

Determinants approaches to mental health promotion 2

Useful resources

Australian Department of Health and Aged Care 2000b, Promotion, prevention and early intervention for mental health: a monograph, *Mental Health and Special Programs Branch, Canberra*.

Commonwealth of Australia 2003, National mental health plan 2003–2008, *Canberra*.

2 Determinants approaches to mental health promotion

There is no health without mental health!

This section outlines and explains the key elements of a determinants approach to mental health promotion, provides key literature that supports this approach, and continues to establish the resource framework outlined in the previous section.

2.1 Mental health promotion policy

Governments are the ultimate stewards of mental health, responsible for ensuring responsible policies, social environments and structures to support the mental health of populations (World Health Organisation 2001). Both government agencies and non-government organisations have responsibilities for the development and implementation of policies at appropriate levels. The critical roles of government stewardship of mental health include the development of policy, the identification of major issues affecting the wellbeing of populations, and the defining of public and private sector roles in developing, funding and implementing policy instruments and organisational arrangements that meet mental health objectives (World Health Organisation 2001).

Policies for mental health and wellbeing can be developed in any organisation, association, club or workplace, and at any level of government. Policy is part of the necessary infrastructure to support health promotion. Its development involves key health promotion personnel, the development of shared understandings and identifies the organisation's commitment to, and vision for, health promotion. Having policies in place demonstrates an organisation's commitment to mental health promotion, while the identification of support and resources is motivating for staff.

The evidence on the effectiveness of policy for mental health promotion is not yet strong, because few evaluations of mental health policy are available. This is not surprising given the difficulties of defining the field, along with the field's relative recency. The evaluation of the National Mental Health Strategy in Australia identified that the strategy's aims have not yet been translated into the benefits expected for the general population (Steering Committee for the Evaluation of the Second National Mental Health Plan 1998–2003 2003). Mental health policies should be evaluated against best practice criteria for health promotion generally, and with a clear definition of what mental health promotion means in the policy being developed.

Australia's goals and targets of the mid-1990s positioned mental health as a new strategic direction, with a focus on reducing suicide rates and the effects of mental illness on people's lives (Australian Health Ministers 1998). Australia's first National Mental Health Strategy was developed in 1992, with both a policy framework and an implementation plan. It was followed by a national community awareness program in 1994 to reduce stigma and discrimination. The second National Mental Health Plan was launched in 1998 and followed by the *National Mental Health Promotion, Prevention and Early Intervention action plan* (Commonwealth of Australia 2000). The primary objectives of the 2000 plan were to:

- enhance social and emotional wellbeing among populations and individuals
- reduce the incidence, prevalence and effects of mental health problems and mental disorders
- improve the range, quality and effectiveness of population health strategies to promote mental health
- prevent and reduce the impact of mental health problems and mental disorders among the Australian population.

The *National Mental Health Plan 2003–2008* (Commonwealth of Australia 2003) builds on the previous two national plans, to support mental health promotion at a national policy level. Priority themes for this most recent plan include:

- promoting mental health and preventing mental health problems and mental illness
- increasing service responsiveness
- strengthening quality
- fostering research, innovation and sustainability.

In Victoria, government is driving a strong agenda to address disadvantage. Its 2005 policy statement, *A Fairer Victoria*, sets out an action plan to improve services and environments to strengthen and support communities and their citizens. It takes up themes from policy statements and research from the Jesuit Social Services (www.jss.org.au) and the Brotherhood of St Laurence (www.bsl.org.au).

VicHealth is driving a strong policy agenda for mental health promotion in Victoria. This interest in mental health promotion has developed from an emergent evidence base about mental health and its relationship to the overall functioning of society (Moodie & Verins 2002). The first VicHealth *Mental health promotion plan 1999–2002* (VicHealth 1999) established a framework for research and program activity to guide understanding of mental health promotion from conceptualisation of the determinants of mental health, through settings and population groups, to expected intermediate and longer term outcomes.

Useful resources

A Fairer Victoria is the Victorian Government's 2005 social policy statement on addressing disadvantage and inequity. It is available at www.vic.gov.au.

