

BUILDING CAPACITY FOR PROMOTION, PREVENTION AND EARLY INTERVENTION IN MENTAL HEALTH

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Building the capacity for promotion, prevention and early intervention in mental health—to contribute to reducing the burden associated with mental health problems—requires a number of approaches. This article discusses three specific areas: establishing the policy context; building the capacity of the community to promote their own mental health; and enhancing the capacity of the workforce for promotion, prevention and early intervention in mental health. Collaboration is a key theme across all of these areas. Other approaches that build the capacity to promote mental health—such as building the capacity for research (including intervention research), allocation of resources and leadership—are referred to.

The burden of mental health problems is large and increasing. It has been predicted that depression will be one of the greatest health problems world-wide by the year 2020.¹ These findings were replicated in a 1999 Australian study.² Further, it is becoming clear that the burden associated with mental health problems and disorders will not be significantly reduced by treatment alone. To achieve this an increased emphasis is required on building capacity within the community to promote and sustain their own mental health; as well as on interventions earlier in the course of mental health problems. The effectiveness of initiatives to promote mental health; and the prevention of, and early intervention in, mental health problems, is strongly supported by evidence.³⁻⁹

ORGANISATIONAL CAPACITY TO PROMOTE MENTAL HEALTH

A favourable policy context is critical to ensure that promotion, prevention and early intervention initiatives in mental health are supported and sustained. The policy context provides leadership; a framework for activity; facilitates the incorporation of initiatives to promote mental health into the core business of a service; and can influence resource allocation.

In Australia, including NSW, the current policy context for promoting mental health and preventing the development of mental health problems and disorders is well established, and provides a clear mandate and priorities for action. The Second National Mental Health Strategy has identified promotion, prevention and early intervention in mental health as one of three key priorities.¹⁰ Under this auspice the Mental Health Promotion and Prevention National Action Plan provides a framework for building capacity and implementing

initiatives across the Australian population and, within this, specific population groups.¹¹ These same directions are reflected in strategies in NSW for achieving mental health.¹²⁻¹⁸

BUILDING CAPACITY IN THE WORKFORCE

Enhancing the capacity of the workforce to implement promotion, prevention and early intervention is also essential. The workforce is spread across: health, including mental health, community health, youth health, hospital services among others; other sectors, including education, community, housing, police and social services; and non-government and community organisations.

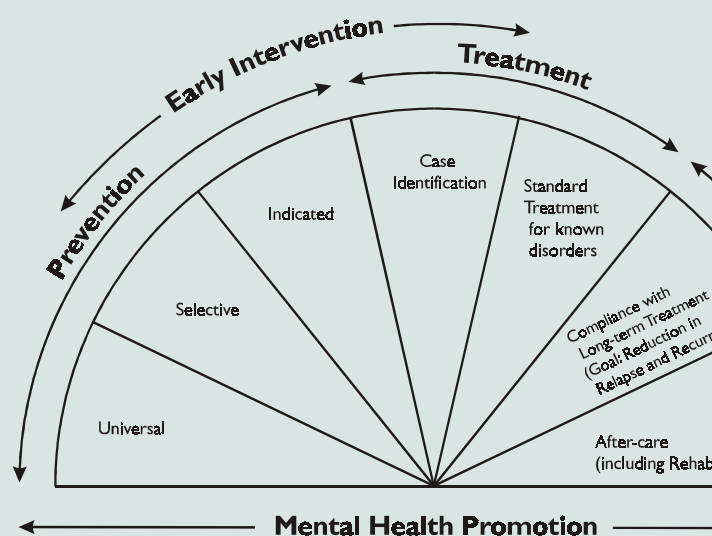
Enhancing the capacity of the workforce includes a wide range of activities from raising awareness through to supporting and sustaining new skills and initiatives that are incorporated as part of routine service delivery. The revised Mrazek and Haggerty framework outlined in the National Action Plan has been important in disseminating the concepts of promotion, prevention and early intervention in the mental health context (Figure 2). Disseminating information on evidence-based programs and their key components (through forums, seminars and resource documents) is an important part of enhancing the capacity of the workforce.^{19,20} The learning of new skills needs to be reinforced through supervision and support. Systems and processes need to be established within and across services that ensure that the range of approaches that promote mental health are supported and sustained. Shifting attitudes to support promotion, prevention and early intervention in mental health, and incorporating such initiatives as part of routine service delivery, are challenges to be addressed. Ensuring an optimal mix of promotion, prevention (universal, selective and indicated), early intervention (indicated and case identification) and treatment initiatives, is also important.²¹ The following are two examples of initiatives that have set out to achieve the above aims.

