# Prevention First Framework

A Prevention & Promotion Framework for Mental Health

EVERYMIND

This document was developed by **Everymind**. It was made possible through initial funding from the NSW Ministry of Health.

We would like to acknowledge the contribution made by many people in New South Wales, and across Australia, who participated in the consultations that led to the development of this Framework.

This document is available online at **everymind.org.au/preventionfirst**

Preferred citation:
Everymind (2017). *Prevention First: A Prevention and Promotion Framework for Mental Health*. Version 2. Newcastle, Australia.

Contact:
**Everymind**
PO Box 833
Newcastle NSW 2300
+61 2 4924 6900
everymind@hnehealth.nsw.gov.au
**everymind.org.au**

ISBN – 978-0-9924461-4-7

© **Copyright Everymind, Newcastle, Australia 2017**

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced by any process without written permission from Everymind.

Requests and enquiries concerning reproduction rights should be directed to the Institute on 02 4924 6900.

EVERYMIND

# About Everymind

## Built on Reputation

**Everymind** is a leading national Institute dedicated to reducing mental ill-health, reducing suicide and improving wellbeing. We are changing lives through our world-leading prevention programs and research.

**Everymind** is a self-funding not-for-profit Institute supported by the Hunter New England Local Health District.  Working from our base in Newcastle NSW, we have delivered best-practice mental health and suicide prevention programs for over 25 years.

We understand prevention approaches and are able to translate evidence to deliver effective and tailored responses that have the ability to be scaled nationally and globally. Our approach builds the capacity of others for the greatest reach and sustainable outcomes.

# A Word from Everymind

The Australian community is interested in and engaged with mental health more than ever before. The time is right to capitalise and set a vision for mental health in Australia that involves not only the health sector, but all sectors and communities.

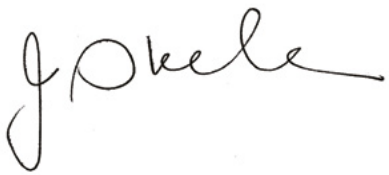
There is no doubt that Australia must improve the service system to ensure that people experiencing mental illness get the support they need – when they need it, where they need it, and in the format that suits them best.

But our vision for Australia must include more people living well, so that they don't need to access the service system at all. We need to look at whole-of-life approaches to preventing ill-health, rather than waiting for an episode severe enough to warrant a response from the service system. To continue to do so is costly and unconscionable.

Investing in the prevention of mental ill-health and the promotion of mental health and wellbeing makes good economic sense. Return on investment shows real promise – not just in reducing future costs, but also increasing productivity and participation.

If we are to make a real difference in the mental health of Australians, we must break down the silos and look for economies of effort across all sectors and scale interventions for the greatest impact. We must engage every workplace, every school, every service, every family and every community. Prevention and promotion approaches provide an opportunity for meaningful partnerships and meaningful involvement from the whole of society.

This Framework has been developed to clearly describe what is meant by prevention and promotion in an effort to translate policy into coordinated action. We hope it sets a foundation for better cross-sector work that is so desperately needed in mental health.



Jaelea Skehan
Director
**Everymind**

# Contents


**About Everymind ..... 3**

Built on Reputation ..... 3

**A Word from Everymind ..... 4**

**Contents ..... 7**

**Introduction ..... 8**

Prevention First Framework ..... 8

The Case for Investing in Prevention and Promotion ..... 9

**Defining Mental Health & Mental Ill-Health ..... 10**

Mental Health ..... 10

Mental Ill-Health ..... 10

The Relationship Between Mental Health & Mental Ill-Health ..... 12

Influences on Mental Health & Wellbeing ..... 13

**Defining Prevention & Promotion ..... 14**

Prevention of Mental Ill-Health ..... 14

Promotion of Mental Health & Wellbeing ..... 16

**The Prevention First Framework ..... 18**

Figure 2: The Prevention First Framework ..... 20

Table 1: Explaining the Concepts ..... 21

**Seven Areas for Action ..... 22**

Action Area 1 ..... 24

Action Area 2 ..... 25

Action Area 3 ..... 26

Action Area 4 ..... 27

Action Area 5 ..... 28

Action Area 6 ..... 29

Action Area 7 ..... 30

**Applying the Framework ..... 32**

1. Build Partnerships & Set a Common Agenda ..... 32

2. Set Priorities & Evaluate Outcomes ..... 32

3. Adapt the Framework for Specific Communities & Issues ..... 33

4. Build Capacity & Coordination ..... 33

**References ..... 34**

# Introduction

## Prevention First Framework

This document provides a framework for strategic action to prevent mental ill-health and promote mental health and wellbeing.

The promotion of mental health and wellbeing, prevention of mental ill-health and early intervention have been identified as priorities in national and state policies since the first National Mental Health Plan in 1992. However, coordinated action to match this commitment has taken longer to progress.

In many ways the terms promotion, prevention and early intervention have become confused when applied to mental health, and are often used interchangeably. This has led to gaps in investment and gaps in action. The terms also have little relevance to sectors outside of health that are integral partners in this work.

This Framework builds on existing models and policies developed here in Australia and overseas. It aims to:

- define key concepts relevant to the prevention of mental ill-health and the promotion of mental health and wellbeing (the shortened terms prevention and promotion are used in this document)
- develop a new conceptual framework for prevention and promotion activity that clearly defines the differences and the full range of activity needed
- set an agenda for coordinated action and a commitment to the prevention of mental ill-health and promotion of mental health and wellbeing.

This *Prevention First Framework* has been written for a broad audience including governments, policy makers, health and mental health workers as well as sectors that must be part of the national solution to mental health, such as children's services, education, business and more.

This Framework uses plain language terms to describe the range of prevention and promotion activities needed locally and nationally.

