VILLE LEHTINEN

Building Up Good Mental Health

Guidelines based on existing knowledge

Monitoring Mental Health Environments

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STAKES

Monitoring Positive Mental Health Environments Project

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Foreword

European Union needs a consistent mental health policy

Health is a value shared by all people in both industrial and developing countries. Health is more important to human life than economic success or a promising future. From the viewpoint of society, health is a production factor that ensures a good economic and operational environment.

Health is also a phenomenon with strong social, psychological, spiritual and physical components. A human being is a social creature who is not even able to develop without a social environment. A family – as understood in the broad sense – provides a human being with a communal culture and at the same time with the unique environment of one's own family.

Health, however, is a characteristic shared by both individuals and society. Maintaining health requires a multisectoral, transdisciplinary approach. Health is generated by all policies, in all sectors. As we approach the information society, mental health will become more and more important. There is no health without mental health.

Mental health research is multi-disciplinary by definition; it is necessary to have an understanding of the societal, psychological and physical backgrounds. The multi-disciplinary approach has maybe been most extensively employed in infant research, whereas research in other areas lags far behind. Research on mental health determinants is in the early stages.

The production structure impacts on people's lives. Industrial society created a lifecycle of its own: childhood, youth, working age and retirement. Now this cycle is evolving: youth is eroding both childhood and early adulthood, while at the other end, the 'crown of life' is extending to a roughly two-decade period in retirement.

In the emerging information societies, the importance of mental health is crucial. With no role model to consult in their social development, they must create a new structure. The social structures in place in the pioneering countries are highly varied. Social capital is needed ever more in the future.

The information society is not a society of machines – it is not about computers, broadband or mobile phones. Rather, it is a purely mental project. The production methods of the information society require people to be flexible, creative, innovative, able to learn, make social contacts and network – in other words, mental abilities. Consequently, mental health is a prerequisite for labour productivity and societies' competitiveness. While learning and skills become capital, any deprivation of learning will lead to exclusion. With learning beginning early – already at the foetal stage – children's learning opportunities are becoming of utmost importance to the entire world. This requires reconciling work and family, the development of working life and

new leadership but, as yet, prime examples of these remain few in number.

Responsibility for mental health must be adopted everywhere, in commerce, community planning, education, culture, national security and combating exclusion. Simultaneously, mental health will need to be understood to a much greater extent, in transdisciplinary environments not yet developed.

Mental health policy and its economic dimension – mental capital – is becoming a major part of welfare policy. Furthermore, mental capital is a prerequisite for any innovation policy. This is why projects to explore the phenomena are growing in importance.

The mental health of people is organically connected with the structure and function of our societies, as is demonstrated in this manual. I strongly hope that the manual will give new understanding to the many stakeholders whose responsibilities lie in the development of mental health policy, especially at the regional level. The conclusions and recommendations in Chapter 2 are especially addressed to the political decision-makers and administrators in the field to provide them with evidence-based tools in their important work to develop our societies toward mentally more healthy living environments.

Professor Vappu Taipale
Former Director General of STAKES

Building Up Good Mental Health

Executive summary

This manual is addressed mainly to political decision-makers, administrators and the many stakeholders who are engaged in the development of our societies, particularly in sectors dealing with health, welfare, education, work, communication, culture and the physical environment. The aim is to help the different stakeholders in their task to improve the conditions of mental health by providing the relevant knowledge base on mental health and its enhancement by socio-political actions, especially at the regional level.

Mental health is an essential part of a person's general health. It is organically connected with the structure and function of our psychosocial and physical environment. Many of these aspects can be seen as important determinants of mental health. Thus, people's mental health can be affected by tackling several psychosocial and environmental ("structural") factors in our societies.

How to make things happen?

The most important messages of this manual are the conclusions and recommendations, which are based on existing research knowledge. The recommendations are grouped into eight domains, corresponding with the proposal by an earlier EU funded project, called MINDFUL.

- *Enhancing mental health through comprehensive mental health policy*, including the following elements: modern mental health legislation; mental health policy analysis; regional or national mental health programmes; co-operation between different sectors; active human resource policy; inclusion of users and carers; comprehensive mental health information system; mental health impact assessment; anti-stigma programme; proper financing.

- *Building mentally healthy communities* by: enhancing participation; supporting establishment of self-help activities; providing support systems; ensuring easy access to mental health services; enhancing equity and social justice.

- *Developing the physical environment* by: building mentally healthy housing environments; building parks and other green spaces; providing playgrounds for children; reducing noise and crowdedness; securing public safety.

- *Providing opportunities for leisure activities* including: free-time education; sporting facilities; culture; facilities for civic participation; youth organisations; activity centres for children and families.

- *Enhancing the mental health of young children* including: comprehensive motherhood care; parenting education; paid parenthood leave; comprehensive postnatal care; day care for children; support services for parents at risk.

- *Fostering the development of mentally healthy schools* by: integrating mental health promotion and mental health issues into the school policy and curriculum; providing psychological support for pupils; providing support for teachers; involving parents; fostering teamwork; implementing health promoting school programmes.

- *Enhancing a mentally healthy work life* by: establishing a comprehensive employment policy; enhancing communication and personnel involvement; implementing anti-discrimination provisions; providing management skills training; implementing workplace health promoting programmes; adjusting to improve the balance between work and family life; supporting those who are unemployed or in precarious work situations; providing supported employment for people with mental disorders; involving the trade unions.

- *Enhancing the mental health of older people* by: enhancing social participation; preventing loneliness and social isolation; providing opportunities for independent living; providing appropriate health and social services; combating ageism.

Basic concepts

The most important concepts in this context are: mental health, determinants of mental health, mental health promotion, and mental health policy.

Mental health, as an indivisible component of general health, is a broad concept including psychological well-being (positive mental health) as well as mental disorders and problems. Mental health is principally a feature of the individual, and it is influenced by individual biological and psychological factors, social interactions, societal structures and cultural values. This manual is mainly about positive mental health and how it can be enhanced by actions directed at our psychosocial and physical environment. Positive mental health includes: a positive sense of well-being; individual resources, such as self-esteem, optimism and a sense of mastery and coherence; ability

to initiate, develop and sustain mutually satisfying personal relationships; and ability to cope with adversities (resilience).

Determinants of mental health are factors that are associated with different aspects of mental health. Determinants of positive mental health can be grouped into enhancing factors, supporting factors and protective factors.

Mental health promotion strives to find and enhance factors that protect mental health and to reduce factors harmful in terms of mental health. It can work with whole societies, communities, social groups and individuals, using different kinds of strategies and interventions. According to the WHO the five main strategies in health promotion are:
- building healthy public policy;
- creation of supportive environments;
- strengthening community action;
- development of personal skills; and
- a reorientation of health services.

Several mental health promotion programmes have been published and evaluated. An increasing amount of evidence exists that mental health promotion is useful and effective.

Mental health policy is a published document in which the goals, strategies, necessary actions, and responsible actors are stated. It should outline the essential national and/or regional mental health framework, covering the organisation of mental health services, prevention and mental health promotion, as well as regulations to ensure the human rights of persons suffering from mental disorders. Specific mental health legislation is needed to support the implementation of that policy. Development of a national or regional health policy requires a thorough health policy analysis. The set of structural mental health indicators, presented by the MMHE Project, could aid in building incrementally an evidence base that has relevance for a given country or region in this task.

Structural determinants of mental health

Here the presentation is based on the earlier EU project MINDFUL, which proposed 31 structural indicators of positive mental health, grouped into eight domains. These include societal and environmental factors, as well as age- and setting-related factors.

Societal and environmental factors

Components of the comprehensive mental health policy: The mental health of the population is in many ways affected by how health policy and societal policy in general is conducted. A comprehensive mental health policy should cover the following issues: legislation, societal policies, mental health impact assess-

ment, promotion of mental health, prevention of mental ill-health, delivery of appropriate mental health services, reduction of premature mortality including suicides, reduction of stigma, protection of human rights, and financing.

Mentally healthy communities are characterised by wide community participation, broad involvement of all sectors of the community, local government commitment and creation of healthy public policies. These characteristics come close to the concept of social capital. This concept refers to features of social life such as positive networks, agreement between different social actors and stakeholders, trust and confidence in institutions, norms and reciprocity. Empowerment of people and self-help groups to encounter different life crises are important elements in this context.

Factors related to the physical environment, such as housing conditions, level of external noise, existence of green spaces, public safety, level of crowdedness, general cleanliness, and the condition of communication and transport systems have been shown to be related to people's mental health.

Leisure activities may also impact on people's mental health. The best evidence is from the relationship between physical activity and mental health. Other positive leisure activities may be listening to music, reading, watching a movie and meeting friends.

Age- and setting-related factors

Childhood experiences before school age are of great importance to an individual's later psychological development and mental health. There is also evidence that promotive and preventive mental health interventions in early childhood can be more long-lasting and effective than those introduced later in life. Crucial factors in this context are home and family atmosphere, relationship between parents, quality of parenting, and attachment style between the infant and the mothering figure.

Factors related to school life may have great potential in mental health promotion. School is the place where the whole age group can rather easily be reached for several years, and where mental health activities can be well integrated into everyday work. The EC/WHO/Council of Europe initiated Health Promoting Schools programme has developed the so-called whole school approach to enhance the mental health of all who are involved: the pupils, the school staff and the parents. The leading principles in this approach are: relationships, participation, autonomy and clarity.

Factors related to work life: The relationship between work and mental health is complex: work is of fundamental importance to people's well-being but can also be a source of unbearable stress. Adjustment between work and family life is important. Key elements of effective workplace mental health promotion include: readdressing effort/reward imbalance; improving communication and staff involvement; enhancing social support, especially from

managers to subordinates; increasing job control and decision-making latitude; and assessing job demands.

Experiences of older people that contribute to psychological well-being include: enhancement of self-determination, independent living and autonomy. The key factor in mental health promotion in later life is personal, active participation by the elderly themselves at all levels. Combating ageism is important. Loneliness and physical deterioration are the most important risk factors for mental ill-health.

