Response to

Healthy Tasmania
Five Year Strategic Plan -
Community Consultation Draft

Suite 5 Mayfair Plaza
236 Sandy Bay Road
Sandy Bay TAS 7005

Phone: (03) 6224 9222
Mob: 0427 415 590

Email: cdigolis@mhct.org

Contact: Connie Digolis
Chief Executive Officer

Prepared by: Elida Meadows
Policy and Sector Development Manager

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As the peak body representing the interests of the community mental health sector, The Mental Health Council of Tasmania (MHCT) welcomes the opportunity to respond to the *Healthy Tasmania Five Year Strategic Plan - Community Consultation Draft.*

MHCT provides a public voice for people affected by mental illness and the organisations in the community sector that work with them. The Council advocates for effective public policy on mental health for the benefit of the Tasmanian community as a whole and has a strong commitment to participating in processes that contribute to the effective provision of mental health services in Tasmania. We strongly support the principles of preventive health and strategies to ensure stronger and healthier communities across population groups.

Recommendations

As a vulnerable group with significant physical health issues, and based on the evidence of the current literature, there is an urgent need for mental health and wider health services to develop more effective and innovative practices to target and improve the physical health of people with mental illness, particularly severe mental illness. With relation to the priorities set by the *Healthy Tasmania Five Year Strategic Plan - Community Consultation Draft,* MHCT notes that:

1. Around 32% of people with mental illness smoke cigarettes, compared to just 18% of the general population. The rate is far higher among people with schizophrenia [between 60% and 73%]. It is estimated that nearly 40% of all smokers have a mental illness. Like all smokers, they use tobacco because it can be a way of dealing with feelings such as boredom or stress, and they become physically addicted to nicotine. Nicotine and other chemicals in cigarettes may temporarily affect the positive and negative symptoms of schizophrenia. As a consequence, smokers generally need higher doses of antipsychotic medication, which can lead to increased side-effects.[1]

2. Studies have found higher rates of obesity and poor nutrition in those with chronic mental illness. Higher levels of obesity in any population can be linked to overeating, underactivity, lack of awareness of healthy dietary principles, or inability to follow a healthy diet plan due to emotional or cognitive problems. Significant weight gain is a side effect of many antipsychotic medications, some anti-depressants and mood stabilisers, with 40% to 80% of individuals on second generation antipsychotic medications gaining up to 20% of their ideal body weight. Specific medications are known to be associated with the most weight gain.[2]

Recommendations to target smoking and obesity in this vulnerable group include:

- There should be tailored support to quit smoking and to address obesity. Programs for people with mental illness need to be individualised, recovery focused, goal-orientated, supportive and build on the participants' strengths and capabilities.
- People with mental illness should be given the information they need to make informed choices, for example they should be told about the side-effects of antipsychotic medication so they can look out for warning signs, and GPs should monitor their physical health closely. Effective self-management

[1] Smoking and mental illness, SANE factsheet
https://www.sane.org/mental-health-and-illness/facts-and-guides/smoking-and-mental-illness

[2] The Physical Health of People Living With a Mental Illness: Literature Review (2011), Marleston SA, Mental Illness Fellowship Australia 2011, p. 8, http://www.sfnsw.org.au/ArticleDocuments/.../Physical%20health%20Lit%20re...%20Cached

support will include practices that develop stronger problem-solving skills, increasing self-efficacy, improved self-worth and increases in the person's ability to handle a range of life situations.

- Formal evaluation of outcomes should be built in to all new initiatives As a matter of routine, all programs should aim to follow up at least a cohort of participants at regular intervals such as 1, 2 and 5 years after involvement in a program with a physical health and well-being component.
- All mental health professionals should receive basic physical health training as part of their mandatory training to be fully informed regarding the increased risk for people with mental illness.
- Funders and service providers need to be clear about the respective responsibilities of primary and secondary care services for monitoring and managing the physical health of people with mental health problems.

