

Division of the Chief Health Officer

Strategic
Directions
for **Mental
Health
Promotion**

2009–2012

Strategic Directions for Mental Health Promotion 2009–2012 is part of a suite of planning and reporting documents which describe the work of the population health services within the Division of the Chief Health Officer.

The complete suite includes:

- *Population Health Year in Review 2008–2009*
- *Prevention, Promotion and Protection Plan for the Division of the Chief Health Officer 2009–2014*
- *Strategic Directions for Cancer Prevention and Control 2009–2012*
- *Strategic Directions for Chronic Disease Prevention 2009–2012*
- *Strategic Directions for Communicable Disease Prevention and Control 2009–2012*
- *Strategic Directions for Environmental Health 2009–2012*
- *Strategic Directions for HIV/AIDS, Hepatitis C and Sexual Health 2009–2012*
- *Strategic Directions for Injury Prevention and Safety Promotion 2009–2012*
- *Strategic Directions for Mental Health Promotion 2009–2012*
- *Strategic Directions for Quality Management 2009–2012*

Strategic Directions for Mental Health Promotion 2009–2012

Division of the Chief Health Officer

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Message from the Chief Health Officer

Queenslanders are generally very healthy compared to people in other parts of Australia and the world. However, there is still a range of population health challenges that need to be addressed. The rate of chronic diseases (such as diabetes, heart disease and cancer) is growing, and substantial inequalities in health status for Aboriginal and Torres Strait Islander people, socioeconomically disadvantaged people and those living in rural and remote locations continue to be of concern.

The Division of the Chief Health Officer is the primary provider of prevention, promotion and protection services for Queensland Health. These services are known collectively as population health or public health services, and are provided by statewide branches and units and 17 population health units located throughout the state.

Population health services work toward achieving a positive and healthy future for all Queenslanders, including reducing the health status gap between the most advantaged and the least advantaged people in the community.

Responsibilities of Queensland Health's population health services include implementing health promotion interventions at the state and local level, undertaking health surveillance and disease control initiatives, developing and implementing public health legislation, and addressing environmental health hazards. Population health services are provided by a professional workforce comprising environmental health officers and scientists, health promotion officers, public health officers, epidemiologists, public health nurses, public health nutritionists, public health medical officers, immunisation nurses and physiotherapists.

Population health staff work with a range of partners including local government, private industries, educational institutions, childcare providers, and other state government departments. These partners have an important role to play in creating physical and social environments which prevent illness and injury and promote health and wellbeing.

Our strategies contribute to Queensland Health's commitments under the National Partnership Agreement on Preventive Health, and the National Indigenous Reform Agreement. The Queensland Government's vision for 2020 has been described in *Toward Q2: Tomorrow's Queensland* in terms of five ambitions. One of these ambitions is 'making Queenslanders Australia's healthiest people'. Our work will contribute significantly to this aspiration.

The complete body of work that the Division's population health services will undertake over the next three years is identified in our eight strategic directions documents. These documents outline how we will contribute to the Q2 target. They also describe the current and proposed approach to manage health risks, and to prevent and/or respond to public health events. The arrival in Australia of Pandemic (H1N1) 2009 (Human Swine Influenza) acts as timely reminder of the need for meticulous health protection planning and response.

I trust that you find these strategic directions documents informative. For our staff, I hope these documents will enable us to work together to address priority issues over the next three years. For our stakeholders, I hope these documents give you an insight into our future directions to facilitate collaborative actions across a range of issues. I look forward to continuing to work with you all to promote and protect the health and wellbeing of Queenslanders.

Dr Jeannette Young
Chief Health Officer, Queensland Health



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Vision

A **consistent,**
statewide approach to promoting
positive **mental health**

Introduction

Positive mental health is a key factor in population wellbeing and long-term social and economic prosperity. The World Health Organization defines mental health as a ‘state of wellbeing in which the individual realises his or her abilities, copes with the normal stresses of life, works productively and fruitfully, and makes a contribution to his or her community’¹. Therefore, positive mental health has a broader focus than the absence of mental health problems or disorders.

