

Building on Strengths: A Springboard for Action

A New Approach to
Promoting Mental Health
in New Zealand/Aotearoa

Published in July 2001 by the
Ministry of Health
PO Box 5013, Wellington, New Zealand

ISBN: 0-478-26189-6 (Book)
ISBN: 0-478-26190-X (Web)
HP 3460

This document is available on the Ministry of Health's Web site:
<http://www.moh.govt.nz>



MANATŪ HAUORA

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Foreword

The Ministry of Health is seeking comment on this consultation document *Building on Strengths: A springboard for action*. We hope you will take the time to read it and let us know what you think.

Building on Strengths seeks to build on current knowledge of preventive approaches and to enhance mental wellbeing by improving social, economic, cultural, political and physical environments in which we live. It advocates putting energy and resources into keeping people well and creating environments for them to reach their potential.

Building on Strengths proposes an overall approach – a *national direction* for mental health promotion over the next five years. It also puts forward some suggested action – by no means exhaustive – but examples of what might work.

From this feedback, the Ministry of Health will produce a strategy for mental health promotion, which will guide the sector for the next five years. What we want is a document that will educate New Zealand about mental health promotion – what it means and what can be done by different players. We also want to provide a resource to guide policy makers, District Health Boards, service providers, government agencies and others.

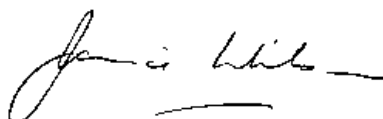
Over 200 people, including Māori and Pacific peoples, academics, professionals, and those who have been affected by mental illness, have already been involved in the process, and this consultation document is a result of all their efforts. But it is only a *springboard*.

To achieve a strategy that will provide the best outcomes for everyone, we need the benefit of your knowledge and experience. We want to know whether you think we are on the right track. We hope you will comment on the overall direction and principles contained in this document. We also hope you will put forward your own ideas, and, where possible, solutions – suggestions of health promotion activities that have worked or could work for you or in your community. By combining the significant strengths of individual communities, we hope to produce a strategy that will lead the whole country.

We look forward to hearing from you.



Deputy Director-General, Public Health
Don Matheson



Deputy Director-General, Mental Health
Janice Wilson

How to Have Your Say

The Ministry of Health welcomes your comments on *Building on Strengths: A springboard for action*.

This consultation document is supplemented by a separate reference document entitled *Building on Strengths: A guide for action*, which is also available for those wanting more detail. Copies of this may be ordered by contacting Wickliffe Press, PO Box 932, Dunedin.

Tel: (04) 496 2277 (Wellington)

Fax: (03) 479 0979 (Dunedin)

Email: moh@wickliffe.co.nz

Submission booklet and questions

In the middle of this consultation document you will find a submission booklet that includes all the questions we are seeking comment on, with space given to provide answers. There is also space to add any further mental health promotion issues you would like to comment on. If you prefer not to use the submission booklet, just write the comments you want to make on a separate piece of paper. You may also make a submission on-line by downloading the submission booklet from the Ministry of Health's web site: www.moh.govt.nz and look under publications.

Running your own meeting

Some groups will want to get together to discuss the proposed springboard document. To help you to run your meeting, the Ministry of Health has put together an information package that includes a proposed meeting format, some overheads and some tips on running a meeting. Contact Martine O'Shea at the Ministry of Health, tel: (03) 474 8095, fax: (03) 474 8582, email: martine_o'shea@moh.govt.nz if you would like to be sent an information pack.

Public workshops

The Ministry of Health is holding five public workshops. The dates and times of the workshops are as follows (over the page):

Consultation meetings

Date	Time	Location	Venue
9 August	4.00 pm–6.30 pm	Auckland	Fickling Centre Waikowai Room 546 Mt Albert Road Mt Roskill
10 August	4.00 pm–6.30 pm	Hamilton	Southern Cross Motor Inn 222 Ulster Street Hamilton
14 August	4.00 pm–6.30 pm	Wellington	St Johns Church Cnr Willis and Dixon Streets Wellington
15 August	4.00 pm–6.30 pm	Christchurch	The Arts Centre of Christchurch Trust Elizabeth Kelly and William Sutton Rooms Hereford Street Christchurch
16 August	4.00 pm–6.30 pm	Dunedin	University Executive Residence 68 Forth Street Dunedin

A service-user forum will also be held in Wellington on 13 August 2001.

13 August	4.00 pm–6.30 pm	Wellington	Turnbull House Large Gallery 25 Bowen Street Wellington
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Making a submission

All comments received will be considered, analysed and help to form the final document. We expect a final document to be available by December 2001. A summary of submissions will be available upon request.

