

University of Galway Research Repository

Building capacity for effective implementation of mental health promotion

Title	Building capacity for effective implementation of mental health promotion
Author(s)	Barry, Margaret M.
Publication Date	2007-05
Publication information	Barry, M.M. (2007). Building capacity for effective implementation of mental health promotion. Guest editorial in the Australian e-Journal for the Advancement of Mental Health (AeJAMH), 6(2), 1-9.
Publisher	eContent Management Pty Ltd
Link to publisher's version	http://search.informit.com.au/documentSummary;dn=476874615025133;res=IELHEA
Item record	http://hdl.handle.net/10379/2614



Guest Editorial

Building capacity for effective implementation of mental health promotion

Margaret M. Barry

Professor of Health Promotion and Public Health, Department of Health Promotion, National University of Ireland, Galway, Ireland

Keywords

mental health promotion, implementation, capacity building, mental health policy

Earlier this year I had the pleasure of visiting Australia for the first time. In late February I travelled to Melbourne to spend two weeks on a Visiting Fellowship at the Victorian Health Foundation. There, I had the privilege of working with the staff of the Mental Health and Wellbeing Unit and meeting with the VicHealth Research Fellows and staff of the McCaughey Centre at the University of Melbourne. While involved in a series of presentations and public fora, I also had the opportunity to engage in discussion with mental health promoters in the Melbourne area and beyond. The level of energy, commitment and enthusiasm for mental health promotion that I witnessed was impressive. In many respects, I was not surprised by this. From a European perspective, Australia is regarded as one of the leading countries in the world in terms of the leadership shown at the Federal level in putting mental health promotion firmly on the policy agenda and investing in the resources, research and capacity building needed to drive forward its implementation at a national level. Policy development in Australia has served as a blueprint for many other countries and the interventions and model programmes developed in Australia are being adopted and implemented across many countries in Europe, including in Ireland.

On the way to Melbourne, I attended and gave a keynote presentation at the *Kindling the Flame Conference* in Perth, Western Australia, which was organised by the Clifford Beers Foundation in association with the Mental Health Promotion Action Link. This excellent conference brought together some 300 mental health promoters from across Australia with international colleagues. We received a warm welcome from Ms Marie Taylor, the Nyungar elder, who placed a frond of gum tree on the podium to bless our proceedings. To my delight, she did so using an Irish Nyungar blessing, one that I was familiar with from my childhood! The conference addressed a number of important questions including:

- What does it mean to be mentally healthy?
- The influences on mental health (social and economic determinants and cultural factors) - who is responsible for mental health promotion?
- How do you do mental health promotion?

This meeting embraced the notion of mental health promotion as a political process and there was a clear emphasis on engaging with the wellbeing agenda at a political level. Powerful contributions from Aboriginal speakers, including Glenn Pearson and Mark Bin Bakar, brought to the forefront in a very personalised

Contact: Margaret M. Barry PhD, Professor of Health Promotion and Public Health, Department of Health Promotion, National University of Ireland, Galway, Ireland margaret.barry@nuigalway.ie
Citation: Barry, M.M. (2007). Building capacity for effective implementation of mental health promotion. *Australian e-Journal for the Advancement of Mental Health*, 6(2), www.auseinet.com/journal/vol6iss2/barryeditorial.pdf
Published by: *Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet)* – www.auseinet.com/journal

and real manner the influence of culture and identity on mental health and the critical importance of culturally appropriate research and practice. As an Irish person, I was moved to learn that many Aboriginal and Irish people had married and were proud of their shared ancestry and history. Mark Bin Bakar articulated very well the harmful effects on Aboriginal people of being 'part of the shadows of the country' (Bin Bakar, 2007) but also highlighted the negative implications of this for White Australians. The deeply harmful effects of cultural oppression and social marginalisation on the mental health and wellbeing of Indigenous peoples was brought very much to life at this meeting. The strategy for mental health promotion developed by the Victorian Health Promotion Foundation (VicHealth, 1999) places these issues at the heart of its framework through its focus on three key determinants of mental health - social inclusion, freedom from discrimination and violence, and economic participation. The strategy identifies Indigenous communities as one of its priority population groups and highlights that success in promoting mental health can only be achieved and sustained by the involvement and support of the whole community, and the development of partnerships between a range of agencies in the public, private, and non-governmental sectors.

