Submission to:

SENATE SELECT COMMITTEE ON MENTAL HEALTH

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Introduction

Promotion, Prevention and Early Intervention (PPEI) for mental health and suicide prevention are two priority areas that the Australian Government has made significant investment in over the past few years. Although separate strategies, they are not mutually exclusive.

The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health was released by the Commonwealth Department of Health and Ageing in 2000. The Plan was developed under the auspices of the National Mental Health Working Group and the National Public Health Partnership and was overseen by the National Promotion and Prevention Working Party. The Plan was developed to provide direction for implementing promotion and prevention initiatives, a key priority area of the *Second National Mental Health Plan*, (Australian Health Ministers, 1998). The Second Plan and the current *National Mental Health Plan 2003-2008*, (Australian Health Ministers, 2003) have attempted to broaden the scope of the mental health agenda to include promotion and prevention along with early intervention, treatment and continuing care.

Another key strategy that impacts on mental health reform is the National Suicide Prevention Strategy. Under this strategy, the Australian Government has committed $10 million funding annually for the past five years for the development of national and community models of suicide prevention. The current strategy runs until June 2006. *The LIFE Framework*, developed under the National Suicide Prevention Strategy provides a four year strategic framework for national action to alleviate suicide and promote mental health and resilience across the Australian population.

The NSPS has funded over 25 national projects and over 170 locally based projects. Many of the initiatives undertaken to prevent suicide utilise approaches consistent with PPEI. At a jurisdictional level, one of the significant advances has been the development of 'Whole of Government' suicide prevention policies reflective of the roles that a range of sectors play in the prevention of suicide.

Auseinet's role

Auseinet (The Australian Network for Promotion, Prevention and Early Intervention for Mental Health) is a national initiative, funded by both the National Mental Health Strategy and the National Suicide Prevention Strategy and administered through the Department of Health and Ageing.

Auseinet supports the implementation of the *National Action Plan for PPEI* and the *LIFE Framework* in a range of sectors and settings through:

- The provision of comprehensive communication and clearinghouse functions that maintain, produce and disseminate high quality information which promotes good practice in PPEI and suicide prevention (i.e. websites, email alert services, clearinghouse, newsletters);
- The provision of a comprehensive network infrastructure that enables broad dissemination of information on PPEI and suicide prevention to a range of sectors and settings;

- Working collaboratively with a range of sectors to support the implementation of PPEI and suicide prevention initiatives (i.e. Aboriginal and Torres Strait Islanders, general practitioners, NGO sectors);
- Raising awareness of PPEI and influencing sectors to develop and implement PPEI and suicide prevention initiatives;
- Working collaboratively with all levels of government to enhance coordination and linkages in PPEI and suicide prevention; and
- Producing evidence based resources that assist the translation of policy into practice that are relevant to a range of sectors

Over the past five years since the release of the *National Action Plan for PPEI*, significant progress has been made in advancing PPEI. However, much of the progress to date can be attributed to the significant investment made by the Australian Government. Progress at the state/territory level is largely determined by the level of infrastructure in place and the presence of 'champions' or 'advocates.'

With the assistance of Auseinet, most jurisdictions now have in place plans, policies and infrastructure to progress the PPEI agenda and the focus now needs to be on implementation.

It is clear from feedback received from jurisdictions, that having a national initiative such as Auseinet has been effective in supporting implementation of new approaches in mental health reform. The extent to which Auseinet has contributed to the implementation of these national strategies is the primary focus of the external evaluation of Auseinet which is currently underway.

Scope

Auseinet's response to the terms of reference is from a promotion and prevention perspective. This is clearly our core business and the only perspective from which we have expertise to comment.

In responding to the terms of reference, we have selected those where we have a contribution to make. We have not addressed them all. The structure of our submission includes:
- Key messages;
- Summary of recommendations;
- Response to terms of reference; and
- References.

Key messages

Mental health is everybody's business

The scope of the mental health agenda has broadened under the *Second National Mental Health Plan* and the *National Mental Health Plan 2003-2008*. However, despite the rhetoric in policy, the mental health service system is still grappling with its responsibility in the area of promotion and prevention.

