumer responses – where do you seek support by living status (alone/not alone)

Living status	Google/ Internet	Family/friends	Other health professionals	Brochures from a health clinic	Media (TV, radio/ podcasts or online)	Facebook
I live alone	72%	35%	60%	24%	24%	19%
I do not live alone	87%	49%	53%	21%	25%	9%
Total	81%	44%	55%	22%	24%	13%
Living status	Instagram	Twitter	LinkedIn	Nowhere else	Other social media (please specify)	
I live alone	4%	1%	1%	2%	12%	
I do not live alone	6%	1%	0%	1%	10%	
Total	6%	1%	0%	2%	11%	

Table 23: Consumer responses – preference for receiving information about physical health needs

Answer Choices	Responses	
From my health professional or support worker	29%	75
Online resources (links, documents, articles, etc.)	26%	66
In-person workshops	25%	65
Verbal explanation from health professional	25%	63
Mobile app	20%	50
Websites	19	49
Online webinars/information sessions	15%	38
Email	11%	28
Brochures	6%	16
Social media community	4%	10
Other (please specify)	4%	9
Prompt card	3%	8
Videos	3%	7
I don't want to receive information to support my physical health care needs	2%	4
From my family member or support person	1%	3
	Answered	256

Table 24: Carer respondents by age

Age range	Responses	
Under 18	0%	0
18 – 25	1%	1
26 – 30	0%	0
31 – 35	7%	5
36 – 40	7%	5
41 – 45	9%	7
46 – 50	8%	6
51 – 55	17%	13
56 – 60	17%	13
61 – 65	11%	8
66 – 70	13%	10
71 – 75	4%	3
76+	7%	5
	Answered	76

Table 25: Carer respondents by location

Answer Choices	Responses	
VIC	12%	9
NSW	17%	13
SA	22%	17
ACT	8%	6
TAS	5%	4
WA	9%	7
NT	1%	1
QLD	25%	19
	Answered	76

Table 26: Carer respondents - health professionals asking about physical health

Answer Choices	The person I support saw this health professional	The health professional did ask about their physical health	The health professional did NOT ask about their physical health	Unsure or can't remember	Total
GP	78%	76%	24%	6%	158
Psychiatrist	65%	56%	44%	10%	134
Psychologist	50%	58%	42%	16%	100
Pharmacist	49%	37%	63%	19%	110
Mental Health Nurse	48%	61%	39%	11%	91
NDIS Support Person	41%	81%	19%	10%	81
Other allied health professionals	40%	82%	18%	14%	80
Social Worker	30.38%	58%	42%	14%	59

Table 27: Carer respondents - GPs asking the consumer about areas of physical health

In the last 12 months has a GP advised the person you support about any of the following?

Health area	Yes	Not applicable	Unsure or I don't know	Total
Blood test	65%	1%	18%	104
Vaccinations (hepatitis, measles, flu, etc.)	53%	9%	20%	101
Weight	51%	2%	24%	103
Sleep	51%	2%	28%	103
Exercise & physical activity	48%	2%	28%	104
Healthy eating & diet	46%	2%	25%	104
Possible physical side effects of medications (e.g., weight gain, diabetes, heart disease)	43%	4%	24%	102
Blood pressure	43%	5%	29%	103
Cholesterol	35%	10%	28%	103
Diabetes	35%	10%	26%	103
Alcohol & drug use	34%	30%	16%	103
Smoking	26%	41%	12%	101
Lung function	17%	9%	35%	103
Cancer screening (breast, bowel, prostate, etc.)	14%	8%	33%	103
Sexual health	11%	16%	39%	102

Table 28: Carer respondents - GPs asking the consumer about areas of physical health

In the last 12 months has a Mental Health Professional other than a GP (e.g., psychologist, psychiatrist, mental health nurse, social worker, occupational therapist, etc.) talked to the person you support about any of the following?

Health area	Yes	Not applicable	Unsure or I don't know	Total
Sleep	58%	7%	17%	103
Exercise & physical activity	51%	8%	20%	102
Healthy eating & diet	46%	5%	17%	102
Weight	41%	9%	17%	103
Possible physical side effects of medications (e.g., weight gain, diabetes, heart disease)	39%	10%	24%	102
Blood test	38%	10%	20%	102
Vaccinations (hepatitis, measles, flu, etc.)	36%	10%	23%	102
Alcohol & drug use	34%	29%	17%	102
Smoking	24%	36%	18%	100
Blood pressure	19%	14%	31%	102
Diabetes	15%	16%	31%	99
Cholesterol	15%	15%	31%	101
Sexual health	14%	15%	34%	101
Cancer screening (breast, bowel, prostate, etc.)	10%	18%	30%	101
Lung function	10%	16%	34%	101

Table 29: Carer reported overall experiences when the person they support accesses a mental health professional

