

Promoting healthier, happier lives for more Victorians

VicHealth's submission to the Royal Commission into Victoria's Mental Health System

July 2019

About the Victorian Health Promotion Foundation (VicHealth)

At VicHealth, we believe all Victorians have the right to live healthy, happy lives. We know there are barriers to good health and wellbeing for people in our community, and we work with partners to discover, implement and share solutions to these challenges.

Our work in health promotion addresses the *causes* of ill health, rather than focusing on treatment and cure. Health promotion programs protect people's health and quality of life, and help them take more control over their own health and wellbeing.

VicHealth was established as a statutory body of the Victorian Government in 1987 and we have over 30 years' experience in promoting health. We understand how changes in the environment can promote health, and draw on practices that ensure we achieve the best outcomes for those who need it most. Our aim is that every Victorian, no matter their situation or resources, has the best chance for good health and wellbeing.

For more information, see www.vichealth.vic.gov.au

Acknowledgement

Components of this submission were taken from [Focusing on prevention: A joint submission to the Productivity Commission inquiry into mental health](#). The joint submission was developed by a diverse range of partners who were brought together by VicHealth and Prevention United. We acknowledge and thank the coalition of partners for their contribution to this submission.



VicHealth acknowledges the Traditional Custodians of the land and acknowledges and pays respect to Elders, past and present.



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Executive summary

All Victorians deserve the opportunity to live healthy and happy lives. To achieve this, we need to focus on increasing all Victorians' mental wellbeing, which is greater than merely the absence of illness. That way, everyone can experience a good quality of life, particularly those that currently face greater barriers to mental wellbeing. We can work together and achieve these goals, so more people can be productive and creative, build strong and positive relationships with others, and contribute to their community.

Over the past few decades, people have become more comfortable talking about mental ill health, and improved treatment options have transformed some people's lives. Victoria is home to a skilled mental health workforce that delivers quality approaches to identify and manage mental ill health. Individuals, communities and organisations are more ready and willing than ever to create healthier places and cultures to support the people within them.

Despite this progress, people are still experiencing depression, anxiety and other mental health conditions at unacceptably high rates. Around 4.8 million Australians are living with mental ill health and, at some point in their life, approximately half of Australians will experience a diagnosable mental illness.¹ Importantly, some groups experience mental ill health at a far higher rate than others.² While treating mental illness is and will always be vitally important, it is simply not enough.

What's missing from the current mental health system is action to prevent mental ill health from occurring in the first place. People are suffering from illnesses that could have been avoided. Health practitioners are so overburdened by the volume of people requiring diagnosis and treatment, they have not had the capacity to also focus on prevention.

Successive State and Commonwealth Governments have identified prevention and health promotion as priorities in their mental health strategies. Yet their funding does not match their ambition. Instead the focus has been largely on the treatment of mental illness – at which point some people have already been suffering from a condition that could have potentially been avoided.

The Royal Commission into Victoria’s Mental Health System is an opportunity to stand back from the existing mental health system and ask ourselves: are there new or unexplored options for preventing mental ill health and promoting mental wellbeing? Can we look outside the health system for new settings and partners that can drive this work? Are there groups we have neglected that are affected by avoidable barriers to good health? And is there work happening here or overseas that is showing signs of success that we could expand to help people across the state?

In answering these questions, Victoria can create an improved system that focuses on the factors that are making people unwell, and those that are protecting them from becoming unwell in the first place. Victoria can make sure that no matter your postcode, wealth, background, age, ability or identity, you and those you love have good health.

This submission provides a roadmap of recommendations to prevent mental ill health and promote mental wellbeing in Victoria. In holding this Royal Commission, it is clear that the Victorian Government is committed to change. Together with the community, health promotion practitioners, the healthcare system and non-health sectors, we can make sustainable and significant improvements to Victorians’ lives.

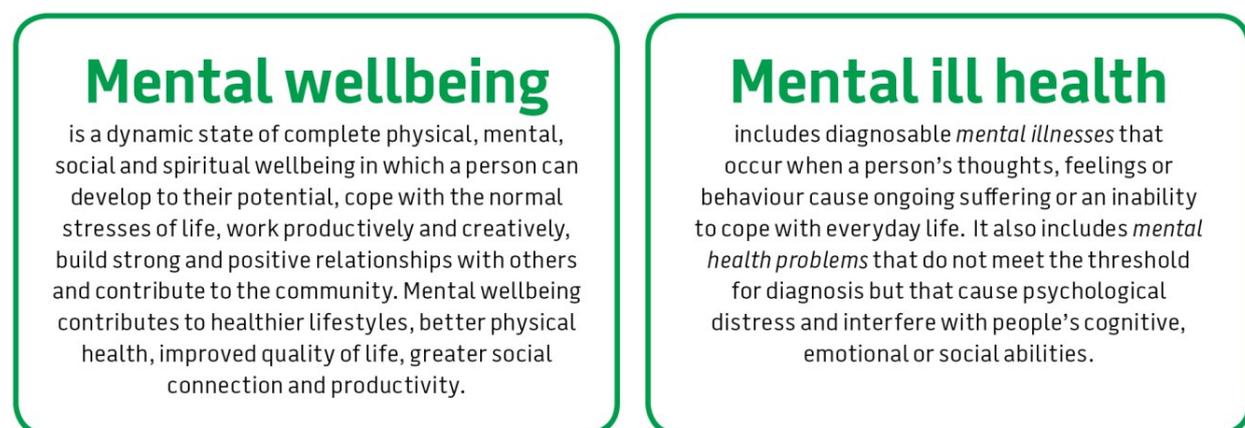


Figure 1: Definitions of mental wellbeing³ and mental ill health⁴ used throughout this submission.