Although current definitions of positive mental health vary, it is frequently conceptualised as encompassing aspects of emotional (feelings), psychological (positive functioning), social (relations with others and society), physical (physical health) and spiritual (sense of meaning and purpose in life) wellbeing². Optimal positive mental health has consistently been found to be associated with physical health and longevity, less mental illness (including anxiety, depression, schizophrenia and personality and substance abuse disorders), protective health behaviours, productivity and social engagement².

The *Queensland Framework for Mental Health Promotion* identifies positive mental health as the primary focus for mental health promotion in Queensland. The framework also highlights the links between positive mental health, mental illness prevention and chronic disease prevention. For example, participation in regular physical activity is linked to all three outcomes, with many strategies identified in the *Strategic Directions for Chronic Disease Prevention 2009–2012* contributing to positive mental health, and vice versa. These two outcome areas share a common interest in building physical and social environments that support the adoption of healthy lifestyle behaviours and promote positive mental health across all stages in a person’s life.

Over the next three years, population health services within the Division of the Chief Health Officer will develop and implement a sustainable, evidence based mental health promotion service delivery model which enables and supports positive mental health in the community, including improving social, emotional, cultural and spiritual wellbeing among Aboriginal and Torres Strait Islander peoples.

Strategic Directions for Mental Health Promotion 2009–2012 will contribute to the goals and objectives of the following key national and state policies, strategies and plans:

Primary

- *Toward Q2: Tomorrow’s Queensland*⁴
- *National Partnership Agreement on Preventive Health*³

Secondary

- *National Action Plan on Mental Health 2006–2011*⁵
- *National Mental Health Policy 2008*
- *A National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Well Being 2004–2009*⁶
- *Healthy Children – Strengthening Promotion and Prevention Across Australia: National Public Health Strategic Framework for Children: 2005–2008*⁷
- *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*⁸
- 4th National Mental Health Plan (currently in draft)
- *Strategic Policy for Aboriginal and Torres Strait Islander Children and Young People’s Health: 2005–2010*⁹
- *Strategic Policy Framework for Children and Young People’s Health 2002–2007* (still current)¹⁰.
- *Queensland Plan for Mental Health 2007–2017*¹¹
- *Protecting children is everyone’s business: National Framework for Protecting Australia’s Children 2009–2020*¹².
- *Queensland Framework for Mental Health Promotion*¹³

What are we seeking to achieve over the next three years?

This document identifies priority actions for promoting mental health over the next three years. Overall progress against these actions will be assessed using the measures outlined below. Performance will be assessed through qualitative reporting. Annual reporting will inform decisions about policy, practice and future investment.

What we are seeking to achieve	How will we know?
Enhanced positive mental health among Queenslanders	<ul style="list-style-type: none">■ Percentage and number of Queensland population who report positive mental health
Integration of mental health promotion objectives into mainstream health promotion initiatives in a range of settings	<ul style="list-style-type: none">■ Number of chronic disease prevention initiatives that explicitly acknowledge integration of mental health promotion objectives and measure mental health promotion outcomes (by population health unit)

Strategic agenda

1. Organisational capacity*

To achieve a consistent, statewide approach to positive mental health, our population health services will focus on developing capacity to promote and support initiatives across the life course. This includes a focus on both the ability to effectively perform mental health promotion functions, and the ability to work with other sectors whose business contributes to positive mental health outcomes.

The *Queensland Framework for Mental Health Promotion* provides a foundation on which to develop a service delivery model for mental health promotion that includes contexts, priority groups, interventions and workforce roles and responsibilities. The service model will also clarify implementation issues including communication, data monitoring and reporting, quality improvement and evaluation, governance, professional development, and coordination and integration with other services.

Developing our service model will be a staged process, taking into account current opportunities to embed mental health promotion activities within a broader strategic agenda for chronic disease prevention. Common risk and protective factors (eg. participation in physical activity) and common target groups and settings (healthy children, workplaces, and communities) create strong links between these two outcome areas. Strategies to be implemented under *Strategic Directions for Chronic Disease Prevention 2009–2012* will support the promotion of positive mental health.

