



Government of **Western Australia**
Mental Health Commission



Western Australian

Mental Wellbeing Guide



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Acknowledgement of Country

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. The MHC wishes to pay its respects to Elders past and present and extend this to all Aboriginal people seeing this message.

Recognition of Lived Experience

We recognise the individual and collective expertise of those with a living or lived experience of mental health, alcohol and other drug issues. We recognise their vital contribution at all levels and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

Accessibility

This publication is available in alternative formats for people with a disability on request to the Mental Health Commission.

Disclaimer

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mhc.wa.gov.au/getting-help/helplines/

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Vision

**For all Western Australians
to increase or maintain
their mental wellbeing**



Purpose

The Western Australian Mental Wellbeing Guide aims to:

Improve understanding of the term “mental wellbeing” and how it impacts and interacts with both mental health and physical health;

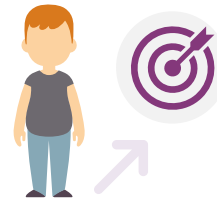
Clarify the community’s role in supporting mental wellbeing by identifying the factors that influence mental wellbeing;

Provide practical examples of activities that can be put in place to increase or maintain mental wellbeing; and

Encourage evaluation and research of mental wellbeing strategies to contribute to the evidence base.

Target audience

Includes local and state governments, communities, non-government organisations and private organisations.



Target population

Everyone experiences a level of wellbeing, which is why this guide takes a whole-of-community approach. The strategies outlined in this resource assist agencies to plan programs that will impact large groups within the community, including those groups that are at greater risk of experiencing low levels of wellbeing.

Principles

This guide focuses on improving mental wellbeing through the following key principles:



- Programs and initiatives across the life course.
- Whole-of-population, place-based and targeted programs.
- Evidence-based programs.*
- Multiple strategies at local, state and national levels.
- Innovation supported by robust evaluation.
- Partnerships and collaboration.
- Community-led and co-designed approaches.
- Valuing diversity, equity, cultural inclusivity and human rights.

Life stages

The key areas that impact mental wellbeing are outlined through the following life stages:

- Across the life course.
- Perinatal and early years.
- Children and young people.
- Young adults.
- Adults.
- Older adults.



Planning, evaluation and monitoring



The measurement of short-, medium- and long-term outcomes is essential. Programs, strategies and contracts must reflect appropriate measurable outcomes to enable continuous improvement towards increasing or maintaining the mental wellbeing of the Western Australian population.

* Programs and initiatives are designed and produced on the basis of evidence of what does and does not work. Where evidence is not directly available, programs are informed by evidence and best practice methods in similar fields and their effectiveness should be evaluated. This is also known as evidence-informed practices.



About the Mental Wellbeing Guide

The Western Australian Mental Wellbeing Guide (Mental Wellbeing Guide) has been developed to update and strengthen the mental health promotion component of the [Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025](#) (Prevention Plan). While best read in conjunction with the Prevention Plan, the Mental Wellbeing Guide can also be used as a standalone document that provides advice regarding evidence-based approaches to enhance mental wellbeing.

Since release of the Prevention Plan in 2018, research and evidence has emerged that explores the importance of focusing on mental wellbeing. As public awareness and discussion around mental wellbeing has increased, the need for guidance around evidence-based approaches to increase and maintain levels of mental wellbeing across the whole population has elevated the importance of this issue. Mental wellbeing is now rightly seen as a priority by individuals and communities across the globe.

There has been a growth in the number of service providers offering mental wellbeing programs and initiatives to the Western Australian community and navigating which programs are evidence-based can be confusing. The Mental Wellbeing Guide seeks to address this gap by pointing interested groups towards whole-of-population approaches that are most likely to positively impact the mental wellbeing of all Western Australians.

The Mental Wellbeing Guide is not a resource about early intervention and treatment pathways for individuals experiencing mental health issues or with diagnosed mental health conditions. Western Australia has a robust evidence base regarding these programs, and groups seeking information on these should view the Mental Health Commission's [Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025](#).

The Mental Wellbeing Guide supports Western Australians in increasing and maintaining their mental wellbeing. It provides practical steps for local governments, communities, non-government organisations (NGOs) and private organisations to guide their planning, development, implementation and evaluation of community-based mental wellbeing initiatives. It reflects the latest evidence and incorporates the views of the community and stakeholders from both the mental health and non-mental health fields.



Understanding mental wellbeing

Mental wellbeing reflects a person's psychological, emotional, physical and social states. It refers to the ability of an individual to maintain connections, contribute to their community, and cope with the normal stressors of life events or challenges.¹

A person's mental wellbeing can fluctuate and can be influenced by genetics and personality as well as life experiences such as work or study pressures, financial stressors, relationships, cultural backgrounds, natural disasters, situational distress and unexpected changes in daily routines. Other influences on mental wellbeing are embedded in the environments in which people are born, grow, learn, work, play and live.^{1, 2}

It is important to acknowledge that a person's mental wellbeing and the presence of a mental health condition are two distinct but related experiences. Every person experiences their own level of mental wellbeing, whether they have a diagnosed mental health condition or not.³

* Adapted from Keyes, 2005



Mental wellbeing is subjective and can change in response to different life stages and events. High levels of mental wellbeing can be described as a predominantly positive state and can be broadly defined as feeling good emotionally and functioning well psychologically and socially. This does not mean that a person feels good all the time. Life has its ups and downs, and everyone experiences emotions such as sadness, worry and frustration. Acknowledging and understanding these emotions is a key component of mental wellbeing that can help people cope when times are tough.⁵ Finding meaning, accessing social supports and having an optimistic outlook can all support an individual's mental wellbeing throughout a difficult period.

Mental wellbeing is more than the absence of symptoms of mental health conditions and is measured using different types of questionnaires than those used to measure stress, psychological distress, depression, anxiety or other conditions. Examples of common tools used to measure mental wellbeing include the Mental Health Continuum Short Form (MHC-SF)⁶ and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).^{7, 8} Both tools measure the emotional, psychological and social dimensions of mental wellbeing. Other scales measure specific components of mental wellbeing, such as happiness or life satisfaction, but not overall mental wellbeing.



Mental wellbeing and mental health conditions are separate but related experiences. Everyone experiences their own level of mental wellbeing which can change over time.



Social and Emotional Wellbeing (SEWB)

Aboriginal people prefer to use the culturally defined term Social and Emotional Wellbeing (SEWB) to describe health and wellbeing. SEWB is a more deep-rooted, collective and holistic concept of health than that used in Western medicine.

SEWB connects the health of an Aboriginal individual to the health of their family, kin, community, and their connection to Country, culture, spirituality and ancestry. These connections work together and can provide a culturally safe environment for Aboriginal peoples to maintain and improve their SEWB.⁹

Consideration of SEWB is vital when designing mental wellbeing strategies for Aboriginal people (see p 17).

For more information on SEWB, see the [Transforming Indigenous Mental Health and Wellbeing Fact Sheet](#)¹¹.



SEWB Diagram¹⁰

Why focus on mental wellbeing?

Mental wellbeing can have a significant impact on an individual's ability to function well, make meaningful social connections, and cope with life's ups and downs. Everyone has an experience of mental wellbeing, therefore it is important that mental wellbeing promotion policies and practice focus on enhancing the mental wellbeing of the whole community, regardless of whether or not a person has a diagnosed mental health condition.

As many of the strategies that increase mental wellbeing also improve physical health, promoting mental wellbeing can also reduce the incidence of, and costs associated with, many chronic diseases. For example, regular physical activity improves an individual's mood by increasing serotonin and endorphins, reduces stress hormones and lowers the risk of cardiovascular disease.¹⁴

Improving mental wellbeing is also an important part of suicide prevention. Improvements in mental wellbeing can reduce the risk of suicide regardless of the presence or absence of a diagnosed mental health condition. This is because the risk of suicidal thoughts, feelings and behaviours can increase with decreasing levels of mental wellbeing.¹⁵



Maintaining high levels of mental wellbeing protects against developing a mental health condition by up to eight times.¹²

8  **times**

Improving mental wellbeing in people with a diagnosed mental health condition increases recovery by up to seven times.¹³

7  **times**

A 2021 survey of Western Australians aged 13 years and over found that of the respondents:¹⁶



58%

reported having moderate to low mental wellbeing (49% moderate; 9% low)*



43%

reported having felt lonely more than once a month



1 in 3

reported high or very high levels of psychological distress (33%)**



1 in 3

did not feel confident maintaining their mental wellbeing (36%)



35%

felt a lack of support from family and friends

66% had the desire to act “daily or almost daily” to protect their mental health and wellbeing, whereas only **41%** actually took action



* As measured by the Mental Health Continuum Short Form (MHC-SF).

** As measured by the Kessler Psychological Distress Scale (K10).



Loneliness and isolation: why focusing on connections is important

In 2021, more than two out of five Western Australians reported feeling lonely more than once a month in the last year.¹⁶

There is a difference between feeling isolated and loneliness. Isolation refers to the physical separation from others, whereas loneliness is a distressing feeling related to a person's perception that the quality or number of social relationships they have is less than they would like.¹⁷

Isolation and loneliness do not necessarily go hand in hand. A person can be isolated but not experience loneliness if they feel good about the relationships they have. Loneliness does not mean a person experiences no interaction. People can be surrounded by others and still feel lonely. How a person feels about their relationships is more important than the number of social connections they have.¹⁸

People experiencing loneliness often worry about how they will be judged by those around them. This can

lead to loss of self-esteem, which makes them feel uncomfortable talking about their feelings of isolation and disconnection.¹⁸

Experiencing loneliness can lead to mental health issues or conditions such as depression and social anxiety.¹⁹ Loneliness is also associated with increased thoughts and behaviours related to suicide and non-suicidal self-harm.^{20,21}

People reporting feelings of loneliness are more likely to have increased cardiovascular risk issues and associated chronic health conditions and are at greater risk of premature death.^{22, 23} Conversely, people experiencing chronic health conditions report increased loneliness.^{24, 25}

Building connections with others reduces feelings of loneliness and isolation. This requires investing effort into fostering closer relationships with a small number of people (to strengthen) while also aiming to socialise with a range of people (to broaden). Helping people to have a mix of broad and close connections will strengthen their sense of belonging and provide support and encouragement to carry them through difficult times.¹⁸



What influences mental wellbeing?

