

PREVENTION UNITED

Joining forces to prevent mental health conditions

Re-thinking mental health.

Strengthening Australia's approach to the promotion of mental wellbeing and the prevention of mental health conditions.

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About Prevention United

Prevention United is one of Australia's leading mental health promotion charities.

We work with individuals, families, organisations, and communities to foster their strengths and reduce their exposure to the risk factors that lead to poor mental health and wellbeing.

Our activities are organised into three work streams.

- Advocacy and awareness – Prevention United raises awareness about the benefits of promoting mental wellbeing and preventing mental health conditions. We also advocate to governments throughout Australia to increase their investment in mental health promotion initiatives, and to introduce social policies that can promote our collective mental health and wellbeing.
- Programs and resources – Prevention United provides up-to-date information on the ways individuals, families and communities can promote and protect their mental wellbeing. We also offer wellbeing and prevention programs that enable people to look after their mental health, and reduce their risk of experiencing depression, anxiety disorders or other mental health conditions.
- Capacity building – Prevention United works to build the capability and capacity of Australia's mental health promotion system through evidence reviews, practice guidelines, strategic advice and training and consulting services that support organisations to increase their own focus on wellbeing and prevention.

It's time to re-think our approach to mental health and wellbeing.

Despite record investment in mental health over the last two decades, the prevalence of mental health conditions is rising not falling, our services are swamped, wait times have blown out, and mental healthcare costs are escalating. We simply can't keep up with demand.

COVID-19 has made matters even worse. Over the last two years we've seen a major decline in mental wellbeing across the Australian community, and a sharp rise in psychological distress, particularly among people living in Victoria and NSW.

We've also seen an unparalleled increase in the number of people experiencing depression and anxiety disorders for the first time. The prevalence of anxiety and depression each rose by over 11% in 2020.¹

More and better mental healthcare services are of course desperately needed to keep pace with the rise in demand, but investing in downstream services is not enough to solve this mental health crisis. Our current reactive approach is unsustainable, and we urgently need a new, more proactive strategy.

Mental health conditions are not inevitable, and the onset of many common conditions can be prevented, or at least substantially delayed, by addressing the underlying risk and protective factors that contribute to these conditions.

Put simply, we need to start implementing programs to keep people mentally well, rather than just waiting for people to experience significant mental health challenges before we step in to help.

Australia already has an outstanding track record in prevention when it comes to physical health. As a nation we've eradicated smallpox, eliminated polio and controlled HIV. We've also reduced the prevalence of cigarette smoking and dramatically reduced the incidence of heart attacks, strokes, certain cancers and road deaths. Over the last two years we've also tackled COVID-19 head-on and averted tens of thousands of deaths through the use of evidence-based, public health responses.

We now need to apply this same preventive mindset in mental health.

Success requires strong leadership, good planning, a suite of safe and effective interventions, high-reach delivery systems, a skilled wellbeing and prevention workforce, reliable data and monitoring systems, a research and development pipeline, and dedicated funding for prevention.

Reducing the incidence of new onset mental health conditions won't occur overnight but it can be done if we take the same sustained and systematic approach to wellbeing and prevention in mental health that we've taken for so many physical health conditions over many years.

It's time to re-think our approach to mental health in Australia and make wellbeing and prevention a central part of Australia's mental health policy moving forward.

Counting the cost of inaction – the economics of prevention.

COVID-19 has disrupted our lives and will continue to do so for some time to come. At an economic level, Australia is confronted by a massive debt and deficit. Budget repair will take years and we are going to need a happy, healthy and productive community with all hands-on deck to achieve it.

But at the moment people are hurting, stress levels are elevated, and psychological distress is at an all-time high.²

Mental ill-health creates an enormous economic toll and presents a major risk to our COVID recovery.

According to the Productivity Commission mental ill-health and suicide costs around \$200–\$220 billion per year.³ But even this probably underestimates the true cost of poor mental health which can range from low mental wellbeing, through to stress and subthreshold mental health conditions, and not just full-blown clinical disorders, which the Productivity Commission estimates are based on.

Every percentage point we move away from optimal mental wellbeing and towards mental ill-health on the mental health continuum impacts us personally and also impacts the economy through:

- Poorer school attendance and engagement, early school leaving, and poorer academic outcomes.⁴
- Reduced productivity from lower labour force participation, and increased absenteeism and presenteeism at work.^{5 6 7}
- Increased mental healthcare costs which may extend over several years or even decades.
- Other healthcare costs that result from the development of co-morbid alcohol or other drug difficulties and chronic disease brought on by mental ill-health.
- Social services costs resulting from unemployment, homelessness, and psychosocial disability.
- Justice system costs from the increased risk of relationship breakdown and divorce, and youth criminal offending due to comorbid mental health and AOD difficulties.

By contrast, high levels of mental wellbeing are a major driver of personal and social prosperity.

High levels of mental wellbeing are linked to better learning, increased creativity, higher productivity, better quality relationships, more pro-social behaviours, higher civic engagement, greater adoption of positive health behaviours, better physical health, and longer life expectancy. Mental wellbeing is a driver for these outcomes and not just a result.

