

# EVIDENCE-TO-PRACTICE: UNIVERSAL, COMMUNITY-BASED APPROACHES TO ENHANCE YOUNG PEOPLE’S WELLBEING

## PART ONE: WHAT IS WELLBEING AND WHAT WORKS TO IMPROVE WELLBEING?

This two-part resource has been developed for people working in youth mental health services or other sectors to enhance young people’s wellbeing.

Part 1 (this resource) focuses on:

- What is mental health and wellbeing?
- Why focus on enhancing wellbeing?
- What universal interventions work to enhance the wellbeing of young people?

Part 2 focuses on:

- Engaging with the community to enhance young people’s wellbeing.

In this resource, the term ‘young people’ refers to people aged 12–25.

### WHAT IS MENTAL HEALTH AND WELLBEING?

Mental health refers to a state of wellbeing and is more than the absence of mental illness. (1) There are numerous models of wellbeing.(2–4) These include various versions of the Wellbeing Wheel (Figure 1), with six to eight dimensions of wellness, including physical, emotional, social, occupational, intellectual, environmental, and spiritual wellness.(5) ‘Social and emotional wellbeing’ (SEWB) as conceptualised by Aboriginal and Torres Strait Islander peoples, encompasses additional domains of health and wellbeing, including connection to land, culture, ancestry, family and community (Figure 2).(6) In this resource, wellbeing refers to feeling good, functioning well, having positive relationships, and a sense of a purpose and meaning in life.(7)

Figure 1. A model of wellbeing (adapted from (5)).

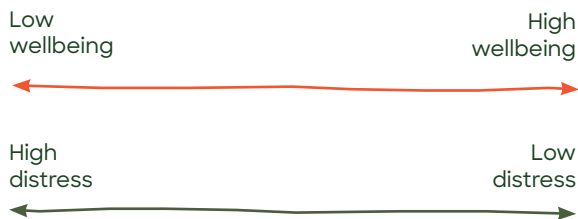


**Figure 2. A model of Social and Emotional Wellbeing (adapted from (6))**



The Dual Continua Model of Mental Health(8, 9) in Figure 3, helps to conceptualise mental health and how it is possible to enhance young people’s wellbeing, regardless of their level of psychological distress.

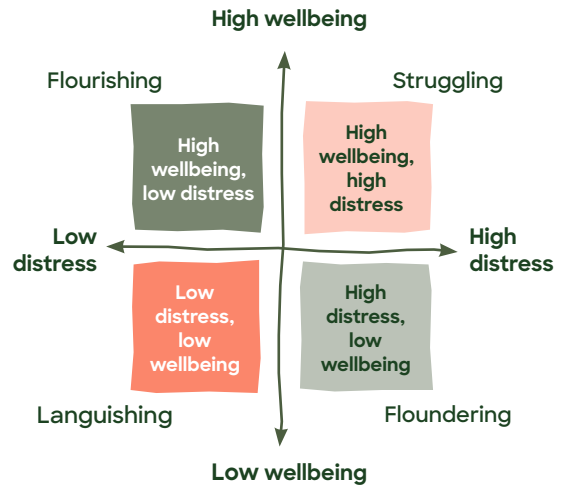
**Figure 3: Dual Continua Model of Mental Health (9) image adapted from (10)**



According to the Dual Continua Model, the absence of psychological distress does not necessarily equate to a positive state of wellbeing, and vice-versa. That is, a young person can be living with symptoms of mental ill-health and have varying levels of wellbeing. On the other hand, a young person may have low levels of wellbeing, but this does not mean they are experiencing psychological distress.(9, 11) Therefore, considering both wellbeing and distress using the Dual Continua Model provides a more complete picture of mental health.(10)

