WAAMH
Western Australian Association for Mental Health

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Response to the WA Department of Health WA Youth Health Policy 2018-2023

December 2017

Peak body representing the community-based mental health sector in WA.
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Submission by the Western Australian Association for Mental (WAAMH) to the WA Department of Health in response to the WA Youth Health Policy 2018-2023

The Western Australian Association for Mental Health (WAAMH) welcomes the opportunity to comment on the Department of Health, *WA Youth Health Policy 2018-2023.*

The WA Association for Mental Health is the peak body representing the community mental health sector in Western Australia.

With around 190 organisation and individual members, our vision is that as a human right, every one of us who experiences mental health issues has the resources and support needed to recover, lead a good life and contribute as active citizens. WAAMH exists to champion mental wellbeing, recovery and citizenship.

WAAMH's membership comprises community managed organisations providing mental health services, programs or supports, and individuals, families and carers with lived experience of mental health issues and suicide, with whom WAAMH engages in genuine partnership.

WAAMH also engages a wide network of collaborative relationships at state and national level with individuals, organisations and community members who share its values and objectives. WAAMH advocates for effective public policy on mental health issues, delivers workforce training and development and promotes positive attitudes to mental health and recovery. Further information can be found at http://www.waamh.org.au

1. WAAMH and Youth Mental Health

Our submission draws from WAAMH's experience and expertise and the views of our members. It draws from the experience and expertise gained from projects run by WAAMH:

- WAAMH has recently completed a Workforce Development Project which identified workforce issues facing the community mental health sector, including the youth mental health workforce.
- WAAMH is currently undertaking a national project focused on the roll-out of a pilot Individual Placement and Support project in 14 Headspace sites around Australia. IPS is an evidence-based model of supported employment for people impacted by mental ill-health. The IPS service model adopted by headspace links youth experiencing mental health issues with employers, educational opportunities and the workforce. The participating headspace sites include: Darwin, Mt Isa, Inala, Meadowbrook, Gosford, Dubbo, Penrith, Shepparton, Bendigo, Hobart, Edinburgh North, Port Augusta, Albany, and Broome
- WAAMH is currently undertaking a Youth Consumer Centred Service Integration Project that focuses on service integration in youth mental health and related services. The project is working with a cohort of young people who are experiencing or have experienced use of mental health and related services with the goal of

capturing their journeys, experiences and observations. These experiences will be used to illustrate how and where mental health services for young people are integrated, or not, and what effect that has on their recovery journey. This work will be analysed in conjunction with a detailed review of the literature, policy and funding of service integration in youth mental health and related fields, to produce a set of principles to guide future system and service integration efforts.

2. Broad comments on the Policy Paper

We applaud the Department's initiative in developing the *Youth Health Policy 2018-2023* and strongly support the need for immediate and decisive action in relation to young people's mental health, and their health more broadly.

WAAMH supports the broad goal of the Policy which is stated as *'... to drive equitable, effective and coordinated health services that optimise the health and wellbeing of young people in WA"*

WAAMH commends and supports the Plan's multi-agency and whole-of government focus. However, while we acknowledge these are worthy and important goals, we are concerned that the Policy lacks detail as to how these will be achieved and funded, and how the multiple barriers to achieving whole-of-government and multi-agency approaches for young people will be overcome. (Fisher et al., 2016; Phillips et al., 2016).

We are also concerned that the Policy paper appears to lack input from the Mental Health Commission[1] and makes no mention of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025, the* ten-year mental health and alcohol and drug services plan, which sets out an agenda for reform in mental health and youth mental health.

We offer brief comments on some wording in the document:

- Priority area 1.2.1 (page 15) reads "Health professionals and support staff acknowledge the needs and priorities of young people in relation to their health and wellbeing and develop respectful, trusting and collaborative relationships". We suggest changing this to **"Health professionals and support staff prioritise the needs of young people in relation to their health and wellbeing, and developing respectful, trusting and collaborative relationships"**. This is in reference to a shared-decision making model, in line with the general tone of the policy).
- We have some concern about the wording (and the underlying assumptions) contained in paragraph 4 on Page 11 under Goal 1. The paragraph reads *"To work toward achieving optimal health, young people need to learn"* and then a number of skills/capabilities are listed. We offer the following comments:
    - We are unsure the onus should be on young people to take responsibility for some of these suggestions. Perhaps this section could be re-worded so young people are being empowered to act as their own advocates. It is not the client's responsibility (whether a young person or older adult) to form a therapeutic relationship or partnership with health care professionals – which is how this reads and/or implies.
    - On page 11: Instead of "young people need to learn to" we suggest consideration be given to rewording this to read "young people should be