In 2007, Health Promotion Queensland funded an expert consortium to develop a framework that defines social, emotional, cultural and spiritual wellbeing among Aboriginal and Torres Strait Islander peoples. The final report from this consortium was delivered in May 2009. Our challenge now is to develop an effective response to the key directions and recommendations of this report to build the capacity of the Division and our key partners and stakeholders to implement priority mental health promotion strategies.

The Queensland Centre for Mental Health Promotion, Prevention and Early Intervention (QCMHPPEI) was established in 2008. The QCMHPPEI will contribute to the development, analysis, implementation, and review of mental health promotion, prevention, and early intervention policy and practice in Queensland. The Division's mental health promotion services will seek opportunities for strategic alignment with the direction provided by QCMHPPEI and to establish a clear working relationship.

What are we going to do over the next three years?

- Finalise the *Queensland Framework for Mental Health Promotion*
- Develop and implement a mental health promotion service delivery model for the Division's population health services
- Develop and implement a response to the recommendations and key directions identified in the report *Key directions for a social, emotional, cultural and spiritual wellbeing population health framework for Aboriginal and Torres Strait Islander Australians in Queensland*
- Define the working relationship between mental health promotion staff and the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention, and develop integrated and complementary programs of work
- Develop appropriate mental health promotion measures for service delivery performance and strategic reporting requirements.

* Organisational capacity is taken to encompass the systematic processes required to implement effective change (in beliefs, attitudes, values, skills, structure, systems, processes, policies, procedures, programs, networks, partnerships) to improve an organisation's ability to achieve its strategic purpose.

2. Supportive environments for positive mental health: workplaces, children, communities

The *National Partnership Agreement on Preventive Health*³ seeks to assist Australians to reduce their risk of chronic disease by creating supportive environments for children and in workplaces and communities. This provides an opportunity to integrate mental health promotion activities within the broader strategic approach to chronic disease prevention and to promote healthy behaviours across the life course.

Good evidence exists about the links between positive mental health and the prevention of chronic disease. People with optimal mental health have been found to have fewer chronic physical diseases including stroke and heart disease¹⁴ and to live longer¹⁵. They are also less likely to engage in health risk behaviours (eg. tobacco, alcohol and drug misuse, unsafe sex) and are more likely to feel motivated to exercise choice and control and adopt a healthy lifestyle^{14,15}.

Healthy workplaces

A recent review of stress management and wellbeing interventions in the workplace¹⁶ found that the most promising initiatives:

- involve interventions that focus on both people and the organisation
- involve trained specialists in health and organisational development
- have strong and sustained support from management.

The review also found that well-designed evaluation of workplace interventions is rare, and a more thorough documentation of processes is needed. The Division's health promotion services have a renewed focus on promoting positive mental health in the workplace, and will conduct further research into successful interventions to identify options for the effective and efficient implementation of statewide policies and programs.

Healthy children

The World Health Organization recognises the quality of the early years as a key social determinant of health¹⁷. There are sound theoretical and empirical reasons for focusing mental health promotion interventions on young children to prevent a range of problems in later life¹⁸ including mental health problems, obesity, criminality, family violence, poor literacy, unemployment and welfare dependency. Prevention and early intervention is also less expensive and more effective than treatment¹⁹.

In recent years, the Division's health promotion services have invested in a number of universal and targeted multi-strategy interventions to improve social and emotional wellbeing in early childhood. These interventions have been conducted with the early childhood education and care sector, child care centres, training institutions and communities. It is now time to capitalise on this investment; promote the availability of effective tools, resources and programs; and consider the most effective approaches to sustained implementation.

Research into the mental health needs of children and young people has established that good practice interventions in school settings can have a positive influence on mental health and wellbeing, and that the school setting is a critical supportive environment²⁰. Evidence shows that whole-of-school approaches involving changes to the school environment, personal skills development in class and parental participation are more effective than purely classroom-based programs²⁰.

