Shifting Upstream

What are the critical systemic shifts required in promotion, prevention, and early intervention

Queensland Leading Reform Summit 2022

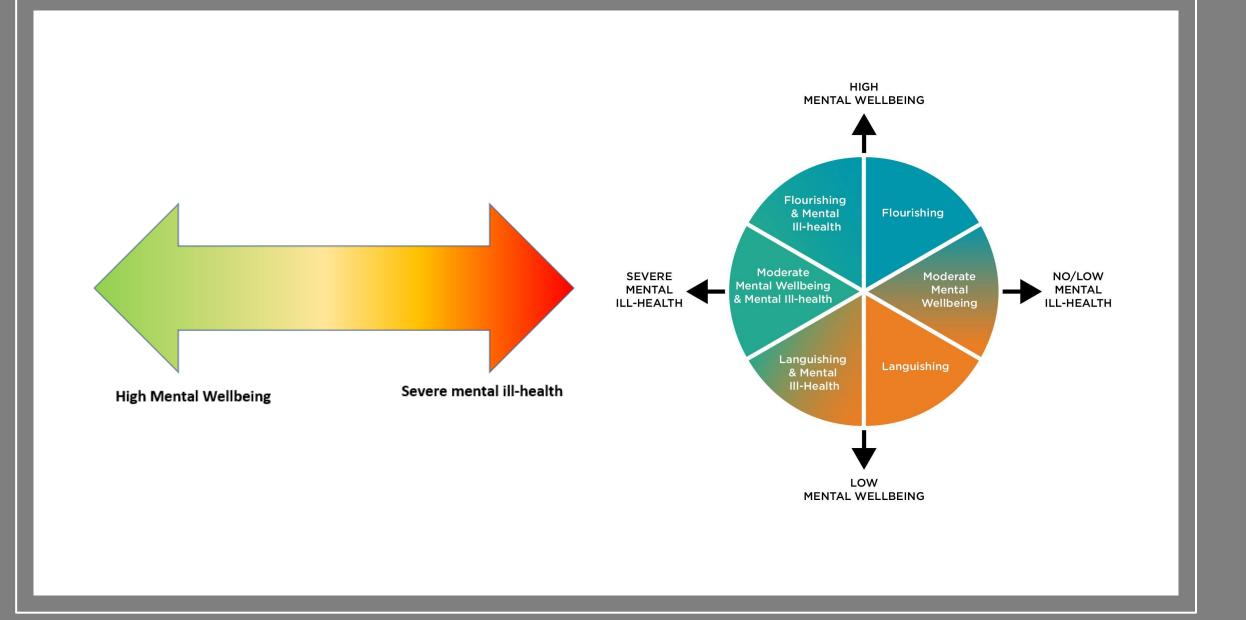Dr Stephen Carbone, CEO Prevention United

PREVENTION UNITED

The mental health lexicon

▶ We prefer to use the term mental health as an umbrella term for the full spectrum of human psychological experiences, and we then break things down into two broad categories.

  ▶ Mental Wellbeing

  ▶ Mental Ill-health

▶ This is often referred to as the mental health continuum

High Mental Wellbeing

Severe mental ill-health

HIGH
MENTAL WELLBEING

Flourishing
& Mental
Ill-health

Flourishing

SEVERE
MENTAL
ILL-HEALTH

Moderate
Mental Wellbeing
& Mental Ill-health

Moderate
Mental
Wellbeing

NO/LOW
MENTAL
ILL-HEALTH

Languishing
& Mental
Ill-Health

Languishing

LOW
MENTAL WELLBEING

Mental wellbeing

▶ Mental wellbeing can be broadly defined as **feeling good and functioning well in most aspects of life**.

▶ It's about:

  ▶ Feeling generally happy and satisfied with life while acknowledging that negative emotions like sadness, worry frustration, and anger are normal, and we need to learn to recognize and express these feelings, and manage our emotions.

Mental wellbeing

▶ It is also about functioning well psychologically and socially

  ▶ Having a sense of autonomy, feeling good about oneself, managing stress, fulfilling responsibilities and being productive.

  ▶ Connecting and relating well to others and feeling a sense of belonging within a family, group, and community.

  ▶ Having a sense of hope, purpose and meaning in life, fulfilling your potential and contributing to others.

