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EQUALLY WELL:
MENTAL/PHYSICAL HEALTH OUTCOMES LINKED

The mental health picture is stark.

A group of researchers, led by Associate Professor Russell Roberts (Charles Sturt University, Editor in Chief, AJRH) identify the increased risk of early death of people living with mental health issues in rural settings and look at the need for policy and practice responses.

The Australian Journal of Rural Health, in its October issue, reports that, on average, people with mental illness die 20 years earlier than the total population’s average life expectancy. People living with mental illness in Australia are at twice the risk of early death and three times the risk if they live in rural communities. Further, this life expectancy gap between people living with mental illness and the rest of the population is getting larger every decade.

The major causes of early death of people with mental illness are cardiovascular disease, respiratory disease and cancer. For every one person living with mental illness who dies of suicide, 10 die prematurely due to cardiovascular disease, respiratory disease and cancer. Eighty per cent of people living with mental illness have a mortality-related physical health condition. However the co-existing physical illness is often missed due to ‘diagnostic overshadowing’, where mental illness becomes the sole focus and the co-existing physical illness is left undiagnosed and untreated.

In response, both Australia and New Zealand have embarked upon national collaborative initiatives to improve the physical health of people living with mental health issues.

Both these initiatives have been entitled ‘Equally Well’, emphasising the right of people living with mental health issues to experience equity in access to, and quality of, health care. The emphasis is on improving physical health outcomes for people who experience mental health conditions and addictions.

The authors argue the need that decades of research from the perspective of service providers needs to be complimented by research from the perspective of service providers.

The National Rural Health Alliance is Australia’s peak non-government organisation for rural and remote health.
recipients. Improved understanding of the perspectives and priorities of people with experience of mental illness is vital if change is to be fully realised.

Professor Roberts said that in both countries, the ‘Equally Well’ national initiatives seek to systematically address this inequity of access as a matter of priority.

“Acceptance of the premature death and poor physical health of people living with mental illness needs to be replaced by commitment to address this international scandal as a matter of priority,” he said.

Equally Well in Australia benefited from the prior experience of Equally Well in New Zealand.

Equally Well seeks to:
- promote awareness, facilitate collaboration;
- share examples of innovation and good practice; and
- bring together resources designed to improve the physical health of people living with mental illness.

Underlying all this is a commitment to ensure the equal participation of consumers, their supporters and carers in design, production and evaluation of this initiative. Mental health is a prominent issue in both countries and this is recognised in an article¹ that draws attention to the need to improve the physical health of people living with mental illness.

The Fifth National Mental Health and Suicide Prevention Plan (2017) prioritises the physical health of people living with mental illness. Evidence shows improving physical health also significantly lowers suicide risk.

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