Healthy communities

Social inclusion and social support are recognised as key social determinants of health¹⁷. The Heart Foundation has found strong and consistent evidence that people who are socially isolated or lacking quality social support are more likely to develop coronary heart disease, and that social support and social isolation can affect the recovery and future health of people who already have heart disease²¹. Evidence also shows a strong link between social capital, sense of community belonging, community participation, a culture of cooperation and tolerance, and positive mental health².

Participation in physical activity has specific additional benefits for positive mental health. Our health promotion services have a focus on increasing physical activity, and are using a healthy active ageing approach to chronic disease prevention and falls prevention for older adults. This approach presents the opportunity to integrate mental health promotion perspectives and objectives into other health promotion initiatives specifically targeting older people.

Over the next three years, an integrated approach to deliver mental health promotion interventions in workplaces, school communities, child care programs, maternal health programs, healthy active ageing partnerships and local community settings will be developed. We will also consolidate and build on existing achievements by developing policies, strategies, resources, and programs that promote positive mental health.

What are we going to do over the next three years?

Healthy workplaces

- Review the evidence for effective mental health promotion in workplace settings
- Identify current good practice interventions and assess options
- Develop and implement agreed policies and programs statewide.

Healthy children

- Integrate mental health promotion processes and outcomes into a structured approach to creating supportive environments in the early years, including working with a range of partners from the early childhood education and care sector to facilitate adoption
- Investigate and define the potential for the Division's population health services to strategically support community responses to Australian Early Development Index (AEDI) data
- Evaluate the work of the Division's health promotion services on social and emotional wellbeing in the early years, and progress recommendations for the most effective approaches to sustain implementation.

Healthy communities

- Implement the National Partnership Agreement Healthy Communities Initiative to facilitate social inclusion outcomes, in collaboration with the Australian Government
- Develop and implement a consistent approach to integrating mental health promotion perspectives and outcomes into physical activity and healthy active ageing initiatives.

Attachment A

Deliverables for 2009–2010*

What are we going to do? (3 years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
1. Organisational capacity		
1.1 Finalise the <i>Queensland Framework for Mental Health Promotion</i>	Lead the finalisation of the framework	
1.2 Develop and implement a response to the recommendations and key directions identified in the report <i>Key directions for a social, emotional, cultural and spiritual wellbeing population health framework for Aboriginal and Torres Strait Islander Australians in Queensland</i>	Lead the development of a response to the recommendations in <i>Key directions for a social, emotional, cultural and spiritual wellbeing population health framework for Aboriginal and Torres Strait Islander Australians in Queensland</i>	
1.3 Define the working relationship between mental health promotion staff and the Queensland Centre for Mental Health Promotion, Prevention and Early Intervention (QCMHPPEI), and develop integrated and complementary programs of work	Define the working relationship between mental health promotion staff and the QCMHPPEI Identify opportunities for integrated and complementary work (in collaboration with the population health units and QCMHPPEI)	Identify opportunities for integrated and complementary work with QCMHPPEI (in collaboration with the statewide unit)
1.4 Develop appropriate mental health promotion measures for service delivery performance and strategic reporting requirements	Facilitate a process to establish agreed statewide positive mental health indicators (tier 1 and 2) as per <i>Prevention, Promotion and Protection Health Performance Information Needs 2009–2012</i>	Lead the development of mental health promotion measures (tier 3) for service delivery planning and reporting

* This attachment includes deliverables against the reform agenda only. Ongoing work is described in Attachment B. All population health strategies are conducted in a collaborative manner. Lead agencies have been identified in the responsibilities columns.