[1] No personnel from the Mental Health Commission appear on the Youth Health Policy Working Group Members

empowered to learn to…". We recognise and understand that this is attempting to convey that these are useful skills to learn in early adulthood. However, currently it reads as though this is something young people and young people alone should learn. The language of capacity building would be helpful here. Consumers and carers consistently say that investment and skills are needed to empower them to self-advocate and participate more effectively in their care.

- sp. *Live* dot point number 3 read "how to make decisions to help them lead healthy live". We assume the last word should be 'lives".
- Working towards making health services and health information easier to access, understand and navigate, rather than expecting young people to carry the burden of 'learning' would be pertinent.
- Language and content issues mentioned above make the content somewhat contradictory. "The responsibility for improving health literacy lies with multiple agencies including the WA health system and the Department of Education". Yet the list suggests that young people are responsible for the mentioned learnings.

3. Social determinants

We note that the Policy makes some mention of the social determinants of health and mental health, and points to the need to address social determinants and inequities.

However, the process of addressing the social determinants of youth health and health equity through policy responses by health departments and agencies continues to be a major challenge. (Phillips et al., 2016; Fisher & Baum, 2010).

The policy solutions proposed in the policy paper predominantly lie in service provision or health service access, with action to address the broader social determinants playing a limited role. The Policy does not address other important determinants of mental health, such as adequate and affordable housing, income support, employment and employment support, family support, transport, urban design and neighbourhood support, education and training and freedom from discrimination, racism, violence and abuse. (Phillips et al 2016: Welsh et al., 2015).

Decisions, policies and actions of social institutions, governments, public agencies and other agencies outside the health portfolio, have significant impact on mental health. (Fisher & Baum, 2010). However, there is no information in the Policy how the health sector will engage and work with other sectors to influence the social and structural inequalities that impact on young people's mental health and health more broadly. (Fisher et al., 2016).

The current government's focus on joined- up government presents an opportunity for Health and other agencies to provide advice on strategic policy that would positively improve the social determinants of health and mental health for young people. For example, the government's Sustainable Health Review is examining opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care. The Review is also looking at the development of a new 10-year State Health Plan.

The Sustainable Health Review is also examining other issues pertinent to this Policy, including improving patient-centred pathways and transition; prevention; innovation and technology; and the key enablers of change. It would be remiss if this Strategy was to be developed in isolation from this process.

The government's appetite for joined-up approaches also provides the authorising policy environment to include in the Policy strong collaborative initiatives that would better enable young people to access all the supports and services they need – thus maximising the benefit of health interventions and health services.

We strongly suggest that the policy should be broadened to include work with other sectors and agencies to address the social and structural determinants of mental health issues.

4. Mental health as a major public health issue

Public mental health is recognised as being fundamental to public health in general, as a determinant and consequence of physical health and as a resource for living (Faculty of Public Health of the Royal Colleges of Physicians of London, Edinburgh & Glasgow, 2016). The World Health Organisation (2013) recognises mental health as a primary concern for public health, and calls for renewed public policy commitment to promote, protect and restore the mental health of populations. Mental health is the number one issue of national concern for young Australians. (Michael, 2017).

Mental health is a significant public health issue in Australia and Western Australia. Mental health conditions rank third after cardiovascular disease and cancer as the most significant contributor to the number of healthy life years lost due to living with a disability (Willcox, 2015).

As identified by the National Mental Health Consumer & Carer Forum (NMHCCF) (2011), mental ill- health affect people's lives in many ways, and may have a significant impact on the quality of life for many people. Social exclusion, lack of appropriate housing options and homelessness, low income, interrupted education and poor labour force participation, stigma and poor physical health are all associated with the lived experience of mental health conditions (NMHCCF, 2011).

We acknowledge and applaud that the Policy recognises mental health as a public health priority.

5. Siloes and stigma

Youth mental health is not just an issue for the mental health sector, but requires a response from all sectors that engage young people.