During my short stay in Australia, I became aware of the distinction between the different levels of government and the implications of this for mental health policy development and implementation across states/territories. I was also surprised to learn how few health promotion specialists are employed at the local level. This left me reflecting on the questions that had been posed at the Perth conference; who is steering and driving the process of implementing mental health promotion at the local level, and who is responsible for ensuring high quality sustainable implementation? Jennie Parham (2005) in her editorial in this journal (Volume 4 Issue 2), argued that while Australia may have one of the best policies in the world in mental health promotion, progress at the state/territory level is variable. She explained that the infrastructure to support implementation is progressing but that it is patchy and dependent on champions, and she made the case for embedding it in more sustainable structures and systems. She raised the question as to what about implementation

and who is responsible? These are two key issues, in my view, that are critical, not only in Australia but for all countries who are seriously committed to promoting mental health.

In Ireland, a country of just over 4 million people, there is now a strong infrastructure for health promotion with over 300 dedicated health promotion specialists working at the national and regional levels implementing health promotion policy and practice, a smaller number of whom have a remit for mental health promotion (McKenna, Barry & Friel, 2005). The national mental health policy *A Vision for Change* (Department of Health and Children, 2006) incorporates mental health promotion as part of a comprehensive mental health policy: '*a comprehensive model of mental health service provision for Ireland... includes a framework for building and fostering positive mental health across the entire community...*'

The key recommendations of this policy relating to fostering wellbeing and mental health promotion include:

- Mental health promotion programmes should be incorporated into all levels of mental health and health services;
- Framework for inter-departmental co-operation cross-cutting health and social policy;
- Designated health promotion officers should have responsibility for mental health promotion; and
- Training and education programmes should be put in place to develop capacity and expertise for evidence-based prevention and promotion.

This policy places the responsibility on the health promotion workforce to drive forward the mental health promotion agenda. However, this welcome mandate for action needs to be accompanied by dedicated resources for mental health promotion and a co-ordinated strategy which identifies the key national priorities and objectives for action. Through the National Office for Suicide Prevention and *Reach Out: A National Strategy for Action on Suicide Prevention* (Department of Health and Children, 2005), some funding has been provided for a national mental health promotion programme, including training and development and a national public awareness media campaign.

While we have the advantage of a skilled health promotion workforce, with established programmes in schools, communities and other settings, we lack a co-ordinated mental health promotion policy framework to guide the delivery of best practice.

It is now accepted, at least in principle, that the promotion and maintenance of mental health at a population level calls for a comprehensive approach, including effective policies and strategies at international, national, regional and community level. As highlighted in Australia, a supportive and favourable policy context is critical to ensure that initiatives to promote mental health are sustained (Scanlon, 2002). This includes dedicated resource allocation, investment in the necessary infrastructure such as research training, policy and practice development and providing strategic leadership in driving forward the mental health promotion agenda. Creating a mentally healthy society entails building up all three facets of the art (creative and effective practice), science (strong research and theory base) and politics (supportive government policies and political processes) of mental health promotion and working across diverse sectors in order to address the upstream determinants of mental health (Barry, 2005). The importance of effective practice and quality implementation skills required for mental health promotion needs to be recognised. Supporting high quality implementation is critical to delivering on policy. The development and implementation of policy is mediated through political processes, including the prioritisation of areas for action and the provision of dedicated funding and resources. There needs to be political will and commitment to ensure that the necessary resources are put in place to enable effective policies and plans to be put into action.

In a recently published book, Barry and Jenkins (2007) focus on the importance of implementation and its critical role in advancing research, practice and policy in mental health promotion. The different dimensions of implementation are explored and key factors affecting the quality of implementation are examined across a range of programmes and settings. The practical and research challenges of implementing mental health promotion

programmes are examined, including the challenge of developing and adapting interventions for use in different cultural settings. In considering the infrastructure required for promoting mental health at a population level, the following requirements are listed (Box 1); these are not meant to be exhaustive but rather indicative of some of the core elements that need to be in place.