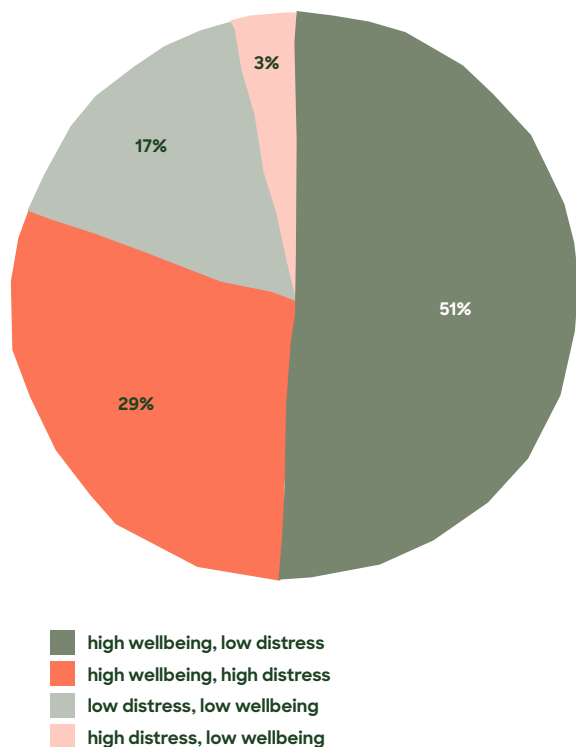
Using this model, an individual’s mental health can be mapped onto the four quadrants(10, 12, 13) seen in Figure 4.

**Figure 4: Four Categories of Mental Health according to the Dual Continua Model of Mental Health. Adapted from (10, 14)**



An Australian survey of more than 4,000 young people aged 12-25 found that just over half reported high levels of wellbeing and low distress (also known as ‘flourishing’ in the Dual Continua Model), and only 3 per cent reported a high level of distress and low wellbeing, as shown in Figure 5.(9, 10) However this data predates the COVID-19 pandemic, and the distribution among the groups may have changed. Furthermore, while 3 per cent of the sample were First Nations young people and 10 per cent were born overseas, it is unclear whether the percentage of people in each group is similar for First Nations young people or those from culturally and linguistically diverse (CALD) backgrounds.

**Figure 5: Percentage of young Australians in each of the four categories according to the Dual Continua Model of Mental Health.(10)**



Research has shown that the four groups demonstrate differences on a wide range of outcomes. For example, high school students with higher levels of wellbeing score higher on educational engagement and academic achievement.(13) Tertiary students who are 'flourishing' are less likely to have academic difficulties and to report suicidal thoughts and behaviour than students in the other three quadrants.(15) Adults classified as flourishing also report better physical health, fewer limitations on daily living, higher levels of educational attainment, employment and earnings and better quality of life and relationships. They are also more likely to report positive health behaviours such as not smoking, eating a healthy diet and exercising. (8, 16-20) More research is required to clarify the direction of the relationship between 'flourishing' and wellbeing, including high-level health, social and economic status. However, longitudinal research in adults has shown that higher levels of wellbeing are predictive of lower future incidence of mental illness (21-24) and of recovery from mental illness.(25) This suggests that people with better wellbeing are less likely to then experience mental ill-health or more likely to recover than people with lower wellbeing.

It is important to recognise that the samples used in the research discussed here predominantly consists of people of Caucasian descent, and the connection between wellbeing and factors such as education, employment, health and economic status may not necessarily be the same for First Nations or young people from culturally and linguistically diverse communities.

## WHY FOCUS ON ENHANCING WELLBEING?

Nationally and internationally, wellbeing is increasingly recognised as an important part of an individual's mental health. Governments and health services are incorporating wellbeing as a key goal and outcome in mental health policy and practice.(26, 27)

The recent focus on improving wellbeing has emerged for several reasons:

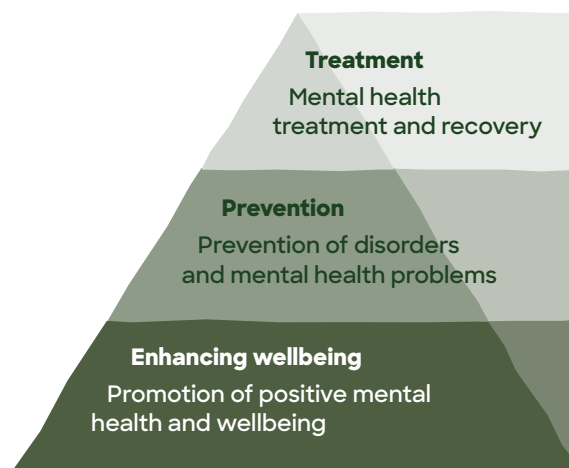
- wellbeing is an integral part of an individual's mental health;
- the drivers of wellbeing may be different to the drivers of mental health;
- increasing the wellbeing of young people may reduce common mental health difficulties more than prevention or treatment of mental ill-health alone;(28)
- the prevalence of mental ill-health persisting over time despite increased expenditure on mental health services in Australia;(29) and
- mental health treatment is primarily deficit or illness-focused, which may cause young people to feel stigmatised. Shifting focus to promoting wellbeing as opposed to preventing or treating mental ill-health, enables service providers to orient themselves and their

