

“An ounce of prevention is worth a pound of cure”

Broadening the Mental Health Agenda to Mental Health Promotion and the Prevention of Mental Illness

**Pre-Budget Submission 2019: The Act-Belong-Commit Mental
Health Promotion Foundation**

Mentally Healthy WA

January 2019

Preamble

This submission can be considered complementary to those that seek increased support for early intervention, treatment, care and recovery of persons with or at risk of mental illness.

Mentally Healthy WA's submission is complementary in that our focus is on mental health *promotion* and the added value of a positive approach applied across all levels of prevention - primary, secondary and tertiary.

As noted by the UK's Faculty of Public Health and Mental Health Foundation, "*Promoting mental wellbeing moves the focus away from illness and is central to an individual's resilience, social purpose, autonomy and ability to make life choices*" (Better Mental Health For All, 2016, P 28).

Before proceeding to the specifics of our submission, we ask that you please read the following three items:

- extracts from one of – if not *the* - world's leading authoritative health journal (The Lancet);
- several verses from a poem written by someone with no health qualifications but a great deal of common sense; and
- a perennial question.

Extracts from the [Lancet](#) Commission on global health and sustainable development

2018

'All countries can be thought of as developing countries when it comes to mental health'

'Despite research showing what we can do to prevent mental disorders and promote positive mental health, translation into practice is painfully slow'

'Failure to respond to the mental health crisis results in monumental human suffering, monumental loss of human capabilities and denial of people's opportunity to flourish'

'Good mental health is a fundamental human right'

'We need to broaden the mental health agenda from a focus on treatment for people affected by a mental disorder, to the improvement of the mental health for the whole population'

“The Ambulance Down in the Valley”

*'Twas a dangerous cliff, as they freely confessed,
Though to walk near its crest was so pleasant;
But over its terrible edge there had slipped
A duke and full many a peasant.
So the people said something would have to be done,
But their projects did not at all tally;
Some said, "Put a fence 'round the edge of the cliff,"
Some, "An ambulance down in the valley."*

*But the cry for the ambulance carried the day,
For it spread through the neighboring city;
A fence may be useful or not, it is true,
But each heart became full of pity
For those who slipped over the dangerous cliff;
And the dwellers in highway and alley
Gave pounds and gave pence, not to put up a fence,
But an ambulance down in the valley.*

*Then an old sage remarked: "It's a marvel to me
That people give far more attention
To repairing results than to stopping the cause,
When they'd much better aim at prevention.
Let us stop at its source all this mischief," cried he,
"Come, neighbors and friends, let us rally;
If the cliff we will fence, we might almost dispense
With the ambulance down in the valley."*

Joseph Malins

1895

‘When will we ever learn?’

From Where have all the flowers gone?

Pete Seeger

1961

1. Introduction

Just think for a moment about how many deaths and how much suffering have been avoided in Australia because governments back in the 1970s and 1980s, albeit after much prompting by NGOs and public health authorities, began to focus on lifestyle and environmental causes of physical ill-health and injury – not just on more ambulances down in the valley (i.e., more doctors, more hospital beds, more operating theatres and equipment, and more research for treatments and ‘miracle’ drug cures).

Just think of the human and financial costs had we not urged people to Quit smoking, to Slip Slop Slap before going out in the sun, to be a SunSmart School, to Belt Up whilst driving, to Not Drink and Drive, to Eat 2 Fruit n 5 Veg, to Move More Eat Less, to Work Safe, and so on. The savings started almost immediately as exemplified in the area of smoking where smoking rates in Australia declined considerably after the introduction of mass media campaigns in the 1970s, with a decline in male smokers from 45% in 1974 to 27% in 1995 with an estimated benefit of health improvements in 1998 due to lower consumption from 1970 onwards of \$12.3 billion (Commonwealth Dept of Health & Ageing, 2003). The cumulative savings now across all the above areas would be in the trillions of dollars.

Hence it is no wonder that in recent years the funds allocated annually by governments to these various community wide physical health promotion and injury prevention campaigns is in the hundreds of millions of dollars across these different areas.

On the other hand, although John Steinbeck observed back in 1962 that "*a sad soul can kill you quicker, far quicker, than a germ*", and although mental illnesses now account for the third largest cause of years lived with a disability in Australia, and that people with a mental illness have lesser life expectancy, that businesses suffer enormous productivity costs through days lost due to workers with mental health problems, and the considerable economic costs to the health system due to mental illness, governments around the globe – including the Australian Government – provide less than adequate funds to treatment and recovery (albeit that is improving), and even far less to mental health promotion and primary prevention. There is also much confusion around what constitutes mental health promotion and primary prevention versus early intervention, resulting in many early intervention and treatment programs being incorrectly claimed by governments as investment in ‘mental health promotion’.

This ‘disparity between burden and budget’ for mental health promotion and primary prevention is simply economically and humanly unacceptable. While Western Australia is to be lauded for funding the world’s first (and still only) comprehensive population wide mental health promotion campaign (Act-Belong-Commit), the Federal Government and other States do not have such a campaign, which the evidence shows has the potential to make a positive impact on people’s lives.

