

Mental health and physical health

WA Primary Health Alliance (WAPHA) supports and promotes a primary care system in which an individual's physical health and mental health care needs are treated holistically.

Equally Well

WAPHA is committed to the principles of Equally Well – The National Consensus Statement for improving the physical health and wellbeing of people living with mental illness in Australia.

The Equally Well statement commits governments and organisations to improve the physical health of people living with mental illness by acting to deliver:

- a holistic, person centred approach to physical and mental health and wellbeing
- effective promotion, prevention and early intervention equity of access to all services
- improved quality of health care
- care coordination and regional integration across health, mental health
- and other services and sectors which enable a contributing life
- the monitoring of progress towards improved physical health and wellbeing¹.

Further information can be found at www.equallywell.org.au

Mental and physical health

WAPHA understands that an individual's mental health impacts on their physical health and vice versa. Mental health issues are associated with increased exposure to health risk factors, which in turn lead to the increased risk of poor physical health. These include health behavioral risk factors such as alcohol consumption, tobacco use and physical inactivity². Conversely, people diagnosed with a substantial physical illness are at greater risk of mental illness, such as depression and anxiety, as a result³.

A co-existing mental health issue may reduce a person's ability to manage their other health conditions⁴.

Impacts of mental illness on physical health

People living with mental health conditions typically have worse physical health and a higher prevalence of chronic disease than the rest of the population⁵.

According to the Mental Health in Australia: A Snapshot, 2004-05⁶, people aged 15 years and over with mental or behavioural problems were three times more likely to report fair/poor health than those without mental or behavioural problems (36 per cent per cent compared with 14 per cent).

Compared to people without mental health and behavioural issues, people experiencing mental health issues reported lower levels of physical exercise⁷. Similarly, those persons with a high/

- 1 National Mental Health Commission. *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*. Sydney NMHC, 2016.
- 2 Australian Government - Australian Institute of Health and Welfare *Australia's Health 2006*, AIHW Cat. No. AUS 73, AIHW, Canberra. 2006
- 3 National Health Survey: *Mental Health and co-existing physical health conditions, Australian 2014- 2015*. Cat 4329.0.00.004 170. Canberra: AIHW, 2015
- 4 Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A. *Long Term conditions and mental health: the cost of co-morbidities*. London The Kings Fund 2012.
- 5 Harris, B, Duggan, M, Batterham, P, Bartlem K, Clinton-McHarg, T, Dunbar, J, Fehily C, Lawrence, D, Morgan, M & Rosenbaum S. *Australia's Mental Health and Physical Health Tracker: Background Paper, Australian Health Policy Collaboration issues paper no. 2018-06*, Melbourne, AHPC, 2018
- 6 Australian Bureau of Statistics, *Mental Health in Australia: A Snapshot, 2004-05*, Canberra, 2006
- 7 Australian Bureau of Statistics (2006)

very high level of psychological distress were more likely than those with a low level of psychological distress to report being physically inactive (48 per cent compared with 31 per cent)⁸.

For some individuals experiencing severe mental illness, weight gain can be a side effect of psychiatric medications⁹.

The European Psychiatric Association found that people with schizophrenia are twice as likely to be obese than people in the general population, with antipsychotic medication contributing to this¹⁰.

Chronic health conditions

A chronic health condition is a persistent condition or disease, which may last more than three months. The term can be applied to the following medical conditions:

- arthritis
- asthma
- back pain / back problems
- cancer
- cardiovascular disease
- chronic obstructive pulmonary disease
- diabetes
- mental health conditions.

People living with chronic conditions experience poorer overall health outcomes, and higher rates of engagement with health services and health care costs, including potentially preventable hospitalisations.

Half of all Australians are living with a chronic condition and nearly a quarter experience two or more chronic conditions¹¹.

Multimorbidity

The term multimorbidity refers to the presence of two or more chronic health conditions. Patients with multimorbidity are increasingly common in general practice, posing a challenge for both individuals and practitioners, due to the complexity of care and its impact on individuals' lives¹².

Worldwide, studies show that multimorbidity increases with age and with socio-economic deprivation¹³.

Mental health and multimorbidity

For many people, mental illness and other chronic and complex conditions often co-exist. 2.4 million Australians live with both a mental illness and a chronic health condition¹⁴.

In 2014-15 there were 4.0 million Australians (17.5 per cent) who reported having a mental or behavioural condition¹⁵. Results also showed that 15.8 per cent of all Australians (3.6 million people) reported co-existing long-term mental and behavioural and physical health conditions¹⁶.

8 Australian Bureau of Statistics (2006)

9 Cooper SJ et al BAP guidelines on the management of weight gain, metabolic disturbances and cardiovascular risk associated with psychosis and antipsychotic drug treatment. *J Psychopharmacol* 30(8):717-48. 2016

10 De Hert M et al. Cardiovascular disease and diabetes in people with severe mental illness position statement from the European Psychiatric Association (EPA), supported by the European Association for the Study of Diabetes (EASD) and the European Society of Cardiology (ESC). *Eur Psychiatry* 24(6):412-24. 2009

11 Australian Government - Australian Institute of Health and Welfare. *Australia's Health 2018 In brief*. Cat. no: AUS 221. Canberra. 2018

12 Harris M., Dennis S. & Pillay M. *Multimorbidity: negotiating priorities and making progress*. Reprinted from *Australian Family Physician*, Volume 42, Number 12, December 2013.

13 Violan C, Foguet-Boreu Q, Flores-Mateo G, et al; *Prevalence, determinants and patterns of multimorbidity in primary care: a systematic review of observational studies*. *PLoS One*. 2014 Jul 219(7):e102149. doi: 10.1371/journal.pone.0102149. eCollection 2014.

14 Australian Bureau of Statistics. *National Health Survey: First Results, 2014-15*. (cat. No. 4364.0.55.001). Canberra 2015.

15 Australian Bureau of Statistics (2015)

16 Australian Bureau of Statistics (2015)



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This is one of a series of factsheets regarding mental health and primary health care, developed by WAPHA. Further factsheets and other resources can be found at www.wapha.org.au/mental-health-framework. The information in this factsheet was accurate at December 2020.