VICTORIA
State Government

The Pathway to Wellbeing: a change framework

TO SUPPORT IMPLEMENTATION OF

Wellbeing in Victoria: a strategy to promote good mental health 2025–2035

To receive this document in another format, phone 1300 880 043, using the National Relay Service 13 36 77 if required, or email the Wellbeing Promotion Office < wellbeingpromotion@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

The images in this document may show models and illustrative settings and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and/or Torres Strait Islander peoples.

ISBN 978-1-76131-827-6 (pdf/word/online)

Available at the Department of Health website <https://www.health.vic.gov.au/mental-health/prevention-and-promotion/wellbeing-strategy>

Contents

The Pathway to Wellbeing: A Change Framework

Wellbeing in Victoria **is Victoria's first 10-year strategy to promote wellbeing and reduce mental distress across the community. It marks the start of a journey to embed wellbeing in decision-making in public policies, and across organisations, institutions and communities. It will be followed by subsequent wellbeing strategies in the years ahead.**

The Pathway to Wellbeing is a companion piece to *Wellbeing Strategy*. It tells the story of change – showing how transformation can be achieved, the benefits of this approach, and who can play a role. It also contains some 'markers of change' so we can determine if our actions are working to improve the wellbeing of people in Victoria.

Why do we need Wellbeing in Victoria?

To maximise the benefits of wellbeing

- Better learning, increased creativity, improved labour force participation, higher employee engagement and job performance, and greater organisational productivity.
- Better quality relationships, more pro-social behaviours, and greater civic engagement.
- Greater adoption of positive health behaviours, better physical health, and longer life expectancy.
- A reduced likelihood of experiencing a diagnosed mental health condition, and better recovery from these conditions.

To reduce the impacts of mental distress

- Mental distress is linked to poorer school performance and early school leaving, unemployment, homelessness, divorce, incarceration, substance misuse and reduced physical health.
- Mental distress increases the risk of suicide.
- Mental distress is the second leading cause of disability, and the fourth leading cause of combined disability and premature death in Australia.
- Mental distress costs Victoria $14.2 billion annually.

To manage rising demand for services

- There has been a steady rise in the prevalence of mental distress among Australians, particularly dramatic among young people.
- Services are struggling to keep up with demand despite increasing per capita investment.
- We now have the knowledge and programs to promote mental wellbeing and prevent the onset of many common mental health conditions.
- These initiatives are cost-effective and can reduce individual and government costs and save lives.

1 in 5

Victorians experience a mental health condition each year

45 per cent of Victorians will experience a mental health condition in their lifetime

How can we promote wellbeing?

Our wellbeing is not static. Rather, it is constantly evolving in response to a host of positive influences (protective factors) and negative influences (risk factors).

Promoting wellbeing therefore centres on enhancing positive factors and reducing risk factors in people's lives. Achieving this requires action across four key ecological levels.

No single initiative can promote and protect everyone's mental wellbeing. No single organisation, sector or level of government can do it all. Instead, we need a multi-modal, coordinated approach that operates across the lifespan.

We also need to ensure our initiatives promote equity and are tailored to the needs, preferences, and cultural practices of Victoria's diverse communities.

Actions to achieve change

Societal

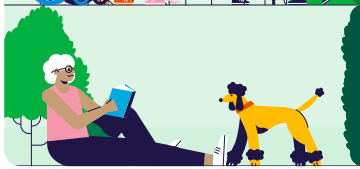
- Make sure that every Victorian has access to life's essentials – food security, an adequate income above the poverty line, a job, material needs, access to technology, and secure housing.
- Embrace diversity and reduce all forms of discrimination.

Communal

- Assist school leaders and educators to create a positive school culture that promotes connectedness and engagement with learning.
- Equip business owners, employers, and executive leaders to create safer workplaces and implement strategies to prevent bullying, harassment, and discrimination.
- Foster more respectful online environments, and more connected and cohesive local communities.
- Improve access to green and blue spaces, public places and active spaces in local communities.

Relational

- Provide parents and caregivers with practical, social and emotional support to create a loving and safe home environment for their children to thrive.
- Assist people to forge strong friendships and respectful personal relationships, strengthen their social supports, experience a sense of belonging and connection to others, and reduce loneliness and social isolation.

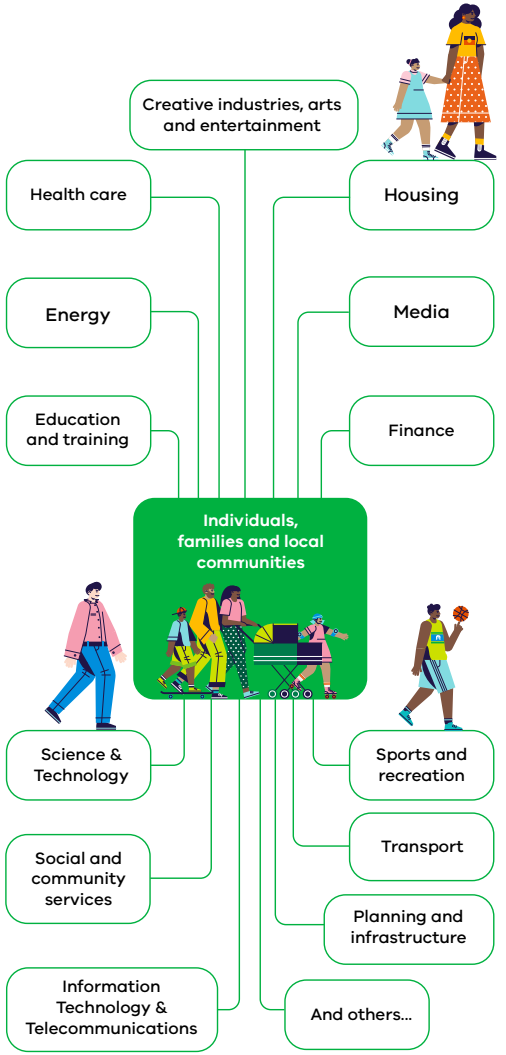


Personal

- Help Victorians acquire the knowledge and skills to look after their wellbeing and manage life's inevitable ups and downs.
- Provide Victorians with opportunities to participate in activities that foster a sense of autonomy, mastery, meaning and purpose.

Who needs to play a role?

We must work together to create a future where everyone has what they need to feel and function well, to participate and benefit on a more equitable basis.



The key stages of change

Sustained action is needed to make a real difference. A series of Wellbeing Actions Plans will drive the priorities and goals outlined in *Wellbeing Strategy*.

Wellbeing Action Plan 1 (2025/26 - 2026/27)	Wellbeing Action Plan 2 (2027/28 - 2030/31)	Wellbeing Action Plan 3 (2031/21 - 2035/36)
Set strong foundations	Deliver on whole-of-community and whole-of-government approaches to wellbeing	Mature the approach and embed wellbeing promotion in Victoria
Engage the public and organisational and community leaders in the wellbeing agenda and identify and support leaders who can help to drive change.	Build on existing initiatives to strengthen their reach, uptake and impact.	**Review** what's been achieved drawing on monitoring data and community and stakeholder feedback.
Establish the **foundations** of a mental health and wellbeing promotion system with a focus on leadership, whole-of-government action, collaborative relationships, resourcing, capability, and data, evidence and monitoring.	Support more organisations and communities to get involved and further strengthen **collaboration and coordination** of activity through communities of practice and local wellbeing hubs.	Consider **lessons learnt** in implementing the first Wellbeing Strategy in developing the next strategy for Victoria.
Explore approaches to wellbeing in decision making and improving coordination, reach and impact of existing resourcing, as well as planning for future investments.	Continue to build on whole-of-government relationships and capabilities to implement **innovative** public policy.	**Sustain** the programs and policies that are contributing to positive outcomes across the population to ensure their continued success.
Building the capacity and capability of the mental health and wellbeing promotion **workforce.**	Leverage research and evaluation expertise to co-design **new approaches** to promote mental wellbeing and prevent mental distress, with an emphasis on communities who need additional or bespoke support.	Target action to address continuing **areas for improvement** and incorporate advances in wellbeing and prevention science into the next iteration of Victoria's Wellbeing Strategy.

Measuring population level progress towards Wellbeing

Ultimate goal

A greater proportion of Victorians experience high levels of mental wellbeing and low levels of mental distress.

Key longer-term markers of change

- Victorians take proactive steps to look after their mental wellbeing and participate in social, economic and civic life to experience meaning and purpose in their life.
- Victorians experience safe, respectful, reciprocal relationships and feel a sense of belonging to their family and community.
- The places in which we live, work, learn and play help us to feel safe, valued and connected with each other and bring us into contact with the natural environment.
- Our laws, regulations, and public policies place a strong emphasis on equity and social inclusion to promote wellbeing.

