


COMMENT: PROMOTING MENTAL HEALTH IN NSW

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M any readers would, like me, have been disappointed by the scant regard given to mental health promotion in both Mental health goals and targets and Strategies for health gain. Consequently, it is extremely pleasing that the NSW Centre for Mental Health has begun to address the deficit.

The centrepiece of Mental health promotion in NSW is the mental health promotion framework which, firstly, recognises the importance of both promoting positive mental health and preventing mental health problems and disorders (the former having been almost totally ignored by Australian health policy and services for far too long) and, secondly, proposes using the five familiar approaches from the Ottawa Charter to develop strategies to address these two overlapping issues. Even the most dedicated proponents can be overwhelmed at times by the enormity of the task of reducing poverty, increasing equity or improving mental health. Consequently, a model that provides a comprehensive, structured approach to the problem can suggest opportunities for action and allow workers to see how their small contribution fits into the larger picture. I find this latter aspect of good models encouraging, even empowering. There are, however, other useful and noteworthy contributions in Mental health promotion in NSW: the definition of a dozen slippery terms, such as ‘mental health promotion’ and ‘positive mental health’, the elaboration of 11 underlying principles of mental health promotion’ and the identification of the need to build the information, infrastructure and resource bases in order to develop mental health promotion in NSW.

Why, then, has the promotion of positive mental health lagged so far behind the promotion of physical health, the management of mental illness and even the prevention and early detection of mental illness?

Firstly, acceptance of the existence of positive health (as opposed to good health being simply the absence of disease) has proven even more problematic for mental than physical health. Without acceptance of the idea of positive mental health, the development of a widely accepted conceptual definition is impossible, and the measurement of positive mental health is unthinkable. Postmodernism may hold sway in some intellectual circles, but rational positivism (or at least its rhetoric) still rules in the politics and management of health care, and in the absence of measurement, progress is difficult.

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of Health is currently reviewing the skin penetration guidelines and will incorporate advice to assist the industry to address these and all relevant infection control issues. Finally, enforcement of the guidelines may be required for repeatedly noncompliant operators.

Tattooists were not included in this survey owing to their small number in the areas surveyed. As was evident from Davis’s recent letter on tattoos and hepatitis C, there seems to be a dearth of information on infection control practices of NSW tattooists. A statewide survey of tattooists would be useful.

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Secondly, because mental health is so heavily influenced by social structures and processes at the interpersonal, community, national and international levels, the promotion of positive mental health is, more than any other aspect of health promotion, outside the domains of control and influence of traditional health care services. When promoting mental health, it is necessary but not sufficient to ask: How can we enable people to think fewer negative thoughts (compare this with ‘smoke less’) or be nicer to their neighbours (compare with ‘exercise more’). We must also ask: What sort of society (locally, nationally and internationally) do we want to live in? For instance, do we want

• to destroy the history, culture, environment and self-esteem of some groups to promote the interests of others?
• to create social policies which make it all but impossible for many to feel part of, and participate fully in, society?
• to place all the blame on individuals when a child is battered to death, rather than examine the social conditions that create child abuse?
• to exploit workers in developing countries to satisfy our desire for consumer goods?
• to tolerate, and even sometimes promote, the use of violence as a means of solving international disputes?

These are intensely political questions. To promote the mental health of an individual, we must create societies in which social structures and processes promote positive mental health for everyone, not just a few. Mental health promotion in NSW is a welcome start for the health sector in NSW. We must be careful, however, not to neglect the role played by our own health care and employment practices in promoting and undermining mental health.

REFERENCES

2. NSW Mental Health Expert Party. NSW mental health goals and targets and strategies for health gain. Sydney: NSW Health Department, 1995.