BUILDING on STRENGTHS

A new approach to promoting mental health in New Zealand/Aotearoa

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Tihei *Mauri Ora* *He Kupu Whakatauki*

“ Whakarongo mai e te tahuhu nui ō te tangata,
kua riro mai taku i ahau, huri ake, huri ake,
he kōhatu ko tuki ”

Tihei Mauri Ora

Tënä tätou katoa e noho mai nä i ö tätou marae kainga.
E mihi kau ana ki ngä paenga whakairo e moe mai rä.
Koutou kua tiraha, kua okioki, kua whakatä,
Ko koutou tënei e tomo atu nei ki te wharepoututerangi,
Ki te putahitanga ö Rehua, ki te huihuinga ö te kahurangi.
Kua kete pungarehutia koutou e te Rä pakapaka ö aitua.
Haere, haere, haere.

E te hunga waiho ake, tënä tätou katoa.

Heoi ano, he mihi whakamärama noa iho tënei mö te kaupapa ö tënei puka Hauora Hinengaro, kua oti nei ia mätou te pükorukoru.
I roto i ngä kohikohinga korero, me ngä whakaaro e whakamahi ana ki tënä takiwa, ki tënä takiwa, i puta te tono kia tuhituhihia hei papa tauira mö ngä kai mahi e whai ana i ënei tü momo mahi, arä, te hauora hinengaro.

Ko tënei pea he ähua momo mahi hauora mö tätou mö te motu, mö ngä tau e rima, kei mua i a tätou aroaro. Ko te hiahia, mä ënei tü momo, ka eke tätou ki ngä taumata tiketike ö te hauora.

Ko te tumanako, mehemea he hua kei roto i ënei kohinga korero mö tätou te iwi, tikina mai, whakamahia.

Pai Märire

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Acknowledgements

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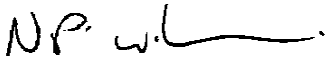


Nohopuku Williams
Strategy Writer
Ministry of Health

Foreword

FOREWORD

Building on Strengths outlines a national approach for mental health promotion for the coming five years. It seeks to enhance mental wellbeing and to reduce inequalities in mental wellbeing by improving the social, economic, cultural, political and physical environments in which we live. It builds on the good work already being done throughout the country at local, regional and national levels.

Building on Strengths has been written to achieve three things:

1. To serve as an education tool for the health sector as well as other sectors. It offers a definition of mental health promotion and advocates for increased effort to enable individuals and communities to take action on their own behalf.

2. To outline planned priority actions for the Ministry of Health for mental health promotion.

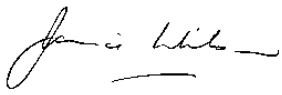
3. To provide guidance to health sector providers and other sectors on what they can do to contribute to positive mental health and wellbeing for New Zealanders.

While Building on Strengths has been developed from a health perspective, it recognises that real progress will be made only through co-operation with other sectors, including local government, other government departments and Mäori, Pacific and other community groups. This document calls for the health sector to take a leadership and co-ordination role around mental health promotion.

Building on Strengths is the product of many hands. An earlier draft of *Building on Strengths* was the subject of consultation. This document is the result of both the consultation process and the contributions of many people.

We believe that through the combined efforts and strengths of many, we have a framework that will serve to promote the mental wellbeing of all New Zealanders.

Don Matheson
Deputy Director-General
Public Health



Janice Wilson
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Mental Health

Building *on* *Strengths*

BUILDING ON STRENGTHS:
Mental Health Promotion Framework.

The Mental Health Promotion Framework (Figure 1) lays down the foundation for sustainable improvements in mental health and well-being for all New Zealanders over the next five years. The framework identifies key directions and opportunities (e.g. settings, approaches) for improvement that the health sector must support, particularly in partnership with wider government services (education, housing, employment).

The framework sets out a hierarchy of mental health promotion-focused priorities, which in turn link directly to key Ministry of Health policies outlined in this document (p7). While the framework describes a mental health promotion focus for the long term, more specific explanation of the strategic imperatives, including the vision and goals, are contained in the strategy management plan section: Towards Health and Wellbeing (p12).

The mental health promotion framework summarises the direction and focus of sector performance against both the strategy goals and five action streams outlined in the Guide for Action section (p26).

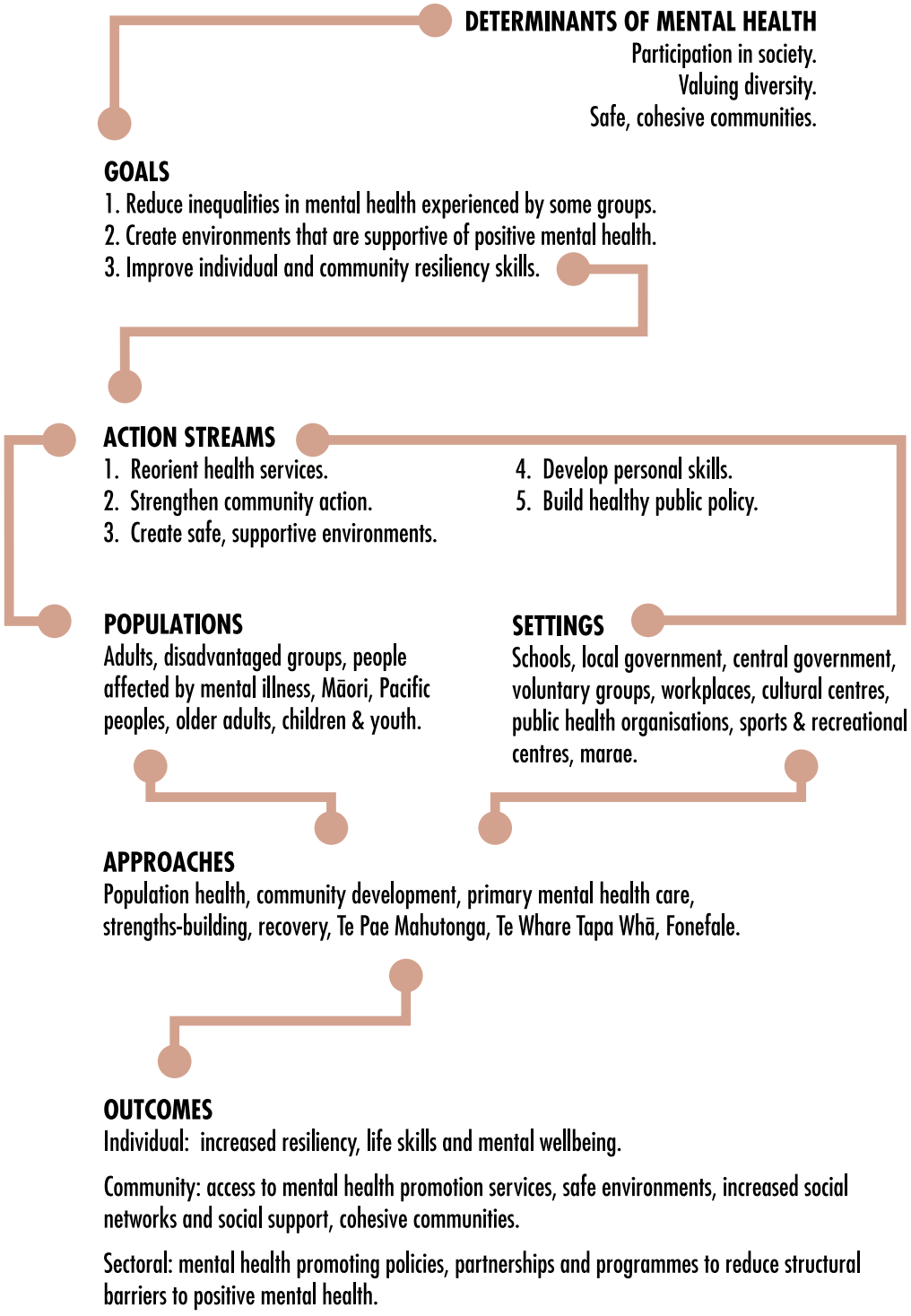
The framework recognises that sector partnerships need to approach the challenges ahead with increasing flexibility and to use mental health and related information in an intelligent and effective way in order to achieve improved mental health outcomes for all New Zealanders.

Mental health promotion has been defined in this document (p19) as:

> *"The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice and personal dignity."*

(Joubert and Raeburn 1998)

Figure 1: MENTAL HEALTH ***promotion framework***



Executive *Summary*

EXECUTIVE *Summary*

The Ministry of Health currently spends several million dollars each year on mental health promotion. *Building on Strengths* has been developed to provide a national framework for the continued allocation of these funds, against activities that contribute to keeping people mentally well. No additional funding is anticipated or will be withdrawn from other areas of health service delivery to support the priorities of the work outlined in this document.

This strategy is primarily about setting a direction for the next five years and in particular working to create environments that contribute to positive mental health and wellbeing. Sometimes this means understanding the structural root causes of mental illness (often called the determinants of mental illness) and working collaboratively to address those concerns. But, more often, it is less about the prevention of mental illness and more about simply being well. *Building on Strengths* uses the complementary application of promotion and prevention activities.

This document is the result of a two-year project supported by health service providers, academics, policy analysts, clinicians, mental health consumers and is led by the Public and Mental Health Directorates of the Ministry of Health.

The priority actions outlined by this document focus on:

- Strengthening individuals by increasing resiliency through programmes that promote coping skills.
- Building community cohesiveness through activities that make them safer.
- Reducing structural barriers to mental health through partnerships to improve access to conditions that promote good mental health, such as education, meaningful employment and suitable housing.

Building on Strengths has three goals:

1. To reduce inequalities relating to mental health experienced by some groups.
2. To create environments that are supportive of positive mental health.
3. To improve individual and community resiliency skills.

To achieve these goals, five priority actions are detailed. They are to:

1. **Reorient health services** to reduce inequalities between socioeconomic groups.
2. **Strengthen community action** in mental health promotion activity.
3. **Create safe and supportive environments** within actions that create cohesive cities, communities, workplaces, schools, homes.
4. **Develop personal skills** by emphasising mental health protective factors such as resiliency, social support and life skill development.
5. **Build healthy public policy** through improved research and evaluation to identify and address mental health promotion needs.

Building on Strengths provides options for the health sector to promote mental health and well-being. However, action in the health sector alone is not enough. If the inequalities in mental health experienced by New Zealanders whose personal circumstances bring greater risk of mental illness are to be addressed the health sector will need to work closely with other government agencies, local government and local communities to co-ordinate mental health promotion activities that create supportive environments, strengthen communities and build the capacity of individuals to cope.

Introduction

1.0 INTRODUCTION

Professor Mason Durie has used the image of a house to describe overall health and wellbeing. The house is held up by the four cornerstones of health: mental health, physical health, spiritual health and environmental health. Each cornerstone relies on the others to support the house. If one fails, the house will fall.

Mental health is an inseparable component of total wellbeing. The protection and promotion of mental health is as important as the promotion and protection of physical, environmental and spiritual health.

Increasing international attention is now being paid to keeping people mentally well. Mental illness must be treated when it occurs and an effort must be made to create social and physical environments that contribute to and promote positive mental health. Equally, it is necessary to enhance the ability of individuals and communities to cope better with external stress and pressure.

Building on Strengths aims to make the case for increased mental health promotion in New Zealand. It also aims to provide a framework for mental health promotion activity that can be used by the health sector as well as other government sectors, community groups and local government.

