

A photograph of three young people walking on a set of stairs. On the left is a young woman with curly dark hair wearing a light blue tank top and dark blue jeans. In the middle is a young woman with long dark hair wearing a bright yellow tank top and dark blue jeans. On the right is a young man with curly brown hair wearing a light grey polo shirt and dark pants, with a green bag strap over his shoulder. They are all smiling and looking towards each other. A large white circle with a dotted border is overlaid on the center of the image, containing the title text.

**VICHEALTH  
MENTAL  
WELLBEING  
STRATEGY  
2015–2019**



**Suggested citation**

VicHealth 2015, *VicHealth Mental Wellbeing Strategy 2015–2019*, Victorian Health Promotion Foundation, Melbourne.

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# CEO'S FOREWORD

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I am delighted to introduce the new VicHealth Mental Wellbeing Strategy 2015–2019 which is part of our organisational goal to have one million more Victorians with better health and wellbeing by 2023.



**Jerril Rechter**  
Chief Executive Officer, VicHealth

This strategy builds on our extensive experience in promoting mental wellbeing and introduces a new focus to our work: building resilience.

Resilience is about enhancing everyone's ability to cope with, adapt to and bounce back from any change or challenge they experience in their lives. Building resilient communities fosters good health, prevents illness and benefits everyone.

VicHealth has a long and proud history of working to promote the mental health and wellbeing of Victorians. Since our first mental health promotion plan in 1999, we have made considerable progress addressing some of the key factors affecting mental health – violence against women, race-based discrimination, barriers to education, employment and housing, and social isolation.

From this work, our understanding of the benefits of improved mental wellbeing has grown. Mental wellbeing contributes to healthier lifestyles, better physical health, improved quality of life, greater social connection and productivity. We also know that the environments where we live, work, learn, play and build relationships with others are powerful influences on our mental wellbeing and the likelihood of people being free from mental illness.

In 2015, our new direction in mental wellbeing has been informed by an extensive review of the latest evidence, analysis of trends and consultation with experts. Our priority focus for the next three years is building resilience and social connection for young people which offers a myriad of opportunities to create innovative and forward-thinking actions. We look forward to working with our partners, including young people, to improve the mental wellbeing of all Victorians.

# OUR 10-YEAR ACTION AGENDA FOR HEALTH PROMOTION

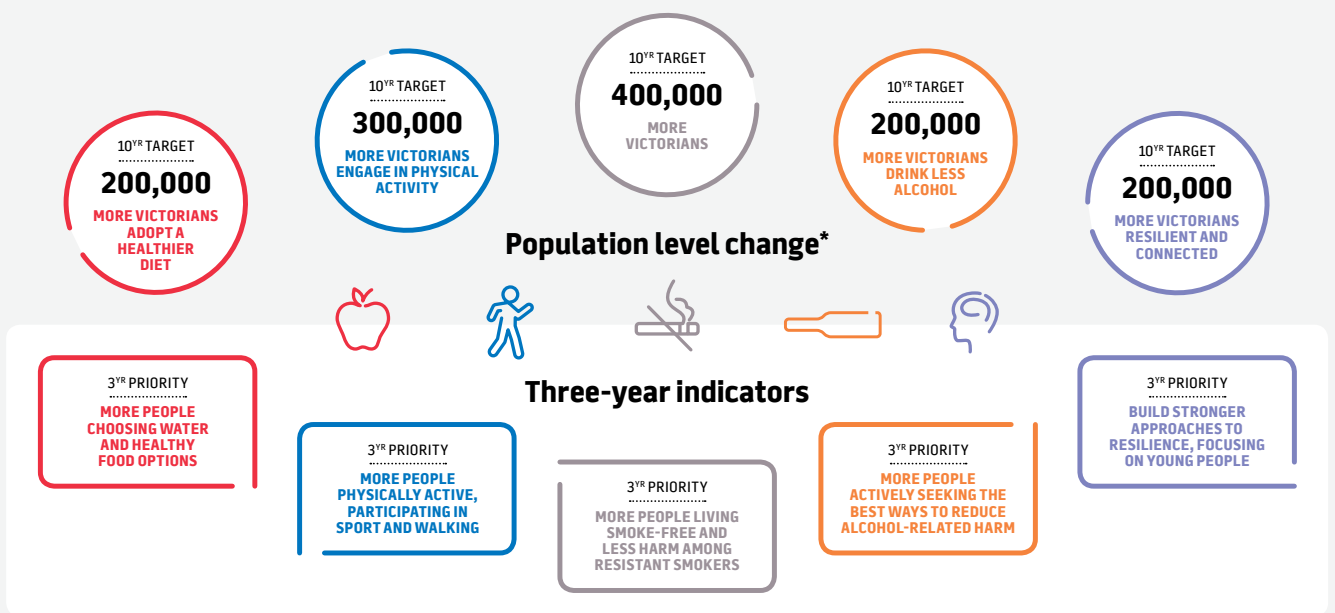
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By 2023, VicHealth plans to have one million more Victorians with better health and wellbeing, including 200,000 more people resilient and connected.

