

Victorian Health Promotion Foundation

A Plan for Action 2005 – 2007

Promoting Mental Health and Wellbeing

Mental Health Promotion Framework 2005 – 2007

Key Social & Economic Determinants of Mental Health & Themes for Action

Social inclusion

- Supportive relationships
- Involvement in community & group activities
- Civic engagement

Freedom from discrimination & violence

- Valuing of diversity
- Physical security
- Self determination & control of one's life

Access to economic resources

- Work
- Education
- Housing
- Money



Population Groups & Action Areas

Population groups

- Children
- Young people
- Women & men
- Older people
- Indigenous communities
- Culturally diverse communities
- Rural communities

Health promotion action

- Research, monitoring & evaluation
- Direct participation programs
- Organisational development (including workforce development)
- Community strengthening
- Communication & social marketing
- Advocacy
- Legislative & policy reform



Settings for Action

HOUSING TRANSPORT	COMMUNITY SERVICES CORPORATE	EDUCATION PUBLIC	WORKPLACE ARTS	SPORT & RECREATION LOCAL GOVT	HEALTH JUSTICE	ACADEMIC
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Intermediate Outcomes

Individual

- Projects & programs which facilitate:
- Involvement in community & group activities
 - Access to supportive relationships
 - Self esteem & self efficacy
 - Access to education & employment
 - Self determination & control
 - Mental health literacy

Organisational

- Organisations which are:
- Inclusive, responsive, safe, supportive & sustainable
 - Working in partnerships across sectors
 - Implementing evidence-informed approaches to their work

Community

- Environments which:
- Are inclusive, responsive, safe, supportive & sustainable
 - Value civic engagement
 - Are cohesive
 - Reflect awareness of mental health & wellbeing issues

Societal

- A society with:
- Integrated, sustained & supportive policy & programs
 - Strong legislative platforms for mental health & wellbeing
 - Appropriate resource allocation
 - Responsive & inclusive governance structures



Long-term Benefits

- Increased sense of belonging
- Improved physical health
- Less stress, anxiety & depression
- Less substance misuse
- Enhanced skill levels

- Resources & activities integrated across organisations, sectors & settings

- Community valuing of diversity & actively disowning discrimination
- Less violence & crime
- Improved productivity

- Reduced social & health inequalities
- Improved quality of life & life expectancy



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Promoting Mental Health and Wellbeing

Published by Mental Health and Wellbeing Unit
Victorian Health Promotion Foundation
15-31 Pelham St Carlton
Available at: www.vichealth.vic.gov.au

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Authorised by Victorian Health Promotion Foundation
15-31 Pelham Street, Carlton

Printing organised by Invicium Print Management

ISBN 0-9757335-0-8

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Foreword



There has been increasing recognition internationally of the growing impact of mental health problems and disorders. It is predicted that by the year 2020 depression alone will be the second highest cause of disease burden worldwide (WHO 2001). Addressing this burden has been identified as a pressing priority of the World Health Organization (WHO) and its Member States, among them the government of Australia.

Mental health problems are unfortunately very common and their human, social and economic consequences are great. Newer methods of treatment and rehabilitation are being developed, but there is increasing realisation of the serious limitations of focusing solely on treatment and rehabilitation of those affected by mental disorders. The fundamental challenge is to identify and invest in better ways of promoting mental health and wellbeing and preventing problems before they occur.

The potential in such an approach is significant. We know that factors in the environments in which we live, work, learn, play and build relationships with one another are among the most powerful influences on mental health. Since it is possible to modify many of these, addressing the growing mental health burden is clearly within our grasp.

Mental health promotion has been identified by the WHO as an important component in an overall strategy to address the global burden of disease associated with poor mental health. The WHO has supported an international collaboration to foster development in this area, with the outcomes to be reported in a forthcoming publication *Promoting Mental Health: Concepts, Emerging Evidence, Practice* (Herrman, Saxena & Moodie in press).

The Victorian Health Promotion Foundation (VicHealth) has contributed to this international work. In 1999 it released its *Mental Health Promotion Plan 1999–2002*, making it among the first bodies globally to develop and implement a specific framework for the promotion of mental health and wellbeing.


The Framework, which has since been further refined, is outlined in this document. It focuses on three factors demonstrated to have a particular influence on mental health: social inclusion, freedom from discrimination and violence, and access to economic resources such as employment, income and housing.

The range of health promotion actions that have proven effective in dealing with other health issues, such as tobacco control, healthy eating and physical activity, are applied to address the mental health burden. These actions include communication and social marketing campaigns, workforce development, organisational and community development, advocacy, legislative reform and research and evaluation.

The value of supporting individuals to develop the personal skills required for good mental health is recognised in the Framework. However, it places particular emphasis on supporting communities and organisations to create environments that are conducive to mental health and wellbeing.

As many of the factors influencing mental health lie outside the health system, partnerships with individuals and organisations in other sectors, such as those concerned with housing, employment, sport and recreation, education and income security, are identified as pivotal to effective mental health promotion. This includes funding partnerships with both government and non-government organisations to increase the resource base for mental health promotion, engage a wider range of sectors and ensure that mental health promotion is integrated into new and existing initiatives in a sustained way.

Health promotion practice is still very much in its infancy. The application of health promotion methods to mental health is a newer endeavour still. However, there are a number of government and non-government organisations keen to see continued development of knowledge, evidence and practice in this area. At the international level, this is currently being facilitated by the WHO, the International Union of Health Promotion and Education and the Consortium for the Worldwide Advancement of Promotion and Prevention in Mental Health.



This Plan makes an important contribution to these efforts, since it reflects many of the lessons learned both through the implementation of VicHealth's first mental health promotion plan and recent collaborative work at the international level. As well as being a planning document for VicHealth, we trust that it will also serve as an information resource for those across a range of sectors who are seeking to maximise opportunities to promote mental health and wellbeing in their programs, policies and practices.

It is now widely accepted that we can no longer respond to the disease burden associated with tobacco use, motor vehicle accidents and cardiovascular disease by providing treatment services alone. Addressing the mental health burden using health promotion approaches is a different and, in some respects, more complex challenge. Nevertheless, it is the vision of VicHealth that health promotion will become integral to our response to poor mental health, complementing high quality treatment and rehabilitation services for those suffering mental ill-health. More importantly, our hope is that this will contribute to sustained improvements in mental health in countries across the world.



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Acknowledgements



Many individuals contributed to the implementation and evaluation of the Mental Health Promotion Plan 1999–2002 and to the development of this second plan. In particular, the following people are thanked for their contributions:

- individuals and members of organisations from a range of sectors that provided advice and technical support through their participation in VicHealth’s Mental Health and Wellbeing Advisory Panel and advisory groups (see p35);
- the 560 organisations and institutions from across sectors that contributed to project activity, undertook research and worked with VicHealth in advocacy activities relevant to the promotion of mental health and wellbeing;
- government and non-government partners participating in joint funding ventures in mental health promotion;
- members of the VicHealth Board for their support for ongoing development in mental health promotion, in particular Jane Fenton, Jerril Rechter, Elaine Canty and Belinda Jakiel for their close involvement in the development of activity;
- the Sydney Health Projects Group, School of Public Health, University of Sydney for their review of the international evidence on the determinants of mental health and actions for addressing them;
- those who assisted in the evaluation of projects and project schemes, in particular John McLeod, Clare Keating and Helen Keleher who also contributed to the development of resources to progress mental health promotion at the field level; and
- the staff of VicHealth, in particular the staff of the Mental Health and Wellbeing Unit, for their energy and commitment in carrying this work forward.

