PREVENTION UNITED

Joining forces to prevent mental health conditions

Investing Upstream: The Social and Economic Benefits of Promoting Mental Wellbeing and Preventing Mental Health Conditions.

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ABOUT PREVENTION UNITED

Established in 2017, Prevention United is a registered health promotion charity that focuses on the prevention of mental health conditions – across the spectrum of conditions and across the lifespan. We believe that mental health conditions are not inevitable and that more needs to be done to prevent conditions such as depression, anxiety disorders, behavioural disorders, eating disorders, psychoses and other conditions from occurring in the first place.

Our vision is for a world free from the distress and negative impacts of mental health conditions. Our mission is to join forces with individuals, families, organisations and communities to prevent mental health conditions by fostering strengths and reducing risks. We undertake work in three broad areas including advocacy and partnerships, awareness and programs, and research and innovation.

OUR RECOMMENDATIONS

1. That the Australian Government make the promotion of mental wellbeing and the prevention of mental health conditions core policy pillars.

2. That efforts to promote mental wellbeing and to prevent mental health conditions should:
    *   target the underlying risk and protective factors linked to mental wellbeing and mental health conditions;
    *   be linked to and reinforce efforts to prevent other public health issues such as chronic disease alcohol and substance misuse, and suicide;
    *   prioritise children, adolescents and youth, while continuing into adulthood and older adulthood;
    *   adopt a multi-modal, multi-setting, cross-sector approach that includes strategies targeted online, in the home, in education services, workplaces, local communities, and in public policy;
    *   prioritise evidence-based campaigns, programs and policies that are currently available, while supporting further research and evaluation into promising or new approaches;
    *   be high reach while being tailored and prioritised to people at increased risk; and
    *   be properly planned, sufficiently resourced and well-coordinated.

3. That the Australian Government work with State and Territory Governments to create a National Partnership Agreement on Promotion and Prevention in Mental Health to enable an increase in capacity and capability around promotion and prevention.

4. That as part of this Agreement, governments fund the establishment of a national Centre for Promotion and Prevention in Mental Health and a series of collaborating Centres in each State and Territory that will provide national and jurisdictional leadership, and coordinate investment and action on the promotion of mental wellbeing and the prevention of mental health conditions.

5. That these Centres should be tasked with the following activities:
    *   Developing a national blueprint for the promotion of mental wellbeing and the prevention of mental health conditions, and an associated monitoring framework.
    *   Coordinating multi-sector investment and action to influence key risk and protective factors that impact on mental wellbeing, mental health conditions and other closely related conditions.
    *   Capacity building and workforce development.
    *   Outcomes monitoring.
    *   Research support.

KEY POINTS

- Mental wellbeing is not merely the absence of a mental health condition. It is the subjective human experience of positive emotional, psychological and social functioning. Everyone has some level of mental wellbeing, including people living with a mental health condition.

- Mental wellbeing can vary from high to low. High levels of mental wellbeing are associated with better learning, increased creativity, greater productivity, better relationships, more pro-social behaviours and civic engagement, lower rates of mental health conditions, better physical health and longevity. There are therefore multiple personal, social and economic benefits in enhancing the mental wellbeing of the entire Australian community.

- Mental health conditions (aka mental disorders, mental illnesses) are conditions described in the World Health Organisation International Classification of Disease 10th Edition and the American Psychiatric Association Diagnostic and Statistical Manual 5th Edition. At any point in time, people can have no symptoms of a mental health condition, several symptoms (a subthreshold condition), or sufficient symptoms to lead to a diagnosis of one or more mental health conditions.

- Subthreshold mental health conditions and mental health conditions have significant adverse impacts. Mental health conditions are distressing, potentially disabling and associated with premature death from suicide and chronic disease. They have major impacts on individual's social and economic participation and are costly for society. Preventing mental health conditions, or enhancing recovery from these conditions can generate significant benefits.

- Given this, a well-functioning mental health system should focus on three elements: the promotion of mental wellbeing; the prevention of mental health conditions; and the provision of mental healthcare for people living with a mental health condition, to support recovery.

- At present Australia's mental health system is primarily geared towards the last of these activities. Yet despite 27 years of increased investment and major reform in mental healthcare, the prevalence of mental health conditions has not fallen, the disability burden remains largely unchanged, and there have been no sustained reductions in suicide rates.