T Vinson's Unequal in life (1999, 2004) is a study of disadvantage in Victoria and New South Wales by postcode. It is available at www.jss.org.au.

Definition

A determinant of health is a factor or characteristic that brings about a change in health, either for the better or for the worse (Reidpath 2004).

Useful resources

Health Canada has good information about the social determinants of health. Its website (www.hc-sc.gc.ca/hppb/phdd/determinants/e_determinants.html#income) introduces the social determinants of health, as well as the ‘made in Canada’ principles of health promotion.

Marmot, M & Wilkinson, R 2002, *Social determinants of health: the solid facts*, 2nd edn, Geneva, World Health Organization. Available at www.who.dk/healthy-cities.

VicHealth commissioned a literature review (Rychetnik & Todd 2004) to follow the 1999–2002 Framework for the Promotion of Mental Health and Wellbeing. The review identified three categories of mental health determinants to guide the literature review: social connectedness, freedom from discrimination and violence, and economic participation. and the review addressed two broad questions:

1. What published information is available about the identified determinants of mental health and the relationships between the determinants and mental health?
2. What is the evidence for potential interventions to address these determinants and promote mental health?

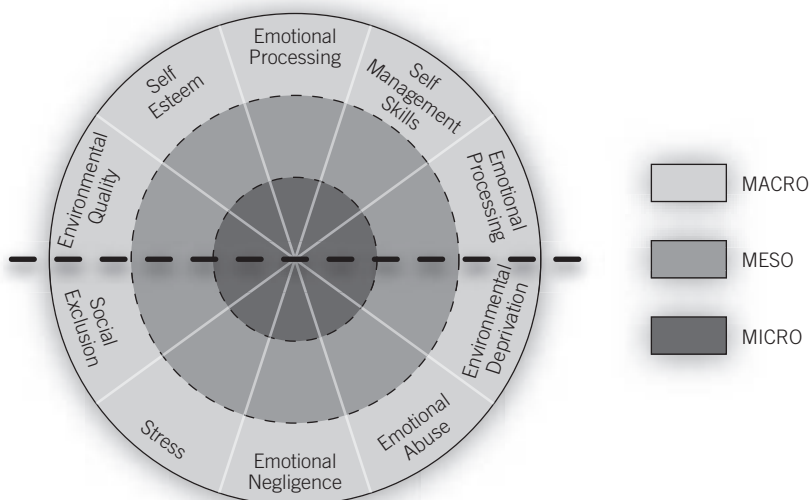
Building on this body of work, the second VicHealth plan, *A Plan for Action 2005–2007: Promoting Mental Health and Wellbeing* (VicHealth 2005b), was launched in March 2005.

2.2 Determinants of mental health and areas for action

A determinants approach incorporates understanding how behaviour affects both social processes and disease risk, and how social and structural conditions enhance or diminish opportunities for communities and populations to be healthy. Such approaches highlight the importance of cross-sectoral interventions that are planned and implemented at multi-levels, with the emphasis on influencing one or more determinants of health, rather than a disease. The considerable literature on the determinants of health identifies the complex interactions among determinants and across social, environmental, economic and biological dimensions (Keleher & Murphy 2004; World Health Organisation 2003).

The 10 element map of McDonald and O’Hara (1998 in HEA 2001) identified positive and negative influences on mental health – those that both promote and demote mental health and wellbeing.

Figure 2: 10 elements of mental health – positive and negative influences



(Source: McDonald & O’Hara 1998 in HEA 2001.)

