

Concepts and Strategies of Setting-oriented Mental Health Promotion

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Misconceptions prevail about mental health

Mental health = mental disorders

Mental health is only psychiatrists' and psychologists' business

Mental disorders are untreatable

No evidence exists on effectiveness of mental health promotion

Mental disorders cannot be understood

Mental health concerns only the others

Mental health

is much more than mental disorder

is an issue of everyday life: originates in families, schools, workplaces, streets etc.

is an indivisible part of general health

is an important resource for both society and individual

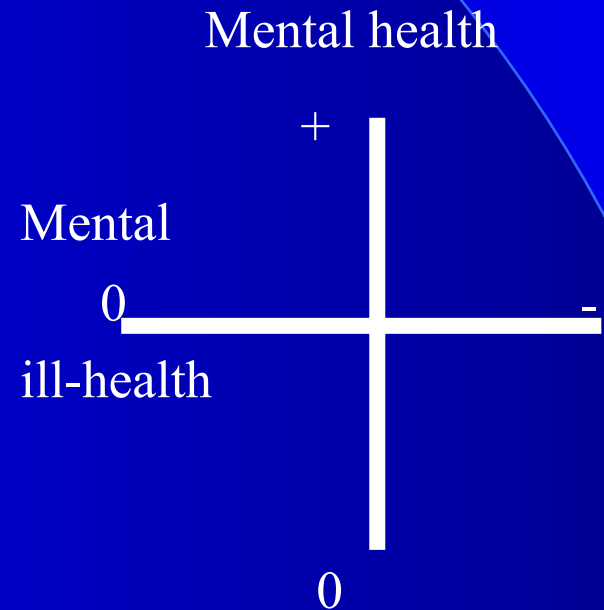
has two dimensions, positive and negative

Positive and negative mental health

The 'medical' model
(Continuum model)

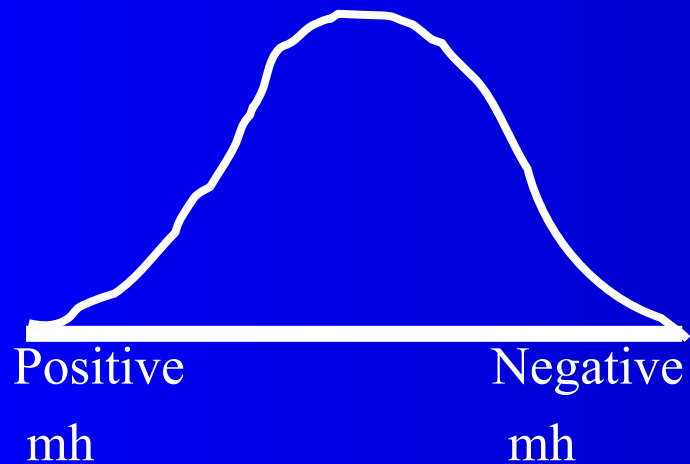


The promotion model
(Two dimensions)

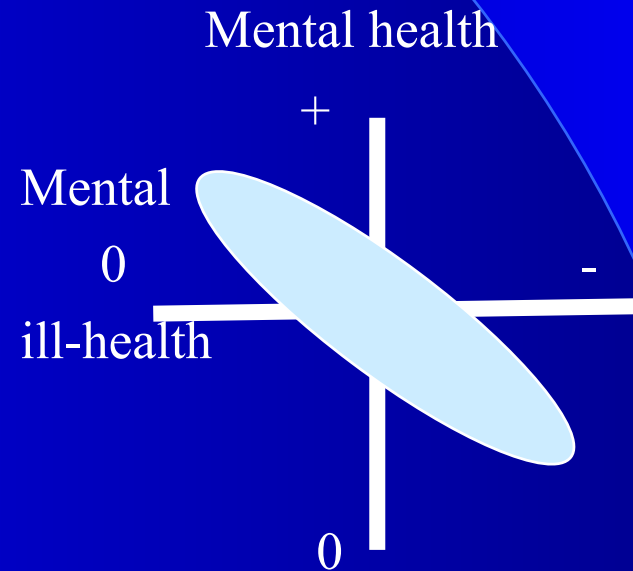


Positive and negative mental health

The 'medical' model



The promotion model



Determinants of mental health

Individual biological and psychological factors

Social interactions

Societal structures and resources

Cultural values

The WHO Ottawa Charter on health promotion

Building healthy public policy

Creation of supportive environments

Strengthening of community action

Development of personal skills

Reorientation of health services

Different concepts

Promotion of mental health

Mental Health promotion

Prevention of mental ill-health

Promotion of mental health

A comprehensive strategy and set of activities aiming to

- enhance the value and visibility of mental health
- enhance the level of knowledge on mental health
- protect, maintain and improve mental health
(mental health promotion proper)