1



Background

In the last decade there has been growing national and international attention on increasing the investment in the promotion of mental health and prevention of mental ill-health. Promotion and prevention were identified as a priority in the Australian Government's *National Mental Health Strategy* for the first time in 1997 (Australian Health Ministers 1998). This was followed by the release of the first *Mental Health Promotion and Prevention National Action Plan* in 1999 (CDHAC 1999).

Recognising that it was well placed to contribute to this national agenda, VicHealth identified mental health promotion as a priority area for investment. In consultation with over 100 key stakeholders, policy-makers and funding bodies it developed its *Mental Health Promotion Plan 1999–2002* (VicHealth 1999). The plan involved the mapping of key international, national and state activity in mental health promotion. A fundamental component of the plan was the development of a mental health promotion framework to guide innovations.

The 1999–2002 plan was developed and implemented with input from the sport, arts, education, community health, legal and corporate sectors and governments at national, state and local levels. Implementation involved a three-year program of intervention trials, advocacy and co-funded activity aimed at improving the capacity of individuals, organisations and communities to promote mental health and wellbeing. It was accompanied by an extensive program of research and evaluation. This has enabled VicHealth to gain a better understanding of the factors influencing mental health and wellbeing and of effective health promotion practices.

Since commencing work in this area, VicHealth has also undertaken ongoing monitoring of the national and international evidence for mental health promotion. This included commissioning the Sydney Health Projects Group of the University of Sydney to conduct a review of the evidence of social and economic influences on mental health and the effectiveness of intervention strategies designed to address mental health and wellbeing in key areas.

The place of mental health promotion has also been consolidated in the Australian Government's *National Mental Health Strategy* over this time. The *National Action Plan* was revised as the *National Action Plan for Promotion, Prevention and Early Intervention* in 2000 (CDHAC 2000a) and promotion and prevention was one of four priority themes identified in the third *National Mental Health Plan 2003–2008* (Australian Health Ministers 2003). That plan calls for increased support for mental health promotion at governmental and community levels and identifies the need to consolidate the evidence base for the prevention of mental health problems and mental illness. As indicated in the foreword to this document, mental health promotion is also gaining increasing prominence at the international level.

VicHealth has identified mental health as a continuing priority in its *Strategic Plan 2003–2007*. This update on the original Mental Health Promotion Plan has been developed to guide VicHealth activity in this area and serve as an information resource for policy-makers, researchers, community organisations and practitioners working across sectors. It draws on the lessons learned in the course of implementing and evaluating the *Mental Health Promotion Plan 1999–2002*, on the emerging evidence and on policy directions at both the national and international levels. It refines VicHealth's Mental Health Promotion Framework and outlines key directions for research and implementation activity to be undertaken during 2005–2007.

The data, evidence reviews, research projects and evaluations used to support the development of this document are available on the VicHealth website at www.vichealth.vic.gov.au.



A definition of mental health

Definitions of mental health and social wellbeing are more complex than those concerned with physical health. Many people feel more comfortable with the term 'psychological and emotional wellbeing' as 'mental health' is a term they equate with mental illness.

The following simple definition is adopted in this plan to ensure wide community understanding of the importance of mental health and its relevance to all people:

Mental health is the embodiment of social, emotional and spiritual wellbeing. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just (VicHealth 1999).



Why promote mental health?

Mental health problems and disorders are prevalent and are predicted to contribute an increasing proportion to the total burden of disease in coming decades. Poor mental health has serious human, social and economic consequences.

It is important that appropriate care and treatment programs are in place for those experiencing mental ill-health. However, there is increasing recognition internationally that the costs of treating mental health problems and disorders are well beyond the capacities of most countries and that the growing burden is unlikely to be reduced through treatment alone.

At the same time, there is emerging evidence of opportunities to prevent many mental health problems and of the social and economic benefits of positive mental health. This suggests the need for a dual approach involving treatment and rehabilitation of those suffering mental ill-health while at the same time investing in strategies to promote mental health and wellbeing and to prevent problems developing.

Prevalence of mental health problems and disorders: The evidence

- It is estimated that mental health disorders account for 22% of the total disease burden of developed countries (Andrews et al. 1999).
- An estimated 1 in 5 people in Australia are affected by a mental health problem in any given 12-month period (CDHAC 2000a).
- At the global level, 1 in 4 families have at least one member currently suffering from a mental health or behavioural disorder (WHO 2001).
- In 2001, 10% of the Australian population reported having a long-term mental health or behavioural problem and 3.6% reported having a very high degree of psychological stress (ABS 2003).

Links between poor mental health and physical health: The evidence

- Poor mental health is a risk factor for poor physical health. Both the cardiovascular and immune systems are affected by prolonged exposure to stress, making people more vulnerable to a range of conditions including diabetes, high blood pressure, infections, heart attack and stroke (Wilkinson & Marmot 2003) as well as to complications in pregnancy (Syme 1996).
- There is a link between depression and anxiety and cardiovascular and cerebrovascular disease (Herrman, Saxena & Moodie in press). Depression, social isolation and lack of social support place people at greater risk of coronary heart disease and are as significant as other well-known risk factors such as smoking, high cholesterol and hypertension (Bunker et al. 2003).
- Poor mental health affects recovery from physical conditions. For example, people with depression are three times more likely not to comply with medical regimens for physical conditions than non-depressed patients (WHO 2003).



- Poor physical health contributes to poor mental health. For example, people with a chronic disease, such as cancer, hypertension or stroke, suffer markedly higher rates of depression than the general population. The rate for people with diabetes is nearly three times higher and that for people with HIV/AIDs nearly four and half times higher (WHO 2003).
- Poor mental health can reduce the desire to be physically active (Dowd et al. 2004). People reporting a high level of psychological stress are more likely to report being physically inactive than those with a low level (47% compared with 30%) (ABS 2003).

These data suggest that mental health needs to be addressed as an important component of improving overall health and wellbeing.

Poor mental health and reductions in productivity in the home, at work and in education: The evidence

- Between 35% and 45% of absenteeism from work is due to mental health problems (WHO 2003).
- Five per cent of Australians experience anxiety so crippling that it affects every aspect of their lives. Often it makes it difficult for them to hold down jobs, form and maintain relationships or enjoy normal leisure activities (ABS 1997).
- On average, people with a mental disorder have three days per month when they are unable to undertake normal activity because of their health problems. This compares with one day per month for people without mental health problems (National Media and Mental Health Group 2004).
- Students experiencing stress and anxiety are less likely to excel academically than those reporting high levels of wellbeing (Samdal et al. 1998).

The economic costs of poor mental health: The evidence

The cost of treating many mental health problems and disorders is being reduced and studies show that treatments can be cost-effective (WHO 2003). It is also estimated that between 44% and 77% of people with mental disorders in developed countries do not receive treatment for them (WHO 2003). Notwithstanding this:

- mental disorders accounted for annual health expenditure of \$3 billion in Australia in 2000–01. This represents 6.1% of total allocated health expenditure (AIHW 2004); and
- the health costs and loss of earnings related to suicide and suicide attempts alone in the year 1989–90 amounted to \$920 million (CDHAC 1999).



Poor mental health and other negative health and social outcomes: The evidence

- The factors that put people at risk of poor mental health are the same as those that increase the risk of other problems such as substance abuse, offending and violent behaviour, unsafe sexual practices, obesity and family and relationship difficulties (WHO 2003). In turn, having poor mental health places people at greater risk of having these problems (Walker & Rowling 2002).

Addressing mental health problems is therefore likely to result in improvements beyond improved health.