The World Health Organisation (2016) has suggested that mental health is an integral part of health, and that there is "no health without mental health". Poor mental health is associated with a range of social determinants of health (Naylor et al., 2016). Despite these understandings, in Australia there has been a long tradition of separating mental and physical healthcare (The Australian Prevention Partnership Centre (TAPPC), 2016).

However, it is now recognised that there is a need to integrate physical and mental healthcare as a priority in Australia and internationally (National Mental Health Commission (NMHC),

2016; TAPPC, 2016). It is also understood that public health has a key role in addressing the inequalities that lead to poor physical outcomes for people with mental illness (NMHC, 2016).

Among the most pressing needs is inter-sectoral action to address the determinants of mental ill-health and to integrate youth mental health services with other youth programs and services, including those in the health sector (such as primary health care, reproductive and sexual health, physical health and drug and alcohol) and other sectors, such as education, justice, employment, housing, training and employment. (Patel et al., 2016).

There is a pressing need to tackle fragmentation and lack of service continuity and build integrated pathways for young people within the health sector and across and with other sectors to achieve better outcomes for young people. (WAAMH, 2017).

Policies, services and programs must explicitly strength capacity for addressing youth mental health issues in settings such as education, training, health care, justice, education, housing etc., in addition to specialist mental health care. (Patel et al., 2016).

Many young people experience stigma surrounding their mental health conditions, which can lead to feelings of shame and embarrassment, and can result in symptoms being ignored, poor recovery, and a lower quality of life due to isolation. (SANE Australia, 2014).

Structural stigma occurs when the policies of private and governmental institutions and cultural norms restrict the opportunities, resources and wellbeing of people with depression and anxiety (Beyondblue, 2015) and other mental illnesses.

WAAMH is concerned that mental health policies and plans can unintentionally reinforce structural stigma surrounding mental health in WA, by sending an implicit message that mental health is a separate issue and just one of many public health priorities, despite clear evidence that it is one of the leading health issues for young people and the WA community.

The NMHCCF (2016) has stated that mental health consumers with psychosocial disability and their carers require systemic policy approaches to redress community stigma and social exclusion. Policies must focus on recovery and aim to maximise the capabilities of each consumer and carer (NMHCCF, 2016), and as suggested by Professor Michael Slade, Professor of Mental Health Recovery and Social Inclusion, Faculty of Medicine & Health Sciences at the University of Nottingham, this approach should be viewed as an integral part of primary prevention for mental health and wellbeing. (Coopes, 2017).Tackling stigma should occur on a community-wide basis, and failing to acknowledge stigma represents a lost opportunity to help.

6. Problematic transitions

Priority Area 2.3 in the draft Policy states:

> "*young people with chronic physical and mental health condition are supported to optimise transition from paediatric to adult care".*

WAAMH acknowledges the importance of the issues raised in Priority Area 2.3, however we have some concern about the appropriateness of this priority for youth mental health.

The 10 Year Mental Health Services Plan (*Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025)* identifies the need for a youth stream to be developed specifically for youth mental health services. Work on this is underway. (see Smith & Millet, 2017).

Priority Area 2.3 should reflect the 10 Year State Mental Health Plan and direction, which indicates not a transition from paediatric to adult, but a single pathway from child to youth as a distinct stream, and then to adult care.

Serious concerns exist about fractures in the system of services and care for young people that mean individuals 'fall through the cracks' in care, or do not receive the kinds of care they need. Care and services for young people are seen to lack continuity and to be fragmented. (Cohen et.al. 2009; Platell et al., 2017).

This includes the lack of fit and continuity between acute and community care, between CAMHS and adult mental health services, between primary health and mental health services, and between mental health services and other sectors that work with young people. Lack of continuity of care and fragmented care are perceived as disruptive and unhelpful by young people. (Loughhead et al., 2017). This can include repetitive questioning, multiple assessments, waiting times and waiting lists. (Plaistow et al., 2014).

Problematic transitions between services are a concern for young people. Transitions are often poorly planned, poorly explained and poorly executed and accentuate pre-existing barriers young people face. (Plaistow et al., 2014) In particular, transitions between CAMHS and adult mental health services have long been a policy concern as they are often poorly managed with negative outcomes for young people. (Dunn, 2017).

