

Victorian Public Health and Wellbeing Plan 2015 - 2019

Consultation

Feedback Form

Thank you for taking the time to consider the Victorian Public Health and Wellbeing Plan 2015 – 2019 Consultation Paper (available at www.health.vic.gov.au/prevention/vphwp.htm).

Feedback is sought from key stakeholders about the proposed approach outlined in that Consultation Paper. Six questions are outlined below and responses of up to 500 words each would be appreciated.

Some information about you is requested below. We may publish submissions received on the department's website, your permission to do so is sought below.

Name of person completing this form:

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Are you completing this feedback on behalf of your organisation? Yes / No

We may publish submissions received. Do you agree to your submission being made public?

Yes you can publish my submission

No, I am making a confidential submission

Please forward your response to prevention@dhhs.vic.gov.au by Wednesday 1 July 2015.

1. What is your opinion of the proposed scope and narrative of the Plan as outlined in the consultation paper?

The proposed scope and narrative of the Plan, which includes a greater focus on the social determinants of health and their impact on inequalities, is appropriate. There is clear evidence that health and mental health conditions are shaped by the social, economic and physical environments in which people live, work and play. Adopting an explicit focus on social determinants of health, recognising the role of social inequalities, has the potential to achieve significant improvements in health and wellbeing.

It is important that the Plan:

- Adopts a more clearly integrated focus on physical and mental health.
- Adopts 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).
- Reflects a life-course approach, which starts at pregnancy and preconception, and goes through to older age.
- Champions an explicit focus on avoiding adverse psychosocial and quality of life outcomes, as well as the avoidance of disease, as measures of success.
- Recognises 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 essential that there is whole-of-government ownership of the Plan, with strong governance arrangements which require multiple government departments to implement and evaluate strategies to improve the health and wellbeing of the Victorian community. The South Australian 'Health in all policies' initiative provides an example of how this could be implemented in Victoria.
- Aligns with other key policy documents and directions. The Victorian Government is currently developing the next 10 year mental health plan. The Public Health and Wellbeing Plan should align with this strategy, and other national policy directions such as the development of the Fifth National Mental Health Plan and the findings from the National Mental Health Commission's Review of Mental Health Programmes and Services.

2. What do you see as the pros and cons of articulating long term objectives (ten or more years) and medium term priorities (four years)?

Responding to the social determinants of health requires a long-term approach, and it is therefore appropriate that long-term objectives are articulated. Specifying medium-term priorities is also beneficial, as it will help to ensure that the Plan results in action; its impact and success can be measured; and the appropriateness and effectiveness of strategies can be reviewed and updated more regularly.

The Plan, through its program logic, needs to provide a line of sight between the medium-term changes and the long-term objectives, and there should be a clear, rational, evidence-based connection between what is achieved in the medium-term, with what is expected in the long-term. At present this connection is not obvious and the two lists would benefit from a sequential flow that relates to the intended scope and narrative of the Plan. Providing further information on the logic and assumptions underpinning the model could help to make this clearer.

3. What is your opinion of the scope of the proposed *objectives*?

➤ would you exclude or include any?

The proposed long-term objectives are important principles to guide the Plan. However, the current framing of the objectives may make it difficult to demonstrate success and measure progress. **It may be more beneficial if the long-term objectives more clearly specify what the Government is working to achieve and are written as SMART goals.**

An additional potential objective for the Plan is to increase the available funding and resources for prevention. Current policies and funding levels prioritise treatment, rather than prevention. For mental health specifically, research findings suggest that even with optimal care and service delivery, less than 30 per cent of the burden of disease attributable to mental disorders will be averted. This makes a strong case for significantly increasing the investment in prevention strategies. To achieve this, it is important that targets for increased investment in prevention are incorporated into policy and planning documents, and there are mechanisms available to track and publicly report on progress. Accordingly, **it is recommended that the Victorian Public Health and Wellbeing Plan includes an objective and target to increase the proportion of funding invested in prevention programs.**

An example of a target to increase funding to better align with need, is the 'National Targets and Indicators for Mental Health Reform' developed by the COAG Expert Reference Group on Mental Health Reform (2013). These targets and indicators 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 be utilised to support the Victorian Public Health and Wellbeing Plan.

4. What is your opinion of the scope of the proposed *priorities*?

➤ would you exclude or include any?

It is important that the priorities of the Plan reflect a strong focus on prevention strategies that improve both mental health and physical health, particularly given the high prevalence and impact of mental health conditions in their own right and on physical health outcomes. Research suggests that prevention interventions for mental health conditions should be implemented across the life-stage, and include:

- parenting and early life policies and programs (for example, parenting skills, reducing child abuse and neglect, reducing exposure to all forms of violence)
- 'whole-of-school' mental health prevention programs for children and adolescents, which provide both a universal and targeted intervention and are embedded into schools
- workplace-based programs for adults, which improve the work environment and adjust modifiable risk factors (for example, job stress, working conditions, individual skills and behaviours)
- social inclusion and connectedness interventions for all adults, and in particular older adults, which promote healthy ageing, social activities and peer support.
- the delivery of 'whole-of-person' healthcare, which includes regular monitoring of physical health, for people with a mental health condition.