Key shorter-term markers of change

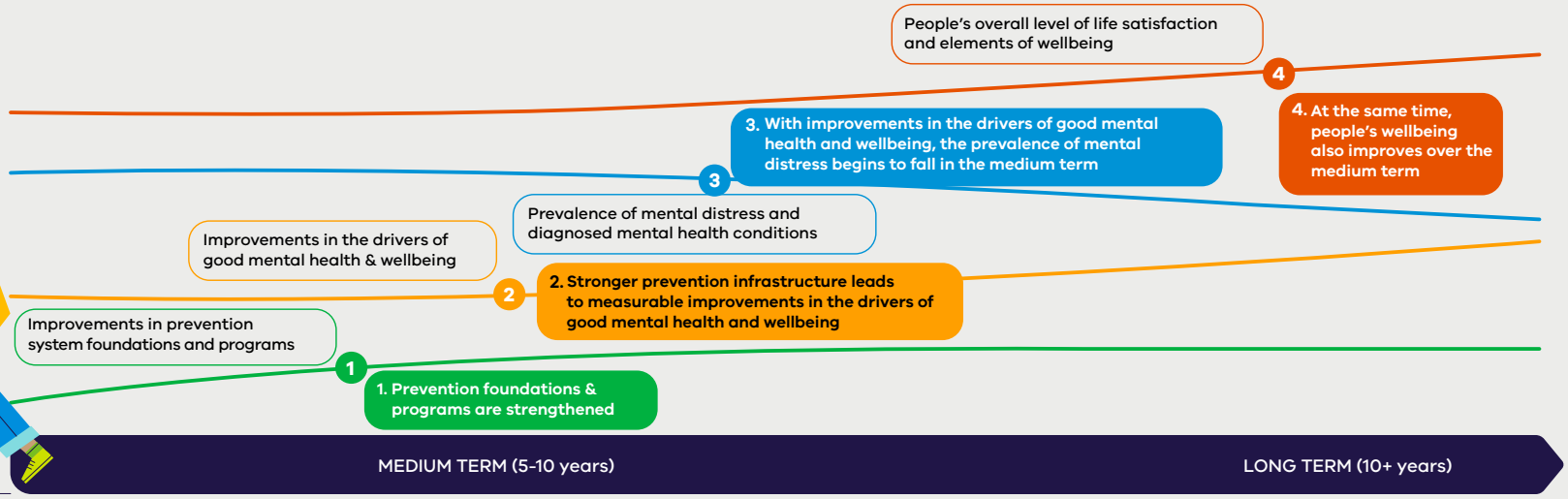
- Wellbeing initiatives are available to the public and people engage with these programs and opportunities.
- Victorians recognise the importance of positive interpersonal relationships and take steps to build social skills, and connect with others.
- Organisational and community leaders champion a focus on wellbeing in our learning, work, and community settings.
- Government adopts a whole-of-government approach to wellbeing through its departments and agencies.

Key system foundations

- Leadership
- Resourcing – prevention at the core
- Collaborative relationships
- Capability
- Evidence, data & monitoring

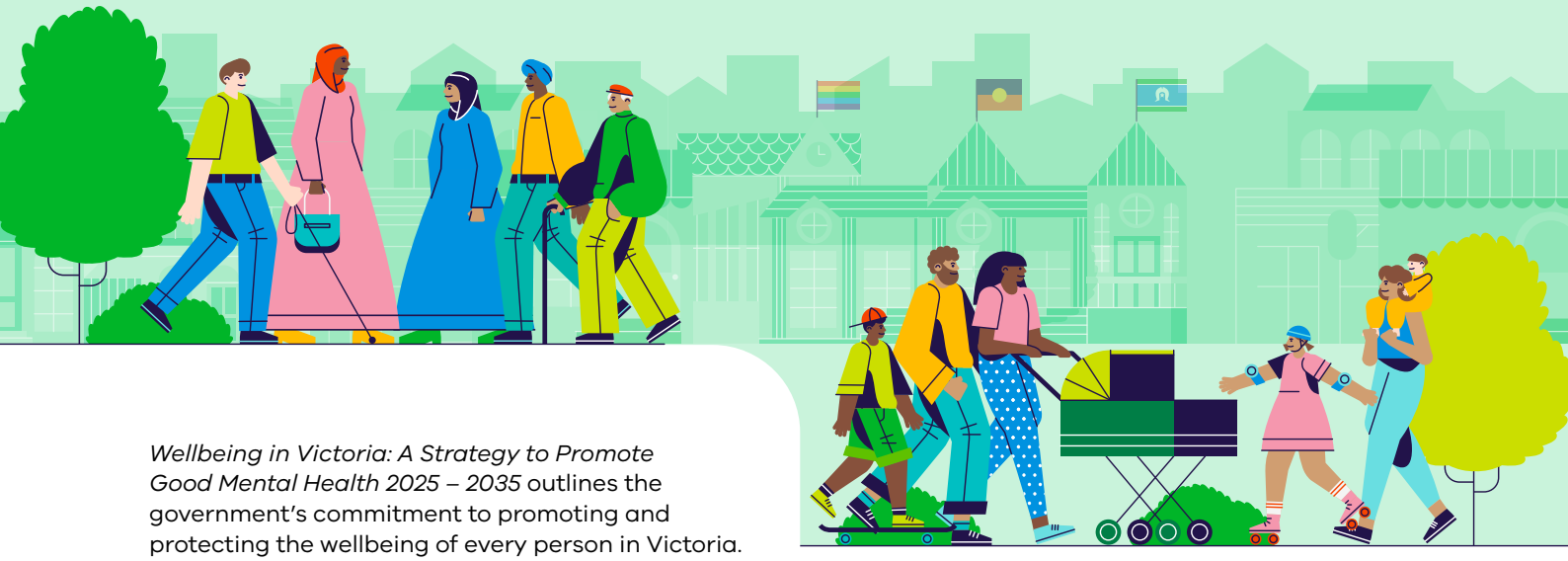
The expected process of change

The first step in the change pathway is to strengthen wellbeing promotion system foundations and programs. This will enhance the drivers of wellbeing, which will ultimately reduce the prevalence of mental distress in the community and improve the rates of life satisfaction and wellbeing.



Introduction

Wellbeing is essential to a healthy and prosperous Victoria. In recognition of its importance, the Victorian Government has recently released the State's first Wellbeing Strategy.



Wellbeing in Victoria: A Strategy to Promote Good Mental Health 2025 – 2035 outlines the government's commitment to promoting and protecting the wellbeing of every person in Victoria. It details the types of initiatives that will be implemented over the coming years to enable all Victorians to flourish in life.

Wellbeing Strategy is a wide-reaching whole-of-government, whole-of-community strategy. While the Wellbeing Promotion Office (in Department of Health) is leading the implementation of the strategy, its success depends on many people playing a role.

The Pathway to Wellbeing: A change framework has been developed to create a shared understanding of the likely pathway to change among stakeholders who will be involved in implementing the Wellbeing Strategy and future wellbeing action plans. It is intended for organisational and community leaders in sectors such as education and training, employment, sport and recreation, the arts, community services, health, mental health, and local government.

The Pathway to Wellbeing describes the journey ahead over the coming years and decades. It highlights the benefits of promoting wellbeing and preventing mental distress, suicidality and alcohol and drug harms, explains how this can be achieved, and who has a role in this endeavour.

The Pathway to Wellbeing also describes the changes we are likely to see as Victoria's first Wellbeing Strategy is implemented and future wellbeing reforms unfold. It includes 'markers of change' that will help us track our progress and determine if our collective efforts are improving Victorians' wellbeing and reducing the prevalence of mental distress, suicidality and alcohol and drug harms across the community over time.

The Pathway to Wellbeing complements the Mental Health and Wellbeing Outcomes and Performance Framework, which has been developed to monitor the impacts of all the mental health reforms arising from the Royal Commission into Victoria's Mental Health System, including those relating to wellbeing promotion.

The Pathway to Wellbeing has been reviewed and endorsed by key stakeholders including the Wellbeing Promotion Office Expert Advisory Committee and selected external advisors. It is hoped that it will inspire organisational and community leaders to recognise the importance of focusing on wellbeing, the ways they can work together on this endeavour, and the benefits to individuals and communities that a concerted focus on the promotion of mental wellbeing and prevention of mental distress, suicidality and alcohol and drug harms can create.

