Promotion of Mental Health on the European Agenda

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Foreword

Mental health is an essential part of the health and well-being of European citizens and very relevant also in the perspective of the economies of Member States. Awareness of the importance of the issues related to mental health has also appeared in recent decisions of the European Commission. The Commission, the European Parliament and the Council are now actively supporting the development of action in this field.

The main aim of a discussion initiative on mental health promotion, the development of which is outlined in the report, will be to put mental health visibly on the European health policy agenda and to find ways of promoting it in practice.

This is an appropriate time to seek out new possibilities of enhanced cooperation between Member States and with other international or European organisations working in the field of mental health. This is a demanding task and I hope that all European countries will join in the effort. Mental health is truly an essential part of our health and well-being and an important prerequisite for a viable, socially responsible and productive Europe.

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Preface

This report has been written at the suggestion of the Finnish Ministry of Social Affairs and Health. It serves as a background document for a European discussion on mental health promotion. Several activities have already been launched by Member States, non-governmental organisations and by the EC itself. The DGV, which is responsible for health promotion and disease surveillance, has recently made mental health into one of its areas of action, but the available resources are limited.

The report shows that the burdens which mental health problems create for individuals, families, communities and society cannot be alleviated by mental health services alone. There is a need to develop effective and concerted promotive activities. The report concludes with a suggestion of some possible steps to be taken in European mental health action.

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Executive summary

Problems of mental health are a major and increasing threat to the quality of life, to the economy, and to public health in Europe. Accordingly, mental health issues have recently received increasing attention at the level of the European Union.

The report gives a condensed description of state of the art knowledge on mental health promotion. It describes the basic conceptual issues and methods of mental health promotion, the burdens caused by mental disorders and the key areas and first steps towards future concerted EU level action in the field.

The report is intended for both policy makers, professionals, administrators and researchers. Its main aim is to support the process of development and refinement of a European initiative to prioritise mental health and mental health promotion. The general motivation of the initiative is that issues relating to mental health and mental well-being are simply so important for both the citizens, work places and economies of the Member States that they should achieve more significance and visibility at the level of the EU.

The need for concerted efforts is motivated by the heavy economic, societal and individual burden mental health problems and disorders cause in European societies and by the fact that strategies of effective promotion and prevention do exist. The following are some basic facts:

- The total costs of mental disorders has been calculated to be up to 3-4% of the GNP
- Mental disorders are a major reason for the granting of disability pensions
- Because severe mental disorders often start in adolescence or young adulthood, the loss of productivity can be very long-lasting
- At least one sixth of the adult population and one seventh of all children suffer from a mental disorder needing treatment or support provided by mental health professionals
- Mental disorders are connected with clearly increased mortality rates. The major causes of death are suicide and violence.The risk of death from natural causes is also higher than in the normal population

- Mental health problems cause enormous subjective suffering for both the index patients, their families and other members of their social networks

The authors define mental health as an essential part of overall health. Mental health is not merely absence of mental disease or symptoms but also a resource supporting well-being and social integration and an essential potential for meaningful life. By the use of the expression "mental health promotion" a distinction is made between treatment on the one hand, and promotive activities on the other. Treatment focuses on pathological processes, promotive activities on the enhancement of skills, knowledge, social support and other resources. Mental health promotion can thus be seen as a set of activities directed at determinants of health and as an umbrella concept covering all efforts at enhancement and maintenance of mental health, including prevention of mental disorders and suicides.

The objectives of mental health promotion can be situated at the individual, social and societal levels. Individual-oriented mental health promotion focuses on factors which enhance emotional resilience, favourable conditions for psychosocial development and life skills. The social objectives of promotive activities relate both to a person's capacity to deal with the social world and to recruitment of the support that can be provided by other people. Action on a societal level aims at developing methods and structures which enable people to participate in a common effort to improve the environment and other conditions of life.

Promotive activities may be transnational, national, regional and focus upon different groups. Mental health promotion is carried out by different means, including policy, information or education. It can take place in different settings such as the home, day care, school, workplace and community. It is interested in people at different phases of the life span and in different life situations. Because preventive activities are covered by this umbrella concept it is evident that mental health promotion can also focus on risk groups, for example on people who suffer from acute or chronic stresses.

This diversity and broad scope for action underlines the need for innovative approaches. Development of telematic systems supporting mental health promotion programmes are one example of possible future directions.

It will be presented in the report that there are many important current reasons for developing an initiative to enhance European mental health promotion. The main aim of this initiative, whose motivation and background is described in the report, will be drawing attention to mental health, including a careful discussion of the issue in the forthcoming new Public Health Framework Programme. This aim is complemented by more limited objectives related to R&D activities. A preliminary list of objectives includes the following issues:

- Development of better concepts, methods of evaluation and sets of indicators relating to mental health and its promotion
- Development of better methods for enhancing the visibility of the best national and European models of promotive work
- Development of promotive action focusing on children and adolescents
- Development of telematics in mental health promotion
- Enhancement of equality in the field of mental health.

The elaboration of a European mental health promotion initiative will benefit from consultation with leading experts and officials in the field. The task is made easier by the recent birth of two new mental health networks, the "European Network on Mental Health Policy" and the "European Network on Mental Health Promotion".

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1 Introduction

1.1 The orientation and content of the report

Human problems can be conceived in immensely different ways. The choice of concepts and conceptual frameworks always has practical consequences. All perspectives support different views of action, possibilities and restrictions and transfer the responsibility of action to different players and professions. The same is true also when the focus is on factors affecting mental health and well-being. The key question is: are there ways of defining determinants of mental health and subjective well-being that can maximise the participation of users and the citizens without denying the responsibilities and potentialities of health and social care institutions and of working life.

