



Queensland Mental Health Awareness, Prevention and Early Intervention Action Plan – Discussion Paper

***beyondblue* Submission**

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beyondblue

PO Box 6100

HAWTHORN WEST VIC 3122

Tel: (03) 9810 6100

Fax: (03) 9810 6111

www.beyondblue.org.au

Queensland Mental Health Awareness, Prevention and Early Intervention Action Plan – Discussion Paper

Introduction

beyondblue is pleased to make this submission to the Queensland Mental Health Commission, in response to the 'Towards a Queensland Mental Health Awareness, Prevention and Early Intervention Action Plan – Discussion Paper'.

It is estimated that less than 30 per cent of the burden of disease attributable to mental health conditions will be averted through optimal early treatment and support.¹ Across Australia, therefore, mental health systems need to include a greater focus on maximising and protecting the mental health of all people; preventing and reducing the impact of mental health conditions; and intervening early when problems first develop or re-emerge, through investment in promotion, prevention and early intervention (PPEI) initiatives. The Discussion Paper for the Queensland 'Mental Health Awareness, Prevention and Early Intervention Action Plan' provides a clear framework for action on PPEI and *beyondblue* supports the overall intent of the Action Plan.

As the Discussion Paper notes, **PPEI requires action to address the social determinants of mental health, and the risk and protective factors across each level of the social ecology spectrum, including structural, community, interpersonal and individual factors**, particularly those that have the greatest impact and are the most amenable to change. Collectively these initiatives need to: foster individual resilience; promote nurturing, supportive and respectful parent-child, family and interpersonal relationships; and create fair, inclusive and cohesive social environments which support social and civic participation and provide equitable access to material and economic resources.

Furthermore, the Discussion Paper also notes that PPEI initiatives need to be implemented in the **settings in which people live, study, work and play**, taking a cross-sector, rather than a health-service centric, approach. Given this, whole-of-government ownership of the Plan is necessary. This will require strong governance arrangements, which encourage multiple government departments to implement and evaluate strategies to improve the health and wellbeing of the Queensland community.

***beyondblue* is committed to supporting all people in Australia to achieve their best possible mental health.**

As a national population mental health organisation, we manage initiatives that local services find difficult to address at-scale, including school and workplace-based PPEI programs, and an integrated suite of initiatives to raise awareness, increase knowledge, decrease stigma and discrimination, and encourage people to seek help early. *beyondblue* enjoys the support of the Commonwealth and every State and Territory government in Australia, philanthropy and public donations. The Queensland Government is a major contributor to *beyondblue*, enabling us to actively reach and engage the people of Queensland (as outlined response to Question 3 – 'Are there opportunities to build on what is already happening?').

***beyondblue* believes that the Action Plan provides a solid platform for Queensland's continued investment in PPEI.** Importantly, there is a continuing opportunity for the Queensland Government to leverage some of its PPEI initiatives from *beyondblue's* work and consideration could therefore be given to incorporating *beyondblue's* existing and planned initiatives into the Action Plan.

beyondblue is a national, independent, not-for-profit organisation working to promote good mental health. Our vision is that all people in Australia achieve their best possible mental health. We create change to protect everyone's mental health and improve the lives of individuals, families and communities affected by depression, anxiety and suicide. This submission has been informed by *beyondblue's* extensive experience in developing and delivering prevention and early intervention initiatives targeting individuals, families, schools, workplaces and communities.

***beyondblue* is keen to work with the Queensland Government on ways to increase awareness of depression and anxiety; prevent these conditions from occurring; and support people to get help early.**

1. Do you agree with those actions listed under each of the priority areas?

The overall focus and intent of the Action Plan is sound – it recognises the difference between mental health and mental illness; introduces the dual continua model of mental health; explains the benefits of PPEI; and highlights the importance of adopting a multi-modal, multi-level population mental health approach. It also recognises importance of a developmental/lifespan view and the need to take a settings and population-based approach. That said, a more balanced focus on each separate element (i.e. mental health promotion, mental illness prevention and early intervention) may be worth considering. Additional areas for consideration are outlined in response to Question 2 – ‘Are there other actions that need to be considered?’ Specific feedback on the proposed actions for each priority area is included below.

Priority area 1: Living well: the community in which we live

The ‘Living well’ priority recognises that the environments in which we live impact on our mental health and wellbeing. ***beyondblue* supports the strong and explicit focus in the Action Plan on reducing stigma and discrimination within the community** – both as a risk factor for poor mental health, and as a consequence of having a mental health condition. While improvements are steadily occurring, a recent *beyondblue* survey (the *beyondblue* Depression and Anxiety Monitor, 2014) demonstrates that people who experience depression and anxiety, and their families and friends, continue to experience significant levels of stigma and discrimination. Among survey respondents who had experienced depression or anxiety in the last year:

- Nearly one in four reported being treated unfairly in finding or keeping a job (23 per cent of respondents)
- Around one in five people reported being treated unfairly in relationships (20 per cent by family members; 19 per cent in making or keeping friends; and 17 per cent in dating or intimate relationships)
- Over 50 per cent of people had concealed or hidden their mental health problem from others
- Over a quarter of people had stopped themselves from applying for work, because of their mental health condition (26 per cent of respondents. This may reflect the impact of the condition on their functioning, and/or anticipating discrimination in the workplace).

The Queensland Government has an important role in supporting people with depression and anxiety to eliminate stigma and combat discrimination. In addition to the anti-stigma and anti-discrimination strategies outlined in the Action Plan the Queensland Government could consider:

- Collaborating with other jurisdictions to establish national targets and indicators to reduce stigmatising attitudes and experiences of discrimination, and publicly reporting on progress annually
- Setting clear roles and responsibilities for reducing stigma and structural discrimination across government portfolio areas – particularly in employment, education and healthcare.

***beyondblue* also supports the intended action to build community understanding and capacity for positive mental health**, in collaboration with other jurisdictions. It is important that this action is informed by a strong evidence base. There is currently a paucity of theory-driven interventions and measurement tools for mental health promotion. Any campaign or skill development approach in this area will therefore need to be underpinned by research and help to build the evidence on ‘what works’ to promote good mental health.