Figure 1: Understanding the links between the Wellbeing Strategy, Pathway to Wellbeing, and the Mental Health and Wellbeing Outcomes and Performance Framework

1 Wellbeing in Victoria – a new approach to mental wellbeing

Historically, mental health policy in Victoria and Australia has focused on treatment, care and support for people who are experiencing mental distress or suicidal ideation, and their families, carers, and supporters.

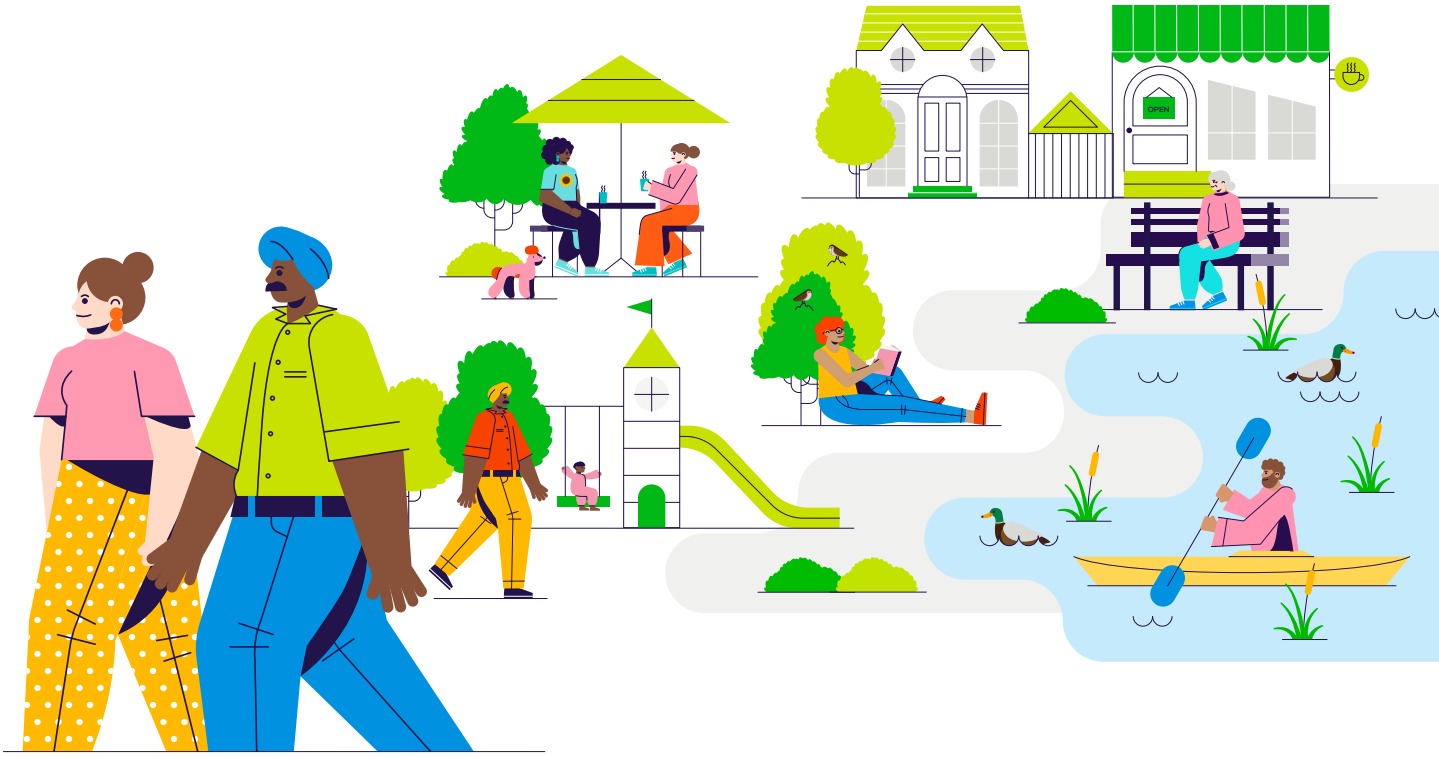
Together, successive governments at both Federal and State levels have endeavoured to improve the availability, affordability, accessibility, range, and quality of mental healthcare supports and services for people experiencing these difficulties.

The Victorian Government has invested more than $6 billion to progress reform of the mental health system since the Royal Commission into Victoria's Mental Health System (Royal Commission) delivered its final report.

But while supporting individuals who experience mental distress is critical and remains a government priority, the government is seeking to expand its approach to mental health policy with a view to improving the mental wellbeing of the entire Victorian community.

Mental wellbeing is more than just the absence of mental distress. It is a positive state of emotional, social, and psychological wellbeing that is characterised by feeling generally happy and satisfied with life, connecting and relating well to others, managing stress, fulfilling one's responsibilities, and being productive, and having a sense of purpose and meaning in life.

From a policy perspective, this means that we need to focus on enhancing mental wellbeing as well as reducing mental distress if we want to maximise Victorians' wellbeing. A focus on just one or the other is not enough.



The Wellbeing Strategy is the first strategy developed by a Victorian government that aims to promote mental wellbeing and prevent mental distress, suicidality and alcohol and drug harms across the community.

This new approach draws on the knowledge that mental wellbeing and mental distress are not merely polar opposites, they are two independent but related experiences, which each vary along their own continuum. [1] At any given point in time each of us *simultaneously* experiences a level of mental wellbeing (ranging from high to low) *and* a level of mental distress (ranging from absent to severe). [2, 3]

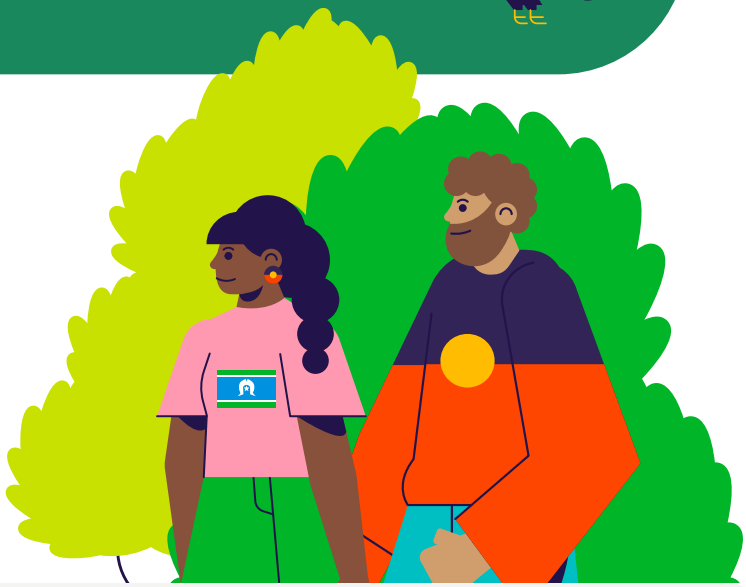
From a policy perspective, this means that we need to focus on enhancing mental wellbeing as well as reducing mental distress if we want to maximise Victorians' wellbeing. A focus on just one or the other is not enough.

The Wellbeing Strategy provides this new overarching approach. It also serves as a crucial complement to the wide-ranging reforms that are currently underway to strengthen Victoria's mental health and wellbeing services to support people who are experiencing mental distress, suicidality and alcohol and drug harms.

While it an important new element of the Victorian government's approach, it is not the only strategy that will guide the government's efforts to promote wellbeing. Rather, it is part of an interconnected suite of government strategies and plans across a range of government portfolio areas that support different elements of people's wellbeing.

Collectively, these frameworks and strategies will help to ensure that all Victorians have access to the protective factors that support their wellbeing and are protected from the harms that contribute to mental distress, suicidality and alcohol and drug harms.

2 Why is it important to focus on wellbeing and prevention?



There are three key reasons for focusing on promoting wellbeing and preventing mental distress.