"There has been some confusion regarding the roles and responsibilities for promotion and prevention, particularly among mental health service providers who are struggling to meet increased demand for treatment services." (Steering Committee for the National Mental Health Plan 2003 - 2008; 2003).

Mental health services do have a role in promotion and prevention but not exclusively, and need to engage other sectors in recognising their role in achieving better mental health outcomes.

Treatment alone is not the answer

The evidence is very clear that the burden of mental health problems and mental disorders is high and rising. "Five of the ten leading causes of premature death worldwide are psychiatric conditions. Mental disorders represent not only an immense psychological, social and economic burden to society, but also increase the risk of physical illnesses" (WHO, 2004a). In 1997, the Australian Bureau of Statistics surveyed 10,600 householders in Australia to assess mental health morbidity, disability and service use at the population level. This survey, found similar to other countries, that 18% of the Australian population met the criteria for mental disorder or substance abuse in a 12 month period and that these cover considerable disability (Australian Bureau of Statistics, 1997).

Increasing evidence is indicating that mental health problems and mental disorders contribute to physical illnesses such as cardiovascular disease and diabetes." Physical health and mental health are closely associated through various mechanisms, as studies of links between depression and heart and vascular disease are demonstrating. The importance of mental health in the maintenance of good physical health and in recovery from physical illness is now well substantiated, as is the converse" (WHO, 2004b).

It is widely recognised and understood that treatment interventions alone cannot significantly reduce the burden of mental disorder and that there is compelling evidence that implementation of promotion, prevention and early intervention approaches will significantly reduce the burden of mental illness and mental disorder. Given the current limitations in effectiveness of treatment interventions for decreasing disability due to mental disorders, the only sustainable method for reducing the burden caused by these disorders is prevention.

However, despite the policy directions and the evidence, the mental health service system appears to reflect a sense of competing priorities between treatment and promotion and prevention activities. Mental health expenditure needs to reflect commitment across the spectrum of services, not a focus on treatment services only.

Mental health needs to be underpinned by a population health approach

Promotion and prevention is a key platform of the *National Mental Health Plan 2003-2008* and strongly suggests that mental health is underpinned by a population health approach. However, the current system is largely underpinned by a medical model. There needs to be a shift in the focus of service delivery models and the training of the workforce to enable a broader approach to be taken. A population health approach includes addressing social determinants and risk and protective factors at a range of levels including individual, family, community and society.

Recovery oriented service models need to be developed and implemented

Developing recovery oriented services has been highlighted in the *National Mental Health Plan 2003-2008*. Mental health is more than the absence of illness, it is the foundation for wellbeing and effective functioning for an individual and a community.Recovery oriented services provide the vehicle for mental health promotion and relapse prevention for people affected by mental illness through acknowledging the social determinants and risk and protective factors that impact on health and wellbeing. Recovery oriented services focus on attaining wellbeing and value all the dimensions of a person's life. Mental health services need to develop a recovery oriented approach which acknowledges the lived experience of those affected by mental illness and the need for a range of accommodation and support options. People with the lived experience need to contribute to and lead the development of these services.

Increased access to a range of flexible, responsive service options is needed

Services that are recovery oriented and those that provide early intervention need to be responsive and accessible to user need. Long waiting lists do not reflect responsive service provision.

Although there have been significant advancement in some areas in early intervention including the work of EPPIC (Early Psychosis Prevention and Intervention Centre) and the Better Outcomes in Mental Health Care Initiative, early intervention has not received the overall attention it warrants.

"Consumer and carer satisfaction with clinicians responses to early warning signs has not increased, and there is still limited capacity for timely access to mental health services. In the community consultations, few people agreed that mental health services in Australia are geared to provide early intervention for people experiencing a mental disorder" (Steering Committee for the National Mental Health Plan 2003 - 2008; 2003).

Workforce development needs to be given priority in mental health service reform

Developing service models that are accessible, responsive and recovery oriented and that address social determinants and risk/protective factors requires a workforce that is equipped and competent to manage and deliver these services.

