

EQUALLY WELL **ADVOCACY** **FRAMEWORK**



**Equipping individuals
and organisations to utilise
Equally Well resources
for effective advocacy.**



EQUALLYWELL

Quality of Life - Equality in Life

EQUALLY WELL ADVOCACY FRAMEWORK

Acknowledgements

Equally Well recognises the lived experience of people who have faced emotional or mental distress. We acknowledge also the perspectives of their families, kin, carers and supporters, and the diverse pathways both groups have navigated in seeking mental health care. Within our work we strive to elevate voices that have historically been marginalised yet are most directly affected by the current system of care. Equally Well recognises the critical role of individual and collective advocacy informed by Lived Experience expertise, and that engaging and working with consumers, carers and families, informs a more accurate understanding of the system reforms required to meet the needs of Australians living with mental health challenges.

The development of this framework was lived experience led, with ongoing engagement and consultation with the National Mental Health Consumer Alliance, the Mental Health Carers Australia, and their state and territory peak member organisations. The development process encompassed the iterative co-design elements of: engagement and alignment; meeting together and exploring the issue; understanding and defining the challenge; developing solutions, and refining and improving prototypes (Agency for Clinical Innovation).

Equally Well acknowledges the Aboriginal and Torres Strait Islander peoples as traditional custodians of the land on which it operates. We pay respect to Elders past, present and emerging, and value the rich history, unbroken culture and ongoing connection of Aboriginal and Torres Strait Islander people to country. Equally Well values inclusion and diversity and is committed to providing a safe, culturally appropriate, and inclusive service for all people, regardless of their ethnicity, faith, disability, sexuality, gender identity or health status.



A note on language

Equally Well acknowledges the wide range of terms used within the field of mental health, such as service user, consumer, patient, client, person with lived experience and psychiatric survivor. These terms reflect local contexts, historical moments, political influences and preferences. We have used the terms people living with mental illness and/or mental health challenges, and the term consumer. We also acknowledge the critiques and limitations surrounding these terms. In acknowledging the varying preferences and views in this area, Equally Well will always endeavour to respect the words individuals and groups choose to use to describe their own experiences.

The term “lived experience” is used in reference to direct personal experiences. The term “Lived Experience” is used when speaking of collective or sectoral understanding, and sectoral advocacy.

Referencing within the framework

Unless otherwise referenced, statistics and graphs are drawn from:

Roberts, R., Wong, A., Lawn, S., Lawrence, D., & Johnson, C. (2024). Mortality of people using Australian Government-funded mental health services and prescription medications: Analysis of 2016 Census, death registry, MBS and PBS data. Charles Sturt University. <https://doi.org/10.17605/OSF.IO/GMQEB>

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PURPOSE

Who, What and Where...

There is an unacceptable number of unnecessary deaths of people with mental health illnesses. Every year, thousands of people with mental health challenges die early of preventable physical health conditions. Equally Well champions physical health as a priority, with the aim of reducing the life expectancy gap that exists between people living with a mental illness and the rest of the population. The Equally Well network works to:

- protect and improve the physical health of people living with mental illness
- achieve equity of access to the same standard of affordable health care as the rest of the population
- reduce the life expectancy gap for people living with mental health conditions.

Key Message

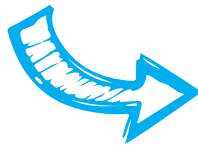


Physical health and mental health cannot be separated.

Designed with the insight and leadership of people with lived experience, the Equally Well Advocacy Framework is for everyone. It is designed to assist cross-sector stakeholders, regardless of background or level of experience, to engage confidently in advocacy, service improvement, and system-level reform initiatives. It may be used by:

- individuals in contact with health services, including families, friends and carers
- health professionals working within health services
- Lived Experience advocates
- policymakers and service managers engaged in the development of health and mental health services, policy and strategy.

The framework guides advocates to existing resources and networks, addressing advocacy and action strategies across all levels: individuals, services, systems and policy.



Our invitation: the power of collective impact

We invite you to connect with others to work collectively towards positive physical health outcomes. Please use this framework to prepare, plan, extend and amplify your advocacy. The framework provides pathways for collaboration, access to advocacy-related evidence, resources and initiatives already underway, and opportunities for immediate action.



TAKE ACTION



Short on time?
Skip to actions.





EQUALLY WELL ADVOCACY FRAMEWORK

How to make use of this framework

Within this framework there are references to Lived Experience advocacy principles and processes, with an awareness that advocates working from Lived Experience perspectives face additional barriers in their advocacy efforts due to individual and systemic discrimination.

Lived Experience perspectives and advocacy practices bring strengths of use to all advocates.

This framework may be used to:

CONNECT



Get involved! Take part in Equally Well events. Add to the evidence base by sharing practical initiatives, advocacy outcomes, research and publications with the Equally Well network.

ENGAGE



Engage with publications and resources.

JOIN



Understand the benefits of national consensus and the power of focused messaging in advocacy work.

PREPARE



Prepare for specific advocacy engagement and strategic advocacy planning, and to access resources and advocacy tools.

ADVOCATE



ADVOCACY PROCESS

This icon draws attention to advocacy strategies, processes and principles.



ADVOCACY PROCESS

This icon draws attention to Lived Experience advocacy strategies, processes and principles.

ACT



Signposts to action and advocacy possibilities.
Or **quick** action breaks.
*A minute to act –
for a generation of change!*

You will see sticky notes throughout the document that guide your Equally Well advocacy planning through each stage of the process.

Subscribe to the **Equally Well** newsletter to stay updated on resources – factsheets or toolkits aligned with the Equally Well Advocacy Framework.

Hyperlinks exist within this document. If you are reading a print version and would like to access a digital version please scan or go to: <https://equallywell.org.au/wp-content/uploads/2026/03/Equally-Well-Advocacy-Framework.pdf>



PREPARING TO ADVOCATE

Understanding the advocacy process (AP):



ADVOCACY PROCESS 1 UNDERSTAND THE PROBLEM

All Equally Well advocacy is aimed at improving poor physical health outcomes for people with mental health challenges. The Equally Well National Consensus Statement outlines the many factors involved. Knowledge of this consensus of understanding and the current statistics on health outcomes provides context for targeted advocacy and action across a range of cross-sector levels and spheres of influence.





EQUALLY WELL ADVOCACY FRAMEWORK



ADVOCACY PROCESS 2 IDENTIFY THE EVIDENCE AND YOUR PARTNERS

Access materials, data and evidence to ensure you are well informed – see Key Publications. Connect with other people, groups and organisations – identify your allies. Explore active initiatives underway to further extend the reach of existing initiatives. What obstacles can you identify? What elements can you leverage to support a strategy? What other individuals or organisations are involved, and what are their perspectives and interests?



ADVOCACY PROCESS 2A LIVED EXPERIENCE SUPPORTS

In many settings (not all) best practice would be to have at least two Lived Experience advocates present. Discrimination, tokenism and epistemic injustice are still commonly encountered when Lived Experience perspectives, expertise and understanding differ from prevailing views. It is harder to ignore and marginalise the voice of Lived Experience when there is more than one voice. Consider what forms of support could strengthen your advocacy, amplify your voice, and enhance your impact in influencing change.



ADVOCACY PROCESS 3 TARGET AUDIENCE – WHO ARE YOU SEEKING TO INFLUENCE?

Who is the audience, the groups, or the individuals your strategy needs to reach? What do you already know about them – demographic traits, motivations, their role, track record, and geographic context? What captures their interest? Where are the most effective places to connect with them?

Consider factors that support or limit your ability to engage your audience. Take time to assess their potential power and influence. This will help to understand your audience and shape your message.



ADVOCACY PROCESS 4 FOCUS MESSAGE – WHAT IS YOUR “ASK”?