Good health involves reducing levels of educational failure, the amount of job insecurity and the scale of income differences in society. We need to ensure that fewer people fall and that they fall less far. Policies for education, employment and housing affect health standards. Societies that enable all their citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and deprivation (Wilkinson & Marmot 1998).

The benefits of mental health promotion

The benefits of mental health promotion include:

- improvements in physical health;
- greater productivity at work, school and home; and
- improved relationships in families, lower rates of substance abuse and antisocial and criminal behaviour and corresponding improvements in community safety.

Promoting mental health not only improves mental health and wellbeing in the present, but also helps to reduce the future disease burden. This is because children in family and community environments with limited access to resources required for positive mental health are at greater risk of having mental health problems as adults (Bradley & Corwyn 2002; CDHAC 2000b; McMunn et al. 2001; Najman et al. 2004; Power et al. 2000; Shaw & Krause 2002).



VicHealth's approach to mental health promotion

VicHealth's mission is to build the capabilities of organisations, communities and individuals in ways that:

- change social, economic and physical environments so they improve health for all Victorians; and
- strengthen the understanding and the skills of individuals in ways that support their efforts to achieve and maintain health.

In the past, the key focus of health promotion was on supporting changes in the behaviour of individuals and their knowledge of appropriate support services to enable them to protect and promote their health.

In recent years there has been increasing evidence that social and economic factors influence health (Wilkinson & Marmot 2003). For this reason, greater emphasis is being placed on achieving social and structural changes that will improve health and support and enable individuals to care for their own health. Examples of this include changes in regulatory activities (such as legislation banning smoking in restaurants) and in organisations (such as policies and programs in schools to support expectant young mothers to continue their education).

VicHealth has adopted WHO's approach to health promotion, which is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health. These determinants are not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income, social status, education, employment, working conditions, access to appropriate health services and the physical environment (VicHealth 1999).

Mental health promotion aims to achieve better mental health and wellbeing across populations by:

- focusing on improving the social, physical and economic environments that determine the mental health of populations and individuals;
- focusing on enhancing protective factors such as coping capacity, resilience and connectedness of individuals and communities in order to improve emotional and social wellbeing;
- identifying the whole population as the target group, with varying interventions being applied to specific population subgroups;
- applying the full range of health promotion methods, including research and evaluation, direct participation programs, organisational and workforce development, community strengthening, communication and social marketing, advocacy and policy and legislative reform;
- applying an evidence-informed approach and program logic in the planning of implementation activity;
- working collaboratively across sectors and governments; and
- measuring outcomes in terms of public policy, organisational practices, improved social conditions and health literacy (adapted from CDHAC 1999).

5



The VicHealth Mental Health Promotion Framework

A combination of factors influence an individual's mental health. The confluence of social, economic and environmental conditions together with an individual's heredity, luck, knowledge and skills ultimately determines a person's health outcomes.

The role of social and economic circumstances on recovery from mental illness is now well accepted, as evidenced by the increasing application of an approach which combines medical treatment, individual counselling and social support (often referred to as the bio-psycho-social model) in services and programs for people with mental illness (Australian Health Ministers 2003).

However, a growing body of evidence suggests that improving access to certain social and economic resources can also help to reduce or eliminate the risk of developing poor mental health and build resistance to or minimize or delay the emergence of problems. This is particularly the case for stress, anxiety and some forms of depression.

The VicHealth Mental Health Promotion Framework (see overleaf) begins with three socioeconomic determinants of mental health that form the basis for the themes for action: social inclusion, freedom from discrimination and violence, and access to economic resources.

Health promotion methodologies and actions are applied across a range of sectors to secure intermediate outcomes (such as increased sense of belonging or supported and integrated policy). These actions have proven to be effective in other areas of health promotion, such as tobacco control and reducing motor vehicle accidents, and are understood to have a legitimate role in the promotion of mental health and wellbeing. It is expected that through achieving these intermediate outcomes, longer-term outcomes such as improved mental health will result. In turn, these will contribute to reduced levels of substance abuse and improved physical health and productivity.

Mental Health Promotion Framework 2005–2007

Key Social & Economic Determinants of Mental Health & Themes for Action

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- Civic engagement

Freedom from discrimination & violence

- Valuing of diversity
- Physical security
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Access to economic resources

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Intermediate Outcomes

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Projects & programs which facilitate:

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- Self determination & control
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Organisations which are:

- Inclusive, responsive, safe, supportive & sustainable
- Working in partnerships across sectors
- Implementing evidence-informed approaches to their work

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Environments which:

- Are inclusive, responsive, safe, supportive & sustainable
- Value civic engagement
- Are cohesive
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Societal

A society with:

- Integrated, sustained & supportive policy & programs
- Strong legislative platforms for mental health & wellbeing
- Appropriate resource allocation
- Responsive & inclusive governance structures



Long-term Benefits

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Increased sense of belonging • Improved physical health • Less stress, anxiety & depression • Less substance misuse • Enhanced skill levels | <ul style="list-style-type: none"> • Resources & activities integrated across organisations, sectors & settings | <ul style="list-style-type: none"> • Community valuing of diversity & actively disowning discrimination • Less violence & crime • Improved productivity | <ul style="list-style-type: none"> • Reduced social & health inequalities • Improved quality of life & life expectancy |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|



The Framework in detail: Determinants of mental health and themes for action

Priority theme: Social inclusion

Concepts

A socially inclusive society is one 'where all people feel valued, their differences are respected, and their basic needs are met so that they can live in dignity'. Social exclusion is 'the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of the person into the community' (Cappo 2002).

Social inclusion can be considered from the perspective of the individual and is measured in terms of the number and nature of a person's networks and social ties, their participation in community life and their access to basic human entitlements. It can also be considered at a broader level and measured in terms of the extent of social cohesion, social connectedness, social ties, social networks and social, economic and human capital within a particular group, community or society.

Social inclusion and mental health and wellbeing: The evidence

- People who are socially isolated have between two and five times the risk of dying prematurely from all causes compared to those who maintain strong ties with family, friends and community (Berkman & Glass 2000).
- Young people who do not have confiding relationships are between two and three times more likely to experience depressive symptoms than peers who report more confiding relationships (Glover et al. 1998).
- There is growing evidence of correlations between various dimensions of social capital and aspects of mental health including: common mental illnesses (Pevalin 2002; Pevalin & Rose 2002); happiness and wellbeing (Putnam 2001; Saguaro Seminar 2002); self-assessed mental health status (Baum et al. 2000); depressive symptoms (Ostir et al. 2003); feelings of insecurity related to crime (Lindstrom et al. 2003); general psychological distress (Berry & Rickwood 2000; Berry & Rogers 2003); emotional health (Rose 2000) and binge drinking (Weitzman & Kawachi 2000).

Social exclusion: Some indicators

- Nearly 16% of Australian households cannot afford to participate in social activities such as family holidays, having a night out or having family or friends over for a meal (Saunders 2003).
- The proportion of people living alone is increasing markedly, with projections indicating that by the year 2021 between 2.4 and 3.4 million people could be living alone, an increase of 52–113% from the number in 1996 (ABS 2002). Between 1992 and 1997 the proportion of waking time people spent alone increased by 14% to 3 hours per day (ABS 2000). While living and being alone can be a positive choice for many, studies indicate that rates of mental and behavioural problems and psychological stress are higher among adults who live alone than in adults living in a household with at least one other person (ABS 2003).
- Participation in education is a key means of reducing the risk of social exclusion and poverty (BSL 2004, Anglicare 2003). However, people from lower socio economic status backgrounds are more likely to leave school early, have lower rates of literacy and numeracy and comprise a declining proportion of enrolments in higher education (Anglicare 2003).



