

Uniting for change in physical and mental health

The problem

Every day 46 Australians with mental health lived experience, including mental illness or psychosocial disability, are dying prematurely of potentially preventable physical health conditions. Urgent action is needed to address this health disparity.

The five million Australians with mental health lived experience have 6 times the rate of cancer deaths, 4 times the rate of cardiovascular disease deaths,¹ and 7 times the number of hospital bed days due to vaccine preventable conditions,² such as influenza. Australians with mental health lived experience die on average 11-14 years earlier than the rest of the population,^{1,3} and people with severe mental illness die 20 years earlier.⁴

Context

In May 2024, 250 consumers, carers, clinicians, researchers and mental health advocates gathered at RMIT in Melbourne for the Equally Well Forum: Embedding Lived-Experience. With over 25 years of solid research highlighting the health disparities for people with lived experience, the forum delegates resolved that advocacy was the missing element for achieving health equity for people with lived experience. This Call to Action brings together the collective views of delegates voiced through the forum workshops, panels and presentations.

Call to Action

Actions for individuals

- Write to your state and federal members of Parliament to bring their attention to the current health disparity for 20% of their electorates.⁵
- Sign the Equally Well “Call to Action” ministerial letters and encourage others to sign.⁵
- Take every opportunity to advocate for physical health equality for people with mental health lived experience whenever and wherever you see an opportunity.

Actions for advocacy bodies

- Engage for coordinating training, human rights approaches, and lived experience leadership in the sector.
- Advocate for service integration to address the physical health of consumers to improve screening and early intervention.
- Measure and report on lived experience leadership, co-production, and holistic models of care embedded in the sector.

Actions for service providers

- Ensure training for the chronic care, primary care and mental health workforces on the increased risk of poor health and early death.
- Model human rights-based design of services to ensure the ‘highest attainable standard of health without discrimination’.⁶
- Embed lived experience at all levels of governance within the service.

Actions for government

- Commission an analysis of Mental Health Acts to ensure they comply with Article 25 (Health) of the United Nations Convention on the Rights of Persons with Disabilities.⁶
- Ensure people with mental health lived experience are provided with the same range, quality and standard of free or affordable health care and programs.
- Enhance research and monitoring to track progress towards health equity and reducing the life expectancy gap for people with mental health lived experience.

Equal Human Rights

The poor health and reduced life expectancy gap for over 20% of the population is a national scandal. It comes at a high cost to our hospitals and health services, national productivity and to the health of people with mental health lived experience. The evidence is overwhelming,⁷ now is the time for advocacy and action. This Call to Action is for all Australians who believe in equity, and understand equality as a fundamental human right.

A collective responsibility

Contributions from the forum workshops, panels and presentations have been distilled into this Call to Action to guide individuals, services and governments to create change.

Actions relate to key areas for reform:

- **Fundamentally shift the system to be based on a human rights framework.**

“Human rights can act as the architect of the system to construct frameworks of equality, justice and accountability.”

- **Embed lived experience roles in all levels of the mental health sector.**

“...Lived experience leadership is the heartbeat of human rights – it transforms abstract principles into tangible outcomes and meaning”

- **Co-produce integrated models of care focusing on social emotional wellbeing and community connection.**

“...trauma-informed, recovery-oriented, person-centred care emerge from models of care properly designed using human rights analysis as a foundation...”

- **Ensure equity of access to the highest standard of care, improving mental health awareness of the healthcare workforce and reducing discrimination.**

“... making choices based on caring and ethical principles with a human rights lens where people are at the centre.”

The outcome

Addressing the recommendations in this Call to Action would:

- Demonstrate Australia’s commitment to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).
- Improve the physical health of Australians with mental health lived experience.
- Improve the wellbeing and productivity of communities.
- Reduce the health inequity and life expectancy gap.
- Reduce pressure on our hospital and health services.



References

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5. Equally Well “[Call to Action](https://equallywell.org.au/call-to-action/)” ministerial letters [Available from: <https://equallywell.org.au/call-to-action/>].
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