Policy Insights
Centre on Well-being, Inclusion, Sustainability and Equal Opportunity (WISE)
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Win-win solutions for well-being and mental health

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Good mental health is a vital part of people's well-being and essential for individuals and societies to thrive. The recognition that successful mental health strategies need to involve a range of sectors beyond health is not new, yet in practice coalition-building often remains limited and not implemented at scale. The full report *How to Make Societies Thrive? Coordinating Approaches to Promote Well-being and Mental Health* (OECD, 2023[1]) uses the OECD Well-being Framework to review how people's economic, social, relational, civic and environmental experiences interlink with their mental health, and uses this evidence to identify policies that can jointly improve both mental health and other well-being outcomes. Selected mental health initiatives are reviewed to illustrate which elements of the policy ecosystem can support collaboration across stakeholders. The main findings of the report are highlighted in this policy insights.

KEY MESSAGES

- **Mental health shapes and is shaped by many aspects of life.** People experiencing worse mental health tend to fare far worse in most other aspects of their well-being. Compared to the general population, those at risk of mental distress are nearly twice as likely to be at the bottom of the income distribution, to be unemployed, or to be unhappy with how they spend their time: their risk for feeling lonely is more than four times higher. Conversely, protective well-being factors – including financial security and supportive social relationships – can provide resilience.
- **Beyond health-based initiatives, other policy settings can contribute to improving both mental health and other economic, social and environmental policy goals.** Numerous "win-win" policies, typically led by non-health agencies, can jointly address these outcomes. Well established pathways include increased access to social assistance programmes, integrating mental health considerations into unemployment services, encouraging employers to prioritise mental health at work, or incorporating social and emotional learning in curricula. Recent innovations include the expansion of social prescribing programmes (in which patients are connected to support by community organisations), interventions to tackle discrimination, and accounting for the mental health costs of climate change (and the benefits of climate action).
- **Collaboration across actors requires new ways of working.** Lessons from cross-cutting mental health initiatives show how they have been ***aligning*** action across government agencies; ***redesigning*** policy to address the joint determinants of mental health; ***refocusing*** efforts to the promotion of positive mental health; and ***connecting*** with stakeholders beyond government, including those with lived experience, youth, civil society and researchers. Findings point to the importance of clearly defining goals; allocating sufficient time and resources for partnership building; and experimenting with strategic grant making to fund non-health activities.

Mental health is essential for individual and societal well-being

Mental health plays a central role in people's lives, and the costs of mental ill-health to individuals and society are significant. OECD research estimates that half the population will experience some form of mental health condition at least once over their lifetime, and that the economic costs of this amount to at least 4% of annual GDP (OECD, 2021[2]). These findings have contributed to the OECD's long-standing calls for integrated approaches to mental health policy, particularly in the field of employment, education and social policies (Box 1).

A range of crises affecting people in OECD countries and worldwide have further underscored that mental health is intrinsically tied to many other aspects of people's wider well-being. The COVID-19 pandemic exacerbated pre-existing vulnerabilities and exposed new risk factors for mental health, as the population dealt with not only the direct health impacts of the virus, but also financial insecurity, job loss, disruptions to education and increased social isolation (OECD, 2021[3]). In the meantime, new threats to mental health, such as the cost-of-living crisis and climate change, have emerged or become increasingly urgent.

Momentum has also been building in recent years to shift the conversation beyond the prevention of mental *ill*-health to also supporting the promotion of *positive* mental health, or high levels of emotional and psychological well-being (OECD, 2023[4]). Having good mental health can boost people's resilience to stress, help them realise their goals and actively contribute to their communities. Positive mental health is increasingly being recognised as a policy target in its own right by governments across the OECD, be it through the development of regularly monitored indicators of population positive mental health, dedicated guidance on improvement, or funding mechanisms targeting resilience factors for mental health promotion.

How to Make Societies Thrive? Coordinating Approaches to Promote Well-being and Mental Health (OECD, 2023[1]), summarised in this brief, is the second of two reports that are part of a broader OECD project on mental health and well-being. The first report, *Measuring Population Mental Health* (OECD, 2023[4]), provided recommendations to data producers on how to collect information on population mental health outcomes, both for ill-health and positive mental health, in an internationally comparable way. *How to Make Societies Thrive?,* on the other hand, highlights the wide-ranging drivers of mental health, underscoring the important roles that different stakeholders and sectors – beyond health – play in this field.