Priority theme: Freedom from discrimination and violence

Concepts

Discrimination is the process by which a member, or members, of a socially defined group is, or are, treated differently (especially unfairly) because of his/her/their membership of that group...this unfair treatment arises from socially derived beliefs each group holds about the other, and patterns of dominance and oppression, viewed as expressions of a struggle for power and privilege (Oxford and Collins Dictionaries of Sociology, cited by Krieger 2001). The major forms of discrimination are based upon race and ethnicity, gender, sexual preference, disability, age, religion and social class. People can often experience multiple forms of discrimination (Krieger 1999).

As well as being perpetrated by individuals, discrimination can be practised by institutions, through, for example:

- under-representation of minority group members in the media;
- reinforcement of negative stereotypes in the reporting of conflicts involving minority groups;
- continuing restrictive immigration policies;
- limitations on access to education and employment for minority group members; and
- limitations on access to adequate standards of health, housing and basic infrastructure (Sanson et al. 1998).

Discrimination and mental health and wellbeing: The evidence

- Racial discrimination has been found to be associated with a poorer sense of wellbeing, lower self-esteem and sense of control or mastery, psychological distress, major depression, anxiety disorder and other mental disorders (Brown et al. 2000; Kessler et al. 1999; Williams & Williams-Morris 2000) and associated reductions in productivity (Krieger 2000; Mackenzie 2003).
- Suicide rates are significantly higher among Indigenous (CDHAC 2000) and same sex attracted young people (Walker & Rowling 2002) than for young people across the whole population.

Discrimination: Some indicators

- In 2001 Aboriginal and Torres Strait Islander people reported higher rates of unemployment, poorer educational outcomes and lower rates of home ownership (AIHW 2004). Indigenous high school retention rates are half that of non-indigenous youth (35% compared to 70%) and Indigenous young people are more than twice as likely to experience unemployment as non-indigenous young people (Muir et al. 2003).
- In a consultation with new and emerging communities conducted by the Human Rights and Equal Opportunity Commission, it was found that these groups were affected by both direct and indirect discrimination (HREOC 1999).
- Women's total average earnings are just 66% of men's and this is less than they were ten years ago. More than 160,000 women are prevented from working because they cannot get childcare (Summers 2003).
- Less than 10% of senior executives in Australian companies are women and women comprised only 8.2% of the directors of Australia's top 200 companies in late 2002 (Summers 2003).



Priority theme: Freedom from discrimination and violence

Concepts

The WHO defines **violence** as the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation (WHO 1996).

Violence is typically understood as occurring on a continuum from emotional, psychological and economic abuse through to physical and sexual violence.

Violence and mental health and wellbeing: The evidence

- People who experience the trauma of bullying are more likely to suffer depression and other psychosocial problems such as low self-esteem, poor self-concept, loneliness and anxiety (Hawker & Boulton 2000).
- People who suffer physical violence as children are more likely to experience a number of problems as adults, including a lower sense of personal control, less emotional support and more negative interactions with family and friends. These factors in turn are associated with depressive symptoms in adulthood (Shaw & Krause 2002).
- Women who are exposed to violence are at greater risk of poor mental health (WHO 2000). Intimate partner violence is responsible for 9% of the total disease burden in Victorian women aged 15–44, with anxiety and depression accounting for over 60% of this burden (VicHealth 2004).

Violence: Some indicators

- One in five Victorian women report being physically or sexually abused by an intimate partner at some time in their adult lives (VicHealth 2003).
- It is estimated that one in six children and young people between the ages of 7 and 17 years are bullied by their peers each week in Australian schools (Rigby 2002).



Priority theme: Access to economic resources

Concepts

Access to economic resources includes:

- access to work and meaningful engagement;
- access to education;
- access to adequate housing; and
- access to adequate financial resources.

Economic resources include not only employment, but also the money to feed and clothe oneself and one's family and to participate in community life.


Employment does not only mean access to paid work. The nature of the employment, job security, appropriate levels of pay and job satisfaction also influence health (Dooley, Prause & Ham-Rowbottom 2000).

Talking about mental disorders means talking about poverty: the two are linked in a vicious cycle. Without well-targeted and structured investment in mental health, the vicious cycle of poverty and mental disorders will be perpetuated, thereby preventing poverty alleviation and development (WHO 2003).

Economic resources and mental health: The evidence

Occupying a low social rank limits access to material and psychosocial resources and affects individuals' ability to exercise autonomy and decision-making over severe life events. People with limited autonomy and control have been found to be at increased risk of depression (WHO 2000).

- People with low education levels, low-status occupations and low incomes have relatively poorer mental health than their higher status and more affluent counterparts (Astbury 2001; Schwabe & Kodras 2000; WHO 2000).
- Unemployed people experience higher levels of depression, anxiety and distress as well as lower self-esteem and confidence than employed people (ABS 2003; McClelland & Scotton 1998). So, too, do those who face job insecurity (Creed, Machin & Hicks 1999; Power et al. 2000).
- Children living in low socioeconomic status households and disadvantaged neighbourhoods suffer more anxiety, depression, substance abuse and delinquent behaviour and poor adaptive functioning. They are also more likely to be exposed to multiple adverse events and experiences. These can have a cumulative negative effect on their long-term mental health (Bradley & Corwyn 2002; McMunn et al. 2001; Power et al. 2000).



Access to economic resources: Some indicators

- In 2000, one in every eight Australians lived in income poverty. If poverty is assessed after housing costs have been accounted for, one in five adults aged 25–44 years were living in poverty (Harding, Lloyd & Greenwell 2001).
- While income inequality has increased in many developed countries, the rate of increase in Australia has been particularly marked, being exceeded by only three other developed countries – the United States, the United Kingdom and Ireland (Ziguras 2002).
- The unemployment rate in 2004 was 5.3% (ABS 2004). It is estimated that the rate would be twice this if the ‘hidden’ unemployed were also included (ACOSS 2003). That is, people who work fewer hours than they would prefer, those who have stopped looking for work because they do not believe they will be successful and those who face barriers to working such as lack of childcare. The unemployment rate is considerably higher for young people, recently arrived migrants, Indigenous Australians, young and older workers and people with disabilities (BSL 2002).
- Children in low income families have nearly five times less spent on their education per week than those in high income households. Fifty-nine per cent of children in low income families have access to a computer compared with 74% of children across the population (Zappala 2003).
- There are approximately three quarters of a million people in Australia considered to be in housing stress – that is, their incomes are so low and their housing costs so high that they have insufficient resources to meet other basic needs (Allen Consulting Group 2004 cited in BSL 2004).



The Framework in detail: Health promotion actions

The Framework adapts seven well-established health promotion actions or methodologies to the task of mental health promotion. These are:

- undertaking **research and evaluation** to improve the evidence base for mental health promotion and to ensure that advocacy activities are well targeted;
- developing **direct programs** to provide the opportunity for people to participate in activity that promotes mental health;
- developing the capacity of **organisations** to implement strategies that increase participation in a range of social, educational and economic activities and build safe and supportive environments. This includes the provision of education, training and other workforce development strategies to strengthen understanding of health promotion theory and practice across sectors and build a trained and skilled mental health promotion workforce;
- supporting **community strengthening** approaches that increase levels of civic engagement and assist communities to identify issues requiring action;
- **communicating** about mental health promotion issues through local, regional and national media and other avenues such as community meetings and forums;
- conducting **advocacy** activity at the community, organisational and broader societal levels with a view to fostering attitudes and practices conducive to good mental health; and
- achieving **reform of legislation, policies and programs** that impact on mental health.