Increased priority needs to be given to addressing the workforce development needs of a range of workforces, including: mental health services providers; public health practitioners; primary care providers; general practitioners; consumers; carers; NGOs; and community services.

The need for greater education and training opportunities and resources for PPEI was a key priority identified in the national consultation on the National Action Plan for PPEI undertaken by Auseinet in 2001/2002 (Parham & Rickwood, 2003).

Summary of recommendations

Terms of reference a.

- That all jurisdictions ensure that they have in place PPEI policy, implementation plans and coordination mechanisms.
- A greater level of accountability is put in place for expenditure on promotion and prevention initiatives at the jurisdictional level.
- National projects and initiatives continue to provide coordination and support for implementation at a national level.

Terms of reference b.

- Greater investment in strategies to support workforce development, service reorientation and referral pathways that enable early intervention and prevention approaches to be implemented.
- Development of primary care services that are competent in addressing mental health problems and mental disorders.
- Expansion of the Better Outcomes in Mental Health Care Initiative to include promotion and prevention.

Terms of reference d.

- Mental health NGOs need to be seen as a significant and preferred provider of rehabilitation, supported accommodation and associated services that support a recovery-oriented approach.
- Greater investment is needed to strengthen the infrastructure of mental health NGOs in particular to enable them to provide effective services.
- Funding to the NGO sector should be increased to enable them to provide a range of community based services that support a recovery oriented approach.

Terms of reference e.

- Greater attention needs to be given to cross government collaborations and partnerships in the areas of social inclusion, housing and employment.
- At the local level, investment needs to be made in sectors outside of health such as housing, local government and community services to address mental health issues.

Terms of reference f.

- All jurisdictions need to have in place policies, plans and funding to address the specific requirements of these special needs groups. These strategies need to include access and equity, cultural and age appropriateness and inter-sectoral collaboration.
- Continued investment is required in infrastructure and programs that enhance the social and emotional wellbeing of Aboriginal and Torres Strait Islander people and reduce suicide.
- Consideration must be given to the mental health needs of people from culturally and linguistically diverse communities.

Terms of reference h.

- Increased investment in upskilling the primary care workforce to provide PPEI services is required.
- Strengthening the capacity of the primary care sector to work in partnership with other sectors to deliver services (eg education, adult mental health and CAMHS services, NGO sector) is required.
- Strengthening the infrastructure of the primary care sector to implement a PPEI approach. is required.

Terms of reference i.

- Recovery-oriented service standards need to be developed for mental health services along with appropriate accountability mechanisms.
- The needs of children who have a family member with a mental illness must be given priority.

Terms of reference l.

- A national coordinated and strategic approach to address community mental health literacy should be developed.
- Support should continue for current national mental health literacy initiatives - SANE, Mindframe, Mental Health First Aid and Rotary's community based program.

Terms of reference n.

- Greater investment is needed in research that increases the body of knowledge in promoting mental health and preventing mental disorders.
- Consideration should be given to implementing strategies that will enhance capacity of the mental health workforce to develop and implement evaluations.
- Continued investment should be made in national infrastructure (such as Auseinet) that supports access to and dissemination of the evidence base and best practice in PPEI and suicide prevention.
- Collaborations between universities and industry partners should become criteria for research grants to ensure the links between research and practice.

Response to Terms of Reference

a. The extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government have achieved its aims and objectives, and the barriers to progress.

In terms of promotion and prevention, the Australian Government has invested a significant amount at both a policy and project level. The Australian Government has funded the National Promotion and Prevention Working Party and the development of the national policy documents *The National Action Plan for Promotion, Prevention and Early Intervention for Mental Health* and *Promotion, Prevention and Early Intervention for Mental Health: A Monograph* (Commonwealth Department of Health and Ageing, 2000a,b) as well as the following key national initiatives:

- Auseinet
- MindMatters
- Mindframe National Media and Mental Health Initiative
- beyondblue
- SANE
- Reachout
- Kids Helpline
- Community Minded
- Response Ability

These national projects and initiatives support the implementation of PPEI in a range of sectors including health, media, journalism, education and community services.