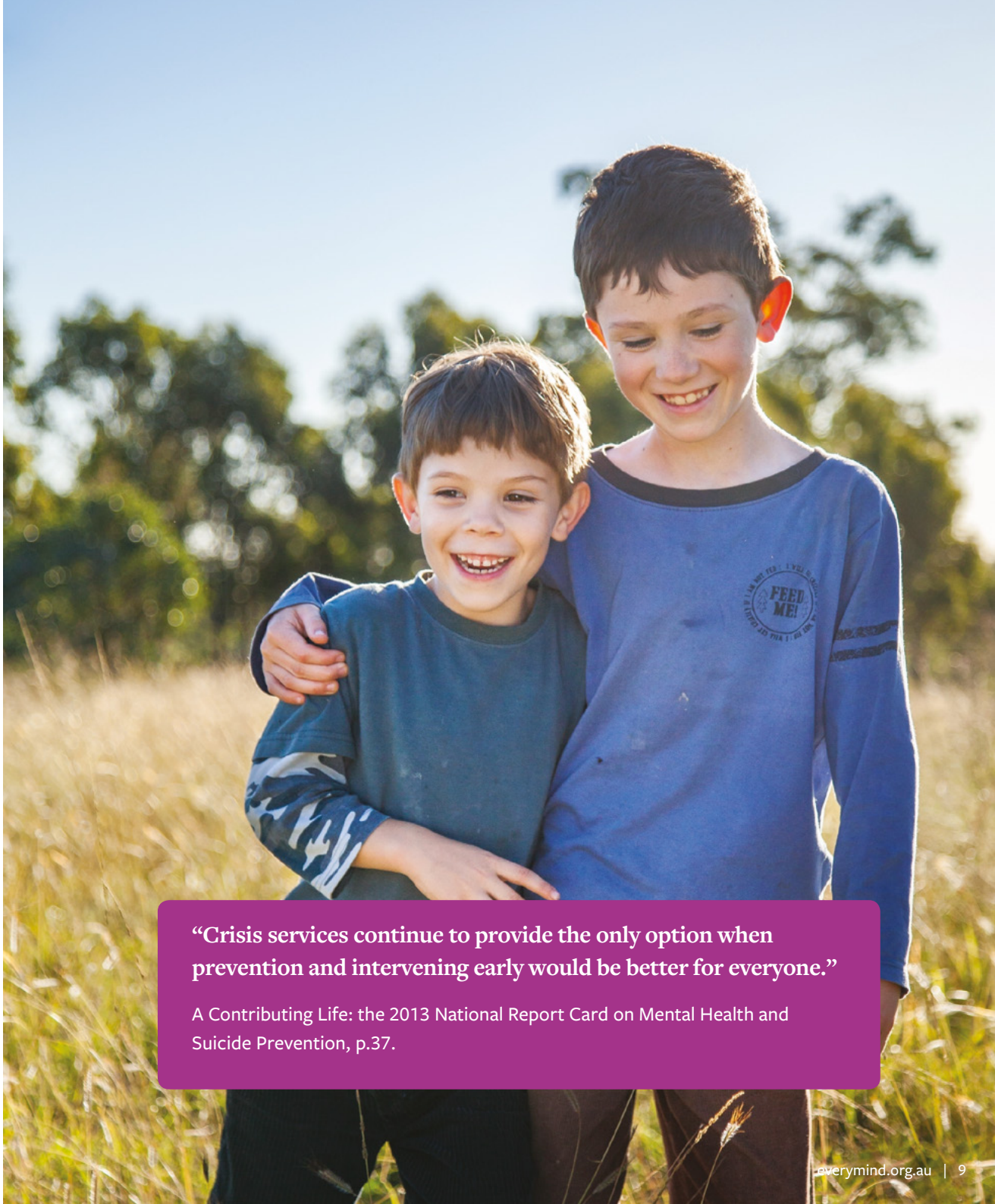
# The Case for Investing in Prevention and Promotion

With over 40% of Australians affected by mental illness at some point in their lives, the personal, financial, economic, and social costs of mental ill-health are enormous.

The growing burden of mental ill-health cannot reasonably be stemmed by only treating one individual at a time. Prevention and promotion approaches contribute to economic and social participation, as well as improved quality of life for people affected by mental ill-health and those who care for them.

Prevention and promotion approaches are more cost-effective than treatment only approaches – in reducing future costs as well as increasing productivity and participation. For example, a number of long-term studies have indicated that mental ill-health and behavioural problems in childhood can have profound social and economic consequences in adulthood.

Investing in prevention and promotion approaches can lead to more efficient use of mental health resources, and has a flow-on effect for a range of services including general health care, drug and alcohol services, education, child and family services, and the justice system.



**"Crisis services continue to provide the only option when prevention and intervening early would be better for everyone."**

A Contributing Life: the 2013 National Report Card on Mental Health and Suicide Prevention, p.37.

# Defining Mental Health & Mental Ill-Health

To progress collective action to prevent mental ill-health and promote mental health and wellbeing, we need to first have a shared understanding of what is meant by the concepts of mental health and mental ill-health.

## Mental Health

Mental health is a positive concept related to the social and emotional wellbeing of individuals and communities. The concept is influenced by culture, but generally relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others.

The term 'social and emotional wellbeing' is preferred by some Aboriginal and Torres Strait Islander peoples as it reflects their more holistic view of health. It is also used by some people from culturally and linguistically diverse backgrounds, who may have differing concepts of mental health and mental illness.

## Mental Ill-Health

This Framework uses the broad term 'mental ill-health' to include both mental illness and mental health problems.

A mental illness is a disorder diagnosed by a medical professional that significantly interferes with an individual's cognitive, emotional or social abilities. There are different types of mental illness and they occur with varying degrees of severity. Examples include mood disorders (such as depression, anxiety and bipolar disorder), psychotic disorders (such as schizophrenia), eating disorders and personality disorders.

A mental health problem also interferes with a person's cognitive, emotional or social abilities, but may not meet the criteria for a diagnosed mental illness. Mental health problems often occur as a result of life stressors, and are usually less severe and of shorter duration than mental illnesses. These often resolve with time or when the individual's situation changes. However, if mental health problems persist or increase in severity, they may develop into a mental illness.

‘Mental health’ is sometimes misunderstood and interpreted as referring to mental ill-health.

This may be because historically ‘mental health services’ were mainly concerned with the treatment of illness. However, mental health is a desirable quality in its own right and is more than the absence of illness.

