

Introduction 1

Useful resources

For further information on health promotion policy in Victoria, refer to the Department of Human Services Integrated health promotion resource kit (DHS 2003) and the website www.health.vic.gov.au/healthpromotion.

To access the other evidence reviews and resources in this series, refer to www.health.vic.gov.au/healthpromotion/quality/evidence_index.htm.

1 Introduction

The drivers for health lie outside the health sector.

The Victorian Health Promotion Foundation (VicHealth) and the Victorian Department of Human Services (DHS) commissioned Deakin University to develop this mental health promotion evidence resource, to fill a gap in available resources to advance policy, research and practice responses to the promotion of mental health and wellbeing. The resource builds on the VicHealth Framework for the Promotion of Mental Health and Wellbeing (figure 1). Mental health promotion is an emerging sphere that includes research, policy development, community action and program activity. This resource is intended to develop understanding of mental health promotion and to assist policy makers and practitioners to develop and implement effective interventions in mental health promotion, which is emerging as a thought provoking field of endeavour. By drawing together the evidence literature, the resource aims to provide a practical summary not available elsewhere, to assist both the integration of mental health outcomes into existing program work and the development of programs focused on the promotion of mental health and wellbeing.

Since 2000, DHS has initiated wide ranging reforms in policy and practice to develop health promotion. Initiatives have been undertaken to develop and implement statewide policy to support both quality and effectiveness in health promotion, to therefore build on the capacity of the service system to plan and deliver effective high quality integrated health promotion programs. This resource is number 8 in the series of evidence-based health promotion practitioner resources supported by DHS. The full series is designed to help practitioners expand the range of their interventions with greater confidence and with a stronger rationale (based on evidence) than might have been available in the past.

1.1 Rationale for this resource

Good mental health is a prerequisite for good physical health.

Increasing attention is being given to the benefits of promoting mental health and wellbeing for populations and communities. The actions taken increasingly rely on a public health approach that emphasises the importance of the quality of societal and community life. This approach aims to support people to achieve and maintain good mental health, as well as improve the wellbeing of communities.

Mental and physical health are deeply intertwined and interdependent (World Health Organisation 2001). While the need for evidence-based actions to tackle mental health problems is acknowledged, there is growing recognition of the need to better understand and conceptualise how to actively engage in mental health promotion as an integral part of public health. Further, mental health promotion is often thought to be the responsibility of those working in the health field, but the determinants of mental health extend well beyond the health sector. The ability of the health sector to influence mental health and wellbeing is thus unlikely to be significant without support from other sectors (Walker et al. 2005). For this reason, greater investment is needed in resources that will assist practitioners and policy makers to develop their skills and knowledge of mental health promotion.

This context of mental health promotion accounts for the mental health of populations (not just individuals) and thus of values, systems, structures and processes that operate at all levels of society to promote mental health and wellbeing. Racism, sexism and other discrimination, homophobia, violence and lack of safety, poverty and unemployment, poor employment conditions, lack of access to education and needed health services, and lack of support for parents and carers, therefore, are identified as determinants of mental health and wellbeing.

Good mental health is a prerequisite for good physical health. The uptake of behaviours to improve physical health, including effective self-management of acute or chronic disease, is intimately connected to an individual's mental health and wellbeing. This resource is built on broad notions of health that recognise the range of social, economic and environmental factors that contribute to health. Health is understood not in terms of illness and disease but in terms of people's capacity to define, assess and analyse the determinants that influence their health (Labonte 2003), and to access the resources they need to act on those determinants. When these conditions are met, people are enabled to adapt, respond to or control the challenges and changes in the environments that surround them (Keleher & Murphy 2004).

Useful resources

Promotion and Education: International Journal of Health Promotion and Education 2005, 'The evidence of mental health promotion effectiveness: strategies for action', Supplement special edition 2, www.iuhpe.org.au.

Mittelmark, MB 2003, 'Five strategies for workforce development for mental health promotion', IUHPE – Promotion and Education, vol. 1, pp. 20–2.