Box 1. Developing the infrastructure for promoting mental health (Barry & Jenkins, 2007)

- Establish a policy framework that provides a mandate for action
- Develop a strategic action plan which identifies priorities, key goals and objectives for action
- Co-ordinate an inter-sectoral and partnership approach to policy implementation at governmental, regional and local levels
- Invest in research to guide evidence-based mental health promotion policy and practice
- Invest in human, technical, financial and organisational resources to achieve priority actions and outcomes
- Support capacity building and training of the mental health promotion workforce to ensure effective practice and programme delivery
- Identify models of best practice and support the adoption and adaptation of high quality, effective and sustainable programmes, particularly those meeting the needs of disadvantaged groups
- Engage the participation of the wider community
- Put in place a system of monitoring policy implementation and impact
- Systematically evaluate programme process, impact, outcome and cost

Clearly, a policy framework gives a mandate for action but in itself is not sufficient to guarantee translation into effective practice. Quite often a considerable degree of energy and expertise is channelled into developing extremely good policy and strategy documents. However, once published, strategy documents are often not accompanied by a realistic plan for effecting the translation of the policies into action at the local level nor the provision of the necessary resources, mechanisms and skills required to make this happen. Similarly, while good progress is being made in building the evidence

base for the effectiveness of mental health promotion (Herrman, Saxena & Moodie, 2005; Jané-Llopis, Barry, Hosman & Patel, 2005), evidence on its own is not enough. The evidence base needs to be translated and disseminated so that it meets the needs of practitioners concerned with the practicality of implementing successful interventions that are relevant to the needs of the populations they serve.

The necessary infrastructure needs to be put in place to support effective implementation and cross-sectoral collaboration. This involves both the political will on the part of policy makers and skilful practice by practitioners to ensure that the evidence and policy translates into effective practice, which will be at a scale, scope and intensity to make a critical difference (Barry, Patel, Jané-Llopis et al., 2007). In addition to a strong policy framework and accessible evidence base there is a need to invest in building the infrastructure for effective implementation, including strategic leadership and capacity building for the workforce at the local level.

Supporting effective implementation

In order to translate from research and policy into effective practice, the skills of effective implementation are required. This entails developing creative solutions to local problems and the implementation of innovative and effective programmes. The art of programme implementation is frequently not reported in published papers (Durlak, 1998; Mihalic, Fagan, Irwin et al., 2002) but is contained in what has been referred to as the 'wisdom literature' (Domitrovich & Greenberg, 2000). This refers to the practical experience of programme delivery and the groundwork that needs to take place by practitioners in order to ensure effective implementation. These implementation skills include creatively working with local resources, engaging participation, mobilising support and successfully navigating the process of collaboration and partnership building with different stakeholders. Developing sustainable initiatives requires imagination, skill, high level motivation, and the ability to foster a positive ethos and climate of collaboration. The generic processes underpinning effective implementation are discussed by Barry, Domitrovich and Lara (2005) and recommendations for improving the quality of programme implementation are made.

Adopting an evidence-based programme does not in itself guarantee success. Practice skills and creativity are required for quality planning and effective programme delivery.

Drawing on the research evidence and the knowledge of programme developers, Barry (2007) identifies the generic principles that guide the implementation of effective mental health promotion programmes and Barry and Jenkins (2007) examine in detail a number of model programmes and case studies from around the world to determine how effective programme implementation can be ensured through the use of research-based, theoretically grounded and culturally appropriate interventions. A skilled and trained workforce is recognised as being critical to effective implementation.

Building the capacity of the workforce

The development of skills to support the effective implementation of policy initiatives, and to ensure the development of best practice, is key to the future growth and development of mental health promotion as a multidisciplinary area of practice.

The development and sustainability of mental health promotion is dependent on having a skilled and informed workforce with the necessary competencies to work at the level of population groups, communities and individuals. Partnership working and the implementation of cross-sectoral strategies call for high level expertise in order to engage and facilitate the participation of diverse sectors. At least two different levels of the workforce may be envisaged as necessary: 1) dedicated mental health promotion specialists who facilitate and support the development of policy and practice across a range of settings; 2) the wider workforce drawn from across different sectors such as health, education, employment, community and non-governmental organisations.