The VicHealth Action Agenda for Health Promotion outlines the work we will undertake over the next decade. Improving mental wellbeing is one of VicHealth's five strategic imperatives. Priority will be given to building stronger approaches to resilience – ensuring more Victorians are resilient and connected and focussing on young people. Our action towards meeting this strategic imperative will be guided by evidence, policies and approaches including *VicHealth's Fair Foundations: the VicHealth framework for health equity* (VicHealth 2015a).

Our activity to achieve the Action Agenda goals is underpinned by the VicHealth model – Innovate, Inform, Integrate. Our 'Innovate' approach reflects VicHealth's pivotal role in pioneering work to address emerging challenges through forming new partnerships, and developing and testing innovative methods to achieve behavioural and environmental outcomes. Our 'Inform' approach indicates VicHealth's position as an outward-looking organisation which strives to deliver programs, campaigns and generate public discussions about health. Our 'Integrate' approach shows our intention to embed proven innovations into policy, practice and systems change.

# ONE MILLION MORE VICTORIANS WITH BETTER HEALTH AND WELLBEING



\* As some individuals may achieve goals across more than one imperative, the total number in each 10-year target exceeds 1 million to account for this.

**Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.**

Preamble to the *Constitution of the World Health Organization (WHO)* as adopted by the International Health Conference, New York, 19 June–22 July 1946





# UNDERSTANDING MENTAL WELLBEING

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... [mental wellbeing is a] dynamic state in which the individual is able to develop to their potential, work productively and creatively, build strong and positive relationships with others and contribute to the community.

Foresight Mental Capital and Wellbeing Project 2008

Being healthy means more than freedom from disease. It is a state of physical, mental and social wellbeing. Therefore good health can be cultivated in all the elements of everyday life. Likewise, mental health is more than the absence of mental illness; it is an essential part of individual and community wellbeing (Department of Health and Human Services 2015).

Mental wellbeing is a “dynamic state in which the individual is able to develop to their potential, work productively and creatively, build strong and positive relationships with others and contribute to the community” (Foresight Mental Capital and Wellbeing Project 2008). Conversely, mental illness occurs when a person’s thoughts, feelings or behaviour cause ongoing suffering or an inability to cope with everyday life. Both mental wellbeing and mental illness result from complex interactions between the mind, body and environment.

Because of the burden of harm it imposes on individuals, families and the wider community, we know considerably more about mental illness than we do about mental wellbeing.

- Mental illness is one of Australia’s top three leading causes of disease burden (Begg et al. 2007) and the largest contributor to the disability burden in Victoria (Boston Consulting Group 2006).
- Around one in five Australians will experience a diagnosable mental illness in any given year, and almost half of all Australians will experience a mental illness over their lifetime (ABS 2008).
- There are higher rates of mental illness among people living in the most socioeconomically disadvantaged areas (ABS 2006) and those with chronic (physical) disease (Slade et al. 2009).

- Gender differences are evident with more females than males reporting very high, high and moderate levels of psychological distress in 2010 (Department of Health 2012).
- Australian Aboriginal and Torres Strait Islander people are nearly three times as likely as non-Indigenous people to experience psychological distress (ABS 2013).
- The most common mental illnesses are anxiety, depression and substance-use disorders (ABS 2008, Access Economics 2009).
- It is estimated that mental illness costs the Victorian economy \$5.4 billion every year (Boston Consulting Group 2006).
- In Australia, the annual estimated cost of mental illness is approximately \$20 billion (Council of Australian Governments 2006).
- About 75 per cent of mental illnesses commence before 25 years of age (Kessler et al. 2005).

In contrast, we know significantly less about mental wellbeing – how it is formed, experienced, sustained and how it might be measured. VicHealth is committed to driving innovation, and engaging with new technologies and new funding models to improve our ability across sectors to improve mental wellbeing. We are committed to generating new knowledge to continue building the evidence base in this exciting area.

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## VicHealth's history in mental wellbeing

VicHealth's initial *Mental Health Promotion Plan* in 1999 brought organisations and leaders together to focus attention on the social determinants of mental health in Victoria. The progress we subsequently made was articulated in VicHealth's contribution to the World Health Organization's seminal 2005 report *Promoting Mental Health: concepts, emerging evidence, practice* (Herman, Saxena and Moodie 2005) and focused on the contribution that those outside the traditional health service sector could make.

Over the last decade, we prioritised our work with our partners to improve social connection, reduce race-based discrimination, prevent violence against women and enhance economic participation, and we have made significant in-roads in many regards. The approaches to policy and practice in these areas are highly sophisticated and we are continuing to support their advancement through integration of our knowledge and achievements into existing systems and organisations and refreshing our focus on some of these issues.

## VicHealth's new Mental Wellbeing Strategy 2015–2019

In developing a new mental wellbeing and resilience strategy, VicHealth undertook a series of international evidence reviews, consultations with sector experts, and surveys of young people. These contribute a current and extensive resource to our understanding of resilience building and are available in the Resources section of this strategy on page 24.