The Framework in detail: Population groups

Health promotion actions can be applied in work with particular subpopulations. Some groups, such as young people and Indigenous Australians, are more likely to have poor mental health than other Australians. There are also particular opportunities for promotion and prevention at certain stages of the life cycle or because some population groups are particularly affected by factors determining mental health. For example, since a large proportion of the mental health disease burden in women is due to intimate partner violence, significant improvements in mental health among women can be achieved by focusing on this issue.

Mental health problems affect society as a whole, and not just a small isolated segment. They are therefore a major challenge to global development. No group is immune to mental disorders, but the risk is higher among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly (WHO 2003).



The Framework in detail: Working across sectors

Many of the influences on mental health occur in the settings in which we live our day-to-day lives, such as our homes, schools, communities and workplaces. This means that many of the 'drivers' of mental health and wellbeing lie outside the health care system. For this reason, the Framework identifies a number of settings for action ranging from public transport and housing to local government, community and business.

The need for collaborative practice in mental health promotion is firmly established by the socio-economic and political determinants of health. That is, influencing the determinants of health...will not be achieved by the health sector alone, but rather through an intersectoral approach. The multi-disciplinary approach involving research, policy and practice in employment, education, justice, welfare, the arts, sports, and the built environment aims to improve mental health through increased participation and social connectedness (WHO 2004).

The Framework in detail: Intermediate outcomes and anticipated longer-term benefits

The Framework is based on the understanding that long-term improvements in mental health are likely to be achieved by supporting sustained changes in individual skills and knowledge and in the broader environment. Accordingly, the health promotion actions are designed for implementation at a societal level (e.g. in legislation and regulatory frameworks), at an organisational level (e.g. in schools and workplaces), at a community level (e.g. by building social cohesion) and at an individual level (e.g. by building skills and resilience).

By facilitating social inclusion, reducing discrimination and violence and improving access to economic resources through these actions and at these levels, VicHealth aims to reduce stress, anxiety and depression and to promote positive mental health.



VicHealth's objectives

Opportunities for prevention and promotion in the mental health field exist at a number of levels and across a range of population groups. The objectives that will guide VicHealth's work in mental health promotion are outlined below.

These objectives were developed in accordance with priority setting criteria detailed in VicHealth's strategic plan *Strategic Directions 2003–2006* (VicHealth 2003b) and were based on lessons learned to date, the emerging evidence and national and international developments in mental health promotion.

Increasing the evidence base

Strategic objective *To increase the evidence base for promoting mental health and wellbeing to advance policy, practice and advocacy activity.*

Rationale:

- A strong evidence base is required to support advocacy activity with communities, organisations and governments to ensure sustained changes in the factors influencing mental health and wellbeing. This is recognised internationally and in Australia's national mental health policy. This activity is more likely to be facilitated through larger-scale intervention research and evaluation, where there is clear capacity to influence policy and program development.
- Mental health promotion is a new and developing field of activity. There is a need for a better understanding of effective interventions, particularly those that address factors causing poor mental health at their source.

Developing skills and resources

Strategic objective *To develop the skills and resources of individuals, organisations and communities to sustain mental health promotion activity.*

Rationale:

- Skilled practitioners across sectors are essential to the development and implementation of evidence informed health promotion practice. As mental health promotion is a new field of activity, development of these skills requires more conscious support. Particular emphasis needs to be placed on supporting the development of skills and knowledge required to address the social, economic, political and cultural influences on mental health.
- Small-scale projects are important vehicles for engaging communities and community-based organisations in mental health promotion. However, larger-scale and longer-term project activity is preferable where the goal is to achieve sustained changes in policy and practice.



Involving all sectors in mental health promotion

Strategic objective *To consolidate mental health promotion activity across sectors.*

Rationale:

- As many of the drivers of mental health lie outside the health system, there is a need to consolidate work with a range of sectors so that a larger resource base can be engaged to promote mental health and so that a wider range of organisations integrate mental health promotion into their day-to-day activity.
- Decision-making tends to be poorly integrated across sectors and government departments. Planning for good mental health will require improved communication, coordination and integration across sectors.
- There is also a lack of integration between research, policy and practice in many areas, with these activities often taking place in systems that have limited linkages between one another. Effective mental health promotion will require greater integration across these systems.
- Engagement in addressing the determinants of mental health across sectors increases the likelihood that activity will also contribute to addressing other health and social problems, such as alcohol and drug use and community violence.
- The stigma associated with the term ‘mental health’ and the fact that it is often confused with mental illness can be barriers to engaging other sectors in mental health promotion. There is a need to develop a common language (focusing on health and wellbeing rather than illness) and to identify opportunities to work together to achieve common goals.

Increasing community understanding

Strategic objective *To increase broader community understanding of the determinants of mental health and the importance of maintaining good health.*

Rationale:

- The stigma and confusion associated with the term ‘mental illness’ may be a barrier to organisational and community understanding of and engagement in mental health promotion activity. Continued efforts are required to raise awareness of the determinants of mental health and effective strategies for addressing these.
- Gains from mental health promotion are often achieved in the longer term. This may not necessarily be attractive to governments in the short term. Greater advocacy and more effective ways of managing political and community discourse are required so that promoting mental health is recognised as a non-party-political public good.



VicHealth's priority sectors and settings

While working across a range of sectors, given existing resources and the benefits of consolidating work undertaken in the context of the *Mental Health Promotion Plan 1999–2002*, during 2005–2007 priority will be given to work undertaken in the community, education, local government, arts and sports sectors.

VicHealth will maintain its involvement in state and national forums to ensure that opportunities to promote mental health are considered in planning and program development and are coordinated across sectors and areas of responsibility.

Funding partnerships will continue to be maintained and forged with the Victorian and Australian governments and the philanthropic and corporate sectors to increase the resource base for, and ensure the integration of, mental health promotion activity. In particular, the following partnerships will be maintained or developed.

Victorian Government

- Arts Victoria
- Crime Prevention Victoria
- The Department of Human Services, in particular the Public Health and Mental Health Branches and the Neighbourhood Renewal Program
- The Department for Victorian Communities, in particular Aboriginal Affairs Victoria, the Office of Youth Affairs, Sports and Recreation Victoria, the Strategic Planning and Research Division and the Women's Policy Unit

Australian Government

- The Australia Council for the Arts
- Australian Research Council
- *beyondblue*: the national depression initiative
- The Department of Family and Community Services
- The National Health and Medical Research Council

Philanthropic and corporate organisations

- Adult Multicultural Education Services
- The Allannah and Madeline Foundation
- Foundation for Young Australians
- Myer Foundation
- Reichstein Foundation
- Rio Tinto
- Schools Innovation Commission
- William Buckland Foundation



VicHealth's priority population groups

Health promotion interventions are traditionally applied at a population level, while recognising the need to focus on subpopulations to address particular disadvantage or to maximise opportunities for promotion and prevention.

VicHealth will support activities with the subpopulations identified in the Mental Health Promotion Framework. However, priority will be given to groups experiencing disadvantage as a result of their geographic location, income, education or Indigenous, cultural and linguistic heritage. There will also be a particular focus on young people, given the relatively high prevalence of mental health problems and disorders and good prospects for prevention at this stage of the life cycle.

