



**Public Health Association**  
AUSTRALIA

# Public Health Association of Australia submission on the Fifth National Mental Health Plan

**Contact for recipient:**  
E: [National.Mental.Health.Plan@health.gov.au](mailto:National.Mental.Health.Plan@health.gov.au)

**Contact for PHAA:**  
Michael Moore – Chief Executive Officer  
A: 20 Napier Close, Deakin ACT 2600  
E: [phaa@phaa.net.au](mailto:phaa@phaa.net.au) T: (02) 6285 2373

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# Introduction

## The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal. In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

## Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

## Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

## Priorities for 2016 and beyond

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The aims of the PHAA include a commitment to:

- Advancing a caring, generous and equitable Australian society with particular respect for Aboriginal and Torres Strait Islanders as the first peoples of the nation;
- Promote and strengthen public health research, knowledge, training and practice;

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- Promote a healthy and ecologically sustaining human society across Australia, including tackling global warming, environmental change and a sustainable population;
- Promote universally accessible people centered and health promoting primary health care and hospital services that are complemented by health and community workforce training and development;
- Promote universal health literacy as part of comprehensive health care;
- Support health promoting settings, including the home, as the norm;
- Assist other countries in our region to protect the health of their populations, and to advocate for trade policies that enable them to do so;
- Promote the PHAA as a vibrant living model of its vision and aims.

## Preamble

PHAA welcomes the opportunity to provide input to Fifth National Mental Health Plan. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

## Health Equity

As outlined in the Public Health Association of Australia's objectives:

*Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people's health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.*

The PHAA notes that:

- Health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups.<sup>1</sup>
- Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people,<sup>2</sup> resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally

and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

## **Social Determinants of Health**

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. This is particularly pertinent when considering issues such as mental health policy and programs.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; and individual lifestyle factors.

# PHAA Response to the Fifth National Mental Health Plan

## Public health approach to mental health

The PHAA strongly emphasizes the need for a prevention approach to mental health within Australia. In particular the Fifth National Mental Health Plan must consider a protection, prevention and promotion approach<sup>3</sup>. Upstream approaches to mental health promotion and prevention of mental illness are currently lacking within the Fifth Mental Health Plan and should be a priority area with tangible targets and outcome measures. The current proposed indicators do not measure mental health or wellbeing rather the focus is on rates of mental illness, which whilst important misses vital points within the life span to prevent mental illness and ensure mental health for all.

## Appropriate inclusion of priority populations

Whilst the PHAA supports Priority Area 4 within the plan and commend the government on recognising the need for culturally competent care it is essential that the Fifth National Mental Health Plan is population specific in relation to other population groups at increased risk of mental illness and suicide<sup>4</sup>. These include; but are not limited to, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) communities, those living in rural and remote areas, people from Culturally and Linguistically Diverse (CALD) backgrounds, emergency service workers, victims and perpetrators of domestic violence, under and unemployed people and those at risk or currently homeless.

## Adequate implementation and evaluation

As outlined under Priority Area 7 within the Fifth National Mental Health Plan access to accurate and timely information for both those working within the mental health sector but particularly for consumers and carers is essential in ensuring the highest level of outcomes and experience for all. The PHAA notes that within the National Mental Health Commissions review of services in 2014 the lack of a “nationally consistent approach outcomes measurement, collection and use”<sup>3</sup>. As outlined above the PHAA strongly advocates for a public health approach to mental health within Australia particularly in relation to promoting good mental health within the Australian community. It is essential that within domains relating to ‘better physical health and living longer’ and ‘good mental health and wellbeing’ that indicators include adequate measures of mental health as an individual measure not merely the absence of mental illness or disease, in line with the World Health Organization definitions of health<sup>5</sup>.

## Conclusion

PHAA supports the broad directions Fifth National Mental Health Plan. However, we are keen to ensure that when addressing mental health within Australia, particularly in relation to rates of mental illness that a protection, prevention and promotion approach is considered in line with this submission. We are particularly keen that the following points are highlighted:

- Good mental health for all is a basic health right, as well as considering how to prevent and treat mental illness the plan must further explore how to promote good mental health within the Australian community
- There are populations within Australia which experience disproportionate rates of mental illness including but not limited to Aboriginal and Torres Strait Islander communities, LGBTI communities, people from CALD backgrounds, rural communities and unemployed people. It is essential that any plan includes specific reference to these groups and considers targeted approaches to address the range of determinants influencing the poorer health outcomes of these groups.
- Adequate details regarding implementation plans and evaluation are needed across all priority areas and actions.

The PHAA appreciates the opportunity to make this submission and the opportunity to comment on the Fifth Mental Health Plan.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.



Michael Moore BA, Dip Ed, MPH  
Chief Executive Officer  
Public Health Association of Australia

Michael Smith  
Mental Health Special Interest Group  
Public Health Association of Australia

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## References

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- <sup>2</sup> Whitehead, M. (1990) The Concepts and Principles of Equity and Health. Copenhagen: WHO Regional Office for Europe.
- <sup>3</sup> World Federation of Public Health Associations (2016) A Global Charter for the Public's Health. Retrieved from <http://www.wfpha.org/charter/the-charter.html>
- <sup>4</sup> National Mental Health Commission (2014) The National Review of Mental Health Programmes and Services. Sydney: NMHC
- <sup>5</sup> World Health Organization (1948) Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946

