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**Title: Recent policy developments in prevention and early intervention: a scoping review of national plans in Australia, Finland, Ireland, New Zealand, Scotland and Wales**

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## **Abstract**

Objective: Mental health promotion and primary prevention have been more evident in government policies in recent decades and this trend may have increased in response to the COVID-19 pandemic. However, there has yet to be a review of mental health promotion and prevention in current mental health policies in relatively high income countries with small populations. The objective of this review was to analyse trends in mental health promotion and prevention in government policies in relatively high income countries with small populations.

Methodology: The review focussed on mental health policies, strategies or action plans published in English between 2017 and 2020, including in Australia, Finland, New Zealand, the Republic of

Ireland, Scotland and Wales. The research team developed an analytical framework for the policy review based on online interviews with policy and mental health experts. Individual plans were then reviewed against the policy framework to produce an analysis in table form which provided the basis for a narrative discussion of developments.

**Findings:** There is evidence of increased attention in current mental health plans to ‘whole of population’ mental health and prevention which suggests a growing consensus on the need for action at this end of the spectrum. The deepening of commitments to prevention and to reducing inequalities in mental health is evidenced by commitments to cross-departmental structures for action on mental health and by dedicated actions to reduce inequalities.

**Conclusion:** The findings can help to inform the development of national mental health policies.

**Keywords:** mental health policy, mental health systems, prevention, mental health promotion

#### **Declarations**

#### **Ethics approval and consent to participate**

Not applicable.

#### **Consent for publication**

Not applicable.

#### **Availability of data and materials**

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

#### **Competing interests**

Gavin Davidson’s post is part-funded by Praxis Care. He is also a member of the Board of Trustees of the Mental Health Foundation.

The authors declare that they have no other competing interests.

### **Authors' Contributions**

Shari McDaid was the lead author and major contributor in writing the manuscript. All authors read and approved the final manuscript.

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### **Background**

Mental health promotion and primary prevention have been more evident in government policies in recent decades, with noteworthy developments in Finland, the UK, the US, Scotland, Republic of Ireland, Australia, New Zealand and Thailand, among others(1–3). International policy frameworks affirm the importance of cross-sectoral action to promote mental health and wellbeing (4).

In particular, recent international guidance on mental health planning recommends attention to mental health promotion and prevention. According to the World Health Organization (WHO), in order to reduce the health, social and economic burdens of mental health problems, it is essential that countries and regions pay greater attention to prevention and promotion in mental health at the level of policy formulation, legislation, decision-making and resource allocation(5). Prevention of mental health problems is possible and cost-effective (6–8).

The WHO's Global Action Plan has an overall goal that includes the promotion of mental wellbeing and prevention of mental disorders (9). It includes a high-level objective to implement strategies for promotion and prevention in mental health. At a European level, the European Mental Health Action Plan 2013–2020 similarly has an objective that "Everyone has an equal opportunity to realize mental

well-being throughout their lifespan, particularly those who are most vulnerable or at risk” (p.3) (10).

A review of international developments in mental health promotion policy was undertaken in 2009 (11), however little is known about the extent to which mental health promotion and prevention have featured in mental health policy in recent years. Furthermore, in addition to ongoing mental health policy developments, some jurisdictions have produced distinct COVID-19 pandemic mental health response plans or have updated their existing plans to reflect the implications of the pandemic.

### **Methodology**

At the time of writing, the Department of Health in Northern Ireland is developing a new ten-year mental health strategy. In order to inform the development of its strategy, the authors carried out an analysis of recent developments in mental health policy in similar population, high income jurisdictions. The review sought to focus on developed countries with relatively small populations that would be comparable to that of Northern Ireland in scale, and that are considered to be leaders in mental health promotion and/or jurisdictions neighbouring Northern Ireland. The analysis further focussed on mental health policies, strategies or action plans published in English between 2017 and 2020 in order to explore in depth the most recent developments and the responses to COVID-19. Roughly comparable jurisdictions selected for inclusion were: Australia, Finland, New Zealand, the Republic of Ireland, Scotland and Wales.

