



## **GUEST EDITORIAL: To Whom Does Mental Health Belong?**

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### *Why did VicHealth become interested in mental health promotion in the first place?*

Our interest arose out of earlier work supporting early intervention for psychiatric illness and was greatly reinforced by the burden of disease work by Murray and Lopez predicting that depression would be the second leading cause of disability by 2020. These predictions were further supported by excellent local burden of disease work by Vos and colleagues in Victoria.

And we became interested as we understood the increasing importance of mental health in the overall health and functioning of a society, a community, a business, a family or an individual.

A challenging series of questions immediately became apparent as we began to develop a strategy for promoting mental health. Where do we direct our interventions? With whom do we consult and collaborate? On whom do we focus our investments and target our community awareness campaign?

The approach we took was to develop some preliminary propositions addressing what Graham Martin has described in the editorial of this e-Journal, issue 1, 2002, as a 'foggy conceptual area'. We hypothesised that the promotion of mental health should not only result in decreasing levels of some mental illnesses, but also in improving physical health. It should also result in increasing educational performance of children in school, increasing productivity of workers in business and industry, and improving relationships within families and reducing crime.

Task groups which reflected diverse expertise regarding five population groups, were established to review existing evidence and provide ongoing sector consultation and feedback. An analysis of research on mental health was undertaken and all the groups advised to focus on three key determinants of mental health: social connectedness, valuing of diversity, and economic participation.

When we look at the determinants of mental health then there is little doubt that promoting mental health has to involve far more than the health sector. In fact it can, and should involve virtually all sectors of society.

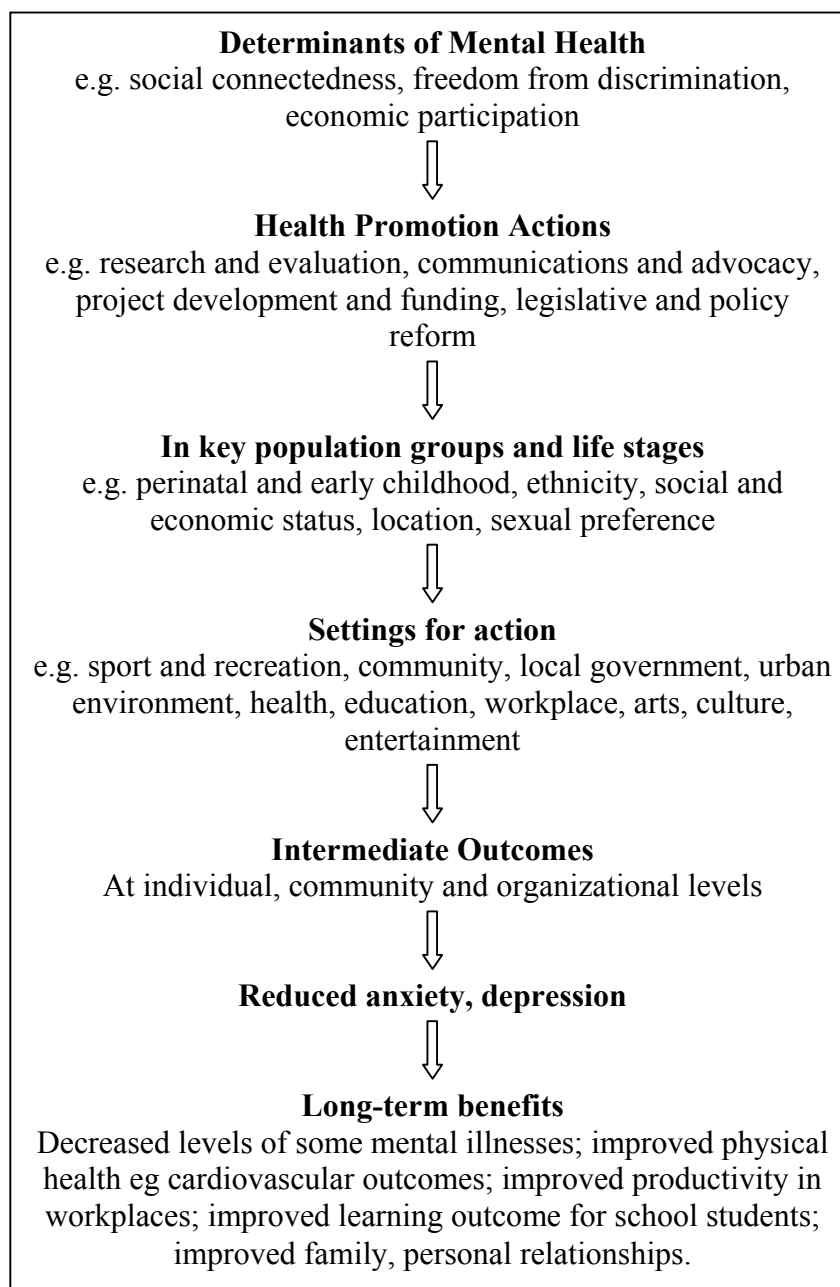
Yet in Australia and elsewhere, mental health promotion has to date largely been the domain of mental illness specialists. This is well illustrated in a WHO/EC report '*if one advocates the need to develop [mental health] prevention and promotion programmes then one is almost automatically responsible for dealing with many social problems...*