What are we going to do? (3 years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
2. Supportive environments for positive mental health: workplaces, children, communities		
2.1 Review the evidence for effective mental health promotion in workplace settings	Coordinate a review of the evidence for effective mental health promotion in the workplace	Undertake elements of the review of the evidence for effective mental health promotion in the workplace
2.2 Identify current good practice interventions, and assess options	Collaboratively identify options for investment	
2.3 Integrate mental health promotion processes and outcomes into a structured approach to creating supportive environments in the early years, including working with a range of partners from the early childhood education and care sector to facilitate adoption	Lead the development of a structured approach to creating supportive environments in the early years	
2.4 Investigate and define the potential for the Division's population health services to strategically support community responses to Australian Early Development Index (AEDI) data	Develop an options paper on an agreed role for population health services, in consultation with jurisdictions and departments	

What are we going to do? (3 years)	Statewide unit responsibilities (12 months)	Population health unit responsibilities (12 months)
2. Supportive environments for positive mental health: workplaces, children, communities (continued)		
2.5 Evaluate the work of the Division's health promotion services on social and emotional wellbeing in the early years, and progress recommendations for the most effective approaches to sustain implementation		Evaluate early years initiatives including: <ul style="list-style-type: none"> – language and literacy initiatives in rural and remote locations [Southern, Central] – Social and Emotional Early Development Strategy (SEEDS) statewide [Southern] – statewide distribution of early years resources [Southern] – Starting Strong [Central] – Mental Health Promotion resource for prenatal to five years [Central]
2.6 Implement the National Partnership Agreement Healthy Communities Initiative to facilitate social inclusion outcomes, in collaboration with the Australian Government	Participate in the Healthy Communities Initiative Project Steering Committee Support the Healthy Communities Initiative trial communities in Queensland	Support the Healthy Communities Initiative trial communities in Queensland
2.7 Develop and implement a consistent approach to integrating mental health promotion perspectives and outcomes into physical activity and healthy active ageing initiatives	Coordinate the development of an agreed statewide approach to integrating mental health promotion perspectives and outcomes into physical activity and healthy active ageing initiatives, building upon the Be Kind To Your Mind project	Develop tools to support a consistent statewide approach to integrating mental health promotion into physical activity and healthy active ageing initiatives