Mental wellbeing is influenced by a series of complex interactions between an individual and the various risk and protective factors that exist in the settings and communities in which people live, learn, work and play.



Both risk and protective factors can impact a person's mental wellbeing across their life. They can be related to biology, psychology, experiences with family and community (including peers and culture), the economy and physical environment.³ A comprehensive list of risk and protective factors can be found in the [Prevention Plan](#) and the Life Stages section on page 23. It is important to acknowledge that the presence of risk factors does not automatically lead to a person experiencing low mental wellbeing or mental health issues. Similarly, a person may experience low mental wellbeing or mental health issues even if there are multiple protective factors present in their life.²⁶

Addressing both risk and protective factors is important in enhancing mental wellbeing, but there is strong evidence for the benefits of maximising protective factors as these operate on several complementary levels. They can reduce the likelihood of negative life events while supporting people to cope better when they experience difficulties.²⁷



What Western Australians say impacts their mental wellbeing¹⁶

Protective factors Western Australians identify as most strongly associated with high levels of wellbeing include:	maintaining perspective (focusing on what is really important)
	getting enough sleep
	exercising regularly
	working in a job or finding an activity that is meaningful or provides a sense of purpose
Risk factors Western Australians associate with most strongly driving or predicting low levels of mental wellbeing include:	loneliness
	being diagnosed with or managing a chronic illness
	financial concerns
	lack of support from family or friends



Snapshot of mental wellbeing influences

	TYPES OF INFLUENCES	IMPACT ON MENTAL WELLBEING
INDIVIDUAL LEVEL	<ul style="list-style-type: none"> An individual's make up includes their genetics and biology, as well as how they think and view the world. Life experiences can be both positive and negative experiences that occur over the lifetime. Activities and engagement are how a person chooses to spend their time (e.g. what they eat and drink and if they exercise). 	<p>Repeated or long-term exposure to risk factors can reduce mental wellbeing and increase the likelihood of mental health issues and conditions. The more risk factors a person experiences, the higher the probability they will experience low levels of mental wellbeing.</p> <p>Conversely, the more protective factors a person has in their life, the more likely they will experience high levels of mental wellbeing.</p>
COMMUNITY LEVEL	<ul style="list-style-type: none"> People living in or frequenting the same place (e.g. home, town and virtual space). People from similar community cohorts (e.g. culturally and linguistically diverse groups, LGBTIQ+, Aboriginal people and young people). 	<p>Communities that have high levels of trust, inclusion, cohesion and belonging help to promote mental wellbeing.</p> <p>Mental wellbeing can be lower in communities where there is conflict, racism, discrimination, and lack of connection between people.</p>
SETTINGS	<ul style="list-style-type: none"> Places and spaces that shape individuals' lives and where a significant amount of time is spent (e.g. home, neighbourhood, schools, workplace, clubs, art and cultural venues, and parks). 	<p>Mental wellbeing can be higher in communities with access to:</p> <ul style="list-style-type: none"> green and blue spaces where one can be immersed in nature active spaces for play, physical activity and exercise calm spaces for relaxation free from harsh noise and distraction safe spaces free from danger and violence interactive spaces to meet, connect, socialise and spend time with neighbours, friends, family and community.
PEOPLE AND RELATIONSHIPS	<ul style="list-style-type: none"> Includes friends, family, work colleagues, and community special interest groups (e.g. sporting teams and art groups). 	<p>Humans are social and are strongly influenced by the attitudes, comments and behaviours of those whose opinions they value.</p>
SOCIAL, POLITICAL AND ECONOMIC FACTORS	<ul style="list-style-type: none"> Includes factors that are outside an individual's control, such as income, education, unemployment, housing stability and food security. 	<p>Risk factors for mental wellbeing can be impacted by social inequalities.</p> <p>In general, lower socio-economic status is associated with low levels of mental wellbeing and an increased risk of mental health issues. Poor mental wellbeing can be both a product of and contribute to lower socio-economic position.</p>

Meeting the needs of priority populations

Some groups in Western Australia are at greater risk of experiencing low mental wellbeing due to disparate economic, cultural, social, geographical or educational factors.²⁷

It is important that programs are informed by the diverse needs and views of priority populations such as Aboriginal people, people of culturally and linguistically diverse (CaLD) backgrounds, LGBTIQ+ communities, gender and bodily diverse communities, people with a disability, and people living in rural and remote Western Australia.

Consideration of diversity, equity, cultural inclusivity and cultural security is essential for effective service delivery. Initiatives should be designed with respect to these factors and in recognition of the variety of cultural groups within Western Australia. Ensuring that the relevant stakeholders and community members are engaged to inform the development and adoption of initiatives is essential for building and maintaining relationships and creating successful programs.⁹

Programs that successfully promote mental wellbeing among priority populations are generally:²⁷

- co-designed and community led
- tailored to specific communities
- evidence-informed
- culturally safe and appropriate

These programs also:

- provide opportunities to develop community leadership and skills
- focus on building protective factors and reducing risk factors
- focus on improving health literacy
- improve access to education, information, testing, care and support services



Cultural considerations for Aboriginal people

In Western Australia, Aboriginal people generally experience higher levels of psychological distress than non-Aboriginal people. Aboriginal people also experience increased exposure to a range of risk factors that contribute to their levels of mental wellbeing.⁹

It is essential that the creation of programs and initiatives targeted to Aboriginal people considers SEWB in addition to acknowledging the impact of colonisation. Adopting a culturally secure approach ensures mental wellbeing initiatives and strategies are accessible and effective for Aboriginal people. This can be accomplished by:

- Identifying and responding to the cultural needs of Aboriginal people through supporting self-determination
- Recognising the importance of connection to Country, culture, spirituality, family and community
- Reflecting on how these factors affect SEWB⁹

Aboriginal people often experience better outcomes when services and programs are delivered by Aboriginal people or Aboriginal organisations. The inclusion of Aboriginal leaders and community in co-designing the programs is an important consideration when developing a SEWB program that addresses the specific needs of individuals in the community. This includes promoting connection to body, mind and emotions; family and kinship; and community, culture, language, Country, spirit, spirituality and ancestors.²⁷

Cultural awareness demonstrates a basic understanding of a relevant cultural issue.

Cultural safety recognises the power dynamics and considers ways to protect the rights and cultural differences of the Aboriginal health consumer, when health professionals engage with individuals, organisation and the community.

Cultural security directly links understanding and action that achieve outcomes intended for and by Aboriginal people.²⁸

For more information on SEWB considerations when planning or implementing programs, please refer to [Social and Emotional Wellbeing: A Welcome Guide for the Aboriginal Workforce](#).²⁹

Everyone has a role in mental wellbeing³⁰

The influential role governments, NGOs, private organisations, communities and individuals have working together has the potential to bring about benefits for all.

Commonwealth Government

The Commonwealth Government is responsible for the development and implementation of national frameworks and the delivery of funding, programs and services. It influences broad population outcomes through policies, laws, regulations and taxes, including those related to social determinants of health such as income support, employment and housing affordability.

Government of Western Australia

The State Government is responsible for the development of statewide strategies and plans, including the delivery and funding of services at the community, organisation and individual levels. This can include policies, laws and regulations that influence mental wellbeing and address social determinants of health across housing, employment, transport, workplaces and education.

Local governments

Local governments are responsible for developing their Local Government Area communities and creating supportive environments through the provision of local infrastructure, parks and recreation facilities; community services; building and planning; licensing; and cultural facilities and events. Public Health Plans provide an excellent mechanism for this to occur.

