Entry to TheMHS Awards 2016: Part B

Equally Well: a programme of collaborative action

Additional information: Background

The associations between mental health and/or addiction problems and relatively poor physical health outcomes have been well-established over many decades. Equally Well is addressing this longstanding and unacceptable inequity through a programme of collaborative action, involving a wide range of individuals and organisations willing to work together for change.

Phase One: Evidence review

Platform¹ and Te Pou² initiated the response during 2013, beginning by defining the extent of the problem. International and New Zealand literature was analysed³, together with information about New Zealand health sector initiatives. This evidence review was used to inform discussions with health and health-related sector leaders and gain support for action.

Phase Two: Stakeholder engagement and consensus

A consensus position paper⁴ calling for a concerted and sustained effort by all those who can effect change was developed in consultation with a range of interested stakeholders during 2014. This paper has now been signed by over 60 professional peak bodies and health and health-related agencies. Leaders in health policy and professional development, funding and planning, universities, primary care and mental health and addiction treatment services have agreed to work in partnership with people with lived experience⁵ of these challenges, to effect change.

Over 100 Equally Well stakeholders met in Wellington on 10 November 2014 to take the first step in planning collaborative action. The summit provided an opportunity for a wide range of people to come together and share experience and ideas. Prior to the meeting itself, an online conversation between stakeholders was generated using Loomio, open access software developed in New Zealand. The online discussion forum has continued to identify and debate issues, put people in touch with what’s happening, and assist in planning for change.

Phase Three: Framework for collaborative action

A number of models of collaborative action were identified as possibilities for the next stage of Equally Well. More than 40 proposals have been brought together in a framework which takes into account the multi-dimensional nature of the problem (see appendix). The national collaborative is supported by a backbone team working from within Te Pou.

¹ (www.platform.org.nz) The peak body for mental health and addictions non-government organisations in New Zealand
² (www.tepou.co.nz) A national mental health and addiction workforce development centre
³ Te Pou o Te Whakaaro Nui. 2014. The physical health of people with a serious mental illness and/or addiction: An evidence review. Auckland: Te Pou.
⁵ The definition used in the evidence review of ‘people who experience serious mental illness and/or addiction’ includes those who have been diagnosed with schizophrenia, major depressive disorder, bipolar disorder, schizoaffective disorder and/or addiction with the primary focus on alcohol, cannabis and methamphetamine addiction. However, it is likely that many people with other mental health conditions and/or addiction face similar challenges. The Equally Well collaborative covers this larger group of people as well.
Criteria

1. Evidence of a significant contribution to the field of mental health on a local, state or national level

In the short time since the Equally Well evidence review was completed in June 2014, and the programme was launched at the Summit in November 2014, it has gained substantial traction at both policy and service delivery levels throughout the New Zealand health sector and beyond. Some evidence of the impact of Equally Well to date was provided through an electronic survey of health professionals (n=167) undertaken in late 2015⁶, and includes the following (see Appendix for full summary):

- People working in district health board (DHB) mental health and addiction services⁷ noted that the physical health of people with experience of mental health problems has been given a higher priority in their services than was previously the case, and 76 examples of how this had translated into practice were provided. This improvement can be credited to Equally Well advocacy and collaboration with Ministry of Health partners, which resulted in more specific DHB accountability for this area in national operational policy with all DHBs needing to show how they are addressing ‘Equally Well’ in their forthcoming annual plans.
- People working in mental health services (n=45) reported that metabolic screening is being more consistently undertaken within their services.
- Health practitioners working in primary care (n=35) reported that routine checks were now being provided for people with mental health problems, to assess cardiovascular and diabetes risk.
- Significant progress has been made in recent years in helping people to quit or reduce tobacco smoking, beginning with fully implementing organizational smokefree policy.