Introduction and key messages

There is a wide range of evidence on the prevalence and prevention of mental ill health and the promotion of mental wellbeing. VicHealth has summarised key evidence within this submission, and we look forward to sharing more as the Royal Commission progresses. For this submission, VicHealth will highlight **four key messages** for the Royal Commission to consider, and within them are **13 recommendations**:

Key message 1: Prioritise primary prevention and health promotion

1. Include the primary prevention of mental ill health and the promotion of mental wellbeing as a core pillar of the Victorian mental health system.
2. Establish a statewide framework to guide primary prevention and health promotion activity which recognises the social determinants of mental health and addresses key protective and risk factors for mental health and wellbeing.
3. Establish an independent statutory Mental Wellbeing Commissioner and a dedicated Aboriginal Mental Wellbeing Commissioner to guide Victoria's approach to primary prevention and health promotion.

Key message 2: Improving mental wellbeing is a shared responsibility

4. Partner with sectors outside health to deliver primary prevention and health promotion in the everyday settings in which people live, learn, work and play.
5. Address the two-way relationship between mental ill health and chronic disease.
6. Use participatory approaches that bring together people with technical expertise and those with lived experience to inform prevention and promotion activity.
7. Communicate with the community about mental health and wellbeing to increase understanding and decrease stigma.

Key message 3: Strengthen investment and infrastructure

8. Increase funding for primary prevention and health promotion.
9. Reorient existing infrastructure and investment to deliver mental wellbeing outcomes.
10. Establish a coordinating body to guide prevention and promotion activity across the state.
11. Strengthen and extend the primary prevention and health promotion workforce.

Key message 4: Childhood and youth are priorities for intervention

12. Prioritise children and their families, from the antenatal stage through to adolescence, in primary prevention and health promotion action.
13. Identify youth as a second priority lifestage for primary prevention and health promotion activity, and develop a Youth Mental Wellbeing Plan that is co-designed with young people.

Existing and emerging evidence

Importantly, Victoria is not starting from a low base of knowledge. Our state has a strong reputation for its experience in establishing partnerships, programs and policies that drive prevention and promotion. These can be built upon and strengthened.

Our knowledge of the social determinants of mental health and the risk and protective factors for mental health and wellbeing is strong, and points to key opportunities for policy and program intervention. One component of this evidence base that may be of particular interest to the Royal Commission is the identification of key risk and protective factors by lifestage, as shown in Table 1 (more information available

under Key Message 1 and in Attachment 1). By acting to promote protective factors and reduce or mitigate risk factors we can prevent ill health from occurring in the first place, as well as support people with a mental illness to live fulfilling and purposeful lives.

Table 1: Recent evidence on key risk and protective factors for mental health and wellbeing by lifecycle⁵

Lifestage	Key protective factors	Key risk factors
Children 	<ul style="list-style-type: none"> • Positive family functioning and support • Supportive communities • Physical activity and access to green space • Foster care and kinship care • Individual resilience factors 	<ul style="list-style-type: none"> • Factors related to refugee status • Homelessness and out-of-home care • Screen time and sedentary behaviour • Chronic illness and obesity • Maternal prenatal influenza • Food insecurity
Teenagers 	<ul style="list-style-type: none"> • Positive parenting style and family functioning • Positive teacher and peer relationships • Social support (including online) • Community support and sense of belonging • Physical activity and access to green space • Individual resilience factors 	<ul style="list-style-type: none"> • High screen time, social media time and/or cyberbullying • Poor family functioning • Chronic illness and obesity • Out-of-home care • Factors related to refugee status • High-demand academic environments • Adverse events • Substance abuse
Young adults 	<ul style="list-style-type: none"> • Physical activity • Social support and networks • High quality social relationships • Supportive integrated online networks 	<ul style="list-style-type: none"> • Social isolation and loneliness • Homelessness • Being a sexual minority • Migration • Cyberbullying
Perinatal period 	<ul style="list-style-type: none"> • Social support • Physical activity 	<ul style="list-style-type: none"> • Childhood and lifetime abuse • Chronic medical conditions • Stress and unsupportive relationships • Disturbed sleep • Multiple births • Antenatal anxiety • Substance abuse
Adults and the general population 	<ul style="list-style-type: none"> • Employment • Physical activity and access to green and blue space • Social support and networks • Diet and nutrition • Alcohol reduction • Own ethnic density 	<ul style="list-style-type: none"> • Social isolation and loneliness • Insecure employment, unemployment or unsupportive work conditions • Economic inequality • Factors associated to migration and refugee status • Homelessness and poor housing conditions • Caregiving • Physical health conditions • Stressful events (including childhood events, intimate partner violence, recession & drought) • Being a sexual minority • Food insecurity • Smoking
Older adults 	<ul style="list-style-type: none"> • Social support and networks • Physical activity • Internet use 	<ul style="list-style-type: none"> • Death of a partner • Social isolation and loneliness • Being a caregiver for someone with dementia

Key concepts

Health promotion

Mental health promotion 'aims to maximise the ability of children, youth, adults and older people to realise their potential, cope with normal stresses of life, and participate meaningfully in their communities'.⁶ It involves action to ensure social conditions and factors create positive environments for the good mental health and wellbeing of populations, communities and individuals. It influences the social determinants of mental health and address inequities through the implementation of effective multi-level interventions across a wide number of sectors, policies, programs, settings and environments.⁷

Primary prevention

Primary prevention of mental ill health focuses on improving access to certain social and economic resources to help reduce or prevent the risk of developing mental illness, and build resistance to or minimise or delay the emergence of problems – particularly for stress, anxiety and some forms of depression.⁸ Action can be seen as a spectrum of preventive action shown in Figure 2, across primary, secondary and tertiary prevention.⁹

