



Strategic Plan: Towards 2020



EVERYMIND



Foreword

On behalf of **Everymind**, it is my pleasure to present our revised Strategic Plan: Towards 2020.

This Plan comes at a time of significant national reform and global change in mental health and suicide prevention. It also aligns with our rebrand to **Everymind** following 25 years of delivering evidence-based mental health and suicide prevention programs as the Hunter Institute of Mental Health.

At **Everymind**, we believe that all people have the right to, and capacity for, optimal mental health and wellbeing. Through prioritising prevention approaches we can lower the incidence and impact of mental ill-health and suicidal behaviour, leading to improved quality of life for individuals and their families, and representing a great return on government and business investment.

At **Everymind**, we are changing lives through world-leading prevention programs and research. This Plan sets the direction of our work for the next three years drawing on our strengths in leadership, capacity building, innovation and research.

The Strategic Plan: Towards 2020 is ambitious, but achievable. It provides a clear statement of our purpose and five strategic priorities that are founded on a set of core values and beliefs developed by our diverse and passionate team.

We believe that the time is right to take what we know about prevention and put it into practice locally and nationally. We look forward to working together and with others to ensure that every workplace, every school, every health service, every family and every community is supported to play a role in mental health and suicide prevention.

By actively involving every sector and valuing every story we can change lives and save lives.



Jaelea Skehan
Director
Everymind



The Challenge

Every person and every community is affected by mental ill-health and suicide in some way.

Mental ill-health and suicide cause significant human, social and financial costs for individuals, their families, health and government services, workforces and for the community as a whole.

The growing burden of mental ill-health and suicide cannot reasonably be stemmed by only treating or responding to one individual at a time. To turn this around we must take a whole-of-life approach to the prevention of mental ill-health and the prevention of suicide, not just wait for an episode severe enough to warrant a response.

Prevention approaches should be prioritised now to ensure we have a vision for Australia where fewer people are impacted by mental ill-health and suicide. It makes good sense in

terms of increased productivity, reduced health and other costs, increased workforce and community participation and improved quality of life.

Together we must build the capacity of every sector and all people to play a role in improving mental health and preventing suicide. This includes significant and coordinated action across every level of government, every health care setting, every workplace, every educational setting and every service. It also means valuing and involving every individual, every family and every community.

While the challenges we face are great, the opportunities for change are far greater.



About Us

Our Institute

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 of the Hunter New England Local Health District. Working from our base in Newcastle NSW, on the traditional lands of the Awabakal people, we have been delivering best-practice mental health and suicide prevention programs for over 25 years.

We have local connections across the Hunter through our health services, our University and our communities as well as significant state, national and global partnerships.

At **Everymind**, 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 capability and capacity of others for the greatest reach and sustainable outcomes.

We are committed to working in partnership with the communities we serve, including those who have personal experience of mental ill-health and suicide. We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners and custodians of the land we live and work on.

Our History

Everymind is an Institute that is built on reputation, guided by values and prepared for the future.

- 1992 – Established as the Hunter Institute of Mental Health through the Hunter Area Health Service, with a specific focus on local education and training.
- 1997 – Commenced working nationally with funding under the first National Youth Suicide Prevention Strategy, with a focus on building the capability of diverse sectors to play a role in the prevention of mental ill-health and suicide.
- 2007 – The Institute has a diverse funding base and is building a reputation for world-leading translational research and fit-for-purpose and scalable prevention programs.
- 2017 – Rebranded as **Everymind** and recognised for the design and delivery of world-leading prevention programs and research – including ground-breaking work with the media, education, workplaces, families and communities.



Our Vision

A world where all people and communities are mentally healthy and live well.

Our Purpose

To prevent mental ill-health and suicide through world-leading programs and research.

Our Pillars of Work

- Prevention of mental ill-health
- Prevention of suicide
- Promotion of mental health and wellbeing.

At **Everymind**, prevention is at the heart of everything we do – in translating and applying research to guide our work, in developing policy responses and in designing programs to build the capability of services and communities.