interventions as strength-based.(30) Young people are empowered to develop agency over the determinants of their mental health and wellbeing.

The aim of wellbeing promotion is to enhance young people's social and emotional wellbeing and quality of life. Promotion initiatives can target entire populations, individual young people or groups, and can occur in any setting. They are also applicable to everyone, including those currently experiencing or recovering from a diagnosed mental illness.(14) Individual and population level interventions can be designed to treat or prevent mental-ill health, and to promote wellbeing (Figure 6). For more information about mental health promotion and prevention, see [Everymind's Prevention and Promotion Framework for Mental Health](#).

This resource reviews wellbeing promotion activities that use a population level approach, depicted in the bottom section of Figure 6.

**Figure 6: Population approaches to enhancing wellbeing (adapted from (31))**



Currently, youth mental health services concentrate most of their activities towards the top sections of the pyramid (treatment and increasingly prevention). The activities reviewed in this resource are designed to complement the important work that these services already do.

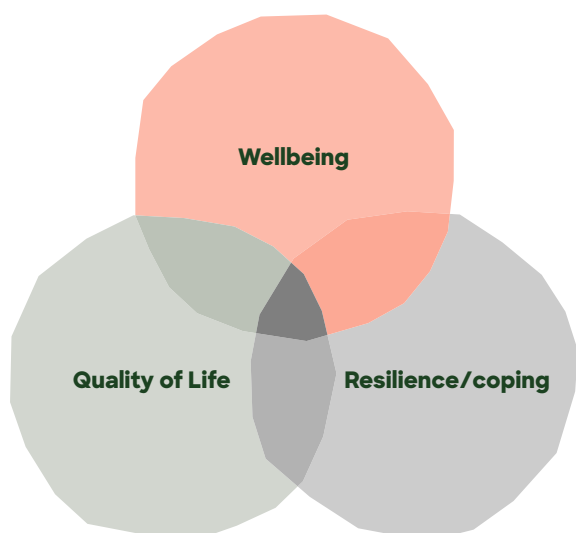
## WHAT UNIVERSAL INTERVENTIONS OR APPROACHES WORK TO ENHANCE THE WELLBEING OF YOUNG PEOPLE?

Health professionals have increasingly acknowledged the need to go beyond a pathologising and deficit-focused approach. This recognition has given rise to the development of new approaches that recognise young people's strengths, and cultivate resilience and wellbeing. This section reviews the various universal interventions with established and emerging evidence that they improve young people's wellbeing. Universal interventions refer to approaches applied to entire community

groups or populations, rather than individualised or targeted for specific at-risk groups.(32)

To be included in this literature review, intervention studies were required to investigate at least one aspect of wellbeing in young people. The meaning of wellbeing overlaps with resilience and quality of life (Figure 7), and encompasses additional concepts including life satisfaction, optimism, sense of community, positive affect, and coping.(33)

**Figure 7: Inter-related concepts of wellbeing, resilience/ coping, and quality of life (33)**



Studies that only reported symptoms of mental ill-health or psychological distress as outcomes were excluded. Although a systematic search was not conducted, to be considered evidence-based, 'established' interventions were classified as those that had at least two trials that compared the intervention with a control group, or a high-quality review, that is, systematic review or meta-analysis that reported on improved wellbeing outcomes in young people. Interventions and approaches with lower-level evidence, such as only one controlled trial, will be described as having 'emerging evidence'.