1. Introduction: Environmental changes and mental health

This manual is about positive mental health or, in other words, psychological well-being which may be a more familiar term to many of the readers. The main focus will be on describing how the state of mental health is affected by factors related to our society, social relationships and physical environment and how the mental health of the population can be enhanced by actions which are targeted at these issues. All the information that will be presented is based on scientific evidence. The manual is addressed especially to political decision-makers, administrators and the many stakeholders who are engaged in the development of our societies, particularly in the sectors dealing with health, welfare, education, work, communication, culture and the physical environment. All decisions made in these matters may have an influence on people's mental health.

As stated by both the World Health Organisation (WHO) and the Commission of the European Communities, mental health is an essential part of a person's general health. There cannot be any health without good mental health. Furthermore, mental health seems to have become increasingly important in this regard mainly due to the significant developments and changes that have taken place in our societies during the post-war period. Our mental health is organically connected with the structure and function of our psychosocial and physical environment. Thus, it is of crucial importance how the societal policy is organised and conducted by the political leaders and administrators.

As experienced by all, enormous changes have taken place in our living surroundings during the twentieth century. In particular, the psychosocial environment in which people grow up and live has changed dramatically. In earlier times the way of life was in many ways much more stable and less complicated than today. Most things were ruled by the church or the state, and social control was strict. People generally knew their place in the society, in the community and in the family. This meant, of course, less freedom than nowadays, but on the other hand, more security and predictability of life.

The social structure has also become much more complicated than it was even at the beginning of the last century. Industrialisation brought the first big changes. The major advances, such as electricity, telegraph, telephone, radio and new transportation (trains, steamships, automobiles) had a great impact on many aspects of human life, not least on perceptions of time and space. These issues, for their part, are linked significantly to a person's self-perception, and by association, with aspects of psychological well-being and mental health. These developments may have both positive and negative consequences. A sense of alienation arising out of an erosion of values and

standards may be one negative outcome. One of the fathers of modern sociology, Émile Durkheim, developed the term *anomie* to describe this societal phenomenon.

Societal development has continued at an accelerating pace, especially in recent decades. We are now experiencing the new era of the so-called postmodern society, characterised by fast-travel infrastructures, mass media, the internet, information overload and globalisation. Characteristics of the information society, such as virtual realities, can again significantly influence our perception of time and space. As a consequence, we have had to change our ways of expressing our existence, our ways of working, loving, reproducing, coping with death and grief and committing to social relationships.

Mental health is built up throughout the whole lifecycle of an individual. All phases have their importance and challenges in this regard: the pre-natal period, birth, infancy, childhood, adolescence, adulthood and the period of old age. Old ways of adapting are no longer valid or the most appropriate in facing the new challenges produced by the societal changes described above. Of particular importance are the transitions between the developmental phases: Entering school, puberty, the labour market and retirement bring more challenges than ever before, also in terms of mental health. Therefore, it is important that we know how different environmental and societal factors affect our mental health. This will help political decision-makers and administrators to make decisions that are beneficial and not harmful to people's mental health or health in general.

Close human relationships are the cornerstones of our mental health. Profound changes have taken place in family life in our modern western societies. The family size is much smaller, three-generation families have become less frequent, and single-person households are more common than in earlier times. The family ties have become looser than previously. Even new forms of living together have emerged. All these changes have affected the nature of the most intimate relationships within the family. Close and mutually satisfying connectedness (also called attachment) between a main caregiver and the child in early infancy is the most important element in building up the good mental health of the individual.

Other essential prerequisites of good mental health, as part of general health, in our modern society are especially the following:

- Possibility for social participation. This means participation in civic and community life, access to mutually satisfying relationships and opportunities for social engagement. It can also be considered in the extent to which social, economic and human capital within a particular group, community or society, impact on the wider population's health.

- Freedom from violence and discrimination. Violence may be seen as a broad concept ranging from psychological and economic abuse to physical and sexual violence. The WHO divides violence into three categories: self-directed violence, encompassing suicide and self-abuse; interpersonal violence, including family or partner violence and community violence; and collective violence which includes armed conflict, repression and human rights violations. Discrimination, which may take place on the basis of gender, cultural or religious background, sexual identity, political beliefs or social position, is often a predecessor to collective violence.

- Access to societal resources and services. This includes access to education, meaningful engagement, work, adequate housing, social and health services as well as access to sufficient economic resources.

The purpose of this manual is to help decision-makers in their task by providing the relevant knowledge base on mental health and its enhancement by socio-political actions. To make this manual more readable for the decision-makers the main conclusions and recommendations are presented in the chapter immediately following this introduction. Reading Chapter 2 together with the Executive summary will furnish the reader with the main messages in this manual. The key question is what can health authorities and political decision-makers do to improve the conditions of mental health in their region. The recommendations are presented as concretely as possible. Those who are interested in knowing more about the knowledge base behind the recommendations are invited to read the remaining two chapters. In Chapter 3 the most important key concepts and terms are described and defined, including mental health itself, the factors (determinants) related to mental health, enhancement (promotion) of mental health, and also structural indicators and mental health policy. This will give the needed theoretical framework for understanding the information presented in Chapter 4, which clarifies the most important social and environmental as well as age- and setting-related factors that are relevant to good mental health, based on the existing scientific literature and research evidence. The chapter is divided into sub-chapters, following the grouping of the positive mental health determinants into eight domains, as described by the earlier EU-funded development project MINDFUL (Mental health information and determinants for the European level). For each domain, some examples of successful mental health promotion programmes are given in Annex 2. Finally, a list of recommended literature is given in Annex 3.

2. How to make things happen?

This chapter formulates the policy implications and gives recommendations especially for regional level activities, based on the information that has been presented in the followings chapters. The key question is what can the health authorities and political decision-makers do to improve the conditions for mental health in their own region through influencing positive mental health determinants, as described in Chapter 4. The recommendations attempt to be as concrete and useful as possible. All the recommendations are based on sufficiently strong research evidence.

2.1. Enhancing mental health through comprehensive mental health policy

Each region should have a comprehensive mental health policy, emphasising especially the need to strengthen mental health promotion and prevention of mental ill-health. This is especially relevant for countries having federal governance. Many countries have established a national mental health policy which is followed in all regions. The following elements should be included in that policy:

- *Modern mental health legislation*: A specific mental health act is needed, covering all aspects of mental health activities. Beside the organisation of mental health services and regulations concerning involuntary and forensic care, the following sections are particularly important to include: 1) broad definition of mental health and mental health interventions; 2) promotion of mental health; 3) co-operation with other societal sectors; and 4) regulations on ensuring patient rights. In addition, mental health aspects may be incorporated into other legislation, for example, concerning financing of services, general human rights, and societal impact assessment.

- *Mental health policy analysis* is a means for decision-makers and administrators to ensure that mental health promotion is conducted in the most effective way. Policy analysis refers to comparisons between countries and regions, and assessment of time trends. Readiness for a policy approach should exist in each country and region in order to conduct the necessary actions.

- *Mental health programme* is a written document which is adopted by the government. It is a plan for how the mental health policy will be implemented in practice. It should cover all relevant aspects of the mental health policy and, especially, the relevant components of the mental health action

framework: promotion of mental health, prevention of mental ill-health, combating stigma associated with mental health issues, ensuring the human rights of mental health patients as well as care and rehabilitation of people with mental disorders.

- *Co-operation between different sectors*: Comprehensive mental health policy is not materialised only through health and social welfare sectors. Other important societal sectors are education, employment, housing, physical environments and criminal justice. A positive and close co-operation with all these other contributors is an essential prerequisite for an effective mental health policy implementation. This co-operation should take place at all levels: between the ministries at governmental level, at the regional administration level and at the local community level.

- *Active human resource policy*: Availability of high quality human resources should be ensured. This will in part be ensured by incorporating adequate training on mental health issues for all health and social welfare professionals. In addition, the basic training curriculum of many other professions should include courses on mental health promotion and other relevant topics. This concerns especially those working in education, employment, the criminal justice system and environmental planning. It is important to pay sufficient attention also to post-graduate training.

- *Inclusion of users and carers* should be a leading principle in all societal planning as well as in the implementation of activities influencing people's well-being. This is especially important in the field of mental illness services where the patients have traditionally been excluded from all decision-making. Similarly the relatives have in earlier times often been regarded more as an interference, than as a partner in the treatment process.

- *A comprehensive mental health information system* should be available for mental health monitoring, planning of services, allocation of resources and evaluation of activities. It should be part of the regional health information system in general. The following elements should be included in the mental health information system: 1) the set of EU mental health indicators, covering mental health status (including also positive mental health), determinants of mental health and mental health services (including promotion and prevention); 2) a structure to routinely collect the necessary information; 3) analysis of the information; and 4) effective feedback and dissemination of the data.

- *Anti-stigma programme*: Mental disorders and mental health issues in general bear a strong stigma and are subject to negative attitudes from the general

population as well as from decision-makers. This in many ways hampers the establishment of a comprehensive mental health service framework in society. Therefore, it is important to build up and implement an effective programme to combat stigma related to mental health issues. The WHO has a long experience in organising anti-stigma campaigns.

- *Mental health impact assessment* is needed to evaluate possible mental health consequences of different societal actions. As has been demonstrated, societal development may either enhance or be harmful to people's mental health. A Mental Well-being Impact Assessment Toolkit has recently been developed and tested by the Care Services Improvement Partnership in Britain.

- *Research* in mental health policy and promotion should be supported by specific research programmes, developed jointly by mental health professionals, authorities and the research community to provide the necessary knowledge on specific national and regional circumstances.

- *Proper financing*: The obligation of the regional government is to ensure sufficient financing of different mental health activities. Experience has shown that the often undervalued position of mental health in comparison to other health sectors easily inhibits the development of the mental health sector. Therefore, it is preferable to have a separate budget for the mental health sector as well as mental health promotion and prevention activities.

2.2. Building mentally healthy communities

The mental health of the individual is strongly related to the characteristics of the community where he or she is living. Development of communities that support the mental health of the people (i.e. increasing social capital) requires the proper implementation of mental health policies and programmes, and shall include several actions:

- *Enhancing participation*: Active participation of people in different activities in the community strongly indicates a well-functioning living environment. Therefore, community leaders and key figures should in all ways possible support the establishment of different kinds of joint activities and networks that facilitate participation in community development. Empowerment of people is the key word in these efforts.