1 To maximize the benefits associated with high levels of mental wellbeing

- Better learning, increased creativity, improved labour force participation, higher employee engagement and job performance, and greater organisational productivity.
- Better quality relationships, more pro-social behaviours, and greater civic engagement.
- Greater adoption of positive health behaviours, better physical health, and longer life expectancy.
- A reduced likelihood of experiencing a diagnosed mental health condition or addiction, and better recovery from these conditions.
- Reduced costs on health, mental health, community services and income support. [4-11]

2 To avert the impacts of mental distress and save lives

- While most people living with a diagnosed mental health condition lead fulfilling and contributing lives, the time, expense, and emotional toll involved in recovery can be considerable.
- Some people experience significant adverse effects from their treatment, many have ongoing recurrences of their condition, while others experience limited symptom improvement despite receiving the best available psychological and medical treatment, and psychosocial support.
- Diagnosed mental health conditions are linked to poorer school performance and early school leaving, unemployment, homelessness, divorce, incarceration, substance misuse and reduced physical health. [12-18] They are also associated with an increased risk of suicide. [19]
- Diagnosed mental health conditions account for 13% of the total level of disability and premature death in Australia, ranking fourth overall. They rank second when considering disability alone. [20]
- The direct economic cost to the economy of mental distress and suicide in Australia ranged from $43 to $70 billion in 2018-2019 and the total cost of disability and premature death due to mental distress, suicide and self-inflicted injury was equivalent to a further $151 billion. [21, 22]

3 To manage ever-increasing demand for services

- Over the last few decades, there has been a steady rise in the prevalence of mental distress among Australians. [23, 24] This increase is particularly dramatic among young people. [25]
- Mental health services are struggling to keep up with demand despite steadily increasing per capita investment in mental healthcare services since the early 1990s. [26, 27]
- We now have the knowledge and programs to promote and protect people's mental wellbeing. Over the last few decades, researchers have developed a range of effective programs that can be used to promote mental wellbeing and prevent the onset of many common diagnosed mental health conditions, or at least delay their onset. [28, 29]
- These initiatives are cost-effective and can reduce individual and government costs, particularly when targeted to children and young people. [30-36] They just need to be applied sustainably, and at scale.

3 How can we promote and protect people's mental wellbeing?

Our mental wellbeing is not static. Rather, it is constantly changing in response to a host of positive influences (protective factors) and negative influences (risk factors) at each age and stage of our life. Some of these factors are intrinsic to us – like our genes and our personality – but most of the factors that influence our wellbeing exist in the settings in which we are born, learn, work, play and live.

The promotion of mental wellbeing and the prevention of mental distress therefore centres around positively changing the balance of these factors in people's lives – building up protective factors and reducing risk factors. The ecological model provides a helpful framework to guide action (Figure 2).

Figure 2: The ecological model of wellbeing. Adapted from Urie Bronfenbrenner

One way to promote mental wellbeing and prevent mental distress, suicidal distress, and alcohol and drug related harms is to act at the **personal level** to help people acquire the knowledge and skills they need to look after their mental wellbeing and effectively manage life's inevitable ups and downs. We can also provide them with opportunities to participate in activities that foster a sense of autonomy, mastery, meaning and purpose.

We can also act at the **relational (interpersonal) level**. Here we can provide parents and other caregivers with the practical, emotional, and economic support they need to promote secure attachment between their child and themselves, and to enable them to create a loving and safe home environment for their children to thrive. We can also assist people to forge strong friendships and respectful personal relationships, strengthen their social supports, experience a sense of belonging and connection to their family and community, and reduce loneliness and social isolation.

At the **communal (community) level** we can ensure that the places we live, learn, work, and play are mentally healthy and free from psychological hazards. We can assist school leaders and educators to create a positive school culture that promotes school connectedness and engagement with learning. We can equip business owners, employers, and executive leaders to create a safe workplace and implement strategies to prevent bullying, harassment, and discrimination at work. We can also foster more respectful online environments, and more connected and cohesive local communities.

At the **societal level**, we can embrace diversity, stamp out homophobia, transphobia and racism, and address gender inequality. We can also make sure that every Victorian has access to life's essentials – food security, an adequate income above the poverty line, a job, decent clothing, access to technology, and secure housing. We can also tackle inequality, disadvantage, and social exclusion.

No one single initiative can promote and protect everyone's mental wellbeing, and no single organisation, sector or level of government can do it all. Instead, we need a multi-modal approach that operates across the lifespan. We also need to ensure our initiatives promote equity and are tailored to the needs, preferences, and cultural practices of Victoria's diverse communities.

4 The starting point for change

Is a whole-of-community, whole-of-government approach that focuses on improving the wellbeing of all Victorians and preventing mental distress through initiatives in The Wellbeing Strategy the settings outside the mental health service system – the places in which people live, learn, work and play.

While there is much to do, we are not starting with a blank canvas. An audit undertaken last year by the Wellbeing Promotion Office found there were already many initiatives occurring across Victoria that focused on promoting mental wellbeing and some that focused on preventing mental distress. However, the audit also found that there was a substantial opportunity to improve our approach, including by improving the way programs and services are designed, coordinated, and delivered to enhance their reach, quality, and impact. A more intentional and evidence-based approach is needed.

This will require input from a broad range of partners such as the service providers and organisations outlined in Figure 3.

WHO NEEDS TO PLAY A ROLE?

We must work together to create a future where everyone has what they need to feel and function well, to participate and benefit on a more equitable basis.

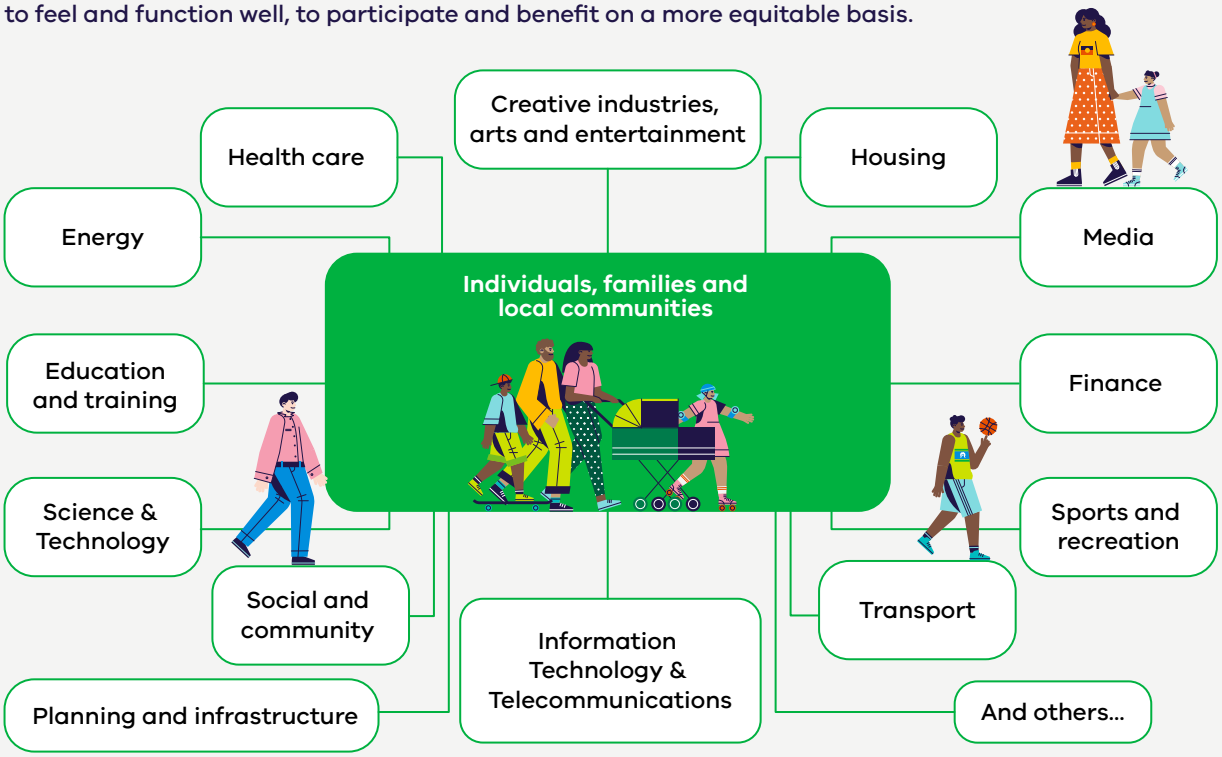


Figure 3: Key partners in implementing the *Wellbeing Strategy*

For the Wellbeing Strategy to succeed we need to expand and enhance our existing efforts to ensure that we are focusing on modifying as many risk and protective factors we can through all the community settings available to us. It is therefore important that organisational and community leaders and senior leaders across government portfolios to reflect on what they are currently doing to promote wellbeing, and then consider what else they could do within their sphere of influence, who else they can partner with, and what support they need to improve their wellbeing impacts and drive innovation. The 'checklist for change' in Appendix 1 provides a tool for leaders to assist them with this process of reflection.

Success also depends on deep and genuine partnerships and collaboration that reach across disciplines and sectors, and incorporate diverse, intersectional, and lived and living experiences. Cross-sectoral coordination of effort is vital. Various mechanisms will be introduced at the local and state level to support these arrangements.

5 The expected pathway to change – a phased approach

The Wellbeing Strategy marks the start of a journey to embed an emphasis on wellbeing in decision-making across our organisations, institutions and communities, and the way our public policies are formulated. It will be followed by future wellbeing plans in the years ahead.