The proposal to “support community action that fosters ‘lives with purpose’ through community inclusion and participation” is also important for recovery and enabling people with mental health conditions to live ‘contributing lives’. Community engagement activities are generally best undertaken in a gradual and incremental process, which ensures that individuals, organisations and communities can build trust and respect and develop a shared vision.² *beyondblue* therefore recommends that the Queensland Government considers longer-term approaches to funding and supporting community inclusion and participation in addition to its Grants Program.

Priority area 2: Starting well: the early years

There is overwhelming evidence about the importance of infancy, childhood and the teenage years in determining a person’s life opportunities and outcomes. Experiences during the early years, including in utero, have lifelong effects on children’s mental and physical health, life expectancy, achievements, and social adjustment.³ An effective PPEI strategy should therefore have a strong and explicit focus on preventing

mental health conditions by delivering interventions early in life, when the individual, community and environmental risk factors for mental health conditions are most influential, and when most instances of mental health conditions commence. The inclusion of an early years focus within the Action Plan is therefore strongly endorsed.

As proposed in the Discussion Paper, a focus on increasing awareness about mental health during the perinatal period is important, as is a focus on encouraging behaviour change. *beyondblue* research on community awareness and understanding of perinatal mental health conditions suggests that in 2009 over 50 per cent of the population (54 per cent of respondents of a community-based survey) spontaneously nominated 'depression' as a major health problem following birth and in the first year after having a baby.⁴ Despite this relatively high level of awareness of depression, gaps remain in terms of help-seeking, access to treatment and the implementation of best practice guidelines by antenatal and post-natal care providers. With the recent Commonwealth Government announcement of the cessation of its time-limited funding for the National Perinatal Depression Initiative (NPDI) it would be important for the Queensland Government to continue its leadership role in implementing the initiative. In particular, **it is important that the Queensland Government continues its focus on supporting health professionals to screen new parents for perinatal mental health conditions and facilitate pathways to care.** This should preferably occur within a stepped-care model of mental health care, which enables people to 'step up' and 'step down' to services that meet their needs.

Strong and resilient families are essential to good mental health. **At a universal level, the Queensland Government should encourage all families to access evidence-based parenting information and support. At a targeted level, the Queensland Government should continue to enable and support vulnerable families with children at-risk of social and emotional problems to access effective family support and parenting programs.** Research has shown that parenting programs have a good return on investment – parenting programs for children with conduct disorder have been demonstrated to return between 2.8 and 6.1 times the intervention cost.⁵ One of the key challenges for the Queensland Government is to ensure that evidence-based programs are widely available and the barriers to participation (for example, cost, location, cultural appropriateness) are overcome.

Priority area 3: Developing and learning well: children and young people

The Discussion Paper acknowledges the importance of schools in supporting students who are experiencing mental health conditions. **Effective prevention and early intervention approaches should incorporate a focus on protecting and improving the mental health and wellbeing of all students** since promoting good mental health, rather than exclusively reducing existing 'problem' behaviour, has been demonstrated to be more effective in supporting better mental health at school.^{6,7}

beyondblue, with funding from the Australian Government Department of Health, has implemented a comprehensive 'whole-of-school' approach to mental health, through the KidsMatter and MindMatters initiatives. *beyondblue* believes that these programs provide a solid foundation for PPEI initiatives in schools and we are therefore keen to promote their **continuation and integration into a single early childhood to year 12 integrated model.** Further information on this proposal is included in response to Question 2 – 'Are there other actions that need to be considered?' and Question 3 - 'Are there opportunities to build on what is already happening?'

Priority area 4: Mental health and the workplace

Workplaces provide an ideal environment to promote mental health. *beyondblue* supports the proposed **mental health in the workplace actions and believes that these activities need to be incorporated into a comprehensive and integrated workplace mental health program model founded on three pillars:**⁸

- 1. Protect mental health by reducing work-related risk factors.** Guidelines have been developed on how organisations can prevent common mental health problems in the workplace^{9,10} - this includes activities such as developing a positive work environment, balancing job demands with job control, appropriately rewarding employee efforts, creating a fair workplace, providing workplace supports, effectively managing performance issues and providing training to development management and leadership skills.

Anti-bullying, sexual harassment and anti-discrimination policies, procedures and initiatives are required in every workplace.

2. **Promote mental health by developing the positive aspects of work and employee strengths and capacities.** Workplace mental health promotion strategies adopt a strengths-based approach, which focus on identifying and enhancing what is being done well, rather than fixing what is 'wrong' with individuals, groups or organisations. Positive outcomes include subjective wellbeing, psychological capital, positive mental health, employee engagement and positive organisational attributes (for example, authentic leadership, supportive workplace culture, workplace social capital).¹¹
3. **Address mental health problems among workers.** People experiencing depression or anxiety should be supported to access effective treatment options, and have a safe and supportive workplace environment which encourages disclosure of a mental health problem and is free from stigma and discrimination. Work is an important part of the recovery process for most people. Workplaces need to adopt good stay-at-work and return-to-work practices (e.g. maintaining contact when a worker is absent from work due to a mental health condition, addressing any workplace risk factors that contributed to a workplace injury). Workplaces have a duty to make reasonable adjustments to support ongoing participation at work.

The *beyondblue* Heads Up initiative (www.headsup.org.au) which is supported by the Mentally Healthy Workplace Alliance, addresses these three pillars and supports Australian businesses and workers to manage issues related to mental health in the workplace and create more mentally healthy workplaces. Through Heads Up, employers and employees can develop a tailored and practical action plan for creating a mentally healthy workplace, based on their specific needs. An opportunity exists for the Queensland Government to support and enhance the implementation of Heads Up to create more mentally healthy Queensland workplaces. **Consideration could be given to introducing Heads Up across the Queensland public service.**

It is important that there is also effective support available to help people experiencing mental health conditions to enter, or re-enter, the workforce. Information on evidence-based approaches to support the recruitment, retention and promotion of people with a mental health condition, is included in response to Question 2 – 'Are there other actions that need to be considered?' and Question 3 - 'Are there opportunities to build on what is already happening?'

***beyondblue* supports the intention to expand the mental health peer support workforce.** Mental health peer support workers model hope and recovery, and have been demonstrated to improve the experiences and outcomes of people receiving mental health treatment.¹² The benefits of peer support workers, who are Certificate IV trained, supervised and remunerated, could be improved by integrating these workers as a core component of recovery teams. Mental health peer support workers could also assist workplaces to improve their culture and eliminate stigma and discrimination around depression and anxiety.