- *Supporting the establishment of self-help activities:* Self-help groups have proved to be effective and cost-effective in combating risks connected with different kinds of life crises such as unemployment, divorce, death of the

spouse, family member's drug or alcohol problems or family violence. It is important, therefore, that regional authorities support by all means possible the establishment of these kinds of activities.

- *Providing support systems*: Family and friends are the natural support systems for most people. Not all people in the community, however, are in a position to make use of these natural support systems. These may include isolated older people, single-parent families, immigrants and people with mental health problems. A healthy community co-ordinates, together with the church and voluntary organisations, the needed social support for these people through different kinds of befriending programmes, community work and easy to access community services. Respect for diversity and human rights should be key principles in these activities.

- *Access to mental health services*: An essential characteristic of a healthy community is the availability of low-threshold community-based mental health services for all who are in need of these services. The services should comprise a broad spectrum of activities: promotion of mental health, prevention of mental ill-health, early detection, care and rehabilitation of mental disorders, as well as prevention of premature mortality.

- *Enhancing equity and social justice*: Equity and social justice need to prevail in the community if they are to promote mental health. No one should be discriminated against because of his or her social status, religion, education, ethnic background, age, gender, ability, sexual orientation or political opinion. Equal access to education and employment are basic characteristics of just communities. A sufficient livelihood should be ensured for everybody.

2.3. Developing the physical environment

Characteristics of the physical environment have an impact on people's mental health. These can be enhanced for example by the following actions:

- *Building mentally healthy housing environments*: Housing conditions have been shown to have a strong impact on people's mental well-being. Therefore, it is important to establish in each region or larger municipality a specific organisation to ensure that mental health aspects are sufficiently taken into account in housing planning.

- *Establishing parks and other green spaces* in urban areas is important for people to have somewhere to move around and to enjoy the environment, and thus, it has an important meaning for people's mental health. Having

the chance to be close to nature has also been shown to provide many positive influences.

- *Providing playgrounds for children*: Play is very important for children's healthy psychosocial development. Tightly built urban environments provide few opportunities for children to play. Therefore, it is important to build a network of playgrounds and adventure parks for children of different age.

- *Reducing noise and crowdedness*: Many of our cities are very noisy and their streets over-crowded. These are features that are known to have a relationship with increased risk of stress symptoms and lowered well-being. Therefore, all urban areas should have a programme to reduce noise and crowdedness in streets and other public places. To establish car-free areas in city centres is one option.

- *Securing public safety*: People should be able to live without fear of violence or harassment on streets and other public places, in schools and in workplaces. This can be achieved by applying many available programmes to combat bullying, sexual harassment and physical violence. Zero-tolerance should be the leading principle concerning these issues.

2.4. Providing opportunities for leisure activities

Relaxation, recreation and experiences in life are important elements in supporting the mental well-being of an individual. Such experiences can be achieved by proper leisure activities, such as:

- *Free-time education*: For many adults and older persons studying a topic that one feels is interesting or useful may be an important leisure activity that gives pleasure, self-fulfilment and new skills. The topics may comprise for example foreign languages, handiwork, different hobbies or artistic activities. It is important that the community provides opportunities for this kind of activity.

- *Sporting facilities*: Physical activity has clearly been shown to have a connection with mental health. Therefore, sporting fields, public swimming pools, cycle paths, jogging trails and fitness centres should be available for every citizen. The responsibility of the municipality is to support and enhance the building of such facilities.

- *Culture:* Art in its different forms provides reviving experiences for a person. These may have a positive influence on mental health by giving

opportunities for identification, emotional experience and catharsis. Thus, the municipalities should establish cultural centres, libraries, theatres, art galleries and concert halls not only to provide artistic experiences for its citizens, but also because it brings better health.

- *Facilities for civic participation*: Community networks, civic engagement and participation are characteristics of social capital. The local community can support mental health by providing meeting facilities for civic organisations engaged in different activities. The needs of different age groups should be recognised.

- *Youth organisations*: Participation in organisations like the scout movement, youth theatre groups or other similar activities that enhance co-operation and mutual responsibility have proved to be important to the healthy psychological development of adolescents. It is, therefore, important that the society supports the establishment and maintenance of such activities and organisations.

- *Activity centres for children and families*: Families with young children need special attention. One means of supporting them is through special centres that provide joint activities for both parents and children.

2.5. Enhancing the mental health of young children

The basis for later mental health is laid down in childhood. Therefore, this age period is the most favourable for effective mental health promoting activities. Given that the home is the natural living environment and parents the most important carers of the child, most of the activities should be directed to the whole family. These include the following:

- *Comprehensive motherhood care*, available for all pregnant women in the region, should be organised by the health authorities. This should include regular check-ups during the entire pregnancy, with equal attention to possible physical and psychosocial risk factors.

- *Parenting education* for both parents during the pregnancy should be provided as part of the public motherhood care. Secure early attachment between the baby and the main caregiver as well as "good enough parenting" are necessary elements in the child's healthy development.

- *The paid parenthood leave* after childbirth should be at least two years. Because close relationships with both parents are important for the healthy development of the infant, the father should be able to use at least six

months of the parenthood leave. Sufficient economic support for the family during this period is an essential condition to ensure the psychological well-being of the family.

- *Comprehensive postnatal care*: Many countries and regions have established a distributed network of so-called well-baby clinics as part of public health care. They provide regular health check-ups for children under school-age, but also take care of the psychosocial situation of the whole family. Thus, it is important that the postnatal care does not only look at the physical development of the child but also is able to follow the child's psychological development.

- *Day care for children*: Both parents of young children are nowadays working increasingly outside the home. To support both the families and the development of children it is essential that the society has established a well-distributed and high quality day care system where the child can spend the time when parents are at work. To be mental health promoting the day care system should offer activities, stimuli and security for the children, and inspire a feeling of confidence in the parents.

- *Support services for parents at risk*: A special emphasis should be directed to parents and families where there is an increased risk for the child of undesirable development. These include single-parent families, very young parents and parents with mental ill-health or abuse problems. Home visits by professionals or befriending programmes by voluntary organisations are examples of effective support services.

2.6. Fostering the development of mentally healthy schools

School is the place where most children and adolescents between 6 and 17 years of age can be reached rather easily. Thus it is very natural that most of the universal mental health promoting activities for these age groups are implemented in the school setting. Furthermore, these activities may rather easily be integrated in the normal school life and general health promotion in schools. The following activities may be used to enhance positive mental health in the school setting:

- *Integrating mental health promotion and mental health issues into the school policy and curriculum*: A whole school approach to promoting mental health means that the school policy, school environment and school ethos all promote the mental health of the whole school community. Mental health issues are integrated into the whole school curriculum as a cross-

cutting principle covering all school subjects. Mental health education should continue throughout the school years.

- *Providing psychological support for pupils*: A health promoting school has psychological support available for pupils whenever necessary. This means that health nurses, school psychologists and/or school counsellors are part of the school staff, and they participate in the everyday school activities so that they become familiar to the pupils. Pupils' confidence in their trustworthiness is important.

- *Providing support for teachers*: Teachers may also need emotional support, especially when working with children in their pubertal turmoil. Team discussions, individual and group supervision as well as the possibility for consultation with a mental health expert are some means to overcome problems.

- *Involving parents*: An essential element in the healthy school concept is parents' participation in discussions and decisions concerning their child. Close parent–teacher contact and co-operation is favourable for all partners. An active parents' council should be established in every school. This is a means by which parents can take part in all possible activities of the school.

- *Fostering teamwork*: Working together strengthens the feeling of solidarity and the social skills of the pupils. Thus, teamwork is one of the key words in the everyday life of a mentally healthy school. Similarly, co-operation and group work is also important for teachers and other school staff. Participation of pupils at all levels is important.

- *Implementing health promoting school programmes*: Many specific programmes have proved to be effective in enhancing psychological well-being and security in schools. These include for example the Mind Matters-programme and several anti-bullying activities. Each school should choose programmes that are the most appropriate for its needs and purposes.

2.7. Enhancing mentally healthy work life

The relationship between work and mental health is complex. Depending of the circumstances work can either promote or exploit the mental health of workers. Building up a mentally healthy workplace is mainly the responsibility of companies and employers together with the workers and their representatives. The role of the politicians is to provide favourable circumstances

and support from society for these actions. The following means can be used in these efforts:

- *Comprehensive employment policy*: Regular and satisfying work is one of the cornerstones of good mental health of the adult population. Therefore, full employment should be the goal of the actual employment policy. Because it is not always possible to avoid people becoming unemployed, all available measures to support the unemployed to return to the labour market as soon as possible should be used. For those whose unemployment shows signs of prolongation actions to avoid social exclusion and marginalisation should be available.

- *Enhancing communication and personnel involvement*: One important characteristic of a mentally healthy workplace is that the workers have a real and genuine possibility to contribute to the overall decision-making concerning the strategy, communication policy and staff management of the workplace as well as the individual work conditions, tasks and goals.

- *Implementation of anti-discrimination provisions*: Discrimination, bullying and sexual harassment are very acute risk factors for mental ill-health in the workplace. Therefore, every workplace should have a commonly agreed action plan on such negative events. Zero tolerance should be the leading principle in managing and having control over these problems.

- *Providing management skills training*: Managers are in the key position in creating a mentally healthy atmosphere in a workplace. Therefore, it is important that each workplace has developed a programme for providing management skills training for all senior staff.

- *Implementing workplace health promoting programmes*: Several effective programmes to promote a healthy workplace and to enhance the mental health of the personnel have been developed and tested in practice. Good examples of workplace mental health promotion practices can be found in the report "Mental Health at Work: Impact, Issues and Good Practices", published jointly by WHO and ILO. Feasible mental health promotion programmes should be implemented in all workplaces.

- *Adjusting between working and family life*: In the modern society both parents are usually working outside the home, which brings challenges in fitting together work requirements and family obligations. This is especially relevant with young children in the family. The society should provide good quality day care facilities and sufficient economic support to help families to make their own choices in these issues. The employers should

provide opportunities for individual solutions concerning, for example, the work-time flexibility.

- *Supporting the unemployed or those in precarious work situations*: Unemployment often means, though not always, a risk situation for the person's mental health. The same may also be true for precarious work situations, being it undesirable part-time working or a time-limited working relationship. Specific programmes to support these people emotionally should be available in the community. Sufficient financial support should also be provided by society.