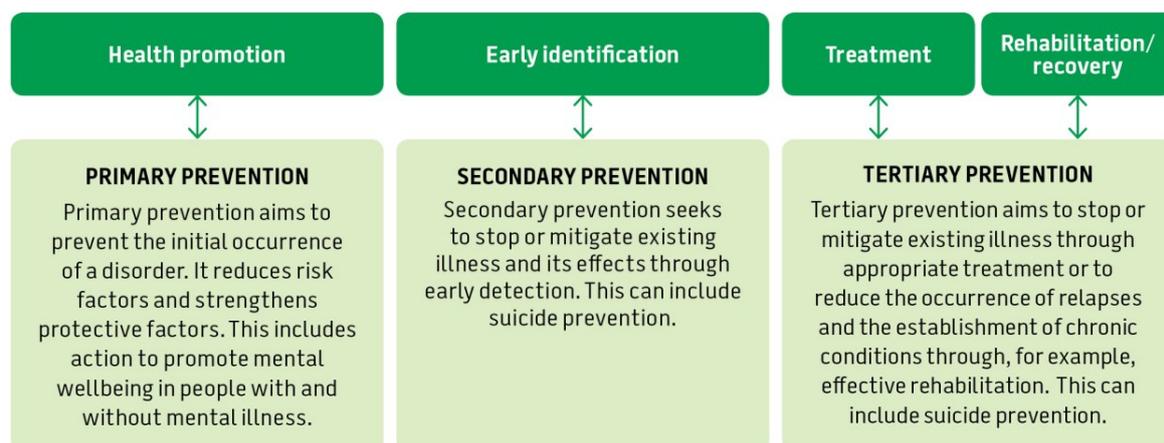


Figure 2: Spectrum of preventive health action

The relationship between mental wellbeing and mental ill health

Being diagnosed with a serious mental illness does not mean that a person cannot experience mental wellbeing; similarly, having no symptoms of a mental illness does not mean that a person will necessarily have high levels of mental wellbeing, as shown in Figure 3.

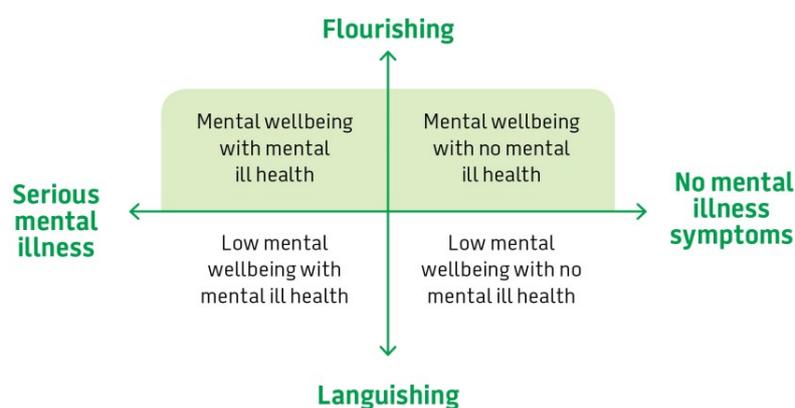


Figure 3: Two-dimensional representation of mental wellbeing and mental ill health¹⁰

KEY MESSAGE 1:

Prioritise primary prevention and health promotion

Primary prevention and health promotion as a core pillar of Victoria's mental health system

Recommendation 1: Include the primary prevention of mental ill health and the promotion of mental wellbeing as a core pillar of the Victorian mental health system.

Primary prevention and health promotion have the potential to make a major difference for many Victorians who currently – or may in the future – experience avoidable mental ill health. Early intervention, suicide prevention, treatment and recovery all need significant investment to address more acute cases of mental ill health. However to have a truly functional and effective mental health system, VicHealth recommends that the Royal Commission considers the ‘system’ as including primary prevention and health promotion as a discrete, core component that works in tandem with the secondary and tertiary prevention sectors.

This consideration should take into account the positive definition of mental wellbeing for people with and without a mental illness, and recognise that there is great potential to prevent some mental health conditions before they occur in the first place.

This should be further embedded at a policy level through the Victorian Government's existing *10-Year Mental Health Plan*. The activity under the Plan is largely outlined in *Victoria's Mental Health Services Annual Report 2017–18*, in which prevention is only discussed in terms of suicide prevention (a critical but separate issue), while health promotion receives very little mention.¹¹ There is also a strong focus on the role of the health sector, which, as discussed below, requires support from a range of non-health sectors, as they are the places where health is influenced.

Importantly, mental health and wellbeing are not currently identified as outcomes of key non-health portfolio strategies and policies. The Victorian Government has the opportunity to embed primary prevention and health promotion in policies and strategies within other portfolios, which would recognise that health is created outside the health sector, in areas such as housing, education, employment, the arts, local government, sport and justice. This approach is commonly known as addressing the social determinants of health.

Social determinants of mental health

Health promotion focuses on improving the social determinants of health – that is, the social, physical and economic environments that determine the mental health of populations and individuals.¹² They are the conditions in which people live, learn, work and play, and they significantly influence mental health and wellbeing.¹³

Key determinants of mental health and wellbeing are shown in Figure 4.

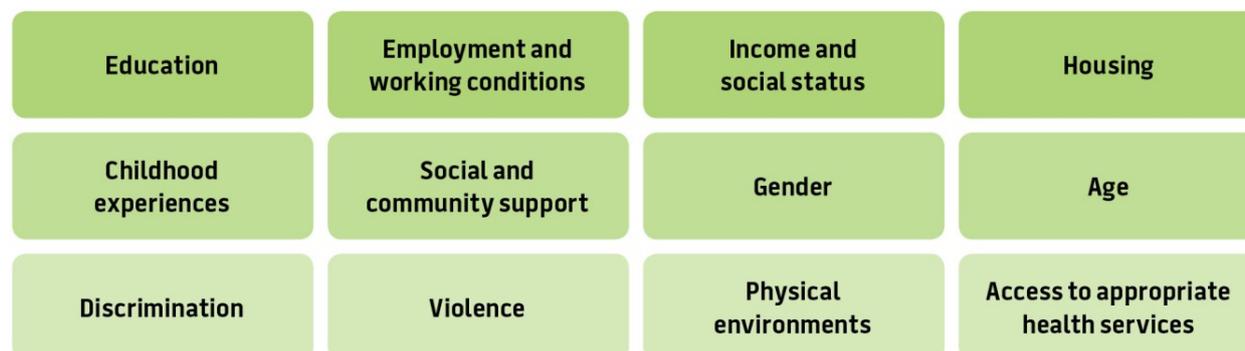


Figure 4: Key social and economic determinants of mental health and wellbeing

Risk and protective factors

Building on knowledge of the social determinants of health, are a number of factors that either increase or decrease the likelihood of mental ill health or mental wellbeing. These are:

