



Guest Editorial

Promotion and prevention ‘report card’: Is Australia getting it right?

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The last decade has witnessed an increasing international momentum in addressing mental health promotion and prevention of mental disorders. Positive mental health ‘is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community’ (WHO, 2001). Mental disorders are found in people of all ages, regions, countries and societies, and are present at any point in time in 10% of the adult population. Furthermore, ‘the social and economic costs of mental ill health for societies are wide-ranging, long-lasting and enormous. Mental health promotion and prevention of mental disorder can be effective in leading to health, social and economic gains’ (WHO, 2004a).

It is widely recognised and understood that treatment interventions alone cannot significantly reduce the burden of mental illness and mental disorder. Positive mental health cannot be achieved by treatment alone because mental health is not about the absence of illness. Several international agencies and organisations acknowledge mental health promotion and prevention of mental disorders as a key priority. These include World Federation for Mental Health, Clifford Beers Foundation, World Health Organisation (WHO) and the International Union of Health Promotion and Health Education

(IUHPHE). Mental health promotion and prevention has become the focus of an international conference *World Conference on Mental Health Promotion and Prevention of Mental and Behavioural Disorders* which began in 2000 and is held every second year. WHO (2004a, 2004b) has recently released two international policy documents on mental health promotion and prevention of mental disorder.

Australia is part of this worldwide movement. Recently, I had the privilege of attending and giving a keynote presentation at a conference in Dublin called *Mental Health Promotion: Going from Strength to Strength* (as mentioned by Lynne Friedli in her editorial in this issue: Friedli, 2005) which brought together people from the five nations of the United Kingdom and Ireland, along with several international colleagues. Before and after the conference, I met with some of these colleagues in their respective countries. One of the most consistent remarks made to me on my travels was how far ahead Australia was in comparison to the United Kingdom and Europe. ‘At least 10 years’ was the most common response. Since returning to Australia, I have spent time reflecting on Australia’s progress in addressing mental health promotion and prevention in the context of the international arena. Back in Australia, why doesn’t it feel like we’re 10 years ahead? Are we getting it right?

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International developments

Before providing a somewhat subjective assessment of Australia's progress so far, I will give a brief snapshot of some of the developments happening in various parts of the world including the United Kingdom, Europe and Australia.

The UK experience

Lynne Friedli has provided insights into the UK experience in her guest editorial in this issue (Friedli, 2005) highlighting the development of England's first *National Framework for Improving Mental Health and Wellbeing*. As Friedli (2005) notes, 'the only countries in the UK that have a mental health promotion strategy are Northern Ireland and Scotland'.

What is notable about the UK experience is that there is a broad policy landscape for mental health promotion which traverses a range of different sectors. Policies include *National Service Framework: Mental Health* (Department of Health, 2004a); *Action on Mental Health: A Guide to Promoting Social Inclusion* (Social Exclusion Unit, 2004); *Choosing Health: Making Healthy Choices Easier* (Public Health White Paper: Department of Health, 2004b); and Social Care Green Paper, *Independence, Wellbeing and Choice: Our Vision for the Future Social Care of Adults* (Department of Health, 2004c). It is interesting to note that although there is a separate National Suicide Prevention Strategy for England, it is also integrated into the Service Framework for Mental Health.

The National Institute for Mental Health (England) was established to support the implementation of the National Service Framework and assist in service improvement. It has eight development centres, aligned to the eight health authorities in England. Each development centre has responsibility for supporting implementation of the National Standards, of which Standard One is Mental Health Promotion and Standard Eight is Suicide Prevention. However, implementation and investment in mental health promotion fluctuates across the country.

Colleagues in England commented that the lack of country wide strategic coordination of activities had stalled progress in England.

Perhaps the launch of the new Strategic Framework may alleviate this problem.

Scotland, on the other hand, has developed a very comprehensive approach to mental health promotion. A significant investment has been made by the Scottish Executive (2003) in establishing the *National Program for Improving Mental Health and Wellbeing in Scotland*. The National Program has four main aims: raising public awareness of mental health and mental illness and promoting positive mental health and emotional wellbeing; eliminating stigma and discrimination; preventing suicide; and promoting and supporting recovery. There are six priority areas covering population groups and settings. The policy is supported by a national program of support activities including collecting and disseminating the evidence base, research and evaluation, establishment of learning networks, and communication strategies.

