Shifting mental health policy to embrace a positive view of health: a convergence of paradigms

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Introduction

Promoting mental health and preventing mental illness has been on the political agenda in Australia for more than a decade, which is demonstrated by significant investment in national strategies and initiatives to achieve these outcomes. Underpinning this focus has been comprehensive national policy to guide investments. The purpose of this editorial is to outline the mental health policy landscape in Australia, discuss the influence of public health in shifting mental health policy to embrace a broader understanding of health and well-being, and the implications for an ongoing collaboration between the mental health and public health sectors in policy reform.

Mental health policy context in Australia

In Australia, the National Mental Health Strategy and the National Suicide Prevention Strategy have provided the impetus and the vehicles for the reform of mental health services and reducing the incidence of suicide. More recently, the Council of Australian Governments (COAG) has launched the most significant investment in mental health reform to date. The sum of $1.9 billion has been committed over five years under the COAG *National Mental Health Plan*,[1] with funding being provided across a range of different government departments.

The National Mental Health Strategy was endorsed by the Australian Health Ministers in 1992 and represented the first attempt to co-ordinate mental health reform at a national level. The strategy has been guided by three national mental health plans since its inception: the *First National Mental Health Plan* (1993),[2] the *Second National Mental Health Plan* (1998-2003),[3] and the *National Mental Health Plan 2003-2008*.[4] All three plans reflect the focus of mental health reform shifting from institutional care to supporting individuals in the community and the need for increasing attention to be given to promoting mental health and preventing mental illness. Given that Australia has had one of the highest suicide rates in the world, preventing suicide has had strong political currency at the highest level of government. Guiding the National Suicide Prevention Strategy has been a national framework, *Life: A framework for preventing suicide and self harm in Australia*.[5]

Mental health and suicide prevention policies in Australia acknowledge that treatment interventions alone cannot significantly reduce the burden of mental illness and that prevention and promotion approaches are important in order to achieve this. The *Second National Mental Health Plan* identified mental health promotion and prevention of mental disorder as one of the four key priority areas. However, it was widely recognised there was little understanding within the mental health sector about how to make progress on this agenda. As a result, the Federal Government established the National Promotion and Prevention Working Party to guide and oversee the development of a National Action Plan for Promotion, Prevention and Early Intervention for Mental Health. The working party consisted of members nominated by the Mental Health Working Group and the Public Health Partnership, the key groups leading the mental health and public health sectors in Australia at that time. This represented an important collaboration and recognition that the mental health sector alone could not achieve desired outcomes.

In 2000, the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*[6] (the National Action Plan) was released by the Federal Government with a companion document, *Promotion, Prevention and Early Intervention for Mental Health: A Monograph*,[7] outlining the conceptual framework and evidence underpinning the policy. This represented landmark policy and has been regarded highly in the international arena. Australia made a significant contribution to the development of the World Health Organization (WHO) (2004) international policy documents *Promoting Mental Health: Concepts, Emerging Evidence, Practice*[8] and *Prevention of Mental Disorders: Effective interventions and policy options*.[9]

Since the release of the National Action Plan, several other related national policies have been developed. These include:

- *The National Strategy for Aboriginal and Torres Strait Islander People's Social and Emotional Wellbeing 2004-2009*.[10]

- *Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia*.[11]

- *Principles and Actions for Services and People Working with Children of Parents with a Mental Illness* (2004).[12]

- *Pathways of Recovery: 4As Framework for Preventing Further Episodes of Mental Illness* (2006).[13]

Concepts of promotion and prevention in mental health policy

Developing mental health policy that includes concepts of promotion and prevention is both exciting and challenging because it brings about the convergence of a diverse range of sectors, workforces, governments, systems and theoretical paradigms. In the remainder of this editorial, I want to highlight some of these.

Collaboration between mental health and public health: a convergence of paradigms

The National Action Plan was endorsed by the mental health and public health sectors in recognition of the collaboration required for implementation. The influence of public health is evident in the policy framework in several ways. First, the conceptual framework embraces a social view of health, including defining mental health in terms of well-being and articulating the social and economic determinants that influence mental health. Second, the policy supports a health promotion framework as outlined in the Ottawa Charter (WHO 1986), which emphasises that health is created within the settings of everyday life (i.e. family, school, workplace, community) and locates mental health within a holistic framework of health.[14] According to WHO: "There is no health without mental health."[15] These settings are important in influencing mental health and thereby lay the foundation for intersectoral collaboration in improving the mental health of all Australians. Third, the policy supports a population health approach (i.e. universal interventions applicable to the population as a whole) rather than primarily individually focused approaches. The underlying principle is that mental health is integral to overall health and therefore has universal relevance to all.

The process of developing the policy has brought about a convergence of paradigms and frames of reference in attempting to integrate a social view of health with a more medical/clinical paradigm. Language and focus have been hotly contested areas with a reframing of terminology and concepts required. For example, defining mental health as a social construct, as a statement of positive well-being, is quite different to defining mental health as the absence of mental illness. Furthermore, focus on social and economic determinants and the settings of everyday life are broader than the individual and associated risk and protective factors.

