

MENTAL HEALTH PROMOTION IN NSW: CONCEPTUAL FRAMEWORK FOR DEVELOPING INITIATIVES

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Mental health promotion has received increasing attention in NSW, as well as nationally and internationally. Strong evidence highlighting the efficacy and effectiveness of programs aimed at promoting mental health and preventing mental health problems and disorders is now available. Despite this, no overall framework to define and draw together the work of mental health and health promotion has previously existed. *Mental health promotion in NSW: conceptual framework for developing initiatives* aims to provide such a structure. This article describes the background and planning of the framework.

The mental health promotion framework has been agreed to by health promotion and mental health workers and consumers. It provides a basis for initiating mental health promotion initiatives, a shared language to facilitate further cooperation between services, a planning tool to help in selection and identification of initiatives and further references to allow for more detailed reading.

EPIDEMIOLOGY

Mental health promotion initiatives are similar to those for other physical health problems. Prevalence studies of mental health, mental health problems and illnesses have occurred, and risk and protective factors have been identified.

Nearly one in five children and adolescents (18 per cent) experiences a mental health problem in a six-month period, and these problems tend to be continuous into adult life.¹ Of adults, 18 per cent experience a mental disorder in a 12-month period.^{2,3} Prevalence is highest among young people aged 18 to 24 years (27 per cent) and decreases with increasing age. Depression has been identified as one of the major public health problems of the twenty-first century. Mental health problems are more common than current

continued on p. 44

CONTENTS

- 43 Promoting mental health in NSW: conceptual framework for developing initiatives
-
- 46 Comment: Promoting mental health in NSW
-
- 47 Infection control and hygiene practices in skin penetration businesses
-
- 51 Infection control in general practice, 1994 and 1995
-
- 53 Doctors' notifications of pertussis
-
- 56 Infectious diseases

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continued from p. 43

asthma (defined as recent wheeze and airway hyperresponsiveness) in children and adolescents (18 per cent compared with 7 to 13 per cent).⁵ More people died from suicide than road injury in NSW in 1995–96 (813 compared with 607).⁶

Factors that increase the risk of mental health problems and disorders, or protect people against their development, have been identified.⁷ These factors span the full range of biopsychosocial influences. Examples of risk factors are genetic factors, exposure to divorce, bereavement, trauma and child abuse. Examples of protective factors are resilience and optimism, positive parenting, having a key support person, job satisfaction and social advantage.

DEFINITION OF MENTAL HEALTH PROMOTION

The concept of health, including mental health, as advanced by the World Health Organization, is that health is a positive state and not merely the absence of illness. Given this, the following definition of mental health was developed for the framework document:

Enabling people, communities and populations to increase control over and improve and/or maintain their subjective well-being, optimal development and use of mental abilities (cognitive, affective and relational) and the achievement of goals consistent with social justice.⁸

INTRODUCING THE FRAMEWORK

Mental health promotion in NSW: conceptual framework for developing initiatives is a planning tool. It draws on the report of the Institute of Medicine on evidence-based practice in prevention in mental health, but has a stronger focus on promoting mental health.⁷

The framework incorporates the approach of the Ottawa Charter and two continuums:

- Health care continuum: from enhancing health, through primary prevention, early recognition and intervention and treatment to continuing care.
- Mental health status continuum: from positive mental health, through being at risk of developing mental health problems (with signs and symptoms of mental health problems or disorders), to having diagnosable mental health problems or disorders.

Copies of *Mental health promotion in NSW: conceptual framework for developing initiatives* are available from the Better Health Centre, telephone (02) 9954 1193.

Several principles underpin the framework:

- Promoting mental health is inextricably linked with preventing mental health problems.
- Physical health and mental health are interrelated.
- Social, economic and environmental factors can affect mental health.
- Intervention opportunities occur across a range of settings.
- Achieving equity in health outcomes and service access is critical.

Evidence-based programs that modify risk or protective factors for mental health problems and disorders are available.^{7,9–11} To ensure the effectiveness of these programs the involvement of mental health specialist expertise is critical. The programs target whole populations (universal interventions), people at high risk (selective interventions) or those with signs and symptoms of mental health problems and disorders (indicated interventions). The Prenatal/Early Infancy Program of home visitation by nurses to disadvantaged, first-time mothers reduced child abuse, criminal behaviour and use of welfare services.^{12,13} The Headstart and High/Scope (Perry Pre-school) programs showed improvements in educational and social outcomes.^{14,15} The Triple P (Positive Parenting Program) showed a reduction in the prevalence of conduct disorder in children.¹⁶ The University of Colorado Separation and Divorce program showed lower levels of psychiatric symptoms, which were sustained over four years.^{17–19} The JOBS program reduced the incidence of depression over 2.5 years and improved employment outcomes.^{20–22}

Intervention in the early stages of a mental illness, such as for young people with early signs and symptoms of first-onset psychosis or depression, can also result in improved outcomes.^{23–25}

Using the mental health promotion framework in conjunction with evidence-based programs will help ensure a comprehensive and coordinated approach to mental health promotion. The evidence-based programs listed are only a sample of the many available. An example of application of the mental health promotion framework, to depression, is shown in Table 1.