All submissions must be received no later than 5 pm on 30 August 2001.

Return to: Martine O'Shea
Ministry of Health
Level 4, 229 Moray Place
PO Box 5849
Dunedin
Fax: (03) 474 8582
Email: martine_o'shea@moh.govt.nz

Please return only **one** copy of your submission.

Additional copies of this document

If you require further copies of *Building on Strengths: A Springboard for Action*, please contact:

Wickliffe Press
PO Box 932
Dunedin

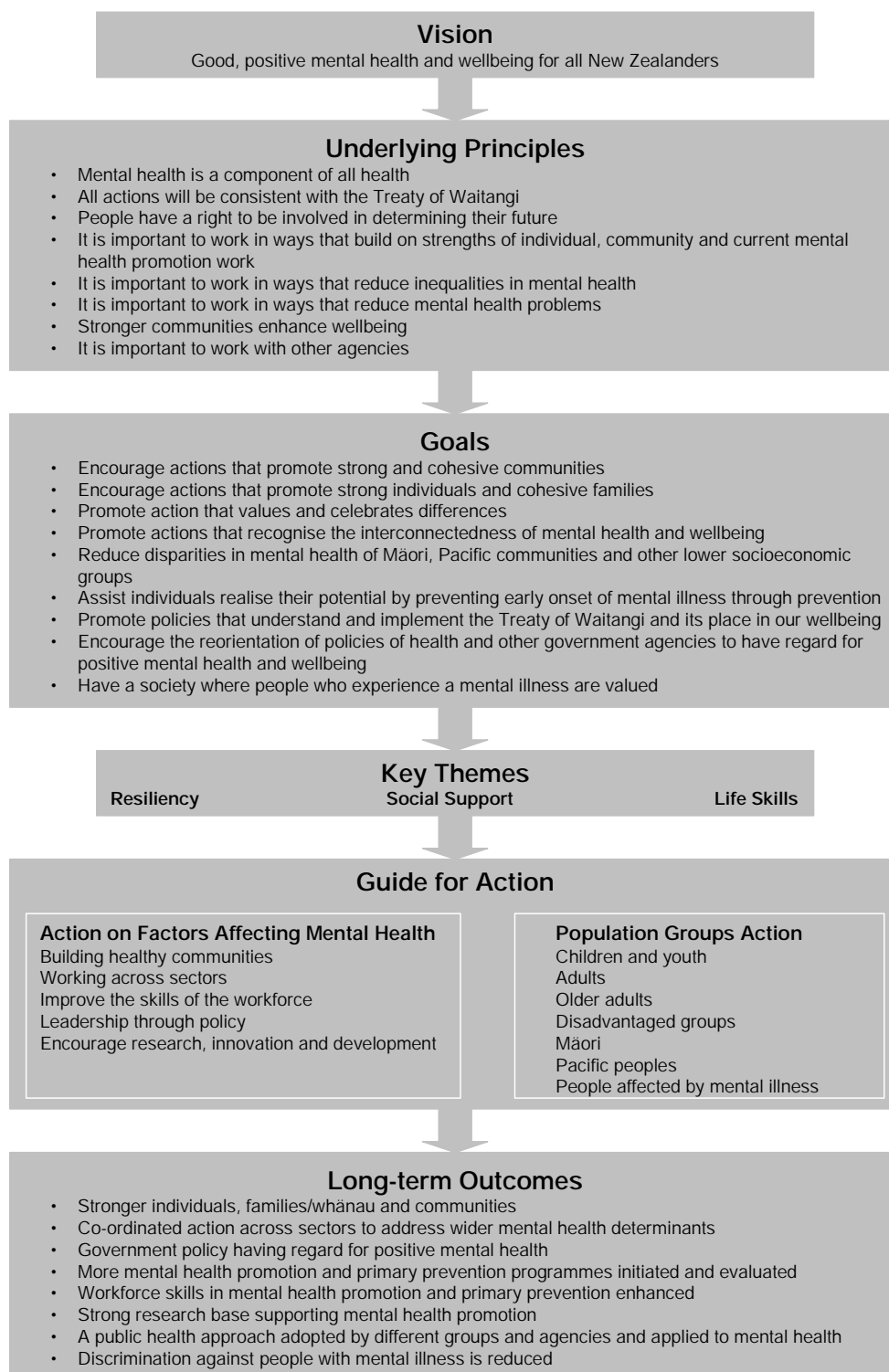
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Website: www.moh.govt.nz – look under publications

Building on Strengths – A New Approach



***Building on Strengths* in New Zealand Context**

Building on Strengths is consistent with the New Zealand Health Strategy that identifies fundamental principles to guide the New Zealand health sector. It is also consistent with the New Zealand Disability Strategy and the draft Māori Health Strategy.

