



# TOWARDS A QUEENSLAND MENTAL HEALTH AWARENESS, PREVENTION AND EARLY INTERVENTION ACTION PLAN

## Discussion Paper

### Purpose

This discussion paper seeks to continue the conversation about actions to improve and support the mental health and wellbeing of Queenslanders. It provides a framework to guide collective actions and recommends areas for priority attention.

Feedback provided in response to this paper will inform the development of a Queensland Mental Health Awareness, Prevention and Early Intervention Action Plan 2015-2017.

### The Action Plan

The Action Plan is being developed as part of the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019* which aims to improve the mental health and wellbeing of Queenslanders.

The Strategic Plan's Shared Commitment to Action Two commits to identifying and implementing actions to improve mental health and wellbeing by reducing the incidence, severity and duration of mental illness and mental health problems.

Actions included in the Action Plan will contribute to:

- More people across Queensland and within key groups with good mental health and wellbeing
- Fewer people living with mental health difficulties or issues related to substance use being subjected to stigma and discrimination
- People receiving the right type of support, as early as possible to start well, develop well, work well, live well and age well
- Reduced risk of people living with mental illness being subject to harm or harming themselves.

Achieving these goals will require whole-of-government and whole-of-community effort. The Action Plan will include actions to be taken by government, non-government organisations and other partner agencies.

It will be founded on a life course approach to ensure actions that enable all Queenslanders to *Start Well; Develop and Learn Well; Live Well; Work Well and Age Well.*

The Action Plan will support work in other areas under the Strategic Plan including the development of the:

- Queensland Suicide Prevention Action Plan
- Queensland Rural and Remote Mental Health and Wellbeing Action Plan
- Queensland Aboriginal and Torres Strait Islander social and emotional wellbeing Action Plan
- Queensland Alcohol and other Drugs Action Plan

Queensland Health will also lead the development of the Queensland Mental Health, Drug and Alcohol Services Plan. The Services Plan will guide investment decisions in the state funded mental health, drug and alcohol system utilising a population based planning model and be informed by the *National Mental Services Planning Framework* and *National Drug Strategy 2010-2015*.

### How will the Action Plan be developed?

The Action Plan will be developed in consultation with a wide range of stakeholders including people with a lived experience of mental illness and mental health problems, families, carers, government, non-government organisations and researchers.

It will be informed by evidence of what works to improve mental health and wellbeing and reduce the incidence, severity and duration of mental health problems and mental illness. Actions will have regard to State Government policies and priorities in areas which influence good mental health and wellbeing. The Action Plan will take into account the changing policy and funding environment that impact services and initiatives.

The Action Plan will be publicly released later in 2015.

## Share your views and experiences

Your feedback is invited to inform the development of the final Action Plan.

We are seeking your views about the proposed actions outlined in the Discussion Paper. Your response to the questions below is appreciated.

1. Do you agree with those actions listed under each of the priority areas?
2. Are there other actions that need to be considered?
3. Are there opportunities to build on what is already happening?
4. Are there any other views you would like to share?

Feedback can be sent to [APEI@gmhc.qld.gov.au](mailto:APEI@gmhc.qld.gov.au) by 21 August 2015.

## Background

There is unprecedented interest in mental health and wellbeing. In part this is driven by the growing realisation that economic development is not enough to account for social progress and quality of life, and that diminishing and inequitable outcomes for wellbeing come from a focus on economic growth alone. There is also increased understanding that improving mental health and wellbeing of individuals and the population, as well as preventing and reducing the incidence and impact of poor mental health and mental illness is effective, and a foundation of long term social and economic prosperity.

## Why mental health and wellbeing matters

***Mental health is about feeling good, functioning well, and being resilient in face of life's challenges<sup>1</sup>.***

The World Health Organisation defines mental health as *'more than the absence of mental disorders... (it) is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community'<sup>2</sup>.*

Good mental health and wellbeing not only benefits individuals, but also has significant social and economic benefits. Focusing on the mental health and wellbeing of Queenslanders represents a significant opportunity to improve outcomes across a wide range of areas, across generations and over many years.

The evidence continues to grow but the benefits associated with positive mental health and wellbeing are already clear. Positive mental health predicts increased participation, volunteering and community engagement; positively influences alcohol, tobacco and other drug use; improves recovery from illness; and increases life expectancy<sup>3</sup>.

### For individuals mental health and wellbeing means

- improved physical health and longer lives
- better learning outcomes and educational achievement
- increased skills, resilience and coping such as the ability to cope during and after natural disasters and drought
- reduced health risk behaviours such as smoking and alcohol misuse
- reduced risk of mental health problems and suicide

### For the community mental health and wellbeing means

- improved community connection and cohesion
- more volunteering
- improved community safety
- more functional families

### For the economy mental health and wellbeing means

- increased economic participation
- increased labour force participation and employment
- higher productivity

### For government mental health and wellbeing means

- reduced costs to government through a reduced demand on services including acute mental health, community support, child protection and criminal justice services.

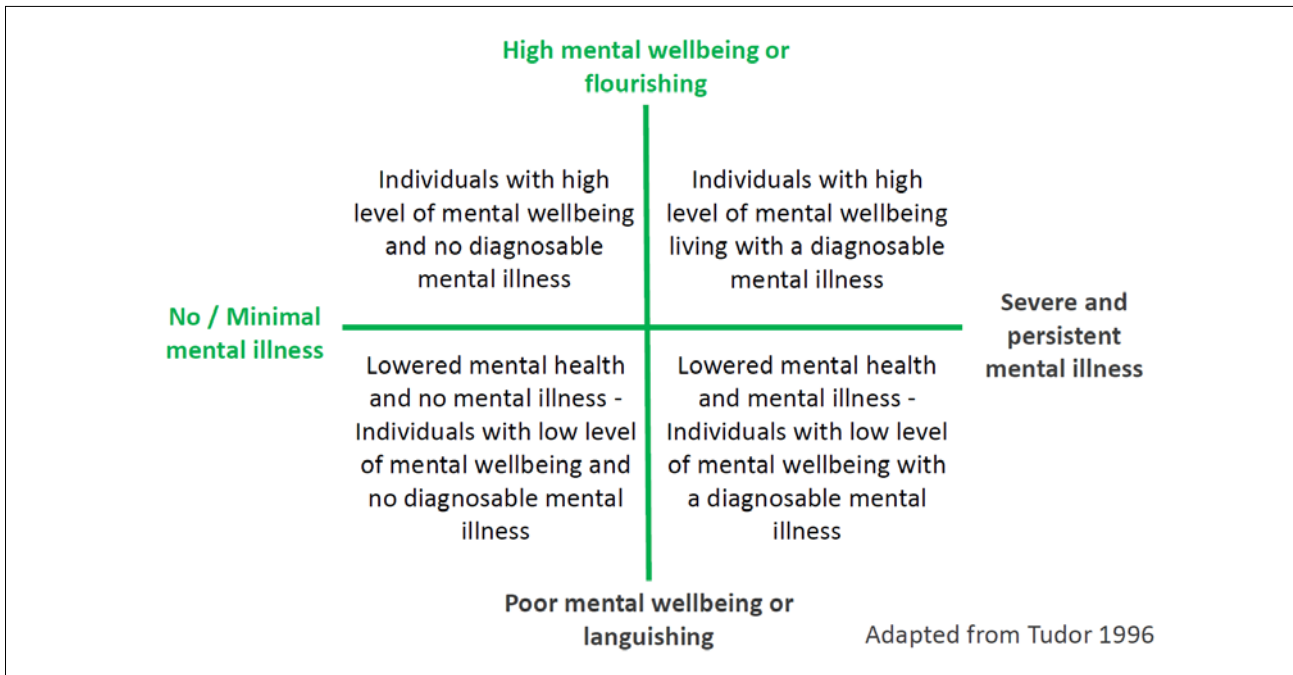


Figure 1 – Dual continua model of mental health

### Mental health and mental illness

People living with mental illness can and do experience good mental health. However mental health is not a well understood concept and often confused with mental illness.