Wellbeing promotion interventions for young people are most commonly delivered in school settings. Effective school-based interventions typically involve all staff participation, development of a culture that provides a nurturing, health-promoting environment, involvement of families and/or communities, and embedding mental health and socioemotional development within the school curriculum and governance.(34) As school-based interventions have been reviewed extensively elsewhere,(35) this resource will focus on community-based and online interventions. See the 'helpful resources' section for more information about school-based wellbeing programs.

## COMMUNITY-BASED YOUTH WELLBEING PROMOTION INTERVENTIONS

In this resource, community-based wellbeing promotion interventions refer to face-to-face, population-level interventions for young people outside of school settings. Only 20 per cent of these community delivered interventions are universal, with the majority designed to target at-risk young people or problem behaviours.(36) Also, many interventions advertised to promote wellbeing, only report deficit-focused outcomes, such as mental health symptoms.

As the research regarding community-based wellbeing interventions is limited, it is difficult to conclude what types of interventions may be most effective. However, systematic reviews have found several approaches improve wellbeing in young people. These include; positive psychology interventions, self-regulation skills, exercise and physical activity, nature and outdoor interventions, recreational arts interventions and online interventions. There is emerging evidence that dietary, social/relationship and parental interventions could also be effective in improving the wellbeing of young people.

### POSITIVE PSYCHOLOGY INTERVENTIONS

Positive psychology interventions aim to increase positive thoughts, feelings or behaviours, such as happiness, hope, gratitude, self-compassion, and resilience.(37) Two reviews have concluded that positive psychology interventions improve young people's wellbeing.(37, 38) Those that were longer in duration and delivered in traditional format (not assisted by technology) tended to have better immediate outcomes.(37)

One example of a positive psychology intervention is practicing gratitude. Gratitude refers to the thoughts and feelings experienced when reflecting on the positive aspects of life. (39) Gratitude interventions often involve daily or weekly journaling, drawing, or mental imagery of things or people an individual is grateful for. (40) A review of gratitude interventions designed to promote positive change found that those who participated in gratitude interventions experienced a small improvement in life satisfaction and grateful mood, compared to those in a neutral activity, for example, listing daily/weekly activities. Gratitude interventions may be well-suited to implement as a community-based universal intervention, as they are relatively brief, few resources are required, and they may be delivered in person or online. (41) Some examples of how to get started with practicing gratitude can be found at [headspace](#) and [biteback](#).

### SELF-REGULATION SKILLS

Self-regulation skills may also promote wellbeing in young people. These skills include goal setting, action planning, coping planning, management of emotions, monitoring and evaluation, rewarding, enhancing social skills, social support, and cognitive restructuring/Cognitive Behavioural Therapy.(42) A review found that universal interventions designed to develop self-regulation skills improved self-esteem, as well as reduced negative symptoms, although the effect was small.(42)

Building skills in self-regulation appears to have some benefits for young people, however further research is needed to determine which specific skills, or combination of skills optimise wellbeing.

### PHYSICAL ACTIVITY AND EXERCISE

Physical activity and exercise appear to be an effective wellbeing promotion intervention. Most studies in a recent review reported positive effects of physical activity on wellbeing outcomes of young people, including quality of life, self-esteem, resilience, body image and social skills.(43) Higher levels of physical activity and lower levels of sedentary behaviour are associated with greater psychological wellbeing, that is, self-image, life satisfaction and happiness in adolescents.(44) Outdoor physical activities may have a greater impact on mental wellbeing than indoor physical activities.(45)

### NATURE AND OUTDOOR ADVENTURE INTERVENTIONS

Two reviews found that spending time in nature is associated with a range of positive wellbeing outcomes for young people, including emotional wellbeing, resilience, health-related quality of life, and social benefits.(46, 47) Similarly, outdoor adventure experiences for young people, combining physical challenges and natural environments, have also had a positive effect on wellbeing outcomes, such as self-efficacy.(48) However, the evidence is primarily based on observational studies, so the direction of the relationship between physical activity and wellbeing in young people remains unclear.

