

MENTAL HEALTH PROMOTION: WHAT IS IT AND HOW DOES IT WORK?

Mental health promotion is an important policy lever.

What is mental health promotion?

Mental health promotion specifically targets large populations or communities. It identifies a population's or community's strengths, and helps people to use those strengths and other tools to protect, and manage, their mental health and wellbeing.

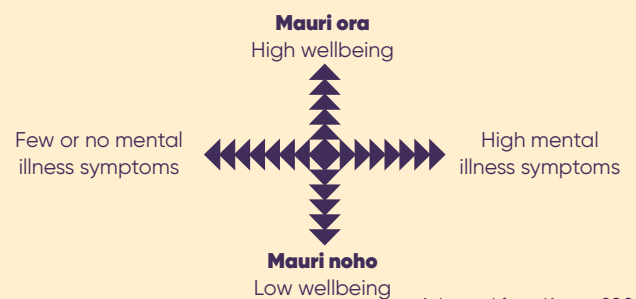
Instead of pursuing medical solutions to individual mental health problems (the role of clinical services), mental health promotion understands the cultural and social building blocks of good mental health and helps communities to both meet their own mental health aspirations and build positive environments in which they can thrive.

In Aotearoa New Zealand, mental health promotion must actively **uphold the articles of Te Tiriti o Waitangi** and ensure Te Tiriti o Waitangi guides planning, activities and evaluation, especially when (but not limited to) working with Māori communities. This includes understanding and honouring Māori models of mental health and wellbeing, such as Te Whare Tapa Whā.

The truth about mental health

It's a common myth that good mental health (also described as having **high levels of wellbeing** or being in a state of **mauri ora**) is simply the absence of mental distress or illness.

This diagram shows we can experience mauri ora regardless of whether we experience mental illness symptoms or not.



Adapted from Keyes, 2002

Why fund and support mental health promotion?

To support the long-term mental wellbeing of all New Zealanders, we need to shift from solely focusing on services to protecting and promoting people's mental health before they are in crisis, and equipping communities, whānau and individuals to look after their mental wellbeing.

yes

Mental health promotion can:

- Enable Te Tiriti o Waitangi articles (including tino rangatiratanga or self-determination, and ōritetanga or equity) by supporting communities to take control over their own mental health and wellbeing
- **Strengthen cultural identity, which supports better mental health outcomes¹**
- Be delivered by anyone (not just health practitioners)
- **Empower and strengthen communities to nurture their own and each other's wellbeing**
- Provide people and their communities with tools to help them stay mentally well for longer
- **Reduce pressure on clinical mental health services by supporting communities to self-manage their mental health**
- Be more cost-effective than clinical support, as it requires less set-up costs and utilises existing community resources and leaders
- **Be quickly activated to support populations through crises, such as natural disasters**
- Use existing settings, such as workplaces, marae or sports clubs, and strengthen their capability to support mental health with a significant return on investment²
- **Grow mental health and wellbeing leaders**
- Be spread organically via word of mouth
- **Produce, by raising population wellbeing, a broad range of benefits to society including better educational performance, high rates of employment and productivity, and reduced healthcare costs and demand**
- Benefit and reach everyone, and quickly, unlike mental health services which are failing to keep up with Aotearoa New Zealand's increasing mental health need.

Want to learn more?

Visit mentalhealth.org.nz or email policyandadvocacy@mentalhealth.org.nz

Successful mental health promotion initiatives in Aotearoa New Zealand:



Farmstrong, an initiative helping farmers, growers and their families to cope with the ups and downs of farming.

In 2022, 21% (over 17,000) of farmers surveyed attributed some level of improvement in their wellbeing to Farmstrong, and 13% (10,000) reported a moderate to large wellbeing improvement³.



Mahi a Atua, a mātauranga Māori-infused way of being which helps people see, and think about, mental distress and their relative position in the world through a te ao Māori lens. Developed by Dr Diana Kopua in 1996, Mahi a Atua was first used in primary mental health care services in the East Coast and has been developed over time alongside tohunga Mark Kopua. It utilises pūrākau, maramataka, whakapapa and toi Māori to support wellbeing and address inequity and racism, and is now applied to areas outside the mental health system⁴.

Due to its success, Mahi a Atua has since expanded its approach to other settings including schools. Evaluations from primary school-aged tamariki in Hastings showed the approach helped them develop positive individual and whānau identities⁵.



Sparklers, a programme offering a bank of wellbeing activities (for Year 1-8 students) and ongoing tips and support to use them (for educators, parents and whānau).

In 2020, 99% of teachers surveyed believed Sparklers reduced antisocial behaviours (including bullying), 93% said using Sparklers helped create an emotionally supportive classroom, and 90% agreed Sparklers made a positive difference for students⁶.

Our recommendations

- 1. Develop a clear vision and strategy** for mental health and wellbeing promotion, grounded in Te Tiriti o Waitangi and reflecting the needs and aspirations of priority populations including people with experience of mental distress or illnessⁱ.
- 2. Establish an advisory team of experts and current practitioners** in mental health promotion, te ao Māori, epidemiology, social marketing, mental wellbeing science and co-design to guide the mental health promotion strategy.
- 3. Ringfence a percentage of the national mental health budget** to focus on mental health promotion solutions, shifting from an 'ambulance at the bottom of the cliff' approach to one that addresses the societal foundations of mental wellbeing.
- 4. Fund mental health promotion programmes** adequately so they can achieve good results.
- 5. Publicly promote and maintain an easily accessible wellbeing data explorer** that illustrates population-level mental distress and wellbeing indicators over time.
- 6. Establish a body outside of the clinical mental health system to document and evaluate all mental health promotion programmes** and approaches in Aotearoa, and identify what support they need and future gaps.

ⁱ See He Ara Oranga recommendations 16 and 19