- *protective factors*: those individual, family, community, organisational or cultural conditions or characteristics that prevent or mitigate mental ill health
- *risk factors*: those that increase the likelihood of mental ill health.¹⁴

The presence of multiple risk factors, the lack of protective factors, and the interplay of these culminate in a greater likelihood of poor mental wellbeing and the development of mental illness. Therefore good health promotion action enhances protective factors and reduces or mitigates risk factors in order to improve emotional and social wellbeing.¹⁵

Over the past decades, VicHealth has focused on protective factors such as social connection, resilience, employment and education, and works to address risk factors such as social isolation, loneliness, discrimination and violence.

A number of key risk and protective factors are summarised in Table 2. These have been compiled from the evidence review provided as Attachment 1,¹⁶ as well as the expertise of eminent health promotion, psychology and psychiatry experts who provided input to [The Melbourne Charter](#) at *From Margins to Mainstream: 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders*. This breadth demonstrates the wide range of existing knowledge about these factors and entry points of action.

Table 2: Protective and risk factors for mental health and wellbeing*

Protective factors		Risk factors	
Access to green and blue space	Income	Abuse: childhood and lifetime	Intimate relationships: being single; intimate partner violence; death of partner
Alcohol reduction	Individual factors: intelligence, resilience, self-esteem, prosocial behaviour, high distress tolerance, low expressive suppression	Adverse life events	Isolation and exclusion: social and geographic
Arts and cultural engagement	Internet use	Alcohol and other drugs: access and abuse	Loneliness
Childhood: positive early childhood experiences, maternal attachment	Intimate relationships: being married, supportive	Care-giving	Maternal illness
Community: social support, perceptions of safety, belonging, connectedness, high SES	Out of home care: foster care, kinship care	Cyberbullying and bullying	Natural and human-made disasters: drought, recession
Cultural identity: strong, sense of belonging, positive attitude to own and host culture, own ethnic density	Own ethnicity density	Disability and illness: chronic or critical	Obesity
Diet and nutrition	Personal resilience and social skills	Discrimination and stigma	Out of home care
Diversity: welcomed, shared, valued	Physical activity: sport, walking, in natural environment	Discrimination: racism, stigma	Peri-natal factors
Education: accessible, attainment	Physical health	Economic: low income, inequality, crisis or recession	Physical inactivity and sedentary behaviour
Employment and work: safe, accessible employment and work conditions	Positive and supportive relationships: teachers, peers, social networks	Education: lack of access	Political repression
Empowerment and self-determination	Respect	Employment in male-dominated industries	Poor parenting style
Environments: safe	Services: accessible and quality social services	Environments: unsafe, overcrowded, poorly resourced	Screen time
Family: support, resilience, parenting competence, positive relationship with parents and/or other family members	Social capital	Factors associated with migration and refugee status	Sexual orientation
Food security	Social participation: supportive relationships, involvement in group and community activity and networks	Family: fragmentation, dysfunction and child neglect, post-natal depression	Smoking
Health care: access, treatment	Spirituality	Food insecurity	Some social media use
Housing: affordable, accessible, stable, uncrowded, supportive	Sport and recreation: participation and access	Gender: female	Unemployment, underemployment and job insecurity
	Transport: accessible and affordable	Genetics	Unsupportive relationships
		High-demand academic environment	Urban environment
		Housing: poor conditions, homelessness	Violence: interpersonal, intimate and collective, war and torture
		Income inequality	Work conditions and environment: lack of control, job dissatisfaction, occupational stress, job overload
		Individual factors: age, sleep, self-esteem	

*Note that some risk factors are applicable only to certain lifestages or population groups. See Attachment 1 for more information.

Health equity

It is important to recognise that not all Victorians have the same access to the social determinants of health and/or exposure to protective and risk factors. A number of groups within our community clearly have reduced access to the drivers of mental wellbeing and increased exposure to risk factors for mental ill health when compared to the general Victorian population.

Young people; older people; women and girls; people with a disability (including mental illness); people from culturally and linguistically diverse backgrounds; Aboriginal people; lesbian, gay, bisexual, trans, intersex, non-binary and gender diverse people; people from rural and regional areas; and people from low socioeconomic backgrounds or areas are more likely to experience poor mental health relative to the population as a whole.

The health inequities within Victoria indicate the need for universal or population-wide mental health promotion interventions to be delivered in conjunction with targeted approaches, which provide greater intensity of action where it is most needed. The evidence review included as Attachment 1 covers risk and protective factors by groups most likely to experience health inequities in relation to mental health.

Developing a mental health promotion framework

Recommendation 2: Establish a statewide framework to guide primary prevention and health promotion activity which recognises the social determinants of mental health and addresses key protective and risk factors for mental health and wellbeing.

To identify and strengthen primary prevention and health promotion as a core pillar of the mental health system, a new framework should be established under the Victorian Government's *10-Year Mental Health Plan*.

The new framework should outline how cross-portfolio action can address the social determinants of mental health and key risk and protective factors to deliver mental health and wellbeing outcomes for priority groups within Victoria, and for the state as a whole.

