Department of Health

health

Using policy to promote mental health and wellbeing

A guide for policy makers

2012

State Government Victoria

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Note: This document is a revised and updated edition of *Using policy to promote mental health and wellbeing: An introduction for policy makers* (2010)

Introduction

This guide is intended to encourage and enable policy makers in Victoria to systematically consider the social and environmental determinants of mental health when developing or reviewing policy or programs. While the intended audience is policy and decision makers in state and local government, the principles outlined will also be useful for others who may be designing or evaluating mental health promotion programs.

The guide introduces key concepts in mental health promotion. Opportunities to promote social inclusion and recognise the other risk and protective factors for mental health are outlined.

The following considerations for policy and program development are presented:

- What supports good mental health?
- What is mental health promotion and how does it relate to policy development?
- Assessing the mental health promoting impact of policy.

Mental health promotion should be established as a responsibility of all areas of public policy.

Victoria's mental health strategy recognises the following components of efforts required to promote good mental health.

- Assist Victorians to have a good understanding of the factors that affect mental health.
- Promote supportive, social, economic and cultural environments that enable Victorians to help themselves and their families and friends to maintain good mental health and wellbeing.
- Establish mental health promotion as a core responsibility of the whole of government and a fundamental part of Victoria's overall approach to mental health.
- Develop a cohesive, focused and coordinated effort in close collaboration with key partners.
- Align mental health promotion with other chronic disease-prevention initiatives to create an innovative and comprehensive approach to healthy living and healthy minds.

This guide adopts a *population* approach to mental health promotion, focusing on well populations as well as at-risk populations. This approach is complementary to, but differs from, approaches that focus on the quality of mental health care and treatment for the individual.

While health services are designed to deal with the effects of poor mental health on the individual, many of the factors that contribute to mental wellbeing sit outside the responsibility of the health sector. Good mental health is dependent on societies, communities, institutions, organisations and individuals that support social inclusion, equity, freedom from discrimination and violence, access to resources, and cultural harmony.

Population approach

- **Mental health promotion –** actions taken to maximise the mental health and wellbeing of populations by:
  - improving social, physical and economic environments
  - strengthening the understanding and skills of individuals in ways that support their efforts to achieve and maintain mental health.

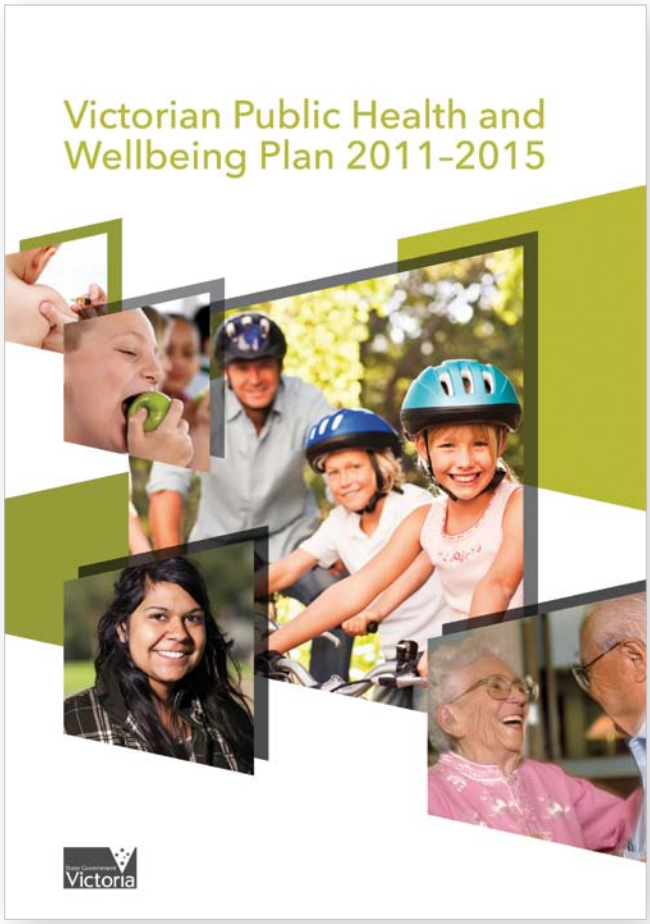
Individual approach

- **Mental illness prevention –** actions taken to reduce the impact or prevent the initial onset of mental illness
- **Mental illness treatment –** actions taken to remedy a mental illness or to lessen its ill effects.

