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Original article

## Mental health promotion: Guidance and strategies

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### ABSTRACT

Public mental health incorporates a number of strategies from mental well-being promotion to primary prevention and other forms of prevention. There is considerable evidence in the literature to suggest that early interventions and public education can work well for reducing psychiatric morbidity and resulting burden of disease. Educational strategies need to focus on individual, societal and environmental aspects. Targeted interventions at individuals will also need to focus on the whole population. A nested approach with the individual at the heart of it surrounded by family surrounded by society at large is the most suitable way to approach this. This Guidance should be read along with the European Psychiatric Association (EPA) Guidance on Prevention. Those at risk of developing psychiatric disorders also require adequate interventions as well as those who may have already developed illness. However, on the model of triage, mental health and well-being promotion need to be prioritized to ensure that, with the limited resources available, these activities do not get forgotten. One possibility is to have separate programmes for addressing concerns of a particular population group, another that is relevant for the broader general population. Mental health promotion as a concept is important and this will allow prevention of some psychiatric disorders and, by improving coping strategies, is likely to reduce the burden and stress induced by mental illness.

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## 1. Introduction

Promotion of mental health overlaps with prevention in many aspects, yet both of them are also distinct in that the emphasis in mental health promotion is on **positive** mental health (what can be done to keep people healthy or to become even healthier) rather than illness prevention (what can be done to avoid illness). Mental well-being is an important part of one's being but it is not always seen as important by the clinicians as we are taught to deal with illness although this is changing certainly in Europe fairly rapidly. Prevention of ill health and promotion of well-being go hand in hand. This Guidance should be read in conjunction with the EPA Guidance on prevention (Campion et al.). This paper focuses on mental health promotion and what it means in dealing with distress which may contribute to mental illness. The aim of the paper is to explain some strategies clinicians may find useful. The paper reviews the literature and provides indicative evidence.

## 2. Definitions

**Health** refers to a state of fitness and ability, or to a reservoir of personal resources that can be called on when needed [33].

**Health promotion** has been defined as action and advocacy to address the full range of potentially modifiable determinants of health [54].

**Determinants of health** are those factors that can enhance or threaten an individual's or a community's health status [55].

**Mental health** has been conceptualized as a positive emotion (such as feelings of happiness or resilience) [55].

The concept of positive mental health includes well-being, salutogenic factors (like optimism), resilience (the capacity to cope with adversity) and quality of life, defined by World Health Organization (WHO) as "an individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives and in relation to the goals, expectations, standards and concerns" [56].

The WHO defines health as "a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity" [33,56]. It would not be wrong to say that mental

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health is the foundation of an individual and hence the community at large. A healthy individual can contribute more to a society and not only makes massive contributions but also saves resources which would otherwise be spent in the management of ill individuals.

As discussed earlier, mental health promotion as a concept [55], involves making efforts to improve the well-being of individuals and communities, and is different from prevention of mental disorders, which, in essence, may be a part and parcel of mental health promotion efforts. Any action that is taken for protecting and improving mental health can be a part of mental health promotion [5].

### 3. Why do we need it

An essential question that one can come across is why we need a separate mental health promotion when we already have health promotion efforts and programs in place.

An in-depth analysis of the WHO definition of health will make it clearer that one need not suffer from a mental illness in order to be called unhealthy. In addition to not suffering from any mental illness, the WHO definition stresses on the importance of the state of mental well-being, wherein the individual is able to deal with the daily stresses of life and still function efficiently enough to make a contribution in his or her area [33,56].

In order to achieve global health, mental health forms an integral part along with physical health. The relation of physical and mental health is a complex one with the two intertwined around each other. It's like the question, which came first, the chicken or the egg? Physical ill-health affects mental health, and in turn any mental ill-health influences the physical health [22]. Hence, it is important to understand that to achieve the goal of global health, one cannot ignore mental health at all. Mental health promotion provides us with the means of reaching the goal of global health through mental health first [6].

One needs to understand that although the principle in essence may be similar, the outcomes of general health promotion and mental health promotion can be quite different. Whereas general health promotion may focus on multiple areas of health and the variables that affect it, possibly ignoring mental health in the process, mental health promotion focuses exclusively on mental health outcomes in an individual [5].

