EQUALLYWELL

Quality of Life – Equality in Life

Improving the physical health and wellbeing of people living with mental illness in Australia

Australian Government
National Mental Health Commission

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QUALITY OF LIFE — EQUALITY IN LIFE

Mental health and wellbeing is a basic human right often denied to many in our community. People living with mental illness have poorer physical health, yet they receive less and lower quality health care than the rest of the population – and die younger. People with psychosis die between 14 and 23 years earlier than the general population.

Collectively we are committing to change this situation as it must not continue.

Person centred design principles require a holistic and inclusive approach, focused on the mental, physical, social and emotional wellbeing of the individual, families, and the community more broadly. Effective health promotion, prevention, early intervention and a continuous focus on recovery, with quality physical and mental health care, will help people living with mental illness live healthy, contributing lives, both socially and economically.

We call for national, state/territory and regional commitment to action to improve the physical health and wellbeing of people living with mental illness.

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National Mental Health Commission would like to acknowledge the contribution of Associate Professor Russell Roberts in the writing and development of this statement.

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THE STATEMENT

OUR CONSENSUS

This page represents our *Consensus Statement* on the physical health of people living with a mental illness.

Our vision is to improve the quality of life of people living with mental illness by providing equity of access to quality health care, with the ultimate aim of bridging the life expectancy gap between people living with mental illness and the general population.

We commit to making the physical health of people living with mental illness a priority at all levels: national, state/territory and regional. We commit to bringing the importance of physical wellbeing across the spectrum of health – from promotion and prevention to treatment, for people of all ages across our whole society – to public attention, to spur change. We commit to partnering with consumers and carers, service providers (government, non-government and private), planners, policy makers and funders, to achieve our vision.

We will improve the physical health of people living with mental illness by acting to deliver:

1. a holistic, person centred approach to physical and mental health and wellbeing
2. effective promotion, prevention and early intervention
3. equity of access to all services
4. improved quality of health care
5. care coordination and regional integration across health, mental health and other services and sectors which enable a contributing life
6. the monitoring of progress towards improved physical health and wellbeing.

We call on organisations across Australia to pledge to support this change – and encourage individuals to proactively seek the right services at the right time and in the right place.

To sign up to this *Consensus Statement*, please go to www.equallywell.org.au

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INTRODUCTION

The previous page represents the *Consensus Statement* for which we are seeking pledges of support from organisations across Australia to take action in those ways which contribute to the achievement of our vision. The following sections provide background on the scope of the problem and the reasons why action needs to be taken. It expands on the six essential elements outlined above and proposes actions which could be taken by various organisations to address these elements.

Equality in health is a basic human right for all Australians. However, it is well known that people living in our community with mental illness have poorer physical health. They are not receiving the health care that the rest of the population does – and they die younger. This situation must not continue.

Interested stakeholders came together from across Australia representing consumers and carers, and the non-government and government sectors – all sharing a common vision of people living with mental illness receiving the same equity of access to quality health care as the rest of the population, thereby improving their quality of life.

An approach was developed by these stakeholders to improve the physical health and wellbeing of people living with mental illness.

An agreed way forward emerged with a *Consensus Statement* including:

- an overview of the evidence that people with a mental illness have poorer physical health; and
- six areas for strategic action to work to improve physical health outcomes for people living with mental illness.

Our next step is to issue a national call for organisations to formally pledge their commitment to the *Consensus Statement* and to take action in their areas of influence to make changes towards improving the physical health of people living with mental illness, by interventions across the spectrum of health and wellbeing, from promotion, prevention and early intervention to tertiary treatment, on a whole of life basis and across the spectrum of Australian society.

For the sake of people living with mental illness, we all look for your support.

SCOPE

The *Consensus Statement* applies to all settings where people with mental illness require care or are in contact with services. This includes specialist mental health settings, medical and surgical wards, maternity and paediatric units, emergency departments, primary health care, not for profit organisations, community, education and employment settings, and the community at large. The principles and elements of the *Consensus Statement* are also applicable in situations where people are being cared for in other settings, for example, in remote clinics, specialist outpatient clinics, justice health and community managed organisations.[1]

The *Consensus Statement* has been developed for:

- members of the workforce who are involved in the provision of health care
- health service executives and managers responsible for the development, implementation and review of systems for delivering health care, including mental health care
- providers of clinical education and training, including universities and professional colleges
- providers of whole of workforce training programs
- planners and policy makers responsible for the development of state, territory, or other strategic programs dealing with the delivery of mental health care and related services
- people who have mental illness, their families and other support people.