High mental wellbeing leads to higher employee engagement, job performance, and organisational productivity.⁸ One study found that an increase of one point on the Psychological Wellbeing Scale was associated with an 8.8% increase in productivity at work.⁹

High mental wellbeing also lowers government costs. A Danish study found that each one-point increase in mental well-being on the Warwick-Edinburgh Mental Well-Being Scale in 2016 was associated with US\$43 less in healthcare costs, and US\$23 less in sickness benefit transfers per person in 2017. For a theoretical population of 50,000 people that would amount to \$2m less in healthcare costs, and about \$1m less in sickness benefit transfers.¹⁰

As we continue to grapple with the effects of COVID-19, a reactive focus on mental ill-health is no longer tenable. We need to get on the front foot and start focusing on keeping people mentally well and preventing mental ill-health from occurring in the first place, and we believe that the Federal Government is well-placed to lead the way on this important new path forward.

Our calls to action

- 1. Strengthen Australia's approach to wellbeing and prevention in mental health by creating new leadership and governance structures that foster a planned and coordinated approach at a national scale, and by investing a minimum of 5% of the mental health budget on prevention.**

Success can't happen without strong leadership and good governance. It also can't happen without a dedicated pool of sustainable funding for wellbeing and prevention initiatives. We therefore call on the Federal Government to:

- Extend the role of the Assistant Minister on Mental Health and Suicide Prevention to clearly include the promotion of mental wellbeing and the (primary) prevention of mental health conditions.
- Establish a National Office for Wellbeing and Prevention in the Commonwealth Department of Health to oversee the development and implementation of a national response to wellbeing and prevention in the mental health field.
- Appoint a Senior National Wellbeing and Prevention Advisor with expertise in both mental health *and* public health to head up the Office and to support the government to develop its response to this specialist public health issue.
- Agree to commit at least 5% of the Federal mental health budget to supporting wellbeing and prevention initiatives in mental health, and encourage State and Territory governments to do the same.

The creation of a new national Wellbeing and Prevention Office is critical. This Office should:

- Oversee public education activities to promote greater public awareness of the mental health continuum and the steps individuals can take to promote and protect their own and other's mental wellbeing, as well as to seek assistance if they are experiencing difficulties.
- Coordinate a whole-of-government approach to wellbeing and prevention that ensures a planned and coordinated approach to risk factor reduction through all Federal government portfolio areas.
- Lead the development and implementation of initiatives that are aligned to the focus on promoting and protecting mental health outlined in the National Preventive Health Strategy.
- Establish a national approach to wellbeing and prevention by convening a national committee that brings together representatives from each State and Territory Government who are responsible for mental health promotion activities in their jurisdiction.
- Work with research funders like the NH&MRC and the Medical Research Future Fund to support research, evaluation and knowledge translation in mental health promotion nationally.
- Work with the Australian Institute of Health and Welfare and other bodies to monitor government expenditure, outputs and outcomes across all wellbeing and prevention activities, including developing indicators to track changes in population mental wellbeing over time.
- Support, as part of broader national mental health workforce reforms, the creation of a specialist mental health promotion workforce, and appropriate training for frontline workers in schools, workplaces, local government and other settings already playing a role in this area.
- Manage the dedicated funding pool that is targeted exclusively to wellbeing and prevention interventions.

2. Fund an ongoing public awareness campaign to promote mental wellbeing and provide universal free access to self-care skill-building programs that can assist people to promote and protect their mental health and wellbeing.

The Life. Be In It campaign was a watershed moment in public health in Australia. The campaign helped millions of Australians understand the importance and benefits of looking after their physical health. It changed people's behaviours and enhanced their health and wellbeing. This campaign has since been followed by Slip Slop Slap, Quit and dozens of other vital public awareness campaigns designed to promote good health and prevent illness.

By contrast, in the mental health field our public awareness campaigns have been targeted to people who are already experiencing significant mental health difficulties in an attempt to promote help-seeking. While such campaigns are vital, and have saved numerous lives, we believe it's time to expand their focus to include information about the practical steps people can take to enhance their mental wellbeing, and reduce their risk of experiencing mental ill-health in the first place.

Mental wellbeing is more than just the absence of mental ill-health. It is about feeling good emotionally, functioning well psychologically and socially, and having a sense of purpose or meaning in life. We need to start teaching people the key social and emotional skills that can help them manage stress and adversity successfully, and that can promote and protect their mental wellbeing. We therefore call on the Federal Government to:

- Fund the design, implementation, evaluation and continuous improvement of an ongoing public education campaign designed to raise awareness about 'good' mental health that encourages people to learn and implement the practical self-care strategies that can help them manage stress, and promote their mental wellbeing.
- Fund universal free access to evidence-based online and face-to-face skills-building programs that teach people the practical skills derived from health, clinical and positive psychology that we know can promote and protect mental health and wellbeing. Such skills include:
 - Regular physical activity, healthy diet, and good sleep hygiene.
 - Mindfulness meditation, Tai Chi and some other evidence-based mind-body techniques.
 - Psychological strategies based on cognitive behaviour therapy, interpersonal therapy, acceptance and commitment therapy, and dialectical behaviour therapy.
 - Positive psychology strategies such as gratitude, compassion, savouring, flow, use of signature strengths and numerous other proven strategies.
 - Social skills to build and maintain a strong and positive social support network.