The health sector is not alone in having a role to play in promoting mental health. Mental health is affected by a wide range of social and environmental factors that lie outside the influence of the health sector. It is therefore crucial that other sectors see a role for themselves in promoting positive mental health for New Zealanders.

The mental health promotion strategy outlined here applies equally to those who are well, to those who suffer from various degrees of mental or social distress and to those who have identified mental health problems.

Significant research and professional literature support the *Building on Strengths* approach adopted here. In particular two major documents exemplify this approach and can be used as important guides for the development of mental health promotion over the next five years. The first of these is the *Ottawa Charter for Health Promotion*, adopted internationally in 1986 as the core document for health promotion, both physical and mental. The second is the *Treaty of Waitangi*, which with its principles of self-determination, partnership and participation (among others), has much to offer in promoting the mental health of all New Zealanders.

Building on Strengths challenges the health sector and other sectors to understand the roles they can play in promoting mental health.

1.1 ROLE OF THIS *Document*

The role of this document is threefold. It aims to:

1. Build the case for increased mental health promotion activity; that is, activity that keeps people mentally well.
2. Outline planned priority actions that will begin to lay a foundation for mental health promotion now and into the future.
3. Provide guidance for the health sector and other sectors on what they can do to contribute to mental health and wellbeing.

This new approach outlines the way in which mental health promotion can contribute to a wide range of health-promoting agendas and policy priorities. *Building on Strengths* addresses the debate of whether mental health promotion can effectively contribute to the prevention of certain mental health problems and, in doing so, challenges the myth that people can be neatly divided into those who do, or do not, have good mental health (adapted from Department of Health UK, 2001:35). The case put forward proposes that mental health promotion and prevention activities can be seen as 'two sides of the same coin and entirely compatible, even mutually reinforcing' (Stephens et al 1999), thus offering benefits that extend beyond promoting mental health.

1.2 STRATEGIC *Context*

Building on Strengths has been developed within a wider strategic context for health set by Government. In particular, the Government is committed to reducing inequalities in health experienced by some groups. *Building on Strengths* aims to provide the necessary leadership to remove the potentially negative consequences of inequalities for the community's mental wellbeing. The New Zealand Health Strategy, the New Zealand Disability Strategy and other strategies listed below provide the context and guidance for *Building on Strengths* to start reducing inequalities and to contribute to the mental wellbeing of New Zealanders.

The New Zealand Health Strategy sets the strategic direction for all the health services in New Zealand. It establishes a vision for health services, principles for planning and provision of services and it outlines objectives for the health of the population. In particular, it focuses on tackling inequalities in health. The five priority service delivery areas included in the New Zealand Health Strategy are:

1 Public health.

2 Primary health care.

3 Reducing waiting times for public hospital elective services.

4 Improving the responsiveness of mental health services.

5 Accessible and appropriate services for people living in rural areas.

Building on Strengths sits under this umbrella and aims to contribute to achieving the population health goals outlined in the New Zealand Health Strategy and other related strategies outlined here.

Figure 2: STRATEGY ***Wider strategic context***

The New Zealand Disability Strategy aims to improve the ability of people experiencing disability to participate in community life. The strategy supports the underlying philosophy of valuing every individual and is intended to move New Zealand towards becoming an inclusive society.

The Health Strategy (He Korowai Oranga) supports Mäori aspirations to take control of their own health. It upholds the structures based around whänau, hapü, and iwi. It recognises that there is a range of community groups in Mäori society, which make valuable contributions to the advancement of whänau health. He Korowai Oranga contributes to improving the socioeconomic and health status of Mäori. It also calls for reforms that will serve to value Mäori solutions and integrate the delivery of health services that underpin the broader population health goals of Mäori.

The Pacific Health and Disability Action Plan sets the strategic direction and actions for improving health outcomes for Pacific peoples and reducing inequalities between Pacific and non-Pacific communities. A public health focus, under priority 2 (Promoting Healthy Lifestyles*)* supports mental health promotion activity that is intended to:

- Develop effective health promotion models that are responsive to a range of settings for Pacific peoples in key health areas (Ministry of Health 2002c:11).
- Require services provided to Pacific peoples to encompass a holistic, integrated and culturally competent approach (ibid).

Key directions in the action plan, under the priority of 'Primary Care and Preventive Services' are to:

- Work with local communities and enrolled populations.
- Identify and remove health inequalities.
- Co-ordinate care across services.
- Integrate access to public health and primary care services.

The National Mental Health Strategy was launched by the Government in June 1994 with the publication of *Looking Forward: Strategic Directions for the Mental Health Services* and the subsequent National Mental Health Plan*, Moving Forward: The National Mental Health Plan for More and Better Services.* The strategy has two key goals:

- To decrease the prevalence of mental illness and mental health problems within the community
- To increase the health status and reduce the impact of mental disorders on consumers, their families, caregivers and the general community.

One of the seven strategic directions of the strategy is to 'strengthen promotion and prevention'. Te Puäwaitanga sets out a Mäori mental health strategic framework that aims to contribute to meeting the Government's mental health policy objectives for Mäori over the next five years. It provides District Health Boards with a nationally consistent framework for planning and delivering services to Mäori who are experiencing mental problems and their whänau.

The Primary Health Care Strategy aims to see local populations enrolled in a primary health care service that improves health, keeps people well and which is accessible. There is a greater emphasis on population health, the need to reduce inequalities in health and the recognition of the role of communities in delivering an effective primary health care service.

The Action Plan for Public Health, still under development, will set out a long-term vision for public health and how to achieve this. Fundamental principles include a population health approach by addressing the wider determinants of health. The plan will focus on the work of the public health sector and will also provide a framework for working across sectors to address the root causes of many health problems.

Building on Strengths is consistent with the five action streams based on the Ottawa Charter (WHO) and which are designed to enable people and empower communities. These actions are to:

1. Build healthy public policy.
2. Strengthen community action.
3. Reorient health services and programmes.
4. Create supportive environments.
5. Develop personal skills.

To achieve the aims of the New Zealand Health Strategy, *Building on Strengths* will work alongside other strategies to demonstrate how public and mental health approaches can be integrated to achieve mental heath gains and to reduce inequalities.

1.3 TREATY OF *Waitangi*

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

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

While the Treaty of Waitangi is primarily about the relationship between Mäori and the Crown, it also embodies much of the spirit of health promotion. Not only does it represent an important part of the constitutional context within which all health programmes unfold, but its principles have particular meaning for mental health promotion for Mäori, if not all New Zealanders.

Building on Strengths has the principles of the Treaty of Waitangi – partnership, participation and protection at the heart of the New Zealand Health strategy.

Partnership: refers to the Crown working together with iwi, hapü, whänau and Mäori communities to develop strategies for Mäori health gain and appropriate health and disability services.

Participation: emphasises Mäori involvement at all levels of the sector in planning, development and delivery of health and disability services relevant to Mäori.

Protection: recognises that the Crown needs to be proactive in health promotion and the development of preventive strategies to ensure Mäori enjoy at least the same level of health as non-Mäori while safeguarding Mäori cultural concepts, values and practices (Ministry of Health 2001a).

Like the Ottawa Charter, which is about the relationship between individuals, communities and governments, the Treaty of Waitangi is also about relationships especially the Crown's relationship with Mäori, the balance between state control and autonomy, and the opportunity for co-operative action so that mutual benefits might be realised. *Building on Strengths* reflects the key messages of both documents.

Linkages between *Building on Strengths*, the strategic references outlined in this document, the Ottawa Charter and approaches embracing Mäori holistic health models are fundamental to Mäori aspirations underlying a Treaty of Waitangi commitment to Mäori mental health and wellbeing.

The *Building on Strengths* approach acknowledges that a holistic approach to health is integral to Mäori development and individual wellbeing (Dyall cited in Ellis and Collings 1997). There is potential for greater attention to the wider determinants of health and to reverse the negative affects on the health status of Mäori resulting from issues and trends that have not been taken into account in designing appropriate mental health services for Mäori (Te Puni Kökiri 1994). For Mäori this means whänau involvement in mental health promotion decision-making,

maximising service choices, achieving community and individual potential and being consulted on mental health promotion activity relevant to Mäori (Barrett 1996).

2.0 TOWARDS MENTAL HEALTH *And Wellbeing*

The following section outlines the vision, values, principles, goals and priority actions of *Building on Strengths*. It describes the desired outcomes of mental health promotion. Later sections describe the means by which the vision and goals will be achieved.

2.1 VISION

The vision of *Building on Strengths* is to 'achieve maximum levels of positive mental health and wellbeing'.

2.2 VALUES

Openness and Even-handedness

- People are accorded respect, dignity and the opportunity to achieve their full potential free from stigma and discrimination.

Community Participation

- Every community and its members, regardless of disability, ethnicity, gender, age, economic and social status or sexual orientation, have the right to fully participate in society generally and in their own particular society.

Passion

- The combination of wisdom and scientific knowledge are valuable in promoting resilience and supportive environments.

Understanding

- Diversity and differences are celebrated and it is should be acknowledged that people with mental illness can recover and live healthy productive lives.

Innovation

- People can expect to have access to high-quality, community-based, culturally appropriate, integrated systems of mental health promotion programmes.

Empowerment

- People are able to exercise more control over and take responsibility for, making a positive difference to their mental health and wellbeing.

Co-operation and Trust

- Alliances across the health and other sectors are essential to the achievement of mental health for all.

2.3 PRINCIPLES

The work to develop and implement a mental health promotion strategy is underpinned by a set of principles. The principles of *Building on Strengths* necessarily reflect those of the New Zealand Health Strategy. These are:

- Acknowledging the special relationship between Mäori and the Crown under the Treaty of Waitangi.
- Positive mental health and wellbeing for all New Zealanders throughout their lives.

- An improvement in health status of those currently disadvantaged.
- Collaborative health promotion by all sectors.
- Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services regardless of ability to pay.
- A high-performing system in which people can have confidence.
- Active involvement of consumers and communities at all levels.

In addition to these principles, work in mental health promotion is based on the additional principles listed below.

Collaboration:

- It is important that the sector works in ways that build on the strengths of individually focus and, identified community and current population-based mental health promotion work.
- It is important that all national strategy activity, across sectors, contributes to improved mental health and wellbeing.

Strengthen Communities:

- All action will be consistent with the Treaty of Waitangi.
- All action will contribute to a social climate that values the contributions of a culturally diverse society.
- Building communities is beneficial to enhancing community mental health and wellbeing.
- All action will promote human potential and social justice.

Integration:

- Mental health is a component of all health-advancing systems and activities.
- It is important to share knowledge about ways to reduce inequalities in mental health.

People-centred:

- It is important, when reducing mental health problems, to put people first.
- People have a right to be involved in determining their future.

2.4 GOALS

The three goals of *Building on Strengths* aim to:

1. Reduce the inequalities in mental health that are experienced by some groups.
2. Create environments that are supportive of positive mental health.
3. Improve individual and community resiliency skills.

2.5 PRIORITY *Actions*

The goals will be achieved by implementing the following five action streams. These actions are detailed on page 28.

1. **Reorient health services** to reduce inequalities between socioeconomic groups.
2. **Strengthen community action** in mental health promotion activity and create opportunities for improved access to mental health promotion services.
3. **Create safe and supportive environments** through alliances that foster health promoting, supportive environments in cities, communities, workplaces, schools and homes.
4. **Develop personal skills** by emphasising mental health protective factors (Appendix 3) such as resiliency, social support and life skills development.
5. **Build healthy public policy** through improved research and evaluation to identify and address mental health promotion needs.