Other evidence of Equally Well contribution to mental health in New Zealand are as follows:

- The 2015 NZ Ministry of Health national diabetes strategy Living Well with Diabetes refers to the Equally Well evidence review and explicitly mentions people who experience mental illness and addiction as a group at higher risk for diabetes. A target is now included to improve routine screening for people who experience mental illness and addiction, by 2020.
- As part of the 2015 Ministry of Health consultation on what should be considered in their evidence review for informing the update of cardiovascular disease risk assessment (CVDRA) guidelines for primary care, the Equally Well Backbone Group succeeded in having mental health included for consideration in the review for the first time, as one of eight areas for update. The Backbone Group collaborated with Dr Ruth Cunningham, University of Otago, Wellington, and systematically reviewed recent evidence on mental illness as a risk factor for CVD. This review is now being considered by the Ministry, and being separately re-worked and submitted for publication. The desired outcome is the inclusion of people with mental health problems identified as a priority group for CVD risk assessment and treatment (and at an earlier age).

⁶ Taking Our Pulse, Te Pou 2016
⁷ The term ‘mental health services’ is used to include addiction services in this document.
• Equally Well regional groups have been established in a number of areas e.g. Canterbury and Whanganui.

• Organisational endorsements of the Equally Well consensus paper (now over 60) is also evidence of impact and we are working with these organisations to document their Equally Well activities on their own websites, and provide links to these pages on the Equally Well web pages.

• The Royal New Zealand College of GPs (RNZCGPs) has finalised their Equally Well action plan and made their commitment to Equally Well visible on their website. They’ve also published a special edition of their magazine, GP Pulse, dedicated entirely to Equally Well. The College’s action statement includes having people with lived experience speaking on these issues at college conferences, developing tools for GPs, and supporting the Equally Well collaborative to develop the recovery focused prescribing toolkit.

• Tairawhiti DHB Primary Options Initiative was developed as a direct result of attendance at the Equally Well 2014 Summit, where mental health service user access to primary care was identified as an issue. Now in Tairawhiti, everyone who is under the care of the specialist adult community mental health and addiction teams has six funded primary care visits a year for physical healthcare. Everyone who is transitioning their mental health care from specialist services will receive four extended GP visits and four normal GP visits plus between 12-26 practice nurse visits, and each general practice has funded access to eight 30-minute sessions per year with a consultant psychiatrist. This initiative is a partnership between Tairawhiti DHB, Midlands Health Network, Ngati Porou Hauora and National Hauora Coalition as well as the local NGOs, Emerge Aotearoa, Turanga Health and Te Kupenga Net Trust.

2. Evidence of innovation and/or recognized best practice

• When Equally Well was established, there was no funding available, so innovative thinking was required to get things moving. Working with minimal resources requires innovation, and the programme has capitalized on the ‘number 8 wire’ mentality New Zealanders often pride themselves on.

• The importance of having a sound evidence base was recognized and acted upon as the first priority, and this work continues to inform activities in a very constructive way.

• International research published on effective collaborative activity has been analysed and adapted to the New Zealand context.

• From the outset, Equally Well was framed up as taking action to improve the quality of existing services (business as usual), on the assumption that this would take place within baseline funding for most services.

• The idea that each person can Do One Thing (DOT) to improve their own service and/or practice was put forward at the 2014 Summit, and has been widely picked up.

• Partnership with people with lived experience of mental health and addiction problems has been a feature of the collaborative from the outset, and New Zealand is fortunate to have good networks of service users working in many mental health and addiction services. This is partly as a result of the Like Minds Like Mine mental health destigmatisation programme that has been in place for the last decade, as well as the growing number of peer workers and advisors across the country.
• Equally Well has experimented with and used Loomio, an open access online discussion and decision-making programme, recently designed in New Zealand and now operating internationally, to support collaborative action and improve democratic processes. There are now over 200 people who have signed up to be on Loomio, and many active discussions on topics of importance to participants. The most popular topic is about the impact of psychotropic medications, with lively and often heated debate, from many perspectives.

3. Evidence of participation of mental health consumers, in the planning implementation and evaluation

• As mentioned above as a component of ‘best practice’, partnership with mental health and/or addiction service users has been a feature of Equally Well from the outset.
• A consumer advisor from Te Pou opened the first Equally Well summit.
• There were four consumer voices at the wicked issues think tank, a small group of senior leaders across the health sector
• People with lived experience present regularly on Equally Well at national and local events
• The Royal NZ College of GPs has now prioritized the participation of service users in their Equally Well action plan.