The Mother Infant Network

The Mother Infant Network (MINET) in South Western Sydney is a comprehensive program, developed over nine years, with the aim of improving the mental health of new mothers and their infants in disadvantaged areas. Key components of this initiative include: definition of roles and responsibilities of service providers; description of pathways to care; development of a psycho-social screening tool with linked information system; and provision of training, clinical supervision and support to early childhood nurses learning new screening and counselling skills.²² Components of the MINET program will be disseminated to other Areas across NSW over the next five years.

FIGURE 2

THE MENTAL HEALTH INTERVENTION SPECTRUM FOR MENTAL DISORDERS



Modified from Mrazek and Haggerty p.23.⁴

DEFINITIONS OF TERMS

Mental health promotion

'Action to maximise mental health and well-being among populations and individuals'.¹¹

Prevention

'Interventions that occur before the initial onset of a disorder'.⁴

Universal prevention interventions

Interventions that are targeted to the general population or a whole population group that has not been identified on the basis of individual risk. Examples include prenatal care for all new mothers and their babies and immunisation for all children of specific ages.⁴

Selective prevention interventions

Interventions that are targeted to a sub-group of the population or individuals whose risk of developing mental disorders is significantly higher than average. The risk may be imminent or lifetime in nature. Further risk groups can be

identified on the basis of biological, psychological or social risk factors known to be associated with the disorder. Examples include: home visiting and infant day care for low birth weight children, or pre-school based programs for children from disadvantaged neighbourhoods.⁴

Indicated prevention interventions

Interventions that are targeted to high risk individuals who are identified as having minimal (but detectable) signs and symptoms foreshadowing mental disorder, or biological markers indicating predisposition for mental disorder, but who do not meet diagnostic levels at that time. Examples include parent-child interaction training programs for children with behavioural problems and their parents.⁴

Early intervention

'Interventions targeting people displaying the prodromal signs and symptoms of an illness...[that] also encompasses the early identification of people suffering from a disorder'.¹¹

The Southern Area First Episode

The Southern Area First Episode (SAFE) program is establishing a comprehensive early intervention program for young people experiencing a first episode of psychosis. Raising awareness—and defining the roles of service providers including child, adolescent and adult mental health workers, general practitioners, and school counsellors—were important first steps. Ongoing knowledge and skill acquisition and the provision of clinical supervision by video conferencing with experts from across NSW are also critical.²³ The SAFE program provides a useful model for other rural Areas considering the introduction of programs to tackle early psychosis.

BUILDING CAPACITY IN THE COMMUNITY

Increasing the capacity of the community to promote and sustain their own mental health is of pivotal importance. Promoting connectedness (in families, schools and communities), and promoting resilience in individuals, can provide a buffer to the development of mental health problems and disorders.²⁴ *Mind Matters* is one example of a school-based program that aims to promote mental health among the school community.²⁵ Enhancing mental health literacy within the community is also important to ensure increased recognition of mental health problems and disorders; and referral to appropriate treatment at the earliest stages.²⁶ Another example is *Dumping Depression*,

an initiative of the Central Coast Area Health Service, which aims to raise awareness of depression and available services among young people.²⁷

Other factors can also affect a community's capacity to promote mental health. These include: the availability of housing, child care and welfare benefits; equitable access to, and availability of, other services; and levels of community discrimination and violence. Community development that empowers community members to have the capacity to define issues and develop solutions, as well as advocate for their adoption, also contributes to improving a community's capacity to promote its mental health. Addressing these factors will effect the connectedness and resilience of individuals. The NSW Rural and Regional Youth Suicide Prevention Program 1997–2000 is an example of an initiative that has promoted community development in rural communities across NSW.²⁸

CONCLUSION

Building capacity to promote mental health and prevent and intervene early in illness is required to reduce the burden associated with mental health problems and disorders. This article has discussed three specific areas of activity necessary to achieve these aims: establishing the policy context; building capacity within the community to promote their own mental health; building the capacity of the workforce to promote mental health and early intervention and prevention in mental health problems and disorders.

Some other areas of activity that are necessary include: building the capacity for research, particularly intervention research; resource allocation; and leadership. *How to apply capacity building to health promotion action: A framework for the development of strategies* provides a framework for considering a range of issues to build capacity to promote mental health and prevent the development of mental health problems.²⁹ The document *Mental Health Promotion in NSW: Conceptual Framework for developing initiatives* outlines a process to assist in developing these initiatives.³⁰

Collaboration is a key theme that links all of these activities across health sectors, across government and non-government agencies, and across communities.

