

Healthy Communities Unit

Mental Health Promotion Plan



INTRODUCTION

Improving the health and wellbeing of our community is the central focus of the Healthy Communities Unit. Along with other organisations in our region working in prevention we are using collective impact and systems thinking approaches in aligning efforts to create greater influence in the health and wellbeing of our people and create system level change.

Mental health is a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her [or their] community (WHO 2014)¹.

Mental Health Promotion is defined as actions taken to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles (WHO 2004 p. 6)².

Mental illnesses are common in the Australian community. According to the 2007 Australian National Survey of Mental Health and Wellbeing - Australian Bureau of Statistics (ABS) 2007, 45% of the 16 million Australians aged 16-85 years were estimated to have had a mental illness at some time in their lives.³

Whilst causal factors are complex and variable, we do know that there are key social and economic determinants of good mental health which include the presence of the following:

- Social inclusion – supportive relationships, involvement in community group activities, civic engagement
- Freedom from discrimination and violence – valuing diversity, physical security, Self-determination and control of one's life
- Access to economic resources – work, housing, education, money⁴

¹ World Health Organisation (2014) Mental health: a state of well-being. Sourced from https://www.who.int/features/factfiles/mental_health/en/ 22.01.19

² World Health Organisation and VicHealth (2004) Promoting Mental Health: Concepts, emerging evidence, practice. Summary Report. World Health Organisation, Geneva, Switzerland

³ Australian Bureau of Statistics (2008) Prevalence of Mental Disorders: National Mental Health and Wellbeing survey. Sourced from <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4326.0Main%20Features32007> 17.12.2018

⁴ Keleher, H & Armstong, R (2005) Evidence based mental health promotion resource, Report for the Department of Human Services and VicHealth, Melbourne

CONTEXT

Mental health prevention and promotion is a priority at a national⁵, state⁶ and local level; Victoria's 10 year plan for mental health is for Victorians to experience the best possible health, including mental health.

Goals include coordinated programs at the individual, community and systems levels and all plans acknowledge that building resilience in childhood and youth is essential. The five local government areas in the G21 region (See Appendix A – Regional Context) designate mental health priorities and goals including the theme of social connectedness and equity for vulnerable communities.

EVIDENCE AND PROMISING PRACTICE

“A planned and proactive cross sectoral approach to achieve population coverage in mental health promotion should be based in the everyday environments where people live, work and learn” states the Department of Health and Human Services (DHHS) (2009).⁷

Literature suggests the following as promising options for mental health promotion interventions:

School based programs for mental health and wellbeing - a whole of school approach, when well implemented, remains best practice to positively influence mental health (O'Reilly et al 2018).⁸ The whole of school includes children and young people, teachers, families and the community and is likely to be more effective than topic-specific approaches according to Lister-Sharp (cited in Keleher & Armstrong 2005, p.32).

Workplace settings – (LaMontagne et al. 2005) describe the preventable nature of stress in workplaces thus workplaces provide an opportunity to target mental health promotion interventions.⁹ A number of interventions have been trialed in workplace settings and Glozier (2017) identifies these along with levels of evidence: manager training, mental health education, anti-bullying programs, Cognitive Behaviour Therapy (CBT) based stress management programs and mindfulness based interventions, to name a few, with strong evidence.¹⁰

Equity based health and mental health promotion interventions with at-risk populations – including mental health promotion in general health promotion programs will enhance equity and challenge inequalities according to Mittlemark (cited in Keleher & Armstrong 2005, p.13).

⁵ Australian Government Department of Health (2009) Fourth national mental health plan: an agenda for collaborative government action in mental health 2009-2014 sourced from <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-f-plan09-toc~mental-pubs-f-plan09-pr2> 23.01.2019

⁶ Victoria's 10 year plan for mental health (2015) State of Victoria, Department of Health and Human Services.

⁷ Department of Human Services (2009), Because Mental Health Matters – Victorian mental health reform strategy. 2009-2019. Victorian Government, Melbourne.

⁸ O'Reilly, M, Sviryzdenka, N, Adams, S & Dogra, N 2008 'Review of mental health promotion interventions in schools' *Social Psychiatry and Psychiatric Epidemiology*, vol. 53, pp. 647-662, doi: 10.1007/s00127-018-1530-1

⁹ LaMontagne, AD, Louie, A, Keegal, T, Ostry, A, Shaw, A (2005) Workplace stress in Victoria: developing a systems approach, Report to the Victorian Health Promotion Foundation, Melbourne.

