



# VicHealth

LETTER

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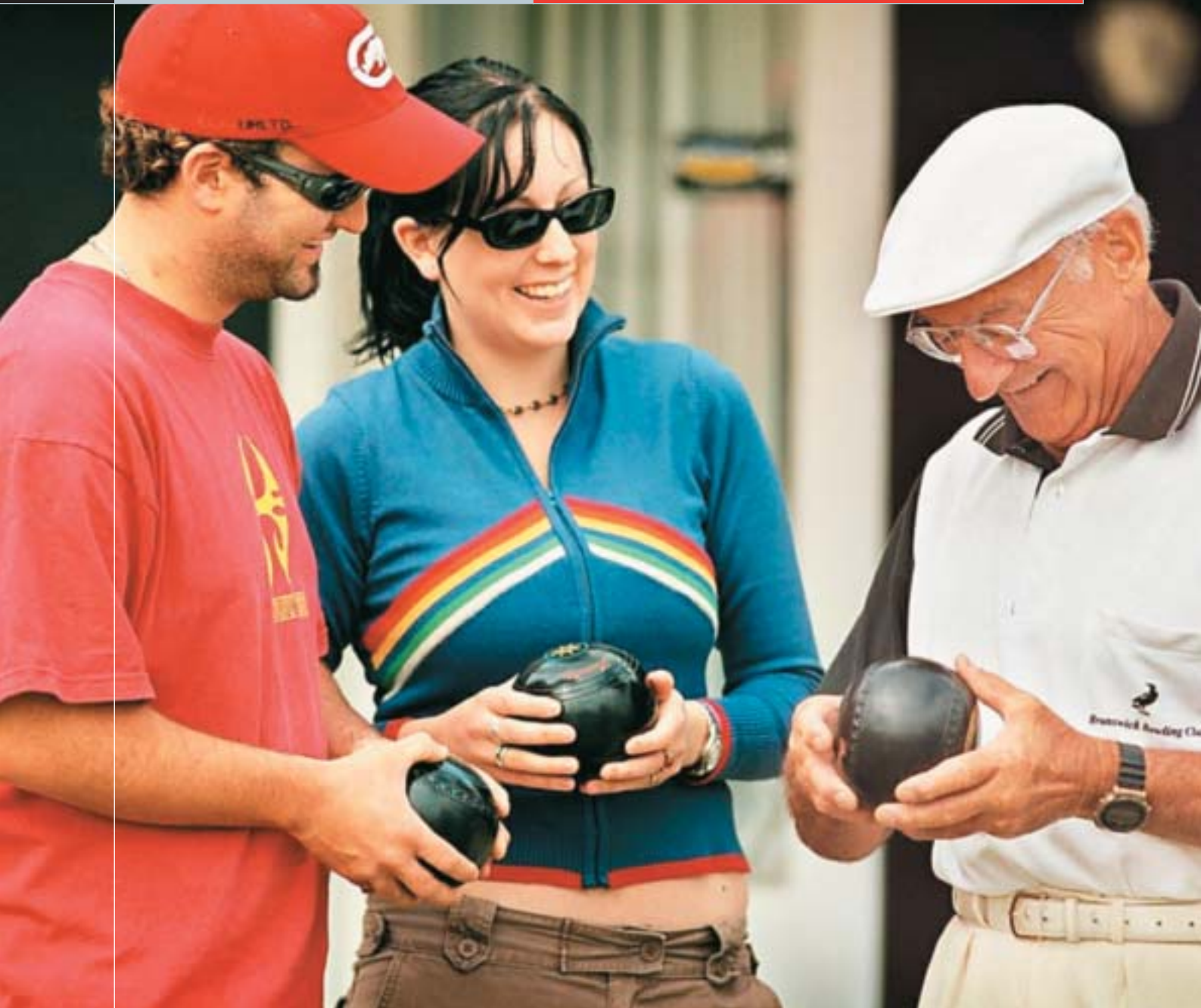


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## FROM THE CEO



Mental health and wellbeing is central to the overall health and functioning of a society, a community, a business, a school, a family or an individual. There is evidence showing that advances in mental health promotion will assist all community members, both those with and those without a mental illness. It is a notion we have come to understand more clearly since the Mental Health Promotion Plan 1999-2002 was launched, and why we remain committed to investigating further what interventions can work to improve mental health and wellbeing.

We know that having strong social connections, being free from discrimination and violence, and having a good job provides strong protection for our mental health and wellbeing.

Research conducted in schools through the Gatehouse project<sup>1</sup> showed that a sense of security, good communication and valued participation were critical to each student's sense of wellbeing. This sense of belonging assisted students to learn and made them less likely to engage in risk-taking behaviour. For example, significantly fewer Year 8 students in intervention schools reported a history of smoking (21% vs. 31% for comparison) and 5% fewer 'intervention' students described themselves as a drinker.<sup>2</sup> One of the most critical influences of the Gatehouse program was that mental health was repositioned from a welfare concern to a whole-of-school concern. Providing a sense of belonging to individuals within the wider community can have a similar effect.

Research from the Centre for Adolescent Health showing that up to 30% of depression in young people could be prevented if we could stop bullying, revealed why it was important to tackle this issue. As we know from recent public attention, bullying is not an issue confined to schools. A 2001 VicHealth survey found that Victorians recognise a broad range of bullying behaviour in the state. In general, they believe that bullying is part of Australian culture, but few agree with it. Two-thirds of Victorians think bullying is part of Australian culture and an overwhelming 90% are adamant it should not be.<sup>3</sup> They also understand the detrimental impact on health and wellbeing that bullying can have on the bully, the victims and observers. It was the reason we joined forces with other organisations in the *Together We Do Better* campaign to raise awareness of the damaging effects of bullying.

All people, whatever their age or background, should have a safe place to go, a person to talk to, and a chance to be a valued participant. Many schools in Victoria have adopted a whole of school approach to create positive and healthy environments for learning. We need to work out how we take the lessons learnt from these smaller settings and build them to a scale that influences the way the community interacts with each other. The impact of improved mental health and wellbeing, through a broad response, will not just be felt in the health system. It will be felt in business through increased productivity; the community through reduced crime; creative and sporting environments with increased participation; and, at the personal level, with improved family relationships and better educational performance. This also translates, in many of these examples, to better physical health. In March this year the National Heart Foundation released a position statement that clearly identified depression, social isolation and lack of social support as significant risk factors for coronary heart disease. The strength of these risk factors is of similar magnitude to conventional risk factors such as smoking, high blood pressure, raised blood cholesterol and physical inactivity.<sup>4</sup>

The potential impact indicates why VicHealth views the promotion of mental health and wellbeing as so important. We cannot, however, presume this is an understanding shared by everyone, let alone those in the health sector. Engaging constructively both within and outside the health sector is the only way forward.

Huge challenges still remain in developing research and implementation capacity to underpin the testing of a number of interventions that promote mental health. The development of a new VicHealth Centre of Excellence for Research and Practice in Mental Health Promotion and Social Wellbeing is a very positive step. We also remain committed to facilitating and developing partnerships—many are featured in this *VicHealth Letter*—to increase the capacity of organisations to promote mental health and wellbeing.

**Dr Rob Moodie**  
Chief Executive Officer

1 The Gatehouse Project is a school-based primary prevention program which offers a framework for building the capacity of school communities to address the emotional and mental health needs of students. The Gatehouse Project received funding and support from the Queen's Trust for Young Australians, VicHealth, DHS, the Sidney Myer Fund, the Catholic Education Officer and NHMRC.

2 Available at: [http://www.rch.unimelb.edu.au/gatehouseproject/project/theresearch/index.cfm?doc\\_id=399](http://www.rch.unimelb.edu.au/gatehouseproject/project/theresearch/index.cfm?doc_id=399)

3 Victorians' Attitudes Towards Bullying Research Report September 2001, commissioned by VicHealth and conducted by the Wallis Group. Available at: <http://www.togetherwedobetter.vic.gov.au/resources/research.asp>

4 Bunker SJ, Colquhoun DM, Esler MD, Hickie IB, Hunt D, Jeinek VM, Oldenburg BF, Peach HG, Ruth D, Tennant CC and Tonkin AM. Position statement "Stress" and coronary heart disease: psychosocial risk factors, National Heart Foundation of Australia position statement update. Available at: [http://www.mja.com.au/public/issues/178\\_06\\_170303/bun10421\\_fm.html](http://www.mja.com.au/public/issues/178_06_170303/bun10421_fm.html)

**Socially connected:**  
Creating a welcoming environment for all ages, styles and personalities benefits everyone.

# Mental Health and Wellbeing: The key to physical health and quality of life

Internationally, evidence is driving action to promote mental health and wellbeing. At a global level there is widespread acknowledgement of the increase in mental illness. Work undertaken by the World Health Organisation and the World Bank indicates that by the year 2020, depression will constitute the second-largest cause of disease burden worldwide.<sup>1</sup>

Importantly, it is now acknowledged that the world burden of mental illness is beyond the treatment capacities of developed and developing countries alike and that the social and economic costs associated with the growing burden will not be reduced by the treatment of mental disorders alone.<sup>2</sup>

As mental health is fundamental to physical health and quality of life, it must be addressed as an important component of improving overall health and wellbeing. There is growing evidence to suggest connections between mental health and educational achievement, work place productivity, the development of positive personal relationships, reduction in crime rates and the safe use of alcohol and drugs.

