VicHealth LETTER

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from margins to mainstream

The Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders

Mental health and wellbeing: everybody's business

When 850 mental health experts from around the world gathered in Melbourne last September to look at the many issues surrounding mental health – and not just at direct treatment, but the social and economic factors that affect our mental wellbeing – they stimulated state, national and international collaboration to advance research, policy and practice.

From Margins to Mainstream: 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders was a first for Australia and clearly demonstrated the diverse, global and cross-sectoral nature of mental health promotion and prevention activity today.

The line-up of speakers was first class and included Victorian Premier The Hon. John Brumby; Minister for Mental Health The Hon. Lisa Neville; Kate Gilmore, Executive Deputy Secretary General of Amnesty International; Dr Carles Muntaner, a global expert on health inequalities and workplace stress; Dr Garth Japhet, creator of South Africa's Soul City program; and Karma Tshiteem, Secretary of the Gross National Happiness Commission of Bhutan.

There were ground-breaking presentations on topics including violence against women, racial discrimination, workplace stress, social isolation and health inequalities – all of which incur massive social and financial costs and are preventable.

These issues were set as priorities for the conference because we know that the 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, and many of these can be modified.

New research, programs and priorities presented at the conference confirmed that partnerships with individuals and organisations outside the health sector are pivotal to effective mental health promotion.

This issue of the *VicHealth Letter* provides a snapshot of some of the issues arising at the conference and the dynamic nature of the work occurring in mental health promotion and prevention of illness, both in Australia and globally.

It demonstrates how mental health promotion and prevention concepts are now being integrated in a sustained way by those working in education, sport, the arts, employment, technology and human rights to name a few.

The lessons of promoting good mental health in our communities have perhaps never been more relevant as Victorians begin the task of rebuilding communities devastated by bushfires. Schools, sports, employment, and the arts will be important building blocks for the long-term health of affected communities.

These building blocks are also important components of the Melbourne Charter for Mental Health Promotion, a major driving force and outcome of the conference, which will strengthen the coalitions built between diverse sectors and settings during the conference. The Charter forms part of the Victorian Government's soon-to-be launched Mental Health Reform Strategy.

It will also be a central component of VicHealth's ongoing work with our stakeholders to build confidence, resilience and mental health and wellbeing in Victorian communities.

Todd Harper
CEO
VicHealth

From Margins to Mainstream was hosted by VicHealth and organised by the World Federation for Mental Health, the Mental Health Program of The Carter Center, The Clifford Beers Foundation and VicHealth. The event was supported by the Global Consortium for the Advancement of Promotion and Prevention in Mental Health (GCAPP). Conference papers are available from www.margins2mainstream.com

DEDICATION

This edition of the *VicHealth Letter* is dedicated to Associate Professor Ray James who passed away in June 2008. During the past 30 years Ray was a great advocate for health promotion and more recently mental health promotion, with his dedication to the Act–Belong–Commit campaign in Western Australia. Ray was a determined, motivated, inclusive and inspirational person. His leadership and generosity was felt by new graduates, colleagues and experienced professionals alike. He will be sadly missed.

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From Margins to Mainstream clearly demonstrated the diverse, global and cross-sectoral nature of mental health promotion and prevention activity today.

PHOTO: Snappy Pics

A decade on:
moving mental health promotion from the margins to the mainstream

In the last decade there has been much progress in the promotion of mental health and the prevention of mental ill-health.

Evidence that mental health is determined by socioeconomic factors is building; strategies for strengthening research, policy and practice in mental health promotion and prevention are being consolidated; and definitions are becoming less contested.

Mental health promotion and prevention are no longer only at the margins of the health agenda, but rather firmly established in the mainstream research, policy and practice arenas of various disciplines, including and beyond health.

VicHealth has contributed to this international work. Back in 1999, we released our first *Mental Health Promotion Plan* (which has since been further refined), a specific framework for the promotion of mental health and wellbeing. It was based on input from over 100 Victorian organisations, a review of the prevalence and impact of mental ill-health, and an exploration of international policies and programs designed to promote mental health and prevent illness.

At that time we knew that the global burden of mental ill-health was increasing, was well beyond the treatment capabilities of each country, and was linked to adverse social and economic environments that are enduring and unacceptable.[1]

Some 10 years on, work in this area has matured. There is an increased global focus on supporting individual wellbeing while also combating factors and environments that have a negative impact on health.

In 2004 the World Health Organization (WHO) produced the first International Monograph on Promoting Mental Health, with agreement amongst the authors about the disproportionate level of mental ill-health experienced by disadvantaged communities and the important role that the social and economic environment plays on developing or curbing our health.[2]

More recently the WHO's Commission on the Social Determinants of Health concluded that health inequalities arise because of a toxic combination of poor social policies, unfair economic arrangements and bad politics. These, in turn, affect the circumstances in which people are born, grow, live, work and age.[3]

The evidence presented in the *Closing the Gap Report* (WHO) indicates that the social determinants of health (such as income, housing, food, employment, and working conditions) are responsible for almost half of the variation in health outcomes within and across societies.[4]

In acknowledgement of international policy and program development designed to respond to the social and economic determinants of mental health, the From Margins to Mainstream (M2M) conference staged by VicHealth and its international partners in Melbourne in 2008 supported further cross-sector dialogue and action to address the social and economic conditions which contribute to mental ill-health.

This international conference series focusing on the promotion of mental health and the prevention of ill-health is staged on a bi-annual basis by members of the Global Consortium for the Advancement of Promotion and Prevention in Mental Health in this instance: the World Federation for Mental Health, The Clifford Beers Foundation in the United Kingdom, and The Carter Centre in the USA.

Of note was the attendance of global leaders in the mental health promotion and prevention arena, including colleagues from Finland, the UK and New Zealand who contributed to the formation of the first VicHealth Mental Health Promotion Plan.

The M2M conference considered research, policy and programs designed to:

- increase **social connection** through supportive relationships, involvement in group activities, strengthening civic engagement and building networks at the community level
- prevent **violence** existing within communities and relationships
- increase opportunities for self-determination and control by **reducing discrimination**
- increase access **to employment, education, income and adequate housing**.

Through an examination of these four determinants, delegates had the opportunity to consolidate their knowledge and understanding of these concepts and the emerging evidence of their impact on global mental health and wellbeing.

The conference profiled many examples of activities from the less-traditional domains of health, including the transformative contributions made by those using the arts and sports as vehicles to promote mental health and wellbeing.

New cross-sector contributions came from organisations in developed and

From Margins to Mainstream organising partners and secretariat: Prof. Clemens Hosman, Antony Balmain, Preston Garrison, Cassie Nicholls, Dr Thomas Bornemann, Kenton Miller, Dr Elena Berger, Geof Webb, Michael Murray, Lyn Walker, Irene Verins and Christina Gaughan. PHOTO: Snappy Pics

developing countries that are now playing leadership roles in progressing mental health promotion activity in their own spheres. Representation included the philanthropic sector, Amnesty International, Oxfam Australia and United Nations staff located in the Sudan. All brought to light the critical need for further engagement of international and cross-sector organisations in moving mental health promotion from a marginal to mainstream activity.

Janet Meagher (Director, Psychiatric Rehabilitation Association) and Tony Fowke (President, Association of Relatives and Families of the Mentally Ill) asked delegates to honour the contribution that service users and their carers and families have made to promotion and prevention work. The perspectives of people affected by mental illness are important to advancing the health agenda concerned with mental health promotion and prevention.

Social participation

The importance of social participation to our mental health and wellbeing was considered by Prof. Margaret Barry (University of Galway), Steven Burkeman (Joseph Rowntree Charitable Trust) and Karma Tshiteem (Bhutanese Government). The need to belong, to be connected and engaged in group and civic activity are intrinsic characteristics of positive mental wellbeing. But the simplicity of the concept of connection belies the complexity of interventions required to address or enhance social participation. All confirmed the renewed interest globally in how we conceptualise positive mental health and wellbeing and how we develop indicators which measure improvements in it.

Freedom from violence

Kate Gilmore, Executive Deputy Secretary General of Amnesty International (UK), looked at the nature and impact of contemporary global violence human rights abuses, with a specific focus on the mental health impacts of violence against women. Violence against women is widely recognised as a global problem and one of the most widespread violations of human rights. It has severe and persistent effects on women's physical and mental health. Dr Janet Fanslow, a prominent researcher into intimate partner violence from the University of Auckland, reviewed the past 30 years of responses to violence in New Zealand. Dr Garth Japhet covered the success of the Soul City initiative in South Africa, featuring prime time radio and TV dramas that were some of the most watched and listened-to programming in the country at the time. Dr Melanie Heenan talked about the development of the first Australian national framework for preventing violence against women.

Reducing discrimination

The conference explored the links between discrimination and mental health and strategies for preventing the problem across a number of settings. Speakers also examined the ways in which stigma and discrimination influence responses to mental illness and to individuals and families affected by poor mental health.

Canada's Dr Morton Beiser identified the ways in which illness narratives are used to justify and entrench racial discrimination towards immigrants and refugees. Prof. Hurriyet Babacan from Victoria University explored current trends and issues. VicHealth's Kim Webster looked at a public health approach to addressing race-based discrimination, while Dr Yin Paradies cited research identifying links between self-reported experiences of discrimination, and smoking and substance misuse, and emerging evidence about the links to heart disease and obesity. Dr Helen Szoke, CEO of the Victorian Equal Opportunity Commission, addressed the links between disadvantage and discrimination through the process of developing a new Victorian Equal Opportunity Act.

From Margins to Mainstream was opened by the Victorian Premier John Brumby and Victorian Minister for Mental Health, Lisa Neville. It was chaired by Michael Murray from The Clifford Beers Foundation (UK). Dr Rob Moodie of the Nossal Institute for Global Health and Professor Helen Herrman from ORYGEN Research Centre were scientific chairs. The conference attracted 850 participants from 33 countries, from sectors as diverse as education, justice, housing, sport, the arts, human services, technology, economic development, and all levels of government. The three-day program included performances by The Choir of Hard Knocks, the Anti Racism Action Band (A.R.A.B), Ilbijerri Theatre, The Black Arm Band and the Bi-Polar Bears to name a few. VicHealth thanks the following organisations for their generous sponsorship: Arts Victoria, Australian Department of Health and Ageing, beyondblue, headspace, New Zealand Government, ThaiHealth, Victorian Department of Human Services and WHO.

