Conference Abstract

Living Well, Living Longer: Working together for better health in people with mental illness

Liesl Duffy, Sydney Local Health District, Australia
Andrew McDonald, Sydney Local Health District, Australia
Tim Lambert, The University of Sydney, Australia
Sue Sacker, Schizophrenia Fellowship of New South Wales
Michael Moore, Inner West Sydney Medicare Local, Australia
Ian Caterson, Sydney Local Health District, Australia; The University of Sydney, Australia
Jeff Snars, Sydney Local Health District, Australia; The University of Sydney, Australia
Len Kritharides, Sydney Local Health District, Australia
Victor Storm, Sydney Local Health District, Australia
Paul Clenaghan, Sydney Local Health District, Australia
Janice Purvis, Sydney Local Health District, Australia
Sameer Bhole, Sydney Local Health District, Australia
Phil Escott, Sydney Local Health District, Australia
Angela Meaney, Sydney Local Health District, Australia
Robert Lusby, The University of Sydney, Australia
Ron Grunstein, The University of Sydney, Australia; Woolcock Institute
Lou-Anne Blunden, Sydney Local Health District, Australia
Clair Edwards, Sydney Local Health District, Australia
Deborah Willcox, Sydney Local Health District, Australia
Tim Sinclair, Sydney Local Health District, Australia
Madeleine Kitchener, Sydney Local Health District, Australia
Karen Bedford, Sydney Local Health District, Australia
Paul Haber, Sydney Local Health District, Australia
Simon Cowap, Fountain Street Medical Centre

**Abstract**

It has long been known that people living with severe mental illness (e.g. schizophrenia, schizoaffective disorder, or bipolar disorder) have a life expectancy that is 15-25+ years earlier than that of the general population, mostly due to physical health problems such as cardiovascular disease (1-4). However, access to and uptake of appropriate screening and intervention for physical illness is less common in this population (5,6). There is now increasing recognition that this represents an unacceptable inequity in service access and health outcomes (7,8).

The Sydney Local Health District is working to address this inequity by improving access to mainstream health services for those with severe mental illness. The Living Well, Living Longer program is an integrated health care framework that aims to have all mental health consumers appropriately screened and treated for cardiovascular and metabolic disease within five years.

The program involves a district-wide strategy across mainstream and mental health services. Importantly, it is governed by a steering committee comprising key decision-makers from across the district and its partner organisations, including clinical stream heads, facility managers, senior mental health staff, population health, NGO partners including, the Inner West Medicare Local and General Practice.

Key activities include:

- GP and Mental Health Collaborative Care: Linking mental health consumers with GPs, and developing/implementing a model of collaborative care to strengthen the working relationship between GPs, Community Mental Health staff and consumers to support management of their health care.

- ccCHIP Cardiometabolic Clinic: Providing interdisciplinary specialist review of general health and risk factors for illness, comprising psychiatry/psychopharmacology, endocrinology, dental, dietetics, and sleep. Fast-track referral to specialist care arranged as indicated.

- Healthpathways providing overview of managing physical health in people living with mental illness. Additional pathways to be developed to provide local primary care services with advice on e.g. GP and mental health collaborative care model.

- Education and training of mental health staff in screening and arranging follow up for cardiovascular and metabolic health conditions.

- Awareness-raising across mainstream health services.

- A district-wide smoking cessation strategy.

- Healthy lifestyle groups and health promotion activities to support healthy diet, exercise, and social connectivity.

Health outcomes for this vulnerable population are expected to include better access to appropriate and timely care, improved patient experience when interacting with the health service,
and reduced avoidable hospitalisation as health concerns are more closely managed in the community. In the longer term, the program aims to deliver better health outcomes and reduce early death in people living with severe mental illness across the district.

**Keywords**

mental health; schizophrenia; cardiovascular; metabolic; equity

**PowerPoint presentation**