Our Beliefs

- Every person has the right to and capacity for optimal mental health and wellbeing
- Preventing mental ill-health and preventing suicide is possible
- Every person has the right to live without experiencing stigma or discrimination
- Every sector, every community and every individual can make a meaningful contribution to improving mental health and preventing suicide.

Our Ways of Working

- We work in partnership to deliver the best outcomes
- We build the capacity and capability of others so our work can have a positive impact on more people, now and in the future
- We use evidence to guide our work and the work of others
- We use research to better understand the impact of our work
- We value the knowledge and contribution of those with lived experience of mental illness and suicide
- We work across the lifespan
- We are innovative and flexible
- We are dedicated to health equity and to working in a way that values and respects the full diversity of the Australian population
- We are committed to *Excellence* – doing the right things, consistently and with respect.

We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional custodians of the land we live and work on.

Our Institute aligns itself with the goals of the National Closing the Gap Strategy.

Our Team

We have a diverse and passionate team who are dedicated to the prevention of mental ill-health, the prevention of suicide and the promotion of mental health and wellbeing.

Our staff bring a rich personal and professional commitment to our work, and a diversity of skills and perspectives. We are passionate about the work we do and value working together, and with others, for the best outcomes.

Our Skills

- Translation of evidence into scalable prevention programs and practical resources that are fit-for-purpose
- Delivering effective and tailored responses to the prevention of mental ill-health and suicide at a regional and national level
- Workforce development – including workforce planning and development, and delivery of tailored training and training packages
- Policy development and review
- Translational research and evaluation
- Working with a range of health and non-health sectors, communities, individuals and partners
- Strategic communication and stakeholder management.

Our Stakeholders

- Educational settings, including schools, early childhood services, universities and registered training organisations
- Media and communication organisations
- Workplaces, large and small
- Health services, community services and non-government organisations
- Governments and policy makers
- Families and carers
- Research organisations
- People with lived experience of mental ill-health and suicide
- Communities, including priority populations.

Everymind is committed to working in partnership with the communities we serve, including those who have personal experience of mental illness and suicide. We value the knowledge and contribution of those with lived experience across our programs and research.

We have an ongoing commitment to the mental health and wellbeing of people who identify as Lesbian, Gay, Bisexual, Transgender or Intersex, with inclusive planning and practice being an important principle across our work.

Where We Are Going

Strategic Plan: Towards 2020

This Plan comes at a time of significant national reform and global change. It positions **Everymind** to provide a leading voice on the prevention of mental ill-health and the prevention of suicide, to positively change lives. It sets the direction of our work for the next three years and builds on our skills and strengths.





Strategic Priority 1:

Provide leadership in the prevention of mental ill-health, prevention of suicide and promotion of mental health and wellbeing.

Strategic Outcomes:

- A comprehensive and evidence-informed approach to the prevention of mental ill-health and the prevention of suicide is understood and applied by all governments and across sectors
- An increased understanding of the interface between prevention of mental ill-health, prevention of suicide and prevention of other health and behavioural risks.

Strategic Priority 2:

Build capabilities across all workforces with a role in the prevention of mental ill-health and suicide.

Strategic Outcomes:

- Influence the pre-service training of relevant workforces so they are better able to prevent mental ill-health, prevent suicide and promote mental health in their future practice
- Ensure diverse workforces are skilled and supported to contribute to the prevention of mental ill-health, suicide and its impacts.

Strategic Priority 3:

Innovate and disseminate scalable initiatives that prevent mental ill-health, prevent suicide and promote mental health and wellbeing.

Strategic Outcomes:

- Good mental health and wellbeing for individuals and communities through the development and implementation of scalable initiatives and programs
- The onset and impact of mental ill-health and suicidal behaviour is reduced through the development and implementation of scalable initiatives and programs
- Better connections between prevention approaches and service systems on a regional and national level.

Strategic Priority 4:

Increase research to guide our work and the work of others.

Strategic Outcomes:

- Contribute to building the national and international evidence base for the prevention of mental ill-health and prevention of suicide
- Increase research output across **Everymind** and its programs.