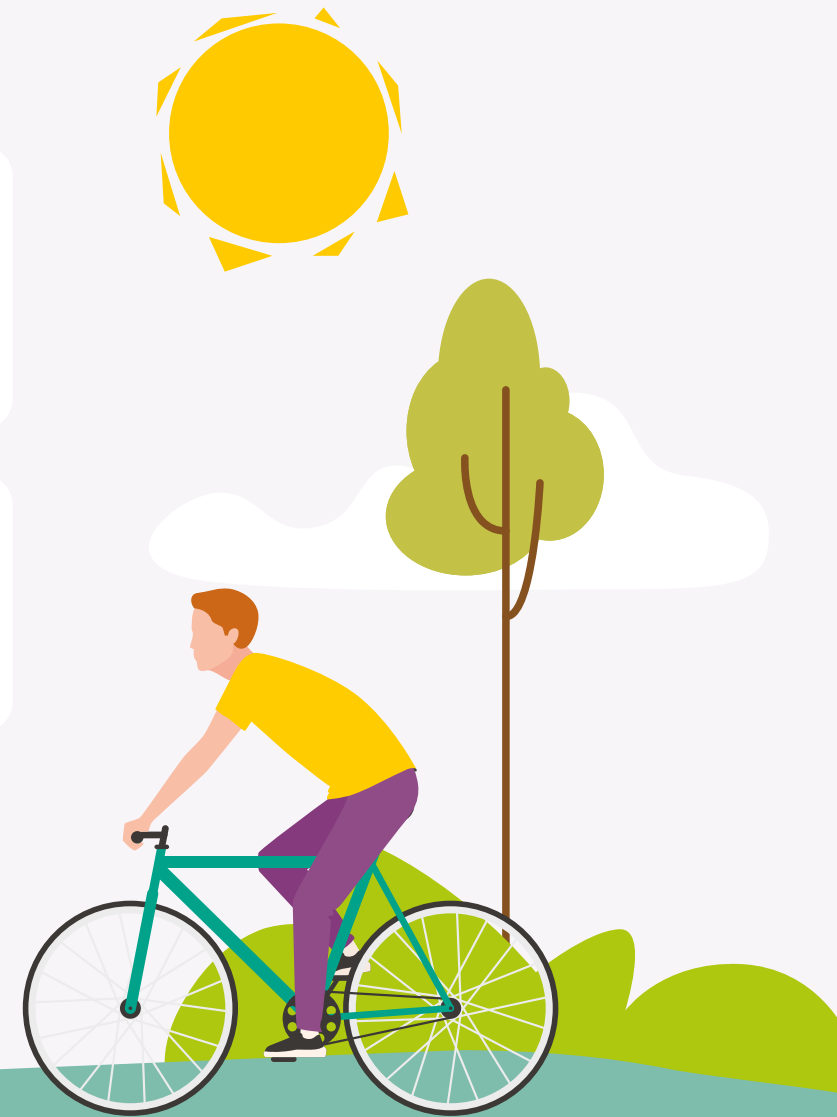


NGOs and private organisations

NGOs and private organisations are responsible for providing employment and workplaces that are safe and healthy and that support the mental wellbeing of their workforces. They can also play a role in the provision of mental wellbeing services as peak bodies that advocate for approaches to increase or maintain mental wellbeing for communities.

Individuals and communities

Individuals, families and groups can provide healthy, safe and secure environments and build supportive positive relationships and connections between friends, families, neighbourhoods and community groups to improve community mental wellbeing.



Strategies to support mental wellbeing

Achieving high levels of mental wellbeing across the whole population requires a coordinated multi-strategy, cross-sector approach. As every individual's experience of mental wellbeing is different, there is no single intervention, organisation or sector with the capacity to influence everyone's mental wellbeing.

As part of this comprehensive approach, evidence is emerging that strategies to increase or maintain a person's mental wellbeing can be implemented throughout the different life stages. There is also evidence that many of these strategies are cost-effective and would produce considerable cost-savings to governments, communities and individuals.¹ The best outcomes are achieved through working together across all levels of

community to build upon this evidence base.

Strategies that focus on promoting everyone's mental wellbeing, regardless of whether they have a diagnosed mental health condition or not, are just as important as strategies that prevent and support recovery from a mental health condition. While there may be overlap in strategies that work to promote mental wellbeing with those that work to prevent mental health conditions, they are technically different endeavours. The strategies in this guide are focused on promoting mental wellbeing and complement the strategies listed in the [Prevention Plan](#) that prevent and treat mental health conditions, as well as the broader endeavours by government to address the social determinants of health.

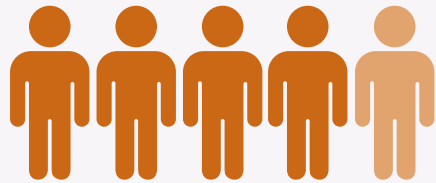
There are two main ways to improve mental wellbeing:

1. Enhancing the protective factors that lead to higher levels of mental wellbeing.
2. Reducing the risk factors that create lower levels of mental wellbeing.



Many factors in which people are born, grow, work, live and age can contribute to inequities in society and impact mental wellbeing. These are known as the social determinants of health and can include factors such as income, food security, housing, education and access to health services.³¹ While many of these factors sit outside the responsibility of the health sector, work is being undertaken across government, education settings, justice, housing organisations, industry and community groups towards a coordinated approach to positively impact the social determinants of health. The strategies in this guide may help to positively influence some of the social determinants of health such as social inclusion and physical environment. While broader structural, political and economic strategies are out of the scope of this document, consideration of these factors at all levels of policy and program development is important.

In Western Australia in 2021:¹⁶



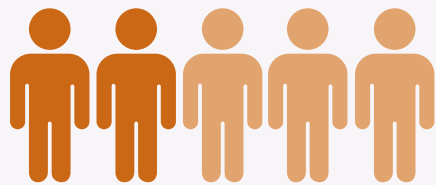
4 in 5

Approximately four out of five respondents (82%) indicated that they engaged in at least one self-care behaviour to look after their mental health and wellbeing.



The most common mental health self-care behaviours that people engaged in were

limiting their use of alcohol or drugs, eating healthily, spending quality time with close friends and family, and getting enough sleep.



2 in 5

Approximately two out of five respondents discussed their feelings or emotions with someone in the week prior to being surveyed.



Friends and partners

were the most common sources of support for emotional or personal problems.

Life stages

The following section outlines the influences on mental wellbeing and the types of evidence-based programs and strategies that can have a positive impact on mental wellbeing¹ across the life course and at different life stages. Groups seeking to implement programs or strategies to improve the mental wellbeing of their community are encouraged to use the following life stages as a starting point from which to develop and implement programs relevant to specific communities. Further information on program planning resources can be found on page 42.

It is acknowledged that many mental wellbeing initiatives are being implemented in the community that may not have a published evidence base but show signs of having a positive impact on improving or maintaining mental wellbeing. Continual development, implementation and evaluation of these initiatives is therefore also encouraged.

As mental wellbeing can fluctuate throughout people's lives, considering strategies across settings and sectors that follow people across their life course is important as it can:

- Encourage and support individuals to adopt their own personal toolkit of evidence-based strategies (e.g. physical activity, connecting with others, psychological strategies, and getting involved to generate a sense of meaning and purpose).
- Promote positive structural changes in peoples' homes, school, work and local neighbourhood environments.

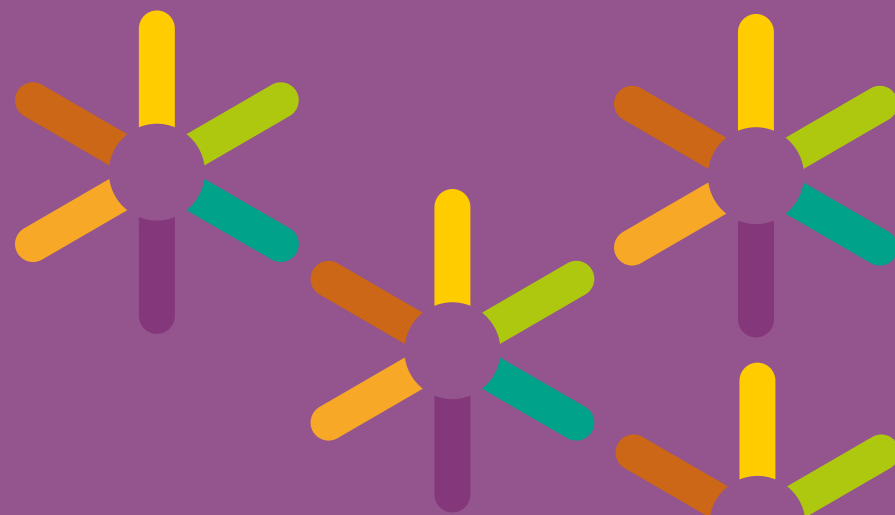
How to determine whether an existing mental wellbeing program or strategy is based on evidence?

The Mental Health Commission, in collaboration with Healthway and the Western Australian Association for Mental Health, has developed a resource to help stakeholders assess if programs are evidence-based and are suitable for the intended audience or community. A Guide to Assessing Mental Wellbeing Programs provides a comprehensive, though not exhaustive, range of criteria to assess mental wellbeing programs. It can be used as a guide for the development or purchasing of mental wellbeing programs with short-, medium- and long-term outcomes. A Guide to Assessing Mental Wellbeing Programs checklist is included in Appendix 2.

Supporting mental wellbeing
across the life course

Across the life course

There is no one-size-fits-all solution to supporting mental wellbeing. The programs and strategies described here can influence the mental wellbeing of the whole population or local communities regardless of their life stage.



Protective factors

- Healthy lifestyle behaviours (e.g. being physically active, good nutrition, quality sleep and low or no alcohol use).
- Social and emotional life skills (e.g. good problem-solving skills, optimism, resilience, social participation and empowerment).
- Connectedness with community.
- Positive and supportive relationships.
- Strong cultural identity (e.g. sense of belonging, positive attitude to own culture, knowledge of first language and living among cultural community).
- Religion and spirituality.
- Safe and healthy environments to live, work and play.
- Access to arts and cultural engagement.
- Access to green and blue spaces.
- Secure socio-economic status.
- Access to financial, educational, social and health resources.

Risk factors

- Major life transitions (e.g. becoming a parent, starting or changing schools, starting or changing jobs).
- Stressful life events (e.g. separation, divorce, job loss, illness or death).
- Having a chronic health condition, impairment or pain.
- Factors associated with migration and refugee status.
- Unhealthy lifestyle behaviours (e.g. poor nutrition or poor food quality, poor quality or lack of sleep, overweight and obesity, physical inactivity and sedentary behaviour, and high-risk alcohol and tobacco use).
- Family fragmentation, dysfunction.
- Racism, discrimination, language barriers and stigma.
- Social and geographical isolation and exclusion.
- Living in remote or regional areas.
- Neighbourhood violence and crime.
- Exposure to violence and abuse.
- Torture and trauma.
- Access to alcohol, other drugs and gambling.
- Disability.
- Unsafe and overcrowded environments.