Box 1. Integrated approaches to mental health policy at the OECD

This report builds on existing OECD work in calling for integrated approaches to mental health promotion. Earlier publications, including *Sick on the Job? Myths and Realities about Mental Health and Work* (OECD, 2012[5]) and *Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work* (OECD, 2015[6]), along with ten dedicated country reviews of mental health and work policies, helped to pave the way for the 2015 *OECD Recommendation of the Council on Integrated Mental Health, Skills and Work Policy* (OECD, 2015[7]). The Council Recommendation, adopted by all OECD member states, acknowledges that the costs of mental ill-health are wide-ranging, and that the promotion of good mental health involves agencies beyond the health sector. It endorses a set of policy guidelines to better integrate mental health considerations into (physical) health, education, employment and social service systems. In 2021, *Fitter Minds, Fitter Jobs: From Awareness to Change in Integrated Mental Health, Skills and Work Policies* reviewed progress achieved in the policy areas covered by the Recommendation five years after its adoption (OECD, 2021[8]). Other work has underscored the importance of broad and multi-sectoral efforts towards strengthening care and services for mental health conditions, in particular in *Making Mental Health Count: The Social and Economic Costs of Neglecting Mental Health Care* (Hewlett and Moran, 2014[9]) and *A New Benchmark for Mental Health Systems: Tackling the Social and Economic Costs of Mental Ill-Health* (OECD, 2021[2]).

Despite long-standing calls for integrated approaches, there remains significant untapped potential for cross-government policies to improve mental health

Evidence on the ways in which people's material and environmental conditions, relational well-being, and quality of life interact with mental health makes it clear that effective mental health promotion, prevention and treatment strategies need to involve government sectors beyond health. Renewed calls for collaborative "health in all policies" approaches that systematically integrate and articulate (mental) health considerations into policy making across sectors have been growing. For instance, at the European level, following steers from the European Parliament and the outcomes of the Conference on the Future of Europe, in June 2022 the European Commission launched the "Healthier Together" initiative to reduce the burden of non-communicable diseases, including mental health, by taking a "health in all policies" approach. This was followed in 2023 by the new "A comprehensive approach to mental health" strategy, which factors mental health considerations into EU and national policies (European Commission, 2022[10]; European Commission, 2023[11]). The OECD has also long been calling for a society-wide response to mental health (Box 1).

Despite the on-going political focus on collaborative, all-of-government approaches to mental health strategies, challenges to practical implementation and scale remain. Some of the most commonly cited difficulties include the fact that inter-departmental task forces dealing with mental health are often time limited and lack decision-making power; furthermore, aspects such as accountability or plans for monitoring and evaluation of partnerships are often absent from high-level strategy documents, and resource constraints remain a challenge. Previous approaches to "health in all policies" have also often remained unrealised in practice partly because the asymmetry built into the concept makes coalition-building difficult: it has often focused on wins for the health sector and often seems to imply that other sectors must adjust their priorities accordingly (McLaren, 2022[12]; Greer et al., 2023[13]; Lundberg, 2020[14]).

Moving from "mental health *in* all policies" to "mental health *for* all policies"

The OECD Well-being Framework has, for more than a decade, pioneered a multidimensional approach to measuring the outcomes that matter for people, the planet and future generations (Figure 1). Drawing on this conceptual framework, *How to Make Societies Thrive?* uses a "well-being lens" to underscore the reciprocal relationships between mental health and the outcomes typically under the responsibility of non-health government departments (Box 2). Ultimately, recognising which policies under their mandate can or are already contributing to improving mental health as well as their own objectives can benefit the government's broader policy goals, thus facilitating a move towards a "mental health *for* all policies" mindset.

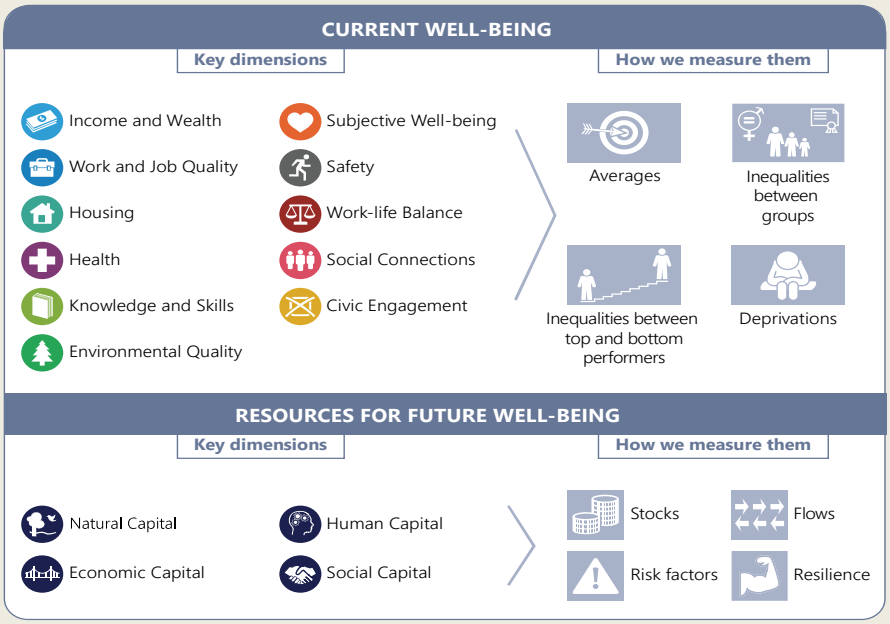
Mental health shapes and is shaped by many aspects of life

Mapping the relationship between mental health and people's economic, social, relational, civic and environmental experiences reveals that those with worse mental health also fare far worse in most other aspects of their well-being. For instance, compared to the general population, those at risk of mental distress are nearly twice as likely to be at the bottom of the income distribution, to be unemployed, or to be dissatisfied with the safety and availability of green spaces in their neighbourhoods. They are also more than twice as likely be unhappy with how they spend their time and to report low trust in other people, and their risk for feeling lonely is more than four times higher.