Priority area 5: Mental health and older people

***beyondblue* supports the proposed activities to promote good mental health in older Queenslanders.** Strategies to reduce both age-related discrimination, and the stigma and discrimination associated with having a mental health condition, are important to protecting mental health and enabling people to access support and care as required. There is also good evidence to support the role of social connectedness in preventing mental health conditions, particularly in older adults.

Question 1: Recommendations

1. Consider changing the title of the Action Plan to Promotion, Prevention and Early Intervention (PPEI) and include awareness across all three elements.
2. Create a clearer distinction between initiatives that primarily aim to increase mental wellbeing; those designed to prevent depression, anxiety and other mental health conditions; and those designed to support people with first onset or relapses of a mental health condition.
3. Adopt a developmental and social ecological approach to PPEI with a focus on prioritising the most influential risk and protective factors and/or those most amenable to change, which is informed by knowledge and theories across a range of health, humanities and social science disciplines.
4. Involve the community in discussions around the design and delivery of PPEI initiatives and provide opportunities for co-creation.
5. Invest in a comprehensive stigma and discrimination strategy which includes targets and indicators for reducing stigmatising attitudes and experiences of discrimination; allocates responsibility for reducing stigma and discrimination in targeted settings; funds the development, delivery and evaluation of evidence-based stigma and discrimination-reduction initiatives; and investigates and responds to structural discrimination in state-based policies and services.
6. Foster community inclusion and participation through long-term approaches, in addition to short-term grant-based funding models.
7. Support health professionals to screen new parents for perinatal mental health conditions, and facilitate pathways to care by promoting *beyondblue's* perinatal online training modules.
8. Deliver universal and targeted parenting programs, to support the development of healthy and resilient families. Identify and overcome existing barriers to accessing parenting programs, to ensure wide-scale uptake.
9. Adopt a broad, strengths-based approach to mental health for children and young people, which aims to protect and improve the mental health of *all* students and their families through early childhood settings, primary and secondary schools, and after hours care.
10. Challenge all workplaces to develop and implement Heads Up action plans to improve understanding and attitudes about common mental health conditions; reduce the stigma and discrimination associated with depression and anxiety; ensure that the workplace environment and culture promotes and supports mental health and wellbeing; and ensure that people experiencing mental health conditions are recruited, supported and retained.
11. Expand the mental health peer support workforce to a) model hope and recovery, b) provide support to people with a mental health condition to participate in work, and c) assist employers to improve their culture and eliminate stigma and discrimination around depression and anxiety.

2. Are there other actions that need to be considered?

The Action Plan includes a number of important strategies that are likely to produce positive results. Consideration could be given to further strengthening the focus on promotion and prevention by including other actions that address the risk and protective factors that have the greatest contribution to mental health and mental illness, and are the most amenable to change. Within this context the Action Plan could potentially include a more explicit focus on:

- **structural factors** – such as access to education, economic participation, and reductions in gender and economic inequalities
- **community factors** – such as community cohesion, community connectedness, a sense of trust and belonging, and the ability to fully participate in society
- **interpersonal factors** – such as strong parent-child and family relationships, respectful relationships, the size and quality of support networks
- **individual factors** – such as problem solving skills, communication skills, mood regulation, healthy diets, regular physical activity.

With respect to the focus on early intervention, *beyondblue* supports the recommendation of the National Mental Health Commission that mental health services should be based on a **stepped-care model of care**. A stepped-care model supports people to get integrated physical and mental health care, matched to their needs. It ranges from easy-to-access information, self-help programs, peer support or brief interventions from a trained professional, right through to comprehensive care provided by GPs, mental health specialists and non-government organisations that enable people to stay connected to family and friends, to get a good education, and meaningful work. The stepped-care model enables people to get the right help as soon as problems emerge and it also provides them with the tools and resources to look after their health and achieve recovery.

Priority area 1: Living well: the community in which we live

In addition to the initiatives outlined in the Action Plan consideration could also be given to the following actions:

- **Support research and development in the area of mental health.** The concept of mental health (aka mental wellbeing) has up until recently been one of the more poorly defined concepts in the field. With the rise of the salutogenesis and positive psychology movements, greater clarity has emerged. Mental health is now understood as a positive state in its own right and not just the absence of mental illness. Drawing on this view, researchers have been exploring ways to promote mental health using strengths-based approaches. At present, empirical evidence is still limited and more research is required to establish whether a) mental health can in fact be increased through population health initiatives b) whether it can be increased beyond a certain threshold and c) whether this increase produces the anticipated benefits outlined in the Discussion Paper (see page 2 of the Paper). A trial of a 'Five Ways to Wellbeing'¹ style initiative could be considered.
- **Adopt a stronger approach on the social determinants of health and their impact on inequalities.** There is clear evidence that health and mental health conditions are shaped by the social, economic and physical environments in which people live, study, work and play. Recognising the role of social inequities has the potential to achieve significant improvements in health and wellbeing.
- **Adopt the principle of 'proportionate universalism'**, in which policies and programs are universal yet proportionate to need and disadvantage (for example, adopting a strong focus on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people and LGBTIQ communities).
- **Recognise the importance of multi-sectoral action.** Many of the determinants that impact on health and wellbeing are outside the health system (for example, housing, employment, education). To be successful, it is important that there is whole-of-government ownership of the Plan, with strong

¹ 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. For more information, see:

<http://www.neweconomics.org/projects/entry/five-ways-to-well-being>

governance arrangements which require multiple government departments to implement and evaluate strategies to improve the health and wellbeing of the Queensland community. The South Australian 'Health in all policies' initiative provides an example of how this could be implemented.