While evidence indicates that mental health problems are becoming more common and more costly to individuals and the community and are present in women and men at all stages of life, evidence also indicates that they are more common among people with relative social disadvantage in any community.<sup>3</sup> The majority of academics, policy makers and practitioners working in health promotion are committed to addressing health inequalities resulting not only from biological or behavioural characteristics but also from an uneven distribution of resources. Consequently, health promotion, including the promotion of mental health and wellbeing, is as much an emerging political and social project as a health project.<sup>4</sup>

## Promoting Mental Health and Wellbeing

Promotion of mental health and wellbeing is a relatively new area of health promotion activity. However, as global efforts to reduce the burden of mental illness have emerged, research, policies and programs across countries and regions are now being co-ordinated and consolidated. Of note is the development of the World Federation for Mental Health (<http://www.wfmh.org/>) which stages annual, international conferences focusing on the promotion of mental health.

Also relevant is the development of the International Mental Health Promotion Journal and work being undertaken by VicHealth in collaboration with the World Health Organisation in the development of a global publication bringing together more than 100 contributors to explore concepts, evidence and practice in the promotion of mental health and wellbeing. This resource will be launched in the Mental Health Promotion stream of the World Conference on Health Promotion and Health Education being staged in Melbourne in April 2004.

With this growing international activity a consensus has emerged indicating that mental health promotion is an integral part of health promotion theory and practice which can be applied at a population, sub-population and individual level; can work at a community or systems level; and provides capacity for implementation across settings and sectors by individuals within and outside the health field.

Since the launch of VicHealth's Mental Health Promotion Plan in 1999 we have had the opportunity to join others across the world to enhance understanding and develop joint projects to progress our work in this area. Through this work, field practice and new research, we are convinced of the need to respond to the social and economic factors influencing mental health and wellbeing.

This will involve a continuing focus on:

- **Social inclusion** which includes access to supportive relationships, involvement in group activities and civic engagement;
- **Freedom from discrimination and violence** which includes valuing diversity, ensuring emotional and physical security, and maximizing opportunities for self determination and control of one's life; and
- **Economic participation** which includes access to skill development, education, housing, work and income.

In this *VicHealth Letter* we describe some of the activities developed over the past three years to respond to and reinforce these factors which influence mental health and wellbeing.

In particular, VicHealth has contributed to:

- Research to build the evidence for mental health promotion. The most recent work is an evidence review which assesses the current research and program activity regarding the social and economic determinants of mental health and wellbeing. This review will be available in January 2004.
- Evaluation to assess the effectiveness of our strategies.



**Community singing:** A program throughout regional Victoria connects people by starting singing groups in local communities.

This evaluation work has led to the publication and dissemination of documents such as *Creative Connections: Promoting Mental Health and Wellbeing through Community Arts Participation* which describes the learnings arising from work undertaken in the arts sector.

- Organisational development to: ensure strategies are in place to maximise participation and inclusion; create safe and supportive environments; and secure on-going support for development and implementation of mental health promotion activity. Over the past three years large sporting and arts organisations have made considerable achievements in these areas. For example, the Geelong Performing Arts Centre (GPAC), a smokefree environment, is funded under VicHealth's Major Arts Partnerships Scheme. The Centre uses this investment to provide greater access to quality arts events by people who experience high levels of social or economic disadvantage and to encourage social connection. A community partnership between GPAC and local councils saw community buses transport senior citizens from isolated areas to Musical Mornings, as well as a Red Theatre for Young People—a schools program that engages more than 20,000 students a year.
- Working with communities and organisations to implement strategies which increase participation in a range of social, educational and economic activities;

create safe and supportive environments; and build community capacity to address the full range of issues impacting on mental health and wellbeing. The five youth economic participation projects developed under the Mental Health Promotion Plan are exemplars in this area and will be showcased in a publication to be launched at VicHealth in November this year.

- Developing education and training programs to ensure there is a trained and skilled mental health promotion workforce. Of particular note is work currently being ►►

## One in, all in

Due to the relationship between social and economic factors and mental health, success in promoting mental health and wellbeing can only be achieved and sustained by both the involvement and support of the whole community, and the development of collaborative partnerships with a range of agencies throughout the public, private and non-government sectors. Mental health promotion needs to occur within the health sector and in all other sectors that influence the way in which people live, are educated and work. <sup>6</sup>



undertaken with Deakin University focusing on the design of professional development curriculum for delivery to a range of health and non-health organisations working to promote mental health and wellbeing. This work builds on the health promotion curriculum developed by the Department of Human Services Public Health Branch and will be ready for delivery during 2004.

- Communicating about mental health promotion issues through local, regional and national media and other avenues, as appropriate: The *Together We Do Better* campaign has been a cornerstone of this work. In addition there has been substantial local and state media coverage of both mental health issues and mental health promotion being undertaken at the local and broader state level.
- Advocating for program policy and legislative reform. At the program level, partnerships have been formed with a range of government departments and non-government organisations in order to jointly progress our work. Of note is the Indigenous Leadership Program which is currently being considered for further development in partnership with Aboriginal Affairs Victoria. At the policy and legislative level we have seen the emergence of a range of reforms which will have positive impacts on mental health and wellbeing.
- Allocating resources. Since inception of the Mental Health Promotion Plan in 1999—in addition to resources allocated by VicHealth—projects and programs seeded by VicHealth have attracted more than \$4.5 million from local governments, state

government departments, and the corporate and philanthropic sectors. This partnership approach to funding is an area we wish to develop in future work.

All of the activities described in this *VicHealth Letter* display the energy and commitment exhibited by a vast number of people working across Victoria who acknowledge that the drivers of mental health and wellbeing are often outside the health system. Thus, in order to improve mental health, we need to continue to shift the debate about mental health away from a focus only on the health sector to a focus on areas such as sport, arts, employment, education, transport, housing, criminal justice, welfare and the environment.<sup>5</sup>

*An expanded version of this overview will be in Hands on Health Promotion to be published by IP communications in April 2004.*

- 1 Murray C, Lopez A, editors, *The Global Burden of Disease: A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020*, Harvard School of Public Health on behalf of the World Health Organization and the World Bank, distributed by Harvard University; 1996.
- 2 Zubrick S, Williams A, Silburn S, Vimpani G. *Indicators of Social Functioning*. Canberra: Department of Family & Community Services; 2000.
- 3 Desjarlais et al 1997.
- 4 Mittlemark, draft version yet to be published, *Promoting Mental Health: Concepts, Evidence and Practice*. WHO, VicHealth, University of Melbourne.
- 5 Friedli L. *Journal of Mental Health Promotion*, Brighton, 2002: 1(2)
- 6 Walker and Rowlings (2000) *Debates and confusion, collaboration and emerging practice. In Mental Health Promotion and Young People: Concepts and Practice*. Sydney: McGraw Hill; 2002.
- 7 *Mental Health Promotion Plan*: Foundation document 1999–2002, VicHealth; 1999.

## Defining Mental Health and Wellbeing

Mental health is the embodiment of social, emotional and spiritual wellbeing. It 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.<sup>7</sup>





# Partnerships and Mental Health Promotion

*Partnerships between organisations are an important health promotion strategy. They broaden involvement, enable skills and resources to be pooled and are more powerful in advocating for positive change. The United Wood Cooperative (UWC) project is a successful example of partnerships at work.*

## The Project

In the inner-city suburb of North Melbourne, the UWC, a self-managed boutique furniture-making enterprise, has recently been established. It's a partnership between the Adult Multicultural Education Service (AMES) and the Moonee Valley City Council (MVCC) with funding from the Victorian Government's Community Support Fund and VicHealth.

In promoting health and wellbeing among recently-arrived older men from the Horn of Africa, the program has connected agencies and engaged them in thinking more

broadly about how they can promote mental health and wellbeing in new arrival communities.

AMES, a key provider of language instruction, training and employment programs to new arrivals in Victoria, was concerned that many entrants from Africa were finding it difficult to access its existing programs. Coming from countries affected by war and famine, many of them had limited access to formal education in their home countries and were unfamiliar with classroom learning. ►►

This made learning a second language particularly difficult. Added to this, many were finding the adjustment to a very different culture and way of life in Australia overwhelming and were suffering physical and mental health problems resulting from traumatic refugee experiences.

Many had settled in Moonee Valley. Through their outreach work, staff of MVCC's North Melbourne Community Centre became increasingly aware that there were a large number of

newly-arrived men from Africa who were unemployed. Without jobs and limited English, these men were at great risk of becoming isolated from the wider community.

Some of these men had been using a small toolshed housed by the centre and had expressed interest in using their carpentry skills to make products to sell. The MVCC and AMES saw an opportunity, joined forces and used the toolshed as a basis for establishing the UWC project.