By describing what best practice looks like, the *Consensus Statement* also enables people with mental illness to understand how they can collaborate with health care workers and support people to effectively manage their physical health.

1. Australian Commission on Safety and Quality in Health Care. Consultation Draft of the National Consensus Statement: *Essential Elements for Recognising and Responding to Deterioration in a Person's Mental State.* Sydney: ACSQHC: 2016

THE REASONS WHY

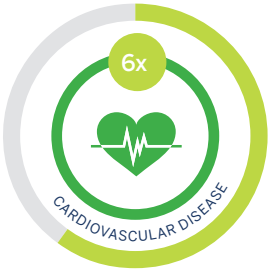
Quality of life: People with mental illness have poorer physical health – some key facts

Four out of every five people living with mental illness have a co-existing physical illness. Compared to the general population, people living with mental illness are:

- Two times more likely to have cardiovascular disease
- Two times more likely to have respiratory disease
- Two times more likely to have metabolic syndrome
- Two times more likely to have diabetes
- Two times more likely to have osteoporosis
- 65% more likely to smoke
- Six times more likely to have dental problems, and
- Comprise around one third of all avoidable deaths

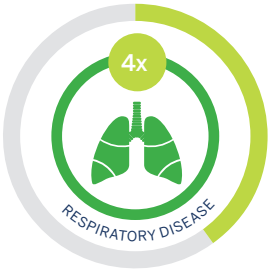
People with co-existing mental and physical illness are twice as likely as people with only one physical or mental illness, and eight times more likely than people with no physical or mental illness, to struggle with regular functional activities.

People living with severe mental illness are particularly at risk. They are:



Six times more likely to die from cardiovascular disease.

Five times more likely to smoke.



Four times more likely to die from respiratory disease,

Likely to die between 14 and 23 years earlier than the general population.

Aboriginal and Torres Strait Islander people are estimated to have ten years lower life expectancy than other Australians, with an even greater gap for those with mental

illness. Exposure to chronic stress throughout life may contribute to a number of metabolic, cardiovascular and mental disorders that shorten life expectancy in Aboriginal and Torres Strait Islander peoples.

Those living with an eating disorder have the worst health and the highest death rate of any group of people living with mental illness.

Many factors contribute to the poorer physical health experienced by people with mental illness, as outlined below.[2]

