



EDITORIAL

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This is the inaugural issue of the *Australian electronic Journal for the Advancement of Mental Health (AeJAMH)*. We hope it is of interest to you the reader and challenges your thinking in the area of prevention of mental health problems and the promotion of mental health. We also hope it contributes to the information and debates in the field.

It is important to thank several people. Lou Morrow, Auseinet project officer for academic matters, has beavered away both at the world wide level to advertise our venture and garner contributions, but at the local level she has also provided energy, perceptive comment and editing skill, to ensure we went 'to press'. Lou also worked closely in the early stages with Professor Robert Kosky and Brodie Millsteed, our project officer for information, to ensure our guidelines and online practice was consistent with current thinking, and Internet law on intellectual property, privacy and ethics. Abbie Patterson, project officer for communication, in addition to providing editing skill, has worked closely with Steve Trickey, our IT guru, to develop the journal online, making it easily downloadable but also consistent with the current design of the Auseinet site.

And now to the content for this issue which provides a smorgasbord of rich delights for your edification. Janet Meagher in her challenge to the consumer movement in fact provokes all of us to get past the personal and contribute to the greater good. Only if we truly learn to work effectively in a range of partnerships will we be able to translate both rhetoric and the debates in mental health into action. Michael Murray expands the need for collaboration to the global level, noting that we need an organisational structure to 'manage' the bringing together of knowledge derived from model projects, as well as 'the different parties and professions working in the field of mental health promotion and prevention of mental disorders'.

Kathleen Stacey and Sandy Herron in a typically thoughtful and erudite paper examine the practical issues which derive from professionals acknowledging '*the critical place of consumers in the dialogue over how we conduct mental health promotion*'. They conclude that effective consumer involvement '*must become a routine process if it is to be experienced and witnessed by consumers across all mental health areas*'.



Gregg and colleagues describe the *Balancing Out* stress management program developed in Bunbury, Western Australia, in response to expressed needs of the local community. Conducted on a small sample, the pre-post-evaluation results are good enough to remind us that we can develop straight forward, cheap and effective tools, soundly based on working models, and suitable for use at the local level.

Rhonda Brown suggests that community ignorance, prejudice and discrimination are key contributing factors to the ongoing invisibility and isolation of same-sex attracted youth. *'Affirmative and sensitive practice by mental health practitioners can assist young people and their families adjust to their new identity and lifestyle'*. This paper is a timely update review of the literature on same-sex attracted young people and risk for self-harm or suicide.

Jim Kevin concludes, from preliminary qualitative work, that telephone triage has made a significant contribution to mental health care, but notes in his research that clients may not be satisfied with the ability to gain access – particularly if they are in need of discussion, but not in crisis. Professionals also have concerns and were unanimous in suggesting that the more experienced clinicians should be the ones to provide such a service.

Finally, in a brief research report, Karen Plant and colleagues from John McGrath's Queensland Centre for Schizophrenia Research, describe self-perceptions of parenting from a pilot group of 21 people with psychosis. Much of the current debate in this important area of selective prevention is

focused on responding to the needs of the young person, and the upcoming national conference *Holding it all Together* in Melbourne in April will also focus more at this level. This research report reminds us of just how much work needs to be done if we are to both understand the issues from all sides, and provide a balanced response out of our limited resources.

Are there themes that emerge from the papers in this issue? Well, clearly a considerable challenge exists in the area of professional-consumer collaboration. If we are to respond effectively to the expressed needs of consumers of mental health services then, on both sides, we must foster a new respect that involves a good deal of empathic listening. But we can cross the divide, and we can develop responsive, suitable and effective systems of care within our limited resources.

We started off this issue with comment about Mental Health Promotion. What has been expressed is the need for as much collaboration in the area of health promotion as in responding to clinical need. What has not been discussed in any detail is the debate for mental health professionals and for consumers over whether scarce resources should only be focussed on ill health, and those most at need – as specified in Australia's first national strategy – or whether mental health services have a responsibility to be involved as much in the promotion of mental health. In addition, there is still a considerable need for discussion about what mental health actually is, and just how it influences mental illness. The conceptual unpacking of the construct will have to await a later issue of this journal.



What is delightful to see in this inaugural issue is beginning research in the area of health maintenance. Reading journals on Mental Health Promotion and the reports of many conferences over the last 10 years, what becomes clear is that there is always more rhetoric than substance. What we hope we have started is a movement to rebalance this equation. At this juncture we may not be reporting studies at the higher levels of evidence demanded by rocket scientists. But we are taking some first steps. What we need is solid evaluation of practical programs. In addition we need research into aspects of Mental Health Promotion that builds on early or pilot efforts to inform us of the directions to take in what has been quite a foggy conceptual area. Along the way we may challenge what have been fluffy descriptions of mental health, and we may challenge those who say that the evidence for mental health promotion does not exist.

Please feel free to contribute.