The report is structured with the aim of making its main points and conclusions understandable for both policy makers, administrators, professionals and researchers. Section 2 describes the burdens caused by mental disorders and problems of mental well-being, and reasons why enhancing promotive efforts can have significant positive effects for European societies in terms of cost-containment, better quality of life, more productive workplaces and diminished marginalisation. For this purpose the section introduces central epidemiological findings and social psychiatric perspectives. Section 3 describes basic conceptual issues relating to mental health. Section 4 is an attempt to illuminate basic approaches and describe some documented effects of mental health promotion. Section 5 is a preliminary effort to outline some of the key areas for European level action in the field of mental health promotion. The last Section (6) describes some possibilities of European action in the field.

Certain conceptual issues need to be clarified at this point: First, the concept of "mental health promotion" in the text is to be understood in a broad sense and is intended to cover also "preventive" activities. Second, several words and concepts referring to problems of mental health and well-being are used in the text. Thus, the word "mental disorder" covers a whole spectrum of problems and difficulties, not only those of the greatest severity. With many of the disorders alternative wordings and conceptualisations would be possible. Nevertheless, the authors are

convinced that the concepts to be used and developed in the context of mental health promotion should be useful not only to experts in the field but also to politicians, decision makers, administrators and to citizens and users.

1.2 Challenges for European mental health promotion

Article 129 of the EU Treaty states that the Community shall contribute towards ensuring a high level of human health protection in the sphere of public health. According to the Treaty, health is an essential part of all Community Policies. Furthermore, prevention and activities focusing on the major threats to health have a high priority. The Article also encourages co-operation between the Member States. Mental health is a part of health protection.

Problems of mental health and mental well-being may be seen as one of the major public health scourges. They reduce the ability to work and increase risks of marginalization. They are thus a considerable challenge to EU Member States.

The following demands for the development of better approaches to mental health promotion are defined so that they fulfil two central criteria of relevance: (i) that they are important from the perspective of large parts of the citizenship/population of Member States and (ii) that are in accordance with the mandate of the EU. The challenges are:

- It is important to get both policy makers, professionals and lay people in Member States to comprehend that mental health and mental well-being are basically issues of everyday life. They are enhanced, produced - and reduced - in schools, streets, workplaces and homes. They are matters that should be of interest to every citizen and employee and to all sectors of administration.
- It is necessary to develop new models of action which place strong emphasis on promotion of mental health in the long-term unemployed population, on health promotion strategies for work places, and on developing work places and work arrangements supporting mental health. Mental health and productivity are not mutually contradictory: well functioning work places and work teams are often also more effective.
- It is central to the improvement of the quality of promotive efforts (as well as the quality of care) to find ways of promoting dialogue

between citizens/service users and professionals. Many actual forms of professional action even if they happen in the framework of health promotion might even — unintentionally — enhance marginalization processes.

- It is important to develop good measures and approaches for helping the caregivers of babies and small children to enhance the quality of early interaction.
- New models of supported employment and new forms of rehabilitation are needed for people suffering from severe mental health problems. These approaches should take the special needs and interests of clients and users more effectively into consideration.
- There is a strong need to enhance the resources for R&D activities in the field of mental health promotion. This requires increasing demand for support in joint research and development, among them elaboration of new methods for quality assessment and evaluation of mental health promotion activities.

1.3 The perspective of social integration

As the documents describing the programme of "Community action on health promotion, information, education and training…" declare (Com (94) 202 Final), the state of the health of a community depends to a significant extent upon the physical environment and socio-economic conditions. The social and environmental factors of greatest importance in this sense are housing and community planning, quality and level of education, employment and working conditions. Improvement of the health level, including the level of mental health and well-being, must take account of the unfavourable living conditions of many groups and communities. Furthermore, it is clear that efforts to promote mental health cannot by-pass cultural differences or problems and specific risks related to gender. These challenges of social integration underline the need for open institutions with feasible structures enabling participation in the decision making.

It is also important not to conceive disability or handicap only in medical terms. Marginalization is a multi-faceted process which can be produced by various types of restricted capacity or activity and by exclusion from training or other important resources. People with existing

mental health problems are a specially vulnerable group in this sense, needing compensatory forms of support.

1.4 Empowerment, participation and mental well-being

In the present cultural climate it is indeed difficult to imagine that efforts to enhance the quality of public health and mental well-being could be developed without knowledge of the opinions of users and citizens. Furthermore, when talking about the promotion of mental health it is not possible to by-pass the centrality of questions related to equality and users and citizens rights to participate.

Equality in terms of community participation necessitates enhancement of those individual capacities needed for action in the community, continuous development of societal values and structures and the existence of genuine possibilities to influence what is happening to oneself, to others and to the environment (empowerment). In other words: what is needed are structures enabling actual participation instead of "a feeling of participation".

The expressed need for changes in the quality and type of health promotion actually originates more and more from the priority considerations of users and interest groups. This development emphasises the importance of approaches, programmes and quality assessment methods which will be capable of directly reflecting the needs, values and preferences of different groups of citizens, clients and users of services.

1.5 Mental health promotion in the information society

Our whole way of living is being reshaped by the emerging information society (IS). The situation creates great scope for innovation and also for mental health promotion. The implications of actual social and societal developments are manifold. The increasing use of information and communication technology (ICT) means that the production of both goods and services becomes more knowledge-based. The general tendency is towards more decentralised and network-oriented

organisations. Hierarchical and complex organisations with simple jobs are changing to less hierarchical, more decentralised and network-oriented organisations with complex jobs requiring higher qualifications.