Australia, Finland, New Zealand, the Republic of Ireland, Scotland, and Wales each have a national-level medium or long-term framework for development of their mental health system which has been published since 2017. These frameworks can be described as ‘policy’, ‘strategy’, ‘action plan’, or ‘delivery plan’. For the purposes of this discussion, the term ‘plan’ will be used to refer to a national, detailed statement of intent for the development of a jurisdiction’s mental health system.

In the cases of Australia, Finland, New Zealand, the Republic of Ireland, Scotland and Wales, their mental health plans have been published within the last four years.

In addition, examples of specific COVID-19 mental health plans are found in New Zealand, Australia and Scotland, while the Government of Wales has updated its mental health plan after a review in light of the pandemic.

Preceding the review of policies, an information gathering exercise was undertaken through online interviews with significant policy and public mental health experts. Based on the information gathered from this initial scoping phase of the study, the research team developed an analytical framework for the policy review. Individual plans were then reviewed against the policy framework to produce an analysis in table form which provided the basis for a narrative discussion of developments.

The following discussion draws information from the analysis of the plans of the six selected countries.

## Findings

### Whole of population approach

Plans in each of these jurisdictions articulate a whole of population vision on mental health, incorporate a commitment to cross-sectoral involvement in achieving this vision, and include a prevention focus. Plans in each of these jurisdictions are articulated in terms of concerning the mental health of the whole population. Australia's Fifth National Mental Health and Suicide Prevention Plan has the aim to "promote the mental health and well-being of the Australian community and, where possible, prevent the development of mental health problems and mental illness" (12), while their National Mental Health Plan and Pandemic Response contains an objective

to meet “the mental health and wellbeing needs of all Australians to reduce negative impacts of the pandemic in the short and long-term” (13).

In Finland, this is expressed in terms of mental health being an integral part of health and a form of ‘capital’ (14). New Zealand’s He Ara Oranga report (15) has a focus on the ‘wellbeing’ of the population, while Scotland’s plan for mental health in the context of the pandemic has a commitment to ‘Whole of Population Mental Health’ and addressing the social determinants of mental health(16). Ireland’s Sharing the Vision policy includes an outcome to achieve “positive mental health, resilience and psychological wellbeing amongst the population as a whole”, and a similar outcome for priority groups (17). Wales’ updated Together for Mental Health Delivery Plan (18) contains a priority theme of ‘improving mental health and wellbeing and reducing inequalities – through a focus on strengthening protective factors’. Measurement of the Welsh plan will be demonstrated by improved mental well-being of the population and people feeling less lonely.

#### Cross-departmental action

Plans also incorporate a role for government departments beyond health. Australia’s Pandemic Response Plan identifies the need for cross-sectoral partnerships, collaborations and agreements, and a comprehensive approach involving workplaces, schools, education providers, and social support services to enable a ‘mental health first aid in all settings’ approach.

New Zealand’s He Ara Oranga report takes a whole-of-government approach to wellbeing to tackle social determinants; it supports prevention activities that impact on multiple outcomes that go beyond mental health and addiction. This report recommends establishing a “clear locus of responsibility for social wellbeing within central government to oversee and coordinate cross-government responses to social wellbeing, including tackling the social determinants of mental health” (p.18).

Ireland's Sharing the Vision policy includes a commitment that all schools will be engaged in a 'Wellbeing Promotion Process' by 2023, which encompasses a whole school/centre approach. It also recommends 'tailored supports' for people with mental health difficulties in areas of income, education, employment and housing, requiring Local Authorities to address the needs of people with complex mental health difficulties in their housing assessments.

Scotland's pandemic mental health plan incorporates joint work with Social Security Scotland, the Department of Work and Pensions and the Education Department. With regard to the social welfare system, the plan commits to working with Social Security Scotland and the Department for Work and Pensions to promote mental health support at the point of initial engagement with the benefits system and at key points of review. The plan also references the need to align mental health within poverty reduction activity and commits to collaboration with relevant agencies to support the inclusion of mental health and wellbeing as a key priority within Local Child Poverty Action Plans.