Priority area 2: Starting well: the early years

In addition to the initiatives outlined in the Action Plan consideration could also be given to the following actions:

- **Support the introduction of a single national whole-of-school/organisation program that reaches from early childhood-year 12 and enables educators to promote good mental health in their school communities** (see response to Priority area 3).
- **Invest further in evidence-based programs for children living in poverty, those who have experienced maltreatment, abuse and/or neglect and those who have been exposed to family violence** as these are significant risk factors for the development of mental health problems throughout life.
- **Support the development, delivery and evaluation of initiatives that increase understanding on the importance of mental health in childhood**, and encourage parents and carers to seek help early. Recent research suggests that low levels of mental health literacy is a barrier to seeking help for mental health problems – around one third of parents (36.4 per cent) who have children with a mental health condition report that they did not seek help for their child because: they were unsure if their child/adolescent needed help; and/or they did not know where to get help; and/or they thought the problem would get better by itself.¹³

Priority area 3: Developing and learning well: children and young people

School-based programs are an essential element of any PPEI framework. Consideration needs to be given to the best way to structure, resource, implement and evaluate these programs. *beyondblue* supports the introduction of a single national whole-of-school/organisation program that reaches from early childhood-year 12 and enables educators to promote good mental health in their school communities. This integrated model would work to promote and protect the mental health of students, their families and staff; equip school staff to identify and respond to mental health problems; consider the developmental needs of 0 – 18 year olds; address the key life transition points from toddlerhood to childhood to young adulthood; and connect school communities to external supports and services. *beyondblue* believes that this model should be implemented in all Australian early childhood settings, primary and secondary schools and after hours care. This integrated model would aim to:

- **Be person-centred** – it is critical that children, young people and parents are the centre of the framework.
- **Adopt universal (delivered to all children) and targeted (those with mental health difficulties) approaches** that focus on common risk and protective factors for mental health and wellbeing, rather than adopting a condition-specific approach.
- **Take a whole-of-school community approach.** Education settings are non-stigmatising environments that can help to create and support mentally healthy families. It is important that positive parenting/role modelling in families is promoted, to support positive behavioural development in the home setting. Education settings provide opportunities to improve parenting practices, which benefit children's social and emotional skills. Parental involvement in children's education is also a protective factor for children's mental health.
- **Enable schools and communities to set priorities for a mentally healthy school** that meet their local needs, but require them to draw on evidence-based programs.
- **Deliver integrated promotion, prevention and early intervention initiatives, which link into a national stepped-care model of mental health care.** Schools should be used as a platform to assist children and adolescents who experience recurring or persistent mental health conditions to access services and supports that meet their needs. Consideration should be given to making supports and services at the lower end of the stepped-care model available within schools, rather than through external service providers.
- **Develop partnerships between educational, primary care and specialist mental health services,** alcohol and other drug, and behaviour change bodies (such as Our Watch and the Foundation for Young

Australians) for children and adolescents and their families who require higher levels of assistance. This should help to ensure that there is an integrated approach that supports an individual's educational and health care needs. The educational needs of children and young people affected by mental health difficulties needs to be prioritised, to prevent negative academic outcomes.

- **Support an equitable approach** and provide additional resources to those schools that have greater levels of need.
- **Focus on transitions** - including starting school, moving between schools, and moving from school to tertiary education or employment. This is particularly important for those students experiencing or at-risk of mental health problems.
- **Set targets and outcome measures**, for both mental health outcomes and education and employment participation (e.g. reduce the number of young people with mental health conditions Not in Education, Employment or Training).
- **Implement a continuous improvement model** that incorporates a strong approach to research and development.

Priority area 4: Working well: Mental health and the workplace

In addition to the initiatives outlined in the Action Plan consideration could also be given to the following actions:

- Shift the focus from mental health in the workplace from being a 'problem' to an 'opportunity' – promoting employee mental health is an effective way to improve productivity, become an employer of choice, and meet legislative requirements. It is good for business, employees and their families, and the Australian society.
- Recognise that there are opportunities to improve everyone's mental health, in line with the dual continua model of mental health. Some people do not have mental health conditions, but will benefit from improved wellbeing, productivity and functioning at work that can result from working in a mentally healthy workplace.
- Promote the linkages between a mentally healthy workplace and safety. Mental health is an integral part of existing occupational health and safety initiatives and legislative requirements.

It is also important that responsibility for mental health in the workplace is extended to include health and social support systems and services. It is therefore important to continue to work towards:

- **Developing and delivering integrated mental health and employment support service models**, which support people experiencing mental health problems to receive integrated, coordinated, person-centred care which supports both their mental health needs and their participation in the workforce. The integrated service models could be supported through mental health peer support programs and workers. These peer support workers could support people with mental health conditions to navigate the employment and healthcare systems.
- **Up-skilling staff in employment services to understand better and respond to mental health conditions.** Employment services provide an ideal opportunity to deliver early intervention mental health initiatives in a non-stigmatising and non-threatening manner.¹⁴ Up-skilling staff working in these services will provide a better pathway to care for people experiencing mental health conditions. People working in employment services should understand the signs and symptoms of mental health conditions; the impact of mental health conditions on employment participation and outcomes, including the role of employment in recovery; best practice strategies to support people with a mental health condition; and the availability of health and support services. The expertise of Australia's mental health peer support workforce could also be utilised to assist in up-skilling staff working in employment services.
- **Up-skilling staff in the health sector to understand the role and availability of employment support services** - GPs and mental health nurses report difficulties in understanding and navigating the employment support system.¹⁵ GPs are also likely to provide medical certificates, which discourage participation in the workforce, rather than integrating employment into a recovery plan.^{16,17} It is important that health professionals have a good understanding of the importance and role of employment in supporting good mental health, across the employment spectrum of volunteering, recruitment, retention and career progression. Up-skilling health professionals to collaborate with

employers and employment services will ensure a team-based approach to care, and ensure that the importance of employment is reflected in individual care plans. This will also help employers and employment services to understand the impact of mental health conditions, and how employment can be modified to support improved health and employment outcomes.

The Queensland Government could consider including mental health in the 'Healthier. Happier. Workplaces' scheme, to recognise businesses that improve workplace mental health.

