

# Achieving physical health equity for people with experience of mental health and addiction issues: Summary

This is a summary of what we know about physical health equity, including recent findings from the [2020 evidence update report](#). This latest update builds on the previous two reviews from Te Pou in 2014 and 2017. It brings together the latest published research on the existing health inequities, what is contributing to it, and most importantly what we can do individually and collectively to achieve physical health equity.

## The facts: Disparities in physical health care persist

People with experience of mental health and addiction issues have:

- an increased risk of many physical health issues, poorer health outcomes and significantly reduced life expectancy
  - this risk is present across the range of mental health and addiction experiences and diagnoses
  - Māori people with experience of mental health and addiction issues face significant compounding health inequities
- reduced access to the same quality of support.

Many physical health issues are preventable and treatable, especially if picked up early. Achieving physical health equity must be a priority for all of us.

## Why do disparities exist?

People's physical health risks are influenced by many different factors. These include:

Socioeconomic circumstances  
- the conditions in which people are born, grow, live, work and age as well as inequities in power, money and resources.

The physical health impacts of medications used to manage symptoms of mental health and addiction issues.

The availability and quality of health services, such as reduced access to physical health screening.

Diagnostic overshadowing, where symptoms of a person's physical health issues are assumed to be part of their mental health or addiction experiences.

Discrimination, racism and trauma.

Lack of coordinated support between health professionals and different services.

Impact of consumption industries - food, tobacco and alcohol - and higher concentration of outlets in low socioeconomic areas.

## Who is responsible for achieving equity?

Everyone is responsible. Regardless of our role, we can all take actions, big and small, in everyday work to raise awareness, address discrimination and racism, and encourage action.

## What will help us achieve physical health equity?

Achieving equity requires multiple strategies at the system, service and individual levels. Examples of key strategies are listed below.

Ask people what they need and want. Involve people and whānau in developing their treatment and support plans. Give full information on options - people need to lead their own health choices and plans.

Keep Te Tiriti o Waitangi at the forefront of our minds when working with people and whānau.

Upskill the workforce in physical health screening, cultural competency and safety, trauma informed approaches, values, attitudes and language.

Advocate for people's physical health needs.

Prescribe for wellbeing. Have conversations with people and whānau around medications and their physical health impacts. Balance medication benefits and risks.

Build Māori leadership in health service development and the workforce.

Communicate with and involve other health professionals such as social sector partners. For example, widen the team you work with and support peoples' socioeconomic circumstances.

Advocate for practice and policy changes.

Screen, screen, screen! Find out what screening tools you have and use them.

And don't just screen, take action. Assist people to have further health checks or offer additional support, if needed

Stay up to date and informed on contributions to physical health inequity, and what works to protect and optimise physical health.

Reduce discrimination, for example, use language that people can understand that is empowering and jargon free.

## What is standing in our way?

Lack of integrated, people-driven, trauma informed, and culturally competent health and health-related social systems.

Socioeconomic and systemic issues that contribute to poor physical health. We cannot achieve physical health equity until these are addressed.

The current system is worsening inequities for Māori people. We must all keep Te Tiriti o Waitangi, our founding equity document, at the forefront of our mind and actions as we work with Māori to transform the system to be equitable for Māori people.

A lack of awareness and skills to identify and support people's physical health needs when they experience mental health and addiction issues.

## Taking action

The persistent physical health inequities for people with experience of mental health and addiction issues highlights the need for continued, concerted action across the health and health related social systems. Current siloed services exacerbate health inequities - mental health, addiction and physical health need to be considered together as part of the same conversation. If you are supporting someone experiencing mental health and addiction issues, physical health should be top of mind, and vice-versa. It does not matter what setting you are in - we are all responsible for achieving equity.