What is your “focus message”? Consider using the SMART goal framework (specific, measurable, achievable, realistic, timely) to clarify your “Ask”. Be specific and very clear. Try not to ask for something your audience has no power to deliver. What are the specific steps that can be actioned now by your target audience that will facilitate positive outcomes.



ADVOCACY PROCESS 3A POWER DYNAMICS. KNOW YOUR RIGHTS

Understanding power dynamics is critical to all advocacy. To offset relative disadvantage in strongly hierarchical settings (such as health services), an appreciation of the power dynamics, and an understanding of rights (human rights and consumer rights) enables Lived Experience advocates to plan strategy accordingly.



ADVOCACY PROCESS 5A USING LIVED EXPERIENCE

Advocating effectively from one’s own lived experience is a valuable skill set to develop. Lived Experience advocacy also brings unique challenges and involves a degree of emotional labour that may be unfamiliar to other advocates. A true appreciation, from personal or shared experience, of the harms associated with a lack of best practice, human rights’ violations, or the adverse effects associated with mental health treatments, often underpins a passion for advocacy work. However, this work may also take a personal toll leading to burnout if not managed well. In any environment where discrimination is a possibility, advocates should take the time to make considered choices about self-disclosure. Advocates should also be aware that self-disclosure is not a requirement of Lived Experience advocacy.



ADVOCACY PROCESS 5 STRATEGY AND IMPLEMENTATION

What are the most effective ways to capture and maintain the attention of your target audiences? Which communication channels, platforms (including social media) do they actively use? What methods, platforms, events or other communication tools can you design and use to reach and connect with your target audience. Consider how to best engage them with your message in a meaningful way. As you shape your approach, identify the main challenges you may encounter, along with the strengths, and resources you can draw on to support your strategy, including existing partnerships and the establishment of alliances.

EQUALLY WELL ADVOCACY FRAMEWORK



ADVOCACY PROCESS 6 OUTCOMES - WHAT DO YOU WANT TO ACHIEVE?

What is the desired result you want to achieve through your advocacy? Is your advocacy strategy/engagement intended to raise awareness, educate, change behaviour, build support and engagement, to change a practice or establish a new practice? What indicators would demonstrate that you have achieved your intended outcomes? Consider a broad range of impact measurement approaches.



Simple clear messages and focus phrases have the power to resonate with your target audience long after the details of the evidence base are forgotten.



Health inequity is systemic, and preventable.



ADVOCACY PROCESS 7 EVALUATION OF STRATEGIC APPROACH

What measures will you use to determine whether your strategic approach has been successful? Do not be discouraged. Remember that effective advocacy is not always reflected in immediate outcomes. Consider evaluating the strategy's effectiveness through indicators beyond direct results—such as strengthened sector relationships, building trust, keeping the door open for continuing engagement, or new opportunities for future action and influence.



ADVOCACY PROCESS 7A LIVED EXPERIENCE DEBRIEF

Given the unique nature of Lived Experience advocacy work (some examples outlined in 2a, 3a, and 5a), Lived Experience advocates may choose to prioritise debriefing and/or connecting with others familiar with Lived Experience advocacy.



ADVOCACY PROCESS 8 LEARNINGS

A particular strategy may be successful or unsuccessful – what can be learned from the process? Take time to reflect on what went well and what didn't work. Are there things you could do differently next time with your target audience and/or allies, in regard to your strategies, tactics and activities? Did you need to know more about the context, the problem, the target audience, or other external factors?

Further reading on Advocacy principles and resources:



Social justice – [Oxfam: Influencing for Impact](#)

English, R. (2020). Influencing for impact guide: How to deliver effective influencing strategies. Oxfam.



Health professionals – [Advocacy in Action: A Toolkit for Public Health Professionals](#)

Stoneham, M., Vidler, A., & Edmunds, M. (2019). Advocacy in Action: A Toolkit for Public Health Professionals (4th ed.)



Lived Experience – [Speaking our minds: A guide to how we use our stories](#)

Our Consumer Place. (2011). Speaking our minds: A guide to how we use our stories (Our Consumer Place Resource Centre Booklet Two).



Collective impact – [Collective Impact 3.0](#)

Weaver, L., & Cabaj, M. (2018). Collective Impact 3.0: Extending the collective impact vision for community change. In Using collective impact to bring community change (1st ed.)

NEXT

EXAMPLE
OF ADVOCACY
PROCESS

An example of the advocacy process

In November 2025, state and national Lived Experience peak organisations joined the Equally Well team for a series of meetings with federal parliamentarians. A preparatory workshop held the previous day refined the advocacy message and developed a strategy tailored to the audience and the parliamentary context.



1 Understand the problem

Advocates arrived with a shared understanding of the issue, supported by a briefing booklet outlining the extent of the issue: people experiencing mental health challenges face a significantly reduced life expectancy — a reality affecting 20% of Australians.



2 Identify the evidence and your partners

To deepen understanding, a workshop presentation analysed the evidence base, outlining why current inequities exist and persist, and comparing chronic disease rates for people experiencing mental health challenges with the rest of the population. Partnership strengths were explored on two levels: the event itself, delivered jointly by Equally Well and Lived Experience organisations, and the wider policy environment, which demonstrates strong national support for the Equally Well consensus position.



Lived Experience supports

Lived Experience advocates connected freely throughout the workshop and the morning of the parliamentary meetings. It is noted that the advocates attending were experienced advocates and were not working in isolation.



3 Target audience – who are you seeking to influence?

The group identified the need for focused messaging due to the nature of the parliamentary environment. Role plays were used to refine approach, supported by insights from a government policy advisor and a former senator on effective strategies for engaging parliamentarians.



Power dynamics. Know your rights.

Three groups contributed distinct strengths: the Equally Well team, Lived Experience organisations, and those familiar with the parliamentary environment. All shared a commitment to the right of every Australian to equitable health care.



4 Focus message – what is your “Ask”?

That parliamentarians use their position to:

- raise awareness of the problem (such as through speeches, pose questions in question time, or questions to select committees)
- become a “friend” of Equally Well
- promote equity of access to solutions that are already readily accessed by the rest of the population.



EQUALLY WELL ADVOCACY FRAMEWORK



Strategy and implementation

- small groups were formed, each comprising Equally Well team members and Lived Experience advocates
- messaging was clarified to ensure consistency across groups
- the 'Ask' was aligned to the role of the parliamentarian
- meeting guides were developed, and one page information sheets were prepared for parliamentarians.



Using Lived Experience

- advocates chose whether to use personal narrative or disclosure—the unique ability of lived experience narrative to engage an audience was acknowledged
- broad Lived Experience sector perspectives were incorporated into the advocacy.



Outcomes - what do you want to achieve?

- building of relationships between Equally Well and parliamentarians around this issue
- ensure the target audience gains a clear, concise understanding of the issue, its scale, and clear pathways for action
- human engagement with the issue to encourage action.



Evaluation of strategic approach

- feedback was gathered from all attendees, including post meeting debriefs
- reflections were sought on the usefulness of advocacy support materials, with future meeting guides to be refined to better meet advocates' needs.



Lived Experience debrief

Opportunity existed for an informal discussion between Lived Experience advocates at the event as well as after the event.



Learnings

Learnings from this event reinforced the understanding that when Lived Experience advocates offer their voice as Equally Well supporters, working directly with the Equally Well team accessing the evidence available, the result is a unified and compelling message with a unique capacity to engage target audiences.



EQUALLY WELL



The National Mental Health Commission led the development of the Equally Well National Consensus Statement, which was launched in 2017.



Equally Well is a collective. The Equally Well National Consensus Statement connects over 100 supporter organisations working with a shared purpose to protect and improve the physical health of people living with mental health challenges.

In Australia, the average life expectancy of people experiencing mental health challenges is 11 years less than the rest of the population. For those experiencing serious mental illness, it is more than 20 years less.