### RECREATIONAL ARTS INTERVENTIONS

A review of creative arts activities such as drama, circus skills, drumming, film/media, music, performing arts and hip-hop based arts disciplines found participating in arts activities can have a positive effect on young people's self-confidence, self-esteem, coping, relationship building and sense of belonging.(49)

## INTERVENTIONS WITH EMERGING EVIDENCE FOR IMPROVING YOUNG PEOPLE'S WELLBEING

### DIETARY INTERVENTIONS

An intervention in which young adults were given two additional daily servings of fruit and vegetables on top of their usual diet increased psychological wellbeing. Participants reported improvements in vitality, 'flourishing' and motivation across 14 days compared to a group that ate their usual diet and a group that received text message reminders to increase their consumption of fruit and vegetables, plus a voucher to purchase fruit and vegetables. (50)

### SOCIAL/RELATIONSHIP INTERVENTIONS

One study found that adolescents who utilised a relationship-focussed mobile app (WeClick) displayed enhanced mental wellbeing compared to a waitlist condition. The app was based on the therapeutic components of Cognitive-Behavioural Therapy, social learning, help-seeking intentions and problem solving, conflict resolution and goal setting skill development.(51)

### PARENTAL INTERVENTIONS

There are few reported universal wellbeing interventions that include the family of young people. Most of the available research suggested parents or carers are more likely to be included for targeted wellbeing interventions.

However, in one study, young people aged 15-17 whose parents participated in life skills training demonstrated enhanced psychological wellbeing, compared to adolescents whose parents did not receive the training. The life skills intervention aimed to teach parents to implement the core life skills into their parenting style. It included modules on parental self-awareness and empathy, creative and critical thinking, decision making and problem solving, effective communication and interpersonal relationships, and coping with emotions and stress.(52)





## ONLINE WELLBEING PROMOTION INTERVENTIONS

Increasingly, online interventions are being developed to enhance the wellbeing of young people, as they are accessible and cost-effective. Young people also regularly access health information and support via the internet and feel comfortable online.(53) Online delivery of wellbeing promotion programs enables anonymity and privacy, and can overcome barriers to engagement including location, time, or previous poor experiences with mental health service providers.(54)

A number of reviews that have investigated whether online wellbeing interventions work have shown mixed results.(54-57) One review of mental health promotion interventions found that skills-based interventions in a module format delivered online may enhance adolescent wellbeing.(54) However, the rates of non-completion were an issue in several studies. An online reminiscence intervention, in which participants were asked to recall autobiographical memories was also found to improve wellbeing. Participants were allocated to one of four groups and asked to think about either; 1) a time in their past where they successfully coped with a challenge (problem solving); 2) an experience that was meaningful and helped shaped the person they have become (identity); 3) a negative experience that left them disappointed in themselves, in conflict with someone or for some other reason left them with regrets (bitterness), or 4; any memory from their past (control). Participants in the problem solving and identity conditions reported higher self-esteem, meaning in life and self-efficacy at the end of the session compared to participants in the control and bitterness groups.(58) An example of a specific online program can be seen in breakout box 1.

### Box 1: Bite Back

**Bite Back is a free online positive psychology program designed to improve the overall wellbeing and resilience of Australians aged 13 – 16.**

It offers:

- A combination of fun, interactive activities, quizzes, animations and information across nine positive psychology domains including gratitude, optimism, flow, meaning, hope, mindfulness, character strengths, healthy lifestyles, and positive relationships.
- Information about the benefits of increasing wellbeing, strategies to develop skills in each of the positive psychology domains, and links to other relevant resources.
- A six-week Mental Fitness Challenge that guides users through a structured journey for getting the most out of Bite Back.(59, 60)
- Participants who visited the Bite Back website frequently (at least three times/week over six weeks) were more likely to experience improved wellbeing outcomes.(59)
- <https://www.biteback.org.au>

## WELLBEING INTERVENTIONS FOR FIRST NATIONS YOUNG PEOPLE

While there have been numerous reviews that have looked at SEWB interventions for First Nations young people,(61-64) there is a dearth of universal, community-based wellbeing interventions for First Nations Australian young people that have been conducted using controlled trial methodology, that is, an intervention group and a control group. It is acknowledged that this type of research method may not be best practice or culturally relevant for First Nations people. Nevertheless, this makes it difficult to determine whether there are wellbeing interventions with established or emerging evidence for the purpose of this resource.