- Noise pollution.
- Natural and human disasters (e.g. drought, fire, flooding and recession).
- Low socio-economic status.
- Lack of access to quality housing, food and healthcare.
- Risk of homelessness.

Settings

- Home.
- Neighbourhoods.
- Sport and recreation venues.
- Art centres, performing arts venues and cultural institutions (museums, galleries and libraries).
- The natural environment (blue and green spaces).
- Places of worship.
- Community centres and events.
- Primary healthcare services.
- Local, state and federal governments.

Influencers

- Family.
- Extended family.
- Carers.
- Friends.
- Neighbours.
- General practitioners (GPs) and allied health professionals.
- Community and faith leaders.

Programs/strategies

- Healthy public policies to support the availability and access to affordable healthy food options.
- Public policies and regulatory initiatives targeting alcohol availability, promotion of products and pricing.
- Restrict the promotion of unhealthy food and drinks at point-of-sale and end-of-aisle situations in prominent food retail environments.
- Advocacy for sleep and screen time recommendations for all age groups to be incorporated into national guidelines and policies.
- Strategies that stimulate debate and increase

community demand and support for evidence-based measures aimed at increasing or maintaining mental wellbeing.

- Engage with the community and key stakeholders, including local governments, to identify and implement priority actions that support mental wellbeing at a local level.
- Urban design, land use and infrastructure to support physical activity by providing all Western Australians with access to natural environments, public open spaces, and green and blue spaces.
- Provision of universally accessible active transport networks such as paths for walking and cycling.
- Cultural events, festivals and programs that create community cohesion and social connectivity through shared activities.
- Increase access to reliable, practical and culturally appropriate nutrition information regarding the healthy eating patterns required at all stages of life for good health.
- Public awareness campaigns that increase awareness, knowledge and skills to encourage the uptake of:
 - good nutrition and high-quality diets
 - regular physical activity
 - good sleep hygiene
 - mindfulness
 - reduced alcohol use.

- Smoking prevention programs.
- Complement population approaches with targeted programs that are culturally appropriate or meet the needs of those at higher risk.
- Provision of subsidies and transport options to increase participation in physical activity.
- Support the regulation of products and environments to create welcoming spaces and improve community safety such as good lighting, rubbish clean-up and alcohol-free events.
- Consider language and cultural barriers by providing access to interpreters and translators.
- Address racism, discrimination and stigma.
- Promote and support healthy relationships between families.
- Volunteering opportunities to build social engagement and support with people who have like-minded interests.

Supporting mental wellbeing
across the life course

Perinatal and early years life stage

This life stage includes the perinatal stage*
through to when a child starts school.

* The perinatal stage refers to the period from conception to 12 months after the birth of the baby.



The perinatal and early years life stage is a critical period that can have an enduring effect on a person's future mental wellbeing. It is heavily influenced by a person's home, child health services, childcare services and community environment. The mental wellbeing of a parent or caregiver also has a strong influence on a child's development. It is important to support new and expectant parents or caregivers to enhance their own mental wellbeing and provide them with the information, skills and support they need to help their children thrive.

Note: The following is specific to the “perinatal and early years life stage” and should be considered in addition to the “across the life course”

Protective factors

- Healthy parental lifestyle behaviours.
- Secure infant–caregiver attachment.
- Parental social support.
- Harmonious parental relationships and co-parenting.
- Positive foster care and kinship care.
- Access to high-quality childcare.
- Strong social supports.

Risk factors

- Disturbed infant sleep or feeding problems.
- Insecure or disorganised attachment styles between caregiver and child.
- Child abuse or neglect.
- Relationship dissatisfaction and conflict.
- Family violence.
- Lack of parental social support.
- Parental stress and distress.
- Parental mental health or alcohol and other drug issues.

Settings

- Antenatal and maternity services.
- Child and family health services.
- Mothers' groups and playgroups.
- Early childhood education and care services.
- Workplaces.

Influencers

- Parents and carers.
- Early childhood educators.
- Maternal and child health nurses.

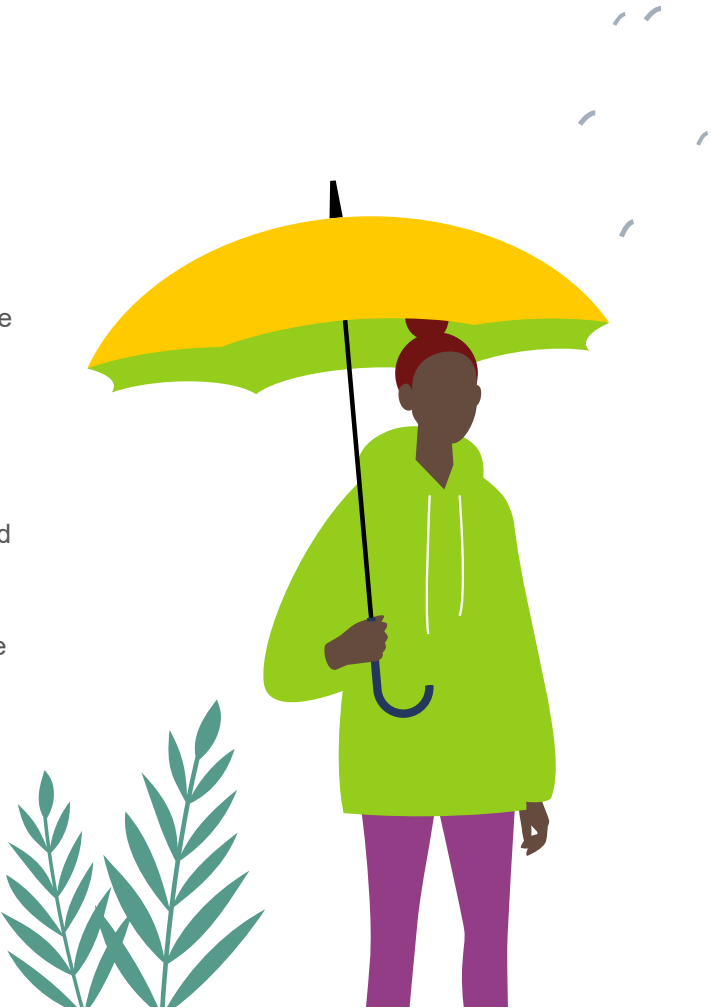
Programs and strategies

Initiatives with high evidence from research studies:

- Programs that support expectant and new parents to be physically active, eat healthily and to avoid alcohol and other drug use.
- Psychoeducational and psychological skills-building programs that enable parents to effectively manage stress in the perinatal and postpartum period. Programs should ideally teach parents strategies drawn from Cognitive Behavioural Therapy (CBT) or Interpersonal Therapy (IPT).
- Nurse home-visiting programs that enhance parents' mental wellbeing, promote positive parenting strategies and prevent child maltreatment.
- Universal screening for perinatal depression or anxiety and alcohol or other drug issues accompanied by priority referral to mental healthcare or alcohol and other drug services for parents experiencing these difficulties.

Initiatives with emerging evidence from research studies:

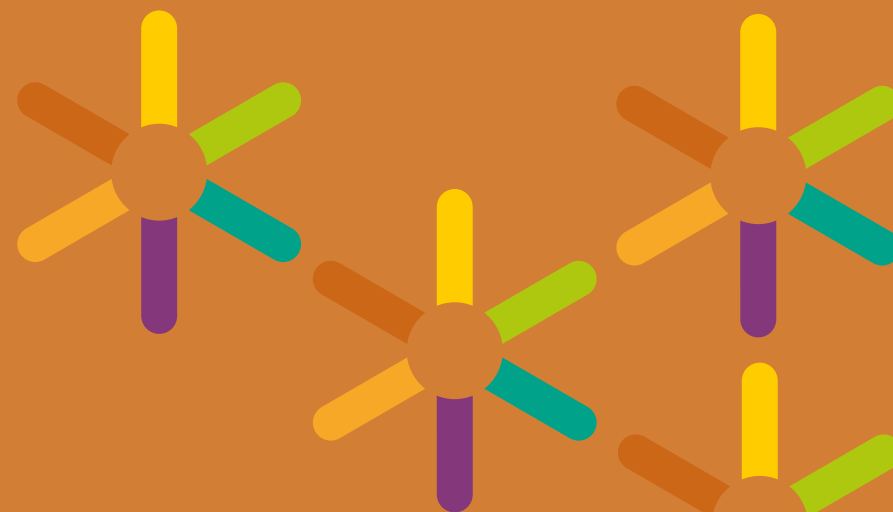
- Mindfulness-based programs during the perinatal period.
- Guidance programs to prepare parents for pregnancy, labour and parenting.
- Antenatal classes that focus on positive parenting skills.
- Programs to promote secure attachment between infants and caregivers.
- Programs to address infant sleep or feeding difficulties.
- Programs to improve communication, promote co-parenting and reduce conflict between partners.
- Programs to enhance social support and reduce social isolation, particularly among young parents or single mothers, including playgroups and programs that use peer-based approaches.
- Workplace policy supports for parents such as flexible workplace arrangements, childcare arrangements and leave entitlements.



Supporting mental wellbeing
across the life course

Children and young people life stage

This life stage generally includes children engaging with primary and secondary education settings. A child's mental wellbeing is heavily influenced by their home, school and community environment.