In addition, there are a number of other national strategies that overlap or link with the goals and objectives of the National Mental Health Strategy and in particular, advance promotion and prevention. These include:

- National Suicide Prevention Strategy
- The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004-2009
- Framework for the implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia
- National Drug Strategy
- National Crime Prevention Strategy
- Better Outcomes in Mental Health Care Initiative

These strategies link the mental health sector with Aboriginal and Torres Strait Islanders, general practice and primary care, multicultural health services, drug and alcohol services and local government.

Effective implementation of national policy requires take up at the state and territory level. Implementation of PPEI at the jurisdictional level is largely determined by the level of infrastructure in place and in some cases, the energy and commitment of 'champions' or 'advocates.'

The first step in advancing promotion and prevention at the jurisdictional level has been the development of the infrastructure required to support work in this area. This has included the development of PPEI policies and plans, funding commitments and coordination mechanisms. With the assistance of Auseinet, all jurisdictions now have some level of infrastructure in place to advance implementation of PPEI. Some jurisdictions have also made significant investments in initiatives and programs to implement evidence based PPEI approaches. Commitment and funding to PPEI at the jurisdictional level varies and there is still a way to go in embedding it in sustainable systems and structures.

Within the jurisdictions, PPEI is driven by either mental health or public health and the degree of collaboration fluctuates. Commitment to mental health expenditure on evidence based PPEI initiatives is still questioned, despite the evidence for its effectiveness, outcomes and cost/benefits.

Recommendations

- That all jurisdictions ensure that they have in place PPEI policy, implementation plans and coordination mechanisms.
- A greater level of accountability is put in place for expenditure on promotion and prevention initiatives at the jurisdictional level.
- National projects and initiatives continue to provide coordination and support for implementation at a national level.

b. The adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care

The range of services provided varies from jurisdiction to jurisdiction but the evidence is very strong that treatment alone is not the answer to the increasing burden of mental illness and mental disorder.

There is compelling evidence (see Commonwealth Department of Health and Ageing, 2000b) that the implementation of promotion, prevention and early intervention approaches can significantly reduce the burden of mental disorders.

It is very clear that if we are going to stem the tide of increasing prevalence of mental disorders such as depression, anxiety and mood disorders, a greater proportion of the mental health budget needs to be expended on PPEI initiatives which intervene at a much earlier stage.

There is now a significant body of knowledge and evidence that supports this (see for example www.auseinet.com and www.beyondblue.com).

Debra Rickwood, in her recent national consultation on relapse prevention, (Rickwood, 2004), identified the need for a range of accommodation, support, rehabilitation and crisis services that enabled people affected by mental illness to access the services they needed to reduce the impact of their illness and enhance their own self management.

One of the barriers impacting on early identification of mental health problems or mental disorders is the lack of referral pathways and access to services. The mental health specialist service system, both public and private, often has waiting lists and/or lengthy waiting times before people can be seen. This reflects the need for another level of service which provides a bridge between general practice and specialist mental health services.

Recommendations

- Greater investment in strategies to support workforce development, service reorientation and referral pathways that enable early intervention and prevention approaches to be implemented.
- Development of primary care services that are competent in addressing mental health problems and mental disorders.
- Expansion of the Better Outcomes in Mental Health Care Initiative to include promotion and prevention.

d. The appropriate role of the private and non government sectors

Both the Mental Health NGO sector and mainstream NGOs have an important role in providing non clinical, community based services for people with mental health issues, their families (including children) and carers. The NGO sector services complement the specialist treatment services by providing a major source of continuing care and support and promoting the mental health and wellbeing of people with mental health problems, their families including children, and carers living in the community. They also have an essential role in providing services that support relapse prevention.

NGOs are well placed to strengthen the capacity of communities to support their members experiencing the impact of a mental illness. These activities include both home or community based services as well as an extensive range of community support options that contribute to the emotional, physical, spiritual and social wellbeing of people experiencing mental illness, their families (including their children) and carers.