# The Relationship Between Mental Health & Mental Ill-Health

Mental health and mental ill-health are influenced by one another but are not polar opposites. The absence of mental health does not necessarily mean the presence of mental ill-health. Similarly, if someone has a mental illness or mental health problem, this does not necessarily imply a complete absence of mental health.

The Dual Continua Model of Mental Health[1] (adapted in Figure 1) shows how mental health and mental ill-health can be conceptualised as belonging to two interconnected but separate dimensions. This approach is being adopted in prevention and promotion policy in a number of countries, including Scotland, Wales, England and Canada.[2]

According to this view, a person has the capacity to achieve good mental health and wellbeing while living with a diagnosed mental illness. In the same way, a person may have significant problems with their mental health and wellbeing but not meet the criteria for a diagnosed mental illness.

Figure 1. Dual Continua Model of Mental Health (adapted)

## Influences on Mental Health & Wellbeing

Mental health is influenced by several biological, psychological, social and environmental factors which interact in complex ways.

Factors that influence mental health have been grouped into three key areas.[3]

1. Structural level factors include social, economic and cultural factors that are supportive of mental health and wellbeing such as safe living environments, employment, education, freedom from discrimination and violence, and access to economic resources.
2. Community level factors include a positive sense of belonging, community connectedness, activities to highlight and embrace diversity, social support and participation in society.
3. Individual level factors such as the ability to manage thoughts and cope with stressors; and well-developed communication and social skills to support connection with others.

# Defining Prevention & Promotion

## Prevention of Mental Ill-Health

Prevention initiatives focus on reducing risk factors for mental ill-health and enhancing protective factors.

Risk and protective factors occur within the context of everyday life (such as home, schools, workplaces, social and cultural activities, the media, the community and within health services). This means that prevention initiatives must take place across a range of settings and involve contributions from many different sectors and organisations.

Prevention initiatives are relevant to all people, regardless of their mental health status. However, the focus of the activity will change depending on the situation. Initiatives may focus on the period prior to the onset of illness (sometimes called primary prevention), during an episode of illness (secondary prevention) or after an episode of illness (tertiary prevention).[4]

Risk factors increase the likelihood that mental health problems and illnesses will occur, or can make existing issues more severe or long-lasting.

Protective factors enhance and protect mental health, and reduce the likelihood that mental ill-health will occur.

Risk and protective factors can operate at the individual, community or structural level.

| | |
|---|---|
| **Primary Prevention** | Initiatives and strategies to **prevent the onset** or development of mental ill-health. These interventions may target:<br>– the whole community (universal)<br>– particular groups known to be at higher risk (selected)<br>– individuals at very high risk who may be showing early signs of mental ill-health (indicated). |
| **Secondary Prevention** | Initiatives and strategies to **lower the severity and duration** of an illness through *early intervention**, including early detection and early treatment. These interventions can occur at any stage of life, from childhood to old age. |
| **Tertiary Prevention** | Interventions and strategies to reduce the impact of mental ill-health on a person's life, through approaches such as rehabilitation and relapse prevention. It also includes actions to ensure people have access to support within the community, such as housing, employment, physical health care and social engagement. |

*Early intervention includes initiatives that are appropriate for, and specifically target, people displaying the early signs and symptoms of mental ill-health.

By definition, early intervention is a form of prevention activity and overlaps with both primary and secondary prevention.

## Promotion of Mental Health & Wellbeing

The promotion of mental health and wellbeing (often called 'mental health promotion') seeks to enhance social and emotional wellbeing and quality of life. Initiatives can target entire populations, groups of people or individuals, and can occur in any setting.

The promotion of mental health and wellbeing is applicable to all people, including those currently experiencing or recovering from a diagnosed mental illness.

The Ottawa Charter for Health Promotion[5] provides a good overview of the range of relevant activities. Examples of mental health related strategies that relate to the Charter have been included on the next page.

> Recovery from mental illness is best described as a process, sometimes lifelong, defined and led by the person with the illness, through which they achieve independence, self-esteem and a meaningful life in the community. Wellbeing, quality of life, a sense of control over one's health, and the ability to bounce back from adversity are key components of recovery approaches and are consistent with the promotion of mental health and wellbeing.

| | |
|---|---|
| **Building Healthy Public Policy** | **Examples include:** stigma reduction, social inclusion, human rights, crime prevention, access to transport and other important services. |
| **Creating Supportive Environments** | **Examples include:** anti-bullying programs in schools and workplaces, strengthening families, mentoring and peer support for young people, supported accommodation, peer support for people with mental illness, supporting people with mental illness to return-to-school or the workforce. |
| **Strengthening Communities to Take Action** | **Examples include:** community-based suicide prevention, drought support in rural areas, consumer-led initiatives and consumer advocacy. |
| **Developing Personal Skills** | **Examples include:** life skills training, mental health and illness literacy, parenting skills, management of emotions and workplace training. |
| **Reorienting Services** | **Examples include:** services that take a prevention approach to working, those that promote recovery and respond in a timely, age-appropriate and culturally-appropriate way. |

# The Prevention First Framework

This Framework builds on previous frameworks developed in Australia and internationally. It incorporates two key elements of to conceptualising the prevention of mental ill-health and the promotion of mental health and wellbeing:

1. a population health approach

2. a focus on a spectrum or range of interventions.

## A Population Health Approach

A population health approach recognises that mental health and wellbeing and mental ill-health are influenced by the settings and events of everyday life, and result from a complex interplay of biological, psychological, social, environmental, cultural, economic and political factors.[6]

A population health model focuses on the health needs of whole populations or groups and implements interventions accordingly.

In order to better understand and operationalise the process of applying prevention and promotion initiatives, the following broad population groups have been identified in this Framework:

1. the whole community or groups in the community
2. groups in the community known to be at higher risk of mental ill-health
3. groups or individuals at high risk and/or showing early signs of mental ill-health
4. individuals currently experiencing an episode of mental illness
5. individuals recovering from a mental illness.

## A Focus on a Spectrum or range of Interventions

A focus on a broad spectrum of interventions allows for activities targeted at populations and individuals. It can help people to conceptualise different stages in the development of mental ill-health: from someone with no difficulties, through to non-specific problems or signs, through to a diagnosable mental illness.