VicHealth can support the Royal Commission:

- VicHealth has developed a number of mental health and wellbeing frameworks for action over the past 20 years. We would welcome the opportunity to share our knowledge with the Royal Commission.
- An example health promotion framework is included as Appendix 1.

Evidence-informed action

The majority of the information in Table 2 comes from a VicHealth-commissioned evidence review¹⁷ which identifies the strongest social determinants, protective factors and risk factors for mental health and wellbeing using the most up-to-date research. The full evidence review is included as Attachment 1 to this submission.

VicHealth is continuing to work with the researchers and our partners to expand this evidence to summarise effective and promising interventions that could be implemented or scaled up through an increased focus on the primary prevention of mental ill health and the promotion of mental wellbeing in Victoria.

Details of these interventions would accompany a new statewide mental health and wellbeing framework to ensure that prevention and promotion action is evidence-informed, providing the best possible chance for implementation to deliver benefits to the Victorian people.

VicHealth can provide further information on effective interventions across the social determinants of mental health and priority risk and protective factors and population groups as the work of the Royal Commission continues.

Establishing leadership for prevention and promotion

Recommendation 3: Establish an independent statutory Mental Wellbeing Commissioner and a dedicated Aboriginal Mental Wellbeing Commissioner to guide the Victoria's approach to primary prevention and health promotion.

The effectiveness of the response to the Royal Commission and leadership of future activity in primary prevention and health promotion should also be considered. An independent statutory Mental Wellbeing Commissioner could have powers beyond the Mental Health Complaints Commissioner, meaning that they could proactively seek solutions to complex primary prevention and health promotion issues. Similar roles have been established in areas such as mental health more broadly, or children, young people and families' safety and wellbeing, but do not have the dedicated focus on whole-of-population prevention and health promotion. Victoria could be national leader in introducing a progressive approach to health and wellbeing.

The Commissioner could have the following objectives, powers, functions and attributes:

- Focused on primary prevention of mental ill health and promotion of mental wellbeing, by addressing the social determinants of health and using a health equity approach.
- Strong leadership with an independent, well-defined role that focuses on the future of mental health and wellbeing, and innovative and effective interventions.
- Established under legislation, similar to the Commissioner for Children and Young People.
- Leads and coordinates planning and provides advice to the relevant Ministers.
- Has the power to establish advisory bodies and committees.
- Has expertise in primary prevention and mental health promotion.
- Victorian Government is required to consult with them before undertaking major action, and they can compel information from the Victorian Government and other entities.
- Required to publish public information by producing annual reports, special reports on investigations, and major issue reports.

The specific needs of Aboriginal Victorians call for a dedicated Aboriginal Mental Wellbeing Commissioner, like the Aboriginal Commissioner model at the Commission for Children and Young People. The Aboriginal Mental Wellbeing Commissioner would have the same objective, powers, functions and attributes outlined above, as well as the following:

- Objectives as per the Mental Wellbeing Commissioner but with a sole focus on Aboriginal Victorians.
- An Indigenous background and a history of working with and leading Aboriginal communities.
- A strong understanding of Indigenous concepts of health and wellbeing.

KEY MESSAGE 2:

Improving mental wellbeing is a shared responsibility

Working in and partnering with non-health settings and sectors

Recommendation 4: Partner with sectors outside health to deliver primary prevention and mental health promotion in the everyday settings in which people live, learn, work and play.

Health promotion can bring together seemingly disparate parties to create shared solutions. Partners can come from a diverse range of sectors, including all levels of government, non-government organisations, health, sport, research, media, education, digital/online environments, workplaces, the arts, justice, housing, transport and more.

Settings are the places and social contexts in which people engage in daily activities, where environmental, organisational and personal factors interact to affect health and wellbeing. They might be geographic areas, organisations or virtual spaces, and they are the environments in which primary prevention and health promotion action takes place.

Primary prevention and health promotion require action in a wide range of settings, with strategies reinforcing one another to achieve the greatest gains. Importantly, most action to promote wellbeing and prevent ill health happens outside health settings. This provides an opportunity for governments and health promotion practitioners to work with non-health partners to implement interventions. For example, when the Victorian Government funds sports organisations to implement physical activity programs, they could also implement health promotion strategies to improve participants' mental wellbeing.

Partnerships are an important mechanism to build and sustain capacity to promote health and prevent illness. This is particularly relevant when working across multiple sectors and with a range of organisations. Partnerships can increase the efficiency of systems that have an impact on health by making the best use of different but complementary resources. Collaborations, joint resourcing and planned action can also potentially make a bigger impact on health outcomes across diverse sectors.

The Victorian Government has a range of cross-sectoral partners, and works with diverse portfolios in its interdepartmental activities. It is well-positioned to engage with non-health sectors who can progress mental health and wellbeing.

VicHealth can support the Royal Commission:

- VicHealth has worked with a wide range of sectors and settings. Under our current Mental Health and Wellbeing Strategy 2015–19, we have identified five key environments and settings for action: workplaces, digital and online environments, sports and physical activity, schools, and the arts.
- We would welcome the opportunity to share our knowledge on working in partnership with those sectors and others with the Royal Commission.

The relationship between mental health and chronic disease

Recommendation 5: Address the two-way relationship between mental ill health and chronic disease.

People with a disability or a restrictive long-term health condition have much higher rates of mental ill health compared with people without. This two-way relationship between mental ill health and other co-occurring chronic diseases (known as co-morbidities) means that it is possible to prevent or reduce co-morbidities such as cancer, chronic obstructive pulmonary disease and diabetes using mental health promotion approaches, and vice versa.¹⁸

While preventing mental health conditions will generate significant social and economic benefits, linking this with efforts to improve the prevention and management of closely-related co-morbid conditions such as chronic disease, misuse of alcohol and other drugs, and problem gambling, has the potential to generate even greater gains.¹⁹

These various groups of conditions share numerous risk factors, are independent risk factors for each other, and frequently co-occur. Each co-morbidity has significant adverse impacts, which are substantially increased when they occur together. Integrated approaches are required within the health sector (both mental health and general health) and a range of other sectors in which chronic disease can be prevented, identified or treated.²⁰

The Royal Commission should consider how efforts to prevent mental ill health can be linked to and reinforce efforts to prevent chronic disease, alcohol and substance misuse, and problem gambling.