- *Providing supported employment for people with mental disorders*: Especially persons with a long-term mental disorder may often have difficulties in managing so-called normal employment because of their illness or the medication they need. Negative attitudes of the employers or work colleagues are sometimes also a hindrance to normal employment. This easily leads to marginalisation and social exclusion. Therefore, it is important to establish a system to provide supported employment for these people.

- *Involving the trade unions*: Trade unions should have a key role in negotiating working conditions. At the workplace level, the trusted representatives should have specific and properly defined positions in the workplace organisation.

2.8. Enhancing the mental health of older people

The number of older people in the community is increasing rather rapidly in all European countries. Older people encounter specific risks to their mental health. Thus, specific means to enhance the mental health of these age groups should be available. These include the following examples:

- *Enhancing social participation*: Enabling the engagement in the social activities of the community is one important measure to support the mental health of older people. Providing opportunities for participating in the political, economic and cultural decision-making of the community and lifelong learning are a means to ensure social participation.

- *Preventing loneliness and social isolation*: Many older people live alone, and they may feel lonely, especially if they have difficulties in getting out of their home. Therefore, befriending programmes to help the older person in his or her everyday living should be organised by the community or the third sector. Different kinds of clubs, recreation centres and social networks can prevent loneliness and isolation.

- *Providing opportunities for independent living*: Feelings of independence and autonomy are also important for older people. These can be enhanced for example by supporting the establishment of so-called smart-home solutions, by providing equipment to help communication and moving about, and in many cases also by providing employment opportunities through to old age and by encouraging older workers to remain in the workforce.

- *Providing appropriate health and social services*: Mental health and general health are strongly interrelated, especially in older age. Poor physical health is a clear risk factor for mental ill-health. Therefore, it is important to establish a health and social care system to provide all older people with high quality primary and specialty health services, including easy access to psychiatric services, as well as all the needed social services and benefits.

- *Combating ageism*: Negative and depreciating attitudes toward old age and older people still prevail in our society. Therefore, politicians should ensure that human rights conventions are implemented with regard to older persons. Any kind of discrimination should not be tolerated. It is important that older people have full opportunity to participate in the social, cultural, economic and political decision-making processes of the society.

3. Basic concepts

Some key concepts have to be clarified to fully understand the messages and recommendations given in this manual. Thus, the goal of this chapter is to describe and define the basic concepts and terms in this context, namely mental health, determinants of mental health, promotion of mental health and the role of structural indicators in mental health policy.

3.1. Mental health

There is a lot of misunderstanding and misuse concerning the concept of mental health. Even many professionals and experts think that it refers solely to severe mental disorders. In reality, mental health is a broad concept, and in some way or other concerns everyone in society. Thus, one can say that mental health is everybody's business. Another common misunderstanding is that mental health cannot be promoted and that mental disorders are untreatable and cannot be prevented. Furthermore, issues related to mental health carry a strong stigma, while negative attitudes are still common. One of the main goals of this manual is to correct some of these misconceptions.

Mental health has been defined in many ways. We can take as the starting point the well-known definition of health by the World Health Organization (WHO) from 1948: "Health is a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity". The WHO defines mental health similarly as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

The definition, adopted by several EU funded mental health projects, is as presented in the box below.

> Mental health, as an indivisible component of general health, reflects the equilibrium between the individual and the environment. It is influenced by:
>
> a) individual biological and psychological factors;
> b) social interactions;
> c) societal structures and resources; and
> d) cultural values.

In this context mental health can also be seen as a process that comprises predisposing factors (e.g. childhood experiences), actual precipitating factors (e.g. life events), and supporting or protecting factors (e.g. social network) as well as various consequences and outcomes (e.g. health behaviour). Mental health has two dimensions:

1) Positive mental health can be conceptualised as a value in itself (feeling well) or as a capacity to perceive, comprehend and interpret the surroundings, to adapt to them and to change them if necessary; to think and to communicate with each other;

2) Negative mental health (or mental ill-health) is concerned with mental disorders, symptoms and problems.

The main focus here will be on positive mental health, and examples of different approaches, definitions and models will be given.

This manual is mainly concerned with positive mental health (psychological well-being), the structural factors related to it and how it can be enhanced by actions directed at our psychosocial and physical environment. Positive mental health is an important resource for individuals, families, communities and nations. It also enhances a person's capacity to contribute meaningfully to social networks, communities and societies. Mental health problems, in contrast, add significantly to general health expenditure and contribute to disability, mortality, loss of economic productivity, poverty and low quality of life. Thus, mental health has a conspicuous societal value in itself, and mental health problems impose a heavy burden not only on the individuals and their families but on society as a whole.

In everyday language the term mental health is used in different ways, and rather often it has a negative connotation because it is connected with severe and chronic mental illnesses. However, the positive aspects of mental health have been more and more recognized also by the general public and political decision-makers in recent years, partly due to the activities and reports of different international organizations, including the WHO and the European Commission.

Positive mental health includes:
- a positive sense of well-being
- individual resources including self-esteem, optimism, and a sense of mastery and coherence
- the ability to initiate, develop and sustain mutually satisfying personal relationships
- the ability to cope with adversities (resilience).

These will enhance the person's capacity to contribute to family and other social networks, local community and society.

Mental health is an individual resource that contributes to different capacities and skills, as described in the box above. Mental health has also been compared to natural, renewable resources. In this regard, mental health and its renewal must be understood as a continuous process taking place through the life course. The lifecycle consists of a sequence of phases in which the earlier always affects those that follow. In favourable circumstances mental health can increase, but mental health resources can also be exploited beyond their natural capacity for renewal or even be destroyed by inappropriate actions by society.

Basically, mental health is a concept related to the individual, but many researchers have widened the term to concern also groups (especially families), organisations (e.g. communities or workplaces), and even whole societies. In this paper mental health is mainly seen as a concept relating to the individual, which is affected by experiences deriving from childhood circumstances, relationships with significant others, the characteristics of the living surroundings, and societal conditions. But it is important to recognise that there is also an influence in the opposite direction: The mental health status of the population affects in many ways how well our communities, organisations, work places and societies function and are integrated. This two-way influence is demonstrated in Figure 1 by the two-way arrows. The figure presents the so-called functional model of mental health, originally developed by C. Hosman and later somewhat modified by E. Lahtinen and colleagues. In one sense, this figure can be seen to follow the functional process model, including the input (precipitating) factors, the actual process itself, and the output (consequences). But on the other hand, the set up is of a systemic equilibrium in which all the factors have an influence on each other. Finally, the surrounding society and culture influence the whole system. We will return to these issues in the next subchapter.
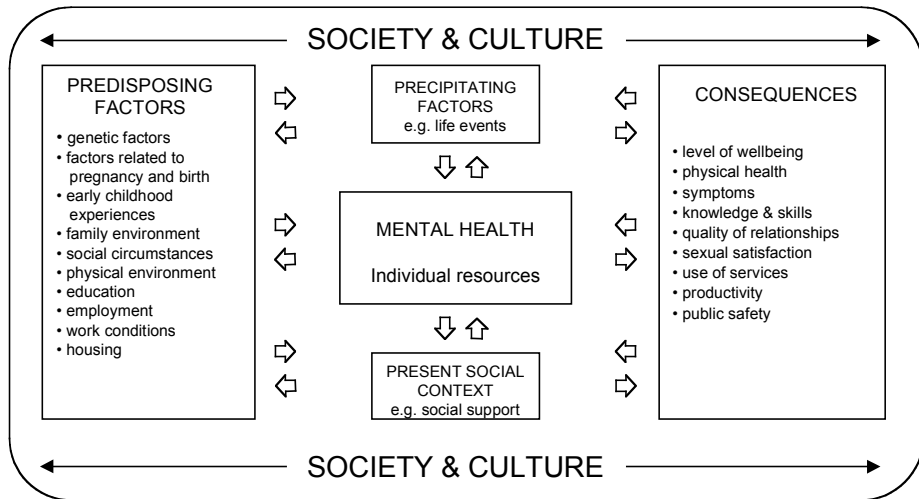
Figure 1. The functional model of mental health (according to Hosman and Lahtinen et al.)
(Source: Hosman C. Oral communication. 1977; Lahtinen E, Lehtinen V, Riikonen E, Ahonen J (eds). Framework for promoting mental health in Europe. Helsinki: STAKES, 1999.)

The individual characteristics of good mental health are realised as positive feelings and different individual skills and capacities. Feelings of happiness and satisfaction are examples of such positive feelings, although these are not synonymous to positive mental health. Happiness is usually seen as a short-lasting and transient state whereas the level of mental health is a more permanent trait of the individual.

Another aspect of mental health is a sense of personal control over the events of one's life. J. Rotter launched the concept "locus of control" to assess individuals on a presumed continuum of internality and externality of control. People who believe that they can themselves influence events in their lives (internal locus of control) cope better with challenging life events and circumstances than those who explain events by such concepts as "luck" or "chance" or who attribute events to other people (external locus of control). Another relevant aspect of personal control is the concept of self-efficacy, which refers to the belief that one can succeed in what one desires to do. It has been shown that people with a strong sense of self-efficacy show less psychological and physiological strain in stressful situations. Some authors use the term "sense of mastery" with the same meaning.

The concept of "sense of coherence", developed by A. Antonovsky, has been associated with mental health by many researchers and authors. Antonovsky's salutogenic model stresses positive aspects and resources of health rather than symptoms or disorders. The three components of the sense of coherence are comprehensibility (to see the structure, predictability and ex-

planation of events), manageability (to have the resources available to meet the challenge of those events) and meaningfulness (to see the importance and value inherent in those events and one's life). A person with a strong sense of coherence is able to choose between various potential resources available. A weak sense of coherence has repeatedly been associated with mental ill-health, suicidal behaviour and psychosomatic conditions.

One feature of good mental health is resilience which has been defined by M. Rutter to mean resistance towards mental disorders in the face of life's adversities. Resilience comes close to such characteristics as hardiness and coping. Resilience may be seen as a dynamic process, influenced by individual skills and abilities (e.g. problem-solving skills), and existing protective factors. Their main function is resistance to stress which can vary across time and circumstances having both constitutional and environmental determinants. Coping with adversities plays a significant role in protecting from unfavourable mental health consequences.