Demonstrating this population approach and the importance of broad cross-sectoral involvement in promoting health, the *Victorian Public Health and Wellbeing Plan 2011-2015* includes mental health promotion as a priority issue.

The Plan outlines key opportunities for progress in mental health promotion including:

- strengthen protective factors and reduce risk factors for mental health through a collaborative approach to mental health promotion in key areas (this will include tackling stress in the workplace, preventing violence against women, and promoting acceptance of diversity and social inclusion to build resilient and connected communities)
- develop resources to support best practice mental health promotion in a range of key settings including local communities, workplaces and early childhood services and schools
- support Victorians to maintain good mental health through increasing understanding of the actions individuals and communities can undertake to protect their mental health and build resilience.



This guide reflects the principles and actions of *The Melbourne Charter for Promoting Mental Health and Preventing Mental and Behavioural Disorders*. The Charter was developed during the 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders held in Melbourne in 2008.

The 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 (see Appendix 1).

The Melbourne Charter asserts that mental health and wellbeing is:	The Melbourne Charter affirms that mental health and wellbeing is:	The Melbourne Charter believes that mental health and wellbeing is:
• an indivisible part of general health • essential for the wellbeing and optimal functioning of individuals, families, communities and societies • a fundamental right of every human being, without discrimination.	• of universal relevance • most threatened by poor and unequal living conditions, conflict and violence • a key indicator of a nation's social and economic development.	• everybody's concern and responsibility • best achieved in equitable, just and non-violent societies • advanced through respectful, participatory means where culture and cultural heritage and diversity are acknowledged and valued.

What are the benefits of good mental health?

Mental health is a state of physical, mental, spiritual and social wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life and is able to make a contribution to his or her community.[1]

Mental health and wellbeing is a combination of positive feelings and positive functioning.[2] The factors that influence mental health and mental illness occur in the events and settings of everyday life. While effective mental health promotion requires support from and partnerships with all sectors of the community, the benefits of this action will also be felt in these sectors.[3] The many benefits of promoting mental health include:

- improved psychosocial functioning in all of life's domains
- better physical health and reduced health problems
- reduced mental illness and associated burdens
- increased social and economic participation and productivity
- more inclusive and cohesive communities.

What supports good mental health?

How happy you are depends on the way you live, which depends on the kind of society you live in.[4]

Mental health is a complex issue that has multiple causes and influences. The determinants of mental health operate at individual, system, community and social levels. Changes in any of these can potentially bring about a change in mental health – for better or worse.

The key social and economic determinants for mental health are social inclusion, freedom from violence and discrimination, and access to economic resources.[5] Whether people work, have housing, are able to utilise basic services and have friends, family and other social supports influences their mental health and wellbeing. Experiencing violence, discrimination, poverty and homelessness can negatively influence mental health.

Mental health promotion focuses on enabling people to maximise their wellbeing through influencing the social determinants of mental health. Where social environments promote good mental health and avoid harm, improvements in health, quality of life, resilience, social and economic participation and productivity are often observed; the gains from mental health promotion activities generalise to improvements in physical health as well as productivity in the school, home and workplace.[6]

Since many of the protective and risk factors for mental health and wellbeing are shared with other health issues, mental health can be directly or indirectly supported through a range of activity in other domains, such as participation in physical activity, sexual health, alcohol misuse, improving educational outcomes or preventing violence.

The case for action in mental health promotion and mental illness prevention is outlined in Appendix 2.

1 World Health Organization 2001, 'Strengthening Mental Health Promotion', Fact Sheet No. 220, Geneva.

2 CLM Keyes 2002, 'The mental health continuum: from languishing to flourishing in life', *J Health Soc* Res, issue 43, pp. 207–22.

3 Commonwealth Department of Health and Aged Care 2000, *Promotion, Prevention and Early Intervention for Mental Health – A Monograph*, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra, p. 113.

4 N Bacon, M Brophy, N Mguni, G Mulgan and A Shandro 2010, *The state of happiness: can public policy shape people's wellbeing and resilience?*, The Young Foundation, London.