Although there has been a 254% growth in sector funding between 1992-2000 (Commonwealth Department of Health and Ageing, 2002:4) and a very moderate increase (from 2% to 5.4%) in the sector's share of the mental health funding, this figures does not reveal the differences between the state and territory jurisdictions. Progress in expanding this sector has been variable (Commonwealth Department of Health and Ageing, 2002:38). Growth has been strongest in Victoria and Queensland and most limited in New South Wales, South Australia and Tasmania (although in South Australia the recent budget announcements may affect this view). These differences may result in significant inequities in service provision between jurisdictions. However, New South Wales argued that the difference for their jurisdiction does not reflect lack of disability support services, rather a different service provision model.

Unfortunately, comparative data about NGO service provision in rural and remote regions of Australia is not available, but the National Mental Health Report 2002

(Commonwealth Department of Health and Ageing, 2002:41) notes the inadequacy of rural services.

Recommendations

- Mental health NGOs need to be seen as a significant and preferred provider of rehabilitation, supported accommodation and associated services that support a recovery-oriented approach.
- Greater investment is needed to strengthen the infrastructure of mental health NGOs in particular to enable them to provide effective services.
- Funding to the NGO sector should be increased to enable them to provide a range of community based services that support a recovery oriented approach.

e. The extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes

There are a number of influences and contributing factors to an individual's mental health status. "The determinants of physical and mental health status, at the population level, comprise a range of psychosocial and environmental factors including income, employment, poverty, education and access to community resources (Yen & Syme, 1999; Kawachi & Marmot, 1998; Baum 1998) as well as demographic factors such as gender, age and ethnicity" (as cited in WHO, 2004b).

VicHealth (2005) identified three key socioeconomic determinants for mental health: social inclusion, freedom from discrimination and violence, and economic participation. Their report states that "there is a growing body of evidence of correlations between various dimensions of social capital and aspects of mental health including mental illnesses (Pevalin, 2002) self-assessed mental health status (Baum et al., 2000), happiness and wellbeing (Putnam, 2001) depressive symptoms (Ostir et al., 2003). Racial discrimination has been found to be associated with a poorer sense of wellbeing, lower self-esteem and sense of control or mastery, psychological distress, major depression, anxiety and other mental disorders" (as cited in VicHealth, 2005:14).

In 2001 Aboriginal and Torres Strait Islander people had higher rates of unemployment, poorer educational outcomes and lower rates of home ownership (Australian Institute of Health and Welfare, 2004). Suicide rates are much higher among Indigenous and same sex attracted young people (Walker & Rowling 2002) than for young people across the whole population.

Economic participation does not only mean paid work, but also the money to feed and clothe oneself and one's family and to participate in community life. "Talking about mental disorders means talking about poverty: the two are linked in a vicious cycle. Without well targeted and structured investment in mental health, the vicious cycle of poverty and mental disorders will be perpetuated, thereby preventing poverty alleviation and development" (WHO, 2004b).

Rickwood (2004) states "varying levels of evidence suggest that risk and protective factors are likely to be evident in the areas of accommodation, employment, forms of

meaningful activity, drug and alcohol misuse, physical health, social relationships, violence and factors that shape personal resilience." Data collected by the Australian Institute of Health and Welfare on supported accommodation programs show that mental illness, directly and indirectly, is a major contributor to homelessness. "Homelessness and the inability to access safe and stable housing expose people with a mental illness to a wide range of risk factors for their mental and physical health and wellbeing" (Australian Institute of Health and Welfare, 2003)

For people with a mental illness, employment is a complex issue. It can either be a source of stress or a source of meaningful activity and therefore protective of mental health. For many, finding employment or engaging in meaningful activity is a constant struggle. Given that employment in western societies is fundamental to how people define themselves, a lack of employment can have an adverse effect on self esteem and self confidence and become a form of stigma and discrimination.