¹⁰ Glozier, N (2017) Review of Evidence of Interventions to Reduce Mental Ill-health in the Workplace. Brain and Mind Centre, Sydney University Sourced from https://www.safework.nsw.gov.au/_data/assets/pdf_file/0008/360449/SW09006-0518-418530-Review-of-Evidence-of-Interventions-to-Reduce-Mental...pdf

People who are at risk of developing mental health concerns have been identified and, according to the World Health Organisation (2012), interventions are required that strategically support individuals, households, communities and vulnerable groups in our society to promote mental health.¹¹

Internet interventions - smartphone based interventions, when aimed at youth, were found to be successful in 'building compassion, resilience and optimism' (Sharma et al. 2017, p 343)

PRIORITY SETTINGS FOR ACTION

Development of this plan was informed by review of the national and state context, the existing activities in mental health promotion in our region and regional data on mental health indicators (See Appendices A, B and C).

1. Community

Resilience and social cohesion are essential for good health across our diverse community and the focus in mental health promotion will build on existing equity based programs within the community.

- Community Kitchens
- Mental Health Month grant program

2. Child and Youth

A whole of organisation framework in children's settings promotes healthy environments for schools, early childhood services, families, communities and workplaces.

- Achievement Program Children's Settings
- Build capacity of young people and partner with community organisations to enhance and normalise mental health awareness and include mental health in their agenda

3. Whole of population

Enhancing resilience, reducing stigma and building protective factors are vital for good mental health in communities and individuals.

- Barwon Regional Mental Health Promotion Network
- Mental Health literacy – Mental Health first Aid and Applied Suicide Intervention Skills Training
- Mental Health Month

EVALUATION AND REPORTING

This plan will be evaluated through a review process at six months (June 2019)

APPENDIX A – NATIONAL, STATE AND REGIONAL CONTEXT

APPENDIX B – MENTAL HEALTH INDICATORS

¹¹ World Health Organisation Secretariat (2012) Risks to mental health: an overview of vulnerabilities and risk factors. World Health Organisation sourced on 18.02.2019 from: https://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf

Victorian context		
	Key Priority Areas	Description
Victoria's 10 year Plan for Mental Health	<p>The goal of the plan is for all Victorians to experience their best possible health, including mental health. Victorians promote mental health for all ages and stages of life.</p>	<p>Outcomes:</p> <p>Mental Health and Wellbeing - that the prevalence of mental illness is reduced with individuals, families & communities resilient.</p> <p>Equality in emotional and social wellbeing - the gap in social and emotional wellbeing is reduced for at-risk groups.</p> <p>Close the gap - the health gap between Aboriginal Victorians and the general population attributable to suicide, mental illness and psychological distress is reduced, and resilience building activities, health promotion, treatment and support are culturally responsive and safe.</p> <p>Reduce the suicide rate - the occurrence of suicide deaths, suicidal ideation, and suicide attempts is reduced, and the gap between the suicide rates for particular vulnerable groups and the general population is reduced.</p> <p>Early in Life - infants, children, young people and their families are supported to develop the life skills and abilities to manage their own mental health.</p> <p>Best mental health at all ages - older Victorians are supported to build the protective factors for good mental health, address modifiable risks and access age-appropriate treatment and services that meet their mental health and physical health needs.</p> <p>Actions:</p> <p>Actions will be linked to Public Health and Wellbeing Plan 2015-2019.</p> <ul style="list-style-type: none"> • Working closely with existing school-based programs and supports to build resilience and influence attitudes that support mental wellbeing of children and young people. • Strengthening partnerships and sharing information about what works across local communities, government jurisdictions, non-government providers and private industry so that everyone across the Victorian community is able to support the mental health and wellbeing of all Victorians. • Investing in programs that promote rights, mental health and wellbeing of GLBTIQ+ Victorians. • Implementing whole-of-Victorian government approaches to guide suicide prevention and mental health promotion. • With leadership from Aboriginal community controlled health organisations and communities, developing an Aboriginal mental health and social and emotional wellbeing framework that supports resilience and promotes protective factors, while addressing risk factors for poor mental health. • Strengthening collaboration between public specialist mental health services for children and young people and paediatricians, other social and community services and schools.

Six health and wellbeing priorities:

- Healthier eating and active living
- Tobacco-free living
- Reducing harmful alcohol and other drug use
- Improving mental health
- Prevention violence and injury
- Improving sexual and reproductive health

Goals reflect the priority areas.

Platforms for change are described as creating healthy and sustainable environments, place based approaches and people centred approaches.

Actions

The Plan refers to Victoria's 10 year plan for mental health – aiming to ensure that all Victorians, particularly those who are disadvantaged or vulnerable, experience the best possible health, including mental health, throughout their lives.