Box 2. Applying a well-being lens to mental health

The OECD Well-being Framework, which underpins the OECD *How's Life?* report series and other work related to well-being (OECD, 2020[15]), is a broad outcome-focused tool to measure human and societal conditions and assess whether life as a whole is getting better. It includes both current well-being in the "here and now" – living conditions and inequalities at the individual, household and community levels – as well as systemic resources needed to sustain well-being in the future (Figure 1).

Figure 1. The OECD Well-being Framework



Source: OECD (2020), *How's Life? 2020: Measuring Well-being*, OECD Publishing, Paris, https://doi.org/10.1787/23089679.

For each dimension of the framework, the full report systematically applies the following steps:

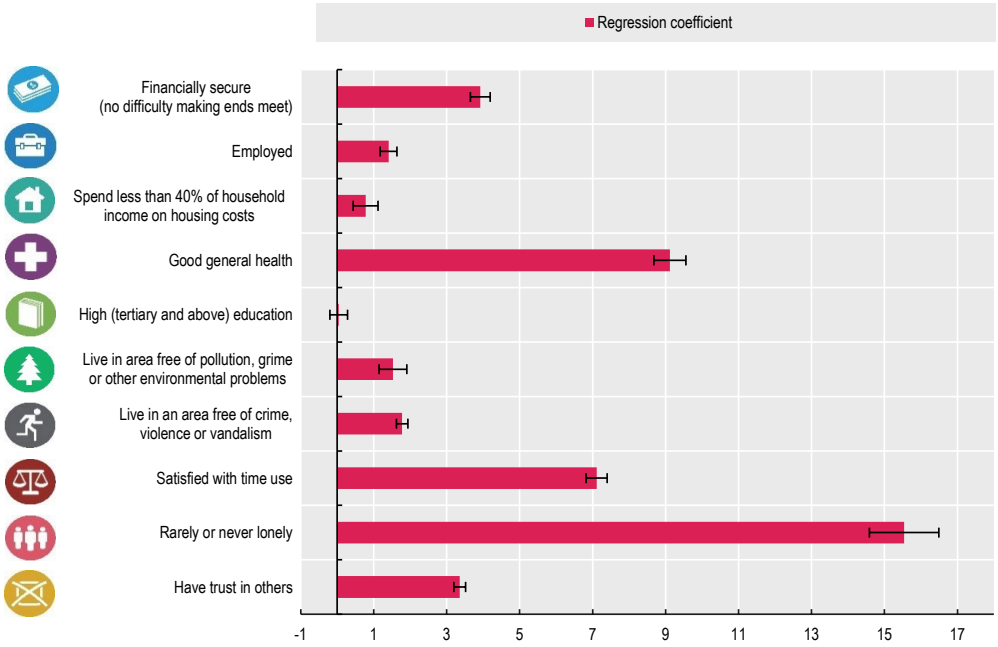
1. Determine the **associations** between specific well-being outcomes and both mental ill-health and positive mental health, using cross-sectional microdata for several OECD countries;
2. Unpack the **causal mechanisms** underlying these associations to help understand which policy levers might be able to target them, via a literature review relying on systematic reviews and meta-analyses whenever possible; and
3. Outline **examples of "win-win" policy interventions** that have demonstrated ability to improve both mental health and outcomes in a specific (or multiple) well-being dimension(s), drawing on existing country practice and OECD work when relevant.

Lastly, implementing and sustaining these "win-win" policies requires resources, incentives and working arrangements that enable all relevant stakeholders to contribute to tackling the upstream determinants of mental health. Case studies of selected mental health initiatives across OECD countries are thus used to illustrate how policy makers have so far been aligning action across government agencies; redesigning policy formulation to address the joint factors influencing mental health; refocusing efforts towards the promotion of positive mental health; and connecting with societal stakeholders beyond government, including those with lived experience, youth, civil society and researchers.

Conversely, protective factors – such as being financially secure, being in good physical health, living in a safe and clean living environment, and having healthy social relationships – can provide resilience against poor mental health outcomes and support good emotional and psychological well-being. Furthermore, multiple regression analysis suggests each well-being area remains a significant independent protective factor against mental distress even when controlling for other well-being outcomes, a range of demographic factors, and country context (Figure 2).

