Physical Health and Mental Illness – the evidence on making an impact

Thanks to Professor Russell Roberts (Charles Sturt University, Equally Well Australia), Dr Nathan Gibson (Chief Psychiatrist WA), Matt Davidson (OCP – Rural Registrar Training Program).

This session focused on the urgent need to improve physical health outcomes for people living with mental illness. Professor Roberts took us through the significant evidence showing that it's simple, quick and can be done. We explored the challenges, and practical strategies that make an impact - embedding physical health care into mental health services.

Dr. Nathan Gibson: *People with mental illness die younger, largely due to preventable physical health issues. Mental health clinicians must embrace physical health as part of their core responsibility. Treating conditions like diabetes can significantly improve mental health outcomes and prevent compounding cognitive and mental health deterioration. It's as effective as giving a depot.*

The OCP audits show wide variation in physical health care across WA – some community teams have strong links with GPs and others don't. Consistent, accessible screening protocols and better integration are essential to increase the quality and equity of mental health care in WA.

Key Messages -

- **Physical health is mental health**: Poor physical health is the leading cause of premature death in people with mental illness. Addressing it is not optional—it's a legal and ethical obligation.
- **Holistic care builds trust:** Asking about physical health strengthens therapeutic relationships and demonstrates genuine care.
- **No wrong door:** Mental health services must actively support access to public health screening and treatment.
- **Equity matters**: Aboriginal people, women, and disadvantaged groups are less likely to receive physical health screening. Services must be proactively inclusive.
- **Action over awareness:** The evidence is clear—what's needed now is sustained, system-wide action.
- **More than metabolic screening** – Holistic physical health care and screening.
- **Suicide prevention means addressing physical health needs, pain and concerns**. These increase suicide risk, especially, for older adults.

A trusted clinician asking about physical health has the greatest impact. Research shows it also strengthens rapport and trust by caring holistically for the person. **Professor Roberts**

Areas to ask about and screen for – maximise impact, minimum effort and no cost.

1. **Vaccination** of people with mental illness reduces emergency department presentations. Onsite vaccination at the community mental health service worked during COVID in WA.
2. **Breast cancer screening** and early detection saves lives - fatalities have dropped dramatically in Australia, but not in women with a mental illness.
3. **Colon cancer tests** can be posted to community mental health service (CMHS) free and be posted back by the clinic for patients.
4. **Lung Cancer** – Free blood tests for long term smokers from July 2025. Support access for consumers.
5. **Smoking cessation** works – support and encourage it within the CMHS
6. **Dental** – Graylands Hospital has a dental service. Oral health has wide ranging health benefits.

Practical Strategies

- Ask three times: Every member of the multidisciplinary team (MDT) should ask about physical health needs.
- Use tools: A 1-page consumer/carer question list is in development with Neami and Equally Well. Links below.
- Support access: CMHS can help consumers complete and return screening kits.
- Be inclusive: Consider compounding disadvantage—gender, Aboriginality, socio-economic status.
- Green prescriptions: Encourage lifestyle changes with structured support.
- Clinics and system managers - Enable and continue to fund partnerships with GPs and nurse practitioners. Employ them within the within the mental health service. Often award-winning partnerships are closed prematurely.

Discussion Themes

- **Multidisciplinary approaches and long term partnerships**: Successful models involve coordinated care between mental health, primary care, and peer support.

  For example, a partnership, between Mudgee Clinic, in NSW, mental health service and GPs continues since 2008. They provide integrated care addressing both physical health and mental health needs together at the same time.

  GP services are also provided by some headspace clinics especially for those without community GPs.

- **Weight management:** Requires tailored, trauma-informed approaches.

- **Access barriers:** Longstanding issues with GP access and screening must be addressed with practical, affordable and trauma-informed solutions.

- **OCP data insights:** Screening for preventable conditions remains low—under 20% for many areas despite high risk and comorbidities.

Closing Reflections

Professor Russell Roberts reminded us that while there have been multiple, repeated national and international reviews and reports, the global priority is now for implementation. We must learn from both local and international innovations to ensure that people with mental illness benefit from the same health advances as everyone else.

Resources

- Chief Psychiatrist's Standards: Physical Health Care of Mental Health Consumers (under review)
- Equally Well Australia: https://www.equallywell.org.au
- **Consumer resource** – Taking Charge of Your Care and the Physical Health Prompt- new release soon.
- Publications: https://www.equallywell.org.au/media/
- Resources: https://www.equallywell.org.au/resources/
- UWA produced *Clinical Guidelines for the Physical Care of Mental Health Consumers (UWA), S Stanley & J Laugharne 2010*. Supported by the Mental Health Commission.

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Recordings: All recorded sessions are available on SharePoint: Chief Psychiatrist's Community of Practice