The Treaty of Waitangi

The Treaty of Waitangi is New Zealand's founding document. The Government recognises Māori as both a social group and as tangata whenua, the indigenous people of New Zealand/Aotearoa, and is committed to fulfilling its obligations as a Treaty partner. This special relationship is ongoing and is based on the underlying premise that Māori should continue to live in Aotearoa as Māori. The nature of this relationship has been confirmed through interpretations of the Treaty of Waitangi, which stem from decisions of the Waitangi Tribunal, the Courts of Appeal and the Privy Council.

Central to the Treaty relationship and implementation of Treaty principles is a common understanding that Māori and the Crown (including Crown entities such as District Health Boards) will have a shared role in implementing health strategies for Māori, and relate to each other in good faith with mutual respect, co-operation and trust.

Building on the foundations established by the New Zealand Health Strategy, the New Zealand Disability Strategy and the draft Māori Health Strategy, the principles of the Treaty of Waitangi – Partnership, Participation and Protection – are at the heart of the draft strategy.

Partnership: Working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

Participation: Involving Māori at all levels of the sector in planning, development, and delivery of health and disability services.

Protection: Ensuring Māori enjoy at least the same level of health as non-Māori and safeguarding Māori cultural concepts, values, and practices.

Introduction

We need to start thinking about putting energy and resources into *keeping people well* and creating environments for them to reach their potential, not only about *treating* mental illness. We can no longer just rely on the ambulance at the bottom of the cliff. We must also work to create environments that contribute to good mental health. Equally, we must work towards enhancing the ability of individuals and communities to cope better with external stress and pressure.

Depression will be the second leading cause of disability in the world by 2020, according to the World Health Organization and the World Bank (1996). In New Zealand, youth suicide rates have climbed dramatically (Beautrais 2000); prescriptions for anti-depressants are growing,¹ violence in the community continues to increase,² and there is continued growth in income disparity (National Health Committee 1998).

The experience of Māori is particularly marked. Māori are disproportionately higher users of mental health and related services, such as prisons, alcohol and drug services, and women's refuges, than non-Māori. This indicates that Māori have high unmet mental health needs (Dyall 1997). Some would say it's the number one concern for Māori (Mar 1999).

Such statistics demand a response.

A holistic approach

A new approach is needed – an approach that recognises that mental wellbeing is not just a health issue.

There is a wide range of individual and environmental factors that can positively or negatively influence mental health. Mental wellbeing is affected by the environments in which we live, for example: the degree to which we feel socially supported; whether we need to struggle financially; whether we have reasonable working conditions, supportive school environments, strong families/whānau, access to appropriate life skills and healthy physical environments. These, combined with inherited characteristics, knowledge and luck, will all play a part in the mental wellbeing of individuals.

In turn, mental wellbeing is an essential component of general health.

¹ Total prescriptions for anti-depressants have risen from under 500,000 in 1992 to 1.1 million in 1997, as reported in the *New Zealand Herald*, 20 January 1998.

² The *New Zealand Herald* reported that, according to British Home Office figures, New Zealand had the highest violent crime rate in the developed world except South Africa, 21 April 1999.

This echoes the Māori approach to health and wellbeing – mental health is just one of four aspects or cornerstones of health, te tapa whā – te taha wairua (spiritual), te taha hinengaro (mental and emotional), te taha whānau (family and community) and te taha tinana (physical) (Durie 1998). Each aspect is as important as the next and to address one aspect, it is essential to look at the wider context that includes all four.

Building on Strengths signals a whole new way of looking at mental health and wellbeing. The activities are based on health promotion principles of participation, ownership and empowerment. They aim to:

- build resiliency of communities and individuals through social support and life skills
- protect, maintain and improve mental health.

Question 1. Is there anything you would change or add to strengthen the aims of *Building on Strengths*?

Building on Strengths proposes a two-fold approach – suggesting action related to the *wider environmental factors affecting mental health*; and the *different risks associated with different population groups*.

Where possible, recommendations in *Building on Strengths* are based on available evidence. If evidence is not yet conclusive, but a programme shows promise, evaluated pilot programmes are recommended.

Working together

This document is written from a health perspective, but recognises that health services are but one component of the work required to promote mental health and wellbeing. For this springboard to be a success, the health sector must co-operate with other sectors, such as local government, other government departments, and community groups. *Building on Strengths* calls for the health sector to take a leadership and co-ordination role around mental health promotion.