The 'Spectrum of Interventions' was originally published by Mrazek and Haggerty in 1994 as a tool to describe a range of interventions with reference to various stages of mental ill-health. It was subsequently adapted by others to include some elements of prevention and promotion and show how these related to phases of treatment and longer-term care.

The spectrum concept has been useful for policy makers and service providers in considering actions or interventions that might be most effective for people in different circumstances. It has been widely used in mental health settings and policies in Australia, but is not used or understood by sectors outside of health.

One major challenge for the currently used 'Spectrum of Interventions' model is that it has not clearly articulated the full range of prevention activities (other than primary prevention), nor has it emphasised the importance of recovery. This has made these models less flexible in representing the entire array of initiatives available in prevention and promotion.

## The Framework

Figure 2 presents a revised framework for describing the prevention of mental ill-health and the promotion of mental health and wellbeing. This Framework outlines the:

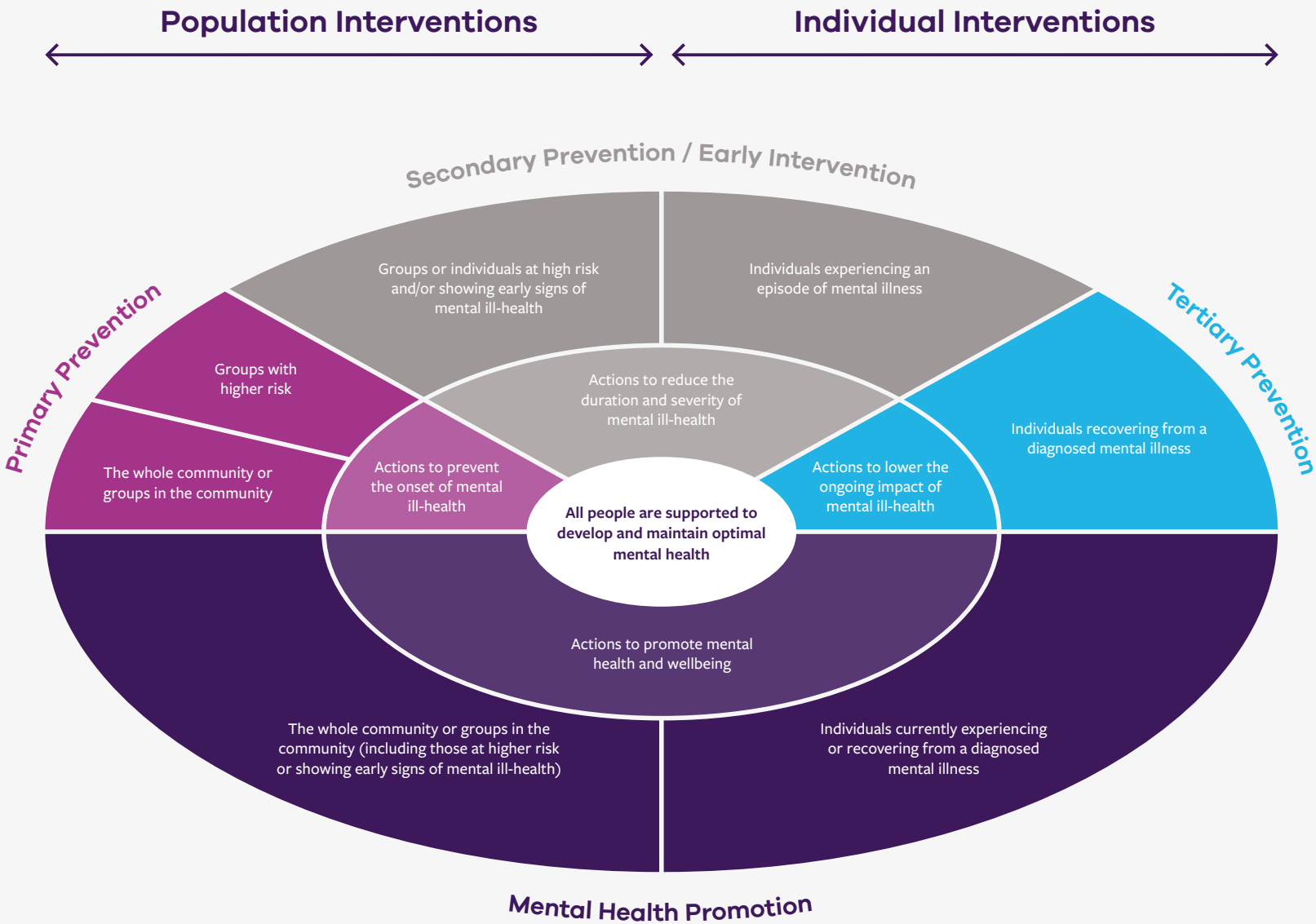
- broad population groups to be targeted in prevention and promotion interventions (outer oval)
- focus of the prevention and promotion activity across the spectrum (inner oval)
- movement from population level interventions (on the left) to individual level interventions (on the right)
- focus on the promotion of mental health and wellbeing as both a population level and individual level intervention (regardless of an individual's mental health status).

Table 1 (on page 20) further expands on the concepts outlined in the Framework (Figure 2).

Many of the core features of earlier models have been integrated into the current Framework, but there is an expanded focus on prevention and promotion including the role of these in recovery from mental ill-health.

The current Framework retains the principle that we need to employ a range of interventions, each of which will make use of strategies that are best suited to the needs and context of people at that particular point in the spectrum.