Equally Well exists to:

- drive forward approaches to improve physical health outcomes
- raise awareness of the health inequity experienced by 20% of Australians
- promote the solutions we can act on right now, and which are currently underutilised.



Who is Equally Well?

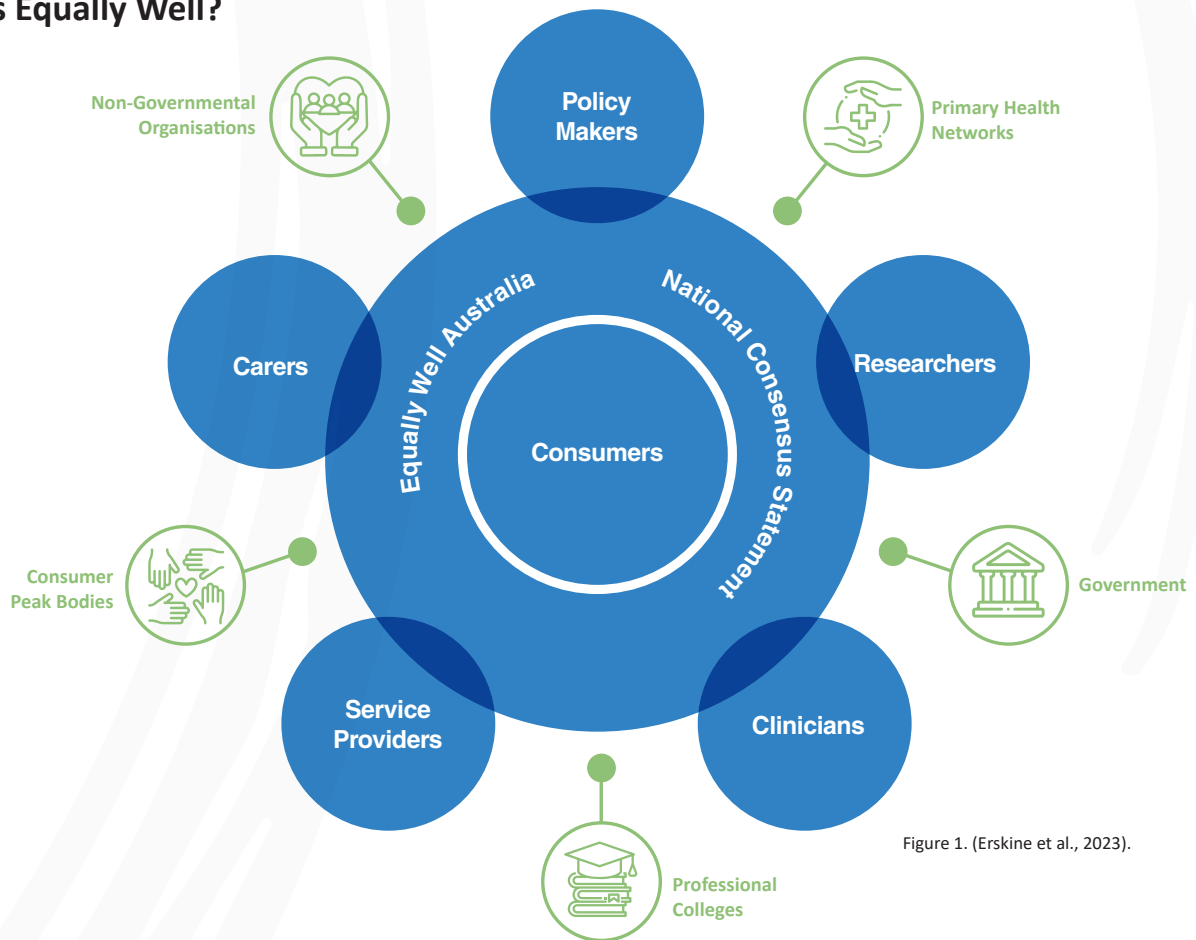


Figure 1. (Erskine et al., 2023).



Equally Well is all of Us.

TAKE ACTION

Become a supporter, as an organisation or individual

EQUALLY WELL ADVOCACY FRAMEWORK

Collective impact in a fragmented system

Equally Well is structured on a Collective Impact model. The Collective Impact model provides a framework for cross-sector collaboration on complex social issues.

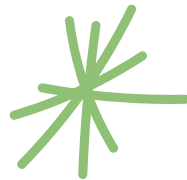
In place of disconnected or ad hoc efforts, the collective impact approach is built on five essential components: a shared goal, common measures of progress, coordinated and reinforcing activities, consistent communication, and a backbone structure to guide and support the work. Together, these elements strengthen collective advocacy and enable more effective system reform.



Australia's health system is fragmented

Equally Well addresses structural challenges of a fragmented health system by forging strong cross-sector relationships to strengthen collaboration.

Equally Well's 100+ supporter organisations and individual supporters include non-government organisations (NGOs), state mental health services, consumer and carer peaks, professional colleges, primary care organisations and individuals with lived experience expertise. Through their shared commitment, supporters are driving a coordinated and accountable approach to improving physical health outcomes for people living with mental challenges. Acting as an intermediary with no direct responsibility for service delivery, the Equally Well project team works to connect this community of activated change makers willing to break out of their silos and look for innovative ways to collaborate and build strong cross-sector collaborations.



Get involved! Join an Equally Well Community of Practice



There are many opportunities to join networks with shared interests. Equally Well hosts Communities of Practice for:

- Mental and Physical Health Professionals
- Non-Government and Community Managed Organisations
- Older Persons Mental and Physical Health
- Communications
- Policy Advisers and Analysts
- Primary Health Networks



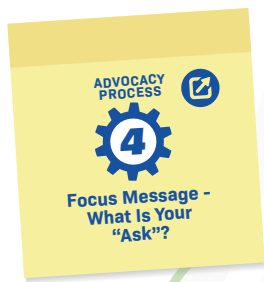


National consensus

The factors underlying the poor health of people living with mental health conditions are many and varied (see Figure 2). While this adds complexity, it also presents a wide range of opportunities for advocacy and practical initiatives to improve outcomes for people living with mental health challenges.



Figure 2. (Nursing, Midwifery and Allied Health Professions Policy Unit, 2016.)



What is your sphere of influence?

Taking time to clarify your specific focus for each advocacy engagement is a key part of developing an effective advocacy strategy.

**Be very clear: What exactly is your ask?
Where will you act? What is your focus?**

TAKE ACTION


 **Looking for ideas?**
The Action – Start Now section outlines action and advocacy opportunities. 

EQUALLY WELL ADVOCACY FRAMEWORK

Equally Well National Consensus Statement

The [Equally Well National Consensus Statement](#) outlines six essential elements with a guide for action, but it is in no way intended to limit other actions that would drive forward positive physical health outcomes.





Essential Element 1

1


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

Key Message

LIVED EXPERIENCE

“Nothing about us, without us.” (Charlton, 1998)

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 quality health care.




Essential Element 4

4

Improved quality of health care.

Health and mental health workers to strive to protect, maintain and improve physical health of people living with mental health challenges.




Essential Element 2

2

Effective promotion, prevention and early intervention.

Services will focus on promoting a healthy lifestyle, intervening early to prevent physical diseases, and providing psychosocial supports that contribute to overall wellbeing.




Essential Element 5

5

Care coordination and regional integration.

Working to embed care coordination and regional integration across health, mental health and other services delivered seamlessly across health, mental health and social services to improve physical health as well as psychological and social recovery.




Essential Element 3

3

Equity of access to all services.

The commitment: promoting health equity and improved access to health screening, health services, hospital and specialist care.



Essential Element 6

6

The monitoring of progress towards improved physical health and wellbeing.

The development and implementation of physical health and wellbeing national, state/territory and regional targets and indicators to measure progress towards improving the physical health of people living with mental challenges.