In addition, VicHealth commissioned CSIRO to provide an analysis of new and emerging trends in society and their resulting influences on mental wellbeing, particularly as they relate to young people. This report combined expert consultation, horizon scanning, synthesis of demographic, economic, technological and social trends, to identify issues that may impact young people's mental wellbeing over the next 10 to 20 years. Five megatrends were forecast to be most influential (VicHealth 2015b), as can be seen in the diagram opposite.

The CSIRO report *Bright futures* (VicHealth 2015b) identifies a number of significant trends. Young people will require both advanced technical skills as well as sophisticated social and emotional skills in order to thrive in a future of unprecedented change and competition. Through this report, we gain a deeper understanding of the need to look forward and turn our attention to equipping young people to better cope with, adapt to and bounce back from these changes and ultimately maintain or improve their mental wellbeing.

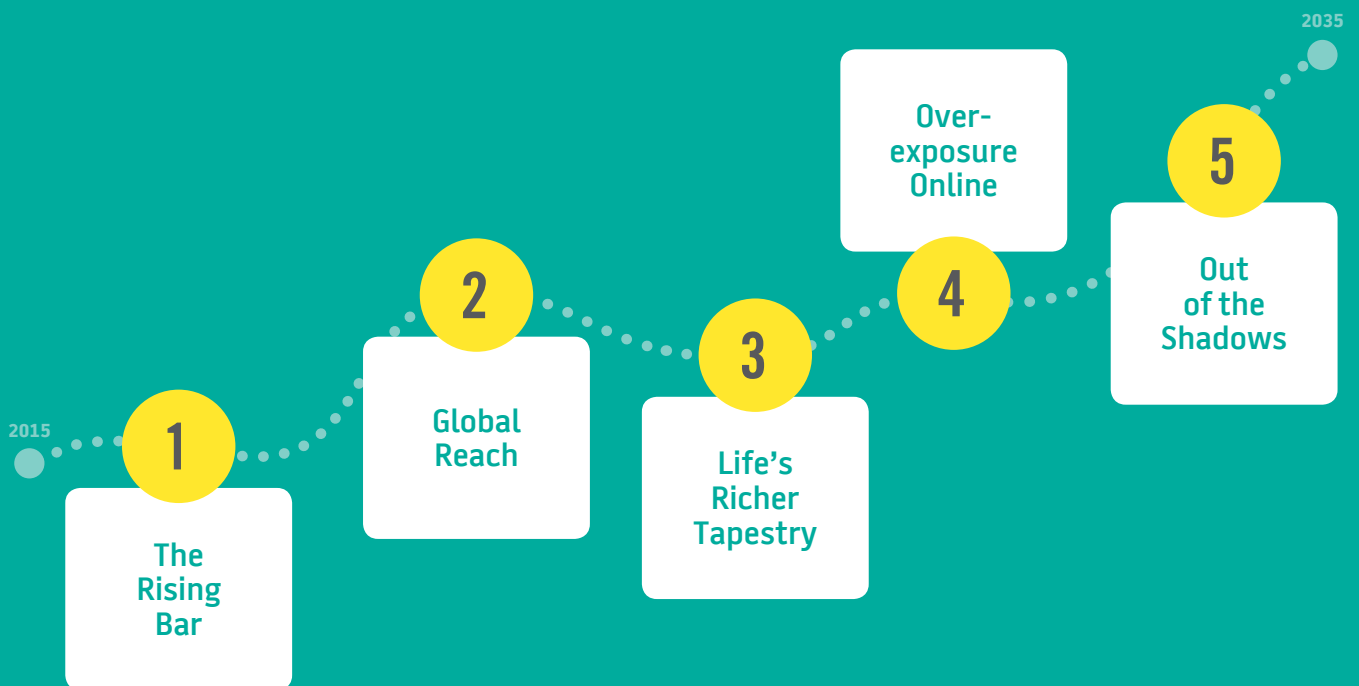
Thus, following on from our significant achievements in mental health promotion, VicHealth has prioritised action to build stronger approaches to resilience with a focus on young people.


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Young people are the future and the mental health and wellbeing of Victoria’s young people is vital for achieving vibrant and cohesive communities enjoying a good quality of life and developing a prosperous economy..... However, the factors which influence the mental health and wellbeing of young Victorians will change over the coming decades..... These changes may create new and potentially overwhelming challenges as well as exciting opportunities for young people in Victoria.

VicHealth 2015b

## MEGATRENDS IMPACTING YOUNG PEOPLE’S MENTAL WELLBEING



A young woman with freckles and a bright smile is the central focus, wearing a red sports jersey. She is surrounded by other people, some also in red, suggesting a team or group setting. The background is slightly blurred, emphasizing the woman's expression.