#### 3.1. The target population: who needs it?

It is important that clinicians and policy makers are aware of their target audience. Special groups need to be targeted as well as communities. These may be clustered around three target areas (personal, social & environmental):

- healthy communities [33].
- personal ability to deal with the social environment and changes embedded in the environment [5,33];
- personal ability to deal with one's internal psychological world (feelings, thoughts, resilience etc.) [25].

In actuality, the whole population is in need of mental health promotion, and not just the ones who are either suffering from mental illness, or those who are at risk for developing mental illness [5]. However, on the lines of the concept of triage, one needs to prioritize the mental health promotion activities to be delivered, keeping in mind the limited mental health resources that we have. A solution to this quagmire is to have separate programs for addressing concerns of a particular population group, another that is relevant for the general population and still another that deals with concerns of people with mental illness or the ones that are at

risk. Every individual from school-going child to an old person should be the focus of such activities apart from certain special groups as is discussed ahead [5–7].

#### 3.2. School children and adolescent group

School children and adolescents face significant challenges to their mental health [50]. Apart from having to deal with academic challenges and peer pressure, this age group is also the age of onset of certain mental illnesses like psychosis and substance use disorders; it is also a critical period for the acquisition of healthy or unhealthy behaviors [23], a period when significant change can be effected with long-lasting results as healthy students are likely to be successful learners [3]. A literature review suggests that the mental health of schoolchildren and adolescents has an impact on their school performance [11] and unless this issue is sufficiently addressed, children may not be able to reach their academic potentials [38]. Evidence also suggests that interventions directed at improving the awareness and knowledge of school-going children about mental illness and health works with significant improvements in their knowledge of mental health and mental illness [12,40,50]. Taking a team approach to schoolchildren has been shown to be highly effective in dealing with their issues [46]. The team could consist of a child psychiatrist, psychologist, counselor, teacher, and also the parents of children. Use of school nurses for mental health assessment and intervention at school level has been discussed by some researchers [16,38].

#### 3.3. Adults

With most of the mental disorders starting off in adulthood, this age group serves as a fertile ground for health promotion activities [5–7]. This age group comprises the largest percentage of the working population, forming an independent section on whom the other two extremes of population (children and old) are dependent. Psychological distress in this population may limit their day-to-day activities and increase the odds of physical inactivity thus sinking the individual into a vicious cycle [31]. Patel et al. [35] reiterate the need for addressing young people's mental health needs if their contribution to the development of society as a whole is expected.

#### 3.4. Old age

The world's population is aging and the number of old people is projected to increase manifold in the years to come [13]. A few issues that affect mental health at this age are chronic illness, financial insecurity and inadequate social support [13]. Retirement from a job means that the older people have more free time but at the same time may feel a loss of status and reduced social relationships due to loss of close friends, family members and partners. Retirement may be welcomed by some, but may be perceived by others as a negative life event.

Research has shown the positive contribution of arts and singing and music in particular to mental health and well-being of old people [47,48]. Research findings have also supported positive effects of cognitive and physical activity, and social engagement in successful cognitive aging [13,15,57]. Cognitive activity may include mental arithmetic like *Sudoku*, and other crossword puzzles [15]. All these and others may form part of mental health promotion in this age group.

#### 3.5. Women

Mental illnesses affect women and men differently; the difference being in frequency and presentation of the illness

[29]. Women not only have higher rates of certain disorders but are also more likely to be carers for their families and therefore must be aware of mental health promotion and well-being [25]. A key aspect in this regard is the education of girls and women and empowering them. Furthermore, the two genders appraise stressful situations differently and hence perceive and react to stressors differently. Women are more vulnerable to certain mental illnesses due to unique life-cycle experiences, hormonal influences, vulnerability to violence and exploitation in relationships, cultural factors, and gender discrimination [24,34,58]; the risk of depressive disorders and symptoms alone being twice in women than in men [45]. These mental health discrepancies and the effect of gender on mental health issues may be magnified in certain countries with restrictive cultures [29]. Financial and emotional dependence along with lack of empowerment in women have been considered important factors that restrict their choices in life and have a definite impact on their mental health [34].

