

Guest editors

This theme issue of the *Health Promotion Journal of Australia* focuses on mental health promotion, an aspect of health promotion that does not always get the same attention as physical health issues but is no less important. As guest editors, Louise Rowling and Lyn Walker have excelled in producing an international-standard issue of the journal. We are confident that this series of papers will represent an important milestone in the mental health promotion literature. Many, many thanks from the joint editors!

Chris Rissel, Adrian Bauman and Jan Ritchie

Mental health takes central role in health promotion activities

Lyn Walker and Louise Rowling

The burden of mental health disorders and problems has increased over the past few decades, despite the overall health gains of the world population. Mental health disorders and problems affect more than 25% of people worldwide at some time during their lives and are present in approximately 10% of the population at any given time.¹

Depression alone, because of its relatively high lifetime prevalence and the disability caused, is a big global health problem. It is estimated that by 2030 depression will be one of the leading causes of disease along with heart disease and HIV/AIDS.²

The costs associated with mental health problems and disorders are significant. In addition to the enormous pain and suffering of individuals and families, in Australia it is estimated that the total annual cost of mental illness is approximately \$20 billion, which includes the cost of lost productivity and participation in the workforce.³

We also know that there are clear links between mental health and physical health. For example, depression increases the likelihood of developing a chronic physical illness, particularly cardiovascular disease or stroke.^{4,5} Likewise, there are also well-established links between socio-economic status and mental health. We now know that people who have social and economic disadvantages also experience mental health problems at a higher rate.⁶

As a consequence of the prevalence and effects of mental ill health, in recent decades more global attention has been focused on developing policies, programs, organisations and workforces designed to promote mental health and prevent escalating levels of mental illness.

Contested areas of policy and practice have emerged. Are we best to focus our efforts on dealing with individuals with

existing mental health problems? Should we be intervening early to promote mental health and prevent mental health problems occurring with populations at risk? Should we be developing whole-of-population approaches that strive to improve the mental health status of all? Or should we be developing appropriate strategies to ensure that all of these domains are addressed?

Additional questions arise when we consider the aims of our activity. Should we be focused on building resilience to cope with stressful life events and health-damaging environments at the individual level, or should we be concerned with altering these social and economic environments and, in so doing, focus on the prevention of illness at its source? If we are to build resilience while also addressing the environments that have a negative impact on health, then which professions have a role to play in this work?

Although these arguments remain unresolved, significant advances have been made through development of the first international report on *Promoting Mental Health, Concepts, Emerging Evidence and Practice*. This report indicates there is general agreement that:

1. Mental health promotion is a central component of health promotion activity.
2. A solid evidence base exists with which to make progress on mental health promotion policy and practice.
3. A focus on individuals and communities in addition to the social, economic and political systems in which health is created is an integral aspect of mental health promotion activity.
4. Developing cross-sector and cross-discipline approaches incorporating mutually reinforcing methods are central to our success in this area.⁷

The promotion of mental health as a component of health promotion has a relatively short history. However, there are clear synergies between the promotion of mental health and activities designed to promote physical health. There are also clear overlaps between the determinants of physical and mental health, with a body of evidence indicating that if we focus on reducing mental health problems resulting from unfavourable social and economic conditions we are also likely to have positive effects in a range of other areas including alcohol and drug use, crime, and educational achievement.⁸

The article in this issue by Toumbourou et al. focuses on this issue through exploration of interventions designed to reduce substance misuse, prevent violence and improve child health in low socio-economic areas and populations. The evidence presented indicates that intervention benefits in any one of these areas is likely to have reciprocal effects in reducing both the physical and mental health problems that tend to be prevalent in these communities.

This special issue of the *Health Promotion Journal of Australia* is testament to the maturity of mental health promotion research policy and practice across the globe. The article contributed by Eva Jane Llopis describes developments and transitions in the field of mental health promotion taking place across Europe, while Margaret Barry focuses on integration and measurement of community-level interventions to promote mental health in Ireland. Jennie Parham, in her editorial, looks at advances made in Australia with specific focus on partnership development between those working in mental health and public health to achieve shared aims.

In keeping with health promotion practice, articles focusing on populations at risk, settings for action and adoption of a range of methods to promote mental health and prevent mental health problems are also included in this journal. Of note is material contributed by Jalleh et al., who discuss communication approaches to the promotion of mental health. Tony LaMontagne et al. focus on developing systems approaches to mental health promotion in order to create workplace environments that are health promoting rather than health damaging. Likewise, the article contributed by Louise Rowling focuses on mental health promotion within the education setting and uses the MindMatters Program, developed in Australia, as an illustration of the paradigmatic shift that has occurred in school mental health promotion to promote the mental health and well-being of our school-aged population.

As is the case with colonised countries across the globe, Australia's Indigenous people experience significantly higher rates of health problems than other citizens. The Western Australian Aboriginal Child Health Survey indicates that 24% of Aboriginal children aged 4-17 years were assessed as being at high risk of clinically significant emotional or behavioural difficulties compared with 15% of all children. Those who had been subject to racism in the past six months were more than twice as likely to be at high risk of emotional and behavioural difficulties than those who had not experienced racism.⁹ The articles developed by Clelland et al. and Stacey et al., which examine work taking place to improve the mental health status of Indigenous Australians, make a valuable contribution to our knowledge in this area.

Although there are many contemporary and innovative approaches to promoting mental health of subpopulations and using a settings approach, the article contributed by Wise et al. explores a new frontier for mental health promotion. It looks at democracy and the critical role that civic participation plays in ensuring individual engagement, social cohesion and ensuing mental health.

Issues pertaining to research, evaluation and measurement are also discussed in detail by authors who are forging practical collaborations across States and countries to support evolution

of evidence-based, well-evaluated approaches to mental health promotion activity.

The article contributed by Wiseman et al. indicates our capacity for lateral thought through focus on measurement of interventions to promote mental health at the individual, organisational and community levels. While these distinct areas may have been viewed previously as the separate domains of professionals working in psychiatry, organisational development, community building, social policy or politics, there is now emerging understanding of the roles that each of these disciplines can play to promote mental health at the individual, organisational and societal levels.

This concept is reinforced if we consider the article by Verins et al., which discusses contemporary approaches to cross-sector workforce development and uses the VicHealth Mental Health Promotion Short Course as a case example. It is clear that we are now developing cross-sector and cross-discipline research, policy and practice to promote mental health and prevent mental illness. It is also clear that each discipline has a skillset to offer, each sector has a role to play, and when combined these varying contributions forge the critical mass and effort required to harness change.

Our challenge over the next decade will be to consolidate this work and to continue to forge State, national and international collaborations to ensure that the benefits resulting from our promotion efforts are shared across communities and within developed and developing countries.

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