

**MENTAL HEALTH PROMOTION
EXPERT WORKING COMMITTEE**

**Chapter 2 - Definitions & Aims of Mental Health Promotion
DRAFT REPORT**

2.1 DEFINITIONS OF MENTAL HEALTH PROMOTION

There is a wide range of definitions of mental health. No single definition is likely to be appropriate for all sectors and settings. For the purposes of this report, with its particular emphasis on the importance of social inclusion and citizenship, we have found the following useful:

“Mental health is the capacity to live life to the full in ways that enable us to realise our natural potentialities, and that unite us with, rather than divide us from all other human beings who make up our world.” (Guntrip, 1964)

and:-

Public mental health; the art, science and politics of creating a mentally healthy society. (Friedli 2004)

2.2 AIMS OF MENTAL HEALTH PROMOTION

Mental health promotion aims to:-

- *Promote mental health and well being for all, eg. supporting parents, health promoting schools, workplace, policies.*
- *Prevent mental health problems for at risk groups through increasing protective factors (eg. social support, job control, benefit uptake, employment, and reducing risk factors (eg. racism, violence, bullying, debt, isolation).*
- *Promote mental health for people with mental health problems, eg. reducing discrimination and social exclusion, meaningful occupations.*

2.2.1 Promotion of Mental Health & Well-Being for All

Mental health is an issue for all of us. The WHO Mental Health Action Plan for Europe (2005) has as its first action area to “promote mental well-being for all” and states:

“Mental health and well-being are fundamental to quality of life, enabling people to experience life as meaningful and to be creative and active citizens. Mental health is an essential component of social cohesion, productivity and peace and stability in the living environment, contributing to social capital and economic development in societies. Public mental health and lifestyles conducive to mental well-being are crucial to achieving this aim. Mental health promotion increases the quality of life and mental well-being of the whole population, including people with mental health problems and their carers. The development and implementation of effective plans to promote mental health will enhance mental well-being for all.”

In addressing the challenge, the WHO Action Plan for Europe cites certain actions as beneficial, such as the adoption of mental health as a long term investment, with education and information programmes having a long time frame. Empowerment of the population to take responsibility for mental health promotion includes heightening public awareness of the importance of life choice.

Greater awareness and understanding of mental health issues, together with policies that support mental well-being, for example, in schools and the workplace, can play a significant role in improving day to day experience of people with mental health problems in Northern Ireland.

Mentally healthy environments such as in schools and the workplace can have a very beneficial impact on people’s psychological and emotional well-being. Chapter 3 of this report includes a range of examples, including The Health Promoting School and University, tackling workplace stress and promoting mental health in communities and neighbourhoods.

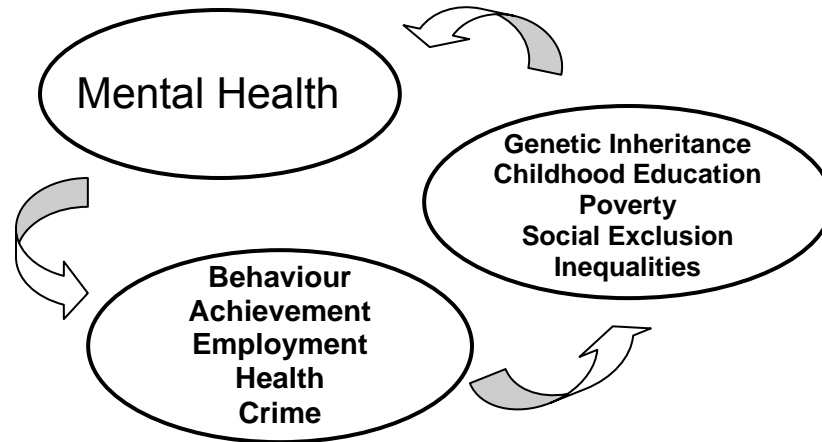
2.2.2 The Prevention of Mental Health Problems for At Risk Groups

In the 2002 Health and Lifestyle Survey, respondents identified experiencing less stress as the factor most likely to improve their health, indicating the high significance that the general population in Northern Ireland attaches to mental well-being (HPA 2005).