Women's empowerment in terms of increasing their educational status, removing social and cultural barriers has been suggested as possible solutions that may help deal with women's mental health issues [39]. Psychoeducation of masses regarding the importance of women's education and empowerment, which in turn leads to better mental health prospects in this gender, may very well be included under the mental health promotion banner [30].

### 3.6. Migrant population

Migrant population belongs to a high-risk group [1] as far as mental health is concerned especially if migration has been involuntary and forced such as in the case of wars or hostile conditions in the country of origin. The cultural transition that the migrant faces poses a number of challenges to their mental health. There is considerable evidence that migrants not only have higher rates of certain mental illnesses but are also reluctant for help-seeking so targeting them may be particularly problematic (see [1] for detailed discussion).

### 3.7. Lesbian, gay, bisexual and transgender individuals

Lesbian, gay, bisexual and transgender individuals constitute another important group that has specific mental health needs as the level of emotional distress in the LGBT community is high, owing to the stigma attached to being 'different' and the discrimination that these individuals experience [8,10]. These groups face major stresses in managing their sexual orientation and developing a gay or lesbian personal identity [9]; these stresses may exist right from adolescence and youth [42] to old-age [8]. Meyer [27] provides a conceptual framework for understanding the higher prevalence of mental disorders in this population by highlighting their life experiences such as internalized homophobia, experiences of prejudice, fear of rejection from family members and friends, and ameliorative coping processes. Research shows that individuals belonging to the sexual minorities exhibit more suicidal ideation than the heterosexual individuals. Estimated rates of suicidal ideation vary from 50 to 70%, and actual suicide attempt rates vary from 30 [14] to 42% [10]. This is around three times higher than that of heterosexual adults [41]. There is a high probability of the LGBT individuals not seeking professional health care fearing that this may reveal their LGBT identity to unsupportive parents or other family members or may generate further negative opinions about their already estranged identities [8]. To complicate things further, the mental health professional may not be able to deal adequately with the mental health needs of LGBT youth for the simple reason of not having received adequate LGBT-specific training.

Much of the research on LGBT population has focused on HIV/AIDS issues but the need is to conduct more research on mental health issues and promotion of mental health in them. Mule et al. [32] argue the importance of including gender and sexually diverse populations in policy development towards a more inclusive health promotion. Kalra & Bhugra [20] proposed how migration and globalization may help in the evolution of diverse sexualities, presenting complex clinical situations thus demanding an even further readiness on the part of the mental health professional in dealing with these. Keeping these issues in mind, developing an LGBT inclusive training curriculum for mental health and other health professionals is the need of the hour. Consulting LGBT community stakeholders such as non-governmental organizations working for this cause would help develop such training modules. Developing an LGBT friendly health workforce would help such patients feel more comfortable discussing health and other personal issues related to their identity and orientation [10].

## 4. Suggested ways forward

### 4.1. Types

A combined vista to health promotion and prevention categorizes interventions into **universal** (addressed to the whole population), **selected** (targeted to subgroups with significant risks) and **indicated** (targeted to high-risk individuals) [30]. Mental health promotion can be achieved through improving people's abilities to function well, and by removing any barriers that prevent people from taking control of their mental health [13,15]. In other words, it would consist of teaching people about healthier ways to deal with daily life stresses and refrain from adopting the unhealthy ways to deal with them. Mental health promotion activities can range from community-level interventions such as social policy formulations to organization-level interventions such as conducting workshops at various institutions, workplaces etc. and individual-level interventions which will help individuals by changing their attitudes and promoting behaviors conducive to mental health [5–7]. Positive mental health is an outcome of several interacting factors and hence calls for many different ways to promote it. Here we present some strategies and approaches that can be used in mental health promotion.

#### 4.1.1. Laying the foundations: identifying and setting priorities

Before even implementation of mental health promotion starts, it is essential that the mental health needs of the population are identified and priorities are set as to which needs would be addressed in the beginning [17].