## Figure 2: The Prevention First Framework



## Table 1: Explaining the Concepts

| Focus | Domain | Target Groups | Definition | Terms from the Literature or Policy |
|---|---|---|---|---|
| **Actions to prevent the onset of mental ill-health** | **Primary Prevention** | The whole community or groups in the community | Interventions focus on reducing risk factors and enhancing protective factors in whole communities regardless of their level of risk. | Universal Prevention; Primary Prevention |
| | | Groups at higher risk | Interventions focus on reducing risk factors and enhancing protective factors to prevent the onset of a problem or illness in groups known to be at increased risk. | Targeted Prevention; Primary Prevention |
| **Actions to intervene early to reduce the duration and severity of mental ill-health** | **Secondary Prevention** | Groups or individuals at high risk and/or showing early signs of mental ill-health | Early identification of individuals showing signs of mental health problems or illnesses and clear pathways to appropriate services. | Indicated Prevention; Early Intervention (prevention focused); Case Identification |
| | | Individuals experiencing an episode of mental illness | Interventions focus on reducing risk factors and enhancing protective factors to lower the severity and duration of an illness through early evidence-based treatment. | Early Intervention (treatment focused); Secondary Prevention; Early Treatment |
| **Actions to reduce the ongoing impact of mental ill-health** | **Tertiary Prevention** | Individuals recovering from a diagnosed mental illness | Interventions focus on reducing risk factors and enhancing protective factors to reduce the impact of an illness through rehabilitation and relapse prevention. | Tertiary Prevention; Rehabilitation; Relapse-Prevention; Longer-term Care; Recovery |
| **Actions to promote mental health and wellbeing** | **Mental Health Promotion** | The whole community or groups in the community (including those at higher risk and those showing early signs of mental ill-health) | Interventions to enhance social, emotional and spiritual wellbeing, and quality of life. Initiatives can occur with the whole population or selected groups (including groups at higher risk) and can occur in any setting including schools, workplaces and the home. | Mental Health Promotion |
| | | Individuals currently experiencing or recovering from a diagnosed mental illness | Interventions to enhance social, emotional and spiritual wellbeing and quality of life for people with a diagnosed mental illness. Initiatives can occur within mental health services or in the community and include recovery as a key component. | Mental Health Promotion; Recovery |

# Seven Areas for Action

Under the Prevention First Framework, there are seven identified action areas. These take into account the focus of the intervention and the population group it is directed towards.

**Table 2: Seven Areas for Action**

| | |
|---|---|
| **Action Area 1** | Actions to prevent the onset of mental ill-health in the whole community or groups in the community |
| **Action Area 2** | Actions to prevent the onset of mental ill-health in groups at higher risk |
| **Action Area 3** | Actions to intervene early and reduce the duration and severity of mental ill-health for groups or individuals at high risk and/or showing early signs of mental ill-health |
| **Action Area 4** | Actions to reduce the duration and severity of mental ill-health for people experiencing an episode of mental illness |
| **Action Area 5** | Actions to reduce the ongoing impact of mental ill-health on individuals recovering from a diagnosed mental illness |
| **Action Area 6** | Actions to promote mental health and wellbeing in individuals experiencing or recovering from a diagnosed mental illness |
| **Action Area 7** | Actions to promote mental health and wellbeing in the whole community or groups in the community (including those at higher risk and those showing early signs of mental ill-health) |

While the seven action areas are used to clarify the range of prevention and promotion activity that can and does occur, the action areas are not mutually exclusive. For example:

- Strategies within Action Area 1 overlap with some of those identified under Action Area 7. For instance: attending to the social determinants of mental health and promoting physical health throughout life would be relevant to both the promotion of mental health and wellbeing, and the prevention of mental ill-health in the community.
- Some strategies may be considered as relevant to both Action Area 5 and Action Area [6]. Strategies such as access to housing, employment and education for people experiencing or recovering from mental illness will contribute to reducing the impact of mental ill-health (Action Area 5) as well as promoting mental health and wellbeing (Action Area 6).
- Some specific initiatives or interventions (e.g. mental health literacy, stigma reduction) contribute to outcomes across many action areas.

**Each of the seven Areas for Action under the *Prevention First Framework* are further explained in the following pages. Some relevant examples are listed rather than an exhaustive list of strategies that would align with each action area.**

# Action Area 1

## Actions to prevent the onset of mental ill-health in the whole community or groups in the community

| | |
|---|---|
| **Focus** | **Prevent onset of mental ill-health** |
| **Target Groups** | **The whole community or groups in the community**<br>*(Such as children and young people in school; people in rural areas; workplaces; families; people from CALD backgrounds; Aboriginal people; LGBTI people; people accessing general health services).* |
| **Key Features** | – Aimed at everyone, regardless of their level of risk<br>– Has much in common with the promotion of mental health and wellbeing, however the primary intent is the prevention of mental ill-health<br>– Requires identification and modification of factors that influence mental ill-health (risk and protective factors)<br>– Wide ownership and commitment is needed to modify the events and settings of everyday life that influence mental ill-health<br>– Much of the activity occurs outside of traditional health-specific services. |

### Examples of Relevant Strategies

- Implement public health approaches to reduce health risk behaviours such as smoking and alcohol or drug misuse, and other physical health problems
- Address bullying and harassment in all environments including schools, workplaces, sporting clubs and the broader community (including online)
- Support the implementation of programs designed to enhance protective factors and reduce risk factors in particular populations, such as programs aimed at reducing workplace risk factors (e.g. fatigue, injury, rostering and stress)
- Minimise exposure to discrimination and violence – including interpersonal violence, child abuse and crime
- Increase mental health literacy in the community using evidence-based education programs, partnerships with the media and public education campaigns
- Promote equity of access to services for all Australians - including people living in rural and remote communities and those experiencing financial hardship or social exclusion
- Ensure the provision of best possible maternal and perinatal health care across the population, and support for new parents
- Develop the capacity of professionals that can have a role in the prevention of mental ill-health (e.g. school teachers, youth workers and allied health professionals) as part of pre-service as well as inservice training.