Figure 2. Good well-being outcomes can serve as protective factors for poor mental health

Coefficients when regressing the continuous MHI-5 score on various well-being protective factors

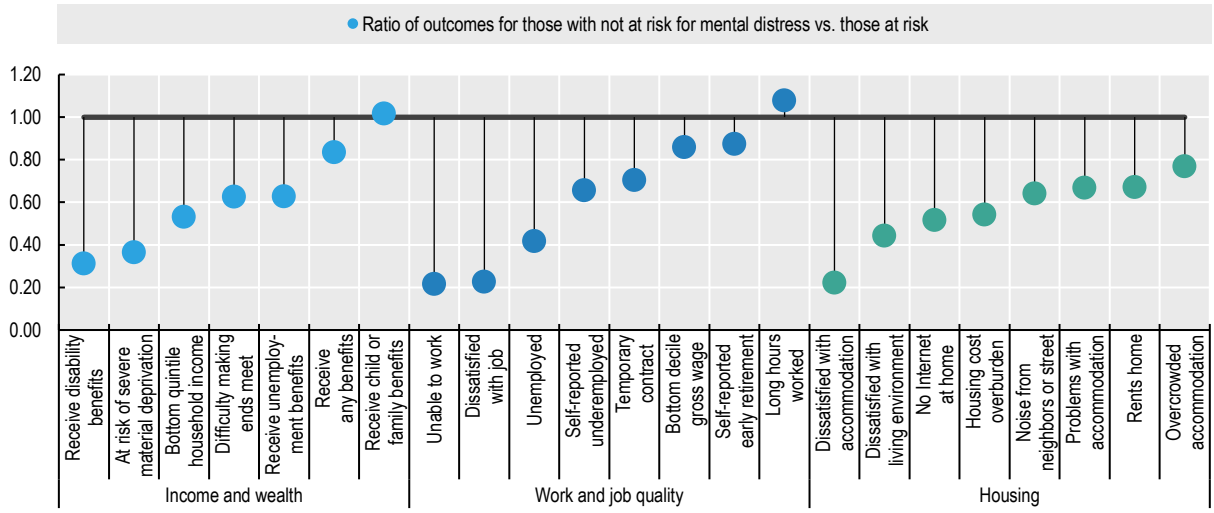


Note: The figure displays the multivariate regression coefficients when regressing the Mental Health Inventory 5 (MHI-5) score, which ranges from 0 (highest risk for mental distress) to 100 (lowest risk), on different well-being protective factors. Controls include sex, age and age-squared; country fixed effects are also included. Standard errors are clustered at the country level, and are displayed in the figure as high/low bars. Since the relationship between the mental health outcomes and the various well-being outcomes shown here is bidirectional, the regression coefficients shown here should not be interpreted as causal due to endogeneity – for this reason, the accompanying report relies on both a literature review that focuses on causal methods, as well as further analysis using a cross-lagged panel model to better understand some of the relationships. Refer to the report's *Reader's Guide* of (OECD, 2023[1]) for full details of indicator definitions, and more details on cross-lagged panel models.
Source: OECD calculations based on the 2018 *European Union Statistics on Income and Living Conditions (EU-SILC)* (n.d.), (database), https://ec.europa.eu/eurostat/web/microdata/european-union-statistics-on-income-and-living-conditions.

Material conditions and mental health

People's mental health and the material conditions that shape their lives and livelihoods today and into the future – in particular income, debt, macro-economic shocks; work and job quality; and housing – are intricately linked. Poor material conditions lead to the onset or worsening of mental health outcomes, while at the same time, those experiencing mental ill-health are more likely to suffer worse financial, labour market and housing outcomes. Figure 3 shows the ratio of material well-being deprivation outcomes for those not at risk for mental distress and those at risk. The closer the value of the ratio is to zero, the more likely those at risk for mental distress are to experience that outcome in comparison to people with better mental health. Mental health outcomes are particularly poor for those receiving disability benefits, being at risk of severe material deprivation, being unable to work or being dissatisfied with one's job, and being dissatisfied with one's home or living environment.

Figure 3. Worse mental health outcomes go hand-in-hand with deprivation in material conditions



Note: Ratio values below 1 indicate a higher prevalence of well-being deprivation outcomes for those at risk for mental distress; conversely, ratio values above 1 indicate worse outcomes for those not at risk of mental distress. 1 indicates parity in outcomes between those at risk and those not. Refer to the *Reader's Guide* of (OECD, 2023[1]) for full details of indicator definitions.
Source: OECD calculations based on the 2018 and 2013 *European Union Statistics on Income and Living Conditions (EU-SILC)* (n.d.) (database), https://ec.europa.eu/eurostat/web/microdata/european-union-statistics-on-income-and-living-conditions.

While this figure is not depicting causal relationships, the mechanisms underpinning these associations are explained via a robust literature review in the larger *How to Make Societies Thrive?* report. To briefly highlight one example, the relationship between poverty and mental health is bidirectional, in that experiencing poverty can worsen, or cause, certain mental health conditions such as substance use and depression – primarily via the long-term stress of financial strain and debt. At the same time, experiencing poor mental health can worsen economic prospects because those with worse mental health often have worse labour market outcomes, lower lifetime earnings, and face higher healthcare costs. Experiencing poverty also increases the likelihood of other risks, such as adverse experiences in childhood, which are themselves detrimental to both mental health and a range of well-being outcomes throughout the life course.