▶ It can be measured at the individual and population level using a range of validated questionnaires.
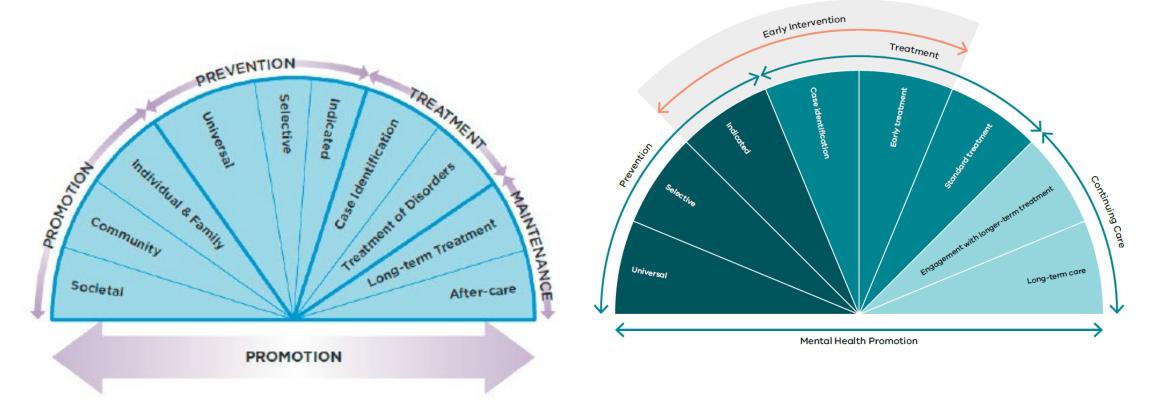
Mental ill-health

▶ Mental ill-health refers to psychological states that negatively impact our thoughts, feelings, perceptions, and behaviours, and cause distress, interfere with interpersonal relationships and impair day-to-day functioning.

▶ It includes experiences like psychological distress, mental health 'difficulties', and mental health 'conditions' like depression.

The mental health continuum

▶ While the differences between the models are important, each model recognise:

▶ That we all have a 'level' of mental health.

▶ Our mental health is not fixed and it varies in response to a range of factors.

▶ Some of these factors exert a positive influence on our mental health (protective factors).

▶ Some of these factors exert a negative influence and reduce our mental health (risk factors).

The Mental Health "Action" Continuum

Source: National Academies of Sciences, Engineering, and Medicine. (2019). Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda. doi: https://doi.org/10.17226/25201

Source: Emerging Minds(2022). In focus: Prevention and early intervention. https://emergingminds.com.au/resources/in-focus-prevention-and-early-intervention/

The Action Continuum

In our view

▶ **PROMOTION** focuses on promoting high levels of mental wellbeing across the whole population.

▶ Success can be measured by the presence of "flourishing" at the individual and population-level (e.g., high scores on the MHC-SF or WEMHWB Scale).

The Action Continuum

- **PREVENTION** focuses on *preventing the onset or occurrence* of a condition. It encompasses:
  - Universal, Selective and Indicated approaches.
  - It can target the underlying risk and protective factors of mental ill-health, or it can target subthreshold symptoms to prevent progression to a clinical condition.

- Success can be measured by reductions in the proportion of people who experience a 12-month, or lifetime mental health condition (i.e. reductions in incidence).

Positive influences

- Regular physical activity, high quality diet, good sleep hygiene
- Psychological skills (e.g., self-care, mindfulness)
- Secure attachment between parents/children
- 'Positive' parenting style
- Social support and social connectedness

- Positive school climate/ethos
- Psychosocial safety in the workplace
- Inclusion and diversity
- Adequate income, employment, stable & affordable housing
- Social cohesion, trust and social capital
- Access to green and blue spaces

Negative influences

Physical inactivity, low quality diet

Smoking, excess alcohol use, cannabis and illicit drug use

Child abuse and neglect

Family violence and other violence

Bullying & cyberbullying

Loneliness and social isolation

Gender inequality

Unrealistic media portrayals of body image

Racism, homophobia, transphobia & discrimination

Job stress and other psychosocial hazards

Debt, financial stress, inadequate income, unemployment, homelessness

Climate change

The Action Continuum

▶ **EARLY INTERVENTION** focuses on the early detection and 'treatment' of a mental health condition as soon as possible *after the condition's onset* through clinical and psychosocial services.

▶ This is often referred to as 'early in episode'.

▶ Success can be measured by reductions in the duration of untreated mental ill-health, as well as by improvements in recovery.

The Action Continuum

- However, early intervention can also refer to:
  - Early in life
  - Early in vulnerability
  - Early in (mental health) challenge

- In the latter instance, it can sometimes be difficult to distinguish between indicated prevention and early intervention.

What's needed to move upstream?

