



Public Health Association  
AUSTRALIA

# Promotion of Mental Wellbeing and Primary Prevention of Mental Health Issues and Conditions

## Policy Position Statement

### Key messages:

High positive mental wellbeing is a key part of an individual's capacity to lead a contributing life, which includes better learning, increased creativity, greater productivity, better quality relationships, more pro-social behaviours and civic engagement, greater adoption of positive health behaviours, better physical health, and longer life expectancy.

Many of the strategies that increase mental wellbeing also improve physical health. Promoting mental wellbeing can reduce the chronic disease burden.

Primary prevention of mental health issues and conditions and promotion of mental wellbeing requires an intersectoral approach that addresses the upstream determinants of mental health, and health inequity.

### Key policy positions:

1. Promoting mental wellbeing and primary prevention of mental health issues and conditions should have a national strategy and be a priority focus of public policy and health promotion at all levels of government.
2. This strategy should include addressing the social and environmental determinants of health in addition to support and treatment of mental health issues or conditions across the life course of a person.
3. Health promotion and primary prevention should receive a minimum target of 5% of health expenditure by all jurisdictions. Funding for mental wellbeing and primary prevention needs to be separated from funding for mental healthcare and/or secondary and tertiary prevention initiatives.
4. Government and mental health services to adopt the dual continua model approach to mental health and wellbeing in policy, research and practice.
5. Appropriate funding is needed for research to improve wellbeing at a population level and prevent mental health issues and conditions.

### Audience:

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

### Responsibility:

PHAA Mental Health Special Interest Group

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# Mental Health Promotion and Primary Prevention of Mental Health Issues and Conditions

## Policy position statement

### PHAA affirms the following principles:

1. Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right and is crucial to personal, community and socio-economic development.<sup>(1)</sup>
2. Mental wellbeing and mental health issues and conditions are two different experiences, which can vary along two separate but linked spectrums. Previously, mental health has typically been viewed along a single spectrum, whereby a person is either diagnosed with a mental health condition or has no diagnosed mental health condition. It is now understood that every person experiences their own level of mental wellbeing, regardless of whether they have a diagnosed mental health condition or not, which can move along a spectrum of high to low. At any given time, an individual can experience varying degrees of mental wellbeing, together with or being independent of experiencing the symptoms of a particular mental health issue or condition.<sup>(2)</sup> Consequently, high levels of mental wellbeing can occur regardless of the presence or diagnosis of mental health conditions.<sup>(3, 4)</sup>
3. A person's state of mental wellbeing fluctuates throughout their life and is influenced by a range of factors. Some of these factors are intrinsic, such as genetics, personality and day-to-day interactions and experiences. Others are the upstream social and environmental determinants of health which are defined as 'the conditions in which people are born, grow, work, live and age'.
4. Access to high-quality education; employment; income adequacy; stable housing; and freedom from bullying, racism, discrimination, and gendered violence impact an individual's optimal level of mental health.<sup>(5)</sup> Individuals' mental health practices are directly and indirectly affected by social and economic contexts, which can both cause and compound poorer mental health outcomes.<sup>(6)</sup>
5. Promotion of mental wellbeing focuses on positive mental health, and its aim is to enhance psychosocial strengths, competencies, and resources. In contrast, the area of prevention primarily concerns specific mental health issues and conditions and aims to reduce the incidence and prevalence or severity. In practice, however, there is some common ground between the two areas, particularly regarding approaches to primary prevention and promotion of mental wellbeing.<sup>(7)</sup>
6. Effective prevention requires a focus on both the promotion of mental wellbeing and the primary prevention of mental health issues and conditions and, where possible, should be separated from secondary and early intervention strategies to ensure a holistic approach to mental health.
7. Addressing the interconnected determinants of mental health requires a coordinated, multi-modal, sector and setting approach involving public, non-government organisations, universities and research institutes and the private sector. Partnerships based upon co-design and co-benefit are required.