While many countries have looked mainly to the wider workforce to carry out the implementation of mental health promotion, it is becoming increasingly clear that the resources and skills required for effective implementation have been underestimated, or at least not thought through sufficiently, and that the leadership required for effective translation of plans into action needs to

trickle all the way from the level of macro policy to local implementation. While mental health promotion is indeed everybody's business, as we all have mental health needs, dedicated time, resources and competencies are required to guide and direct, and be accountable for, the process of effective implementation.

Building the capacity of the workforce in developing and implementing mental health promotion programmes is fundamental to mainstreaming and sustaining action in this area. Workforce education and training range from awareness raising and training about the promotion of mental health for the wider workforce, to skills development needed to support and implement specific initiatives, through to dedicated mental health promotion specialists who facilitate and support the development and implementation of policy and practice across a range of settings. Continuing professional development and training is required to enhance the quality of practice and update the skill set required to work within a changing context. In Australia, both Ausetnet and the Australian Government have endorsed the need to enhance the capacity of the workforce in the application of effective mental health promotion strategies. The Victorian Health Foundation, the Hunter Institute for Mental Health and other organisations have produced a number of useful guides and resources to enhance the capacity of the workforce to engage in effective mental health promotion practice.

It may be argued that much of the knowledge and skills required for mental health promotion are inextricably linked to health promotion generally and as such can be provided through continuous professional education programmes and postgraduate training (Mittelmark, 2003). For example, as part of our MA / Higher Diploma programme in Health Promotion at the National University of Ireland, Galway (www.nuigalway.ie/hpr), students are offered a module on Promoting Mental Health and Social Wellbeing and we are also in the process of developing a Specialist Certificate in Mental Health Promotion for those already working in the area.

What skills and competencies are required for mental health promotion?

There is an emerging literature on the competencies required for health promotion practice (see, for example, Goodstadt & Kahan, 2004; James, Howat, Shilton et al., 2007; Shilton, Howat, James & Lower, 2003). Many of the core health promotion competencies identified are equally applicable to mental health promotion, which is based on the same basic tenets and principles of generic health promotion. To operationalise these principles in practice calls for quite a broad range of skills and competencies. Using the Ottawa Charter (WHO, 1986) framework, skills are needed across all five areas of action as follows:

- *Building healthy public policy* puts mental health promotion on the agenda of all policy makers and calls for co-ordinated action across health, economic and social policies for improved mental health. Building healthy public policy includes diverse approaches such as investment in government and social policy, the implementation of legislation and regulations, organisational change and partnerships. This action area highlights the important influence of policies beyond the health sector on mental health and calls for increased attention to assessing the impact of such policies on the mental health of the whole population. Action at this level requires high level policy and advocacy skills, and the capacity to influence inter-governmental policies and structures.
- *Creating supportive environments* moves mental health beyond an individualistic focus to consider the influence of broader social, physical, cultural and economic environments. This action area emphasises the importance of the interaction between people and their environments and highlights the importance of mediating structures such as homes, schools, communities, workplaces and community settings as key contexts for creating and promoting positive mental health. Skills of working at the level of settings are needed including adopting a systems based approach to practice.
- *Strengthening community action* focuses on the empowerment of communities through their active engagement and participation in

identifying their needs, setting priorities, and planning and implementing action to achieve better health and take control of their daily lives. Community development skills are required in order to strengthen public participation, leading to the empowerment of communities and increased capacity to improve mental health at the community level.

- *Developing personal skills* involves enabling personal and social development through providing information, education and enhancing life skills. Improving people's knowledge and understanding of positive mental health as an integral part of overall health forms an important part of this action area, highlighting the need for improved mental health literacy. Developing personal skills such as self-awareness, improved self-esteem, sense of control, self-efficacy, relationship and communication skills, problem-solving and coping skills have all been shown to improve mental health and to facilitate people to exercise more control over their life and their environments. Practice skills in implementing competence enhancement programmes are therefore required.
- *Reorienting health services* requires that mental health services embrace promotion and prevention activities as well as treatment and rehabilitation services. This calls for a health care system which contributes to the pursuit of mental health and wellbeing as well as the treatment of illness. In terms of mental health, this emphasises the important role of, for example, primary care and mental health services in promoting mental health across different population groups such as children, young mothers, people with chronic health problems, and mental health service users, their carers and families. Reorienting health services to promote mental health requires greater attention to the organisation and structure of health services and the training and education of the broader health workforce.