▶ First and foremost, moving upstream requires us to expand our policy approach to recognise that:
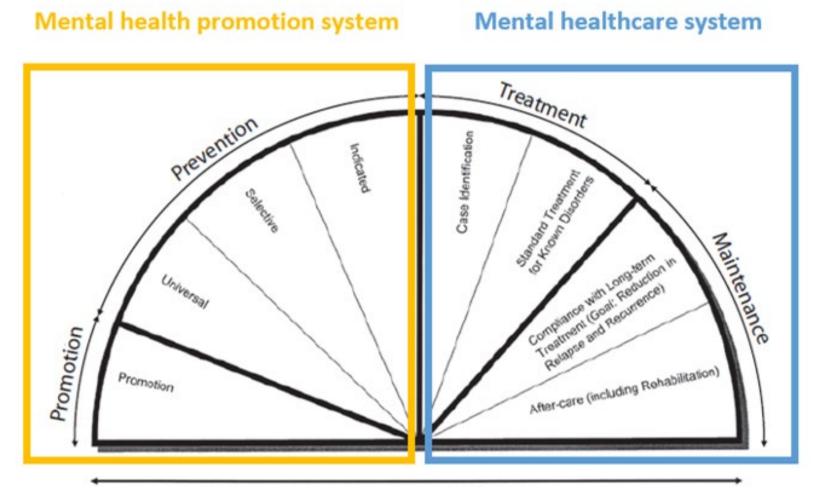
   ▶ **Good mental health policy** is not **only** about supporting individuals who experience mental health challenges – critical though this is – it's **also** about promoting and protecting the mental health of the whole community.

What's needed to move upstream?

► In our view this requires a 'two-pronged' approach that combines **mental health promotion** and **mental healthcare**.

► From this perspective, mental health promotion IS NOT a synonym for promoting mental health.

► Rather, it is **a specialist field of endeavour** that is part of the broader fields of health promotion and public health.

► It is different from, but complementary to mental healthcare.

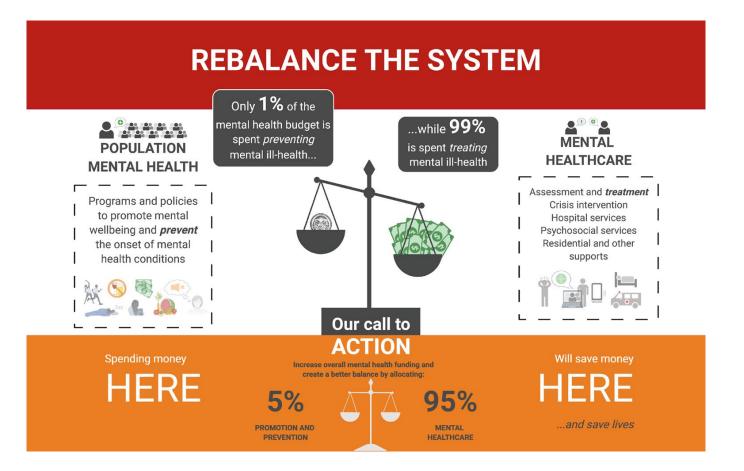| Mental health promotion	Mental healthcare
▶ Focuses on causes	▶ Focuses on mental health conditions
▶ Targets groups, communities, and whole populations	▶ Targets individuals and families
▶ The emphasis is on promoting wellbeing, prevention, and building mental health literacy	▶ The emphasis is on detection and management of 'symptoms' of mental ill-health & assisting individuals through their personal recovery
▶ Uses public health-informed interventions in health **and** non-health settings "in the community"	▶ Uses medical, psychological and psychosocial interventions through digital, primary, secondary and tertiary mental health services, and community service providers
▶ Delivered by frontline workers in schools, workplaces, sports clubs, local government etc., and by some specialist mental health promotion workers	▶ Delivered by mental healthcare professionals and peer workers

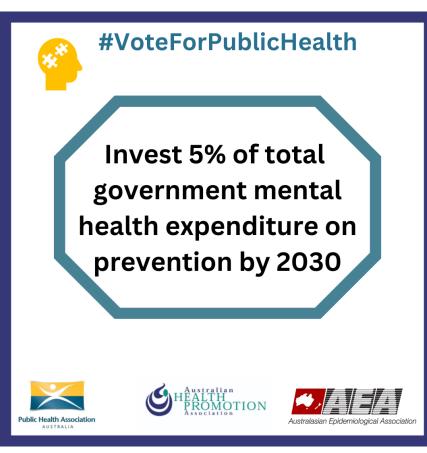# One system – two components

What's needed to move upstream

► While Australia has a mental healthcare system – however imperfect - it is debatable whether we have a mental health promotion system.