This section describes the changes we would expect to see as we strengthen our approach to wellbeing. In the first instance, change starts with engaging the public and key stakeholders, putting in place the key system foundations, strengthening existing programs and policies, and implementing new wellbeing initiatives. At each horizon, further action will be shaped by the monitoring data and community and stakeholder feedback that becomes available. The overarching sequence of change is shown in Figure 4.

Figure 4: Key stages of change

Wellbeing Action Plan 1 (2025/26 - 2026/27)	Wellbeing Action Plan 2 (2027/28 - 2030/31)	Wellbeing Action Plan 3 (2031/21 - 2035/36)
Set strong foundations	Deliver on whole-of-community and whole-of-government approaches to wellbeing	Mature the approach and embed wellbeing promotion in Victoria
Engage the public and organisational and community leaders in the wellbeing agenda and identify and support leaders who can help to drive change.	Build on existing initiatives to strengthen their reach, uptake and impact.	**Review** what's been achieved drawing on monitoring data and community and stakeholder feedback.
Establish the **foundations** of a mental health and wellbeing promotion system with a focus on leadership, whole-of-government action, collaborative relationships, resourcing, capability, and data, evidence and monitoring.	Support more organisations and communities to get involved and further strengthen **collaboration and coordination** of activity through communities of practice and local wellbeing hubs.	Consider **lessons learnt** in implementing the first Wellbeing Strategy in developing the next strategy for Victoria.
Explore approaches to wellbeing in decision making and improving coordination, reach and impact of existing resourcing, as well as planning for future investements.	Continue to build on whole-of-government relationships and capabilities to implement **innovative** public policy.	**Sustain** the programs and policies that are contributing to positive outcomes across the population to ensure their continued success.
Building the capacity and capability of the mental health and wellbeing promotion **workforce.**	Leverage research and evaluation expertise to co-design **new approaches** to promote mental wellbeing and prevent mental distress, with an emphasis on communities who need additional or bespoke support.	Target action to address continuing **areas for improvement** and incorporate advances in wellbeing and prevention science into the next iteration of Victoria's Wellbeing Strategy.

As each of these stages unfold, protective factors will be progressively strengthened, and risk factors will be reduced at the personal, relational, communal, and societal levels. Some improvements will be immediate; others will take several years or sometimes longer.

The following tables highlight some of the specific changes that are likely to occur at the systems level, to risk and protective factors at each ecological level, and to mental wellbeing overall. The tables include some of the 'markers of change' that will enable us to see whether we are on the right track as well as some indicators we can use to measure changes over time in key population level outcomes. The latter are drawn from the Mental Health and Wellbeing Outcomes and Performance Framework and are highlighted in bold font to distinguish them from the other signposts of success.

Collectively, these improvements at the system level and the changes to risk and protective factors at the personal, relational, communal, and societal levels will lead to our two ultimate goals:

- An increase in the proportion of Victorians who experience high levels of mental wellbeing.
- A reduction in the proportion of Victorians who experience mental distress, suicidality and alcohol and drug harms.

In addition, from an equity perspective, we want to see reduced gaps in these outcomes across different population groups.

These are the goals we are working towards through the Wellbeing Strategy and Wellbeing Action Plans that will follow.

What will change look like at the 'foundations' level?

Just as we can't support people who are experiencing mental distress without a well-functioning mental health and wellbeing service system, we can't promote mental wellbeing and prevent mental distress without an equally well-functioning wellbeing promotion system.

Victoria does not yet have this system in place and a key focus of Wellbeing Strategy is to put in place the enablers needed to create a strong mental health and wellbeing promotion system – leadership; capability; evidence, data and monitoring; collaborative relationships; and resourcing.

Some of these efforts have started. The Wellbeing Promotion Office is already leading the way to create a new approach to wellbeing in Victoria. The Department has also finalised the Mental Health and Wellbeing Outcomes and Performance Framework to monitor and report on the impacts of the mental health reforms over time. Other initiatives will be progressively implemented to build these foundations.

Together, these actions will create a robust platform that supports the design, delivery, and ongoing monitoring of Victoria's wellbeing initiatives. The new wellbeing promotion system will complement and integrate with Victoria's existing public health system that focuses on physical wellbeing, and with the mental health and wellbeing service system that provides support for people experiencing mental distress.

Short-medium term

What will we notice in the short-medium term?

- The Wellbeing Promotion Office continues to lead the implementation of the Wellbeing Strategy.
- The State Wellbeing Promotion Adviser meets regularly with leaders in other government departments and a whole-of-government approach to wellbeing begins to emerge.
- The impact of prevention and promotion initiatives is increased.
- Evidence available to inform practice and 'what works' grows.
- Wellbeing initiatives are included in other government plans and strategies beyond the mental health portfolio, including in the Victorian Public Health and Wellbeing Plan 2023-27.
- Workers involved in designing and/or delivering wellbeing and prevention initiatives have access to accredited courses and communities of practice to help them to acquire the knowledge, skills, and confidence to play their role.
- Key implementation partners are engaged, have reflected on the contribution they can make to the promotion of mental wellbeing and the prevention of mental distress, alcohol and drug harms and suicidality, and begin to strengthen their existing initiatives and implement new approaches.
- Mechanisms to support inter-sectoral collaboration and coordination are established.
- Tools, processes, and systems to support monitoring and evaluation are put in place.
- The priority actions outlined in the Wellbeing Strategy are progressively delivered.

Long-term

What will we achieve in the long-term?

- Victoria has a skilled workforce focused on mental health promotion.
- There is a strong level of collaboration between agencies implementing wellbeing and prevention initiatives, and good coordination of effort in each local community.
- Timely data is available to monitor activities and outcomes, and the data is used to inform decision making around existing and new projects.
- A steady 'pipeline' of new wellbeing and prevention initiatives are developed and evaluated.
- There is effective communication between governance structures at local and statewide levels.
- Victoria has a whole-of-community, and whole-of-government approach to wellbeing.
- The Victorian government routinely includes wellbeing and prevention initiatives in each Budget cycle.
- Victoria has a more robust wellbeing promotion system.

What will change look like at the 'personal' level?

At the personal level, the emphasis will be on enhancing people's wellbeing literacy and supporting Victorians to engage in a range of wellbeing activities. Actions at this level will support Victorians to:

- Enhance their literacy around mental wellbeing and mental distress.
- Be aware of the benefits and importance of taking steps to promote and protect their mental wellbeing, as well as their physical wellbeing.
- Engage in regular physical activity, eat a high-quality diet, get a good night's sleep, avoid smoking and illicit substances, and avoid or limit alcohol consumption. [37]
- Acquire key social and emotional skills and practical self-care strategies drawn from clinical and positive psychology, [38] and from the cultural practices of Aboriginal and Torres Strait Islander people and Victoria's diverse communities, which can help them manage stress and deal effectively with life's inevitable ups and downs.
- Engage in sporting, recreational, artistic, personal development, and volunteering activities to build self-esteem and confidence, give them a sense of satisfaction, meaning and purpose, and create a sense of belonging and connection with others.
- Spend time in nature or engage with the arts.
- Maintain their cultural identity and enable Aboriginal Victorians to connect to Culture, Country, and Community.

Short-medium term

What will we notice in the short-medium term?

- There is an increase in awareness and community conversations about wellbeing.
- Victorians of all ages and backgrounds understand the benefits and importance of taking proactive steps to promote and protect their mental wellbeing.
- Victorians all ages and backgrounds are knowledgeable about mental wellbeing, how it differs from mental distress, and the strategies they can use to promote and protect their mental wellbeing and that of others.
- Wellbeing activities are widely available and promoted, and Victorians all ages and backgrounds begin to engage with these initiatives in their local communities or online.

Longterm

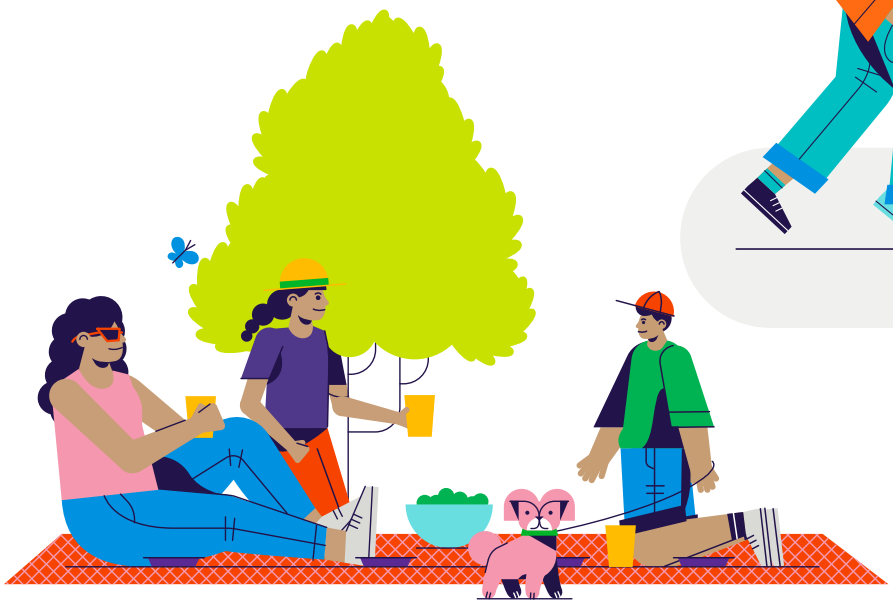
What will we achieve in the long-term?

