PERTH CHARTER
for the Promotion of Mental Health and Wellbeing

An outcome of the
Seventh World Conference on the Promotion of Mental Health
and the
Prevention of Mental and Behavioural Disorders

October 17–19, Perth, Western Australia

Coordinated by the Clifford Beers Foundation (UK)
and
Mentally Healthy WA (Curtin University, Western Australia)

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Perth Charter for the Promotion of Mental Health and Wellbeing

Our Vision: A world where mental health and physical health are equally valued

Preamble: The need for a *mental* health promotion charter

Despite the World Health Organisation's holistic definition of health, the mental, emotional, psychological and social components of this state of wellbeing receive limited attention. In particular, there is insufficient acknowledgement of the importance of these components to physical health, quality of life, and the need to protect and positively promote these components to enhance overall wellbeing. Similarly, while the principles of the Ottawa Charter are indeed relevant to mental health promotion, the implementation of health promotion has largely been confined to areas pertaining to physical health and injury prevention. Hence, despite the inseparable nature of physical and mental health, there is a need for a mental health promotion charter (that complements the principles of the Ottawa Charter) to allocate resources more equitably across physical and mental health. Given a number of governments in developed countries acknowledge the importance of enhancing population wellbeing, this Charter is timely to accelerate this attitude change and to ensure that policy moves beyond rhetoric to specific actions, particularly with respect to the social determinants of health and wellbeing.

Principle 1: Mental health is more than the absence of mental illness. Mental health promotion includes both preventing illness and increasing wellbeing

Good mental health is a protective factor for both physical and mental health outcomes. Good mental health not only enhances quality of life and wellbeing but also ensures greater resilience when individuals and communities are faced with stressors. It therefore makes good economic sense to build individual and community mental health and wellbeing from an early age and across the lifespan.

Principle 2: The foundations of social and emotional wellbeing develop in early childhood and must be sustained throughout the lifespan

Mental health starts at conception and is built on throughout the life cycle. In early childhood, children develop at a rapid rate in all spheres, including their social and emotional wellbeing. Mental health difficulties can be experienced and identified in early childhood, with evidence suggesting that half of mental health problems begin before the age of 14. There are, therefore, significant personal, social, and economic benefits to be gained from a focus on promotion, prevention, and early intervention at this early stage of life.

Mental health promotion should be incorporated throughout the lifespan via activities in pre-school nurseries and settings, schools, colleges, universities, workplaces, other social institutions and community organisations. Further, in all areas of life and across all services there is a need for recognition that early intervention is imperative for the prevention of more serious problems developing. A comprehensive approach, therefore, requires cross-sectoral partnerships with government, private industry, and non-government organisations. This should include education, environment, transport, housing, workplaces and employment services, community services, alcohol and other drugs services, welfare organisations and emergency services, health support groups, religious organisations, and sporting, arts, and recreational groups.

Principle 3: Mental health promotion must be integrated with public health and requires a cross-sectoral approach

Given the strong relationship between mental health and issues such as substance abuse, self-harm and suicide, and various non-communicable diseases and their self-management, it is essential that mental health promotion be integrated into public health interventions. Similarly, social determinants such as homelessness, lack of education, poverty, violence, joblessness and job insecurity, discrimination, and so on, influence and are influenced by both mental and physical health. Thus, there is a need at a broader level to consider the social and emotional impact of all policy and planning decisions. Opportunities for mental health can be planned for proactively through mental health impact assessment across all sectors of civic society and public policy.

Principle 4: Mental health and illness are constructed, experienced and viewed as different to physical health and illness

Despite the inseparability of physical and mental health, in reality more is known about physical health and illness than mental health and illness because far more is known about how the body works than is known about how the mind works. One key difference between mental and physical illness is the partly subjective nature of mental illness diagnosis and prognosis, and subsequent recommended and available treatments. Furthermore, far more is understood, researched, and discussed about mental illness than mental health. While physical health is discussed in preventative discourses such as exercise and nutrition, mental health discourse has inherently negative and illness connotations, such as a focus on psychoses, depression, and anxiety with little, if any, mention of the positive aspects of good mental health. The promotion of mental health and wellbeing must therefore work to reduce these real and perceived differences at all levels from the general public to the highest levels of government. There is also a need to increase resources for research to provide the evidence base for effective mental health promotion interventions.

Principle 5: Mental health and mental illness are a dynamic balance.

Mental health and illness should be thought of as two dimensions rather than a single continuum. Hence it is possible to experience periods of wellness in between episodes of illness. Mental health and illness is about ebb and flow, with independent fluctuations of levels of wellbeing and symptoms of illness from time to time. Thus a key consideration is how a mentally healthy balance can be managed and maintained over time and during periods of illness and recovery.