3. Tackle Adverse Childhood Experiences through systematic and sustained action.

Mental health conditions arise from the complex interplay of various risk and protective factors that occur over the course of a person's life. Protective factors are those biological, psychological, social and economic factors that help to reduce the likelihood that a person will experience a mental health condition, while risk factors increase a person's likelihood of experiencing such a condition.^{11 12} While many factors are implicated in poor mental health, some factors are more influential than others and these need to be prioritised.

Adverse childhood experiences (ACEs) is one such factor.

ACEs are highly-stressful and potentially traumatic life experiences that effect children and young people aged 0–18. Commonly described ACEs include child abuse and neglect, exposure to family violence, having a parent with a severe mental illness, alcohol/substance use disorder or history of incarceration, and social disadvantage.

Children and young people exposed to one or more ACEs are at increased risk of a wide range of mental health conditions in childhood, adolescence and adulthood.^{13 14} The greater the number of ACEs a person experiences the higher their risk of experiencing various conditions over their life.^{15 16}

Child abuse is one specific type of ACE that is particularly 'toxic'. It is causally linked to multiple conditions including depression, anxiety disorders, eating disorders, personality disorders, and schizophrenia as well as to self-harm and suicide.^{18 19 20 21 22 23 24}

Research suggests that the eradication of ACEs – in particular child abuse – would lead to a 30% reduction of all lifetime mental disorders across the community.²⁵

Put simply, you can't prevent mental ill-health unless you protect children from child abuse and other traumas and the prevention of ACEs should therefore be a key priority of preventive mental health efforts.²⁶ We therefore call on the Federal Government to:

- Treat the prevention of ACEs as a national emergency and set a target to eradicate all forms of child abuse and neglect by 2030.
- Raise awareness about the link between ACEs and mental health conditions among the Australian public, and support them to play their role in protecting children and young people from harm.
- Create a Children and Young Person's Future Fund that can be used to support research and evaluation into policies, programs, and services that aim to prevent ACEs, or to intervene early when it is clear that a child or young person has experienced significant adversity or trauma.
- Fund a lead agency to synthesise and disseminate existing and emerging evidence on the prevention and early intervention of ACEs, to organisations working on these issues.
- Build Australia's capability in ACE prevention and early intervention through knowledge sharing mechanisms such as communities of practice, webinars, and conferences.

4. Invest in wellbeing and prevention research and evaluation.

When the early intervention movement first got off the ground in Australia in the early 1990s, research into this approach was only just beginning. Indeed, for quite some time the jury was out about whether early intervention for first episode conditions was really even possible or would make much difference to people's lives and mental health outcomes.

Fast forward 30 years, and thanks to the considerable and sustained research investment by research funding bodies and philanthropy, early intervention is now proven to work and has become a core pillar of Australia's mental health policy and one of our major mental health innovations on the world stage.

Change doesn't happen by chance; it happens through hard work and painstaking research which is supported by sustained and secure funding. We've seen this in cancer and cardiovascular disease in the physical health realm and we've seen it with early intervention in the mental health field.

It's time for prevention research to get its fair share of support.

For some time now, mental health research has lagged behind research into other key conditions such as cancer and cardiovascular disease. While the situation is slowly improving, mental health still receives less of the research and evaluation dollar than other areas of health, and within mental health research, research into prevention receives far less than other aspects of mental health.

As Woelbert et al note, "The majority of mental health research investment is on basic research, rather than clinical/applied research... Of particular concern is the lack of investments into prevention, which accounted for less than 7% of investments."²⁷ (p4)

If we want to ensure that wellbeing and prevention programs are safe and effective, we have to invest in their research and development. We therefore call on the Federal Government to:

- Recognise that investment in wellbeing and prevention research is just as important as investment in basic discovery, clinical, and mental health systems research.
- Ensure researchers with combined mental health and public health expertise are included on government, industry and NGOs research advisory groups.
- Address key gaps in the evidence base rather than duplicating existing research. These include:
 - Translational research to increase the effect size and duration of benefits of key existing evidence-based programs, such as psychological skills-building programs and parenting programs.
 - Implementation research to find ways to increase the uptake, adoption and quality of key existing evidence-based programs.
 - Intervention research into new and better ways to tackle key risk factors such as child maltreatment, domestic violence, racism and social disadvantage.
- Ensure that wellbeing and prevention research receives a fair share of competitive mental health research funding, potentially through targeted calls for research, or through direct government funding of teams working on wellbeing or prevention specific research.
- Ensure that wellbeing and prevention research features highly in the proposed National Mental Health Research Strategy.

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