- Children and young people have the confidence and social and emotional skills to feel good about themselves, regulate and manage their emotions, relate well to others, make responsible decisions, and realise their potential.
- Adults and older adults have the confidence and skills to manage stress effectively, negotiate life's ups and downs, and manage major life transitions.
- **A greater proportion of Victorians experience a sense of self-confidence and self-belief.**
- **A greater proportion of Victorians experience a sense of meaning and purpose.**
- **A greater proportion of Victorians experience an increase in life satisfaction and quality of life.**

What will change look like at the 'relational' level?

At the relational level, the emphasis will be on supporting Victorians to build and maintain positive relationships with their family members, their partners, friends, colleagues, and the broader community. Actions at this level will include those focused on:

- Promoting secure attachment between children and their parents/primary caregivers.
- Providing parents with the practical, social, and emotional support and the parenting skills they need to ensure their children feel safe and loved, and thrive physically, socially, emotionally, and cognitively.
- Preventing child abuse and neglect in the home and the wider community, and protecting children from family violence and other adverse childhood experiences. [39]
- Assisting young people to forge positive peer relationships and have at least one adult role model who they can turn to for advice and support when needed.
- Promoting respectful and reciprocal relationships and preventing intimate partner violence.
- Assisting Victorians to forge strong friendships and build their social support network, while tackling loneliness and social isolation.



Short-medium term

What will we notice in the short-medium term?

- Victorians understand the benefits of positive interpersonal relationships to their wellbeing.
- Victorians understand the psychological harm that is caused by child abuse and neglect, and intimate partner violence and support the need to prevent these issues.
- A range of parenting resources and programs are available, and parents and caregivers engage with them without shame or stigma.
- Parents have access to practical, social, and emotional support and feel supported in their role.
- Parents' and caregivers' knowledge, confidence, and skills in raising happy, healthy, and resilient children and adolescents are increased.
- Victorians have access to a range of initiatives that enable them to develop their social skills and connect with others.
- Victorians have the skills, confidence, and opportunities to make friends, establish relationships, and get involved in social activities.
- Victorians have the knowledge and skills to forge a respectful relationship with their partner.

Longterm

What will we achieve in the long-term?

- The proportion of young children with secure attachment is increased.
- The proportion of children and young people who report having friends who treat them well is increased.
- The proportion of young people who have at least one adult role model that they can turn to for advice and support in increased.
- The proportion of adults who indicate they have friends or relatives who can assist them when needed is increased.
- There is an increase in informal connections between people in local communities.
- The proportion of Victorians who report feeling lonely most or all of the time decreases.
- The proportion of Victorians whose attitudes condone or accept violence against women or sustain rigid gender stereotypes is decreased.
- The proportion of people in a romantic relationship who report their partner makes them feel safe, loved, and respected increases.
- **The prevalence of gender based, and family violence is reduced.**
- **The prevalence of adverse childhood experiences decreases.**
- **There is an increase optimal family functioning and support.**

What will change look like at the 'communal' level?

At the communal (community) level the emphasis will be on creating more positive early learning services, schools, workplaces, and local communities, and on improving the built and natural environment. Actions at this level will:

- Support students in schools to feel engaged and connected, have a voice, feel comfortable with their gender, sexual and cultural identity, and build positive relationships with adults and peers.
- Support employers and leaders to create supportive work environments that have a high psychosocial safety climate and promote employees' mental wellbeing; identify and tackle psychosocial hazards at work; and encourage positive relationships between workers, and stamp out bullying, sexual harassment, and discrimination.
- Support individuals, organisations, and businesses to work together to create a positive online environment free from bullying, hate speech, marketing that promotes unhealthy behaviours and disinformation that divides communities.
- Enhance safety, and build trust, social cohesion, social connection, and social capital in our local communities.
- Enable people to access to green and blue spaces, meeting places, and active spaces in their local communities.

Short-medium term

What will we notice in the short-medium term?

- Victorian schools support children and young people to have a say, be involved, contribute, and feel connected.
- Business owners and executive leaders understand the concept of psychosocial safety and fulfil their obligation to protect their workers from psychosocial risk factors.
- More team leaders and employers have the people skills to promote a positive workplace culture and reduce the occurrence of conflict, bullying, harassment and discimination.
- Online platform owners act quickly to remove harmful online content.
- Victorians understand the benefits of spending time in nature and support governments to invest in bringing people in contact with nature.
- Planning decisions take into consideration the influence of the built and natural environment on mental wellbeing.

Longterm

What will we achieve in the long-term?

- Victorian children and adolescents feel engaged and connected at school and there are improved staff-student relationships.
- **There is an increase in positive mental health and wellbeing for children and young people in education and training settings.**
- There are improvements in student academic performance, and reduced school drop-out.
- Victorian employees report a positive experience of work.
- **There is an increase in positive mental health and wellbeing in workplaces.**
- There is a decrease in the prevalence of work-related psychological injury, and reductions in absenteeism and presenteeism.
- There is a decrease in the prevalance of bullying in schools, worklaces and online.
- **Victorians experience an increase in local liveability and access to nature.**
- There is an increase in civic participation and volunteering.
- There are increases in trust, community cohesion, and social capital within local communities.
- **There is an increase in social inclusion and community connection.**
- **There are reduced experiences of discrimination and exclusion.**
- **There is a decrease in community and societal violence.**

What will change look like at the 'societal' level?

The societal level encompasses the broader social, cultural, and economic factors that influence people's mental wellbeing. It also includes our government laws, regulations, and public policies. Actions at this level will focus on:

- Addressing core needs such as food security, clothing, an adequate income, a job, stable and affordable housing, access to technology and health and human services.
- Providing opportunities for people to participate in social and economic life and develop a sense of meaning and purpose.
- Advancing Aboriginal self-determination through truth telling and working towards Treaty.
- Continuing to strengthen efforts to tackle gender inequality, racism, ageism, ableism, homophobia, and transphobia.
- Tackling social inequalities and through a focus on equity and proportionate universalism.

Short-medium term

What will we notice in the short-medium term?

- More Victorians understand the negative impact of sexism, racism, ageism, ableism, homophobia, transphobia and socioeconomic disadvantage on people's wellbeing and support greater action on these issues.
- Researchers and governments work together to develop and trial innovative solutions to these complex issues.
- The Victorian Government begins to integrate wellbeing into its social and economic policies to increase the wellbeing gains from all investments.

Longterm

What will we achieve in the long-term?

- Our laws, regulation and public policies place a strong emphasis on fostering the living conditions that contribute to improved mental wellbeing at a population level.
- There is a reduction in the number of young people not in education, employment or training (NEET).
- There is an increase in meaningful engagement in education, training or employment.
- There is an increase in stable, secure and appropriate housing.
- There is an reduction in financial insecurity.
- There is reduction in income inequality across the community.
- There is an reduction in the proportion of people who feel left out of society.
- There is a reduction in the gender pay gap.
- There is a reduction in gender inequality and discrimination.
- There are reductions in the drivers and reinforcing factors of violence against women.
- Fewer Victorians report experiences of racism, discrimination and exclusion.
- There is an increased sense of community safety.

6 Implementing the monitoring infrastructure

While there is a strong and growing evidence base about the types of factors that influence our mental wellbeing and the range of programs and social policies that can help to positively change these factors, there is also still much to learn.

We know enough to get started and make a real difference, but we also need to embed a culture of learning and continuous improvement across the system through a focus on monitoring and evaluation. We also need to encourage continued research and innovation.

The promotion of wellbeing cannot occur in the absence of robust data to guide action. Good data helps us to identify need, describe what activities are occurring, and track whether programs and public policies are having their intended impact.