The links between mental health and other aspects of well-being (e.g. employment, economic security, housing, urban planning, education, etc.), can help point to solutions that bring co-benefits for mental health and other policy goals. Based on the evidence of these links, and existing policy practices underway in OECD countries, a range of illustrative examples of such win-win policies are identified: Table 1 highlights options that simultaneously target mental health and aspects of material conditions. Examples cover some well-established pathways, such as increased access to social assistance programmes, integrating mental health service provision into unemployment services or encouraging employers to prioritise mental health at work. More recent innovations include, amongst others, systematically scanning public services for psychological barriers that make bureaucratic processes challenging, especially for those with pre-existing cognitive difficulties – or building supportive and inclusive neighbourhoods with the goal of mental health promotion explicitly targeted.

Table 1. Policy examples that improve both mental health and material conditions

Domain of well-being	Policy intervention	Relevant to agencies responsible for …
Income and wealth	Increase access to social assistance programmes, while decreasing the cognitive burden of enrolment	Social policy and service provision, financial departments
	Universal and unconditional schemes to improve quality of life and reduce stigma of social service use	Social policy and service provision
	Increase access to affordable mental healthcare through new technology and expansion of community services	Healthcare and social policy
Work and job quality	Integrate mental health service provision into unemployment services through Individual Placement and Support (IPS) programmes	Employment promotion, adult and continuing education, healthcare
	Encourage employers to prioritise mental flourishing at work	Employment and labour, corporate affairs
	Extend social protection schemes to platform workers	Social policy, employment, and labour
Housing	Housing First as strategy to tackle homelessness, alleviate mental distress	Housing and social policy
	Integrate mental health concerns into housing design guidelines	Housing, social policy, healthcare, environment and urban planning
	Create supportive and inclusive neighbourhoods to promote connectedness and psychological well-being	Housing, social policy, healthcare, sports and culture, environment, urban planning, law enforcement, safety

Note: For further details and concrete examples of existing policy practice, refer to Boxes 2.1-2.3 in the *How to Make Societies Thrive?* report.

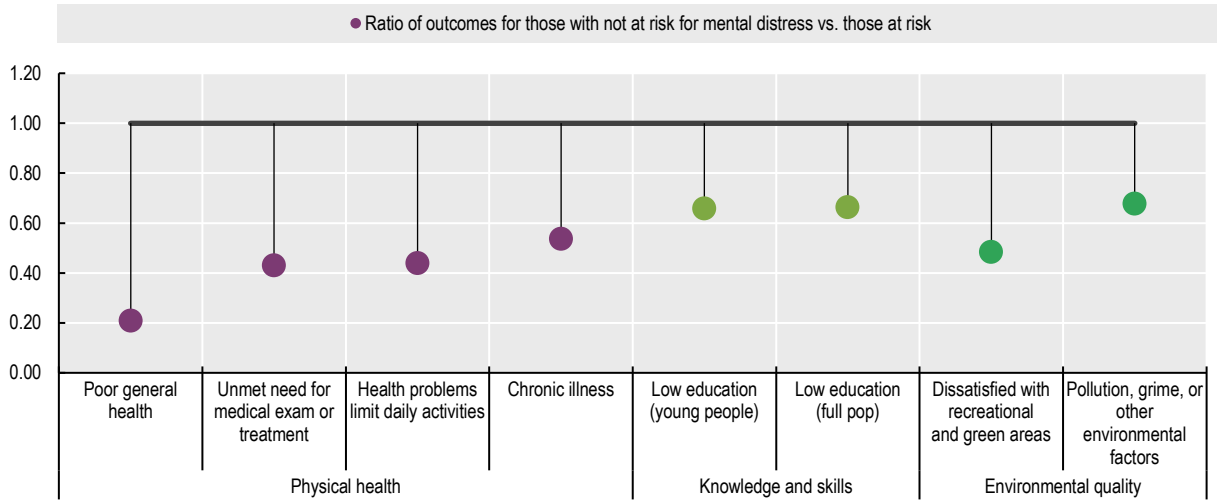
Quality of life and mental health

The relationship between mental health outcomes and a range of quality-of-life indicators – spanning the domains of physical health; knowledge, skills and educational attainment; and environmental quality and natural capital – is often bidirectional, too. For instance, the link between physical and mental health is well established, with poor physical health outcomes often co-occurring with poor mental health (Figure 4). For instance, some types of physical health conditions may lead to behavioural changes (e.g. social isolation) that harm mental health, while others directly affect mental health by increasing feelings of hopelessness or helplessness with a diagnosis. Conversely, some psychiatric medications may have adverse physical health side effects and people with mental health conditions may be less able or likely to adhere to a treatment plan or manage symptoms, leading to worse physical outcomes. Low education and poor mental health are also correlated, though difficult to disentangle from income and labour market pathways.