4. Evidence of partnerships and linkages

• Partnerships and linkages are central to how Equally Well works and seeks to have effect.
• Over 60 peak bodies and organisations from across the New Zealand health sector have signed up to the Equally Well Consensus Position Paper, which commits them to working collaboratively to improve the quality of health services and health outcomes for people with experience of mental health and addiction problems (see appendix).
• The Equally Well evidence review is cited throughout two 2015 Royal Australian and NZ College of Psychiatry reports on aspects of this issue, and the College is a lead partner of Equally Well.
• There are over 400 individuals who receive the Equally Well electronic newsletter.
• There are over 200 individuals on the Loomio online discussion forum.

5. Verification and evaluation of the programme’s effectiveness

• As a relatively new initiative with a very limited budget and no formal evaluation in place as yet, “evidence of a significant contribution…” is largely anecdotal.
• However, the depth and breadth of reach of the collaborative and the incremental impact it appears to be having is very clear, with emerging evidence summarised in this proposal.

Conclusion

Despite its minimal budget and relatively short life, Equally Well has demonstrated that a great deal of value can be added to the health sector through collaboration around a common goal. This has been evidenced by the priority given to addressing this issue by the Ministry of Health, mental health and addiction NGOs, district health boards, and professional colleges, together with the many examples provided by respondents to the Taking Our Pulse survey undertaken last year.
Referees

Removed for privacy
APPENDIX: Equally Well

Model for collaborative action

A number of models of collaborative action were identified as possibilities for the current stage of Equally Well. The one chosen was the “constellation model of collaborative social change” developed by the Centre for Social Innovation\(^8\) in Toronto, Canada.

The constellation model was designed to serve a partnership of organisations wishing to collaborate to achieve a desired outcome. It utilizes a lightweight governance framework, a stewardship group, action-focused groups referred to as constellations, and a support team for co-ordination.\(^9\) The model is held together by shared commitment to achieving the desired outcome, and recognition that this will require working together. In adapting this model we have changed some of the language and design features (see following illustrative model).

Features of the adapted model

1. **Funding – adding value to existing services**

The proposed model assumes minimal additional funding. The intention of Equally Well is to improve the quality of existing services and incorporate additional activities into ‘business as usual’ for all participating agencies, to provide for long-term, sustainable change.

\(^8\) Retrieved from [http://socialinnovation.ca/constellationmodel](http://socialinnovation.ca/constellationmodel) on 28 November 2014.

\(^9\) From material on the Centre for Social Innovation website, retrieved 28 November 2014.
2. **Backbone team**

Another model that has been drawn from for Equally Well is outlined in a Stanford Social Innovation Review paper\(^{10}\) which identified five success factors (see Table One below) for collaborative action, by looking at examples of such efforts which had been effective in achieving substantial impact.

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<thead>
<tr>
<th>The five conditions of collective impact</th>
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<td><strong>Common agenda</strong></td>
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<td><strong>Shared measurement</strong></td>
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<td><strong>Mutually reinforcing activities</strong></td>
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<td><strong>Continuous communication</strong></td>
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<td><strong>Backbone support</strong></td>
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**Backbone support** is identified as one of the most important pre-requisites for successful collaborative effort, and this function is provided by Te Pou. The backbone group will:

- provide overall direction and maintain momentum
- facilitate dialogue between stakeholders
- manage online (Loomio) stakeholder engagement and decision-making processes
- monitor, analyse and incorporate online discussions into activities
- analyse and disseminate research data and support outcome measurement
- manage communications including web presence
- provide accountability back to organisations that have signed the consensus paper
- identify leads and ‘champions’ for areas of work, and encourage leadership
- identify and share models of good practice from across the country
- encourage more organisations to endorse the position paper and make commitment to taking action.

3. **Stewardship group**

Equally Well was initiated by a small group of individuals. It is intended that this group will be expanded to include more people with lived experience, and other people who agree to lead and champion Equally Well projects. The collaboration and the Stewardship group will function as a network, with agreed communication mechanisms.