A central challenge is how to combine technological development and organisational innovation. Lack of awareness of new forms of organisation is actually seen as a central obstacle in most fields, including health and social sectors. According to the Green Paper (1996) the key question is how to increase awareness of the potential of new approaches to organisation of work. This challenge is very relevant for health promotion activities. One of the implications of this is that the educational resources and systems needed in the field must be transferred from teaching to learning. It has become more and more evident that learning by doing seems to be the most effective educational approach. The potential of learning by doing using ICT is huge and this technology can be a key tool for closing many types of knowledge gap in both professionals and users. The information society could indeed be a way to create a more inclusive society.

The emerging IS both facilitates and requires the development of new types of approaches to mental health promotion and to work aiming at social integration. What is required is more trans-domain co-operation and a new view of the roles of professionals and users/citizens — a view which sees the citizens and users as the producers of well-being and health and the systems of care, rehabilitation and promotion of health and well-being as supports for this primary task. In this context the expert's role will be more and more that of a catalyst and creator of empowering contexts and structures.

Even if ICT can dramatically help in enhancing self-help activities and dissemination of good quality information about health, it is clear that it can never be the only mode of action in the field of health promotion. Many activities cannot be enhanced or organised telematically. It is also true that many people cannot reach or afford to subscribe to IS services, or live in locations where the information infrastructure is not well-developed. Moreover, there are people who find ICT-based services difficult to use. For these reasons there exists a need to create public access points or one-stop information centres to complement the home-based telematic activities and services.

2 Societal, social and individual burden of mental disorders

It is evident that even minor mental troubles and their social consequences may play an essential role in the life of individuals. However, need for mental health promotion is also motivated by the heavy economic, societal and individual burden mental health problems and disorders cause in our societies. The societal burden is mainly described by the fiscal costs and loss of productivity. The individual and family burdens, are, on the other hand, characterised by enormous suffering, felt lack of meaning in life, and the threat of marginalization. This means that mental disorders may for several reasons be regarded as one of the major public health concerns in European societies.

Mental disorders do not include only the most severe forms of mental illness, i.e. schizophrenia and other psychotic disorders involving a distorted sense of reality. Also the less severe but still often very disabling disorders such as depression and long-lasting anxiety states, alcohol and drug dependence as well as disorders of personality are covered by this term. In addition, it should also be noted that physical illness and disability is in many cases followed or accompanied by mental problems. In the following the burdens caused by mental disorders are described in some detail, under the following topics:

- costs of mental disorders to the society
- disability and loss of productivity in work
- high prevalence of mental disorders
- increased mortality, especially caused by suicide
- individual suffering
- burden of families and other social networks
- marginalization of persons suffering from mental disorders
- burden on mental health services

2.1 Costs of mental disorders

The high occurrence of mental disorders and the onset often in adolescence or young adulthood produce a heavy economic burden for the society. In some European countries the total costs of mental disorders (including both direct costs from use of services and indirect costs from the loss of productivity) have been calculated. The total costs of mental disorders to society were calculated in Sweden as 3.6% of GNP in 1975, whereas the corresponding figure in Finland was 2 per cent in 1994. In most of the calculations the indirect costs have clearly exceeded those of direct costs, the proportion being 2 to 1. The direct care costs for mental disorders were in UK £1.76 billion in 1989, accounting for 23 per cent of the total NHS expenditures. In the USA the total economic costs of mental disorders including alcohol and substance abuse have been estimated as 311 billion dollars in 1990, approximately 5 per cent of GNP. About half of the costs were attributed to the mental disorders alone.

Depression seems to produce the heaviest burden to society. For example in the Finnish calculation the share of depression of the total costs of mental disorders has been about 50 per cent, and that of schizophrenia about 30 per cent. In an Australian estimate the costs of schizophrenia have been half of those of myocardial infarction. In Finland it has been estimated that the direct costs of schizophrenia are clearly higher than health care costs caused by smoking.

2.2 Loss of productivity

Mental disorders affect functional and working capacity in many ways. When the disorder begins already during childhood or adolescence, it means that the person's working capacity may be reduced or totally lost for a long period, perhaps during the total productive life span.

In many European countries the disability pensions due to mental disorders are increasing. They are usually one of the three leading causes of disability together with cardiovascular diseases and musculo-skeletal disorders. E.g. in Finland, mental disorders share almost one third of these causes, and they exceed that of the above-mentioned other diseases.

2.3 Prevalence of mental disorders

According to epidemiological population studies, conducted mainly in Europe and Northern America, a great part of the adult population is suffering from mental disorder. The results of some recent studies, highlighted in table 1, show the short-term prevalence of all mental disorders as between 15 and 20 per cent. However, the lifetime prevalence is much higher: from one 30 up to 50 per cent.

Table 1. Prevalence (%) of mental disorders total according to some recent extensive population studies.

Study	Country	Study years	Age	Sample size	Period	Prevalence (%) males	Prevalence (%) females	Prevalence (%) total
Mini-Finland	Finland	1979-80	30+	7 217	1 mo	14.9	19.8	17.6
Cantabria	Spain	1981	17+	1 223	1 mo	8.1	20.6	14.7
ECA	USA	1980-84	18+	18 571 9 543	1 mo lifetime	14.0 35.7	16.6 30.3	15.4 32.8
Upper Bavaria	Germany	1980-83	20+	1 382	1 mo	20.4	21.1	20.8
Nijmegen	The Netherlands	1983	18-64	3 232	1 mo	7.2	7.5	7.3
Edmonton	Canada	1983-86	18+	3 258	6 mo lifetime	18.9 40.7	15.3 26.8	17.1 33.8
NCS	USA	1990-92	15-54	8 098	12 mo lifetime	27.7 48.7	31.2 47.3	29.5 48.0
OPCS Survey	Great Britain	1994	16-64	9 792	1 week	12.3	19.5	16.0

Mental disorders affect not only adults, but also children and adolescents. In a large-scale Finnish epidemiological study, conducted in the eighties, the prevalence of mental disorders among eight year old children was 15 per cent. Other European studies from e.g. the United Kingdom and Germany have given similar results. In the adolescent years the

occurrence of these disorders seems to be close to that of adults or even higher.