**Resilience is the ability of individuals, families and neighbourhoods to cope positively with change, challenge, adversity, shock or trauma.**

Foot 2012

# A NEW FOCUS ON RESILIENCE

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...in the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their wellbeing and their capacity to individually and collectively negotiate these resources to be provided and experienced in culturally meaningful ways.

Ungar, Ghazinour and Richter 2013

In working towards improving mental wellbeing and preventing mental illness, VicHealth advocates for the use of population-wide and targeted mental health initiatives that increase protective factors associated with mental wellbeing and reduce the risk factors associated with mental illness. Building resilience is a pivotal focus.

Resilience is usually described as the ability to cope with or bounce back from adversity. It is a dynamic quality that develops over time through the interaction between people and their environment.

VicHealth's commitment to resilience arises from a substantial body of research that highlights the capacity of individuals to maintain their mental wellbeing despite experiencing significant adversity in their lives. It is important to note that the literature does not imply that resilience is the same as invulnerability, but rather a capacity to work through and recover from negative events (Olsson et al. 2003).

Nor does resilience imply a capacity to avoid distress or to manage every stressor on every occasion, but rather the observed ability to maintain health despite the odds. Resilience has also been described as both a process and an outcome.

Resilience is an important asset for everyone – people with and without mental illness – as it helps the well to flourish, and builds the capacity of those who are at risk of or have mental illness to manage it. Therefore improvements to individual and community resilience have the potential to achieve multiple positive outcomes.

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The changes in the workforce, business landscape and society generally are all pointing towards a world in which networks, agility and connectedness become vital for young people.

VicHealth 2015b

### Social connection and resilience

Positive social connection is associated with a wide range of positive physical and mental health outcomes and is widely accepted as a social determinant of health. Positive social relationships, networks and community connectedness are associated with improved mental wellbeing and reduced rates of mental illness.

Conversely, when our significant relationships are damaged or damaging, or when we become socially isolated, our health declines. Social isolation is associated with anxiety (Twenge 2000) and depression (Cornwell and Waite 2009; Kawachi and Berkman 2001) as well as increased rates of morbidity (Cornwell and Waite 2009), for example from coronary heart disease (Bunker et al. 2003).

Much about our personal relationships is unpredictable and reflects individual circumstances. But collective action to build safer and more socially cohesive communities can make a significant difference by influencing the social norms, attitudes and environments in which our personal relationships form.

As a leader and catalyst for change, VicHealth will build on what we already know about successful ways to improve mental wellbeing through strengthening positive social connections, networks, community cohesion and respectful relationships in different settings. In particular we will investigate how to strengthen the links between social connection and resilience.

### A focus on young people

VicHealth's priority is to build stronger approaches to resilience and social connection with a focus on young people. This is the first step towards our 10-year goal to enable more Victorians to be resilient and connected.

Youth is a critical period for social and emotional development that is characterised by important transitions. Between the ages of 12 and 25, young people are experiencing significant change. Young people and young adults during this time are forming autonomous identities, developing independent social networks and new social and intimate relationships. Some are experiencing transitions from education to work or unemployment and navigating shifts away from the family home.

This can also be a period of high risk for young people to develop mental illness. While VicHealth believes that it is crucial to prevent mental illness across the life course, we will focus our efforts on young people because:

- About 75 per cent of all serious mental illness starts before 25 years of age (Kessler et al. 2005)
- Almost one in four young people aged 12 to 25 years had a mental illness in Australia in 2009 – in other words, just over one million young people (Access Economics 2009).
- Approximately one in six young Australians aged 16 to 24 experienced an anxiety condition, one in 16 experienced a mood disorder and one in eight experienced a substance use disorder in the 12 months prior to being surveyed in 2007 (ABS 2008).



**A positive shift in their [young people's] health affects not only their current functioning, but also their future functioning in society as adults. Consequently, addressing youth resilience has implications for health across the lifespan, and at the individual and societal level.**

VicHealth 2015f

# How are young Victorians faring?

A 2015 VicHealth-commissioned survey of 1000 young Victorians aged 16–25 reinforced the important relationship that exists between social connection and resilience/wellbeing (VicHealth 2015c).

Both mental wellbeing and resilience were measured in this survey. This subsequently brought a significant challenge when designing this survey, as there is no single preferred methodology in determining how to measure resilience and mental wellbeing.

Mental wellbeing was measured using a tool known as the Personal Wellbeing Index – Adult (PWI-A).

## Wellbeing

**3 in 4**

(approx.) young Victorians scored in the normal range for wellbeing.

## Depression

**1 in 4**

(approx.) young people reported wellbeing scores which suggest that they may be more vulnerable to depression.

## Loneliness

**1 in 8**

(approx.) young Victorians report a very high intensity of loneliness, which is associated with an average wellbeing well below the normal range.

## Factors Affecting Wellbeing

### BELOW AVERAGE

Aged 22–25 years, not currently in paid work and looking for work

Limited access to social support

From lower-income households

Live alone

### ABOVE AVERAGE

Participate in sport/recreation

Have good access to social support

From higher-income households

Live with partner and children or with partner and parents

These factors may be associated with the relative levels of wellbeing among young people.