KEY PUBLICATIONS

2017

- Equally Well National Consensus Statement



2018

- The physical health of people living with a mental illness: A narrative literature review

2021

- Being Equally Well: A National Policy Roadmap to Better Physical Health Care and Longer Lives for People Living With Serious Mental Illness

2023

- Equally Well in Action Progress Report
- Equally Well Healthtalk Report

2024

- Equally Well Stand with Us: Call to Action
- Mortality of people using Australian Government-funded mental health services and prescription medications: Analysis of 2016 Census, death registry, MBS and PBS data
- Unequally Unwell Summary Report
- Unequally Unwell Factsheet
- Equally Well Submission: Advice on the National Suicide Prevention Strategy
- Equally Well Submission: Productivity Commission Mental Health and Suicide Prevention Agreement Review
- Equally Well Supporting Submission to the Productivity Commission Review of the Mental Health and Suicide Prevention Agreement

Other key resources:

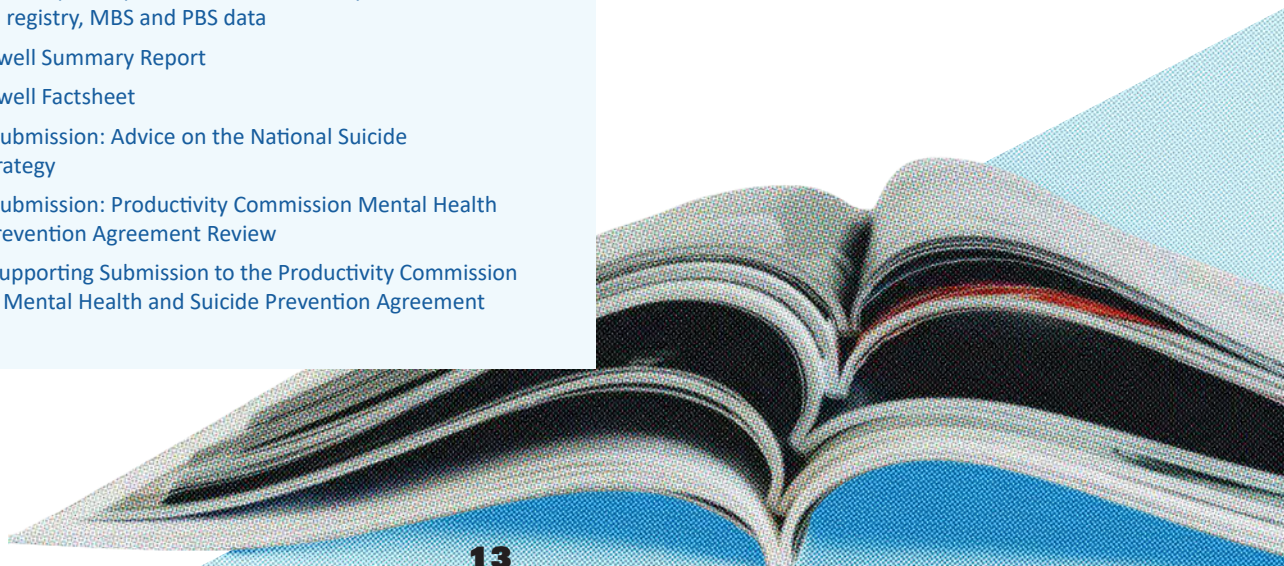
- [Unequally Unwell Factsheet Series](#)
- [Equally Well Promotional Tools](#) for the use of all advocates and supporters
- [Taking Charge of Your Care](#) for individuals, carers and health staff in the support of individuals
- [Equally Well Webinar series](#)
- [Neami Health Prompt](#), designed as a guide for health professionals or for individual use.



Connect With Us

We would love to include your project in the next National [Scan of Action](#).

The Equally Well National Scan of Action is a comprehensive collation of initiatives aimed at improving the physical health of individuals with a lived experience of mental health lived experience illness.



IDENTIFYING THE PROBLEM

Understanding current inequities

The origins of Equally Well exist in response to the identified problem of shorter life expectancy for people experiencing mental health challenges and mental illness due to poor physical health outcomes. This mortality gap “problem” has been known for decades. Resources for a detailed understanding include:

- Roberts R, Erskine V, & Chapman J. (2025). [Here’s why people with mental illness die, on average, 11 years earlier than other Australians](#). The Conversation.
- Roberts, R. (2019). [The physical health of people living with a mental illness: A narrative literature review](#). Charles Sturt University.
- Roberts R, Wong A, Lawn S, Lawrence D, & Johnson C. (2024). [Mortality of people using Australian Government-funded mental health services and prescription medications: Analysis of 2016 Census, death registry, MBS and PBS data](#). Charles Sturt University.

Raising awareness of the evidence on the poor physical health outcomes for Australians living with mental health challenges is fundamentally important in the work of the Equally Well network. Having the evidence base well understood also allows for the data modelling of projected and positive outcomes.

In advocacy messages, Equally Well couples awareness of the problem with practical, actionable solutions. These solutions exist across a range of settings and provide opportunities to highlight initiatives underway that are creating successful outcomes.



Key Message



The mortality gap is preventable.

“Potentially preventable deaths.” Equally Well often uses the term employed by the OECD – “potentially preventable deaths” – to represent the number of deaths above that expected in the overall population. This highlights two points. First, that with appropriate support and access to screening and treatment, most of these deaths are avoidable. Second, people living with mental health challenges have the right to be as equally well as the rest of the population.



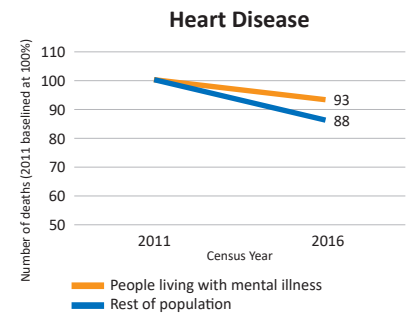
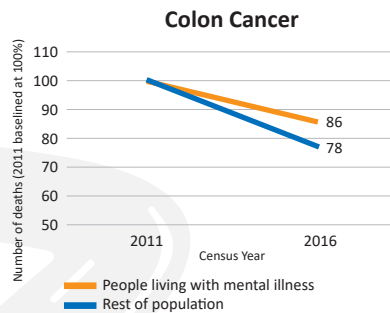
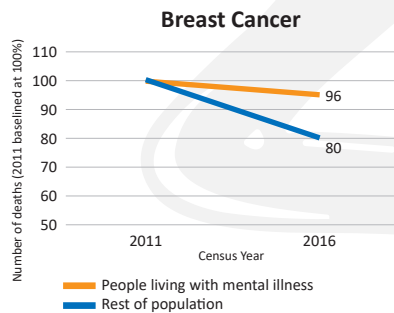
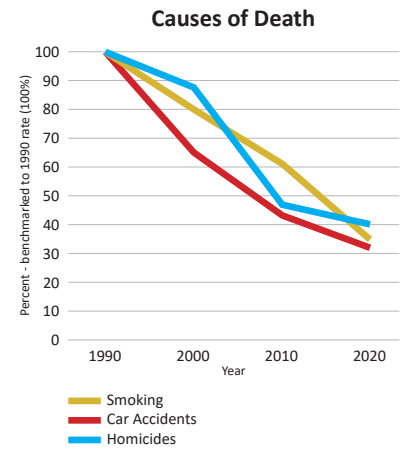
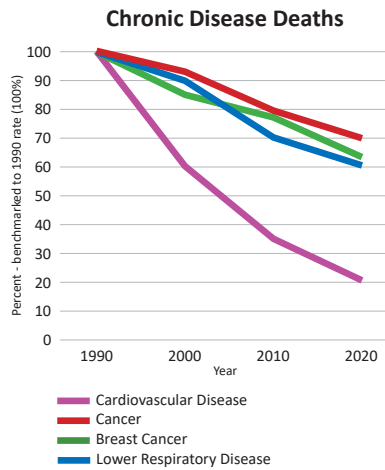
IDENTIFYING THE SOLUTION



Seeing future opportunities

Australia has a great track record of reducing the death rates of major illnesses and deaths associated with complex social issues.