This data will include four main types:

- **Process** data to determine whether programs or initiatives have been implemented as intended, and to assess their reach, adoption, and quality.
- **Short term 'impact'** data to determine whether we are having some quick wins or seeing some early signs of change. This may relate to changes in people's knowledge, attitudes and beliefs, or behavioural intentions around wellbeing and prevention activities.
- **Intermediary 'impact'** data to determine whether we are starting to impact the risk and protective factors that influence people's wellbeing, ensuring that all Victorians experience benefits.
- **Long term outcome** data to determine whether we are successfully changing the key influences on people's wellbeing and improving levels of mental wellbeing and reducing the prevalence of mental distress across the community.

Broadly speaking, we will collect this data at two main levels (see Figure 5).

- At the micro- or program-level we need to collect user data to evaluate funded programs to determine how well they are being implemented, and to understand what works in what contexts.
- At the macro- or community level, we need to collect population data to track whether we are making in-roads in shifting the balance of risk and protective factors across communities, and whether we are seeing improvements in people's wellbeing and reductions in mental distress, suicidality and alcohol and drug harms at a population-wide scale. Many of these indicators will be the focus of the Mental Health and Wellbeing Outcomes and Performance Framework.

Figure 5: How we will monitor and learn

Micro-level monitoring (Initiatives)

Purpose:

To effectively evaluate initiatives to determine what works and in which contexts, including for potential upscaling.

Need:

Consistent measures to be used across initiatives – e.g., wellbeing scale (to measure aspects of hedonic and eudaimonic wellbeing); social connection scale; agency/autonomy

Macro-level monitoring (Population)

Purpose:

To determine if our collective promotion/prevention efforts are improving wellbeing outcomes at a population level and for priority cohorts

Need:

Regular collection of data that measures people's wellbeing and its key components – both at population level and breakdown by specific cohorts (to be built into the MHW Performance and Outcomes Framework

Agreed measures across jurisdictions to allow comparison of wellbeing outcomes

Micro-level (program) monitoring and evaluation

Because a focus on wellbeing and prevention is relatively new, many organisations are not currently equipped to collect data relating to wellbeing. They may therefore require training and support to evaluate their programs and monitor their contribution to achieving the vision and aspirations in the Wellbeing Strategy. The Wellbeing Promotion Office will examine how it can assist partners by:

1. Providing **access to training and/or resources** if agencies currently lack sufficient expertise in evaluation and monitoring.

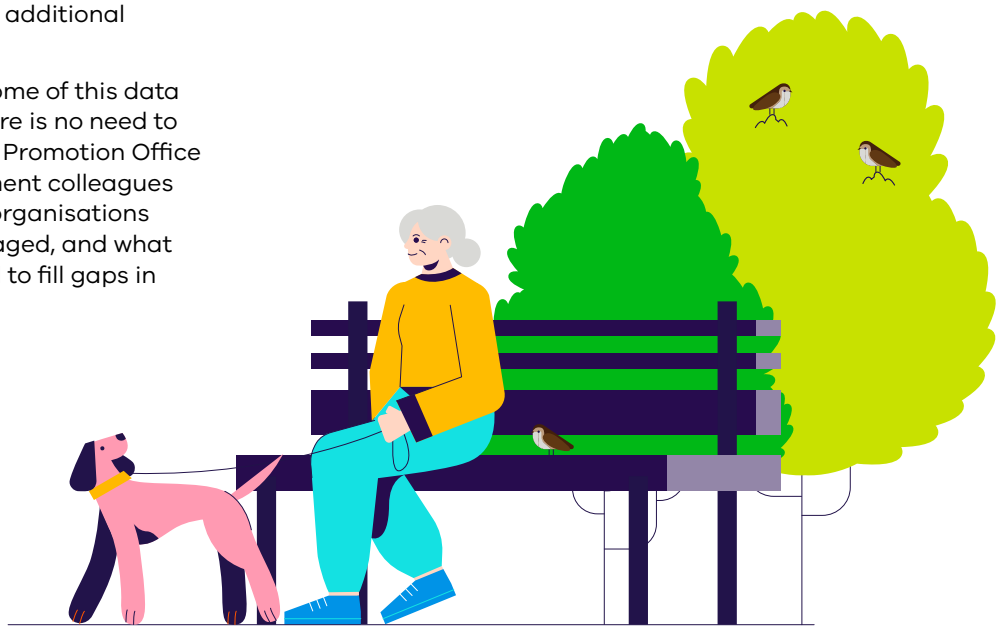
2. Supporting both new and ongoing programs to include **monitoring and evaluation**, including for independent external evaluations as appropriat.e

3. Exploring the development of a suite of **standard measures** for key indicators that can be used by organisations and funders to compare program results and facilitate data aggregation. This might include standard measures of key risk and protective factors like loneliness and/or standard measures of key outcomes like mental wellbeing and mental distress.

4. Working with departmental colleagues to consider the investments that are required in data and **information platforms** to enable the collection of new and improved financial, outcomes and performance data by organisations involved in the implementation of the Wellbeing Strategy and Wellbeing Action Plans . This will allow the Wellbeing Promotion Office and other government partners to develop a more coherent understanding of the impacts their actions and investments are having on community wellbeing.

Given the breadth of changes that are anticipated, the Wellbeing Promotion Office will work with key stakeholders to agree on the critical data that agencies will be expected to collect, while leaving them with the option of collecting additional information if they choose.

It is also important to note that some of this data may already be collected and there is no need to reinvent the wheel. The Wellbeing Promotion Office with therefore liaise with government colleagues to determine what existing data organisations are collecting that could be leveraged, and what new data will need to be collected to fill gaps in information.



Macro-level (population) monitoring

The Wellbeing Promotion Office will draw on two main sources to support population level monitoring – administrative data collected by government departments, and Victorian population survey data. There may also be scope to utilise data collected by non-government agencies and research institutes.

Figure 6: Sources of macro-level data collection

Administrative data collected by government and non-government organisations

Data that is relevant to the outcomes of *Wellbeing in Victoria* may already be collected by the Department of Health or other government departments and agencies.

Leveraging this data, will help to avoid duplication of effort.

If not already in place, data sharing arrangements would need to be agreed across relevant government agencies.

Data collected by non-government organisations and research institutes may also be used if it aligns to the indicators ad measures included in the Mental Health and Wellbeing Outcomes and Performance Framework.

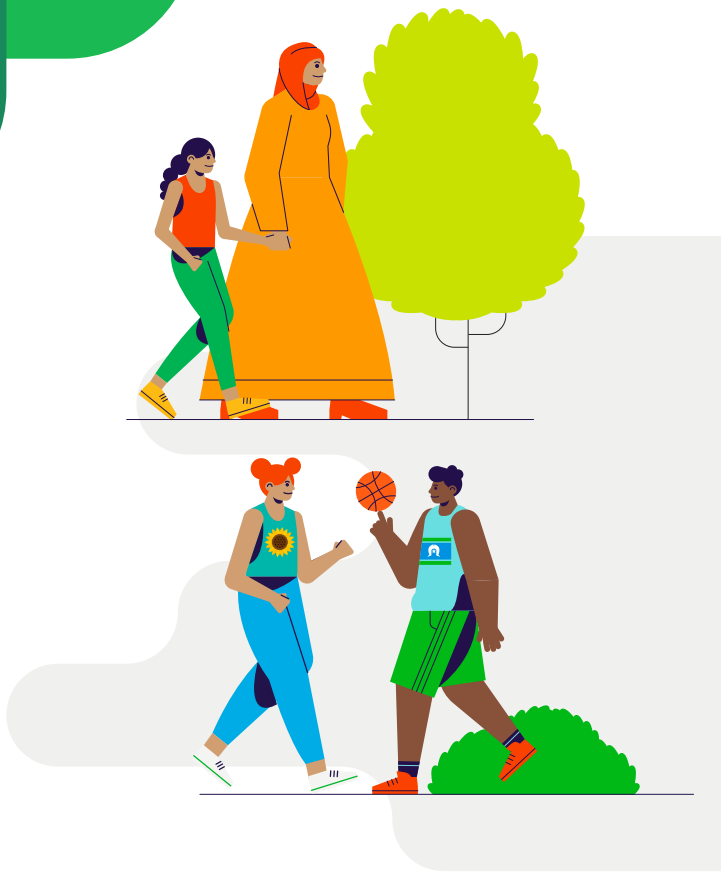
Population data collected through regular surveys

In addition to leveraging existing data sets, the Department of Health will consider collecting additional data at the Victorian population level.

The Victorian Population Health Survey is an appropriate starting point as it already includes several of the measures that relate to the wellbeing outcomes described in this Framework.

Alternatively, a seperate Victorian Population Mental Health and Wellbeing Survey could be initiated

Appendix 1



A checklist for change

The promotion of mental wellbeing and the prevention of mental distress, suicide, and alcohol and drug related harms is a shared responsibility between individuals, organisations, communities, and all levels of government.