The determinants of both positive mental well-being and mental health problems are complex and include a mix of biological, psychological, social and environmental factors (table 1). However, the relative contribution of key risk factors such as material deprivation, genetic inheritance, family relationships and adverse life events is difficult to determine. It has also proved difficult to identify the precise causal pathways through which different factors, for example, poverty; family conflict; experience of bullying; misuse of substances, or violence impact on mental health outcomes. Identifying which protective or resilience factors, and at which level (ie. individual, family, community, structural) are of greatest importance in minimising the impact of

risk factors is equally challenging.² Some examples of interventions designed to reduce risk factors and increase protective factors are outlined in Chapter 3 of this report.

Table 1 Risk Pathways



There is also growing and increasingly robust evidence for an association between a range of lifestyle behaviours and mental health status and outcomes. These include physical activity, diet, alcohol consumption and the use of cannabis and other psychotropic substances. Certain emotional and cognitive skills and attributes are also associated with positive mental well-being, including feeling satisfied, optimistic, hopeful, confident, understood, relaxed, enthusiastic, interested in other people and in control (Stewart Brown 2002).

There is also evidence of an increased risk of experiencing common mental health problems such as depression and anxiety amongst people who experience cumulative life stressors, notably material deprivation, family conflict, unemployment and physical disorders. (Melzer et al 2004) Other adverse life events which increase risk include workplace stress, bereavement and bullying. People in lower social classes are at increased risk of exposure to such cumulative stressors and also have higher prevalence of common mental health problems – representing the familiar pathways of inequalities in health. (Pilgrim and Rogers 2003; Melzer et al 2004)

The mental health of children is of particular importance because of the strong correlation between emotional problems in childhood and poor mental health and social functioning in later life (Kim-Cohen et al 2003; Meltzer and

² The most up to date source of evidence on risk and protective factors and effective interventions to promote mental health is the National Electronic Library for Health (Mental Health Promotion)
<http://www.nelh.nhs.uk/nsf/mentalhealth/whatworks/intro/risk.htm>

Gatwald et al 2000). Mental health problems experienced by children and young people ripple out and affect many aspects of the child's life, family and community life, educational achievement and physical health. Timely interventions, including parenting support and effective mental health promotion can reduce the incidence of serious health and social problems in later life. (Mental Health Foundation 2005) While there is a clear need to improve child and adolescent mental health services and to strengthen mechanisms for the early identification of emotional problems in childhood, all children have mental health needs and will benefit from a greater focus on emotional well-being in families, schools and the wider community.

2.2.3 Mental Health Promotion for People with Mental Health Problems

Even those individuals with severe and enduring mental health problems can achieve a good quality of life and feel mentally healthy for much of the time – the illness does not necessarily make this impossible. Mental health promotion can contribute to the reduction of discrimination and social exclusion, helping people to find meaningful occupation, and increase access to mainstream opportunities, all of which can help to improve self esteem, confidence, social networks and overall sense of well-being and quality of life, as well as recovery.

Mental health promotion is relevant to those with and those without a diagnosis, and the many people who move between periods of mental health and mental illness.

2.3 THE BENEFITS OF PROMOTING MENTAL HEALTH

Mental health promotion aims to improve mental health. Improved mental health will also contribute to improved outcomes for other public health priorities in Northern Ireland, notably coronary heart disease, as well as chronic diseases like diabetes, where there is a strong association between levels of mental well-being and outcome. Poor mental health is associated with poor self management of chronic illness and a range of health damaging behaviours, including smoking, drug and alcohol abuse and poor diet. Stress epidemiology demonstrates the link between feelings of despair, anger, frustration, hopelessness, low self worth and higher cholesterol levels, blood pressure and susceptibility to infection. Both depression and low job control are independent risk factors for coronary heart disease (Brunner and Marmot 1999; Stansfeld et al 2000).