2.6 OUTCOMES

Individual

Increased resiliency and life skills development (e.g. self-esteem, mastery, sense of coherence).

Community

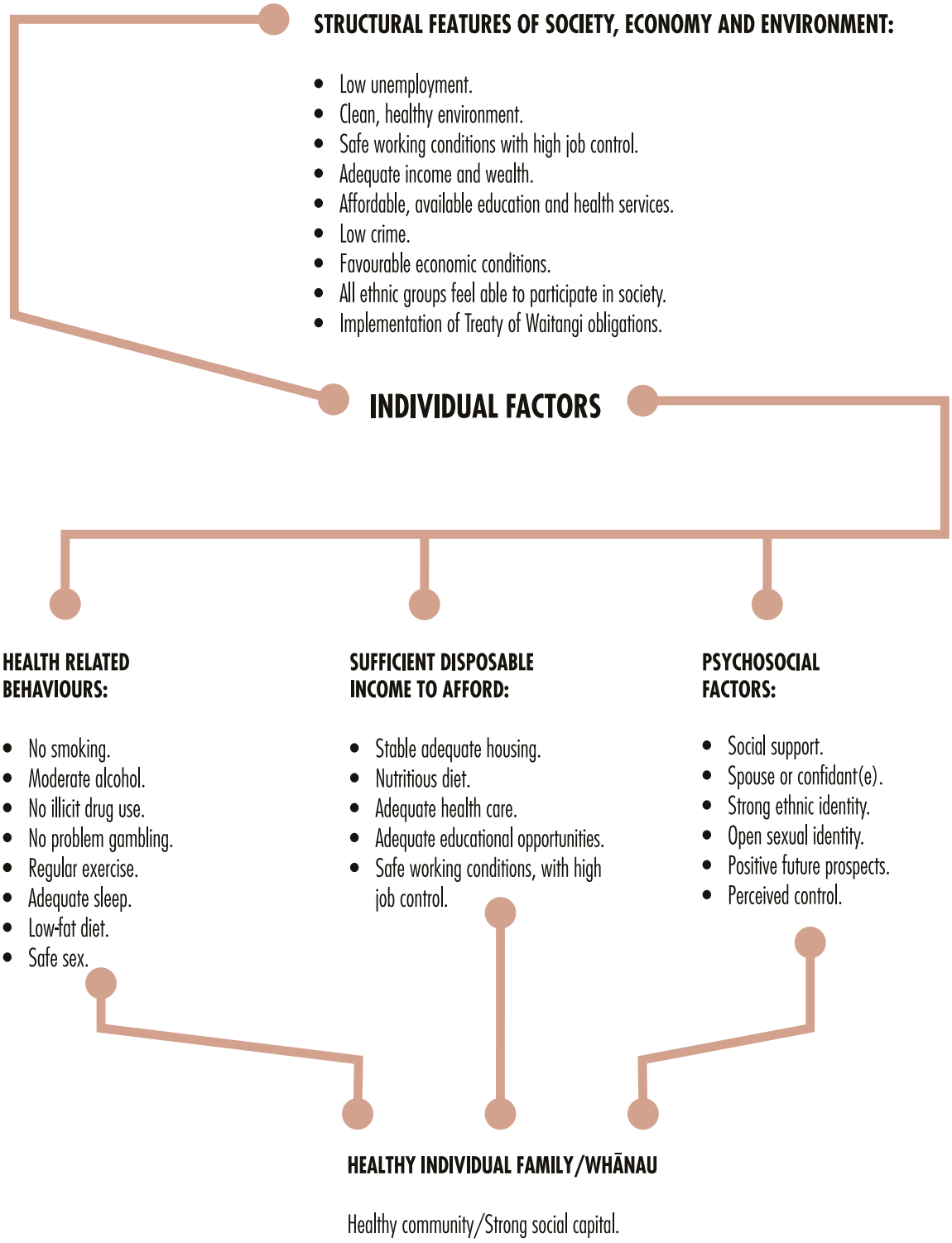
Improved access to mental health promotion services, safe environments, increased social networks, social support and cohesive communities.

Sectoral

Mental health-promoting policies, partnerships and programmes to reduce structural barriers to mental health.

Figure 3: MODEL OF THE SOCIAL & ECONOMIC ***determinants of health***

Reproduced from: Howden-Chapman P, Tobias M. 2000. *Social Inequalities in Health: New Zealand 1999.* Wellington: Ministry of Health.



Note: Points indicate probable causality.

Tackling *Inequalities...*

3.0 TACKLING INEQUALITIES IN MENTAL HEALTH *and wellbeing through mental health promotion*

This section outlines some of the key factors that can positively or negatively determine mental health and wellbeing. It describes how socioeconomic disadvantage can lead to poorer mental health within communities and in individuals. It also defines the scope and priorities of Building on Strengths.

3.1 DETERMINANTS OF ***Mental health***

A growing understanding of social health issues suggests serious health problems result not only from a lack of clean water, sanitation and basic public services, but also from despair, anger, fear, job and housing insecurity, social alienation and poverty. It is now apparent that too little attention has been paid to the importance of a wider set of determinants, which influence the level of health in any community. Recent work on the issue of inequalities has added significantly to an understanding of what determines good and bad health for individuals, couples, families, groups, communities, and societies.

Research on the subject of health inequalities has identified clear differences in health status between different groups in the community (Marmot 1994; Wilkinson 1996; Christchurch City Council 1997; Stephens 1998; Health Funding Authority 2000; Victoria Health Promotion Foundation 2002). Many of these differences have been found to be related to social and economic factors and therefore preventable.

There is a marked difference in health status between people from lower socioeconomic backgrounds, people who live in rural areas, Mäori and Pacific peoples, new arrivals, refugees and other New Zealanders. Submissions on *Building on Strengths* noted that people in lower socioeconomic groups and those people who experience mental problems have the worst access to conditions necessary for positive health. This includes suitable housing, adequate income, access to health services and opportunities for developing individual social coping skills.

Figure 3 (page 15) presents one model of the various determinants of health (Howden-Chapman and Tobias cited in Ministry of Health 2002b). It illustrates how structural conditions ultimately affect mental health and health generally. The structure of society can determine behaviour by encouraging or inhibiting particular lifestyles, and it is with a view to positively influencing the conditions and environment that created these behaviours that *Building on Strengths* is focused. The intent is on encouraging positive mental health by dealing with inhibiting factors at their origins and at the level of social and economic determinants that affect people's mental health.

The key determinants of mental health can fall under three categories:

Participation in society

Full participation in society means full access to the conditions necessary for mental health and wellbeing. This includes access to adequate housing, education, and leisure activities. It also means empowering communities to define their own problems and create their own solutions.

The Ministry of Health will need to work with other government agencies, research agencies and local government authorities to advocate for consideration of mental health in the other service sectors – health, employment, housing, education, environment and social services. The Ministry will also need to work with non-governmental as well as community-based organisations such as health support groups, marae, churches, clubs and other bodies.

Each community should determine how it can contribute to the positive mental health of the wider population, taking into account the social, economic and cultural circumstances of its own members. For example, holistic health models (Te Whare Tapa Whä, Te Pae Mahutonga, see page 43), offer scope for Mäori health action aimed at addressing the determinants of mental health, which in turn can be directed at various levels, individual, whänau, hapü and iwi.

It makes sense that the community is best placed to define its own problems and determine how to effect change. Like The Ottawa Charter, *Building on Strengths* emphasises the fundamental importance of community involvement in effecting sustainable change to the mental health and wellbeing of the population. Community development programmes that address the wider factors affecting mental health have been identified as showing the greatest potential (Shiell and Hawe 1996).

Participation also means being able to participate fully in the wider society as well as in particular societies that have a special meaning. For example, Mäori participation in society and in Te Ao Mäori have been identified as equally important dual goals.

Valuing diversity

Socioeconomic status is recognised as a major predictor of health (Howden and Chapman, cited in Ministry of Health 2002b) and low socioeconomic status, in particular and is associated with higher rates of poor health and early death. Indeed, for some groups, it is exclusion from mainstream society that has a detrimental effect on their mental health. *Building on Strengths* supports action to promote the mental health of disadvantaged people who are affected by their socioeconomic status or who are vulnerable as a result of social isolation, including the unemployed, new arrivals, refugees, gay people, single parents, older people, rural communities, people with disabilities and people with mental illness.

Guided by the Ottawa Charter, mental health promotion activity will value the intentions and contributions of an increasingly diverse ethnic population in New Zealand. Strengthening links between ethnic communities and government decision-makers (both local and central) will create an opportunity to build relationships and improve ways of working to address the complex range of mental health and wellbeing needs of communities with distinctive ancestral origins, cultural customs and values, religious beliefs and practices and language characteristics.

By engaging effectively with disadvantaged and excluded communities, decision-makers can have a positive impact on mental health by enabling this diverse range of people to be involved in identifying their own issues and to create their own solutions. This approach challenges sectors, for example, to reorient their processes and establish mechanisms that offer disadvantaged groups greater opportunity to be involved in creating solutions that support positive mental health and which improve these groups' level of social inclusion. For people who have disabilities or who have experienced mental illness, reforms that counter discrimination and stigma are also key features underpinning mental health promotion activity.

Building on Strengths supports mental health promotion activities that honour the special relationship between Mäori and the Crown. However, in undertaking action to reduce socio-economic disadvantage for Mäori, it is vital to take account of the intricate web of social determinants that shape the health of Mäori, a situation described by Durie (cited National Health Commission 1998) as 'diverse Mäori realities'. In many cases differences in status between Mäori is resulting in uneven improvements in health within the Mäori population with some Mäori lagging further behind others.

Creating safe and cohesive communities

This is about creating safe and cohesive families, and communities as well as community institutions. It is about safe homes and violence free settings for children and other vulnerable members of our community. The Canadian report *Population Mental Health in Canada* (Stephens 1998) found that a safe, socially supportive environment is the single most powerful influence on wellbeing and lack of distress. Unhealthy communities are unable to build or maintain the physical and social infrastructure their members need to support each other and to realise their individual potential (Baum 1999). Research in New Zealand found that young people who do not mix well socially are between two and three times more likely to experience depressive symptoms, compared with peers who have confiding relationships (Glover et al 1998).

Creating healthy communities (where individuals experience a sense of belonging, trust, participation and social support) raises community cohesiveness and promotes positive mental health (Leeder 1998; Berry and Rickwood 2000). As reported by VicHealth (1999), social support and integration, too, are directly related to an individual or community's mental health status, illness in general and death.

The ability of community-driven initiatives to attain widespread mental health benefits is well documented (Pransky 1991). *Building on Strengths* action will focus on empowering community leadership, mental health promotion action, and ensuring access to social and physical activities, as well as access to opportunities to strengthen coping skills.

3.2 WHAT IS *Mental health?*

In developing a strategy to promote mental health[1], we need to define what mental health is. Mental health and wellbeing means more than the absence of mental illness. It has been described as:

> ***"the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of equity, social justice, interconnections and personal dignity."***
>
> (International Workshop in Toronto cited in Edwards 1999).

In New Zealand an important feature of any definition of mental health is an acknowledgement of the inter-connectedness between physical, spiritual, environmental and mental health.