Children and young people life stage

It is critical to provide support to the adults in a child's life, including parents or caregivers and educators, to enable them to nurture the healthy development of the child and to identify and respond to emerging difficulties quickly and effectively.

The greatest gains can be achieved by teaching children the psychosocial skills that promote wellbeing such as social and emotional intelligence, self-control and emotional regulation, and by helping them establish positive relationships with other children and adults.

Pre-teen and teenage development are times of significant physical, social and cognitive change. Children and young people in this stage are engaged in working out who they are and where they fit in the world. Their thinking capacities, relationship skills and ability to regulate emotions are still developing. As part of this exploration, children and young people might try out new or different clothing styles, music, art and friendship groups, and experiment with alcohol and other drugs or start pushing their boundaries. During this time, it is important to encourage the development of social and emotional skills and to

support personal relationships that enhance their mental wellbeing while keeping them safe as they seek responsibility and independence. It is vital to provide children and young people with the opportunity to engage in sport, arts, recreation, outdoor adventure, and cultural and personal development activities as well as study.

Note: The following is specific to the “children and young people life stage” and should be considered in addition to the “across the life course”.

Protective factors

- Positive relationship with at least one responsible adult.
- Positive parenting.
- Harmonious and supportive family environment.
- Positive school ethos, culture and school climate.
- Access to education.
- Positive teacher and peer relationships.
- Engagement in social, sporting, artistic, cultural and recreational activities.
- Youth voice – having views and opinions considered.

Risk factors

- Child abuse or neglect.
- Exposure to intimate partner violence or family and domestic violence.
- Bullying and cyberbullying.
- Parental mental health or alcohol and other drug issues.
- High demand academic environment.
- Unrealistic media portrayals of body image.
- Sexual harassment and assault.
- High screen and social media time.
- Foster care or out-of-home care placement.
- Alcohol and other drug use.

Settings

- Maternal child and family health services.
- Early Learning Services.
- Schools.
- Online.
- Universities.
- TAFEs.
- Workplaces employing teenagers.
- Child and Parent Centres.

Influencers

- Parents and carers.
- Teachers and education support.
- Coaches.
- Peers.
- Media.

Programs and strategies

Initiatives with high evidence from research studies:

- Programs that support children and young people to be physically active, eat healthily, practice good sleep hygiene and reduce screen time.
- Nurse home visiting programs that enhance caregiver's mental wellbeing, promote positive parenting strategies and prevent child maltreatment.
- Structured parenting programs designed to prevent child emotional and behavioural disorders that are provided one-to-one, in groups or online.
- Whole-of-school programs promoting mental wellbeing initiatives including:

- Social and emotional learning, resilience building and prevention-specific skills-building programs delivered in the classroom by trained teachers or mental health professionals.
- Respectful relationships initiatives, anti-bullying programs and programs that address discrimination or rejection for gender, disability, race or sexual orientation.
- School-based policies and initiatives to prevent or respond promptly to adverse childhood experiences.
- Online psychoeducational and psychological skills building programs based on CBT, IPT, Acceptance and Commitment Therapy (ACT) and mindfulness strategies.
- Parental assistance programs that support parents' capacity to provide positive and responsive strategies to develop strong attachment, self-regulation and resilience of children and young people.

Initiatives with emerging evidence from research studies:

- Websites and apps that provide accurate and reliable information and anticipatory guidance to parents and caregivers to support healthy child development.
- Initiatives to involve children and young

- people in hobbies, sport and recreational pursuits, and personal development activities.
- Strategies that prevent and delay a young person's initiation to alcohol and other drug use, including exposure to alcohol marketing, branding and sponsorships.
- Reduce children's and young people's exposure to unhealthy food and drink marketing, branding and sponsorships, implemented via government legislation or policies in specific settings such as schools or sporting clubs.
- Healthy relationships education programs to prevent gendered violence among young adults.
- Youth mentoring programs to prevent behavioural or externalising disorders.
- Supporting universities and other post-secondary training and education organisations to adopt a whole-of-organisation approach to promoting mental wellbeing.

Supporting mental wellbeing
across the life course

Young adults life stage

This life stage relates to young people who have left secondary education settings and are transitioning to adulthood. It is a time of major change.



While physical and sexual maturation will be nearing completion, social and neural development continues well into a person's twenties. Discovering identity, studying, travelling, moving out of home, meeting people, making new friendships, entering sexual relationships and managing finances are common experiences to be navigated during this period.

While moving towards independence is exciting, it can also be challenging. Individuals can become susceptible to mental health conditions or alcohol and other drug issues during this time. Emerging Western Australian data indicates that young people are more likely to experience high or very high levels of psychological distress compared with older people.¹⁶

Ensuring community-level protective factors are in place is important as young adults can be a difficult group to reach. Providing strong support beyond the family is important. Supporting young adults with opportunities to engage in sport, arts, recreation, outdoor adventure, and cultural and

personal development activities as well as study, training or work is vital to promoting self-esteem, a sense of belonging, and meaning and purpose in life. Helping young adults manage the transition from school to higher education or work is also important.

Note: The following is specific to the “young adults life stage” and should be considered in addition to the “across the life course”

Protective factors

- Harmonious and supportive family environment.
- Positive relationships with at least one responsible adult.
- Positive parenting.
- Pro-social peer group.
- Social support and networks.
- High-quality social relationships.
- Supportive integrated online networks.
- Positive teacher, employer and peer relationships.
- Engagement in study, training or work.
- Youth voice – having views and opinions considered.

Risk factors

- Unrealistic media portrayals of body image.
- Sexual harassment and assault.
- Intimate partner violence or family and domestic violence.
- High screen and social media time.
- Alcohol and other drug use.
- Social isolation and loneliness.
- Bullying and cyberbullying.

Settings

- Universities.
- TAFEs.
- Workplaces.
- Community groups run by local government and NGOs.
- Online.

Influencers

- Parents and carers.
- Lecturers.
- Coaches.
- Peers.
- Employers and managers.
- Work colleagues.
- Media.
- Family or significant other.

Programs and strategies

Initiatives with high evidence from research studies:

- Programs that support adults to engage in physical activity, eat healthily, avoid alcohol and other drug use, and practice good sleep hygiene.
- Social skills training and social support.
- Psychological interventions produce positive results in both face-to-face formats within a range of community settings and online. Active skill-building rather than passive information provision is critical.

- Online psychoeducational and psychological skills-building programs based on CBT, IPT, ACT, Positive Psychology Interventions (PPI) and mindfulness strategies.
- Place-based community mobilisation approaches that focus on modifying the community-level risk and protective factors that influence young adults' mental wellbeing.

Initiatives with emerging evidence from research studies:

- Healthy relationships education programs to prevent gendered violence among young adults.
- Youth mentoring programs to prevent behavioural or externalising disorders.
- Initiatives to involve young adults in hobbies, sport and recreational pursuits, and personal development activities.
- Supporting universities or TAFE and other post-secondary training and education organisations to adopt a whole-of-organisation approach to promoting mental wellbeing.
- Social skills training and befriending or one-on-one social support initiatives.
- Exploring the role of tai chi, yoga and other mind-body approaches to promoting mental wellbeing as well as sports, art and nature-

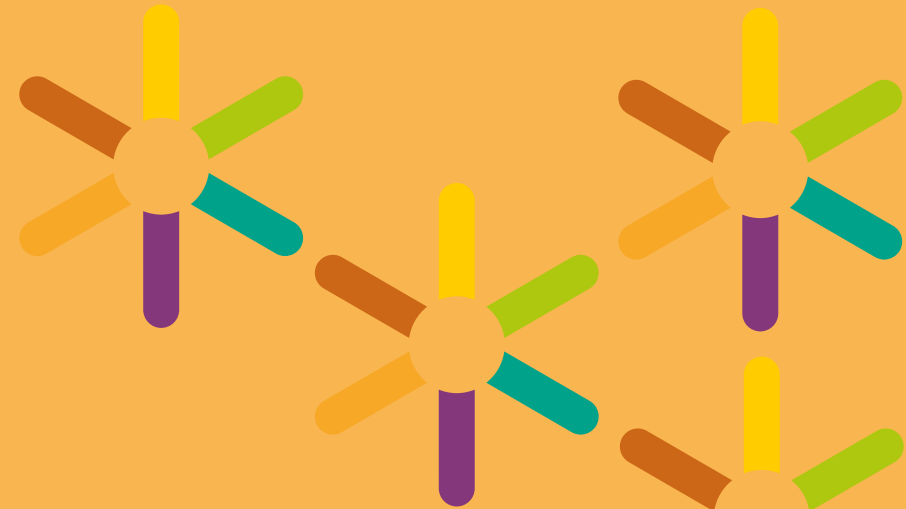
based approaches.

- Support initiatives that celebrate cultural diversity and allow students the opportunity for cultural awareness training at universities or TAFE and other post-secondary training and education organisations.

Supporting mental wellbeing
across the life course

Adults life stage

Competing priorities of adulthood can be challenging. Juggling and maintaining a good work/life balance, caring for parents, partners, and children, and managing stressful life events can lead to lower levels of mental wellbeing.



People experiencing lower levels of mental wellbeing can negatively impact on the mental wellbeing of those around them. It is therefore important to provide adults with the knowledge and skills to successfully negotiate the ups and downs of life while protecting them from the risk factors they might be exposed to through the media, at work and in the community.

A focus on self-compassion, strengthening intimate relationships and friendships, having secure employment, supporting a work-life balance, preventing psychological injury at work and addressing social disadvantage are all priorities.