The Royal Commission also has the opportunity to ensure that people with a mental illness receive targeted prevention and promotion approaches to improve their physical health, given their higher rates of physical co-morbidities and risk factors.

Ensuring that people with a chronic disease are screened for mental ill health through their normal interactions with health services, and are targeted in broader health promotion initiatives has the potential to prevent or mitigate avoidable mental ill health among groups that are already experiencing illness.

Participatory approaches

Recommendation 6: Use participatory approaches which bring together people with technical expertise and those with lived experience to inform prevention and promotion activity.

Collaboration and user-focused approaches such as participatory democracy and participatory design let people play a central role in decision-making about their health and wellbeing. It can range from small-scale work with a few people collaboratively involved in the design process, to larger scale, complex projects such as community forums, advisory councils and citizens' juries.

Co-design is a participatory tool for problem-solving that brings those with technical expertise and lived experience together, on equal ground, to design solutions. The adaptive nature of co-design allows for new partnerships to form so that different services, agencies and people can be engaged at any stage of the co-design process.

Communities and individuals of focus for interventions should be involved in participatory approaches to inform program planning and ensure implementation of programs is tailored to their needs.

VicHealth can support the Royal Commission:

VicHealth's [Staying on Track](#) is a recent example of a participatory approach in action. Staying on Track was a deliberative process that brought together a jury of 54 diverse young people aged 18–26 to discuss the issues they face in the workforce. The deliberative forum's remit was *'Young adults, mental wellbeing and work: How can we support young adults on their journey to purposeful work?'*

A deliberative forum places decision-making in the hands of a selected group of participants. It works on the premise that people can deliver smart, long-term decisions which earn public trust if they're given enough information and the time to properly consider all angles. For Staying on Track, that meant putting young Victorians at the centre of the conversation to convey what solutions are important from their perspectives. The participants' roles were to consider the information presented to them, discuss with other participants and arrive at a consensus point of view.

The participants of Staying on Track agreed on 11 'asks' as a result of their deliberations:

1. Improving internship outcomes and recognising time financially
2. Diverse representation of minorities (such as people of colour, people living with disabilities and also people who identify as LGBTIQ+)
3. High-school students gaining life skills and knowledge through experience
4. Changing career-building culture in schools, universities and families
5. Education and harsher penalties for employee mistreatment
6. Building work readiness
7. Supporting casual and part-time workers in secure work
8. Mentorship and programs for high school and university students through organisation initiatives to guide students and allow them to engage in different career options
9. Increase and promote local government engagement/support for purposeful work
10. Investigation into current and future professional landscape
11. Implementing workplace policies to increase awareness and support for mental health challenges

VicHealth is currently actively working with a range of organisations on uptake of these asks. We are incorporating them into our own work, and are also monitoring the aligned actions of other organisations.

The full participants report called *Staying on Track: The youth deliberative forum – Participants' report* is included as Attachment 2 to this submission.

Communications to improve community understanding and reduce stigma

Recommendation 7: Communicate with the community about mental health and wellbeing to increase understanding and decrease stigma.

Mental ill health has long been an area which is misunderstood, which means people with a mental illness can experience discrimination and stigma. This has major implications for their mental health and their chance of recovery. It is also highly detrimental for people at risk or in the early stages of a mental illness, as it can discourage them from seeking help, potentially leading to more serious mental ill health if left untreated.

Even less understood is the potential to promote mental wellbeing, or that mental illness can sometimes be avoided in the first place.



The concepts of primary prevention and health promotion present a great opportunity to build community discussion and knowledge around mental ill health, and can help break down barriers and improve action to promote wellbeing. Importantly, it is a way of demonstrating that the diagnosis of mental illness is not a sign that a person is unable to contribute to the community or lead a fulfilling life.

It also emphasises that many aspects of our lives can positively or negatively influence our and our loved ones' mental health and wellbeing, and that it is everybody's responsibility to work to prevent ill health and promote wellbeing in their homes, schools, workplaces, leisure activities, communities and society as a whole.

KEY MESSAGE 3:

Strengthen investment and infrastructure

Establish a coordinating body

Recommendation 8: Establish a coordinating body to guide prevention and promotion activity across the state

The Royal Commission and Victorian Government should also consider establishing a mechanism to coordinate the prevention of mental ill health and the promotion of mental wellbeing. Its focus should be on:

- establishing partnerships or alliances with experts from within the sector and from non-health sectors
- coordinating and/or leading work to build the evidence base
- developing a statewide framework for primary prevention and health promotion action, to guide the efforts of all partners under the *10-Year Mental Health Plan*
- maintaining participatory approaches at the centre of its work, along with a health equity approach that recognises the intersectionality of people with and without a mental illness.

VicHealth can support the Royal Commission:

- VicHealth has a long history of bringing diverse groups together to progress mental health and wellbeing action. We would be happy to share our learnings with the Royal Commission and discuss how we might support the work of any such coordinating body.

Workforce development

Recommendation 9: Strengthen and extend the primary prevention and health promotion workforce.

There is currently a highly skilled and experienced workforce in the early identification, suicide prevention, treatment and recovery pillars of the mental health system. Within the health promotion and primary prevention pillar, there is a small but dedicated workforce who specifically focus on those areas. These include staff within local governments, community health services and private institutions, along with existing health agencies such as Primary Health Networks, Local Health Networks, the National Disability Insurance Agency and mental health providers. However, if Victoria is to expand the role of primary prevention and health promotion, it will also need an expanded workforce. This entails two key streams of action: building a new, broader workforce and strengthening the existing workforce.