Rural communities: Rationale

Many rural communities offer conditions that help to promote both physical and mental health (e.g. higher levels of social cohesion). Data indicate that overall there are few significant differences in mental disorders between Australians living in rural areas and those living in cities (Andrews et al. 1999). However, people living in rural areas have significantly higher rates of suicide (17 per 100 000 in 1998) than those living in capital cities (13 deaths per 100 000) or urban areas (15 per 100 000) (ABS 2001). Many of the factors that place people at risk of suicide are the same as those that increase the risk of poor mental health (DHA 2004).

There are a number of factors that may contribute to some rural Victorians being exposed to social exclusion, discrimination and violence and limited access to economic resources and their mental health consequences including:

- the impacts of technological change and population and economic decline in many rural areas. These are understood to be significant contributors to higher suicide rates in rural communities (ABS 1994, 2001);
- distance and lack of access to public and private transport, affecting both the capacity to form social connections and opportunities for economic participation;
- the loss of services and facilities in rural communities that serve as sites for social connection and support;
- the increasing pressures on rural Victorians to seek employment and other services in metropolitan areas, undermining their sense of belonging and connection;
- higher expectations of conformity to certain cultural values that may work against good mental health for, and contribute to discrimination against, some groups; and
- higher levels of disadvantage in income, employment and education in many regional and rural areas, especially those with large Indigenous populations (VicHealth 2003a).



Indigenous communities: Rationale

While there are no reliable national data on Indigenous mental health, the indications are that this group have poorer mental health than non-Indigenous Australians. For example:

- in 2001–02, Aboriginal and Torres Strait Islander people were hospitalised for mental health and behavioural disorders at a higher rate than the general population and their rates of admission for mental disorders due to substance abuse were four to five times higher than for the non-Indigenous population (AIHW 2004); and
- death rates for suicide among Indigenous men are over twice those for non-Indigenous men and for Indigenous women are nearly twice the non-Indigenous rate (AIHW 2004).

There are a range of historical and contemporary factors influencing Indigenous people's exposure to social exclusion, discrimination and violence and their access to economic resources. These include:

- forced removal from their land and its spiritual connection;
- the systematic undermining and destruction of Indigenous family, cultural and spiritual life, including the forced removal of children;
- racism and discrimination;
- markedly poorer physical health;
- extreme legislative control and intrusion;
- exclusion from employment, education, health services and housing;
- substance abuse; and
- incarceration (Zubrick et al. 2004, 2004a).

Culturally diverse communities: Rationale

As a population, people from culturally diverse backgrounds do not have higher rates of mental disorders such as anxiety and depression. However, they do report higher levels of psychological stress than people born in Australia (ABS 2003; DHS 2004). Twenty-five per cent of all suicides involve people born overseas and of these 60% are by people from non-English speaking backgrounds (DHA 2004).

Settling in a new country is a process of adjustment and may be stressful, placing people at risk of poor wellbeing through exposure to social exclusion, discrimination and violence and constraints on access to economic resources. This exposure may occur through:

- limited extended family and community support and opportunities for new arrivals to connect with their culture of origin, a particular concern for those from small and emerging cultural communities;
- limited proficiency in English;
- family breakdown that may result from cultural conflict;
- high expectations of conformity to certain cultural values, which may have particular implications for women and young people;

- racism and discrimination;
- constraints on access to employment and education;
- adjustment to a new culture and way of life;
- language and cultural barriers to accessing services and resources (VicHealth 2003); and
- deprivation, human rights abuses and social exclusion prior to arrival, factors particularly affecting refugees and asylum seekers (Chung et al. 1998; Dyregrov, Gjestad & Raundalen 2002; Gorst Unsworth & Goldenberg 1998; Silove et al. 1997).

Access to the resources required for mental health and wellbeing are particularly limited in the early years of settlement (VandenHeuvel & Wooden 1999). There is a consensus that targeting support as soon as possible after arrival can help to optimise the prospects of successful settlement and prevent or ameliorate mental health difficulties which may otherwise become enduring barriers to settlement (UNHCR 2002; Hjern et al. 1998, Hyman et al. 2000; Silove et al. 1997).

The stresses of migration and settlement may also increase people's vulnerability during other life transitions and this vulnerability may persist for many years after arrival. In this regard, adolescents and young adults, women in the period following the birth of a child and older people from culturally diverse backgrounds are particularly vulnerable to poor mental health (Coventry et al. 2003; DHA 2004; Refugee Resettlement Advisory Council 2002).

Young people: Rationale

The prevalence of mental health problems and disorders increases markedly in adolescence and early adulthood (AIHW 2003), with some 27% of young adults having one or more disorders compared with 17% across the whole population (Andrews et al. 1999). The prevalence of suicide and self-harming behaviours is also relatively high among young people (National Media and Mental Health Group 2004).

Adolescence and early adulthood are times of rapid emotional, physical and intellectual development. At key life cycle and developmental transitions, such as starting paid work or leaving home, young people can be especially vulnerable to mental health problems (Carter 2000). Young people are also dependent on the quality of their family, community and school environment for positive mental health and wellbeing in both the long and short term (Carter 2000).

There has been increasing recognition internationally and by Australian governments of the importance of providing support to young people and their families to help prevent the development of mental health problems in later life (CDHAC 2000).

Factors influencing young people's exposure to social exclusion, discrimination and violence and their access to economic resources include:

- bullying and sexual and physical violence, the latter a particular concern for young women;
- the quality of and resources available in the family, school and community environment;
- youth unemployment and homelessness; and
- negative labelling of and discrimination against young people, in particular same sex attracted young people and young people from Indigenous and culturally diverse backgrounds.



Summary of current and planned areas of investment and activity

Promoting social inclusion

Research, evaluation and monitoring

Social inclusion and refugee young people. The Centre for Refugee Studies, La Trobe University, is conducting a longitudinal study which will provide information to assist in:

- advocating for and developing programs and policies that support social inclusion among refugee young people;
- strengthening the capacity of organisations to respond appropriately to refugee young people; and
- raising awareness of factors affecting the mental health and wellbeing of refugee young people.

Children and young people who have a parent with a mental illness. A study is being conducted by the Centre for Adolescent Health and Eastern Health, to support organisations to implement practices that reduce the potential and actual risk of mental health problems among children and young people who have a parent with a mental illness.

Mental health and creative activity. This study is being undertaken in partnership with The University of Melbourne's School of Creative Arts and the Globalism Institute at the Royal Melbourne Institute of Technology. It will provide an improved evidence base for:

- raising awareness of the mental health benefits of participation in creative activity; and
- building the capacity of arts organisations and their partners to promote mental health and wellbeing.

Young people and the impact of technology. This project will be developed in 2005 and will focus on the impact of technology on the development and maintenance of young people's relationships.

Project and program activity

Promoting mental health through the arts. In partnership with arts and community organisations and local government, VicHealth will support a number of schemes and projects aimed at increasing social inclusion through the medium of the arts. These will be targeted to people experiencing disadvantage in their access to such activities due to their social or economic circumstances or geographic location. They will seek to improve mental health and wellbeing at individual, organisational and community levels.

At the *individual level*, this will involve providing:

- opportunities for participants to be involved in group activities, develop supportive relationships and build their creative and interpersonal skills; and
- a medium through which participants can explore issues affecting their mental health.



At the *organisational level*, this will involve:

- supporting arts and community organisations and local governments to include people with low levels of participation in arts activity;
- facilitating partnerships between arts organisations and organisations working with people with limited access to arts activities;
- supporting development and implementation of practice standards to ensure that arts organisations are welcoming and accessible; and
- integrating artistic design into local government planning of public spaces to ensure that they are accessible and inclusive.