Note: The following is specific to the “adults life stage” and should be considered in addition to the “across the life course”

Protective factors

- Social support and networks.
- High-quality social relationships.
- Supportive integrated online networks.
- Psychosocial safety in the workplace.
- Adequate income and ability to manage finances.
- Employment.
- Sense of belonging and meaning.

Risk factors

- Intimate partner violence.
- Bullying and cyberbullying.
- Insecure employment, unemployment or unsupportive work conditions.
- Caregiving, especially for someone with additional care needs.
- Stressful events including relationship problems, separation, divorce, recession, drought, death or illness of a partner, child or parent.

Settings

- Workplaces.
- Universities.
- TAFEs.
- Community Resource Centres.
- Community groups run by local government and NGOs.
- Online.

Influencers

- Partner.
- Extended family.
- Parents and carers.
- Employers and managers.
- Work colleagues.
- Media.

Programs and strategies

Initiatives with high evidence from research studies:

- Programs that support adults to engage in physical activity, eat healthily, avoid alcohol and other drug use, and practice good sleep hygiene.
- Face-to-face or online psychoeducational and psychological skills building programs that teach people self-care and resilience strategies drawn from positive psychology (e.g. mindfulness, gratitude, savouring and personal strengths) and clinical psychology (e.g. CBT, IPT, ACT and PPI).
- Addressing organisational culture by improving the psychosocial safety climate at work and prevent work-related psychosocial risk factors in a collaborative manner, such as low support, high demand or low control jobs, or interpersonal conflict, discrimination, bullying or harassment in the workplace.

Initiatives with emerging evidence from research studies:

- Public education campaigns that promote the adoption of daily habits derived from health and positive psychology strategies.
- Public education campaigns and information resources that build mental wellbeing literacy and actions.
- Social skills training and befriending or one-on-one social support initiatives.
- Support programs that link people with communal activities to foster personal learning and development and allow them to meet and forge relationships with others.
- Supportive workplace policies such as protected time to participate in wellbeing programs, providing dedicated spaces for wellbeing activities, and subsidies or compensation for programs that support wellbeing.
- Exploring the role of tai chi, yoga and other mind-body approaches to mental wellbeing as well as sports, arts-based approaches (e.g. listening to music, playing or singing) and nature-based approaches (e.g. exposure to natural environments and forest therapy).
- Exploring the role of GPs and other primary healthcare workers in building mental wellbeing literacy and providing anticipatory guidance to improve mental wellbeing.
- Workplace environment and policies to breakup long periods of sitting such as stand-up desks and walking meetings.
- Supporting local government initiatives that promote cultural diversity and support cross-cultural learning.

Supporting mental wellbeing
across the life course

Older adults life stage

Australia has an ageing population, which will continue to increase into the future. It is important to understand that low levels of mental wellbeing in the older adult population is not caused by ageing alone.



Long-term exposure to risk factors are associated with a decline in mental wellbeing.³² Risk factors that limit opportunities as a person ages include ageist* societal attitudes such as refusing to hire someone due to their age and viewing older people as out of touch, less productive or stuck in their ways.³³

Many people continue to work into older age, and those who retire can still contribute significantly to the community in their roles as grandparents, carers and volunteers. Encouraging active ageing will benefit the cognitive, physical and mental development of older adults.

Good social and family support, better self-rated health, engagement in physical activity and participation in social activities appear to be important protective factors.

For example, formal social participation such as volunteering can contribute to enhanced mental health by providing a sense of purpose and opportunities for social connectedness.³⁴

Risk factors relevant to this life stage include sleep disturbance, chronic pain and elder abuse. Entering residential aged care can also be a stressful life transition, but positive gains can be made when older adults are supported during this time to adjust to their new circumstances and to stay active and involved.

Note: The following is specific to the “older adults life stage” and should be considered in addition to the “across the life course”

Risk factors

- Loneliness.
- Death of a partner, loved one or friend.
- Intimate partner violence or elder abuse.
- Being a caregiver for someone with additional care needs.
- Poor physical health and chronic pain.
- Ageist social attitudes.

Settings

- Community Resource Centres.
- Community groups run by local government and NGOs.
- Community-based and residential aged care services.

Protective factors

- Social support.
- Participation in social activities.
- Engagement in hobbies and active ageing activities.
- Use of modern devices to facilitate social engagement and connection.
- High-quality healthcare.
- Sense of belonging.
- Older adult voice.

* Ageism is prejudice or discrimination against people based on their age. It typically applies to people who are older, but it can also impact young people.

Influencers

- Partner.
- Peers.
- Aged care workforce.
- Employers and managers.

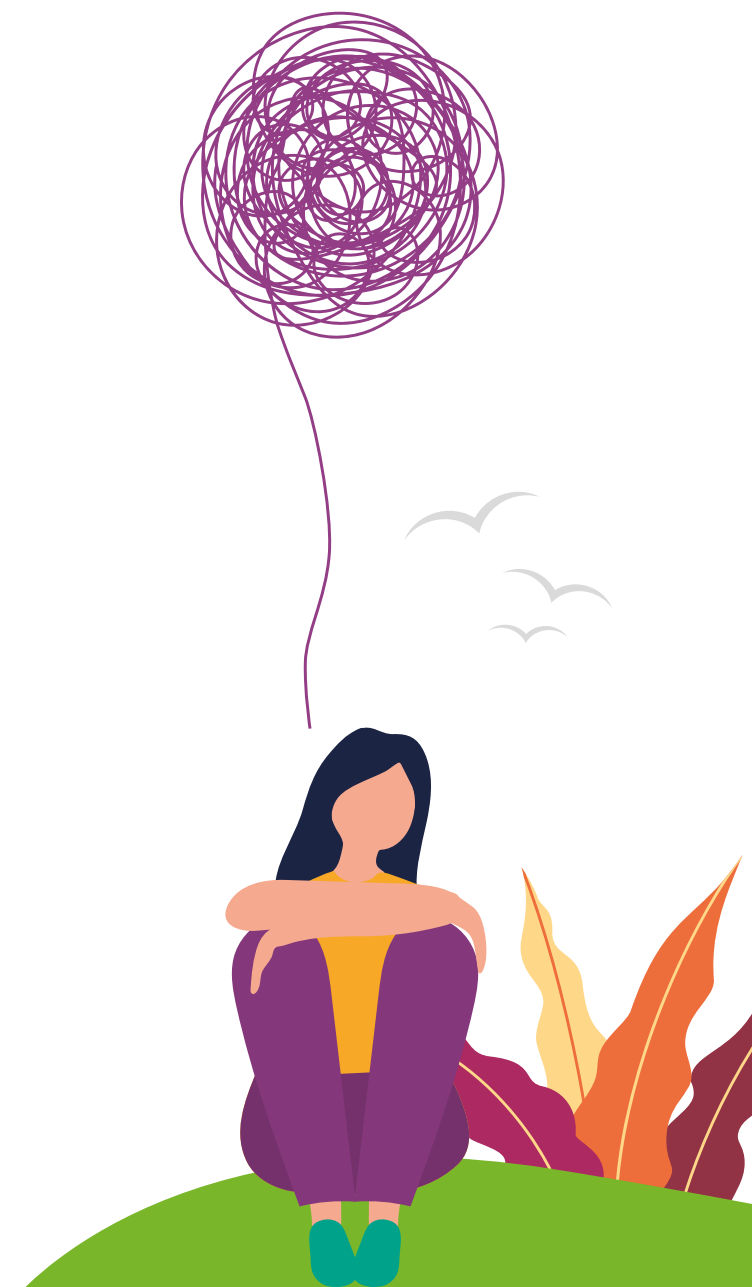
Programs and strategies

Initiatives with high evidence from research studies:

- Programs to support older adults to be physically active through active ageing programs.
- Evidence-based programs to tackle loneliness and reduce social isolation such as social skills training, befriending and one-on-one social support initiatives.
- Health professional referral of patients to community wellbeing support programs (social prescribing or community referral).

Initiatives with emerging evidence from research studies:

- Initiatives to raise awareness of elder abuse, provide early intervention and prevention strategies, and address elder abuse.
- Tai chi, arts-based and nature-based approaches.
- Companion animals.
- Mindfulness-based programs, life review, reminiscence therapy and other psychological or psychosocial interventions that enhance wellbeing or prevent mental health issues.
- Programs that provide proactive support to older people at the point of transition into residential aged care to help them adjust to their new circumstances and to stay active and involved.
- Programs to support older adults to participate in volunteering opportunities as they transition out of the workforce.
- Employment of health workers and professionals in the aged care sector who are bilingual or multilingual.



Building blocks for success

A range of system supports are required for mental wellbeing strategies to be developed and delivered successfully. Consistent with the [Prevention Plan](#), the following system supports are required to ensure successful and sustainable outcomes for mental wellbeing.²⁷

System support	Why do we need it?	Example
Coordination, partnership and collaboration	Close working relationships, strong partnerships and collaboration between governments at the local, state and national level, private organisations, NGOs, research institutions and key community organisations are critical to positively influencing mental wellbeing.	Coordination across agencies to clarify roles and responsibilities and to reduce gaps and overlaps.
Workforce and volunteer development	While many organisations are already playing an active role in promoting mental wellbeing, others may need support to enhance their impact. Ongoing efforts are required to build the capacity of workers, including volunteers, to implement evidence-based programs.	Expanding and supporting existing mental health promotion workforce. Professional development training. Mentoring and coaching opportunities.
Dedicated funding	Funding for mental wellbeing and primary prevention should be separated and quarantined from funding for mental healthcare and secondary and tertiary prevention initiatives.	Explore funding opportunities and redirect current funding and program development to increase spending allocated to prevention activities.
Research and evaluation	Informs new and better ways to promote mental wellbeing, particularly for complex and under-researched areas.	Support independent research on what works in the area of mental wellbeing. Increase publication of evaluation results.
Data	Current gaps in data collection systems impact the ability to assess program effectiveness. Efforts to create information systems that enable government and others to collect, collate, analyse and report on program and population-level data are important to guide action.	Collect, monitor and report on relevant data and demographic information such as CaLD indicators. Develop data linkage and digital health systems.
Diversity and inclusion considerations	Developing programs that are co-designed with priority populations such as Aboriginal people, CaLD people, LGBTIQ+ communities, people with a disability, and people living in rural and remote Western Australia is essential to meet the diverse needs of these priority populations.	Consult with people from diverse backgrounds to inform planning, implementation and evaluation of programs.