The Framework is summarised into the following domains:

1. Victorians are healthy and well
2. Victorians are safe and secure
3. Victorians have the capabilities to participate
4. Victorians are connected to culture and community
5. Victoria is liveable

Priority - Improving mental health aims to:

- Decrease suicide
- Increase family functioning
- Increase resilience
- Increase community and cultural participation
- Increase social cohesion
- Decrease psychological distress

Specific actions in improving mental health include:

- Implementing Victoria's 10 year mental health plan.
- Implementing the Victorian Suicide Prevention Framework 2016-2025.
- Working with PHN's with the focus on suicide prevention.
- Improving prevention and early intervention efforts in vulnerable mothers from pregnancy to infants.
- Working with school based programs that support to build resilience and influence attitudes that support mental wellbeing of children and young people.
- Expanding strategies to build resilience and address discrimination in at risk populations.
- Working to eliminate stigma and discrimination in the community and health services sector by working with people with lived experience and increasing awareness and improving attitudes and responses to mental illness.
- Delivering initiatives to build community resilience and positive social connections with a focus on women and young people.

Victorian Suicide Prevention Framework 2016 - 2025	<p>Communities can build resilience through fostering social cohesion, understanding of diverse cultural and social identities, providing a safe and secure environment, ensuring access to health care and health promotion.</p>	<p>Goal: Halve Victoria's suicide rate by 2025</p> <p>The framework encompasses promotion, prevention, early detection, treatment and recovery with a strong focus on responding to the person with suicide ideas/thoughts.</p> <p>Recognise the risks that discrimination and unresolved grief and trauma have on building resilience and protecting against poor mental health.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Build resilience – improve community and individual strength, resilience and capacity in suicide prevention. 2. Support vulnerable people – improve identification and support to vulnerable individuals and groups at risk of suicide, including providing support after suicide for bereaved people and communities. 3. Care for the suicidal person. 4. Learn what works best – build a stronger more accessible evidence base. 5. Help local communities prevent suicide – to help local communities to prevent suicide through a coordinated place-based approach that delivers both universal and targeted interventions in communities across Victoria.
Vichealth's Strategic Imperatives	<p>Improving mental wellbeing</p>	<p>Vichealth's action agenda outlines the priorities over three years and ten years.</p> <p>Three Year goals:</p> <p>There will be more opportunities to build community resilience and social connectedness with a focus on young people and women.</p> <p>Ten year goals:</p> <p>By 2023 200,000 more Victorians will drink less alcohol. By 2023 200,000 more Victorians will be resilient and connected.</p> <p>Priorities - Improving mental wellbeing</p> <ul style="list-style-type: none"> • Build partnerships between young people, sports, arts, workplace, education and government to increase resilience and social connectedness. • Create the evidence for what works in promoting the mental health and wellbeing of all Victorians. • Support action to advance gender equality as a determinant of mental health and wellbeing.

<p>Because Mental Health Matters Reform Strategy 2009-2019</p>	<p>Reform Area 1. Promoting mental health and wellbeing - preventing mental health problems by addressing risk and protective factors</p> <p>Reform Area 2. Early in life - helping children adolescents and young people (0-25 years) and their families</p>	<ul style="list-style-type: none"> • Bring together a flagship of mental health promotion activities in schools to build resilience and protective factors and complement healthy eating, physical activity and drug education to creation a healthy living and healthy minds approach. • Support evidence based workplace programs to promote positive mental health and wellbeing for delivery across the public and private sectors. These would focus on building coping skills and organisational ability to deal with stressors in the work environment. • Contribute to social inclusion policies and programs including those addressing discrimination, family violence, homelessness and joblessness, via local government, Primary Care Partnerships, and Neighbourhood and Community Renewal. • Develop education ad awareness campaigns and planning ongoing efforts through a range of media to highlight the risks to mental health associated with problematic alcohol and drug use, especially binge drinking, cannabis and amphetamine use. • Develop the expertise and capacity of relevant workforces to use evidence in designing and implementing mental health promotion, a catalogue of interventions that represent best practice in addressing risk and protective factors and determinants and build on the Mental Health Promotion short course to create locally relevant applied skills training related to interventions.
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Local Government Public Health and Wellbeing Plans		
	Mental Health Inclusion	Goals, Actions, Priorities
Colac Otway Shire Municipal Public Health and Wellbeing Plan 2017-2021	The plan highlights mental health and connectedness, family violence, alcohol, tobacco and other drugs as matters of concern and to address.	<p>Goals</p> <ul style="list-style-type: none"> To improve mental health as goal with focus on Prevention of Violence against Women (PVAW, Alcohol and other drugs, social connectedness, gambling and mental health). To consider equity for the Aboriginal and GLBTIQ+ communities. Reduce harm from alcohol and other drugs. <p>Actions</p> <ul style="list-style-type: none"> Commitment to Mental Health Week – partners include Colac Area Health (CAH), Department of Health and Human Services (DHHS) and Wathaurong. Work collectively with partners. Align with G21 with a focus on Healthy Eating and Active Living and Prevention of Violence Against Women. Focus on partnerships such as Beyond the Bell (BTB), Schools and Communities Together (SACT) and G21 Regional Opportunities to Work (GROW).
COGG Municipal Public Health and Wellbeing Plan 2018-2021	Improving mental health through social connectedness.	<p>Goals</p> <ul style="list-style-type: none"> Improving mental wellbeing through social connectedness. <p>Actions</p> <ul style="list-style-type: none"> Work in partnerships with Barwon Health, G21, Bellarine Community Health, Women’s Health & Wellbeing, Western Victoria Primary Health Network, State & Federal government. Improving mental health through social connectedness. Utilise a people centred approach with a focus on equity. Demographics highlight problem domains – depression and anxiety, psychological distress, alcohol related harm risk, family violence.
Surf Coast Shire Plan 2017-2021	Support people to be healthy and well	<p>Goals</p> <ul style="list-style-type: none"> Enhance community wellbeing. Achieve age friendly city status. Reduce violence against women and children. <p>Actions</p> <ul style="list-style-type: none"> Support people to be healthy and active. Focus on the support of young people’s mental health.