*it is important to set boundaries in the field of work pursued by the health department directly' (WHO, 1999).*

They didn't quite get it. The real point is not to set boundaries about what the health sector should do, but for us to learn how to engage other major sectors in society in the promotion of mental health. If we don't then our influence will be marginal. In our opinion and increasingly in our experience, effective mental health promotion has to be 'everyone's business'.

We developed a framework (Figure 1) for understanding and operationalising mental health promotion (VicHealth, 1999). It looks at the determinants, interventions in different populations, through different settings, intermediate outcomes, with longer-term outcomes and benefits.

**Figure 1**



In relation to **social connectedness**, evidence suggests that lower levels of social integration relate to higher prevalence in illness and mortality (Kawachi & Berkman, 2000). We know that young people reporting poor social connectedness are between two and three times more likely to experience depressive symptoms when compared with peers who reported the availability of confiding relationships. There are likely to be complex interactions between these determinants and other risk behaviours such as substance use, sexual behaviour and eating disorders for example. Trusting relationships have been identified as one of the important underlying elements needed to promote mental health and wellbeing. (Glover, Burns, Butler & Patton, 1998) In addition to people being more likely to live alone, current trends indicate that we will spend more time by ourselves. The ABS, in the 5 years from 1992 to 1997 found the percentage of our waking time spent alone increased by 14% to 3 hours a day. (ABS, 1999)

According to Harvard sociologist Robert Putnam, whose book *'Bowling Alone'* charts the decline in social capital in the US, more Americans watch *'Friends'* than have friends (Putnam, 2000).

So with growing numbers of our youth and ageing population spending more time alone, it seems that mental health programs which work to overcome isolation should be made a visible and clearly actionable component of broader social and health policies.

Private structures such as families and friends, and the more public institutions such as schools, sports clubs, local government, religious organisations, service groups, youth organisations and arts and cultural groups have a role to play in maintaining and enhancing our sense of connectedness and inclusion. Membership of these institutions can function as a protective factor against isolation and disconnectedness. VicHealth therefore sought, through our work across a number of different sectors between these structures, to encourage partnerships to improve opportunities for people to connect with others in their community.

We have profoundly changed our investments in other areas of our work. For example, by virtue of the 1987 Tobacco Act under which VicHealth was established we invest 30% of our funds in the sport sector. Instead of continuing with support for message promotion through sponsorship we are focussed on increasing active participation in sport. Why? Because it both contributes to physical activity and to mental health – a double bang for our buck!

An example of how we have addressed the issue of **valuing diversity** and **freedom from discrimination** can be seen in the development of our public awareness campaign *'Together We Do Better'* which included bullying and its negative impact on our mental and physical health.

Bullying is a major problem identified in schools, work places, the armed forces, in the media and in sport as well as in our civil and political institutions such as parliament, which affects overall and individual mental health. The enduring effects of bullying in schools may account for 30% of depressive symptoms among secondary school children in Australia (Bond, Carlin, Thomas, Rubin & Patton, 2001). A phone survey conducted by VicHealth among 600 Victorians, indicated that two thirds believed we

have a culture of bullying. Further, 91% of those surveyed had been a victim of one or more bullying behaviours identified in the study, yet 92% said bullying was never acceptable.