This echoes both Mäori and Pacific peoples' holistic approaches to health and wellbeing. Mäori and Pacific peoples share broadly similar concepts of health. Mäori (Whare Tapa Whä, Te Wheke) and Samoan (Fonofale) models of wellbeing, for example, acknowledge that the health of the individual and, ultimately, of society mirrors a complex relationship of mental, physical, spiritual, family, community and environmental factors. Mental health is just one of the cornerstones of health, and each element is as important as the next. To address one element, it is essential to look at the wider picture, which includes all aspects of the holistic approach.

There is increasing recognition that mental health promotion has a key role to play in improving the health of communities. This means not just emphasising disease diagnosis and medical treatment. It also means emphasising services that keep people well and prevent the onset of mental illness. This will require attention to reducing the effects of wider environmental determinants of mental health (such as poverty and geographic isolation) as well as building individual and community resilience within supportive environments (Labonte and Feather, cited in Disley 1997).

3.3 WHAT IS *Mental Health Promotion?*

As outlined above, mental health is more than the absence of mental illness. *Building on Strengths* acknowledges that mental health is distinguishable but inseparable from general health. Tanahill (2000 cited in Edwards 2001) argues that integrating mental health promotion and general health promotion strategies offers the best prospect of achieving 'a healthy mind in a healthy body in a healthy society'.

Mental health promotion has been defined as:

> *"the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice and personal dignity."*
>
> (Joubert and Raeburn 1998)

Mental health promotion shifts away from an emphasis on disease-based symptoms and deficits to an emphasis on individual resilience and supportive environments. The values of community participation, empowerment, co-operation and trust, are central to mental health promotion.

Submissions on the earlier draft of *Building on Strengths* emphasised that communities and individuals are in the best position to determine what is in their best interests. Empowering communities to do things for themselves can lead to successful results, often because the results are achieved through their own efforts. This supports the view expressed by Edwards (1999) that the new approach should allow communities to 'create their own definitions and ways of working in a self and community-determined way'.

Mental health promotion involves any action that contributes towards enhancing the mental health and wellbeing of individuals, families, organisations and communities. For example, mental health promotion can:

- Improve physical health and wellbeing.
- Improve social relationships at home and with groups.
- Increase individual, organisational and community awareness of mental health issues.
- Improve mental health and wellbeing in the workplace.
- Strengthen the capacity of communities to support social inclusion, tolerance and participation and reduce vulnerability to socioeconomic pressures.
- Prevent the onset or reduce the risk of some mental health problems; e.g. behavioural disorders, depression and anxiety, substance abuse.
- Assist recovery from mental health problems.
- Improve mental health services and the quality of life for people experiencing mental health problems.

There is already a significant amount of work being done in the area of promoting mental health and wellbeing. There are programmes in place throughout the country that have for years supported the re-emergence of individual and community resourcefulness through health and welfare funding (Ministry of Social Development, Child Youth and Family Service, Ministries of Education, Youth Affairs, Justice and Department of Internal Affairs) and through local government, Mäori and Pacific provider and other non-government organisation initiatives.

This document attempts to build on the significant contributions of all these organisations by proposing a nationally co-ordinated approach to mental health promotion.

3.4 SCOPE: MENTAL HEALTH PROMOTION *on the Mental Health Continuum*

Building on Strengths acknowledges the view, expressed in many submissions received, that mental health promotion can be placed on a dynamic continuum that includes promotion, prevention, early intervention, treatment and rehabilitation.

Building on Strengths utilises mental health promotion and prevention activities to increase the capacity of people to participate more actively in decisions that affect their lives. Health promotion does not operate at a different level from prevention. When used together, promotion and prevention can increase individual and community competency to deal with adverse life events, help establish supportive networks and contribute to reduced stress in targeted populations (Swift and Levin 1987). Mental health promotion and prevention activities can be seen as 'two sides of the same coin and entirely compatible, even mutually reinforcing' (Stephens et al 1999).

There is a tension created by the inherent differences between prevention (with its emphasis on risk factors) and health promotion (with its emphasis on quality of life and potential for positive mental health). *Building on Strengths* promotes actions that are focused on developing both individual and community resilience as well as paying attention to mental health protective and risk factors (Appendix 3).

This new approach acknowledges that it is 'sometimes difficult to distinguish the pursuit of prevention from the pursuit of promotion' (Rowling et al 2002:15) objectives. However, in spite

of the difficulties, efforts should continue to support the development of a service integration model that promotes the right mix of promotion and primary prevention interventions.

Numerous submissions on *Building on Strengths* also indicated the need for a clear alignment between this strategy and the primary care strategy. By focusing on mental health promotion that includes prevention activities, District Health Boards, Primary Health Organisations and service providers will be better placed to achieve the key directions of the Primary Health Care Strategy to '*maintain, restore and improve people's health*' (Ministry of Health 2001b).

Steps to co-ordinate mental health care across service areas also draws our attention to existing mental health strategic goals (New Zealand, Looking Forward), including those which aim to 'decrease the prevalence of … mental health problems within the community' (Ministry of Health 1994). Moreover, the inclusion of prevention activities highlights the growing importance and contribution of early detection toward the effective management of mental health problems and of improved community mental health outcomes, including activity aimed at lessening the stigma and discrimination often associated with mental illness.

The scope outlined in *Building on Strengths* ensures an integrated mental health approach that can be directed to whole of population groups, people that are currently well, people who maybe at risk of developing mental health problems and those experiencing early signs of mental illness (Ministry of Health 1997).

4.0 **BUILDING ON** *Strengths approach*

4.1 PROVIDING ***Options***

Health funders and providers in New Zealand operate in a unique economic, social, cultural and political context. Yet much of the delivery in this area has relied on health frameworks and models from America, Great Britain and Australia. This has been particularly true in the area of mental health promotion.

The important issue facing funders, providers, practitioners, academics and consumers of mental health services is the extent to which the approaches developed in other parts of the world apply to New Zealand. To what extent must these approaches be tailored to complement the kind of action that is most likely to be effective in New Zealand? How can New Zealand's approach be reoriented to show how these interventions can be delivered? Finally, how can New Zealand continue to develop, improve, maintain and put into practice its own health perspectives?

The approach adopted by *Building on Strengths* is to:

1. Start working towards a common understanding of mental health promotion.
2. Recognise that different populations will have different needs.
3. Recognise that the most effective programmes will take into account the context of the lives of different populations.
4. Recognise that different models of service delivery will work in different circumstances.

This section identifies population groupings, outlines possible settings where interventions can occur and, finally, gives some options for models of service delivery that will be appropriate in different circumstances. The models are proposed as options – different combinations may be appropriate for different populations. Effective programmes will adopt models of service delivery appropriate to populations and settings.

<table>
<tr><th>Appropriate Model or Approach</th><th>Settings</th></tr>
<tr><td>• Population health.
• Primary mental health care.
• Recovery.
• Te Whare Tapa Whä.
• Ottawa charter.
• Community development.
• Strengths-building.
• Te Pae Mahutonga.
• Fonefale.</td><td>• Schools.
• Local government.
• Voluntary groups.
• Cultural centres.
• Sports & recreation centres.
• Neighbourhoods.
• Central government.
• Workplaces.
• Public health organisations.
• Marae.</td></tr>
<tr><th colspan="2">Outcomes</th></tr>
<tr><td colspan="2">• Individual: increased resiliency and life skill development.
• Community: access to mental health promotion services, safe environments, increased social networks and social support, cohesive communities.
• Organisational: mental health-promoting policies, partnerships and programmes to reduce structural barriers to positive mental health.</td></tr>
</table>

4.2 POPULATION *Groupings*

Building on Strengths identifies seven priority population groups, each of whom experience different levels of social and economic disadvantage. Therefore, programmes targeting these groups will consider the specific disadvantage factors, the social and economic context in which many of the members of these groups live their lives. (A full description of the characteristics of each population grouping is in Appendix 1, page 38.)

The population groupings are:

- Adults.
- Disadvantaged groups.
- People affected by mental illness.
- Mäori.
- Pacific peoples.
- Older adults.
- Children and youth.

4.3 SETTINGS

Building on Strengths aims to encourage participation in mental health promotion and prevention programmes by people ranging across settings. Possible settings can include workplaces, cultural centres, marae, iwi or hapü and whänau centres, schools and central and local government agencies.

Mental health promotion programmes aim to improve environments so that they promote mental wellbeing. To be effective, programmes must take place where people live, where they work, where they play and where they come together for support. The range of possible settings for mental health promotion activities is vast, spanning communities, ethnic and cultural groups, government sectors, family life, education etc. Settings will be chosen based on the needs of different populations.

Characteristics of settings for interventions that promote health will include settings that:

- Provide channels for delivery of health promotion programmes.
- Disseminate information.
- Establish purposeful relationships.
- Give access to decision-makers and opinion leaders.
- Provide entry points to specific populations.
- Support unique practices and traditions.
- Provide access to professional support.

Possible settings include, but are not exclusive to:

- Home.
- Childcare and early education.
- Schools.
- Churches.
- Cultural centres.
- Marae.
- Iwi or hapü and whänau centres.
- Health sector.
- Primary health care settings.
- Neighbourhoods, social and recreational settings.
- Sporting facilities and organisations.
- Local government.
- Work place.
- Housing services.
- Correctional services.

4.4 MODELS

The following outlines existing models of service delivery for mental health promotion. The Models will be chosen based on the needs and settings appropriate to different populations. *(*A fuller description of the models is in Appendix 2, p42.)

Population health model – a model that takes into account the wider social, cultural and economic factors determining health. This approach requires working across government and non-government sectors.

Community development model – a model that aims to improve the health of communities by empowering them to work together to identify issues and solve them.

Primary mental health care model – a model that emphasises the roles played by primary health care practitioners (often the first point of contact with the health system), including school counsellors, nurse practitioners, voluntary groups, etc.

Strengths model – this model arose as an alternative to diagnostic approaches that tend to categorise people according to symptoms, ignoring environmental conditions. This model emphasises individual, family and community strengths and builds on these.

Recovery model – The ability to live well in the presence or absence of one's mental illness. This model emphasises the active role of people with mental illness in improving their lives.

Te Pae Mahutonga – brings together determinants of health as they apply to Mäori, including participation in society, healthy lifestyles, community leadership, physical environment, autonomy and cultural identity.

Fonofale model – Samoan holistic model that recognises that Samoan people's health is best nurtured within the social context. Based on Pacific perspectives it proposes that "the mental health of Pacific people is intrinsically bound to the holistic view of health … and … greater application of Pacific health models is required including establishing and maintaining links between mental health primary health and social services" (Mental Health Commission 2001:6).

Guide *for action*

5.0 GUIDE *For action*

5.1 ACTION FOR *Improving mental health*

This section outlines priority actions, and lists interventions for promoting mental health, preventing mental illness and reducing inequalities in mental health experienced by some New Zealanders. The priority actions reflect the Ministry of Health's intervention framework for reducing inequalities (Ministry of Health 2002). The priority actions:

1. Outline Ministry of Health priority actions for mental health promotion.
2. Provide guidance to health sector providers and other sectors on what they can do to contribute to positive mental health and wellbeing for New Zealanders.

The priority actions are relevant to clinical planning and policy areas at a local, regional or national level. Interventions are included for populations as well as for individuals.

