Equally Well: Together we are making a difference.

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This session

1. An overview of the Equally Well collaborative
2. Understand what you’re already doing that aligns with this
3. We will share examples of what progress is being made across the nationally and locally
4. Consider what taking an Equally Well approach means in every day practice
5. *Inspire and challenge you to do even more!*
Equally Well – a collaborative approach to affecting change

Phase 1 (from mid 2013)

• Evidence collection and initial stakeholder discussions
The drivers

**Health systems**
Separation of mental health and physical health care

**Workforce issues**
Practitioner training needs, better assessment and referral processes, stigma and discrimination.

**Socio-economic status**
Contributing factor but alone cannot account for disparities in health status

**Exposure to risk factors**
Higher levels of smoking, obesity. Lower levels of exercise, lower health literacy

**Medication**
Side effects of psychotropic medication
It takes a system

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

Nease, 2014
• Fundamental shift in the way we ‘view’ the issues
Getting people together

- Communication, strengthen partnerships, build consensus
Driving objectives

People who experience mental health and addictions problems should:

1. Be identified as a priority group at a national policy level based on significant health risks and relative poor physical health outcomes.

2. Have access to the same quality of care and treatment for physical illnesses as everybody else, and in particular to have a right to assessment, screening and monitoring for physical illnesses.

3. Be offered support and guidance on personal goals and changes to enhance their physical wellbeing.
A collaboration of people and organisations taking action for change
We are keen to hear what you’re already doing to be *Equally Well*
Some examples of Equally Well action that is happening nationally and across the country...
Minister of Health’s foreword

We need to work on all New Zealanders achieving equitable health outcomes, and we will target and tailor services for those group who have poorer health and social outcomes than the population on average, for example Pacific peoples. People with disabilities and **people with mental health conditions**.

Hon Dr Jonathan Coleman
Formal recognition:

Making the most of every point of care:

“Primary care providers and pharmacies can work to increase the use of both opportunistic and scheduled monitoring and screening with a focus on at-risk and vulnerable groups, especially mental health patients”. (page 5)
Formal recognition: Living Well with Diabetes

- Explicitly mentions people who experience mental illness and addiction as a group at higher risk.

- Sets a target by 2020 to improve routine screening for pregnant women and for people who experience mental illness and addiction.
People who experience a mental illness have 3 times the chance of dying before the age of 50 from a cardiac event.

The evidence used to inform the update of the ‘Cardiovascular Disease Risk Assessment Guidance for Primary Care’ will include mental health.

Desired outcome:
- explicit reference as a priority group for risk assessment and treatment (and at an earlier age)
Committing to taking action:

- Endorsed position paper
- Board signed off on an Equally Well action plan
- Special edition of GP Pulse
Increasing access to primary care: Primary Care Options Tairāwhiti

- Everyone who is under the care of the specialist adult community MH&A teams will have 6 funded primary care visits a year for physical healthcare.
- Everyone who is transitioning from specialist services will receive 4 extended GP visits and 4 normal GP visits plus between 12-26 practice nurse visits.
- Each general practice has eight 30 minute sessions per year with a consultant psychiatrist.

This initiative is a partnership between Hauora Tairāwhiti, Midlands Health Network, Ngāti Porou Hauora and National Hauora Coalition as well as the local NGOs, Emerge Aotearoa, Turanga Health and Te Kupenga Net Trust.
Routine monitoring of physical health

- Data available at a practice level on patients on a range of antipsychotics and mood stabilisers
- Self-audit within practices to check annual monitoring
- Annual check can be provided under long term conditions funding, free to patient.
Taking an Equally Well approach
✓ Get your organisation and/or professional body to endorse the consensus position paper

✓ Sign up for Equally Well e-news

✓ Be part of the discussions on the Equally Well online Loomio group

✓ Spend some time today thinking about one or two actions you can start tomorrow...
Ngā mihi ki a koutou

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