► We therefore need to **create and strengthen** this element of the mental health system.
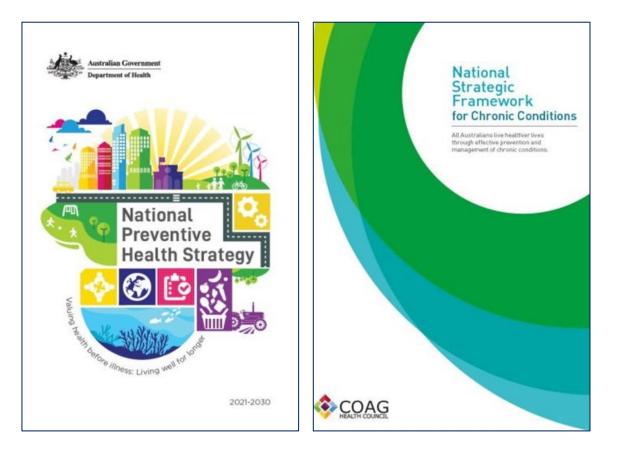
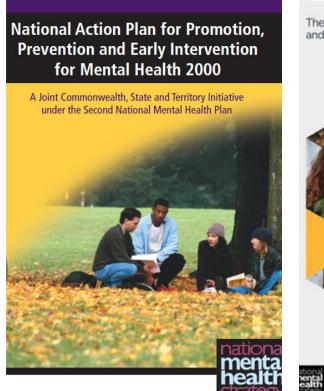# Putting the system building blocks in place

Funding

Planning

- In physical health, there's a recognition that we need to focus on health promotion & public health alongside healthcare to get the best results.

- We have national plans for both.

Planning

National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000

A Joint Commonwealth, State and Territory Initiative under the Second National Mental Health Plan

national mental health strategy

The Fifth National Mental Health and Suicide Prevention Plan

national mental health strategy

- ▶ When it comes to mental health our plans, frameworks & strategies, are skewed towards 'fixing' the mental healthcare system.

- ▶ 5th National Mental Health and Suicide Prevention Plan and recent National Mental Health and Suicide Agreement and Bilateral Agreements are silent on promotion and prevention

- ▶ The last **national** plan that included a detailed focus on promotion and prevention was released in 2000

Governance & Coordination

- The risk and protective factors that influence our mental health are distributed across the settings in which we are born, grow, learn, work, play and live.

- No single intervention can promote everybody's mental wellbeing or prevent every mental health condition.

- We therefore need a multi-modal and multi-sector approach in key everyday settings.

Governance & Coordination

▶ We need a mental health in all policies, 'whole-of-government' approach.

▶ We also need to achieve "collective impact" in each community.

▶ This requires organisations to collaborate to pull together the pieces of the jigsaw puzzle and implement a suite of initiatives that promote and protect people's mental wellbeing in each community.

▶ It also requires a local "backbone" agency in each community to coordinate and monitor these initiatives (e.g., local government, local public health units, etc).

Interventions & Delivery Systems

▶ We already have a range of effective interventions to promote mental wellbeing and prevent mental health conditions, but few are being delivered to the necessary scale.

▶ We need a mechanism to **identify and scale-up** evidence-based initiatives quickly and effectively, while also supporting research into new and better ways to promote and protect people's mental wellbeing.

▶ We also need to explore how mentally healthy public policies can contribute to promotion and prevention outcomes (e.g., adequate income support, affordable and social housing).

Interventions & Delivery Systems

▶ We need to target as many modifiable risk and protective factors that we can, while placing particular emphasis on:

- ▶ Building psychological self-care & positive parenting skills.

- ▶ Fostering social support, social participation and social connectedness.

- ▶ Preventing adverse childhood experiences, family violence, bullying, loneliness & social disadvantage.

The Building Blocks of Mental Health Promotion

Fulfilment & contribution
Promote mindfulness, compassion, gratitude, personal growth, purpose & civic contribution.

Psychological skills
Foster mental health literacy, social and emotional competence, self-care and resilience & encourage help-giving and help-seeking for stress, psychological distress or suicidal ideation.

Healthy behaviours
Encourage regular physical activity, high quality diet, good sleep hygiene.

Supports and connections
Promote secure attachment, positive parenting, social support, social participation and a sense of belonging.

Safety
Ensure freedom from child abuse, gendered violence, racism and discrimination.

Material Basics
Ensure equitable access to food, adequate income, education, work, stable housing, and holistic healthcare.