Building on Strengths has used the Ministry of Health framework for reducing inequalities as a guide for developing a range of interventions. Each priority action is detailed according to three of the levels described by the Ministry framework. These three levels are:

Level 1: The social, economic and cultural factors that fundamentally determine the health of populations.

Positive mental health would be best achieved through co-operation between government sectors – health, education, housing, employment as well as non-government and community-based organisations. This approach challenges sectors to work together to tackle the determinants of health and thereby offer disadvantaged groups greater opportunity to be involved in creating solutions that support their positive mental health.

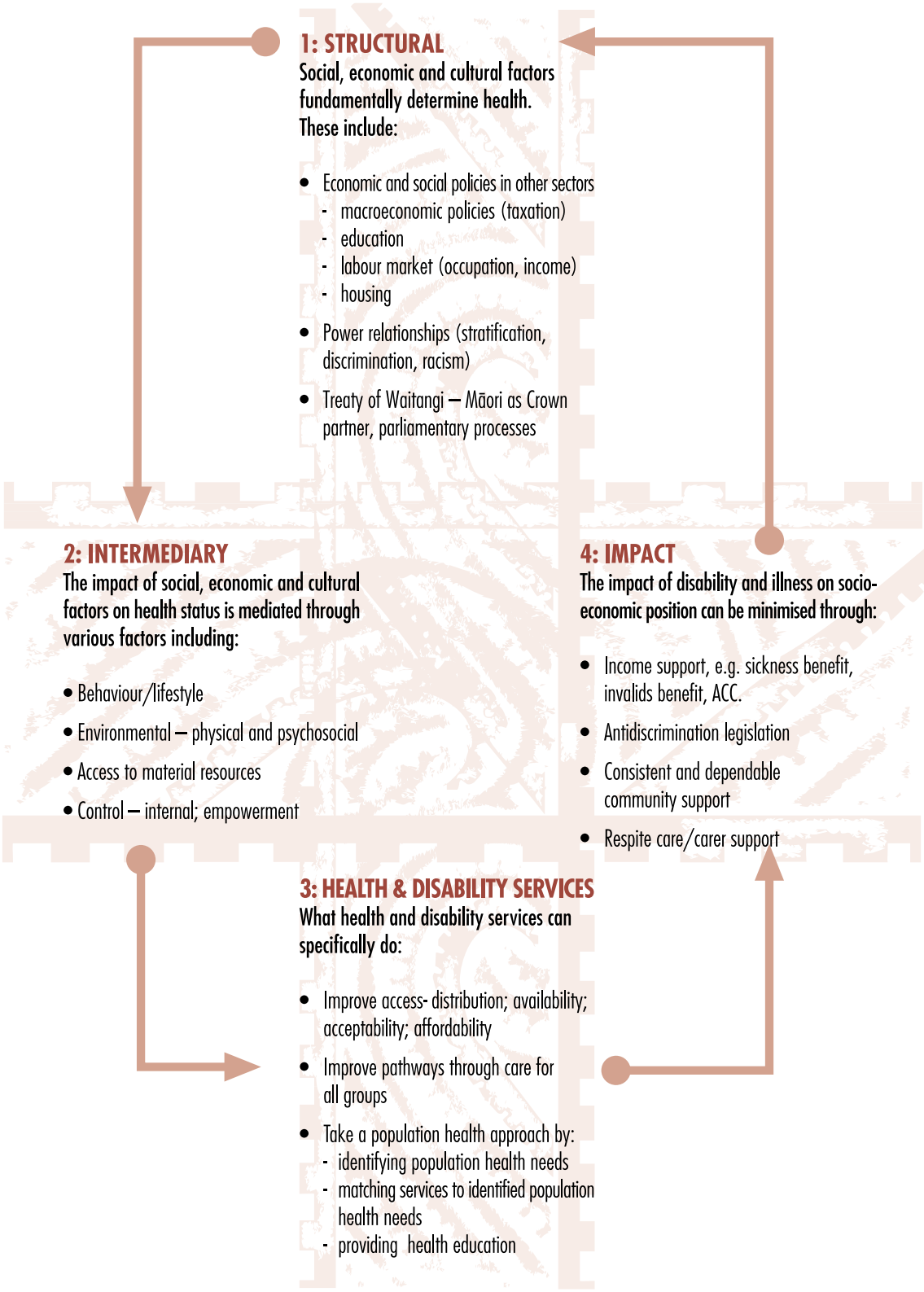
Level 2: The intermediary pathways through which the social, economic, and cultural determinants affect health.

The determinants of health can both directly and indirectly influence the positive mental health of our population. For example, they influence both an individuals self-esteem as well as people's behaviour and ability to secure employment and housing. Actions to promote mental health must address these factors.

Level 3: Health services.

Health services have a key role to play in the development of positive mental health by improving access to services and interventions and promoting mental health protective factors.

Figure 4: INTERVENTION FRAMEWORK ***to improve mental health and reduce inequalities.***
Reproduced from: National Health Committee. 1988. *The Social, Cultural and Economic Determinants of Health in New Zealand:* Action to Improve Health.



5.2 ACTION *Streams*

The following guides for action list mental health promotion interventions under the five key priority action streams.

1. Reorient health services *to reduce inequalities between socioeconomic groups.*

- Collaborate across sectors to develop, implement and sustain an integrated mental health promotion strategic focus.
- Identify across sector mechanisms that facilitate service user and community involvement in making progress on improved mental health.
- Monitor, assess and evaluate, across sectors, mental health inequalities, social determinants and the relationship between the two.
- Develop policies that encourage equitable education, labour market and housing outcomes.
- Develop capacity to deal with emerging issues such as problem gambling.

Level 1: The social, economic and cultural factors that fundamentally determine the health of populations.

- Ministry of Health to encourage intersectoral partnerships that promote knowledge and information sharing and which contribute to positive mental health action.
- Promote understanding of an integrated mental health promotion approach in primary health care service provision.
- Improve academic achievement such as qualification and literacy skills by Mäori and Pacific people which leads to improved health gains.
- Ministry of Health consult with DHBs and PHOs to prioritise services (e.g. provider and workforce development) needed to promote and improve mental health outcomes.
- Co-ordinate at a national level and across sectors, arrangements to identify and address structural barriers to achieving positive mental health for all New Zealanders.
- Ministry of Health, Ministry of Pacific Island Affairs, Te Puni Kökiri, Ministry of Internal Affairs to improve ethnicity data collection, analysis and health measurement to inform mental health promotion resource allocation and funding of mental health promotion initiatives.
- Integrate Treaty of Waitangi into mental health promotion policy development, implementation and evaluation.

Level 2: The intermediary pathways through which the social, economic, and cultural determinants affect health.

- Implement community development initiatives, approaches and ethnic models of mental health promotion that strengthen the capacity of individuals and communities and which present as a buffer against stress and life transitions.
- Integrate multidisciplinary approaches to mental health promotion.

- Encourage joint planning, decision-making and implementation of initiatives between health, other contemporary (e.g. government agencies) and traditional (churches, iwi) decision-making forums to promote positive mental health.
- Continue to invest in programmes that: mental health protective factors (e.g. healthy schools); develop supportive communities (e.g. healthy cities), counter discrimination and stigmatisation (e.g. Like Minds Like Mine), advocate joint policy development (e.g. reducing inequalities) to promote positive mental health.
- Promote links between programmes (e.g. sport, recreation, leisure, cultural, nutrition) that demonstrate positive benefits for mental health, especially depression and low self-esteem.
- Utilise programmes and initiatives that increase the visibility of mental health and understanding of mental health issues; for example, health information and education services including personal growth (self-esteem, life skills, parenting skills, relationship building) and workplace (stress management) programmes.

Level 3: Health services.

- Identify and build on workforce and provider training and development opportunities. Continue joint provider and community action focused on raising awareness relating to empowerment and strengths-based approaches and effective forms of self-help and peer support.
- Support forums that enable organisations and communities, interested in mental health to share information and knowledge and to discuss developments (e.g. 'Kia tu kia puawai' community development pilot programmes, 'Like Minds Like Mine' information clearing house).
- Support the development of a service integration model that promotes a compatible mix of mental health promotion and prevention interventions.
- Encourage employers to promote positive mental health in their workplace policies

Time frames

Years 1-2	Years 3-5	
• Planning and development phase. • Establish partnerships to progress actions across all sectors, inclusive of Local authorities, DHBs, PHOs, NGOs participation Existing programmes reviewed. • Negotiate co-ordination arrangements. • Sectoral partnership to share information and develop objectives.	• Reporting.	• Ministry of Health to coordinate. • All sectors to report back to Government on performance related to reducing inequalities. • All sectors Ministry of Health, Ministry of Pacific Island Affairs, Te Puni Kökiri, Ministry of Youth Affairs, Ministry of Internal Affairs, ACC, Ministry of Social Development, Ministry of Education, District Health Boards, non-government agencies and providers, Local authorities, Primary Health Organisations.

2. Strengthening community action ***in mental health promotion activity and create opportunity for improved access to mental health promotion services.***

- Explore joint planning mechanisms with government and non government organisations.
- Create opportunity for greater equity of access to mental health promotion services by distributing resources in relation to need.
- Promote sector actions that encourage an integrated mental health promotion approach, which includes primary prevention interventions.
- Work with communities to develop and implement mental health promotion programmes focused on the needs of people located in specific settings (e.g. schools, recreation centres, marae, churches, workplaces, public health organisations, rural etc.).

Level 1: ***The social, economic and cultural factors that fundamentally determine the health of populations.***

- Develop actions in consultation with consumers, health service providers, communities, professional organisations and other stakeholders.
- Positive discrimination to favour disadvantaged groups.
- Advocate for a continuum of health promotion that recognises the complementary contributions of primary prevention approaches to mental health.
- Ministry of Health and District Health Boards fund Mäori and Pacific people's workforce and provider mental health promotion capacity and capability.

Level 2: ***The intermediary pathways through which the social, economic, and cultural determinants affect health.***

- Support, allowing for local variations, actions that utilise the strengths, skill and resources of communities.
- Support communities to eliminate discriminating and stigmatising behaviour (e.g. representation on school boards of trustees).
- Support programmes that assist people to cope at critical turning points in their lives (e.g. grief management programmes).
- Encourage community participation in developing a multidisciplinary mental health promotion approach in primary health care.

Level 3: ***Health services.***

- Build on existing networks for linking MHP activities across sectors (e.g. Mental Health Advisory Committee, National Advisory Groups, District Advisory Groups, Intersectoral In equalities Working Party, Te Waipounamu Health Promotion Coalition etc.).
- Promote positive ageing programmes for people approaching retirement, programmes that support 'open sexual identity' for the population in general.

- Utilise sectoral networks to focus initiatives on improved community understanding of mental health (e.g. Ministry of Health, Te Puni Kökiri, Ministry of Social Development funding schemes).
- Develop education programmes that mobilise communities to eliminate barriers to social inclusion.
- Develop mental health promotion programmes for implementation in refugee and asylum seeker communities (e.g. new arrival and refugee resettlement programmes).

Time frames

Years 1-2	Years 3-5	
• Planning and development phase.	• Action as appropriate in each sector. • Reporting.	• Ministry of Health to co-ordinate. • All sectors to report back to Government on performance related to reducing inequalities.