FURTHER PROGRESS

Further progress in mental health promotion requires action in three key areas:

- **building the information base**, including identifying and reporting on outcomes and improving epidemiological mental health information
- **building the infrastructure**, including increasing commitment and support for improving knowledge and skills of workers who undertake mental health promotion initiatives

TABLE 1

USING THE MENTAL HEALTH PROMOTION FRAMEWORK FOR DEPRESSION.^a

Mental health promotion includes promoting positive mental health and preventing mental health problems and disorders.

Approaches	Health care and mental health status continuums			
	Enhancing health Positive mental health	Primary prevention At risk of developing mental health problems	Early recognition and intervention Signs and symptoms of mental health problems and mental disorders	Treatment and rehabilitation Diagnosable mental health problems and mental health disorders
<ul style="list-style-type: none"> • building health public policy • creating supportive environments • strengthening community action • increasing focus on prevention and early intervention • increasing focus on prevention and early intervention 	Interventions could address <ul style="list-style-type: none"> • problem-solving skills • self-esteem • peer relationships • family relationships • raising awareness of depression • reducing social isolation • improving job satisfaction • access to adequate income and housing • unemployment 	Interventions could address: <ul style="list-style-type: none"> • separation and divorce • stressful life situations • children of parents with a mental illness • unemployment • abuse and violence • teenage pregnancy 	Interventions could address: <ul style="list-style-type: none"> • early identification of depression • training general practitioners and school counsellors in early detection 	Interventions could address: <ul style="list-style-type: none"> • effective clinical treatment • support groups • involving consumers and carers in treatment • ensuring privacy and respect in inpatient facilities • creating a pleasant environment in inpatient facilities

(a) Factors selected are based on information presented in:

- NHMRC. *Depression in young people: clinical practice guidelines*²⁵
- Raphael B. *Scope for prevention in mental health*⁹
- Mrazek P, Haggerty R. *Reducing risks for mental disorders*⁷
- *Burdekin report*²⁶

- **enhancing the resource base**, including committing financial and human resources to mental health promotion.

New South Wales is a co-signatory to the Second National Mental Health Strategy, which commences in July 1998. Promotion, prevention and early intervention have been identified as one of its three key platforms, and the National Mental Health Promotion and Prevention Plan will be available to guide developments. As depression will be one of the major public health problems of the twenty-first century (and is preventable), the National Depression Action Plan due for release in mid-1998 will also provide guidance in this field.

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COMMENT: PROMOTING MENTAL HEALTH IN NSW

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Many readers would, like me, have been disappointed by the scant regard given to mental health promotion in both *Mental health goals and targets* and *Strategies for health gain*.^{1,2} Consequently, it is extremely pleasing that the NSW Centre for Mental Health has begun to address the deficit.³

The centrepiece of *Mental health promotion in NSW* is the mental health promotion framework which, firstly, recognises the importance of both promoting positive mental health and preventing mental health problems and disorders (the former having been almost totally ignored by Australian health policy and services for far too long) and, secondly, proposes using the five familiar approaches from the Ottawa Charter to develop strategies to address these two overlapping issues.⁴ Even the most dedicated proponents can be overwhelmed at times by the enormity of the task of reducing poverty, increasing equity or improving mental health. Consequently, a model that provides a comprehensive, structured approach to the problem can suggest opportunities for action and allow workers to see how their small contribution fits into the larger picture. I find this latter aspect of good models encouraging, even empowering. There are, however, other useful and noteworthy contributions in *Mental health promotion in NSW*: the definition of a dozen slippery terms, such as 'mental health promotion' and 'positive mental health', the elaboration of 11 underlying principles of mental health promotion' and the identification of the need to build the information, infrastructure and resource bases in order to develop mental health promotion in NSW.

Why, then, has the promotion of positive mental health lagged so far behind the promotion of physical health, the management of mental illness and even the prevention and early detection of mental illness?

Firstly, acceptance of the existence of positive health (as opposed to good health being simply the absence of disease) has proven even more problematic for mental than physical health. Without acceptance of the idea of positive mental health, the development of a widely accepted conceptual definition is impossible, and the measurement of positive mental health is unthinkable. Postmodernism may hold sway in some intellectual circles, but rational positivism (or at least its rhetoric) still rules in the politics and management of health care, and in the absence of measurement, progress is difficult.

continued on p. 50