8. Strategies that focus on the whole population as well as groups at risk of low mental wellbeing and mental health issues and conditions are required. Supporting and empowering those whose life circumstances lead to social disadvantage (e.g., economic insecurity, lower levels of education, displacement, experiences of stigma, racism and discrimination, poverty and trauma) is critical.
9. Effective promotion and primary prevention of mental health issues and conditions requires multiple complementary evidence-informed/based strategies at local, state and national levels, including promotion policies (including strengthened legislative, regulatory, and fiscal measures), the creation of mental health-promoting environments, community engagement and action, support to empower people to increase awareness and control over their mental health and ensuring person-centred health.<sup>(8, 9)</sup>
10. A consolidated approach is required. Programs are essential across the life course: investing in promotion and prevention activities targeting the pre-conception, infancy, childhood, and adolescent life are important to improve health outcomes as many mental health issues begin before the age of 25 years; however, initiatives to promote and protect mental health and wellbeing are needed across the lifespan.
11. Evidence, research, and evaluation (including quality data, translation, and monitoring) are crucial enablers of the system. There are various areas where the research evidence is scarce or still developing. Promoting evidence-informed innovation and robust evaluation assists in building evidence, which in turn enables new approaches. Staying abreast of emerging evidence by collecting and analysing data (utilising a dedicated approach to research and measurement), keeping up with technological changes and adapting programs where relevant will enable innovation.
12. We recognise the importance of incorporating a focus on wellbeing and prevention when responding to national and global events that may impact people's mental wellbeing such as climate change, global pandemics, and global economic downturns ensuring that we prevent these events where we can, or mitigate their impacts on mental wellbeing through evidence based approaches.

### PHAA notes the following evidence:

13. The dual continua demonstrates how a person can experience a mental health issue or condition and still experience varying degrees of mental wellbeing. Conversely, a person can experience moderate or low mental wellbeing without a diagnosed mental health condition. This approach aligns with the concept of personal recovery, which focuses on supporting someone living with a mental health condition to lead a fulfilling and contributing life regardless of whether they experience symptoms.<sup>(27)</sup>
14. The dual continua approach is widely supported by more than 80 academic studies from around the world using a wide variety of methodologies.<sup>(28)</sup> Adopting the dual continua model is likely to have considerable benefits for advancing efforts in increasing or maintaining mental wellbeing and prevention of mental health issues and conditions at a population level. At an individual level, it improves mental health care by encouraging clinicians to integrate interventions that enhance mental wellbeing as well as those to decrease symptoms of mental health conditions.
15. High levels of mental wellbeing are associated with better learning, increased creativity, greater productivity, better quality relationships, more pro-social behaviours, greater adoption of positive health behaviours, better physical health, and longer life expectancy.<sup>(10, 11)</sup> High levels of positive mental health also protective of mental health conditions by up to eight times,<sup>(12)</sup> decreases the likelihood of a person experiencing mental health issues and/or conditions, reduce the severity of symptoms and assist in recovery, whilst low levels of positive mental health are a risk factor for mental health conditions.<sup>(13, 14, 15)</sup>

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16. A positive response in one continua does not exclude nor guarantee a positive response in the other. Instead, interventions and mental health promotion programs will benefit from targeting both the reduction of symptoms and improvement of positive mental health.<sup>(16, 17)</sup>
17. Low mental wellbeing is a stronger predictor of future mental health conditions than previous mental health conditions.<sup>(18)</sup> It has also been shown that individuals who gain or maintain high levels of positive mental health are much more likely to recover from an affective conditions than those with low positive mental health<sup>(19)</sup> by up to seven times<sup>(20)</sup>
18. Evidence supports investing in a range of preventative interventions, both on the grounds of cost-effectiveness and cost savings. These include less demand on the health budget through reduced use of mental health services (such as less hospitalisation and use of community-based services), and increased productivity (via less absenteeism and presenteeism in the workplace).<sup>(21)</sup>

### **PHAA seeks the following actions:**

19. Promote a systems approach to address the determinants of mental health issues and conditions, which requires transdisciplinary collaboration across governments, non-government organisations, research institutes, the private sector and people with lived experience to codesign solutions.
20. Governments and research institutes should Include positive mental wellbeing when measuring population mental health and predicting suicidal behaviour and suicide deaths, including in routine outcome monitoring.<sup>(22, 23)</sup>
21. Mental health care systems should focus on promoting positive mental health, irrespective of a diagnosis of a mental health condition.<sup>(24)</sup>
22. Further research on dual focus interventions that improve mental wellbeing and reduce the incidence and severity of mental health issues and conditions is urgently required.<sup>(25, 26)</sup>
23. Increased funding for research to build the evidence for interventions that improve wellbeing and prevent mental health issues and conditions at a population level through the Medical Research Future Fund and the National Health and Medical Research Council.
24. Increase prevention spending in mental health to five percent. Prevention activity receives less funding compared to other essential (and often costly) healthcare services. Prevention requires long-term, coordinated, and sustained investment to see positive outcomes.

### **PHAA resolves to:**

25. Advocate for the above steps to be taken based on the principles in this position statement.

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