Recommendations

- Greater attention needs to be given to cross government collaborations and partnerships in the areas of social inclusion, housing and employment.
- At the local level, investment needs to be made in sectors outside of health such as housing, local government and community services to address mental health issues.

f. The special needs of groups such as children, adolescents, the aged, Indigenous Australians, the socially and geographically isolated and of people with complex and co-morbid conditions and drug and alcohol dependence

All of these special needs groups are important and have been identified in the *National Action Plan for Promotion, Prevention and Early Intervention for mental health*. Of these groups, Auseinet has targeted Aboriginal and Torres Strait Islanders and culturally and linguistically diverse (CALD) communities as priority sectors for specific programs of work. We note that the CALD sector is missing from the list of special groups.

An holistic approach is vital in achieving improved mental health outcomes for Aboriginal and Torres Strait Islander people. Such an approach must encompass a range of social, emotional, cultural, spiritual, environmental, economic, political and physical considerations. These considerations must be taken into account in the development of PPEI approaches for Aboriginal and Torres Strait Islander mental health

Aboriginal and Torres Strait Islander people generally experience very high levels of grief, loss, trauma, violence and abuse, etc., which impact significantly on their mental health and social and emotional wellbeing. Some of the risk factors include :

- Ongoing experience of social disadvantage and exclusion (Australian Institute of Health and Welfare, 2001)
- Frequent deaths within kinship structures due to earlier average age at death higher infant mortality, and higher rates of deaths of young people due to suicide, self harm, injury and violence (Australian Institute of Health and Welfare, 2001).

- Higher rates of community and family violence and injuries (Australian Bureau of Statistics, 2002).

Suicide figures for Aboriginal Australians are higher than that of the general population. In the period 1998-2002, figures for intentional self-harm were 6.7% of males, and 1.9% of males of the Aboriginal population, compared with 2.9% and 0.8% respectively for the general population (Australian Bureau of Statistics, 2004).

The Australian Government has invested in suicide prevention initiatives under the National Suicide Prevention Strategy. Twenty five out of 150 projects currently funded are being undertaken in Aboriginal and Torres Strait Islander communities. Auseinet is supporting these projects where appropriate and also working in partnership with Department of Health and Ageing to develop a range of culturally appropriate resources, written and developed by Aboriginal and Torres Strait Islander people.

Recommendations

- All jurisdictions need to have in place policies, plans and funding to address the specific requirements of these special needs groups. These strategies need to include access and equity, cultural and age appropriateness and inter-sectoral collaboration.
- Continued investment is required in infrastructure and programs that enhance the social and emotional wellbeing of Aboriginal and Torres Strait Islander people and reduce suicide.
- Consideration must be given to the mental health needs of people from culturally and linguistically diverse communities

h. The role of primary health care in promotion, prevention, early detection and chronic care management.

Primary health care is the first point of contact for people experiencing a mental health problem. Less than 40% of people will seek any help at all, and they typically *do not* contact mental health services. Three quarters will see a general practitioner first (Australian Bureau of Statistics, 1997).

Primary care is identified in most current policy documents as an important setting for mental health, and increasingly for promotion, prevention and early intervention. The National Mental Health Plans, the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health*, and the *Life Framework* all set the policy groundwork for mental health activities in primary care. While policy is in place, implementation requires urgent action.

The Australian Government's Better Outcomes in Mental Health Care Initiative is to be commended for its systemic approach to supporting general practitioners' needs around education and training, access to specialist support, and improved remuneration for the time spent on mental health consultations. The initiative is currently treatment focussed. Auseinet would support the expansion of Better Outcomes to include promotion, prevention and early intervention approaches.

The primary health care workforce must be trained at the very least to recognise risk factors and early warning signs for mental health problems. Importantly, training should include the broad range of professionals involved in primary health care

delivery (e.g. general practitioners, nurses, counsellors, other allied health professionals). Ideally, education and training in mental health promotion, prevention and early intervention should commence in the undergraduate years.