The Environment & Culture
Protect the environment and support people to speak their language and practice their culture.

Interventions & Delivery Systems

▶ Must at a minimum we must have initiatives with the following key settings:

  ▶ The home (e.g., parenting programs)

  ▶ Education settings (ECEC, schools, universities and TAFEs)

  ▶ Workplaces

  ▶ Local communities

  ▶ Online
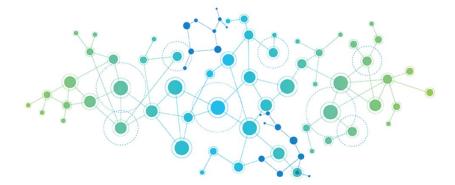
Workforce & Capacity Building

National Mental Health Workforce Strategy

STRATEGY

- ▶ While Australia has a clearly defined mental healthcare workforce, it is not clear who is 'doing' mental health promotion.

- ▶ Typically, it is left up to frontline workers in schools, workplaces, and local government to implement wellbeing and prevention initiatives in their settings.

- ▶ We therefore need to resource, train and support these workers to play their role.

- ▶ We also need to create a specialist mental health promotion workforce just like we've trained a specialist health promotion workforce to promote and protect people's physical health.
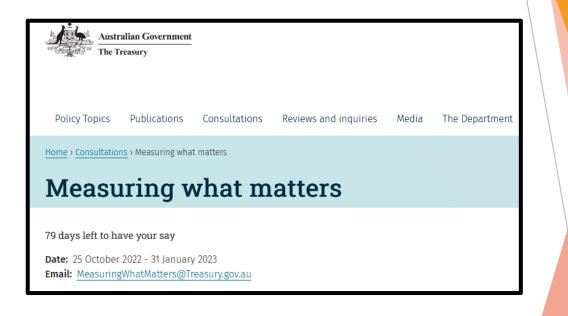
Workforce & Capacity Building

Prevention United's National Network of Mental Health Promotion Practitioners

▶ We need to define the needs of people working in specific settings (e.g., school based mental health promotion, workplace wellbeing), or delivering particular types of programs (e.g., parenting programs) and support them.

▶ We need to define the competencies needed for a career in mental health promotion and create accredited short courses and tertiary qualifications to build this workforce.

▶ We need to support all workers through communities of practice and ongoing professional development opportunities, like Prevention United's national Network.

Data systems

- Our data and monitoring systems are geared around mental ill-health – prevalence, service use, service outcomes.

- There is far less emphasis on measuring mental wellbeing.

- We need to develop an outcomes framework that tracks whether we're:

  - Increasing people's access to protective factors

  - Decreasing their exposure to risk factors

  - Increasing their level of mental wellbeing and their quality of life.

Research and development

▶ At a global level, only 7% of all mental health research funding is focused on preventive mental health.

▶ There are only a handful of prevention-focused research institutes/research programs in Australia.

▶ We need to provide more funding for preventive mental health research, and encourage more early & mid career researchers to focus on this important area of mental health.

What's holding us back?

- Complexity
  - The number and type of risk and protective factors we need to address to promote and protect people's mental wellbeing is considerable – but can be managed with appropriate planning and coordination.
- Low public engagement in promotion and prevention programs
  - Many people don't realise mental health conditions can be prevented from occurring.
  - Human tendency to wait to 'deal with something, if it happens'
  - We need to increase people mental wellbeing literacy.
- Low sector engagement in prevention advocacy
  - Enormous pressure on mental healthcare services, and most advocacy focuses on fixing the 'broken' mental healthcare system.
  - We have the 'grow the entire funding pie' and then rebalance the allocation.

What's holding us back?

- Low political engagement
  - Still some skepticism about the evidence-base even though there are now multiple systematic reviews and meta-analyses
  - Concern about time to benefit – spend now, impacts come latter
  - Complexity of funding mental health outcomes through other non-mental health portfolio areas like education, etc.
  - We need to highlight the personal, social and economic benefits through advocacy, and provide a blueprint for how reform can be achieved.

Final thoughts.

- Moving upstream requires us to:
  - Believe that promotion and prevention are possible and worthwhile.
  - Focus on mental wellbeing as well as mental ill-health.
  - Focus on risk and protective factors and subthreshold symptoms, as well as mental health conditions.
  - Take action beyond 'the clinic' and 'in the community'.
  - Start early in life given that 75% of all lifetime conditions occur before age 24 years, and many of the risk factors occur then as well.
  - Create a mental health promotion system that complements our mental healthcare system!