A broader workforce should come from the settings and sectors in which health can be improved – for example, sports administrators, human resources staff, teachers, arts and creative industries practitioners and housing service providers can all play a role in promoting health, but may not realise or have the capacity to do so. By developing sector-specific training programs (e.g. through vocational education providers or health promotion agencies) and expanding existing tools and resources for a range of sectors, Victoria can create a new prevention frontline that has the confidence and skills to improve the health of those around them.

For the existing workforce, focus should be on continued learning through training programs, and also connecting with those non-health sectors who will make up the broader workforce. Existing practitioners could be considered as experts or mentors, while the new workforce is considered contributors to action and can have contact practitioners to progress their work and access services – similar to the roles of ‘practitioners’ and ‘contributors’ in the family violence sector.²¹

Reorient existing infrastructure and investment

Recommendation 10: Reorient existing infrastructure and investment to deliver mental wellbeing outcomes.

The establishment of a coordinating body and a stronger workforce can be supplemented by leveraging existing funding in areas that influence mental health and wellbeing – that is, the social determinants of health and risk and protective factors. Areas such as other health priorities, sport and physical activity, the arts, education, workplace health, local government, housing, and justice can work together to include, measure and report on mental health and wellbeing outcomes within their existing portfolios.

Alternatively, the Victorian Government could provide additional funds to these portfolios specifically designated to primary prevention and health promotion activity. For example, government-funded sports clubs could implement social connection and anti-discrimination strategies alongside their participation and inclusion strategies. Similarly, funding to the arts and creative industries could be directed towards projects that emphasise community participation and strengthening.

The systems and actions of existing structures, such as local governments, schools, sports and arts facilities, transport and community health services are effective in reaching and supporting our diverse Victorian communities, and they have the existing expertise and systems to achieve mental health and wellbeing outcomes.

Local governments are particularly important in this work, and the current regulations and guidance around Municipal Public Health and Wellbeing Plans could be amended to ensure that councils must report on measures they propose to prevent mental ill health or promote mental wellbeing within their plans. As with the implementation of recommendation 94 of the Royal Commission into Family Violence, the measures referred to may include strategies and/or actions councils propose to take.

Increased funding

Recommendation 11: Increase funding for primary prevention and health promotion.

Future action under these new frameworks, strategies and approaches needs to be supported by increased funding, to reflect the additional activity and the resourcing it requires. There is much evidence of the cost-effectiveness of primary prevention and health promotion, compared to other areas of health spending.²²

By shifting expenditure towards primary prevention, the Victorian Government will also support Victorians in another way, by helping them to avoid or mitigate chronic disease,²³ as explained earlier.

KEY MESSAGE 4:

Childhood and youth are priorities for intervention

Using a lifecourse approach

The social determinants of health interact with, and are mediated by, biological factors that shape individual health outcomes and their risk factors over the lifecourse. The effects of some factors, such as social disadvantage, accumulate and interact throughout a person's life, from birth through to old age.²⁴ To promote wellbeing across the lifecourse, comprehensive approaches are needed that include a mix of strategies targeting different lifestages.

Certain protective and risk factors are often more apparent at particular lifestages – for example, those around family, education and employment. Table 3 on the following page depicts the major influences on mental health and wellbeing at each lifestage.

There is strong evidence around the need to invest in strategies to address disadvantage in mothers, infants and young children to give children a better start in life, and shaping health across the entire lifecourse, and possibly across generations.²⁵

Mental wellbeing in childhood and youth is a strong predictor for adult mental health and is associated with better outcomes across a broad set of indicators later in life, including improved social relationships, higher educational attainment, employment and economic security. Therefore, investment in the early years to promote mental wellbeing and prevent mental illness is crucial to creating societies that are healthier, more inclusive and more equitable.²⁶

Childhood as a priority lifestage

Recommendation 12: Prioritise children and their families, from the antenatal stage through to adolescence, in primary prevention and health promotion action.

Our experiences and environments in the antenatal and childhood period can have enduring impacts on psychosocial and physical development, including on our biological systems, and early adverse experiences can increase the risk for later adverse outcomes.²⁷ One major group of shared risk factors are adverse childhood experiences, which are most commonly described as including child maltreatment (physical, emotional, sexual abuse or neglect), exposure to family violence and having a parent with a severe mental illness, alcohol/substance use disorder or history of incarceration.²⁸

Research shows that individuals who are exposed to these experiences while growing up are at increased risk of developing a mental and/or physical health condition during the course of their life compared to individuals who are not.²⁹ The evidence shows that the prevention of adverse childhood experiences can contribute to the prevention of chronic disease as well.³⁰

It is essential that we support parents and give children every opportunity to have a positive start to life. Reducing the negative impacts of socioeconomic disadvantage on parents and families is critical. There is a wide range of effective interventions in this age range, such as programs to identify and manage parental perinatal depression, antenatal and post-natal health services, parenting programs³¹ and interventions in early learning and schools as key settings for action.³²

Table 3: Recent evidence on key risk and protective factors for mental health and wellbeing by lifestage³³