Priority area 5: Ageing well: Mental health and older people

Some groups of older people are more likely to experience depression and anxiety, and targeted prevention and early intervention strategies should be implemented to reach these population groups, strengthen the protective factors which support good mental health, and minimise risk factors for poor mental health. Within this context, an integrated framework is needed to support older people to continue to participate in the workforce, transition to retirement, and participate in meaningful activities at home and in the community (for example, grand parenting activities, volunteering). There also needs to be a focus on older people living in residential aged care facilities, as research suggests that around one in three older people living in these facilities experiences depression.¹⁸ In addition to the initiatives outlined in the Action Plan consideration could also be given to the following actions:

- Support residential aged care facilities to become mentally healthy workplaces, through creating Heads Up action plans
- Increase the skills and capacity of residential aged care staff to recognise the signs and symptoms of depression and anxiety and respond appropriately

Question 2: Recommendations

12. Focus investments in PPEI to support infants, children and young people from birth to mid-20s when the opportunities for PPEI are at their greatest and benefits are most pronounced. There should also be PPEI initiatives across the lifespan.
13. Create a clearer line of sight between the evidence and principles described in the Background to the Discussion Paper and the proposed strategies outlined in the 'Areas for Consideration under the Action Plan'.
14. In the 'Starting well' priority consider investing in evidence-based programs for children who are living in poverty or who have experienced maltreatment, abuse and/or neglect; and increase understanding of the importance of mental health in childhood.
15. In the 'Living well' priority include a focus on responding to the social determinants of health, through a multi-sectoral approach which supports the principles of proportionate universalism.
16. In the 'Developing and learning well' priority consider supporting the development and implementation of a single national, integrated early childhood-year 12 model that supports educators to promote good mental health in their school communities.
17. In the 'Working well' priority adopt a focus that includes the development and delivery of integrated and co-ordinated mental health and employment support models; and improvements in the skills and knowledge of health professionals, employers and employment support services to better understand the relationship between mental health and work, including how to support people with a mental health condition to stay engaged and connected to work.
18. In the 'Ageing well' priority develop a framework to support older people to protect and promote their mental health in the workforce, at home and in the community; and adopt a targeted approach to prevent mental health conditions and support early intervention initiatives among older people living in residential aged care.

3. Are there opportunities to build on what is already happening?

It is sensible for the Action Plan to build from the platform of existing activity and success, but fill the gaps.

PPEI has been part of the mental health landscape since the Second National Mental Health Plan. Over the past decade and a half much has been achieved in this field, most notably in the areas of awareness, mental illness literacy, stigma reduction and the promotion of help-seeking, as well as early intervention for mental health conditions emerging in adolescence and young adulthood. However, several gaps remain. Most notably: consensus in defining and measuring mental health (mental wellbeing); evidence-based strategies to promote mental health; the scale-up and uptake of evidence-based mental illness prevention initiatives including parenting programs, school-based initiatives and workplace-based initiatives; early intervention approaches for children who experience social and emotional difficulties and mental health conditions; and early intervention for adults and older adults who become unwell for the first time.

Within early intervention, greater attention probably needs to be given to the antenatal, early childhood and childhood period to complement the considerable work being undertaken with adolescents and young adults. The headspace model of care provides a useful template for early intervention and should be considered a starting point to inform service developments in this area. However, it is not completely fit-for-purpose for childhood groups, as it does not include a sufficient focus on parent and family engagement, and does not involve the service providers relevant to this developmental age, such as: antenatal care professionals; maternal and child health nurses; early childhood education and care providers; primary school staff; primary care providers; specialist child and allied health practitioners; and paediatricians. **A new model for child early intervention is required.** This model could potentially adopt the principles proposed by the National Mental Health Commission, including person-centred care; stepped-care; and an outcomes focus. **A stepped-care approach to mental health care,** would enable children and parents to ‘step up’ and ‘step down’ to services that meet their needs. This will require the development and scaling up of self-management tools and resources, low and brief-intensity interventions, and peer-support programs suitable for children and their parents.

It is also important for early intervention to focus on adults and older adults who may experience a mental health condition for the first time, or a relapse of an existing condition. The stepped-care approach is important for these age groups as well. *beyondblue* has a range of programs that could be built upon to support early intervention and stepped care for adults. These include:

Self-management tools and resources – through *beyondblue’s* websites people can learn about depression and anxiety, complete an online depression and anxiety checklist (K-10), and be directed to information and support to help them in their recovery. *beyondblue’s* information and resources also include information on staying well, and preventing depression and anxiety (for example, through *beyondblue* parenting guidelines and strategies).

Low and brief-intensity interventions – the *beyondblue* Support Service provides immediate, short-term, solutions-focused support and referral services via a 24/7 telephone service, web chat service from 3pm to midnight, and an email response service. The *beyondblue* pilot **NewAccess program** is helping people with mild to moderate depression or anxiety to lead their own recovery, prevent their problems from getting worse, and stay out of the health system. It is also creating a new workforce of mental health coaches that can take the pressure off GPs, psychologists and allied mental health workers. Services such as NewAccess will be fundamental in transforming our mental health system, as they will prevent the onset and escalation of mental health conditions, and reduce the burden on higher intensity services. NewAccess is currently being piloted and evaluated in three regions across Australia – Canberra, metropolitan Adelaide, and North Coast New South Wales. Before the end of the pilot in 2016, *beyondblue* intends to have proven the effectiveness of New Access for a national rollout.

Peer-support programs – *beyondblue’s* online forums provide an opportunity to receive peer support. There are over 30,000 members of *beyondblue’s* forums and an average of 40,000 visitors per month. Research on the impact of the forums has demonstrated that the forums help people to feel less depressed or anxious, encourage people to contact a health professional, and support people to make positive lifestyle changes.

Priority area 1: Living well: the community in which we live

beyondblue is implementing a **comprehensive approach to reduce the stigma and discrimination associated with depression and anxiety**. These initiatives could be included in the Action Plan. Activities include:

- **National advertising campaigns and supporting resources** – Campaigns have been developed to cover a range of conditions (such as depression, anxiety, perinatal depression); life stages (for example, youth, older people); population groups (for example, lesbian, gay, bisexual, trans and intersex people, Aboriginal and Torres Strait Islander people); and settings (for example, rural communities). *beyondblue*'s campaigns are based on extensive quantitative and qualitative research with people with depression and anxiety and their family and friends, and provide insights into personal experiences. Campaign messages are disseminated and promoted via print, television, radio, cinema advertising, outdoor billboards, community events and forums and social media. *beyondblue* has also developed a comprehensive suite of **free information and resources**, including translated materials, which are disseminated to individuals, community groups, health centres, libraries, schools, universities, workplaces and many other settings.

A current *beyondblue* campaign is 'Man Therapy', which encourages men to take action against depression and anxiety. At www.mantherapy.org.au men can assess their wellbeing, get answers to frequently asked questions about mental health and receive action-oriented advice on dealing with depression and anxiety. The campaign and website feature the fictional Dr Brian Ironwood, a straight talking 'man's man' who combines humour with serious messages about mental health. To help increase the appeal of the Man Therapy campaign to other segments within the 25 - 54 age range, *beyondblue* has also developed the new '**Davo's Man Therapy**' campaign, which targets blue-collar males in regional areas of Australia, including Queensland. The campaign launched on Monday 22 June 2015 and will run for a six month period. In 2014-15, nationally there were 206,151 website visits to the Man Therapy website, and 39,967 people completed a 'Mind Quiz' (K-10 checklist).

