



The physical health of people living with mental illness is often overlooked by those caring for our health and mental health. Good physical health is so important for our wellbeing overall.

This brief survey is being conducted by Lived Experience Australia (LEA) in collaboration with Equally Well (a national collaboration promoting action of physical health and mental health). The survey should take about 10-15 minutes to complete.

The survey aims to gain lived experience perspectives from people with mental illness and their families/carers about discussions with physical health and mental health care providers about their physical health. Your responses will help to identify what is working well and any gaps to help improve care and inform our advocacy efforts.

We will collate the information from this survey in collaboration with a researcher at Flinders University who will write the report and provide it to Lived Experience Australia. We will then make the results of this survey available on our website [www.livedexperienceaustralia.com.au/research](http://www.livedexperienceaustralia.com.au/research)

In appreciation of your time and input, we would like to offer \$50 VISA cards to two randomly chosen consumers and two randomly chosen carers who have completed the survey (4 x gift cards in total).

**THIS SURVEY WILL ONLY BE ACTIVE UNTIL Thursday 18 November 2021.**

THIS SURVEY WILL NOT IDENTIFY YOU OR YOUR HEALTHCARE PROVIDERS. All information gathered will be summarised. Your participation in the survey will remain anonymous.

The survey results may be reported in a conference paper, journal article, or advocacy undertaken by LEA and Equally Well. By completing this survey, you are giving your consent for us to use the information you provide for research, in relevant reports and submissions discussing the results.

You may withdraw from the survey at any time by closing your browser window,

but once you complete the survey you will not be able to withdraw your consent due to survey anonymity.

Please only complete this survey if you feel confident that you will not be upset by answering questions about these issues. If you do go ahead, please complete the questions you are comfortable with, but if your survey is not fully completed, still go to the end of the survey and submit what you have done by clicking the SUBMIT button.

If undertaking this survey leads you to feel distressed and you would like to talk with someone about these feelings, contact your doctor, mental health service key worker or case manager if you have access to one, or:

Lifeline on 13 11 14 (24 hours)

Beyond Blue 1300 22 4636 (24 hours)

SANE Helpline 1800 187 263 (10 am to 10pm Mon - Fri)

This project has been approved by the Flinders University Human Research Ethics Committee (No.4889). If you have any concerns, you may contact them via telephone 08 8201 2543 or email [human.researchethics@flinders.edu.au](mailto:human.researchethics@flinders.edu.au).

**We recognise some people may identify as being both a consumer and a carer. For the purpose of this survey, if you recognise as both we ask that you select one option to respond from that perspective, and if you have the time we would appreciate if you could complete the survey again from the other perspective. Note this will also allow you to enter both the consumer and carer draws for the \$50 visa gift cards and increase your chances of winning.**

\* 1. Are you responding as a

- Consumer (I access services)
- Carer (I support someone else to access services)



## Consumer Questions

These questions relate to your personal experience accessing services.

1. Which of these health professional(s) have you seen in the last 12 months, and did they ask about your general physical health, eg: blood pressure, cholesterol, diabetes, smoking, diet, exercise etc?

	I did not see this health professional in the past 12 months	I saw this health professional, but they <u>did not</u> ask about my physical health	I saw this health professional and they did ask about my physical health	Unsure or I can't remember
GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NDIS Support Person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other allied health professionals e.g. physiotherapist, Occupational Therapist, dietitian, naturopath, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2. Do you have a regular GP?

Yes

No

## 3. In the last 12 months has a GP talked to you about the following?

	Yes	No	Not applicable	Unsure or I can't remember
Healthy eating & diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol & drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccinations (hepatitis, measles, flu etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise & physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible physical side effects of medications (e.g. weight gain, diabetes, heart disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer screening (breast, bowel, prostate, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In the last 12 months has any **Mental Health Professional** other than your GP (e.g. psychologist, psychiatrist, mental health nurse, social worker, occupational therapist, etc) talked to you about the following?

	Yes	No	Not applicable	Unsure or I can't remember
Healthy eating & diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol & drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccinations (hepatitis, measles, flu etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise & physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible physical side effects of medications (e.g. weight gain, diabetes, heart disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer screening (breast, bowel, prostate, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We recognise that you will likely have different experiences with different mental health professionals that you have seen. The next question is asking you to consider your general or overall experience with mental health professionals i.e. what is your experience generally or most of the time.



