
SUBMISSION

The Australian Cancer Plan 2023-2033

**Australian Government Department of Health /
Cancer Australia**

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Contact: australiancancerplan@canceraustralia.gov.au

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Lived Experience
A U S T R A L I A

Lived Experience Australia Ltd

PO Box 542, Marden SA 5070

slawn@livedexperienceaustralia.com.au

Phone: 1300 620 042

ABN: 44 613 210 889

Contents

The Australian Cancer Plan 2023-2033	1
Introduction	3
Cancer findings from our recent national survey	3
Our survey found the following in relation to cancer screening and lifestyle factors strongly associated with cancer:	3
The Current International Evidence	4
Recommendations for the Cancer Strategy	5
References	5
Contact	5

Introduction

Lived Experience Australia (LEA) is a national representative organisation for Australian mental health consumers and carers, formed in 2002 with a focus on the private sector. LEA is the peak body for private mental health consumers and carers across Australia. Our core business is to advocate for systemic change, empowerment of consumers in their own care, promoting engagement and inclusion of consumers and carers within system design, planning and evaluation and most importantly, advocating for consumer choice and family and carer inclusion.

LEA is pleased to contribute to the national consultation to inform the Australian Cancer Plan 2023-2033. We believe this consultation is very timely and long overdue, given the high rates of physical health and mental health comorbidity [1,2].

Cancer findings from our recent national survey

Our comments are drawn primarily from a very recent national survey of people with lived experience of mental health issues. We are pleased to provide you with some key findings from our report on the survey in relation to cancer. The report provides a national collective voice of consumers' and carers' experiences of accessing mental health services and the level of enquiry and support for physical health care needs.

This national research project was conducted as a partnership between Lived Experience Australia (LEA) and Equally Well (EW). A survey was distributed to mental health consumers, families, and carers across Australia. The survey was distributed by LEA to their subscribers (1,600) and social media accounts (1,700). It was also distributed by EW to their circulation list (757) and social media accounts (2,760). The survey was open for 4 weeks between October and November 2021. Overall, 256 mental health consumers and 106 carers participated in the survey (n=362 in total), with responses received across all state and territory jurisdictions.

Our survey found the following in relation to cancer screening and lifestyle factors strongly associated with cancer:

- Half of consumers (50%, n=123) said that their GP had not asked them about cancer screening (e.g., prostate, breast, bowel cancer screening commonly part of GPs' advice and contact with their patients).
- Over half of consumers said that a mental health professional (other than a GP) had asked them about their sleep (65.48%, n=165) as well as exercise and physical activity (54.48%, n=137). The least likely areas that mental health professionals talked to consumers about included lung function (4.05%, n=10) and **cancer screening (6.88%, n=17)**.
- Over half of carer respondents reported that a GP had asked the person they support about blood tests (65.38%, n=68), vaccinations (53.47%, n=68), weight (51.46%, n=53) and sleep (51.46%, n=53) which was consistent with reports from consumer respondents. The least likely areas that GPs talked to consumers about as reported by carers included lung function (16.50%, n=17) and **cancer screening (13.59%, n=14)** and sexual health (10.78%, n=11).
- Also consistent with consumer respondents, the least likely areas for a mental health professional to have asked about, according to carer respondents, were lung function (9.90%, n=10), **cancer screening (9.90%, n=10)**, sexual health (13.86%, n=14), cholesterol (14.85%, n=15) and diabetes (15.15%, n=15).

- From consumer and carer responses, it was apparent that approximately 45% - 60% of consumers smoked cigarettes. However, less than one-quarter of consumers said their GP had asked about their smoking in the past 12 months (21.79%, n=39). Men were more likely to be asked about smoking by the GP (26.19%, n=11) than women (12.26%, n=19) and this difference was significant ($p < 0.05$).

While mental health providers appear to ask about some physical health needs such as sleep, exercise and physical activity, other physical health needs such as smoking, drug and alcohol use, cancer screenings, etc., are often not discussed, even though there is the likelihood of approximately half of consumers being smokers and at risk. Almost half of mental health professionals did not show an interest in a consumer's whole health (e.g., social connection/engagement, life goals, etc). When consumers raised concerns about their physical health or medications, only half of consumers reported being taken seriously by their mental health professional.

The Current International Evidence

These findings are concerning given that we know 28% of Australian deaths are due to cancer and that cigarette smoking is leading cause of cancer in Australia [3]. We also know that people living with mental illness are more likely to smoke tobacco and smoke more heavily than the general population, have high levels of nicotine dependence and are less likely to be offered treatment to stop smoking.

The management of tobacco smoking is one the most useful preventative strategies for improving health outcomes for people who experience mental health issues [4]. It is one of the most important activities GPs and other mental health service providers and other specialists (such as cardiologists) can undertake to improve physical health outcomes for this population, including their rates of cancer.

Evidence reported in the National Mental Health Commission's Equally Well Consensus Statement indicates that people with a serious mental illness are particularly important to consider in any Cancer Strategy. They are:

- Six times more likely to die from cardiovascular disease
- Five times more likely to smoke
- Four times more likely to die from respiratory disease
- Likely to die between 14 years and 23 years earlier than the general population and account for approximately one-third of all avoidable deaths [2].

Discrimination and stigma, diagnostic overshadowing, service cultures and workforce practices, reliance on psychiatric medications as the main or only form of treatment provided, financial barriers preventing people from seeking healthcare support, and the many social issues (e.g., unemployment, poverty, marginalisation) impacting people's lifestyle options are all significant concerns for this population that impact their physical health [2], including whether they are supported with cancer screening. This is concerning, given prostate, Breast and Trachea/Bronchus and Lung Cancer are 3 of the top 4 causes of mortality for people with serious mental illness [5].

Recommendations for the Cancer Strategy

- The Cancer Strategy should have a dedicated focus on mental health populations, particularly those with serious mental illness.
- Early and more consistent cancer screenings should be proactively offered by health professionals on a regular basis.
- The important role of family carers in supporting mental health consumers' engagement with healthcare service providers should also be acknowledged and better integrated into practice by those involved in cancer care.
- Health professional education and training should include improving their understanding of cancer risk for mental health populations, and their response to support these populations, in their everyday practice.
- Health professionals should routinely ask mental health consumers about smoking, providing the opportunity to provide guidance and advice should the consumer be interested in quitting.

References

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5. Australian Bureau of Statistics. Mortality of People Using Mental Health Services and Prescription Medications: Analysis of 2011 data. 2017. Retrieved from Canberra: <https://www.abs.gov.au/ausstats/abs@.nsf/productsbyCatalogue/EB5F81AAC6462C72CA2581B40012A37D?OpenDocument#:~:text=The%20standardised%20death%20rate%20for%20males%20who%20accessed%20mental%20health,deaths%20per%201%2C000%20population%20respectively>).

Contact

We would be very pleased to provide further clarification around any of the points raised or further inform the discussion. Please feel free to contact:



Professor Sharon Lawn
Board Chair and Executive Director
Email: slawn@livedexperienceaustralia.com.au
Mobile: 0459 098 772