- While there is a clear need to improve the supports and services available to people living with a mental health condition, and their carers, optimising mental healthcare alone is not enough to improve the mental wellbeing of the Australian community. To obtain the maximum personal, social and economic benefits from government investments in mental health, we need to focus on all three elements simultaneously. This means increasing our focus on the promotion of mental wellbeing and the prevention of mental health conditions.

- Improving our approach to promotion and prevention requires us to strengthen our population mental health infrastructure. We recommend the creation of a national Centre for Promotion and Prevention in Mental Health and a network of collaborating centres in each State and Territory.

- Together these Centres could provide leadership and coordinate investment and action on the promotion of mental wellbeing and the prevention of mental health conditions. These Centres could be funded through a National Partnership Agreement on Promotion and Prevention in Mental Health.

Mental wellbeing and mental health conditions

Mental wellbeing

M**ental wellbeing** consists of two dimensions – hedonic wellbeing and eudaimonic wellbeing.[1] Hedonic wellbeing refers to the balance of positive and negative emotions – whether we feel generally happy or sad, relaxed or worried, calm or angry, satisfied with life or dissatisfied – as well as how well we can recognise, manage and regulate our emotions. Eudaimonic wellbeing relates to our psychological functioning, our interpersonal relationships, our contribution to those around us and our sense of purpose or meaning in life.[2][3] Everyone has some level of mental wellbeing – whether they are living with a mental health condition or not. This can vary from high to low.

Mental health conditions

Mental health conditions (aka mental disorders or mental illnesses) are the conditions described in manuals like the World Health Organisation International Classification of Disease or the American Psychiatric Association Diagnostic and Statistical Manual. There are various conditions, each with their own specific signs and symptoms, age of onset, and trajectory, however they share several common characteristics including their propensity to cause distress and disability. A **subthreshold mental health condition** refers to the situation where a person is experiencing several of the symptoms of a mental health condition, but not enough to meet the threshold for a clinical diagnosis. Other terms sometimes used to refer to a subthreshold condition include mental health problems, mental health issues and mental health difficulties.

Understanding links and differences

The mental health continuum is a useful model to explain the links between these various states. There are two main models in contemporary use – the single and the dual continuum model. **The single continuum model** positions mental wellbeing (from high to low) at one end of the continuum, subthreshold symptoms near the opposite end, and mental health conditions at the opposite end. According to this model people can experience varying levels of mental wellbeing, subthreshold symptomatology, or have a diagnosable mental health condition.

The dual continuum model takes a different approach. According to this model, mental wellbeing and mental health conditions are two linked but separate phenomena.[4] It also assumes that mental wellbeing can vary from low to high, depending on the combined level of hedonic (feeling good) and eudaimonic wellbeing (functioning well) a person is experiencing. This model positions low mental wellbeing (languishing) at the end of one continuum, moderate mental wellbeing somewhere in the middle, and high mental wellbeing (flourishing) at the opposite end of this first continuum. It then positions no mental health condition at the end of a *second* independent continuum, subthreshold symptoms near the opposite end, and mental health conditions at the opposite end of this second continuum.[5][6][7][8]

In this model, individuals can therefore experience various levels of mental wellbeing *as well as* various levels of symptomatology associated with a mental health condition. While uncommon, some people may therefore simultaneously experience high mental wellbeing – or at least moderate mental wellbeing – as well as a current mental health condition. For example, someone with chronic schizophrenia who has persistent symptoms of a threshold disorder may still feel well emotionally and feel they are functioning well psychosocially, and could therefore be said be experiencing moderate or possibly even high mental wellbeing as well as a current mental health condition. This aligns with the concept of recovery, which focuses on supporting someone living with a mental health condition to lead a fulfilling and contributing life regardless of their experience of ongoing symptoms.

