Using epidemiological research, you are to select one of the 5 National Health Priority Areas and research it.

**Mental Health**
Mental Health is the capacity of individuals and groups to interact with one another and the environment, in ways that promote subjective well being, optimal development and the use of healthy activities. It is not merely the absence of alcohol, drugs, gambling and other radical activities. Mental Health is most likely derived from depression.

**Identify the groups at risk of suffering from the disease.**
These groups include mid to late adolescents, women in the prenatal period, older people in residential care, children of parents with mental disorders, Aboriginal people and Torres Strait Islanders, refugees, and people experiencing adverse life events (such as physical deficiency, deaths in family etc.). But the most influential factor in suffering from anything is usually being of lower-economic status, and this definitely applies in Mental Health.

**Indicate the prevalence of the disease.**
Suffering from Mental Health is an open-ended experience. It has been proven that most sufferers experience a period of depression. Which is usually the fundamental issue in one’s Mental Health Problem. This outlines simply as to why most sufferers use incorrect coping strategies through radical methods such as alcohol, drugs, gambling, speeding, self inflicting injury and even committing suicide.

Mental Health deficiencies are common in mid to late adolescents; The 1997 National Survey of Mental Health and Well-being reveals that almost six per cent of adults aged 17 years and over suffer from some mental disorder, the rate is higher for females as it is for males, and this gender difference persists throughout adulthood. The prevalence of Mental Health deficiencies decline in older age, except in older people in residential home settings. In addition, suicide rates are more common in male than females; the ratio is at 6:1.

**Explain the cost to both the individual and the community.**
In order to recover from disorders and minimise the prevalence of Mental Health within our society there needs to be a substantial amount of finance for this to occur. A source has indicated that it costs around 3 Billion dollars per year, which is approximately 9.3% of the total health service expenditure.
The cost includes specialised community mental health services, drug and alcohol rehabilitation centres, hospitalisations and pharmaceutical’s.

**Identify the potential for change.**
The pronounced suffering and disability associated with Mental Health disorders could be substantially reduced with concerted efforts across the health care continuum and across sectors of care, communities and governments. At an individual level people need to be informed about mental healthy lifestyle choices and provided with knowledge that enables them to know when their Mental Health is at risk and when it is time to seek advice. To prevent people from having a long term negative status, support structures need to be implemented. An example of a support structure is ‘Gamblers anonymous’ where they can benefit from ongoing social support. There is a particular need to improve the public’s knowledge of the types of treatments offered, and remove any negative attitudes and perceptions about them.

In order to have a productive system for **change** it must consist of:
1. Emphasis on prevention and promotion
2. Early Intervention, treatment and management
3. Access to facilities and services
4. Research and funding

**Identify the potential for social justice**
The term social justice relates directly towards equality and justice. Equality and Justice are not only used in the operation of the legal system and general aspects of society but it is also applied in health. Strategies for social justice must be implemented in order to decimate discrimination and unfairness. Those who are likely to be affected by injustice practices include: those of lower socio-economic status, indigenous people, people living in rural or remote communities and those with disabilities. Like all other health aspects the greatest threat to mental health is poverty, those who have financial difficulty could experience discrimination such as access to facilities and services.

For this to be abolished there needs to be considerable emphasis on government awareness and financial support. Community advocacy and individual action.
Part 2 – Create a Table and apply the five action areas to Diabetes

Ottawa Charter – Diabetes

**Developing Personal Skills**
* Education regarding reduction of risk factors such as obesity, inappropriate Nutrition, lack of exercise, high blood pressure and smoking.
* Education regarding early detection
* Education influencing the three treatment elements, food, exercise and insulin.

**Creating supportive Environment**
* Maintaining support services such as Diabetes Australia, Juvenile Diabetes Institute of Australia, National Diabetes Service Scheme.

**Strengthening Community Action**
* Extend community advocacy and emphasis on Diabetes prevention
* Ensure appropriate research and evaluation.
* Strengthen relationships with other care providers and agencies.
* Engaging health service providers at a local level eg pharmacists, Community health worker, aboriginal services etc. in diabetes initiatives.

**Re-Orientating Health Services**
* Involving Health Professionals in educating patients about treatment maintenance such as nutrition, physical activity and correct us of insulin.
* Availability of finance for hospitals and other diabetes services
* Emphasis on Ambulance services for Diabetes management.

**Building Healthy Public Policy**
* Intersectoral action regarding promotion of correct treatment eg physical
* Government subsidising the cost of medication
* Government’s productive and sufficient distribution of finance towards
Part 2: B
Do you think any of the five action areas is more significant to Diabetes?
In order to answer the question we must realise that Type 1 diabetes is unpreventable and subsequently the sufferer may have no control over his or her condition. What we must realise is Type 2 diabetes is preventable and therefore as individual’s we must be aware and acquire sufficient knowledge through education on how to prevent the disease from transpiring.

Consequently, I believe the ‘Personal Skills’ action area is crucial, one must be informed and conscious of the various strategies’ towards prevention and maintenance of the disease. This includes:

* Reduction of risk factors such as obesity, inappropriate Nutrition, lack of exercise, high blood pressure and smoking.
* Detailed knowledge for early detection
* Comprehensive knowledge regarding the three treatment elements, appropriate nutrition, physical activity and correct use of insulin.

Like any other health factor, Personal Skill’s is usually the foundation for suffering the disease. By eliminating risk factor’s one will have minimal chance of having Diabetes.

It is arguable to say that Strengthening Community Action is the pivotal action area because it basically deals with all other aspects such as, public policy, health services and supportive environments. Through:

* Extension of community advocacy and emphasis on Diabetes prevention
* Having appropriate research and evaluation.
* Strengthening relationships with other care providers and agencies.
* Engaging health service providers at a local level eg pharmacists, Community health workers, aboriginal services etc. in diabetes initiatives.

However, the argument here is - Why cause a commotion with the community if you can target the problem itself through the individual.
I feel that it this statement is economically, socially, and generally more productive and efficient. By promoting personal skills through various methods, this will minimise prevalence in the future and subsequently there will be no need for as much community action. Let’s just not that Personal Skill is the foundation of most preventable disease.