PREVENTION UNITED

Joining forces to prevent mental health conditions

Building Victoria's capacity to prevent mental health conditions

Submission to the Royal Commission into Mental Health

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Foreword

About Prevention United

Established in 2017, Prevention United is a mental health promotion charity that focuses on the prevention of mental health conditions – across the range of conditions and across the lifespan. We believe that mental health conditions are not inevitable and that more can be done to prevent conditions such as depression, anxiety disorders, behavioural disorders, eating disorders, psychoses and other conditions, from occurring. Our vision is for a world free from the 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.

Victoria has an opportunity to lead the way in prevention

Despite three decades of active mental health reform in Victoria and across Australia, at a population-level, improvements in mental health outcomes have been glacially slow, particularly when compared to the rapid gains we're making in tackling conditions like cardiovascular disease and cancers.

The Royal Commission into Mental Health is a once in a generation opportunity to radically change this. It's an opportunity to thoughtfully and thoroughly review Victoria's approach to mental health to determine what's working and what's not, across the entire spectrum of promotion, prevention, early intervention, recovery support and suicide prevention. We need to do things better – much better – and look for new solutions to this issue. Maintaining the status quo is not an option.

In writing this submission we recognise that the Victorian Government must prioritise the needs of people living with a mental health condition, and their carers, however we also believe that our government has a responsibility to promote the mental wellbeing of the entire community, not only the 1.2% of people who access public specialist mental health services each year.

Like good physical health, good mental health is important for everyone, and our submission therefore calls for a major shift in the way the Victorian Government approaches mental health. Specifically, we urge the Victorian Government to start focusing resources 'upstream' to assist all Victorians to promote and protect their mental wellbeing and reduce their likelihood of experiencing a mental health condition, while it continues to work on creating better supports and services for people living with a mental health condition, and their carers.

Prevention and treatment are complementary rather than competing endeavours and it is essential to focus on both if we are serious about reducing the impact of mental health conditions on individuals, their loved ones and on the whole community.

In our view, three decades of reforms and investment targeted to improving mental healthcare supports and services at the State and Commonwealth level have failed to reduce the negative impacts of mental health conditions on people's lives. It's time to try something new. It's time to add prevention to the policy and funding mix because without greater investment and action to prevent mental health conditions from developing in the first place, we will never be able to 'shift the dial' in mental health in Victoria.

We would like to thank the Commissioners for the opportunity to submit our response to this public consultation.

Our recommendations

1. That the Victorian Government make the prevention of mental health conditions a core policy pillar by adopting a 'mental health in all policies' approach across government.

2. That the Victorian Government establish a Victorian Centre for Mental Wellbeing to provide leadership and to coordinate whole-of-government, cross-sector action on the prevention of mental health conditions.

3. That the Victorian Government funds and supports the Centre to promote integrated and evidence-based action to:

    - Raise public awareness about the importance of preventing mental health conditions and how it can be achieved, through public education campaigns
    - Enhance Victorians' social and emotional skills, relationships and resilience across the lifespan, through evidence-based, skills-building programs within early learning services, schools, tertiary education services, workplaces, local government communities and online.
    - Prevent key risk factors for mental health conditions such as child maltreatment, family violence, bullying, discrimination, loneliness, job stress and social disadvantage from occurring in the first place.

4. That the Victorian Government fund the Centre to lead the creation of a specialist mental health promotion workforce.

5. That the Victorian Government establish a dedicated Prevention Research Innovation Fund to support research and evaluation into the prevention of mental health conditions, to be managed by the Centre.

6. That the Victorian Government task the Centre with responsibility for monitoring population-level trends in Victorians' exposure to key protective and risk factors that influence the development of mental health conditions and their levels of mental wellbeing.

7. That the Victorian Government task the Centre to produce an annual Prevention Report that documents all government funding that contributes to the prevention of mental health conditions, and its progress in achieving the outcomes described above.

Introduction

Mental health conditions place a heavy toll on affected individuals, their loved ones and the Victorian community. These conditions are distressing, potentially disabling and are associated with premature death from suicide and chronic disease. Together mental health and substance misuse conditions account for 12% of the burden of injury and disease in Australia, third only to cancers and cardiovascular disease.[1] At an economic level, mental health conditions cost the Australian community up to $70 billion annually, or 4% of GDP.[2]

Over the last three decades, successive Victorian Governments have invested considerable time, energy and resources in reforming the mental health system to reduce the impact of mental ill-health. Substantial reforms at the Commonwealth level have also taken place. Collectively these initiatives have focused on increasing public awareness about mental health conditions and enhancing the availability, affordability, uptake, breadth and quality of supports and services for people living with a mental health condition and their carers. They've been backed by a substantial increase in spending.[3]

Yet despite these significant reforms and the increased investment associated with them, there has been little improvement in the key population-level indicators of success. The prevalence of mental health conditions has not fallen in the last 25 years, the disability burden has barely changed, the suicide rate remains tragically high, and life expectancy among people with mental health conditions remains significantly lower than the general population.[4 5 6 7 8 9]

The contrast between this situation and the rapid progress we've made in physical health is stark. Between 2003 and 2015, Australia witnessed substantial reductions in the burden of disease associated with cardiovascular disease and cancer, yet over this same time the burden associated with mental health conditions increased slightly.[10] This heartbreaking lack of progress in tackling mental health conditions highlights the urgent need for radical new solutions.[11 12]

We believe that the primary prevention of mental health conditions is one such solution. Mental health conditions are not inevitable and there is now good scientific evidence to show that many conditions can be prevented from occurring.[13 14 15] There is also good evidence to show that a focus on primary prevention is cost-effective.[16 17 18 19 20 21] Despite this, the primary prevention of mental health conditions is barely on the radar. Indeed, while primary prevention was listed as a 'wave two' reform in Victoria's 10 Year Mental Health Plan, it has yet to come to fruition.[22] This needs to change and our submission describes how this paradigm shift can be achieved.