- **Media coverage** – *beyondblue* has achieved widespread media coverage of depression, anxiety and *beyondblue* programs. Within a two-month period, there are approximately 4,600 news items published or broadcast that mention *beyondblue*, with a cumulative audience/circulation of around 89.5 million people. The increased media coverage of depression and anxiety, and the promotion of personal experiences, leads to greater awareness of mental health, and may contribute to decreasing levels of stigma and discrimination.
- **Social media** – *beyondblue* utilises its strong social media presence to reduce the stigma of depression and anxiety. Social media is used to:
 - extend campaign reach – for example, in the 2013 I Am Anxiety campaign community members used the Twitter hashtag #IamAnxiety to say they had experienced anxiety and there was no reason to hide their experience
 - promote stories of hope and recovery - #SmashTheStigma is used when stories of hope and recovery are posted on Twitter, particularly from high profile individuals. Sharing and retweeting posts through Facebook and Twitter also provides a way for people to promote understanding and share experiences of depression and anxiety
 - increase knowledge of depression and anxiety – *beyondblue*'s Facebook, Twitter and Instagram communities are encouraged to share *beyondblue* image and video content which increases knowledge about depression and anxiety (for example, infographics on the prevalence of depression and anxiety)
 - enable conversations about depression and anxiety – through *beyondblue*'s online forums, Twitter and Facebook communities, there is a public place for people to share their stories of depression and anxiety and receive advice and support from others.
- ***beyondblue* speakers bureau** – *beyondblue* has a pool of speakers (including 32 Queensland speakers) who have a personal experience of depression and/or anxiety. The speakers share their stories of recovery and encourage others to take action and get the support they need, at public events, community forums and to the media.

- **blueVoices** – blueVoices is *beyondblue*'s reference group of people with personal experiences of depression and/or anxiety and their family and friends. blueVoices members share their personal experiences and perspectives to inform *beyondblue*'s work – for example, in campaigns, information resources, project reference and advisory groups, and research projects. There are currently 924 blueVoices members from Queensland.
- **Have the Conversation** – *beyondblue* has developed a suite of resources to help people have a conversation with someone they are concerned about. A recent independent evaluation of these resources has demonstrated that they are increasing knowledge about depression and anxiety, intentions to 'have a conversation' and resulting in more positive conversations occurring. More information is available at: www.beyondblue.org.au/resources/have-the-conversation
- **The STRIDE project** – *beyondblue*, with funding from The Movember Foundation, has commissioned six research partnerships to demonstrate the impact of digital interventions to reduce the stigma of anxiety, depression, and/or suicide in Australian men aged 30 to 64 years. Two of the STRIDE projects will be implemented in Queensland:
 - The Ripple Effect - this project is designed to reduce stigma associated with a lived experience of suicide, by providing a peer-supported environment where farmers aged 30 - 64 can share their experiences, learn from each other and build knowledge and skills to assist them through their challenges. The intervention is flexible, so men can participate when, where and how it suits them, whether they have access to the latest smart phone or iPad, or have an ageing home computer or even a fax machine. The Ripple Effect is designed by people who know farmers, with the help of farmers, for farmers. The resources will be trialled in Queensland in late 2015.
 - Y-Fronts – this project will connect men in remote areas who work Fly-in Fly-out / Drive-in Drive-out with other men in similar circumstances, enhancing their conversations about mental wellbeing and experiences with stigma in a male driven, interactive and non-confronting manner. The mobile applications and supporting social media platforms will be trialled in Central Queensland and Western Australia. The resources will be piloted in Queensland from late 2015.
- ***beyondblue*'s workplace initiative – Heads Up** – for information on this initiative see response to 'Priority Area 3: Working well' below.

***beyondblue* also recognises that experiencing other forms of discrimination (for example, ethnic, race, sex, gender identity or sexuality-based discrimination) is a risk factor for poor mental health.** *beyondblue* has developed the Stop. Think. Respect. campaign to challenge everyone in Australia to check their behaviour, think about their actions and challenge discrimination when they see it happening. The campaign includes:

- Phase 1 – Discrimination against LGBTI people – '*Is it ok to be left handed?*'
- Phase 2 – Discrimination against Indigenous Australians – '*The Invisible Discriminator*'

The Invisible Discriminator campaign has been one of the most high-profile campaigns *beyondblue* has ever launched. This 2014 campaign was delivered in Sydney and Melbourne, and in the initial campaign period there were more than 3.74 million views of the TV advertisement over social media, digital channels and YouTube. An independent evaluation of the campaign shows that it was very successful, reaching half of the target audience with high message recall. The campaign was exceptionally effective in conveying the intended messages and it was received favourably by Aboriginal and Torres Strait Islander people. Exposure to the campaign has resulted in many statistically significant improvements with respect to behavioural intentions, knowledge and attitudes, which demonstrates the campaign's ability to achieve long term behaviour change. Building on this success, **a second iteration of the campaign will be developed and aired in 2015-16 and be extended to Brisbane.** Further information on the campaign is available at: www.beyondblue.org.au/resources/for-me/stop-think-respect-home

Priority area 2: Starting well: the early years

beyondblue provides a suite of programs, services and resources which can support mental health and wellbeing during the early years. This includes **information and resources for new and expectant parents** (see - www.beyondblue.org.au/resources/for-me/pregnancy-and-early-parenthood) which includes:

- **'Mind the Bump'** mindfulness meditation app – this helps new and expecting parents to support their mental and emotional wellbeing. Since being launched during Postnatal Depression Awareness Week (16-22 November 2014) there have been over 26,000 downloads of the app.
- **Just Speak Up** website - <https://justspeakup.beyondblue.org.au> – this helps parents to learn how others manage mental health issues during pregnancy and early parenthood, and provides opportunities for parents to tell their own story. In 2014-15 there have been over 11,700 visits to the Just Speak Up website (2,176 visits from Queensland), with over 340 personal stories shared to date.
- **'The *beyondblue* guide to emotional health and wellbeing during pregnancy and early parenthood'** booklet – in 2014-15 over 197,400 copies of have been distributed nationally, including 32,083 copies in Queensland.
- **'Dad's handbook: A guide to the first 12 months'** – in 2014-15 over 148,800 copies of the booklets have been distributed nationally, including 27,170 copies in Queensland.
- **'Healthy Dads'** – with support from the Movember Foundation *beyondblue* is developing a project to support the mental health and wellbeing of new fathers. This project will promote resilience and wellbeing in new fathers, improve recognition of psychological distress, and promote help-seeking for those new fathers experiencing psychological distress.