Applying the framework of the Ottawa Charter (WHO, 1986) and indeed that of the Bangkok Charter (WHO, 2005) underscores the importance of synergistic action across the different levels of intervention, highlighting the need for top-down policy approaches and

bottom-up community action working together to achieve common goals. Reviews of health promotion interventions indicate that the most effective interventions employ multiple health promotion strategies and operate at multiple levels - structural, community/social group and individual level - and include a combination of integrated actions to support each strategy (IUHPE, 1999; Jackson, Perkins, Khandor et al., 2005). A strategic approach to mental health promotion also includes a balance of: developing individual coping skills, promoting social support and networks, and addressing structural barriers to mental health in areas such as education, employment and housing (Friedli, 2001; Jané-Llopis et al., 2005; Jané-Llopis & Barry, 2005). Most reviews stress that health promotion interventions are only effective when they are made relevant to the context in which they are to be used. This includes awareness of the social, cultural, economic and political context and realities of particular population groups, settings and communities. This highlights the importance of local implementation strategies and the need for skilful practice, capable of contextualising policies and translating plans into effective actions tailored to needs at the local level.

Investing in research and evaluation

In addition to practice skills, research skills are required to develop and evaluate programmes, to monitor mental health status and patterns at a population level, and to improve our understanding of the determinants of mental health. Effective policies and strategies need to be based on sound epidemiological data and effective intervention approaches. While national health surveys of physical health status and its determinants are routinely collected in many countries, the situation with regard to mental health and wellbeing is quite different. There are quite limited data on mental health status at a population level, including the patterns of wellbeing among different population groups. This information requires the assessment of mental health status and its determinants at a population level. Investment in research and evaluation is critical to supporting the implementation of evidence-based policy and practice in mental health promotion (Barry et al., 2007).

A culture of research and evaluation needs to be cultivated in both the policy and practice fields. The undertaking of systematic evaluation studies plays an essential role in advancing knowledge on best practice in local settings. It is also critical to the effective dissemination of programmes and the effective translation of research evidence into best practice. It is important to ensure that mental health promotion programmes are operating effectively and efficiently and there is, therefore, a need to systematically evaluate both the process and outcome of mental health promotion activities. While there is often a clear awareness of the importance of evaluation and evidence-based practice, there is equally a need for awareness of the necessity to invest in the expertise and resources to undertake this work. Evaluation research has a critical role to play in demonstrating the success and added-value of mental health promotion, and it is vital to justifying funding for sustaining initiatives in the longer term. The generation of evidence-based practice is an important challenge in mental health promotion and requires that researchers, policy makers and practitioners work in partnership in documenting and evaluating the implementation of programmes on the ground (Barry & McQueen, 2005; Barry et al., 2007). Useful guides for practitioners on planning, monitoring and evaluating mental health promotion have been produced by VicHealth (2005) (www.vichealth.vic.gov.au) and the Scottish Development Centre for Mental Health as part of the National Programme for Improving Mental Health and Well-being (www.wellontheweb.net).

Intersectoral approaches

The integration of mental health promotion across a range of health and social policies is an important element of infrastructure development. The socio-environmental nature of the determinants of mental health demand that a cross sectoral approach is required, involving the building of partnerships and collaboration across agencies, organisations and community groups within and beyond the health sector. Collaboration across government departments and different sectors is key to effectively influencing the determinants of mental health. In keeping with the basic principles of health promotion, a multi-sectoral, integrated approach is needed that will ensure that mental health

promotion is embedded firmly in policy in areas such as education, childcare, employment, housing, environment and equality/social inclusion. These efforts need to be co-ordinated across the various sectors and the impact of all public and social policies on population level mental health needs to be assessed.