The main part of the occurrence of mental disorders is due to anxiety disorders and depressions. The prevalence of these states seems to vary between 5 and 10 percent in different studies. An alarming sign is the clearly noticeable increasing tendency for the risk of depression, especially among young adults. Another increasing group is the alcohol and substance abuse disorders which affect all age groups but especially adolescents and young adults. This increasing tendency seems to be partly connected with harder demands in working life and in other areas of our societies, and partly to be a direct consequence of the economic recession, with a high unemployment rate, prevailing in many European countries.

2.4 Mental disorders and social position

The correlation with psychological problems and socio-economic status varies but many studies have demonstrated a clear correspondence between psychiatric morbidity and lower social class, most clearly for men. There are also other gender differences in the occurrence of mental disorders. Women seem especially prone to contract anxiety disorders and depression, whereas men have clearly more alcohol and substance abuse disorders. Low education and being non-married are associated with mental disorders, as are also lack of social support, physical morbidity, low self esteem, minimal brain dysfunction, parental mental disorder and parental discord during childhood. There are important links between many types of mental disorders, psycho-social difficulties, somatic problems and social position. It has been shown convincingly that somatic and mental problems tend to reinforce each other and also correlate with social and professional position and employment. In conclusion, existing research indicates that social disintegration seems to be one of the key factors increasing the risk of mental disorders.

2.5 Increased mortality

Mental disorders are associated with clearly increased mortality. The so-called standard mortality ratio (SMR) among psychiatric patients has varied from 2 to over 5, showing that the risk for death is several times larger than that of the population as a whole. Thus, one can say that mental health promotion may also be regarded as prevention of excess mortality.

An alarming finding is that the mortality among psychiatric patients has been especially high in comparison to the general population in the younger age groups. E.g. in recent studies from Norway and Finland the increase in risk of death (SMR) was tenfold or more in the age groups from 20 to 29 years in both sexes. The main causes are suicides and other violent deaths. In general, it has been estimated that at least 10 per cent of people suffering from major depression or schizophrenia commit suicide.

2.6 Individual suffering and the burden of families and social networks

Apart from material losses, the mental disorders produce enormous subjective suffering, which cannot be measured in monetary terms, for those affected by these ailments. The psychic pain taking the form of anxiety, depression, guilt and shame can subjectively be as heavy as the most severe physical pain. Different kinds of vicious circles are easily developed in these circumstances.

One specific individual burden, caused by the character of mental disorders, is attributed to the attitudes toward persons suffering from them, causing negative stigma and labelling. This stigma is one of the main factors leading to exclusion, often due in the first place to unemployment, of mentally ill people from society.

During the last two decades, parallel with the deinstitutionalization of mental health services, the pressure on families and other close relatives has also increased. It is especially heavy for the parents of chronically ill patients suffering from child and adolescent mental disorders, and above all, schizophrenia. In depression, the heavy burden is often laid on the spouse who him/herself may also be more or less depressed. Mental disorders of old age, including dementias, increasing with the increasing

number of the elderly, bring usually heavy responsibilities for the children of the patient.

Many studies which have focused on the burden on families have shown that the most significant consequences are psychological, such as increased level of depression, anxiety, helplessness, hopelessness, emotional exhaustion, low morale, distress, feeling of isolation, guilt, and anger. E.g. in a Swedish study, 78% of families of schizophrenic patients expressed a marked burden, 80% felt a need for special attention, 48% needed for practical help, and furthermore, 82% felt that they were heavily emotionally dependent, and 88% that the situation had a negative impact on family life. Three out of four relatives had guilt feelings.

The financial difficulties of families with a mentally ill member have been emphasised in a number of studies. To some extent, difficulties may arise because caring for a patient with a long-term mental disorder limits opportunities for an adequate income. In some instances the caregiver, usually the mother of a schizophrenic child, has been forced to leave her job to be able to manage the heavy care-giving task. The most severe problems, however, occur when the patient was formerly the breadwinner, particularly if circumstances prevent the relative from taking over the role. The situation leads to impoverishment of the families of psychiatric patients.

Special emphasis has been placed on problems of children in families with a psychotic member, usually one of the parents. Although studies have shown that, depending on many factors, this situation may not be so detrimental for all children, some may suffer from serious developmental obstacles.

2.7 Situation of the mentally disabled in the society

Those suffering from mental disorders are in many respect the most marginalized in European societies. The emerging problems have been increasing poverty, homelessness, criminality, alcohol and drug addiction among mentally ill persons; all associated with a very low quality of life.

The reason for this situation is manifold. The rapid and in many countries uncontrolled process of deinstitutionalization has been carried out without developing sufficient alternatives for community care.

Secondly, due to the character of the mental disorders themselves, persons suffering from these disorders are not always capable to cope in our complex societies without help and support from other people. The third reason is attributed to the negative attitudes and prejudices toward mentally ill persons, and the exclusion tendencies prevailing in our societies.

2.8 The need for new approaches

The evidently increasing need and demand for mental health services reflects societal changes, such as increasing demands of working life and the effects of long-term unemployment. Epidemiological studies have shown that only a minor part of the need for mental health services has been satisfied, meaning that the unmet need for services is great. An important factor which has dramatically affected the utilisation of mental health services is their deinstitutionalization.