FROM MARGINS TO MAINSTREAM
SPEAKERS & SECRETARIAT


Prof. Ian Anderson


Paris Aristotle


Prof. Hurriyet Babacan


Prof. Margaret Barry


Prof. Fran Baum


Dr Morton Beiser


Dr Elena Berger


Mark Bin Bakar


Darryl Bishop


Bruce Bonyhady


Adrian Booth


Dr Thomas Bornemann


Mark Boyd


The Hon. John Brumby, MP


Steven Burkeman


Rosalynn Carter


Ehon Chan


Dr Judi Clements


Joumanah El Matrah


Dr Janet Fanslow


Steve Fisher


Tony Fowke


Preston Garrison


Kate Gilmore


Todd Harper


Dr Melanie Heenan


Prof. Helen Herrman


Andrew Hewett


Barbara Hocking


Keran Howe

FROM MARGINS TO MAINSTREAM
SPEAKERS & SECRETARIAT


Dr Garth Japhet


Assoc. Prof. Tony LaMontagne


Janet Meagher

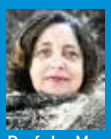

Doug Millen


Kenton Miller


Assoc. Prof. Harry Minas


Dr Rob Moodie


Dr Carles Muntaner


Prof. Joy Murphy Wandin


Michael Murray


The Hon. Lisa Neville, MP


Dr Mohammed Diaaeldin Omer


Dr Yin Paradies


Jennie Parham


Jimmy Pham


Prof. David Pilgrim


Assoc. Prof. Louise Rowling


Dr Melika Sheik-Eldin


Dr Lyndall Strazdins


Dr Helen Szoke


Chris Tanti


Genevieve Timmons


Karma Tshiteem


Lyn Walker


Kim Webster


Prof. Mark Weist


Dr Janice Wilson


Prof. John Wiseman


Geof Webb


Leonie Young

Measuring mental health and wellbeing

The conference showcased ways in which mental health promotion and prevention outcomes can be measured. One of the organisations leading the way is Melbourne University's McCaughey Centre, with its Victorian Community Indicators project. Willy-Tore Mørch from the Centre for Child and Adolescent Mental Health (Norway) and Dr Apichai Mongkol from the Thai Ministry for Public Health spoke of the development of similar indexes, as did Karma Tshiteem, Secretary of the Gross National Happiness Commission in Bhutan.

Increasing access to economic resources

Dr Carles Muntaner of the Centre for Addictions and Mental Health (Canada), Assoc. Prof. Tony LaMontagne of the McCaughey Centre (Australia) and Dr Lyndall Strazdins (ANU) and others reported on the negative impacts that employment and unemployment can have on mental health. Jobs that combine high demand with low control and other combinations of work conditions can amplify mental ill-health.

Do U mind? Youth Engagement Strategy

To ensure that young people's perspectives on mental health were included in *From Margins to Mainstream,* VicHealth and two of its youth technology partners – the Inspire Foundation and the Student Youth Network (SYN) – teamed up with the Victorian Government Office for Youth (Department of Planning and Community Development) to ensure that young people could discuss and provide input on the major themes prior to, during and after the conference. Online forums were held on the Reach Out! website and a series of opinion articles were commissioned to encourage discussion and debate.

Jimmy Pham from KOTO (Vietnam) and Steve Fisher from Basic Needs (India) discussed the innovative employment training programs and microeconomic enterprises being established in the developing world, and their enhancement of mental health and wellbeing.

A large contingent of international organisations working in the education arena attended the conference. This was due in part to a meeting preceding the conference entitled *Mind Your Head: Leading the Way to Healthy Minds, Healthy Schools*. Members of the International Confederation of Principals, International Alliance for Child and Adolescent Mental Health and Schools and local partner, the Australian Principals Professional Development Council, organised this event and made a significant contribution to the conference program.

The Melbourne Charter

One of the major outcomes was the development of the first Mental Health Promotion Charter, which outlines principles to inform the development of future mental health promotion policies and programs across the globe. This Charter is a living document that will be reviewed on a bi-annual basis at future international conferences.

The Charter will contribute to an ongoing global alliance and strengthen coalitions built between sectors during the conference. Development was undertaken by the conference partners and takes the form of existing health promotion charters and declarations such as the Ottawa and Bangkok Charters and the Jakarta Declaration. However, unlike these documents, it has an explicit mental health promotion and mental illness prevention focus. In Australia it will be used by the Victorian Government to inform future strategies to improve the mental health status of the population.

Lyn Walker is Director of the Mental Health and Wellbeing Unit at VicHealth.

Irene Verins is a Senior Program Advisor at VicHealth.

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Speakers from 'Thinking globally, acting locally: preventing and responding to global violence': Assoc. Prof. Harry Minas (Director, Centre for International Mental Health, University of Melbourne), Andrew Hewett (CEO, Oxfam Australia), Kate Gilmore (Executive Deputy Secretary General, Amnesty International, UK), Paris Aristotle (Director, Victorian Foundation for Survivors of Torture) and Dr Mohammed Diaaeldin Omer (UNICEF, Sudan). PHOTO: Snappy Pics

All tip and **no iceberg**

Would a more equitable world also be a mentally healthy one?

According to Margaret Chan, Director General of the World Health Organization (WHO), health inequity is a matter of life and death. She reported in late 2008 that millions of people around the world are being killed by inequities when she launched *Closing the gap in a generation: Health equity through action on the social determinants of health*.[1] This report was the final in a series of interim reports by the Commission on the Social Determinants of Health over three years that reviewed evidence on what needs to be done to reduce health inequalities.

> ***"Our children have dramatically different life chances depending on where they were born. In Japan or Sweden they can expect to live more than 80 years; in Brazil, 72 years; India, 63 years; and in one of several African countries, fewer than 50 years. The poorest of the poor have high levels of illness and premature mortality. But poor health is not confined to those worst off. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health."***[2]

The Commission, instigated by WHO and chaired by Sir Michael Marmot, was tasked with gathering and appraising the evidence associated with the social determinants of health and their relationship to health equity. There is little point treating people's ill health and then returning them to the poor social conditions that made them sick in the first place. Unemployment, unsafe workplaces, urban slums and lack of access to health systems are among the worst causes of poor health and inequalities between and within countries. All these conditions are shaped by political, social and economic forces that give rise to unfair distribution of access to power, wealth and other necessary social resources for a healthy life.[3]

In her keynote address to the From Margins to Mainstream Conference, Professor Fran Baum, Professor of Public Health at Flinders University and a Commissioner, noted that the Commission considered mental health and its indivisibility from physical health when seeking to distil from available evidence what makes a mentally healthy society.

Professor Baum told the audience that the Commission explicitly based its recommendations on valuing health (mental and physical) as a fundamental right and matter of social justice, and not just emphasising its economic worth to a society. "The quality and distribution of health should be the ultimate indicator of a successful society with empowerment processes underpinning social action," she urged.

Sir Michael Marmot commented at the launch of the Commission's report: "(the) toxic combination of bad policies, economics, and politics is, in large measure, responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Social injustice is killing people on a grand scale".

Professor Baum equated global policy efforts in mental health as "all tip and no iceberg" – where there is a predominant focus on behaviours, mental illness, suicide, depression and crisis responses with little going on below the surface. While consideration has been given to some settings such as workplaces and schools, the analysis of and responses to the distribution of power, and impact of class, gender, culture and market economics largely remain submerged in program responses. The Commission's work

PHOTO: Getty Images

looked squarely at the base of the iceberg by examining the socioeconomic and political context in which people live and work and the social position they hold.

Closing the gap in a generation is organised around three key recommendations: to improve daily living conditions; tackle the inequitable distribution of power, money and resources; and measure and understand the problem and assess the impact of action.

The first, **improving daily living conditions**, calls for actions to create healthy places for all people to live and work, including: affordable and adequate housing, safe water, sanitation and electricity. Attention is directed to ensuring fair employment and decent work with an appropriate living wage; ensuring social protection throughout life and access to universal health care, early childhood development and educational services for all children.

Sample of recommendations

- Make full and fair employment and decent work a central goal of national and international social and economic policy making (Action area 7.1).
- Build health care systems based on principles of equity, disease prevention, and health promotion (Action area 9.1).

Second, the call for **fairer distribution of power, money and resources** examines the deeper social structures, practices and processes that tolerate or actually promote unfair distribution of and access to power, wealth and other necessary social resources. The Commission identifies the need for health outcomes to be incorporated into all government policies and for all sectors to take responsibility for their health impact, including their impact on mental health. The importance of inclusion and voice, particularly associated with issues of gender, equity and political empowerment, are identified as key components for closing the gap.

Sample of recommendations

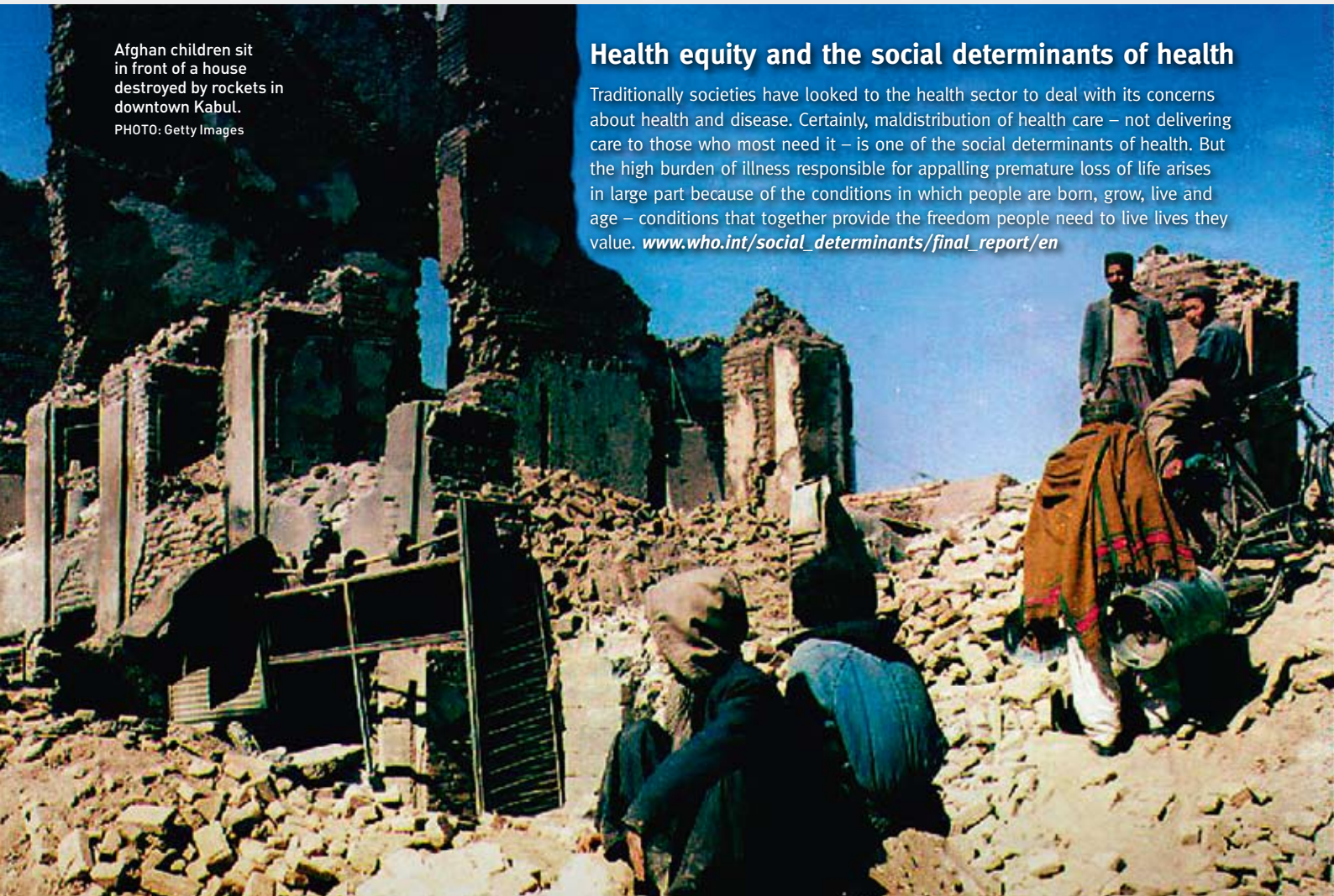
- Adopt a social determinants framework across the policy and programmatic functions of the Ministry of Health and strengthen its stewardship role in supporting a social determinants approach across government (Action area 10.2).
- Empower all groups in society through fair representation in decision-making about how society operates, particularly in relation to its effect on health equity, and create and maintain a socially inclusive framework for policy making (Action area 14.1).