The links between the natural environment (including changes in it related to climate change) and mental health are increasingly emerging as field of study and policy attention. Those at risk of mental distress are twice as likely to be dissatisfied with their ability to access green spaces, and 1.5 times more likely to be living in polluted areas, as compared to those who are not at risk (Figure 4). Clean air, access to green and blue spaces and time spent in nature are all associated with better mental health outcomes; alternatively, exposure to pollution (both air and noise) is harmful to mental health via biological and behavioural pathways.

Climate change and its implications harm mental health both directly and indirectly. This occurs through a range of channels. As temperatures rise, the frequency of extreme weather events has been increasing, including droughts and desertification, heatwaves, wildfires, flooding, and hurricanes, among others. These climate disasters cause the loss of lives and property, damage to crops and livestock, food and water insecurity and job losses, which can lead to economic insecurity, food insecurity, community breakdowns and fuel forced migration – all risk factors for mental health. Because of climate change a larger number of people are directly exposed to traumatic events that exacerbate existing mental health conditions or increase the risk for the development of a future condition, which then strains mental health care systems. Indirectly, climate change is also increasingly giving rise to new forms of distress, such as heightened feelings of anxiety, fear, despair or hopelessness.

Figure 4. Quality of life factors influence mental health; poor physical health is especially important



Note: Ratio values below 1 indicate a higher prevalence of well-being deprivation outcomes for those at risk for mental distress; conversely, ratio values above 1 indicate worse outcomes for those not at risk of mental distress. 1 indicates parity in outcomes between those at risk and those not. Refer to the *Reader's Guide* of (OECD, 2023[1]) for full details of indicator definitions.
Source: OECD calculations based on the 2018 and 2013 *European Union Statistics on Income and Living Conditions (EU-SILC)* (n.d.) (database), https://ec.europa.eu/eurostat/web/microdata/european-union-statistics-on-income-and-living-conditions.

Table 2 showcases policy examples that address both mental health and quality of life factors, including integrating physical and mental health services; promoting physical activity; school-based interventions and the incorporation of social and emotional learning in curricula; strengthening mental health components of climate disaster response, and accounting for the mental health costs of climate change (and the benefits of climate action).

Table 2. Potential policies to target quality of life factors and mental health

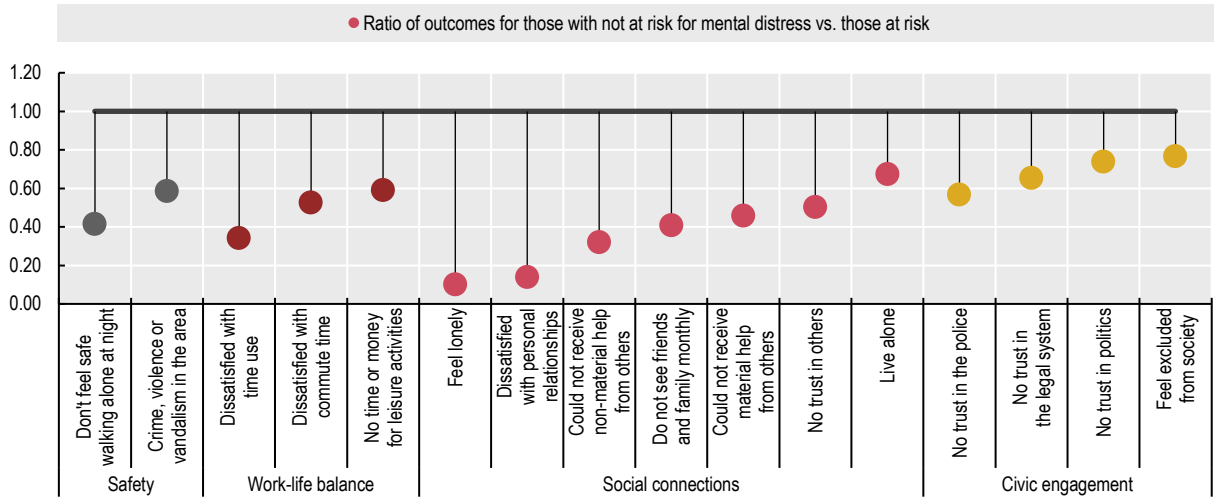
Domain of well-being	Policy intervention	Relevant to agencies responsible for …
Physical health, healthy behaviours	Better integrate physical and mental health care	Healthcare
	Encourage physical activity to promote good mental health	Healthcare, sports and culture, education, employment and labour, environment, urban planning, transport
Knowledge and skills, educational attainment	Promote school-based interventions for mental health prevention + promotion	Education, healthcare
	Incorporate social and emotional learning into curricula	Education, sports and culture
	Promote life-long learning	Education, including adult and continuing education, sports and culture, employment
Environmental quality, climate change	Expand options to engage in ecotherapy and green social prescribing	Healthcare, environment and conservation, urban planning, conservation
	Increase access to and availability of green spaces	Urban planning, environment, transport, sports and culture
	Strengthen response to climate disasters and foster resilience	Emergency response, healthcare, social policy, environment, housing, urban planning
	Highlight the mental health costs of climate change, and the benefits of climate action, in environmental accounting and cost benefit analyses	Budgeting, healthcare, environment, urban planning, transport, housing, social policy

Note: For further details and concrete examples of existing policy practice, refer to Boxes 3.1-3.3 in the *How to Make Societies Thrive?* report.