Further, mental health promotion can be intensely political, given the effects of society-wide values, systems and structures on people's mental health, and the implications of understanding that governments have ultimate stewardship for the mental health of populations (WHO 2001). Organisations too, have a critical role in supporting mental health and wellbeing. Mental health promotion work may thus include challenges to norms deeply held within social, cultural and political systems. But not just departments of health should be held accountable for mental health and wellbeing:

Because many of the macro-determinants of mental health cut across almost all government departments, the extent of improvement in mental health of a population is also in part determined by the policies of other government departments...and [those departments] should take responsibility for some of the solutions. (World Health 2001, p. 101)

This emergent, but still new, paradigm of mental health promotion is moving onto political agendas (Jane-Llopis & Mittelmark 2005) as an increasing evidence base demonstrates its place in contemporary health promotion theory and practice.

Nonetheless, there is a continuing need for capacity building, particularly in methodological expertise in mental health promotion to strengthen the evidence base. Mental health promotion methods need to be strengthened through multi-level, intersectoral, well designed programs that are carefully evaluated for mental health promotion outcomes, including organisational change where efforts have been made to embed mental health and wellbeing outcomes in the work of the organisation. This process requires a common language about mental health promotion outcomes and an accessible evidence base, both of which this resource seeks to address.

1.1.1 Public health significance of mental health

Poor mental health is recognised as a growing cause of morbidity in Australia and a significant co-morbidity of many of the major disease conditions. Mental health disorders (excluding dementia) affect more than 25 per cent of the population in any given year (AIHW 2002), causing significant costs to health and economic systems, with often profound loss of capacity and productivity for those affected. People disadvantaged by chronic illness, low income, unemployment and violence are more likely to experience mental disorders. In turn, depression is a risk factor for cardiovascular disease, diabetes and cancer, significantly affecting people's quality of life (VicHealth 2005a). Women experience higher rates of depression and anxiety disorders than men do, but men experience higher rates of psychiatric conditions such as bipolar disorder and schizophrenia (AIHW 2002). Mental disorders account for about 9.6 per cent of total direct health systems costs and rate about third of the six illnesses or diseases that account for most of the health expenditure in Australia (AIHW 2002). Social factors related to urbanisation, unemployment, poverty, violence, conflict, war and strife, and technological change have had significant mental health consequences for populations, with differential effects based on economic status, sex, race and

society. Social isolation, rurality, limited economic and educational opportunities, the absence of supportive networks and environments, and limited access to needed health services are compounding problems for people with mental disorders (World Health Organisation 2001).

These data demand responses, in terms of not just treatments and service systems but also the prevention and promotion of mental health and wellbeing. In other words, while the prevalence of mental disorders is compelling in making demands of resource allocation, mental health promotion interventions occupy an additional space. In addition to developing effective multi-level, longer term strategies, mental health promotion interventions affect the prevalence and incidence of mental disorders.

Mental health promotion also involves setting the agenda for the governmental and societal responsibilities held by all of us. This requires more than just being aware of the mental health outcomes of policies, social change and our actions; it means, most significantly, actively promoting policies, social change and actions that will enhance mental health and wellbeing. For this reason, this is a public health agenda that is wide ranging.

The mental health plans of both VicHealth and the Australian Department of Health and Ageing highlight the need for cross-sectoral action in promoting mental health (Commonwealth of Australia 2003; VicHealth 2005a). The creation of good mental health for populations and the promotion of mental health will be more effective if integrated closely with all public health strategies and across all sectors around which social life is organised. The involvement of many different sectors, agendas, and policies is necessary to strengthen mental health promotion.

1.2 The focus and purpose of this resource

This resource focuses on intervention (or strategy) evaluation of population-based approaches to influencing factors that promote or demote mental health and wellbeing. The intention is to assist practitioners to develop effective interventions focused on mental health outcomes, and to emphasise that multi-level and intersectoral actions are critical for effective program development, implementation and evaluation.