The PWI-A has been scientifically validated (International Wellbeing Group 2013) and has been used to gather data on the wellbeing of over 60,000 adult Australians (Australian Centre on Quality of Life 2013).

Resilience was measured using a scale developed in a young adult population (Campbell-Sills and Stein 2007) and is a shortened version of the well regarded Connor-Davidson Resilience Scale (Conner and Davidson 2003; Windle, Bennett and Noyes 2011).

For further results from this survey please refer to VicHealth's website [www.vichealth.vic.gov.au/young-victorians-survey](http://www.vichealth.vic.gov.au/young-victorians-survey) or see the Resources section for further details on page 24.

## Social Support

1 in 4

(approx.) reported limited access to social support in a time of need. Young people who had limited access to social support when needed reported a lower average resilience score compared to those who were able to access social support when needed.

## Stress



Low levels of loneliness were associated with average wellbeing scores below the normal range; a similar association was not found with stress or anxiety. Further, even though young Victorians reported generally feeling high levels of stress, wellbeing scores tended to only fall below the normal range in those who reported a very high intensity of stress.

## A NEW FOCUS ON RESILIENCE

### A focus on young people

- In Victoria, one in eight of young Victorians aged 12–17 years has very high levels of psychological distress (Department of Education and Early Childhood Development 2011).
- Serious psychological distress is more common in older adolescents, young females and young people from families living in the most socioeconomic disadvantaged areas of Victoria (Department of Education and Early Childhood Development 2011).
- Approximately one in ten young Australians aged 12–17 years (10.9%) reported having ever self-harmed. Self-harm was more common among females (compared to males) and in older adolescents aged 16–17 years (Lawrence et al. 2015).
- In 2013, suicide was the leading cause of death of children between five and 17 years of age in Australia. 19.3 per cent of all deaths of individuals aged five to 17 were due to suicide in 2013 (ABS 2015).
- The top issue of personal concern for young Australians aged 15–19 in 2014 was coping with stress. The next most common issues of concern were, in decreasing order, school or study problems, body image and depression (Fildes et al. 2014).
- Almost one in five (18.3%) young Australians identified mental health as a major issue in Australia. Since 2012, mental health has been increasingly identified by young Australians as one of the most important issues facing the nation (Fildes et al. 2014).
- Young Australians (5–17 years) with either major depressive disorder or other mental illnesses had higher rates of smoking and drinking alcohol compared with those with no mental illness (Lawrence et al. 2015).
- Among those aged 20–24 surveyed in 2009, a greater number of people with mental illness or nervous conditions (38%) had left school before Year 12 and were not studying towards a qualification at or above Certificate III compared to the general population (13%) or people with other disabilities/long-term health conditions (25%) (ABS 2011).
- Among Australians aged 15–24, having a mental illness or nervous condition was associated with a decreased chance of working full time compared with people with other types of disability or long-term health conditions (15% working full-time compared with 31% respectively) in 2009 (ABS 2011).
- The financial cost of mental illness in young people aged 12 to 25 years in Australia was estimated to be \$10.6 billion in 2009 (Access Economics 2009).

# What does the future hold for young Victorians?

To inform its work in building new approaches to the resilience of young people, VicHealth commissioned CSIRO to produce a strategic foresight report identifying the major trends which will influence young people's lives in the next 10–20 years (VicHealth 2015b).

A megatrend is a long-term change that affects societies, governments and economies permanently over a long period of time.

Megatrends occur at the intersection of multiple smaller trends including geopolitical, economic, environmental, social and technological change.

VicHealth has identified five megatrends that are expected to impact the mental wellbeing of young Victorians in the next 10–20 year period.

2015

1

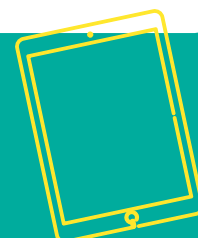
**The Rising Bar: Rising skill levels and educational levels in emerging economies plus the rise of computing power, device connectivity and artificial intelligence are creating a more competitive jobs market.**

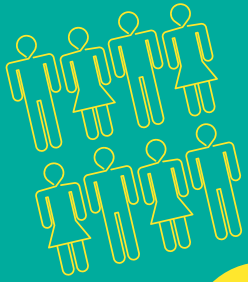
Many of the jobs currently held by young people, which do not require qualifications, experience or special talents, may not exist in the future and as Victoria's economy becomes more service-oriented and knowledge-based, the demand for higher-level cognitive, analytical and interpersonal skills and qualifications is growing. These driving forces create a plausible future where entry into tertiary educational institutions and the labour market, which is a ticket to broader participation in society, is more competitive and demanding of higher standards. Increasing income inequality is predicted to continue, resulting in a greater wealth gap.