There is already a significant amount of work being done in the area of promoting mental health. There are programmes in place throughout the country that have been supported for years through health funding, Internal Affairs, local government, education, and other government agencies. This document attempts to build on some of that work by suggesting a *co-ordinated and more focused approach* to promoting mental health and wellbeing.

While programmes funded by the health sector will go part way to promoting mental wellbeing, health is only one piece of a mental health promotion jigsaw. Decisions made every day by other government agencies also have a huge impact on mental health. *Building on Strengths* emphasises the need for agencies to work together, and to work with communities to improve mental health and wellbeing for all New Zealanders.

We need your input

Building on Strengths gives an overview of possible activities that can be picked up by a broad range of players – from District Health Boards³ to government agencies to groups in the community. It also summarises some interventions that have proven effective in other settings.

What we want is a document that will educate New Zealand about mental health promotion – what it means and what can be done by different players. We also want to provide a resource to guide policy makers, District Health Boards, service providers, government agencies and others.

To achieve that, we need the benefit of your knowledge and experience. We want to know whether you think we are on the right track. We hope you will comment on the overall direction and principles contained in this document. We also hope you will put forward your own ideas, and in some cases solutions – suggestions of health promotion activities that have worked or could work for you or in your community. By combining the significant strengths of individual communities, we hope to produce a guide that will speak to the whole country.

With your input and support *Building on Strengths* has the potential to be the basis of a whole new approach to promoting mental health in this country.

³ Throughout this document, reference is made to key players in the health structure:

- Ministry of Health – the Government’s principal adviser on health and disability issues with responsibility for providing strategy advice and establishing and promoting links with other sectors which influence health status and independence
- District Health Boards – there are 21 District Health Boards (DHBs) around New Zealand/Aotearoa, based in HHS boundaries. These are responsible for ‘deciding on the mix, level and quality of health and disability services to be provided for the populations they serve, within government-set parameters’.
- Providers – those organisations that receive funding to deliver services; whether they be hospitals, independent service providers (ISPs), or non-government organisations (NGOs).

Scope of this Approach

The continuum of mental health interventions includes promotion, prevention, early intervention, treatment and rehabilitation. *Building on Strengths* looks only at *promotion and prevention*.⁴ Early intervention, treatment and recovery interventions are in the domain of mental health treatment services and personal health services.

Building on Strengths signals a new direction for New Zealand/Aotearoa. It combines both the elements of promotion (keeping people well) and prevention (identifying and minimising risk factors associated with preventing illness). We consider the complementary use of promotion and prevention activities as the most effective way of improving mental health and wellbeing in New Zealand/Aotearoa.

This approach focuses on the themes of enhancing resiliency, life skills and social support and suggests activities that can be applied to the whole population in the context of their everyday lives. It approaches the *promotion* of mental health and wellbeing of individuals and communities from two angles:

- through action addressing the wider factors that affect mental health
- further developing the various activities that work best for different population groups.

Question 2. Do you agree that this new approach to promoting mental wellbeing is needed in New Zealand/Aotearoa?

Question 3. Do you have any comment on the term 'mental health and wellbeing' as used in this document?

⁴ In this document the term 'prevention' refers to primary prevention and is used to describe activities that aim to prevent the onset of a mental illness in populations at increased risk of mental illness, but who are not currently displaying symptoms of mental disorder. This document considers prevention activities fall under the umbrella concept of promotion.

What Can Be Done?

The Draft Guide for Action

Over 200 people, including those affected by mental illness, academics, Māori, Pacific peoples and professionals have been involved so far. We have begun identifying practical and specific ways to achieve what we see as the vision or long-term picture – good, positive mental health and wellbeing for all New Zealanders.

The following section articulates what we have come up with so far: the *vision* for mental health promotion and prevention in New Zealand, the *underlying principles* and *goals* for this new approach and the *key themes*, and a *proposed guide for action* to achieve the vision. But because striving for this vision is everybody's business, we need input from as many people as possible.

The vision

The vision is where we think we're heading.

Vision

Good, positive mental health and wellbeing for all New Zealanders

The goals

The goals are the things we can aim for to get us there. They all recognise the strong link between mental wellbeing and the environment in which we live.