***Mental health is different from and more than the absence of mental illness.***

Traditionally the concepts of mental illness and mental health have been viewed as existing on opposite ends of one continuum resulting in an assumption that people living with mental illness have poor mental health, and the absence of mental illness means good mental health<sup>4</sup>. This view has been influential within the community as well as within the mental health sector itself, significantly influencing policy, program and funding decisions and community responses to mental illness.

As depicted in Figure 1 a more contemporary conceptualisation recognises that individuals can experience poor mental health and wellbeing with or without experiencing a mental illness. It also demonstrates that it is possible to live with mental illness and experience positive mental health and wellbeing<sup>5</sup>.

The model shows that the strategies that will best promote and maintain mental health and wellbeing and prevent mental illness look different for different people, depending on the particular relationship between mental health and mental illness.

#### Quadrant 1 (high wellbeing, no/minimal mental illness)

Fostering and supporting the mental health and wellbeing for this group involves universal actions to build safe and supportive communities; inclusion and participation; access to housing, transport, education and other essential services and employment, and individual skills. Actions of this nature not only maintain the quality of life and contribution of individuals already in this quadrant, but have beneficial flow on for the entire population.

#### Quadrant 2 (low wellbeing, no/minimal mental illness)

Fostering and supporting the mental health and wellbeing of this group involves targeting individuals and groups known to be at higher risk of mental health problems or illness due to the diverse circumstances or specific events that impact negatively on mental health. It also involves tackling inequities and social determinants such as access to housing, employment, education and inclusion. Through these actions the proportion of people languishing can be reduced, as well as diverted from the pathways that may lead to illness.

#### Quadrant 3 (low wellbeing, mental illness)

Lowered wellbeing for people living with mental illness is largely due to experience of such things as the exclusion and disadvantage that so often coincide and can be more damaging over time than the illness itself. Fostering and supporting the mental health and wellbeing of this group requires a whole-person and recovery focused approach

to the provision of services and support including housing, meaningful employment, education and training and freedom from discrimination.

**Quadrant 4 (high wellbeing, mental illness)**

Fostering and supporting the mental health and wellbeing for these people involves ensuring their social, educational, vocational and economic participation is maintained and appropriate actions occur to reduce stigma and discrimination. People who are flourishing while living with mental illness provide important models to tackle misconceptions and negative stereotypes held widely in the community, and by key groups including the media, health professionals and people with mental illness themselves.

In contrast to mental health, a mental illness is a disorder characterised by patterns of behaviour, thinking or emotions that generally bring some level of distress, and that significantly interfere with an individual’s cognitive, emotional or social functioning in areas such as school, work, community and family interactions. There are many different kinds of mental health problems and illnesses. They range from more common mental health problems and illnesses such as anxiety and depression to less common illnesses such as schizophrenia and bipolar disorder.

**What is the impact of poor mental health and mental illness?**

Mental health problems and mental illness can affect any person at any time in their lives. An estimated one in five Queenslanders will experience mental illness in any one year<sup>6</sup>. Almost one in two people between the ages of 16 and 85 will experience mental illness at some point in their lives<sup>7</sup>. It impacts people of all ages and of all walks of life.

**MENTAL ILLNESS IS COMMON**

In 2011-12 around 900,000 Queenslanders experienced a mental illness or substance use disorder with:

- More than half experiencing mild disorders (492,000)
- 249,000 experiencing moderate disorders
- 156,000 people experiencing a severe disorder<sup>8</sup>.

**POOR MENTAL HEALTH IS ALSO COMMON**

Psychological distress is widely used as a (negative) measure of the overall mental health and wellbeing of the population<sup>9</sup>.

In 2011-12, people living in Queensland were more likely to report high or very high levels of psychological distress than people living in most other states and territories with 10.8 per cent of adult Queenslanders reporting very high or high levels of psychological distress<sup>10</sup>. This did not differ from the national average.

According to the 2014 *Regional Wellbeing Survey* lower levels of individual and community wellbeing were more commonly reported by people living in rural or regional areas in Queensland and Western Australia than other states, and Queenslanders were less likely than those in other states to report higher levels of wellbeing<sup>11</sup>.

The impact of mental health problems and mental illness is far reaching affecting individuals, their families, friends, work colleagues, the broader community and the economy. The impact goes far beyond the cost of healthcare treatment. No other health condition has the combined prevalence, persistence and breadth of impact associated with mental illness<sup>12</sup>.

As indicated by the National Mental Health Commission’s review, mental illness compounds existing social disadvantage through the life course. For example, young people experiencing a mental health problem are less likely to complete high school and are less likely to be engaged in education, training or gain employment<sup>13</sup>. This in turn leads to increased risk of homelessness, substance misuse and involvement in the criminal justice system<sup>14</sup>.

**MENTAL ILLNESS HAS BROAD IMPACTS**

The impact on individuals can be profound and influence a person’s life outcomes in a wide range of areas. This includes reduced ability to work, participate in family and community life, and contribute economically.

People living with mental illness are at greater risk of poorer physical health, lower levels of educational attainment and participation in the workforce, lack of social connectedness, poverty, homelessness and shortened life expectancy, and increased likelihood of involvement with the criminal justice system.

The economic cost of mental illness and mental health problems is also high and is felt by governments, individuals, the community and the private sector and extend far beyond the health system.

### MENTAL ILLNESS IS COSTLY

In 2012-13:

- more than \$7.6 billion was estimated to have been spent on mental health related services in Australia<sup>15</sup>
- the Queensland Government's recurrent expenditure on specialist mental health services was \$873.4 million<sup>16</sup>.

The costs of mental illness and mental health problems go beyond the health system.

- Mental health conditions cost Australian workplaces an estimated \$10.9B per year through the cost of absenteeism (\$4.7 B), presenteeism (\$6.1B), and compensation claims (\$145.9M)<sup>17</sup>.

The costs for mental illness specialised services has increased over time as demand also increased. The need for investment in acute mental illness services continues, however to reduce on-going demand into the future, a more balanced approach is needed to support good mental health and reduce the incidence, severity and duration of mental health problems<sup>18 19</sup>. It is clear that a treatment focused approach alone will not reduce the substantial individual, social and economic burden associated with mental disorders<sup>20</sup>.

Evidence demonstrates that lowered mental health and wellbeing can have even greater negative impact on a person's feelings and functioning than mental ill-health highlighting the importance of promoting mental health and wellbeing<sup>21</sup>.

***Substantial and long term individual, social and economic savings are possible through promoting mental health, preventing mental illness and intervening early in life as well as early in the onset of mental illness<sup>22</sup>.***

## What works to improve mental health and wellbeing?

***The most effective approach for promoting mental health and wellbeing, and reducing the incidence and impact of mental illness is a population mental health approach.***

A population mental health approach establishes mental health as a whole-of-community issue, recognising the importance of attending to the mental health and wellbeing needs of the whole population. This includes:

- maintaining the mental health and wellbeing of the broad population
- intervening with those at risk of mental health problems due to individual, social, and/or environmental circumstances
- supporting the recovery of people living with mental illness by removing barriers to full participation in work, education and community.