Background

The World Health Organization (WHO) defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.'[3] MHCT also views health as a holistic concept and believes that there can be no health without mental health. WHO raises the point that:

> Although health promotion and prevention of illness have strong acceptance within public health, they have often failed to incorporate mental health components within their framework. This lack of emphasis on mental health is surprising, considering the evidence of strong linkages between mental and physical health. Policy-makers and practitioners need a greater understanding of the links between mental wellbeing and physical health in order to implement programmes effectively.[4]

There are a number of very strong and soundly evidenced factors that make prevention of mental health disorders and promotion of good mental health an important part of a general health framework. These include:

- Firstly, 'whatever way you look at it, the link between physical and mental health is incontrovertible. Either one will have effects on the other. Poor physical health can lead to poor mental health and the other way round, just as good physical health can improve our state of mind, a strong and healthy mind can greatly improve our ability to cope with physical ailments.'[5]

Mental disorders are a significant cause of disability or non-fatal disease burden in Australia. A 2014 report from the Australian Institute of Health and Welfare (AIHW) informs us that chronic diseases and injuries are the most costly conditions to treat, with mental disorders being amongst the disease groups attracting the highest direct health care costs nationally in 2008–09.[6] In particular, as a Tasmanian Medicare Local Report points out, 'the burden measure highlights the major impact of mental disorders, ranked fourth. They carry

[3] http://www.who.int/about/definition/en/print.html, 2003

[4] World Health Organization (2001), *Prevention and Promotion in Mental Health*, WHO Meeting on Evidence for Prevention and Promotion in Mental Health: Conceptual and Measurement Issues, Geneva, Switzerland, p. 10.

[5] Elizabeth Griffiths, New studies once again prove 'no health without mental health', http://www.mentalhealthy.co.uk/news/98-health-the-link-between-physical-and-mental-health.html

[6] Australian Institute of Health and Welfare (2014), *Australia's Health 2014*, cat. no. AUS 178, Canberra, Australian Institute of Health and Welfare.

a greater burden of illness and disability than any of the other problems. Mental disorders account for about half of the burden in the 16-24 year age group.'[7]

- There are strong linkages between mental and physical health, predominantly evident in the area of chronic conditions where it has been shown that:
  - Poor mental health is a risk factor for chronic physical conditions.
  - People with serious mental health conditions are at high risk of experiencing chronic physical conditions.
  - People with chronic physical conditions are at risk of developing poor mental health.
  - People with mental disorders have a higher prevalence of physical illnesses and reduced life expectancy as compared with the general population.
- Studies in Australia, and from around the world show that life expectancy is shortened by up to 30% for people using public mental health services compared to the general population.[8] While suicide accounts for some of these premature deaths, almost 80% of the causes for early death relate to physical illnesses such as cardiovascular disease, respiratory illnesses, diabetes and cancer.[9]
- Research recognises that people with severe mental illness can achieve a healthier lifestyle if they are given the right support. A Victorian Government report makes the point that 'if supported to lead a healthier lifestyle, people with a severe mental illness will improve their physical health as well as their psychological wellbeing. It also provides a strong evidence base for the health benefit of smoking cessation, physical activity and diet management for this population group.'[10]
- Early intervention can provide opportunities to ameliorate conditions, or to address additional risks such as smoking or poor diet.

The *Healthy Tasmania Five Year Strategic Plan - Community Consultation Draft* focuses on high-level strategic directions. Although more detailed actions are included in topic specific plans, strategies and policies, as in the recently released *Rethink Mental Health: A Long-Term Plan for Mental Health In Tasmania 2015-2025*,[11] it is nonetheless critical that the promotion of good mental health and prevention of mental ill-health are part of any plan for a healthy Tasmania. The *Community Consultation Draft* does acknowledge that 'health is multi-dimensional, encompassing physical, mental and social wellbeing, not merely the absence of disease or infirmity,'[12] but it could go further to support a more holistic approach to health throughout the document.