Attachment B

Ongoing work roles and responsibilities

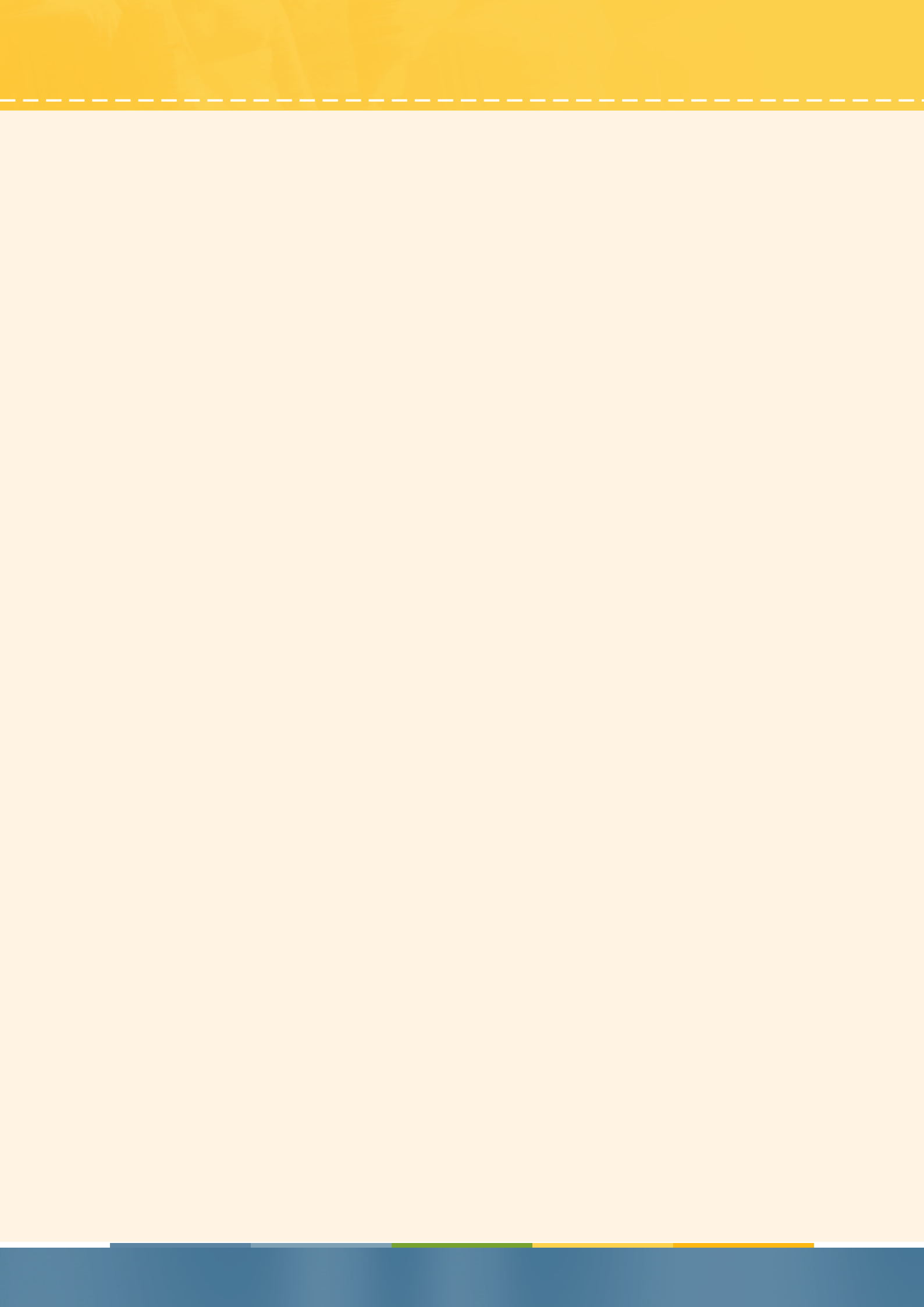
Statewide unit responsibilities	Population health unit responsibilities
1. Mental health promotion interventions	
<p>Advocate for the ongoing implementation of established mental health promotion initiatives (eg. Kids Matter and MindMatters)</p> <p>Contribute to planning and development processes for statewide projects</p>	<p>Contribute to planning and development processes led by the statewide unit including:</p> <ul style="list-style-type: none">– finalisation of the Queensland Framework for Mental Health Promotion– development of a complementary work program with the QCMHPPEI– development of a structured approach to creating supportive environments in the early years <p>Support the implementation of evidence based mental health promotion initiatives, including:</p> <ul style="list-style-type: none">– Healthy Bodies Healthy Minds– SEEDS– Helping Friends– MindMatters– Kids Matter– Starting Strong
2. Mental health promotion research	
<p>Present mental health promotion work at conferences and forums (as appropriate)</p> <p>Identify research priorities for mental health promotion</p>	<p>Present mental health promotion work at conferences and forums (as appropriate)</p> <p>Contribute to evidence base by publishing mental health promotion work in peer review publications identifying key learnings</p>

Statewide unit responsibilities	Population health unit responsibilities
3. Mental health promotion partnerships	
<p>Participate in governance mechanisms for external projects including actively contributing to the MindMatters and Kids Matter Queensland reference group</p>	<p>Build and maintain relationships with early childhood education and care sector (including peak bodies) and service providers (including child care centres), non-government agencies, community groups and local governments</p>
<p>Contribute to intra-agency and inter-agency committees and other relevant groups including:</p> <ul style="list-style-type: none"> – Mental Health Promotion, Prevention and Early Intervention (MHPPEI) Subgroup of the Mental Health Clinical Network – Mental Health Literacy Working Group – Ed-LinQ 	<p>Support the establishment and ongoing work of the MHPPEI Subgroup, and other relevant mental health/healthy active ageing/physical activity/healthy communities networks and working groups at the regional and local level</p> <p>Progress and review healthy baby partnerships with key stakeholders as locally appropriate, to increase the adoption of agreed mental health promotion actions [Central]</p> <p>Provide information on mental health promotion initiatives to existing networks of early years stakeholders, including Early Years Network and Communities for Children</p> <p>Facilitate networking and partnership opportunities with local early years service providers (eg. Early Years Forums, Communities for Children)</p> <p>Continue to develop and progress consistent healthy messages for parents of infants in partnership with Healthy Baby Clusters (exploring application of Small Talk) [Central]</p>

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