Strategic Priority 5:

Invest in our Institute and our people.

Strategic Outcomes:

- **Everymind** is a visible and trusted Institute
- **Everymind** is a viable and sustainable Institute
- **Everymind** has a healthy, skilled and supported workforce.

A full list of actions and indicators to achieve these strategic outcomes are available on our website and actioned through our yearly operational plans.



Our Concepts

<p>Mental Health</p>	<p>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.</p> <p>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.</p> <p>The term mental health and wellbeing is generally used by Everymind.</p>
<p>Mental Ill-health</p>	<p>Mental ill-health is a term that includes both mental illness and mental health problems.</p>
<p>Mental Illness</p>	<p>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.</p>
<p>Mental Health Problem</p>	<p>A mental health problem also interferes with a person’s cognitive, emotional or social abilities, but may not meet the criteria for a diagnosed 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.</p>
<p>Promotion of Mental Health And Wellbeing</p>	<p>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. It is applicable to all people, including those currently experiencing or recovering from a diagnosed mental illness.</p>
<p>Suicidal Behaviour</p>	<p>A range of behaviours or actions which are related to suicide including: suicidal thinking, suicide attempts and death by suicide.</p>
<p>Prevention of Mental Ill-Health</p>	<p>Focused on reducing risk factors for mental ill-health and enhancing protective factors.</p>
<p>Prevention of Suicide</p>	<p>Focused on reducing risk factors for suicide and enhancing protective factors that prevent suicide and suicidal behaviour.</p>
<p>Lived Experience</p>	<p>The personal experience of mental illness or suicide - including personal experience of mental illness, suicidal thinking and/or suicide attempts. It also includes those who live with or care for someone impacted by either mental illness or suicidal behaviour.</p>

Our Preferred Language

Certain language can stigmatise people who experience mental illness, have attempted suicide and people bereaved by suicide, as well as present inaccuracies about mental illness, suicide or health care.

Do Say	Don't Say	Why?
'non-fatal' or 'made an attempt on his/her life'	'unsuccessful suicide'	To avoid presenting suicide as a desired outcome or glamourising a suicide attempt.
'took their own life', 'died by suicide' or 'ended their own life'	'successful suicide'	To avoid presenting suicide as a desired outcome.
'died by suicide' or 'ended his/her own life'	'committed' or 'commit suicide'	To avoid association between suicide and 'crime' or 'sin' that may alienate some people.
'concerning rates of suicide'	'suicide epidemic'	To avoid sensationalism and inaccuracy.
A person is 'living with' or 'has a diagnosis of' mental illness	'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'	Certain language sensationalises mental illness and reinforces stigma.
A person is 'being treated for' or 'someone with' a mental illness	'victim', 'suffering from' or 'affected with' a mental illness	Terminology that suggests a lack of quality of life for people with mental illness.
A person has a 'diagnosis of' or 'is being treated for' schizophrenia	A person is 'a schizophrenic', 'an anorexic'	Labelling a person by their mental illness.
The person's behaviour was unusual or erratic	'crazed', 'deranged', 'mad', 'psychotic'	Descriptions of behaviour that imply existence of mental illness or are inaccurate.
Antidepressants, psychiatrists or psychologists, mental health hospital	'happy pills', 'shrinks', 'mental institution'	Colloquialisms about treatment can undermine people's willingness to seek help.
Reword any sentence that uses psychiatric or media terminology incorrectly or out of context	'psychotic dog', using 'schizophrenic' to denote duality such as 'schizophrenic economy'	Terminology used out of context adds to misunderstanding and trivialises mental illness.

Our Framework: Prevention First

Everymind has developed and published two Frameworks which guide our work and the work of others.

Figure 1: ***Prevention First: A Prevention and Promotion Framework for Mental Health***

Figure 2: ***Prevention First (adapted): A Framework for Suicide Prevention.***

This Framework outlines the:

- broad population groups to be targeted through evidence-based interventions (outer oval)

- focus of the activity across the spectrum (inner oval)
- movement from population level interventions (on the left) to individual level interventions (on the right).