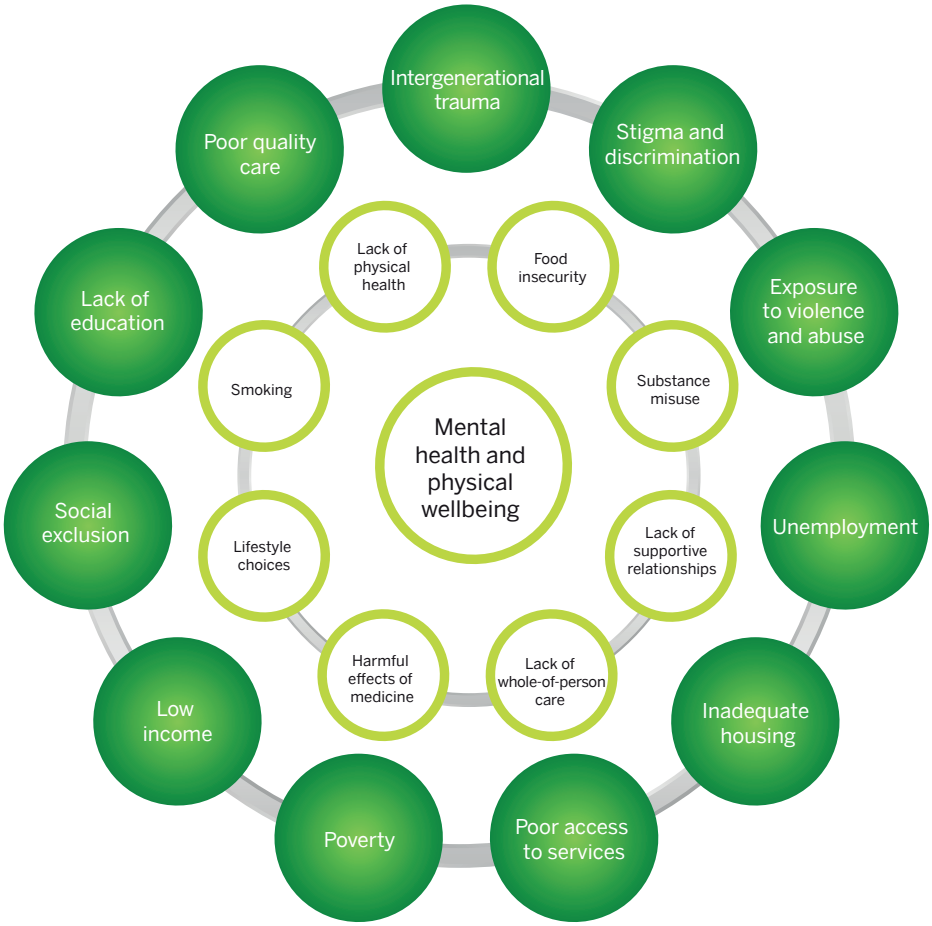


FIGURE 1

2. Nursing, Midwifery and Allied Health Professions Policy Unit, Improving the physical health of people with mental health problems: Actions for mental health nurses. Dept. of Health, Public Health England 2016.

This *Consensus Statement* focuses on improving health care, but recognises that to prevent poor physical and mental health, people need access to:

- secure housing and accommodation support
- meaningful education, training and employment
- financial security
- enough nutritious food
- healing — spiritual and cultural
- opportunities to contribute to society and connect with community
- a safe environment free from discrimination, racism, abuse, violence and trauma.

Poorer physical health comes at a cost

The total cost of physical illness in people living with severe mental illness in Australia has been estimated at $15 billion a year (0.9% GDP). The interactions between physical and mental illness raise total health care costs by at least 45 per cent for each person living with both mental illness and a long-term physical health condition. Much of this cost is avoidable. Effective mental health care, alongside quality physical health care, provided early, reduces avoidable hospital and emergency department admissions and takes pressure off the whole health system.

ESSENTIAL ELEMENTS

The *Consensus Statement* outlines six essential elements with actions (but not limited to these actions) that provide guidance to health service organisations to ensure they have the capacity to safely, collaboratively and effectively recognise and respond to the health needs of people living with mental illness[3].

1. A holistic, person centred approach to physical and mental health and wellbeing

We commit to improving the capacity of all involved in mental health to provide the best evidence-based practice in physical care for people living with mental illness. People living with mental illness, their families and other support people will be empowered by understanding their rights, being active partners in planning for their care, and being equipped with the knowledge and tools to advocate for, co-design, and partner to provide and monitor, quality health care.

2. Effective promotion, prevention and early intervention

We commit to promoting physical health and a contributing life by proactively facilitating early detection and intervention, thereby reducing avoidable physical illness[4]. Services will focus on promoting a healthy lifestyle, intervening early to stop physical diseases from developing, and providing psychosocial supports which contribute to overall wellbeing. People living with mental illness who smoke will be offered tailored support to quit smoking.

3. Equity of access to all services

We commit to promoting ways to provide improved and more equal access to health services, hospital and specialist care. Alternative service provision and funding mechanisms may have to be considered to improve access to general practice, nursing, allied health, Aboriginal and Torres Strait Islander health, community health and dental services.

People living with mental illness will not be discriminated against because of their mental illness. They will have equal access to primary health, hospital, specialist and healthy lifestyle support services.

We will work to ensure people living with mental illness have equal access to secure housing, sufficient and nutritious food, education, employment, community participation and a safe environment. These underlying factors determine health and mental health, and are fundamental to help people live a contributing life and build thriving communities.

3. Australian Commission on Safety and Quality in Health Care. Consultation Draft of the National Consensus Statement: *Essential Elements for Recognising and Responding to Deterioration in a Person's Mental State.* Sydney: ACSQHC: 2016

4. A *Contributing Life* is where people living with a mental health difficulty can expect the same rights, opportunities and health as the wider community. Simply put, it means having a home, meaningful work, good healthcare and opportunities for education and training, all without experiencing discrimination due to having a mental health difficulty.