The final section is about **knowledge, monitoring and skills** where the Commission comments on the very small investment globally in research on these social, economic and cultural determinants of health. The Commission notes that effective action on health equity requires better understanding – among political actors, practitioners, and the wider public – of how population health is affected by social determinants.

Sample of recommendations

- Ensure that routine monitoring systems for health equity and the social determinants are in place: locally, nationally, and internationally (Action area 16.1).
- Invest in generating and sharing new evidence to determine which social determinants influence population health and health equity and on the effectiveness of measures to reduce health inequities through action on social determinants (Action area 16.2).

In her address, Professor Baum concentrated on the report's second group of recommendations about power, money, and resources by drawing attention to the impact of the broader 'below the iceberg' factors and how they affect mental health.



Afghan children sit in front of a house destroyed by rockets in downtown Kabul.
PHOTO: Getty Images

Health equity and the social determinants of health

Traditionally societies have looked to the health sector to deal with its concerns about health and disease. Certainly, maldistribution of health care – not delivering care to those who most need it – is one of the social determinants of health. But the high burden of illness responsible for appalling premature loss of life arises in large part because of the conditions in which people are born, grow, live and age – conditions that together provide the freedom people need to live lives they value. ***www.who.int/social_determinants/final_report/en***

Indigenous Australian children going about daily life.
PHOTO: Australian Broadcasting Corporation Library Sales

Health equity through action on the social determinants of health

We start from the proposition that there is no necessary biological reason why a girl in one part of the world, say Lesotho, should have a life expectancy at birth (LEB) shorter by 42 years than a girl in another, say Japan. Similarly there is no necessary biological reason why there should be a difference in LEB of 20 years or more between social groups in any given country. Change the social determinants of health and there will be dramatic improvements in health equity.
www.who.int/social_determinants/final_report/en

Contemporary epidemiological studies of inequality reviewed in the report suggest that more equal societies are healthier, have more just social policies, less crime and greater social cohesion. "When inequities become too great the idea of community becomes impossible," comments sociologist Raymond Aaron.[4]

The critical question that arises is: would a more equitable world also be a mentally healthy one? The Commission responds with a resounding yes. The Commission analysed data on the prevalence of any emotional distress by the extent of income inequality and found that the less equal a country is, the stronger the correlation with the prevalence of any emotional distress. In Australia, where there is relatively unequal distribution of income, there is quite high prevalence of emotional distress, Professor Baum observed.

Intrinsic to the fair distribution of power, money and resources is the concept of political empowerment whereby people have a voice and participate in economic, social and political relationships. Amartya Sen, one of the Commissioners and a Nobel Laureate, argues that the "success of an economy and of a society cannot be separated from the lives that the members of the society are able to lead...we not only value living well and satisfactorily, but also appreciate having control over our lives".[5]

The Commission was also influenced by key data from Canada where researchers in British Colombia asked why some Canadian Indigenous people had higher rates of suicide than others. Chandler and Lalonde posited the notion of culture continuity by accounting for differences in self-government, land claims, controlled education, health, police, culture facilities, women in government, good family and children's services, traditional languages and the suicide rate.[6] Indigenous communities with high culture continuity had significantly lower rates of suicide than those with less culture continuity. The parallel to Indigenous Australians' experience was highlighted by Professor Baum, with a call for racism to be eliminated as an essential empowering task, not just for Indigenous Australians but for all Australians.

> "Economic rationalism is bereft of accounting for community, solidarity, conviviality and collective action, all of which are known to be good for positive mental health."

In closing, the interconnectedness of the economic system with social and environmental systems was noted by Professor Baum. She challenged the audience to reframe the problem of how much mental health issues cost the economy, to question: how much of our mental health does the economy cost us? Economic rationalism, she critiqued, is bereft of accounting for community, solidarity, conviviality and collective action, all of which are known to be good for positive mental health.

So how can we create a mentally healthy society? The Commission's recommendations are squarely based on values that call for balance between development and economics, and social justice, equity and a shared sense of community. Baum stressed the importance of recapturing meaningful connections between people and activities that are not entirely grounded in market-orientated relationships.

The Commission imagines closing the gap between both rich and poor countries and within countries, within a generation. Ambitious yes, but based on an argument that it will be good for everyone and that it doesn't require more resources to do it. What we are challenged with is changing how we think about the value of health for both our fellow citizens and us.

Professor Fran Baum was a presenter at the 2008 From Margins to Mainstream Conference and made a significant contribution to the development of this article.

Barbara Mouy is a health promotion advisor.

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Measuring mental health and wellbeing

Around the world, from Australia and Europe to the remote Kingdom of Bhutan, experts increasingly agree that to foster mental health and wellbeing we need to understand not only what creates it but also how to quantify it.

According to Professor Margaret Barry from the National University of Ireland, the majority of research on mental health "has really been driven by measures of mental disorder, with the presumption that if people do not have a mental disorder then they are, therefore, mentally healthy".

Because of this, there has been a renewed interest in indicators of mental health and wellbeing that can be used at the population level.

Professor Barry, along with Dr Lynne Friedli, was recently commissioned by the UK Government's Foresight Project on Mental Capital and Wellbeing to review the determinants of positive mental health.

She said there were few studies that focused on analysing the determinants of positive mental health among whole populations. Examples of some studies that had started to do this included the Eurobarometer survey series, a program of cross-national social research conducted on behalf of the European Commission.

The Eurobarometer has been ongoing since the 1970s. More recently it has begun to not only look at measures of quality of life at a country level but also measures of mental health and mental disorders.

"It is very clear from these data that markers of social disadvantage – including low income levels, less education, unemployment, and lower social position – are all associated with poorer mental health, and that is also consistent with the international literature. In fact *The Lancet* in their global mental health series published in 2007 found that this was true in almost all regions of the world where we have data," she said.

"We need more evidence of the impact of structural-level interventions and of trends in population-level patterns and interactions – and to tease out more the relative importance of material factors such as good quality housing, income and employment, and the psycho-social factors, such as one's social position in society, relationships and one's social competency skills. We need to get under these data and explore further, as the complex interaction between these factors is where the interest is going to lie," adds Professor Barry.

The interest in harnessing these indicators and measures runs worldwide. The Istanbul World Forum on 'Statistics, Knowledge and Policy' held in June 2007 enabled the opportunity for in-depth discussions about the measurement of progress, as well as some of the most important concerns facing the world, such as climate change, health and economic globalisation.

The Istanbul Declaration was endorsed at this meeting when a number of international NGOs affirmed in this declaration their commitment to measuring and fostering the progress of societies in all dimensions, with the ultimate goal of improving policy-making, democracy and citizens' wellbeing.

Similarly, The New Economics Foundation (NEF) is one of the few UK think-tanks to have a dedicated wellbeing program, which it's had for around seven years. Their main area of focus is on creating ways of measuring wellbeing, which government bodies such as local authorities can use.

In Australia, the recent Relationships Forum Australia report, *Stating the Obvious? The case for integrated public policy*, makes the case that all public policies should be assessed according to their overall economic, environmental and social contribution, not just economic effects.

Bhutan, which decided to measure gross national happiness ahead of gross domestic product, has long been recognised for contributing to the science of this work.

Karma Tshiteem, Secretary of the Gross National Happiness Commission (GNHC), says the Bhutanese people immediately accepted their then King's concept. "In the early 1970s the King said the purpose of development is the happiness of the people, and that we must always keep that at the centre of all our policy-making in Bhutan," he says.

"Gross national happiness is about a balanced and holistic approach to development. But that is only an idea. We had to do the work of developing indicators so our progress could be measured."

Bhutan had one major advantage over the Western world when it came to the implementation of policies concerned with happiness and wellbeing. In Bhutan, it was the government that was the driver of these policies.

VicHealth CEO Todd Harper believes that in many cases, the role of organisations is to provide the case for

> All public policies should be assessed according to their overall economic, environmental and social contribution, not just economic effects.

To create healthy people and communities we need to take the positive steps of finding out what's working and build upon that.
ILLUSTRATION: Getty Images

and supporting evidence that enables governments to act.

And to do that governments need indicators of success to support and inform new policy. One example of this is Community Indicators Victoria, hosted by the University of Melbourne's McCaughey Centre and funded by VicHealth, which measures more than 50 indicators of community wellbeing across all of the state's 79 local government areas.

"When you have the head of the OECD saying the time has come to end the obsession with GDP as the sole measure of growth, then clearly there is wide understanding that measures of economic growth alone are insufficient," says Professor John Wiseman, the Centre's Director. (This is illustrated in triple bottom line reporting, which takes into account ecological and social performance in addition to financial performance.)

"That's where there are interesting comparisons with the work of CIV and similar work around the world. In a sense, we've all started from a single pillar of economic growth but then developed that into a number or pillars or issues that are important to health and wellbeing.

"Now, we're taking the next step of identifying indicators of what wellbeing really means – so that we can inform policy that can make positive changes at a population level," adds Professor Wiseman.

The increased interest in indicators of wellbeing globally and across developed and developing countries reflects also a "growing awareness of their potential to be a springboard for community based planning and for stimulating and focusing discussions about local, regional and national health and wellbeing goals and priorities," says Sue West, Research Fellow and Community and Workforce Development Coordinator at the McCaughey Centre.

It is obvious that the awareness and applicability of community indicators of health and wellbeing is growing into a world movement which has the capacity – through linked data based networks and information sharing – to enhance our knowledge of how best to build mental health and wellbeing.

Professor Margaret Barry, Karma Tshiteem, Professor John Wiseman and Sue West were presenters at the 2008 From Margins to Mainstream Conference.

Brian Diamond is a principal of Fullpoint Media. He is a Melbourne-based journalist who works mostly for research and educational organisations.

The Australian women's team compete against Uganda at the Melbourne 2008 Homeless World Cup.
PHOTO: Michael Brown/Photoworx

Social connection

The role of non-traditional health sectors

Kicking a football, planting vegies at school or joining a choir get the thumbs up as models of promoting community mental health and wellbeing.

Fitzroy Stars Football Club senior coach Alan Brown is acutely aware of the role his club plays in building community and helping people find a way through disadvantage. "Yes, we want to be competitive...but it's more than just kicking a piece of leather around a park."

The once celebrated club had been without a place in a league for 13 years courtesy of league closures, and "fear and racism," says Brown. In January 2008, it was accepted into the Northern Football League, in a move that's reinvigorated the local community. It's not just about winning premierships. "The club has a focus on the whole person, the whole family, the whole community," says Brown.

Run by Indigenous leaders, the club welcomes all players, their families and friends, and offers an extensive employment program, youth mentoring and workshops, as well as health, justice and education support. The club's mission is to build self-esteem and stop harmful behaviours, says Brown, and it will not, for example, sell alcohol at its games. "It's important for our people to be active and to participate," he says. "Bring the family to the footy. Get out there and do some positive things."

The return of the Fitzroy Stars as a gathering place has been "absolutely positive," says Brown. "When we see all of our community participating in the activities of the club, and getting involved, you know their quality of life is improved. This should not just be seen as a game of footy. It's much more than that."

