

Time for action

Embedding prevention knowledge in policy and practice is imperative if we want to reduce the onset and impact of mental health concerns in Australia. The outcomes from the Prevention in Practice Summit provide a valuable roadmap for action.

Why is a focus on prevention needed?

Australia is experiencing a rise in mental health concerns despite the steadily increasing investment in some parts of the mental health care system. The subsequent social and economic outcomes negatively impact individuals, families and communities. We can do better.

“The reality that mental ill-health numbers aren’t going down despite all this work is something we all need to reflect on.”

- Megan Barrow, Everymind Lived Experience

Australia has a distinguished record in preventing the onset and impacts of many physical health conditions and there is an opportunity to achieve the same results for mental health. Prevention interventions are effective and show an excellent return on investment if they are effectively implemented at scale and sustained over time. We have an opportunity to build on the *National Preventive Health Strategy* and current mental health reforms to achieve better outcomes.

A call to action

Summit presenters, panellists and participants engaged in solution-focused discussions about how we move from *knowing* that prevention is integral to improving mental health outcomes for Australians, to *implementing* prevention initiatives across policy and practice. Participants had the opportunity to contribute their views about priorities for action that are synthesised in this report.

Set clear national priorities to address key social and commercial determinants of mental

Increase the investment and focus on implementation of prevention programs

Implement governance arrangements that enable a whole of government and whole of community approach

Build a preventative mental health system and workforce that will drive long term impacts

Set clear national priorities to address key social and commercial determinants of mental health

Key messages

- Taking action on the social and commercial determinants of mental health requires collective action across sectors.
- Commercial determinants of mental health are often overlooked but have a significant impact on equity, mental health and wellbeing.
- Addressing childhood maltreatment must be a priority action to address the onset and impact of mental health concerns now and into the future.
- The strengths of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse and LGBTIQ+ communities can be leveraged to address social determinants of mental health.
- What we measure matters, with data improvements needing to be inclusive of all communities and include impacts of key social and commercial determinants.



Priorities for action

- Governments, communities and services work together to set clear national priorities for joint action, to include:
 - Reducing the onset and impact of child maltreatment in Australia
 - Reducing the impact of alcohol, drug and gambling related harm on mental health and wellbeing
 - Addressing the impact of the 2023 referendum on Aboriginal and Torres Strait Islander peoples.
- Build and sustain collaborative cross-sector coalitions to support a stronger national focus on population health approaches to mental health and wellbeing.
- Increase investment in community controlled organisations and services to ensure national priorities are delivered to and with communities.
- Improve the collection and reporting of data for priority population groups, including (but not limited to) Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, and LGBTIQ+ people (including through the census).

“Let’s teach our kids how to think, not what to think. Prevention is better than cure.”

- John Shearer, Everymind Lived Experience Advisory Group Member

Increase the investment and focus on implementation of prevention programs

Key messages

- A significant focus and investment in implementation of prevention programs is required to reach people where they live, work, learn and connect.
- Effective planning for implementation and evaluation of prevention initiatives reduces research and program wastage and assists in delivering programs at scale.
- Building knowledge, understanding and capabilities in using implementation science frameworks and tools for those implementing prevention programs is required.
- Context is important, so understanding the systems and communities where prevention programs are implemented is key.
- Lived experience knowledge can and should inform the *way* things are done and not just what is done.



Priorities for action

- Quarantine national research funding that is dedicated to implementation science and scaling up of prevention practice across different settings.
- Build the capability of organisations and communities to implement prevention programs, drawing on contemporary implementation science. This may include developing a national community of practice and a digital hub for access to training and tools.
- Allocate longer-term funding for identified prevention programs to ensure adequate time and resources to implement effectively.
- Increase the involvement and leadership of people with lived experience in the design, implementation and evaluation of prevention programs.



“If we notice an issue, let’s get to it as quick as we possibly can. But even better is to prevent the issue from happening at all, from both a human and economical standpoint.”

- Nicholas Bloom, Lived Experience Advisory Group Member, Everymind

Implement governance arrangements that enable a whole of government and whole of community approach

Key messages

- Connecting whole of government and whole of community action can enable a comprehensive approach where each brings their unique skills and knowledge.
- Greater clarity is required about the types of activities that are best delivered or coordinated by each tier of government, and how they are funded and evaluated.
- There is an appetite within government and the wider community to break down silos and enact change together.
- Government portfolios can make a significant contribution to prevention of mental health concerns by delivering core business outcomes – e.g. equitable and sustainable housing policies.
- Sound governance structures, transparency and a focus on longer-term culture change are enablers for better whole of government and whole of community action.