In the process of developing their national program, Scotland undertook an international review of mental health policy and their conclusions were that Australia was leading the way in policy development. Scotland is also looking to Australia for implementation models and a number of colleagues from Scotland will be visiting Australia in the near future to examine and explore some of our initiatives.

The European experience

By far the most significant development in Europe is the *Implementing Mental Health Promotion Action* (IMHPA) network. With the participation of 28 countries and co-financed by the European Commission, the Ministry of Health, Welfare and Sport (The Netherlands) and the National Research and Development Centre for Welfare and Health (STAKES) of Finland, the IMHPA network provides a European platform that combines support for policy priority setting and the dissemination of evidence-based knowledge on prevention and promotion in mental health. The IMHPA network has been engaged in three main activities since April 2003: the development of a European Action Plan for mental health promotion and prevention of mental disorder, (Jané-Llopis & Anderson, 2005); the compilation of a web-based registry of evidence-

based interventions for promotion and prevention in mental health across Europe; and the development of a set of training initiatives, including a training manual for primary health care professionals.

The Netherlands has an extended system for mental health promotion and prevention within health services, clinics and NGOs. Many of these services have specialised promotion and prevention teams targeting mental health, financed by municipalities or the national health insurance system. Emphasis has been given to building the capacity of the workforce in the Netherlands: workforce development programs addressing mental health promotion and prevention have been developed and implemented.

Finland has been implementing the European Early Promotion Project since 1997. The national project has trained more than 2,000 primary health care nurses in half the country's municipalities between 1997 and 2002. The training program included a manual on the identification of risk factors and focussed interventions to be used in primary care and with those working in day care and social services.

These are just some examples of developments in Europe and are by no means comprehensive, but they provide a flavour of the activity.

The Australian experience

At a policy level, Australia has developed national policy in mental health promotion and prevention: *The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000* (Commonwealth Department of Health and Aged Care, 2000a). This complements the *National Mental Health Plan: 2003-2008* (Australian Health Ministers, 2003). Other national policies which have a direct impact on mental health promotion and prevention in Australia include:

- *LiFe: The National Framework for Preventing Suicide and Self-Harm;*
- *The National Strategy for Aboriginal and Torres Strait Islander Peoples Social and Emotional Wellbeing 2004-2009;*
- *Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia;*
- *National Drug Strategy; and*
- *National Crime Prevention Strategy.*

These strategies link the mental health sector with Aboriginal and Torres Strait Islanders, general practice and primary care, multicultural health services, drug and alcohol services, and local government.

The Australian Government has also invested in a number of national initiatives which support the implementation of mental health promotion and prevention strategies in a range of different sectors. These include, but are not limited to:

- Auseinet;
- MindMatters;
- Mindframe National Media and Mental Health Initiative;
- *beyondblue*: the national depression initiative;
- Better Outcomes in Mental Health Care Initiative;
- COPMI National Project;
- ResponseAbility; and
- CommunityMindEd.

These national projects and initiatives support the implementation of promotion and prevention in a range of sectors including health, media, journalism, education, and community services.

At the state and territory level in Australia, there is also a range of initiatives in place. Most jurisdictions have developed policy or an action plan to guide the implementation of promotion and prevention, funding commitments, and coordination mechanisms. Most have also made significant investments in initiatives and programs to implement evidence-based PPEI approaches.

Australia's 'report card' - the current status of progress

In a briefing paper, produced for the WHO European Ministerial Conference on Mental Health in Helsinki, (WHO, 2004c), a number of challenges were identified in addressing the future implementation of mental health promotion and prevention activities. These challenges provide a framework I think is useful for assessing progress in this area. The key components for effective implementation of mental health promotion and prevention include:

1. Development of a comprehensive strategy for mental health promotion and prevention of mental disorder.

2. Establishment of infrastructure to support implementation. This includes organisational infrastructure, policies at the local level, capacity building, and workforce development.
3. Inter-sectoral linkages and collaborations. Mental health is a shared responsibility. It is not only an issue of mental health or public health, but also one of public policy. There is a need to engage support from other sectors such as social welfare, employment, housing, education, and criminal justice sectors.
4. An environment which facilitates a climate of respect for and protection of basic civil, political, economic, cultural, and social rights.