The individual, familial, and societal effects and burdens of mental health problems are so great and so manifold that traditional health care and mental health services cannot provide a satisfactory response. The service resources can never increase to the extent of being able to meet all the needs. Therefore, great attention must be paid to the promotion of mental health, including new forms of counselling. This must be regarded as a crucial message because it is precisely those resources directed toward promotion which have been reduced in many countries under the pressure to decrease health care costs.

3 Mental health and well-being and their determinants

3.1 Models of mental health

Health has been defined by the WHO as a state of complete physical, mental and social well being and not merely the absence of disease or injury. Mental health, as part of our overall health, is a resource which we need for everyday life and which enables us to manage our lives successfully.

There is a wide variety of definitions of mental health. They extend from everyday notions to notions employing complex combinations of personal and interpersonal behaviour, feeling and thinking. Most definitions acknowledge that mental health and mental illness result from a combination of events and conditions and are drawn from both biological, social-psychological, structural- psychological and individual-psychological understandings.

Three more or less overlapping frameworks can be used in outlining the determinants of mental health and well-being: (i) models underlining the importance of life skills and enjoyment; (ii) models stressing the importance of protective psychological qualities and supportive environmental influences; and (iii) the disease specific medical model which still dominates thinking in the medical field. The problems and strengths of the medical model are well known and will not be discussed in this context. The essence of the three models could be captured in the following way:

- The *positive model* of mental health refers to qualities such as life skills, the ability to manage changes and to actively influence the social environment, positive self-esteem, assertiveness and enjoyment or a state of experienced well-being. These qualities are considered as values in themselves, not only as signs of absence of illness or disorder.
- According to a *functional model* certain psychological qualities are considered as protective (e.g. above average intelligence, good social competencies, well developed problem solving skills, internal locus of control orientation, high self esteem, a feeling of coherence, a

close relationship with a parent who is responsive, a supportive social network). These factors can make it easier for people to stay healthy even during severely stressful times. According to this model mental health could be seen both as a protective factor (resilience), and as social capital.

- In the most traditional of the models, the *continuum model*, which is in accordance with mainstream medical perspectives, mental health and mental illness are seen as ends of the same continuum. Mental health is defined as the absence of mental illness. By implication, the degree of mental health can be improved by reducing mental disorders.

3.2 Mental health and individual-environment interaction

Various objective social and economic variables correlate with different measures of mental health and psychological well-being. It has become customary to explain these links by mediating processes such as diminishing social support and stressful life events. It is evident that experiences of oppression or violence, unemployment, poverty, family problems, work-related stresses and symptoms of social disintegration with all their correlates and interrelationships can increase risks of psychological suffering and mental disorder.

The interplay between individual and the environment has recently been concretised in models describing environmental influences which are interacting with various, more or less enduring characteristics of individuals connected with well-being and measured on a range of dimensions. Different social environments are considered to produce these influences in different degrees on different persons. The most important environmental influences are:

- opportunity for control
- environmental clarity
- opportunity for skill use
- externally generated goals
- variety
- opportunity for interpersonal contact
- valued social position

- availability of money
- physical security.

Each of these influences is thought to be harmful at low values but to have a beneficial effect across a wide range of values, while some will have a negative effect on well-being at high values. A strength of the model is that it can be used in all kinds of environments, including both work and leisure.

In a similar vein it has been argued that there are a limited number of categories of psychological experience produced by person-environment interaction which are conducive to well-being and which, to the extent that persons are deprived of these experiences, contribute to the decline in their well-being. The categories of experience underlined by the research are:

- time structure
- social contact
- collective effort or purpose
- social identity or status
- regular activity.

The discussion of person-environment interaction from the perspective of mental health has often used employment and unemployment as examples. In this context it has been shown what important supportive effects social structures in general, and work more specifically, can have on behaviour, habits and traditions. Without employment, categories of experience generating well-being can be difficult to produce for most people.

4 Starting points of mental health promotion

4.1 Activities directed at determinants of health

Health promotion, the form of action favoured by the EC's existing mandate, is concerned with enabling people to maximise their health potential. According to this view everybody could benefit from promotive activities — who indeed has really fulfilled all his or her health potentials?

In the Ottawa Charter of 1986 health promotion was defined as a process of enabling people to increase control over and to improve their health. In other words, health promotion was seen as a process aimed at returning power, knowledge, skills and other resources relating to health to the community, to individuals, families and whole populations. The document mentions caring, holism and ecology as essential issues within the five main strategies of action, which are:

- building healthy public policy
- creation of supportive environments
- strengthening of community action
- development of personal skills
- a reorientation of health services.

Promotion of mental health clearly requires co-ordinated action of several players, among them the users and citizens themselves, governments, local authorities, the health sector, industry, non-governmental organisations, various interest groups and the media. It is obvious that mental health promotion has to explicitly stress the importance of supporting the health and well-being generating/maintaining actions and choices of the users and citizens.

Objectives for mental health promotion can be clustered around three themes:

- issues related to each person's ability to deal with thoughts and feelings — management of life and emotional resilience
- issues related to each person's ability to deal with the social world; skills like belonging, participating and recognising diversity and mutual responsibility

- issues related to the development and maintenance of healthy communities.

According to current understanding there are both individual, social and environmental factors promoting mental health or protecting against ill health. The main factors identified to date are presented in Table 2.

Table 2. Factors protecting mental health (From: Mental Health Promotion, a Quality Framework, Health Education Authority, London 1997).