Copies of *Prevention First* and *Prevention First (adapted)* are available on our website at:

www.everymind.org.au/preventionfirst



Figure 1: The Prevention First Framework

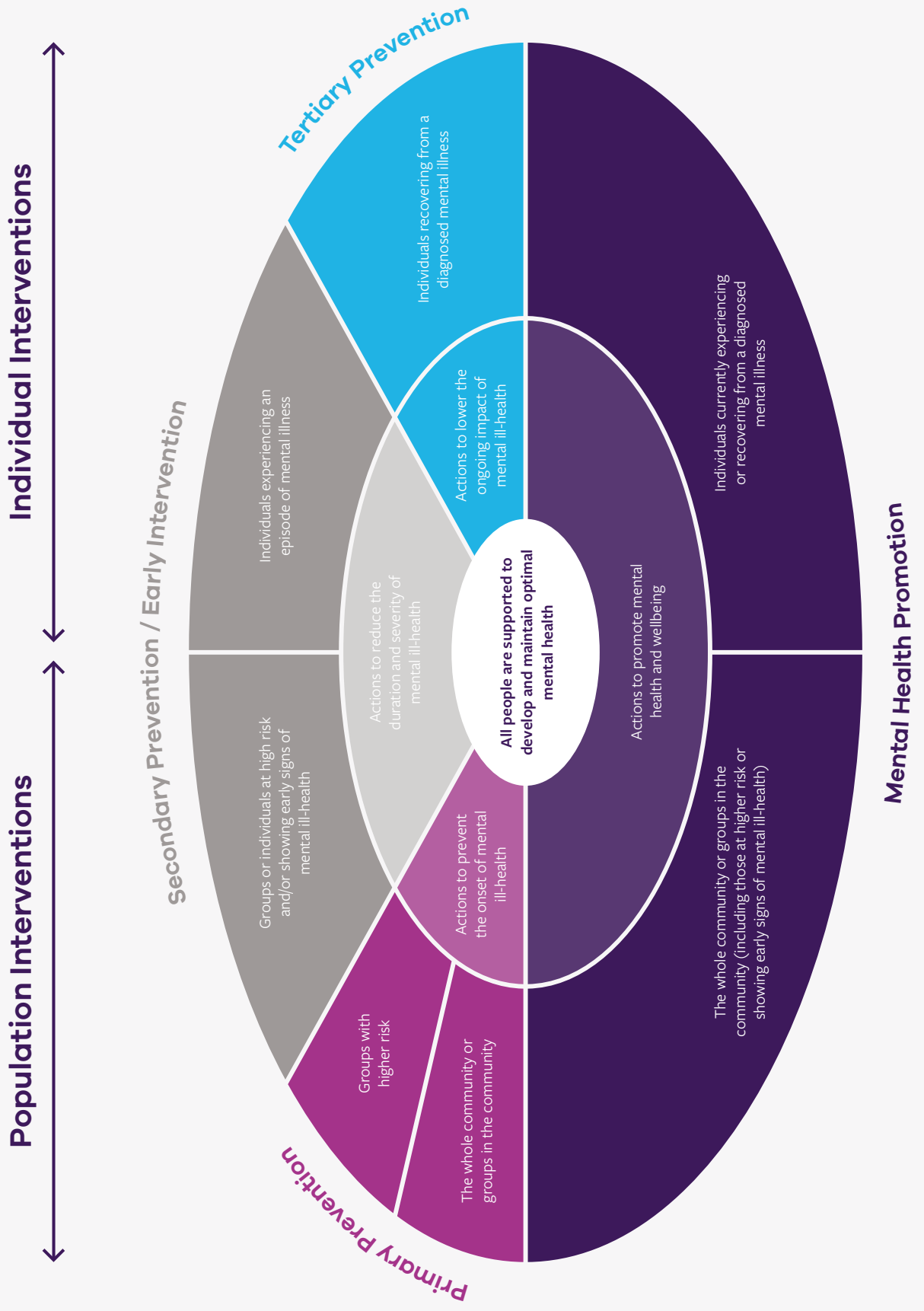
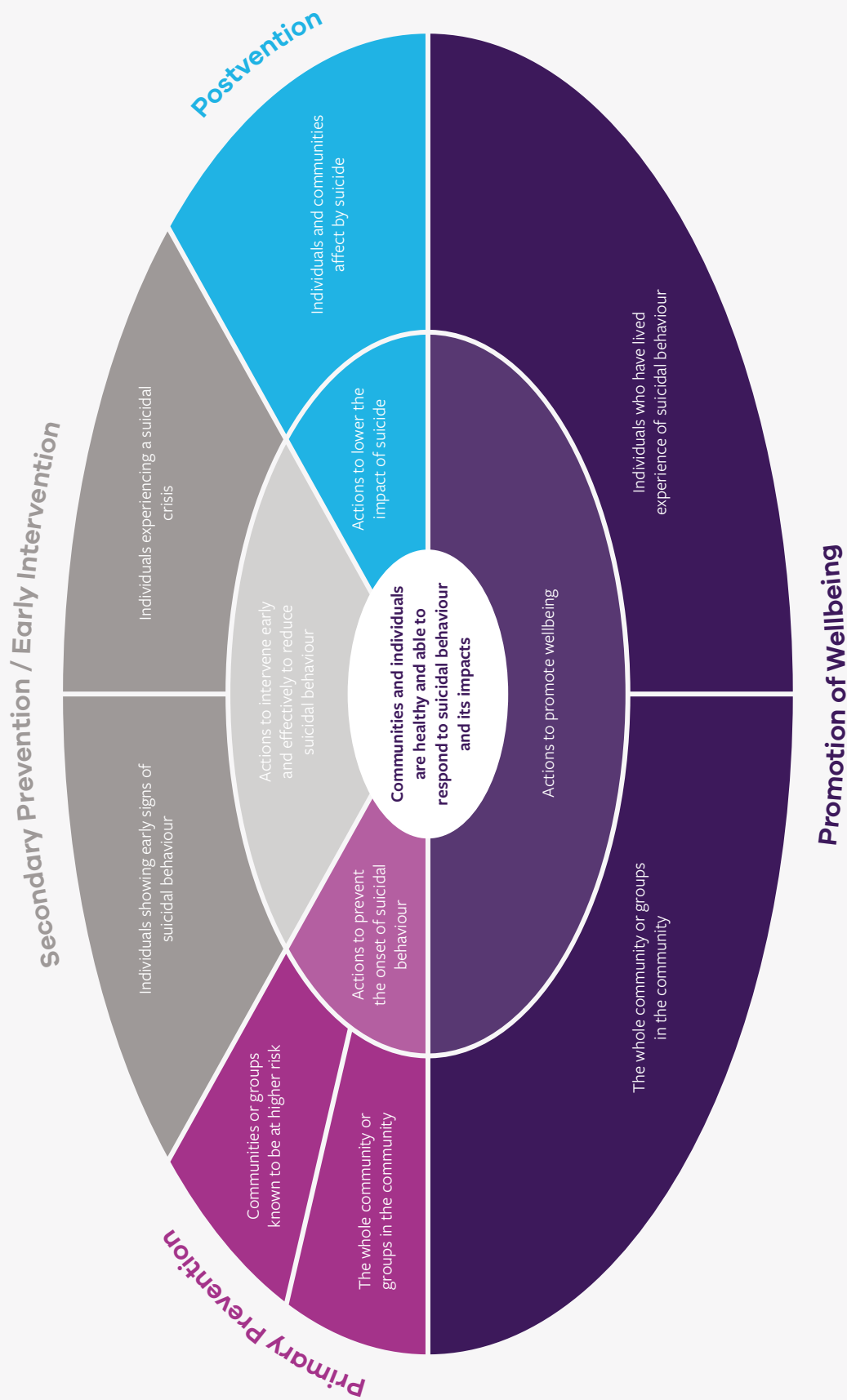


Figure 2: The Prevention First Framework (adapted)





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