Lifestage	Key protective factors	Key risk factors
Children 	<ul style="list-style-type: none"> • Positive family functioning and support • Supportive communities • Physical activity and access to green space • Foster care and kinship care • Individual resilience factors 	<ul style="list-style-type: none"> • Factors related to refugee status • Homelessness and out-of-home care • Screen time and sedentary behaviour • Chronic illness and obesity • Maternal prenatal influenza • Food insecurity
Teenagers 	<ul style="list-style-type: none"> • Positive parenting style and family functioning • Positive teacher and peer relationships • Social support (including online) • Community support and sense of belonging • Physical activity and access to green space • Individual resilience factors 	<ul style="list-style-type: none"> • High screen time, social media time and/or cyberbullying • Poor family functioning • Chronic illness and obesity • Out-of-home care • Factors related to refugee status • High-demand academic environments • Adverse events • Substance abuse
Young adults 	<ul style="list-style-type: none"> • Physical activity • Social support and networks • High quality social relationships • Supportive integrated online networks 	<ul style="list-style-type: none"> • Social isolation and loneliness • Homelessness • Being a sexual minority • Migration • Cyberbullying
Perinatal period 	<ul style="list-style-type: none"> • Social support • Physical activity 	<ul style="list-style-type: none"> • Childhood and lifetime abuse • Chronic medical conditions • Stress and unsupportive relationships • Disturbed sleep • Multiple births • Antenatal anxiety • Substance abuse
Adults and the general population 	<ul style="list-style-type: none"> • Employment • Physical activity and access to green and blue space • Social support and networks • Diet and nutrition • Alcohol reduction • Own ethnic density 	<ul style="list-style-type: none"> • Social isolation and loneliness • Insecure employment, unemployment or unsupportive work conditions • Economic inequality • Factors associated to migration and refugee status • Homelessness and poor housing conditions • Caregiving • Physical health conditions • Stressful events (including childhood events, intimate partner violence, recession & drought) • Being a sexual minority • Food insecurity • Smoking
Older adults 	<ul style="list-style-type: none"> • Social support and networks • Physical activity • Internet use 	<ul style="list-style-type: none"> • Death of a partner • Social isolation and loneliness • Being a caregiver for someone with dementia

Youth as a priority lifestage

Recommendation 13: Identify youth as a second priority lifestage for primary prevention and health promotion activity, and develop a Youth Mental Wellbeing Plan that is co-designed with young people.

VicHealth prioritises youth (ages 12 to 25) as a key lifestage for action to improve mental wellbeing. This can be a period of high risk for young people to develop a mental illness;³⁴ conversely it can be a time when interventions can be more effective.³⁵ This is because youth is a key period for individual development, one that is characterised by important transitions through education, work, family and relationships. During this time, young people are developing physically, intellectually and emotionally, while forming autonomous identities, building independent social networks and initiating intimate relationships.³⁶

VicHealth can support the Royal Commission:

- VicHealth currently has a strong focus on promoting the health of young people, particularly regarding mental wellbeing. We would welcome an advisory role in the development of a Youth Mental Wellbeing Plan.
- We are also experienced in participatory engagement of young people in mental wellbeing issues, as demonstrated by the Staying on Track deliberative forum described on page 13 and in Attachment 2. The 11 'asks' speak directly to solutions for young people's mental health and wellbeing.

VicHealth acknowledges the leadership of the Victorian Government in establishing the Royal Commission. We would welcome the opportunity to provide further information on our submission, and look forward to being involved in future consultation processes. Please contact Dr Lyn Roberts, Acting CEO, on ceo@vichealth.vic.gov.au or 9667 1300 for more information.

Appendix 1: Example VicHealth framework

Participation for health: Framework for action 2009–13

Addressing the social and economic determinants of mental and physical health

Key social and economic determinants of mental and physical health

Physical activity	Social connection	Freedom from violence	Freedom from discrimination	Access to economic resources
<ul style="list-style-type: none"> Active communities Involvement in community sport and active recreation 	<ul style="list-style-type: none"> Supportive relationships Involvement in community and group activities Civic engagement 	<ul style="list-style-type: none"> Social, emotional, physical and economic security Equitable and respectful relationships 	<ul style="list-style-type: none"> Valuing diversity Physical security and respect Equality of opportunity 	<ul style="list-style-type: none"> Work Education Housing Money

Population groups and action areas

Population groups	Health promotion action
<ul style="list-style-type: none"> Children Young people Women and men Older people 	<ul style="list-style-type: none"> Research, monitoring and evaluation Direct participation programs Organisational development (including workforce development) Strengthening communities and community environments Communications and social marketing Advocacy Legislative and policy reform

Settings for action

Housing	Community	Education	Workplace	Sport and recreation	Health	Academic
Transport	Corporate	Public sector	Arts	Local government	Justice	New technology

Intermediate outcomes

Individual	Organisational	Community	Societal
Projects and programs that facilitate: <ul style="list-style-type: none"> involvement in community and group activities; self efficacy; self determination and control; political and civic efficacy; taking responsibility for others; respectful, supportive and equal relationships; acceptance of diversity; access to education and employment; and mental health literacy. 	Organisations that: <ul style="list-style-type: none"> are inclusive, responsive, safe and supportive; work in partnerships across sectors; implement evidence-informed approaches to their work; and sustain change. 	Environments that: <ul style="list-style-type: none"> are inclusive, responsive, safe and supportive; value civic engagement; are cohesive; promote community responsibility; reflect awareness of mental health and wellbeing issues; and sustain change. 	A society with: <ul style="list-style-type: none"> integrated, sustained and supportive policies and programs; strong legislative platforms for mental health and wellbeing; appropriate resource allocation; and responsive and inclusive governance structures.

Long-term benefits

Individual	Organisational	Community	Societal
<ul style="list-style-type: none"> Increased sense of belonging Improved physical health Less stress, anxiety and depression Less substance misuse Enhanced skill levels 	<ul style="list-style-type: none"> Resources and activities integrated across organisations, sectors and settings 	<ul style="list-style-type: none"> Community valuing of diversity and actively disowning discrimination Less violence and crime Improved productivity 	<ul style="list-style-type: none"> Reduced social and health inequalities Improved quality of life and life expectancy



Attachments

1. Full risk and protective factor evidence review

Rickwood, DJ & Thomas, KA 2019, *Mental wellbeing risk & protective factors: An Evidence Check rapid review brokered by the [Sax Institute](#) for VicHealth*, Sax Institute, Sydney.

2. Staying on Track participants' report

VicHealth and partners 2018, *Staying on track: The youth deliberative forum – Participants' report*, Victorian Health Promotion Foundation, Melbourne.

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