Collaboration between levels of government: a convergence of political priorities

The Australian Government has provided leadership in ensuring mental health promotion and prevention of mental disorder are priorities included in national mental health and suicide prevention policy. It is further demonstrated by allocating funding from both the National Mental Health and Suicide

Prevention Strategies to initiatives and projects that implement the actions outlined in the policies. Consequently, there is bi-partisan support at the national level.

As Australia is a federated system, the States and Territories have jurisdictional responsibilities. Although national policy reflects a level of national co-ordination, it still requires the jurisdictions to provide consistent policy at the State and Territory level. This is largely dependent on synergies between political priorities at the national and local level and the differing constituent bases. For example, the Australian Government funds general practitioners while the State and Territory governments fund hospitals and health services and their associated workforces. Implementation of the National Action Plan requires collaboration between these levels of government, the process bringing about the convergence of political priorities, constituent bases and economic capacity. Progress has been slow and inconsistent, but seven years on from the launch of the National Action Plan most jurisdictions have policy and a level of investment in place. However, without the impetus provided at the national level, efforts at the jurisdictional level have been variable. The standout is the Victorian Health Promotion Foundation (VicHeath), which has been a clear leader and relatively unmatched by any other jurisdiction. VicHealth's framework for the promotion of mental health and well-being, articulated in *A Plan for Action 2005-2007: Promoting Health and Wellbeing*,[16] is an excellent example of applying a health promotion framework to mental health.

Mental health is everybody's business: a convergence of sectors and settings

The National Action Plan and other related policies clearly identify a range of settings, sectors and population groups where action needs to be taken. This focus on the settings of everyday life and population groups is quite a shift in mental health policy that usually focuses on service delivery and often adopts a paternalistic approach to intersectoral collaboration. Collaboration for the mental health sector usually occurs in the context of continuity of care, referral pathways and, sometimes, shared care where the mental health sector directs the connections. The collaboration required for the type of action proposed in the National Action Plan is one of mutual recognition and respect for the contributions varying sectors make to achieve positive mental health and well-being. The rhetoric of "mental health is everybody's business" can also run the risk of being nobody's business as the responsibility for action is contested.

There are some good examples in Australia of different sectors outside of health working with the mental health sector to promote mental health. These include education (secondary and primary schools), media (journalists and journalism

training), workplaces, community groups and organisations. However, the collaborative effort is also required within the health sector (i.e. physical health, drug and alcohol, youth health, general practice, primary care and aged care) and is even more challenging. One of the big issues within the health sector is the continual tension between investing in treatment and early intervention approaches and the more upstream prevention and promotion approaches. Other tensions include attitudes and perceptions, roles and responsibilities and professional differences and frames of reference.

Many of the key drivers of the mental health promotion agenda lie outside the health sector. Implementation of mental health promotion and prevention approaches requires different sectors, organisations and workforces to work together as no one sector can achieve this on their own.

Implementation focus at the national level is on systemic or structural change: a convergence of individual and system change processes

One of the exciting developments occurring in Australia over the past decade is that the focus nationally on implementation has been on changing systems and structures to create better environments for health and enhancing resilience in order to promote positive health and prevent mental illness. Following are two examples of this: general practice, where the focus is on structural change, and schools, where the focus is on systemic change.

There has been significant reform of general practice through changes to Medicare that enable general practitioners to provide better mental health care, identify mental health problems earlier and have better referral pathways to other professionals (i.e. The Better Outcomes in Mental Health Care Initiative). The focus on mental health has never been greater in general practice and there are myriad programs and training being rolled out nationally. The establishment of Divisions of General Practice has provided a valuable mechanism for intersectoral collaboration and training activities that is unlikely to have been achieved otherwise. While on the surface this might be seen as early intervention by improving service delivery, this structural reform in general practice has proved invaluable in building the capacity of general practitioners and the general practice sector to engage in mental health promotion, prevention and early intervention activities.

Other significant initiatives have been occurring in schools. MindMatters,[17] a national mental health promotion initiative in secondary schools, has been a collaborative venture between health and education. The focus of MindMatters has been to develop and implement a whole school approach to building mental health and well-being and improving environments for health. This includes all components of the school community: students, staff, parents and community stakeholders. A similar approach is now also being implemented in primary schools with the KidsMatter Initiative.[18] These initiatives occurring in schools demonstrate collaboration between sectors and the implementation of universal approaches that encapsulate the policy intent. While many documented mental health promotion initiatives in schools are classroom-based interventions, the national approach in Australia is 'whole school' that aims for systemic change.

In keeping with solid public health approaches, our challenge in this area is to continue to refine the policy and practice contexts to ensure that the upstream social and economic determinants of health are addressed while workforces and settings for action are also modified to facilitate positive mental health outcomes.

Summary

Mental health policy in Australia has been significantly influenced by public health in articulating the concepts, evidence and action required to promote positive mental health and well-being and prevent illness. The collaboration has been an important one in the history of mental health policy development in Australia as it represents the juxtaposition of different paradigms and perspectives. However, no matter how good policy is, its real worth is its ability to effect change. Thus, it is even more important that the collaboration extends well beyond the policy development phase to implementation to ensure the upstream focus is maintained. Without the ongoing input of public health, it would be easy for the mental health sector to return to a predominantly medical model paradigm and lose the momentum that has been achieved.

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