The resource identifies and considers key reviews, research and other literature that document programs proven to be effective in promoting mental health, and it provides a guide on how to develop and implement mental health promotion programs. The literature reviewed in the resource has been selected for its relevance to the determinants identified in the VicHealth Framework for the Promotion of Mental Health and Wellbeing, and is informed by a Sydney Health Projects Group literature review (Rychetnik & Todd 2004) that VicHealth commissioned to support the framework's development.

Useful resource

For information about the burden of mental health disorders and approaches to build mental health and wellbeing, see the following VicHealth (2005a) mental health and wellbeing research summary sheets at www.vichealth.vic.gov.au:

1. *'Burden of disease due to mental illness and mental health problems'*
2. *'Social inclusion as a determinant of mental health and wellbeing'*
3. *'Discrimination and violence as determinants of mental health and wellbeing'*
4. *'Access to economic resources as a determinant of mental health and wellbeing'*.

Health promotion: a definition

Health promotion represents a comprehensive social and political process, not only embracing actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Community participation is essential to sustain health promotion action. (World Health Organisation 1998)

Useful resources

The Ottawa Charter for Health Promotion (www.who.int/hpr/archive/docs/ottawa.html), written in 1986 at the first international conference on health promotion, outlines a broad definition of health promotion, the prerequisites for health, and three foundation practices (advocacy, enabling and mediating differing interests). It perceives health promotion action as necessary in five areas: policy, supportive environments, community action, personal skills and the re-orienting of health services.

The Jakarta Declaration on Health Promotion into the 21st Century (www.who.int/hpr/archive/docs/jakarta/english.html) was made at the Fourth International Conference on Health Promotion in Jakarta. The conference was the first to be held in a developing country and the first to involve the private sector in supporting health promotion. The declaration provides an opportunity to reflect on what has been learned about effective health promotion, to re-examine determinants of health and to identify the directions and strategies required to address the challenges of promoting health in the 21st century.

The Health promotion glossary of the World Health Organisation (1998) (www.who.int/hpr/backgroundhp/glossary/glossary.pdf) is a substantial (and useful) document.

This resource is intended to strengthen efforts to: promote mental health and wellbeing among populations, communities and individuals; raise awareness among practitioners, managers and policy makers about the importance of working across sectors; embed mental health into existing and future programs; and build new programs that have a primary focus on mental health and wellbeing. The following review questions guided the development of the resource:

- Based on current evidence, what strategies for the prevention of illness and promotion of mental health have been found to be most effective?
- What key implementation issues with mental health promotion interventions has the evaluation literature identified?
- What innovative strategies currently being implemented and evaluated show promise of success or are likely to be effective?
- What information and research gaps exist in the area of mental health promotion?

The action areas of the Ottawa Charter for Health Promotion (World Health Organisation 1986) (appendix B) are commonly used as a conceptual framework in health promotion program development. This resource uses the VicHealth framework instead to organise the evidence because it is a more explicit model for mental health promotion than are the broad action areas of the Ottawa Charter, but connections are made between the two. The resource also connects the VicHealth framework with the Department of Human Services (DHS 2003) Common Planning Framework for Health Promotion by using consistent terminology and identifying its fit with levels of mental health promotion interventions.

Health Promotion Interventions Framework

Health promotion interventions and capacity building strategies				
<i>Individual focus</i>		←————→		<i>Population focus</i>
Screening, individual risk assessment, immunisation	Health education and skill development	Social marketing, Health information	Community action	Setting and supportive environments
Ensuring the capacity to deliver quality programs through capacity building strategies including: Organisational Development Workforce Development Resources				

Electronic databases, reference lists and the advice of an expert panel were also used to identify relevant reviews. This process highlighted that understandings of the determinants of mental health, policies and programs for mental health promotion, and methods of evaluation are broad and diverse but yet to be suitably indexed. In other words, databases are not sensitive to health promotion terms, the determinants of health or mental health promotion. Nonetheless, our search strategy revealed a wide ranging evidence base. Given the breadth of the evidence on a determinants of health approach to mental health and wellbeing, this resource is not a systematic review of all relevant studies.