Central to our submission is the view that the primary prevention of mental health conditions is largely outside the scope of clinical mental health services – it needs to occur where we grow, play, study, work and live. Further reform of our clinical mental health services, while important, will not improve our capacity to prevent conditions from occurring. Instead, to achieve prevention, we need to build a 'prevention system' that has its own infrastructure, interventions, workforce and resource base. Its key tools will include public education campaigns; skills-building programs; community mobilisation initiatives; the creation of mentally healthy school, workplace and other organisational environments; mentally healthy public policies; and service system reorientation initiatives.

Ultimately the prevention of mental health conditions is no different from the treatment of mental health conditions. It can't happen by chance. Like mental healthcare, prevention needs to be an intentional activity that is well-planned, well-coordinated and well-resourced. Some of the foundations for success are already in place, however we need to adopt a far more cohesive approach to prevention that integrates efforts in the mental healthcare sector with efforts across all other government sectors. We believe it is time for the Victorian Government to invest in primary prevention.

Key principles

The term prevention is used in various ways in mental health. One approach distinguishes between primary, secondary and tertiary prevention, where primary prevention means preventing a condition from ever occurring, secondary prevention means preventing a condition from progressing or recurring, and tertiary prevention means preventing disability and handicap.[23] Another way to describe prevention relates to the target group for the intervention. Universal prevention initiatives target the whole population, selective interventions target people at elevated risk, and indicated prevention intervention activities target people with early symptoms of a condition.[24] [25] While all the various types of prevention are important, this submission focuses on primary prevention through universal, selective and/or indicated means.

Address risk and protective factors through initiatives in key settings

Prevention activities seek to influence the 'root causes' and upstream determinants of mental health conditions rather than treating symptoms, except for indicated prevention activities.[26] These underlying determinants are called protective and risk factors. A protective factor is any influence that helps buffer against or reduce the likelihood that a person will experience a mental health condition, while a risk factor is an influence that increases a person's odds of experiencing a condition. The list of risk and protective factors for mental health conditions is extensive and includes genetic and other biological factors, psychological factors, life events and influences in our family, school, workplace, neighbourhood and community environments.[27] Some factors are more prevalent or influential than others and need to be prioritised. These include child maltreatment, family violence, bullying and social disadvantage.[28] **Tackling the social determinants of mental health** is crucial since people are unlikely to experience wellbeing if their basic needs are not met.[29] Because risk and protective factors are distributed across various social environments **it is important to embed prevention activities in everyday settings such as online, the home, early learning services and schools, tertiary education, workplaces, local communities as well as through public policy**.

Get the timing and targeting right

The foundations for good mental health begin very early in life and the experience of poor mental health may also occur at a young age. Around 50% of lifetime mental health conditions have their first onset before the age of 14 years, a further 25% before age 24 and the remainder after that age.[30] **Primary prevention activities need to occur before the first onset of a condition and should therefore be maximised in the first few decades of life, and continue across the lifespan**. While prevention activities are relevant to everyone in the community, risk and protective factors are not evenly distributed across the community and **it is important to tailor interventions to ensure that people and communities at increased or imminent risk of experiencing a mental health condition receive more assistance.**

Coordination is vital

Given the wide array of protective and risk factors that influence mental health conditions, it's clear that no single intervention can reduce the incidence of mental health conditions on its own. Success in prevention inevitably requires a multi-modal approach that includes a variety of evidence-based interventions targeted to the various risk and protective factors. This is no different to mental healthcare where a range of therapies are needed to effectively treat many mental health conditions. It is also clear that no single organisation – and no single sector – can reduce the incidence of mental health conditions across the community on its own. **Success in prevention requires a 'joined-up' approach with multiple organisations from different sectors playing their role**. A robust mechanism is needed to manage this complexity and ensure there is integration and aggregation of effort. Ultimately, success requires a combination of appropriately timed and targeted evidence-based interventions, and strong coordination.

Key interventions

The prevention of mental health conditions requires a simultaneous focus on increasing protective factors and decreasing risk factors. These factors vary with life-stage. Finding a way to tackle these various factors across the lifespan is a key challenge for primary prevention. One possible solution is to take a settings-based approach. A settings-based approach has multiple advantages. First, it helps to ensure that prevention initiatives are embedded within programs and services that people already interact with. Second, certain settings are also the most logical platform to reach particular age groups (e.g. schools/children & adolescents, workplaces/adults) and/or address a particular risk factor (e.g. schools/bullying, workplaces/job stress). A settings-based approach also enables the Victorian Government to leverage settings over which it already has responsibility as platforms for prevention-focused initiatives.

In our view, certain 'core' initiatives are required in each setting which target the most influential and/or highly prevalent factors in that setting.[31] These may be coupled with other 'desirable' initiatives that target less potent factors which are nevertheless important. Potential 'core' initiatives are summarised in Table 1 and each of these is described in detail in Appendix 1. Using evidence-based interventions is crucial and there are now several databases that list effective and 'best buy' interventions to tackle risk and protective factors in various settings.[32] [33] [34] [35] [36] Interventions must be well-implemented and properly monitored to ensure that positive outcomes are achieved.

Table 1. List of potential 'core' interventions required with each setting based on risk and protective factors

Setting	Core Interventions
Mentally healthy public policy	• Policies targeted to reducing social disadvantage and achieving equitable access to education, employment, housing, and income above the poverty line. • Laws, regulations and policies designed to prevent child maltreatment, family violence, racism, homophobia and transphobia
Social marketing	• A public education campaign to raise awareness about the benefits of prevention and to provide practical tips on how to protect and promote your own, and others' mental wellbeing.
Antenatal services Maternal and Child Health Early Learning Services	• Programs to prevent, or detect and manage parental perinatal depression • Universal access to home nurse visiting, and parenting programs that equip parents with evidence-based strategies to support healthy child development, with priority given to families with additional needs • Initiatives targeted to the prevention of adverse childhood experiences with a particular focus on the prevention of child maltreatment and the prevention of family violence • Policies to reduce the negative impacts of socioeconomic disadvantage on parents and other carers, and to support work-life balance and co-parenting/extended family care.
Schools	• Curriculum-based skill-building programs to enhance children and young people's social and emotional skills, relationships and resilience, implemented within a whole-of-school framework • Anti-bullying programs, including those targeted to tackling homophobia and transphobia • Respectful relationships programs to promote gender equality and reduce violence against women and children.
Workplaces	• Public education initiatives that increase workers' and employers' awareness of the benefits of preventing workplace-related mental health conditions and how this can be achieved • Skills-based programs to improve adults' relationships and resilience • Programs targeted to tackling key workplace risk factors (e.g. job design, job stress, line management and workplace culture).
Local Government	• Place-based community mobilisation approaches to tackle local-level risk and protective factors such as social cohesion, social connectedness and loneliness.
Online	• Skills-based programs to enhance people's social and emotional skill and resilience • Parenting programs • Anti-cyberbullying programs.