Planning, evaluation and monitoring mental wellbeing programs

Planning, implementing and evaluating programs are important steps in ensuring communities benefit from the programs and strategies being implemented. Project planning identifies the steps required to complete the project (including tasks, timelines and budget). During project planning, it is also helpful to consider potential roadblocks, unintended consequences or barriers to engagement and to implement appropriate mitigation strategies to avoid these occurring.

Quality evaluation is essential to identify achievements and to inform ongoing improvement. Alternatively, when programs do not achieve the desired effects, monitoring and evaluation can identify where things went wrong and how they can be improved in the future.

Research regarding mental wellbeing programs is still emerging and gaps in data collection systems impact the ability to assess program effectiveness. This reinforces the importance of robust program evaluation in order to contribute to research in this area and to build the evidence base for best practice.

All mental wellbeing programs need to have clear outcomes to guide program activity. A Program Logic Model is a key tool in the development of programs and provides a one-page snapshot of the purpose of a proposed program.²⁷ Using a Program Logic Model helps to identify the anticipated impacts of a program and how the program would contribute to long-term state or national goals (see Page 44 – Mental Wellbeing Program Logic Model).

The Department of Health [Research Evaluation Framework Implementation Guide](#) and the Department of Treasury [Program Evaluation Guide](#) are helpful resources to assist with program planning and evaluation. They include information on how to develop a Program Logic Model and identify evaluation questions, how to set program objects and activities, and how to use measures and data collection methods to assess the impact of programs and strategies.

Program Logic Model

A Program Logic Model provides a visual representation of the available resources, the planned activities and the results to be achieved. A Program Logic Model comprises the following key elements:

Inputs

The resources available to implement a program, including financial, human, organisational and community resources.

Outputs

The results from the activities that have been implemented.

Activities

What is done with the resources, that is, the actions implemented to bring about the intended changes.

Output Indicators

These quantify the activities implemented.

Outcomes

The change or expected improvement resulting from implemented activities.

The Mental Wellbeing Program Logic Model on the following pages has been adapted from the Prevention Plan Program Logic Model and was designed to assist in the development, implementation and evaluation of mental wellbeing activities. It includes examples of inputs and activities that align with the Ottawa Charter for Health Promotion and includes short-, medium- and long-term outcomes as well as examples of the types of activities, outputs and output indicators that could be used.

More information on Program Logic Models can be found in the [Prevention Plan](#).

Mental Wellbeing Program Logic Model



Output Indicators

Stakeholders to populate output indicators in relation to their organisation's relevant business activity.

Examples of the types of outputs that could be implemented are provided below:

- Number of workplaces implementing mental wellbeing activities.
- Number of schools implementing a whole school approach to target bullying and discrimination.
- Number of local community action plans being implemented in local communities to address mental health and wellbeing.
- Level of Aboriginal and CaLD community engagement, consultation and leadership.
- Number and type of education and awareness raising campaigns implemented to improve mental health literacy and reduce stigma.
- Number of people who increased their knowledge about mental health literacy and stigma.
- A six-monthly report of prevention activity data is distributed to relevant stakeholders.

Outcomes

Short-term:

- Increased mental health literacy surrounding mental wellbeing and mental health issues.
- Increased knowledge of activities to improve mental wellbeing.
- Increased knowledge of the risk and protective factors for mental wellbeing.

Medium-term:

- Increased number of people who adopt strategies to protect and build their mental wellbeing.
- Increased number of people engaging in regular actions to improve their mental wellbeing.
- Decreased social stigma towards people experiencing mental health issues.
- Increased capability to seek help for oneself or another person for mental health-related issues.
- Increased number of people who report feeling safe in their community.
- Decreased number of people who report feeling lonely.
- Increased support for evidence-based strategies to improve mental wellbeing.
- Increased number of people who feel connected to their community or culture.

Long-term

- Increase in the population with high mental wellbeing.
- Increase in the levels of resilience among the population.
- Reduction in the incidence of mental health issues.
- Increase in positive attitudes towards mental health.

Appendix 1: Key terms and definitions

The language we use shapes how people feel about themselves and how they view others. Constructive and inclusive language helps to reduce stigma and negative stereotypes, whereas poor language choices can alienate individuals and communities, sensationalise issues, contribute to stigma and discrimination, and prevent people from seeking help.

Most of the terms and definitions in the [Prevention Plan](#) have been adopted in this document; however, the term “promoting mental wellbeing” has been used instead of the term “mental health promotion”. Any changes reflect feedback from community consultation as well as the latest research.

Acceptance and Commitment Therapy

Acceptance and Commitment Therapy is usually delivered over multiple sessions and typically focuses on creating hope and building commitment to change, cultivating acceptance instead of control, and developing strategies to reduce negative and unwanted thoughts.³⁵

Cognitive Behavioural Therapy

Cognitive Behavioural Therapy is usually delivered over multiple sessions and targets the thought patterns that distort reflections of a situation (maladaptive thinking), supports interpretation of situations to change their meaning and impact (cognitive reappraisal), develops coping skills and emotional regulation, and improves positive emotions and goal setting.³⁵

Interpersonal Therapy

Interpersonal Therapy focuses on resolving interpersonal issues, which are the specific event or trigger of the mental health issue that the individual is experiencing.³⁵

Mental wellbeing

Mental wellbeing is reflective of an individual’s psychological, emotional, physical and social states. It refers to the ability of an individual to maintain connections, contribute to their community, and cope with the normal stressors of life, events or challenges.¹

Mental health

The Mental Wellbeing Guide adopts the World Health Organization's definition of mental health:

Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.

Mental health condition*

A mental health condition is a disorder diagnosed by a medical professional that interferes with an individual's cognitive, emotional or social abilities.¹

Many different types of mental health conditions occur to varying degrees of severity. Examples include anxiety disorders, such as generalised anxiety disorders and social phobias; mood disorders (such as depression and bipolar disorder); psychotic disorders (such as schizophrenia); eating disorders (such as anorexia and bulimia); and personality disorders (such as borderline personality disorder).²

* The term "mental health condition" supersedes the term "mental illness", which is currently used in the Western Australian Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018–2025.

Mental health issue

A mental health issue refers to when cognitive, emotional or social abilities are diminished, but not to the extent that they meet the criteria for a diagnosed mental health condition.³⁶

Mental health issues can occur due to life stressors. They are usually less severe than diagnosed mental health conditions and often resolve with time or when an individual's situation changes. If a mental health issue persists or increases in severity, it may develop into a diagnosed mental health condition.²⁷

Mindfulness-Based Interventions

Mindfulness-Based Interventions (MBI) are a group of self-directed techniques (such as yoga and meditation exercises) that focus on lowering reactivity to challenging experiences through non-judgemental self-awareness of physical sensations, cognitions and emotions.³⁷

Ottawa Charter for Health Promotion

The Ottawa Charter for Health Promotion was developed at the first International Conference on Health Promotion in 1986 and remains a seminal guiding framework for health promotion activity worldwide.³⁸ The Mental Wellbeing Guide has adapted the Ottawa Charter action areas, referring to them as activities or outputs in the Mental Wellbeing Program Logic Model.

Appendix 1: Key terms and definitions

Positive Psychology Interventions

Positive Psychology Interventions (PPI) involve activities that promote wellbeing and happiness. Examples include writing about positive experiences, goal setting, practicing optimistic thinking and socialising with others.³⁹

Primary prevention

Primary prevention refers to strategies aimed at preventing mental health issues and conditions. This includes interventions targeting:

- the whole population
- subgroups of the population who are at increased risk
- high-risk groups and people displaying early signs or behaviours linked to low mental wellbeing.²⁷

Psychological distress

Psychological distress refers to non-specific symptoms of stress, anxiety and depression. High levels of psychological distress are a sign of poor mental health and may reflect common mental health issues such as depression and anxiety.⁴⁰ It is commonly measured with a self-reporting rating scale. The Kessler Psychological Distress Scale (K10)⁴¹ is a widely used indicator that gives a simple measure of psychological distress in the past four weeks.

Social and Emotional Wellbeing

Aboriginal people prefer to use the culturally defined term Social and Emotional Wellbeing (SEWB), which encompasses multiple facets of health.

SEWB refers to an individual's social, emotional and cultural wellbeing in context with the whole community. SEWB of Aboriginal people is strongly influenced by their connection to family, Elders, community, culture, Country and spirituality. These connections work together to provide a culturally safe environment for Aboriginal people to maintain and improve their SEWB.⁹





Appendix 2: A checklist tool for assessing mental wellbeing programs

The Mental Health Commission's A Guide to Assessing Mental Wellbeing Programs (the Program Assessment Guide) provides an objective support tool to assess a program's effectiveness. It enables a consistent approach when considering mental wellbeing programs.