4. **Projects and activities**

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The Equally Well projects and activities are described in the Canadian model as “self-organising action teams that operate in co-operation with a broader strategic vision”. We acknowledge that a lot of work is already under way, and many systems already in place are aligned with the purpose of Equally Well, which may or may not come under the collaboration.

A lead partner is identified for each project/activity, along with any person or organisation with an interest in the action area to form a team focused on taking action on this issue.

In addition, ‘action pushes’, described as ‘windows of opportunity for action’, are undertaken where there is a focused set of activities on a specific issue and the timing is right. An examples might be a one-off consultation process on new clinical guidelines.

**Underpinning principles of the collaborative**

1. Partnership between health professionals, people with lived experience of mental illness and addiction and their families and whānau.
2. Stigma and discrimination will be addressed wherever it occurs.
3. Where possible good quality research evidence will inform activities and improve services.
4. Sustainable changes will be made by incorporating new approaches into business as usual.
5. People who experience mental health and addiction problems have a right to be well-informed about treatment options and wellness opportunities.
6. Different perspectives and world views are accepted and welcomed.
7. Quality of life is as important as extending lives.
Equally Well Collaborative Action Framework

**VISION:** Improving the physical health of people who experience mental health and addiction problems

**GOAL**
- Improve the quality of physical health care
  - Some specific actions
    - MH&A training for health professionals - building capability and confidence
    - Communicate side effects of medication, and different treatment and recovery options to service users
    - Promote routine metabolic screening & CVD risk assessment & follow-up
    - Develop recovery-focused guidelines for the prescribing of psychotropic medication
    - Develop ‘Recovery-oriented Systems of Care’ led by service users

**GOAL**
- Reduce exposure to risk factors
  - Some specific actions
    - Routinely offered effective smoking cessation support
    - Address stigma and discrimination in health services
    - Support better access to employment and suitable housing
    - Improve access to dental health services for mental health and addiction service users
    - Investigate including psychotropic medication as a risk factor for CVD and type 2 diabetes in PREDICT
    - Reduce access to alcohol in communities

**GOAL**
- Promote prevention and early intervention
  - Some specific actions
    - Promote self-control skills training in early childhood settings
    - Endorse the HeAL Declaration for young people with psychosis, and put the goals into practice in New Zealand
    - Adapt the HeAL Declaration for people of all ages using mental health and addiction services
    - Trial complementary treatment options to minimise the impact of psychotropic medications

Promote recognition as priority group in national and regional policies

Support ‘communities of practice’ with good quality research, evaluation and monitoring
Executive summary from Taking Our Pulse Report

Introduction

Equally Well is a nationwide collaboration of people and organisations taking action in many ways and at different levels to improve the physical health of people who experience mental health and addiction problems.

The collaboration includes many people committed to bringing about change – nurses, health service managers, pharmacists, service users/tāngata whai ora, family advisors, support workers, planners and funders, policy makers, social workers, educators and trainers, researchers, psychiatrists, psychologists and general practitioners.

This report summarises findings from an electronic survey of people identified through Equally Well networks, carried out in December 2015. It provides a snapshot of the work underway around New Zealand that aligns with the principles of Equally Well.

The survey was undertaken to capture and share the activities and ideas taking place across the country as well as to inform the future of Equally Well. It is hoped the survey will be repeated annually. It was not designed to be a systematic survey of practices and policies across the New Zealand health system.

Who responded?

There were 167 people who responded to the survey. They represented organisations and services from around New Zealand and all the district health board (DHB) regions, with 16 of the 20 DHBs represented.

Respondents provided more than 400 examples of actions taken in the past year to improve physical health outcomes. A number of these had been in place for some time but had been strengthened or given higher priority. Comments were also made about barriers to progress that had been encountered.

More than half of those responding worked for DHBs in funding and planning, inpatient and community settings. More than 40 per cent of respondents worked for non-government organisations (NGOs) primarily in specialist mental health and addiction services. The remainder were working in disabilities, primary care, pharmacies, government (including local government) and the education sector.

What Equally Well has achieved in the past year

Improving quality of physical health care

At least half of the respondents had taken action to increase the visibility of physical health in mental health operational policies, and 76 examples were provided. These included how Equally Well priorities had been incorporated into DHB annual plans and NGO planning processes and documents.