3. Create safe and supportive environments ***through partnerships with wider sector involvement (cities, communities, workplaces, schools, homes).***

- Support and resource communities to develop, implement and improve their own capacity to promote positive mental health.
- Foster activity designed to enhance community innovation, leadership and mental health promotion enterprise.
- Identify and remove barriers that inhibit the effective provision of services for certain ethnic and social groups and communities (e.g. data collection, service approaches, service access, sector or intersectoral collaboration).
- Develop and implement programmes which foster community social inclusion and minimise stigmatisation.
- Contribute to the mental health of groups experiencing exclusion (unemployment, inadequate housing, poor education, discrimination, powerlessness and exploitation).
- Provide training in mental health promotion for the health sector and other appropriate sectors.
- Develop and deliver 'train the trainer' programmes.

Level 1: The social, economic and cultural factors that fundamentally determine the health of populations.

- Improve sectoral and community involvement in creating supportive mental health promoting environments (e.g. clean healthy environment, physical and psychosocial working conditions such as reduced workplace stress).

- Support existing networks for linking mental health promotion activities across sectors (e.g. MHAC, NAGs, DAGs Intersectoral Working Party, professional forums, DHBs, PHOs).
- Promote safe environments which contribute to the mental health of children and adolescents, giving attention to services that address adult problems such as substance abuse programmes which in turn reduce violence to children, lead to positive parenting programmes and provide housing to keep children in stable environments.
- Consult with DHBs to establish priorities in relation to promoting positive mental health and wellbeing in their areas.
- Support programmes that foster a secure cultural identity.

Level 2: The intermediary pathways through which the social, economic, and cultural determinants affect health.

- Invest in the development of positive mental health (promoting environments, i.e. where people live, work, play and come together and where people feel safe and supported).
- Develop mental health promotion (including cultural-based models) training packages for non public health doctors, primary care practitioners, health workers, tangata whaiora caregivers and others.
- Support initiatives that protect communities from violence, intentional abuse and trauma, depression, anxiety, drug and alcohol and eating disorders.
- Encourage mental health promotion best practice in primary health care.
- Promote cultural norms that support development of positive mental health and wellbeing including individual and community cultural identity and ethnic pride.
- Support education and training to reduce the prevalence of mental health problems related to intentional injury and suicide.

Level 3: Health services.

- Ministry of Health actively engage with ministries and providers of programmes that foster safe and supportive environments (e.g. Strengthening Families, Family Start, Family wellbeing, safer community council programmes).
- Provide direction using initiatives and processes that involve partnerships empowering and enabling (e.g. mayors against discrimination, parents as first teachers programme).
- Support programmes that protect women, children, older adults and vulnerable people from the trauma of domestic violence and abuse (e.g. antibullying and anger management programmes, Zero Tolerance for Violence, programmes that support positive and healthy role models).
- Coordinate support around existing initiatives and processes which build on partnerships that empower communities to create safe supportive environments (e.g. Mayors against discrimination, parents as first teachers programme).
- Build alliances and work with partners to protect women, children, older adults and other vulnerable people from the trauma of domestic violence and abuse (e.g. anti-bullying and

anger management programmes, Zero Tolerance for Violence, programmes that support positive and healthy role models).

- Support development for peer group networks (e.g. Kia Piki O Te Taitamariki programme, rangatahi suicide prevention coordinators).
- Promote refugee and new migrant mental health and wellbeing programmes focused on problem gambling, exercise programmes, primary care access, resettlement.
- Support anti-bullying programmes.
- Promote whänau development.

Time frames

Years 1-2	Years 3-5	
• Scope and planning activity. • Negotiate co-ordination arrangements.	• Action as appropriate in each sector. • Reporting.	• Ministry of Health to co-ordinate. • All sectors to report back to Government on performance related to reducing inequalities.

4. Develop personal skills ***by emphasising mental health protective factors such as resiliency, social support and life skill development.***

- Develop and implement programmes that enhance protective factors, such as coping capacity, resilience, life skills development, and which facilitate social support.
- Develop and implement programmes that increase people's (individual and community) competence and control over their life circumstances.
- Develop guidelines to assist individuals to identify and cope with mental health problems.

Level 1: ***The social, economic and cultural factors that fundamentally determine the health of populations.***

- Collaborate across sectors, including education, social services, justice, housing, accident compensation, child youth and families etc., to find ways to strengthen individual resiliency and life skills and strengthen social support mechanisms.
- Encourage integrated mental health promotion focused education, training and standards in primary health care.

Level 2: ***The intermediary pathways through which the social, economic, and cultural determinants affect health.***

- Support programmes that promote factors associated with bonding and positive child development.

- Support job search and problem solving skills for recently unemployed people.
- Build understanding of mental health promotion, prevention strategies and primary care for mental health service users.

***Level 3:** Health services.*

- Disseminate information on mental health promotion programmes with an emphasis on non violent behaviour and good communication and social skills.
- Support positive parenting skills development.
- Support prenatal and postnatal home visiting programmes for women and their babies.
- Promote leisure, cultural, recreation and physical activity programmes.
- Promote the importance of having a healthy body and healthy body image so that young people are encouraged to like and accept who they are (e.g. beyond body beautiful programme).

Time frames

Years 1-2	Years 2-5	
• Scope and planning activity. • Negotiate co-ordination arrangements.	• Action as appropriate in each sector. • Reporting.	• Ministry of Health to co-ordinate. • All sectors to report back to Government on performance related to reducing inequalities.

5. Build healthy public policy ***through improved research and evaluation to identify and address mental health promotion needs.***

- Work with health research agencies, DHBs and communities to identify and support research and interventions that have the potential to contribute to the positive mental health of people across populations and communities.
- Develop a co-ordinated approach to sharing and disseminating mental health promotion research information.
- Develop a set of indicators that links community development to better mental health outcomes.
- Develop comprehensive mental health promotion service assessment and evaluation models.

***Level 1:** The social, economic and cultural factors that fundamentally determine the health of populations.*

- Advocate investment in research and development, including assessment and evaluation using cultural references and models.

- Identify research agenda linking policy to positive mental health outcomes.
- Encourage collaboration between academia, other government agencies, public and mental health providers and community groups.
- Participate in developing international policy and research agenda.

***Level 2:** The intermediary pathways through which the social, economic, and cultural determinants affect health.*

- Incorporate evidence based models into mental health promotion service delivery.
- Build on new models to enhance responsiveness to the needs of Mäori and Pacific peoples (Ministry of Health, Ministry of Pacific Island Affairs, Te Puni Kökiri, Office of Ethnic Affairs).
- Develop a research base around measures and indicators of mental health and wellbeing.
- Improve research collation, analysis and evaluation.
- Support international developments in the area of mental health promotion.

***Level 3:** Health services.*

- Conduct research into positive ageing.
- Assess and evaluate all contracted mental health promotion programmes.
- Identify mental health and wellbeing measures and indicators.
- Identify barriers to positive mental health for priority population groups.
- Active participation in developing international approaches and leadership in mental health (e.g. New Zealand Membership in The International Women Leaders Group for Mental Health).
- Pursue opportunities for collaborative research across sectors (e.g. funding sought from the Health Research Council, Foundation for Science Research and Technology etc.).

Time frames

Years 1-2	Years 2-5	
• Planning and development phase. • Report and investigate. • Negotiate co-ordination arrangements.	• Action as appropriate in each sector. • Reporting.	• Ministry of Health to co-ordinate. • All sectors to report back to Government on performance related to reducing inequalities.

Moving *Forward*

6.0 MOVING *Forward*

Building on Strengths actions will build on existing work and give a strategic focus to the further development of mental health promotion activity in New Zealand over the next five years.

The new approach to mental health promotion builds a case for investment in mental health promotion and a place of higher priority on the public health and health promotion agenda. The approach aims to:

- Focus on the links between positive mental health and the determinants of health.
- Provide information and data on factors that influence the mental health status of New Zealanders.
- Emphasise the need for intersectoral and multidisciplinary approaches to planning, implementation and evaluation of mental health promotion initiatives.
- Identify the structures and resources needed at a national and district level to support and sustain mental health promotion development.

Public health and mental health together have increasingly important roles to play in promoting mental health. Because mental health is the result of so many interacting factors and because there is no single way to promote mental health, a number of options are needed to reflect the diversity of mental health needs, the settings that apply and the population health gains expected.

In order to achieve long-term improvements in the mental health and wellbeing of New Zealanders it is clear that increased investment of resources will be essential to repeat and build on successes like the 'Like Minds Like Mine' programme. This can occur only when other sectors, and not just health, recognise the social, economic and health benefits of promoting improved mental health. Growing awareness of the links between the determinants of health and mental wellbeing certainly strengthen the case for greater collaboration and co-operation across sectors.

The Ministry of Health has already committed funding to a very wide range of mental health promotion initiatives and individual projects. A major task of this strategy is to demonstrate that mental health promotion can contribute to a wide variety of health promoting government sector agendas.

Priorities for further development of mental health promotion will take into account the need to improve mental health and make social gains for people who are disadvantaged or who are from lower socioeconomic groups. *Building on Strengths* lays the foundation for mental health programmes, that can be monitored, evaluated and developed over the long term to meet the needs of these people. Specifically, programmes will:

- Develop coping skills (e.g. relationship, communication).
- Promote social support and networks (e.g. supporting positive and healthy role models, increasing access to information, providing opportunities to participate in promotional activities, addressing intentional injury and domestic violence).

- Address structural barriers to mental health in all sectors, including health, education, housing and employment.

Mental health promotion has made some notable gains over the past few years. Upon this platform *Building on Strengths* will assist to inform the future directions of, and serve as a resource and guide to action for, the Ministry of Health, District Health Boards, providers and their organisations for the next five years.

Appendix 1

APPENDIX 1

Population Groups

Adults

Adulthood is a time of major change, particularly in the areas of parenting and work. It can be extremely stressful. Establishing and maintaining committed relationships as well as childbearing and effective parenting are all part of the equation. At the same time, finding work, both paid and unpaid, is crucial. Meaningful work is important for mental health and income-producing work (employment) and has been shown to be a major determinant of mental, physical and social health for men and women (Raeburn 1999).

Stressful life events are also strongly linked to mental health problems and illness in adulthood. These external 'stressors' have been found to precede depression in around 50 percent of cases (Judd 1997). There have been successful prevention interventions in this area, (e.g. those designed for adults experiencing divorce and bereavement (Raphael 1977).

The stresses experienced by adults as a result of low income, unemployment, poor housing, and social isolation, must be acknowledged and reflected in action to promote mental health and wellbeing.

Disadvantaged Groups

Demographic information shows that groups experiencing economic and social disadvantage have more mental health problems than other groups. Research shows that low socioeconomic status, and poverty in particular, makes it more difficult for people to maintain good mental health. This relates not only to the direct stress of poverty (resulting in poor housing, lack of meaningful work, for example) but also to the stress of being powerless to change this situation. There is compelling evidence that social class, irrespective of racial and ethnic background, is associated with higher rates of mental illness. Poverty, powerlessness, exploitation and discrimination are major causative factors (Albee and Ryan 1998).

It is common for families/whänau to experience many difficulties at the same time. Problems of unemployment, lack of social support and depression often occur at the same time, as do marital difficulties and depression. Family/whänau breakdown and social adversity are also closely linked. Socially disadvantaged families may be more difficult to reach through preventive programmes (Sanders et al 2000). Groups experiencing disadvantage also experience discrimination. The University of Surrey (1998) found the most common result of discrimination to be lower self-esteem, social isolation, depression and anxiety, drug and alcohol misuse and suicidal feelings.