Young people emphasize the importance of a single pathway of care across age, service and organisational boundaries, rather than a staged transition from paediatric care to adult care.

The priority should be to ensure a single pathway of care and integrating these services, so no transition is needed (One example of such a model is the Headspace model for acute mental ill-health and PACE, HYPE & EPPIC clinics at Orygen Youth Health as examples).

Especially important in mental health is to have services that cater for ages 15-25, with 50% of mental ill-health emerging before the age of 18 and 75% before the age of 25 (Kessler et al., 2005). Transitions between services during this time are detrimental to young people.

7. Links with other Plans and Strategies

Neither the Draft Policy, nor the Policy Companion Resource, refer to, or draw on existing plans, strategies, frameworks and initiatives relevant to youth mental health, such as the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.* As such, the draft Policy fails to make links with significant mental health plans and initiatives.

The *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* identifies the importance of youth mental health as a dedicated stand-alone stream.

The Youth Mental Health Sub-Network of the Mental Health Advisory Council has prepared a Youth Mental Health report that highlights the significance of the Ten-Year Plan for youth mental health and calls for initiatives in the Plan to be fully resourced and implemented. (Smith & Millet, 2017). The Report identifies a range of needs and issues requiring attention and calls for the development of an Implementation Plan for the dedicated youth mental health stream identified in the 10 Year Plan. (Smith and Millet 2017).

The Commonwealth Government is also active in youth mental health policy reform. A key feature of national reform is the consolidation of Commonwealth funded youth mental health and suicide prevention programs under a regionally focused purchasing model controlled by the Primary Health Networks. Of the 8 National Priority areas identified in the Fifth National Mental Health and Suicide Prevention Plan, 5 of these are led by Primary Health Networks (and Local Hospital Networks).

In Western Australia, the Primary Health Network, through the WA Primary Health Alliance, plays a major role in the commissioning, funding and integration of youth mental health services. (WAPHA, 2015). This includes funding 11 Headspace Centres in WA, as well as Youth Early psychosis programs which offer specialist treatment and support for young people aged 12-25 at risk of experiencing a first episode psychosis.

The WA PHN also commissions and purchases services that address local needs in relation to youth mental health and the mental health of children and families, including suicide prevention, aboriginal mental health and comorbidity involving drug and alcohol and mental health issues.

8. Moving beyond youth participation to co-design and co-production

We acknowledge the importance given in the policy to the engagement and participation of young people. Youth engagement and involvement is important tool for making mental health services more relevant and appropriate to young people. However, this remains a major systemic and policy challenge and is seriously underfunded. There has been a failure to translate policy imperatives into meaningful service and agency practice. (Platell et al., 2017).

The policy uses the term ‘youth participation’ to include a range of ways to engage and involve young people, however the term is too imprecise. However, youth participation can be understood as a spectrum or continuum of how involved a young person can be, rather than a single construct.

WAAMH argues for a major cultural change from participation to co-design and co-production, where young people are active co-creators in the design and delivery of policies, services and programs that affect them. Co-design and co-production and peer led approaches have the capacity to drive change that will lead to improved outcomes for young people and their families (WAAMH, 2017).

While there is some innovative practice occurring in relation to young people’s participation and engagement in mental health services, for example through the headspace network and other youth mental health service providers, the rhetoric about youth engagement and participation and placing young people at the centre of mental health service provision is not matched by the reality (Kinchin et al., 2016). Kinchin and colleagues (2016) report that

insufficient action has been taken to place young people at the centre of mental health planning, service delivery, and coordination.

An example of an important local co-design initiative is *Building Bridges: co-designing engagement with Aboriginal youth (2017 – 2020) a project of* the Telethon Kids Institute which is a culturally secure intervention for engaging Aboriginal young people aged 16 – 25 years in youth mental health services in the Perth metropolitan. (Telethon Kids Institute, 2017).

9. Workforce Issues

WAAMH has recently completed a Workforce Development Project, which identified workforce issues facing the community mental health sector, including the youth mental health workforce. The Project identified workforce supply pressures and skills shortages in youth mental health in the community mental health and non-government sector, particularly experienced practice/clinical practitioners in rural and remote areas.

Principle 5 on Page 17 of the Draft Policy reads "Professional development – all staff working with young people should receive appropriate training". We suggest this needs to be clarified to read that all staff working at a service that young people access should receive appropriate training, whether they are directly involved in their care or not.