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[7] Tasmania Medicare Local Limited (2012), *Primary Health Indicators Tasmania Report*, Vol 5 Issue 1, April 2012, p.6, www.tasmedicarelocal.com.au

[8] G Thornicroft (2013), Premature death among people with mental illness, *British Medical Journal*, vol. 346; pp. 345–353.
World Health Organization (2013). Mental health action plan 2013-2020. Geneva: World Health Organization. 6 The Mental and Physical Health Platform. (2013, Mental *and physical health Charter*, London, The Mental and Physical Health Platform.
S Saha, D Chant & J McGrath (2007), A systematic review of mortality in schizophrenia: Is the differential mortality gap worsening over time? Arch. Gen. Psychiatry, vol. 64), no.10, pp. 1123-1131.

[9] D Scott & B Happell (2011), The high prevalence of poor physical health and unhealthy lifestyle behaviours in individuals with severe mental illness, Issues *in Mental Health Nursing*, vol. 32, no. 9, pp. 89–597.
D Lawrence, K J Hancock & S Kisely (2013), The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers, *BMJ*, vol. 346, no. f2539.

[10] Victoria, Department of Health & Human Services (2012), Improving the physical health of people with severe mental illness: No mental health without physical health, p. 22, https://www2.health.vic.gov.au/getfile/?sc_itemid=%7B934A9766-E539-4EAB-B3F2-CD6813013EE8%7D

[11] *Rethink Mental Health Better Mental Health and Wellbeing: A Long-Term Plan for Mental Health In Tasmania 2015-2025* (2015), Hobart, Department of Health and Human Services Mental Health, Alcohol and Drug Directorate, p. 35, www.dhhs.tas.gov.au/rethink

[12] *Healthy Tasmania Five Year Strategic Plan - Community Consultation Draft* (2015), Hobart, Department of Health and Human Services Mental Health, p. 4,

There are many ways that targets for the physical health of people with mental illness can be achieved. There is clearly a role for peer workers and family in the promotion and prevention of physical illness for people with mental illness. Research suggests psychosocial rehabilitation programs and day programs can provide important settings for the delivery of health promotion efforts. Research has also found consumers especially like getting health promotion information from other people, including health care professionals, friends and family.[13] A recent Canadian two-year project, Diabetes and Mental Health Peer Support, provided diabetes competency training for mental health peer support workers, so that they can help people living with mental illness understand the risk of developing diabetes and learn prevention and self-management strategies is a success story that can be emulated across the country.[14]

Responses to Consultation Questions

MHCT will not attempt to answer all the consultation questions posed but only those that we have judged to be especially relatable to mental health. Understanding that, we would like to emphasise again that health is a holistic notion and therefore must include mental health. The *Rethink* plan emphasises that 'integration with primary health services also provides an opportunity to progress coordination of physical and mental health care for people with mental illness and mental health care for people with physical health issues,'[15] and we would like to see this more strongly reflected in the *Healthy Tasmania Five Year Strategic Plan.* Mental health is an integral and complex state of wellbeing that should be considered in decisions that affect the health and wellbeing of populations.

1.2 How Does the Tasmanian Government Currently Invest in Preventive Health?

Where do you think the current actions we are taking on prevention and promotion have proven effective in improving the health of Tasmanians?

It is stated in this document that the Tasmanian Government currently invests in 'a wide range of activities covering areas such as mental health, alcohol and drugs and various elements of preventive health (Department of Health and Human Services).'

MHCT would like to point out that there are very few Government initiatives in Tasmania for improving mental health awareness, promoting mental health wellbeing and for combating stigma. The major initiative in this area is support for Mental Health Week once a year which has been funded to the amount of $20,000 with no increase over the past 6 years. Mental Health Week, however, is only one week and the limitations of funding allows for very limited community engagement. What is needed are strategies that enable an ongoing population health approach so that opportunities are not missed for supporting actions

https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0020/208433/Healthy_Tasmania_Five_Year_Strategic_Plan_-_Community_Consultation_-_FINAL_18.12.15.pdf

[13] Victoria, Department of Health & Human Services (2012), *Improving the physical health of people with severe mental illness: No mental health without physical health*, p. 5, https://www2.health.vic.gov.au/getfile/?sc_itemid=%7B934A9766-E539-4EAB-B3F2-CD6813013EE8%7D