The power of purpose

Two decades of providing disadvantaged people with access to sport, recreation and arts as a path to greater health and wellbeing has convinced non-profit organisation RecLink that it's on the right track. With programs in Victoria, Brisbane and Alice Springs, RecLink is continuing to roll out its cooperative model of bringing together community agencies to provide sport and arts opportunities such as football, swimming, badminton, horse riding, knitting and dance. RecLink is also the parent body of the acclaimed Choir of Hard Knocks, which recently celebrated its second birthday.

When the choir closed last year's *From Margins to Mainstream* mental health promotion conference with its signature anthem 'Hallelujah', choir master Jonathon Welch hailed the bravery and courage of its members, many of whom have faced a lifetime of disadvantage. "The greatest joy is to see the choir members themselves having a voice in their community and out into the world," said Welch. "The most important value...is hope."

"The ability to connect with others is what makes us feel alive," says Adrian Panozzo, CEO of RecLink. For people with mental illness, or a disability, struggling with homelessness or drug addiction and living on the extremes of social isolation,

finding a way back into mainstream society can be extraordinarily hard. "One RecLink participant remarked that she hadn't had a proper conversation with anybody for weeks," he says. "She hadn't heard her name spoken in months."

The "power of purpose", and having something to look forward to in a safe environment builds self-respect, says Panozzo. And it breaks the pattern of what can be the paralysing "boredom of life" on the streets.

Everyone's equal on the pitch

With the Homeless World Cup in Melbourne late last year, the public spotlight turned to the possibilities of promoting good mental health and wellbeing in society's most marginalised people through amateur team sport. Some of Australia's players in this tournament were drawn from *The Big Issue's* Street Soccer program run for people who are homeless or otherwise disadvantaged.

"It's a mainstream activity for marginalised people," says Jarrod Gunn, state coordinator. "And everyone's equal on the pitch."

The Street Soccer program runs 52 weeks a year, and that's a vital part of its success, says Gunn, as is its simplicity and inclusiveness. With soccer played across all cultures, in all conditions by people of all abilities, it unites people from different walks of life, he says.

So far, the program is changing lives for the better. "In an evaluation of the Fitzroy Street Soccer program, 35 people found stable accommodation, 20 started training or study and 15 went to substance abuse counselling," says Gunn. "There's been an enormously positive outcome for players."

Building confidence and pride

Community arts projects give people the opportunity to tell their story, become visible and have a voice. And it's particularly potent for those from less powerful communities, who feel marginalised, says Jane Crawley, Cultural Development Team Leader with the City of Melbourne. "It enables those people to reflect on their situation, to express something of the reality of their lives."

Local government support is also effective, whether it's 'seeding' a venture, staging a major production or providing small grants to community groups to meet out-of-pocket expenses. Local government has always been considered the most "approachable layer of government," says Mark Wilkinson, Darebin City Council's Manager of Arts and Culture. "Some community arts projects may not necessarily be the most ambitious but they really do help social participation and inclusion and build confidence."

It's important to reject the notion that art can only be produced by the professional elite, says Wilkinson. "Arts projects are ideal ways of addressing many of the determinants of good mental health. They do help with social participation, and they can help people be proud of their background and cultural heritage."

You don't have to get on stage or pick up a paintbrush to participate and benefit from community art. At Darebin City Council, for example, public art is selected by the community, rather than an 'expert' panel from outside the area. "We've made a systemic change that gives the city a very good work of art, and has all these added benefits of helping the community's wellbeing and pride," he says. "It's empowering."

Schools as core social centres

Schools need to become a place that supports, and is supported by, all members of the community, says Mary Tobin, Student Wellbeing Manager of the Catholic Education Office. "If people know they can be part

of this place and know they can make a contribution, not only does this strengthen the school – and that strengthens the community around it – the evidence shows that the learning outcomes for all young people in that school actually improve."

The Catholic Education Office has established a VicHealth funded project exploring the potential for schools to become "core social centres" that promote mental health and wellbeing. The program promotes school and community engagement and invites parents and the community to participate in the life of the school as well as looking for opportunities for the school to reach into the community. This may involve activities such as helping build and decorate school environments, or maintaining a community vegetable garden.

In 2009, their model of community engagement will become part of the framework that guides all Catholic schools and will also be available to other schools and community agencies. "Engaging parents and the community is fundamental to the work of education," says Tobin.

Important also is the training of school staff in these principles of partnership and engagement so that Schools as Core Social Centres is rolled out as a consistent program to as many schools as possible.

One pilot cluster of schools achieved "significantly improved" literacy and in all examples the initiative has helped to connect the school community and parents with the wider community.

"We saw an absolute shift in parents' sense of satisfaction with the school," say Tobin. "Equally, the young people were saying they love coming and they're feeling safe...it's all the things that as a teacher you dream about."

Alan Brown, Adrian Panozzo, Jarrod Gunn, Mark Wilkinson and Mary Tobin were presenters at the 2008 From Margins to Mainstream Conference.

Krista Mogensen is a freelance writer specialising in education, health and the environment.

PHOTO: Snappy Pics

THE MELBOURNE CHARTER

for Promoting Mental Health and Preventing Mental and Behavioural Disorders

The Melbourne Charter asserts that mental health and wellbeing are:

- an indivisible part of general health;
- essential for the wellbeing and optimal functioning of individuals, families, communities and societies; and
- a fundamental right of every human being, without discrimination.

The Melbourne Charter affirms that mental health and wellbeing is:

- of universal relevance;
- most threatened by poor and unequal living conditions, conflict and violence; and
- a key indicator of a nation's social and economic development.

The Melbourne Charter believes that mental health and wellbeing is:

- everybody's concern and responsibility;
- best achieved in equitable, just and non-violent societies; and
- advanced through respectful, participatory means where culture and cultural heritage and diversity is acknowledged and valued.

The Melbourne Charter identifies principles and actions that governments, communities, organisations and individuals can take to influence the interconnecting social, economic, cultural, environmental and personal factors that influence mental health and wellbeing.

Mental health

Mental health is a state of complete physical, mental, spiritual and social wellbeing in which each person is able to realise one's abilities, can cope with the normal stresses of life, and make a unique contribution to one's community.

Mental illnesses such as anxiety disorders, depression and schizophrenic disorders are real and potentially disabling conditions, affecting over 450 million individuals, families and carers worldwide.

Poor mental health, loss of wellbeing, and illness have economic and social consequences for societies, communities, families and individuals. Mental health promotion is a strategic and sustainable approach to eliminating or minimising those factors which give rise to distress and loss of wellbeing and introducing and maximising those which create the circumstances in which all can flourish. It is also important in the process of recovery from illness or episodes of illness.

Principles for promoting mental health and preventing mental illness

Mental health and wellbeing are determined by multiple and interacting social, environmental, psychological and biological factors, just as health and illness in general are determined.

The critical social, environmental and economic determinants of mental wellbeing and of mental illness are common across nations. Individual, family-related and community protective factors and risk factors can be biological, emotional, cognitive, cultural, behavioural, interpersonal

ACTIONS

Decision-makers

The Melbourne Charter calls national governments to acknowledge the factors that influence their people's mental health and wellbeing and:

- take responsibility for ensuring that those factors that protect mental health and wellbeing are accessible to all and those that place people at risk of poor health or illness are reduced or eliminated;
- actively engage with those who are most adversely affected and socially excluded, such as people experiencing and affected by mental illness, people with disabilities, young people, people forcibly displaced, women subject to violence, and prisoners;
- protect indigenous cultures;
- promote equal opportunity and freedom from discrimination;
- ensure policy is informed by best available and appropriate evidence and adequately funded;
- invest in training personnel in publicly funded agencies to promote mental health;
- facilitate partnerships across public agencies that influence mental health;
- adequately fund and deliver accessible, high quality and recovery-focused mental health services; and
- ensure the private sector complies with local, national and international regulations and agreements that promote and protect mental health.

People working to promote mental health and wellbeing

and environmental. The presence of multiple risk factors, the lack of protective factors and the interplay of these culminate in greater likelihood of poor mental health and wellbeing and the development of mental illness (see boxes below).

Mental health promotion aims to improve social, spiritual and emotional wellbeing by creating: supportive living conditions and environments that foster connectedness between people; strength in recovery from illness; and competence and resilience in individuals and communities. Prevention strategies are a core component of mental health promotion.

Population-based approaches for promoting mental health and wellbeing and preventing mental illness work by:

- utilising principles of public participation, engagement and empowerment;
- redressing inequities and discriminatory practices that exclude the most socially disadvantaged or people at risk such as indigenous people; people with mental illness; children and young people, people with disabilities, elderly people and those in prison;
- action in everyday contexts such as in schools, workplaces, sports clubs, community-based activities, government services and the natural environment;
- providing access to quality care and recovery-focused services for those who are experiencing poor mental health or mental illness;
- combining advocacy, communication, policy and legislation, together with community participation and evidence-building strategies;
- joining up policies and practices across sectors, including education, housing, mental health services, employment and industry, transport, arts, sports, urban planning and justice; and are
- accompanied by person-centered responses to mental distress and loss of wellbeing that foster hope, offer choices, support people to lead their own recoveries and ensure a quick return to active citizenship.

The Melbourne Charter calls on those working to improve the mental health and wellbeing of populations to:

- advocate for human rights, ensuring the protection of all and in particular:
  - indigenous people and their cultures from exploitation
  - people affected by mental illness
  - people forcibly displaced from their homeland
  - children, young people and older people
  - prisoners
- act to eliminate stigma, discrimination and inequities;
- engage, partner and build alliances with public, private, non-governmental, community-based and international organisations to create sustainable initiatives;
- build greater community understanding of mental health and mental distress and loss of wellbeing;
- empower and mobilise communities and individuals, particularly the most socially excluded, by supporting their rights and providing resources and opportunities for them to shape and initiate their own actions to promote wellbeing;
- support engagement with and leadership by people with lived experience;
- use evidence to inform programs and ensure appropriate research and evaluation methods are used to increase the knowledge base;
- encourage the corporate sector to share responsibility by ensuring health and safety in the workplace, and to promote the health and wellbeing of employees, their families and communities.

Protective factors and risk factors for mental health and wellbeing

PROTECTIVE FACTORS

Arts and cultural engagement
Childhood: positive early childhood experiences, maternal attachment
Cultural identity
Diversity: welcomed, shared, valued
Education: accessible
Environments: safe
Empathy
Empowerment and self determination
Family: resilience, parenting competence, positive relationship with parents and/or other family members
Food: accessible, quality
Housing: affordable, accessible
Income: safe, accessible employment and work conditions
Personal resilience and social skills
Physical health
Respect
Social participation: supportive relationships, involvement in group and community activity and networks
Sport and recreation: participation and access
Transport: accessible and affordable
Services: accessible quality health and social services
Spirituality

RISK FACTORS

Alcohol and drugs: access and abuse
Disadvantage: social and economic
Displacement: refugee and asylum seeker status
Disability
Discrimination and stigma
Education: lack of access
Environments: unsafe, overcrowded, poorly resourced
Family: fragmentation, dysfunction and child neglect, post-natal depression
Food: inadequate and inaccessible
Genetics
Homelessness
Isolation and exclusion: social and geographic
Natural and human-made disasters
Peer rejection
Political repression
Physical illness
Physical inactivity
Poverty: social and economic
Racism
Unemployment: poor employment conditions and insecure employment
Violence: interpersonal, intimate and collective; war and torture
Work: stress and strain

VicHealth

THE CLIFFORD BEERS FOUNDATION

WORLD FEDERATION FOR MENTAL HEALTH · FEDERATION MONDIALE POUR LA SANTÉ MENTALE

THE CARTER CENTER
Waging Peace. Fighting Disease. Building Hope.