# Action Area 2

## Actions to prevent the onset of mental ill-health in groups at higher risk

| | |
|---|---|
| **Focus** | **Prevent onset of mental ill-health** |
| **Target Groups** | **Groups known to be at higher risk of developing mental ill-health**<br>*(Such as carers and family members; people experiencing adversity in rural areas; CALD communities; young Aboriginal people; people with physical health problems; people who have experienced trauma or violence; individuals with drug and alcohol problems).* |
| **Key Features** | – Targeted at individuals or population groups whose risk of mental ill-health is higher than for the general population<br>– Risk may be imminent (e.g. people living through adverse life events) or a lifetime risk (e.g. genetic predisposition)<br>– Interventions are designed to reduce risk factors and/or increase protective factors for these groups. |

### Examples of Relevant Strategies

- Foster links between general health (including primary care) and mental health services to ensure that people with physical and chronic illnesses have access to interventions that can reduce their risk for mental ill-health
- Provide programs and interventions designed to support carers and families supporting someone living with mental illness
- Enable communities to develop and deliver culturally appropriate prevention programs for Aboriginal and Torres Strait Islander peoples
- Facilitate partnerships between rural mental health services and primary industries, agricultural and other services to develop a coordinated approach to reducing risk factors in rural communities, especially those communities living through adversity
- Provide information and support services for families where there is a heightened risk of parenting difficulties, child abuse or neglect
- Work with health services, schools, community groups and the media to reduce negative body image and other specific risk factors for eating disorders
- Develop partnerships across health, mental health, social services and other organisations to minimise the risk for people who have been exposed to violence or trauma and those who have experienced discrimination or social exclusion
- Provide or facilitate access to support for groups at higher risk of emotional or behavioural difficulties including adolescents experiencing school failure and disengagement and/or those in contact with the criminal justice system.

# Action Area 3

## Actions to intervene early and reduce the duration and severity of mental ill-health for groups or individuals at high risk and/or showing early signs of mental ill-health

| | |
|---|---|
| **Focus** | **Reduce severity and duration of mental ill-health** |
| **Target Groups** | **Groups or individuals at high risk and/or who are showing early signs of mental ill-health**<br>(*Such as people who are engaged with the justice sector; refugees; women in the perinatal period; young people experiencing behavioural or emotional difficulties; people in aged care facilities showing change in emotions or behaviours; workers experiencing stress*). |
| **Key Features** | – Targeted at people who are at high risk of mental ill-health and those who may be showing early signs of a problem, but have not yet met the criteria for a diagnosis<br>– Designed to identify people exhibiting these early signs and reduce risk factors and/or increase protective factors for people at imminent risk<br>– Vital to ensuring timely, effective and appropriate treatment of mental ill-health<br>– Should occur as soon as possible after a need has been identified. |

### Examples of Relevant Strategies

- Provide education to the community on the signs and symptoms of the full range of mental illnesses (including depression, anxiety, bipolar disorder, psychotic disorders, eating disorders and personality disorders) to enhance early help-seeking
- Build the capacity of teachers, managers and supervisors, sporting coaches, emergency services and other community gatekeepers to identify the early signs of mental ill-health and pathways to support
- Increase community awareness about treatment and support options, including online treatment
- Foster partnerships across government, non-government and primary care service providers, to ensure effective pathways between agencies and services for people needing assessment or support
- Early detection and intervention for psychosis, alcohol misuse and early detection of mental ill-health for those with chronic disease
- Build the capacity of professionals in primary care settings to identify people with early signs of mental ill-health and either treat directly or refer them to specialist or online services
- Screen and assess people known to be at high risk of mental ill-health in a range of settings (e.g. people engaged with the justice sector, refugees and people in aged care facilities) to identify potential problems at the earliest possible point
- Support the use of screening tools for culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander peoples.

# Action Area 4

## Actions to reduce the duration and severity of mental ill-health for people experiencing an episode of mental illness

| | |
|---|---|
| **Focus** | **Reduce severity and duration of mental ill-health** |
| **Target Groups** | **People currently experiencing an episode of mental illness**<br>(*Such as people of all ages, in any location across Australia, who have been diagnosed with mental illness*). |
| **Key Features** | – Seeks to lower the prevalence of illness through early treatment<br>– Aims to reduce the impact of mental ill-health through individualised best-practice treatment interventions<br>– Ideally implemented in the early stages of mental ill-health and can occur at any stage of life. |

### Examples of Relevant Strategies

- Facilitate early access to services for people experiencing their first episode of illness, provided by the most appropriate service (e.g. general practice, mental health services, youth mental health services, online treatment options or specialist services such as those for psychosis, eating disorders, personality disorders and dual-diagnosis)
- Develop pathways to treatment from schools, workplaces and other community settings
- Provide youth friendly, evidence-based community programs for young people experiencing mental ill-health
- Provide culturally-specific, community-based treatment options for all people experiencing mental ill-health
- Ensure the provision of assessment and early treatment for mental illness among people in groups who may be isolated or at high risk, such as those in the justice sector, people living in rural or remote communities, or those who have experienced trauma or violence
- Within public and private mental health services, ensure all staff have access to up-to-date information, policies and procedures to ensure appropriate evidence-based care practices.

# Action Area 5

## Actions to reduce the ongoing impact of mental ill-health on individuals recovering from a diagnosed mental illness

| | |
|---|---|
| **Focus** | **Reduce the ongoing impact of mental ill-health** |
| **Target Groups** | **People recovering from a diagnosed mental illness**<br>(*Such as people of all ages, living in rural and metropolitan areas who are living with mental illness in the community or transitioning to the community*). |
| **Key Features** | – Seeks to reduce the negative impact and associated disability of existing mental illnesses<br>– Similar to relapse prevention and rehabilitation;<br>– Addresses social determinants of mental health (e.g. housing, education, employment and community participation)<br>– Aligns closely with mental health promotion for people experiencing or recovering from a diagnosed mental illness (Action Area Six). |

### Examples of Relevant Strategies

- Create and maintain effective ways of ensuring that people living with mental illness and their families have meaningful participation in service planning and development
- Foster partnerships across government and non-government service providers to ensure supported transition from inpatient to community-based care
- Ensure access to a range of services that reduce the impact of mental ill-health including social support services, life-skills development, accommodation and vocational support services, and education support
- Empower and support people living with mental illness to achieve their goals and lead meaningful and contributing lives
- Support and develop the peer workforce to ensure people with mental illness are involved in the service and support system
- Develop relapse prevention plans for people living with mental illness and their families – including plans that cover return-to-work or return-to-education
- Provide drug and alcohol interventions for people who have comorbid mental health and drug and alcohol problems
- Develop school, workplace, health service, community and media strategies that address the issue of stigma associated with mental illness, drawing on experiences from those with lived experience
- Ensure equitable access to all health and social services for people living with mental illness.

