

SESSION SUMMARY

SECOND MEETING OF THE NATIONAL NETWORK OF MENTAL HEALTH PROMOTION PRACTITIONERS

The second meeting of the National Network of Mental Health Promotion Practitioners was held on Wednesday 18th May 2022 via Zoom. The network now has over 100 members, and 49 people attended the second meeting.

Attendees came from a broad cross-section of professional backgrounds, settings and sectors – working on the promotion of mental wellbeing, prevention of psychological distress/mental health conditions, and building mental health literacy.

Network updates

Following an Acknowledgement of Country, Prevention United CEO Dr Stephen Carbone gave an update on plans for growing the network's membership and mechanisms for collaboration within the group, including:

- [Promotional materials](#) people can use to encourage new members to join.
- Encouraging more people working in South Australia, Tasmania and the two Territories to join, as they're underrepresented at present.
- Creation of a [private LinkedIn group](#) for members to share information and resources.
- A call out for members to pass on information about relevant mental health promotion activities, initiatives and events happening in their States/Territories (or in their organisations) for highlighting at future meetings or in our new monthly newsletter (email info@preventionunited.org.au)

Re-cap

Stephen provided a brief recap from the first meeting, emphasising the following key points:

- Mental health promotion is a field of endeavour that is the specialised branch of health promotion/public health which is focused on mental health issues.
- It is different from, but complementary to mental healthcare – and the two need to be intergrated to ensure we maximise the mental health and wellbeing of the *entire community*.
- Mental health promotion is informed by developmental, social ecological, population group, and settings lenses.
- It focuses on individual behaviour change and systems/structural/societal change - to address the underlying risk and protective factors that influence our mental health/wellbeing, while also building people's mental health/'ill-health' literacy.
- It draws on the (mental) health promotion toolkit – which includes public education and awareness, skills building programs (i.e. individuals, parents), organisational programs (to create mentally healthy settings), community mobilisation and place-based approaches, healthy public policies and laws, and reorienting services towards promotion and prevention.

Keynote presentation

Stephen noted today's talk would focus on 'individual' psychological skills building approaches – which is one component of a holistic building blocks approach. However, through our series of presentations

over time, we will discuss all the other various levels of action required (families, communities, organisations, societal).

Stephen introduced Joep van Agteren, Co-Founder of Be Well Co – who gave the keynote presentation titled *'The (in)convenient "truth" on using psychological strategies to promote mental health and wellbeing: what works, what doesn't and why'*.

Joep van Agteren works at the South Australian Health and Medical Research Institute (SAHMRI) and co-leads [Be Well Co](#) an organisation that designs, develops and tests mental health solutions and assessment methods.

A recording of Joep's keynote presentation and slides are available [here](#). Key points from the presentation included:

- There is considerable research evidence in support of the dual continua model – wellbeing and illness are two associated, but independent constructs.
- 'Complete mental health' is about maximising mental wellbeing and minimising symptoms of mental illness.
- There is considerable research evidence that psychological interventions can be used to improve people's mental wellbeing as well as to reduce their psychological distress, however different strategies have different benefits.
- For example, while Acceptance and Commitment Therapy, Mindfulness, and Multi-Component Positive Psychology Interventions can improve wellbeing among the general population, and reduce psychological distress among people experiencing mental health challenges, Cognitive Behaviour Therapy only has a small, non-significant benefit in improving mental wellbeing among the general population, but it is very effective for reducing psychological distress among people with a mental health condition. You therefore need to tailor your psychological strategies to the people you are working with.
- 'Dose' and 'skills-building' matters, and it is important that people are given the time and opportunity to learn the psychological skills and apply them to their day-to-day life – one off talks don't have a lasting effect.
- The design of interventions is important:
 - Use a systematic approach to development that considers audience and barriers and enablers to engagement.
 - Foster codesign and iteration for language, impact and engagement.
- The delivery mechanism is also important.
 - Apps on their own are not effective, but digital systems can be used as an effective adjunct.
 - Group-based delivery is cost effective, but its important to tailor to group needs.
 - A train-the-trainer methodology can allow up-scaling as psychological strategies can be successfully delivered by a range of workforces, including 'lay people' and peer workers.
- Given their benefits we should offer wellbeing strategies to the general population and to people experiencing mental health difficulties although different systems and workforces are needed.
- The mental health promotion system should be responsible for supporting the general public with people receiving support using a 'stepped care' model for mental health promotion whereby:
 - General population could participate in group based programs (supplemented by digital programs) led by lay people/peer workers funded by Government and industry)
 - Targeted populations can participate in nurse-led group-based wellbeing offerings.

- The mental healthcare system should be responsible for supporting people with mental health conditions, and needs to offer wellbeing-focused psychological strategies to complement existing clinical approaches, as this will enhance recovery.

Small group discussion

Joep's keynote presentation was followed by small group discussions in the Zoom breakout rooms. These provided an opportunity for people to introduce themselves and their role, discuss their reflections from the presentation and what the information meant for their day to day practice.

Some of the standout take aways raised during these conversations included:

- Strong argument for the dual continuum (not matching up to what is happening in the policy space).
- The construct of how managing and treating mental illness is complementary to wellbeing, but they are two different areas needing different skills/workforces/techniques.
- Extending/defining peoples roles.
- Peers – who do we mean when talking about these?
- Important not to neglect social determinants and how critical this is.
- Keeping the two systems separate (confusion about roles)
- Barriers – the need for more advocacy, a better understanding of what is mental health, the expectation that this is still a quick fix (do some training, get an app, all will be solved)
- The need for a consistent and national/state wide approach and framework to lead the way (collective wisdom to share with decision makers).

Next meeting and close

The meeting concluded with Stephen thanking the keynote speaker, organising committee, facilitators and all the people who had attended the meeting.

The next meeting would be held on Wednesday 27th July 2022 (12:30-2:00pm AEST), and would feature Professor Rob Moodie - Professor of Public Health at University of Melbourne's School of Population and Global Health, and of Public Health at the College of Medicine, University of Malawi (topic TBC).