4. Improving quality of health care

We commit to quality, evidence-based physical health care for people living with mental illness. Intervening with biopsychosocial care of mental illness (that is, taking into account various biological, psychological and social factors) as early as possible is key to improving physical health.

Physical and mental health influence one another; a lack of care of one can lead to serious problems with the other. Health and mental health workers will understand their role in integrated health care, including their responsibility to ensure people living with mental illness receive quality physical health care. Mental health services will ensure physical health checks, and programs to maintain and improve physical health, are an integral part of the care of people living with mental illness.

5. Care coordination and regional integration across health, mental health and other services and sectors which enable a contributing life

We commit to providing integrated care, delivered seamlessly across health, mental health and social services to improve physical health as well as psychological and social recovery. This involves national leadership and regional coordination to ensure existing, new and emerging services work together effectively to improve the physical health of people living with mental illness.

E-health refers to health related services and information delivered online. Establishing effective e-health solutions to enable both quality care and care coordination should be progressed as a priority.

6. Monitoring of progress towards improved physical health and wellbeing

We commit to supporting the development of health and wellbeing targets and indicators to measure progress towards our goal of improving the physical health of people living with mental illness at national, state/territory and regional levels. We will have information and research systems to monitor progress and support ongoing service accountability and improvement.

1. A HOLISTIC, PERSON CENTRED APPROACH TO PHYSICAL AND MENTAL HEALTH AND WELLBEING

Access to quality health care is a basic human right. All Australians, including those living with mental illness, have specific rights fundamental to good health care.

ACTIONS

- Respect the rights of people living with mental illness to:
  - Receive safe and high-quality care.
  - Receive the same standard of health care as someone without mental illness.
  - Be treated as a person, not just as a physical or mental illness.
  - Be listened to about their preferences and concerns.
  - Receive clear and transparent information on services, treatment options and costs.
  - Be informed about the risks and side effects of treatment, including medication.
  - Not be discriminated against or disadvantaged because of mental illness.
  - Be an active partner in ongoing individualised care.
  - Be at the centre of decisions about their care, together with their families and other support people. Health and mental health care support must take the individual's cultural background into account.
- People living with mental illness, their families and other support people should have the knowledge and tools to take positive action when it comes to their health. In particular, people should know about the relative risks of developing a physical illness, and screening protocols for diabetes, cardiovascular disease, obesity, respiratory disease, osteoporosis and dental health. These resources should be developed appropriately for culturally and linguistically diverse groups and Aboriginal and Torres Strait Islander peoples.
- Expand the role of peer workers with the skills and capacity to support people living with mental illness to achieve their physical health goals, working as part of the multidisciplinary care team.
- Working in partnership with Aboriginal and Torres Strait Islander people to make sure people living with mental illness and their carers are involved in care planning is crucial to sustainable empowerment of Indigenous people.
- Everyone involved in the physical health care of people living with mental illness should understand and fulfil their respective roles and responsibilities. To achieve this, further education and other resources should be developed in partnership with colleges, associations, societies, professional bodies, and undergraduate and continuing professional education providers.

2. EFFECTIVE PROMOTION, PREVENTION AND EARLY INTERVENTION

Much of the premature death and physical illness associated with mental illness is preventable. Promotion, prevention and early intervention can help prevent the onset or development of an illness, lower its severity and duration, and reduce its impact.

ACTIONS

- Physical health and lifestyle assessments should start from the first contact with health and mental health services, with identified health needs addressed early and on an ongoing basis (see also *4. Improved quality of health care*).
- Young people living with mental illness, especially those experiencing their first episode of psychosis, should be engaged with early to promote healthy lifestyles. The HeAL Declaration[5] principles and targets should be implemented as a standard across Australia, and work with young people should always be done in a safe environment, in a culturally respectful way.
- Smoking is the largest cause of preventable ill health and premature death in Australia. Tailored support should be available to all people to help them quit smoking.
- Health coordinating agencies such as Primary Health Networks and Local Hospital Networks (or their equivalents) should work together in coordinating and integrating regional specialist mental health services, general practice and community services — to support the early detection and treatment of physical illness, prevention of chronic disease and promotion of a healthy lifestyle.
- Obesity (which may be related to medication treatment) is a major contributor to a number of common physical diseases including metabolic syndrome, diabetes and cardiovascular disease. People living with mental illness should be offered tailored support for weight management programs as part of routine care.
- GP Mental Health Treatment Plans and Review Plans should include a requirement for regularly screening the physical health of people living with mental illness.
- Anti-stigma initiatives should be developed, promoted and directed at the general public and workers in the health and mental health sectors, to encourage those living with mental ill-health to seek help and access services.