A voluntary and active citizen participation in various mental health promotion activities is to be encouraged. There would always be people in the community who have motivation and capacity to engage in such activities. Getting various non-profit organizations and advocacy groups involved as stakeholders in these efforts can help bridge the gap between the mental health professionals and the community. Such meaningful participation and partnerships between formal and informal sectors would help in capacity building in the area of mental health. Roping in celebrities as brand ambassadors for positive mental health is a very under-utilized concept, but one which can have promising results and outcome.

#### 4.1.2. Improving the social ties

One has to stress on the importance of the role that family members, friends and other significant people play in achieving positive mental health in an individual [11] Any types of positive social ties act as shock-absorbers for an individual's stresses. Pearson and Geronimus [37], in their data analysis from the

National Jewish Population Survey (2000–2001), pointed out how social ties was associated with better self-rated health among Jews and found that the strongest association of the two variables was in the individuals belonging to lower socioeconomic position (SEP). This strong association between better self-rating of health and lower SEP becomes even more important when one considers the stringent conditions that people from the lower SEP live in and hence their risk of developing various mental illnesses including substance use disorders and psychosis [46]. Even though there may be a higher incidence of various mental illnesses in individuals in inner city areas and ghettos, it may be also important to consider the protective effect that an ethnically congruent neighborhood may have on an individual's mental health. An inverse relation between ethnic density in a neighborhood and the incidence of psychosis has been shown by some researchers [44].

The focus in mental health promotion has to be on strengthening of the social ties, thus building social capital that are already present in an individual's life and also helping them create new relationships that enhance their sense of care, support and belongingness [47,48]. Spending valuable time with family and friends is an oft-ignored activity but something that cannot be under-estimated. Establishing various social networks, or being part of social clubs, is an important activity that may help improve and form newer social ties. The existing clubs have to be more proactive in dealing with mental health issues and sensitizing them for such issues would be an important part of mental health promotion activities.

#### 4.1.3. *Developing healthy habits and lifestyle*

There is every possibility that an individual in stress may give in to the negative train of thoughts and turn to unhealthy habits such as using drugs and alcohol, which may soon turn into a lifestyle. Mental health promotion should be able to help an individual manage the daily life as well as other obstacles in life and bounce back from adversity [12]. Leisure and recreational activities should be encouraged, which will enable individuals to build social capital and also increased physical activity will improve both physical and mental performances.

Physical activity is known to have beneficial effects in the prevention and control of emotional distress and improve one's sense of body image and self-esteem [4]. Kalra and Bhugra [21] discuss and emphasize the importance of ancient Indian practice of *yoga* in promoting positive mental health. Spirituality forms an important domain in the components of health apart from physical, mental, emotional, social, and environmental domains. However, mental health professionals may not be trained in spirituality issues and hence may feel uncomfortable talking to their patients about these [2]. Nevertheless, as mental health professionals involved in mental health promotion, it is important to understand that religion and spirituality can be important resources that help people cope with life stresses [18,28,51]. Including a spiritual dimension in healthcare would help one achieve holistic care [26].

#### 4.1.4. *Increasing mental health education and awareness*

The public in many countries have poor mental health knowledge and awareness [19]. If the public's mental health awareness and literacy is not improved, it may decrease their acceptance of mental health care [19], thus calling for efforts to improve this deficit. Use of television, radio and print media to increase mental health awareness is important. There are a few successful examples of such campaigns, like the Defeat Depression Campaign of the Royal College of Psychiatrists and the Royal College of General Practitioners from 1992 to 1996 [36], which aimed to educate the public about depression, its treatment, and the importance of earlier treatment. Jorm [19] argues that the

prevalence of mental disorders and mental health unawareness is high in the general public; this combined with the lack of mental health professionals, makes mental health promotion a tougher job. And hence any effort to increase mental health education and awareness would neutralize this discrepancy and bear fruitful results.

Educating the population on mental health issues would lead to empowerment which is an important intervention in mental health promotion activities [49]. Walker et al. [52] demonstrated through a randomized controlled trial, how mental health literacy intervention in older adults (60–74 years) had a transient effect on improvement of depressive symptoms as opposed to physical activity promotion, or a combination of folic acid plus vitamin B 12, which did not have similar effect.