5 H Keleher and R Armstrong 2005, *Evidence-based mental health promotion resource, Report for the Department of Human Services and VicHealth*, Melbourne.

6 Commonwealth Department of Health and Aged Care 2000, *Promotion, Prevention and Early Intervention for Mental Health – A Monograph*, Mental Health and Special Programs Branch, Canberra, p. 36.

Mental health promotion: What is it and how does it relate to policy development?

Mental health promotion is a strategic and sustainable approach to eliminating or minimising the factors that give rise to distress and loss of wellbeing and introducing and maximising those that create circumstances in which all can flourish.[7]

Mental health promotion includes any action taken to maximise mental health and wellbeing among populations and individuals by addressing any or all of the potentially modifiable determinants of mental health. This may include:

- influencing the social and economic factors that determine mental health, such as income, discrimination, social inclusion, education, employment, working conditions, the physical environment and access to appropriate health services
- strengthening the understanding and skills of individuals in ways that support their efforts to achieve and maintain mental health.

Interventions designed to promote a sense of belonging within a school or workplace, programs that support and strengthen family functioning, and policies that promote awareness and acceptance of cultural diversity are all examples of mental health promotion.[8]

An emphasis on mental health and its determinants in measurable outcomes of new policies and programs will enhance the strategic statewide effort to strengthen protective factors linked to mental health. Policies and programs that facilitate workforce participation, social participation, anti-discrimination, prevention of violence and the building of community resilience can all make a significant contribution to mental wellbeing at individual and societal levels.

A multi-faceted approach to health and wellbeing, involving coordinated policies and programs across government departments, levels of government, non-government organisations and the private sector, is reflected in the *Victorian Public Health and Wellbeing Act 2008* and the associated state and municipal public health planning processes.

The *Victorian Public Health and Wellbeing Plan 2011-2015*, developed under the Act, takes a whole-of-government, whole-of-system, and whole-of-life approach, and as such provides the basis to improve outcomes for all. It has identified mental health promotion as a distinct priority area for action.

Because mental health and wellbeing does not sit neatly within the responsibility of any one organisation or sector, promotion of positive mental health needs to occur via a broad range of programs, environments and policies.

Mental health promotion aims to promote positive mental health by increasing psychological wellbeing, competence and resilience, and by creating supportive living conditions and environments.

7 *The Melbourne Charter for Promoting Mental Health and Preventing Mental and Behavioural Disorders* 2008, created at From Margins to Mainstream: 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders, Melbourne Convention Centre, 10–12 September.

8 Commonwealth Department of Health and Aged Care 2000, *Promotion, Prevention and Early Intervention for Mental Health – A Monograph*, Mental Health and Special Programs Branch, Canberra, p. 36

Risk and protective factors in policy

Mental health promotion aims to minimise the risk factors and increase the protective factors that influence mental health and wellbeing.

Social, biological and neurological sciences have provided significant insight into the role of risk and protective factors in the developmental pathways to mental disorders and poor mental health.[9] **Risk factors** increase the likelihood that a disorder will develop and can exacerbate the burden of existing disorders, while **protective factors** contribute to people's resilience in the face of adversity and moderate the impact of stress on social and emotional wellbeing.[10] The interactions of risk and protective factors have been identified at all stages of life.

Figure 1 illustrates how the known protective and risk factors for mental health are aligned with, and can be influenced through, key policy areas. Policy priorities have been grouped into four key areas: people, communities, economy and environment.