The Scottish plan also evidences action within the education sector, affirming the role of Scotland's Mental Health in Schools Working Group, established in 2019 to fulfil the ambition in Scotland's 2017 mental health strategy that every child and young person should have appropriate access to emotional and mental wellbeing support in school. Among related commitments, the Transition and Recovery plan commits to development of an online training resource for teachers on mental health and to providing a framework to support a whole school approach to mental health and wellbeing in the context of Covid-19.

The Welsh updated Together for Mental Health Delivery Plan 2019-2022 places greater emphasis on the protective factors for good mental health than previous mental health plans, identifying those

areas of cross-government working such as in education, employment and housing that can make a significant contribution to improving mental health and well-being outcomes. The Welsh Plan incorporates cross-departmental actions that include a cross-departmental working group for the prison population, a cross-governmental strategy on loneliness, and a multi-agency approach to mental health in schools.

It is evident that governments are developing plans and implementing new structures that move towards a 'mental health in all policies' approach. The extent to which these actions result in significant new focus on mental health in non-health departments and agencies is less clear. Consideration will also be needed to the challenges of working across public departments and agencies who have different primary interests, responsibilities, knowledge and skills.

#### Prevention focus

Each of these jurisdictions' plans also contain a distinct prevention focus. For example, New Zealand's He Ara Oranga report has a focus on promoting 'wellness'. The Republic of Ireland's Sharing the Vision policy contains a dedicated chapter on mental health promotion, prevention and early intervention. It commits to developing a dedicated National Mental Health Promotion Plan and a separate stigma reduction programme, as well as maximising the use of digital channels and social media to promote mental health, and ensuring parity of effort for mental and physical health in the work of health promotion officers. The Irish Policy also commits to specific action to improve the mental health of women and girls. In Australia, the Mental Health and Suicide Prevention Action Plan of 2017 had little focus on prevention except for suicide prevention, however the country's Pandemic Response Plan contains a stronger prevention focus. One of its core objectives is to "meet the mental health and wellbeing needs of all Australians to reduce negative impacts of the pandemic in the short and long-term" (p.4); and it contains a key priority to address mental health risk factors and their social context. The plan contains an action to support strategies to address mental health

issues in the broader community, and targeted programmes for people who have experienced quarantine.

In New Zealand, work is beginning on a strategy for positive mental health and wellbeing. Their COVID-19 mental health recovery plan incorporates the upside-down pyramid in which specialist mental health services are at the bottom, while ‘collectively building the social and economic foundations for psychosocial and mental wellbeing’ appears at the widest end, at the top(19). The upside-down pyramid is viewed as demonstrating the priority of action on the social determinants of mental health.

### Early intervention

A consistent theme among recent mental health plans is the development of early intervention supports (also referred to as Tier 0 or Tier 1) to address mild mental health problems and experiences of distress. This trend is evident in the mental health policies and plans of Australia, New Zealand, the Republic of Ireland, Scotland, Wales and Finland.

Finland’s mental health strategy includes actions to increase resources for mental health services in primary health and social care including resources for workforce capacity-building, to develop collaboration and guidelines to help specialised services to support primary services, and to improve access to psychosocial interventions.

In Australia’s pandemic response plan, increasing early intervention is framed in terms of expanding “frontline and entry service delivery” into new settings including households, schools, workplaces, government service points and other community sites. Expanding information and care in education settings is also a stated objective. The model is described in terms of integration of flexible community-site delivery with primary care and mental health hubs. There is also an emphasis on improving outreach to connect help to individuals experiencing mental health problems for the first time.