Key building blocks

While the right interventions are crucial, they are not enough. Success in primary prevention requires a mechanism to ensure that various initiatives are integrated within and between settings so that their impacts are maximised and 'all the bases are covered'. Coordination is vital. In Victoria, the prevention of mental health conditions is included in the government's 10 Year Mental Health Plan and responsibility rests with the Minister for Mental Health and through the Minister to the Mental Health Branch, Department of Health and Human Services (DHHS).[37] However, while a few of the prevention activities outlined in this Plan fall under the remit of the Mental Health Branch, several others fall within the scope of other DHHS units (e.g. the Prevention and Population Health Group), while others again fall outside of the Minister's and even DHHS's remit (e.g. school-based programs). How the activities in this Plan are coordinated and monitored remains unclear.

Furthermore, while the 10 Year Mental Health Plan outlines the Victorian Government's plan for the primary prevention of mental health conditions, it is not the only plan that relates to this endeavour. Several initiatives outlined in policies and plans such as the Public Health and Wellbeing Plan, Education State, The Roadmap to Reform: Strong Families, Safe Children, and the Family Violence Plan also have a considerable bearing on the prevention of mental health conditions, although their contribution to this endeavour is generally not highlighted. As a result, the ability to link and create synergies between the 10 Year Mental Health Plan and these other Plans is missed.

Ultimately, successive Victorian governments have tended to fund a series of disconnected programs that contribute to prevention through various departments and agencies, without a plan or mechanism to bring these efforts together to create a collective impact. 'Everyone' does a 'bit' of prevention, but no-one seems to 'own' prevention and accountability is not transparent. As a result, while there is activity on multiple fronts, it's unclear how much is being invested, in what way, and whether it's having an impact. We're pedalling but we're not necessarily moving forward.

The Victorian Centre for Mental Wellbeing

In our view, the best way to overcome this fragmented approach to the prevention of mental health conditions is to devolve responsibility for planning, commissioning, coordinating and monitoring initiatives (directly or indirectly) focused on the prevention of mental health conditions, to a new entity tasked with fostering a multi-sectoral approach. This entity, the 'Victorian Centre for Mental Wellbeing', would be a crucial step towards the creation of a more robust prevention system to complement our existing mental healthcare system. This entity should be a new statutory authority governed by a Board that includes representatives with lived experience of mental ill-health; leaders from mental health, public health, education and community sector organisations; and from bodies such as the Commission for Children and Young People, Family Violence Prevention Agency, Victorian Equal Opportunity and Human Rights Commission and Work Safe. The Victorian Centre for Mental Wellbeing should:

- Provide leadership, direction and accountability for the prevention of mental health conditions.
- Develop an actionable blueprint for the prevention of mental health conditions in Victoria, and an associated implementation plan and monitoring framework. This would complement, and sit alongside, the Victorian 10 Year Mental Health Plan.
- Coordinate multi-sector investment and action in prevention through a combination of commissioning and direct implementation.
- Manage quality assurance and outcomes monitoring.
- Build capacity through advisory, knowledge translation and workforce development activities.
- Support research and evaluation.

These activities are described in more detail below.

Developing a blueprint for action

A detailed Prevention Blueprint is required to guide action and investment in the primary prevention of mental health conditions in the coming years. This blueprint needs to build on the 10 Year Plan, and link to other prevention-focused Victorian Government policies, such as those described above. The blueprint should be based on:

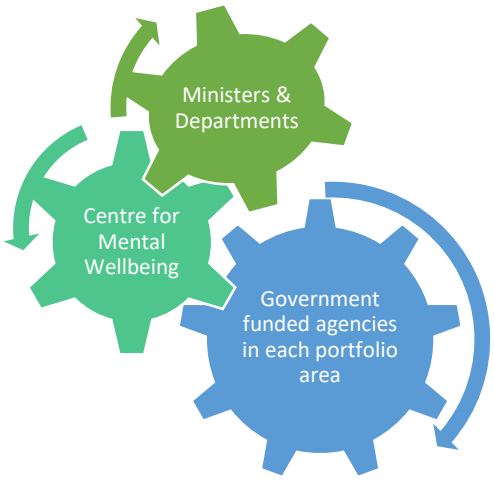
- A situation analysis of existing efforts within Victorian Government funded organisations in education, employment, community services, health and mental health to determine who is doing what and how we could strengthen our approach to prevention.
- A comprehensive review of the research evidence about what works to influence the key risk and protective factors associated with mental health conditions.
- An audit of existing evidence-based prevention programs that have already been developed in Australia and that could potentially be scaled-up across Victoria.
- Wide-ranging public and stakeholder consultation.

This development process will enable the Centre to document what the Victorian Government is currently doing in each portfolio area that contributes to the prevention of mental health conditions and compare this to what it should be doing based on existing evidence and stakeholder consensus. The blueprint can then be used to guide the activities of the Centre, and provide transparency and accountability for delivering prevention reforms.

The audit and situation analysis would focus on documenting existing programs and collating information about their safety, effectiveness, cost-effectiveness, resource requirements and current reach and adoption. It could build on the work already undertaken by the National Mental Health Commission and others in this space.[38] [39] [40] This information can then be used to determine whether we are making the most of evidence-based interventions that have already been developed and guide decisions about resource allocation. Where the evidence for a prevention program is strong but reach and uptake is sub-optimal, the program should be ear-marked for stronger public promotion and state-wide roll-out. Where the evidence is good but not definitive, the scale-up should be localised and evaluated further before considering a State-wide roll-out, as this will help to avoid costly errors. Where there is insufficient evidence, more research and evaluation will be needed.[41]

Coordinating investment and action

The prevention of mental health conditions requires a whole-of-government approach whereby each Minister and Department contributes to promoting and protecting the mental wellbeing of the Victorian community and the Victorian Centre for Mental Wellbeing acts as an intermediary vehicle to support the implementation of relevant initiatives.