5. The international consensus statement, called Healthy Active Lives (HeAL), aims to reverse the trend of people with severe mental illness dying early by tackling risks for future physical illnesses pro-actively and much earlier (see www.iphys.org.au).

3. EQUITY OF ACCESS TO ALL SERVICES

Cultural, economic and social factors all impact on whether people can access mental health services. To improve access we must work collaboratively to ensure services are available, affordable, acceptable and appropriate.

People living with mental illness often experience stigma, discrimination and other obstacles when they contact health care services. These experiences can discourage further attempts to seek help, leading to low levels of access and care which in turn lead to poor health outcomes.

ACTIONS

- GPs, peer support workers, and health workers should advocate ensuring people living with mental illness receive improved and more equitable treatment in hospital and from specialist health services.
- People living with mental illness should have easy access to affordable general practice, primary health care, nursing and allied health services. To help achieve this, the following should be considered:
  - Alternative service provision and funding mechanisms, so appropriate physical health screening and care of people living with mental illness is not a financial disincentive to GPs.
  - Flexible funding and/or modification of the Medicare Benefits Schedule (including modifying requirements for GP Mental Health Treatment and Review Plans) to ensure people living with severe mental illness access a comprehensive annual physical health assessment.
  - Funding adjustments so people with severe mental illness can access pharmacist care and afford the medicines they need.
  - Flexible funding to enable access to dental care.
- When people are admitted to hospital acutely physically unwell, appropriate access to specialist mental health care should be available if required.
- Expand and accelerate the use of e-health and personalised e-health records to help address the inequities in access to physical health care for people living with mental illness.
- Introduce flexible appointment systems and make it easier for people to find and understand information about health and mental health services.
- Ensure services are provided in culturally safe environments and by culturally competent and responsive staff.
- Issues of geographical access to health care, particularly in rural and remote areas, should also be addressed, including for Aboriginal and Torres Strait Islander peoples.

4. IMPROVED QUALITY OF HEALTH CARE

People living with mental illness often do not receive the same quality of health care as the general population. Intervening with biopsychosocial care of mental illness as early as possible is key to improving physical health; effective treatment of mental illness can positively impact physical health.

ACTIONS

- All mental health services should include documented physical health care checks as part of the routine care of people living with mental illness:
  - Health assessments should be part of an integrated physical and mental health care plan developed together with the person living with mental illness, their family, carers and supporters.
  - It should take the person's strengths, and the extended support available through family, friends, carers and peers, into account.
  - Assessments should consider the risk of developing conditions such as obesity, cardiovascular disease, respiratory illness, osteoporosis, diabetes and metabolic syndrome.
  - Assessments should also include a review of lifestyle (e.g. physical activity and nutrition), alcohol and drug use, treatment and medication effects.
  - Care plans should specifically consider all of these factors, with a healthy lifestyle and health promotion emphasis.
  - The care process should ensure physical health care is actually provided in a culturally competent way.
  - Care plans and actions should be regularly reviewed and followed-up.
  - Information should be recorded in a personalised e-health record.
- Impacts of medication (both positive and negative) should be regularly assessed, and alternatives should be considered if a medication has a potential negative impact. People living with mental illness have a much higher risk of developing metabolic syndrome. Therefore anyone prescribed antipsychotic medication should be given clear and understandable verbal and written information about the medication's risks and benefits. Steps should be taken to limit side-effects such as obesity, cardiovascular disease and diabetes. People should be encouraged to have a support person and/or carer present during these discussions and be supported to make treatment decisions.
- Health coordinating agencies such as Primary Health Networks and Local Hospital Networks (or their equivalents) should use flexible funding to help provide targeted, personalised lifestyle care packages, and coordinate the range of supports in the local community.

- Voluntary enrolment of people with a mental illness and chronic comorbidities should be trialled as a part of the Australian Government initiative on Health Care Homes.