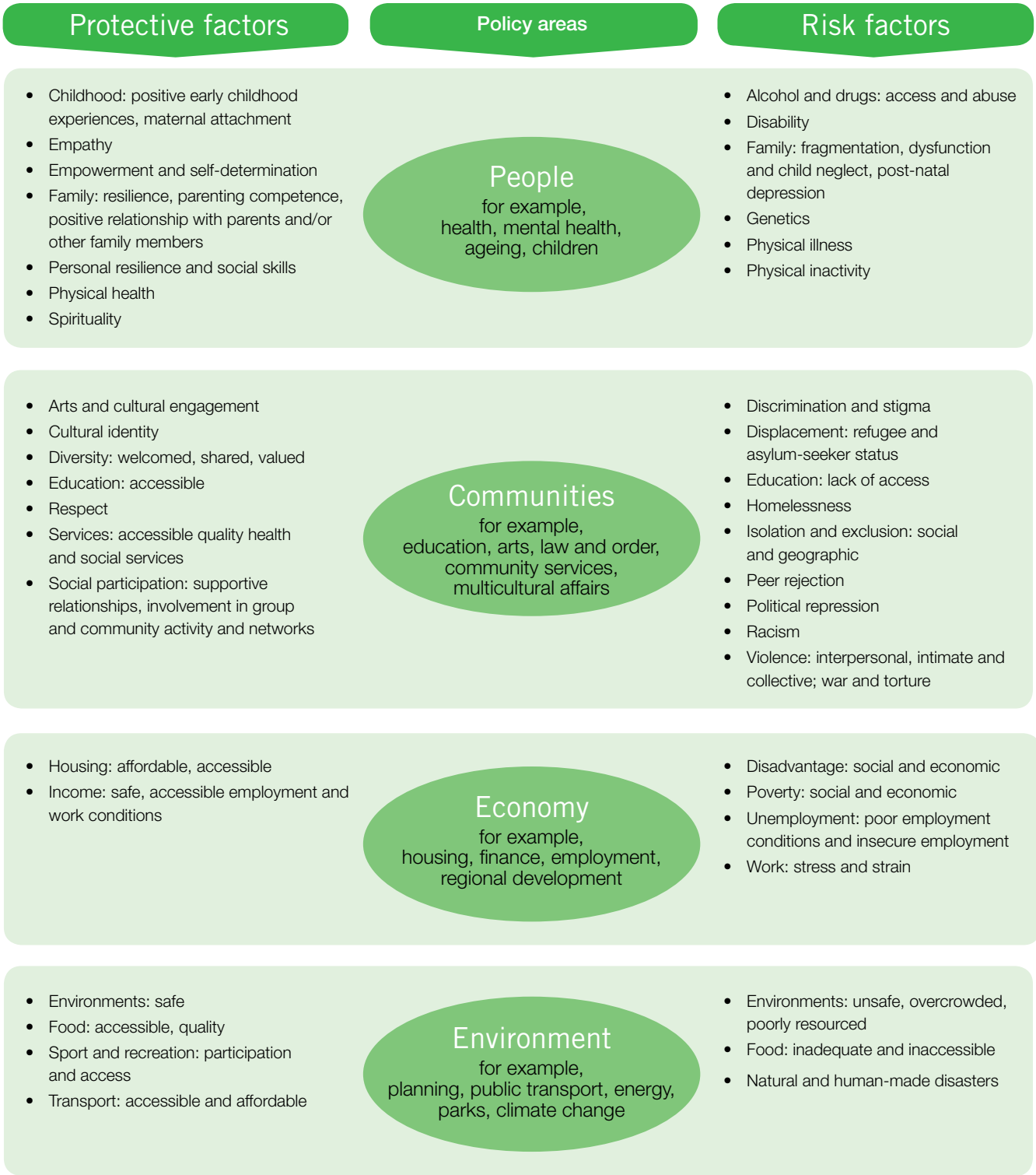
To illustrate, the quality of one's environment is a critical risk and protective factor for mental wellbeing; it may be addressed in diverse policy actions ranging from urban planning, parks and open spaces, to community safety. For example, access to a safe environment, green space and nature (protective factors) can foster community networks (protective factor), whilst also potentially reducing stress and physical inactivity (risk factors).

The business case for a policy or program can be strengthened by recognising and drawing on the common protective and risk factors for mental health and wellbeing.

9 World Health Organization 2004, *Prevention of mental disorders : effective interventions and policy options : summary report* (a report of the World Health Organization Department of Mental Health and Substance Abuse in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht), Geneva.

10 Commonwealth Department of Health and Aged Care 2000, *Promotion, Prevention and Early Intervention for Mental Health – A Monograph*, Mental Health and Special Programs Branch, Canberra, p. 13.

Figure 1: Alignment of risk and protective factors for mental health with policy areas



Note: Figure 1 shows risk and protective factors identified in *The Melbourne Charter for Promoting Mental Health and Preventing Mental and Behavioural Disorders* (see Appendix 1).