The Melbourne Charter was developed at From Margins to Mainstream: 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders.
It reflects input from conference participants and the conference partners group.

PHOTO: iStockphoto

Embracing diversity for better health

Despite laws and policies designed to stamp out discrimination, the uncomfortable reality is that many people continue to face prejudice.

Ethnic, race-based and religious discrimination remain common experiences for many people in Australia.[1,2] It can sometimes be obvious and explicit through legislative and policy practices that render inequitable outcomes for large numbers of people. On a daily basis it can manifest in racial taunts yelled from a car window or lost job opportunities based on racial intolerance and prejudice.

For the most part, discrimination is largely invisible, buried in assumptions, subtle behaviours, and institutional practices that affect people's everyday lives. At its worst it can result in large-scale racial conflict leading to human rights violations, including violence.

Although it is difficult to quantify the suffering it causes, we are at least getting a better idea of some of the effects discrimination can have on mental and physical health. "Those who have worked in the field know it has a pernicious effect on wellbeing," says Ian Anderson, Professor of Indigenous Health at Melbourne University. "This intuition has been confirmed by a growing body of research evidence."

Studies[3,4] draw clear links between self-reported discrimination and mental health problems like anxiety and depression, as well as risky behaviours like excessive alcohol consumption and smoking. There is also an emerging link between self-reported discrimination and heart disease, diabetes and obesity.[5,6]

A state of denial

Discrimination in Australia is neither as blatant nor as extreme as it once was. The bad old days of the White Australia Policy have given way to more enlightened laws such as Victoria's *Equal Opportunity Act* and the *Racial and Religious Tolerance Act*, which enshrine the right to be free from discrimination. And when questioned, most Australians express positive attitudes toward other cultures. Surveys show the majority of the population thinks that immigrants have had a good influence on Australia, and that diversity is a positive thing.[7]

But this tolerant surface obscures some more disturbing undercurrents. "There is a public appearance of repudiation of racism. People think that racism only exists 'out there', in a minority of bigoted people. But this leads us to denial of its existence, which has serious consequences," says Hurriyet Babacan, Professor of Social and Cultural Studies at Victoria University.

There is a contradiction between our apparently tolerant attitudes and the well-documented and ongoing discrimination experienced by some sections of the community.[8] To explain this, some have pointed to the emergence of other, more subtle forms of discrimination that underlie contemporary intolerance.

For example, there is still a widespread belief that some cultures do not make a good 'fit' with mainstream Australian society, as well as resistance to the idea that it is ok for newcomers to maintain their cultural differences after settling, rather than 'assimilating' into the wider society.[9] "This is in itself a form of racism, limiting freedom of expression," says Professor Babacan.

Paradoxically, these more subtle expressions of discrimination can be more damaging than more explicit forms, precisely because they are less likely to be acknowledged and addressed. Covert discrimination is more difficult to recognise, and its victims are often unwilling to report or act on their experiences, partly due to the perceived stigma of being called a 'whinger' or 'complainer'.

"If you are the victim of a violent racist attack, if you are bashed in the street, for example, you are likely to find support. Your grief will be acknowledged, which is an important part of healing," says Professor Babacan. "But this acknowledgement often does not occur in the case of covert forms of racism."

Covert discrimination occurs between individuals but can also be found within the practices and policies of large institutions, especially workplaces and educational settings. In Victoria nearly two in five people born in countries where English is not the main language reported experiencing racial discrimination in the workplace, while 30% had experienced it in an educational environment.[10]

There are, however, promising signs that covert forms of institutional discrimination are becoming more recognised. An example is the case of the Victoria Police, whose

requirement that all officers wear standard police head gear inadvertently excluded Muslim women wishing to wear the hijab. This rule was changed in 2004 when Maha Sukkar became the first Victorian police officer granted permission to wear a hijab in the line of duty.

Discrimination and health

To see that discrimination exists and has a powerful impact on health we need look no further than the health statistics for Indigenous Australians, who are the unhealthiest identified group in the country, suffering from a life expectancy around 17 years lower than other Australians.[11]

"Clearly this sort of health disadvantage is associated with both historical and contemporary forms of racism, colonisation and oppression," says Dr Yin Paradies from the Centre for Health and Society at the University of Melbourne.

The causal chains that link discrimination to ill health are complex and multilayered. There are the direct consequences of discrimination itself – what Professor Ian Anderson calls the "chronic, daily micro-aggressions, the experiences of discrimination that are subtly interwoven into everyday life" – which can include stress, fear and shame, all of which have repercussions for self-esteem and wellbeing.

But discrimination also results in some people being denied access to society's benefits and opportunities. "When people are denied decent employment, when their education, their medical care or their housing are affected – these are social determinants of health and they impact very strongly on health," says Dr Paradies.

For example, there is disturbing evidence that discrimination against Indigenous Australians regularly takes place in institutional settings, including the health sector. Recent research found that compared to non-Indigenous patients with the same medical needs, Indigenous patients were one-third less likely to receive appropriate medical care across all conditions.[12]

According to Dr Paradies, this disparity "is about the way the system operates, despite the good intentions of many who work within the system."

What can we do about it?

Despite a dearth of rigorously researched interventions, a number of methods for addressing discrimination seem promising. The McCaughey Centre: the VicHealth Centre for the Promotion of Mental Health and Community Wellbeing is working with VicHealth to create a framework to guide anti-discrimination activity in Victoria on the basis of the recommendations of the *More than tolerance: Embracing diversity for health* report released by VicHealth in 2007.

> There is a contradiction between our apparently tolerant attitudes and the well documented and ongoing discrimination experienced by some sections of the community.

"The framework will be able to be used by anyone who wants to address racism at various levels – in their workplace or their communities, and also in regard to policy and legislation," says Dr Yin Paradies. It includes advice on creating social marketing campaigns, 'contact' programs between ethnic groups, and other interventions.

VicHealth is also working in partnership with the Victorian Equal Opportunity and Human Rights Commission and Victorian local governments on an anti-discrimination program called *Localities Embracing and Accepting Diversity* (LEAD), which will target efforts to local areas. The program is based on the understanding that local governments are well placed to work with their communities, businesses and services to build diverse and welcoming communities, where all have a 'fair go' regardless of their background.

"People from different areas are going to have different attitudes toward diversity or towards a variety of ethnic groups depending on their experience of diversity, or lack of it," says Dr Natascha Klocker, a researcher with VicHealth and Melbourne University. "You really need to tailor anti-discrimination or pro-diversity messages to the audience and to the particular circumstances they're living in."

As well as focusing on individual attitudes and behaviours, the LEAD program will address local-level systemic discrimination. "We are particularly interested in a few settings where research has shown that discrimination is really common – workplaces, the education sector, at sporting events and other large public events, and also in the retail sector," says Dr Klocker.

PHOTO: Debra Plueckhahn/Centre for Culture, Ethnicity and Health

Currently the Victorian Government is reviewing the *Equal Opportunity Act*, and there is hope that a new and proactive framework for addressing systemic discrimination might soon be on the cards.

According to Dr Helen Szoke, CEO of the Victorian Equal Opportunity and Human Rights Commission, "the hope is that the government will take this opportunity to create an equality framework that places the onus on employers and providers of goods and services – getting them to think about how they can be inclusive, and how we can help people of different races and different religious beliefs be part of our mainstream society."

Economic benefits also flow when societies are deliberately and explicitly inclusive. Ensuring that people are able to realise their potential and maximise opportunities to bring their skills and attributes to education and the workforce has many benefits for a country's productivity.

Overcoming the social and health burden created by discrimination is a huge task, but it is a necessary step toward creating a fairer and more equitable society, says Professor Babacan – "a society that values human rights, that values people, and that values dignity and trust."

Professor Ian Anderson, Professor Hurriyet Babacan, Dr Yin Paradies and Dr Helen Szoke were presenters at the 2008 From Margins to Mainstream Conference.

Adam Ferguson is a freelance journalist specialising in social justice issues.

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Working towards better jobs: exploring the link between work and mental health

Workplace stress is a widespread problem, both in Australia and internationally. In recent years there has been a push to understand why some jobs are healthy and others damaging.

For most of us, work is an unavoidable fact of life. "Even Bill Gates and George W Bush have to work," says Dr Carles Muntaner, chair of the World Health Organization's Employment Conditions Knowledge Network (EMCONET), an international think-tank on workplace health issues. Our jobs contribute strongly to our sense of self and our place within society, and can be "a source of economic reward, power, influence, and cultural prestige," says Dr Muntaner, who has been instrumental in increasing global awareness of the links between work and health.

By the same token, it is becoming increasingly clear that jobs have a major influence on mental health and wellbeing. While some jobs can improve self-esteem and reduce social isolation, others can bring debilitating stress, anxiety and depression. In fact, bad jobs can be "comparable in their mental health effects to unemployment," according to Lyndall Strazdins of the National Centre for Epidemiology and Population Health at Australian National University.

With a growing body of evidence[1,2] to indicate that work-related issues are serious contributors to mental health burdens in Australia and around the globe, researchers have begun looking at the factors that make some jobs healthy and others damaging, examining everything from workplace cultures to the economic and political forces that underpin relationships between employers, employees and jobs and the impact that these things have on mental health and wellbeing. There is hope that, by applying this knowledge, we can improve the quality of jobs, and by extension, ease mental health problems in the wider population.

PHOTOS: iStockphoto

Stress and its effects

Workplace stress is a widespread problem, both in Australia and internationally.

The 2006 report *Workplace Stress in Victoria: Developing a systems approach*, commissioned by VicHealth, explored the links between stress and poor mental health. "Job stress is a large and growing concern for all working Victorians," says the report's author, Assoc. Prof. Tony LaMontagne, from the McCaughey Centre: the VicHealth Centre for the Promotion of Mental Health and Community Wellbeing. "It is linked to a range of physical and mental health problems in employees, as well as negative impacts on organisations, such as increased absenteeism and employee turnover."

The effects of job stress vary across the population. People of low socio-economic or occupational status are more likely to experience job stress and to suffer mental and physical health problems as a result, for example, and women are also more likely to experience job stress than men.[3,4] But the problem stretches across social groups and job types, affecting people from all walks of life.

Workplace stress is often measured through the 'demand and control' model, which views damaging stress, or job strain, as an interaction between the quantity of work demanded of an employee and the degree of control they have over how that work is done. Jobs that combine

> "While some jobs can improve self-esteem and reduce social isolation, others can bring debilitating stress, anxiety and depression."

high demand with low worker control are linked to a whole range of mental and physical health problems, doubling the risk of cardiovascular disease, causing a two- to three-fold increase in depression and anxiety, and increasing risky behaviours like smoking and unhealthy eating.[5]

There is another factor that is increasingly seen as having a major influence on job quality – precarious employment. It has been on the rise in the last 20 to 30 years and appears to have far-reaching consequences for job quality, and therefore mental health.

Precarious jobs – bad for our health?