References

Beyondblue. (2015). *beyondblue Information Paper: Stigma and discrimination associated with depression and anxiety.* Retrieved from https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf

Burns, J., & Birrell, E. (2014) Enhancing early engagement with mental health services by young people, *Psychology Research and Behavior Management, 2014:7 pp.303-312*

Cohen, A., Medlow,S., Kelk,N., Hickie, I and Whitwell, B (2009) Young People's experiences of mental health care. *Youth Studies Australia*, Volume 28, 1, 2009.pp. 13-20

Commonwealth of Australia. (2017). *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing*. Retrieved from https://www.pmc.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf

Coopes, A. (2017). Profiling a "paradigm shift" in mental health – reporting from #TheMHS2017. Retrieved form the Croakey website https://croakey.org/profiling-a-paradigm-shift-in-mental-health-reporting-from-themhs2017/

Department of Health Western Australia. (2016). *Department of Health Annual Report 2015–16.* Retrieved from http://ww2.health.wa.gov.au/~/media/Files/Corporate/Reports%20and%20publications/Annual%20reports/2016/doh-annual-report-2015-16.pdf

Duggan, M. (2015). *Beyond the Fragments: Preventing the Costs and Consequences of Chronic Physical and Mental Diseases.* Issues paper No. 2015-05. Australian Health Policy Collaboration. Retrieved from https://www.vu.edu.au/sites/default/files/AHPC/pdfs/beyond-the-fragments.pdf

Dunn, V.(2017) Young people, mental health practitioners and researchers co-produce a transition Preparation Programme to improve outcomes and experience for young people leaving Child and Adolescent Mental Health Services (CAMHS) *BMC Health Serv Res*, April, 17 (1) 2017 https://www.ncbi.nlm.nih.gov/pubmed28424061

Faculty of Public Health of the Royal Colleges of Physicians of London, Edinburgh and Glasgow. (2016). *Better Mental Health for All: A Public Health Approach to Mental Health Improvement.* Retrieved from http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf

Fisher, M. (2017) Australia's policy failure on mental health, retrieved from http://johnmenadue.com/matthew-fisher-australias-policy-failure-on-mental-health

Fisher, M & Baum, F (2010) The social determinants of mental health: implications for research and health promotion, *The Royal Australian and New Zealand College of Psychiatrists*, 2010

Fisher, M., Baum, F., MacDougall, C., Newman, L., McDermott, D & Phillips, C (2016) Intersectoral action on SDH and equity in Australian health policy, *Health Promotion International*, 2017;32; 953-963, 2016.

Garinger, CA., Reynolds, KR., Walker, JR., Firsten-Kaufman, E., Raimundo, AS., Fogarty, PC & Leonart, M (2016). Mobilizing Minds integrated knowledge translation and youth engagement in the development of mental health information resources, *Gateways: International Journal of Community Research and Engagement,* Vol 9:1, 2016. Retrieved from http://epress.lib.uts.edu.au/journals/index.php/ijcre/article/view/4415/5579

Keleher, H & Armstrong, R. (2005). *Evidence-based mental health promotion resource.* Report for the Department of Human Services and VicHealth. Retrieved from https://www.researchgate.net/publication/236672093_Evidence-Based_Mental_Health_Promotion_Resource

Kessler, RD et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62: p. 593-602.

Kinchin, I., Tsey, K., Heyeres, M & Cadet-James, Y. (2016) Systematic Review of youth mental health service integration research. *Australian Journal of Primary Health*, Retrieved from http://dx.doi.org/10.1071/PY15114

Loughhead, M., Guy, S., Furber, F., and Segal, L (2017) Consumer views on youth-friendly mental health services in South Australia, *Advances in Mental Health*, 2017. Retrieved from https://doi.org/10.1080/18387357.2017.1360748

Michael, L, (2017) Mental Health Number one concern for Young Australians, *Pro Bono Australia*, Thursday December 7 2017 retrieved from https://probonoaustralia.com/news/2017/12/mental-health-number-one-concern-young-australians

Mickan, K., & Loughead, M. (2016) *Youth Mental Health Consultation Report*, Health Consumers Alliance of SA and Health Economics and Social Policy Group, University of South Australia, Adelaide.