Participants were provided with 'on-the-job' English language instruction, training in small business, leadership and carpentry skills while having the chance to form supportive social connections with their peers, paid staff and volunteers. They were able to gradually build their confidence and learn the skills needed to participate in the Australian workforce and community.

## A productive partnership requires more than just good running between wickets

### ***A Resource for Building Sound Partnerships for Mental Health Promotion***

Evaluation of projects funded under the Plan suggests partnerships were most successful in developing and sustaining mental health promotion activity when they were:

- formalised;
- had a clear purpose;
- planned and fostered throughout the life of the project; and
- supported by senior agency management.

While there was wide support for partnerships among participating agencies, there was a strong view that to warrant the investment of time and resources in their development, partnerships needed to add value to the work of agencies, rather than being formed simply for the purposes of sharing information.

In the course of the projects, VicHealth commissioned the development of a resource to assist agencies to support partnerships. *The Partnerships Analysis Tool: For Partnerships in Health Promotion* provides a framework for agencies to develop a clearer understanding of the range of purposes of collaborations, reflect on and monitor the partnerships they have established, and focus on ways to strengthen new and existing partnerships.

It includes three activities to engage agencies in discussion about issues and to determine ways forward.

The first activity explores and clarifies the purpose of the partnership. The second engages agencies in reflecting on the nature of the partnership and on the relationships between different agencies.

The third activity is a checklist describing the key features of a successful partnership against which agencies can rank themselves.

***The tool is available from VicHealth on request.***

***Ph: (03) 9667 1333 or locate a pdf version at:***

***<http://www.vichealth.vic.gov.au/partnershiptool>***

### **The Intent**

The project was designed to address three factors identified as influencing mental health and wellbeing—social connection, economic participation and an environment free of discrimination and violence.

It was anticipated that participants would not only benefit from relationships formed through the UWC project but that they would also take the skills they had learned or honed into other community and business ventures. This could potentially contribute to the growth and strength of Melbourne's emerging African communities and their capacity to offer support and business opportunities to other newcomers. As the cooperative grows, so too will its potential to welcome and support others.

### **Four Reasons why UWC is a positive partnership in action:**

#### **1. Increased and broadened expertise**

According to Shirlee Campbell, Manager of MVCC's community centres, practical considerations were vital reasons for entering the partnership with AMES. "We had good links with the African community and a venue. But the men were keen to develop a business and we didn't have the education and training expertise and the extra resources to support them in that. AMES was able to provide this and knew how to access resources to develop the idea."

#### **2. Made good use of resources**

Partnerships can also help to build a more seamless and coherent service delivery system. In the UWC, the partner agencies were able to integrate existing programs to provide what AMES project coordinator, Ramona Dhillon, calls "the complete package". "With Moonee Valley's involvement we could reach a group of men who were not accessing AMES's existing classroom English language programs in a setting they already felt comfortable with and in which it was possible to offer





**Getting together:** Partnerships see organisations and individuals bring different skills to the promotion of mental health and wellbeing.

English language instruction, training, employment and social connections as an integrated program,” she says.

### 3. Sustains health promotion activity

“I think we had a pretty good understanding of the needs of African communities,” says Campbell. “But our involvement in the project helped us to appreciate the role of economic development in building communities and improving mental health. The council’s economic development unit has typically been involved in supporting traditional local businesses. Now it is starting to look at how it can support community enterprises in emerging communities.”

“The projects have been a big learning curve for AMES,” says Dhillon. “We have had to make a lot of adjustments along the way, but I think it is really making us think that there are different and better ways of working with new arrival communities.”

### 4. Beyond the health sector: partnerships as a vehicle for action

Perhaps the most compelling reason for partnerships is that they provide the means to implement an approach

across many sectors. There is growing recognition that significant improvements in mental health will require changes in the environments in which we live, work, recreate and are educated<sup>1</sup>. These changes require the cooperation of organisations outside of the health sector, including those concerned with employment, training, education, community development and sport and recreation.

Mental health was not the core business of many of the agencies funded as part of VicHealth’s *Mental Health Promotion Plan 1999-2002*. However, through their involvement, they contributed specific expertise, enabled interventions to be implemented in settings that influence the mental health and wellbeing of the target groups and, in many cases, explored ways in which programs, policies and structures could be changed to improve mental health outcomes.

**For Further information on the United Wood Co-operative contact Chris Pierson at AMES on email: [Piersonc@ames.vic.edu.au](mailto:Piersonc@ames.vic.edu.au)**

<sup>1</sup> Victorian Health Promotion Foundation 1999, *Mental Health Promotion Plan*. Foundation Document:1999-2002, VicHealth, Melbourne.

Civic participation, even more than participation in activities and recreational pursuits, is very powerfully linked with wellbeing. Volunteers stand out from other workers in having the highest levels of wellbeing. Mostly aged over 55, they enjoy high levels of satisfaction with their lives, work and leisure, health, sense of community connection and religion or spirituality.

# Mental Health + Inequalities = Broad Strategy

*Professor Maurice Mittelmark, from the University of Bergen Research Centre for Health Promotion has written a chapter—Health Promotion in Public Health—for a forthcoming book by VicHealth, World Health Organisation and the University of Melbourne which focuses on the promotion of mental health and wellbeing. In it Mittelmark argues that health promotion, and by extension mental health promotion is as much an emerging political and social project as a health project. The book will be launched at the 18th World Health Promotion and Health Education Conference in April 2004. Mittelmark has kindly agreed to run an edited extract from his chapter in this edition of the VicHealth Letter.*

It is now commonly understood that the growing burden of mental illness will not be reduced by the treatment of mental disorders alone, and that the promotion of mental health and wellbeing is critical to reducing the incidence, and social and economic costs associated with mental ill-health. Fundamental to the promotion of mental health is a focus on the social and economic factors which impact on mental health. Thus, in comparative terms the health sector has a limited role to play. The evidence showing that mental health problems are more common in those people with relative social disadvantage also requires those promoting mental health to operate in spheres outside of health—political, social and economic spheres. This is often a difficult notion for existing services developed to respond to the needs of people with mental ill-health to accept.

Inequalities in health are related to a wide range of factors, including social status, gender, cultural background, place of living, among other factors. Inequalities in health result to a degree from individual differences in genetics, health related behaviour, and individuals' choices regarding education, work and play. Part of the work of public health is to inform people about health issues, to enable healthy choices that raise the level of health for entire populations, and hopefully also reduce inequalities in health.

To the degree that inequalities are a consequence of social injustice, there exists not merely inequality, but inequity as well. Virtually all health promoters, regardless of their

professional area of interest, are united by their dedication to a single, overriding aim—improved equity-in-health. That is, they seek to reduce the 'unjust' gap between those with the best and those with the worst health.<sup>1</sup> Alarmingly, this gap seems to be widening, according to expert analyses.<sup>2</sup>

Equity-in-health is a highly idealised goal, describing a world in which each person enjoys the best health that his or her genes and individual predisposition permits. Although perfect equity-in-health can never be achieved, health promoters

## Mental Health Book to be released in April 2004

### *Promoting Mental Health: Concepts, Evidence and Practice*

A report of the World Health Organisation, in collaboration with the Victorian Health Promotion Foundation and The University of Melbourne.

This publication is due to be released at the 18th World Conference on Health Promotion and Health Education in Melbourne in April 2004.

There are over 100 contributors with people such as Helen Herrman, Maurice Mittelmark, Shehkar Saxena, Beverley Raphael, Mark Petticrew, Eero Lahtinen, Rob Moodie and Penny Hawe writing chapters on the myriad of issues surrounding mental health promotion.

believe the gap between those with the best and the worst health can be narrowed significantly if people are empowered to enjoy health promoting ways of living, and if underlying injustice is corrected. The principle, in theory at least, is to improve equality in opportunities for education and employment, access to a safe, nurturing, physical and social environment, opportunity to participate in the governance of society, and access to high quality health care and social support services. These are all principles espoused in the promotion of mental health and wellbeing.

The principal means to achieve better equity-in-health, in short, is to promote equality in life's chances. Perfect equality in life's chances is also a completely idealised goal, but striving for better equity-in-health through improving equality in life's chances is feasible and socially responsible.

Other explanations of health inequality suggest that people with poor health are 'selected' into socially disadvantageous situations, and that for others, inequalities arise from individuals' free choices to engage in activities that carry the risk of damage to health. Both these explanations, to the degree they are true, might reduce concern about the possibility of inequity as a fundamental cause of health inequality. It can be argued, however, that a caring society will do its best to protect those with poor health from the risk of social disadvantage. Also, individuals' choices of lifestyle are made in a social context that may truncate the range of realistic choices. The degree to which inequalities are inequities turn on these and similar differences in viewpoint about individuals' places in a society and the kinds of societies we create. This discourse in the health promotion arena is thus part of a much larger discourse, not the least important of which is taking place in political arenas.