Internal protecting factors	*External protecting factors*
Individual	*Individual*
- physical health	- basic needs: food, warmth, shelter
- self esteem/positive sense of self	
- ability to manage conflict	
- ability to learn	
Social	*Social*
- a positive experience of early bonding	- societal/community validation
- positive experience of attachment	- supportive social network
- ability to make, maintain & break relationships	- positive role models
- communication skills	
- feeling of acceptance	
	Environmental
	- safe and secure environment
	- positive educational experiences
	- supportive political infrastructure
	- live within time of peace (absence of conflict)

Health promotion and prevention are necessarily related and overlapping activities, two facets of the same issue with a common goal: maintenance and enhancement of health. Because health promotion is directed to the determinants of health and prevention focuses on the causes of disease, it is possible to see promotion as an umbrella concept covering also the more specific activities of prevention.

The theoretical distinction between the two areas is, however, evident. Prevention is based on epidemiological and medical knowledge about statistically determined causal relationships between risk factors and disease. The knowledge base of health promotion is multidimensional and not limited to the medical domain. It highlights other kinds of important aspects, such as people's subjective conceptions. Prevention has specific, in many cases easily measurable outcomes, while health promotion is more concerned with the process of health promotive action itself. Health promotion is relevant for everybody, for the healthy as well as for those with impairments, disabilities or handicaps. It should also be noted that promotive action may simultaneously be preventive — and vice versa.

The production of well-being generating circumstances is a challenge to us all. Mental health promotion may, in fact, be seen as the possibilities of clients alone and with others to create well-being generating contexts, moments, experiences and life projects. The need to find well-being generating activities and circumstances relates to both client-professional interaction and to social interaction in general. These types of keys to well-being seem to have two important features: First, the users or clients are the true experts regarding them. Second, they are in most cases part of events occurring in everyday life. One of the benefits of this view is that it places the users and citizens in the sphere of normality. For these reasons it seems recommendable that the experts should be very sensitive to what clients see as promising and inspiring and to construct their action on this basis.

In conclusion, even when working with individuals, mental health promotion aims at improving social integration. The interaction between individuals and the environment, often seen as the basis for mental health promotion, is best described by *circular* feedback processes in which the persons are seen as both subjects and objects rather than by linear models of causation. This view implies that active participation of the "targets of promotive interventions" is necessary.

4.2 Approaches to mental health promotion

To achieve mental health promotion goals many approaches have been used. The theoretical foundations on which the they are based are constantly expanding. Among the used methods are:

- education
- development and improvement of social support systems
- dialogue with experts, representatives of communities and decision makers
- work with mass media
- encouragement of self-help activities
- network development, creation of new low-threshold services
- social advocacy
- individual and family counselling
- specific measures of support
- consultation with primary care, occupational health and work places
- training programmes.

It is relatively common that focus of interventions with multiple health promotive objectives is restricted on single "intermediate" targets like schools, parents, police officers, journalists, managers of industry or social services personnel. A multi-level, multi-component intersectoral and interdisciplinary approach is a precondition to achieving significant results in health promotion.

4.3 Evidence from research

The focus of health promotion is more in the factors, actions and processes enhancing health potential than on outcomes, which represent the traditional approach of prevention. Nevertheless, research has shown that there are methods for mental health promotion.

In general it seems that child-oriented programmes are more innovative than adult-oriented ones. According to the studies, it appears to be possible to improve early attachment of children. The programmes within the day care and schools have been successful in improving individual competence and also in enhancing social skills, child rearing competence of parents and social support. In the specific risk group of children with mentally ill parents, supportive measures have lead to positive developmental outcomes. Some programmes carried out among the non-selected population seem to have succeeded also in reducing psychiatric symptoms.

Adult oriented programmes have also been shown to be effective. They have mostly been focused on specific risk groups such as pregnant

women, the newly separated or widowed, and the unemployed and family caregivers of elderly or schizophrenic persons. There are, however, effective examples for instance of preventing problems from developing in couples' relationships, rather than focusing on current problems, or, on a larger scale, of providing education in mass media about the role of supportive relationships.

The influence of mental health promotion on the onset of mental disorders is so far unclear, but it seems to be possible to modify some risks and protective factors. This is important because epidemiological research shows that competence factors and social support can have influence on the development of a diversity of problems and mental disorders. Some researchers have described successful strategies of relapse prevention.

4.4 Barriers to progress

There are several barriers to progress in the field of mental health promotion in Europe. It has been claimed that the most important obstacles are not the lack of knowledge or programmes but the lack of:

- shared information about ongoing programmes and research projects
- international collaboration and co-ordination
- management and planning.

There exists a great need for joint efforts for finding best models of operation for both services and health promotion. One of the most central obstacles on this way is the lack of a shared system of mental health and mental well-being indicators which could be used for describing and identifying the development needs of the field. What is needed are indicators and methods of assessment that can

- enhance the capacity for monitoring mental health and well-being in Europe
- give dependable information of the prevalence of problems pointing to a need for new or more effective promotive efforts
- be used for comparing factors impacting upon mental health and well-being
- reveal the needs and preferences of service users and citizens as identified by themselves.

5 Key areas of action for mental health promotion

5.1 Community structures, living conditions and social integration in mental health promotion

Improvement of health, including mental health and well-being, must take account of unfavourable living conditions of groups such as the excluded, the poor, the elderly, the disabled and the immigrants or refugees. People belonging to these groups often live in less affluent areas. Thus, they are more likely to suffer from problems related to mental health due to socio-economic conditions in general, cultural differences, and a sensitivity or an augmented exposure to risk factors or to life styles such as alcohol and drug abuse. Nevertheless, they also often lack the skills which would be necessary for active citizenship.