Central to a population mental health approach is the understanding that it is the ordinary spaces and everyday settings of life including family, school, work and community that exert substantial influence over mental health and wellbeing of individuals and groups.

***Mental health is influenced by the quality of the environments in which we live, work and learn – for example, how supportive or unsupportive they are, how inclusive, and the richness of the experience they provide.***

A combination of factors at the individual, social, community and environmental levels interact to increase the likelihood of positive mental health (protective factors) or mental illness (risk factors). The nature of the protective and risk factors summarised in Table 1 demonstrates that many of these factors are malleable and effective strategies and interventions exist to target them. Many of these factors are outside the health and mental health sectors, and require whole-of-community and action by all sectors.

Intersectoral action acknowledges that the policies, programs, services and practices of a wide range of sectors and agencies influence the conditions and factors that promote and maintain mental health and wellbeing as well as reduce the incidence and severity of mental illness. This includes education, housing, employment, finance, health, local government, social services, welfare, environment and more. This requires actions independently by sectors as well as collectively when required.

The risk and protective factors that impact on mental health and mental illness contribute to a range of other significant social policy challenges including suicide, problematic substance use, criminality, domestic violence.

***Early action has the potential to yield positive outcomes in many areas of the community and the economy.***

	Protective factors	Risk factors
<b>Individual</b>	Positive sense of self, confidence Ability to solve problems and manage stress or adversity Attachment to family Communication skills Good physical health and fitness	Low self-esteem Poor coping skills Insecure attachment in childhood Substance use problems Difficulties communicating Physical and intellectual disabilities
<b>Social and economic circumstances</b>	Positive experience of early attachment Good parenting/family interaction Being and feeling safe Social support of family and friends Good communication skills Community participation	Loneliness, bereavement Neglect, family conflict Exposure to violence/abuse/trauma Low income and poverty Difficulties school or poor education attainment Work stress, unemployment Social isolation
<b>Environmental factors</b>	Safe and secure living environment Equality, tolerance Social and gender equality Access to support services	Poor access to basic services Injustice and discrimination Social and gender inequalities Exposure to disasters such as natural disasters and drought Poverty unemployment/economic insecurity

**Table 1 – Risk and protective factors for mental health**

### Who needs to take action?

Many sectors support the promotion of mental health and wellbeing, prevention of mental illness and intervention early in life as well as early in the onset of mental problems and illness. While each sector’s role is different they are all important and contribute:

- **employment and workplaces** – by supporting increased employment and mentally health workplaces.
- **education** – positive experiences of school and education attainment are the foundations for employment and good mental health into adulthood and increased opportunities arising from adult education.
- **housing** – stable and appropriate accommodation is essential for health and wellbeing.
- **local government** – the built, social, economic and natural environment has strong impact on mental and physical health and wellbeing through enabling; for example physical activity and community participation and inclusion.
- **transport** – lack of affordable or accessible transport is related to social isolation and reduced

opportunity for employment, education, access to services and social participation.

- **the arts and culture** – community arts have positive mental health impacts with the greatest benefit associated with active participation.
- **sport and recreation** – leisure time and active participation in physical activity improves health and wellbeing.
- **health** – the experience of care is important for mental health and wellbeing and recovery. Holistic and person centred service provision that gives equal value to the conditions of the person’s life are associated with better mental health and wellbeing.

All levels of government play a very significant role. A wide variety of programs and services that support improved mental health and wellbeing of Queenslanders and reduce the incidence and impact of mental illness are funded by the State and Australian Governments and in some cases through private investment.

The Australian Government is currently considering its response to the National Mental Health Commission’s

*National Review of Mental Health Programmes and Services* and how this will impact services provided to those who are experiencing mental illness and programs designed to prevent suicide. The Review acknowledges the priority required of promoting mental health and wellbeing of the entire population with particular attention given to ensuring a healthy start to life. The response to the recommendations will have substantial implications for building the universal foundation for improved mental health and wellbeing and reducing vulnerability and future mental illness in a number of high risk groups.

As highlighted by the National Mental Health Commission, there is a need to better define and integrate the roles of the different levels of governments. In Queensland we have opportunities to better coordinate our planning and integrate programs and services to enable a more effective and comprehensive approach to good mental health and wellbeing.

### What we have heard so far

The importance of mental health promotion, illness prevention and early intervention has been raised with the Commission since 2013. The Commission engaged widely in 2015 to inform the development of this Discussion Paper. This included a series of stakeholder forums in April 2015 involving over 310 government, non-government and community representatives. Workshops focused on what actions need to be taken to enable all Queenslanders to: Start Well, Develop and Learn Well, Work Well, Live Well and Age Well. A public lecture was attended by over 120 people.

The Commission also hosted an *Integrating Early Intervention for Children and Young People Workshop* on 24 March 2015. Around 60 health, education and community participants from across Queensland met to discuss effective approaches for schools and health services to work together to better detect and intervene

## What is mental health promotion, prevention and early intervention?

**Promoting good mental health**  
 Mental health promotion is about improving the wellbeing of all people, regardless of whether they are currently well or experiencing mental illness. It focuses on developing environments and living conditions that support good mental health and include social, physical, economic and cultural factors.

**Preventing mental illness and mental health problems**  
 Preventing mental illness and mental health problems focuses on reducing the influence of risk factors and enhancing protective factors.  
 There are three main types of prevention activities which are effective in improving mental health:

- Primary prevention seeks to prevent the onset or development of a mental illness and which can be targeted to population groups at greater risk.
- Secondary prevention seeks to reduce the incidence of mental illness by focusing on those who are showing the early signs or symptoms of mental illness or mental health problems.
- Tertiary prevention which seeks to reduce the negative impacts of existing mental illness.

**Early intervention**  
 Early intervention includes initiatives that are appropriate for, and specifically target people displaying the early signs and symptoms of mental health problems or illness. Early intervention can be:

- Prevention focused for individuals showing the first signs and symptoms of mental health problems and involves early recognition and identification. These actions aim to prevent the progression to a diagnosable illness.
- Treatment focused for people experiencing an episode of mental illness (early assessment and treatment). These actions aim to reduce the impact of the mental illness in terms of duration, and the associated adverse impacts on social, vocational functioning and quality of life.

**Table 2 – Promotion, prevention and early intervention explained**

early in mental health problems affecting children and young people.

We heard that to achieve better mental health and wellbeing, reduce the incidence and impact of mental illness, improve quality of life, and social and economic prosperity it is important to:

- shift the focus from the ‘burden’ of mental illness to mental health and wellbeing, illness prevention and early intervention
- build capacity and embed responsibility for mental wellbeing among individuals, families, schools, services, workplaces and communities
- foster understanding of, and capability for, ‘return to wellness’ at every opportunity
- direct attention to the necessity of addressing the social conditions and factors related to our daily living that foster and support mental health, as well as disrupt and erode it.

The consultations confirmed the solid foundation for mental health and wellbeing that exists in Queensland through a variety of government and non-government services, programs and initiatives. Many opportunities for strengthening and consolidating these services and initiatives were also identified.

Specific themes relating to each of the life course stages are outlined further in this paper.