Auseinet and ADGP have identified a base of mental health promotion, prevention and early intervention activities already occurring in the general practice setting (O'Hanlon, Wells & Parham, 2004). We are currently developing evidence-based resources and complementary education and training modules in a range of priority areas. We strongly believe that training must be complemented by coordinated, effective, accessible, and timely referral pathways. Partnerships between primary health and specialist mental health services are vital.

Recommendations

- Increased investment in upskilling the primary care workforce to provide PPEI services is required.
- Strengthening the capacity of the primary care sector to work in partnership with other sectors to deliver services (eg education, adult mental health and CAMHS services, NGO sector) is required.
- Strengthening the infrastructure of the primary care sector to implement a PPEI approach. is required.

i. Opportunities for reducing the effects of iatrogenesis and promoting recovery-focused care through consumer involvement, peer support and education of the mental health workforce and for services to be consumer - oriented

A recovery oriented mental health service system will require participation and leadership from people who have the lived experience of mental illness and those who care for them. Consumer and carer participation is vital. This requires infrastructure such as consumer participation policy which includes remuneration, support and mentoring.

Each jurisdiction requires a planned, strategic and coordinated approach to address these issues, based on values and principles that reflect citizenship. This approach should be supported by a commitment to appropriate resource allocation and opportunities for staff training that is underpinned by quality principles and monitoring of outcomes. To enable consumers and carers to contribute to workforce development, this should be supported by appropriate levels of training, including the use of mentors, appropriate levels of remuneration, and access to appropriate resources. There is a need to take into account the particular needs of children and young people, both as users of mental health services and as children of parents with a mental illness.

Formal leadership development programs for consumers and carers are important as a way of promoting equity of opportunity and enabling new consumer and carer leaders to emerge. Auseinet has recognised the need to develop consumer and carer advocates for PPEI and is about to undertake a feasibility study, "Development of a Leadership Model for Mental Health Consumers and Carers" which will explore the need for leadership within the sector, identify the components of a training program and explore sustainable delivery models.

Recommendations

- Recovery-oriented service standards need to be developed for mental health services along with appropriate accountability mechanisms
- The needs of children who have a family member with a mental illness must be given priority

I. The adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers

Stigma and discrimination are important issues in achieving better mental health outcomes in Australia. A number of mental health literacy models have been developed and implemented at both national and state and territory levels. The national models include SANE, Mindframe, the National Media and Mental Health Initiative, Mental Health First Aid and the Rotary community mental health literacy programs.

- SANE has been funded to explore and address the issues of stigma and have implemented a range of strategies including StigmaWatch and Mental Health Reports, as well as generating a range of publications.
- Mindframe is a national media and mental health initiative funded to address issues around reporting mental illness, mental health and suicide in the media. This national initiative was developed in collaboration with the media industry, mental health promotion and suicide prevention experts, policy makers and consumer and carer representatives. The Mindframe initiative aims to enhance the media's capacity to report responsibly, sensitively and accurately on mental illness and suicide.
- Mental Health First Aid is a training program developed at Australian National University by Professor Tony Jorm and Betty Kitchener. It is designed to improve the mental health literacy of community members in recognising the signs and symptoms of mental illness.
- Rotary, in partnership with *beyondblue* has implemented 1,200 community mental health forums to raise community awareness about mental health issues.
- The states and territories are undertaking a range of initiatives to improve mental health literacy and address stigma and discrimination.

Recommendations:

- A national coordinated and strategic approach to address community mental health literacy should be developed.
- Support should continue for current national mental health literacy initiatives - SANE, Mindframe, Mental Health First Aid and Rotary's community based program.

n. The current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated

There are a number of major issues that need to be addressed in advancing research in the areas of promotion, prevention, early intervention and suicide prevention. These include:

- Establishing the evidence base
- Evaluation of intervention, programs and initiatives; and
- Disseminating the evidence base

As well as establishing research agendas and investing in research by universities, it is important also to recognise that there is a growing need to enhance the capacity of practitioners and project personnel to develop an evaluation culture in their work.

Establishing the evidence base

The evidence base on the outcomes and efficacy of implementing promotion, prevention and early intervention approaches is growing. Evidence-based medicine and evidence-based prevention stimulate the use of best available knowledge from systematic research in decision making for clinical and public health practice.