At the *community level*, this will involve:

- promoting connections and mutual understanding between participants and between them and the wider community through performances and exhibitions;
- increasing civic engagement through community involvement in planning; and
- exploring mental health issues through public performances and exhibitions.

The Participation in Community Sport and Active Recreation Scheme. This scheme is designed to improve access to physical activity by those whose access is limited due to their cultural or linguistic heritage, geographic location, education or income. It seeks to promote mental health and wellbeing by:

- increasing opportunities for participants to develop supportive relationships and develop skills;
- supporting physical activity organisations to include groups with lower rates of participation in physical activity; and
- strengthening partnerships between physical activity organisations and organisations working with people with limited participation in physical activity.

The Communities Together Community Festivals and Celebrations Scheme. This scheme seeks to promote mental health and wellbeing by engaging individuals in the planning of inclusive community celebrations by providing opportunities for:

- involvement in group activities;
- skills development and relationship building;
- civic engagement (thereby contributing to social cohesion); and
- individuals and communities to explore issues affecting their mental health.

It is targeted to those experiencing disadvantage as a consequence of their cultural or linguistic heritage, geographic location or limited access to education and employment.



Addressing violence and discrimination

Research, evaluation and monitoring

Intimate partner violence. Research will be undertaken to identify good practices in the primary and secondary prevention of violence and to improve the evidence base for policies and programs to support violence prevention. A significant partner will be Mother & Child Health Research, La Trobe University.

In addition, VicHealth will continue to support the redevelopment of an integrated service system to prevent the secondary victimisation of women and children. The feasibility of VicHealth support for the development of a service system monitoring and evaluation process will also be explored.

Community attitudes on violence perpetrated against women. A project will be developed in 2005 to improve understanding of:

- the relationship between community attitudes and violence toward women and how attitudes are formed; and
- ways of increasing community awareness of the impact of violence on women's mental health and of building a safe and supportive environment for women.

Alcohol and family and community violence. This project will:

- provide evidence to assist in determining whether there is a need to strengthen policy, program and legislative platforms relevant to the relationship between alcohol and the escalation of violence; and
- identify models of good practice in addressing the links between violence and alcohol.

Project and program activity

Many of the social inclusion investments described earlier also seek to address violence and discrimination by promoting welcoming and inclusive organisational and community environments. Through performances, celebrations, events and exhibitions, the arts and community celebration projects will also raise community awareness of the mental health impacts of violence and discrimination and seek to counter discriminatory attitudes and practices.

In addition, VicHealth will support the following schemes and strategies.

The Community Arts Development Scheme. Projects in this scheme will have a primary focus on groups that are particularly vulnerable to discrimination and violence, including Indigenous and refugee communities, women with experiences of violence and abuse and former prisoners.



These projects will:

- engage participants in performance arts, such as community theatre and circus, to explore factors affecting mental health, build their skills and self-esteem and form supportive relationships with others; and
- counter discriminatory attitudes and practices that contribute to poor mental health through the staging of public performances.

This activity will be developed in partnership with the Women's Circus, the Torch Project and Somebody's Daughter Theatre Company. An evaluation will be undertaken by the Centre for the Promotion of Mental Health and Social Wellbeing with a view to strengthening:

- the evidence base for the mental health impacts of arts participation at the individual level; and
- the capacity of the arts to contribute to community awareness of mental health issues.

The Victorian Indigenous Leadership Strategy. This program is designed to increase the skills and resources of young Indigenous people to play leadership roles in their communities and is being undertaken in collaboration with Victorian Indigenous communities and organisations and Aboriginal Affairs Victoria. It will:

- provide skills development and relationship building opportunities for Indigenous young people;
- engage Indigenous young people in civic activities in both the Indigenous and wider communities; and
- build community cohesion through improved dialogue within Indigenous communities and between Indigenous young people and the wider community.

An Indigenous imaging strategy. This project will be developed in partnership with Indigenous leaders and will:

- provide opportunities for civic engagement, skills development and participation in group activities;
- contribute to strengthening a positive Indigenous identity;
- improve community awareness of the strengths and attributes of Indigenous communities; and
- improve community awareness of the links between discrimination and poor mental health and wellbeing in Indigenous communities.

An imaging strategy for culturally diverse communities. This project will be developed in partnership with refugee and migrant communities and will:

- provide opportunities for civic engagement, skills development and participation in group activities among refugee and migrant communities;
- contribute to strengthening a positive ethnic community identity;
- increase community awareness of the strengths and attributes of refugee and migrant communities; and
- improve community awareness of the links between discrimination and poor mental health and wellbeing in refugee and migrant communities.

Mental health and bullying. Through advocacy activity undertaken in partnership with a range of organisations VicHealth will seek to raise awareness of the nature and incidence of bullying and its mental health impacts and build safe and supportive community environments.



Increasing access to economic resources

Research, evaluation and monitoring

Education and employment for young people at risk of mental health problems. To be developed in 2005, this project will involve consultation with key stakeholders and service providers across sectors to review current education and employment pathways for affected young people and to identify gaps and duplication. As well as supporting collaborative activity the project will improve understanding of practices and policy and program reforms required to increase the responsiveness of education and training systems to young people at risk of developing mental health problems.

Regional relocation of refugees and mental health and wellbeing. This work is being undertaken in partnership with Victoria University of Technology, the Warrnambool City Council, Murray Mallee Training (Swan Hill) and the Horn of Africa Communities Network. It is anticipated that it will provide information for developing regional relocation programs in ways that optimise new arrivals' access to employment and education, build inclusive, safe and supportive organisational and community environments, and foster community cohesion. Refugee and regional communities are active participants in the evaluation.

Workplace stress reduction in blue-collar environments. This study is being conducted by the Centre for the Study of Health & Society, The University of Melbourne, and will provide information to address factors in work place environments which impact negatively on mental health and well-being.

Project and program activity

Employment, education, training and mental health promotion among at risk young people. These projects are being conducted in partnership with a range of organisations including the Adult Multicultural Education Service, the Schools Innovation Commission, the Victorian Foundation for Survivors of Torture, Whitelion, the Centre for Multicultural Youth Issues and the Ladders to Success Program. They will focus on new arrival and Indigenous communities and young people in the juvenile justice system to:

- engage participants in education and employment activities;
- support organisations to offer safe, supportive and inclusive environments;
- strengthen partnerships across sectors; and
- increase understanding of good practices for improving mental health through increased access to employment and education.



Capacity building for mental health promotion

These activities will focus on building policies and capacity within key systems and workforces to plan, implement and evaluate mental health promotion activity and will encompass all three of the themes for action.

Research, evaluation and monitoring

Centre for the Promotion of Mental Health and Social Wellbeing. The centre will build capacity to promote mental health and wellbeing across sectors by:

- creating knowledge and understanding to inform theory, research, policies and programs that lead to and sustain mental health and wellbeing across the population;
- developing and testing interventions to build further understanding of best practice models in the promotion of mental health and wellbeing; and
- contributing to activity to build the capacity of organisations and practitioners to undertake activity to promote mental health and social wellbeing and to evaluate this work.

Partnership support for Australian Research Council Projects. Support will be provided to a small number of researchers making application to the Australian Research Council for research focusing on activity relevant to the promotion of mental health and wellbeing.

Research Fellowships and Scholarships. Fellowships and scholarships will be provided to researchers and post graduate students working in areas where there is the potential to build capacity for research focussing on mental health promotion.