Assessing the mental health promoting impact of policy

Individuals and organisations in business and industry, housing, local government, sports, recreation, arts and popular culture, primary, secondary and tertiary education and justice already are promoting or in some cases, demoting, mental health. Often, however, they are not aware of the effect they have on mental health and [they] can be ... encouraged to either expand their health promoting work or reduce the health damaging effects of their work[11].

The mental health promotion lens for policy planning (facing page) presents considerations that may impact on mental health at key stages of policy and program development. The principles are also applicable to the analysis of program proposals and in evaluating the impact of existing programs. The priority populations, settings, actions and outcomes are drawn from VicHealth's *Participation for health: A framework for action 2009–2013*.

The lens is aligned with key steps from the planning schema in the *Evidence-based mental health promotion resource*[12], as shown in Figure 2. The lens brings together the VicHealth Framework, the planning schema, the principles of *The Melbourne Charter* and the research evidence, to provide a clear framework for assessing the mental health promoting impact of your policy.

Figure 2: Policy planning steps

Rationale/vision setting
What is the available evidence demonstrating the links between mental health and its risk and protective factors in your area of interest?

▼

Priority setting
Are you working with the same populations, settings or actions that are priorities for mental health promotion?

▼

Partnership development
Do you have strategies to connect with other partners of influence or with partners that share your goals?

▼

Planning
Are you planning for the integration of mental health promotion objectives into your policy?

▼

Implementation
Are the risk and protective factors for mental health likely to be affected by the implementation of your policy?

▼

Evaluation and dissemination
How do your policy outcomes support mental health outcomes? How will you measure them?

11 R Moodie and R Jenkins 2005, *'I'm from the government and you want me to invest in mental health promotion. Well why should I?'* Promotion and Education, Supplement 2, pp. 37–41.

12 H Keleher and R Armstrong 2005, *Evidence-based mental health promotion resource,* Report for the Department of Human Services and VicHealth, Melbourne.

A mental health promotion lens for policy planning

Populations	Settings	Actions
1 Rationale/vision setting – What is the available evidence demonstrating the links between mental health and its risk and protective factors in your area of interest?		
How will your policy affect groups that may already be experiencing disadvantage?	What factors in your setting help or hinder mental health?	Are there risk and protective factors for mental health that can be influenced through your proposed policy?
2 Priority setting – Are you working with the same populations, settings or actions that are priorities for mental health promotion?		
Populations for mental health promotion include: • children • young people • women and men • older people • Indigenous communities • culturally diverse communities • rural communities. People at risk include: Indigenous people, people with mental illness, children and young people (including same sex attracted), people with disabilities, elderly people, people in prison, homeless, refugees and migrants and those of low socioeconomic status.	Mental health promotion occurs in 'everyday' contexts, including: • housing • corporate • community • public space • education • arts • workplaces • local government • sport and recreation • justice • health • technology. • transport Current priority settings include schools and early childhood settings, workplaces and other community settings.	Health promotion action areas include: • direct participation programs • organisational development (including workforce development) • strengthening of communities and community environments • legislative and policy reform • communications and social marketing • advocacy • research, monitoring and evaluation • promoting mental health literacy • targeted skills and resilience building.
3 Partnership development – Do you have strategies to connect with other partners of influence or with partners that share your goals?		
What other relevant programs or government policies operate in relation to your target populations or area of interest?	In what ways can your policy 'join up' policies and practices across sectors (e.g. education, housing, mental health services, employment and industry, transport, arts, sports, urban planning and justice)?	Are there other agencies that you can work with? Consider those beyond your typical partnerships in other sectors or settings, as well as all levels of government (local, state, Commonwealth).
4 Planning – All policies are opportunities to promote mental health. Are you planning for the integration of mental health promotion objectives in your policy?		
Redress inequities and discriminatory practices that exclude the most socially disadvantaged or people at risk. Recognise the potential to increase or decrease health inequalities for particular population groups.	Consider action in everyday contexts, such as schools, workplaces, sports clubs, community-based activities, government services and the natural environment.	Combine advocacy, communication, policy and legislation together with community participation and evidence-building strategies.
5 Implementation – Are the risk and protective factors for mental health likely to be affected by the implementation of your policy?		
How will you utilise the principles of public participation, engagement and empowerment?	Does your policy allow for working in multiple settings using a mix of health promotion interventions and capacity building strategies?	Successful interventions take place over an extended period and require a long-term investment in program planning, development and evaluation.