1.3 Health promotion context

Health promotion is often said to be everybody's business. In other words, the promotion of people's health is a universal concern, understood and supported as requiring multi-level, multi-sector spheres of action. This resource is consistent with health promotion's universal principles, policies and practices, and its principle framework, the Ottawa Charter for Health Promotion (Appendix B), which takes a determinants approach to health promotion.

1.4 Understanding mental health promotion

Mental health promotion is underpinned by understandings of what constitutes mental health, but it is often defined at the level of individuals rather than community or population levels. Mental health promotion is frequently located in broad health and social development work, and distinguishes population-wide mental health promotion from the early intervention and prevention strategies of the mental illness movement. If a determinants approach is taken to defining mental health promotion, then it is necessary to recognise the importance to mental health of ensuring people can develop the capacity to adapt to, respond to and/or control life's challenges and changes, and have the necessary resources to act on the circumstances that determine their mental health and wellbeing.

Consistent with health promotion generally, mental health promotion actions need to be multi-level and intersectoral, and concerned with systems change, policy and the development of evidence about what population-based programs work. A key message for practitioners is that the inclusion in general health promotion programs, of mental health promotion outcomes, will enhance their ability to achieve equity and tackle inequities (Mittelmark 2003; Tilford, Delaney & Vogels 1997). Equity-related outcomes are central to the Ottawa Charter for Health Promotion.

Definitions of mental health

Mental health is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2001, p 1).

Mental health is the embodiment of social, emotional and spiritual wellbeing. Mental health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just (VicHealth 2005b, p 7).

Definition of mental illness and mental disorders

In this resource, the term 'mental disorders' is used rather than 'mental illness'. But as this VicHealth (2005a, p. 1) definition makes clear, the two terms refer to different spectrums:

Mental illness is a diagnosable disorder that significantly interferes with an individual's cognitive, emotional and/or social abilities. Mental disorders are of different types and different degrees of severity.

Definition of mental health promotion

Mental health promotion contributes to general health promotion by taking action to ensure social conditions and factors create positive environments for the good mental health and wellbeing of populations, communities and individuals. Mental health promotion requires action to influence determinants of mental health and address inequities through the implementation of effective multi-level interventions across a wide number of sectors, policies, programs, settings and environments.

1.5 Health promotion evidence

There is considerable debate about what constitutes health promotion evidence. This debate follows the wide acceptance in the evidence-based medicine and epidemiological fields of a hierarchy of 'rules of evidence', which are derived from positivist notions and developed from proof of causation and effect (McQueen 2001). Australia's National Health and Medical Research Council (1998), for example, identified levels of evidence that particularly apply to medical treatment and interventions, for which randomised controlled trials and quasi-experimental trials are the highest standards. Rules of evidence designed for the medical sciences, however, have little fit with the action oriented fields of health promotion, which cut across sectors and disciplines (McQueen 2001; Petticrew & Roberts 2002).

There is no consensus on what constitutes 'evidence' in the broad field of health promotion, or on the methods of evaluation that provide the strongest evidence base. Typologies of evidence are thus proposed, rather than hierarchies, to indicate the relative contributions that different types of evidence can make to evaluation research questions (Petticrew & Roberts 2002). The use of a range of methods, therefore, is advocated to evaluate critical success factors and outcomes.

Evidence is not a stark term; rather, it should be used in terms of 'weighing up' the strength of evidence before deciding on a course of action. Evidence of success could thus be sufficient to show that action should be taken even when 100 per cent proof is not available (Tones 1997). In decision making about what works, local knowledge and evidence on applied community-based programs, for example, may be more important than evidence that fits with prescribed levels of evidence in the medical–scientific or public health literature. Certainly, there are wide debates about different types of knowledge, what constitutes evidence, the strengths and weaknesses of different research methods, and thus what comprises robust evidence (Nutley, Walter & Davies 2002). These are debates that cannot be explored here.