Given that mental health is a determinant of physical health and given the evidence for return on investment in mental health promotion, the decision to increase funding for mental health promotion and primary prevention is literally a ‘no brainer’. Hence we call on the Federal Government to demonstrate world leadership by make a meaningful and practical contribution to achieving the Vision of the International Perth Charter for the Promotion of Mental Health and Wellbeing: "*A World Where Mental Health And Physical Health Are Equally Valued*" (Anwar-McHenry & Donovan, 2013), by funding the establishment of a mental health promotion foundation.

2. Commitment Sought: *That the Federal Government funds the establishment of a Foundation for the Promotion of Mental Health and the Primary Prevention of Mental Illness*

The Foundation would have an overall focus on building and maintaining positive mental health in both the general population and in those with mental health problems.

The Foundation would build on the principles and programs of the internationally diffusing Act-Belong-Commit framework and would:

1. Develop and implement resources and strategies both community wide and in settings such as homes, community health services, pre-schools, schools, worksites, sporting, social and recreational clubs, health care institutions, aged-care accommodation, General & Specialist Medical Practices and Allied Health Practices.
2. Develop cross-sectoral collaborations at both State and Federal levels with and between Government Departments/ Ministerial Portfolios such as Health, Education, Sport & Recreation, Transport, Housing, Police, Corrections, Indigenous Affairs, Education, Employment, Community Services, Ageing, Children & Youth.
3. Develop collaborations with and between NGOs in the areas of both physical and mental health.
4. Develop collaborations with and between mental illness services and particularly with respect to early intervention and recovery.
5. Continue to develop collaborations with and between Local Governments to assist in reaching all communities and maximising impact at the grass roots level.

Given that the vast majority of mental illnesses emerge in the period from early childhood to young adulthood, the first five years of the Foundation would include an emphasis on pre- and ante-natal (and ongoing) support for parents, early childhood and school settings, tertiary institutions, workplaces with a high proportion of young people, and young people's sport, art and recreational settings.

The Foundation would absorb the current Act-Belong-Commit Campaign team and maintain strong links with researchers and program designers/implementers in Australian and overseas universities, along with researchers and implementers in Act-Belong-Commit partner organisations around the globe (Denmark, Faroe Islands, Japan, Mongolia, Norway, USA) as well WHO and major international mental health promoting organisations.

A detailed strategic plan would be developed on confirmation of intention to fund. That plan would show how the proposed Mental Health Promotion Foundation would operate across the public health spectrum shown in the following Table (adapted from UK Mental Health Foundation).

Mental Health Promotion Interventions and the Prevention Spectrum

Interventions may be focused on different groups of people:

Universal – for everyone

Selective – for people in groups, socio-demographics or communities with higher prevalence of or susceptibility to mental health problems

Indicated – for people with early detectable signs of mental health distress and specific high-risk target groups

Prevention can operate prior to and at different phases in the development of mental health problems and recovery from them:

Primary prevention - aims to stop ill-health occurring in the first place by using 'upstream' approaches for the majority of the population, coupled with selective and indicated interventions focused on people and communities most at risk

Secondary prevention – aims to identify the earliest signs of health problems and provide effective early intervention to minimise the likelihood of progression to a mental illness

Tertiary prevention – aims to prevent relapse and ensure sustainable recovery for those who experience a mental health problem

3. The Business Case for Promotion of Mental Health and Primary Prevention of Mental Illness

There is a well-established body of evidence showing the economic and social cost of poor mental health and the potential and actual economic payoff for promotion, prevention and early intervention, including mental health promotion (IUHPE 2005).

A small sample of the now numerous papers dealing with the effectiveness of and economic returns for prevention in general as well as for mental illness and mental health promotion are included in the References list below [see AIHW (2018); Better Mental Health For All (2016); Dept Health & Ageing (2003); Evans-Lacko et al (2013); Jacka et al (2014); Lancet Commission (2018); Masters et al (2017); Mihalopoulos et al (2011); IUHPE Supplement to Promotion & Education (2005); Vigo et al (2018); Vos et al (2010)].

The potential returns on investment from promotion and primary prevention are compelling and demonstrate the lost opportunities of inaction: for example, Masters et al (2017) in their systematic review, which included several mental health interventions, found the median Return On Investment (ROI) for public health interventions was 14.3 to 1 and the median Cost Benefit Ratio (CBR) was 8.3.

Governments have introduced lifestyle campaigns to promote physical good health and prevent physical illness and injury with substantial economic benefits. The evidence shows that the same sorts of savings – if not more so given the ripple effects of mental illness – will accrue from the promotion of good mental health and the primary prevention of mental disorders.

This body of evidence is further enhanced by the now scientifically accepted relationship between mental health and physical health. In short, enhancing public mental health will also have a positive impact on physical health (see for example Section One of Better Mental Health for All, 2016).

4. The Moral Case for Promotion of Mental Health and Primary Prevention of Mental Illness

Individuals have a right to not just be free of illnesses, but to flourish, to experience positive emotions, feel a sense of belonging, have meaning in their lives, build resilience to deal with adverse events, and achieve their potential.