## A life course approach

Our mental health needs are dynamic and change throughout our lives in response to life experiences and circumstances. People also have different capacities during their lives to maintain mental health and wellbeing. To address this, the Action Plan will adopt a life-course approach to address the unique needs relating to the key life stages and transitions to support Queenslanders to: *Live Well; Start Well; Develop and Learn Well; Work Well; and Age Well.*

## PRIORITIES FOR ACTION

# 1

### LIVING WELL: THE COMMUNITY IN WHICH WE LIVE

Researchers have noted ‘**that a person’s wellbeing will depend on the way a person lives, which depends on the kind on society they live in**’<sup>23</sup>. **Mental health requires social as well as individual solutions**<sup>24</sup>.

The community in which we live can support good mental health and wellbeing and influences all facets of our lives. It includes the socio-economic conditions that play a very significant role in life outcomes. Equally characteristics of communities can exert a harmful effect on mental health at the individual and population levels.

### What we have heard so far

The Live Well Forums highlighted the significant role social conditions play in supporting positive mental health and wellbeing of Queenslanders. This includes:

- increasing participation in education, training and employment and improving access to housing.
- focusing on social inclusion and community engagement, for example through reducing the impact of discrimination due to race, gender and sexuality was also identified.
- ensuring greater balance between valuing economic growth and reform, and valuing lives with purpose, satisfaction and meaning.
- a clear need to reduce stigma and discrimination associated with mental illness to break down barriers for educational, vocational and community participation of people living with mental illness and mental health problems.

The impacts of cyclones, floods and droughts were also highlighted as a factor for poor mental health and wellbeing.

A need to focus on particular groups at greater risk of mental health problems was identified including:

- Aboriginal and Torres Strait Islander peoples
- People from culturally and linguistically diverse background
- People living in rural and remote Queensland
- People, particularly children and young people who are at risk of, or have experienced abuse, neglect, trauma, or who are at greater risk of disadvantage.

### What we know contributes to living well

The evidence suggests that by enhancing protective factors in the community in which we live mental health and wellbeing can be improved. These factors include:

- Community participation and social inclusion
- Better employment opportunities
- Access to services such as housing, health and education
- A community where people feel and are safe
- Providing opportunities for inclusion and reducing discrimination.



The **Five Ways to Wellbeing** are a set of evidence-based actions which promote people's wellbeing. They are: **Connect, Be Active, Take Notice, Keep Learning and Give**. These activities are simple things individuals can do to foster good mental health at the community level in their everyday lives<sup>25</sup>.

### Social inclusion

The degree to which a person is socially included and is able to participate in the activities, roles and responsibilities that make up community life is critical for good mental health and wellbeing. A person is socially excluded if they do not participate to a reasonable degree over time in certain activities of their society for reasons beyond their control and not to their choice<sup>26</sup>.

People who are socially isolated have between two and five times greater risk of dying prematurely compared to those with strong ties with family, friends and community<sup>27</sup>. The findings that unemployed people experience higher levels of depression, anxiety and distress as well as lower levels of self-esteem and confidence than people who are employed underscores the importance of meaningful participation and inclusion.

### Stigma and discrimination

Recovery and the quality of life for people with a lived experience of mental illness are enhanced in a society that is informed, accepting and inclusive. Like all members of the community, people experiencing mental health issues desire sustaining relationships, meaningful occupation, and safety and respect in their lives<sup>28</sup>. The significance of community connection and participation in a person's recovery highlights the importance of attending to the social determinants of health and wellbeing to support recovery.

This includes countering the effects of discrimination and other social consequences of having a mental illness, including marginalisation, exclusion from education, housing and employment. Stigma and discrimination can have an even greater effect on quality of life and recovery than the mental health problem itself, as stigma can affect people long after their mental health symptoms have been resolved.

Negative and inaccurate community attitudes, beliefs and knowledge regarding both mental illness and people who live with a mental illness underlie stigma and discrimination. The quality of life for the person with a lived experience and their family is affected in multiple

ways. As well as discouraging help-seeking, education, training and employment, access to accommodation and housing, community involvement and social connectedness are all negatively affected.

Changing attitudes and addressing stigma requires more than improving mental health awareness. Effective actions designed to tackle stigma involve direct contact with people with a lived experience of mental illness and education<sup>29</sup>. Many community groups are active in this area. Addressing the structural barriers to the rights and full participation of people with a lived experience of mental illness is fundamental to genuine and sustained change to behaviour and improved quality of life and wellbeing.

### Access to community resources and services

Access to economic and community resources are strongly related to mental health and wellbeing at all life stages<sup>30</sup>. Paid work, education, appropriate housing and sufficient money to live and participate both protect and promote mental health and wellbeing. Lack of access to economic and community resources leads to inequities for individuals, families and communities.

Many government policies and priorities directly and indirectly support improved mental health and wellbeing. These include participation, community safety, employment and housing. For example the implementation of *Skilling Queenslanders for Work* provides training to people who are not participating in the labour force, as well as building the skills of young people, Aboriginal and Torres Strait Islander people, people with disability, mature-age job seekers and people from culturally and linguistically diverse backgrounds.

This Action Plan will give particular focus to actions that complement policies and programs that attend to broader and structural determinants of mental health and wellbeing.

### What is needed?

Evidence tells us it is important to:

- Address stigma and discrimination associated with mental health problems and mental illness through contact based strategies with people with lived experience targeted to key settings as well as addressing structural factors that entrench discrimination
- Remove barriers to community participation and social inclusion including access to education, employment, and housing

- Increase people's understanding of positive mental health and ability to take responsibility for their own mental health and wellbeing and seek help when needed
- Raise community awareness about mental health problems and mental illness to support people to seek help when they are experiencing problems and to support others when needed
- Provide integrated services that support people experiencing mental illness and mental health problems to live well including through access and maintenance of housing and employment.

### Areas for consideration under the Action Plan

In consultation with key Queensland government, non-government and community stakeholders:

- Support programs such as *beyondblue's* Stop.Think.Respect campaign in Queensland.
- Develop and implement a stigma reduction strategy involving direct contact with people living with mental illness and mental health problems.
- Through the continuation of the Commission's *Stronger Community Mental Health and Wellbeing Grants Program* support community action that fosters 'lives with purpose' through community inclusion and participation.
- Collaborate with other jurisdictions in regard to the growing interest in building community understanding and capacity for positive mental health through, for example, a positive mental health campaign and skills based training.

## 2 STARTING WELL: THE EARLY YEARS

The foundations for lifelong mental health and wellbeing begin before birth. The early years including during pregnancy are a critical time in a child's development.

### What we have heard so far

We heard that there is a need for:

- universal as well as targeted approaches to support strong families, secure infant and child attachment and early childhood development
- stronger focus on the awareness, early detection and intervention with perinatal and infant mental health problems and illness.

### What we know contributes to starting well

In 2012 approximately one in four Australian children were reported as developmentally vulnerable on one or more of the five Australian Early Developmental Census (AEDC) domains<sup>31</sup>. Queensland children were rated as more vulnerable than the national average. Vulnerability can be predictive of poorer mental health outcomes later in life.

Parental mental health problems also seriously impact on child and parent relationship as well as the functioning of the family. Approximately 15 per cent of Queensland mothers and five per cent of Queensland fathers are likely to experience clinically significant perinatal depression and/or anxiety<sup>32</sup>.

It has been estimated that in Australia government and private direct healthcare costs for perinatal depression in a year is over \$78 million<sup>33</sup>. In addition to this are costs to Australian workplaces of over \$310 million annually due to lost productivity and over \$44 million from lost earnings and direct expenditure on services.

It is prior to conception that the foundations are set for mental health and wellbeing. Healthy pregnancy and parents who are supported and equipped for the challenges of parenting are essential. After birth, secure attachment between the infant and caregivers, sound maternal and perinatal health, adequate nutrition and knowledgeable and competent caregivers with access to support services and networks profoundly influence the mental health and wellbeing and social, emotional and learning outcomes throughout life<sup>34</sup>.