Golden Plains Shire Council Municipal Public Health and Wellbeing Action Plan 2017-2021	Improving mental health	<p>Goals</p> <ul style="list-style-type: none"> • Connected Communities. • Support positive mental health and wellbeing for our community members. • Healthy Eating and Active Living as a priority. <p>Actions</p> <ul style="list-style-type: none"> • Improving access to health and community services. • Implement programs to support young people in our Shire to be healthy, resilient and empowered.
Borough of Queenscliff Health & Wellbeing Action Plan 2017-2022	Refers to State Government key priority to improve mental health	<p>Goals</p> <ul style="list-style-type: none"> • No specific goals identified. <p>Actions</p> <ul style="list-style-type: none"> • Promote Mental Health Week. • Promote activities and initiatives that improve health and wellbeing of young people and encourage development of social and emotional skills.

Survey	Indicator	Measurement	LGA					Victoria
			Colac-Otway	Golden Plains	Greater Geelong	Queenscliffe	Surf Coast	
Victoria Population Health Survey 2014	Self-reported health status - Poor/Fair	Percent	18.3	22.7	16.2	9.1	10.4	20.3
	Satisfaction with life - Very Satisfied/Satisfied	Percent	95.9	94.9	88.4	99.1	95.6	92.4
	High/Very High levels of Social Isolation	Percent	20.8*	17.3	12.9	15.9*	12.0*	17.3
	Depression or Anxiety	Percent	21.9	31.6	32.3	22.2	25.4	24.2
	Sought help for Mental Health problem	Percent	12.3*	20.1	22.1	23.0*	21.3	16.0

VicHealth Survey 2015	Subjective wellbeing range [0-100]	Average	79.2	76.9	78.4	84	80.5	77.3
	Satisfaction with life as a whole [range 0-10]	Average	7.9	7.9	7.8	8.5	8.2	7.8
	Perceptions of safety - walking alone during the day	Percent	97.6	94.1	96	97.8	95.2	92.5
	Perceptions of safety - walking alone during the dark	Percent	65.5	66.7	54.8	78.1	75.5	55.1
	Resilience (range 0-8]	Average	6.7	6.6	6.6	6.9	6.9	6.4
	Perceptions of neighbourhood - people are willing to help each other	Percent	84.4	76.8	75.6	96.8	89.9	74.1
	Perceptions of neighbourhood - this is a close knit neighbourhood	Percent	76.8	66.6	61.3	89.9	79.4	61
	Perceptions of neighbourhood - people can be trusted	Percent	82	80.3	73	96	90.5	71.9
	Low gender equality score	Percent	37.4	24.9	30.7	23.1	25.2	35.7

Source: Victorian Population Health Survey 2014, DHHS, VicHealth Survey 2015

Notes: Data were age-standardised

Estimates that are (statistically) significantly different from the corresponding estimate for Victoria are identified by colour as follows: **above** or **below**.

Estimates may not add to 100 per cent due to a proportion of 'don't know' or 'refused to say' responses, not reported here.

Relative standard error (RSE) = standard error / point estimate * 100; interpretation below:

* RSE between 25 and 50 per cent; point estimate (%) should be interpreted with caution.

** RSE greater than, or equal to, 50 per cent; point estimate (%) is unreliable, hence not reported.

For more information, including further descriptions of the indicators in this profile, refer to the full report of the VicHealth Indicators Survey 2015 at www.vichealth.vic.gov.au/indicators.

For the indicators definitions and guidelines, please refer to Victorian Population Health Survey 2014 reports available at:

<https://www2.health.vic.gov.au/public-health/population-health-systems/health-status-of-victorians/survey-data-and-reports/victorian-population-health-survey/victorian-population-health-survey-2014>