The benefits of focusing on promotion and prevention

The benefits of promoting mental wellbeing

Cross-sectional research studies show that high levels of mental wellbeing are associated with better learning, increased creativity, greater productivity, more pro-social behaviours and civic engagement, better quality relationships, greater adoption of positive health behaviours, better physical health (including better immune, endocrine and cardiovascular functioning), lower rates of mental health conditions and longer life expectancy.[9] [10] While cross-sectional research cannot determine whether good mental wellbeing contributes to these outcomes or results from these outcomes, longitudinal studies and experimental studies have shown that high levels of mental wellbeing are indeed a driver for these outcomes and not just a result of them.[11] These benefits are important from an economic perspective as they contribute to improvements in productivity and to reductions in costs (health and welfare).[12] Promoting high mental wellbeing is therefore important for everyone in the community.

The benefits of preventing mental health conditions

Subthreshold conditions and mental health conditions both have significant adverse impacts, although the latter are more profound. People with a mental health condition are more likely to experience poor educational and employment outcomes compared to the general population. For example, students with a mental health condition experience lower school connectedness and engagement, are absent more days from school, show poorer results on every NAPLAN domain and year level, and are less likely to complete year 12 than students with no condition.[13] [14] [15] [16] On the employment front, young people with a mental health condition are more likely to not be in education, employment and training (NEET) than other young people, and across all ages individuals with a mental health condition are more likely to be unemployed than others in the general population.[17] [18] [19] [20] Poverty is a significant consequence and an estimated 20% of people with a moderate mental health condition and 36% with a severe condition are living in poverty.[21]

The impacts are not restricted to study and work. People with a mental health condition are also more likely to experience substance misuse, homelessness, incarceration and poor physical health, compared to people without a mental health condition.[22] [23] [24] [25] Disability is common and premature death from chronic disease or suicide are major concerns.[26] [27] [28] Overall mental health and substance misuse conditions account for 12% of the burden of injury and disease in Australia, third after cancer and cardiovascular diseases, and the National Mental Health Commission estimates that mental health conditions cost the community up to 4% of GDP.[29] [30] They are a significant public health issue.

While some of these adverse impacts can be averted through good mental healthcare, they can also be averted through prevention. Mental health conditions are not inevitable and there is now good scientific evidence to show that common mental health conditions such as depression, anxiety conditions and some behavioural disorders are preventable, and we are gradually accumulating evidence on how to prevent conditions such as eating disorders and psychoses.[31] [32] There is also good evidence to show that these prevention efforts are cost-effective and create savings.[33] [34] [35] [36] [37]

The flow on benefits to other public health issues

Mental health conditions are a major risk factor for suicide. Promoting better mental wellbeing and preventing mental health conditions will therefore have significant flow-on benefits for suicide prevention. Furthermore, mental health conditions are also very closely associated with chronic disease and alcohol and substance misuse. These various conditions share numerous risk factors, are risk factors for each other, and often co-occur.[38] [39] [40] Many of the interventions used to promote mental wellbeing and prevent mental health conditions target the same risk and protective factors that influence these other conditions and can therefore help to prevent chronic disease and alcohol and substance misuse, generating considerable personal benefits and return on investment.

Broadening our approach

Drawing on the dual continuum model, a robust mental health system would focus on trying to shift everyone in the community away from low mental wellbeing and towards high mental wellbeing and away from experiencing a mental health condition towards having no mental health condition. Achieving this shift requires a focus on three core activities: promotion, prevention and recovery support.

The aim of promotion is to help everyone to flourish. The aim of prevention is to stop individuals from experiencing a mental health condition and the aim of recovery support is to assist people living with a mental health condition to recover and flourish. While there is clearly some overlap between these three endeavours, there are also key differences in the way they are best achieved. These can be understood in terms of the difference between population mental health and mental healthcare approaches.

Distinguishing between population mental health and mental healthcare

Population mental health is a branch of public health. It focuses on various 'macro' activities. It focuses on activities targeted to groups and communities rather than the provision of one-to-one services and it focuses on people who may never have experienced a mental health condition, as well as those who have. It seeks to influence the underlying 'root causes' and upstream determinants of mental wellbeing and mental health conditions (risk and protective factors) rather than treating the condition. It therefore aims to support individual change as well as improving the social environments around people and as such, requires multi-sector action and not just mental health sector action. Its tools include: public education/awareness social marketing campaigns; personal skills-building programs; community mobilisation initiatives; the creation of mentally healthy organisational environments; mentally healthy public policies; and service system reorientation initiatives.