[14] Scott Mitchell (2013), CMHA Ontario presents findings of mental health and diabetes project at national conference, http://www.diabetesandmentalhealth.ca/cmha-ontario-presents-findings-mental-health-diabetes-project-national-conference/

[15] *Rethink Mental Health Better Mental Health and Wellbeing: A Long-Term Plan for Mental Health In Tasmania 2015-2025* (2015), Hobart, Department of Health and Human Services Mental Health, Alcohol and Drug Directorate, p. 19, www.dhhs.tas.gov.au/rethink

that could make a real difference in promoting general mental wellbeing and in keeping people with mental illness out of acute care. These actions could include:

- Recognise that mental health promotion is an integral component of health promotion. Promotion and prevention programs addressing health conditions should take mental health factors into account, and mental health and health programs are best implemented together.
- Improve community understanding of positive mental health and wellbeing and actions to enhance and maintain it.
- Address stigma and discrimination associated with mental health problems and mental illness.
- Support those at risk of poor mental health and wellbeing by providing a comprehensive health approach to include the mental health and wellbeing of all population groups.

Where do you see that the most effective changes could be made in terms of overall population health benefit?

MHCT believes that addressing the needs of those at greater risk through secondary prevention strategies can provide significant benefits, including cost benefits.

Given that the proposal is to prioritise smoking and obesity, it is important that the plan addresses those population groups most at risk, including people with a mental illness who, according to a RANZCP report, 'do not get sufficient access to programs to help them stop smoking, exercise or lose weight. Life-threatening health conditions such as cancer are diagnosed much later in people with serious mental illness. All too often the weight gain that accompanies a diagnosis of a psychotic illness and the prescription of anti-psychotic medication is seen as inevitable for this group. This is especially tragic when this begins a poor life-long trajectory for young people. The culture of hopelessness and low expectations that allows this powerful form of stigma directly contributes to the shorter life expectancy of people with serious mental illness.'[16]

The 'culture of hopelessness' referred to above is contrary to the goal of supporting people to take action in their own well-being and more needs to be done in the promotion of good health as an achievable goal for everyone. This can be achieved through the adoption of recovery-oriented practice in all services. Recovery-oriented practice builds optimism, provides a more hopeful outlook and supports the consumer's ability to take positive action.

3.1.1 HealthStats

What targets would you like to see the Government adopt to reduce health inequities in the target areas outlined above?

New targets to reduce health inequities could include consideration of specific targets for people with mental illness. The National Mental Health Commission has been working with key stakeholders to develop

[16] Royal Australian & New Zealand College of Psychiatrists (2015), *Keeping Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness*, p. 5, https://www.ranzcp.org/Files/Publications/RANZCP-Keeping-body-and-mind-together.aspx

a National Consensus Statement to outline what is required to realise the shared vision that people living with mental health conditions have the same life expectancy and quality of life as those without mental health conditions.

The Consensus Statement is not itself an action plan or an implementation plan. Creating the Consensus Statement is about agreeing on what needs to be done, so stakeholders can collaborate on the next steps of planning and implementing concrete actions to create change. The Commission will be working with the Commonwealth and jurisdictional governments to seek their support for the National Consensus Statement, including considering appropriate action that could be included in the Fifth National Mental Health Plan. Targets around smoking and prevention of cardiovascular disease for people with mental illness will be informed by this work so clearly there will be synchronicity with this work and the *Healthy Tasmania Five Year Strategic Plan*. The Consensus Statement is due for release in June 2016, providing a good opportunity to take on board actions in the areas of smoking reduction and addressing obesity in the vulnerable group of people with mental illness.

3.1.4 Health Impact Assessment

Do you see value in pursuing a health-in-all-policies approach in Tasmania? What are the costs, benefits, opportunities and risks?