However, the dimensions of Aboriginal and Torres Strait Islander SEWB provides a culturally appropriate framework for some potential wellbeing activities that could be implemented and evaluated for First Nations young people, as seen in Table 1.



**Table 1: Dimensions of SEWB and corresponding wellbeing interventions**

DIMENSION	EXAMPLE INTERVENTIONS
<b>Connection to body</b>	<ul style="list-style-type: none"> <li>• Diet and nutrition.</li> <li>• Sports and exercise.</li> </ul>
<b>Connection to mind and emotions</b>	<ul style="list-style-type: none"> <li>• Skill-building such as positive mindset, managing difficult emotions, coping skills such as resilience, managing stress, adaptability and humour.</li> </ul>
<b>Connection to family and kinship</b>	<ul style="list-style-type: none"> <li>• Interventions involving spending time with Elders and understanding Aboriginal and Torres Strait Islander history.</li> <li>• Interventions including time with family and kinship relations or supporting family cohesion.</li> <li>• Interventions that build social support.</li> </ul>
<b>Connection to community</b>	<ul style="list-style-type: none"> <li>• Participation in First Nations healing centres and men's, women's and children's groups.</li> <li>• Local, state and national cultural community events.</li> </ul>
<b>Connection to culture</b>	<ul style="list-style-type: none"> <li>• Interventions that provide opportunities to develop and maintain a secure sense of cultural identity and cultural values through participation in cultural practices such as music, dance and art.</li> </ul>
<b>Connection to land</b>	<ul style="list-style-type: none"> <li>• Interventions that provide access to Country and spaces for healing, ceremony and connection to land.</li> </ul>
<b>Connection to spirituality</b>	<ul style="list-style-type: none"> <li>• Interventions that involve traditional cultural knowledge.</li> <li>• Participation in contemporary Aboriginal healing practices and holistic philosophies of care and other forms of spirituality, meaning and purpose.</li> </ul>

Adapted from (65)

The report *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people*(66) offers a framework for SEWB programs developed for First Nations peoples. See Table 2.

**Table 2: What works and what doesn't work for First Nations SEWB programs**

<b>What works:</b>	<ul style="list-style-type: none"> <li>• Programs developed or implemented in alignment with the nine guiding principles underpinning the <i>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023</i>.(67)</li> <li>• Programs that encourage self-determination and community governance, reconnection and community life, and restoration and community resilience.</li> <li>• Important features include:             <ul style="list-style-type: none"> <li>- a holistic approach;</li> <li>- a focus on recovery and healing from stress and trauma;</li> <li>- a means of empowering people to regain a sense of control and mastery over their lives;</li> <li>- strategies that are led by First Nations people, are family-focused, culturally responsive and context specific;</li> <li>- interdisciplinary approaches that provide outreach services and transport; and</li> <li>- partnerships with the Aboriginal and Community Controlled Health Services sector and local communities.</li> </ul> </li> <li>• Mainstream and First Nations-specific programs in accordance with the Closing the Gap service-delivery principles of engagement, access, integration and accountability.</li> <li>• Utilising 'participatory action research' approaches which serve as a way to involve First Nations people, families and communities in the development, implementation and evaluation of programs.</li> <li>• Engaging in cultural activities is an indicator of positive cultural identity that is associated with better mental health among First Nations Australians.(66)</li> </ul>
<b>What doesn't work:</b>	<ul style="list-style-type: none"> <li>• Programs that do not consider First Nations peoples' values, lifestyles, aspirations, family and differing needs and capacities in diverse, complex economic and social circumstances.</li> <li>• Programs developed with inadequate timeframes, funding and support that fail to address health and wellbeing in a holistic manner and focus on the individual without regard for the family and community context.</li> <li>• Provision or adaptation of mainstream programs by mainstream providers without First Nations community involvement or consultation.</li> <li>• Programs that are short-term, inflexible and designed and delivered without consultation, engagement and partnership with the community and the Aboriginal Community Controlled Health Service sector.</li> <li>• Poor engagement with research evidence by the mainstream sector can lead to systemic racism, lack of cultural understanding and appropriateness, and a reliance on 'one size fits all' approaches.</li> <li>• Performance indicators and reporting requirements, developed in accordance with the values and principles of the mainstream mental health system, that do not always align with Indigenous cultural ways of working and views of SEWB.(66)</li> </ul>