Similarly, in New Zealand, their COVID-19 mental health response plan commits to expanding existing primary care services and pilots, including integrated general practices, as well as to increase support available across a range of settings, including general practices, kaupapa Māori, Pacific, community and youth settings. The He Ara Oranga report envisages transforming primary health care so people can get skilled help in their local communities, with this to be a 'core role' of primary care. In response to this report, the government is commissioning more than 100 new primary care and addiction mental health service sites, with an additional workforce of over 350 Health Improvement Practitioners and Health Coaches (20). People visiting these general practices can continue to get support from mental health workers or be connected to other providers as needed.

In Wales, development of mental health services in primary care have been underpinned by the Wales Mental Health Measure (2010), legislation which requires Local Health Boards and Local Authorities to work together to establish Local Primary Mental Health Support Services across Wales, and to provide primary care assessments of people's mental health.

Some countries emphasise providing supports 'upstream' in order to reduce pressure on 'downstream' mental health services. In response to COVID-19, Wales has also prioritised developing capacity and access to 'tier 0/1' provision including the roll out of online Cognitive Behavioural Therapy, to reduce demand for more specialist services. Ireland's Sharing the Vision policy also emphasises the need to move 'upstream' to minimise referral downstream. It affirms a stepped-care approach, with a range of interventions available in primary care and third-sector services.

An example of an early intervention initiative is Scotland's Distress Brief Intervention (DBI) programme. The DBI programme operates on a national basis and provides people over 16 who present in emotional distress the opportunity to be referred for a further dedicated two weeks' support.

## Addressing inequalities

Most mental health plans commit to addressing inequalities in mental health; however, this is expressed in different ways and targets different groups across plans. Some plans articulate the need to address inequalities broadly. For example, the Finnish plan commits to actively intervening in all forms of discrimination and promoting a sense of togetherness in neighbourhoods and other communities as part of municipal and county health and wellbeing promotion initiatives.

The Scottish COVID-19 Transition and Recovery plan refers to an Equality Impact Assessment that was carried out for the Scottish Mental Health Strategy 2017-2027. It also contains actions to establish an Equality Stakeholder Forum for Mental Health, to continue the National Rural Mental Health Forum, and to improve data collection for demographic characteristics protected under equality legislation. The Welsh updated Together for Mental Health Delivery Plan contains a broad commitment to deliver services equitably and ensure access to information is provided when needed and in a form that is accessible including consideration of language, but also a specific action to develop a Health Equity Status Report for Wales.

Some plans also contain specific actions to address the needs of particular groups, such as people experiencing homelessness, people with disabilities and long-term health conditions, indigenous communities, asylum-seekers, refugees and other ethnic minorities, people involved in the criminal justice system, and people experiencing unemployment. The Scottish pandemic mental health plan also contains a specific priority on women's and girls' mental health with a related set of specific actions involving partnership with the third sector. 'Gender sensitivity' is also a commitment in the Irish mental health policy Sharing the Vision.

Australia and New Zealand are two countries that have undertaken long-term programmes to improve the mental health and wellbeing of people from indigenous communities. In Australia, an agreement was signed in 2020 that attempts to close the gap in health outcomes between indigenous and non-indigenous communities. The National Agreement on Closing the Gap was

signed by a coalition of Aboriginal and Torres Strait Islander Peak Organisations, and all Australian Governments. The objective of the National Agreement is to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians. One of the five priority policy areas for early action under the agreement is social and emotional wellbeing (mental health). Reducing the gap in child development is also a priority.

In New Zealand, the He Ara Oranga consultation affirmed the need for approaches that affirm indigenous peoples' identities. Specifically, the He Ara Oranga report states that,

“[o]verwhelmingly, submissions from Māori said that the health and wellbeing of Māori requires recognition of indigeneity and affirmation of indigenous rights. They argued that our approach to mental health needs to acknowledge the Tāngata Whenua status of Māori under Te Tiriti o Waitangi. In addition to more Kaupapa Māori services and a strong Māori mental health workforce, many Māori want to determine how services are commissioned, delivered and evaluated.”

