Leveraging change across a system: Lessons learnt from the Aotearoa New Zealand Equally Well collaborative

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OECD: INTEGRATED POLICY FRAMEWORK ON MENTAL HEALTH AND WORK

A stronger focus on youth mental health

Education

Improving the labour force participation of people with mental health issues

Workplace

Health

A stronger focus on worker’s mental health

Welfare

A stronger focus on people’s working lives
EQUALLY WELL: LEVERAGING CHANGE ACROSS THE HEALTH AND SOCIAL CARE SYSTEM

改善精神健康和成瘾问题患者的身心健康

- 心脏病学
- 糖尿病护理
- 基本护理
- 精神健康和成瘾服务

增强对健康不平等的关注

所有系统和参与者需要在各自的影响领域中识别并采取行动。

同样好：利用变革推动医疗和社保系统的改善

增强对身心健康的关注
Greater rates of premature mortality

People who experience mental health conditions have:

- Life expectancy reduced by up to 25 years. The most common causes of death being cancer and cardiovascular diseases\(^1\)
- More than twice the mortality rate\(^2\) of the general population, three times for people with a psychotic disorder

Cunningham et al. NZMJ 2014 127:1394
... and higher rates of physical health conditions and at a much earlier age
Dying for a life, should we have to?

“Many people are spending years living with undetected but treatable physical health problems needlessly and also some people are losing their lives because things have been picked up too late”

Caro Swanson - Principal advisor mental health and national service user lead, Te Pou o te Whakaaro Nui
Evidence informs both *What* we do and *How* we do it.
Understand the issues

**Phase 1** (from mid 2013)
- Evidence collection and initial stakeholder discussions
Identify the drivers of inequalities

- Health systems
- Workforce issues
- Exposure to known risk factors
- Psychotropic Medication
- Socio-economic status
- Adverse childhood experiences
It takes a system

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

Nease, 2014
Wicked problems

Wicked problems are difficult to define and they fight back when you try to solve them.

Sources: Fixen et al., 2013; Rittel and Webber, 1973
A fundamental shift in the way we ‘view’ the issues
The collective impact of Equally Well

In under 4 years it has grown from 8 organisations to more than 120

Also now in Australia and the UK
People living with severe mental illness should have the same right to good physical health as anyone else

- Equally Well UK seeks to promote and support collaborative action to improve physical health among people with a mental illness
- Last week Equally Well was launched in the UK, an initiative from New Zealand
- All aspects of Equally Well are co-produced in partnership between people with personal experience and health professionals
- Centre for Mental Health, Kaleidoscope and Rethink Mental Illness are working together with support from the Royal College of GPs, the Royal College of Psychiatrists
- Over 50 organisations have joined the collaborative including The King’s Fund, NHS England, Health Education England, Public Health England, Mind and NHS Improvement
Collective impact brings people together, in a structured way, to achieve social change.
Examples of impact

Cardiovascular Disease Risk Assessment and Management for Primary Care

Understanding health inequities using NZ data

Infographic
Be intentional about building a collaboration

1. Create a sense of urgency
2. Involve the people affected from the outset
3. Help individuals and organisations see how they can contribute
4. Build a virtual community
5. Develop distributed leadership
6. Work with diversity, respect difference
7. Build understanding and bridges across different sectors
Using data to inform Equally Well action in primary care
Pegasus Health & Equally Well

1. To improve access to primary care, and to improve quality of care
2. To ensure better access to routine screening and monitoring programmes for physical health
3. Continue to be able to monitor and address the health inequities for this population
Increasing visibility & understanding the issues

- Of our enrolled patients, who has major mental health or addiction issues?
- What are their physical health needs compared to other enrolled patients?
- How are we meeting these physical health needs?
Identifying the patient cohort

• Psychiatric inpatient admission *or*
• Recorded psychiatric diagnosis *or*
• Dispensing medication for opioid addiction *or*
• Long-term dispensing of antipsychotic medication *or* Lithium
Patients (n=6,547)

Primary Diagnosis

- Drug Dependence
- Psychotic Disorder
- Bipolar Disorder
- Depression
- Anxiety Disorder
- Personality Disorder
- Eating Disorder
Findings

- Higher rates of physical health problems
- Higher rates of visits to a GP
- Lower rates of cancer and cardiovascular disease screening
- Lower rates of completion of ABC of smoking cessation and diabetes pathway of care
Taking action

- *Equally Well* primary care consults
- Strengthening integrated care between primary care teams and pharmacists
- Equity dashboard, regular monitoring and feedback of data to primary care teams
- Education sessions – “serious mental illness & the impacts on physical health”
Ngā mihi ki a koutou

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