To address both positive and negative influences on mental health and wellbeing, four intermediate outcome levels needing action have been identified (Health Education Authority 2001; Health Education Board for Scotland 2001; VicHealth 2005b):

1. **strengthening individuals:** that is, increasing social connection through sustained involvement in group activities, access to supportive relationships, mental health literacy (including emotional literacy) and resilience, including interventions designed to promote self-esteem and self-efficacy, self-determination and control, and life skills such as communicating, negotiating, and relationship and parenting skills
2. **strengthening organisations:** that is, bringing about change within organisations to ensure that they are inclusive and responsive, that they provide safe, supportive and sustainable environments for health, and that they can work in partnerships and across sectors, and implement evidence-based approaches to their work
3. **strengthening communities:** that is, providing environments that are safe, supportive and sustainable. Communities also need to be able to increase social inclusion and participation; improve neighbourhood environments; enhance social cohesion; develop health and social services that support mental health, anti-bullying strategies at school, workplace health, community safety, child care and self-help networks; increase citizenship and civic engagement (which affects how people relate to, and deal with, their social world); and increase awareness across sectors and communities of mental health and wellbeing issues.
4. **strengthening whole societies, including reducing structural barriers to good mental health:** that is, undertaking integrated, sustained and supported initiatives to build the healthy structures and social environments needed to address structural barriers to good mental health. This work must occur across sectors, including education, employment, housing, environment and justice. It must have a strong legislative platform and adequate resource allocation to reduce racism, discrimination and violence, to address inequities and to promote access to education, meaningful employment, housing, services and support for those who are vulnerable.

Even with these levels of action identified, specific sectors need to clearly understand their role in the promotion of mental health. Key sectors that need to act to promote mental health and wellbeing include:

- **employment and workplace.** The availability of work and the conditions of work, unemployment and underemployment are considerable influences on mental health.
- **education.** Basic and lifelong educational opportunities are prerequisites for good mental and physical health, and key to people's capacity to find satisfying work, participate in other aspects of social life and undertake social roles.
- **housing.** Adequate shelter is a prerequisite for health. Poor and insecure housing is associated with poor mental health.
- **local government.** The built, social, economic and natural environments have strong impacts on mental and physical health and wellbeing. The creation of healthy environments to promote good mental health is considered an ongoing challenge.

Key documents for health promotion (also see Appendix B).

The Ottawa Charter for Health Promotion (World Health Organisation 1986) outlines the prerequisites for health, along with three foundation practices: advocacy, enabling and mediating, particularly between competing interests. It perceives health promotion action as necessary in five areas:

1. *healthy public policy*
2. *supportive environments*
3. *community action*
4. *personal skills*
5. *the re-orienting of health services.*

The Jakarta Declaration on Health Promotion (World Health Organisation 1997) added five more levels at which action should be taken to strengthen health:

1. *promoting social responsibility for health*
2. *increasing investments for health development to address health and social inequities*
3. *consolidating and expanding partnerships for health*
4. *strengthening communities and increasing community capacity to empower the individual*
5. *securing an infrastructure for health promotion.*

- **justice.** Statutory regulations and policy are necessary to prohibit and reduce discrimination based on sex, race, colour, ethnic or social origin, language, religion or belief, or genetic features. Equality and nondiscrimination are critical for mental health.
- **transport.** Lack of affordable transport is related to social isolation and diminished opportunity for employment, education and access to health services.
- **the arts.** Community arts practices have positive mental health impacts through their impact on social factors.
- **sport and recreation.** Physical activity improves health. Emphasis is placed on participation in sport and recreation, not just competition, and on increasing access.

While overlapping, all of these sectors are outside the health sector. In other words, these sectors generate drivers for mental health and wellbeing, so they should be where program activity is focused.

The VicHealth framework identified three overarching social and economic determinants of mental health:

1. **social inclusion**, including:

- social and community connections
- stable and supportive environments
- a variety of social and physical activities
- access to networks and supportive relationships
- a valued social position

2. **freedom from violence and discrimination**, including:

- the valuing of diversity
- physical security
- opportunity for self-determination and control of one's life

3. **access to economic resources and participation**, including:

- access to work and meaningful engagement
- access to education
- access to adequate housing
- access to money.

These three determinants are used as key organising themes for this Resource, and guided the collection of reviews of key bodies of evidence in mental health promotion. The determinants and their sub-categories illustrate concept development of interest to this emergent field of endeavour, and their consistency with the Ottawa Charter is evident.