- 45 respondents reported that metabolic screening was being more consistently undertaken in their organisations
- 35 reported that routine checks were provided in primary care for cardiovascular disease and diabetes risk
- 35 reported that routine screening and monitoring for physical health problems were being carried out in their organisations.
Activities to reduce stigma and discrimination were identified as a priority by many respondents. Activities included promoting the use of consumer/service user leadership and input and/or peer support workers across the health sector, particularly in primary care. Other activities included training for health professionals and working with families.

Increased access to funded primary care consultations was reported by 39 respondents, and 40 reported promoting increased use of shared electronic records across all health services including mental health and addiction services.

**Reducing exposure to known risk factors**

The feedback indicates significant progress has been made in recent years in helping people to quit, reduce or stop tobacco smoking, beginning with fully implementing organisational smokefree policies.

Nearly everybody reported evidence of a strong commitment to supporting people who wanted to reduce or stop tobacco smoking.

Examples included:

- training all staff in the provision of Nicotine Replacement Therapy (NRT)
- education to all staff and clients who smoke
- provision of personalised smoking cessation support
- referral to smoking cessation specialists
- full implementation of smokefree policy.

The social determinants of housing and employment were being addressed, with many NGOs supporting people to find suitable accommodation. Some organisations were working to establish themselves as social housing providers or liaising closely with Housing New Zealand Corporation. Others were providing supported employment services.

Many reported that their clients have access to a range of personalised supports, including access to nutrition advice, physical activity programmes and dental health services.

However, only 33 respondents identified progress or activities for improving access to oral health services for people who experience mental health and addiction problems.

**Promoting prevention and early intervention**

Prevention and early intervention are promoted through physical health screening and monitoring, training and improving access to early intervention in psychosis services.

Examples of actions to promote prevention or provide access to early intervention services were given by 40 respondents. Twenty indicated their organisations had endorsed the HeAL (Healthy Active Lives) declaration and 50 had promoted screening and brief intervention in primary care for alcohol and other substances.

As outlined in section 2, prevention and early intervention are becoming more visible in policy, planning and systems changes which enables better communication between primary care, specialist and community-based mental health and addiction services, and with NGO providers.

There is a particular focus on better access to routine screening and monitoring for physical health problems, and providing people with access to treatment programmes as needed.

Examples of progress are quoted below.

“Included Equally Well in District Annual Plan (DAP). Launched a pilot physical health check for consumers of service... (which) promotes the conversation and leads to a plan. Prioritised physical health training for nurses...and we are developing a package for all staff.” (DHB community/inpatient).
“Statement endorsed by 3 DHB Boards. Physical health checks incorporated into Health Equity dashboard (monitoring).

Discussions with the Primary Health Organisation (PHO) about how we support improved physical health screening of people with serious mental illness in GP practices.” (DHB community/inpatient)

“Metabolic screening training (provided) for NGO workforce and GP follow-up for those seen at risk. ... Clients given info on meds they are on and side effects. All staff trained in meds side effects and how they affect health.” (Mental health and addiction NGO)

“I complete regular metabolic monitoring on all my clients, if they need an ECG then a referral is completed. I check to ensure they have a current local GP to again ensure all results of blood tests can be followed. ...” (DHB – community)

“Worked with DHB and PHO to get more GP contact for our clients and using Care Plus much more. Looking at increased health screening for client group.” (NGO)

“Alcohol and Drug have developed an online programme for recording methadone prescribing. This is shared with other departments e.g. the pharmacy department. (DHB – inpatient)

“Have put plans together for an audit of all patients within PHO who are on antipsychotics and mood stabilisers.” (PHO/GP)

What’s next?

It’s very encouraging to hear of the many actions being undertaken to improve the physical health of people who experience mental health and addiction problems.

Some organisations have described their activities as Equally Well programmes. For many individuals and organisations, physical health now appears to have a higher priority in recognition of these unacceptable disparities in health outcomes.

This snapshot of activities is also helpful in identifying priorities for the Equally Well collaborative to focus on in 2016.
Organisations endorsing the consensus statement (as at March 2016)