2

**Global Reach: Digital technology and globalisation are breaking down many of the boundaries that previously existed around organisations, societies, governance structures and individuals.**

The future may see a new breed of portfolio workers who have no fixed abode and sell their skills and knowledge to multiple employers. Online education and training resources allow anyone to learn just about any skill at much lower cost than historic models. Culture, talent, ideas and goods are all flowing at greater speed and volume across national borders. Young people who learn to operate in the new, agile and connected markets and contexts of the future are likely to have exciting careers and lifestyles.





3

**Life's Richer Tapestry: A more diverse culture, society and consumer market where identifying what's mainstream is increasingly difficult.**

In addition to cultural diversification, Victoria, along with the whole of Australia, will experience demographic change with an ageing population. The future will also see the continued explosion of consumer, societal and lifestyle choices for young people.

4

**Over-exposure Online: Young people will be increasingly exposed to wide-ranging online content, privacy breaches and virtual relationships.**

Whilst digital technology creates exciting new opportunities for young people it also presents new risks and challenges. However, as new risks emerge so too will solutions in the form of software tools, training and raised awareness.



5

**Out of the Shadows: Scientific research will improve understanding and awareness of mental health and wellbeing issues and service delivery models will change.**

Mental health is likely to continue down a pathway of de-stigmatisation into the future. This will be led by and associated with improved treatments and programs, policies and strategies by governments, companies and community organisations aiming to improve youth mental health.

The five megatrends presented in this report identify both challenges and opportunities relating to the mental health and wellbeing of young Victorians over the coming twenty years. Many of the drivers lie beyond the direct control of any single organisation.

However, collective efforts across government, industry and community organisations will help manage the risks and harness the benefits of the forthcoming change (VicHealth 2015b).

*For further results from this report please refer to the VicHealth website [www.vichealth.vic.gov.au/bright-futures](http://www.vichealth.vic.gov.au/bright-futures) or see Resources section for further details on page 24.*

# WHERE TO INTERVENE?

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We need to build the right foundations for mental wellbeing – long before illnesses – in our homes, communities and workplaces.

VicHealth 2013

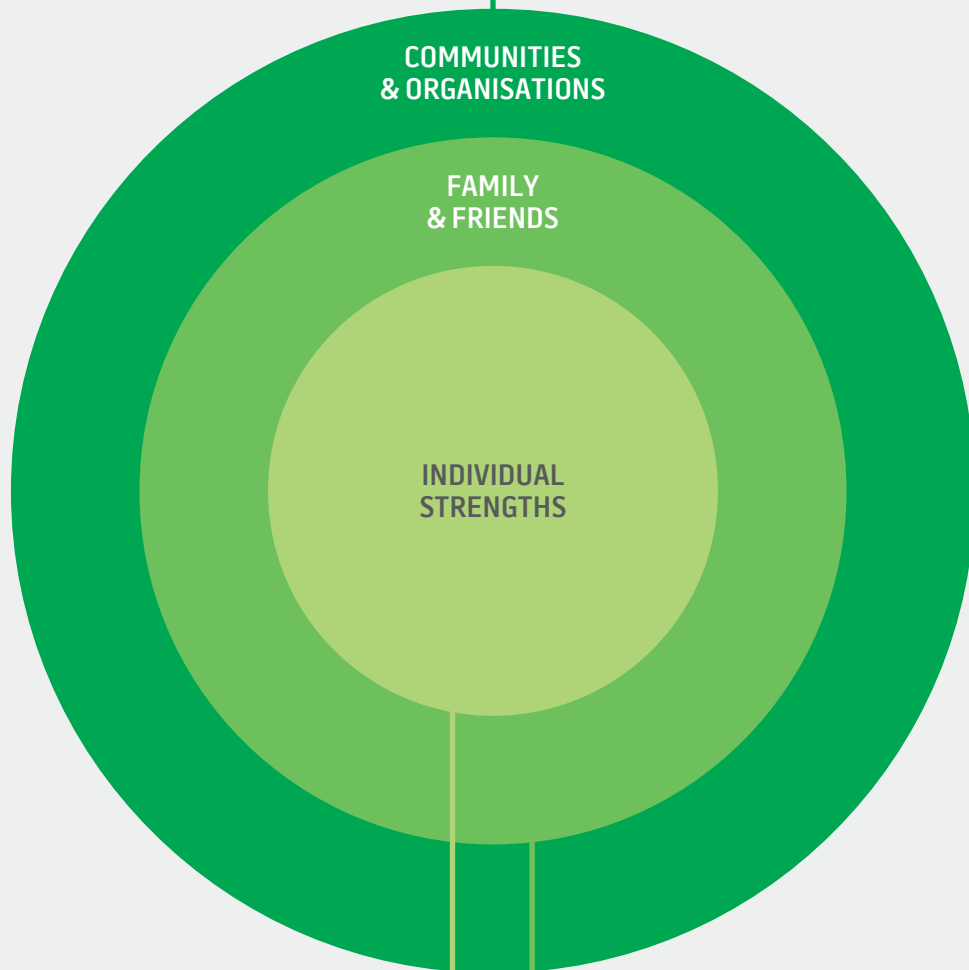
Some of the most powerful influences on mental wellbeing exist in the environments where we live, work, learn, play and build relationships with one another. Health promotion targeted in these environments can help prevent mental illness and also promote mental wellbeing, for the whole population and for groups that are considered at-risk.