The rise in precarious jobs is a product of major economic and political shifts that have occurred in recent decades. Since the 1980s, an increasingly globalised economy has seen the deregulation of labour markets and the erosion of the so-called 'standard employment arrangement', in which an organisation employs a worker directly, for an indefinite period, with benefits like paid leave and sick leave. In its place, short-term, flexible contracts have become far more common.

According to EMCONET's 2007 *Employment Conditions and Health Inequalities* report, produced for the WHO's Commission on the Social Determinants of Health, there is a clear link between the growth of precarious employment and poorer quality jobs which have detrimental effects on the health and wellbeing of workers.[6] According to Dr Muntaner, "These changes are clearly linked with poorer mental health."

In Australia, 26% of our workforce is now employed casually, one of the highest rates in the OECD.[7] There is evidence that these shifts have contributed to making jobs more stressful.

"Since the 1980s there have been well-documented increases in workloads, with many working extra hours for no pay," says Dr Strazdins. "There's also well-documented evidence of what's called work intensification – the experience of having to work faster and harder."

Working in precarious employment has previously been linked with higher exposures to safety hazards and injuries, according to Assoc. Prof. Tony LaMontagne. "We're now looking to see if it's linked to worse psychosocial working conditions that would threaten mental as well as physical health," he says. "For Victorian women working in precarious employment – in casual as well as higher paid fixed-term contract work – we found more than 10-fold higher odds of reporting of unwanted sexual advances compared to women in full-time permanent employment, which was a source of both surprise and concern. We expected the risks to be elevated among precariously employed workers, but not as dramatically as observed."

Helping to create better jobs

So how can the dangers of work stress be addressed? The 2006 report *Workplace Stress in Victoria* analysed 90 published job stress studies for their effectiveness and concluded that a 'systems approach' – one which encourages changes at an organisational, as well as individual level – was the most effective strategy.[8]

"Our Victorian study showed that prevalent practice, unfortunately, falls short of what the evidence says we should be doing," says Assoc. Prof. LaMontagne. "Many workplace responses to job stress tend to be individually-directed, such as Employee Assistance Programs, but are not complemented by work-directed interventions, such as job redesign. That is, we need to address the nature or organisation of the work, as well as strengthening the worker. In short, we need to improve job quality."

Yet some argue that the source of these problems lies further 'upstream', stemming from economic and labour policies on a countrywide or even global scale. Precarious employment especially can only be dealt with at the government level, according to Dr Muntaner, through "policies that affect the whole population, and which shift the population towards lower risk [of poor mental health]."

There are two concepts used by EMCONET to describe what healthy jobs should look like: 1) *fair employment*, or a just relationship between employers and employees, and 2) *decent work*, which delivers a fair income, social protection, freedom to express concerns, and so on. EMCONET argues that there is a need for governments to strengthen regulatory controls on things like outsourcing, or use legal means to limit the use of precarious work to ensure this kind of fairness and decency in employment relations.

At the heart of this approach is a simple idea – that consideration of mental health, with its huge impacts for society and individuals, should be taken into account when economic and labour policies are being created.

Dr Carles Muntaner, Dr Lyndall Strazdins and Associate Professor Tony LaMontagne were presenters at the 2008 From Margins to Mainstream Conference.

Adam Ferguson is a freelance journalist specialising in social justice issues.

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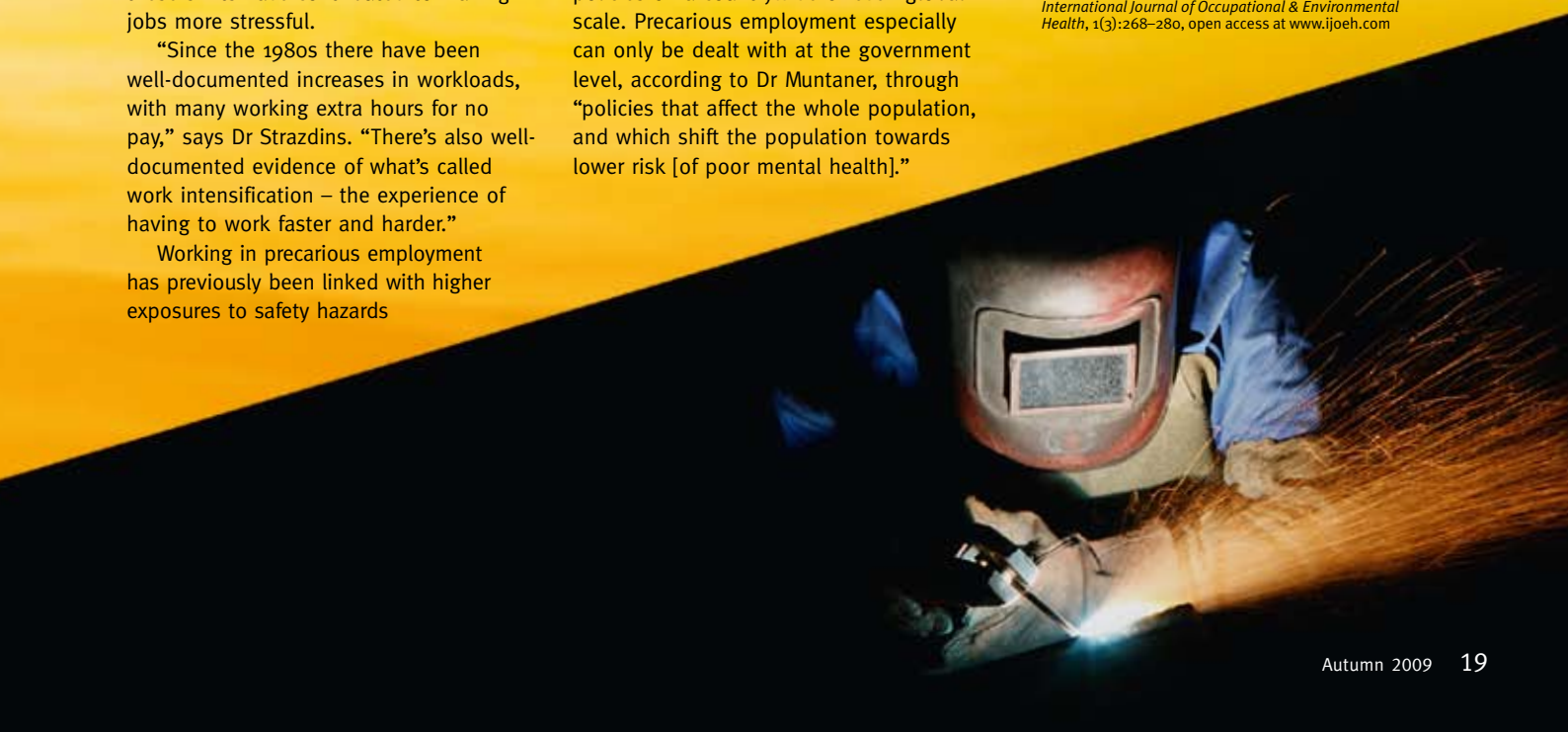

"A scandal of unparalleled dimension"

changing attitudes to violence against women

Violence against women is widely recognised as a global problem and one of the most widespread violations of human rights.

Even conservative estimates suggest that one in five women in Australia experience some form of physical or sexual violence during their lifetime.[1] It has severe and persistent effects on women's physical and mental health and carries with it an enormous cost in terms of premature death and disability, as well as having devastating effects on families and communities.

However, there is also a growing consensus that it is possible to prevent violence and reduce its impacts. According to Kate Gilmore, Amnesty International's Executive Deputy Secretary General, to work against violence we must first seek to understand its causes, which go well beyond the realm of the individual. "It requires of us social and political, not just psychological, analysis," she says.

Preventing violence means addressing the forces that underpin it – the socio-cultural landscape in which it is able to flourish. Although this is a hugely ambitious goal, requiring work across many different sectors and fields, there is evidence that such an approach could yield powerful results.

Researching the scale of the problem

While it has been known for some time that violence against women is both serious and widespread, the true scale of the problem became clear in 2004 with the release of a report by VicHealth and the Department of Human Services. Titled *The Health Costs of Violence: Measuring the burden of disease caused by intimate partner violence*, the report broke new ground by applying the World Health Organization's Burden of Disease methodology to violence against women for the first time, estimating how much of the total disease burden for the population was caused by intimate partner violence.

The study's conclusions were distressing but definitive – intimate partner violence was found to be the leading contributor to preventable death, disease and illness in Victorian women aged 15 to 44, overshadowing other well-known risk factors like smoking and obesity.[2]

According to VicHealth's Dr Melanie Heenan, applying this research method to violence against women "was for me, and for many others, an epiphany. It made indisputable the relationship of violence against women to women's health outcomes at a population level".

Approaching the challenge of prevention

The *Health Costs of Violence* report provided a powerful social and political justification for redoubling efforts to address violence against women. It also made a strong case for placing greater emphasis on exploring how primary prevention efforts might be used for stopping violence against women from occurring in the first place.

This is not to say that tertiary responses, such as providing adequate support and assistance to women and children who have suffered violence, do not remain essential. "Tertiary responses are critical, but we also need a primary prevention approach that addresses the underlying causes of violence, rather than focusing all of our attention on responding to it after it has occurred," says Dr Heenan.

In 2007, VicHealth released a framework for guiding primary prevention of violence against women – *Preventing Violence Before it Occurs*[3] – which examined global best practice in adopting prevention strategies.

The framework is based on an ecological model, which shows that violence prevention must work not only at the individual, family and community level, but also across institutions and wider social structures. At its heart is the idea that violence operates within a set of social norms, attitudes and practices that can be influenced with the right kind of intervention.

Examples of the kinds of violence-supportive attitudes that continue to exist amongst the population were revealed through the results of a community attitudes survey released by VicHealth in 2006. Just under a quarter (23%) of Victorians thought that domestic violence can be excused if the person is genuinely sorry afterwards, and one in six people believed that women often say no when they mean yes in relation to sex.[4] An important goal of primary prevention initiatives is to challenge such beliefs, as well as encourage communities and organisations to take seriously women's rights to live free from violence and to promote relationships that are equal and respectful.

Through its prevention framework, VicHealth has identified three priority areas at which to direct policy and program attention – education programs targeting young people in secondary school settings; the mobilisation of local government, organisations and sporting clubs to develop initiatives that promote equal and respectful environments; and, finally, the development of communications and social marketing programs that can challenge communities to create new social norms that promote respect and non-violence. According to Heenan, the framework is based on the idea that "it is important to use a number of mutually reinforcing strategies that work on a number of levels".

Social marketing – the case of Soul City

Social marketing, with its ability to influence prevailing social attitudes, seems to hold much promise for violence prevention. Its potential was explored in detail in a 2005 review of international social marketing strategies designed to influence social norms around violence against women, which was commissioned by VicHealth.[5]

Professor Rob Donovan, Professor of Behavioural Research at Curtin University

and co-author of the report, found that the best social marketing campaigns used a number of tactics: on the one hand challenging ideas about violence and men's perceived power and privilege, while on the other encouraging change at the legislative and policy levels. Above all, says Donovan, a successful campaign must be backed up with thorough research. "Pre-testing of campaign materials is essential – some campaigns that have very good intentions can end up inadvertently reinforcing the kinds of behaviours and attitudes they are trying to challenge," he says.