While the life expectancy for people living with mental health challenges is increasing, it is not matching the improvements evident for the rest of the population. The life expectancy gap is growing!



Reduction in breast cancer deaths **4%** compared with **20%** for the rest of the population.

Reduction in colon cancer deaths **14%** compared with **22%** for the rest of the population.

Reduction in heart disease deaths **7%** compared with **12%** for the rest of the population.

The good news is that most of the premature deaths of people with mental illness are preventable. Unlike some social problems, there are solutions that have already proven effective in the rest of the population that can be applied to people living with mental health challenges. These programs already exist and are relatively simple and inexpensive.



These are preventable deaths.

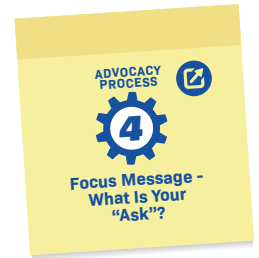


When working with people who experience mental health challenges, and with their families and carers, it's essential to uphold the person's right to self-determination. The decision to engage, or not to engage with health interventions (such as vaccines or screenings) is the person's right.

EQUALLY WELL ADVOCACY FRAMEWORK

General health topics can be sensitive, so they should be approached thoughtfully. The [Neami Health Prompt](#) refresh was co-designed in partnership with Equally Well. The Health Prompt provides guides for health professionals and individuals in these respectful conversations about protecting and improving health.

On the following pages you will find examples where a current gap or **problem** in physical health outcomes is identified. Solutions are then represented as a **“bridge”** leading to desired **outcomes**. These solution examples may be used to inform the basis of specific advocacy “Asks” and key messaging.



Do what you can, where you can, when you can.



ACTION BRIDGES

Issue: Preventable vaccine deaths

Problem	Solution	Outcome
<ul style="list-style-type: none"> • 3 times the rate of flu deaths • 5 times hospitalisations • 7 times hospital bed days. 	<ul style="list-style-type: none"> • Fund flu vaccinations for the mental health population • Train more mental health staff to administer vaccinations. Ninety nurses already doing this! <p>See examples in Equally Well in Action Progress Report.</p>	<p>Increased vaccination rates:</p> <ul style="list-style-type: none"> = fewer vaccine preventable deaths = fewer hospitalisations = fewer hospital bed days.

Did you know? Each year (on average) 2,287 people with mental health conditions die of influenza and pneumonia. Forty-two deaths per 100,000 people compared to 17 deaths per 100,000 for the rest of the population. More than 1,200 flu and pneumonia deaths per year are potentially preventable. People experiencing frequent mental distress have 21% lower vaccination rates than those without distress. People with severe mental illness have about half the vaccine coverage of the general population.

TAKE ACTION



Read, print and share

- [Unequally Unwell Factsheet Series](#)
- [Factsheet #2 - Influenza & Human rights](#)



Issue: Preventable cancer deaths

Problem	Solution	Outcome
<p>Low preventative screening rates for:</p> <ul style="list-style-type: none"> • breast • skin • bowel • lung • cervical, and • prostate cancer. 	<ul style="list-style-type: none"> • Health literacy, self-advocacy and action • Mental health workforce engagement • Access/distribute NBCSP* kits • Top-of-scope practice, e.g., cervical screening. <p>*National Bowel Cancer Screening Program</p>	<p>Increased screening:</p> <ul style="list-style-type: none"> = earlier detection of cancers = more effective treatment = fewer preventable deaths.

Did you know? If detected early, breast cancer 5-year survival rates are 92% (Cancer Australia, 2023). People who accessed mental health-related treatments had over 6 times the rate of premature death from breast cancer compared to the rest of the population.

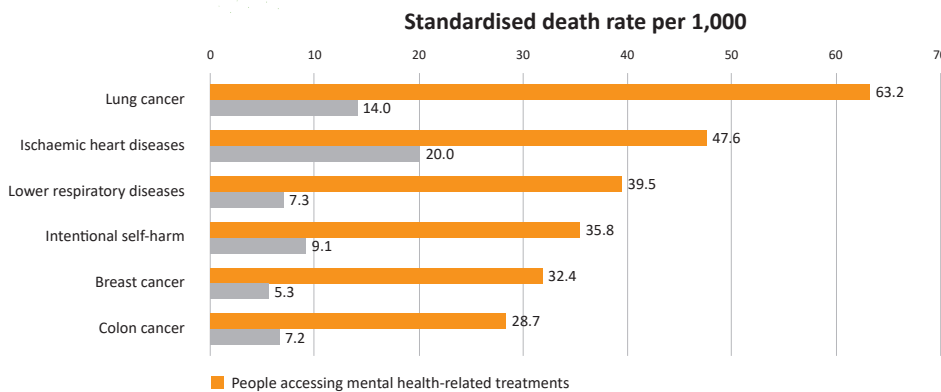
TAKE ACTION



2 minutes.
Book a screening.
Order a kit.

Read, print and share

- [Unequally Unwell Factsheet Series](#)
- [Factsheet #4 Bowel cancer and mental health](#)
- [Factsheet #7 Prostate cancer and mental health](#)
- [Factsheet #8 Breast cancer and mental health](#)



Excess deaths caused by cancers are responsible for 28% of all excess deaths of people who accessed mental health-related treatments

Issue: Preventable smoking deaths

Problem	Solution	Outcome
<ul style="list-style-type: none"> • Lung cancer deaths • Respiratory illness with increased hospital usage. 	<ul style="list-style-type: none"> • Fund NRT* for mental health pop. • Arrange screenings • Have the “conversation” • Learn about: cessation programs, current guidelines and options. <p>*Nicotine replacement therapy</p>	<p>Uptake of screening and smoking cessation programs:</p> <ul style="list-style-type: none"> = earlier detection = reduced hospitalisation = fewer preventable deaths.



Learn More:

- Visit the Equally Well [Resource Library](#).
- [Resources relating to smoking cessation](#), providing further information, practical approaches, research and learning.

EQUALLY WELL ADVOCACY FRAMEWORK



Issue: Personal health

Problem	Action	Outcome
Population-level statistical outcome of reduced life expectancy.	<ul style="list-style-type: none"> • Self-advocacy and action • Regular GP check-ups • Home Medication Reviews (HMR) • Neami Health Prompt • Unequally Unwell Factsheet Series • Taking Charge of Your Care tool • Take the time to read medication leaflets. 	<ul style="list-style-type: none"> • Positive personal outcome • Increased health literacy • Increased personal agency.

Did you know? The Equally Well Resource, Taking Charge of Your Care, was co-designed with a lived experience team to help individuals prepare for health consultations. The tool can be used by families, friends, carers and those who support people accessing mental health services, or by support workers and health professionals working with individuals. The tool produces an individually tailored guide or a checklist for health interventions.

TAKE ACTION



Supports: family, kin, carers and friends
 • [Taking Charge of your Care](#)



Skills in advocating for our own needs (self-advocacy) provide a foundation for systemic advocacy as a collective.



THE EVIDENCE BASE

YESTERDAY

46 preventable deaths



TODAY

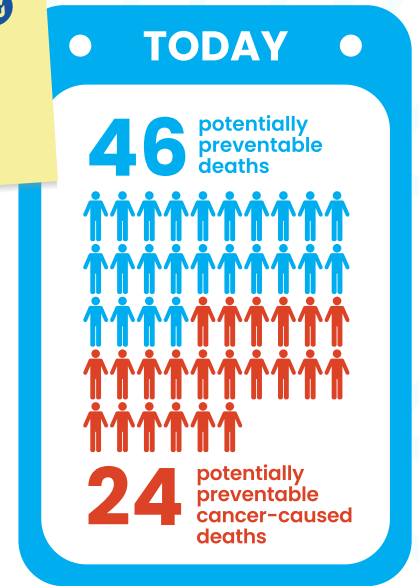
46 preventable deaths

TOMORROW

?