3.2. Determinants of mental health

This sub-chapter deals with the concept of determinants. These are factors that are associated with different aspects of mental health. Some of them may be causes of the state of mental health, and others its consequences. As explained briefly in the previous sub-chapter, the determinants of mental health can be grouped into four domains: the individual factors and experiences, social interactions, societal structures and resources, and cultural values (Figure 2).
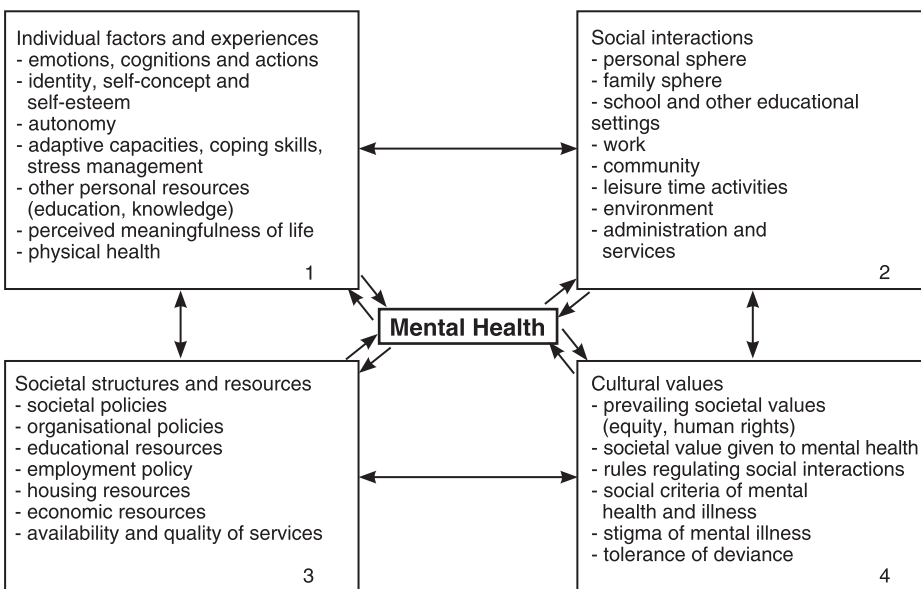

Figure 2. Determinants of mental health grouped in the four domains.

Some of the individual factors are not feasible targets for mental health promotion activities, though they are important determinants of mental health. These include especially some demographic factors like age, gender and ethnicity. The same is true for genetic factors. Because this manual deals mainly with the social and environmental factors of positive mental health, that can be measured and modified by the actions of society, the main focus will be in the determinants listed in boxes 2 and 3 in the figure. Many of these determinants can also be used as so-called "structural" indicators of mental health.

In principle, the determinants of mental health can be either those that enhance positive mental health, or those that reduce it (risk factors). As the main focus of this paper is on positive mental health we will mainly concentrate on the former. They can again be grouped into:

- enhancing factors that increase people's positive mental health resources;

- supporting factors that help people to strengthen their resilience in the face of adversity;

- protective factors that decrease the likelihood that a mental disorder will develop by mitigating the effect of negative life events and other risks.

As can be concluded, there is considerable overlap between these three groups.

3.3. Promotion of mental health

Promotion of mental health is the third key concept to be dealt with here. According to the EU funded Key Concepts Project, promotion of mental health is a comprehensive strategy and a set of positive activities, aiming to:
a) enhance the value and visibility of mental health at the different levels of societies, sections of societies and for individuals; and
b) protect, maintain and improve mental health.

The second set of activities can also be called mental health promotion proper. Mental health promotion strives to find and enhance factors and processes that protect mental health and to reduce factors harmful to mental health. It puts special emphasis on participation and empowerment and on inter-sectoral co-operation. It can work with whole societies, communities, social groups, risk groups or individuals, using different kinds of strategies. Effective mental health promotion should result in improved well-being, less human suffering, a lower incidence and prevalence of mental disorders, better use of services, higher quality of life, improved social functioning, enhanced social integration, and other related outcomes.

According to the body formerly known as the British Health Education Authority, the aims of mental health promotion are concentrated around three main themes that address both the individual, the social and the societal components of mental health:

- Issues which relate to each person's ability to deal with their inner world - **emotional resilience** - thinking and feeling, managing life and taking risks;

- Issues which relate to each person's ability to deal with their social world - **citizenship** - belonging, participating, recognising diversity and mutual responsibility;

- Issues which relate to healthy communities - linking the emotional and social through a sense of **connectedness and the development of healthy structures**. Healthy communities enable the connections to be made. For example, the creation of good childcare facilities allows parents to work and care for their children more effectively, and children in turn to feel more cared for and therefore better able to learn and develop.

Mental health promotion has been defined in many ways by several authors and organisations. In the box below the definition developed by an expert group working for the European Commission in the field of mental health promotion is presented. This definition is chosen because it covers most adequately the broad and complex scope of the concept. Worth noting is the final bullet point: prevention of mental disorders can be one outcome of mental health promotion. Thus, in practice, there is no need to make a categorical distinction between these two activities.

Mental health promotion

- is an interdisciplinary and socio-cultural endeavour geared to the achievement of conditions which enhance the psychological well-being of individuals, groups and communities;
- is a life-long process from pregnancy through childbirth, infancy, childhood and adolescence to adulthood and old age;
- is especially focused on capacities such as feeling secure, autonomy, adaptability, ability to cope with stressors, forming sustainable intimate relationships, self-awareness, self-es-

teem, concern for others, self-confidence, social skills, social responsibility and tolerance;
- implies the creation of individual, social and environmental conditions which enable optimal psychological and psycho-social development;
- can have prevention of mental disorders as one of its out-comes.

Source: Mental Health Europe. Mental health promotion for children up to 6 years. Brussels: MHE, 1999.

In the WHO Ottawa charter of 1986 health promotion in general was defined as a process of enabling people to increase control over and to improve their health. In other words, health promotion is seen as a process aimed at returning power, knowledge, skills and other resources relating to health, to the community, to individuals, families and the whole population. The Ottawa 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; and
- a reorientation of health services.

Margaret Barry and Rachel Jenkins have applied this framework to promoting mental health in their book, 'Implementing Mental Health Promotion', in the following way:

1. **Building healthy public policy** puts mental health promotion on the agenda of all policy makers and calls for co-ordinated action across health, economic and social policies for improved mental health. Building healthy public policy includes diverse approaches such as investment in government and social policy, the implementation of legislation and regulations, organisational change and partnerships. This action area highlights the important influence of policies beyond the health sector on mental health, e.g. employment, housing, transport, education and childcare policies, and calls for increased attention to assessing the impact of such policies on the mental health of the whole population.

2. **Creating supportive environments** moves mental health beyond an individualistic focus to consider the influence of broader social, physi-

cal, cultural and economic environments. This action area emphasises the importance of the interaction between people and their environments and highlights the importance of mediating structures such as homes, schools, communities, workplaces and community settings as key contexts for creating and promoting positive mental health.

3. **Strengthening community action** focuses on the empowerment of communities through their active engagement and participation in identifying their needs, setting priorities, and planning and implementing action to achieve better health and to take control of their daily lives. Community development approaches strengthen public participation and lead to the empowerment of communities, and increased capacity to improve mental health at the community level.

4. **Developing personal skills** involves enabling personal and social development through providing information, education and enhancing life skills. Improving people's knowledge and understanding of positive mental health as an integral part of overall health forms an important part of this action area, highlighting the need for improved mental health literacy. Developing personal skills such as self-awareness, improved self-esteem, a sense of control and self-efficacy, relationship and communication skills, problem-solving and coping skills have all been shown to improve mental health and to facilitate people to exercise more control over their life and their environments.

5. **Reorienting health services** requires that mental health services embrace promotion and prevention activities as well as treatment and rehabilitation services. This calls for a health care system that contributes to the pursuit of health as well as the treatment of illness. In terms of mental health, this emphasises the important role of, for example, primary care and mental health services in promoting mental health across different population groups such as children, young mothers, people with chronic health problems, and mental health service users and their families. Reorienting health services to promote mental health requires greater attention to the organisation and structure of health services and the training and education of health professionals.

Mental health promotion is an essential element in a comprehensive public mental health action framework. There also exists an increasing amount of evidence that mental health promotion activities are effective. Several reviews and directories have been published on effective mental health promotion programmes. The main methods of action in mental health promotion are listed in the box on the next page.

Methods in mental health promotion

- Health education to the general public, including lessons on mental health issues
- Enhancing social support systems, for example school health care, counselling services, social work, enhanced co-operation between school and home
- Training programmes and courses for key actors, such as community leaders, teachers, workers in employment services
- Skills training (coping skills, problems solving skills, social skills)
- Social advocacy: dialogue with experts, community representatives, key authorities and decision-makers
- Work with mass media, providing relevant material and influencing the way they write about mental health issues
- Encouraging self-help activities on different mental health issues
- Specific measures of support, for example, peer support in schools and workplace mental health promotion
- Individual and family counselling
- Creation of low-threshold services
- Expert consultation for different settings such as day care, schools, primary care, social welfare and employment services.

3.4. Structural indicators and mental health policy

The ultimate responsibility for organising services and other activities within the mental health field belongs to the government of the country or the corresponding region, depending on the administrative system of the country in question. Each country and region should have a comprehensive mental health policy in which the goals, strategies, necessary actions and responsible actors are stated. Specific mental health legislation is needed to outline the essential national and/or regional mental health framework, covering the organisation of mental health services, prevention and mental health promotion, as well as regulations to ensure the human rights of people experiencing mental disorders. Published documents that describe the mental health policy and strategy should be available, and specific mental health programmes should provide guidelines on how the policy should be operationalised.

The report by WHO Regional Office for Europe, 'Policies and practices for mental health in Europe' (in press), shows that 38 of the 42 countries in the European region that took part in the baseline project have a national mental health policy available. All participating countries reported having mental health legislation in place. However, only 29 countries stated to have dedicated mental health legislation, the rest covering mental health issues in the general health legislation.

It is essential that the implementation and success of the mental health policy are regularly followed and monitored by relevant means. This requires a comprehensive mental health information system, including indicators of all relevant aspects of the mental health of the population, and of the mental health activities provided by the society, including promotion, prevention and care. A development project, co-funded by the European Commission, called MINDFUL (Mental health information and determinants for the European level), has recently published a proposal for a comprehensive mental health information system. This proposal includes a set of relevant mental health indicators to be included in the European Community Health Monitoring System.