At present there is a considerable gap between what's needed to prevent mental health conditions and what's implemented. Some risk and protective factors for mental health conditions receive fairly good attention (e.g. resilience building) while others are under-resourced (the prevention of child maltreatment). Likewise, some settings have been well-targeted (e.g. schools) while others are only just starting to receive attention (e.g. tertiary education settings, workplaces, local communities). There is also a gap between what works and what's translated into practice. Some programs with scant evidence of benefit are adopted, while others with substantial evidence of effectiveness are overlooked. Furthermore, to date prevention initiatives have largely focused on individual behaviour change and fewer interventions have focused on trying to create more mentally healthy social environments or public policies. The Centre should play a role in addressing these limitations.

As part of its role, the Centre should therefore be used as a commissioning body that funds organisations or consortia in pivotal portfolio areas such as education, employment, community sector, health and mental health to implement evidence-based approaches in a way that more evenly and comprehensively covers key age-groups, settings, and risk and protective factors. Programs would be commissioned on the basis of the Prevention Blueprint and the ongoing monitoring of progress to achieve agreed prevention-related outcomes (see below).

In addition to commissioning other organisations to implement approved programs, the Centre could also undertake some program delivery itself by managing programs that are suited to online delivery. This could be achieved through the development of an online portal that would house (accredited) direct-to-public information resources and evidence-based online prevention programs. Researchers and other program developers could then be encouraged to house their online 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 central portal would assist in marketing programs and ensuring strong reach into the community.

Quality assurance and outcomes monitoring

Governments have long understood the importance of ensuring that health and mental healthcare interventions are safe, effective and cost-effective and are delivered to a high quality and that individual and population-level outcomes are reliably measured and closely monitored and reported. By contrast, prevention initiatives have tended to be implemented in a largely unregulated fashion with limited assessment of program safety, effectiveness or cost-effectiveness before release, and limited monitoring against implementation standards or outcomes achieved. This needs to change.

The Victorian Centre for Mental Wellbeing would play a vital role in quality assurance and outcomes monitoring. To facilitate this, a monitoring framework should be developed in parallel to the Prevention Blueprint. This framework would include a set of implementation standards that would enable the Centre to track how well its commissioned or delivered programs are being implemented, and a set of outcome indicators and targets that would enable the Centre to track whether we are preventing mental health conditions from occurring.

The latter component should include lead indicators, such as whether we're improving public understanding about prevention and changing knowledge, attitudes and beliefs; intermediary indicators such as whether we're changing the prevalence of risk and protective factors; as well as lag indicators including whether we're increasing levels of mental wellbeing and reducing the incidence and prevalence of mental health conditions. Deciding what key risk and protective factors should be monitored needs further consideration, although the prevalence of child maltreatment, family violence and bullying would be essential.

Once developed, changes in these indicators could be measured through data collected through specially commissioned 'sentinel' early learning services, schools, workplaces and local neighbourhoods; a new state-wide population-level 'mental wellbeing' survey; as well as by including additional questions in existing surveys such as the Victorian Population Health Survey. In the 21st Century it is imperative that prevention focused efforts are data informed. The Centre could be tasked and resourced to implement this monitoring framework and to report progress to Parliament through an annual Prevention Report that documents whole-of-government expenditure and achievements in prevention, and progress against the agreed outcome measures.

Capacity building and workforce development

The prevention of mental health conditions is a relatively new area of health promotion activity. As a result, there are significant gaps in workforce capability and capacity that need to be addressed. The Victorian Centre for Mental Wellbeing should therefore also have a capacity building role. This role would include the provision of expert advice, support for knowledge translation, and coordination of workforce development.

Within this role, the Centre would curate an online portal that houses evidence summaries, journal articles and grey papers relevant to the prevention of mental health conditions to support knowledge transfer. The Centre would also be required to provide capacity building support to organisations commissioned to implement aspects of the Prevention Blueprint through the provision of expert advice, practical resources, and professional development to their staff.

The Centre should also have a broader role in workforce development. At present most of the frontline workforce working on the prevention of mental health conditions are individuals who happen to work in a setting being used as the platform to implement a prevention program, such as educators in schools, or occupational health and safety staff in workplaces. While it is reasonable to involve existing staff to implement prevention activities, they need to be trained and supported to fulfil this role. The Centre could play a role in this process. However, while it's important that mental health promotion becomes everyone's business, we also need to avoid overloading individuals with additional work responsibilities, especially activities that are outside their area of expertise. Instead, we need to focus on creating a new workforce with specialist skills in mental health promotion who can train others to implement certain strategies, but who could also play a role in implementation themselves. While Victoria has a mental healthcare workforce it doesn't have a mental health promotion workforce. We need to create one.

In the first instance, the Centre could build this workforce by offering professional development courses to existing health promotion workers and mental healthcare practitioners who want to upskill in *mental health promotion*. However, the Centre should 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 employed to work in critical settings such as early learning services, schools, workplaces, universities/TAFEs and local councils to train and support existing staff in these settings and to deliver certain programs themselves, particularly in settings where existing workers are already stretched and potentially too busy to take on additional tasks. These workers could also play a role in program design and evaluation within their specific setting, which would add to the range and quality of prevention initiatives occurring in Victoria.

Invest in research

For some time now, mental health research funding has lagged behind funding for conditions such as cancer and cardiovascular disease. While the situation is slowly improving, the funding allocated to mental health research by major funders 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 and there has been relatively less research into 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 mental health research sector, including those working on prevention. We believe the Victorian Government has important role in supporting such research and establishing Victoria as a leader in this area.

While we need to better apply the research evidence we already have, we also need to support research to find new and better ways to prevent mental health conditions. Given the broad range of research that could potentially be funded, we believe it would be helpful to develop a Prevention Research Roadmap to determine what should be prioritised. This Roadmap could be developed by the Centre using a three stage approach: a literature review to look at what prevention research has been conducted in Australia over the 10-15 years; a review of data from the NHMRC and other funders to document the level and type of investment in Australian 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 in a more considered manner.