Mental health promotion

is an interdisciplinary and socio-cultural endeavour geared to the achievement of conditions which enhance the well-being of individuals, groups and communities

is a life-long process from pregnancy through childbirth, infancy, childhood and adolescence to adulthood and old age

implies the creation of individual, social and environmental conditions which enable optimal psychological and psycho-physiological development

Mental health promotion II

is especially focused at capacities such as feeling secure, autonomy, adaptability, ability to cope with stressors, forming sustaining intimate relationships, self-awareness, self-esteem, concern for others, self-confidence, social skills, social responsibility and tolerance

can have prevention of mental disorders as one of its outcomes.

Promotion or prevention?

Health promotion

- determinants of health
- subjectively/collectively experienced motivation
- well-being, quality of life
- population-based
- empowered people
- circular, participatory evaluation
- processes

Prevention

- determinants of ill-health
- statistically shown causal relationships
- incidence, prevalence
- population/risk group -based
- an object for action
- linear, expert evaluation
- outcomes

Why mental health promotion?

- mental disorders are common
- are associated with increased mortality
(suicides are more common than deaths in traffic accidents)
- cause disability and human suffering
- are source of economic and social burden
- affect subsequent generations

Why mental health promotion 2

Mental health promotion has a secondary position

in health policies and strategies

in general health promotion

among mental health professionals

Mental health promotion

What to do?

General criteria for selection/prioritisation

- societal costs of burden
- face value of importance
- specific needs of the community

Specific criteria regarding implementation

- evidence-base and cost-effectiveness
- social and cultural acceptance

Mental health promotion: Entry points

predisposing, precipitating, maintaining
factors

level of action

stage of life

setting for action

methods of action

Level of action

International

National

Regional

Local community

Family

Individual

Stage of life

Infancy

Childhood

Adolescence

Early adulthood

Mid life

Old age

Setting for action

Home

School

Workplace

Leisure time activities

Community

Service provider

Media

Methods of action I

Health education

**Enhancing social support systems,
networking**

Social advocacy: dialogue with experts,
community representatives and decision
makers

Work with mass media

Encouraging self-help activities

Methods of action II

**Specific measures of support, e.g.
befriending**

Individual and family counselling

Creation of low-threshold services

**Consultation with day care, schools,
primary care, social welfare, employment
services, occupational health and work
places etc.**

Training programmes and courses

Evidence of effectiveness

Positive evidence-based effects on the level of mental health indicators, the determinants of mental health and/or its social outcomes, e.g. improved early interaction, increased self-esteem, decrease in family breakdown

Potential to reach large proportions of the target population within low or moderate costs

Elements of successful mental health promotion programmes

Program development: Appropriate theoretical base; use of earlier experience; needs/context assessment; consumer involvement

Program characteristics: Targeting appropriate determinants; multi-professional, multi-dimension approach; involves the social network; cultural context considered; shown efficacy/effectiveness

Implementation: Appropriate training and supervision; manual + other material; program fidelity; sustainability

Example 1: Instapje (NL)

Setting: Home

Target group: Children aged 12-18 months from disadvantaged families, mainly immigrants

Aims: To stimulate active learning of the child; better parent-child interaction

Procedure: Trained professionals visit families weekly, providing a structured intervention, including play, training parental skills etc.

Outcomes: Mothers show more respect for autonomy of the child and give more emotional support and structure; children show better scores on Bayley's development scale

Example 2 (UK): C-B training for long-term unemployed

Setting: Employment services

Target group: Long-term unemployed adults

Aims: Enhance psychological well-being; improve job finding success; decrease helpless thinking and behaviour; strengthen resilience

Procedure: Seven 3-hour workshops using cognitive behavioural techniques

Outcomes: Improved mental well-being; better work related outcome

Example 3 (NL): Prevention of depression in old peoples' home

Setting: Residential home for old people

Target groups: Management, staff, residents, relatives

Aims: Improved mental well-being; increase in social interaction and functioning; less pain

Procedure: Training for staff and volunteers, information about depression to residents and relatives, group activities for residents

Outcomes: Decrease in depression score, psychological distress and pain; increased role and social functioning

Final remarks

Mental health promotion provides a new paradigm

Mental health promotion needs a multi-disciplinary approach - it's not the business of (mental) health profession only

There exist several entry points to focus on the different determinants or outcomes of mental health

Increasing number of (cost-)effective interventions and programmes are available

Promotion suffers from lack of resources

Thank you for your attention!