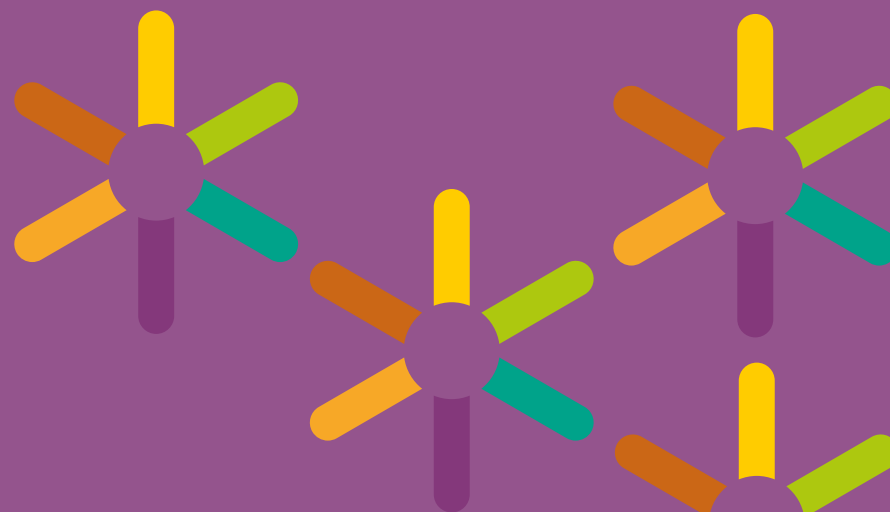
The Program Assessment Guide can be used by government departments, NGOs, private organisations and community groups to assess the strengths and limitations of the mental wellbeing programs they are considering implementing.

The following checklist has been taken from the Program Assessment Guide.

The checklist identifies six best-practice criteria for consideration when determining the appropriateness of a program for a specific group or population. These include the programs' aims, objectives, suitability, credibility, useability, theoretical framework and evidence base. There is a set of assessment questions on which to rate the proposed program against each checklist criterion.

It is important to consider the overall score. The more criteria a program scores well against, the more likely it is suitable for the funder or implementer's needs. All criteria should be considered important when determining the quality of the program; however, the evidence criterion is the most critical in guiding program selection.

Please refer to the Program Assessment Guide for criterion descriptions, terms and definitions to inform consideration of the assessment questions and to ensure that the scoring of each criterion is weighted appropriately.



Appendix 2: A checklist tool for assessing mental wellbeing programs

Mental wellbeing program checklist tool <small>This is a snapshot of the checklist tool only. You can access A Guide to Assessing Mental Wellbeing Programs here.</small>				
Assessment		Yes	No	Not sure
CRITERION 1: Program Aims and Objectives				
1	* Does the program clearly state its primary purpose, project aims and S.M.A.R.T objectives?			
2	* Does this purpose align with the vision of Mental Wellbeing Guide?			
3	Does the program mainly aim to increase or maintain mental wellbeing?			
4	Does the program mainly aim to foster health promotion and mental wellbeing principles? For example, increasing mental health literacy, reducing stigma, and addressing both risk and protective factors.			
Sub-total				
CRITERION 2: Suitability				
5	* Was the program designed by the target group/s themselves or did the design or development of the program include input from the group/s being targeted, including whole-of-population programs (i.e. was it co-designed or was a collaborative approach used with a particular group)?			
6	Did the program evaluation include participants from the target group (i.e. can the evaluation results be generalised to your audience)?			
7	Was the evaluation methodology appropriate for the target group/s?			
8	Was it developed in Australia?			
9	If not, has it been evaluated in Australia?			
10	*Will the program be evaluated as part of the proposed implementation?			
11	Does the program demonstrate suitability for the intended target audience?			
Sub-total				

* Some questions have more weighting than others and need to be answered yes. If no or unsure, seek further information or reconsider your use of the program.

Appendix 2: A checklist tool for assessing mental wellbeing programs

Mental wellbeing program checklist tool <i>This is a snapshot of the checklist tool only. You can access A Guide to Assessing Mental Wellbeing Programs here.</i>				
Assessment		Yes	No	Not sure
CRITERION 3: Credibility				
12	Was the program or presentation designed by individuals with qualifications or experience in mental wellbeing, mental health or public health? (e.g. psychologists, social workers, peer workers, health promotion)			
13	Was the program designed by a recognised university, mental health/public health research institute or mental health NGO?			
14	Where appropriate, was the program designed by those with significant cultural knowledge, awareness and understanding?			
15	Was the program co-designed with people who will be accessing the program?			
Sub-total				
CRITERION 4: Theory-informed				
16	Has a theory or model been identified to inform the approach of the program?			
17	Does the program target the underlying risk and/or protective factors known to influence mental wellbeing?			
18	Does it use evidence-based skills-building interventions drawn from health psychology (e.g. healthy eating, physical activity), clinical psychology (e.g. cognitive behaviour therapy) or positive psychology (e.g. mindfulness)?			
19	Does it use evidence-based public health change interventions to positively influence environments?			
Sub-total				
CRITERION 5: Useability				
20	Are the evaluation measures connected to the program adequate for measuring/evaluating the project objectives?			
21	In the evaluation, was engagement measured and did the target group find it engaging?			

Appendix 2: A checklist tool for assessing mental wellbeing programs

Mental wellbeing program checklist tool <i>This is a snapshot of the checklist tool only. You can access A Guide to Assessing Mental Wellbeing Programs here.</i>				
Assessment		Yes	No	Not sure
22	Are the program resources easy to read, understand and/or use? (e.g. do they meet Web Content Accessibility Guidelines, are they suited to a year 7-9 level reader)			
23	*Has the organisation demonstrated required capacity (e.g. financial, human resources, skills, and time) to implement and monitor the program successfully?			
24	Is the intention for this program to be used in an ongoing manner, and if so, are the resources available to achieve this?			
Sub-total				
CRITERION 6: Evidence Base				
25	Has the program or presentation ever been formally evaluated? (e.g. there is a publicly available evaluation report or research article/presentation)			
26	Has the program been developed based on a thorough review of the scientific literature, cultural knowledge, and/or best practice consensus?			
27	*Is there an evaluation plan to monitor the implementation of the program and desired outcomes?			
Sub-total				
TOTAL				

* Some questions have more weighting than others and need to be answered yes. If no or unsure, seek further information or reconsider your use of the program.

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Further reading

[An Age-Friendly WA: State Seniors Strategy 2023–2033 and Action Plan 2023–2027](#)

Sets out the whole-of-government and whole-of-community priorities and commitments to support older Western Australians to live in ways that are meaningful and important to them.

[Australian Alcohol Guidelines](#)

Provides health professionals, policy makers and the Australian community with evidence-based advice on the health effects of drinking alcohol. They also help people make informed decisions about how much alcohol they drink, if at all.

[Australian Dietary Guidelines](#)

Summarises the evidence underlying food, diet and health relationships that improve public health outcomes.

[Australian Early Development Census](#)

This is a national assessment conducted every three years to examine how children have developed by the time they start school. It highlights what is working well and what needs to be improved or developed to support children and families.

[Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025 and Plan Update 2018](#)

Outlines the optimal mix and level of mental health, alcohol and other drug services required to meet the needs of Western Australians over the next 10 years.

[COAG Health Council – Promoting and supporting healthy food and drink choices](#)

Supports the creation of environments where communities are enabled and supported to make informed healthy food and drink choices.

[Perinatal and Infant Mental Health Promotion and Prevention Plan 2023–2027](#)

Supports services and organisations to implement practical strategies to promote mental wellbeing and prevent mental health conditions during the perinatal and infancy period across Western Australia.

[Physical activity and exercise guidelines for all Australians](#)

Outlines how much physical activity you should do, the importance of reducing the time you spend sitting or lying down, and how much sleep children and young people require.

References

[State Public Health Plan for Western Australia: Objectives and Policy Priorities for 2019–2024](#)

Provides high-level strategic directions focusing on prevention, health promotion and health protection that aim to prevent disease, illness, injury, disability and premature death in Western Australia.

[Think Mental Health education campaign](#)

Part of a comprehensive approach in Western Australia that aims to build mental health and wellbeing and reduce mental health issues.

[WA Aboriginal Health and Wellbeing Framework 2015–2030](#)

Identifies key guiding principles, strategic directions and priority areas to improve the health and wellbeing of Aboriginal people in Western Australia.

[Western Australian Youth Health Policy 2018–2023](#)

Aims to drive equitable, effective and coordinated health services that optimise the health and wellbeing of young people in Western Australia.

[Western Australian Health Promotion Strategic Framework 2022–2026](#)

Sets out a plan for reducing the incidence of chronic disease and injury in Western Australia over the next five years, within the policy context of the Sustainable Health Review Final Report to the Western Australian Government.

[Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018–2025 \(Prevention Plan\)](#)

Provides a guide for the development and implementation of evidence-based and evidence-informed strategies to promote mental health and prevent mental illness, alcohol and other drug-related issues in the Western Australian community.

[Western Australian Suicide Prevention Framework 2021-2025](#)

Developed for use by state and local governments, non-government, private organisations and communities to help identify their role in suicide prevention and to guide the investment, development, implementation and evaluation of suicide prevention activities across the state.

[Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020–2025](#)

Guides the State Government, the Mental Health Commission and other agencies, the mental health and alcohol and other drug sector, and other stakeholders across the community in supporting and responding to the mental health and alcohol and other drug needs of young people aged 12 to 24 years.



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