How well does Australia fare using this framework as a guide? Clearly, the perception of countries outside Australia is one of admiration. Is that consistent with the perception of Australians themselves? Do we see our progress the same way as the rest of the world sees us? Following is a subjective analysis of Australia's progress so far, based upon my experience of leading Auseinet (Australian Network for Promotion, Prevention and Early Intervention for Mental Health: www.auseinet.com) for the past four years, and upon dialogue and interactions with many colleagues working in the area.

Comprehensive strategy

Australia does have a strong national policy framework in place. *The National Action Plan for Promotion, Prevention and Early Intervention 2000* and its accompanying monograph *Promotion, Prevention and Early Intervention: A Monograph*, were released by the Australian Government in 2000 (Commonwealth Department of Health and Aged Care, 2000a, 2000b). At the time, it was a landmark policy on mental health promotion and prevention. In a national consultation conducted by myself and Debra Rickwood in 2001 (Parham & Rickwood, 2003), it was evident that there was strong support for the national policy from a range of different sectors and settings. Scotland released its policy in 2003 (Social Exclusion Unit, 2003), WHO in 2004 (WHO 2004a, 2004b), and the European Action Plan was released in 2005 (Jané-Llopis & Anderson, 2005). Many of these

action plans and policies have been influenced by the Australian policy. More recently, Australia has added to this area in the development of policy for relapse prevention and recovery. This soon to be released policy *Pathways to Recovery: A Framework for Preventing Further Episodes of Mental Illness* will provide a platform for the development of recovery oriented services in Australia.

However, Australia, unlike the UK and Europe, has a federated system of government which includes three levels of government. At the national level, the policy platform is strong and is complemented by other national strategies and action plans. By contrast, at the state/territory level, policy development is less consistent. Most of the jurisdictions have developed policy and/or action plans for mental health promotion and prevention but not all are operational.

Overall, the progress in this area is substantial and significant but could be strengthened further, particularly at the state/territory level.

Establishment of infrastructure to support implementation

Australia may be regarded as having the best policy in the world, but what about implementation? Again, some of the challenges for implementation derive from having a number of levels of government and others from the tensions within the health system between 'treatment' and 'prevention'. The consultation on the *National Action Plan for PPEI* identified implementation as one of the key issues to be addressed (Parham & Rickwood, 2003).

The Australian Government has made a significant investment and commitment to the promotion and prevention agenda in mental health. This is demonstrated by promotion and prevention being a key platform in the *National Mental Health Plan 2003-2008* (Australian Health Ministers, 2003), the establishment of the National Mental Health Promotion and Prevention Working Party to guide policy development, and funding a range of national initiatives which either provide models for implementation or support implementation in a range of sectors and settings. Furthermore, the Australian Government has taken risks in investing in initiatives and projects that build capacity and address structural/systemic issues

(i.e. MindMatters, Better Outcomes in Mental Health Care, Auseinet, *beyondblue*) or that build partnerships with other sectors (i.e. MindMatters, Mindframe Media and Mental Health Initiative, ResponseAbility, CommunityMindEd). Most of these initiatives are developing international reputations and putting Australia on the global map.

At the state/territory level, the picture is a little different. The key drivers of this agenda (i.e. those with the funds to invest) are largely Departments of Health and/or Human Services and their respective Mental Health and Public Health Units.

There is acknowledgement at the jurisdictional level of the importance of investment in promotion and prevention. The big question is 'Who is responsible?' The answer quite often is 'mental health is everybody's business', that is, it's a shared responsibility. Sometimes, that can mean no responsibility. It would appear that despite good intentions and goodwill, progress seems slow at the state/territory level.

There are a number of reasons for this. From mental health's perspective, there are a number of significant challenges. These include an under funded and under resourced mental health service system; a workforce that is predominantly trained in the medical model; and service models that are oriented to treatment rather than early intervention.

At a recent hearing of the Senate Select Committee on Mental Health in Australia, Auseinet presented to the hearing that other countries (particularly in the UK) were commenting that Australia is leading the way in mental health policy development. In the midst of all the 'doom and gloom' they were hearing, there was a good news story. However, good policy alone does not lead to effective implementation. Infrastructure does need to be put in place to support it, which includes organisational support, funding, workforce development and capacity building.