A health indicator can be conceptualised as a bridge between health policy and scientific information (for example epidemiology). Proper guidelines should be provided to interpret the trends revealed by these indicators. Furthermore, one needs a conceptual model of health to facilitate that interpretation. Health care indicators reflect aspects of both individual health and health care in the community. Thus, mental health indicators reveal problems or priorities in relation to mental health in a particular population. They may derive from routinely collected data or items in health surveys, and are most useful if the procedure is regularly repeated. Interpretation needs a broad understanding of health, health care and communities, and several indicators may need to be considered together, as many things may affect any one indicator.

Health indicators may be described as characteristics or aspects of individuals, families, and health services or other actions to enhance health, as well as being described as different kinds of social and environmental aspects of the community that are related to people's health. These last-mentioned measures may be called "structural indicators". A set of structural indicators of positive mental health was primarily developed by one of MINDFUL's sub-projects, which provided the following definition: "Structural indicators of positive mental health are directly observed phenomena which can be used as quantitative measures of any of the dimensions that are included in the concept of positive mental health. They can be related to stages of the life cycle, different settings, environments, ecological factors, objective circumstances, as well as statistics about observable human behaviour." One goal of the MMHE project is to refine these structural indicators and propose a method for their use in mental health policy analysis.

Development of a national or regional health policy requires a thorough

analysis. Health policy analysis has been defined as a process of assessing and choosing among spending and resource alternatives that affect the health care system, public health system or the health of the general public. Health policy analysis involves several steps: identifying or framing a problem; identifying who is affected; identifying and comparing the potential impact of different options for dealing with the problem; choosing among the options; implementing the chosen option(s); and evaluating the impact. The stakeholders can include government, private healthcare providers, professional associations, industry and trade associations, advocacy groups and consumers. Systematic mental health policy analysis, using some structural methodology, has so far been rather scarcely developed and utilised.

Comparing outcomes of mental health promotion policies between different European countries having partly common social frameworks, but different cultures, histories and economic situations, could be a very useful method to provide valid references to decision-makers. This requires clear goal-setting and use of evidence-based actions, taking into consideration, however, what kind of evidence is relevant to programmes addressing whole communities and populations. The set of structural mental health indicators, presented by the MMHE Project, could aid in building incrementally an evidence base that has relevance for a given country or region in this task.

A useful method for comparing policies is the building of typologies. The underlying hypothesis in typology building is that there exists a natural convergence in health policies when there are similarities in the environmental factors and a shared knowledge. Within the EU, common features are, for example, the ageing of the population, advances in communication technologies, and the growing expectations and demands of the public. Identification of typologies could be a useful tool in bringing clarity and order to the complex efforts to compare countries and regions in different time periods.
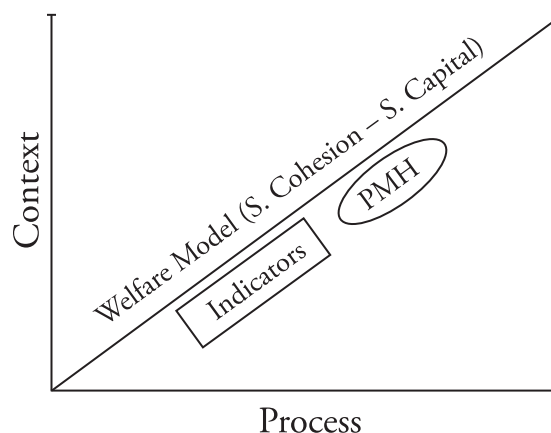

Figure 3. Matrix for mental health policy analysis.
(Source: Ozamiz A. Oral communication. 2008.)

Figure 3 presents a matrix of two axes to build a possible typology for mental health promotion policies. An increase in the welfare model, shown by the structural indicators, would follow the development presented by the two axes, namely the context and the process of policies. The context covers such factors as the economic situation, people's expectations, the history of mental health promotion and level of decentralisation. The axis of process includes actors and values, interest groups, policy makers, plans, research, and training.

Asking which is the most relevant sector for developing mental health policies – the health sector or social welfare sector – already narrows too far the areas of responsibility. It is evident that almost all sectors of society have connections with or influence the mental health of the population. Thus, the mental health of the population is in many ways affected by how societal policy in general is organised and conducted. In addition to health and social welfare, the following sectors are of special importance: education, employment, housing, environment, culture and sport, the justice and prison system, communication, and the economy. In a comprehensive mental health policy the tasks and responsibilities of all these sectors must be considered.

4. Structural determinants of mental health

The EU project MINDFUL proposed as one of its outcomes a set of 31 structural indicators for positive mental health. These indicators mainly refer to societal, social, economic and environmental as well as some age- and setting-related determinants of mental health. The indicators were selected originally from more than 100 determinants, by an expert panel of 100 persons, applying the so-called Delphi method. In order to be practical and useful there was a need to reduce the number of indicators. The most relevant, as assessed by the members of the panel, were selected. The final indicators were grouped into eight domains as presented in the box below.

The eight domains of the structural indicators of mental health

✓ National mental health framework
✓ Pre-school experiences and family support/childcare
✓ Promotion of mental health through schools and education
✓ Employment and workplace mental health
✓ Social capital: mentally healthy communities
✓ Physical environment
✓ Leisure activities
✓ Mental health and older adults.

This manual is the first deliverable of a new EU funded project called Monitoring Positive Mental Health Environments (MMHE). This project is a direct continuation of the MINDFUL project. The 31 indicators have been further refined and defined, and a tailored questionnaire has been developed to collect relevant information about these indicators on a regional level.

The chapter uses this same grouping into eight domains in its subchapters, although they are not quite in the same order, and they are divided into two categories: societal and environmental factors, and age- and setting-related factors. For each domain the available scientific knowledge about the relationship between mental health and the determinants as well as the indicators proposed by the MMHE project are presented. Some illustrative examples of effective mental health promotion actions towards some of the determinants are given in Annex 2 of this manual.

4.1. Societal and environmental factors

4.1.1. Comprehensive mental health policy

As stated earlier in this manual, mental health can be compared to renewable natural resources. This metaphor helps when trying to understand the relation of mental health to societal phenomena and structures. The individual is strongly bound with many ties to the community where he or she is living. Thus, the community can in many ways exploit the mental health resources of the individuals over their natural capacity for renewal, for example by unfavourable circumstances, inappropriate requirements or discrimination. On the other hand, the community may give support, security, stimuli and opportunities to the individual and in this way enhance the development and renewal of mental health resources. Thus, the mental health of the population is in many ways affected by how health policy and societal policy in general is conducted. The political decision-makers at national and/or regional level are key here.

A comprehensive mental health policy should cover several issues. The box below highlights the essential components of a national or regional mental health framework.

Components of a national or regional mental health framework (according to Lavikainen et al.):

- Mental health legislation, covering the overall strategies of mental health work, provision of relevant services, and protection of human rights of the patients;
- Development of general societal policies so that they are favourable to people's mental health;
- Establishment of systematic mental health impact assessment before every major societal policy decision, as part of general health impact assessment, in societal planning and decision-making;
- Promotion of mental health in all relevant settings, covering all phases of the lifecycle;
- Prevention of mental health problems by reduction of risk factors;
- Improvement of the health and social functioning of people with mental disorders;
- Delivery of appropriate mental health services for early detection, care treatment, and rehabilitation;

- Reduction of premature mortality of people with mental disorders, including prevention of suicides;
- Reduction of stigma and negative attitudes toward mental disorders;
- Protection of human rights and dignity of all citizens, and especially people with a mental health problem;
- Financing of the necessary actions.

Source: Lavikainen J, Lahtinen E, Lehtinen V (eds). Public health approach on mental health in Europe. Helsinki: STAKES, 2000.

One important means in supporting the mental health strategy is to assess the mental health impact of different societal policies and actions before the final decision-making and implementation. As has been stated, public policy plays a vital role in shaping the social and physical environment in ways that are conducive to better health. The mental health of people is strongly determined by their living and working conditions, the quality of their physical and socio-economic environment and the quality and accessibility of services. Thus, mental health impact assessment, as part of the general health impact assessment, should be an integral component of the national and/or regional mental health strategy. Its task is to predict and assess the effects on mental health of various proposed policies, programmes and projects and to support policy-makers in improving the decision-making process. The box below presents how health impact assessment supports decision-makers in several ways.

How health impact assessment supports decision-makers
(according to WHO-Europe)

- It informs decision-makers on how they can make optimal decisions between a range of policy options, and it improves the investment of public funds.
- It offers an opportunity to prevent potential negative health effects and to maximize the positive health effects of proposals.
- It offers information about a proposal's effects on the distribution of health in the population, thus providing an opportunity to reduce inequality in health between groups.
- It makes public views and perceptions known to decision-makers.

> • It strengthens local partnerships within local government, other organizations and the community.
>
> Source: WHO-Europe. Health impact assessment toolkit for cities. Document I. Copenhagen, 2005.

Some specific preconditions are necessary when developing and materialising mental health policy in practice. These could be called the necessary supportive infrastructures that, according to the fore-mentioned Mental Health Agenda report, are the following:

1. **Mental health monitoring.** A relevant mental health information system should be established at national and/or regional level. The system needs to be based on commonly shared data definitions and collection methods, proposed for example by the afore-mentioned MINDFUL project, and it should be integrated with the general health monitoring system. The information system should cover psychiatric morbidity, positive mental health and data from the health system. The system should also address the means of collection, analysis and distribution of the information. A comprehensive mental health monitoring system will provide decision-makers with relevant information about the mental health status of the population, the function and quality of the services, as well as the results and outcomes of different development actions. This helps to allocate the available resources in the most cost-effective way.

2. **Research and development.** A mental health policy should establish a sustainable research and development strategy to support the policy development and implementation programme. Programme evaluation, epidemiology, mental health services research and mental health economics are particularly important contributors to the policy and planning by improving the knowledge base and by providing new and better possibilities for action. This kind of activity is especially important in developing evidence-based mental health care.