Goals

- Encourage actions that promote strong and cohesive communities
- Encourage actions that promote strong individuals and cohesive families
- Promote action that values and celebrates differences
- Promote actions that recognise the interconnectedness of mental health and wellbeing
- Reduce disparities in mental health of Māori, Pacific communities and other lower socioeconomic groups
- Assist individuals realise their potential by preventing early onset of mental illness through prevention
- Promote policies that understand and implement the Treaty of Waitangi and its place in our wellbeing
- Encourage the reorientation of policies of health and other government agencies to have regard for positive mental health and wellbeing
- Have a society where people who experience a mental illness are valued

Underlying principles

The goals are underpinned by a set of principles that are fundamental to whatever action is taken. These principles reflect participation, ownership and empowerment.

Underlying Principles

- Mental health is a component of all health
- All actions will be consistent with the Treaty of Waitangi
- People have a right to be involved in determining their future
- It is important to work in ways that build on strengths of individual, community and current mental health promotion work
- It is important to work in ways that reduce inequalities in mental health
- It is important to work in ways that reduce mental health problems
- Stronger communities enhance wellbeing
- It is important to work with other agencies

The key themes

One of the key themes emphasised throughout this approach is that of *resilience* – an individual's or community's ability to cope with stress and adversity. The two other key themes are major contributing factors to the development of resilience – *social support* and adaptive *life skills*. Any proposed action will be consistent with the key themes.

Key Themes		
Resiliency	Social Support	Life Skills

Question 4. Do you have any comment on the proposed vision, goals, principles, key themes?

The proposed guide for action

The proposed guide for action is what we can do to get where we are going. The actions we have come up with so far specifically address *factors affecting mental health*, and are complemented by *action for various population groups*. Different groups face different risks and opportunities to promote mental wellbeing and it is important to tailor whatever we decide to do to each particular group. The separate reference document *Building on Strengths: A Guide for Action* provides more detail about each of the actions.

The examples given are not exhaustive. What we have here are the bones of a plan which, with your help, can be fleshed out. What we are working towards is a document that will guide policy makers, District Health Boards, other agencies and providers in the health sector.

Health Sector to Play Leadership Role

Although this document is written from a health perspective, we recognise that health services are just one part of the picture. Decisions made every day by other government and non-government agencies and communities also have an impact on mental health. Working with other agencies across a number of sectors to look at the broader factors affecting mental health is one of the key differences in this approach.

Whichever activities make up the final strategy, they will all require the participation and support of a wide range of people – communities, providers and government.

What the health sector can and must do is to provide the leadership necessary to drive this plan of action. It is already best placed to form the necessary alliances, to share the benefit of its experience in the area of mental health promotion and to support initiatives at a community level.

The Proposed Guide for Action

Building on Strengths proposes a **Guide for Action**, which has been developed through consultation with many key groups.

The **Guide for Action** is divided into two strands of activities:

- 1 Activities addressing ***factors that affect mental health***
- 2 Activities for particular ***population groups***.

Each of the two strands has a number of key areas of activities, for example, *Building Healthy Communities* or *Children and Youth*.

The following is a brief summary of each of the factors and population groups identified as key areas of promotion work. For each of these sections, the **rationale** is summarised and some examples are given.

The full document *Building on Strengths: A guide for action* provides more detail about each of these factors, and includes the rationale, the guide for action, the research base, any relevant evidence-based interventions and an outline of the outcomes we are working towards.

Addressing the factors affecting mental health

The activities in this section are aimed at addressing the wider environmental factors influencing mental health and wellbeing.

The following have been identified as the five key areas of work we need to concentrate on:

A Building healthy communities

Mental health affects all aspects of the health of an individual, and in the long term, the health of a community. It affects all of us, so we all need to be involved in doing something about it. To effect real change in a community, the community itself must at least *take part*, and preferably *take control* of the process.

Some of the ways we can do this are:

- to develop policies and programmes that make it easier for communities to be involved
- where communities have taken the initiative to get something off the ground, to look at whether we can fund it to make sure it continues

- to make sure that users of mental health services are involved in community projects that are developed to empower them, eg, Like Minds Like Mine and those initiated by Māori Women’s Welfare League.

Question 5. Do you have any comment on the examples about work that could be done to build healthy communities?

There are many more. The important thing to remember is communities are already doing things that make a difference. All that is needed in some cases is sharing of ideas, and more co-ordination of activities – locally and across the country – so that the good work being done has a wider impact.

B Working across sectors

Mental health is not just a health issue. The health sector can only do so much to improve the mental health and wellbeing of a community. What is needed is a joining of forces – for government sectors like health, employment, justice, housing, education, environment and social services to work together with non-government and community-based organisations like marae, churches and clubs in a co-ordinated fashion. Only then can we expect to make real progress.