The task for this resource is to assess the quality of evidence for mental health promotion. Given the determinants approach we have taken, that task requires the development of criteria suitable for multidisciplinary and multi-sectoral health promotion fields of action. Because there is not yet a clear consensus on what evidence to include/exclude for reviews of health promotion interventions, and on what basis, each review needs to establish its own criteria, drawing on accepted wisdom.

1.6 Structure of the resource

The resource is organised into six sections:

- Section 1 provides background and introduces mental health promotion as a field of endeavour.
- Section 2 establishes the determinants of the mental health promotion context that guided the conceptual development of this resource.
- Sections 3–5 present the evidence on mental health promotion interventions, organised under the three themes from the VicHealth Framework for the Promotion of Mental Health and Wellbeing: social inclusion and connectedness; freedom from discrimination and violence; and economic and social participation. Each of the framework themes is subdivided conceptually to account for the range of determinants for which intervention evidence was located. Promising interventions not yet included in systematic reviews were sought through similar sources, to inform the identification of promising directions for health promotion.
- Section 6 provides a guide for program planning and evaluating mental health promotion projects. This section links the VicHealth framework with the Department of Human Services Common Planning Framework for Health Promotion. As a result, a range of organisations and sectors should be able to translate the resource easily into their practice.

A consolidated reference list is provided at the end of the resource. Appendix A describes the methods used to develop this resource. And Appendix B outlines the Ottawa Charter and the Jakarta Declaration for Health Promotion.

Useful resource

Rychetnik, L & Todd, A 2004, Literature review to follow on from VicHealth's 1999–2002 mental health promotion framework: final report, Sydney Health Projects Group, School of Public Health, Sydney University, New South Wales. Available from VicHealth.

1.7 Inclusion criteria

Inclusion criteria for this resource were developed on the basis of 'best available evidence'. They needed to account for the guideline variations across evidence reviews, particularly to balance differences between guidelines for evidence-based medicine and the emerging criteria for health promotion evidence. While randomised control trials in health promotion or public health intervention evaluations are difficult to achieve (National Health and Medical Research Council 1998), criteria are still necessary to provide a framework of 'best available evidence' to support the recommendations.

Strength of evidence is linked to quality; it refers to methods used to minimise bias in the design and conduct of a study. Evidence 'relevance' refers to the extent to which study findings can be applied or transferred to other settings, while evidence 'strength' relates to the magnitude and reliability of the effect of the intervention (National Health and Medical Research Council 1998). Evaluations that met the following criteria were thus included if they:

- were at the level of systematic review
- demonstrated clearly defined outcomes in terms of promoting mental health
- were published in English between 1998 and 2004
- were guided by determinants of mental health promotion.

Appendix A contains the search strategy used for this resource, along with the processes used for data abstraction.

1.8 Limitations

The complexity of searching for evidence, the need to search multiple databases, the resources available (budget and time), and the emergent nature of mental health promotion were key constraints. A further limitation is that evaluations of mental health promotion work tend to be of small projects, predominantly using qualitative methods and focusing on subjective impacts. Assigning quality ratings to evaluations that rely on subjective impacts is exceedingly difficult, and interventions of this nature were only included if considered to be promising interventions and worthy of wider testing. More conclusive evidence is required to make higher level claims about the effectiveness of such interventions. Nonetheless, practitioners are encouraged to use or adapt these interventions and conduct careful, thorough evaluations that will contribute to the evidence on effectiveness and impact.

The accessibility of health promotion evidence is also challenged by the degree to which evidence of effectiveness is published and by the ease with which it can be sourced. As noted, this resource could not cover the breadth of the topics related to the determinants of mental health and wellbeing, given cost and time limitations and practical concerns with having an accessible, usable resource rather than a large, impractical volume. The literature review (Rychetnik & Todd 2004) commissioned by VicHealth was thus intended to provide a framework for the review of intervention evaluations.