

# Mental Wellbeing

## Strategy 2019–2023

### Our 10-year goal

All Victorians deserve to live healthy, happy lives and experience positive mental health and wellbeing. Despite considerable evidence that many mental health conditions are preventable, too many people in our community experience mental health conditions that affect their wellbeing and their ability to participate fully in everyday life.

VicHealth's commitment to mental wellbeing led to our 10-year goal of 200,000 more Victorians being resilient and connected by 2023.

### Our progress so far

Over the past six years, we have led research to assess levels of resilience and wellbeing in Victorians aged 12–25, and tested what works to improve resilience and social connection. In partnership with the CSIRO, we identified the megatrends likely to affect young people's mental wellbeing over the next 20 years. Our Staying on Track deliberative forum gave young Victorians a voice in how they could be supported during their transition from education to employment.


We have embedded our work on the prevention of violence against women through partnerships with other organisations. This includes the national community attitudes surveys with ANROWS (Australia's National Research Organisation for Women's Safety), development of the first national prevention framework with Our Watch and ANROWS, and support for a PwC report on the potential cost savings from prevention programs.

### 2019–2023

Over the next four years, we will aim to further increase mental wellbeing, with a focus on:

- positive social connections among young people
- gender equality.





In 2013 VicHealth released its [Action Agenda for Health Promotion](#), which set our strategic direction for the 10 years to 2023. Improving mental wellbeing is one of the five strategic imperatives identified for improving the health of all Victorians, with a 10-year goal that 200,000 more Victorians will be resilient and connected by 2023.

**In the past six years, we have:**

- established an [evidence base](#) on the nature of resilience and what works for young people and their communities
- led research to assess levels of resilience and wellbeing among Victorians aged 12–25
- identified the [megatrends](#) likely to affect young people’s mental wellbeing over the next 20 years
- tested programs to strengthen resilience and social connection, in partnership with [local councils](#) and workplaces
- worked collaboratively to support the outcomes of the Royal Commission into Family Violence
- supported state and national action to scale up the prevention of violence against women
- led research and tested programs for gender equality, including [bystander](#) action to prevent violence against women, [resistance and backlash](#), masculinities, and the role of the [arts](#) and creative industries
- designed 10 behavioural trials addressing underlying drivers of gender equality, including the [Gendered Language in Job Advertisements](#) trial that was included in the Victorian Government’s Recruit Smarter pilot
- created opportunities for Victorian organisations to access our [Leading Thinkers](#) initiative, which has a focus on behavioural insights and gender equality.

More information about our work on mental wellbeing from 2013 to 2019 can be found on our [website](#).



## What we aim to achieve

VicHealth's Action Agenda 2019–2023 reaffirms the 10-year goal of 200,000 more Victorians being resilient and connected by 2023. Over the next four years, we will aim to further increase mental wellbeing, with a focus on:

- **positive social connections among young people**
- **gender equality.**

People who have experienced trauma or adverse events in childhood, have lower incomes, lower education and live in lower socioeconomic areas, who identify as homosexual or bisexual (AIHW 2018a), Aboriginal and Torres Strait Islander peoples (AIHW 2018a) and those with other serious medical conditions (DiSante et al. 2017) are more likely to develop a mental health condition than others.

We are committed to reducing inequities related to poor mental wellbeing and gender inequality. We will:

- prioritise our work in areas and for groups most in need
- recognise and address the impact of social and economic conditions on mental wellbeing by collaborating with partners.

## FOCUS AREA

### Positive social connections among young people

Loneliness and lack of positive social connections are emerging issues of concern internationally, as their impact on mental and physical wellbeing can be profound.

#### What will success look like?

More young Victorians feel socially connected.

Research on loneliness often focuses on older adults, but recent VicHealth studies have identified that one young person in eight also reports feeling lonely, and one in four was unable to find social support when it was needed. While many are highly connected online, some young people are isolated or excluded. Some young people also experience loneliness and a lack of positive social connections. This is particularly true for younger people living in rural and remote communities, LGBTIQ younger people, Aboriginal and Torres Strait Islander peoples, and refugee and newly arrived communities (Weinberg & Tomy 2017).

Social programs that target loneliness in young people have been adopted by agencies over time, however, it is unclear how effective they are. More attention to evaluation is required.

Our investment activity into mental wellbeing over the next four years will focus on young people aged 12–25 years. We will:

- generate new knowledge about the prevalence and nature of loneliness among young Victorians to empower local government and community organisations to foster positive social connections among young people
- trial, replicate and embed effective approaches to promote youth mental wellbeing
- contribute to government action to prevent mental health conditions and promote mental wellbeing in response to the Royal Commission into Victoria's Mental Health System.