Mental health promotion therefore has a number of benefits:- It can

- Improve physical health
- Increase emotional resilience, enabling people to enjoy life and to survive difficulties and distress.

- Enhance citizenship, giving people the skills and confidence to adopt meaningful and effective roles in society
- Improve health at work, increasing productivity and reducing sickness absence
- Help to reduce either the incidence or the severity of mental health problems.
- Assist recovery from mental health problems
- Improve quality of life for people with mental health problems.
- Increase the mental health literacy of individuals, organisations and communities

(adapted from Department of Health 2001)

There is also a moral argument that the promotion of mental health is worthwhile in itself, and that it is a basic community responsibility to foster mental as well as physical well-being.

What & Who Works to Promote Mental Health?

Many of the factors that influence mental health lie outside the remit of health and social care. Effective mental health promotion depends on expertise, resources and partnership, across all sectors and disciplines.

Mental health promotion is also relevant to the implementation of a wide range of policy initiatives, including social inclusion, neighbourhood renewal, community strategies, and health at work.

Some Factors Related to Improved Mental Health Include:

- **Feelings:** Confident, understood, respected, empowered, safe
- **Skills:** Life skills, parenting, relaxation, help seeking, keeping fit, accessing information, problem solving
- **Meaningful Activity:** Employment, volunteering, education, leisure, creativity, spiritual growth
- **Social Support:** Self-help groups, opportunities for friendship, faith communities, home visits
- **Access to Resources:** Paid work, adequate welfare benefits, appropriate services

- **Influence:** Opportunities to participate, being consulted, shared decision making, advocacy, complaints procedures. (Friedli – 2004)

2.4 EVALUATION OF SUCCESS

There is a growing body of outcome indicators to draw upon from research, many of which in fact reflect a number of the resilience factors. Friedli has itemised these under the following headings:-

Individuals	Social Capital	Quality of Life
<ul style="list-style-type: none"> ▪ Agency ▪ Capacity to learn, grow & develop ▪ Feeling loved, trusted, understood, valued ▪ Interest in life ▪ Autonomy ▪ Self acceptance & self-esteem ▪ Optimism & hopefulness ▪ Resilience 	<ul style="list-style-type: none"> ▪ Feeling safe ▪ Trusting unfamiliar others ▪ Participation ▪ Influencing local decisions ▪ Believing the local neighbourhood is improving ▪ Access to local support ▪ Social inclusion ▪ Employment & meaningful activity ▪ Support for parents 	<ul style="list-style-type: none"> ▪ Equity ▪ Control ▪ Involvement ▪ Safety ▪ Lifelong learning ▪ Cultural assets ▪ Environment ▪ Access to services ▪ Inclusion

The growing evidence base in mental health promotion provides examples of the range of ways in which effectiveness of interventions can be measured.

The above checklists are useful and reflect new thinking - there is a new legitimacy to the study of human strengths arising out of the principles of prevention and promotion. Increasingly there is a sense of a need to see individual experience, not simply as good or bad, ill or well, happy or unhappy, but to understand something of the subtle complex dialectic taking place in all of us at any given time and how that indeed *'strength is often fired in the crucible of adversity'*. (Ryff C.D. & Burton, 2003).

2.5 SOCIAL CAPITAL & MENTAL HEALTH

If one looks more closely at the social capital indicators the political dimensions to mental health become more apparent.

"On the one hand, millions of dollars are committed to alleviating ill-health through individual intervention. Meanwhile we ignore what our everyday experience tells us, ie. the way we organise our society, the extent to which we encourage interaction among the citizenry and the degree to which we trust and associate with each other in caring communities is probably the most important determinant of our health" (Lomas 1998 p. 1181).

In the renaissance of thinking in recent decades about social collectivity and health promotion, the concept of “social capital” has been prominent. It is invoked to reframe previously individualised lines of research on the social determinants of health generally and mental health in particular (Anthony in press). Extending beyond the tools and training that enhance individual productivity (“physical capital” and “human capital”), social capital “refers to features of social organisation such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit” (Putnam 1995). Economic and social environments also affect social capital.