Community relationships and mental health

The quality of people's relationships with each other, their community and their public institutions can influence, and in some cases be influenced by, their mental health. Well-being deprivations in these areas – including feeling and being unsafe in one's neighbourhood, home or society; an inadequate work-life balance; loneliness and social isolation; and lower participation in civic engagement – are all linked to an elevated risk of mental ill-health and lower positive mental health (and conversely, doing well in these areas can promote good mental health). While all of these factors are important for mental health, the quality of social connections – and in particular feeling lonely or dissatisfied with the quality of one's personal relationships – are particularly salient (Figure 5).

Figure 5. Our relationships shape our mental health, and loneliness is a substantial risk factor



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Source: OECD calculations based on the 2018 and 2013 *European Union Statistics on Income and Living Conditions (EU-SILC)* (n.d.) (database), https://ec.europa.eu/eurostat/web/microdata/european-union-statistics-on-income-and-living-conditions.

Indeed, social relationships fulfil a fundamental psychological need for belonging and act as protective psychological resource, particularly in times of adversity. People experiencing mental distress or lower psychological well-being are more likely to distrust others, feel lonely, and have infrequent contact with family and friends. Multiple longitudinal studies have established a complex and reciprocal relationship between social connectedness and mental health. In terms of mechanisms, social isolation may alter social cognition, leading to lower interpersonal trust and hypervigilance for social threats; and loneliness can contribute to increased cortisol levels, disrupted sleep patterns, and lower likelihood to engage in protective behaviours such as exercise. At the same time, while loneliness is associated with early mortality due to increased risks of behaviours such as substance use, the realities of substance abuse disorder can then contribute to further social isolation. The full report *How to Make Societies Thrive?* dives further into into other relational well-being topics of particular relevance to mental health, including intimate partner violence, discrimination, unpaid care and voting behaviour.

The conversation around integrated approaches to mental health policy has recently expanded to many of the policies outlined in in Table 3, which encompass interventions such as social prescribing programmes (in which health professionals connect patients to non-health-related support provided by community organisations); different ways to for increasing the recognition of the value of unpaid work and tackling the

gender gap therein; interventions to tackle racism and discrimination, prioritising social connectedness an explicit policy target; and expanding the representation of those with lived experience of mental ill-health in public policy.

Table 3. Policies that can jointly foster good mental health and community relationships

Domain of well-being	Policy intervention	Relevant to agencies responsible for …
Safety	Improve neighborhood safety and resulting time-space inequalities (variation in the ability to use the neighborhood space fully and at all times)	Urban planning, transport law enforcement, social policy, healthcare, environment
	Address intimate partner violence and improve support for survivors	Law enforcement, justice, social policy, health care, statistics, education
	Tackle the roots of discrimination and racism	Justice, healthcare, education, employment
Work-life balance	Promote work-life balance for all groups	Employment and labour, corporate affairs, transport, urban design
	Reduce the unpaid work gender gap	Employment and labour, taxation, family policy, social policy
	Recognise the value of unpaid work	Statistics, economy, social policy, education
Social connections, social capital	Make improving social connectedness an explicit policy priority	Central government target setting, social policy, local development
	Expand support for existing social connection interventions, e.g. for existing community and government service structures (social prescribing) or by increasing opportunities for social contact (public civic and green spaces)	Urban planning, healthcare, social policy, housing, education, sports and culture
	Strengthen the evidence base on effective and scalable interventions for different population groups	Social policy, healthcare, family and youth policy, sports and culture, education
Civic engagement	Offer less physically-demanding forms of participation in decision-making and reduce potential barriers to voting; decrease stigma, particularly for public policy figures with lived experience of mental ill-health	(Civic) education, parliaments, voting and participation
	Monitor and address political stress, or concerns about polarisation, as an emerging mental health risk factor	Healthcare, education, sports and culture, urban planning

Note: For further details and concrete examples of existing policy practice, refer to Boxes 4.1-4.4 in the *How to Make Societies Thrive?* report.

Collaboration across stakeholders requires new ways of working

Successful implementation of such win-win policies needs to be supported by a broader ecosystem that provides the resources, incentives and working arrangements that enable all relevant stakeholders to contribute to the shared goal of tackling the determinants of mental health upstream. To identify good practices, selected mental health initiatives across OECD countries (Box 3) are reviewed to understand how policy makers can align mental health action across government agencies; redesign policy formulation to address the joint determinants of mental health; refocus efforts to address both mental ill-health and promote positive mental health; and connect with societal stakeholders beyond government, including those with lived experience, youth, civil society and research institutions (Table 5).