## FOCUS AREA

### Gender equality

Our work in gender equality is contributing to the systems reform outlined in the Victorian Government's [Safe and Strong strategy](#) and its [Free from Violence strategy](#), by partnering with Victorian primary prevention and gender equality organisations.

#### What will success look like?

Evidence-based approaches are adopted, with positive changes in masculine norms.

### Healthier masculinity for young men and boys

Our focus on gender equality recognises the health benefits of a more gender-equitable society for both women and men. To date, much of this work has focused on building the health and wellbeing of women and girls.

International experts are now calling for greater engagement of men and boys in gender equality, particularly to transform harmful gender stereotypes, forms of masculinity and negative social norms, attitudes and behaviour (MenEngage Alliance 2017). Furthermore, there is increasing recognition that educating boys and men about the restrictive nature of masculine ideologies affects not only gender equality but other health outcomes and risk behaviours (APA 2018).

Over the next four years, we will:

- develop a public health framework and guiding resources to support policy and practice in healthier masculinities
- build the capacity of partner organisations to deliver healthier masculinities interventions in settings and communities where young men and boys live, learn, work and play
- develop messaging that supports a broader understanding of the term 'healthier masculinities' across settings and sectors.

### Bystander action

The National Community Attitudes Survey (NCAS) Youth Reports (Webster et al. 2018) found that young people, especially young men, had a:

- low level of understanding of the behaviour constituting violence against women
- low level of intention to take action in response to witnessing abuse or disrespect of women
- poor knowledge, relatively high endorsement of violence-supportive views and a low level of support for gender equality.

Addressing these attitudes and building knowledge are as important for promoting gender equality and preventing violence against women as influencing behavioural change.

Over the next four years, we will work with our partners to identify best practice to help people to take action if they witness sexism or sexual harassment. We aim to:

- strengthen the ability of young Victorians to be active bystanders in key settings such as universities and other tertiary education settings, public transport, workplaces, pubs and bars
- strengthen the capacity of organisations to deliver high-quality bystander initiatives across Victoria
- be a catalyst for change by building new knowledge around bystander action as a primary prevention approach to violence against women and promoting gender equality.

# Supporting Evidence

## Mental wellbeing

While most Australians experience good mental health most of the time, around 4.8 million people are living with mental ill health. At some point in their life, approximately half of all Australians will experience a diagnosable mental illness (ABS 2018; AIHW 2018b).

Mental illness is the leading cause of non-fatal disease. It is also the third highest contributor to the burden of disease overall (including years of life lost) after cancer and cardiovascular disease. Over their lifetime, about half of all Australians will experience a clinically significant mental health condition. The Mental Health Commission estimates that mental health conditions cost the community about \$40 billion annually in direct and indirect costs (AIHW 2018b).

### Mental wellbeing for people aged 12–25 years

Adolescence and early adulthood are peak periods during which mental health conditions first emerge: 75 per cent of mental health conditions first occur between the ages of 12 and 25 years (Kessler et al. 2005), with 26 per cent of young Australians experiencing a mental illness every year (ABS 2018).

A lack of positive social connections particularly affects young people's ability to cope with setbacks like relationship breakdown, illness or unemployment. Yet, one in four young Victorians reports not being able to get social support when they need it, and one in eight reports experiencing high levels of loneliness (Weinberg & Tomynt 2017).

Loneliness, as an internal feeling of isolation comprising a lack of intimate or close relationships, or a lack of belonging or community connectedness, can have dire impacts on young people's health.

There is a strong association between social isolation and early death. The link between loneliness and mortality is mostly explained by depressive symptoms and socioeconomic factors, including education, neighbourhood disadvantage and household income (Elovainu et al. 2017).

## Gender equality

Gender equality is linked to a number of health, economic and social benefits. Research shows that gender inequality is a key driver of violence against women (Our Watch et al. 2015), restricts access to opportunities for women and means they are over-represented among those living in poverty (ABS 2017). These are all factors associated with poor mental health.

Women who experience intimate partner violence are more likely to suffer anxiety and depression (Trevillion et al. 2012). Intimate partner violence was a leading contributor to the total burden of disease and injury experienced by Victorian women in 2015 (VicHealth 2019).

Rigid gender roles and outdated stereotypes of masculinity and femininity are also drivers of gender inequality. Conforming to traditional constructs of masculinity is associated with poorer physical and mental health, greater risk-taking and lower help-seeking among men (VicHealth 2017).

Transforming constructs of masculinity and gender stereotypes is key to improving the physical and mental wellbeing of men and women and to addressing gender inequality.

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