Data analysis – why it matters

Advocacy is a process of influencing people to create change. The first stage of the advocacy process is to clearly articulate the rationale underpinning the advocacy position. The Equally Well advocacy platform draws attention to the inequitable health outcomes of Australians experiencing mental health challenges.



Key Message

EQUALLY WELL

Put simply: the “problem” is that 10–20 years of reduced life expectancy for approximately 20% of the Australian population is unacceptable.

Key Message

LIVED EXPERIENCE

Equal health care is a human right. Mental health consumers deserve the same standard of health care as everyone else.

46 preventable deaths every day – How do we know this?

There are tens of thousands of research papers since the 1990s and over 140 research literature reviews showing the life expectancy gap for people living with mental health challenges. The [Mortality of people using Australian Government-funded mental health services and prescription medications: Analysis of 2016 Census, death registry, MBS and PBS data report](#), which links the 2016 Census data with the death register, use of mental health-related Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) items, provides insight into the numbers and patterns of preventable deaths of people who live with mental

health challenges.

Equally Well tracks available data, produces publications, and has built a collection of resources available in the [Equally Well Resource Library](#). New initiatives and programs underway to improve physical health outcomes are showcased in the Equally Well [National Scan of Action](#).

Using these resources means advocacy is evidence-based, factually accurate, and solution-focused. Advocates can tailor the use of these resources to suit a particular sphere of influence or a specific advocacy engagement.



Key Message

EQUALLY WELL

The health inequity exists across all causes of premature death

Key Message

EQUALLY WELL

We can fix this!

TAKE ACTION



Action Break

Share the [Unequally Unwell Summary Report](#) or print the [Unequally Unwell Factsheet Series](#) for your organisation’s tea room.

EQUALLY WELL ADVOCACY FRAMEWORK

Common misunderstandings

When people first learn about the significant mortality gap experienced by individuals with mental health challenges, a common initial interpretation is that reduced life expectancy must be driven by high suicide rates, or that this statistical outcome only applies to people with “severe or serious mental illness” (SMI). These assumptions are incorrect. Only 4.5% of premature deaths of people living with mental health conditions are due to suicide. Over 95% are due to common physical health conditions, and most of these early deaths are preventable.

Mistaken or stigmatising ideas about who is affected by reduced life expectancy are unfounded.

Key Message



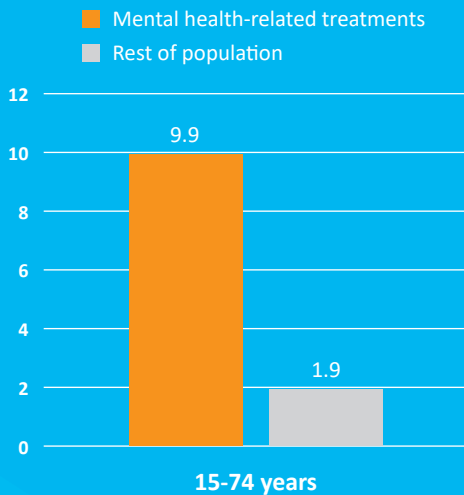
The premature death rate of people living with mental health conditions is **five times higher** than that of the rest of the population.

What we know

The loss of life to suicide is a profound loss, and efforts to prevent suicide are essential; however, the factors that shape people’s health go far beyond crisis moments.

Social determinants influence both physical and mental health. Taking action to address these—through advocacy and practical change—is a matter of fairness and social justice. But it is important to bear in mind that statistically poorer physical health outcomes affect people from all backgrounds who experience mental health challenges.

The poor physical health outcomes for people living with mental health challenges impact those of high and low socio economic status, education and literacy levels and across diagnostic categories, including depression and anxiety.



Standardised death rate per 1,000

Why? People living with mental health challenges frequently encounter care that is fragmented and difficult to navigate. Physical health needs are often overlooked or dismissed, and stigma and discrimination within health services remain common. Access to GPs, routine screening, and specialist care can be limited.

Key Message



Most premature deaths are driven by preventable and treatable physical health conditions, including heart disease, cancer, and diabetes.

ADVOCACY PROCESS

3

Target audience: Who are you seeking to influence?

Although they may be unspoken, addressing commonly held misinterpretations is important when engaging with target audiences. What does your target audience believe?





Based on data analysis and modelling, here are some statistics that can help advocates shift perspectives that are unsupported by evidence:

- The categorisation of SMI (serious mental illness) refers to disorders like schizophrenia, bipolar disorder, and severe depression that significantly impair daily functioning. Statistical outcomes relating to SMI categorisation of data show a 20-year reduction in life expectancy. However:

- Over 1,500 women (15–74 years) with mental illness die of breast cancer each year, and 920 of these deaths are potentially preventable. The magnitude of this issue is highlighted when we consider that approximately 480 women (all ages) die of suicide each year.
- Data modelling predicts that achieving equity of access to screening and treatment outcomes for cancers would result in 8,360 fewer premature deaths of people living with mental health conditions. Increasing cancer screening uptake for people with mental health conditions by 33% would have the same impact as reducing suicides of people living with mental health conditions to ZERO (Australian Institute of Health and Welfare, 2023; Lambeth et al., 2023; Roberts et al., 2024; Kisely et al., 2024).



The statistical outcome for people who experience mental health challenges, outside of SMI categorisation, is an 11-year reduction in life expectancy.



Measuring outcomes

Across the entire mental health sector, 328 initiatives were identified in the last Equally Well National Scan of Initiatives and Activities, 2023.

Advocacy takes persistence, passion, and patience. Some strategies will be more effective than others. New initiatives to improve physical health outcomes require evaluation to understand their impact – especially when outcomes guide scale up and funding.

Knowing what works and sharing this knowledge shapes future action and advocacy. Evaluating outcomes builds momentum for ongoing advocacy and action. Measuring successes reinforces the understanding that the problem of poor physical health outcomes is solvable.



Advance the evidence base

- [National Scan of Action](#)
- [Physical Health Researchers Directory](#)
- [Equally Well Community of Practice](#)
- [Physical Health Research](#)

TAKE ACTION



Share your experience



For people with lived experience of mental health challenges, and for carers, friends and family members who support people living with mental health challenges, please consider sharing your story with Equally Well (written, audio or video formats).

THE AUTHORISING ENVIRONMENT

Why is this important?

Creating change at the systems level takes time. Equally Well does this work in partnership.

One of the strengths of Equally Well is that it sits firmly within the current Australian mental health policy frameworks and authorising environment. The need to improve physical health outcomes for people facing mental health challenges has national consensus and is directly referenced within Australia's national mental health foundational strategic planning documents. It is a **Priority Reform** of *The Fifth National Mental Health and Suicide Prevention Plan 2017*, and a **Start Now – Action and Priority Action** of the *Productivity Commission Inquiry Report Mental Health 2020*.



A Powerful Tool

Being aware of the unity of majority opinion is a powerful tool for advocates. Cohesion, concurrence, and broad consensus is a strong starting place when advocating for change, action, or new service initiatives.