Implementing a promotion and prevention approach in mental health services requires a multi pronged approach that needs to include:

- Service reorientation;
- Workforce development;
- Attitudinal and cultural change; and

- Provision of a range of service levels to enable appropriate referral pathways.

Some of these strategies require additional funds in an already under funded environment.

From a public health perspective, there is a need to make more effective linkages between physical health and mental health. In Australia, mental health has, largely, taken the responsibility to lead the promotion and prevention agenda, despite the national policy being signed off by both mental health and public health. Clearly, in England now with the release of the White Paper and the launch of the Framework, public health is rising to the challenge of providing leadership in this area.

The level of collaboration and partnership between mental health and public health fluctuates, but there is enormous potential for the expertise of those working in public health to be utilised to progress the mental health promotion and prevention work.

Implementation of PPEI at the jurisdictional level is largely determined by the level of infrastructure in place and in some cases, the energy and commitment of 'champions' or 'advocates.'

Overall, evidence of infrastructure to support implementation in Australia is progressing but patchy and based on champions. It needs to be embedded more in sustainable structures and systems.

Inter-sectoral collaboration and partnership

Achieving positive mental health requires the contribution of a range of sectors and settings. As Jané-Llopis states 'many of these potential partners are not aware of the benefits they can gain from investing in mental health promotion' (WHO, 2004c). She further states that 'the health sector can provide leadership by engaging in active promotion and advocacy for mental health and by encouraging other sectors to join in multi-sectoral activities, sharing goals and resources' (WHO, 2004c).

There is a real need for mechanisms to be put in place that facilitate the participation of other sectors in a meaningful way (i.e. memorandums of understanding, joint planning groups, collaborative partnerships).

Some of the best examples of inter-sectoral partnership in Australia are demonstrated in the area of suicide prevention. There are many projects that have multi-sector input and many of the state/territory plans for suicide prevention are whole of government.

VicHealth, the Victorian Mental Health Promotion Foundation, has a strong track record in working with many of the sectors outside of health, which they identify as some of the 'key drivers of mental health' as well as developing resources and workforce development programs that support the development of collaborative partnerships.

In general, this is the area that needs the most strengthening. There is a lot of energy for and commitment to addressing mental health issues from sectors outside health that needs to be harnessed and utilised. Non government organisations, in particular, are essential partners in ensuring accountability in mental health. Strengthening the NGO sector will be an important factor in the development of recovery oriented services as they are the primary vehicle for the provision of housing, rehabilitation, employment and support services.

Overall in this area, progress has begun but there needs to be greater investment and strengthening.

Respect and protection of civil rights

Creating a mentally healthy society involves eliminating stigma and discrimination. In Australia, the most frequently discriminated against include people with mental illness and mental disorder, Aboriginal and Torres Strait Islanders, refugees and detainees.

Australia has a long way to go in addressing the human rights issues that impact on Indigenous peoples and refugees and detainees. They are the subject of a number of Royal Commissions occurring in Australia at this time. *beyondblue*: the national depression initiative, has certainly had an impact in Australia on reducing the stigma of depression and raising public awareness. There are a number of models of mental health literacy being implemented in Australia and the Rotary seminars have certainly assisted in that process. VicHealth has developed and implemented a major mental health promotion campaign 'Together we do Better',

aimed at addressing one of the important social determinants, social connectedness.

Overall, Australia has not done very well on this dimension it would seem. There is a need for a more coordinated, strategic national approach.

Summary

In summary, there is a growing worldwide movement to address mental health promotion and prevention of mental disorder. Australia has led the way in the development of policy and in innovative initiatives and projects. In these areas, we are getting it right. However, in the area of sustainable implementation of evidence-based practice, engaging stakeholders from other sectors outside health and reducing discrimination, Australia has still a long way to go.

Despite the 'pressures' in the health system in Australia, there is a sense of urgency about ensuring that mental health promotion and prevention remains on the agenda, that progress increases and we do not lose the distinct advantages we currently have with an innovative, cutting edge policy platform. Otherwise, the rest of the world will catch up and benefit more from the investment Australia has made so far.

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