Children who experience negative parenting, disrupted or poor quality relationship with their caregiver or other adversity in childhood including abuse and neglect are particularly at risk of poor outcomes including mental health problems<sup>35</sup>. Pregnancy and ante-natal are optimal times for prevention, early detection and intervention. This includes the early detection of environmental stressors that impact on the mental health and wellbeing of parents and the capacity for caregiving and attachment.

### What is already happening?

A range of policies, programs and initiatives are funded by the state and commonwealth government to strengthen the mental health and wellbeing during the early years. The Department of Education and Training is implementing a comprehensive *Early Childhood Education and Care* agenda. This includes actions to increase universal access to early childhood education

and Indigenous early childhood development. Within the public system a range of support programs are provided for young families.

The Commission has published the *Perinatal and Infant Mental Health Service Enhancement discussion paper*. The Discussion Paper noted that considerable progress has been made in some parts of Queensland in terms of raising awareness of maternal perinatal mental illness; however, there are very few services to which these professionals can refer patients experiencing moderate to severe mental health issues, particularly outside the southeast corner. Customised approaches are required for Aboriginal and Torres Strait Islander and culturally and linguistically diverse families.

### What is needed?

Evidence indicates that comprehensive home based and community support to promote healthy pregnancy and foster social and emotional development in early childhood are effective. These include:

- home visiting programs, and access to early childhood services and programs
- parenting education including that with a focus on parental wellbeing
- early detection and intervention of mental health problems in the perinatal period
- early detection and intervention of behavioural and developmental problems
- supporting strong and resilient families by preventing and getting in early with circumstances that erode and disrupt quality of family environments including unemployment, financial hardship, social isolation, and discord or violence.

### Areas for consideration under the Action Plan

In consultation with key Queensland government, non-government and community stakeholders:

- Increase awareness within the community, maternity and early childhood sector, and workplaces about mental health during the perinatal period
- Early detection and intervention during the perinatal period and the mental health and wellbeing of children involved with the child protection system care
- Increase access to family support and parenting education for all families and particularly those experiencing disadvantage or adversity.

## 3

### DEVELOPING AND LEARNING WELL: CHILDREN AND YOUNG PEOPLE

Children and young people with good mental health are able to achieve their full potential as they transition into adulthood. Good mental health supports improved emotional, social and educational outcomes and sets the foundation for adulthood.

#### What we have heard so far

- A call for a system wide approach to mental health and wellbeing in children and young people including prevention and early intervention
- The need for better integration between schools, child and youth mental health services and other key human services for children and young people who start to show signs of mental health problems.

It was acknowledged that there is a lot of good work already occurring but there is a need to integrate it into core business where it is working, enhance things where they could work better and expand and embed elsewhere.

#### What we know contributes to developing and learning well

In 2011-12, in Queensland an estimated 15 per cent of children between 0 and 14 years and almost 20 per cent of young people aged 15 to 24 years experienced a mental disorder<sup>36</sup>. Only one out of every four young people with mental health problems receives professional help<sup>37</sup>.

Almost half of all lifetime mental health problems have their onset before the age of 14, and almost 75 per cent before the age of 25<sup>38</sup>. It is therefore essential to provide effective interventions and support to the substantial numbers of children and young people who experience mental health problems or disorders.

If not addressed early and effectively, mental health problems are more likely to continue into adulthood and lead to long term mental illness. It is estimated that between one-quarter to one-half of adult mental illness may be preventable through appropriate intervention in childhood and adolescence. Effective support and interventions during childhood and adolescence reduce the burden of mental illness on individuals and families and reduce the long term social and economic costs.

Factors that protect and enhance mental health and wellbeing include a family environment that is valuing

and affectionate; an inclusive school environment where children feel safe; a sense of self-worth and social connectedness; confidence in solving problems, coping and social interactions; an active lifestyle; and having a personal confidant, role model or mentor<sup>39</sup>.

Factors that increase the risk of adverse mental health outcomes during childhood and adolescence include parental unemployment; low family income; exposure to family violence; experiences of emotional, psychological or physical abuse; poor monitoring and supervision at home and school; poor peer relations; harsh, punitive and inconsistent behaviour management in the home or school; disengagement or alienation with school; parental criminality, drug abuse or mental disorder<sup>40</sup>. During adolescence additional risk factors emerge including poor body image and early school leaving.

### What is needed?

Family support and parenting programs are highly effective methods of preventing the onset of emotional and behavioural problems that can lead to mental illness in later childhood and adolescence<sup>41</sup>.

Programs such as the Triple P positive parenting program have been shown to reduce the number of cases of conduct disorder by between 25-48 per cent<sup>42</sup>.

Strong evidence exists for school based social emotional learning (SEL) programs with systematic reviews showing a clear benefit for mental wellbeing, illness prevention, social functioning and academic performance<sup>43</sup>. The promotion of competence, self-esteem, mastery and social inclusion can serve as a foundation for both the prevention and intervention with mental, emotional and behavioural disorders<sup>44</sup>. Evidence also suggests that these programs can lead to improved school performance<sup>45</sup>. To be effective however programs need to be implemented accurately and comprehensively according to the evidence on which they were developed.

Schools are well placed for providing programs targeting children and young people who are at higher risk as well as those showing early signs of emergent mental health problems. Groups requiring particular prevention and early intervention attention include children at risk of or in the child protection system, children living with a family member with mental illness, children living with disadvantage, and children who experience learning or other disability.

The earliest detection and intervention when signs and symptoms of mental illness are emerging is critically

important with the first symptoms of most mental health disorders preceding the full onset of the illness by several years. A range of effective interventions and treatments exist however only a small proportion of children and young people requiring such assistance receives this support. This highlights the need to raise awareness among young people, families, teachers, school support personnel, youth workers, general practitioners, community based services and the broader community about ways in which early onset can be best identified and the types of interventions appropriate to the various stages of a problem.

Adolescence is a critical period when young people experience multiple changes in their lives, including major psychological, emotional physical and social changes. Young people aged between 15 and 25 years encounter specific challenges that can result in complex difficulties. This age group have high levels of preventable mental health problems and illness. This includes a number of conditions that can emerge during this period including early onset psychosis, eating disorders and depression.

Young people not in education, employment or training, living in disadvantaged environments or with poor social networks are at greatest risk of mental health problems and illness. There is significant evidence of the difficulties encountered by young people accessing appropriate and acceptable mental health and social care services. The transitions between child and adult services can be particularly problematic and mainstream services can struggle to reach disadvantaged young people and those in vulnerable groups.

The National Review made significant recommendations about Australian Government services focusing on children and young people through primary health and community services. Queensland's new Mental Health, Alcohol and Drug Services Plan will also support young people experiencing early signs of mental health problems receive appropriate and timely help.

Greater use of innovative and collaborative approaches is required. Australia has led innovation in development of responsive community as well as technology based approaches. This includes the emergence of the *headspace* model and e-mental health. However the ongoing integration of such approaches into the mental health system is an area of continued need.

### What is already happening?

Australia has been a pioneer in the development of effective approaches to the prevention and early intervention of mental health problems in children and young people. This includes comprehensive frameworks for whole-of-school approaches such as *Mindmatters* and *Kidsmatter* as well as group based cognitive behavioural programs for delivery in schools and other age appropriate settings targeted to specific disorders such as Friends (Anxiety), Resourceful Adolescent Program and the Adolescent's Coping with Emotion Program (Depression).