Answer choices	Never	Rarely	Sometimes	Often	Always	Unsure/I don't know	Total
The mental health professionals routinely ask about their physical health.	5%	25%	33%	11%	14%	13%	102
The mental health professionals take concerns they (or I) raise about their physical health seriously.	4%	17%	25%	20%	18%	17%	102
The mental health professionals are interested in their whole health (e.g., social connection/engagement, life goals), not just their mental health diagnosis.	5%	18%	30%	17%	18%	13%	102
The mental health professionals respect and listen to their concerns about medications.	2%	11%	30%	15%	24%	19%	101
The mental health professionals provide them with clear information about any tests, medication or concerns in a way that they can understand.	4%	9%	27%	17%	24%	20%	102
The mental health professionals keep them informed and include them in each step and decision about their physical health care.	6%	22%	19%	19%	18%	18%	102
The mental health professionals keep me informed and include me in each step and decision about the physical health care of the person I support.	19%	24%	21%	13%	18%	7%	102
The mental health professionals encourage the person I support to be an active participant in their own physical self-care.	8%	15%	23%	19%	23%	14%	102
The person I support can afford to see the mental health professional when and as often as they need to.	19%	28%	19%	17%	15%	3%	102
The person I support has enough access to allied health professionals to support their physical health (e.g., physiotherapists, dietitians).	18%	25%	20%	14%	12%	13%	102
When the person I support has needed to go to hospital or to an emergency department for their mental health, the health professionals have asked about their physical health.	11%	22%	21%	13%	8%	26%	102

Table 30: Physical health conditions as side effects from medication for mental health conditions

Answer Choices	Responses	
Yes	38%	40
No	31%	32
Unsure or I don't know	282%	29
Not applicable	4%	4
	Answered	105

Table 31: Carer responses – who does the person you support go to for information about their physical health other than a GP?

Answer Choices	Responses	
Google/Internet	42%	44
They come to me	46%	49
Family/friends	33%	35
Other health professionals	28%	30
Brochures from a health clinic	5%	5
Media (TV, radio/podcasts or online)	17%	18
Facebook	12%	13
Instagram	4%	4
Twitter	0%	0
LinkedIn	0%	0
Nowhere else	8%	8
I don't know	9%	10
Other (please specify)	9%	10
	Answered	106

Table 32: Carer responses – preference for receiving information about physical health needs

Answer Choices	Responses	
Verbal explanation from health professional	45%	48
From my health professional or support worker	33%	35
Websites	25%	26
Online resources (links, documents, articles, etc.)	15%	16
Mobile app	9%	10
They do not want to receive information to support their physical health care needs	9%	10
Other (please specify)	8%	8
In-person workshops	6%	6
Social media community	6%	6
Brochures	5%	5
Email	5%	5
I don't know	5%	5
Videos	3%	3
Prompt card	2%	2
Online webinars/information sessions	1%	1
	Answered	106

References

1. Roberts, R. 2019. Equally Well. Physical health and mental illness. A narrative literature review, National Mental Health Commission, Charles Sturt University.
2. Department of Health. The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Commonwealth of Australia; 2017.
3. National Mental Health Commission. 2016. Equally Well Consensus Statement. Improving the physical health and wellbeing of people living with mental ill-health in Australia. Sydney: NMHC.
4. Productivity Commission. 2020. Mental Health Inquiry Report. Canberra: Commonwealth of Australia.
5. Australian Bureau of Statistics. 2017. Mortality of people using mental health services and prescription medications. Analysis of 2011 data. Canberra: ABS.
6. Australian Bureau of Statistics. 2019. Psychosocial Risk Factors as They Relate to Coroner-Referred Deaths in Australia 2017, Research Paper, Cat. no. 1351.0.55.062, Canberra: ABS
7. Australian Bureau of Statistics. 2016. National Health Survey: Mental health and co-existing physical health conditions, Australia, 2014-15. Canberra: ABS.
8. Australian Bureau of Statistics. 2017. Previously cited, 5.
9. U.S. Department of Health and Human Services. 2014. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta: DHHS, Centers for Disease Control and Prevention.
10. Jha, P. 2020. The hazards of smoking and the benefits of cessation: a critical summation of the epidemiological evidence in high-income countries. *Elife*. 2020;9:e49979.
11. Roberts, R. & Bowman, J. 2019. Physical health of people living with mental illness *InPsych*, 41, 28-33.
12. Maylea, C., Roberts, R. & Craik, C. 2019. The Role of Social Workers in Improving the Physical Health of People Who Use Mental Health Services. *Australian Social Work*, 1-9.
13. Roberts, R., Lockett, H., Bagnall, C., Maylea, C. & Hopgood, M. 2018. Improving the physical health of people living with mental illness in Australia and New Zealand. *Australian Journal of Rural Health*, 26, 354-362.
14. National Mental Health Commission, National Stigma and Discrimination Reduction Strategy, <https://www.mentalhealthcommission.gov.au/Mental-health-Reform/National-Stigma-Strategy>
15. Roberts, R. 2019. Physical health and mental illness. Previously cited, 1
16. Roberts, R., Lockett, H., Bagnall, C., et al. 2018. Previously cited, 13.
17. Mcnamara, B. J., Banks, E., Gubhaju, L., Joshy, G., Williamson, A., Raphael, B. & Eades, S. 2018. Factors relating to high psychological distress in Indigenous Australians and their contribution to Indigenous–non-Indigenous disparities. *Australian and New Zealand Journal of Public Health*, 42, 145-152.
18. Ässberg, M. M., Cheung, G., Canetto, S. S., Erlangsen, A., Lapierre, S., Lindner, R., Draper, B., Gallo, J. J., Wong, C., Wu, J., Duberstein, P. & Waern, M. 2016. A systematic review of physical illness, functional disability, and suicidal behaviour among older adults. *Ageing and mental health*, 20, 166-194.
19. Australian Bureau of Statistics. 2016. National Health Survey: Mental health and co-existing physical health conditions, Australia, 2014-15. Canberra: ABS.