Monitoring mental health and wellbeing. In partnership with local governments and the Department of Human Services, VicHealth will support the Victorian Community Indicators Project, designed to consolidate activity in the development of community wellbeing indicators with a focus on key social, economic and environmental determinants of mental health and wellbeing. The program, to be supported by a team lead by Victoria University, will support local governments to plan for and monitor progress on key measures of wellbeing, promote civic engagement in planning and provide information for local communities to advocate for change.

Recognising that schools and school communities have a critical influence on the mental health and wellbeing of children and young people, VicHealth will assess the feasibility of building on past work to develop a wellbeing indicators program to support planning and monitoring in school communities.

Workforce development

A mental health promotion short course has been developed in partnership with a range of organisations and will be piloted with 500 practitioners working across the state during 2005. Following evaluation, the course will be refined for delivery in 2006–2007 and will contribute to workforce development material at the national and international levels.



Workforce development will also be supported through the dissemination of evidence, development of instructional resources and facilitation of learning circles, forums and conferences.

Through these activities VicHealth will aim to:

- increase awareness of factors influencing mental health and wellbeing in workforces across sectors;
- increase the application of evidence-informed approaches;
- improve skills in working in partnerships across sectors;
- improve understanding of health promotion approaches and their role in addressing the mental health burden; and
- improve understanding of good practices in mental health promotion across sectors.

Workforce development will also be an important role of the Centre for the Promotion of Mental Health and Wellbeing (see earlier).

Communication and social marketing

VicHealth will continue to develop communication and social marketing material designed to:

- increase community understanding of factors affecting mental health and wellbeing and the importance of obtaining and maintaining good mental health; and
- assist organisations across sectors to undertake community awareness raising activity at the organisational and community levels.

Advocacy

VicHealth will continue to advocate for policy and program reform relevant to the promotion of mental health and wellbeing through:

- development of policy submissions;
- representation on government advisory committees;
- use of the media to raise awareness and inform public debate; and
- support for the development of collaborative networks and partnerships to progress activities in relevant areas.

National and international collaborations

VicHealth will continue to contribute to national and international collaborations with a focus on:

- fostering cross-state and cross-country research;
- increasing national and international understanding of the socioeconomic determinants of mental health and models of good practice in mental health promotion;
- developing practices and programs across sectors to promote mental health and wellbeing; and
- fostering national professional development activity.

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Anticipated outcomes

Through the implementation of this plan, VicHealth aims to make a measurable contribution to local, state, national and international work in mental health promotion by:

- providing new evidence of the mental health benefits of social inclusion, countering discrimination and violence and improving access to economic resources. This will be achieved through specific research programs and the evaluation of funded projects and programs;
- identifying and documenting models of best practice in mental health promotion. This will be measured through the evaluation of funded projects and programs;
- increasing community understanding of the importance of obtaining and maintaining mental health. This will be measured through evaluation of communication strategies developed as components of this plan;
- developing the capacity of organisations and practitioners to implement and sustain mental health promotion activity, facilitated and evaluated through workforce development and organisational initiatives; and
- consolidating partnerships to advocate for and foster mental health promotion activity across the State. This will be measured through planning input, joint funding and shared ventures.

VicHealth's Mental Health Promotion Advisory Panel and Advisory Groups

Mental Health and Wellbeing Advisory Panel

Ms Jane Fenton AM, VicHealth Board Member, Panel Chairperson

Mr Paris Aristotle, Executive Director, Victorian Foundation for the Survivors of Torture

Mr Paul Briggs, Executive, Koori Resource and Information Centre

Judge Jennifer Coate, President of the Children's Court

Ms Suzanne Cooper, Chief Executive Officer, Ovens and King Community Health Services

Mr Mick Daniher, Manager of Development and Planning, Football Victoria

Commander Ashley Dickinson, Commander Operations, Coordination Department, Victoria Police

Ms Carmel Guerra, Director, Centre for Multicultural Youth Issues

Professor Helen Herrman, Director of Psychiatry, Department of Psychiatry, St Vincent's Mental Health Service

Ms Vivienne McCutcheon, President, Council of the Ageing

Mr Bernie Marshall, Acting Director, Crime Prevention Victoria, Department of Justice

Ms Jerril Rechter, Director, Footscray Community Arts Centre

Ms Cath Scarth, General Manager, Community Services, Brotherhood of St Laurence

Ms Jenny Smith, Manager, Service Planning and Development, Mental Health Branch, Department of Human Services

Ms Kerry Webber, Director, Promotion and Prevention Section, Mental Health and Suicide Prevention Branch, Department of Health and Ageing

Professor Johanna Wyn, Director, Youth Research Centre, The University of Melbourne

Ms Leonie Young, Chief Executive Officer, *beyondblue*

Audience Access Scheme Advisory Group

Ms Jane Fenton AM, VicHealth Board Member, Panel Chairperson

Ms Sue Beal, Team Leader, Cultural Venues, City of Melbourne

Ms Marion Crooke, Consultant

Dr John McLeod, Director, McLeod, Nelson & Associates Pty Ltd

Mr Andy Miller, Senior Projects Officer, Arts Victoria

Children of Parents with a Mental Illness Project Management Group

Mr Craig Hodges, *beyondblue*

Mental Health Branch, Department of Human Services (representative to be appointed)

Ms Verena Ross, Family and Mental Health Network

Ms Alexandra Athanasiadis, young person's representative

Ms Christine Matthews, young person's representative

Community Arts Development Scheme Advisory Group

Ms Jerril Rechter, Director, Footscray Community Arts Centre, VicHealth Board Member, Panel Chairperson

Ms Bernice Gerrand, Manager, Community Cultural Development Board, The Australia Council for the Arts

Ms Clare Keating, Director, Effective Change Pty Ltd

Ms Judy Spokes, Executive Officer, Cultural Development Network (Vic)

Community Arts Participation Scheme Advisory Group

Ms Victoria Marles, Circus Oz, Panel Chairperson

Ms Fiona Beckwith, Arts Officer, Artists and Organisations, Arts Victoria

Ms Elaine Canty, VicHealth Board Member

Ms Fay Chomley, Artists and Communities, Arts Victoria

Ms Nicki Melville, Chief Executive Officer, Upper Hume Community Health Service

Dr Paul Morgan, Director of Strategy and Communications, SANE Australia

Mr Steven Richardson, Creative Producer, Eureka 150 – December 2004, Strategic Communications Branch, Department of Premier and Cabinet

Ms Elena Vereker, Creative Producer, Melbourne Fringe

Communities Together Scheme Advisory Group

Ms Belinda Jakiel, Programs Manager, Athlete Development Australia, VicHealth Board Member, Panel Chairperson

Ms Carmel Guerra, Director, Centre for Multicultural Youth Issues

Ms Julieanne Hilbers, Research Fellow, Centre for Popular Education, University of Technology Sydney

Mr Dean Michael, Coordinator Arts and Culture, Brimbank City Council

Mrs Melika Yassin Sheikh-Eldin, Projects Coordinator, Horn of Africa Communities Network (HACN)

Ms Jennifer Stokes, Project Manager, Community Building, Crime Prevention Victoria, Department of Justice

Ms Sheah Sutton, Arts Officer, Festival and Events, Arts Victoria

Indigenous Advisory Group

Mr Paul Briggs, Rumbalara Football Netball Club

Ms Karen Milward, Victorian Indigenous Leadership Strategy

Ms Daphne Yarram, ATSIC Binjirru Regional Council



Intimate Partner Violence Advisory Group

Professor Jenny Morgan, Faculty of Law, The University of Melbourne, Panel Chairperson

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Ms Mary Amiridis, Manager, Victorian Community Council Against Violence

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January 2005

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