

Standard 5.

Promotion and prevention

The MHS works in partnership with its community to promote mental health and address prevention of mental health problems and / or mental illness.

GUIDELINES

The intent of this Standard is to ensure that mental health services (MHS) develop appropriate and effective activities for promotion of mental health and prevention of mental health problems and / or mental illness.

This standard should be read in conjunction with Standard 8 Governance, leadership and management.

Development of activities (Criterion 5.1)

Promotion and prevention activities will be influenced by the size, scope of services provided and the sector in which the MHS operates. This includes the public and private sectors and non-government organisations.

The MHS should link their promotion and prevention strategies to the early intervention of mental health problems and mental illness in accordance with the key directions of the National Mental Health Promotion, Prevention and Early Intervention Action Plan.

It is important to understand the needs of our culturally and socially diverse population. Any mental health promotion and prevention initiatives need to be designed for culturally and socially diverse population groups.

Strategies for Aboriginal and Torres Strait Islander populations should be informed by the *National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003–2013)* and based on established partnerships with Aboriginal and Torres Strait Islander stakeholders.

Appropriate activities (Criterion 5.2)

The MHS should consider the following steps when addressing this standard:

- establish and maintain partnerships with carers, consumers and relevant stakeholders, to share and combine resources
- establish and maintain mechanisms for consumer and carers to participate in the development, implementation and evaluation of promotion and prevention activities
- identify problems to be addressed based on evidence about the groups in the community, for example population health data
- identify the factors that will determine priorities for action
- ensure that planning is informed by appropriate Commonwealth, state and territory mental health legislation, as well as current national and state or territory mental health promotion, prevention and early intervention plans
- develop a plan that includes goals, objectives, actions and evaluation strategies.
- develop timelines that include start and end dates for all stages, activities and tasks.
- develop a plan for the organisation of tasks that cover the responsibilities of stakeholder organisations and individual staff
- evaluate what elements of the activities worked, what elements were less successful, who participated in the activities, whether the activities reached the intended groups and whether the goals and objectives were achieved
- prepare and disseminate reports on the activities.

This information has been adapted from the report for the Department of Human Services and VicHealth, *Evidence-based mental health promotion resource* (Keleher, H and Armstrong, R 2005).

Within Aboriginal and Torres Strait Islander populations and settings, relevant community, consumer and organisation stakeholders must be included in the developing implementation plans. These must be responsive to Aboriginal and Torres Strait Islander diversity and reflect a local, strengths-based approach, with culturally adapted training for early identification and resources and support for primary care and first contact providers.

Collaborative partnerships (Criterion 5.3)

Collaborative partnerships should be developed with a range of internal and external stakeholders. These partnerships mean resources can be shared to promote and prevent mental health issues.

Each service must demonstrate partnerships which foster promotion and prevention activities and show collaboration at all stages of development and implementation.

Examples of sectors and settings include:

- drug and alcohol services
- the youth sector
- housing
- employers
- Centrelink
- aged-care services
- health promotion and public health services
- local government
- community services
- churches and religious groups
- schools
- the tertiary education sector
- Aboriginal and Torres Strait Islander groups
- divisions of general practice
- multicultural groups
- early childhood services
- maternal and baby health services
- media
- councils.

Examples of partnerships across a range of sectors and settings include:

- membership and participation in inter-sectoral consultative and reference groups
- project advisory groups
- memorandums of understanding (MOUs) demonstrating shared funding agreements
- MHS representation on external committees and boards involved in promotion and prevention activities.

The MHS should have links to programs aimed at preventing the development of co-morbid illness and maintaining good health in consumers, carers and staff.

Strategies to promote awareness of the relationship between mental and physical health should be culturally appropriate and include:

- depression and anxiety awareness programs
- early psychosis awareness programs
- parent and family education programs
- stress management programs
- mental health education in the workplace
- mental health education in schools
- quit smoking programs
- alcohol, tobacco and other drug services or programs
- leisure skills programs
- programs that promote social inclusion and healthy lifestyles, such as links with sporting and recreation clubs
- fact sheets, either electronic or print based, for consumers, carers and other service providers, on topics such as exercise and mental health, mental health and heart disease or sleep and mental health
- joint community education programs, such as with MHS and general practitioners
- local action groups.

Coordination of partnerships (Criterion 5.4)

The MHS should be able to demonstrate partnerships for promotion and prevention activities through:

- documented roles and responsibilities of organisations and individuals involved in the partnerships
- minutes of meetings
- terms of reference
- a plan that identifies goals, objectives, actions and evaluation strategies.

Accountability (Criterion 5.5)

The MHS should ensure that the positions identified to progress mental health promotion and prevention in Aboriginal and Torres Strait Islander settings are given sufficient information about, and links to, Aboriginal and Torres Strait Islander populations.

Workforce (Criterion 5.6)

Workforce development on mental health promotion and prevention includes:

- training programs
- networking forums and planning workshops
- attendance and presentations at conferences
- mentoring and supervision
- access to online clearing houses, journals, practical resources and training programs
- access to experts for advice
- attention to needs of Indigenous people, families and communities, and mechanisms for consultation with Indigenous stakeholders.

SUGGESTED EVIDENCE

Evidence that may be provided for this standard includes:

- partnerships with relevant sectors or settings
- promotional packages
- meeting minutes
- identification of positions responsible for promotion and prevention
- workforce development
- evidence of promotion and prevention strategies and plans
- policies and procedures covering:
 - promotion and prevention
 - workforce training programs
 - mentoring and supervision.