# Action Area 6

## Actions to promote mental health and wellbeing in individuals experiencing or recovering from a diagnosed mental illness

| | |
|---|---|
| **Focus** | **Promote mental health and wellbeing** |
| **Target Groups** | **People currently experiencing or recovering from a diagnosed mental illness**<br>(*Such as people in acute and non-acute mental health services; people engaged with community-based mental health or primary health care service; people with mental illness returning to school or work*). |
| **Key Features** | – Relevant to all people with mental illness, regardless of their age, cultural background, where they live, or the phase of their illness<br>– Applicable in acute, non-acute and community settings; ranges from interventions with individuals through to interventions with external partners to support wellbeing in the community<br>– Closely aligned with the concept of recovery. |

### Examples of Relevant Strategies

- Facilitate partnerships across the government and non-government sectors to ensure access to the social and structural determinants of mental health for all people, including those who have experienced mental illness. This includes focusing on safe housing, meaningful employment, education and training opportunities, and transport
- Ensure service delivery is focused on the principles of recovery – including individualised care, seamless service provision and working with people living with mental illness and their families to improve their wellbeing and quality of life
- Provide evidence-based and effective education to ensure that people diagnosed with a mental illness (and those who support them) have a high level of mental health literacy
- Ensure that staff working in all areas of health and the community services have access to training and support that enables them to work best with people who may have a mental illness
- Develop the capacity of school teachers, and supervisors and managers, to ensure people living with mental illness are supported in school and work.

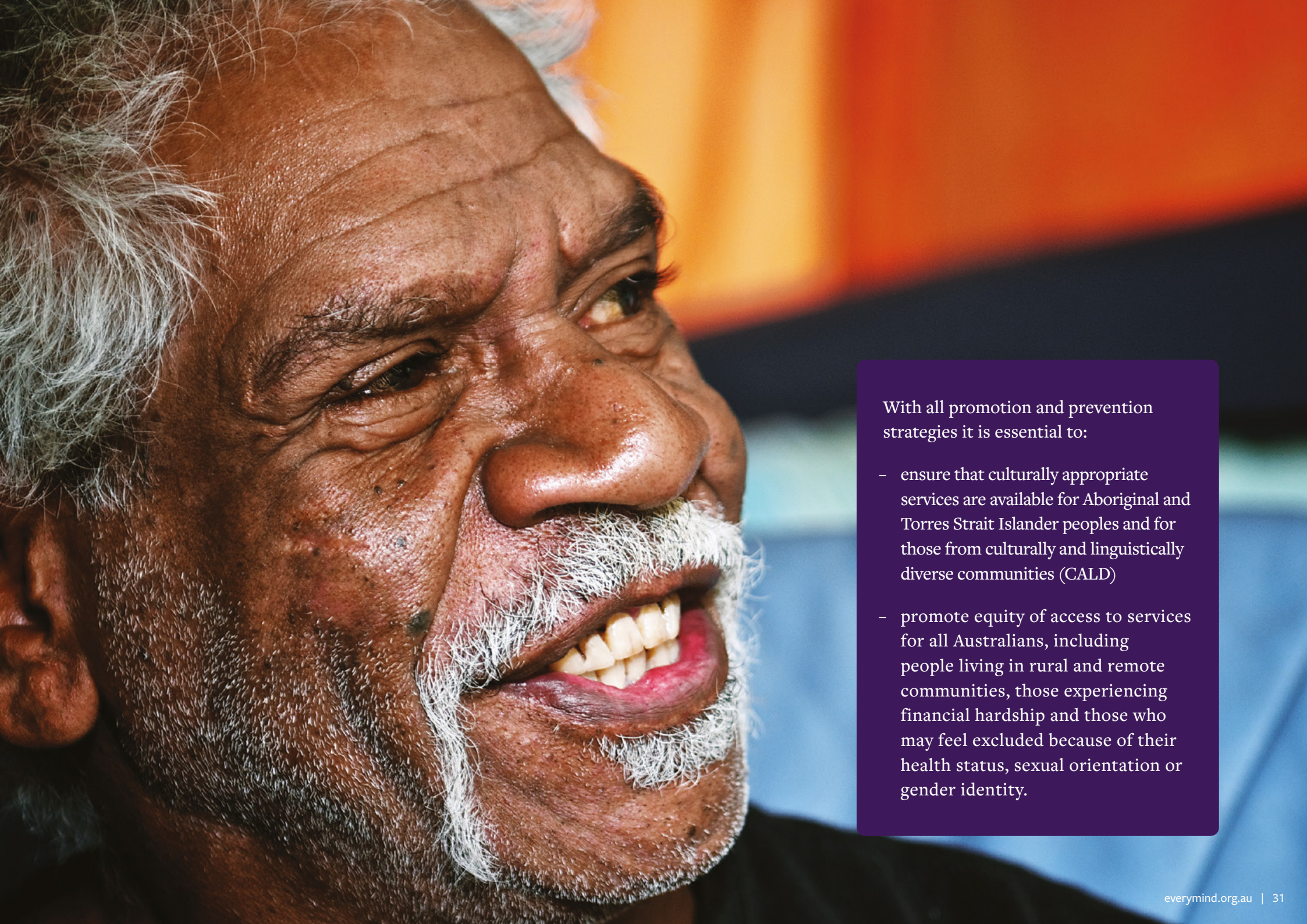
# Action Area 7

## Actions to promote mental health and wellbeing in the whole community or groups in the community

| | |
|---|---|
| **Focus** | **Promote mental health and wellbeing** |
| **Target Groups** | **The whole community or groups in the community**<br>(*Such as local communities; young people in school; all staff in a workplace; families and carers; people from CALD backgrounds; Aboriginal and Torres Strait Islander communities; LGBTI people; older people*). |
| **Key Features** | – Can be implemented with whole populations and groups of people, but also individuals<br>– Usually occur in the settings of everyday life (e.g. schools, workplaces and the community)<br>– Creating effective partnerships and working across sectors are key issues in this Action Area. |

### Examples of Relevant Strategies

- Facilitate equitable access to the determinants of mental health through ensuring safe communities, social inclusion, access to housing, transport, education and other essential services
- Ensure the provision of best possible maternal and perinatal health care to promote positive development in the early years
- Implement evidence-based programs in early childhood services and schools, to promote the wellbeing and optimal development of children and young people
- Encourage the use of evidence-informed strategies that promote mental health and wellbeing in the workplace, and within community and sporting groups
- Implement programs that support people's optimal physical health and wellbeing, including programs that target nutrition, physical activity, and other public health issues
- Support aged care services and other agencies to promote healthy ageing that includes a focus on mental health and wellbeing, such as maintaining social connection and cognitive flexibility.