Social capital is not an individual perception or resource. Potential detriments include exclusion of nonmembers and minority groups, and excessive demand on members of social organisations. A consensus is growing, however, that social capital facilitates collective action and can promote social and economic growth and development by complementing other forms of capital.

Research over the last two decades has demonstrated links between social capital and economic development, the effectiveness of human service systems, and community development. Social scientists have investigated how higher social capital may protect individuals from social isolation, create social safety, lower crime levels, improve schooling and education, enhance community life, and improve work outcomes (Woolcock 1998). Researchers have begun to analyse the relationships between social capital and mental health (Kawachi & Berkman 2001; McKenzie, Whitley and Weich 2002; Sartorius 2003). (WHO, 2004).

References

Collishaw S, Maughan B, Goodman R and Pickles A (2004) Time trends in adolescent mental health *Journal of Child Psychology and Psychiatry*

Department of Health (2001) *Making it happen: a guide to delivering mental health promotion* London: Department of Health

Department of Health (2002) *Women’s Mental Health: Into the Mainstream: Strategic Development of Mental Health Care for Women* London: Department of Health

DHSSPS (2001), The Health & Social Well-Being Survey

Friedli, L (2004) *Evidence Based Practice in Mental Health Promotion: What works and how do we know?* Presentation to the Mental Health Review, Steering Committee and Mental Health Promotion Working Committee.

Godfrey M and Denby T (2004) *Depression and Older People: towards securing well-being in later life* London: Help the Aged/Policy Press

Guntrip, H. (1964) *Healing the Sick Mind*. London: Allen & Unwin.

Health Promotion Agency (2005) Health and Lifestyle Survey for Northern Ireland 2002
Belfast: Health Promotion Agency

Kim-Cohen J, Caspi A, Moffitt TE et al (2003) Prior juvenile diagnoses in adults with mental disorder- developmental follow-back of a prospective longitudinal cohort
Archives of General Psychiatry 60:709-717

Lomas, J (1998) Social Capital & Health – Implications for Public Health & Epidemiology. *Social Science & Medicine*, 47 (9): 1181-1188.

Melzer D, Fryers T and Jenkins R (2004) *Social inequalities and the distribution of common mental disorders* Maudsley Monograph 44 Hove: Psychology Press

Meltzer H, Gatward R, Goodman R and Ford T (2000) *The mental health of children and adolescents in Great Britain: Summary report*. London: Office for National Statistics.

Meltzer H, Gill B, Pettigrew M and Hinds K (1996) *The prevalence of psychiatric morbidity among adults living in private households OPCS surveys of psychiatric morbidity in Great Britain* Report 1 HMSO London: HMSO

Piccinelli M and Wilkinson G (2000) Gender differences in depression. *The British Journal of Psychiatry* 177: 486-492

Rogers A and Pilgrim D (2003) *Mental Health and Inequality* Basingstoke: Palgrave

Ryff, C.D. & Burton Singer (2003) *Ironies of the Human Condition: Well-being & Health on the Way to Mortality*. In a Psychology of Human Strategies (Eds) Aspinwall & Stardinger American Psychological Association: Washington.

Scottish Executive (2004) *Mental health improvement: concepts and definitions – a briefing for the Scottish Executive* Edinburgh: Scottish Executive www.wellontheweb.net

Singleton N, Bumpstead R, O'Brien M, Lee A, Meltzer H (2001) Psychiatric morbidity among adults living in private households, 2000 London: Her Majesty's Stationery Office (HMSO)

Social Exclusion Unit (2004) *Mental Health & Social Exclusion*. London: Office of the Deputy Prime Minister.

Stewart Brown S (2002) Measuring the parts most measures do not reach: a necessity for evaluation in mental health promotion *Journal of Mental Health Promotion*, 1(2):4-9.