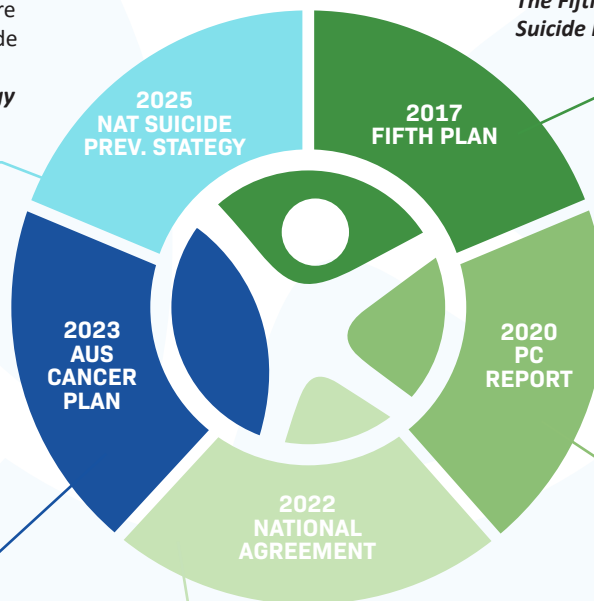
With a national consensus, this advocacy space is not contested.

Key National Documents

“Good physical and mental health are basic human rights.” (National Suicide Prevention Office, 2025)
National Suicide Prevention Strategy 2025-2035

“Action 14: Governments commit to the principles of Equally Well.” (Council of Australian Governments 2017)
The Fifth National Mental Health and Suicide Prevention Plan 2017

“The Australian Cancer Plan aligns with the Equally Well Consensus Statement[71] and will support co-designed and tailored information to better support people living with a mental illness and cancer.” (Cancer Australia, 2023)
Australian Cancer Plan 2023



“Implement all the actions in the Equally Well Consensus Statement” (Productivity Commission, 2020)
Productivity Commission Inquiry Report Mental Health 2020

“commitment to the principles of Equally Well The National Consensus Statement for improving the physical health and wellbeing” (Federal Financial Relations, 2022)
National Mental Health and Suicide Prevention Agreement 2022



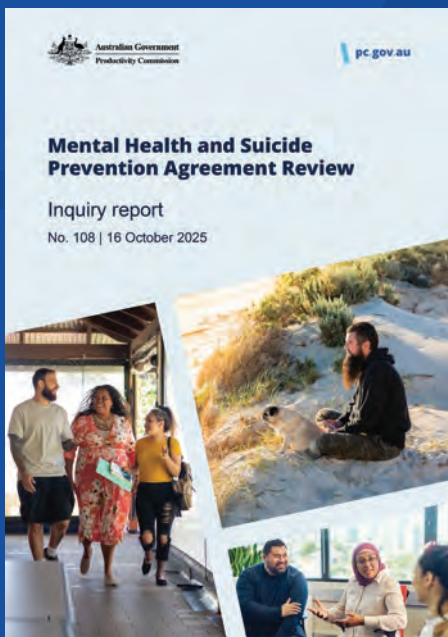
The *Equally Well Submission to the Productivity Commission Mental Health and Suicide Prevention Agreement Review* calls for the development of a National Equally Well Strategy and Implementation Plan with:

- clearly identified actions and commitments
- performance measures
- outcome targets
- sufficient resources to guide, develop and monitor progress
- actions that acknowledge the impacts of social determinants upon health equity, affordable health care and stable housing to support the recovery process for good physical health and mental health
- reducing levels of illness and chronic disease, thereby increasing the ability for people living with mental health conditions to live a contributing life.

(Roberts et al., 2025b)

Resources emphasising the need for monitoring and measuring outcomes:

- ➔ Element 6 of the *Equally Well National Consensus Statement*
- ➔ *Equally Well Submission: Productivity Commission Mental Health and Suicide Prevention Agreement Review*
- ➔ *Productivity Commission 2025, Mental Health and Suicide Prevention Agreement Review.*



The *Productivity Commission 2025, Mental Health and Suicide Prevention Agreement Review* recommends that the next agreement should comprise:

- Clear objectives relating to the long-term vision set out in the National Suicide Prevention Strategy and Mental Health Declaration.
- Specific and measurable outcomes focusing on key priorities for the next five years.
- Tangible commitments clearly linked to the objectives and outcomes.

(Productivity Commission, 2025)



ACTIONS - START NOW



Equally Well supporters undertake a diverse range of activities across the mental health and broader health sectors but are united by a common goal. The collective impact approach of Equally Well naturally prompts “what’s next” questions (Holmgren, n.d.) that drive the development of subsequent initiatives.

In 2024, 250 consumers, carers, clinicians, researchers, and mental health advocates convened at RMIT in Melbourne for the Equally Well Forum: Embedding Lived Experience to explore a new vision for mental health care in Australia. The Equally Well: Stand with Us – Call to Action was co-created from this forum.

The following action areas are in the Equally Well: Stand with Us – Call to Action. The Advocacy Framework builds on this work by providing structured guidance for advocacy, alongside evidence and partnership opportunities to strengthen and advance the work. Elements noted from the Equally Well National Consensus Statement invite readers to explore the full statement, with the understanding that the suggested actions align with the national consensus.

Key Message

EQUALLY WELL

Advocacy and action opportunities exist at every level and across every sphere of influence, from an individual consumer advocating for their personal health concerns to be fully addressed by their GP, through to advocating for free flu vaccination to be included in the National Immunisation Program.

Key Message

LIVED EXPERIENCE

As you take your first step, speak to the people most affected by the issue. About their concerns and solutions that they would like to see implemented. Lived Experience leadership improves health outcomes.

Equally Well Promotional Resources



To assist with your advocacy, Equally Well has developed a toolkit of [Equally Well promotional resources](#). These are downloadable and shareable multimedia tools designed to help our partners and supporters promote the Equally Well movement wherever and whenever possible.

TAKE ACTION



What will your next step be?





Action for INDIVIDUALS

- 3 Write to your state and federal members of parliament to bring their attention to the current health disparity for 20% of their electorates.
- 3 Advocate for physical health equality for people with mental health lived experience whenever and wherever you see an opportunity.
- 1 Amplifying the voices of people who are often silenced.
- 1 Upskill in human rights-based approaches and the history of the lived experience movement.
- 2 Explore and address the impact of physical health on mental health and wellbeing.
- 1 Appreciate the impact that poor physical health and mental ill-health can have on families and kinship groups, and value the role and perspectives of these significant others.

Action for GOVERNMENT POLICY and SYSTEMS

Human Rights

- 1 National Australian Human Rights Act.
- 1 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.
- 1 Require models of service to be based on human rights analysis, involving collaborative care across different service settings to improve integration.
- 3 People with mental health lived experience to be provided with the same range, quality and standard of free or affordable health care and programs.

Lived Experience

- 1 Establish strategic lived experience positions such as a Chief Lived Experience Officer.
- 4 Developing guidelines for consumer, family and carer inclusive practice for physical health care of people with mental health lived experience.



Action for SERVICES

Human Rights

- 1 Human rights-based design of services.
- 1 Co-evaluate existing service models using human rights analysis across settings.

Workforce Development

- 2 Ensure training for all health workforces on the increased risk of poor health and early death.
- 4 Support staff to value and implement social and emotional wellbeing.
- 1 Develop and implement training in human rights in mental health settings through co-production.
- 1 Develop and implement training, mentoring and supervision, and leadership development for the peer workforce.
- 5 Develop positions for nurse, allied health and peer systems navigators.

Service Design

- 1 Co-facilitation between clinical and non-clinical workforces across settings.
- 6 Establish 'tripartite' co-learning involving consumers, clinicians and families to guide routine care.
- 5 Embed co-production into workforce development and quality improvement.

Service Provision/Scope

- 2 Affirmative action to connect consumers with the existing national screening and immunisation programs.
- 4 Promote top-of-scope practice – immunisations, vaccines, screening – flu vax, cervical screening, access to nicotine replacement therapy.
- 2 Develop early intervention and screening programs for: smoking cessation, cardiovascular disease, and diabetes lifestyle factors including physical activity and nutrition.
- 3 Equally Well practitioners in the Mental Health Medicare Centres.
- 3 Embedded GPs in mental health teams.