There are a number of ways to work across sectors. Here are some we have come up with:

- consult with and encourage different agencies to come up with action plans around mental health promotion
- develop a national approach to mental health promotion that links all sectors together
- build on existing networks that link agencies eg, “Strengthening Families” project, Inter-Agency Committee on drugs and Inter-Agency Committee for Youth Suicide Prevention
- find ways of engaging with local councils and other community groups
- share research across agencies.

Question 6. Do you have any comment on the examples about ways to work across sectors?

Somehow we have to make sure mental health promotion is seen as everybody’s business.

C Improving skills of the mental health promotion workforce

In order to have the involvement of everyone, including the involvement of communities, marae, mental health workers, public health workers and local government – we need to develop a workforce that is not only good at promotion and prevention activities, but also good at working with all those different groups. In particular need of urgent attention is the lack of Māori in the health workforce, especially Māori skilled in the area of mental health promotion and prevention. This needs to be addressed.

Better equipping the workforce to work with the community can be approached in a number of different ways. For example:

- identify the gaps in expertise in the current mental health promotion workforce and develop a plan to fill those – particularly looking at mental health specialists in the area of prevention work
- identify Māori already involved in mental health promotion and develop relevant training packages
- encourage the workforce and community to come together to share experiences and successes in mental health promotion and prevention
- create career pathways for Māori in mental health promotion.

Question 7. Do you have any comment on the examples given about improving the skills of the mental health promotion workforce?

D Leadership through policy

To make a difference on the ground, this wider approach to mental health promotion needs to be reflected at a policy level. The broader issues affecting mental health need to underpin the policy of all sectors of society.

We need to:

- encourage collaboration between agencies, academics, public health providers, mental health providers and community groups
- support joint venture projects at a local level
- encourage strong links between research, policy and practice
- develop policies in partnership with Māori as well as encouraging Māori to develop their own specific responses to policy eg, alcohol-free marae

- consider mental health impact when developing policy on employment, education, social welfare, child abuse, refugees and substance misuse
- investigate feasibility of introducing Social Impact Assessment Reports.⁵

Policy across sectors must respond to individual needs of communities and take into account the mental health impact on communities.

Question 8. Do you have any comment on the examples about leadership through mental health promotion policy?

E Encouraging research, innovation and development

The need for this is particularly important for mental health promotion activities that are showing great potential but are less researched and developed than prevention activities. There are things being done already that we know work well and it is important that any practical document reflects these activities. We must also encourage the piloting of activities that show promise.

We can do this by:

- ensuring communities have access to research data on what works
- supporting health promotion research at a local level
- encouraging good evaluation of activities at all levels and feed into quality improvement
- developing a set of mental health and wellbeing indicators that tells us about the mental health status of the population and tracks improvements over time
- in particular developing a set of Māori mental health and wellbeing indicators.

Question 9. Do you have any comment on the examples about encouraging research, innovation and development in mental health promotion?

Question 10. Would you change anything in the five key areas we need to work on to address the factors that affect mental health? If so, why?

⁵ Social Impact Assessment is a method of analysing what impact a government action may have on the social aspects of the environment, for example how people live, work, play, relate to one another, organise to meet their needs and generally cope as members of society.

Question 11. Out of the five key areas to address the factors that affect mental health, which do you see as the top three priorities?

Question 12. Can you describe any part of the activities suggested in the five key areas that affect mental health that you could implement now or are currently involved in?

Population groups

We have also come up with a number of mental health promotion and prevention activities specific to different population groups.

Please note that in the following section you need only answer the categories that are relevant or of interest to you.

F Children and youth

The over-riding theme here is the need to provide a solid foundation for learning and emotional development. This is the best way to give children the capacity for good mental health in the future. Research shows that high-quality preschool daycare/education significantly improves a child's chances of being in well-paid employment 20 years on. Among other things, it also reduces teenage pregnancy rates, and incidence of criminal behaviour.

As well as the long-term damaging effects of childhood 'stressors' such as parental divorce, unemployment and alcohol or drug misuse, there is also a strong correlation between youth suicide rates and youth unemployment rates. A Canadian report (Raeburn 1999) points to the fact that meaningful work is an essential part of everyone's life – youth unemployment is a *population-wide* mental health issue.

Preventive work has been shown to have the greatest impact among younger age groups because of their considerable resilience. There is enormous potential in young children to improve long-term as well as short-term mental health (Raphael 2000). Some of the ways we have come up with to improve things for children and young people are:

- anti-bullying programmes in schools
- children and young people need to be at the heart of processes promoting mental health and wellbeing
- training packages for public health practitioners who work with children and young people, focusing on resiliency, life skills and social support
- 'Health Promoting Schools' programme needs continued support, as does access to te ao Māori, eg, through Kohanga Reo Trust

- work with local councils to promote child friendly communities and youth forums must be initiated, including supportive networks for parents and young people eg, Icebreakers
- encourage programmes that assist unemployed youth to access meaningful employment
- the New Zealand youth suicide prevention strategy must continue to be implemented.

