

PROMOTING MENTAL HEALTH POLICY

The Public Health Association of Australia acknowledges that:

1. Under Australia's National Mental Health Plan 2003-2008, mental health is defined as *'a state of emotional and social wellbeing in which the individual can cope with the normal stresses of life and achieve his or her potential. It includes being able to work productively and contribute to community life. Mental health describes the capacity of individuals and groups to interact, inclusively and equitably, with one another and with their environment in ways that promote subjective wellbeing, and optimise opportunities for development and the use of mental abilities.'*¹
2. Mental health promotion draws on the principles and practice of health promotion, and also uses the World Health Organisation (WHO) Ottawa Charter as a basic framework.² Common to all models of health promotion is the challenge of broadening action beyond the individual to the community and wider society, with the aim of developing social environments that create and maintain health for all people.³ Key objectives are enhancing a sense of wellbeing and promoting positive mental health, not just the absence of mental ill-health.⁴
3. Mental health promotion is different from the prevention of mental illness, which is its precursor. Its activities are relevant to the whole population, including people with mental health problems as well as those without. In contrast, mental illness prevention programs target individuals and groups known to be vulnerable and at risk of experiencing a first episode or a recurrence of mental illness.⁵
4. Advocacy in the general population is an important part of promoting mental health and includes advocacy for 'mental health (promotion and protection) and mental disorders (knowledge and acceptance).'⁶ The WHO identifies advocacy roles that can be undertaken by different groups in promoting mental health.⁷ For example, non-government organisations can undertake activities to 'support and empower consumers and families' and groups.
5. Building healthy public policies and programs across sectors is an important strategy for mental health promotion, including areas such as 'education, labour, justice, transport, environment, housing, and welfare as well as... the health field.'⁸ This entails advocacy to promote the 'visibility and value of mental health to individuals and societies.'⁷
6. Mental health promotion is a relatively new and rapidly evolving field. Its concepts and definitions are still being refined, and its evidence base strengthened. Evidence of the effectiveness of mental health promotion is as yet embryonic and needs further development. In particular, evaluation of different strategies should include longitudinal studies, focused on mental health outcomes.¹⁰

7. The National Mental Health Plan 2003-2008, adopts a population health framework for mental health. It proposes that ‘mental health should be understood within a population health framework that takes account of the complex influences on mental health’ and ‘encourages a holistic approach to improving mental health and wellbeing’...¹¹

The Public Health Association affirms the following principles:

8. A range of social, structural, economic and environmental factors affects mental health. It is also influenced by ‘the individual’s heredity, knowledge, attitudes, skills and relationship to the economic and social system both as an individual and as a member of one or more population groups.’¹²
9. Mental health promotion aims to achieve better mental health and wellbeing across populations by: improving the social, physical and economic environments that affect the mental health of populations and individuals; enhancing protective factors such as coping capacity, resilience and connectedness of individuals and communities; and/or reducing risk factors. The target group may be the whole population, although different interventions may focus on specific population sub-groups.¹³

Intermediate outcome measures may include:

- Increased access to supportive relationships.
- Improved family functioning and parenting skills.
- Enhanced social support and community connections.
- Reduced levels of social exclusion.
- Increased access to education, employment and adequate housing.
- Reduced levels of material disadvantage.
- Integrated and supportive public policies and well-funded evidence based programs.

Longer-term outcome measures may include:

- Decrease in mental health problems and symptoms, including decrease in substance misuse.
- Increased mental health, wellbeing, quality of life and resilience.
- Increased mental health literacy.
- Improved physical health.

10. The design and delivery of mental health promotion programs require a workforce that is trained and skilled in the provision of these activities.¹⁴ ‘Without an adequate workforce in this field, no amount of advocacy, policy-making and planning will move us from words to sufficient action.’¹⁵
11. Mental Health promotion differs in its objectives, knowledge base and workforce from the treatment and community support of people with mental health problems and disorders, and mental illness prevention programs. Given these other priorities, ways need to be found to ensure that mental health promotion is adequately resourced. In the first instance, this may be through providing extra funding and a dedicated budget, managed by those with expertise in this area.