Lived Experience

- 1 Create positions for lived experience roles at all layers of the organisation.



Action for GOVERNMENT POLICY and SYSTEMS - cont'd

Service Systems

- 2 Affirmative action plans for existing national screening and immunisation programs.
- 2 Early intervention and screening programs for: smoking cessation cardiovascular disease and diabetes lifestyle factors including physical activity and nutrition.
- 3 Improve MBS and PBS support for addressing the physical health of people with mental health lived experience.

Evaluation and Monitoring

- 6 Enhance research and monitoring to track progress towards health equity.
- 6 Develop indicators of quality health care for people with mental health lived experience such as health screening (GP, cancer screening, immunisation rate).
- 1 Make service delivery organisations accountable for the extent of Lived Experience integration and holistic models of care.
- 6 Additional funding for research into the physical health of people with mental health lived experience.

Action for ALL

Human Rights

- 1 Training in human rights approaches and lived experience leadership in the sector.
- 1 Education for individuals so that they are aware of their rights to access the same affordable and quality healthcare as the rest of the population.
- 3 Implement training for staff, including peer workers, on human rights approaches to equity in healthcare.

Service Integration

- 2 Service integration to address the physical health of consumers. Improve screening and early intervention.

Service Design

- 4 Establish strategic lived experience positions such as a Staff education and awareness in primary/ chronic care sectors (policies and strategies).
- 3 National strategy and action plan to improve the physical health of people with mental illness.
- 4 Elevate physical health care into planning, commissioning and service improvement.
- 5 Ensure funding for shared care including asynchronous case conferences.

Lived Experience

- 1 Ensuring lived experience leadership is part of all stages of services design, implementation and review.

Evaluation and Monitoring

- 6 Enhance research and monitoring to track progress towards health equity.
- 6 Advocate for state and national KPIs and targets, to be collected and reported publicly.



SUPPORTERS



Equally Well supporter organisations have committed to “making the physical health of people living with mental illness a priority at all levels: national, state/territory and regional” (National Mental Health Commission, 2016).

ACT Government, Health	Flourish Australia	Mindgardens Neuroscience Network	SANE
Adelaide Primary Health Network	Oseca	Murray Primary Health Network	Size Inclusive Health Australia
Amaranth Foundation	Grow	Murrumbidgee Primary Health Network	South Australia Government, Department of Health and Wellbeing
Australasian Society of Lifestyle Medicine	Guardian Exercise Rehabilitation	National LGBTQI+ Health Alliance	South Australia Mental Health Commission
Australian & New Zealand Mental Health Association	Headspace	National Mental Health Commission	South Eastern Melbourne Primary Health Network
Australian Association of Social Workers	Health Function Rehabilitation	National Mental Health Consumer Alliance	South Eastern NSW Primary Health Network
Australian Government Department of Health, Disability and Ageing	CareHunter New England and Central Coast Primary Health Network	National Rural Health Alliance Inc	St Andrew's Hospital, Toowoomba
Australian Nursing and Midwifery Federation, VIC Branch	Independent Community Living Australia	Neami National	St John of God Health Care
Australian Primary Mental Health Alliance	Independent Mental Health Advocacy	Northern Territory Government, NT Health	Sydney Local Health District
Australian Psychological Society	James Cook University	Northside Group (Ramsay Health Care)	Primary Health Tasmania
Being	La Trobe University Care Economy Research Institute	NSW Government, Health	92 Tasmanian Government, Department of Health
Bendigo Community Health Services	Life Without Barriers	Occupational Therapy Australia	TeamHEALTH
Bridges Health & Community Care	Lived Experience Australia	One Door Mental Health	The Australian and New Zealand Society of Occupational Medicine Inc
Brisbane North Primary Health Network	Lives Lived Well	Parramatta Mission	The Australian College of Mental Health Nurses Inc
Capital Health Network	Marathon Health	Psychotherapy & Counselling Federation of Australia	The Growing Heart
Central and Eastern Sydney Primary Health Network	Mental Health and Wellbeing Commission (VIC)	Queensland Government, Health	The Pharmacy Guild of Australia
Central Queensland, Wide Bay, Sunshine Coast Primary Health Network	Mental Health Association of Central Australia	Queensland Mental Health Commission	The University of Newcastle
Charles Sturt University	Mental Health Australia	Quit Victoria	Uniting NSW. ACT
Consumers Health Forum of Australia	Mental Health Carers NSW Inc	Ramsay Mental Health	UnitingCare Australia
Consumers of Mental Health WA	Mental Health Commission of NSW	Reach Out	Victoria State Government, Safer Care Victoria
Country SA Primary Health Network	Mental Health Coordinating Council	Recovery Camp	WA Primary Health Alliance
Dietitians Australia	Mental Health Council of Tasmania	Richmond Fellowship Queensland	Wellways
Eastern Melbourne Primary Health Network	Mental health family and friends Tasmania	RMIT	Wesley Mission Queensland
eMHprac	Mental Health Lived Experience Tasmania Inc	Royal Australasian College of Physicians	Western Australia Government, Department of Health
Exercise & Sports Science Australia	Mental Health Professional Network	Royal Australian and New Zealand College of Psychiatrists	Western Australia Government, Mental Health Commission
	Mental Illness Fellowship of Australia Inc	Royal Australian College of General Practitioners	Western NSW Primary Health Network
	Mentor Support Network	RUAH Community Services	
	Mind Australia		

APPENDIX

Equally Well Collective Impact Milestones

2017 Equally Well project funding from National Mental Health Commission

2021 Equally Well project 3-year funding from Australian Government Department of Health

2024 Equally Well project funding from Australian Government Department of Health and Aged Care

Partnerships and Collaboration

2019 International Collaborative Learning Network formed

2020 Partnership with Mitchell Institute to develop the Being Equally Well Roadmap

2020 Equally Well International Alliance (Aust, UK & NZ) formed

2020 Established Equally Well Communities of Practice – Policy Advisers and Older Persons in MH

2021, 24 & 25 Establish new Communities of Practice – PHN, NGO/CMO, Communications and Mental and Physical Health Professionals

2022 Lived Experience Australia and Equally Well national survey, Review of Physical and Mental Health Care in Australia

Research

2018 1st National Initiatives and Activities Scan, 2019 2nd National Initiatives and Activities Scan, 2021 3rd National Initiatives and Activities Scan

2022 Data Management Analysis Advisory Committee formed

2022 4th National Initiative and Activities Scan

2023 1st Equally Well Researcher Scan

2024 Data Management Analysis Advisory Committee formed for the 2nd data linkage analysis

2025 5th National Initiatives and Activities Scan

EQUALLY WELL ADVOCACY FRAMEWORK

Collective Events

2019 1st Equally Well National Event (Symposium)

2020 Equally Well International Alliance (Aust, UK & NZ) joint presentation at the International Integrated Care Congress

2021 Global Call to Action for Vaccine Equity – Equally Well International Collaborative Learning Network

2021 Launch of the Being Equally Well Roadmap

2022 2nd Equally Well National Event (Symposium)

2023 3rd Equally Well National Event (Symposium) and 1st Equally Well Awards presentation

2024 4th Equally Well National Event (Forum), 2nd Equally Well Awards presentation and the development of a Call to Action

2025 5th Equally Well National Event (Conference)

Initiatives & Submissions

2022 Mental Health Language Audit and development of Equally Well Language Policy

2024 Equally Well Submission: Advice on the National Suicide Prevention Strategy

2025 Equally Well Submission and Supporting Submission: Productivity Commission Mental Health and Suicide Prevention Agreement Review

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**“Do what you can,
where you can,
when you can.”**

Stay connected and join the Equally Well movement

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SIGN-UP your organisation

Put our **LINK** on your webpage

SHARE innovation, evidence and success stories

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