National Mental Health Commission. (2016) *The 2016 National Report on Mental Health and Suicide Prevention*

National Mental Health Commission. (2016a). *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*. Retrieved from https://equallywell.org.au/wp-content/uploads/2017/03/Equally-Well-Consensus-Statement.pdf

National Mental Health Consumer & Carer Forum (2011). Unravelling Psychosocial Disability, A Position Statement by the National Mental Health Consumer & Carer Forum on Psychosocial Disability Associated with Mental Health Conditions. Canberra: NMHCCF.

Naylor, C., Das, P., Ross, S., Honeyman, M., Thompson, J. & Gilburt, H. (2016). *Bringing together physical and mental health: A new frontier for integrated care*. Retrieved from The Kings Fund website https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Bringing-together-Kings-Fund-March-2016_1.pdf

Patel, V., Flisher, AJ., Hetrick, S and McGorry, P (2007) Mental Health of Young People: A Global Public-Health Challenge, *The Lancet*, Vol 369, April 14, 2007. Retrieved from www.thelancet.com

Penter, C., McKinney, B., & Jones, M. (2017) *Workforce Development in Community Mental Health Project Report*, WA Association of Mental Health, Perth, 2017.

Phillips, C., Fisher, M, Baum, F., MacDougall, C., Newman, L & McDermott, D (2016). To what extent do Australian child and youth health policies address the social determinants of health and health equity? A document analysis study, *BMC Public Health* 16, 512, 2016

Plaistow, J., Masson,K., Koch, D.,Wilson,J., Stark, R., Jones, PB, & Lennox, BR (2014) Young people's views of UK mental health services, *Early Intervention in Psychiatry*, 2014:8-12-23

Platell, M., Cook, A., & Martin, K., (2017) Barriers to mental health care for disadvantaged adolescents: perspectives of service providers, *Advances in Mental Health*, 2017, Vol.15, No.2: pp 198-210. Retrieved from https://doi.org/10.1080/18387357.2017.1317216

Queensland Government. (2014). *Understanding mental health and reducing stigma.* Retrieved from https://www.qld.gov.au/health/mental-health/understanding

SANE Australia. (2014). *The SANE Guide to Reducing Stigma: A guide to reducing stigma against mental illness and suicide in the media*. (2nd ed.). Retrieved from https://www.sane.org/images/PDFs/SANE-Guide-to-Reducing-Stigma.pdf

Smith, W & Millet, L. (2017) *Youth Mental Health Report to the Mental Health Advisory Council, Youth Mental Health Sub-Network*, July 2017.

Telethon Kids Institute (2017) *Building Bridges: Co-designing engagement with Aboriginal youth (2017 – 2020*) https://www.telethonkids.org.au/our-research/brain-and-behaviour/mental-health-and-youth/aboriginal-mental-health-and-wellbeing/building-bridges-co-designing-engagement/

The Australian Prevention Partnership Centre (2016). *Integrating mind and body: combining physical and mental health.* Retrieved from http://preventioncentre.org.au/our-work/research-projects/integrating-mind-and-body-combining-physical-and-mental-health/

Victorian Health Promotion Foundation. (2015). *Addressing determinants in healthy settings approaches.* Retrieved from the VicHealth website https://www.vichealth.vic.gov.au/media-and-resources/publications/the-vichealth-framework-for-health-equity

WA Association of Mental Health (2017) *Sustainable Path for Mental Health: Shifting to prevention and early support, WAAMH Pre-Budget Submission 2018-19*, Perth, 2017.

WA Primary Health Alliance (2015) Position Paper Mental Health: A Key Priority for WAPHA, Perth, December 2015.

Willcox, S. (2015). *Chronic diseases in Australia: Blueprint for preventive action*. Australian Health Policy Collaboration Policy paper No. 2015-01. Retrieved from https://www.vu.edu.au/sites/default/files/AHPC/pdfs/Chronic-Diseases-in-Australia-Blueprint-for-preventive-action.pdf

World Health Organisation. (2013). *Investing in Mental Health: Evidence for Action.* Retrieved from http://apps.who.int/iris/bitstream/10665/87232/1/9789241564618_eng.pdf

World Health Organisation. (2016). Mental health: strengthening our response (factsheet). Retrieved from http://www.who.int/mediacentre/factsheets/fs220/en/