An American publication which provides a comprehensive overview and a guide to developing a health in all policies policy, states that 'There is an increasing recognition that the environments in which people live, work, learn, and play have a tremendous impact on their health. Re-shaping people's economic, physical, social, and service environments can help ensure opportunities for health and support healthy behaviors. But health and public health agencies rarely have the mandate, authority, or organizational capacity to make these changes. Responsibility for the social determinants of health falls to many non-traditional health partners, such as housing, transportation, education, air quality, parks, criminal justice, energy, and employment agencies. Solutions to our complex and urgent problems will require collaborative efforts across many sectors and all levels, including government agencies, businesses, and community-based organizations.'[17] We risk the chance to maximise public health and wellbeing and increasing the burden of chronic illness, including mental illness, if we don't take the opportunity the HIA approach offers.

The same publication provides a good example of how education and health impact on each other. It notes that, 'People with higher levels of educational attainment consistently experience lower risks for a wide array of illnesses and increased life expectancy. They also experience improved future economic well-being. In turn, educational attainment itself is shaped by health. For example, the health of students significantly impacts school dropout rates, attendance, and academic performance.'[18] This demonstrates the importance of working cross-sectorally but the opportunities are not restricted to mental health and education.

[17] L Rudolph, J Caplan, K Ben-Moshe, & L Dillon, (2013), *Health in All Policies: A Guide for State and Local Governments*, Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute, p. 1,https://www.apha.org/~/media/files/pdf/factsheets/health_inall_policies_guide_169pages.ashx

[18] L Rudolph, J Caplan, K Ben-Moshe, & L Dillon (2013), *Health in All Policies: A Guide for State and Local Governments*, p.10.

A Finnish report on HIA policies makes reference to a British initiative, the Foresight Project on Mental Capital and Wellbeing which began in 2006. It was undertaken 'in recognition of the challenges that the United Kingdom of Great Britain and Northern Ireland (in common with all nations) faces in a rapidly changing world. These include the demographic age shift; changing nature of the global economy and work patterns; and the expectations, attitudes and values that will change with these characteristics. The aim was to advise the British Government on how to achieve the best possible mental development and mental well-being for everyone in the country.'[19] The Project concluded that health impact assessments of all policy provide a useful tool to ensure health, including mental health, are considered in the construction and appraisal of policy, services and programs.

Examples from overseas are abundant but there are also Australian indications that this is an approach that can provide great benefits. South Australia is considered an international leader in the HIA approach. The SA HIA is being currently evaluated and 'emerging evidence demonstrates that where HiA has been applied, it has been effective in developing positive joined-up policy solutions; has strengthened capacity for collaboration and partnerships within government, and has increased the focus on health and wellbeing in government public policy making processes.'[20]

A Fair and Healthy Tasmania Cost and Savings Analysis noted that '*The Fair and Healthy Tasmania Strategic Review* recommends a combination of policy, programs and interventions across all Tasmanian sectors and communities to improve health and wellbeing outcomes and reduce health inequity. Some of these recommendations are strongly aligned with directly attributable and evidenced economic savings; while others have broader social benefits to the community that will be realised over time.'[21]

Again, MHCT stresses that mental health must be considered as essential to all health policy. There is a growing body of evidence indicating the significant impact mental health can have on physical illness and disease, as well as the poor physical health of many people with mental ill health. The health system must be enabled to deliver holistic, supportive and choice-driven health care, leading to improved overall health outcomes for all Tasmanians, and in particular to some of the most vulnerable, and disadvantaged, members of the community.

What other models for Health Impact Assessments could the Tasmanian Government consider?

MHCT believes that any Health Impact Assessment (HIA) should more explicitly integrate mental health considerations. HIAs are concerned with assessing potential health impacts from a project, policy, or program; therefore, if an HIA includes mental health, they will also assess potential mental health impacts from factors related to these projects, policies, or programs. Established practice can be adapted to be used alongside HIA or as a separate process. The inclusion of mental health indicators:

[19] *Health in All Policies: Seizing opportunities, implementing policies* (2013), Edited by Kimmo Leppo, Eeva Ollila, Sebastián Peña, Matthias Wismar, Sarah Cook, Helsinki, Finland, Ministry of Social Affairs and Health, p. 173, http://www.euro.who.int/__data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf

[20] SA Health (2015, Evaluation of South Australia's Health in All Policies approach, http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/health+in+all+policies/research+and+evaluation+of+health+in+all+policies