A fourth explanation for health differences is that they are caused by the unequal distribution of material resources in a society and between societies, including access to health and social services. Whether health inequality due to differences in material circumstances is also inequity, depends on one's viewpoint about what kinds of interpersonal relationships members of a society should maintain with one another. One thing is clear, however, and that is that when poor health is seen as resulting from a maldistribution of resources, the territory of political philosophy has been entered, and that of practical politics, too.

From the perspective described, it is clear that simply improving and extending formal health services cannot alone solve contemporary health challenges such as mental health. A comprehensive approach to mental health promotion is needed. Action must take place in the health and social sectors, but this is not sufficient. This insufficiency challenges many individuals and organisations with an historical connection to mental health as they can feel invaded by activity outside of their previous experience and can feel that resource allocation will be compromised. Real progress can be made only if action is broad based. Society at all levels, including individual citizens, families, and the institutions of education, government,

## An environmental basis to health

There were forces critically significant in the emergence of health promotion and the growth of the Mental Health Promotion Plan. As a result, concern with healthy lifestyle is balanced with regard for environmental factors that determine health status, over which individuals have little or no control and that require the collective attention of a society. Among the earliest of these forces was the International Conference on Primary Health Care, held in Alma-Ata, USSR, in 1978. In the declaration of Alma-Ata, health was reaffirmed as a human right, the role of the social and economic sectors in promoting health was illuminated, and health inequalities were termed politically, socially and economically unacceptable.<sup>3</sup> This introduced a social model of health promotion that was reinforced a little more than a decade later in the Ottawa Charter, inarguably the most significant single document in the health promotion movement.<sup>4</sup> The Ottawa Charter resulted from a conference that was the first in a series of WHO sponsored conferences that have been 'spark plugs' to the health promotion movement.

business, and law, must contribute actively if health promotion action is to be truly effective.

That is why, ideally, health promotion takes place at many levels. Governments and businesses create policies and practices that support health, institutions from the local to the international levels create supportive environments, communities increase their capacity to support healthful living, individuals develop skills that promote their own health, and the health services include health promotion among their priorities.

Clearly, therefore, health promotion, and more specifically mental health promotion is as much a political and social project as a health project. It is important, however, not to over-dramatise the matter. Practical work in policy and programme planning, implementation and evaluation dominate the day-to-day work of health promotion practitioners. They use professional tools and approaches that are science-based, and there is a strong emphasis on the importance of quality, effectiveness, and improvement.

**Professor Maurice M. Mittelmark, Director, Research Centre for Health Promotion, University of Bergen, President of the International Union for Health Promotion and Education (Norway).**

- 1 Whitehead, M. (1990). *The concepts and principles of equity and health*. Copenhagen, WHO Regional Office for Europe.
- 2 Dahlgren, G. and M. Whitehead (1992). *Policies and strategies to promote equity in health*. Copenhagen, WHO Regional Office for Europe.
- 3 Wilkinson, R. G. (1996). *Unhealthy Societies. The Afflictions of Inequality*. London, Routledge.
- 4 World Health Organisation (1996). *Equity in health and health care: a WHO/SIDA initiative*. Geneva, World Health Organisation.
- 5 World Health Organisation (1996). *Equity in health and health care: a WHO/SIDA initiative*. Geneva, World Health Organisation.
- 6 WHO (1978). Declaration of Alma-Ata.
- 7 WHO (1986). Ottawa Charter for Health Promotion.

The National Heart Foundation reports that depression, social isolation and lack of social support are significant risk factors for CHD (coronary heart disease) that are independent of conventional risk factors such as smoking, high cholesterol and hypertension and are of similar magnitude to these conventional risk factors.

# Engines for Health: Driving a local economy

**R**ight now, inside a Bairnsdale workshop, there's some bloody hard work being done. Broken down vehicles of all types—from cars to tractors to fire trucks—are coming in. Fixed vehicles, fit and ready to go, are heading back out. It's a process analogous to what's happening in less mechanical fashion with many of the young people who walk through the garage door to take part in Nagle Secondary College's *Changing Lanes* project in East Gippsland. The project is an initiative funded under the youth economic participation component of the VicHealth Mental Health Promotion Plan.

*Changing Lanes* is a venture involving a number of agencies—the Catholic Education Office, Secondary Colleges (both government and private), Juvenile Justice, Aboriginal Co-operative, TAFE, the Shire of East Gippsland, the Bairnsdale business community, Health and Mental Health services in Bairnsdale and Lakes Entrance, local employment services and local industry. It is designed to

suit young people who exhibit anti-social behaviour and are referred to the project.

Inside the workshop on this day is Ryan Miller, a 15-year-old of few words. He is working alongside Peter Argentino, or 'Peg', the one-legged mechanic who brings his skills with both cars and young people to the project. Peg helps build the mechanical knowledge and skill of young participants. Through their participation, self-esteem and employment prospects increase. Each step forward is a move towards a healthier individual and ultimately a healthier community. Ryan reckons in fact he'll probably go from the project to a job—hopefully as a mechanic. "I'm working on a tractor at the moment, giving it a full rebuild," he says.

Peg says it's a very real prospect. They are actively trying to seek opportunities for Ryan to move into a traineeship in the long-term: "Ryan's come a long way. He was very sheepish when he first came on the scene. Now he's right out there because he's starting to catch on."

"Some of these lads are really tremendous with their hands. It's just that they've never had a fair go in the past for various reasons. I've had lads say to me: 'I'm here because I'm no good.' You explain to them what they've just been doing and it's great. Some of them have gone into apprenticeships. Some have stayed at school. For others it's just sitting down 'yakking' which helps."

Michael Nelson, Vice-Principal of Nagle Secondary College and project co-ordinator, says they always try to give the participants a positive interaction with adults. This is best achieved by helping out with real work. "It's a matter of educating kids by association and not instruction," says Nelson. "It gives these young people a chance to establish themselves and develop personal wellbeing and self-esteem. These youngsters come into the workshop; it's their workshop. They might only be here one day a week, but it's their space. They come in and they leave their history behind. They work on real projects—it's not just Mickey Mouse stuff. They see great value in that."

Keeping it real is critical to the program's success, says Peg. "There's realistic stuff coming off the street. It gets fixed and back on the road. It's real problem-solving. That's where you get the self-esteem back. You can see it in their eyes and face what's been achieved."

Peg keeps things simple, using manuals with no big words or jargon in them. "It gets the ones who have trouble

## Aims of Changing Lanes

By stimulating their interest in a non-threatening, relaxed atmosphere and presenting them with genuine life skill learning opportunities, Changing Lanes aims to:

- Provide new and life long skills;
- Build self esteem;
- Improve outlook on life;
- Improve the ability to relate to adults;
- Improve school/work/training retention rates;
- Address antisocial and illegal behaviour;
- Reduce and refocus the number of indigenous young people before the court system;
- Enhance employment prospects;
- Increase community connectedness for marginalised youth;
- Reduce self-harm and depression in young people through developing a relationship with a significant person or group of people with a common and clearly defined goal; and
- Involve community agencies (commercial, regional health, education and welfare) in cooperative support of local youth.



with numeracy and literacy reading in a roundabout way," he says. For many the roundabout way is often the only way.

It doesn't stop there though. In the long-term the social interaction arising from the projects is also beneficial. In most cases Peg will work with a group of two participants at a time. The interaction between the young people, necessary when working on jobs, is positive to their wellbeing. Peg says he often pairs people up according to their personalities: "You might have ones you can put pressure on and ones you can't so you can mix and match them. You'll find some of them helping each other out

which is great."

Nelson says the economic component of the project brings participants into natural contact with local businesses and people within them. "We have tradesmen coming in all the time," he says. "There's a positive interaction between youngsters and those people when they come in."

The signs are good. In front of Nelson stands a fire truck that's just been restored. Beside Peg stands a bunch of young guys he calls his workmates. "Being real is very important," he says.

## Youth Economic Participation to enhance Mental Health and Wellbeing

Economic participation is a vital contributor to mental health and wellbeing.

By economic participation we mean access to work, education and training and, most importantly, being engaged in a productive activity which provides a sense of affirmation, achievement, self confidence and money. Money is important as poverty limits your ability to participate in community life.

The evidence of poorer health outcomes for those people who are economically disadvantaged and socially isolated is irrefutable.

"Research into the links between socio-economic status, health and mental health indicates that unemployed people experience higher levels of depression, anxiety and distress as well as lower self-esteem and confidence" (McClelland and Scotton, 1998).

The cost to our individual and collective health of unemployment, educational failure and people slipping through existing support systems is a major concern which has driven many organisations to look at innovative

strategies, unusual partnerships and exciting approaches to economic activity.

This is why economic participation is one of the three determinants of mental health, alongside social connectedness and freedom from discrimination and violence, as identified in VicHealth's *Mental Health Promotion Plan 1999-2002*.

The projects funded as part of VicHealth's *Youth Economic Participation for Mental Health and Wellbeing Scheme* illustrate how diverse, imaginative and practical such approaches can be. The impact on young people's mental health and wellbeing is palpable.

