

Equally Well: together we are making a difference**Helen Lockett¹, Caro Swanson², Michael Thorn³, Marion Blake⁴, Jo van Leeuwen²**¹The Wise Group, New Zealand; ²Te Pou o te Whakaaro Nui; ³Royal New Zealand College of General Practitioners; ⁴Platform Trust;

The associations between mental health and addiction issues and relatively poor physical health outcomes have been well established over many decades. The situation in New Zealand is very similar to other relatively wealthy countries. People who experience mental health and addiction issues die much earlier than their counterparts in the general population, with a two to three times greater risk of premature death. Two-thirds of this premature mortality is due to preventable and treatable physical illness, particularly cardiovascular diseases and cancers (Cunningham et al, 2014).

The reasons behind this disparity are complex and interrelated. They include factors relating directly to treatment such as the use of cardio metabolic effects of psychotropic medication, and greater exposure to known risk factors for chronic diseases such as smoking, obesity and a lack of exercise (Te Pou, 2014). However, more recent research has highlighted the role of the healthcare system in exacerbating this disparity, with diagnostic overshadowing being a significant issue along with the separation of mental health and addiction services and the workforce from general medicine, particularly primary care.

Equally Well is a large and growing collaboration of people and organisations across the country committed to taking action to improve physical health outcomes. It is using the principles of collective impact to bring about change at both a system and service delivery level across the health and health-related sectors.

An Equally Well consensus position paper, launched in September 2014, has already seen more than 70 organisations endorse it, formally acknowledging this health disparity and showing their commitment to taking action in their sphere of influence. Leaders in health policy and professional development, funding and planning, universities, primary care and mental health and addiction treatment services have agreed to work in partnership with people with lived experience of these challenges, to effect change.

This presentation will provide an overview of the issues, supporting evidence and the solutions. It will cover up to date examples of how policy and strategy has been affected by this collaborative and highlight some of the best practice initiatives being undertaken in New Zealand, particularly those that involve integrated care between specialist mental health and addiction services and primary care.

This will be an opportunity to hear first hand how the Equally Well collaboration works to affect change at multiple levels by multiple people as well as to gain insights into the online discussion forum where wicked issues are discussed and examples of solutions shared. The aim will be that delegates leave inspired to take action in their sphere of influence.

References:

Cunningham. R., Peterson. D., Sarfati. D. & Stanley. J. (2014). Premature mortality in adults using New Zealand psychiatric services. *New Zealand Medical Journal*(127) 31-41.

Te Pou (2014). *The physical health of people with a serious mental illness and/or addiction. An evidence review.* Auckland: Te Pou o Te Whakaaro Nui.