The concentration of determinants for marginalization in certain communities in urban areas is a major demand on health promotion. Resources should be allocated in ways which support the engagement of local people in the development of their own neighbourhood and living conditions. Participation and working together strengthens the experiences of meaningfulness and the manageability of life, and increases a sense of connectedness with the society. A major barrier for participatory community action is lack of real structures which function as interfaces between the society and local communities, organizations, groups or individuals, especially those already excluded.

The main objective of early education, day care, school and other types of education is to support socialisation and to provide people with the skills and knowledge necessary for life in the community. Literacy is the most central of these elements, but there are many other important areas of knowledge and abilities, too. In the context of mental health promotion learning the basics about human life, health and the society enables children and youth to approach a new autonomy, essential for healthy adulthood. Therefore, it is a challenge for health promotion to strive for equity in the world of education, too. Another challenge is to develop special measures for the education in health issues of children and youth with learning disorders or other handicaps.

5.2 Mental health promotion and life span

5.2.1 Children and youth

The importance of the first few years of a child's life for later personality and social development is beyond dispute. Being challenged by risk conditions during these years may result in vulnerabilities that jeopardise developmental outcomes.

A lot is already known about the protective factors for healthy child development. One major route to developmental vulnerabilities are situations where a child's social environment is deficient in resources and functions. Such situations are mainly indicated in three ways: poverty or low socio-economic status; vulnerabilities of parents that affect their capacity to adequately care for their children; and lack of social support.

Interventions focused on the time around a baby's birth are the most effective in preventing mental health problems of children. In many European countries there exists an established and efficient network of well-mother and well-baby clinics. The traditional task of these clinics has been monitoring the physiology of pregnancy and growth as well as normality of development in children. For promoting the mental health of children and families these clinics need to pay more attention to the psycho-social aspects of pregnancy, to promoting good early parent-child interaction and to supporting the problem-solving skills of the parents, underlining the role of fathers. To achieve this, new and adequate training programmes should be developed for public health nurses. In addition to this, new ways for helping the families build social networks should be developed. This is especially important with those families who have lost the natural network of extended family and relatives, as is often the case in modern societies.

Day care, school and education are important entry points for mental health promotion as they are main supporters of healthy psychological and social development. Handing on a tradition of good practices and values in the community is essential, particularly when the contact with previous generations is vague, as often in modern communities. Family, neighbourhood day care and the school are important settings for further maturation and a field for practising participation. The process of marginalization seen in adulthood often starts already during childhood and adolescence. Behavioural problems and learning difficulties are those individual factors most strongly connected with marginalization in the

young. Providing support for these children is a major demand on all health promotion. Both teachers and school health care personnel should receive adequate training for supporting the healthy mental development of the children, and also for enhancing good parent-child interactions and problem-solving skills of the families.

Problem-based learning enables children and youth to cope with demands not yet covered by their abilities or knowledge. This approach should be applied throughout education. It is of special importance in civics and in health education.

Furthermore, the role of health education should be strengthened. Coping with psychological stress and mental symptoms need to be included as a topic. In this field, the generation of innovative educational strategies should be supported. For mental health promotion there is a great demand for updated pedagogic material and professional training programmes for teachers.

School health care, in addition to its task of monitoring physical growth, should be able to support young persons in the consolidation of the process of psychological and social development and socialisation. The consequence is that there is a need to enhance the competence of school health care staff to cover psycho-social aspects of health. Furthermore, potential availability to help families in problem solving should be supported. Provision of information about healthy life style, is always helpful, but innovative forms the inclusion of mental health issues in them should be developed and promoted for use of the educational institutions. Advancement of sexual health education is a special demand.

In the ideal case, school and education, through practising for life, enable young persons to reach adult individuality and to found their own family. Appropriate vocational training opens the way to working life and reciprocity with the community. The already existing support systems of persons with inadequate capacities for normal education need to be developed further within a client-centred orientation.

5.2.2 Adult life

Adult life is a time of giving personal resources to the community and receiving resources for private life. The long span of these years is an important entry point for health promotion. A very relevant problem for

many societies in this aspect is the group of adult men living alone, where marginalization along different paths is relatively common.

Atypical, short or part-time employment, and unemployment, are increasing and causing an elevated risk of marginalization in many of the European countries. New approaches to deal with these issues are challenges for the communities, first of all in terms of equity. These problems propose an important need for mental health promotion — to cooperate with persons at risk of marginalization in maintaining their the quality of life and connections with the society.

The constantly increasing demand on efficacy is a severe problem also for people suffering of minor psychological troubles such as concentration difficulties. Within the developing information society, work puts more and more demand on individuals because in many cases it also means a continuous challenge to acquire new skills and knowledge. The period of active work life also coincides with other important phases and issues, such as the most intensive years of family life, active community participation and supporting one's own ageing parents. Crises and stress therefore are common problems of people during working age. Improving and innovating methods of stress management, as well as other self-help methods, and increasing awareness of them is a specific target for mental health promotion.

Occupational health services strive primarily to protect workers from negative health effects of work and harmful exposures within the working environment and, in case these are unavoidable, to monitor the amounts of exposure. Occupational health services may also direct their activities to health enhancement and promotion. In optimal cases, their effective role in promotion of healthy life styles has been of great value. To promote mental health, a demand of the future will be to develop methods for the occupational health services to assess and improve the psychosocial atmosphere of the workplace.

The natural decrease of working capacity and increase of somatic health problems, due to aging, also augments the risk of unemployment and marginalization. Since aging is a normal life process, there is an evident need for structures which enable adaptation of workload to the resources of ageing workers. Early rehabilitation is a developing area with the aim of supporting ageing workers. To diminish the risks of marginalization on these grounds, methods for early detection and intervention should be developed further.