With all promotion and prevention strategies it is essential to:

- ensure that culturally appropriate services are available for Aboriginal and Torres Strait Islander peoples and for those from culturally and linguistically diverse communities (CALD)
- promote equity of access to services for all Australians, including people living in rural and remote communities, those experiencing financial hardship and those who may feel excluded because of their health status, sexual orientation or gender identity.

# Applying the Framework

## 1. Build Partnerships & Set a Common Agenda

An investment in prevention and promotion approaches allows for reach beyond the 'walls' of mental health services and programs. Interventions aimed at individuals, groups or the population as a whole can have positive and long-term effects on a range of sectors.

This Framework can be used to ensure consistent language and concepts are used across sectors, to support partnerships, better define roles and responsibilities, and to prioritise prevention and promotion work locally and nationally.

For some sectors or organisations, the health and welfare of the community, their staff or clients will already be considered core business. For others, it may be helpful to consider the flow-on effects of investing in mental health and wellbeing to work performance, service utilisation or overall expenditure on mental ill-health.

## 2. Set Priorities & Evaluate Outcomes

The Framework supports the setting of national priorities for action based on need, the evidence for effectiveness, and potential or proven return on investment (ROI). By using a universal framework, all currently funded (and potentially funded) programs across government and community settings can be mapped against this Framework to identify gaps and possible duplication across service settings and target groups.

This must also include the development of a national evaluation framework that sets and monitors some consistent outcome measures. Without prioritising national evaluation of 'impact', rather than the current practice of 'reach', the real human, social and economic ROI for many programs will remain unknown. There has been a general lack of good evaluation and outcome measures applied to practice in Australia, making the real ROI for prevention and promotion approaches hard to calculate.

Prevention and promotion approaches, by their nature, involve the domains of everyday life and a range of service settings. This provides an opportunity for meaningful partnerships so a 'mental health in all policies approach' can be considered.

For example, schools are unlikely to be able to act as a clinical service provider, but they do have a role in promoting social and emotional skills (Action Area 7), implementing strategies for young people at higher risk of developing mental ill-health (Action Areas 1 and 2), early identification of a young person who may need treatment and support (Action Area 3) and can support effective return-to-school approaches for young people experiencing mental ill-health (Action Areas 5 and 6).

## 3. Adapt the Framework for Specific Communities & Issues

The *Prevention First Framework* was developed and released here as a generic framework to allow for a common lexicon across sectors. The wording and examples are deliberately broad to assist with generic understanding of the concepts and their role in improving the mental health of all people in Australia.

Adaptations of the Framework can be developed to explain the range of prevention and promotion approaches and related evidence of effectiveness relevant to:

a. specific settings e.g. schools, workplaces etc

b. specific community groups e.g. Aboriginal and Torres Strait Islander communities, rural communities, Lesbian Gay Bisexual Transgender and Intersex communities, young people etc

c. specific mental health issues e.g. eating disorders, depression and anxiety etc

d. specific areas of emerging interest e.g. the role of technology in prevention and promotion.

## 4. Build Capacity & Coordination

Prevention and promotion approaches are relevant to policy makers, health and mental health workers, however it is important that other relevant sectors are part of the national solution to mental ill-health such as children's services, education, business and more.

Promotion and prevention initiatives should consider settings that allow for the greatest reach and influence – considering the systems, workforce, people and interventions shown to be effective or at least promising. This means interventions could and should consider their ability to:

- enable communities to contribute to the prevention of mental ill-health and promotion of mental health and wellbeing
- enable workforces to take a prevention and promotion approach
- enable systems to work better together to ensure easy transition between health, mental health and community services with a focus on improving mental health and reducing the onset, severity and impact of mental ill-health.

Working systematically through the action areas outlined in the *Prevention First Framework*, individual organisations, services or local communities can document what is currently being done, and what could be done in the future that aligns with their role and resources. Gaps or duplication in approaches may become apparent, creating an opportunity for a shift in policy or practice that will create a better-integrated approach.

Plans to develop the mental health workforce in Australia must consider the diverse workforces that have a role in the prevention of mental ill-health, the promotion of mental health and wellbeing, as well as the most efficient and effective way to build capacity across sectors.

# References


1. Tudor, K. (1996). Mental Health promotion: Paradigms and Practice. London: Routledge.
2. Tasmanian Department of Health and Human Services. (2009). Building the Foundations for Mental Health and Wellbeing: A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania. Retrieved 4 March, 2015, from www.dhhs.tas.gov.au/mentalhealth/publications/strategic_documents/PPEI_Strategic_Framework.pdf
3. Health Education Authority (HEA). (1997). Mental Health Promotion: A quality framework. London: HEA.
4. Caplan, G. (1964). Principles of preventative psychiatry. New York: Basic Books.
5. World Health Organisation (WHO). (1986). Ottawa Charter for Health Promotion. Geneva: WHO.
6. Tasmanian Department of Health and Human Services. (2009). Op cit.
7. Mrazek, P., & Haggerty, R. J. (1994). Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. Washington: National Academy Press.

For more information relating to the *Prevention First Framework* visit:

**everymind.org.au/preventionfirst**

James Fletcher Campus
72 Watt St (PO Box 833)
Newcastle NSW 2300

P: 02 4924 6900
everymind@hnehealth.nsw.gov.au

**everymind.org.au**

NSW GOVERNMENT Health
Hunter New England
Local Health District

EVERYMIND