**PUBLIC EDUCATION AND AWARENESS CAMPAIGNS**

Public education campaigns such as *Five Ways to Wellbeing* (connect, be active, take notice, keep learning and give) and *Act, Belong, Commit* are a set of simple, evidence-based ways a person can enhance their wellbeing.(68, 69) While these campaigns can have good population reach and positive impact on attitudes and beliefs and even some impact on behaviour, it is unclear whether exposure to public education campaigns alone are effective for enhancing wellbeing. However public education initiatives can be an important aspect of larger multicomponent community wellbeing promotion programs. headspace's public awareness campaigns (albeit not specifically for wellbeing) are *Seven Tips for a Healthy Headspace* and *Take a Step* for First Nations young people.

**CONSIDERATIONS AND RECOMMENDATIONS FOR IMPLEMENTATION, EVALUATION AND RESEARCH**

A cross-setting partnership approach between education, community and youth health services would maximise resources and produce the greatest benefit for improving the wellbeing of young people.(36)

Effective implementation of evidence-based programs requires a framework of supportive implementation structures and capacity development, including ongoing training and monitoring for quality assurance.(36)

Interventions must be supported by policies across multiple sectors, that is, the health, education, employment and youth sectors, that address the wider social determinants of wellbeing in young people.(36)



Overall, there is limited mental health research focused on wellbeing promotion interventions. When seeking to implement interventions to enhance the wellbeing of young people, it is important to determine whether there is evidence to suggest it will be effective. Some interventions may claim to be based on evidence, yet their sources are not cited, making it impossible to determine the legitimacy of this claim.

Due to the limited research, it is particularly important to embed evaluation into community-based interventions implemented to enhance wellbeing of young people. Youth mental health services that implement wellbeing promotion interventions in community settings are encouraged to document the process and evaluate their efficacy and make the results available in order to contribute to the limited evidence base in this area. Randomised controlled trials provide the highest level of evidence. Other avenues for further research include:

- Whether mental health promotion interventions impact wellbeing and psychological distress in the same or different ways. For example, would a mental health promotion intervention increase wellbeing, resilience, or life satisfaction while simultaneously decreasing distress?
- The impact of mental health promotion interventions on young people experiencing, or at risk of, mental ill-health.
- There is a need for further research focusing on First Nations young people and young people from culturally and linguistically diverse backgrounds. Currently, most of the existing wellbeing research fails to encompass the unique experiences and perspectives of these specific populations. This gap is evident in studies measuring the distribution of young people across the four wellbeing groups, the factors that influence levels of wellbeing, and the effectiveness of wellbeing interventions. For example, many of the intervention trials discussed in this resource did not report on effectiveness as a function of cultural background and there is a lack of high-quality studies evaluating wellbeing interventions in First Nations young people in Australia. There is research to support the notion that there are cross-cultural differences in life satisfaction. (70) With more research that considers diverse populations, we can better understand their wellbeing and guide the development of more inclusive policies and programs to support it.
- Population-level research to understand the factors and conditions that support and enhance mental health and the nature of their relationship with the broader determinants of health and population wellbeing.
- The impact of the prevention of school bullying, and other risk factors such as adverse childhood experiences and systemic discrimination such as racism and homophobia/transphobia on wellbeing, in addition to what is already known about mental health outcomes.
- The equity impact of wellbeing interventions to ensure they are reaching the young people with the greatest need.(71)
- Research that reports a cost-benefit analysis for wellbeing promotion interventions would support decision-making and resource allocation.
- Validated outcome measures should be used to measure short-term and long-term outcomes of interest. For mental health and wellbeing promotion activities, it is recommended to consider using measures of subjective wellbeing and psychological wellbeing, rather than focusing on psychological symptoms or affect alone. There are at least 155 measures of wellbeing and related concepts.(33) Below are some common tools that measure wellbeing that have been validated for use, that is, they measure what they were designed to measure, with young people:
  - Mental Health Continuum Short Form (MHC-SF) for age 12+ (72, 73)
  - Positive and Negative Affect Scale (PANAS) for age 18+ (74, 75)
  - PANAS-C for school-aged children (76)
  - Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) for age 13+ (77, 78)
  - The Satisfaction with Life Scale (SWLS) for age 18+ (79, 80)
  - WHO-Five Well-Being Index (WHO-5) for age 9+ (81).