beyondblue has also developed a number of **online training modules for health professionals to support early detection and effective management of perinatal depression**. There are six different learning activities, which include:

- Overview of perinatal mental health and the need to screen
- Depression screening using the Edinburgh Postnatal Depression Scale
- Postnatal depression: further assessment and management
- Postnatal depression: pathways to care: collaborative practice
- Postnatal depression: GP mental health treatment plans
- Management of perinatal depression

To date over 528 health professionals in Queensland have completed the perinatal online training program. Further information is available at: <https://www.beyondblue.org.au/resources/health-professionals/perinatal-mental-health/free-online-training>

beyondblue also implements the **KidsMatter Early Childhood initiative**, which reaches young children attending early learning and care centres – for more information, see below.

Priority area 3: Developing and learning well: children and young people

beyondblue supports children and young people through:

- **KidsMatter Early Childhood and KidsMatter Primary** – www.kidsmatter.edu.au - this is Australia's national mental health promotion, prevention and early intervention initiative for primary schools and early childhood services. It aims to improve the mental health and wellbeing of children; reduce mental health problems among children; and achieve greater support for children experiencing symptoms of depression or anxiety, and their families. Independent evaluations of the program have found that KidsMatter improves staff and parent capacity to respond to children's mental health needs, with longitudinal analyses also indicating improved childhood mental health and wellbeing on standardized measures. To date, over 2,600 schools are participating in KidsMatter Primary nationally (including nearly 500 Queensland primary schools), and over 270 early childhood providers (including over 40 Queensland providers) are participating in KidsMatter Early Childhood.
- **MindMatters** – www.mindmatters.edu.au - this mental health initiative for secondary schools aims to improve the mental health and wellbeing of young people. The MindMatters framework provides structure, guidance and support to enable schools to build their own mental health strategy, to suit their

unique circumstances. MindMatters helps schools to promote positive mental health through the whole school community, and to help prevent mental health conditions in students. The initiative was recently redeveloped by *beyondblue* and relaunched in May 2015. To date, over 480 secondary schools are participating in the initiative, which includes nearly 100 Queensland secondary schools.

- **youthbeyondblue** – www.youthbeyondblue.com - *beyondblue*'s website for young Australians aged 12 to 25 includes information on depression, anxiety, bullying, alcohol, self-harm and suicide. A new *youthbeyondblue* campaign was launched in late May 2015 on digital and social media channels, to encourage people to find out more about depression and anxiety, reduce stigma, and encourage help seeking through completing a 'Brain Quiz' (K-10 checklist) online.
- **BRAVE program** – <https://brave4you.psy.uq.edu.au> – The BRAVE Program is a free, online evidence-based program that helps prevent and treat anxiety in young people aged between eight and 17 years. The program is made up of 10 interactive sessions which use cognitive behaviour therapy techniques to help teach young people and their parents how to manage anxiety. The program was developed by the University of Queensland, with funding from *beyondblue*.
- **Parenting guidelines and strategies** – www.beyondblue.org.au/resources/family-and-friends/parents-and-guardians - *beyondblue* has developed information and resources for parents regarding how to support healthy child development and respond effectively to children experiencing emotional or behavioural difficulties
- **Family guide to youth suicide prevention** – www.beyondblue.org.au/resources/family-and-friends/parents-and-guardians/family-guide-to-youth-suicide-prevention - *beyondblue* has developed a guide to support parents of young people who may be at-risk of suicide. It includes information and videos on the warning signs and risk factors of suicide; how to support a young person, including getting help from a health professional; and supporting young people to be resilient.

Priority area 4: Working well: Mental health and the workplace

beyondblue is promoting the benefits of mentally healthy workplaces in Queensland through promoting the **Heads Up** initiative with state-based government initiatives, industry associations and individual businesses. *beyondblue* is developing partnerships with key stakeholders across Queensland, which include:

- Mental health sector, including:
 - Queensland Mental Health Commission
 - Mental Illness Fellowship Queensland
 - Mates In Construction
- WorkCover Queensland
- Workplace Health and Safety Queensland
- Employers, including:
 - BHP Billiton
 - Rio Tinto
 - Anglo American
 - MMG
 - Lend Lease
 - Sodexo
- Industry Associations, including:
 - Chamber of Commerce and Industry Queensland
 - Resource Industry Network Mackay
 - Queensland Resources Council
 - Health Improvement and Awareness Committee
 - Business Council of Australia
 - Australian Industry Group
 - Australian Chamber of Commerce and Industry

beyondblue also supports and attends relevant Queensland industry conferences and events. These events provide opportunities to promote and support organisations to develop a Heads Up action plan, and realise the benefits of a mentally healthy workplace. *beyondblue* is also in the initial planning stages of a **Queensland**

resource industry roadshow in 2016. This builds on *beyondblue's* National Roadshow, held between February 2014 – May 2015, and a dedicated *beyondblue* Pilbara Roadshow, conducted in May 2015. Through the roadshows *beyondblue* partners with local organisations to encourage community members and workplaces to 'Take 1 step' for better mental health.

In addition to supporting mental health within workplaces, it is also important that people with mental health conditions are supported to participate in employment – this is important for recovery and participation and inclusion within the community. *beyondblue* is working with **Work Focus Australia**, the providers of the Job Access website and support services, to assist them in supporting unemployed people with a mental health condition to gain employment.

One of the most effective ways to increase employment by people with mental health conditions, which could be incorporated into the Queensland Action Plan, is through the **Individual Placement and Support (IPS)** program. IPS has eight principles:¹⁹

- Every person with severe mental illness who wants to work is eligible
- Employment services are integrated with mental health treatment services
- The goal is competitive employment
- Clients receive personalised benefits counselling
- The job search starts as soon as possible after a person expresses interest in working
- IPS specialists develop relationships with employers
- IPS specialist provide ongoing support, as needed
- Clients are assisted to get jobs they are interested in having.