The Victorian Government should play a lead role in implementing this Roadmap. It could do this by setting up a Prevention Research Innovation Fund which could be managed by the Victorian Centre for Mental Wellbeing. The Centre would be tasked with allocating funding for scholarships or prevention-focused research and evaluation projects occurring in Victoria through a competitive process. When assessing project proposals, emphasis should be given to funding research and evaluation projects linked to the priority areas outlined in the Prevention Research Roadmap and to projects linked to initiatives in publicly funded services or local government communities.

Dedicated funding

Just as mental healthcare can't occur without recurrent funding, nor can prevention. In contrast to the well-developed funding mechanisms that support mental healthcare, the funding of initiatives for the prevention of mental health conditions is ad hoc and difficult to quantify. One of the barriers to accurately measuring Victorian government expenditure on the primary prevention of mental health conditions is that initiatives that have the potential to prevent mental health conditions are not necessarily confined to the 'mental health budget' and may exist across several portfolio areas. The recent Victorian Budget (2019-20) is a case in point.

This 2019-20 Victorian Budget lists various initiatives in the DHHS mental health portfolio however these are all targeted to people living with a mental health condition rather than prevention. However, the broader DHHS overview includes resources to prevent family violence and the Department Education and Training has resources for school-based anti-bullying responses. While neither of these initiatives are tagged as 'mental health' initiatives, they both nevertheless contribute to the prevention of mental health conditions and could potentially be counted towards this endeavour.

That said, even if these initiatives are counted, funding for the prevention of mental health conditions in Victoria is low – for example less than $6 million over 4 years was allocated to anti-bullying programs in 2019-20 and only a small proportion of family violence and child protection funding contained in the 2019-20 Victorian Budget was targeted to the primary prevention of these two issues.

This limited investment is not unique to population mental health and under-resourcing has long been a frustration for those working on prevention in the physical health arena. At a national level, funding for public health interventions (which includes health promotion programs) has fluctuated between 1.5 and 2.3% of total health expenditure over the last 10 years.[42] This is substantially less than the proportion spent in 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%).[43] [44] In Victoria, government expenditure on public health was 1.9% of total health expenditure in 2016-17.[45]

It is clearly not possible to prevent mental health conditions without adequate and ongoing funding and we therefore propose that the Victorian government establish a dedicated funding stream for the prevention of mental health conditions and a target of at least 5% of total mental health expenditure. It is important to note that while increased prevention funding will eventually reduce demand for mental healthcare, we do not support the shifting of resources away from mental healthcare and towards prevention but rather advocate for increased spending on both. This additional funding can be well-justified on a return-on-investment basis.

Summary and conclusion

The primary prevention of mental health conditions has been an aspiration of Australian governments since the First National Mental Health Plan, yet most governments have struggled to implement a cohesive and sustainable approach in this vital area. All governments – including the Victorian Government – are doing something but current approaches to the prevention of mental health conditions are piecemeal and poorly coordinated and investments and successes are hard to quantify.

Mental health conditions are not inevitable and prevention is possible – although complex. A multi-modal, multi-level approach is required to address the diverse array of individual and social environmental risk and protective factors associated with mental health conditions. Managing this complexity and ensuring that we apply the best available evidence in a cohesive way is key to success.

Establishing the Victorian Centre for Mental Wellbeing would allow this to happen. This crucial addition to our mental health system would provide a mechanism to effectively reach and assist Victorians where they grow, study, work, play and live – helping them to develop their personal strengths and helping government to create more mentally healthy social environments that protect them from the many and varied harms to our mental wellbeing.

The Victorian Centre for Mental Wellbeing would:

- Provide leadership, direction and accountability for the prevention of mental health conditions.
- Develop an actionable blueprint for the prevention of mental health conditions in Victoria, and an associated implementation plan and monitoring framework. This would complement, and sit alongside, the Victorian 10 Year Mental Health Plan.
- Coordinate multi-sector investment and action in prevention through a combination of commissioning and direct implementation.
- Manage quality assurance and outcomes monitoring.
- Build capacity through advisory, knowledge translation and workforce development activities.
- Support research and evaluation.

Good outcomes for people living with a mental health condition cannot come without a clear plan, hard and soft infrastructure, effective interventions, a well-trained and supported workforce, oversight mechanisms, a commitment to research and a strong funding base. It is foolish to think good outcomes in prevention could occur without these same building blocks.

Mental health conditions are distressing, potentially disabling and associated with premature death. These conditions place a heavy burden on individuals, their loved ones and on society. We already have enough knowledge to start reducing the number of people who experience these conditions, while we work towards finding new and better ways. We just need to commit to this path.

This Royal Commission represents a once in a lifetime opportunity to set a new way forward. More of the same won't help and bold new solutions are required so that Victoria can once again lead the way in how we approach mental health in Australia.

Prevention is the right thing to do. It will avert suffering and save lives. It will also save money.

Appendix 1. Key settings-based interventions

Mentally healthy public policy

While supporting individuals to build the social and emotional skills and positive relationships that contribute to resilience is important, individual-focused programs are not enough and success in prevention requires a focus on creating mentally healthy social environments, including through (mentally) healthy public policies. Healthy public policy has been instrumental in achieving change in relation to smoking, alcohol and substance misuse, and road trauma. While public policy approaches for the prevention of mental health conditions have received less explicit attention, there are nevertheless various existing policies that make an important contribution. For example, child maltreatment, family violence, racism, homophobia and transphobia are all major risk factors for mental health conditions and existing laws, regulations and policies to tackle these problems are therefore a crucial element of a comprehensive approach to prevention.

Another crucial area of public policy relates to the social determinants of mental health. While mental health conditions may affect people of all ages and backgrounds, their prevalence varies with socioeconomic status.[46] [47] [48] Across Australia, people with lower levels of educational attainment, or who experience unemployment, homelessness, or live on low incomes are more likely to experience a mental health condition than people from more advantaged backgrounds.[49] [50] This social gradient occurs along a continuum with people at the higher end of the socioeconomic spectrum having lower rates of illness than people in the mid-range, who in turn have lower rates of illness than people at the lower ends of the spectrum. Tackling the social determinants of mental health is crucial since people are unlikely to experience wellbeing if their basic needs are not met. Public policies targeted to achieving more equitable access to these key determinants are therefore one of the most vital elements of a comprehensive approach to the prevention of mental health conditions.