Alongside indicators which monitor a problem such as this, a policy and legislative response such as the Victorian Workcover Authority's '*Code of Practice for Prevention of Workplace Bullying*', combined with a community awareness raising campaign about the negative health impacts of bullying and sledging, forms an appropriate response. Again these actions required partnerships between organisations from a multitude of sectors including business, government and community.

**Economic participation** was the third determinant of mental health identified by VicHealth. Evidence demonstrated that poverty and unemployment impacts upon general health, and more particularly, on depression, anxiety and lower self esteem (ABS, 1998).

Projects which monitor impact of involvement in economic activity on mental health have been an important new investment for VicHealth. It is yet another area in which we must improve the links between health and other sectors to build understanding amongst institutions and organisations about the mental health effect of employment, unemployment and underemployment.

VicHealth has attempted to progress mental health promotion in relation to these three social determinants through working with partner organisations to share ownership and responsibility of the issues. In raising the question 'to whom does mental health belong?' we wanted to identify some of the ways in which 'everyone' can play a role in promoting mental health. Evidence strongly suggest that advances made in mental health promotion will assist all community members, both those with and those without a mental illness. We must continue to reinforce that message.

Although we, as an organisation, may accept that our mental health is influenced by factors which lie outside the health sector; the people we live and work with, the sport we play, the creative activities we involve ourselves in, whether we have a job or not or whether discrimination has reached us, we cannot presume that this is an understanding shared by everyone, let alone those in the health sector. Telling people will not suffice. We need to engage more constructively both within and outside the health sector.

### ***Where to from here?***

There is no doubt that there is an increasing interest and investment in promotion of mental health. This is due to an increasing awareness of the burden of mental illness; awareness of the central role that mental health plays in the determination of a whole range of 'downstream' health behaviours, for example, tobacco, alcohol, illicit drugs, road trauma, unsafe sex, eating disorders; an interest in translating what we have learnt about the effectiveness and cost effectiveness of promotion of physical health, for example tobacco, HIV, road trauma, and cancer control, and an increasing investment in understanding and acting on the social and economic determinants of health.

The challenges ahead include the need to develop much greater research and implementation capacity to underpin the testing of a number of interventions to promote mental health.

In the same way we need to 'take-to-scale' approaches that have good evidence underpinning them, at the same time continuing to monitor and measure implementation and effectiveness.

Much of our future work in mental health promotion will be outside the health sector as it involves working with and across a number of different sectors. Over the next few years we will see increasing investment in the role of the arts and culture, of sports and recreation, urban design and transport systems in improving mental health. We will also see the creation of new institutions, associations, organisations, 'movements' and mechanisms for people to associate, connect and belong whilst better understanding and adapting to the impact that rapid technological change is having on our mental health.

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## REFERENCES

Australian Bureau of Statistics (1998) Mental Health and Wellbeing: Profile of Adults; Victoria. ABS, Canberra.

Australian Bureau of Statistics, Australian Social Trends 1999; ABS, Canberra

Bond L., Carlin J., Thomas L., Rubin K., Patton G., (2001) Does bullying cause emotional problems? A prospective study of young teenagers, *BMJ* , 323:480-484.

Glover, S., Burns, J., Butler, H. and Patton, G. (1998) 'Social environments and the emotional wellbeing of young people', *Family Matters*, No. 49, pp. 11-17.

Kawachi, I. and Berkman, L. (2000) Social cohesion, social capital and health. In Berkman, L.& Kawachi, I. (Eds) *Social Epidemiology*, New York, Oxford University Press.

Putnam R. (2000) *Bowling Alone: The collapse and revival of the American community*. New York: Simon and Schuster.

VicHealth 1999. *Mental Health Promotion Plan 1999-2002*, Victorian Health Promotion Foundation Melbourne.

WHO (1999) *Balancing mental health promotion and mental health care: a joint WHO/EC meeting, Belgium 22-24,1999. (WHO MNH/NAM/99.2)*