3. **Human resources.** Similarly, there is a need for a human resources strategy to carry out the implementation of the policy including mental health promotion, prevention and care. There needs to be a sustainable plan for recruitment, basic training production and continuing education of all relevant personnel groups in the health (including primary and secondary care staff), the social sector and schools, workplaces and other settings. Mental health work is very much based on human relationships. Thus,

compared to many other sectors of health care, mental health is especially dependent on the engagement and skills of the personnel.

4. **Involvement of NGOs, service users and carers.** Citizens, people with mental health problems, their families and carers are the customers of the mental health services. Their involvement can greatly improve the planning and delivery of services as they can identify gaps and problems and comment on what is working well as well as provide opportunities for self-help activities. National support for the mental health NGOs is a cost-effective way of encouraging progress.

With regards to assessing the implementation and success of mental health policies one needs relevant measures or indicators. The structural indicators, proposed by the MMHE project for this domain are presented in the box below.

The MMHE indicators for assessing mental health policy:

1. Percentage of the total health budget addressed to mental health promotion;
2. Amount of intersectoral co-operation between health care, social care, educational system, disability care, police, justice and youth care;
3. Occurrence of mental health issues in the training curricula for professionals in education and social service.

4.1.2. Social capital: Mentally healthy communities

The relationship between the structure of the society and the psychological well-being of the population has been described by researchers for some time. One of the first pioneers was Émile Durkheim who created the theory on anomie and suicide in the 1890s. Later in the 1930s R. Faris and W. Dunham argued, based on their studies in Chicago, that the level of the community disorganisation was a factor that could explain differences in the rates of mental illnesses. The disintegration of community was characterized by high rates of lonely people, divorces, abandoned children, lack of social support, violence and crime, drug and alcohol problems and anomie. Furthermore, A. Leighton and his co-workers demonstrate in their pioneering work in Nova Scotia in the 1960s that community-based work to improve integration within the community had a positive impact on people's mental health. Since

then, several community interventions have been developed and evaluated.

The mental health of the population is strongly related to the charac-teristics of the community in which people live. Social, environmental and economic factors are all important determinants of mental health. People cannot achieve their fullest potential unless they are able to take control of those things which determine their well-being. According to the Ontario Healthy Communities Coalition a healthy community process involves: 1) Wide community participation; 2) Broad involvement of all sectors of the community; 3) Local government commitment; and 4) Creation of healthy public policies. In a healthy community all sectors are inter-related, share their knowledge and expertise and work together. Furthermore, the civil soci-ety and the citizens participate in this healthy community process. A healthy community is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential. A more detailed list of the character-istics of a healthy community is given in the box below.

Qualities of a healthy community (according to Ontario Healthy Communities Coalition)

- Clean and safe physical environment
- Peace, equity and social justice
- Adequate access to food, water, shelter, income, safety, work and recreation for all
- Adequate access to health care services
- Opportunities for learning and skill development
- Strong, mutually supportive relationships and networks
- Workplaces that are supportive of individual and family well-being
- Wide participation of residents in decision-making
- Strong local cultural and spiritual heritage
- Diverse and vital economy
- Protection of the natural environment
- Responsible use of resources to ensure long-term sustainability

Source: Ontario Healthy Communities Coalition. http://www.healthycom-munities.on.ca/about_us.healthy_community.htm.

One important strategy to enhance mental health and protect against mental ill-health has been to provide social support through strengthening of social networks. Social support is generally defined as availability of people whom the individual trusts and who make one feel cared for and valued as a person. Many epidemiological studies have revealed the cross-sectional relationship between social support and level of mental health. In the Swedish longitudinal Lundby Study in which the same population was followed for 40 years, it was demonstrated that strong social support was significantly associated with later positive mental health and lower incidence of mental disorders. A low level of social support has been shown to be an important risk factor especially for depression.

Characteristics of a healthy community that is also mentally healthy come close to the concept of social capital. This concept refers to features of social life such as institutions, positive networks, agreements between different social actors and stakeholders, trust and confidence in institutions, norms and reciprocity that shape the quality and quantity of social interactions and facilitate collective action, co-ordination and mutual benefit. A definition proposed by R. Putnam is given in the box below. Studies have identified a positive relationship between social capital and mental health as well as other related outcomes such as less social isolation, better social safety, lower crime levels, improved schooling and education, and improved work outcomes. For example, in a study using data from the British Household Survey it was demonstrated that people belonging to the lowest (third) social capital group were almost twice as likely to have a mental disorder (measured by 12-item General Health Questionnaire) than those in the highest group.

The principal characteristics of the social capital concept
(according to R. Putnam):

- Community networks, voluntary, state, personal networks and density
- Civic engagement, participation and use of civic networks
- Local civic identity - sense of belonging, solidarity and equality with local community members
- Reciprocity and norms of co-operation, a sense of obligation to help others and confidence in return of assistance
- Trust in the community.

Source: Putnam R. Making democracy work. Civic tradition in modern Italy. Princeton: Princeton University Press, 1993.
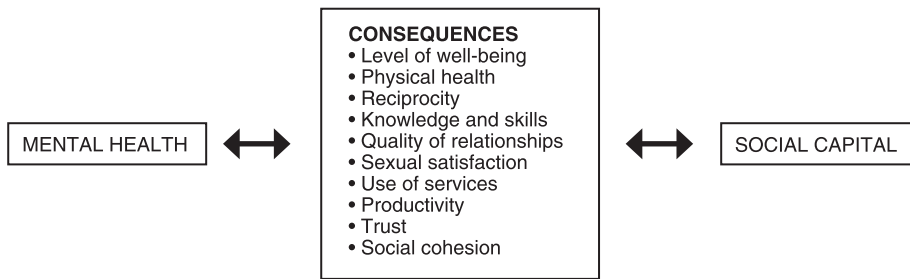
Figure 4. Modelling the impact of mental health on social capital (according to Lehtinen et al.) *(Source: Lehtinen V, Ozamiz A, Underwood L, Weiss M. The intrinsic value of mental health. In: Herrman H, Saxena S, Moodie R (eds). Promoting Mental Health. Concepts, Emerging Evidence, Practice. Geneva: WHO, 2005.)*

Social participation contributes to our mental health, but the reverse is also true. A certain level of mental health is needed for a person to be socially active. Figure 4 demonstrates how the consequences of good mental health may directly contribute to levels of social capital. On the other hand, people experiencing mental health problems are easily marginalized and socially excluded. It has been repeatedly shown that social disadvantage is associated with an increased rate of mental disorders in the community. Several community interventions exist in which the main goal is to provide opportunities for social support and mutual responsibility. One example is the "community diagnosis" approach to enhance social interaction especially in socially disintegrated urban environments, developed by O. Dalgard and his co-workers in Norway.

Community-level mental health promotion usually involves collaborative activities, based on the enhancement of community participation and empowerment. Availability of and easy access to self-help groups in encountering different kinds of life crises and transitions have proved to be effective measures in mental health promotion and prevention of mental ill-health. The involvement of people is an essential prerequisite for community action to be successful. Local people have the best knowledge of problems and, thus, their participation in the planning and delivery of activities is important. This also ensures the sense of ownership and engagement in the efforts.

The structural indicators, proposed by the MMHE project for this domain are presented in the box below.

The MMHE indicators for assessing mentally healthy communities:

4. Proportion of people who volunteer in non-profit organisations and community groups;
5. Social support networks;

6.   Self-help groups to cope with adversities and transitional situations;
7.   Society's knowledge and attitude towards mental health;
8.   Respect for diversity and tolerance;
9.   Proportion of population living in poverty;
10. National development of human rights;
11. Existence of legislation and policies promoting social inclusion.

4.1.3. Factors related to physical environment

There exists some evidence that the physical environment impacts on health, including mental health, although the mechanisms of this influence can be complicated. Most research on the relationship between characteristics of the physical environment and mental health is from urban areas. On the other hand, there exists a lot of epidemiological research on the urban–rural differences of the prevalence of mental disorders. The results of these studies have been somewhat contradictory, but some tentative conclusions can be drawn. Thus, the most severe mental disorders (psychosis, e.g. schizophrenia) have been found to be more common both in some remote and isolated rural areas, and in the central areas of big cities. On the other hand, the so-called common mental disorders, like depression and anxiety, as well as alcohol and substance abuse disorders are more prevalent in urban than in rural environments.

Features of the physical environment that, according to research, are related to and may have an impact on mental health include the following: housing conditions, levels of exterior noise, existence of green spaces (parks, playgrounds for children), public safety, level of crowdedness, and general cleanliness. For example, it has been demonstrated that elements of nature in one's surroundings may decrease the experience of stress by influencing our physiological and emotional reactions. According to some studies these elements improve the self-experienced health status and are related to reduced mortality. The more green spaces there are around the living environment, the healthier people describe themselves. It has been hypothesised that a good physical environment may increase the psychological well-being in at least by three different ways: 1) by providing positive psychological experiences; 2) by working as a buffering or reviving factor in stress situations, and 3) by encouraging people to participate in physical activity.

One extensive experience of improving people's health and well-being by improving the physical environment is the WHO initiated "Healthy Cities" project. Its goal is to put health high on the political and social agenda of cities and to build a strong movement for public health, including mental

health, at the local level. Successful implementation of this approach has consisted of innovative actions addressing all aspects of health and living conditions, and extensive networking internationally, nationally and locally. The main strategies include 1) enhancement of policies and actions for health and sustainable development, with an emphasis on the environmental and social determinants of health, on people in poverty and on the needs of vulnerable groups; 2) promotion of solidarity, co-operation and working links between the participating cities and networks; and 3) generation of good practices, expertise, evidence and case studies that can be used to promote health and health promoting urban regeneration in the planning and development of the cities. The characteristics of a healthy community or city, as outlined by the WHO, are presented in the box below.

Characteristics of a healthy community (according to the WHO)

- A clean, safe physical environment of high quality (including housing quality).
- An ecosystem that is stable now and sustainable in the long term.
- A strong, mutually supportive and non-exploitative community.
- A high degree of participation and control by the public over the decisions affecting their lives, health and well-being.
- The meeting of basic needs (for food, water, shelter, income, safety and work) for all the city's people.
- Access to a wide variety of experiences and resources, with the chance for a wide variety of contact, interaction, and communication.
- A diverse, vital and innovative city economy.
- The encouragement of connectedness with the past, and the cultural and biological heritage of city dwellers and with other groups and individuals.
- A forum that is compatible with and enhances the preceding characteristics.
- An optimal level of appropriate public health and sick care services accessible to all.
- High health status (high levels of positive health and low levels of disease).