Priorities for action

- Enhance governance and accountability measures so that all levels of government are working together on preventative mental health priorities. This might include a change to the *National Mental Health and Suicide Prevention Agreement* to include prevention priorities.
- Share accountability for preventative mental health across portfolios within each jurisdiction and build capabilities of staff within agencies to take a 'mental health in all policies' approach.
- Increase investment in place-based approaches that build partnerships between governments, community-led organisations and communities.

“Everybody’s experience is unique... An important part of improving mental health outcomes in our communities is to acknowledge that everyone has their own stories, and to adapt our initiatives in line with this.”

- Elliot Waters, Everymind Lived Experience Advisory Group Member

Build a preventative mental health system and workforce that will drive long term impacts

Key messages

- A dedicated preventative mental health system with a clear roadmap for action is required if we are to change the prevalence and impact of mental health concerns.
- A dedicated preventative mental health workforce is needed as well as a commitment to building the capabilities of all workforces to apply prevention knowledge in their practice.
- Philanthropic funders and other business and community partners are key to success, but they need a clearer and more solutions-focused narrative from governments and the mental health sector.
- Evidence is not enough on its own to create the change we need – investing in relationships will be important for the longer-term culture change required.
- People with lived experience and our broader community must advise on narratives and be engaged in and drive our prevention priorities.



Priorities for action

- Provide sustained funding to support prevention activities, allocating a minimum of 5% of the overall mental health budget (as outlined in the *National Preventive Health Strategy*).
- Identify the preventative mental health workforce as a key enabler across health and other systems and provide clear capability and training pathways.
- Develop a national outcomes framework for prevention of mental ill-health that is informed by communities and people with lived experience. This should align with the national outcomes framework for suicide prevention to track and report on outcomes over time.
- Use consistent language in communications about prevention to ensure there is a shared understanding that it is different to early intervention and crisis responses.

“Embrace lived experience because our stories are powerful and loud, and when we combine together we will become a roar and bring about the change that is so desperately needed.”

- Jon Eddy, Everymind Lived Experience Advisory Group Member



About the Prevention in Practice Summit

The Prevention in Practice Summit was hosted by Everymind in partnership with the Wellbeing and Prevention Coalition for Mental Health, the Hunter Medical Research Institute's Healthy Minds Program and Manna Institute. Over 150 participants and eighteen national experts across lived experience, community, government, research, industry and the mental health sector came together in Newcastle, and virtually, for the summit on Wednesday, 6 December 2023. Our collective work in prevention must be built on and sustained over time. The Prevention in Practice Summit was an opportunity to stop, reflect and reinforce our collective commitment to prevention action.

Acknowledgments

Everymind, together with our event partners, would like to thank everyone who contributed to the Prevention in Practice Summit including summit speakers Dr Jaelea Skehan OAM, Director of Everymind; Aunty Cheryl, Indigenous Elder of the Newcastle Aboriginal Community; Elliot Waters, Lived Experience Advisory Group Member, Everymind; Professor Rob Moodie, Professor of Public Health, University of Melbourne; Dr Sally Fitzpatrick, Program Manager, Everymind; Ivan Frkovic, Queensland Mental Health Commissioner, Queensland Government; Dr Stephen Carbone, Founder and CEO, Prevention United; Shane Hamilton, Deputy Secretary Aboriginal Affairs, Department of Premier and Cabinet, NSW Government; Professor Daryl Higgins, Director of the Institute of Child Protection Studies, Australian Catholic University; Samara Shehata, Acting Manager for LGBTQ+ Health Equity, ACON; Associate Professor Sarah Wayland, Senior Research Fellow Manna Institute, Discipline Lead, Social Work, University of New England; Greg Jennings, Chief Engagement Officer, Beyond Blue; Adjunct Associate Professor Robyn Mildon, Chief Executive Officer, Centre for Evidence and Implementation; Carolyn Nikoloski, Chief Executive Officer, Mental Health Australia; Cecelia Gore, Acting Deputy Chief Executive, NT Health; David Burroughs, Chief Mental Health Officer, Westpac Group; Monica Kelly, Executive Director of the Prevention, Equity and First People's Branch of the Mental Health and Wellbeing Division, Victorian Department of Health; Emily Fuller, Social Impact Manager, Future Generation Global; and Melanie Clark, Lived Experience Advisory Group Member, Everymind, and Program Coordinator and Family Advocate, Lived Experience Faculty, Safeside.