[21] Department of Health and Human Services (2011), *A Fair and Healthy Tasmania Cost and Savings Analysis*, Hobart, Government of Tasmania, p. 3, https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0011/115202/Cost_Savings_Analysis_April2011_V1.0_FINAL.pdf

- Expands beyond traditional HIA focus on planning, land use and built-environment proposals—to address a broader range of proposals in such areas as labour, education, social welfare, public safety and additional areas relevant to the needs of disadvantaged communities.
- Advances the concept of population mental health.
- Assesses the potential for a policy, service, programme or project to impact on the mental well-being of a population.
- Makes a stronger link with the social determinants of health.
- Represents collaborative decision making for a comprehensive approach to health as evidenced by initiatives like the HOPE VI to HOPE SF: Public Housing Redevelopment HIA in the USA. Mental health is implicitly included throughout this HIA, namely through the attention paid to social cohesion by practitioners. Social cohesion was identified in the scoping as a health issue of interest, through interviews and discussions with community partners. In the pathway diagram for housing and health, this HIA shows many different ways through which mental health outcomes (e.g., depression, stress) can be influenced by social, macro-environmental, or micro-environmental factors within a neighbourhood or housing project. This was helpful in illustrating how micro-level housing factors (e.g., presence of a common space) may help lead to determining factors (e.g., social interaction) that influence mental health (e.g., depression).[22]

3.1.5 Supporting A Shift To Anticipatory Care

How would a shift to anticipatory care models improve outcomes for patients and the delivery of health services?

Primary prevention often occurs against a background of inequalities in health and health care. Addressing this requires practitioners and systems to acknowledge the contribution of health-related and social determinants and to deal with the lack of interconnectedness between health and social service providers. Recognising this, a program of anticipatory care targeting children and adults living in areas of socioeconomic deprivation and at high risk of mental health and behavioural disorders and chronic disease can:

- Lower health care costs through a positive impact on admission and readmission rates as primary prevention is more cost effective than tertiary interventions.
- Create effective focal points for prevention and early intervention.
- Emphasise preventive rather than reactive care which is clinically based and usually without community outreach components. It is recognised that medical and social models must be integrated if anticipatory care is to impact on health inequalities.
- Enable patients and professionals to plan for a change in health or social status, particularly for those at high risk of crisis.

[22] K Lucyk (2015), *Report on Mental Health in Health Impact Assessment*, Calgary, Habitat Health Impact Consulting Corp, p. 21, www.habitatcorp.com

- Focus on interventions within the healthcare system that seek to address at least some of the social determinants of health and on interventions in upstream factors such as housing, neighbourhood conditions, and improved socioeconomic status that can lead to improvements in health.

Anticipatory care is generally held to be preferable to reactive care. Attempts to structure care to make it more anticipatory are dependent on effective relationships between GPs, hospital clinicians and community services staff and their ability to establish common goals. Moving to an anticipatory care model involves a commitment to developing a health service that tackles inequalities in health, addressing both health and social determinants, and to delivering a health service that moves away from a reactive, episodic model of care, where the consumer is a passive recipient, to a system that anticipates health needs before they arise and that delivers continuous, integrated, preventive care with the consumer as partner. The idea of an anticipatory care plan in the area of mental health is not new and more often called an advance care plan which includes the wishes of consumers should their condition deteriorate or change dramatically.

However, in the mental health sector, advance care plans are not consistently applied nor adhered to when they are. MHCT believes that all individuals diagnosed with or recognised to be at risk of mental illness should be offered an advance care plan and that this should also include regular screening to avoid the development of other chronic illness.

What are the enablers and barriers that exist within the current structure of the health system in Tasmania (that are the responsibility of the Tasmanian Government) that will need to be considered in supporting implementation of the new direction for preventive health outlined in this Consultation Draft?

MHCT believes that a major barrier is continuing to view health as a one-dimensional issue neglecting mental health as part of a holistic health and wellbeing plan. We also believe that a key enabler would be general improvement in community-wide health and mental health literacy.