People Affected by Mental Illness

One of the principles of the New Zealand Health Strategy is to promote the active involvement of consumers and communities at all levels of policy development. People who have experience of mental illness have a vital contribution to make to our understanding of illness prevention and as advocates for mental health promotion.

Mental health promotion interventions/activities are applied to the whole of the community, including people with experience of mental illness. As with all population groups, access to

social support, strong communities, adequate housing and meaningful employment will all promote better mental health for people who have experienced mental illness.

A central theme for service users is their experience of the stigma and discrimination associated with mental illness and the denial of their rights of citizenship (Sayce 2000). As Sayce comments, 'for many people, life is a series of interlocking, often mutually reinforcing, exclusions'.

The Mental Health Commission's *Blueprint* states that 'a discrimination-free environment is necessary if the Government's Mental Health Strategy is to be implemented' (MHC 1998:19). A public health programme to achieve this goal the Project to Counter Stigma and Discrimination Associated with Mental Illness has been under way since 1997. The project, under the brand name 'Like Minds, Like Mine', Whakaitia te Whakawhiu i te Tangata, provides an example of how service users/tangata whaiora can be involved in the planning, delivery and implementation of mental health promotion programmes. People with experience of mental illness provide advice and leadership through a national advisory group (NAG). In the South Island the project is guided and provided by district advisory groups (DAGs) made up of partnerships of people with experience of mental illness, mental health providers and public health promoters.

The National Mental Health Standards (18) also require mental health services to promote mental health and community acceptance of people affected by mental illness and mental health problems.

Mäori

Information on the use of mental health and related services indicates that Mäori have more mental health problems than the general population. Although we know about mental health problems and their likely causes there is no way of measuring the more positive signs of good mental health. For this reason we cannot say what the overall mental health status of Mäori is or, for that matter, the general population in New Zealand.

Building on Strengths outlines action that aims to reduce the disparities in mental health experienced by Mäori and the approaches and models described in this document are proposed to ensure that actions are delivered in a manner that is relevant to Mäori.

The New Zealand Health Strategy recognises the special relationship between Mäori and the Crown under the Treaty of Waitangi. It also signals an intention to reduce inequalities in health outcomes, which is particularly evident for Mäori. One of the strategy goals centres on Mäori development in health, which includes building Mäori capacity at all levels, enabling Mäori communities to identify and provide for their own health needs, collecting high quality information, and supporting workforce development for Mäori.

Pacific Peoples

In New Zealand there are at least seven sizeable Pacific groups. Each Pacific community is unique, and therefore, the way in which their needs are perceived and resolved needs to be independent of the others.

In general there is a lack of research on the mental health of Pacific peoples within the New Zealand context (Bathgate and Pulotu-Endemann, cited in: Ellis and Collings 1997). Some protective factors that were identified by Bathgate and Pulotu-Endemann included:

- Support networks and cultural expressions, such as awareness and esteem for their own culture.
- Exercise of authority by elders and church leaders.
- Parenting, including successful adaptation to coexistence with host culture.
- Two-parent and extended family/whänau life.

Also included is economic security, including satisfactory employment and adequate housing.

Programmes that seek to improve the mental health of Pacific peoples must be delivered in a way that is relevant and responsive to the realities and experiences of those families. Improving Pacific health is expected to be achieved through two key mechanisms:

- Improving responsiveness and accountability of public sector agencies to Pacific health needs and priorities (Ministry of Pacific Island Affairs 1999).
- Building the capacity of Pacific people through provider, workforce and professional development and improved social service delivery (e.g. lack of appropriate services in the area of in the area of Pacific child, youth and family development).

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

There are several Pacific health pathways (as there are diverse cultural realities) for different Pacific peoples. Some ethnic Pacific models are being developed by the communities who work with them. Historically, in New Zealand a pan-Pacific approach has been applied to the way in which Pacific health issues are viewed and addressed. However, during the development of this strategy it was signalled that there is a need to address issues in a way that is relevant to each Pacific group. A Samoan model, Fonofale, is one option for some Pacific communities. The growing New Zealand-born Pacific populations may constitute another series of needs and considerations.

Older Adults

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

Older people need to be valued and have a recognised role in family/whänau/fono and community. The experience of older adults can be used in the community to the mutual benefit of all involved.

Children & Youth

A review of the literature shows that providing children and youth with a solid developmental base and emotional support will improve their capacity for good mental health in adult years. This is particularly the case for the vital early years. For example, high quality pre-school daycare education improves the chance of being in well-paid employment over 20 years later. It also has beneficial effects on behavioural development and school achievement, lower teenage pregnancy

rates, higher socioeconomic status and decreased criminal behaviour (NHS Centre for Reviews and Dissemination 2000).

Long-term damaging effects of childhood 'stressors' (such as parental divorce, prolonged parental unemployment, frequent alcohol or drug use by parents) have strong associations with many aspects of adult mental health, including self-esteem, sense of coherence, and depression (Stephens 1998).

Raeburn (1999) reported upon the correlation between Canadian youth suicide rates and youth unemployment rates, concluding that maximum employment opportunities for the young and meaningful work for everyone are needed, and that youth unemployment needs to be regarded as a public health issue.

Preventive efforts are well researched in this area and have been shown to have the greatest impact among younger age groups because of the considerable potential, in young children, to improve long-term as well as short-term mental health (Raphael 2000). Greater preparedness is needed to ensure the kind of supportive environments in which young people can grow and learn, to provide effective education in personal and social competencies, and to identify and assess problems when they arise.

The Mental Health Commission's *Blueprint* recommends designated mental health specialists linking and supporting work with educational services, including early childhood and pre-school levels, to implement prevention services.

Mental health promotion programmes need to be delivered to children in the context of their families/whänau, schools and communities (e.g. support for family and whänau, especially in the vital early years). Equally important is the need for mental health promoters to work in partnership with educators to provide the most effective interventions for the promotion of mental health and wellbeing in children and youth.

Appendix 2

APPENDIX 2

Mental Health Promotion Models

Population health model

Population health refers to the health of groups, families and communities. The population health model embraced by Public Health takes into account all factors that determine health.

'Populations' describe different groups of people defined by locality (e.g. country, town or suburb) biological criteria (age, ethnicity or gender), social criteria (socioeconomic status or disability), cultural criteria, (e.g. whänau) and their utilisation of services, such as a health practice population.

A population health model can be used by the whole of the health sector to influence the broad range of factors which determine health: peace, shelter, education, food, sufficient income, a stable ecosystem, sustainable resource use, social justice, equity (Ministry of Health 1998).

Community development model

This model is based on the premise that communities best understand their own needs and are best positioned to come together to resolve problems and promote healthy communities. It is primarily about 'building social cohesion, supportive environments, community ownership and control and unifying disadvantaged groups or those people excluded from participating in society (Raeburn and Corbett 2001).

Primary mental health care model

Activity under this approach recognises the services provided in settings currently covered under the scope of the Primary Health Care Strategy, with its emphasis on 'enrolled populations'. Besides general practice and primary health organisation services, mental health promotion interventions include those provided by school counsellors, nurse practitioners, midwives, voluntary groups, counselling agencies and self-support groups. It is important to note that families, communities and the voluntary efforts of community members who mobilise around common problems, are often the first point of contact and provide the main source of help for many people with problems.

Strengths-building model

The strengths model arose as an alternative to diagnostic-based social work approaches, which were often criticised as categorising people according to symptoms, ignoring critical environmental situations and ultimately blaming individuals for their disabilities. In contrast, the strengths perspective avoids blaming behaviour by focusing on identifying individual, family and community strengths (Russo 1998).

The philosophy behind this approach has three distinct elements.

First, rather than dwelling on what is wrong, on illness or deficit, it emphasises the resourcefulness and resilience that exists in everyone. The strengths approach recognises that all people have potential and capacity to grow, change and adapt. All people have capabilities, abilities, strengths, and the environments, that act on these qualities, include resources and opportunities that foster the development of those attributes and talents.

A second major philosophical emphasis of a strengths approach is that of the primacy of people and community. This includes a fundamental trust in people's own judgement about what is good for themselves, their families and their communities. The role of community (and community development) is especially emphasised here, because collective wisdom and collective support, and the building of group and community cohesion and strength, are believed to be optimal for improving overall health and wellbeing. At the heart of this is the belief that mental health is determined to a great extent by people's own sense of control over their lives.

The third element of a strength-building philosophy is the acknowledgement of the importance of both culture and society as determinants of our mental health and wellbeing. In New Zealand in particular, culture has been recognised as being of huge importance in human affairs, and its influence permeates every aspect of the lives of all of us. A full recognition and honouring of this reality is essential for the good mental health of all people. In addition, in the past, mental health often has been regarded as an 'internal' matter, as something that is caused by some deficiency within the person.

This often leads to people being 'blamed' and stigmatised for their suffering and mental afflictions. While acknowledging the role of genetic and personal factors, a strength building approach to mental health promotion also emphasises that the state of our society as a whole, and aspects such as the economy, socioeconomic status, housing, employment, education, and so on are vitally important for the overall mental health of our nation. This gives us cause for optimism, because these factors are potentially modifiable, which means we can hope for continuously improving mental health and wellbeing in the future as societal conditions improve under wise governance.

The perspective, for the most part, holds that people manage to survive, sometimes in the face of great challenges. An assumption of the strengths perspective is the idea that people are resilient. A growing body of evidence documenting resiliency includes characteristics such as **social competence** (e.g. ability to elicit positive responses from others), **autonomy** (e.g. a strong sense of independence and self-efficacy), and **a sense of purpose and future** (Early and GlenMaye 1998).

The approach supports the establishment of 'niches' or environmental conditions that enable rather than stigmatise individuals, which are focused on seeing possibilities rather than problems, options rather than constraints and wellness rather than sickness (Rapp 1998).

Recovery model

Recovery is defined in the *Blueprint* (Mental Health Commission 1998) as the ability to live well in the presence or absence of one's mental illness. The definition is purposefully broad, acknowledging that the experience of recovery is different for everyone and a range of service models could potentially support recovery.

Recovery happens when people with mental illness take an active role in improving their lives, when communities include people with mental illness, and when mental health services can develop people with mental illness and support their communities and families to interact with each other (Mental Health Commission 2000).

Te Whare Tapa Whä

For Mäori, the concepts of health and wellbeing go beyond physical wellbeing. Good health is recognised as being dependent on a balance of factors. Mason Durie's Whare Tapa Whä model of health (1994), describes four components, which represent the four walls of a house and the

idea that if one of these walls fails, the house will fall. Reflecting a Mäori perspective of health, whare tapa wha includes consideration of:

Te taha wairua - spiritual health, including the practice of tikanga Mäori in general.

Te taha tinana - the physical aspects of health.

Te taha hinengaro - the emotional and psychological wellbeing of the whänau and of each individual within it.

Te taha whänau - the social environment in which individuals live – the whänau of family, the communities in which whänau live and act.

In public health there are two other perspectives, which are seen as particularly important:

- **Te ao turoa -** the environment: the relationship between Mäori and te ao turoa is one of tiakitanga (stewardship). It is the continuous flow of life source. Without the natural environment, the people cease to exist as Mäori.
- **Te reo rangatira** expresses the values and beliefs of people and is a focus of identity. The root of all cultures is the language, and te reo is a vital expression of rangatiratanga (Ministry of Health 1996).