While resilience can clearly emerge without active intervention, there is evidence to suggest that it is possible to build resilience through appropriately designed initiatives. Evidence reviews have indicated that rather than searching for single factors which allow people to cope with challenges to their mental wellbeing, an ecological approach which explores the resilience assets or “resources, characteristics and processes that may operate together or in tension and which are allocated in a range of places from the individual right through to the structural level” (Munford et al. 2013) may be a better option.

As the diagram opposite shows, VicHealth’s review of the evidence points to a diverse range of factors that strengthen and nurture resilience at the individual, family/friends and community/organisations level. VicHealth’s resilience-building efforts will aim to build our understanding of what works at all levels of this ecological model.

# Ecological model of resilience assets

- Connection to clubs, school, religious groups
- Positive and safe school, work, arts, sports and digital environments
- Opportunities for social and economic participation
- Safe, cohesive and connected communities
- Fair and inclusive societies



- Temperament
- Self-esteem
- Self-efficacy
- Emotion regulation
- Problem solving
- Social skills

- Secure attachment
- Positive family environment
- Quality of parenting
- Friendship with pro-social peers
- Positive parent-child relationships
- Respectful relationship with others
- Close relationship with caring adult
- Family adaptability during times of stress
- Safety and economic security

## WHERE TO INTERVENE?

### Individual level assets for resilience

At an individual level, resilience and mental wellbeing are developed through a person's cognitive and emotional resources. This includes their temperament, how flexible and efficient they are at learning, their emotional intelligence, self-confidence and self-esteem, in particular their ability to cope with stress.

Individual level assets condition how well an individual is able to contribute to society and also to experience a high personal quality of life (Foresight Mental Capital and Wellbeing Project 2008).

### Family and friends

Secure family attachment and social support provided by peers have been found to be the most common contributing factors to resilience and wellbeing. Other characteristics such as quality of parental care, family cohesion, close relationships with a caring adult, family adaptability during times of stress and safety and economic security are also important.

“

**(Victorian school) students were more likely to be highly resilient if they had a trusted adult in their lives ....(and/or) had someone to turn to for advice when having problems**

Department of Education and Training 2015

### Community and organisational settings

VicHealth's review of interventions has found that connection to clubs, school and religious organisations, social participation, social cohesion and socioeconomic levels made positive contributions to resilience and wellbeing for young people.

### Settings and environments for action

There have been significant achievements in Victoria, nationally and internationally in providing services and cutting-edge interventions for young people who are experiencing mental illness. There is also emerging knowledge about effective interventions in mental health promotion and resilience-building for young people at the individual level through school and family-centred programs. However, evidence relating to successful resilience building approaches at an organisational and community level such as workplaces and digital or online environments are sparse. Further, the lack of consensus regarding definitions of resilience and consistent indicators to measure resilience, make comparisons between studies challenging (VicHealth 2015d, p. 13).

Our research tells us that promoting resilience among young people will require a systematic approach to building a wide range of resilience assets across multiple settings. Over the next period, VicHealth will focus activity in the settings and environments where young people spend their adolescence and young adulthood. These environments have proven to be amenable to health promotion actions that lead to positive health outcomes.

# Environments and settings for **health promotion**

## Workplace Settings



Entry into the workforce is a major developmental milestone for young people. There are strong potential benefits for individuals, the economy and society of ensuring that young people navigate this transition successfully and remain productive workers.

## Digital & Online Environments



Digital and online environments such as social media are a permanent and defining feature of young people's experience. With the rise of digital communication, an unprecedented opportunity exists to engage young people to utilise technologies to improve their mental wellbeing.

## Sports & Physical Activity



Strategies to increase young people's physical activity in their daily lives and through competitive and social sport offer strong potential to also build resilience and social connection.

## Schools



Education settings play a key role in the cognitive, emotional, physical and social development of young people.

## The Arts



The arts have a major impact on our wellbeing. Participation in the arts promotes creativity, confidence, skills development, social participation and social connection.

## Social Connections and Relationships

Positive social relationships and their expression within environments are associated with improved mental wellbeing and reduced rates of mental illness. They contribute to safer, happier and more productive family, school, community and work environments.

# VICHEALTH'S ACTIONS

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## VicHealth's actions to improve mental wellbeing and resilience

The VicHealth model comprises three sections (Innovate, Inform and Integrate) to guide investment and partnership activity across all our Strategic Imperatives. Our actions for the next few years will work across these three sections to improve mental wellbeing.

### Innovate

Addressing new and emerging challenges, forming new partnerships and developing and testing innovative methods to achieve behavioural and environmental outcomes.

### Inform

Delivering programs and campaigns, and generating public conversations about health and wellbeing.