Despite this knowledge and the availability of programs and resources, the implementation of these approaches is often locally determined and ad hoc. Effective implementation needs to be supported through a coherent whole-school framework of support and appropriate resourcing.

The Queensland Department of Education and Training implements *The Learning and Wellbeing Framework* for all Queensland state schools which supports schools to develop and maintain engaging and supportive environments for students.

Queensland also implements the *Ed-LinQ initiative* which aims to support schools and Hospital and Health Services to work together to enhance the early detection and collaborative management of mental health difficulties and disorders affecting school-aged children and young people. The Commission supported an independent evaluation of Ed-LinQ which found a number of benefits to the program including:

- increased confidence and understanding of school personnel about their role in detecting and supporting children and young people with mental health problems
- improved access and reduced waiting times for specialist support, especially in times of crisis
- reduced crisis interventions due to earlier identification of mental health needs
- improved quality and appropriateness of referrals to Child and Youth Mental Health Services.

Work towards supporting stronger families is underway with the State Government developing a response to the *Not Now, Not Ever: Putting an End to Domestic and Family Violence in Queensland* and the implementation of reforms recommended by the Queensland Child Protection Commission of Inquiry.

### Areas for consideration under the Action Plan

In consultation with key Queensland government, non-government and community stakeholders, develop a comprehensive child and adolescent mental health and wellbeing framework that provides a cross sectoral approach to:

- Investigate options to renew and expand the reach of the Ed-LinQ initiative
- Strengthening of whole-of-system capacity and partnerships across education, child safety, justice, police, health, primary care, community services and families to support the early detection and intervention with mental health problems and disorders in children and young people
- Identify vulnerable children and young people for targeted and priority action including children and young people in the child protection system, children living with a family member with mental illness, and children or young people with early signs of anxiety and depression.

In consultation with relevant stakeholders consider the mental health and wellbeing needs of disengaged and marginalised young people.

## 4

### WORKING WELL: MENTAL HEALTH AND THE WORKPLACE

Many adults spend more waking hours in the workplace than anywhere else. The workplace can play an essential role in helping people reach their full potential and can contribute to positive mental health. The workplace can also be a highly stressful environment that can contribute to the development of mental health problems and disorders. Being unemployed also has a negative impact on mental health and wellbeing.

#### What we have heard so far

We heard that there is a need to:

- consider mental health of employees as a workplace, health and safety issue
- taking a whole-of-workplace approach to mental health and wellbeing beyond providing access to employee assistance programs
- provide support and training for managers to identify when an employee might be at risk or is experiencing mental health problems and respond appropriately
- increase opportunities for people with a mental illness to participate in the workplace.

Those consulted to date recognised that Queensland is a leader of evidence informed programs and innovation and has a solid foundation through the work of the Office of Fair Work Queensland. However many acknowledged that the need for greater profile, awareness and uptake of programs across all industries including the public sector. The lack of an overarching framework and engagement strategy for mental health in the workplace in Queensland has been identified as a barrier to more widespread participation and uptake.

We also heard that there is a significant need for appropriate actions to assist people with a lived experience of mental illness getting, keeping and returning to work. This may be through appropriate adjustments to the workplace or creation of new employment pathways. The opportunities involved with social enterprise approaches to create meaningful and sustainable employment opportunities for people with mental illness were identified. We also heard of the need for greater development peer workforce models in a wider range of settings.

### **What we know contributes to working well**

Work-related stress, anxiety and depression are the most frequent cause of days off work and a major source of lost productivity<sup>46</sup>. Over six million working days are lost each year in Australia due to depression, with an additional 12 million days of lost productivity due to presenteeism<sup>47</sup>. Australian research suggests the societal cost of lifetime depression in the workforce to be estimated as \$12.6 billion over one year<sup>48 49</sup>.

This highlights the high cost already paid for mental ill-health in the workplace and the substantial return possible from effective mental health promoting and help seeking strategies.

Research has confirmed that by implementing effective actions to create a mentally healthy workplace, organisations can on average expect a positive return on investment of 2.3<sup>50</sup>. That is for every dollar spent on successfully implementing an appropriate action, there is on average \$2.30 in benefits to be gained by the organisation.

Each workplace is different. However a substantial body of evidence exists identifying characteristics that protect and promote mental health and wellbeing of employees. These include strong leadership, strong morale, employee consultation and involvement in decision making, collaborative peer working relationships, effective training and professional development,

balanced work demands, empowering employees to make decisions and have some level of control over their work<sup>51</sup>.

Similarly a range of workplace characteristics can negatively affect employee mental health<sup>52</sup>. These include work overload or pressure, lack of control and participation in decision making, unclear work role or role conflict, job insecurity, long working hours, poor communication, interpersonal conflict and bullying, poor support from supervisors, low levels of recognition and reward, and inadequate resources.

People with mental illness are among the most socially and economically marginalised. Employment statistics demonstrate that people with mental illness are severely disadvantaged in regard to securing and maintaining employment. The 2015 Report on Government Services indicated that in 2011-12, 57.7 per cent of 16 to 64 year olds experiencing a mental health or behavioural condition were employed compared to 81.8 per cent of other Queenslanders. The percentage of people living with a psychotic illness having employment has remained at 22 per cent over the past ten years<sup>53</sup>. We also know that the longer someone is unemployed, the less likely they are to return to work.

### **What is already happening?**

The Queensland Government has developed a substantial policy and program response to the increasing evidence of the prevalence and impact of mental health issues in the workplace. There is an array of evidence informed workplace initiatives across the continuum of prevention and early intervention with demonstrated effectiveness.

The *Prevention Work-Related Psychological Injuries Strategy (2014)* establishes a five year framework for the psychological injury prevention activities of Workplace Health and Safety Queensland.

The *People at Work Project* is a collaboration between Workplace Health and Safety Queensland, WorkCover NSW, WorkSafe Victoria, Comcare, Safe Work Australia and *beyondblue*. The project is funded by the Australian Research Council. It aims to help organisations identify and manage workplace risks to the psychological health of all the people that work in an organisation.

The *Resolve at Work Program* is a proactive intervention framework for the early identification, reporting and timely and appropriate management of organisational and individual factors that contribute to psychological injury and problems.

Queensland Health oversees the implementation of the *Queensland Healthier, Happier, Workplaces Initiative* to support employers to create work environments that improve the health and wellbeing of employees, business productivity and workplace culture.

Nationally the Mentally Healthy Workplace Alliance and *beyondblue* provide a range of supports for employers and employees through the Heads Up! Program. *Beyondblue's* National Workplace Program is an awareness, early intervention and prevention program designed specifically for workplace settings. It aims to increase the knowledge and skills of staff and managers to address mental health conditions in the workplace.

The peer workforce is arguably the fastest growing workforce in mental health in Australia. The National Mental Health Commission has developed the Certificate IV in Peer Work to provide and support a nationally recognised qualification for peer workers.

MATES in Construction provides support to people working in the construction industry to improve mental health and wellbeing and reduce suicide among construction workers.

### What is needed?

Effective approaches to mental health in workplaces require actions in four major areas:

- Protecting mental health by reducing work-related risk factors
- Promoting mental health by developing the positive aspects of work as well as worker strengths and positive capabilities
- Addressing mental health problems among employees regardless of cause<sup>54</sup>
- Ensuring opportunities for people with mental illness to participate in the workplace.