By contrast, **mental healthcare** focuses on the provision of supports and services for individuals living with a mental health condition to support their recovery, and their carers. It includes assessment and diagnostic services, therapeutic services (e.g. case management, psychological therapy, medical therapy), family and carer support, psychosocial recovery services (residential and community based), financial support, employment support, housing support and other forms of assistance that assist people through their recovery. Mental healthcare services are typically provided through one-to-one approaches, although family and group work are sometimes used.

Understanding the gaps in the current mental health system

Australia's current mental health system is primarily focused on the provision of mental healthcare. Far less attention is given to population mental health activities, particularly those related to promotion and prevention. However, while high-quality mental healthcare can improve the mental wellbeing of people living with a mental health condition, it cannot improve the mental wellbeing of the rest of the community, nor can it stop people becoming unwell in the first place. Australia needs a better balance between population mental health and mental healthcare. In particular we need to increase our emphasis on the promotion of mental wellbeing and the prevention of mental disorders.

The rationale is clear. Despite 27 years of increasing investment and major reform in mental healthcare, the prevalence of mental health conditions has not fallen, the disability burden remains largely unchanged, there have been no sustained reductions in suicide rates, and the life expectancy of people with a mental health condition continues to lag behind the rest of the community. [41] [42] [43] [44] [45] Something new is required.

Building the infrastructure for a population mental health approach

Continued efforts to strengthen the provision of mental healthcare are obviously vital. However, we also need to start investing more in enhancing our population mental health approaches, in particular our approach to the promotion of mental wellbeing and the prevention of mental health conditions. A crucial first step is to put in place the systems infrastructure to support this more comprehensive approach and ensure that this adheres to a few key design principles.

Key design principles

Target the right factors through the right settings

Promotion and prevention require a focus on the underlying 'root causes' and upstream determinants of mental wellbeing and mental health conditions (risk and protective factors). The list of risk and protective factors is quite extensive[46] however some factors are more prevalent and/or influential than others and need to be prioritised, for example adverse childhood experiences, family violence, bullying, discrimination, loneliness and poverty. Furthermore, risk and protective factors are distributed across a range of social environments, and so promotion and prevention activities need to be embedded within multiple settings. This includes online, in the home, early learning services and schools, tertiary education, workplaces, local communities and through public policy.

Integrate with other promotion and prevention efforts

Because of the significant intersections between mental health conditions, chronic disease, alcohol and substance misuse and other related conditions, efforts to promote mental wellbeing and prevent mental health conditions *must* be integrated with other promotion and prevention initiatives. Collaboration between those working on promotion-prevention in the mental health field and those working on promotion-prevention in the health and community sector, or other sectors is crucial.

Get the timing right

The foundations for good mental health begin very early in life and the experience of poor mental health also occurs at a young age. Overall around 50% of lifetime mental health conditions occur before the age of 14 years, a further 25% before age 24 and the remainder after that age.[47] [48] Promotion and prevention activities should therefore to be maximised in the first three decades of life, but continue across the whole lifespan.

Ensure reach and equity

Promotion and prevention activities are relevant to everyone in the community, however there are benefits in targeting high-risk groups and those with early signs of a condition. A high-reach approach to promotion and prevention that is tailored and prioritised to people at increased risk is essential.

Adhere to the evidence

Like mental healthcare activities, promotion and prevention initiatives need to be safe, effective and cost-effective. Mechanisms are required to identify and 'accredit' evidence-based programs and to ensure these are prioritised for implementation over initiatives that lack robust evaluation data.

Coordination is vital

No single organisation can promote mental wellbeing and prevent mental health conditions on its own. Multiple organisations from different sectors needed to be involved. One quick way to increase capacity in promotion and prevention is to leverage the reach and platforms available through existing government funded organisations and resource them to play a greater role in the promotion of mental wellbeing and prevention of mental health conditions. New organisations can then be supported to enter the field. Furthermore, given the need for action across multiple settings and sectors, a robust coordinating mechanism is required to integrate the work of these various organisations.