> A Health Care Home is a general practice or Aboriginal Medical Service chosen by someone living with multiple chronic illnesses to be responsible for their ongoing, comprehensive, whole-person health care. The individual voluntarily enrols with the Health Care Home of their choice and that Health Care Home is then responsible for the ongoing coordination, management and support of the individual's care.
>
> The Government has committed to funding for about 65,000 Australians to participate in initial two-year trials in up to 200 medical practices from 1 July 2017.

- Robust governance arrangements should ensure high quality, comprehensive, person-centred health care delivery.
- Addiction and the harmful effects of drugs and alcohol on mental health and physical health should be considered during assessment and care planning.
- Due to the high risk of poor oral health, dentistry should be incorporated into all mental health and primary health care plans from the start.
- In older age, physical and mental health care are particularly closely linked. General Practice, mental health and health services should support a coordinated approach to physical health in older people.
- On admittance to hospital for acute physical conditions, people living with mental illness should receive high quality clinical care that recognises the complex, bi-directional interactions between mental illness and physical illness.
- The revised National Safety and Quality Health Service (NSQHS) Standards should reflect these recommendations as appropriate.

5. CARE COORDINATION AND REGIONAL INTEGRATION ACROSS HEALTH, MENTAL HEALTH AND OTHER SERVICES AND SECTORS WHICH ENABLE A CONTRIBUTING LIFE

National leadership in mental health reform needs to recognise and respond to the poor physical health of people with a mental illness through policies, guidelines and plans (e.g. the Fifth National Mental Health Plan). At a local level health, mental health and other services which enable a contributing life (e.g. housing, employment, education, local government, business and community organisations) need to work with consumers and carers on co-design, co-commissioning and active participation in person centred services which respond to local need.

ACTIONS

- The Fifth National Mental Health Plan should recognise the importance of physical health as a priority and should assign roles and accountabilities to the Commonwealth, state and territory governments.
- Professional colleges, associations and societies have a responsibility to clarify professional roles and ensure their members have the right skills and tools to fulfil their responsibilities.
- All mental health professionals (including peer workers) should receive role-appropriate physical health assessment training as part of ongoing mandatory training. Nurses working in mental health services should be trained to carry out physical health checks.
- General practitioners should be getting specific advice and support to identify the physical health risk factors in people living with mental illness and the need for appropriate and timely screening, medical treatment and preventive health care.
- Support and education packages should be developed for all health care reception staff to boost their interest and skills in working with people with mental illness.
- Primary Health Networks and Local Hospital Networks should be required to prioritise the physical health of people living with mental illness in all aspects of their work, including planning, commissioning, service delivery and monitoring of performance. This will require transparent, reportable performance indicators relating to the physical health of people living with mental illness.
- Primary mental health care planning and collaborative care mechanisms will be established to improve local integration and facilitate better coordination of relevant services for physical and mental health care, guided regionally by Primary Health Networks and Local Hospital Networks.

- The links between general practice and mental health services, including how they share information and feedback, must be strengthened, as people are often referred from one to the other. Mental health professionals and services will seek to provide support to GPs.
- On entry to a mental health service, a person's GP (if they have one) should be contacted to provide a summary of past and current medical issues and medication.
- E-health technologies such as videoconferencing should be used to enable joint care planning across services.
- To improve quality and safety of services, there should be a single patient record covering both physical and mental health, accessible to those who need that information, to plan and deliver necessary services and support.
- A single care plan should apply to each individual, covering both physical and mental health and wellbeing, and, over time, linked in with psychosocial support providers.

6. MONITORING OF PROGRESS TOWARDS IMPROVED PHYSICAL HEALTH AND WELLBEING

To monitor progress and drive service improvement, performance indicators linked to desired outcomes should be meaningful, practical and measureable.

ACTIONS

Performance indicators should be developed that:

- Monitor disease prevention and management. These indicators should incorporate measures focusing on the physical health of people with mental illness.
- Monitor rates of early death in people living with a serious mental illness.
- Measure rates of smoking, alcohol use, obesity and diabetes in people living with mental illness.
- Monitor the level of stress/distress associated with physical illness.
- Monitor (through each Local Hospital Network or equivalent performance dashboard or indicators) compliance with minimum standards of physical health care for people living with mental illness.
- Monitor the rate of access to health services, such as general practice, primary health care, specialised community and hospital based services, for people living with mental illness. This data should be broken down by age, sex, Aboriginality, culturally and linguistically diverse and high risk population groups.
- Monitor people's experience of physical health care services.