Principle 6: Destigmatisation of mental illness and addressing discrimination are essential components of mental health promotion

Stigma surrounding “mental health problems” and “mental illness” causes distress to those with a mental illness, inhibits help seeking by those in need, leads to discrimination against those with a mental illness, impedes recovery, and, importantly, obstructs the justification for, and communication and education about the positive messages of mental health promotion. Destigmatisation requires not only public education campaigns and education of the media, but the reorientation of all public services, including focused reorientation of mental health services, the enactment of disability, equalities and anti-discrimination legislation, and human rights.

Principle 7: Mental health promotion must take place at the individual and societal levels

Mental health promotion includes the building of individual skills and coping strategies for increasing good mental health, increasing resilience to trauma, and assisting the management of and recovery from mental illness. Population-based and community programs should focus on the social environment and how individuals, families and communities can foster and maintain their own mental health and the mental health of those with whom they interact, in either a professional or social capacity. That is, given the opportunity, everyone can take actions to improve and maintain their own mental health and can influence the mental health and wellbeing of others.

Background to the Perth Charter for the Promotion of Mental Health and Wellbeing

Given the ongoing impact of the Ottawa Charter for Health Promotion on policy and practice, particularly for physical health, the organising committee for the 7th World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioural Disorders (held 17-19 October 2012 in Perth Western Australia) proposed the development of a "Perth Charter for Mental Health Promotion and Wellbeing". While the Ottawa Charter promotes a holistic approach to health promotion, health promotion in practice has largely been confined to physical health promotion. Hence it was considered that a separate mental health promotion charter could be helpful as a first step towards the eventual integration of physical and mental health promotion. It was hoped that the Perth Charter would do for mental health promotion what the Ottawa Charter did for health promotion generally, and physical health promotion in particular. Thus, the Perth Charter aimed to act as a call to action, specify direction for that action, and be useful as an advocacy tool.

Preliminary workshops to determine the focus of draft principles for inclusion in the Charter were held in Perth in August 2012. Participants were invited through the conference organising committee members' networks and Mentally Healthy WA contacts to gain a diverse representation of health promotion practitioners, mental health consumers and carers, mental health service providers, policymakers, governance and funding bodies, and academics and researchers. Participants were asked to consider the strengths and weaknesses of the Ottawa Charter for mental health promotion advocacy, as well as the impact and possible areas of unmet need following the creation of the Melbourne Charter. Feedback was sought on the outcomes of those workshops from community and local government representatives, and sector representatives from sport, recreation, culture and the arts to ensure the Charter's applicability and relevance on a broader scale.

With further input from international colleagues and through the assistance of the Clifford Beers Foundation, the first set of eight draft principles, along with a charter vision and preamble were presented in an online survey for comment in September. This initial survey received 220 responses from 15 countries with the sample comprising 41% practitioners (as distinct from researchers & policy makers) and 44% involved primarily in mental health (as distinct from health promotion or public health, or not primarily health related). While there was strong support for all of these initial charter principles, extensive feedback on the content, wording, and length of each principle resulted in a substantially revised set of seven principles that were made available for feedback via a second online survey prior to, and during, the conference in October. This final survey received 117 responses from 15 countries, of which 44% were practitioners and 58% represented the mental health sector. There was strong support for each of these principles, which were rated as 'essential' (as distinct from 'desirable' or 'not relevant') by 73-96% of respondents. More importantly, the principles were supported most strongly by practitioners, for whom the principles were rated 'essential' by 85-100% of respondents.

Mindful of many such conference documents or 'declarations' that simply fade away with little impact on policy or practice, the Perth Charter endeavoured to secure enduring relevance and application by: (a) being succinct with practical actionable content suitable for presentation to policy makers; (b) obtaining input from, and being supported by, a broad variety of stakeholders; and (c) being positioned as timely, progressive, and important. It is hoped that mental health professionals around the globe will find the Charter useful for presenting to policy makers in their advocacy for greater resource allocation to mental health in general and to mental health promotion in particular. Regardless of advances in a number of countries of the recognition of the disproportionate allocation of resources to physical versus mental health, there is still a major gap between the rhetoric and action. Hence while some countries' policy makers may already acknowledge some of these Charter Principles, the distillation of these principles in a succinct, internationally supported document can serve to hasten the translation of policy into practice. Finally, mindful of change, this Charter is proposed as a 'work-in-progress'. Individuals are encouraged to provide continual feedback on the Perth Charter, especially with respect to policy makers' (and others') reactions to the Principles. It is envisaged that the Charter will be updated on an annual basis.

The Perth Charter for the Promotion of Mental Health and Wellbeing will be available for download from the Clifford Beers Foundation or from Dr Julia Anwar McHenry at julia.anwarmchenry@curtin.edu.au. Feedback can be directed to the Clifford Beers Foundation or to Dr Anwar McHenry.

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