It is important to note that many of the tools that measure wellbeing have not been validated among First Nations and culturally and linguistically diverse young people. Furthermore, the domains of wellbeing relevant to and valued by these groups of young people may not be included in existing wellbeing measures. As such, these tools may not be appropriate for use among First Nations and culturally and linguistically diverse young people. Currently, there are some tools that have been developed for measuring SEWB or resilience among First Nations Australians. The Strong Souls tool, which includes resilience items, is one example that has been validated among Indigenous Australian young people to measure social and emotional wellbeing.(82)

Moreover, it's also important to consider that Western scientific research methods and quantitative/statistical data may not adequately reflect First Nations perspectives of wellbeing(83) or be best practice for conducting research with First Nations young people. More meaningful, culturally tailored research methods are required that capture what is important to First Nations young people and that reflects

their ways of knowing, being and doing.(84-86) Culturally appropriate wellbeing research may yield better understanding of success and participant experience, and therefore inform more targeted and effective approaches for building wellbeing amongst First Nations young people.(85)

One issue to note about researching mental health and wellbeing promotion interventions with predominantly well people in the community is that we are likely to see relatively small improvements in outcomes compared to studies of targeted interventions.(32) However, small improvements in wellbeing can make a meaningful difference over the longer term for young people, their families, and communities. This may also potentially reduce the need for more intensive and highly resourced interventions in the future, however more research is needed. Furthermore, while wellbeing can ebb and flow over the lifetime, many of the interventions build young people's capacity to take control of the determinants of their mental health and wellbeing and to flourish.

Consultation during the development phase of this resource with young people and families identified the following:

- Most health promotion initiatives for young people and families were designed to raise awareness of symptoms of mental ill-health or focused on preventing or reducing symptoms of mental ill-health, as opposed to recognising and building skills around enhancing wellbeing.
- There is still a strong need for community awareness activities. Beyond recognising the signs and symptoms of mental ill-health, more guidance about how and where to seek help, navigating the mental health system more broadly, the availability and access to subsidies, as well as support services for families of a young people experiencing mental ill-health is needed.
- While there are good community awareness campaigns around anxiety and depression, there is less focus on, and subsequently community understanding of, the early signs of lower prevalence mental disorders including psychosis and alcohol and other drug dependence.
- Given the lack of existing universal initiatives designed to enhance the wellbeing of young people, there is an opportunity for youth mental health services to address this gap.
- Young people and families particularly value interventions that teach a practical skill or technique they could use, for example, mindfulness. The most useful programs were co-facilitated by a young person and connected to a personal story which made the content relatable and tangible.

## SUMMARY

Wellbeing is an important part of mental health; it's about feeling good, functioning well, having positive relationships, and a sense of a purpose and meaning. Promoting mental wellbeing can benefit all young people – it can move those without mental ill-health closer to 'flourishing', potentially reducing the risk of experiencing mental ill-health and may boost recovery of those who are experiencing mental ill-health. Although the evidence-base for community-based interventions that are universally targeted is small, there are several activities with established and emerging evidence. With wellbeing being a relatively new concept compared to mental ill-health, there are many avenues of research that are yet to be explored.

## HELPFUL RESOURCES

[Communities that Care](#) provides a list of preventative and health promotion interventions and provides an overview of the evidence-base and where to find further information.

[Blueprints](#) is an American registry of evidence-based programs that promote healthy development of young people. It includes family, school and community-based programs at all levels from universal health promotion to primary, secondary and tertiary prevention.

[The Be You Programs Directory](#) is a database of mental health and wellbeing programs that can be implemented in schools or other learning communities.

[headspace](#) provides online activities for young people about how to enhance wellbeing, including creating connections, eating well, getting enough sleep, learning coping skills, limiting alcohol and other drugs and staying active.



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