South Africa's Soul City Institute has often been singled out as an example of what a well-planned and executed communications campaign can achieve. Created in 1992, Soul City is a health promotion and social change project that uses various forms of media to influence social attitudes. It is centred on an iconic and hugely popular television drama series whose plotlines deal with health and social issues, including domestic violence.

Dubbed 'edutainment', the Soul City TV series is driven by the idea that media, particularly drama, can have a powerful influence on the way people think and act. "Mass communication, particular the mass media, is the most powerful social change tool we have," says Dr Garth Japhet, Director of Soul City. "In fact it largely dictates to us what is normative in our society."

The TV series has been remarkably popular, remaining one of the three most watched programs in South Africa. Soul City's storylines are created with the help of rigorous audience-based research, and are designed to reinforce positive ideas and behaviours. The fourth series, for example, deals with the issue of domestic violence through the story of Matlakala and her abusive husband, Thabang. Strong messages about the community's obligation to intervene in cases of domestic violence are embedded in the storylines, along with themes that address women's rights and the legal recourses available to victims of violence.

Soul City's messages are reinforced through print material encouraging women to access support services, generating publicity through marches and community events, and advocacy, for example helping to speed up the adoption of the *Domestic Violence Act* by the South African Government. "We have taken the bold step of trying to intervene at as many levels as we can," says Japhet.

Follow-up research has shown encouraging results. Exposure to the Soul City series makes people more aware of what constitutes domestic violence, and less likely to have undesirable attitudes about it. Women who watched the show were also more likely to feel that they had a right to live without violence, and were more likely to use support services if they experienced violence.[6]

Building prevention capacity through education and organisational change

Education is another important tool in violence prevention, and VicHealth has been working with a number of institutions to create education programs that address some of the underlying causes of violence against women. It has, for example, been commissioned by the Department of Education and Early Childhood Development to help identify 'respectful relationships' programs currently being delivered in secondary schools. And over the next six months, VicHealth will also develop a short course focused on building the leadership and capacity of organisations and communities to undertake activity that aims to prevent violence against women. The idea is to build a 'community of practice', where trainers from a range of sectors and backgrounds will be equipped to deliver the short course in key settings, particularly those considered to be priority areas for preventing violence against women.

VicHealth has also been doing important work with the AFL on its Respect and Responsibility program in changing the culture of sporting clubs at both the elite and local levels. The program focuses on promoting respectful and non-violent behaviour towards women through its workplace sexual harassment policies, education programs with AFL players, and community club program that seeks to build environments across the football community that are safe, inclusive and supportive of womens' and girls' involvement.

The Victorian State Government is also showing strong leadership in developing a comprehensive prevention agenda through its State Plan for the Prevention of Violence Against Women. The State Plan is drawing on the priorities identified through VicHealth's Prevention Framework to identify priority settings through which primary prevention activity has been shown to be particularly effective.

"Violence against women is a human rights scandal of unparalleled dimension; it is a cultural, social and political malignancy rooted in prejudice, bigotry and discrimination whose eradication must be sought without reservation, without equivocation, and without delay."[7]
– Kate Gilmore, Amnesty International

Healthy and respectful relationships

Dr Janet Fanslow, a prominent researcher into intimate partner violence from the University of Auckland, reminds us that even as we focus on challenging negative attitudes about violence, we must also keep a positive vision in mind. "Our vision, the motivating factor for what we are trying to do, is really about aiming for healthy and respectful relationships," she says.

There is no doubt that changing the way a society thinks about relationships between men and women is a huge task – "it's a marathon, not a sprint," according to Dr Heenan. But with a growing number of programs now working to change attitudes toward violence, all guided by international best practice and rigorous research, the goal is within our grasp.

Professor Rob Donovan, Dr Janet Fanslow, Dr Melanie Heenan and Dr Garth Japhet were presenters at the 2008 From Margins to Mainstream Conference.

Adam Ferguson is a freelance journalist specialising in social justice issues.

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Providing Indigenous health professionals with opportunities for culturally appropriate training is helping to improve health outcomes in their communities.

The disparity in health outcomes between Indigenous and non-Indigenous Australians is well documented.

Yet despite countless reports over decades about the health disadvantages of Indigenous Australians, attention has only recently been turned to remedying disparities in the provision and quality of health care. One strategy for improving health care is to provide a better trained workforce.

Improving the capacity of individuals, communities and organisations to provide health care services for Aboriginal people is critical to improving health outcomes and social wellbeing.

Many good practices in Indigenous health are not heard of in mainstream research and practice circles because the success stories are never told.

When Aboriginal health workers are trained in public speaking and presentation skills it can help build their capacity to talk about the good work they do. Passing on their knowledge, experience and good practice examples can enhance the broader health system.

This was illustrated at the recent From Margins to Mainstream international conference, which featured 50 Australian Indigenous speakers and performers as well as a number of international Indigenous participants.

Twelve of the speakers received training in presentation and writing skills from the Onemda VicHealth Koori Health Unit, the University of Melbourne's Indigenous-run health research and teaching unit that has close ties with the local Victorian Koori community.

Both VicHealth and Onemda invited Indigenous project and program coordinators in the community to talk about their work to the international conference audience.

As a result many positive on-the-ground stories about Indigenous community mental health projects and research in Australia were showcased at the conference.

"There's some wonderful work going on in our communities that people don't always hear about. We wanted to encourage those working at the grass-roots level to talk about their community projects and to share their knowledge," says Viki Briggs, a Yorta Yorta woman and manager of the Centre for Excellence in Indigenous Tobacco Control, a research, policy and advocacy organisation based within Onemda.

But what made it unique was that for many of the Indigenous speakers it was the first time they had presented their work to a wider audience.

How did it all work?

Within a collaborative and friendly atmosphere, Onemda facilitated Indigenous speakers to hone their presentation and public speaking skills so that they could speak with greater confidence and authority about what they do and how they do it.

Indigenous health workers were matched with Aboriginal and non-Aboriginal mentors who supported them through the process – from developing an abstract

through to presenting it at the conference.

Onemda project officer Paul Stewart, a Taungurong man, was instrumental in getting the workshop program off the ground.

"We helped the Indigenous health practitioners to describe their practice to a broader audience, working with them on their communication skills," says Paul.

Paul was one of six mentors, including Viki Briggs, plus support staff including project officer Ngarra Murray, a Wamba Wamba/Yorta Yorta woman.

"The cultural knowledge and experience that the presenters shared was invaluable and crucial to the success of the project," says Ngarra.

According to mentor Robyn Williams, a researcher/educator at the Menzies School of Health Research, the result was that "the Indigenous speakers told good stories with conviction, and walked both worlds really well."

"Many mainstream mental health services could learn a lot by listening to Indigenous health workers talk about the approaches they've taken to health program delivery," says Angela Clarke, a Gunditjmara Woman, and Onemda's community development lecturer and deputy director (community programs).

So what did they speak about?

The presenters spoke passionately about their work, and looked for practical solutions that would benefit their people. The common theme was how best to achieve mental health, spiritual and emotional wellbeing and the need to increase Indigenous capacity and decision-making in the health workforce. Many said that good health outcomes were possible from both Indigenous and public health programs that Indigenous people controlled, participated in and delivered.

Marcus Stewart, a Taungurong man and Indigenous support coordinator at Child and Parent Services in Melbourne, talked about the *I'm an Aboriginal dad support program,* a celebration-of-fatherhood that builds the capacity of fathers to be involved in the rearing of their children.

The program came about in response to an absence of fathers in birth preparation classes.

"It's about helping fathers develop supportive relationships with their partner and within their family," says Marcus. "It includes education, support and counselling information so that fathers can play a meaningful role in the antenatal and growing-up period of their child. But the program is also about opportunities for social engagement between fathers. Its 'yarning-up' circle provides an informal therapeutic environment where fathers can make contact with other fathers."

Janelle Hickey, a Wiradjuri/Daingatti woman from NSW who has lived in Melbourne for most of her life, described *Reducing dislocation, restoring lives,* an innovative program to support Kooris accessing the justice system in an inner urban municipality of Melbourne.

Janelle, a Koori justice worker with the Neighbourhood Justice Centre in Collingwood, says that Aboriginal people in Victoria are 12 times more likely to come into contact with the justice system than non-Aboriginal Victorians.

"The program helps support people within the justice system and addresses the underlying causes of offending," says Janelle.

As well as linking clients to health, social, counselling and rehabilitation services it has been central to building bridges between the Koori community and police.

Onemda also facilitated an 'Indigenous Social and Emotional Wellbeing: Identity, Culture and Heritage' forum, with panellists Troy Austin of the Fitzroy Stars Football Club, Anthony Brown from the Victorian Aboriginal Health Service and Helen Kennedy from the Victorian Aboriginal Community Controlled Health Organisation. Linking health policy and service delivery with community development, the panellists discussed how they used sport, the arts and other community projects to promote healthy lifestyles among the Koori community.

> "Many positive on-the-ground stories about Indigenous community mental health projects and research in Australia were showcased at the conference."

Onemda project officer Ngarra Murray and presenter Belinda Briggs at the From Margins to Mainstream Conference.
PHOTO: Cristina Liley/Onemda

Where to from here?

'We want more Indigenous health practitioners and experts to step forward to the podium and deliver their knowledge locally, nationally, and to the world," says Onemda's Paul Stewart. "By sharing our journey, we hope other Indigenous organisations will tell their stories to the larger world outside of their communities."

This process – undertaken to support Indigenous health workers to demonstrate the learnings of their practice – provides a model of excellence in health promotion translation and is currently being evaluated and also documented as a film to support wider uptake.

Presenters at the 2008 From Margins to Mainstream Conference: Marcus Stewart, Janelle Hickey, Belinda Briggs, Troy Austin, Helen Kennedy, Anthony Brown, Daniel Mulholland, John Cusack, Gregory Phillips, David Dryden and Ross Morgan.

Mentors: Robyn Williams, Therese Riley, Jane Freemantle, Rachel Reilly, Viki Briggs, Paul Stewart, Kevin Rowley and Anke van der Sterren.

Peter Russ is a freelance editor, writer and researcher with an interest in population health and environmental issues.

PHOTO: iStockphoto

Giving for a change?

What is the role of philanthropy in supporting mental health and wellbeing?

The potential of giving is manifold and life changing. In 1904, when creating the philanthropic trusts that bear his name, Joseph Rowntree wrote that, 'If the enormous volume of the philanthropy of the present day were wisely directed it would, I believe, in the course of a few years, change the face of England'.

Philanthropy has many faces and its history and traditions vary between countries. In countries such as the USA, UK, Canada and Australia there are a range of ways to describe giving: conventional philanthropy; creative philanthropy; venture philanthropy; new philanthropy, social justice and strategic philanthropy. Of interest at *From Margins to Mainstream* was not the adjectives adorning philanthropy, but more the insights and advice from practitioners in philanthropy who support social change along with the potential of strategic partnerships to strengthen mental health promotion and illness prevention.

Philanthropy for social change and social justice is not simple charity. The core values that define social change philanthropy are strongly aligned with those promoting mental health outlined in *The Melbourne Charter* (see centrespread). Social justice philanthropy aspires to a society in which all people can participate equally and fully; people have access to resources; and have engagement and control over public policies.[1]

The emphasis in this approach to philanthropy is tackling root causes of social and health problems; it moves way beyond just alleviating symptoms. This is also at the core of mental health promotion approaches. Genevieve Timmons, Philanthropic Executive with Portland House Foundation notes that, "We can't ignore the fact that humanity must be at the heart of our response as grant makers. The tricky part is how this translates into practice."