Box 3. Mental health initiatives featured as case studies

How to Make Societies Thrive? examines nine different initiatives from eight OECD countries as case studies (Table 4). They vary in terms of focus: some include an overarching mental health strategy (e.g. in Sweden and Finland), others centre on an agency focusing on mental health and well-being (e.g. in New Zealand), and some concern specific programmatic activities (e.g. in Canada, Norway, Western Australia, and for the Act Belong Commit Programme). Findings hence do not reflect a comprehensive stocktake of all relevant activities in OECD countries, nor do they review the selected countries' entire mental health portfolios.

Table 4. Selected mental health initiatives featured as case studies

Initiative	Country	Agencies interviewed
Act Belong Commit (the ABCs of mental health) Programme	Australia (Western Australia), Denmark, Faroe Islands, Finland, Norway	Trøndelag Public Health Alliance in Norway; Finnish Institute for Health and Welfare; Board of Public Health in the Faroe Islands; Copenhagen University
Western Australian Mental Wellbeing Guide	Australia (Western Australia)	Western Australia Mental Health Commission
Mental Health Promotion Innovation Fund & Positive Mental Health Surveillance Indicator Framework	Canada	Health Canada; Public Health Agency of Canada
National Mental Health Strategy and Programme for Suicide Prevention 2020-30	Finland	Finland Ministry of Social Affairs and Health, Finnish Institute for Health and Welfare, MIELI Mental Health Finland
Mental Health and Wellbeing Commission (Te Hiringa Mahara)	New Zealand	New Zealand Mental Health and Wellbeing Commission (Te Hiringa Mahara)
Programme for Public Health Work in Municipalities	Norway	Norway Directorate of Health
Upcoming National Policy for Mental Health and Suicide Prevention	Sweden	Public Health Agency of Sweden
Public Service Boards & the North Wales Public Service Lab and Insight Partnership	Wales	Flintshire and Wrexham Public Services Board, Wrexham University

Several cross-cutting lessons emerge from the case studies. First, explicitly defining mental health goals (i.e. what it is that should be improved, and who can contribute) can help different agencies and stakeholders to focus their actions. Examples of this in practice include using multidimensional frameworks to inform mental health plans and to point out interlinkages with other sectors; formulating concrete implementation plans; or defining and monitoring positive mental health. Second, intersectoral collaboration, partnership building and knowledge brokering – be it between different government agencies, different levels of government or when supporting community actors – take resources, including time, to do well. In several of the case studies, there was a conscious move away from short-term project cycles to multi-year processes, in order to allow for relationships to form and management capacity to be built and to give space for experimentation with programme design. Third, strategic grant making by a public health agency seems to be a promising approach for allocating funds for activities that target (mental) health determinants upstream, including into areas not traditionally under the remit of the health sector. And, lastly, provisions for impact evaluations should be integrated into programme design from the beginning. Close cooperation with academia, as has already been started in several of the featured initiatives, could be a promising avenue for embedding rigorous evaluations at an early stage. Going forward, the approach of examining country efforts around realigning, redesigning, refocusing and reconnecting could be extended beyond the small sample of nine case studies to all OECD countries.

Table 5. How countries realign, redesign, refocus and reconnect for better mental health outcomes

Insights from selected mental health initiatives

	Realign: Whole-of-government approach	Redesign: Well-being determinants for prevention	Refocus: Emphasis on positive mental health	Reconnect: Building broad partnerships
Goal	Involve collaborations across multiple government departments	Policy content reflects the (joint) social, economic, environmental and relational determinants of mental health	Address both deprivations in mental health and promote human flourishing	Collaborate with people with lived experience, communities and non-governmental actors
Insights from the case studies	● Cross-government multidimensional performance frameworks/ objectives can provide the mandate for agencies to contribute to common goals ● Implementation plans that address intersectoral collaboration, alongside performance evaluation metrics, can concretely support delivery ● Successful cross-sectoral collaboration requires sufficient resources (e.g. time and financing), but can facilitate participation and relationship building ● Independent oversight agencies and funding schemes for broader well-being activities at the local level represent new models for realigning	● Each of the case studies already included some examples of redesigned programmes that target upstream well-being outcomes that both shape and are shaped by mental health ● Mental health and broader well-being impact assessments can help agencies to think about the impacts of their policies, but need to be designed in a user-friendly manner	● Publishing data on positive mental health can help to put it on the agenda ● Strategies and funding mechanisms can and are increasingly explicitly targeting mental health promotion	● The majority of mental health strategies have a participatory element, and ideally this carries on beyond the planning stage ● Knowledge brokering is an essential part of reconnecting ● The depth of partnerships matters for impact

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Resources

Read the report in full: (OECD, 2023[1]), *How to Make Societies Thrive? Coordinating Approaches to Promote Well-being and Mental Health*, OECD Publishing, Paris, https://doi.org/10.1787/fc6b9844-en.

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