Facilitating partnerships and collaboration

Mental health promotion cannot be undertaken by any one sector or any single profession or discipline on its own. Effective policy and practice requires that the different sectors and organisations work together. Active engagement across sectors is needed to promote greater understanding of the concept of positive mental health and its importance for overall health and quality of life. To increase the visibility of mental health promotion at a societal level, a public awareness strategy is needed in order to 'remove the shadows' of the stigma surrounding mental ill-health and to promote greater public and professional understanding of the importance of promoting positive mental health in its own right as a resource for everyday life and societal wellbeing. This means effectively mobilising a public demand for mental health and engaging the participation of the wider community in securing the conditions needed for a mentally healthy society. As a society we need to contemplate what these conditions would be and how public policy could be driven by a concern for levels of population wellbeing and quality of life alongside that of economic growth. To adapt slightly the question posed by the New Economics Foundation in their *Well-being Manifesto for a Flourishing Society* (Shah & Marks, 2004), we need to consider: 'What would politics look like if promoting people's mental health and wellbeing was one of the government's main aims?'

Conclusions

As mental health promotion is making its way onto the policy agenda in many countries, it is timely to consider the progress that is being made and to examine what infrastructure is required for the sustainable implementation of effective practice into the future. Clearly, there have been significant developments in both policy and research in many high income

countries; however, the situation regarding practice developments is less clear. Investment in human and technical resources to support policy implementation is very variable and there is a lack of detailed planning on the translation of policy into practice and the capacity building required to achieve this. In Europe, as we await the publication this summer of the European Union mental health strategy (European Commission, 2005) questions arise as to: who will be responsible for implementation; who are the workforce across the members states; and what skills and competencies are required?

The task of translating policy and research into effective action needs to be supported by building capacity for effective implementation at the national, regional and local levels. This requires an increased focus on developing the infrastructural mechanisms for high quality implementation of effective and sustainable interventions and the evaluation of mental health promotion practice. The technical skills required need to be put in place in order to build the capacity for effective programme delivery. Further systematic studies of programme implementation, adoption and adaptation across cultures are also needed so that evidence-informed practice and practice-based theory may be generated and developed. The commitment of policymakers to this translational focus needs to be mobilised so that mental health promotion practice and effective implementation is given greater priority in policy development.

References

- Barry, M.M. (2005). The art, science and politics of creating a mentally healthy society: lessons from a cross border rural mental health project. *Journal of Public Mental Health*, 4(1), 30-34.
- Barry, M.M. (2007). Generic principles of effective mental health promotion. *International Journal of Mental Health Promotion*, 9(2), 4-16.
- Barry, M.M., Domitrovich, C., & Lara, A. (2005). The implementation of mental health promotion programmes. *Promotion & Education*, Supplement 2, 30-36.
- Barry, M.M. & Jenkins, R. (2007). *Implementing Mental Health Promotion*. Oxford: Churchill Livingstone Elsevier.
- Barry, M.M. & McQueen, D.V. (2005). The nature of evidence and its use in mental health promotion. In H. Herrman, S. Saxena & R. Moodie (Eds.), *Promoting Mental Health: Concepts, Evidence, Practice* (pp. 108-111). Geneva: World Health Organization.
- Barry, M.M., Patel, V., Jané-Llopis, E., Raeburn, J., & Mittelmark, M. (2007). Strengthening the evidence base for mental health promotion. In D.V. McQueen & C.M. Jones (Eds.), *Global Perspectives on Health Promotion Effectiveness* (pp. 67-86). New York: Springer.
- Bin Bakar, M. (2007). *An Approach to Mental Health Promotion and Wellbeing for Indigenous Australians*. Conference keynote presentation, Kindling the Flame: Promoting Mental Health and Wellbeing. Perth, Australia. 21-23 February.
- Department of Health and Children (2005). *Reach Out: A National Strategy for Action on Suicide Prevention 2005-2014*. Dublin: The Stationery Office.
- Department of Health and Children (2006). *A Vision for Change: Report of the Expert Group on Mental Health Policy*. Dublin: The Stationery Office.
- Domitrovich, C.E. & Greenberg, M.T. (2000). The study of implementation: Current findings from effective programs that prevent mental disorders in school-aged children. *Journal of Educational and Psychological Consultation*, 11(2), 193-221.
- Durlak, J.A. (1998). Why program implementation is important. *Journal of Prevention and Intervention in the Community*, 17(2), 5-18.
- European Commission (2005). *Green Paper. Improving the Mental Health of the Population: Towards a Strategy on Mental Health for the European Union*. Brussels: Health and Consumer Protection Directorate, European Commission.
- Friedli, L. (2001). Mental health promotion: perspectives and practices. *International Journal of Mental Health Promotion*, 3(1), 20-24.
- Goodstadt, M. & Kahan, B. (2004). *Competencies Required for the Practice of Health Promotion*. Centre for Health Promotion, University of Toronto, Canada. (accessed November, 2005). <http://www.goodworksonline.com/hpresources/id8.html>
- Herrman, H., Saxena, S., & Moodie, R. (Eds.) (2005). *Promoting Mental Health: Concepts, Emerging Evidence, Practice*. Geneva: WHO.
- International Union of Health Promotion and Education (IUHPE) (1999). *The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe*. Paris: IUHPE.
- Jackson, S., Perkins, F., Khandor, E., Cordwell, L., Hamann, S., & Buasai, S. (2005). *Integrated Health Promotion Strategies: A Contribution to Tackling Current and Future Health Challenges*. Technical