Similarly, consultation with Pacific peoples found that the current mental health system is not working for this group in so far as the design of the system, the spirit of services and the dominance of mainstream models of practice have not enabled Pacific health and wellbeing. The Ministry of Health has set aside dedicated funding to increase mental health services for these groups and have engaged in consultation with them to develop the core components of new services (20).

While plans show attention to the issue of mental health inequalities and recognise to various extents the need to take targeted actions to reduce these, the commitments on this issue tend to be vaguer and expressed more in terms of intentions and assessments than in practical steps to change

programmes or services. The exceptions are Australia and New Zealand where specific, high-profile actions have been taken to improve access to mental health services for indigenous communities.

## Discussion and conclusion

The WHO has recommended that national mental health policies should contain a greater focus on mental health promotion and prevention of mental health difficulties. The findings of this review provide evidence of growing attention to the issue of prevention within mental health policies, showing a consensus among policymakers that the scope of mental health policy must encompass improving the mental health of the population. One sign of the shift towards the positive end of the mental health spectrum is an emerging narrative around 'wellbeing' that surfaces in the Plans of Australia, New Zealand and Wales, and in the references to promoting 'resilience' and 'positive mental health' in the Irish Policy. Most evocatively, New Zealand's upside-down pyramid of the mental health system, with prevention at the top of the pyramid and specialist mental health services at the bottom, valorizes prevention and addressing the social determinants of mental health as priority national activities.

The deepening articulation of prevention is evidenced by the extent of specific cross-departmental structures which provide an ongoing basis for whole-of-government action on mental health prevention. Such structures include an agency assigned responsibility for cross-departmental coordination (New Zealand), cross-sectoral working groups (Republic of Ireland, Scotland and Wales), commitment to wellbeing and positive mental health outcome measures (Republic of Ireland and Wales), and integration of mental health into wider social policy (Republic of Ireland, Scotland). It is furthermore evidenced by new commitments to the development of separate mental health prevention and/or positive mental health promotion strategies (Ireland and New Zealand). However, questions remain about how improvements in prevention can and will be measured. The Welsh action plan envisages assessing its effectiveness through measuring levels of population

wellbeing and loneliness. Other plans refer to measures and indicators being developed in the future. Across jurisdictions this issue will need to be addressed.

Consensus has also been shown in the recognition that achieving good mental health for the population as a whole cannot occur without addressing inequalities in mental health. This attention to inequalities has also deepened and incorporates co-production to develop dedicated services for indigenous communities (Australia and New Zealand), reference to inequalities groups within outcomes (Republic of Ireland), as well as an example of a specific structure to focus on inequalities, (the Inequalities Forum in Scotland), though there is still progress needed in developing specific actions to reduce inequalities, particularly in northern hemisphere countries examined for this study.

The plans reviewed in this exercise also reveal an aspiration to move mental health responses upstream by increasing capacity in early intervention services. Examples include commitments to substantially increase capacity in primary care (New Zealand and Australia), expand the availability of digital early intervention support (Wales), and roll out innovative brief interventions for early signs of distress (Scotland).

## Conclusion

This review has provided a high-level analysis of recent national policy developments in mental health promotion, prevention and early intervention among relatively small-population, high-income countries. Such small jurisdictions can provide fertile ground for mental health innovation, given the relative geographical connectedness of stakeholders and lesser bureaucracy involved in collaboration. The review has shown that governments are continuing to build their policies to promote the mental health of the population and that this was viewed as important in the context of the COVID-19 pandemic. Commitments that evidence cross-sectoral working show that governments view mental health promotion and prevention as requiring action beyond the health sector. Plans evidence expanding and deepening commitments to cross-sectoral action, particularly in the areas

of education, housing and income supports. Plans also increasingly acknowledge the need to go beyond universal mental health promotion, to targeted initiatives to promote the mental health of people in disadvantaged and/or minority communities. There is ample potential for cross-fertilisation of the new developments and themes highlighted in this review. With such cross-fertilisation, any country currently developing its mental health strategy can gain the benefits of recent learnings from its peers elsewhere.

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