6 Evaluation and dissemination – How do your policy outcomes support mental health outcomes? How will you measure them?

	Individual	Organisational	Community	Societal
Intermediate	Individuals experience increased: • involvement in group activities • access to supportive relationships • self-esteem and self-efficacy • access to education and employment • self-determination and control • mental health literacy.	Organisations are: • inclusive • responsive, safe, supportive and sustainable • working in partnerships across sectors • implementing evidence-based approaches to their work.	Communities foster: • environments that are safe, supportive, sustainable and inclusive • enhanced community cohesion • enhanced civic engagement • increased awareness and recognition of mental health and wellbeing issues.	Societies foster: • integrated, sustained and supportive policy and programs • strong leadership • social norms and practices that support health • appropriate resource allocation • responsive and inclusive government structures.
Long term	Individuals experience: • increased sense of belonging • improved physical health • reduced stress, anxiety and depression • reduced substance misuse • enhanced skill levels.	Organisations have: • positive working environments that improve the mental health and wellbeing of staff • integrated, intersectoral resources and activities.	Communities display: • valuing of diversity and active disowning of discrimination • less violence and crime • improved productivity.	Societies display: • reduced social and health inequalities • improved quality of life • improved life expectancy.

Supporting materials

Mental health promotion website

The mental health promotion website **www.health.vic.gov.au/mentalhealthpromotion** links to resources for planning, research evidence and key policies to support the policy making process.

MHpro online network

MHpro is an online interactive network for professionals to share research, resources and ideas relating to mental health promotion. It provides access to the latest research, policy, news and events posted by moderators and members.

Membership is available at **http://mhpro.health.vic.gov.au**

Appendix 1 *The Melbourne Charter*

The Melbourne Charter is provided for reference. It captures common principles of mental health promotion that reflect recent knowledge about contributing factors influencing mental health and wellbeing and provides suggestions for actions.

Appendix 2 Impact of poor mental health

Appendix 2 outlines the impact of poor mental health. While mental health promotion emphasises positive and proactive solutions for mental wellbeing, recognising the impact of poor mental health may support the business case for action in this area.

Appendix 1

THE MELBOURNE CHARTER

for Promoting Mental Health and Preventing Mental and Behavioural Disorders

The Melbourne Charter asserts that mental health and wellbeing are:	The Melbourne Charter affirms that mental health and wellbeing are:	The Melbourne Charter believes 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.	• 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.	• 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 and family-related and community protective and risk factors can be biological, emotional, cognitive, cultural, behavioural, interpersonal 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 overleaf).

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 which foster hope, offer choices, support people to lead their own recoveries and ensure a quick return to active citizenship.

VicHealth

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

THE CARTER CENTER

Waging Peace. Fighting Disease. Building Hope

The Melbourne Charter is the outcome of a worldwide discussion that was initiated by the organisers and participants of the Global Consortium for the Advancement of Promotion and Prevention in Mental Health (GCAPP) conference entitled From Margins to Mainstream: 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders, in Melbourne, Australia, September 2008. The Charter reflects the input and support of organisations from all over the world. It articulates some common principles and recommendations that should be part of our future action in mental health promotion and mental illness prevention. The Charter provides a framework which recognises the influence of social and economic determinants on mental health and mental illness and identifies the contribution that diverse sectors (including but not exclusive to health) make to influencing those conditions that create or ameliorate positive mental health.

ACTIONS

Decision-makers

The Melbourne Charter calls on 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

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

'The Melbourne Charter for Promoting Mental Health and Preventing Mental and Behavioural Disorders' 2008, created at From Margins to Mainstream: 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders, Melbourne Convention Centre, 10–12 September.

Appendix 2
Impact of poor mental health

The case for action in mental health promotion and mental illness prevention

Just as good mental health is determined by more than the individual's biology, the costs associated with poor mental health are borne not just by the individual, but also by families, communities, industry and governments.