A national Centre for Promotion and Prevention in Mental Health

Developing a stronger promotion-prevention population mental health response requires new infrastructure. We believe that this could be achieved through the creation of a national Centre for Promotion and Prevention in Mental Health, which would be supported by a series of State/Territory based collaborating centres. Collectively the Centres would be tasked with five key streams of activity:

- Developing a national blueprint for the promotion of mental wellbeing and the prevention of mental health conditions, and an associated monitoring framework.
- Coordinating multi-sector investment and action to influence key risk and protective factors that impact on mental wellbeing, mental health conditions and other closely related conditions.
- Capacity building and workforce development.
- Outcomes monitoring.
- Research support.

Developing a national blueprint

Working together, the Centres would be tasked with developing a national promotion-prevention blueprint linked to the Fifth National Mental Health and Suicide Prevention Plan and the National Strategic Framework for Chronic Conditions. This blueprint should be based on:

- A comprehensive review of the evidence about what works to influence the key risk and protective factors associated with mental wellbeing, mental health conditions and related conditions.
- A national audit of existing evidence-based promotion-prevention interventions in mental health that have already been developed in Australia, or that are in the pipeline.
- A situation analysis of efforts within education, community, health and mental health sector organisations to determine who is doing what and how we could strengthen our approach to promotion and prevention.
- Wide-ranging public and stakeholder consultation.

This development process will enable the collaborating Centres to document what State, Territory and Commonwealth Governments are currently doing and compare this to what they could be doing. The blueprint can then be used to guide investment, coordination and capacity building activities.

The audit and situation analysis are particularly important as they will help to identify whether we are making the most of evidence-based interventions that have already been developed. These activities should focus on documenting existing programs and collating information about their safety, effectiveness, cost-effectiveness, resource requirements and current reach and adoption. This information can then be used to make decisions regarding future investments. Where the evidence for a program is strong but reach is sub-optimal, the program should be ear-marked for a rapid national roll-out. Where the evidence is good but not definitive, the scale-up should be localised and evaluated further before considering a wider-scale roll-out, as this will help to avoid costly errors. Where there is insufficient evidence, more research and evaluation will be needed.

Coordinating investment and action

No single program or organisation can promote wellbeing and reduce the incidence of mental health conditions across the entire community. Successful promotion and prevention inevitably needs a multi-modal, multi-setting, cross-sector approach. Managing the complexity inherent in promotion and prevention activities is vital and a robust mechanism is needed to ensure integration and coordination of all government investment in these areas. A key role of the national Centre and State/Territory collaborating centres will be to take on this this coordinating function.

As part of this role, the Centres could be used as commissioning bodies that fund selected organisations/consortia in pivotal portfolio areas, such as education, community sector, health and mental health, to implement the evidence-based approaches defined in the national blueprint that will enable us to cover key age-groups, settings and risk and protective factors. The initial emphasis should be on establishing priority audiences, settings and risk and protective factors and ensuring that we optimise the use of existing evidence-based programs, before we invest in developing new ones.

At present there is a major gap between the creation of programs and their translation into practice. Most evidence-based interventions are developed by researchers working in universities or mental health research institutes. Once a program has been tested and shown to work the research group who developed the program is left with the task of disseminating it, yet most researchers lack the time and/or capability to take their program to their intended beneficiaries at any scale. Many researchers don't bother to attempt this and the few who do usually achieve limited reach and adoption.

This represents a major missed opportunity and a huge waste of research investment, most of which is paid for by the Australian taxpayer. Rather than expecting each research group and each university/research institute to fund, promote and deliver programs individually, we need to find a better way to coordinate population mental health research translation. The collaborating Centres can therefore also play a role in achieving this.

In addition to commissioning other organisations to implement approved programs, the Centres could also take on some program delivery themselves by managing programs that are suited to centralised online delivery. This could be achieved through the development of an online portal where the public could access evidence-based promotion-prevention resources and programs through a single location. This platform would be a shared 'white-label' resource which each government could brand for its own community. It would house (accredited) direct-to-public, evidence-based promotion-prevention programs suited to online delivery, as well as information resources developed by each government relevant to its jurisdiction. Researchers and other program developers would be encouraged to house their online promotion-prevention programs on this site, rather than developing their own independent websites. Licencing arrangements could be created to ensure that IP developers are appropriately remunerated for their inventions. Having a centralised repository would greatly assist in marketing programs to the community. This portal could be linked to the existing Head to Health gateway.