### Integrate

Embedding evidence-based and evaluated strategies and knowledge into policy, practice and systems change.

## Measuring our impact

VicHealth reviews identified that there is not yet consensus among researchers on which indicators are best used to measure improvement in resilience and mental wellbeing for young people (VicHealth 2015d; VicHealth 2015e). While there is some research indicating success of programs aimed at improving individual resilience and relationships between young people and their families, there is scope to broaden our knowledge in this area. There is, however, little knowledge about the effectiveness of programs to improve resilience at an organisational and community level, particularly in an Australian context. This creates an exciting opportunity for VicHealth to contribute new knowledge through our Mental Wellbeing Strategy.

Finding robust measures is important because of the potential contribution that social and emotional skills can make in improving economic and social outcomes more broadly. A report from the Organisation for Economic Co-operation and Development (OECD) regarding longitudinal studies undertaken in nine OECD countries showed that “raising children’s cognitive, social and emotional skills, can have strong positive effects on their subjective wellbeing, education and labour market experiences and their future prospects” (OECD 2015).

Working within an evidence-based frame, we will continue to evaluate all of our activities and share these learnings. We will track our progress through:

- **measuring effectiveness and uptake of new approaches**
- **evaluating new processes for co-investment**
- **consulting with new cross sector partners**
- **building learning through communities of practice**
- **working directly with young people.**

We look forward to working with our partners to strengthen resilience in Victoria’s young people.



# VicHealth's Actions 2015–2019

## Innovate

### Digital & online



Co-design strategies with young people to build their resilience.

## Inform

### Workplaces



Strengthen and embed resilience-building initiatives in workplaces.

## Integrate

### Schools



Strengthen and embed resilience-building initiatives in schools.

### Communities & organisations



Partner with social innovators to champion new approaches to building resilience in the arts, sport, digital, work and education sectors.

### Collaborations & leaderships



Inform evidence-based debate about the impact of online activity and mental wellbeing, including pornography.

### Communities & organisations



Contribute to more inclusive, safe and respectful environments through integrating our learnings in relation to preventing violence against women and race-based discrimination.

### Arts



Get more people active and participating through new arts partnerships.

### Arts



Build individual and community resilience through public discussion about arts-based health promotion.

# RESOURCES

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Our work in improving mental wellbeing will require a collective effort. For this reason, VicHealth has developed a range of resources that inform our Mental Wellbeing Strategy and can assist our partners in planning and undertaking this new work together.

## **A mental wellbeing snapshot**

A summary of current evidence on mental wellbeing

## **Bright futures: megatrends impacting the mental wellbeing of young Victorians over the coming 20 years**

A strategic foresight report which combines stakeholder and expert consultation, horizon scanning and trends analysis to identify five megatrends related to youth mental health and wellbeing

## **Current theories relating to resilience and young people: a literature review**

A review of six of the key theorists in the field of resilience followed by a comprehensive discussion

## **Epidemiological evidence relating to resilience and young people: a literature review**

A review of the literature to identify protective factors that contribute to the development of resilience among children, adolescents, and young adults

## **Evidence review: addressing the social determinants of inequities in mental wellbeing of children and adolescents**

An overview of the social determinants of inequities in mental wellbeing in children and adolescents, evidence on interventions which address inequities in wellbeing and identifies the evidence and conceptual gaps

## **Evidence review: international literature review on mental wellbeing & resilience relating to young people & communities**

An international literature review undertaken by Young and Well CRC and Community Works

## **Interventions to build resilience among young people: a literature review**

A review of the literature relating to interventions designed to contribute to the development of resilience among children, adolescents and young adults

## **VicHealth's Active Arts Strategy (2014–2017)**

A three-year strategy to promote people's physical and mental wellbeing by bringing people together to be involved in participatory arts and movement-based activities

## **Young Australians' attitudes to violence against women (2015)**

This report summarises findings and discusses implications relating to the youth sample (1923 people aged 16–24 years) in the 2013 National Community Attitudes towards Violence Against Women Survey

## **Young Victorians' resilience and mental wellbeing survey: summary and full report**

A computer assisted telephone interview (CATI) survey of 1000 young people in Victoria carried out in May 2015

*These resources are available to download from the VicHealth website. More information about VicHealth's work in mental wellbeing can be found at [www.vichealth.vic.gov.au/our-work/improving-mental-wellbeing](http://www.vichealth.vic.gov.au/our-work/improving-mental-wellbeing)*

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Victorian Health Promotion Foundation  
PO Box 154 Carlton South  
Victoria 3053 Australia  
T +61 3 9667 1333 F +61 3 9667 1375

[vichealth@vichealth.vic.gov.au](mailto:vichealth@vichealth.vic.gov.au)  
[vichealth.vic.gov.au](http://vichealth.vic.gov.au)  
[twitter.com/VicHealth](https://twitter.com/VicHealth)  
[facebook.com/VicHealth](https://facebook.com/VicHealth)

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