### YOUTH ECONOMIC PARTICIPATION PROJECTS

Changing Lanes—Nagle College, Bairnsdale  
 Victorian Small Rural Communities Health Project—  
 Yarram Youth Economic Participation Project  
 Art Space—Terang Youth Resources  
 Culture Shift—Brophy Youth and Family Services  
 Youth Employment Mentoring Program—Whitellion

Bullying may be responsible for up to 30% of depressive symptoms among high school students in Australia. Reduction of bullying in schools could have a substantial impact on the emotional health of young people.

EVIDENCE

# Healthy approaches to school

**T**hree Melbourne Catholic primary schools are participating in a project in a bid to improve the health and wellbeing of their students and the broader school community. The project, which is a collaboration involving VicHealth and the Catholic Education Office (CEO), is based on research published by the international Organisation for Economic Cooperation and Development (OECD) called, *Schooling For Tomorrow*. From the project a model will be developed later this year for dissemination to other schools.

The pilot project, Schools as Core Social Centres, is running at St Joseph's Primary School in Collingwood, St Brigid's Primary School in North Fitzroy and Sacred Heart Primary School in Fitzroy. Project officer Lesley Hyde has helped the schools identify ways of improving health and wellbeing by determining what positive activity was already happening within the schools, what they could improve

upon and what they were not doing at all. From that audit each of the schools established priorities.

"That process was terrific and it took a lot of courage from the teachers and principals to reflect on the sorts of things that could be done better to improve the environment for the children. This program is a long journey that will cover many issues including not just the school's own philosophy but also the teacher's own personal beliefs about health and wellbeing," Hyde says.

Mary Tobin, Project Manager for the CEO, believes the project is being developed at an important time in history because so many traditional structures are breaking down and schools are now recognised as key places of belonging for young people. She says the project looks at establishing structures to achieve prevention and early intervention approaches in schools rather than establishing reactive responses to particular issues.

**Early start:** Students at St. Joseph's Primary School in Collingwood are part of a project called Schools as Core Social Centres.



## EVIDENCE

Schools with low social capital tend to have higher incidence of peer victimisation, other violence, vandalism, theft, burglary, arson etc.

## Children of Parents with a Mental Illness

### *Partnership projects to enhance mental health and wellbeing*

VicHealth Director, Kellie-Ann Jolly agrees the project has great potential and applauds the teachers who have reflected on how they communicate with and relate to the children, and who have worked on their ability to apply a holistic approach.

"We want children to have a sense of belonging and to feel safe in their schools. This project is all about enhancing and strengthening their environment and making it as good as it can be," Jolly says.

Staff at St Joseph's, which is situated in the shadow of the Collingwood Housing Estate, determined that emotional intelligence was their priority. They want to help children deal with emotional issues in a way that then allows them to maximise their learning opportunities at school. But they are not doing it alone. A key element of the project is to bring the community and agencies into the school and take the school out into the community. Principal Trish Taylor says fostering emotional intelligence happens in many ways and begins with staff. Teachers have undergone professional development and participated in workshops focusing on emotional intelligence. Most recently they looked at optimism with the Teachers' Learning Network (a body offering curriculum and professional development support to teachers and schools).

"Many of the children at our school deal with big problems at home. We try to help them recognise and deal with those emotions so they can get on with their learning. One of the things staff have done during workshops is analyse how they speak to the children and how to question them in a way that will get to a deeper understanding of their problems. It looks at everything, right down to the way the children are greeted which can make them feel safe and happy in this school," Taylor says.

Hyde says: "By creating connections between the students, the parents and the community, we are helping to create a safety net for the children. They will understand they are supported by the community and in the long-term that will benefit them."

The project began late last year and was funded for one year but, in order to make the model work, Jolly says it warrants a further two years trialling and developing. In November members of the OECD's Centre for Education, Research and Innovation, will visit Melbourne for a seminar with key representatives from the health and education sectors as well as staff involved in the pilot.

Recent Australian studies have begun to address the lack of data relating to the number of children who have parents affected by mental illness. A seminal work in this regard was Vicki Cowling's *Listen to the Children* published in 1999.

Statistical information, however, remains sparse. Reports on the prevalence of emotional and behavioural difficulties among children with a parent affected by mental illness vary, but consistently indicate much higher rates of emotional and behavioural problems for this group than for the general population. For example:

- 25-50% of children in this situation will experience some psychological disorder during childhood, adolescence or adulthood compared to 10-20% of the general population, and;
- 10-14% will be diagnosed with a psychotic illness at some point in their lives, compared with 1-2% of the general population.

Additionally, mental health problems can affect parent-child interactions and impact on parenting. When a parent is affected by mental illness the family is at greater risk of experiencing relationship discord, discontinuity of care, poor parenting skills, social isolation and poverty and its sequel such as poor housing and lack of transport.

It is for this reason that VicHealth, the Mental Health Branch of the Department of Human Services, and beyondblue: the national depression initiative have partnered to fund two projects which will contribute substantial evidence to the area of supporting children of parents with a mental illness.

Existing studies suggest the risk of children who have a parent with a mental illness developing mental health problems can be reduced by interventions that aim to:

- Promote positive child development;
- Increase social supports, systems and resources;
- Improve children's ability to reality test, cope and use cognitive problem solving skills and social support networks;
- Improve continuity of care for the children; and
- Increase teachers' understanding and responsiveness to the children's social/emotional needs (Cuff & Mildred 1998; McEnroe 1998; Farrell et al. 1999; Einfeld).

Two separate projects are being piloted to address these issues which focus on children aged 5-12 years and adolescents aged 13-21 years. The project for the younger age group has been awarded to Eastern Health Services and the other to the Murdoch Institute's Centre for Adolescent Health. The two projects—**VicChamps** and **Paying Attention to Self (PATS)**—will provide support to more than 3000 children and young people, and their parents, across Melbourne and rural Victoria.

# Getting numbers at the ball

## *Participation in sport for all*

**T**he Victorian Health Promotion Foundation actively promotes participation in physical activity as a path to both physical and mental health and wellbeing. Participation is the key word because we know from evidence that being involved in a club or an activity raises our self-esteem and helps us engage in healthy behaviour. Clubs are also great health promoters, being vital to the health and wellbeing of communities throughout Victoria.

Encouraging participation, however, is much more complex than simply exhorting people to 'just do it'. The Centre for Multicultural Youth Issues (CMYI) has spent the past five years examining ways to increase participation among young people from culturally and linguistically diverse backgrounds. It released *Sport: Creating a Level Playing Field—Increasing the Participation of young people from Ethnic Communities in Sport* in 1998. All statistics had shown people from Culturally and Linguistically Diverse (CALD) backgrounds had a lower participation in organised sport than those from mainstream backgrounds. CMYI identified areas to focus on when attempting to engage others—features relevant to all target groups. It's about identifying barriers, creating partnerships and educating organisations about potential parts of the population who are keen but often overlooked.

### Identify Barriers

CMYI's Ginny Keogh says the first step is to find out exactly what is stopping people from participating in sport or joining a club. Often the issue might be cost. If money is scarce, as it usually is in early resettlement, registration fees for sport would not be considered a priority. "We'd say to State Sporting Associations (SSA's): 'Perhaps look at restructuring the programs you are offering so there is a minimal cost to begin with and then maybe build it up over time'," Keogh says.

Lack of transport might be the sticking point. Damian Dour, participation officer for Surf Lifesaving Victoria (SLSV), says getting to and from the beach is so difficult for some that addressing this issue alone is critical to engaging participants from a diverse range of backgrounds in surf lifesaving. "It's not like travelling five minutes to the local oval," says Dour.

Identifying barriers to participation among young people from different backgrounds was the first thing SLSV did when it set out to develop a program to encourage more involvement from people with diverse backgrounds. "It all depends where the community is situated and what issues they face. One size does not fit all," says Dour.



Dour spoke with community leaders, youth workers and CMYI to explain what SLSV was aiming to do and then, importantly, he listened to what the issues were within the new arrival communities in relation to young people. "We don't push the whole membership issue," says Dour. It's more important in his experience to understand what the motivators are for young people and their families. "Parents are sometimes reluctant (to have their children involved) because the water's dangerous and they want their children to be studying. We have to emphasise that surf lifesaving is healthy, it's good socially and they learn a good set of skills." Surf lifesaving's initiatives have been motivated partly by evidence showing that people from CALD backgrounds or who live more than 50 kilometres from the ocean are over represented in the rescue statistics.

Whatever the issue that crops up the message is that sports need to be flexible and open to change.

### Partnerships

Linking groups together is also critical to increase participation. CMYI began working closely with SSAs, ethnic groups and relevant bodies such as local governments and schools, to ensure participation is possible for all.

Keogh says partnerships have been the key to a successful soccer program with teams involving players from a diverse range of backgrounds. Groups of young men were getting together off their own bat to play soccer—but often were unaware of the regulations governing the use of local grounds or how, in fact, they might become involved in a local sporting competition. The Victorian Soccer Federation, Onside Soccer, and Volleyball Victoria have combined to create a low-cost soccer competition, the *All Nations Soccer and Volleyball Competition*, in Braybrook and Springvale, which will act as a stepping stone to involve participants in a mainstream competition.