#### 4.1.5. *Respecting cultural diversity*

Cultural diversity has become the norm of the present day multi-cultural societies as a result of globalization and migration for different reasons [1]. On a negative note, however, this cultural diversity is tinged with intended or unintended discrimination of the people who belong to a foreign culture. It is especially important for physicians and psychiatrists, in particular those who are in positions where they can promote change, to be aware of such discrimination and do something about it [22]. Cultural competence is something that is now being demanded out of every health professional working in multi-cultural areas [1]. It is important to put across the message on being more tolerant and accommodative of the dignity of people from diverse cultures. Building of policies that ensure a fairly equitable treatment of people of all origins, cultures, and orientations is important.

#### 4.1.6. *School mental health programs*

As observed earlier in this paper, school age children form a vulnerable group, and hence, a readily accessible target for mental health promotion activities. Schools need to adapt and expand their efforts for such activities [53] by actively collaborating with healthcare professionals from different groups. Starting school mental health programs with a goal of periodic mental health assessment visits to schools in communities by a team of psychiatrist, psychologist, and a counselor/social worker is known to be fruitful [11,12,16]. There is considerable evidence to suggest that over 50% of adult mental illnesses start before the age of 14 and therefore targeting the parents, teachers and children in managing their well-being becomes absolutely vital. Informing and training children and adolescent to be aware of their own stress levels and awareness of potential coping strategies will, in the long run, pay huge dividends.

It is important to remember that in mental health promotion (as well as in prevention), a holistic approach should be adopted. Psychosocial factors are historically, traditionally and substantially relevant but biological factors (e.g. psychiatric genetics and stabilizing medication like lithium) should also be considered [5–7]. In an important joint publication of the World Federation for Mental Health and the WHO published in 2004 [43], 35 paradigms of mental health promotion from 19 countries from all over the world are presented and a variety of targets and technologies are described. All training must rely on evidence base.

Mental health promotion projects have to prove their efficiency and effectiveness. Although sometimes this may prove difficult mainly due to certain confounding factors getting in the way. That is not to say that there should not be assessment of evidence-efficacy, and effectiveness of interventions is crucial in understanding what works and what does not so that culturally appropriate and culturally sensitive interventions can be put in place. The Taskforce on Evidence of the European Commission Mental Health Working Party [17] stresses that without evidence

of effectiveness, it is difficult to make a case for investment in mental health.

The Summary Report of the WHO (2004) [55] recommended that:

- promotion of mental health can be achieved by effective public health and social interventions;
- intersectoral collaboration, working across ministries and other stakeholders is absolutely vital without which silo effects and tendencies will not allow any success. For example, working with children must include teachers, education departments, paediatricians and psychiatry;
- sustainability of programs (e.g. continued availability of resources);
- systematic evaluation of programs and research.

Not all of these recommendations can be applied universally as a lot of the delivery depends upon motivation and resources, hence various countries need to focus on which bits can be easily prioritized and delivered. For example, sustainability and evaluation will rely very heavily on resources and expertise and willingness of funders. The message that there is no health without mental health has to be conveyed repeatedly and strongly across to the public and the policy makers. It is important for each one of us to understand that we all need positive mental health, and hence, have a social and personal responsibility for delivery of mental health promotion.

## 5. Conclusions

Careful efforts, even if small in mental health promotion at various levels, if planned and implemented in an organized way can have a domino effect on the community and the entire population at large and also affect the development of equitable social policies inclusive of mental health issues.

Health promotion—physical and mental—will provide strong dividends in the future. Educating community and populations to understand potential risks and vulnerability factors and teaching them to develop strategies which strengthen their coping both at individual and social levels has significant evidence base that these approaches work. Empowering individuals and communities and building social capital will influence help-seeking at an appropriate level and stage. There is considerable evidence that early intervention in psychoses works and similar strategies are being employed in managing depression, personality disorders and addictions. Health promotion gives information to stakeholders who can then cascade this to people where it really matters.

## Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

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