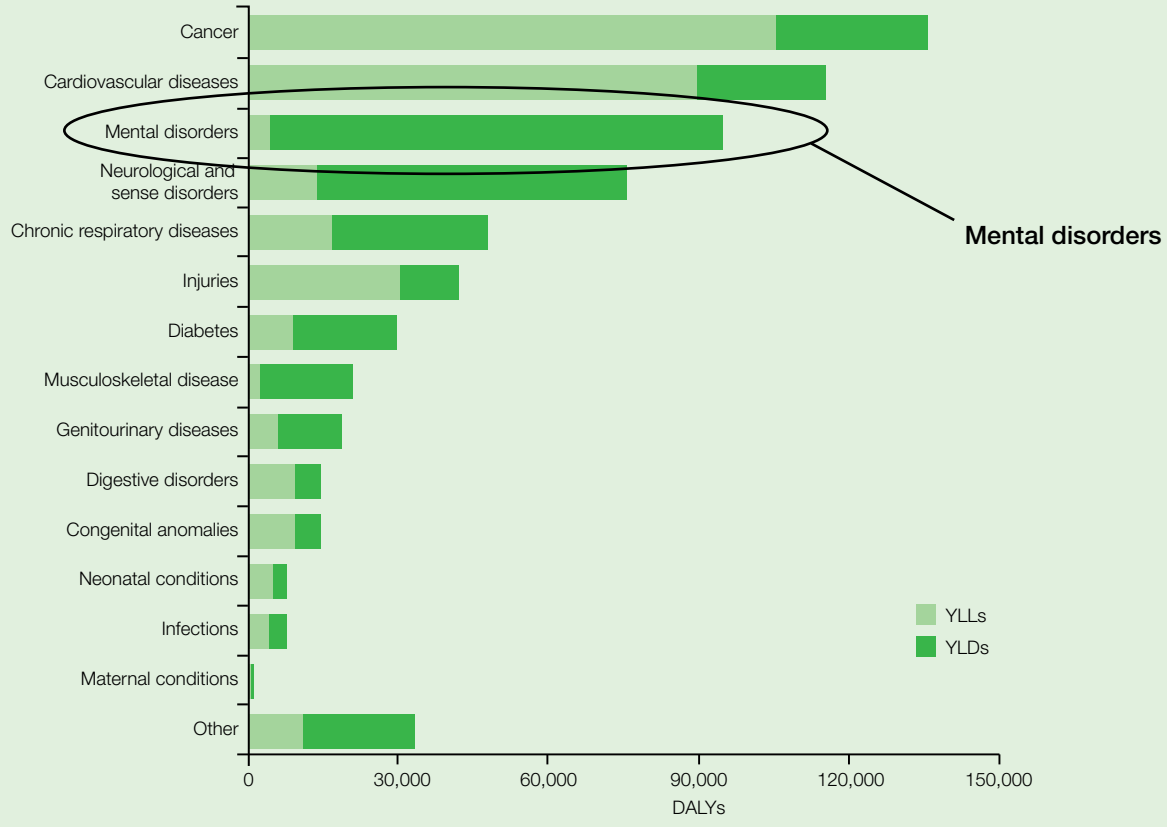
These costs include the economic costs of reduced workforce participation and productivity, as well as social costs such as suicide, crime and the impacts on carers and communities.[i]

It is estimated that the total annual cost of mental illness in Australia is approximately **$20 billion**, which includes the costs from loss of productivity and participation in the workforce.[ii]

The estimated costs of mental health problems to Victorian society is $5.4 billion a year, of which $2.7 billion relates to lost productivity and workforce participation.[iii]

Mental disorders are the largest single contributor to the disability burden in Victoria (Figure 3), and account for 70 per cent of the disease burden in young people.[iii]

Figure 3: Burden of disease for major disease groups, Victoria



Source: Department of Human Services Victoria 2005, *Victorian Burden of Disease Study Mortality and Morbidity 2001*, Public Health Group, Melbourne.