## Art and Environment: Meeting places in your own backyard

The City of Yarra's Mayor, Greg Barber, describes the city's newest community arts space as breathtaking. Once people hear about it, they will want to see it, he says. And so they do. As word gets around Melbourne about the Collingwood Underground Car Park, people want to see the transformation of the space at the Collingwood Housing Estate in Punt Road.

People are coming to the car park to participate in workshops (both practical and cultural); see films, performance and art exhibitions; rehearse for theatrical performances; and design floats for the Melbourne Fringe Festival. Estate residents are taking a leading role in the transformation of the car park from a disused urban site to a creative space. As well as mosaic designs on the floor, murals have been painted by BEEM, an indigenous mural painting group involving residents. New and improved lighting has also been installed along with sculptural works and fern gardens planted in the light wells.

It is hard to believe that the old L-shaped car park, unused and locked since the 1970s because of security and safety issues, has been transformed by the hands and hearts of its residents, with support from a range of community groups and agencies, and funding from VicHealth. The vast space, which is directly beneath the now famous community gardens, is no longer feared and avoided by residents. It is a safe and friendly place where residents and people from the Abbotsford and Collingwood communities can meet and organise events. The appointment of a part-time cultural officer (funded by the Department of Human Services) is likely to be a

further boost to the area with residents keen to see the space become a community focal point for regular events such as workshops and markets.

The City of Yarra manages the arts and environment project, which is overseen by the Collingwood Housing Estate Arts Committee (made up of resident and community members). Planning for the project began about two years ago and has, over time, embraced many of the estate's 2400 residents. They have been consulted at each stage of the project and their aspirations for the area continue to be included and implemented where possible.

VicHealth arts and environment project officer, Rita Butera, says the project helps create social connections and brings people out of their flats and into their community. And by changing the car park from a place that has been feared to an area that is welcoming and vibrant, residents feel safer about their environment, which is good for their overall mental health and wellbeing. Most importantly, creating social connections within a community can break down a person's sense of isolation.

Butera says the use of space is important for building social connections and encouraging physical activity and urban planners who are instrumental in including important community spaces at the planning stage should see the conversion of the underground car park.

"Residents need to have easy access to walkways, bike paths, meeting areas, garden space and other facilities that will improve a community's wellbeing and we need these facilities to be included in future developments," she says.

## Organisational Development

It is also important that clubs are equipped to welcome new members and create environments that support diversity. CMYI says the benefits to SSAs of more participants are obvious: more members means more money, allows a different skill level for administration to be fostered and gets some skilful players in to the teams.

However the start-up process is time consuming and many clubs have not got people who can drive the change. To that end VicHealth and CMYI are assisting SSAs to provide procedures and policies to support clubs. Educating clubs about some of the issues facing new arrivals has been important, as has educating ethnic groups about local processes and what is involved in playing structured sport. "I think it's a really slow process. It does take time," says Keogh. "Football Victoria is doing really well with the *Bouncing Racism out of Sport* kit they developed recently. They are saying: 'Look, you don't have to go out and develop a harassment or racial vilification policy; here it is for you.'

The fact is if people encounter any racism and there's no support in the club for them they are not going to continue." Racism is just one of many potential issues that can make a club unwelcoming for new members.

Dour says part of his role is to make sure that surf lifesaving is seen as inclusive rather than exclusive. To that end he is going to ensure the next program of activities for children from diverse backgrounds is run alongside those for kids from backgrounds traditionally involved. It will, in his view, make the integration process down the track a lot easier—a key factor in sustaining the mental health benefits of such programs. "The kids are going to be the ones who tell the stories for you. If they want to hang out together that helps," says Dour.

*On August 28, 2003, the Minister for Sport and Recreation, Justin Madden MLC launched the Centre of Multicultural Youth Issues, Multicultural Resource Kit. The kit contains practical ways for Victorian State Sporting Associations to increase participation levels and a booklet with information on team sport.*

# Big Business is promoting mental health and wellbeing

**T**he Whitelion Employment Program generates employment opportunities for young people in the Victorian Juvenile Justice System. Supported by employers such as Price Waterhouse Coopers, KFC, and Homewrap, the program plays an important role in re-connecting young people to the community by matching a young person from the juvenile justice system to a willing employer. Whitelion staff support the placement by working with both the employer and the young person to make the arrangement a win-win for both parties. All parties, however, are realistic in their goals, and maintain constant communication to manage issues as they arise.

"Before the employment program started, a lot of our kids would never get a job," says Whitelion's founder and CEO Mark Watt. "And if they did, they'd only last a couple of days or a week, and then they'd get the sack because the employer would find out they'd been in custody. But our employers know their backgrounds and still employ them."

Alan Tan, a KFC manager, is a strong advocate of the program. "I never thought I could be so interested in doing this. It's rewarding and challenging," says Tan. In just three years Tan has been the manager of 15 young people working at KFC through Whitelion.

KFC is one of a handful of employers who have been prepared to give young people a real chance—by offering them a job and teaching them skills critical for successful integration back into the community, benefiting the young person and, in the process, the wider community.

Economic participation contributes to individual mental health and wellbeing. By its very nature, says Watt, a job requires young people to take responsibility, be accountable, and most of all, trust people. These are all elements, he says, that are often terrifying to young people in the juvenile justice system. It also gets people involved, and gives them a sense of belonging.

KFC employment program coordinator and recent winner of the 'True Blue' Celebrating Melbourne Award, Lola Fisher, says the young people pass through the KFC system like any other young employee—a test is followed by an interview process, orientation, on-the-job training and then a gradual increase in responsibility. "These kids go there really wanting to work. The way their eyes light up. They say: 'No-one gives us a chance'. They don't all work to the point where they stay with KFC but we're pretty certain that

if they only work one day with us they take that one day away and some time in their lifetime that's going to hit them," says Fisher.

Tan's role as manager is critical to the whole concept. He is responsible for setting boundaries, providing feedback and teaching participants to recognise the real value of qualities such as commitment, trust, and communication. It's not an easy job. Even he admits there have been successes and failures, but he's very committed to it.

"I really admire the work Whitelion's doing with young people. These days you can be a bad influence in three days, but it takes three years to be a good influence, and even then you still have to prove yourself. It's a long road. It's great for me though to see the young people realise something about themselves and their future," he says.

"The young people get experience and self confidence. They earn money on their own and learn to be self-sufficient. They interact with other staff. They learn how to handle disagreements or make friends. Disagreements are very important in the learning process."

Fisher says giving all the young people the same opportunities along the way is the key to any success they have. "I defy anyone to walk into any of our stores and pick out the (Whitelion) young people."

The benefits for KFC aren't easy to define, however they're very real. Anecdotally, Fisher suggests the managers involved are taking more time to welcome all their employees each shift, and are learning more about all the young people on their staff. Most of the benefit, though, is gained through the knowledge of their contribution back to the community—often maligned as being old-fashioned, but still alive in the commercial environment of KFC. "I didn't need to sell it to people. We appeal to their heart. We get out of it the knowledge we're giving these young people a chance," says Fisher.

## Mentoring

For AFL Kangaroos' player Digby Morrell, his position as the Sports and Role Model Coordinator for Whitelion is quite a contrast to his on-field activities. Still, both have their highs and lows, and require determination and persistence.

"As a role model I work with the kids every day," says Morrell. "I have formed a close relationship with two of the boys and since their release I've kept in contact. They ring

**Whitelion:** Offers young people the chance to be employed, and participate in the community.



me up for a chat; we might go for a kick of the footy or to a football match together. It's very satisfying, but also very challenging, as these kids have a lot of problems including drug addiction."

Established in 1999, the Whitelion program also matches young people in custody with voluntary mentors from the community—the arts, music, sport and business—with the aim of fostering long-term supportive relationships that will continue once they are released.

"Many of these young people don't have anyone," says Watt. "Their mentor may be one of the first people in their lives to voluntarily invest time and to show a genuine interest in them. While in custody they are allowed to have escorted and unescorted leave, but some wouldn't have anyone to take them out if it wasn't for their mentor.

"The young people get to have a positive relationship with someone who is not involved in drugs or crime and someone who is not hurting them in any way. They really value having someone who believes in them and who shares their interests," he says.

More than 1000 young Victorians are caught up in the Juvenile Justice system each year. These are young people who, from a very early age, have been exposed to extraordinary abuse, neglect and violence, who have been betrayed by the adults in their lives, and who have often turned to drugs to help them cope with life and to mask their pain.

"You're on the rollercoaster ride with them," Morrell says. "A lot of them fall back into the drug scene because taking drugs takes them away from their worries and most of them are quite troubled. The two boys that I mentor are involved with chroming.

"But at least they have the confidence to call me and tell me they are thinking about taking drugs. I talk to them or

I take them out and distract them for a few hours to help them get through it."