In deciding which priorities should be included in the Plan, it is important that the risk and protective factors that have the greatest contribution to the burden of disease, and are the most amenable to change, are prioritised. These should cover the factors that influence health and wellbeing across each level of the social ecology spectrum including:

- structural factors - for example, access to education, economic participation, reductions in gender and economic inequalities, exposure to any form of discrimination
- community factors – for example, community cohesion, community connectedness, a sense of trust and belonging, and the ability to fully participate in society

- interpersonal factors – for example, strong parent-child and family relationships, respectful relationships, the size and quality of support networks
- individual factors – for example, problem solving skills, communication skills, mood regulation, healthy diets, regular physical activity.

The current priorities incorporate some risk factors that have a strong impact on the burden of physical and mental health (for example, smoking, reducing family and community violence), but not enough. Prioritising improvements in some of the determinants listed above, such as individual resilience, family functioning, support networks, and reductions in gender and economic inequality, are important. Indeed, the absence of a medium-term priority relating to any of the social determinants of physical and mental health, creates no indication of how this ultimate goal is expected to be achieved.

5. How do you see your organisation contributing to achieving these proposed objectives and priorities?

beyondblue is implementing a range of strategies to prevent depression, anxiety and suicide. These include:

- **pregnancy and parenthood information and resources** – *beyondblue* has developed a range of tools to support parents during pregnancy and parenthood, including resources for parents on how to support healthy child development and respond effectively to children experiencing emotional or behavioural difficulties. *beyondblue*, with support from The Movember Foundation, is also developing a 'Healthy Dads' project to support new fathers mental health and wellbeing. This project will promote resilience and wellbeing in new fathers and promote help-seeking for those fathers experiencing psychological distress.
- **School-based programs** – *beyondblue*'s KidsMatter Early Childhood, KidsMatter Primary and MindMatters programs are whole-of-school initiatives which improve the mental health and wellbeing of students and provide support to those experiencing mental health difficulties. These programs provide an excellent platform on which to integrate State-funded activities, such as respectful relationships programs and drug and alcohol and education programs.
- **Workplace-based programs** – 'Heads Up' is an Australian-first initiative of *beyondblue* and the Mentally Healthy Workplace Alliance, which was launched in July 2014. It supports Australian businesses and workers to create more mentally healthy workplaces. Through Heads Up, employers can support the mental health and wellbeing of their staff, by developing a tailored and practical action plan for creating a mentally healthy workplace, based on their specific needs.
- **Social connectedness initiatives** – *beyondblue*'s 'Connections Matter' booklet provides older people with practical and evidence-based suggestions on how to help strengthen and maintain social networks. *beyondblue*'s online forums also provide opportunities to reduce social isolation and facilitate peer-to-peer support.
- **Stigma and discrimination initiatives** – *beyondblue* is implementing a range of strategies to reduce stigma and discrimination, as both a risk factor for poor mental health (e.g. racial discrimination) and a consequence of having a mental health condition (e.g. not having equitable access to insurance products). These initiatives are informed by evidence which demonstrates that the most effective way to reduce stigma is through education and contact-based approaches.

6. Do the proposed high level risk and outcome measures reflect a healthy and well Victoria?

➤ **if you had to choose five or six measures, what would they be?**

The risk and outcome measures will need to directly align to the long-term objectives and medium-term priorities for the Plan. The proposed measures do not directly align to the proposed objectives and priorities, and nor do they align with the proposed focus on the social determinants of health. Measures need to focus on increases in protective factors as well as reductions in risk factors. They also need to focus on measures of improved wellness as well as measures of reduced morbidity and mortality. Most importantly, they need to focus on changes expected in sectors other than the health sector, that address the social determinants.

Additional measures which could therefore be considered for inclusion are:

- reductions in gender and income inequality
- experiences of stigma and discrimination
- participation in education
- participation in employment
- proportion of people in safe, affordable and appropriate accommodation.

Other mental health measures worth including are:

- levels of suicide and suicidal behaviour
- self-reported social and emotional wellbeing, for example the Warwick Edinburgh Mental Wellbeing Scale.

The 'National Targets and Indicators for Mental Health Reform' developed by the COAG Expert Reference Group on Mental Health Reform (2013), provide an example of one way to effectively align objectives, targets and indicators. This framework also includes meaningful measures that could be considered in the Victorian Public Health and Wellbeing Plan.