5.2.3 Old age

Transition to old age and retirement is one of the most significant changes in the life of people. The reciprocal connection to the community within working life ends and is replaced by new possibilities of active participation in the life of one's own family, in the organizations for elderly people and within the society at large. Old age does not need to be a period of passive reception, which is shown e.g. by the new evidence for the ability to learn at this stage of life. As the proportion or elderly people is increasing in many countries, this group of people in their "third age" may become a central resource for the society.

Nevertheless, there is in old age also a gradually increasing need for support and services from others. The support of independence is the first and main task, also in mental health promotion. Most naturally, when another person's help is needed, the family or other close persons are the source of daily assistance. However, in many communities this is not always possible and public means of support are also needed. It is a demand on the public sector to develop activating but simultaneously client-centred services for elderly people. Furthermore, the external living conditions of retired persons, often changed substantially from those in their period of active work life, are a challenge in terms of socio-economic equity. The problem of equity is relevant also considering the services for people in old age.

This third phase of life underlines the importance of social networks. Integration into the family, relatives, neighbourhood and other groups is essential. Non-governmental organisations, providing support by activities, are relevant partners for the public sector. In all activities concerning elderly people there should be an increasing awareness of repeated crises due to losses of the spouse and other close persons or losses of health and functional capacity. Relevant measures to provide support should be developed.

Dementia is a heavy burden for the patients as well as for the family members and professionals. Development of new forms of psychological help and psycho-social support for persons suffering from dementia caused by Alzheimer's disease or by other pathological processes is also a significant challenge for mental health promotion. There are, e.g. promising results in the field of computer technology, which may increase the meaningfulness of life for these patients. The main purpose of all activities should be dignified life in these circumstances. However,

problems of caretakers should also be investigated and approaches for support developed.

5.3 Research issues in mental health promotion

Further development of quality assessment is necessary also for the area of mental health promotion. Since health promotion deals with action and process more than direct health outcomes, feasible measures for assessment of the operations on various levels, in different contexts and among different target populations need to be elaborated. An essential feature of the assessment measures is that they permit comparison of separate projects. This also underlines the need for development in the field of telematics in order to share information.

The traditional approaches of epidemiology measure health outcomes in terms of pathology. Health promotion, however, primarily aims to influence determinants of health. There is thus a need for a new epidemiology of health, estimating health potentials in addition to risk factors. Mental health promotion is a natural domain for development of new indicators for this new epidemiology, since many of the components of health potential are directly or closely associated with mental health.

6 Possibilities for enhancing mental health promotion in Europe

The need to examine the kind and extent of actions in relation to mental health at Community level was underlined by the Council of Ministers (Health), in its Resolution of 2 June 1994. It is timely to propose that the discussion on the topic be intensified: a definition of a broad European agenda to promote mental health is urgently needed.

The Commission and the Member States are developing initiatives on the topic. More coordinated action and better resources would be needed across the European Union. The two newly established networks, the European Network on Mental Health Policy, the main project of which is the "Development and Operationalisation of Key Concepts for Mental Health Promotion in Europe", and the "European Network on Mental Health Promotion" (see annex), can greatly help in defining the needs for and directions of action. In addition, wide cooperation with governmental and non-governmental organizations, including the World Health Organisation, is essential.

The general aim of the discussion is that issues relating to mental health and mental well-being will gain more significance and visibility at Community level. Possible directions for the development of action in the mental health area are:

- drawing proper attention to mental health, including a careful discussion of the issue in the forthcoming new Public Health Framework Programme
- intensifying research and development in mental health promotion and increasing its funding through Community mechanisms
- information needs and use of telematics in the field of mental health
- broadening the support for the work of Community networks focusing on mental health at all levels
- arrangement of a series of high-level meetings possibly leading to a ministerial conference.

There are many possibilities for enhancing European mental health promotion. The list of the most essential objectives for the next few years could include at least the following issues:

- development of better concepts, methods of evaluation and sets of indicators for European mental health promotion
- raising awareness concerning the best national and European models of mental health promotion
- concerted mental health promotion efforts focusing on children and adolescents
- development of telematic methods for supporting mental health promotion
- enhancement of equality in the field of mental health.

A consultative meeting would be useful to support discussion on practical next steps. A meeting could also help in creating preconditions for possible later meetings. A consultative meeting could discuss how to:

- further discussion on the state and challenges of mental health promotion;
- seek for political and other support for mental health promotion
- collect new ideas and perspectives
- create suggestions which are relevant and interesting to all Member States taking into account the richness of socio-cultural characteristics in the European Union.

Networks on mental health

The European Network on Mental Health Promotion

The "European Network on Mental Health Promotion" was created in 1995 on the basis of an initiative of the Commission.

The central task of the European Network on Mental Health Promotion is the identification and dissemination of good practice in mental health promotion. The Contact Points (partners) of this network will create national networks focusing on mental health promotion. These points would then transfer information to the network's own Liaison Office and to the Commission.

The Liaison Office is located at the European Regional Council of the World Federation of Mental Health in Brussels.

The European Network on Mental Health Policy (The Key Concepts Project)

The "European Network on Mental Health Policy" was founded in 1995 and has partners from most Member States. The network's main project "the Development and Operationalisation of Key Concepts for European Mental Health Promotion" is funded by the Commission. The members represent the ministries responsible for health and social welfare or institutes closely related to the ministries.

The "Key Concepts Project" aims at developing European mental health and mental well-being indicators. These indicators are needed in the planning, monitoring, evaluation and implementation of European prevention and mental health promotion programs. The network partners will also collect information concerning mental health policies. Other goals of the network include strengthening of mental health policy in Europe; exchanging experiences; developing an European mental health information system; planning for practical programmes; enhancing consumer participation and patients rights; and stimulating joint research and development activities.