IPS has been comprehensively evaluated and demonstrated to achieve positive outcomes – on average 61 per cent of people with severe mental illness return to work, and when young people access IPS in the early stages of illness, and combine education and employment, rates of success have been approximately 85 per cent.²⁰ The Commonwealth Department of Social Services is intending to trial the IPS model with 2,000 people per year, as part of its Youth Employment Strategy. This will be an important step in assessing how this model can be integrated into the existing suite of support services, and be made available nationally. Queensland could also pilot IPS.

Priority area 5: Ageing well: Mental health and older people

beyondblue has a suite of initiatives to support the mental health and wellbeing of older people. These include:

- **Awareness of depression and anxiety - national campaign** - the *beyondblue* older adults campaign was designed to raise understanding amongst 60+ males and females across Australia about how they can stay mentally healthy as they get older, and to contact the *beyondblue* Support Service if they need assistance. The campaign appeared on radio and online channels, and during the 2014-2015 financial year there were 57,695 website visits to the older adults section of the *beyondblue* website.
- **Ageing well** – *beyondblue* developed the 'Over Bl**dy Eighty - A marvellous collection of personal stories from older Australians' booklet to showcase strategies for ageing well. A variety of older people talk about how they support their mental health.
- **Social connectedness initiatives** – In 2014 *beyondblue*, with support from the Movember Foundation, conducted a research project on the links between depression, anxiety, suicide and social connectedness, in particular focusing on older adults and men aged 30 – 65 years. Following this research project, *beyondblue* developed a '**Connections Matter**' booklet, which provides older people with practical and evidence-based suggestions on how to help strengthen and maintain social networks. The booklet has been disseminated to approximately 3,000 Queenslanders, since being released earlier in 2015.

beyondblue supports older men to connect with other men through **The Shed Online** website (www.theshedonline.org.au). The Shed Online is a 'virtual shed', designed to recreate the atmosphere of a 'physical' men's shed – a safe and supportive space where men 55+ can feel confident to discuss and

exchange ideas and information. TSO has over 14,700 members. Of these, 22 per cent (3,260 members) are from Queensland. There have been over 1 million views of the site.

beyondblue also provides opportunities to reduce social isolation and facilitate peer-to-peer support through our **online forums**, as detailed earlier in this submission (see: www.beyondblue.org.au/connect-with-others/online-forums).

- **Supporting access to evidence-based treatment** – *beyondblue* contracted the eCentre Clinic at Macquarie University to develop an online treatment program addressing depression, anxiety and emotional wellbeing for over 60 year olds. The Wellbeing Plus course has been developed and has been incorporated into the suite of online services available through Mindspot - www.mindspot.org.au. In 2014-15 380 older people enrolled in the Wellbeing Plus course, which included 61 Queenslanders.
- **Education and training** – has developed the *beyondblue* **Professional Education to Aged Care (PEAC)** program, that aims to raise awareness about depression and anxiety in older people, and heighten the skills of staff working in the aged care sector to recognise and respond to these conditions. The PEAC program is currently delivered as a face-to-face workshop, and will be available as an e-learning program in early 2016. *beyondblue* has also developed **accredited training resources for aged care staff**, at Certificate III and IV levels on anxiety and depression. These resources are suitable for face-to-face or blended learning and can be included in various aged care qualifications. They aim to improve the detection and management of anxiety and depression in older people accessing aged care. Approximately 640 aged care students in Queensland have viewed the resources.

beyondblue has also developed free **educational resources for volunteers** who support older people in residential or community settings. The resources include a volunteer workbook, facilitator guide, podcast and videos. The resources enable volunteer managers or co-ordinators to deliver training to their own volunteers. It is expected that approximately 3,000 volunteers who support older people in residential or community aged care will access the materials.

Question 3: Recommendations

19. Undertake a gaps analysis to identify which elements of PPEI exist and need strengthening, and which elements are missing and require new investment.
20. Consider leveraging existing *beyondblue* programs and services relating to PPEI. All of these initiatives are delivered with funding support from the Australian and State and Territory governments, including the Queensland Government, and with donations from individuals, community groups and private organisations.

4. Are there any other views you would like to share?

The Action Plan provides a solid framework for effective PPEI. *beyondblue* supports the five priorities for action and the description of the issues, needs, and potential solutions outlined in the Action Plan. To further strengthen the Action Plan consideration could be given to:

- **Adopting a theory-driven and evidence-based framework** to guide investments in effective PPEI programs, services and research. The Prevention First model proposed by the Hunter Institute for Mental Health provides a good starting point.
- **Adopting a multi-sectoral approach.** Promotion, prevention and early intervention initiatives need to be implemented in the settings in which people live, study, work and play, rather than through a health-service centric approach. **Embedding PPEI initiatives in educational and workplace settings is likely to be the most effective way to reach all Australian children, adolescents, families, and workers and achieve change.**
- **Pooling funding and resources** across Commonwealth and Queensland initiatives that are currently being funded and/or implemented across education, human services, health and mental health government portfolios.
- **Shifting funding from acute care, into upstream prevention, promotion and community-care approaches.** A funding target could be set, to ensure that resources are better aligned with need [for example, the 'National Targets and Indicators for Mental Health Reform' developed by the COAG Expert Reference Group on Mental Health Reform (2013) proposed increasing the funding allocated to, and spent on, mental health (in particular community services, promotion, prevention and early intervention), as a percentage of GDP. The interim target proposed was that the proportion of funding on mental health from the health budget should be at least 13 per cent, which is equal to the burden of disease. A similar approach could potentially be utilised to support the Queensland Action Plan]. Alternative funding models, such as social impact bonds, could also be considered.
- **Setting objectives, targets and indicators, and regularly and publicly reporting on progress.** This could include improvements in positive outcomes such as improved mental wellbeing, increases in protective factors and reductions in risk factors, as well as changes in clinical, psychosocial and quality of life outcomes. 'SMART' objectives should be created, which include both health and non-health targets and indicators (for example, reduce the proportion of young people Not in Education, Employment or Training). Consideration could be given to aligning these with any national objectives, targets and indicators that are adopted as part of the Australian Government's response to the National Review of Mental Health Programmes and Services.
- **Aligning the PPEI Action Plan with other key policy documents and directions** including the Australian Government's response to the National Mental Health Commission's Review of Mental Health Programmes and Services and the development of the Fifth National Mental Health Plan.

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