Capacity building and workforce development

At present most of the frontline workforce working on the promotion of mental wellbeing and the prevention of mental health conditions are workers who happen to be working in a setting being used as the platform to implement a promotion-prevention program, for example educators in schools, or occupational health and safety staff in Australian workplaces. While it is reasonable to involve existing workers in key settings to implement promotion-prevention activities, they need to be trained and supported to fulfil this role. This requires capacity building initiatives. It also requires a focus on creating a new workforce with specialist skills in mental health promotion who can provide this training to others and who can implement some initiatives themselves.

Australia currently lacks a specialist mental health promotion workforce and we need to develop one. In the first instance, this could be achieved by each collaborating Centre offering professional development courses to health promotion workers and others who want to up-skill in *mental health promotion*. Each Centre could also be tasked with working with universities to support the introduction of mental health promotion subjects in key degree courses (e.g. social work, psychology, health promotion and public health), and ultimately to introduce a specialist mental health promotion course (e.g. postgraduate certificate or diploma). This would help to create a uniform qualification and

clear career pathway for this workforce. Mental health promotion workers could then be deployed in critical settings such as schools, workplaces, universities/TAFEs and local councils to train and support existing workers in these settings and ensure evidence-based programs are delivered the way they were intended to be delivered to obtain maximum benefits (i.e. program fidelity). Mental health promotion workers could also deliver certain programs themselves, particularly in settings where existing workers are already stretched and potentially too busy to take on additional tasks.

Outcomes monitoring

At present, there are major gaps in the data that is available to support the planning and monitoring of promotion and prevention activities. As part of the development of the national blueprint a monitoring framework should also be developed that includes a set of key indicators and targets. The collaborating Centres could then be tasked and resourced to implement this monitoring framework.

The key to success is to improve the way we track key outcomes. This includes measuring lead indicators, such as whether we are improving public understanding (knowledge, beliefs, actions), intermediary indicators such as changing the prevalence of risk and protective factors, as well as lag indicators such as increasing levels of mental wellbeing and reducing the incidence and prevalence of mental health conditions (i.e. outcomes). These measures could be captured by data collection through a random sample of specially commissioned 'sentinel' schools, workplaces and local neighbourhoods, as well as through a new national population-level promotion and prevention survey and/or by including additional questions in existing national surveys such as the Australian Health Survey, National Health Survey and the General Social Survey. We also urgently need to conduct another National Survey of Mental Health and Wellbeing and include key questions in that.

Support for research

Research is the engine room of innovation and improvement. 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, the funding allocated by major research funders still falls below the prevalence and impact of mental health conditions in our community. Furthermore, most mental health research has focused on deepening our understanding of mental health conditions and finding ways to assist people affected by these conditions. There has been relatively less research into the promotion of mental wellbeing and the prevention of mental health conditions. This situation is slowly changing as evidenced by the Australian Government's support for the establishment of the Centre of Research Excellence in the Prevention of Depression and Anxiety (the Prevention Hub) and the NHMRC's support for the Centre of Research Excellence in Prevention and Early intervention in Mental Illness and Substance use (PREMISE). However, while things are improving the situation is far from ideal and we need to continue to build the capacity and capability of the Australian mental health research sector and the promotion-prevention research community in particular.

Investment is required in several areas of promotion-prevention research. To help determine what should be funded, we need a promotion-prevention Research Priority Roadmap. This Roadmap could be developed by the national Centre using a three stage approach: a literature review to look at what promotion-prevention research has been conducted in Australia over the 15 years; a review of data from the NHMRC and other funders to document the level and type of investment in Australian promotion and prevention research over the same period; and a survey of Australian mental health researchers and other key stakeholders, to seek their views on priority areas for future investment. This Roadmap could then be used to guide resource allocation by government and other funders. The national Centre could also play a role in distributing this funding, using a model similar to the National Suicide Prevention Research Fund managed by Suicide Prevention Australia.

Funding action on promotion and prevention

In contrast to the well-developed funding mechanisms that support mental healthcare, our approach to the funding of population mental health initiatives is far more ad hoc. It is also significantly under-resourced. In their review of mental health programs and services, the National Mental Health Commission found that in 2012–13 the Commonwealth Government spent $62.8 million on mental health promotion initiatives, $22.4 million on prevention programs and $3.6 billion on clinical and psychosocial services for people living with a mental health condition. Even this amount is likely to be an over-estimate as most of the funding related to the work of Beyond Blue, which at the time mostly focused on promoting mental health literacy, de-stigmatisation, promoting help-seeking and early intervention, and suicide prevention rather than on the promotion of mental wellbeing and the primary prevention of mental health conditions (with the exception of KidsMatter and MindMatters).