Watt believes it is the connection formed between young person and mentor which is a catalyst for change. "Feeling cared for and supported makes them stronger and healthier people, and as they get stronger and healthier, they are more able to resist temptations and to make better choices," he says.

The community also benefits from the program, according to Morrell, because as the young people are successfully re-integrated into mainstream society, connected to mentors and employed, they are less likely to slip back into drugs and crime. The program helps to make the participants feel less alienated and creates a means by which they can become part of the society rather than existing on its margins.

### Employment Program

Companies involved in the employment program include: Bakers Delight, EL&C Baillieu Stockbroking Ltd., Europcar, Homewrap Packing & Supplies Pty Ltd., KFC, Medibank Private, Preston Motors, Salesforce Australia Pty Ltd., VicHealth, PricewaterhouseCoopers

***Whitelion is supported by the Department of Human Services (DHS), VicHealth, Smorgon Steel Group, and KFC.***

**For further information contact Whitelion:**

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Website: [www.whitelion.asn.au](http://www.whitelion.asn.au)

A substantial proportion of people not thought to be socially disadvantaged think of themselves as experiencing major discrimination at some time in their life.

# Together We Do Better

The second phase of the *Together We Do Better* mental health promotion campaign seeks to increase community awareness of the benefits of strong, connected and supportive communities.

From a population health perspective, connected and supportive communities that value diversity, are open and inclusive, and provide opportunities for everyone to participate in community life, will have better mental and physical health outcomes.

The National Heart Foundation this year confirmed that depression, social isolation, a lack of involvement with others and an absence of social networks and friends can be as dangerous to our health as smoking. Other studies also show the more connected people are with their communities, the less likely they are to experience coronary heart disease, cancer, depression and premature deaths of all sorts.

VicHealth chief executive officer Rob Moodie said world-renowned Harvard researcher Professor Robert Putnam had put the issue bluntly, saying: "As a rough rule of thumb, if you belong to no groups but decide to join one, you cut your risk of dying over the next year in half."

Speaking at the campaign's launch in April, Australian theatre and television legend John Wood stressed the importance of welcoming others into groups and activities: "If you feel unwelcome, you may never come back, you may never have the confidence to take up the opportunities that might otherwise come your way in life," he said.

Dr Moodie says Australians are yearning to rebuild their sense of belonging and that everyone can draw strength from playing a vital role in a vibrant community.

## How do we rebuild our sense of community?

Hundreds of community organisations across Victoria, including sport and recreation organisations, are already doing great work to make their activities more inclusive and to help strengthen our sense of community. Participation in a range of community-based activities such as sport, the arts and volunteering is a way of connecting with other

people from different backgrounds. It provides opportunities to build mutually supportive relationships.

The value of community, social connections, friendships and involvement in activities is commonsense yet it is not commonly applied. We can no longer always take for granted that people have friends, networks, connections.

Many people are spending more time on their own.



Australian Bureau of Statistics' figures suggest that although we are interacting with a wider range of people, more of us are and will live alone in the future. It is estimated that by 2030, one person in seven will be alone at home compared to one in 12 in 1996.

## What's the next step?

This phase of VicHealth's *Together We Do Better* campaign is all about social connections: How to increase them, how to improve them and how to remove barriers so that many more people have opportunities to participate and make connections.

Throughout the campaign, images in the newspapers and radio ads urged all Victorians to increase their own participation and find ways to help others get involved as well.

Check out VicHealth's *Together We Do Better* website at: [www.togetherwedobetter.vic.gov.au](http://www.togetherwedobetter.vic.gov.au)

## Resources Available

There are a limited number of *Together We Do Better* brochures; posters; information kits for health facts, ideas for making connections and case studies; and a ten minute video available through VicHealth for organisations wishing to promote mental health and wellbeing. Please call Natalie Lleonart on (03) 9667 1333 if you wish to receive available material.

## STRATEGIC DIRECTIONS 2003-2006

VicHealth has just released Strategic Directions 2003-2006, an update of the triennial plan established in 1999. The new plan is based on a review that involved consultation with the board, advisory panels, all staff, opinion-leaders and decision-makers in Victorian public health, and VicHealth stakeholders. We re-evaluated our priority areas, developed a set of deliverables, and assessed the capacity of our existing structure to deliver on our goals.

On September 8, 2003 VicHealth invoked a new structure that is better aligned with the organisation's strategic directions. It consists of three core work units – Physical Activity; Mental Health and Wellbeing; and Research Workforce and Tobacco Control – and three service and support units - Health Promotion Innovations; Communications and Marketing; and Finance and Administration.

The core work units are accountable for all health promotion activity to address their key health area. This includes research, policy and planning, program work, advocacy, evaluation, and dissemination of findings. A primary aim is to improve the links between research and practice, and evaluation to development cycles.

### Physical Activity

Managing investment in physical activity and healthy eating.

### Mental Health and Wellbeing

Managing investment on mental health promotion and health inequalities.

### Research Workforce and Tobacco Control

Managing investment in research that builds public health research capacity in Victoria, and managing investment in tobacco control, sun protection, alcohol, illicit drugs, sexual health and injury surveillance.

### Health Promotion Innovations

Responsible and accountable for ensuring VicHealth maintains its leading-edge in health promotion excellence through strategic planning and intelligence gathering, policy development, performance monitoring and fostering innovation.

### Communications and Marketing

Responsible and accountable for raising and maintaining the profile of VicHealth as a leader in health promotion and facilitating the effective dissemination of corporate initiatives

### Finance and Administration

Responsible and accountable for financial

integrity, management and internal controls as well as ensuring appropriate governance processes are upheld, the implementation of best practice human resource strategies and quality office management and administrative support.

**Strategic Directions 2003-2006 is available from VicHealth on (03) 9667 1333 or at [www.vichealth.vic.gov.au/strategicdirections](http://www.vichealth.vic.gov.au/strategicdirections)**

Further information is available on the VicHealth website  
<http://www.vichealth.vic.gov.au>

## INNOVATIVE PARTNERSHIP LAUNCHED TO SUPPORT CHILDREN OF PARENTS WITH A MENTAL ILLNESS

Health Minister Bronwyn Pike announced in June 2003 a \$1.5 million innovative partnership between the Department of Human Services, VicHealth and beyondblue to support children of parents who have a mental illness.

Over the next three years, the two projects—**Paying Attention to Self (PATS)** and **VicChamps**—will provide support to more than 3,000 children and young people, and their parents, across Melbourne and rural Victoria.

**See page 15 for further details.**

## 2003 VICHEALTH ANNUAL AWARDS

Nominations for the 2003 Annual VicHealth Awards are now open.

The VicHealth Awards recognise and thank our partners who provide valuable support to health promotion in this State. Awards are presented at the VicHealth Annual General Meeting in December.

Nomination forms are available on the VicHealth website [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au)

Nominations close 3 October 2003.

For information, contact Sharon Osman, Events & Production Coordinator on 9667 1333 or email [sosman@vichealth.vic.gov.au](mailto:sosman@vichealth.vic.gov.au)

## PARTICIPATION AND HEALTHY ENVIRONMENTS

VicHealth and State Sporting Associations throughout Victoria are working closely to encourage participation and healthy environments under the Partnerships for Health Scheme. In July 2003 a Sports Partner Pack was sent to all clubs affiliated with funded State Sporting

Associations. As part of that promotion a prize draw was run.

The winners of that prize draw were: Langwarrin Pony Club, Diamond Creek Cricket Club, Warrnambool City Croquet Club, Pakenham Little Athletics Club, Woomelang Bowling Club, Kingsbury Tennis Club, Kilcunda-Bass Netball Club, Maribyrnong Community Youth Club, Rosebud Swimming Club, and Warracknabeal Golf Club.

Thanks to all clubs and members who participated.



## PUBLICATIONS

### MENTAL HEALTH PROMOTION AND YOUNG PEOPLE

Published in 2002, *Mental Health Promotion and Young People*, edited by Louise Rowling, Graham Martin and Lyn Walker, is still the most up-to-date examination of the emerging principles and recent practice of mental health promotion in the context of young people. Based on the principles of the Ottawa Charter, the book is available through McGraw-Hill Australia Pty Ltd. Phone: (02) 9415 9888.



### CREATIVE CONNECTIONS: PROMOTING MENTAL HEALTH AND WELLBEING THROUGH COMMUNITY ARTS PARTICIPATION

The Community Arts Participation Scheme promotes mental health and wellbeing. This publication evaluates the impact of the Community Arts Participation Scheme on both individual



and community mental health and wellbeing. It was launched at VicHealth in June and is available either through VicHealth on (03) 9667 1333 or at <http://www.vichealth.vic.gov.au/creativeconnections>

### PROMOTING THE MENTAL HEALTH AND WELLBEING OF NEW ARRIVAL COMMUNITIES: LEARNINGS AND PROMISING PRACTICES

This profile of VicHealth funded projects will be launched at VicHealth on Monday 29 September. Copies will be available either through VicHealth on (03) 9667 1333 or at <http://www.vichealth.vic.gov.au>

## FUNDING OPPORTUNITIES

### COMMUNITY ARTS PARTICIPATION SCHEME

Scheme designed to increase access and participation in creative activity for people disadvantaged by socioeconomic or geographic circumstances. Grants of up to \$30,000 are available. Closing date for applications: 18 October 2003

Guidelines are available at: <http://www.vichealth.vic.gov.au/funding> or from VicHealth on (03) 9667 1333.