Te Pae Mahutonga

Te Pae Mahutonga (Southern Cross Star Constellation) is a model of health that brings together determinants as they apply to Mäori health. The model is presented in the shape of the Southern Cross. Four health promotion activities are represented by the four compass direction points and a further two pointers symbolising leadership and autonomy (Durie, cited in Briggs 2001).

Determinants	Promotion Activity	Determinants	Promotion Activity
• Te Oranga (Participation in society).	• Affordable housing. • Favourable work conditions. • Quality education.	• Waiora (Physical environment).	• Clean environment. • Sustainable natural resources.
• Toiora (Healthy lifestyles).	• Fostering healthy child development. • Encouraging development of mental health protective factors.	• Mauriora (Cultural identity).	• Meeting the Crown's obligations to the Treaty of Waitangi. • All groups supported to participate in society. • Cultural diversity is valued.
• Ngä Manakura (Community leadership).	• Explore macro policy responses to reduce health inequalities. • Promote public and primary care approaches to mental health promotion. • Develop supportive communities.	• Te Mana Whakahaere (Autonomy).	• Support for providers and their development to deliver health solutions for Mäori. • Developing self-sufficiency.

Fonofale model of health

The model is based on a Samoan perspective of health. It describes health in terms of the fonofale (Mental Health Commission 2001), the traditional Samoan meeting house.

The roof represents the cultural values and beliefs that incorporate both traditional and western methods of healing. The foundation of the fonofale represents the nuclear as well as the extended family and symbolises the importance of family as the central point of social organisation. It is through the family structure that support is channelled to augment development in relation to the Samoan four dimensions of health: physical, spiritual, mental and social.

Surrounding the fonofale, at the centre of the model, are elements of the social context in which the health of Samoan people is best nurtured. These elements recognise the importance Samoan health in a New Zealand setting, the time period and environment (e.g. rural, urban).

Appendix 3

APPENDIX 3

Figure 5: PROTECTIVE FACTORS ***potentially influencing the development of mental health problems and mental disorders in individuals (particularly children).***

Individual factors	Family/social factors	School Context	Life events and situations	Community and cultural factors
• Easy temperament. • Adequate nutrition. • Attachment to family. • Above-average intelligence. • School achievement. • Problem-solving skills. • Internal locus of control. • Social competence. • Social skills. • Good coping style. • Optimism. • Moral belief. • Values. • Positive self-related cognition.	• Supportive caring parent. • Family harmony. • Secure and stable family. • Small family size. • More than two years between siblings. • Responsibility within the family (child or adult). • Supportive relationship with other adult (for a child or adult). • Strong family norms and morality.	• Sense of belonging. • Positive school climate. • Prosocial peer group. • Required responsibility and helpfulness. • Opportunities for some success and recognition of achievement. • School norms against violence.	• Involvement with significant other person (partner/mentor). • Availability of opportunities at critical turning points or major life transitions. • Economic security. • Good physical health.	• Sense of connectedness. • Attachment to networks within the community. • Participation in church or other community group. • Strong cultural identity and ethnic pride. • Access to support services community/cultural norms against violence.

Both figures 5 and 6 are reproduced from: Commonwealth Department of Health and Aged Care 2000, *Promotion, Prevention and Early Intervention for Mental Health* – A Monograph, Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, Canberra.

Figure 6: RISK FACTORS ***Potentially influencing the development of mental health problems and mental disorders in individuals (particularly children).***

Individual factors	Family/social factors	School Context	Life events and situations	Community and cultural factors
• Prenatal brain damage. • Prematurity. • Birth injury. • Low birth weight, birth complications. • Physical and intellectual disability. • Poor health in infancy. • Insecure attachment in infant/child. • Low intelligence. • Difficult temperament. • Chronic illness. • Poor social skills. • Low self-esteem. • Alienation. • Impulsivity.	• Having a teenage mother. • Having a single parent. • Absence of father in childhood. • Large family size. • Antisocial role models (in childhood). • Family violence and disharmoney. • Marital discord in parents. • Poor supervision and monitoring of child. • Low parental involvement in child's activities. • Neglect in childhood • Long term parental unemployment. • Criminality in parent • Parental substance misuse. • Parental mental disorder. • Harsh or inconsistant discipline style. • Social isolation experiencing rejection lack of warmth and affection.	• Bullying. • Peer rejection. • Poor attachment to school. • Inadequate behaviour management. • Deviant peer group. • School failure.	• Physical, sexual and emotional abuse. • School transitions. • Divorce and family breakup. • Death of family member. • Physical illness/impairment. • Unemployment homelessness. • Incarceration. • Poverty/economic insecurity. • Job insecurity. • Unsatisfactory workplace relationships. • Workplace accident/injury. • Caring for someone with an illness/disability. • Living in nursing home or aged care hostel. • War or natural disasters.	• Socioeconomic disadvantage. • Social or cultrual discrimination. • Isolation. • Neighbourhood violence and crime. • Population density and housing conditions. • lack of support service including transport, shopping, recreational facilities.

Glossary

GLOSSARY

Aotearoa—'Land of the Long White Cloud', recognised as the indigenous word for New Zealand.

Caregiver or Carer—A person, usually a family member, who looks after a person with a disability or health problem, and who is unpaid.

Community—A collective of people identified by their common values and mutual concern for the development and wellbeing of their group or geographical area.

Community capacity—The characteristics of communities that affect their ability to mobilise, to and identify, , and address social and health problems.

Community development—Increasing the ability of communities, particularly marginalised communities, to work together to identify and take action on priorities defined as important by the communities themselves. Community action can be defined as action by a collective of people who mobilise and co-ordinate systems and resources to solve mutual problems or to pursue mutual goals.

Connectedness—A person's sense of belonging with others.

Culturally appropriate services—Services responsive to, and respectful of, the history, traditions and cultural values of the different ethnic groups in society.

DAG—District Advisory Group for the Like Minds Like Mine programme.

Determinants of health—The range of personal, social, economic and environmental factors that determine the health status of individuals or populations.

Disability—Incapacity caused by congenital state, injury or age-related condition expected to last six months or more. A disability may or may not be associated with the need for assistance.

Disparity (or deprivation)—Socioeconomic or health inequality or difference relative to the local community or wider society to which an individual, family or group belongs.

District Health Boards—(DHBs) are organisations established to protect, promote and improve the health and independence of a geographically defined population. Each District Health Board will fund, provide or ensure the provision of services for its population.

Early intervention—Interventions targeting people displaying the early signs and symptoms of a mental problem or mental disorder.

Empowerment—A sense of own value and strength and a capacity to handle life's issues.

Environment—Physical surroundings and conditions.

Equity (in health)—Fairness.

Evaluation—Assessment against a standard. Evaluations can assess both the process (of establishing a programme to deliver an outcome) and outcomes (ultimate objectives).

Hapü—Groups of whänau with common ancestral links; sub-tribe.

Health education—Providing information and teaching people how to behave safely and in a manner that promotes and maintains their health.

Inclusive society—A society that highly values our lives and continually enhances our full participation.

Intersectoral collaboration—Projects involving various sectors of society including central and local government agencies (health, education, welfare and so on), community organisations (IHC, CCS, churches, etc) and the private sector.

Intervention—A programme or series of programmes.

Iwi—Tribe.

Life skills development—Is treated here as a set of attributes that enable an individual to cope with challenges to both mental and physical functioning. It implies an attempt to improve, maintain and protect one's self-esteem, mastery of personal circumstances and a sense of coherence, all of which are considered as indicators of individual positive mental health.

Lifestyle—Lifestyle is a way of living based on identifiable patterns of behaviour based on an individual's choice, and influenced by the individual's personal characteristics, their social interactions and socioeconomic and environmental factors.

MHAC—Mental Health Advisory Committee.

Mental health and wellbeing—More than the absence of mental illness. It is the capacity of each of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of equity, social justice, interconnections and personal dignity (International Workshop in Toronto 1996).

Mental health problems—Diminished cognitive, emotional or social abilities, but not to the extent that the criteria for a mental disorder are met.

Mental illness or disorder—Any clinically significant behavioural or psychological syndrome characterised by the presence of distressing symptoms or significant impairment of functioning.

Monitoring—The performance and analysis of routine measurements, aimed at detecting changes.

NAG—National Advisory Group for the Like Minds Like Mine programme.

NGO—Non-governmental organisation**.**

Pacific peoples—The population of Pacific Island ethnic origin (for example, Tongan, Niuean, Fijian, Samoan, Cook Island Mäori, and Tokelauan) incorporating people of Pacific Island ethnic origin born in New Zealand as well as overseas.

Partnership—The relationship of good faith, mutual respect and understanding and shared decision-making between the Crown and Mäori.

Population-based interventions—Interventions targeted at populations, rather than individuals.

Population health—The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, social criteria such as socioeconomic status, or cultural criteria such as whänau.

Positive mental health—Refers to mental health as a capacity to perceive, comprehend and interpret our surroundings, to adapt to them and to change them if necessary and to think and to communicate with each other (1999 Lahtinen et al).

Prevention—refers to interventions that are designed to prevent mental health disorders or problems from occuring. Prevention interventions can be:

- universal – targeted to the whole population (e.g. healthy cities).
- selective – targeted to individuals or groups at increased risk (e.g. post natal home visits for new mothers).
- indicated – targeted to individuals with early symptoms (e.g. grief therapy for individuals experiencing the loss of a close relative, partner or friend).

Primary health care—Essential health care based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities, involves community participation, is integral to, and a central function of, the country's health system, and is the first level of contact with the health system.

PHO—Primary Health Organisation nominated to deliver primary health care under the core strategy.

Programme—A group of activities directed towards achieving defined objectives and targets.

Protective factors—Those factors that produce resilience to the development of psychological difficulties in the face of adverse risk factors.

Provider—An organisation or individual providing health disability services.

Public health—The science and art of promoting health, preventing disease and prolonging life through organised efforts of society.

Public health approaches—The goals of public health are to focus on the determinants of health, build strategic alliances and implement comprehensive programmes to promote public health.

Resilience—The ability to bounce back from social adversity. Dealing with adversity includes developing increased self-awareness, personal coping, decision-making and problem-solving skills, social skills and the ability to access and utilise mental health promoting resources.

Risk behaviour—An aspect of personal behaviour or lifestyle, an environmental exposure, or an inborn or inherited characteristic that is associated with an increased risk of a person developing a disease.

Self-esteem—A positive sense of self that is essential to personal wellbeing and individual vitality.

Sense of mastery—The extent to which people have control over their own lives.

Sense of coherence—An outlook and attitude that life is manageable and meaningful.

Settings approach—Links people to environments, organisations and whole populations.

Socioeconomic status—A relative position in the community as determined by occupation, income and amount of education.

Socio-economic disadvantage—A relative lack of financial and material means experienced by a group in society, which may limit their access to opportunities and resources that are available to the wider society.

Stressors—An event that occasions a stress response in a person.

Treaty of Waitangi—New Zealand's founding document. It establishes the relationship between the Crown and Mäori as tangata whenua (indigenous peoples) and requires both the Crown and Mäori to act reasonably towards each other and with utmost good faith.

Whänau—Reference to immediate and extended family members.

Whare tapa whä—The four cornerstones of health: wairua (spiritual), tinana (physical), hinengaro (psychological and emotional aspects) , whänau (family and extended social environment). The comparison is being made to the sturdy framework of a house.

Wellness—A dimension of health beyond the absence of disease or infirmity, including social, emotional and spiritual aspects of health.

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