Investment into understanding the two-way interactions between mental and physical illness should continue, to help develop evidence-based interventions and solutions. Research on the physical health of people living with mental illness should also monitor progress in this important area. Sharing data for benchmarking and models of good practice should be a priority as a way to continuously improve practice.

People with a lived experience of mental illness should be involved in all stages of the research process, from design to publication, and be encouraged into research career pathways.

CONCLUSION

We must address the inequalities that lead to poor physical health outcomes for people with mental illness by providing equitable access to health care and other support services which enable people to lead a contributing life and live in thriving communities. This is vital work for those in primary and secondary health care and also for colleagues in other areas such as public health.

Very importantly, this must be done in partnership with people with lived experience, their families and other support people, and with local communities and organisations which contribute to better health and wellbeing.

Our next step is to issue a national call for organisations to formally pledge their commitment to the *Consensus Statement* and to take action in their areas of influence to make changes towards improving the physical health of people living with mental illness, by interventions across the spectrum of health, from promotion, prevention and early intervention to tertiary treatment, in the public, private and non-government sectors, on a whole of life basis and across the spectrum of Australian society.

For the sake of people living with mental illness, and in the interests of fostering a humane society, we all look for your support.

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APPENDIX A

The Commission acknowledges the contribution to the *Equally Well Consensus Statement* by the following:

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Mr John Feneley	Commissioner	Mental Health Commission of NSW
Ms Kerri Lawrence	Proxy representative	Mental Health Commission of NSW

PARTICIPANTS IN THE CONSULTATION PROCESS - WORKSHOP, INTERVIEWS AND SUBMISSIONS

NAME	ORGANISATION
Ailsa Rayner	Cairns & Hinterland Hospital Service
Dr Andrew Moors	Australian Commission on Safety and Quality in Health Care
Anne Mortimer	Ramsay Healthcare
Arthur Papakotsias	Neami National
Claire Hewat	Dietitians Association of Australia
Colleen Krestensen	Australian Government Department of Health
Connie Digolis	Mental Health Council of Tasmania
David Butt	National Mental Health Commission
David Chapman	NT Health
David Meldrum	Mental Illness Fellowship Australia
Dr Aaron Groves	SA Health
Dr Alison Poulton	Royal Australasian College of Physicians
Dr Elizabeth Deveny	South Eastern Melbourne PHN
Dr Jackie Curtis	South Eastern Sydney Local Health District
Dr John Allan	Qld Health
Dr Lesley van Schoubroeck	Queensland Mental Health Commission
Dr Morton Rawlin,	Royal Australian College of General Practitioners
Dr Murray Wright	NSW Health
Dr Natalie Gray	headspace National Youth Mental Health Foundation
Dr Neil Coventry	Victoria Health
Dr Peggy Brown	NT Health

Dr Stephen Christley	SA Mental Health Commission
Dr Suellen Allen	Australian Commission on Safety and Quality in Health Care
Dr Terry Froggatt	Australian College of Mental Health Nurses
Elida Meadows	National Mental Health Consumers & Carers Forum
Frank Quinlan	Mental Health Australia
Grant Sara	NSW Health
Jack Heath	SANE Australia
Jackie Crowe	National Mental Health Commission
Janice Plain	Dietitians Association of Australia
Janne McMahon	Private Mental Health Consumer Carer Network
John Feneley	NSW Mental Health Commission
Jonathan Davies	SYNERGY Nursing and Midwifery Research Centre, ACT
Jonathan Harms	Mental Health Carers NSW
Josh Fear	Mental Health Australia
Julie Anderson	Neami National
June Alexander	Diary and Life Writing Mento
Karen Burns	Uniting Recovery
Kerri Lawrence	Mental Health Commission NSW
Kim Hosking	Country SA Primary Health Network
Kingsley Burton	WA Mental Health
Learne Durrington	WA Primary Health Alliance
Linda Livingstone	COORDINARE/ South Eastern NSW Primary Health Network
Louise Roufeil	Australian Psychology Society
Lyn Anderson	Mental Health Carers NSW (ARAFMI)