### CONFERENCE SUPPORT SCHEME

Scheme designed to facilitate the transfer of new and existing health promotion knowledge through supporting health promotion conferences that are accessible to a range of delegates and takes place in healthy environments.

Grants of up to \$10,000 available.

**Closing date of applications:** 1 November 2003.

### PORTABLE SHADE FOR SPORTS CLUBS GRANT PROGRAM

VicHealth will be running a funding program for *Portable Shade for Sports Clubs*. Grants of up to \$2500 will be available for the purchase of portable shade item/s for sports clubs whose activities occur during the peak summer months (November to March inclusive). Preference will be given to junior sport (up to age 17 years).

To cater for the huge demand for funding across the state, Victoria will be split into a West region and an East Region. Please make note of these dates:

#### West Victoria Funding Round

- Closing date for applications is **Friday 17 October 2003.**

#### East Victoria Funding Round

- Closing date for applications is **30 April 2004.**

A copy of the guidelines can be downloaded from <http://www.vichealth.vic.gov.au/funding> or phone 9667 1321.

## CONFERENCES/SEMINARS



### HEALTH 2004—WORLD HEALTH PROMOTION AND HEALTH EDUCATION CONFERENCE

The 18th World Conference on Health Promotion and Health Education: Valuing diversity, reshaping power: exploring pathways for health and wellbeing will be held in Melbourne, 26 – 30 April 2004.

#### Key Dates

1 May 2003	Registration/Abstract submission opens
31 October 2003	Abstract submission closes
late January 2004	Abstract submission notifications
15 February 2004	Early registration ends
26 April 2004	Opening ceremony
	Register and Abstract submission on-line at <a href="http://www.health2004.com.au">www.health2004.com.au</a>

#### CONFIRMED PLENARY SPEAKERS

- Hon. Linda Burney**, Member Legislative Assembly, New South Wales (Australia)
- Prof. Mason Durie**, Assistant Vice Chancellor and Professor of Maori Research Development, Massey University (New Zealand)
- Prof. Mary Kalantzis**, Dean, Faculty of Education, Language and Community Services, RMIT University (Australia)
- Dr Jeff Koplan**, vice president for academic health affairs, Emory University, United States; former Director, Centres for Disease Control and Prevention (USA)
- Dr Moncef Marzouki**, former President of the Tunisian League for Human Rights (Tunisia)
- Rev. Andrew Mawson**, Co-director, Community Action Network, United Kingdom; Founder Bromley by Bow Centre (UK)
- Prof. Maurice Mittelmark**, Director, Research Centre for Health Promotion,

University of Bergen; President of the International Union for Health Promotion and Education (Norway)

**Nafis Sadik**, UN Special Envoy on AIDS in Asia, former head of UNFPA (Pakistan)

**Dr David Satcher**, Director, National Center for Primary Care, Morehouse School of Medicine, United States; 16th United States Surgeon General (USA)

**Prof. Fiona Stanley**, 2003 Australian of the Year, Dept of Paediatric Medicine, University of Western Australia (Australia)

For more information see [www.health2004.com.au](http://www.health2004.com.au)

### VECCI/VICHEALTH 2003 PARTNERSHIP WITH HEALTHY INDUSTRY PROGRAM

Registration 9:15am

Seminar: 9:30am – 12 noon

VECCI offices, 196 Flinders Street, Melbourne, VIC, Australia

**14 October:** Environmental Impacts on Your Business

**11 November:** Organisation Change

**9 December:** Take Control of Your Time and Life

Further Information: Carolyn Journeaux, VECCI Events Manager, on (03) 8662 5333 or fax (03) 8662 5362

### PLANNING AWARDS

The Planning Institute Australia (Victoria) is calling for entries in to the 2003 Planning Awards for Excellence. The annual awards acknowledge excellence, innovation and achievement in the urban and regional planning fields. This year there is a new category "Planning for Health and Wellbeing".

- Before preparing an entry, you should view the criteria on the PIA website [www.planning.org.au](http://www.planning.org.au) (or call the office for a copy ph 9650 4411).

We particularly encourage rural and regional organisations and councils to enter and special arrangements may be made where entrants are located outside of Melbourne.

For further information contact Stephanie Knox at the PIA office, ph: (03) 9650 4411 or email [vic@planning.org.au](mailto:vic@planning.org.au).

**Don't forget Planning Week, 14–21 November 2003.**

### MELBOURNE INTERNATIONAL ARTS FESTIVAL

The 2003 Melbourne International Arts Festival together with Regional Arts Victoria will present a modern day ball,

roadshow style with Bal Moderne giving audiences the chance to star in their own Melbourne Festival show.

The idea behind Bal Moderne is simple. Three Australian choreographers, Kate Denborough, Lucy Guerin and Gideon Obarzanek, have worked with Artistic Coordinator of the project Oonagh Duckworth, from Brussels, to create three new mini dance pieces.

Bal Moderne will kick off in Nagambie (4 October) before travelling to Wangaratta (11 October), Sale (17 October) and Bendigo (19 October). The project will conclude in a grand finale at the Royal Exhibition Building in Melbourne on 25 October.

**Nagambie:** Sat 4 Oct, 7pm – 12am, Mechanics Institute, High Street

**Wangaratta:** Sat 11 Oct, 7pm – 12am Wangaratta Performing Arts Centre, cnr Ford & Ovens Street

**Sale:** Fri 17 Oct, 7pm – 12am, Sale Memorial Hall, 82 Macalister Street

**Bendigo:** Sun 19 Oct, 7pm – 12am Bendigo Town Hall, 189-193 Hargraves St

**Melbourne:** Sat 25 Oct, 7pm – 12am, Royal Exhibition Building

**Dress: no ball gowns required.**

**Dress comfortably.**

## VICHEALTH LIBRARY

The VicHealth Library provides an information service to health professionals and others working in partnership with VicHealth. Tertiary students can use the collection as a reference resource.

Telephone Edith on 9667 1331 or email [efry@vichealth.vic.gov.au](mailto:efry@vichealth.vic.gov.au) to find out if we can help you - the Library is open from 10 a.m. to 4 p.m. Monday, Wednesday and Thursday.

The Library has established an extensive collection of mental health publications, too many and too diverse to list. We highlight just a few of our favourites: Rowling, Louise; Martin, Graham; Walker, Lyn: 2002 *Mental health promotion and young people: concepts and practice*, McGraw-Hill, Roseville.

Ballarat and District Aboriginal Co-operative Ltd. 2001 *Makin pitchas: 4 short films by young indigenous filmmakers examining mental health issues*, The Co-op, Ballarat.

Morrow, L.; Verins, I.; Willis, E. : 2002 *Mental health and work: issues and perspectives*, Auseinet, Adelaide

Driscoll, Kate: 2003 *Beating hearts, coherence, confidence, connections and health: evaluation report*, Sacred Heart Mission sport and recreation program, RMIT University, Melbourne.

Weeks, Wendy; Hoatson, Lesley; Dixon, Jane ed.s: 2003 *Community practices in Australia*, Pearson Education Limited, New South Wales.

### Useful websites to explore include:

VicHealth's *Together We Do Better* website <http://www.togetherwedobetter.vic.gov.au/>, full of ideas and information for people interested in their own mental health and wellbeing and that of the community

Reach Out! <http://www.reachout.com.au>, a web-based service aiming to improve young people's mental health and well being by providing support, information and referrals in a format appealing to young people.

Volunteering Australia <http://volunteeringaustralia.org> works to advance volunteering in the Australian community and to represent the diverse views and needs of the volunteer movement while promoting the activity of volunteering as one of enduring social, cultural and economic value.

Auseinet (Australian Network for Promotion, Prevention and Early Intervention for Mental Health) <http://auseinet.flinders.edu.au> informs, educates and promotes good practice in a range of sectors and the community about mental health promotion, prevention, early intervention and suicide prevention across the lifespan

SANE Australia <http://www.sane.org.au> is a national charity helping people affected by mental illness and provides fact sheets and information on their website

## VALE—MARJORIE OKE



### 1911-2003

Marjorie Oke was a significant figure in the community and self-help health

scene for many years from the 1980s. Health mattered to Marjorie. And the health that mattered was whole health, holistic health - so that meant community health, and people getting healthy together and public policy to support this. She was a member of the Health Issues Centre Committee of Management and an Ambassador for Health for VicHealth's 'Active At Any Age' program. Through these - and many other areas of activity, Marjorie's sense of responsibility and desire to take the message of self-determination and holistic health, and the part that could be played by supportive professionals farther afield, meant seizing the opportunities to contribute wherever and whenever they appeared.

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Disclaimer: Views and opinions expressed in the VicHealth Letter do not necessarily reflect those of VicHealth.

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