Question 13. Do you have any comment on the examples to improve long- and short-term mental health and wellbeing for children and young people?

G Adults

The rationale behind activities developed for this group is that adulthood is a time of major change. We are faced with, for example, the pressures of parenting and careers, and external 'stressors' have been found to precede depression in adults in 50 percent of cases (Judd 1997). Though there have been many successful preventive measures taken in this area, there is a lot we can do in the mental health promotion arena.

For example:

- encourage joint initiatives between health and housing to ensure adequate affordable housing is available
- encourage building social support networks, especially for first-time mothers and programmes to support women during and after pregnancy
- support programmes for adults undergoing stressful life transitions such as divorce or bereavement, and for adults undergoing trauma such as violence and abuse.

Question 14. Do you have any comment on the examples to improve the mental health and wellbeing of adults?

H Older adults

The valuable role of older adults in society is often not acknowledged. Major life transitions take place at this stage – such as loss of work-related identity and income – and because of this, older adults can appear to have no real place in society. Roles can also change at this time. Many older adults become grandparents and many take on the role of caring for a partner. Another major issue faced by this group is loss and bereavement.

Activities aimed at promoting good mental health and wellbeing for this group must take all of these issues into account. As well as continuing with the health interventions we know work well, there are a number of other things we can do:

- encourage transition programmes led by their peers and programmes promoting healthy ageing
- develop ways for older adults to contribute fully to their communities
- ensure strong social networks
- enhance opportunities for older adults to continue to contribute in the workplace and other environments.

Question 15. Do you have any comment on the examples to improve the mental health and wellbeing of older adults?

I Groups experiencing disadvantage

Statistics show that groups at a social or economic disadvantage have more mental health problems than other groups. Poverty in particular makes it difficult for people to keep good mental health. And it's not only poverty in itself that is stressful, but also the feeling of being unable to do anything about it that compounds the stress.

It is also common for people to have a number of difficulties at the same time – unemployment, isolation, and depression for instance. Socially disadvantaged people are harder to reach through preventive programmes (Sanders et al 2000).

There are a number of interventions that are known to work for at risk groups, such as affordable high-quality preschool education; parenting programmes and home-based parenting schemes for teenage parents; job search and problem-solving skills for the recently unemployed; and school curricula to promote understanding and tolerance of different cultures can help decrease discrimination against refugees.

All of these things need to be co-ordinated for greater effect, and at the same time, more activities developed to improve things for disadvantaged groups. Again, these activities involve working with local councils, schools, and communities to reduce discrimination and improve mental health.

Question 16. Do you have any comment on the examples to improve the mental health and wellbeing of people experiencing disadvantage?

J Māori

Although we cannot say for sure what the overall mental health status of Māori is (or, for that matter, that of the general population), information on the use of mental health and related services tells us Māori have high unmet mental health needs. The need to reduce inequalities in health outcomes, particularly evident in Māori, is also signalled in the New Zealand Health Strategy.

To make sure strategies are delivered in a manner that is specifically relevant to Māori, Professor Mason Durie has developed a framework for Māori health promotion – Te Pae Mahutonga (the Southern Cross).

In keeping with the Māori view of mental health as one of the four cornerstones of health, Te Pae Mahutonga is composed of four central stars. Each of the stars represents a significant component of health promotion as it relates to Māori health:

- access to te ao Māori – Mauriora
- environmental protection – Waiora
- healthy lifestyles – Toiora
- participation in society – Te Oranga.

There are also two pointers – Nga Manukura (leadership) and Te Mana Whakahaere (autonomy).⁶

Activities to improve the health status of Māori include:

- improved access to culture, language and knowledge
- economic resources such as land, forest and fisheries
- social resources such as whānau
- active participation in economy, education, and access to real employment
- acknowledging the link between environment and wellbeing
- working to improve the physical environment.

The need to reduce exposure to risk factors, encourage Māori capacity for self-governance and to support community leadership and tribal leadership are also highlighted.

Question 17. Do you have any comment on the approach to improve mental health and wellbeing for Māori using Te Pae Mahutonga?

⁶ See Appendix 2 in the separate reference document entitled *Building on Strengths: A Guide for Action* for a practical example of Te Pae Mahutonga.