**6. Has a GP asked you if you have had a COVID vaccination?**

- Yes**
- No**
- Not Applicable**
- Unsure**

**7. Have you had, or are you planning to get the COVID-19 vaccination?**

- Yes**
- No**
- Unsure**

**8. Do you have a chronic condition management plan with a GP?**

- Yes**
- No**
- Unsure**
- Not Applicable**

**9. If yes, is this Plan shared with other mental health professionals who may be involved in supporting you?**

- Yes**
- No**
- Unsure**
- Not applicable**

**10. Do you have a physical health condition that a GP has told you is a side effect to taking medication for your mental health condition?**

- Yes
- No
- Unsure
- Not Applicable

**If yes, please outline the physical health condition.**

**11. Do you live alone?**

- Yes
- No
- Prefer not to say

**12. Do you involve your family or another support person in your day-to-day physical health care?**

- Yes
- No
- Not applicable

**13. If yes, do the health professionals generally include your family or other support person in your physical health care (with your permission)?**



- Yes
- No
- Not applicable







**14. Other than health professionals, who provides you with the most support to look after your physical health? Select 1 option only**

- Family members
- Friends
- Work colleagues
- NDIS support worker
- Aged care support worker
- No-one or I don't require support
- Other (please specify)

**15. To help us prioritise our areas of focus, what would be most useful in improving your physical health care (prioritise by order of importance with 1 being the most important and 3 being the least important)?**

  
  
**Better access to resources**

  
  
**Better information from health professionals**

  
  
**Better connections with others like me**

**16. If you have any other suggestions in addition to the above, or any comments, please specify below:**

**17. Where do you go for information about your physical health other than a GP (select all that apply)?**

- Google/Internet**
- Family/friends**
- Other health professionals**
- Brochures from a health clinic**
- Media (TV, radio/podcasts or online)**
- Facebook**
- Instagram**
- Twitter**
- LinkedIn**
- Nowhere else**
- Other social media (please specify)**

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**\* 18. How would you prefer to receive information to support your physical health needs (select a maximum of the top 2 that apply)?**

- Brochures
- Websites
- Mobile App
- In-person workshops
- Online webinars/information sessions
- Online resources (links, documents, articles etc)
- Videos
- Prompt card
- Verbal explanation from health professional
- Email
- Social media community
- From my health professional or support worker
- From my family member or support person
- I don't want to receive information to support my physical health care needs
- Other (please specify)

**19. Would you like to be further involved in the development of a resource for consumers to support mental and physical health?**

**Yes**

**No**

**If yes, please provide your email address below**

**20. Any other comments?**



## Carer Questions

These questions relate to your experience supporting someone else to access services.

1. Which of these health professional(s) has the person you support seen in the last 12 months, and did the health professional ask about their general physical health, eg: blood pressure, cholesterol, diabetes, smoking, diet, exercise etc?

	They did not see this health professional in the past 12 months	They saw this health professional but the health professional <u>didn't</u> ask about their physical health	They saw this health professional and the health professional did ask about their physical health	Unsure or I don't know
GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NDIS Support Person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other allied health professionals e.g. physiotherapist, Occupational Therapist, dietitian, naturopath, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2. Does the person you support have a regular GP?

- Yes
- No
- Unsure or I don't know

## 3. In the last 12 months has a GP advised the person you support about any of the following?

	Yes	No	Not applicable	Unsure or I don't know
Healthy eating & diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol & drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccinations (hepatitis, measles, flu etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise & physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible physical side effects of medications (e.g. weight gain, diabetes, heart disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer screening (breast, bowel, prostate, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In the last 12 months has a **Mental Health Professional** other than a GP (e.g. psychologist, psychiatrist, mental health nurse, social worker, occupational therapist, etc) talked to the person you support about any of the following?

	Yes	No	Not applicable	Unsure or I don't know
Healthy eating & diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol & drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccinations (hepatitis, measles, flu etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise & physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible physical side effects of medications (e.g. weight gain, diabetes, heart disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer screening (breast, bowel, prostate, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We recognise that you and the person you support will likely have different experiences with different mental health professionals that they have seen. The next question is asking you to consider the general or overall experience of the person you support with mental health professionals i.e. what was the experience generally or most frequently.

5. When the person you support sees a **mental health professional** other than a GP (e.g. psychologist, social worker, mental health nurse, occupational therapist, etc), which of the following reflects their overall or general experience, or your experience on their behalf?