"Evidence-based prevention and health promotion is the conscientious, explicit and judicious use of current best evidence to make decisions about interventions for individuals, communities and populations that facilitate the currently best possible outcomes in reducing the incidence of disease and in enabling people to increase control over and improve their health" (WHO, 2004b).

The call for evidence-based interventions and health promotion has triggered an international debate between researchers, practitioners, health promotion advocates and policy-makers on the quality standards of evidence. In evidence-based medicine, the randomised controlled trial is widely accepted as the 'gold standard' and the best strategy to reduce the risk of invalid conclusions from research.

In promotion and prevention research, the randomised controlled trial has limitations. The design is specifically appropriate for studying causal influences at an individual level using interventions in a highly controlled context. However, many preventive and health promotion interventions address whole classes, schools, companies, communities or even populations. Another consideration in prevention research is that it is longitudinal in nature and outcomes may not be achieved for some time. Other research designs such as quasi-experimental, time series and qualitative research methods need to be seen as valuable strategies for developing useful evidence.

In the face of the growing availability of evidence-based prevention programs and the international trend to adopt 'best practice', questions arise about the level (standard) of evidence that needs to be available. Building the evidence-base for prevention is an incremental process and different evidence standards apply to the different types of decisions that have to be made.

In Australia, there has been some significant evidence-based interventions developed from different levels of evidence including randomised control trials. Examples include Triple P (Positive Parenting Program) and the EPPIC models. There are also some excellent examples of epidemiological studies such as the Aboriginal Child Health Survey currently being undertaken by the Telethon Institute for Child Health Research in Western Australia.

Evaluation

Evaluation of promotion and prevention programs is essential, but often challenging because it involves evaluating capacity building, impact and sustainability.

A number of significant evaluations are underway at present in Australia which are evaluating PPEI interventions: MindMatters, MindMatters Plus and Auseinet. Furthermore, in the area of suicide prevention in Australia, a number of evaluations are being undertaken. La Trobe University have been evaluating all of the suicide prevention projects funded by the NSPS in Victoria using a Program Logic Framework and many of the 150 local projects funded under the NSPS have also undertaken evaluations.

Disseminating the evidence base

Dissemination of evidence-based research and policy often involves a significant amount of what has come to be known as 'translational research' (i.e. translating policy and/or research into practical tools and useful frameworks that assist practitioners and project personnel in implementation). In the areas of PPEI and suicide prevention, access to and dissemination of the evidence base are essential.

A key role that Auseinet has played over the last five years is to establish a comprehensive communications infrastructure to enable up to date information, resources and evidence-based research and practice to be made accessible to as many people as possible in a range of different sectors and settings. Auseinet has developed two major websites: www.auseinet.com and www.livingisforeveryone.com.

The Auseinet website includes a searchable resources database as well as an electronic peer reviewed journal *The Australian E-Journal for the Advancement of Mental Health*. Auseinet has also invested in undertaking evaluations and scoping studies to support the translation of policy into practice. These include *Building Capacity for Mental Health* (O'Hanlon, Ratnaike, Parham et al., 2002) and *Partners in Prevention: Mental Health and General Practice* (O'Hanlon et al., 2004).

The suicide prevention website also has a searchable resources database, a database of all the projects funded under the NSPS and current best practice initiatives. Currently, Auseinet is undertaking an analysis of the learnings of all the projects funded by the NSPS. These learnings will then be developed into a resource or set of resources which will be widely disseminated and made available on the website.

Recommendations

- Greater investment is needed in research that increases the body of knowledge in promoting mental health and preventing mental disorders.
- Consideration should be given to implementing strategies that will enhance capacity of the mental health workforce to develop and implement evaluations.
- Continued investment should be made in national infrastructure (such as Auseinet) that supports access to and dissemination of the evidence base and best practice in PPEI and suicide prevention.
- Collaborations between universities and industry partners should become criteria for research grants to ensure the links between research and practice.

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