12. To ensure the best use of scarce resources, mental health promotion should be co-located with all other health promotion activities at the level of both planning and program delivery. As the 2004 WHO Summary Report on mental health promotion notes: 'With the phrase, 'No health without mental health', public health discourse now includes mental health, in its positive sense, as well as mental illness.'¹⁶
13. Mental Health promotion initiatives designed specifically for Aboriginal and Torres Strait Islander peoples should also be developed with regard to the broader context of the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009*.¹⁷

The Public Health Association of Australia resolves that its Board, Branches and the Mental Health Special Interest Group will:

14. Advocate for and support the allocation of dedicated and adequate funding by the Commonwealth, and the States and Territories for mental health promotion activities across policy and program sectors.
15. Lobby the Australian Research Council, National Health & Medical Research Council and other funding bodies for dedicated funding for the evaluation of mental health promotion interventions.
16. Advocate for the development of a skilled mental health promotion workforce.
17. Support the dissemination of research findings about mental health promotion interventions and the effectiveness of different strategies.
18. Advocate for outcome measures that include such factors as adequate employment and housing.
19. Support consumers and families in advocacy activity, particularly in advocating for more supported accommodation and better access to employment.
20. Support dissemination of information concerning mental health promotion activities.
21. The Mental Health SIG will regularly review the currency of the policy.

References:

1. Australian Health Ministers (2003), National Mental Health Plan 2003-2008, Canberra, Australian Government, p.5.
2. World Health Organisation (1984), Ottawa Charter for Health Promotion, Geneva.
3. Sainsbury, P. (2003) Guest Editorial. The pursuit of happiness: the politics of mental health promotion. Australian e-Journal for the Advancement of Mental Health, 2,1.

4. Harden, A., Rees, R., Shephard, J., Brunton, G., Oliver, S. and Oakely, A. (2001) Young people and mental health: a systematic review of research on barriers and facilitators. London, EPPI Centre, Institute of Education, University of London.
5. Friedli, L. (1999) From the margins to the mainstream: the public health potential of mental health promotion. *International Journal for Mental Health Promotion*, 1 (2), 30-36.
6. Walker, Lyn and Rowling, Louise (2002) Ch.1 in Rowling, Louise, Martin, Graham and Walker, Lyn (2002) *Mental Health Promotion: Concepts and Practice: Young People*; Roseville, McGraw-Hill Australia Pty Limited, p.13-14.
7. World Health Organization (2003) *Advocacy for Mental Health: Mental Health Policy and Service Guidance Package*; Geneva, p.39, 21.
8. Ibid.
9. World Health Organization (2004) *Promoting Mental Health: Concepts, Emerging evidence, Practice. Summary Report A Report of the World Health Organisation, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and The University of Melbourne*; Geneva.
10. Ibid.
11. Commonwealth Department of Health and Aged Care (1999) *Mental Health Promotion and Prevention National Action Plan: A Joint Commonwealth, State and Territory Initiative*; Canberra, p.5.
12. Rowling, Louise (2002) Ch.2 in Rowling, L. et al. (2002) *Op.Cit.* p.19-21.
13. Australian Health Ministers (2003), *Op.Cit.* p.4.
14. VicHealth (1999) *Mental Health Promotion Plan Foundation Document 1999-2002*, Melbourne; p.9.
15. Sainsbury Centre for Mental Health (2001) *An Executive Briefing on Mental Health Promotion: Implementing Standard One of the National Service Framework*; London, p.4.
16. Spence S, Donald M, Dower J, Woodward R & Lachevez P. *Outcomes and indicators, measurement tools and databases for the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*. Canberra: Mental Health and Suicide Prevention Branch, Commonwealth Department of Health & Aged Care, 2002.
17. Social Health Reference Group for National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group (2004) *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009*, Australian Health Ministers' Advisory Council, Canberra.

18. Herrman, Helen, Saxena, Shekhar & Moodie, Rob (Eds) (2004) Promoting Mental Health: Concepts, Emerging Evidence, Practice – Summary Report; Geneva, World Health Organisation; p.25.
19. Jane-Llopis, E. & Mittelmark, MB (2005) Editorial. No health without mental health. International Journal of Health Promotion and Education; Supplement 2, 4.
20. Herrman, Helen, Saxena, Shekhar & Moodie, Rob (Eds) (2004). Op.Cit. Frontispiece.

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