paper presented at The 6th Global Conference on Health Promotion, Bangkok, Thailand, 7-11 August.

James, R., Howat, P., Shilton, T., Hutchins, C., Burke, L., & Woodman, R. (2007). *Core Health Promotion Competencies for Australia 2007*. Perth: Australian Health Promotion Association.

Jané-Llopis, E. & Barry, M.M. (2005). What makes mental health promotion effective? *Promotion & Education*, Supplement 2, 47-55.

Jané-Llopis, E., Barry, M.M., Hosman, C., & Patel, V. (2005). Mental health promotion works: A review. *Promotion & Education*, Supplement 2, 9-25.

McKenna, V., Barry, M.M., & Friel, S. (2005). *Review of the National Health Promotion Strategy 2004*. Dublin: Department of Health and Children.

Mihalic, S., Fagan, A., Irwin, K., Ballard, D., & Elliott, D. (2002). *Blueprints for Violence Prevention Replications: Factors for Implementation Success*. Boulder, CO: Center for the Study of Prevention of Violence, Institute of Behavioral Science, University of Colorado.

Mittelmark, M.B. (2003). Five strategies for workforce development for mental health promotion. *Promotion & Education*, 10(1), 20-22.

Parham, J. (2005). Promotion and prevention 'report card': Is Australia getting it right? *Australian e-Journal for the Advancement of Mental Health*, 4(2), www.auseinet.com/journal/vol4iss2/parhameditorial.pdf.

Scanlon, K. (2002). A population health approach: building the infrastructure to promote mental health in young people. In L. Rowling, G. Martin & L. Walker (Eds.). *Mental Health Promotion and Young People: Concepts and Practice* (pp. 56-69). Sydney: McGraw Hill.

Shah, H. & Marks, N. (2004). *A Well-being Manifesto for a Flourishing Society*. London: New Economics Foundation.

Shilton, T., Howat, P., James, R., & Lower, T. (2003). Development of competencies for health promotion practitioners in Australia. *Promotion and Education – International Journal of Health Promotion*, 10(4), 162-171.

VicHealth (1999). *Mental Health Promotion Plan Foundation Document 1999-2002*. Melbourne: The Victorian Health Promotion Foundation.

VicHealth (2005). *Burden of Disease Due to Mental Illness and Mental Health Problems (Mental Health and Wellbeing Research Summary Sheets, No.1)*. Melbourne: The Victorian Health Promotion Foundation.

World Health Organization (1986). *Ottawa Charter for Health Promotion*. Geneva: WHO.

World Health Organization (2005). *The Bangkok Charter for Health Promotion in a Globalized World*. Geneva: WHO.