This includes building the capacity of employers and employees to understand, identify and seek early help for mental health problems; supporting employees with mental health problems to maintain work roles; as well as appropriate return to work management.

In practice there is a tendency for most emphasis to be given to addressing the needs of individual employees. This commonly involves education and training to increase mental health literacy and help-seeking. While this approach is needed, there is also a need to develop and maintain mentally healthy workplaces. This requires

focus on, for example, workplace culture, leadership and reducing job stressors.

Internationally there is evidence informed guidance. This includes the Psychological Health and Safety in the Workplace a standard developed by the Canadian Mental Health Commission. A vigorous mental health in the workplace research agenda exists including Australian researchers of significant renown.

The participation of people with a lived experience of mental illness in the labour force is an area of substantial importance. The evidence highlights the need for more effective employment assistance and vocational support systems better customised to meet the needs of people with mental illness. Social enterprises create flexible, supportive workplaces that are successfully providing long term employment as well as being a pathway for transitioning to mainstream employment.

### Areas for consideration under the Action Plan

In consultation with key Queensland government, non-government and community stakeholders:

- Increase dissemination and uptake of available resources and guidance about mental health in workplaces
- Identify and promote access to customised and appropriate training for managers and employees about the early detection of mental health issues and how to seek help
- Customise stigma reduction strategies for workplace settings with particular attention to employers
- Identify appropriate vocational and job access models for people living with mental illness
- Support the expansion of the lived experience workforce.

## 5

### AGEING WELL: MENTAL HEALTH AND OLDER PEOPLE

The number of Australians aged 65 and over is projected to more than double by 2054-55<sup>55</sup>. This presents opportunities as well as challenges for individuals, the community and the economy.

#### What we have heard so far

We heard that:

- there are many services available to support older people to maintain good mental health and wellbeing, however these services and supports exist in a

complex system, funded by multiple levels of government and agencies, and that is difficult to navigate

- there was significant concern that older Queenslanders do not seek help due to stigma and discrimination
- the high risk of suicide in older men is an area of significant concern

Combined these issues result in a poor level of access to services and reduced quality of life for older Queenslanders.

### What we know contributes to ageing well

Older people make a valuable and often underestimated contribution to the community and economy. It is during this life stage however that community attitudes and expectations play a significant influence in impacting on the mental health and wellbeing of older people.

Around 10-15 per cent of older Australians living in the community experience anxiety and depression; this increases to 34.7 per cent for persons living in residential aged care settings<sup>56</sup>. The highest age specific suicide death rate is for males in the 85 years and over age group<sup>57</sup>.

As noted by the World Health Organisation, older people are at risk of social isolation as they leave the workforce and are more susceptible to chronic disease which can mean the loss of mobility and independence. Loss of partners or friends can lead to feelings of isolation which can be compounded by poor interactions with other family members.

Meaningful participation and social connection is important to maintain good mental health and wellbeing. This can occur through continuing education, engagement in meaningful activity such as volunteering, maintaining trusting relationships and continuing contact with friends and relatives. Providing transport options and appropriate housing are important ways to reduce the risk of social isolation.

Good physical health through exercise and appropriate sleep levels is also important as is access to medical check-ups and medication review.

Elder abuse is also a significant risk factor and can lead not only to physical injuries; but also to serious, sometimes long-lasting psychological consequences, including depression and anxiety. Socio-economic disadvantage and poverty are common risk factors for a range of physical and mental health problems in older age.

Mental health problems in older people are frequently under-identified, untreated and misdiagnosed, by health-care professionals, the community and older people themselves. Improved community understanding about the difference between normal ageing and mental illness is required, as well as appropriate and timely detection and intervention with mental health problems. Stigma surrounding mental illness compounded by ageist misconceptions that see mental health problems as part of ageing make people reluctant to seek help and must be addressed. Better diagnosis of both mental and physical health conditions and greater awareness of mental illness symptoms among older people are priorities.

Dementia is a significant concern for Australia. Presently less than 250,000 Australians live with dementia; by 2050, 1.3 million Australians will have dementia: 5 per cent of 65 year olds, 20 per cent of 80 year olds and 30 per cent of 90 year olds have dementia. The complex nature of behavioural and psychological symptoms often causes stress in carers and can lead to the breakdown of community care and institutionalisation. The rippling effect of dementia in the community is ever present.

### What is already happening?

There are a number of initiatives in Queensland which seek to address those issues which contribute to improved mental health and wellbeing in older people including the:

- Seniors Enquiry Line which provides information and referral services for older people
- The Seniors Legal and Support Service which provide legal advice and information to people over 60 who may be the victim of abuse and discrimination.

There is a range of information available to seniors about services they are able to access and information to address many of the myths surrounding old age to address discrimination issues.

### What is needed?

Interventions to prevent social isolation, loneliness and healthy ageing are required. An increase in social inclusion and participation of older people must be a very high priority in order to promote active ageing and quality of life in a holistic way. This includes promoting life-long learning, training, and workforce participation of older people.

Even though there is a great deal of information available to seniors to support social inclusion, healthy ageing and early detection of mental health problems there is a



need to improve access to services including through reducing stigma associated with experiencing mental health problems.

### **Areas for consideration under the Action Plan**

In consultation with key Queensland government, non-government and community stakeholders:

- Identify ways to counter the impact of age discrimination on mental health and wellbeing.
- Reduce stigma and discrimination associated with mental health problems and mental illness in older people to improve service access.
- Ensure strategies and actions that enable older people to participate in meaningful activities, sustain community and social connections, and maintain good mental health.
- Increase the capacity of older adults, their families and service providers to identify the risk factors and signs of mental illness and intervene early.