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CAPACITY BUILDING GRANT INCENTIVE SCHEME: PUTTING THE LATEST CAPACITY BUILDING INDICATOR RESEARCH INTO PRACTICE

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In November 1996 the Health Promotion Branch embarked on an innovative dissemination strategy for measuring its capacity building efforts. The following report illustrates how NSW Health is linking research and practice through a small grant incentive scheme. The grant scheme aims to encourage the application and further refinement of the capacity building indicators developed by the Department of Public Health and Community Medicine at the University of Sydney.¹

Dissemination refers to the purposeful transfer of knowledge from researcher to practitioner. It is an active process that involves a number of stages. According to King, Hawe and Wise there are five stages in the dissemination process:

- providing or seeking information
- persuasion about the relevance and applicability of something (the innovation)
- making a decision to adopt or try the innovation
- changing practices and using the innovation
- sustaining the changed practices.²

The primary purpose of the grant scheme is to move the concept of measuring capacity from theory into practice.

As such, it is a dissemination strategy that closely follows the above five-stage approach. The work of the University of Sydney in developing *Indicators to Help with Capacity Building in Health Promotion* has generated a lot of interest among health promotion practitioners and other public health professionals.¹ Although the indicators were specifically designed for health promotion practitioners, they have been taken up and applied to a range of programs—and by a range of practitioners—within and without the public health system (stages one and two).

In November 1996, 11 Area Health Services applied for seeding grants of \$5,000–\$15,000 (stage three). The six grant projects awarded for 1999–2000 were:

- *Make a Noise* Youth Suicide Prevention Project, Greater Murray Area Health Service
- Oral Health Promotion Project, South Eastern Sydney Area Health Service
- Health Promotion Seeding Grants Program, South Western Sydney Area Health Service
- Health Promoting Schools Project, Western Sydney Area Health Service
- Primary Care Transition Project, Far West Area Health Service
- Health Promotion Network, Mid North Coast Area Health Service.

The grant scheme will capture the experiences of health professionals working on these projects by creating an

- Harrison's Textbook of Internal Medicine (14th edition)
- Primary Care Online: nine textbooks for medicine, nursing, drugs and diagnostic tests
- Interactive ECG: a tutorial of ECG case studies and tests
- Internet and email tutorials
- policies, procedures, protocols, clinical practice guidelines and clinical pathways from contributing Area Health Services in NSW
- NSW Health policies and guidelines
- list servers to improve communications between clinicians
- Therapeutic Guidelines: Analgesic, Gastrointestinal, Neurology, Endocrinology and Psychotropic Guidelines (on trial Feb—May 2000)
- links to International and National clinical Web sites
- Public Health Web sites including those of the Public Health Division, NSW Department of Health; the *NSW Public Health Bulletin*; the Public Health Association of Australia (PHA); and the Public Health Division, Health and Community Services, Victoria.

Other relevant Web sites can be added to this list by advising CIAP via the Feedback link on the CIAP Web site.

ACCESS

While the CIAP knowledge databases (MIMS, Cochrane, etc.) are protected by password, they are accessible to any

health professional employed in the NSW public health system. Passwords are available by contacting the local Area Health Service CIAP representative at www.clininfo.health.nsw.gov.au/contacts/index.html

CIAP ON-LINE SURVEY

Feedback from clinicians has been positive and there is a continuous high demand for education on how to effectively search the databases. In 1998, the CIAP received:

- the *Data Management Association (DAMA) Australia Achievement Award for Excellence in Information Management*;
- the *Australian Library and Information Association (ALIA) NSW Branch Merit Award for Services to Rural and Remote Users and the Community*;

and was nominated in the top 10 medical Web sites in Australia by *PC Authority*.

In 2000, CIAP will continue to provide on-line access to information that supports evidence based health care in NSW. ☒

For further information please contact Michelle Wensley, Senior Project Officer, Clinical Systems, NSW Department of Health; telephone (02) 9391 9742; or email mwens@doh.health.nsw.gov.au. The CIAP Web site can be found at: www.clininfo.health.nsw.gov.au.

ERRATUM

In the March 2000 issue of the *NSW Public Health Bulletin* (Volume 11, Number 3, page 31), Figure 2 in the article by Scanlon and Raphael, 'Building capacity for promotion, prevention and early intervention in mental health', contained a small error. The left arrow of the heading *Early Intervention* should have stopped at the section of the pie chart labelled *Indicated* (under *Prevention*). A corrected figure is printed below.