Every organisation and government department can play a role, and change starts with reflection on what is currently occurring versus what we know is needed to positively modify the balance of risk and protective factors in people's lives.

The following questions offer a checklist for organisational, community and government leaders to consider how they can contribute to the aims of *Wellbeing in Victoria* through their own organisation or portfolio area.

- ☐ What are the **risk and protective factors** that my organisation, community or department has the power to influence?
- ☐ What **evidence-informed** or evidence-based approaches are we already implementing to influence these factors through our setting?
- ☐ What else is happening in our local area and where do our initiatives fit in?
- ☐ What **data** do we have to measure our outcomes, and what outcomes are we currently achieving and for whom?
- ☐ What can we do to strengthen the reach, uptake, quality and outcomes of our **existing actions** and investments to promote wellbeing?
- ☐ What **new initiatives** can we introduce in to improve the way we support the wellbeing of our beneficiaries and communities?
- ☐ Who else could we potentially **partner or collaborate** with to enhance our local, State, or national impacts?
- ☐ What **resources** do we need to implement new programs and initiatives and play a bigger role in the promotion of wellbeing?
- ☐ How well are we promoting the wellbeing of our own **staff**, and how can we improve on this?

References

1. Iasiello, M., J. Agteren, and E. Muir-Cochrane, *Mental Health and/or Mental Illness: A Scoping Review of the Evidence and Implications of the Dual-Continua Model of Mental Health.* Evidence Base, 2020. **2020**.
2. Keyes, C.L., *The mental health continuum: from languishing to flourishing in life.* J Health Soc Behav, 2002. **43**(2): p. 207-22.
3. Westerhof, G.J. and C.L.M. Keyes, *Mental Illness and Mental Health: The Two Continua Model Across the Lifespan.* Journal of adult development, 2010. **17**(2): p. 110-119.
4. Huppert, F. and K. Ruggeri, *Policy challenges: Well-being as a priority in public mental health*, in *Oxford Textbook of Public Mental Health.*, D. Bhugra, et al., Editors. 2018, Oxford University Press Oxford. p. 131-140.
5. Kansky, J. and E. Diener, *Benefits of well-being: Health, social relationships, work, and resilience.* Journal of Positive Psychology and Wellbeing., 2017. **1**(2): p. 129-169.
6. Kundi, Y.M., et al., *Employee psychological well-being and job performance: exploring mediating and moderating mechanisms.* International Journal of Organizational Analysis, 2021. **29**(3): p. 736-754.
7. Santini, Z.I., et al., *Economics of mental well-being: a prospective study estimating associated health care costs and sickness benefit transfers in Denmark.* The European Journal of Health Economics, 2021. **22**(7): p. 1053-1065.
8. Santini, Z.I., et al., *Higher levels of mental wellbeing predict lower risk of common mental disorders in the Danish general population.* Mental Health & Prevention, 2022. **26**: p. 200233.
9. Iasiello, M., et al., *Positive mental health as a predictor of recovery from mental illness.* J Affect Disord, 2019. **251**: p. 227-230.
10. Wood, A.M. and S. Joseph, *The absence of positive psychological (eudemonic) well-being as a risk factor for depression: a ten year cohort study.* J Affect Disord, 2010. **122**(3): p. 213-7.
11. Keyes, C.L., S.S. Dhingra, and E.J. Simoes, *Change in level of positive mental health as a predictor of future risk of mental illness.* Am J Public Health, 2010. **100**(12): p. 2366-71.
12. Goodsell B, et al., *Child and Adolescent Mental health and educational outcomes. An analysis of educational outcomes from Young Minds Matter: the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Perth: Graduate School of Education.* 2017, The University of Western Australia: Perth.
13. Hjorth, C.F., et al., *Mental health and school dropout across educational levels and genders: a 4.8-year follow-up study.* BMC Public Health, 2016. **16**: p. 976.
14. Comino, E.J., et al., *Relationship between mental health disorders and unemployment status in Australian adults.* Aust N Z J Psychiatry, 2003. **37**(2): p. 230-5.
15. Fazel, S. and K. Seewald, *Severe mental illness in 33,588 prisoners worldwide: systematic review and meta-regression analysis.* Br J Psychiatry, 2012. **200**(5): p. 364-73.
16. Fazel, S., et al., *The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis.* PLoS Med, 2008. **5**(12): p. e225.
17. Breslau, J., et al., *A multinational study of mental disorders, marriage, and divorce.* Acta Psychiatr Scand, 2011. **124**(6): p. 474-86.
18. Correll, C.U., et al., *Prevalence, incidence and mortality from cardiovascular disease in patients with pooled and specific severe mental illness: a large-scale meta-analysis of 3,211,768 patients and 113,383,368 controls.* World Psychiatry, 2017. **16**(2): p. 163-180.
19. Too, L.S., et al., *The association between mental disorders and suicide: A systematic review and meta-analysis of record linkage studies.* Journal of Affective Disorders, 2019. 259: p. 302-313.

20. Australian Institute of Health and Welfare, *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2018.* , in *Australian Burden of Disease Study series no. 23. Cat. no. BOD 29.* . 2021, AIHW: Canberra.
21. Productivity Commission, *Productivity Commission Mental Health Inquiry Report, Volume 1.* 2020, Productivity Commission: Canberra.
22. Productivity Commission, *Productivity Commission Mental Health Inquiry Report. Actions and Findings*. 2020, Productivity Commission: Canberra.
23. Butterworth, P., N. Watson, and M. Wooden, *Trends in the Prevalence of Psychological Distress Over Time: Comparing Results From Longitudinal and Repeated Cross-Sectional Surveys.* Frontiers in Psychiatry, 2020. 11.
24. Enticott, J., et al., *Mental Health in Australia: Psychological Distress Reported in Six Consecutive Cross-Sectional National Surveys From 2001 to 2018.* Frontiers in Psychiatry, 2022. 13.
25. Australian Bureau of Statistics. *First insights from the National Study of Mental Health and Wellbeing, 2020-21.* 2021 [cited 2022 30/06/2022]; Available from: https://www.abs.gov.au/articles/first-insights-national-study-mental-health-and-wellbeing-2020-21.
26. Jorm, A.F., *Why hasn't the mental health of Australians improved? The need for a national prevention strategy.* Australian & New Zealand Journal of Psychiatry, 2014. 48(9): p. 795-801.
27. Jorm, A.F., et al., *Has increased provision of treatment reduced the prevalence of common mental disorders? Review of the evidence from four countries.* World Psychiatry, 2017. 16(1): p. 90-99.
28. Carbone S, *Evidence review: The primary prevention of mental health conditions.* . 2020, Victorian Health Promotion Foundation: Melbourne.
29. Carbone S, *What works to support the mental health and wellbeing of children aged 0-12? A review of the latest research evidence, prepared for the Mental Health Commission of NSW.* 2021, Prevention United: Melbourne.
30. McDaid, D., A.L. Park, and K. Wahlbeck, *The Economic Case for the Prevention of Mental Illness*. 2019. p. 373-389.
31. Le, L.K.-D., et al., *Cost-effectiveness evidence of mental health prevention and promotion interventions: A systematic review of economic evaluations.* PLOS MEDICINE, 2021. 18(5): p. e1003606.
32. Mihalopoulos, C., et al., *The economic analysis of prevention in mental health programs.* Annu Rev Clin Psychol, 2011. 7: p. 169-201.
33. Mihalopoulos, C. and M.L. Chatterton, *Economic evaluations of interventions designed to prevent mental disorders: a systematic review.* Early Interv Psychiatry, 2015. 9(2): p. 85-92.
34. National Mental Health Commission, *The economic case for investing in mental health prevention. Summary.* . 2019, NMHC: Canberra.
35. McDaid, D. and A.L. Park, *Investing in mental health and well-being: findings from the DataPrev project.* Health promotion international, 2011. 26 Suppl 1(Suppl 1): p. i108-i139.
36. Knapp, M., D. McDaid, and M. Parsonage, *Mental Health Promotion and Mental Illness Prevention: The Economic Case*. 2011, Department of Health: London.
37. Smout, S., et al., *Dose–response associations between modifiable lifestyle behaviours and anxiety, depression and psychological distress symptoms in early adolescence.* Australian and New Zealand Journal of Public Health, 2022. 47(100010): p. 1-12.
38. van Agteren, J., et al., *A systematic review and meta-analysis of psychological interventions to improve mental wellbeing.* Nature Human Behaviour, 2021. 5(5): p. 631-652.
39. Jorm, A.F. and R.T. Mulder, *Prevention of mental disorders requires action on adverse childhood experiences.* Aust N Z J Psychiatry, 2018. **52**(4): p. 316-319.