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#### Further information

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## References

- <sup>1</sup> Aked, J., Marks, N, Cordon, C., & Thompson, S. , 2008. *Five ways to wellbeing: the evidence* New Economics Foundation
- <sup>2</sup> World Health Organisation 2014, Mental health: strengthening our response, fact sheet 220, updated August 2014, retrieved 29 June 2015, <  
<http://www.who.int/mediacentre/factsheets/fs220/en/>>
- <sup>3</sup> Friedl, L. & Parsonage, M. 2009. *Promoting mental health and preventing mental illness: the economic case for investment in Wales*, All Wales Mental Health Promotion Network
- <sup>4</sup> Martin, G. 2014. *Essays on Prevention In Mental Health*, Family Concern Publications, Brisbane.
- <sup>5</sup> Tudor K. *Mental health promotion: Paradigms and practice*. London: Routledge; 1996
- <sup>6</sup> Australian Bureau of Statistics 2007, *National survey of mental health and wellbeing: summary of results 2007*, Australian Bureau of Statistics, Canberra.
- <sup>7</sup> ibid
- <sup>8</sup> Diminic, S, Harris, M, Sinclair, D, Carstensen, G & Degenhardt, L 2013, 'Estimating the community prevalence and treatment rates for mental health and substance use disorders in Queensland – report to the Queensland Mental Health Commission', <http://www.qmhc.qld.gov.au/wp-content/uploads/2013/10/2014-27-Estimating-the-community-prevalence-and-treatment-rates-for-mental-and-substance-use-disorders-in-Queensland.pdf>
- <sup>9</sup> *Report on Government Services*, 2015. Productivity Commission, Canberra.
- <sup>10</sup> Australian Government, 2015. *Report on Government Services* Productivity Commission.
- <sup>11</sup> Schirmer, J., Mylek, M., Peel, D., & Yabsley, B (2015). *People and Communities: The 2014 Regional Wellbeing Survey*, University of Canberra
- <sup>12</sup> Friedl, L. & Parsonage, M. 2009. *Promoting mental health and preventing mental illness: the economic case for investment in Wales*.
- <sup>13</sup> National Mental Health Commission 2014, 'National Review of Mental Health Programmes and Services, Volume 4, Paper Mental health need and Australia's response', <http://www.mentalhealthcommission.gov.au/media/119896/summary%20%20Review%20of%20Mental%20Health%20Programmes%20and%20Services.PDF>
- <sup>14</sup> Ibid.
- <sup>15</sup> HWIA 2014. *Health expenditure Australia 2013-14* Cat. No. HWE 61 Canberra: AIHW
- <sup>16</sup> Steering Committee for the Review of Government Services Provision 105, *Report on Government Services 2015*, Productivity Commission, Canberra.
- <sup>17</sup> PwC PricewaterhouseCoopers Australia, 2014. *Creating a mentally healthy workplace: Return on investment analysis*.
- <sup>18</sup> Mendoza, J., Bresnan, A., Rosenberg, S., Elson, A., Gilbert, Y., Long, P., Wilson, K., & Hopkins, J. 2013. *Obsessive Hope Disorder: Reflections on 30 years of mental health reform in Australia and visions for the future*.
- <sup>19</sup> Hosie, A, Vogl, G, Hoddinott, J, Carden, J, & Comeau, Y, 2014. *Crossroads: Rethinking the Australian Mental Health System*, Reachout.
- <sup>20</sup> Germann, K & Ardiles, P., 2009. *Toward flourishing for all: Mental health promotion and illness prevention policy background paper*. Commissioned by the Pan-Canadian Steering Committee for Mental Health Promotion and Mental Illness Prevention.
- <sup>21</sup> Keyes C. Complete mental health: An agenda for the 21st century. In: Keyes C, Haidt J. *Flourishing: positive psychology and the life well-lived*. Washington DC: American Psychological Association Press; 2003:293-312.
- <sup>22</sup> Jenkins R, Meltzer H, Jones PB, Brugha T, Bebbington P, Farrell M, Crepaz-Keay D, Knapp M. 2008. *Foresight mental capital and wellbeing project: mental health: future challenges*. London: The Government Office for Science; 2008.
- <sup>23</sup> Bacon, N, Brophy, M, Mguni, N, Mulgan, G, & Shandro, A. 2010. *The State of happiness: can public policy shape people's wellbeing and resilience?*. The Young Institute.
- <sup>24</sup> Friedli, L, 2009. *Mental health, resilience and inequalities* WHO Europe.
- <sup>25</sup> Aked, J., Marks, N, Cordon, C., & Thompson, S. , 2008. *Five ways to wellbeing: the evidence* New Economics Foundation
- <sup>26</sup> Burchardt, 2000 *Social Exclusion: Concepts and Evidence*, in D. Gordon and P. Townsend (eds.), *Breadline Europe. The Measurement of Poverty*, Policy Press, Bristol, 385-406
- <sup>27</sup> Berkan, L & Glass, T (2000) *Social integration, social networks, social support and health*, Social Epidemiology, Oxford Uni Press, New York
- <sup>28</sup> Commonwealth of Australia, 2013. *A national framework for recovery oriented mental health services: Policy and theory*, Australian Health Ministers' Advisory Council
- <sup>29</sup> Ibid
- <sup>30</sup> Keleher, H & Armstrong, R, 2005. *Evidence based mental health promotion resource*, Report for the Department of Human Services and VicHealth, Melbourne.
- <sup>31</sup> Australian Early Developmental Census
- <sup>32</sup> Beyondblue 2011. *Clinical Practice Guidelines: Depression and Related Disorders – Anxiety, Bipolar Disorders and Puerperal Psychosis – in the perinatal period. A Guideline for Primary Healthcare Professionals*
- <sup>33</sup> Deloitte Access Economics, 2012. *The cost of Perinatal Depression in Australia*, Post and Antenatal Depression Association Inc.
- <sup>34</sup> Commonwealth of Australia, 2000. *Mental Health Promotion, Prevention and Early Intervention: A monograph*, Department of Health & Ageing.
- <sup>35</sup> Ibid
- <sup>36</sup> Diminic, S, Harris, M., Sinclair, D., Carstensen, G., Degenhardt, L. 2013, *Estimating the community prevalence and treatment rates for mental and substance use disorders in Queensland: Report to the Queensland Mental Health Commission*
- <sup>37</sup> Slade, T., Johnson, A., Teennson, M., Whiteford, H., Burgess, P., Pirkis, J., & Saw, S., 2009. Op cit

- 
- <sup>38</sup> Campion, J, Bhui, K., & Bhugra, D. 2012. European psychiatric Association (EPA) *Guidance on prevention of mental disorders*, European Psychiatry, 27, 68-80
- <sup>39</sup> Commonwealth of Australia, 2000. Mental Health Promotion, Prevention and Early Intervention: A monograph Op cit
- <sup>40</sup> Ibid
- <sup>41</sup> Royal Australian and New Zealand College of Child and Adolescent Psychiatrists: report form the Faculty of Child and Adolescent Psychiatry 2010. *Prevention and early intervention of mental illness in infants, children and adolescent: Planning strategies of Australia and New Zealand*
- <sup>42</sup> Mihalopoulos, C (2007). *Does the Triple P-Positive parenting program provide value for money?* Australian and New Zealand Journal of Psychiatry, 41(3), 239-246.
- <sup>43</sup> Weisz,K.,&Nind,M 2011, 'Mental health promotion and problem prevention in schools:what does the evidence say?', Health Promotion International, Vol 4.
- <sup>44</sup> Institute of Medicine (2009). *Preventing mental, emotional, and behavioural disorders among young people: Progress and possibilities*. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults. Washington, DC: The National Academic Press.
- <sup>45</sup> Durlak, J, Weissberg, R, Dymnicki, A, Taylor, R, Schhellinger, K (2011). *The impact of enhancing students' social and emotional learning: A meta analysis of school based universal interventions*. Child Development, 82 (1): 405-432.
- <sup>46</sup> Ibid
- <sup>47</sup> Hilton, M. 2004. *Assessing the financial return on investment of good management strategies and the WORC Project*. The University of Queensland and the Queensland Center for Mental Health Research.
- <sup>48</sup> PwC PricewaterhouseCoopers Australia, 2014, Op cit
- <sup>49</sup> Ibid
- <sup>50</sup> Ibid
- <sup>51</sup> The Mentally Healthy Workplace Alliance, 2014, *Creating a mentally healthy workplace: A guide for business leaders and managers*. Beyondblue Ltd.
- <sup>52</sup> VicHealth 2014, *Workplace stress in Victoria: Developing a Systems Approach: A summary report. Workplace mental health: developing an integrated intervention approach*
- <sup>53</sup> Waghorn, G., Saha, S., Harvey, C., McGrath, J. et al. (2012) *Earning and learning in people with psychotic disorders. Results from Australia's second survey of psychotic disorders*. Australia and New Zealand Journal of Psychiatry, 46(8), 774-785
- <sup>54</sup> LaMontagne et al 2014, *Workplace mental health: developing an integrated intervention approach*, BMC Psychiatry 14:131
- <sup>55</sup> *2015 Intergenerational Report*, Australia in 2055, The Treasury, Australian Government
- <sup>56</sup> Productivity Commission, 2011, *Caring for Older Australians*, Productivity Commission Inquiry Report No 53 Vol 1, Australian Government
- <sup>57</sup> Australian Bureau of Statistics, 2015. *Causes of death report 2013*