The *Fair and Healthy Tasmania Strategic Review* of 2011 outlined issues that need to be considered by identifying the following barriers and enablers of effective place-based approaches:

- Barrier: One of the key barriers to the success of placed-based approaches is the inability of government to coordinate effort across its different portfolios. This lack of integration and collaboration can result in duplication and inefficiencies, and can ultimately leave communities feeling frustrated and disillusioned in the face of, what they perceive, should be simple straightforward issues.
- Barrier: lack of clear strategic objectives in response to which local communities can develop practical, achievable and evidence based initiatives.
- Enabler: Devolution of responsibility is part of capacity building. The more heavily government is involved in directing, delivering and making decisions, the less capable community organisations will be of performing these roles themselves.
- Enabler: Clear connection between economic and social policy and programs in the local area - The focus should be on aligning economic and social development, so that they reinforce and strengthen each other.

- Enabler: Capacity building that is tailored, as needs will differ from place-to-place, and will depend on the skills and knowledge of the participants.
- Enabler: Sound accountability, measurement and evaluation mechanisms.[23]

Priority Areas for Action

MHCT supports the prioritising of reducing smoking rates and addressing the issue of obesity in the community. In particular, we believe that it is critical to bear in mind the impact on people with mental illness of smoking and metabolic-related illness and that targets aimed specifically at people with severe mental illness need to be part of the picture. According to a recent report from the Royal Australian & New Zealand College of Psychiatrists people with a severe mental illness are:

- Six times more likely to die from cardiovascular disease.
- Four times more likely to die from respiratory disease.[24]

Current advocacy on the increasing burden of mental disorders and on the availability of effective interventions together with intersectoral collaborations is to include mental health as a central part of public health. Good evidence-based effective strategies should combine specific interventions for various mental health problems with horizontal action crosscutting physical and mental health issues where co-morbid risk and protective factors need to be tackled. [25] Well-designed mainstream programs, developed with a view to inclusiveness, have the capacity to be effective in providing good physical health outcomes for people with mental illness as well as the wider population. However in some cases it may be necessary to develop unique interventions to meet the needs of this group, particularly for those with severe mental illness.

The Victorian public health and wellbeing plan notes that there are 'important relationships between the priority areas, offering opportunities for synergies across preventive strategies, for example, between: mental health and alcohol and drug use; sexual health and mental health; alcohol and violence; and healthy eating and mental health.'[26] People with mental illness, like the wider population, also need regular access to affordable preventive dental care.

MHCT strongly advocates for the inclusion of mental health promotion within health promotion. It is of great concern that, in practice, mental health promotion is frequently overlooked in health promotion programs although the WHO definitions of health and the Ottawa Charter[27] describe mental health as an integral part of health. The *Rethink* 10-year mental health plan has set a long-term vision with priorities for

[23] Department of Health and Human Services (2011), *A Fair and Healthy Tasmania Strategic Review: Final Report*, Hobart, Government of Tasmania, p. 34, https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0007/82987/Fair_and_Healthy_Tasmania_FINAL.pd

[24] Royal Australian & New Zealand College of Psychiatrists (2015), *Keeping Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness*, p. 8, https://www.ranzcp.org/Files/Publications/RANZCP-Keeping-body-and-mind-together.aspx

[25] The World Health Organization (2001), Meeting on Evidence for Prevention and Promotion in Mental Health: Conceptual and Measurement Issues, Geneva, Switzerland, WHO, p. 11.

[26] *Victorian public health and wellbeing plan 2015–2019* (2015), Melbourne, Victorian Government, p.iv, https://www2.health.vic.gov.au/about/health-strategies/public-health-wellbeing-plan

[27] WHO (1986), The Ottawa Charter for Health Promotion, http://www.who.int/healthpromotion/conferences/previous/ottawa/en/

action for an accessible and effective mental health system in Tasmania. By setting priorities for improving not only physical but also mental health, the *Healthy Tasmania Five Year Strategic Plan* will complement other initiatives of government, including *Rethink,* that aim to improve the overall social and economic wellbeing of the Tasmanian community.