



Equally Well: Improving the physical wellbeing of people who experience mental health and addiction issues Policy Statement

The Public Health Association of New Zealand supports action to address the social determinants of health and wellbeing amongst marginalised populations, so that everyone has the same opportunity to be physically well. People who experience serious mental health and addiction issues¹ must be a visible priority group in national and regional policies that impact directly or indirectly on health outcomes.

Overview

People who experience mental health and addiction issues are more likely to have physical health problems than the general population. Associations between mental health and addiction issues and poorer physical health outcomes are well established.

However, people who experience mental health and addiction issues have limited visibility within national and global health strategies. This lack of visibility as a priority group with legitimate high physical as well as mental health needs further contributes to inequities in health outcomes and mortality. The main drivers of poor health outcomes in this population are; (i) greater exposure to known risk factors (e.g., smoking, low socioeconomic status), (ii) the effects of psychotropic medication and their contribution to obesity, Type 2 diabetes, and other metabolic comorbidities, and (iii) reduced access to and quality of health care due to financial barriers but also diagnostic overshadowing (where symptoms of a person’s physical health issues are assumed to be part of their mental health or addiction experiences) by health professionals (1).

The current health system transformation under the Pae Ora (Healthy Futures) Act has created a great opportunity for Aotearoa New Zealand to set a health system that provides the opportunity to address “longstanding problems and create a system that is Te Tiriti-consistent, equitable, cohesive,

¹ The use of the term ‘People who experience mental health and addiction issues’ is used to minimise the stigma associated with biomedical language. However, it should be noted that most of the research literature uses the term ‘people with serious mental illness (SMI) or ‘people with severe mental disorders’, or study people with particular diagnoses, primarily schizophrenia, bipolar disorder, or major depression.

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and whānau-centred” (2). Reducing excess mortality² and improving access to appropriate health care services amongst this population group is a public health priority (2).

The ‘Equally Well’ collaborative

Equally Well is a collaborative of people and organisations which operates on seven principles:

1. Partnership between health professionals, people with lived experience of mental health and addiction issues and their families and whānau.
2. Stigma and discrimination will be addressed wherever it occurs
3. Where possible good quality research evidence will inform activities, and improve services
4. Sustainable changes will be made by incorporating new approaches into business as usual
5. People who experience mental health and addiction issues have a right to be well-informed about treatment options and wellness opportunities
6. Different perspectives and world views are accepted and welcomed
7. Quality of life is as important as extending lives.

Key facts

- Internationally, people who access mental health and addiction services have more than twice the mortality rate of the general population, and their life expectancy can be reduced by up to 25 years (3, 4).
- For those with harmful drug or alcohol use, mortality risk increases with the type and frequency of drug use. In Aotearoa New Zealand, people with a primary diagnosis of substance or problematic alcohol use, dependency or addiction have premature mortality rates over two and a half times that of the population as a whole (7).
- People who experience mental health and addiction issues have significantly higher rates of physical health problems than their counterparts in the general population, including cardiovascular disease, diabetes, oral health problems, and respiratory diseases (5, 6, 8). Diabetes being up to four times more prevalent, and cardiovascular disease the most common cause of death amongst people who experience mental health issues (5, 9).
- People who experience mental health issues have worse cancer outcomes than the general population, despite having similar prevalence rates for some cancers. Later diagnosis has been identified as an important contributing factor to worse survival rates (9, 10).
- Māori experiencing mental health issues have higher rates of respiratory conditions and chronic pain, (11) and a higher body mass index (12). The alcohol-related death rate for Māori is four times higher than for non-Māori (13).

² *Excess mortality* means the *death rate* in the general population due to the *excess* risk imposed by a specific disease.

- Māori who access mental health services have higher mortality rates than the general Māori population, but the size of this difference is less for Māori with mental health issues than non-Māori with mental health issues (7).
- Associations between socio-economic status and mental health have been widely reported (8). Socio-economic consequences associated with experiencing mental health and addiction issues also affect the physical health of this population group (6).
- The consequences of mental health issues can include poorer employment prospects, social stigma and isolation, poverty and poor housing. It is also important to note that stigma relating to mental health and addiction as well as racism (internal, personal, social and institutional) have a bearing on the impact of mental ill health and addiction.
- Addressing the social determinants of health can be effective in improving health outcomes for vulnerable or at-risk groups and reducing health disparities (17, 18). However, it is important to acknowledge the effect of social determinants, although they alone do not fully explain disparities in health outcomes (14-16).
- The impact of the Covid-19 pandemic has also increased the incidence of mental health issues, particularly for vulnerable population groups and compounded the experiences of many living with pre-existing diagnosis of mental health and addiction.
- People experiencing mental health and addiction issues are at higher risk of contracting COVID-19 than those without. Once infected, people experiencing mental health and addiction issues have a higher risk of severe outcomes including hospitalisation and death (19).

Priorities for action

The Public Health Association recommends that local and central government:

- Explicitly identify people who experience mental health and addiction issues as a visible priority group for physical as well as mental health, in national and regional policies which have an effect on health outcomes. This includes policy development in sectors outside of health, such as housing and employment.
- Continue to support prioritisation of funding to promote and implement these policies, for example through the commissioning and planning processes of Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority.
- Ensure that people who experience mental health and addiction issues have the same access to, experience, quality and choice of physical healthcare as the general population, including but not limited to cancer screening, immunisation, cardiovascular risk assessment, and oral healthcare.
- Ensure that people who experience mental health and addiction issues are prioritised for access to public health interventions, such as smoking cessation programmes, appetite for life and green prescriptions, and housing and employment support programmes.
- Contribute to addressing the stigma and discrimination experienced by people who experience mental health and addiction issues when accessing physical health services. Particular attention

should be given to inter-sectional populations such as LGBTQ+ or ethnic communities who also experience mental health and addiction issues.

- Recognise and advocate for the additional needs of Māori who experience mental health and addiction issues and the Crown's obligation to Te Tiriti o Waitangi.
- Recognise and advocate for the specific needs of Pacific Island and young people/rangatahi who experience mental health and addiction issues.

PHA actions to support this policy

The Public Health Association, including its branches and members will:

- Endorse the [Equally Well consensus statement](#), and work to develop actions to support the Equally Well principles
- Continue to raise awareness of this health disparity and what's contributing to it across our networks, and encourage others to take action in their spheres of influence
- Support the PHA '[Smokefree Aotearoa New Zealand by 2025 Policy Statement](#)' as it applies to mental health communities
- Influence local and central government policy-making such as locality planning through submissions and participation in policy development forums
- Keep members informed of relevant research, key policy/legislative developments and consultations on Equally Well issues
- Strengthen relationships with aligned advocacy groups, and policy officials and decision makers at local, regional and national levels.

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