Maria Pifarre	Central and Eastern Sydney Primary Health Network
Matt Jones	Murray Primary Health Network
Melissa Knight	Murray Primary Health Network
Michael Sillekens	South Eastern Melbourne Primary Health Network
Patrick Hardwick	Private Mental Health Consumer Carer Network
Paul Martin	Brisbane North Primary Health Network
Pauline Coffey	Brisbane North Primary Health Network
Peri O'Shea	BEING Consumer Advisory Group
Philippa Boss	Schizophrenia Fellowship NSW
Prof Brenda Happell	SYNERGY Nursing and Midwifery Research Centre, ACT
Prof Ian Hickie	National Mental Health Commission
Prof Lyn Littlefield	Australian Psychological Society
Prof Malcolm Hopwood	Royal Australian & New Zealand College of Psychiatrists
Prof Mark Oakley Browne	Royal Australian & New Zealand College of Psychiatrists
Prof Claire Jackson	Brisbane North Primary Health Network
Rebecca Randall	National Mental Health Commission Future Leaders in Mental Health
Robyn Wallace	Royal Australasian College of Physicians
Russell Roberts	Charles Stuart University
Sally Goodspeed	National Mental Health Commission
Stephanie Ewart	Individual
Stephen Howald	Mentor +Support Ltd
Tess Atkinson	South Eastern Melbourne Primary Health Network
Tom Abbott	National Mental Health Commission
Vanessa Schuldt	Dietitians Association of Australia

SUPPORTING ORGANISATIONS

ORGANISATION
ACT Government, Health
ACT Primary Health Network
Adelaide Primary Health Network
Amaranth Foundation
Australian Association of Social Workers
Australian Nursing and Midwifery Federation, VIC Branch
Australian Primary Mental Health Alliance
Australian Psychological Society
Being
Bendigo Community Health Services
Bridges Health & Community Care
Brisbane North Primary Health Network
Canberra Mental Health Forum
Central and Eastern Sydney Primary Health Network
Central Queensland, Wide Bay, Sunshine Coast Primary Health Network
Centre for Rural & Remote Mental Health
Charles Sturt University
Consumers Health Forum of Australia
Country SA Primary Health Network
Dietitians Association of Australia
Eastern Melbourne Primary Health Network
Exercise & Sports Science Australia
Flourish Australia
Government of South Australia, SA Health
Government of South Australia, SA Mental Health Commission
Government of Western Australia, Department of Health
Government of Western Australia, Mental Health Commission
Grow
headspace
Hunter New England and Central Coast Primary Health Network
Independent Mental Health Advocacy
Marathon Health
Mental Health Australia
Mental Health Carers NSW Inc
Mental Health Carers Tasmania
Mental Health Commission of NSW
Mental Health Council of Tasmania

Mental Illness Fellowship of Australia Inc
Mentor and Support Program
Murray Primary Health Network
Murrumbidgee Primary Health Network
National LGBTI Health Alliance
National Mental Health Commission
National Mental Health Consumer and Carer Forum
National Rural Health Alliance Inc
Neami National
Northside Group, Part of Ramsay Health Care
Northern Territory Government
NSW Government, Health
Occupational Therapy Australia
One Door Mental Health
Parramatta Mission
Pharmacy Guild of Australia
Primary Health Tasmania, Tasmania Primary Health Network
Private Mental Health Consumer Carer Network (Australia)
Psychotherapy & Counselling Federation of Australia
Queensland Government
Queensland Mental Health Commission
Quit VIC
Ramsay Mental Health, Part of Ramsay Health Care
Reach Out
Recovery Camp
RMIT
Royal Australasian of College of Physicians
Royal Australian and New Zealand College of Psychiatrists
Royal Australian College of General Practitioners
RUAH Community Services
SANE
South Eastern Melbourne Primary Health Network
South Eastern NSW Primary Health Network
St Andrew's Hospital, Toowoomba
Tasmanian Government
TeamHEALTH
The Australian and New Zealand Society of Occupational Medicine Inc
The Australian College of Mental Health Nurses Inc
The University of Newcastle
UnitingCare Australia
Victoria State Government
WA Primary Health Alliance (Perth North, Perth South, Country WA Primary Health Network)
Wellways

Australian Government

National Mental Health Commission