Giving funds for social change is by definition transformative. As Steven Burkeman, former Trust Secretary of The Joseph Rowntree Charitable Trust in the UK, observes, "You can deal with social exclusion on a case-by-case basis – or you can make whole societies shift. There is something about sustained engagement of this kind which is more challenging, but also more beneficial – in mental health and other terms – than short-term one-off efforts."

Change is not just for the recipients of grants. It is also for those grant makers committed to social justice. For philanthropy to effect social change by challenging existing inequities and giving disadvantaged groups a voice in the decisions that affect them, foundations and trusts should in turn examine their own practice. It is not just about what they fund but how they fund. Kavita Ramdas, President and CEO of the Global Fund for Women, noted that, "If you approach philanthropy from a space of humility and respect, you really have an opportunity to be part of social change, not saying, 'We have the money so we have the answer.'"[2]

Burkeman supports this view, noting that, "It is sometimes tempting for philanthropoids and others in a position to take the initiative, to go out and start things, to create initiatives which will enable people to be socially engaged and active." His experience, and that of many working in philanthropy, is that while leadership has a role it is often more sustainable to work with and strengthen those who are already engaged in the endeavour.

A core principle shared by social change philanthropy and mental health promotion rests in changing the power relations between disadvantaged groups and privileged people and institutions. Burkeman drew attention to this dynamic when he noted that, "stripped down to its most basic elements, the relationship between those who have access to money

ILLUSTRATION: Illustration Works

> Philanthropy is commendable, but it must not cause the philanthropist to overlook the circumstances of economic injustice that make philanthropy necessary.
> – Martin Luther King

to give away – albeit usually not their own – and those who, being short of funds to pursue some interest, cause or concern, is one between someone who is powerful and someone who is, relatively at least, powerless. It is an unequal relationship. Depending on the way power is exercised, it can be a damaging one."

Creating opportunities for developing genuine relationships between the grant makers and grant seekers becomes key to addressing these relative power differences. Roy Menniger, past President and CEO, The Menniger Foundation, advocates, "the giving/receiving process is fundamentally a relationship, one which deserves to be respected in its own right. Both giver and receiver must work to create the basis for mutual respect and appreciation."[3] Achieving greater inclusivity is a key objective for all those working in areas of social change and mental health promotion. Reflecting this in one's own organisation's everyday practice is the challenge.

Rupert Myer, a family member of The Myer Foundation, states that good philanthropic practice lies in 'generosity of spirit', expressed by "being approachable and accessible; that is, having an open door policy; by not being overly risk averse; by being conscious of not placing unnecessary hurdles in the way of those seeking assistance; and by having timely decision-making and payment processes".[4] How decisions are made and who makes decisions within the grant-making process also become issues for foundation and trust governance structures. Balancing prescriptive with self-determining approaches and shorter-term project-oriented funding with institutional-oriented support become important judgements if social justice outcomes are to be achievable.

Grant making is now only one tool among many in foundations and trusts working for social change, or as Timmons' coins it, "purchasing social benefit". Philanthropic organisations are increasingly taking on multiple roles as: entrepreneurs (providing or leveraging resources to meet an unmet need); institutional builders (activating coalitions); risk-takers (absorbing uncertainty about outcomes); and mediators (honest brokers of knowledge and funds).[5]

These contemporary roles in philanthropy are well reflected in the definition used by Philanthropy Australia: 'The planned and structured giving of money, time, information, goods and services, voice and influence to improve the wellbeing of humanity and the community'.[6]

Philanthropy that supports activities that tackle the underlying social determinants of mental health and illness in society make for important and strategic partners for those working to improve wellbeing. As Bruce Bonyhady, Chairman of ANZ Trustees Australia and President of Philanthropy Australia noted, philanthropy fills "a unique [position] by providing resources in partnership and through social innovation and investment, to create a more civil society".

He stressed that this is not to substitute government action and responsibility. Philanthropy complements government by taking risks; responding to unmet needs; and stimulating public awareness and debate that will achieve the support for scaling up effective approaches that will result in long-term positive social outcomes for all. A wildcard we can all win with.

Genevieve Timmons, Bruce Bonyhady and Steven Burkeman were presenters at the 2008 From Margins to Mainstream Conference.

Barbara Mouy is a health promotion advisor.

Rebecca Conning is a research fellow at the McCaughey Centre: VicHealth Centre for the Promotion of Mental Health and Community Wellbeing.

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Connecting for health

For young people, technology is a natural home. It's not so much a tool as a space to live and socialise.

If statistics tell the story, it's a compelling one: more than 92% of 15 to 17 year olds use the internet for information and advice, and spend almost 150 minutes online every day. "It's their preferred port of call, after family and friends," says Inspire Foundation's Michelle Blanchard.

The Foundation runs Reach Out! and ActNow, online services designed to promote help-seeking and mental health literacy, reduce stigma and promote civic engagement and participation.

The big appeal of the internet is that it can be anonymous and provides access to multiple, varied communities where you can build networks, says Blanchard. "In this environment, young people feel empowered and confident to talk about sensitive issues."

Based on the current evidence of the mental health benefits for young people of being connected, cyber space is emerging as an important sphere for health action.[1]

Cyber space is, however, like many public environments, not without its dangers. The National Centre Against Bullying promotes awareness of the negative mental health impacts of internet threats and bullying behaviours amongst young people. It provides advice to schools and parents about effective strategies to ensure safer school and internet environments.

Curiously, many young people today claim to feel safer online – by finding their own like-minded communities – than they might in the real world, say Reach Out! Youth Ambassadors Ehon Chan and Doug Millen. "You can't judge or be judged," says Chan. "You're freer to put forward a view."

The interaction and sense of community may initially be online or 'virtual', but it reduces isolation and can lead to face-to-face contact and increased participation offline, says Millen.

The growth of social networking sites Facebook and MySpace, chatrooms and blogs, as well as new online media such as films made on iPods and mobiles reflect the changing way young people engage with each other and the world around them, says Andrew Apostola.

Apostola – whose company Portable Content is collaborating with the Student Youth Network (syn.org.au) project – is keenly aware of the debate around whether new technologies enhance or undermine young people's mental health. In his opinion, it's about managing the risks. "Put in place your checks," he says, "and provide a platform that's safe to use."

While students 'self-moderate' online when they know there's an audience, says Apostola, the syn.org.au network is also formally moderated by teachers. "We want to take the liability away from parents and children and give it to schools."

The "democratised story-telling" of media making, uploading content and networking online can support mental health and wellbeing, says Apostola. "It can be a life-transforming experience."

At Victoria University, students and young people from Melbourne's western suburbs are designing a safe and welcoming online 'synthetic world' or 'second life'. It's about creating and promoting social interaction in a virtual environment, with young people using an 'avatar', or internet alter ego, to explore and express themselves, says researcher Dr John Martino.

So far, early findings show that online behaviour mimics real life – but also that it can engage students who might otherwise be struggling with a traditional curriculum. "We found a level of interest that was above that shown with a normal curriculum," he says.

In rural Victoria, information and communications technology (ICT) is being used to support young people with a disability such as Asperger's syndrome. As part of the SPiT project (Social Participation in Technology) adult volunteers mentor and support young people to navigate the web and use a chatroom.

"If we can take away the social triggers that arise from personal interaction, we find that young people with Asperger's can start conversing online," says Sandra Mounsey from Interchange, Central Gippsland. The confidence they gain enables them to meet in small mainstream groups to further develop their social skills – which also helps build community understanding.

Not all forms of technology are appropriate. "Young people with Asperger's are very literal," says Mounsey. "We find they can't cope with SMS language but many excel on the internet."

If mental health and wellbeing is one of the top six issues that young people want to discuss (Office for Youth – Youth Central site), then projects that allow young people to communicate safely and anonymously are clearly needed and should be further developed.

Michelle Blanchard, Ehon Chan, Doug Millen, Andrew Apostola, Dr John Martino and Sandra Mounsey were presenters at the 2008 From Margins to Mainstream Conference.

Krista Mogensen is a communications consultant and freelance writer specialising in education, health and the environment.

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Projects funded through VicHealth's *Young People, Technology and Social Relationships* program — including Inspire Foundation's Bridging the Digital Divide, Student Youth Network syn.org.au, Victoria University's Avatar initiative and the SPiT partnership between Interchange Gippsland and Interchange Loddon Mallee — will be reporting their findings in late 2009. See www.vichealth.vic.gov.au

PHOTO: iStockphoto

VicHealth News

VicHealth award winners 2008

Outstanding achievements and innovative contributions to health promotion were announced at VicHealth's annual general meeting on 10 December at the Melbourne Museum. Recipients of the 2008 VicHealth awards were recognised for their contribution to promoting the health of all Victorians. The following awards were presented.

Awards for projects primarily promoting mental health and wellbeing

- Kicking Goals For Healthy Relationships (Corowa/Rutherglen Domestic Violence Committee and Indigo North Health) – *budget under $15,000*
- Kar Kulture (South Eastern Region Migrant Resource Centre) – *budget from $15,000 to $75,000*
- Ganbina Indigenous School to work project (Ganbina: Koori Economic Employment Training Agency) – *budget over $75,000*

Awards for projects primarily promoting active communities and healthy eating

- Food For All (City of Wodonga) – *budget from $15,000 to $75,000*
- Active Gippsland (Gippsport) – *budget over $75,000*

Awards for projects promoting other health issues

- SunSmart Program (Victoria), Cancer Council Victoria – *budget over $75,000*

Awards for excellence in journalism on health promotion issues

- Jill Stark, *The Age*
- John Ferguson, *Herald Sun*
- Peter Mickelburough, *Herald Sun*
- Cameron Houston, Chris Johnston, Paul Austin, *The Age*

For more information, go to www.vichealth.vic.gov.au/awards

Annual Report

VicHealth's Annual Report for 2007–2008 was tabled in the Victorian Parliament on 30 October 2008. The last year has seen significant changes on global, national and local levels. This report overviews our responses to this rapidly changing environment as we continued our leading role in the promotion of better health for all Victorians. Copies are available from VicHealth by phoning (03) 9667 1333 or visit the website: www.vichealth.vic.gov.au/annualreport

Cochrane Public Health Review Group

In partnership with Victorian local governments, the Cochrane Public Health Review Group is conducting an initiative designed to support the use of research evidence in decision-making. The project focuses on obesity prevention (eg, environmental design, food zoning, physical activity and healthy eating initiatives). The first component, a state-wide survey, is now underway and all councils are encouraged to be involved. Further information is available from Rebecca Armstrong: rarmstrong@vichealth.vic.gov.au

Smartplay

SMARTPLAY

Playing sport or exercising in the heat can turn into a risky pursuit when the sun is beating down, especially if the right precautions are not taken. For tips on beating the heat, go to www.smartplay.com.au. You'll find simple yet important injury prevention practices for all sports participants, coaches and administrators.

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New VicHealth website

When you next visit the VicHealth website (www.vichealth.vic.gov.au) you'll see that it's had a full make-over. The new site will give you even better access to current information about health promotion, health issues and VicHealth programs and events. If you're not already a subscriber to the website, we recommend you sign up. You'll get regular updates about what's new on the site, including open funding rounds, new publications and resources, upcoming seminars and events, jobs and lots more.

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