Social marketing

Public education campaigns are a key element of prevention-focused initiatives in the health field. These campaigns general target risk factor reduction through individual behaviour change and include quit smoking, healthy eating, physical activity and drug and alcohol education campaigns. While none of these campaigns is specifically focused on the prevention of mental health conditions, they may still contribute to this goal since all these factors are also risk factors for mental ill-health.

However, we believe that it is time to introduce a public education campaign that is more directly related to the prevention of mental health conditions. While there are no effective prevention-focused public education campaigns there are several promotion initiatives that could potentially be used for this purpose. Initiatives such as Act-Belong-Commit, Wheel of Wellbeing and Five Ways to Wellbeing focus on educating the public about 'good' mental health and encouraging individuals to adopt strategies in their daily life that help to promote their mental health. Many of the actions discussed in these campaigns are likely to contribute to reducing an individual's risk of experiencing a mental health condition and could therefore be used for prevention, possibly with some adaptation.

In Australia, Act-Belong-Commit originated as a community-focused mental health promotion campaign designed to enhance and maintain mental wellbeing at a population level. It is now also being applied in school, workplace and clinical settings. The campaign is focused on encouraging people to adopt particular behaviours designed to enhance their mental wellbeing. It is based on the notion that: "we become mentally healthy by engaging in mentally healthy activities." [51] The specific types of behaviours are summarised in the three elements. Act encourages people to keep alert and engaged by keeping mentally, socially, spiritually, and physically active. Belong invites people to develop a strong sense of belonging by keeping up friendships, joining groups, and participating in

community activities, while Commit is about doing things that provide meaning and purpose in life like taking up challenges, supporting causes, and helping others.

The campaign combines social marketing to raise awareness, improve mental wellbeing literacy, and generate community interest, with localised implementation through partnerships with local governments, schools, workplaces, community organizations, local sporting and recreational clubs and health services. Participating organisations are able to access a range of resources to facilitate implementation including a self-help guide for participants. The initiative is delivered by Mentally Healthy WA at Curtin University, and supported by the Health Promotion Foundation of Western Australia (Healthway) and the Western Australian Mental Health Commission.[52] Evaluations of the program are promising including indirect data from a longitudinal study in Ireland that found that that the more people engaged in Act, Belong and Commit type activities at study baseline, the higher their ratings on quality of life, life satisfaction and self-rated mental health during follow-up. The more actions the higher the wellbeing ratings. In addition, the data also showed that the more people engaged in Act, Belong and Commit type activities, the less likely they were to be diagnosed with anxiety or depression over time.[53]

Five Ways to Wellbeing was developed by the New Economics Foundation in the UK. It encourages people to connect, be active, notice, keep learning and give. While the program has not been formally evaluated, two research studies provide empirical evidence that the five actions are significantly associated with mental wellbeing. Like the Irish Act Belong Commit study, these studies used data from an existing longitudinal study (in New Zealand) to examine the association between the routine adoption of Five Ways to Wellbeing type activities and mental wellbeing and found a significant positive correlation between the regular practice of these behaviours and high levels of flourishing, however, the relationship between the regular practice of the behaviours and future diagnosis of mental health conditions was not assessed.[54] [55]

Given these findings, the Victorian Government should consider these campaigns as the basis of a public education campaign to promote mental wellbeing and prevent mental health conditions among the Victorian community. Whatever approach is taken a robust evaluation would be required.

Antenatal, Maternal and Child Health and Early Years Services

The antenatal period and first 1000 days of a child's life are crucial to long-term health and mental health outcomes.[56] A difficult start to life may lead to a cascade of negative bio-psycho-social impacts that have lifelong adverse consequences and which may potentially lead to intergenerational difficulties.[57] [58] Antenatal, maternal and child health and early learning services are therefore crucial settings for prevention interventions. The core prevention strategies needed in these settings include:

- programs to prevent, or detect and effectively manage parental perinatal depression;
- universal access to home nursing visiting, and parenting programs that equip parents with evidence-based strategies to support healthy child development, with additional priority given to families with specific needs;
- initiatives targeted to the prevention of adverse childhood experiences;
- policies to reduce the negative impacts of socioeconomic disadvantage on parents and other carers, and to support work-life balance and co-parenting/extended family care.[59] [60]

The single biggest influence on the child's development at this stage, is their family environment and good parental/carer health and mental wellbeing pre-conception, during pregnancy and in the child's early years is crucial to infant and child wellbeing. Secure attachment and positive parenting practices have a profound beneficial effect on child development. Policies, programs and services to support parents and other carers are therefore crucial to the prevention of mental health conditions. The key

goals of such interventions are to support healthy child development by supporting parents and carers to create a safe, nurturing and loving family environment, and to minimise children's exposure to prolonged or strong stress, and adverse childhood experiences (ACEs).[61] ACEs refers to a group of difficulties that includes child neglect or abuse, exposure to family violence, significant caregiver substance abuse or mental illness, and persistent or severe economic hardship.[62]

The prevention of child maltreatment is particularly crucial. Child maltreatment, especially child sexual abuse, has been linked to the development of a wide ranges of conditions including depression, anxiety disorders, eating disorders, personality disorders, and even schizophrenia.[63] [64] Given the strong links between child maltreatment and mental health conditions, a focus on the prevention of childhood trauma is crucial.[65] [66] **Studies suggest that by eliminating child abuse we could potentially reduce the prevalence of anxiety and depression in our community by around 20–25%**.[67]

In our view, the primary prevention of child maltreatment is under-resourced. Most of the funding in child protection goes to programs that respond *after* child maltreatment has already occurred. While responding to notifications is crucial and ensures that no further trauma occurs and harm can be addressed, the primary prevention of child abuse must be the primary policy goal.[68] We therefore encourage the Victorian Government to invest more in supporting all parents and carers with young children, not just those deemed 'at-risk', and to make the prevention of ACEs a priority.