Given the considerable human suffering and social disruption through all facets of society that result from trauma and avoidable mental illness, and given that there is considerable evidence as to effective strategies for enhancing mental health and preventing mental disorders, there is a moral imperative for those with the power to act, to ensure the implementation of these strategies without delay.

5. Six Principles of Public Health Action in Mental Health Promotion and Primary Prevention

The UK Better Mental Health For All Report (p 28) lists the following six principles as especially important for a public health approach to mental health. The proposed Mental Health Promotion Foundation endorses and adopts these principles:

(i) Interventions which focus on the positive have added value over those which focus on finding or preventing the negative. Promoting mental wellbeing moves the focus away from illness and is central to an individual's resilience, social purpose, autonomy and ability to make life choices.

(ii) The social, economic, cultural and environmental determinants of mental health need to be considered and addressed. Different interventions can potentiate (increase power/effect) each other.

(iii) A proportionate universalism approach which addresses whole population mental wellbeing promotion and provides additional support for high risk groups is the optimum approach.

(iv) Engagement, both community and individual is central to public mental health. The former is concerned with building on assets and involving communities in framing the issues and the solutions, the latter with developing individual strengths and resilience.

(v) Since personal risk and protective factors are determined in early childhood, primarily in the context of family relationships, a life course approach is essential.

(vi) A truly multidisciplinary and inter-sectoral approach must be adopted as no one discipline has all the knowledge or power to effect the required level of change.

6. How and Why Act-Belong-Commit Provides the Conceptual and Practical Framework for Mental Health Promotion and the Prevention Spectrum

The Act-Belong-Commit campaign has now been running state-wide in Western Australia for 10 years, with, despite limited funding, considerable success as evidenced in peer-reviewed international journals (see below), the number of WA partners that have signed up with the campaign (almost 300 organisations), and the campaign's diffusion across Australia (partners in NSW, Qld & Victoria) and internationally (Denmark, Norway, Faroe Islands, USA).

Annual surveys show that 80% of adult West Australians are aware of the campaign, and that each year, 10-15% do something for their mental health as a result of the campaign, with these percentages even higher amongst those with a diagnosed mental illness or recent mental health problem.

Further, a pilot study showed that patients in recovery who completed the Act-Belong-Commit Guide to Keeping Mentally Healthy, showed greater improvements in their recovery than those who did not complete the Guide. Overall, the data show that Act-Belong-Commit strengthens the mental health of those already well, stimulates action amongst those beginning to experience feelings of loneliness or depression, and aids in recovery.

In short, Act-Belong-Commit applies across the whole promotion and prevention spectrum. Given the success achieved at the current low level of funding, the potential to intensify these program effects in both the general population and targeted groups referred to above, is considerable.

The reasons why governments and institutions around the globe are adopting the Act-Belong-Commit framework, and why the Australian Government should be encouraging all Australians to act, belong, commit are summarised below in the boxed one-liners (presented in September 2018 to the 'Act Belong Commit Together for Mental Health' Nordic Conference in Oslo and available elaborated in full with supporting evidence).

21 Reasons for adopting Act-Belong-Commit

1. It is evidence-based and incorporates other major conceptual frameworks
2. The messaging is universal
3. It applies across the lifespan from infancy to seniors
4. It is relevant to whole populations and sub-populations: CaLD, in recovery, people living with disability, lower SES, and so on
5. It can be implemented community wide and in specific settings
6. It is simple
7. It's framework can be used by individuals and professionals
8. It is action-oriented and the options available for people to act on the messages are broad
9. It reduces stigma around mental illness and increases openness about mental health problems
10. It's message is accepted because people already intuitively 'know' these actions are 'good for their mental health'
11. It's message is open, non-prescriptive and positive
12. It can be incorporated in campaigns across a variety of social issues and government departments
13. It contributes to suicide prevention
14. It contributes to primary, secondary and tertiary prevention of mental illness
15. Social franchising is cost-efficient
16. It puts meaning into the mantra that 'mental health is everyone's business'
17. It promotes civic engagement
18. It builds capital: intellectual, social and spiritual
19. It promotes mental and physical health
20. It can reduce health costs
21. People will simply feel happier!

7. Concluding Comment

In considering our submission, we ask that you reflect on the following statements adapted from the UK Mental Health Foundation:

A world with good mental health for all is not the world we live in, but it is a world within reach, given the right vision, champions, and commitment.

We must make the same progress for the health of our minds that we have achieved for the health of our bodies. And when we do, we will look back and think that this was our time's greatest contribution to human flourishing.

Right now, mental health problems are having a profound impact on the lives of millions of people in Australia and around the globe. People not only endure the pain of mental ill health, including anxiety, stress and depression, but often face the stigma and discrimination that we do not experience for physical illness. How can that be right?

We believe that our submission for a Foundation for the Promotion of Mental Health and Primary Prevention of Mental Illness provides the Australian Government with an opportunity to provide global leadership and demonstrate a commitment towards making things right.

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