Unsure/  
don't  
know

Never Rarely Sometimes Often Always

The person I support has enough access to allied health professionals to support their physical health (e.g. physiotherapists, dietitians).

When the person I support has needed to go to hospital or to an emergency department for their mental health, the health professionals have asked about their physical health.

6. Has the person you support been asked by a GP if they have had a COVID vaccination?

- Yes
- No
- Not Applicable
- Unsure or I don't know

7. Has the person you support had or are they planning to have the COVID-19 vaccination?

- Yes
- No
- Unsure or I don't know
- Not Applicable

**8. Does the person you support have a chronic condition management plan with a GP?**

- Yes
- No
- Unsure or I don't know
- Not Applicable

**9. If yes, is this Plan shared with other mental health professionals who may be involved in supporting them?**

- Yes
- No
- Unsure or I don't know
- Not applicable

**10. Does the person you support have a physical health condition that a GP has told them is a side effect to taking medication for their mental health condition?**

- Yes
- No
- Unsure or I don't know
- Not Applicable

**If yes, please outline the physical health condition.**

**11. Does the person you support live alone?**

- Yes
- No
- Prefer not to say

**12. Does the person you support involve you in their day-to-day physical health care?**

- Yes
- No
- Not applicable
- Unsure or I don't know

**13. If yes, does the health professionals include you as a carer or support person regarding the physical health care of the person you support?**

- Yes
- No
- Not applicable
- Unsure or I don't know

**14. Other than health professionals, who provides the person you support with the most support to look after their physical health? Select 1 option only**

- I do
- Family members
- Friends
- Work colleagues
- NDIS support worker
- Aged care support worker
- No-one
- I am not sure
- Other (please specify)

**15. To help us prioritise our areas of focus, what would be most useful in improving the physical health care of the person you support (prioritise by order of importance with 1 being the most important and 3 being the least important)?**



**Better access to resources**



**Better information from health professionals**



**Better connections with others like them**

16. If you have any other suggestions in addition to the above, or any comments, please specify below:

17. Where does the person you support go for information about their physical health other than a GP (select all that apply)?

- Google/Internet
- They come to me
- Family/friends
- Other health professionals
- Brochures from a health clinic
- Media (TV, radio/podcasts or online)
- Facebook
- Instagram
- Twitter
- LinkedIn
- Nowhere else
- I don't know
- Other social media (please specify)

**\* 18. How does the person you support prefer to receive information to support their physical health needs (select a maximum of the top 2 that apply)?**

- Brochures
- Websites
- Mobile App
- In-person workshops
- Online webinars/information sessions
- Online resources (links, documents, articles etc)
- Videos
- Prompt card
- Verbal explanation from health professional
- Email
- Social media community
- From my health professional or support worker
- They do not want to receive information to support their physical health care needs
- I don't know
- Other (please specify)

**19. Would you like to be further involved in the development of a resource for consumers to support mental and physical health?**

**Yes**

**No**

**If yes, please provide your email address below**

**20. Any other comments?**



## Demographics

We appreciate all of the feedback you have provided so far. This last section is to understand a little more about you and is very brief. We would appreciate if you can complete these last questions to finalise the survey

### DEMOGRAPHICS:

Please tell us a little bit about yourself

1. In which state do you live?

- VIC
- NSW
- SA
- ACT
- TAS
- WA
- NT
- QLD

2. Are you located in a:

- Capital city
- Regional centre
- Rural/remote location



**3. Are you?**

- Male
- Female
- Other

**4. What is your age?**

- Under 18
- 18 - 25
- 26 - 30
- 31 - 35
- 36 - 40
- 41 - 45
- 46 - 50
- 51 - 55
- 56 - 60
- 61 - 65
- 66 - 70
- 71 - 75
- 76+

**5. Do you identify as Aboriginal or Torres Strait Islander descent?**

- Yes
- No
- Prefer not to say

6. What language do you mostly speak at home?

English

Other (please specify)

Thank you for taking the time to complete this survey. Your feedback will assist us in advocating to support holistic healthcare that considers both mental health and physical health needs.

**PLEASE NOTE: To submit your entry into the draw to win one of the \$50 visa gift cards click this link now <https://www.surveymonkey.com/r/lea-ew-entry>**

***Don't forget to return to this page to click 'done' to complete the survey.***