Schools

Schools are another critical setting for action and it is vital that they are appropriately resourced and properly equipped to support student wellbeing across the spectrum of promotion, prevention, early intervention, recovery support and suicide prevention. The core prevention strategies needed within schools are:

- curriculum-based skill-building programs to enhance children and young people's social and emotional skills, relationships and resilience;
- anti-bullying programs; and
- respectful relationships programs targeted to the prevention of violence against women and children.

There is considerable evidence to show that school-based approaches to prevention can help to prevent depression, anxiety conditions, conduct disorder and alcohol and substance misuse. Success requires a collective effort and a whole-of-school framework for action that addresses curriculum, teaching and learning (how and what children and young people are taught); family and community partnerships; and the physical and social environment (school ethos and positive climate).[69] In Victoria, there are two main whole-of-school frameworks in use – the Australian Government funded Mental Health in Education Program managed by Beyond Blue and the Victorian Government funded Achievement Program managed by the Cancer Council Victoria.

Curriculum-based, skill-building programs are an essential element to success in primary prevention. The main types of skill-building programs that have been evaluated include social and emotional learning (SEL), resilience building and disorder specific prevention programs. While sometimes considered separately, there is considerable overlap between the various programs. Each focuses on equipping children and adolescents with the psychosocial skills needed to build positive relationships, regulate their emotions and behaviours, and manage life's challenges and hardships. They each draw on strategies derived from psychological therapies (e.g. cognitive behaviour therapy, interpersonal therapy, problem solving therapy, mindfulness-based stress reduction) and/or from positive psychology and can be delivered by educators or trained mental health professionals.[70] Research shows that overall, such programs are effective in increasing the mental wellbeing of children and

young people, and in reducing the symptoms and occurrence of common mental health conditions – at least in the short-medium term.[71 72 73 74 75 76 77 78 79] In addition the research shows that SEL programs can improve classroom behaviour and academic performance.[80 81]

The other approach to prevention is risk factor reduction. Bullying is a major risk factor for mental health conditions and prevalent within schools. Preventing bullying can help to prevent mental ill-health and schools are a key setting for action. A range of anti-bullying programs exist. Effective programs include a hybrid of skill-building activities that support students to develop social and emotional competencies and learn how to respond effectively to bullying behaviours, and whole-of-setting elements that focus on setting, modelling and monitoring behavioural expectations and creating a positive school climate.[82] A recent systematic review and meta-analysis found these programs can reduce bullying perpetration by up to 20% and victimisation by up to 15%.[83] Other reviews have found similar benefits.[84 85 86] In Australia, the Safe Schools program focuses specifically on the issue of homophobic and transphobic bullying and discrimination, major risk factors for mental health conditions among LGBTQI young people.[87] Another key risk factor for mental health conditions which is receiving more attention in schools is violence towards women and children.[88] In Australia, schools are addressing this issue through respectful relationships education aimed at increasing gender equality and tackling cultural norms around violence.[89]

Victorian schools are at the frontline of promotion, prevention, early intervention and suicide prevention and the vast majority are doing an excellent job; however, there is room for improvement. First, while many schools use a whole-of-school framework not all schools utilise the curriculum-based, skills-building prevention programs described above or implement them in ways that maximise their benefits. There are a wide range of skill-building programs available, however they vary considerably in the extent and quality of the research evidence associated with them. A few programs have been subject to multiple randomised controlled trials (RCTs), others have been evaluated through one or two RCTs, while many have been less well evaluated. Not all schools are giving preference to programs that are evidence-based. Furthermore, high quality implementation (i.e. program fidelity) and close monitoring of change are crucial but once again there appears to be wide variation in how well schools implement and monitor these programs.

Ultimately, teachers and schools are doing their best within their resource constraints, but they appear to be struggling to place the emphasis they would like on the prevention of mental health conditions because they have to direct most of their time and resources to supporting the high numbers of children and adolescents who are already experiencing a mental health condition, and supporting their parents and carers. It's hard to focus on prevention without the time and the resources to do so and at present may schools are swamped assisting students who are experiencing high levels of psychological distress and suicidality.

Victorian schools are one of the most crucial platforms for the prevention of mental health conditions and we believe they need to be far better resourced to play their role. To complement the investment that the Victorian Government has made to assist schools to support students with emerging or existing mental health conditions and/or suicidality – the Enhancing Mental Health Support in School initiative – we believe that the Victorian Government should fund every Victorian school or school cluster, to employ a dedicated mental health promotion officer to assist them with the implementation of an evidence-based approach to the prevention of mental health conditions. Employing a cohort of dedicated mental health promotion personnel in schools would substantially increase the likelihood that prevention initiatives are more widely adopted and are implemented with greater fidelity which in turn will maximise their effectiveness.

Supporting students with emerging or existing mental health conditions and/or suicidality is essential but supporting schools to implement high-quality, evidence-based approaches to prevention is a way to reduce the likelihood that children and young people will require these treatment services in the first place.

Workplaces

Workplaces are another major setting that can be used to prevent the occurrence of mental health conditions. The key core prevention strategies needed within workplaces include:

- public education initiatives that increase workers' and employers' awareness of the benefits of preventing workplace-related mental health conditions and how it can be achieved;
- skills-based programs that increase adults' social and emotional skills and resilience;
- programs targeted to tackle key risk factors related to job design, job stress, line management and workplace culture.

Work is important to our mental wellbeing. It contributes to our self-esteem and positive self-identity. It provides structure, purpose, social connection and the income required to meet our needs. However, research also shows that in some cases work may contribute to mental health conditions. People who are exposed to jobs or workplace environments characterised by high levels of job stress (high demand, low control jobs); lack of role clarity; job insecurity; poor organisational justice; a lack of recognition and reward; poor leadership, line management or workplace relationships; bullying, harassment or discrimination; and significant trauma exposure may experience work-related depression, anxiety, PTSD and other conditions.[90 91 92]

While there have been long-standing efforts to prevent physical injury and illness in the workplace, the prevention of psychological injury and workplace-related mental health conditions is a relatively new area of endeavour, although one which is rapidly growing. Over the last couple of decades an increasing volume of research has focused on identifying the job and workplace factors that impact on workers' mental wellbeing and in designing and evaluating ways to prevent work-related harms. Broadly speaking, current workplace based prevention programs either focus on individual workers with the aim of assisting them to better manage personal and work-related stressors (i.e. stress management or resilience programs) and programs that aim to influence the organisational factors that may contribute to poor mental health, such as those listed above. Both are important.