K Pacific peoples

There are at least seven Pacific groups in New Zealand, with Samoan and Cook Islands people comprising the most sizeable populations. Each Pacific group has its own way of perceiving and articulating its realities. This means we must look at ways of addressing issues that are relevant to the needs of each Pacific group, rather than maintain a “pan-Pacific” approach. The Fonofale⁷ model was initially developed as a response to the Samoan experience. Other Pacific groups have adapted this model to address the needs of their own Pacific communities.

Programmes aimed at improving the mental health of Pacific peoples need to be sited in places where Pacific people gather. Historically these have been the churches. Successive generations currently have the option of diverse experiences and outlooks on lifestyle.

As well as encouraging the mainstream services to be more responsive to the different needs of Pacific peoples, there are opportunities and innovative ways that can be explored:

- advocating and supporting the production of Pacific ethnic-specific resources on mental health promotion and prevention
- ensuring that the development of information related to drug and alcohol, violence, gambling etc, is in the language and medium appropriate and responsive to the range and diversity of Pacific populations
- supporting and assisting research and programmes that will lead to effective changes in behaviour that minimise the risk for mental wellbeing, eg, drug and alcohol misuse, parenting skills etc
- supporting forums that enable Pacific peoples and their families to gather for planning purposes
- advocating and supporting the increase of workforce development and capacity building in all levels of the mental health sector.

Question 18. Do you have any comment on the examples to improve the mental health and wellbeing of Pacific peoples?

L Those affected by mental illness

The work done in this area is based on the fact that people who have experienced mental illness, and those around them, have a vital contribution to make. A central theme for service users is their experience of stigma and discrimination, as well as the denial of their rights as citizens (Sayce 2000): ‘for many people ... life is a series of interlocking, often mutually reinforcing exclusions.’

⁷ The fonofale model was developed by Fuimaono Karl Puloto-Endemann and is described in Appendix 3 of the separate reference document entitled *Building on Strengths: A Guide for Action*.

The public health project 'Like Minds Like Mine', which addresses stigma and discrimination, has been under way since 1997 and is a good example of how those affected by mental illness can be involved in the planning, delivery and putting in place of mental health promotion programmes.

Some of the additional activities developed by the people involved in this document so far include continuing good work that is already going on and:

- enhancing and supporting the participation of consumers of mental health services in further development and delivery or promotion and prevention programmes
- supporting children of parents with a mental disorder
- making sure those affected by mental illness are involved in policy development
- increased awareness of the risk factors for various disorders (alcohol and substance abuse, depression, conduct disorder) and support of at-risk individuals to enhance protective factors.

Question 19. Do you have any comment on the examples to improve the mental health and wellbeing of those affected by mental illness?

Question 20. Is there anything in the categories F to L on improving the mental health and wellbeing for population groups you would change? Why?

Question 21. Out of the categories F to L on improving the mental health and wellbeing for population groups, which do you see as the top three priorities?

Question 22. Can you describe any part of the activities suggested to improve the mental health and wellbeing for population groups that you could implement now or are currently involved in?

Question 23. What are your views on our approach to include all sections of the population (see categories F to L) in *Building on Strengths*?

Next Steps

Building on Strengths: A Springboard for Action is a starting point for further work. What we have attempted to do with this document is to inspire community involvement in what we see as an issue that affects us all. The Ministry of Health looks forward to receiving comment on the proposed direction.

Once all the comments received have been analysed, *Building on Strengths* will be finalised and used to develop detailed action plans (agreed, where necessary, with other groups and organisations). Action plans will go into the Ministry prioritisation process to identify resources to be incorporated into the work programme of the Ministry. One of the key roles of the Ministry will be to co-ordinate action across sectors and continue to educate others on the issues raised in the strategy.

Building on Strengths has been written to raise the level of awareness about mental health promotion and prevention. It gives an overview of possible activities that can be picked up by a broad range of players – from District Health Boards to government agencies to groups in the community. It also summarises some interventions that have proven effective in other settings.

Many groups and service providers may decide to pick up on some of the proposed actions on their own. Some are already implementing some aspects of the approach. The Ministry of Health encourages this.

The document will be successful if it begins to encourage service providers, government bodies, the community and others to think about an approach which promotes and enhances good mental health by building on the strengths that already exist.

Question 24. What do you see as the most important things that are needed to implement *Building on Strengths*?

Question 25. What do you see as the opportunities in developing and implementing *Building on Strengths*?

Question 26. As a result of reading this document what will you do or change in promoting mental wellness?

Question 27. What could the Ministry of Health do (besides funding) to help you and your organisation put into practice, the principles put forward in *Building on Strengths*?

Question 28. Is there anything else you would like to comment on?

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