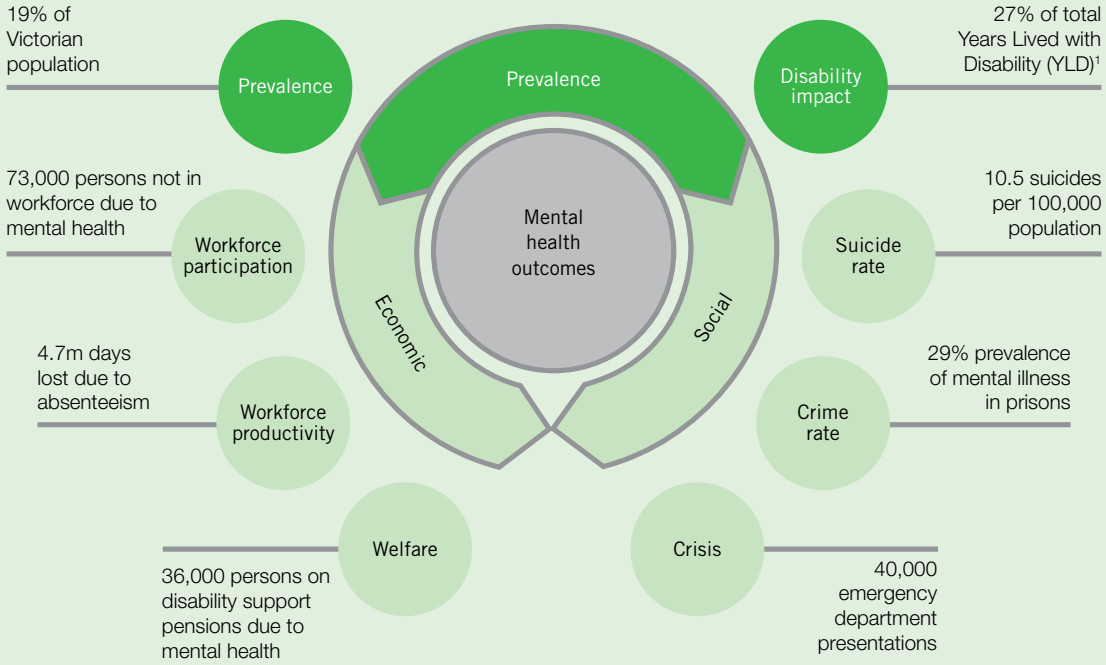
Note: Disability Adjusted Life Years (DALYs) describes a lost year of healthy life. DALYs is a combination of years of life lost (YLL) as a result of premature mortality and equivalent healthy years of life lost as a result of disability (YLD).

Impacts associated with mental illness include:

- the prevalence and debilitating effects of mental illness
- the economic costs of reduced workforce participation and productivity plus welfare and other costs
- the social costs of those living with mental illness, including suicide, crime, people living in crisis and impacts on their carers and communities.

The magnitude of these impacts is depicted in Figure 4.

Figure 4: Mental health impacts in Victoria



1) Years lived with disability is a measure of disability burden.
Note: All estimated metrics are Victorian estimates; outcomes for children and aged persons may be different.
Source: Boston Consulting Group 2006, Improving Mental Health Outcomes: The Next Wave of Reform. Report to the Government of Victoria, Melbourne.

In Victoria, 24.5 per cent of women and 15 per cent of men reported they had been diagnosed with anxiety or depression.[iv] In addition, a significant proportion of Victorians report a high to very high level of psychological distress.[v]

There is also a link between poor mental health and its associated risk factors and other forms of physical illness. Studies have found that depression increases the likelihood of developing a chronic physical illness, particularly cardiovascular (heart) disease or stroke.[vi]

Strong and consistent evidence of an independent causal association between depression, social isolation and lack of quality social support and the causes and prognosis of coronary heart disease has been found in Australia.[vii]

People who are socially and economically disadvantaged, including Aboriginal and Torres Strait Islanders, refugees and people in vulnerable or traumatic circumstances, generally experience worse impacts of poor mental health. Mental health is also affected by gender.[i] Victorians with low socioeconomic status and Aboriginal Victorians both report above average levels of psychological distress Aboriginal Victorians are significantly more likely to have experienced high or very high levels of psychological distress compared with their non-Aboriginal counterparts.[viii]

Notes for Appendix 2

i VicHealth 2007, *Burden of disease due to mental illness and mental health problems*, Melbourne.

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