This limited investment is not unique to mental health. Under-resourcing has long been a frustration for those working in the area of physical health promotion. Over the last 10 years or so funding for public health interventions such as immunisation, screening and health promotion programs has fluctuated between 1.5 and 2.3% of total health expenditure (around $2.5 billion in 2015–16).[49] This is substantially less than the proportion spent in many other developed countries, such as New Zealand (6.4%), Finland (6.1%), Canada (5.9%), Sweden (3.9%), the United States (3.1%) and Japan (2.9%).[50] [51]

Population mental health activities, in particular those targeted to promoting mental wellbeing and preventing mental health conditions, cannot become sustainable without a dedicated funding stream and a significant increase in government spending. We also need to find a way to define and track spending on population mental health initiatives so that we can ensure these endeavours are receiving a fair share of resources and also so we can measure their impact.

Although increased population mental health funding will eventually reduce the demand for mental healthcare, we do not support the shifting of resources away from the mental healthcare and towards the population mental health but rather advocate for increased spending on both. This additional funding can be well-justified on a return-on-investment basis.

The increased funding for promotion and prevention could be managed in various ways, however we believe that it would be worth creating a National Partnership Agreement on Promotion and Prevention in Mental Health, similar to the earlier National Partnership Agreement on Preventive Health. This approach would ensure that all governments were working to a common set of aims and objectives. It would also ensure that sufficient resources were provided to each jurisdiction to enable them to take systematic action on promotion and prevention, while also allowing them to leverage the resources they already invest in the settings over which they have responsibility.

Summary and conclusion

Despite 27 years of increasing investment and major reform in mental healthcare, the prevalence of mental health conditions has not fallen, the disability burden remains largely unchanged, there have been no sustained reductions in suicide rates, and the life expectancy of people with a mental health condition continues to lag behind the rest of the community. New solutions are required.

A robust mental health system should cater to the entire community and focus on the promotion of mental wellbeing, the prevention of mental health conditions, and the provision of supports and services for people living with a mental health condition, and their carers. At present Australia's mental health system is geared almost exclusively towards the last of these activities, but while a high-functioning mental healthcare system can improve the mental wellbeing of people living with a mental health condition, it cannot improve the mental wellbeing of the rest of the population, nor can it reduce the likelihood that people become unwell in the first place.

We believe there are considerable social and economic benefits in creating a more comprehensive mental health system that includes a strong focus on all three groups of activities and to achieve this, we need to add a greater focus on population mental health to our current focus on mental healthcare.

Population mental health is different from, but complements mental healthcare. It focuses on people who may never have experienced a mental health condition, as well as those who have; provides interventions across groups and communities rather than through one-to-one services; tries to influence the underlying determinants of mental wellbeing and mental health conditions (risk and protective factors) rather than managing mental health conditions directly; requires multi-sector action and not just action within the mental healthcare sector; and focuses on changing the environments around people, as well as supporting individual change.

Implementing this policy shift requires leadership, a clear plan and greater investment. It also requires a robust coordinating mechanism. We believe that this could best be achieved through the establishment of a national Centre for Promotion and Prevention in Mental Health and a series of collaborating Centres in each State and Territory funded through a National Partnership Agreement. Collectively, these Centres would focus on:

- Developing a national blueprint for the promotion of mental wellbeing and the prevention of mental health conditions, and an associated monitoring framework.
- Coordinating multi-sector investment and action to influence key risk and protective factors that impact on mental wellbeing, mental health conditions and other closely related conditions.
- Capacity building and workforce development.
- Outcomes monitoring.
- Research support.

Mental wellbeing is more than the absence of a mental health condition and everyone can benefit from experiencing optimum mental wellbeing. The Australian mental health system needs to be more clearly geared around this key organising principle, and the promotion of mental wellbeing and prevention of mental health conditions need to become core pillars of Australia's mental health policy.

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