There has been an increased emphasis on workplace mental wellbeing in Victoria over recent years. Organisations and coalitions such as Work Safe Victoria, the Cancer Council Victoria Achievement Program, Beyond Blue and the Victorian Workplace Mental Wellbeing Collaboration have implemented initiatives that encourage and support workers and employers to focus on creating more mentally healthy workplace environments. While these efforts are achieving some traction, there are still a considerable number of Victorian workplaces that have not adopted a structured approach to the prevention of work-placed related mental health conditions. One of the priorities for the Victorian Government should be to increase the adoption of prevention programs across Victorian workplaces.

Given the significant diversity and number of workplaces in Victoria increasing uptake will be complex. At present there are three main models that have been developed to encourage and support workplaces to implement prevention focused strategies. These include self-directed initiatives (e.g. the Beyond Blue Heads Up program), local collaboratives (e.g. WorkSafe WorkWell Learning Networks), and external consultancy programs (e.g. those provided by various for-profit organisational psychology providers). Self-directed programs focus on providing workers and employers with online information resources and tools that enable them to take a DIY approach. These programs have to the capacity to reach a very high number of workplaces, but they do not guarantee

effective implementation. Consultancy programs typically provide significant hands-on guidance and support, which assists with adoption and program fidelity but are far more difficult to scale-up. Local collaboratives fall somewhere between these two methods. Ultimately all three approaches are valid.

Another priority is funding for research as there is still much to learn about how to best prevent mental health conditions that arise at work. In late 2017, Work Safe launched the *Work Well Mental Health Improvement Fund*. This Fund was established to support programs and initiatives that promote mental health and wellbeing and prevent mental injury and illness by changing workplace cultures and practices. While still in its early stages, this initiative is a great example of the type of funding support that's required to build the evidence base and create new and better ways to prevent work-related mental health conditions.

Workplace-based programs are another important element of a comprehensive prevention agenda. They are good for workers, good for employers and good for the economy. Work-related mental health conditions are associated with significant personal and economic impacts and failing to act is expensive. Conversely, research from Price Waterhouse Cooper (PwC) estimates that on average, across all businesses, for every one dollar invested in initiatives to create a more mentally healthy workforce, there is a return of $2.30.

Local Government

The quality of our immediate built, natural and social environment can have a significant impact on our mental wellbeing and local council-based initiatives are therefore another key setting for action. The core prevention strategies needed within local government areas are:

- place-based community mobilisation approaches that tackle local-level risk and protective factors such as social cohesion, social connectedness and loneliness.

Place-based community mobilisation approaches – sometimes referred to as collective impact approaches – hold considerable promise as a way to implement community-level prevention initiatives. A key focus of these initiatives is to encourage broad-based community participation and decision making with respect to defining the nature of the problem and possible solutions. External organisations work to support local community members and other key stakeholders to define the problem, determine the underlying risk and protective factors, generate possible solutions and then review these against research evidence. The external organisations work to build the capacity of the local community to implement their chosen strategies and monitor the impacts of these activities.[93] By their nature these initiatives allow for the development of locally relevant solutions.

Although we are not aware of any existing community mobilisation programs targeted to the prevention of mental health conditions, these approaches have been successful in dealing with other health and social issues. The Planet Youth program in Iceland combines community-led action with changes in public policy to address substance misuse. The program brings together parents, schools and local agencies to build a local social environment high in protective factors and low in risk factors for substance use. This is accompanied by legislative and regulatory changes to lessen access to substances by young people. The model has contributed to an impressive reduction in adolescent use of tobacco, alcohol and cannabis while also resulting in improved relationships between parents and children and the development of community social capital. [94] [95] [96]

In Australia, the Communities that Care (CtC) program uses a community engagement approach to reduce alcohol and substance misuse, and antisocial and violent behaviour. This program has been evaluated extensively and been found to lead to substantial improvements on these issues among CtC communities compared to non-participating communities.[97] [98] We believe that there is considerable

benefit in trialling an adaption of the CtC model to determine whether or how it could be used for the primary prevention of common mental health conditions. Alternatively it may be possible to trial an adaption of the Australian Government's Local Drug Action Team program (LDAT) which is managed by the Alcohol and Drug Foundation, or the model being used by the Global Obesity Centre at Deakin University to tackle obesity as the latter also shows positive impacts on mental health.[99] Ultimately, it makes sense to leverage models that are already in place in Victoria, rather than recreating the wheel.

Online

The online environment is now part of our everyday life and it too is a setting for prevention. The core interventions for this setting include:

- skills-based programs to enhance people's social and emotional skills and resilience;
- online parenting programs; and
- anti-cyberbullying programs and legislation.

The online environment has rapidly become a key setting for self-guided and therapist supported mental health treatment programs and is now increasingly being used for prevention focused programs, including skills-based programs to enhance people's social and emotional skills and resilience, and parenting programs. The underlying approach taken by these programs is broadly similar to content used in face to face SEL, resilience and parenting programs, however online delivery is generally regarded as a more convenient, autonomous, lower-cost and higher-reach alternative. While research into online prevention programs is fairly limited, the results are encouraging, although further evaluation of the more promising programs would be required as part of any roll-out.[100] [101]

However, while the online environment is an excellent delivery mechanism for mental health resources, programs and services, the online environment – particularly the social media environment – can also pose problems for mental wellbeing. Cyber-bullying is now a significant problem that can have serious impacts on people's mental wellbeing and anti-cyberbullying legislation and programs are now essential if we wish to tackle this harm. A recent systematic review and meta-analysis found that cyberbullying intervention programs can reduce cyberbullying perpetration by approximately 10%–15% and cyberbullying victimization by approximately 14% and the focus should therefore by on encouraging uptake of these programs.[102]

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