Source: Duhl LJ, Sanchez AK. Healthy cities and the city planning process. A background document on links between health and urban planning. Copenhagen: WHO-Europe, 1999. Available online: http://www.euro. who.int/document/e67843.pdf.

An important feature of the physical environment that has an impact on people's mental health is communication. One aspect is information and resource transfer, and in the most practical sense, that relies upon a well-functioning public transport system, which ensures adequate movement and access to workplaces, shops and services for everybody. Of increasing importance in our times has been the development of information technology, resulting in the information society of our modern time, which provides many opportunities but also challenges and even threats for people. For example, information overload or over-submergence in the virtual world may present real risk factors for mental health. Another evident risk is social exclusion of those who are not able to acquire the necessary literacy in information technology. The European Commission's Green Paper "People First" identified a set of common principles to guide public policies for the information society. According to these guidelines public policies should, among other issues:

- improve access to information
- enhance democracy and social justice
- promote employability and lifelong learning
- achieve and enhance equal opportunity between men and women
- promote inclusion and support people with special needs and those lacking opportunities to improve their position
- improve the quality and efficiency of administration.

The structural indicators, proposed by the MMHE project for this domain are presented in the box below.

The MMHE indicators for assessing the physical environment:

12. Promotion of safety in vulnerable population;
13. Proportion of green spaces with public access.

4.1.4. Leisure activities

Some research evidence suggests that different forms of leisure activity may be positively related to mental health, although much more research is needed to draw any definite conclusions. The concept of leisure has been defined as the "condition of perceived freedom". Thus, one has leisure when one feels free and able to do what one wants to do. Freedom means here the possibility to do "something else". Some people who have a lot of "free time" may be so much preoccupied with worries about daily living and/or safety that

they do not have the freedom of choice. This may concern for example the unemployed, the disabled or members of ethnic minorities who do not have leisure in the above meaning. As C. Westland has stated, we can speak about leisure only with people whose basic physiological and safety needs have been met, realising the significant individual variances this implies.

Westman has defined leisure activities as self-determined activities engaged in during leisure, for the satisfaction that one expects to derive from them. Intrinsic motivation and the fact that the activity is chosen for its own sake are important. Furthermore, the concept of "satisfaction" needs to be seen in its widest sense, including enjoyment, relaxation and personal development. Leisure activities cover a broad range, from listening to music, reading a good book or watching a movie, to meeting friends, going cross-country skiing, hiking, camping or swimming.

A growing number of studies show that leisure activities are associated with and may have an impact on many aspects of life that are related to mental health. There is also some evidence that passive leisure is not so effective in enhancing mental well-being than active leisure. Different mechanisms may be involved in this influence. First of all, leisure activities increase the opportunities of individuals, groups and the communities to interact with each other, and thus, increase social capital. It has also been shown that leisure may increase subjective well-being by increasing life satisfaction. Learning new skills improves one's self-esteem by increasing the sense of competence. Furthermore, some studies show that complex leisure activities increase intellectual and cognitive capacities which, for their part, contribute to better mental health. Finally, it has been stated that, for example, participation in games makes social distinctions disappear, and thus, preserves the conditions of fundamental equality between people. In an interesting study from Sweden it was found that when men aged between 18 and 44 years were asked what gave their life most meaning, in 1955 only 13% answered leisure, but 22 years later this proportion had raised to 27%. In more recent studies the most considered values among young people are travelling, socialising and sports, in other words, leisure activities.

The best documented leisure activity that has an influence on mental health is physical activity. The physical health benefits of exercise have been well documented over a long period of time but there now exists an increasing amount of evidence about links between physical activity and mental health. Compared with inactive people, the physically active have had higher scores for psychological well-being and positive self-concept, more self-esteem, improved self-perception, better cognitive functioning, improved sleep and more positive "moods" and "affects." More active people also seem to score higher on perceived ability to perform activities of daily living, physical well-being and other measures related to quality of life. A few studies even suggest that more active lifestyles may be linked with higher levels of alertness

and mental ability, including the ability to learn. These findings seem similar in both young people and adults. Physical activity has also been shown to enhance the effectiveness of psychiatric treatments and to have a role in improving quality of life and symptom management for people with mental health problems. Thus, physical activity has been used to treat mental health problems. Studies exist that show that physical exercise may be as effective as psychotherapeutic interventions in the treatment of depression.

The MMHE project proposes only one indicator for this domain as presented in the box below.

The MMHE indicator for assessing leisure activities:

14. Frequency of participation in sporting activity.

4.2. Age- and setting-related factors

4.2.1. Childhood experiences before school age

Children represent the future, the development, and the renewal of cultures and societies. Many authors have stressed the importance of early childhood as a crucial period in human development in general, and as the basis for good mental health throughout the whole life cycle. The influence of the first few years of a child's life on later personality and psychosocial development is well documented. Early childhood is also the period for which there is the strongest scientific basis for mental health promotion actions. There is evidence that mental health promotive and preventive interventions in early childhood can be more long-lasting and effective than those introduced later in life.

Many researchers have examined what kind of experiences related to a child's environment impact on good mental health outcomes. The home is the natural surrounding and the most important development environment of the child, and the relationships with the parents are his or her most important. Therefore, the most relevant determinants for good mental health in early childhood are related to the home or to the relationship with parents. For example, the following early-childhood-related issues have been shown to be associated with child development and later state of mental health: quality of early attachment between infant and mothering figure, parenting style, home atmosphere, relationship between parents and also the quality and amount of support by society and the surrounding community to families with young children.

One important issue in this context is the concept of attachment. The attachment theory was originally developed by J. Bowlby. He studied young children who were hospitalised and thus separated from parents for a longer period. He found that most of these children were deeply deprived and apathetic due to the separation from their most important caregiver, usually the mother. Based on these observations he developed the so-called attachment theory to which M. Ainsworth made her own contribution by developing relevant research methods. Attachment usually refers to the special nature of relationships that are very close. People can become attached to each other at any age but the prototype of an attachment relationship is usually thought to be that between the infant and his or her main caregiver. Attachment relationships are characterised by strong feelings and play a large part in laying down patterns for other social interactions. The nature of the early attachment between the infant and the mothering figure has proved to be of crucial importance in regard to later mental health of the individual. The so-called secure attachment is the prerequisite for the infant to develop good mental health. The fundamental assumption in attachment theory is that sensitive responding by the parent to the infant's needs results in an infant with a secure attachment. The mother showing secure attachment finds it relatively easy to get close to the infant. She is comfortable depending on others and having others depend on her, and she does not usually worry about being abandoned or about someone getting too close to her.

Attachment is defined as an enduring emotional bond that leads the infant to experience pleasure, joy, safety and comfort in the caregiver's company, and distress when temporarily separated.

The nature of attachment between infant and caregiver is part of parenting, the quality of which has been shown to be a very important determinant of a child's later mental health. It has actually been stated that parenting is probably the most important public health issue facing our society. It is the single largest variable implicated in childhood illnesses and accidents; teenage pregnancy and substance misuse; truancy, school disruption and underachievement; child abuse; unemployability; juvenile crime; and mental illness. D. Winnicott launched the term "good enough parenting" to underline the fact that the parenting figures need not be perfect or ideal; ordinary parenting is enough. It is also important to notice that anyone taking part in a child's care, control and development is engaged in the parenting process. For example, grandparents, family friends and neighbours, day care personnel and family workers can all be seen as parenting figures. Good enough parenting delivered during the first years of childhood enables attachment and fosters

the child's sense of basic security, which is essential for subsequent mental health and self-esteem. The box below presents the essential characteristics of good enough parenting.

Components of good enough parenting
(according to M. Hoghughi and A.N. Speight):

1. **Love, care and commitment.** Children need to feel that they are loved consistently and unconditionally. In case of child's hospitalisation it is essential to make arrangements to ensure parents' presence during the hospital care as much as possible.
2. **Control and consistent limit setting.** Control is concerned with setting and enforcing boundaries to help the child in his or her dealings with the outside world. Boundaries must be set to show what behaviour is unacceptable, with due allowances made for developmental stages. "Good enough" control requires setting of reasonable boundaries which are set in a consistent yet loving way so that the child accepts the reality of the boundaries and incorporates them in its actions.
3. **Facilitation of development.** This third aspect of parenting involves fostering the child's development to enable the child to fulfil his or her full potential. This involves every area of functioning, from the physical and intellectual to the moral, aesthetic and spiritual. "Good enough" care involves providing rich and varied stimulation in early childhood followed by involvement and support for the child throughout later years until adulthood is reached.

Source: Hoghugi M, Speight ANP. Good enough parenting for all children - and strategy for a healthier society. Arch Dis Child 1998:78:293-300.

Family atmosphere as a whole has proved to be an important determinant of mental health both for the children and the adults in the family. Family researchers have developed the concept of "family homeostasis", by which they describe the fact that there usually exists a kind of dynamic equilibrium between the relationships of different family members. This is related to the needs of the different family members and their mutual power positions. Homeostasis can not only be healthy and thus flexible and tolerate changes but may also be rigid or even chaotic. The type of family homeostasis is clearly associated with the state of mental health of the family members, which again

has an effect on the function of the whole family. Criteria for well-functioning and "healthy" families, according to G Peterson, are presented in the box below.

Characteristics of healthy families (according to G Peterson):

1. **Orientation:** Family atmosphere is influenced by a belief in helping each other, acknowledging human needs for reassurance and support, and viewing mistakes as human. Family members know that human needs are satisfied through relationships, and when children grow and leave home their independence is continually dependent on other community systems. Whilst these members strive for competence, they know they do not solely control outcome.
2. **Boundaries:** Clear boundaries between family members means that the responsibilities of adults are clear and separate from the responsibilities of the growing child(ren). There are no "parentified" children in the family, and people talk freely for themselves, expressing differences of feelings and opinions without fear of punishment or retaliation. However democratic discussions are, parents retain appropriate decision-making relative to the age of the child.
3. **Power and intimacy:** People are able to relate intimately when they feel they have equal power. This is because when we get frightened, two options are open to us: to relate through loving and caring to get our needs met, or to control others or a situation. We may choose the power of love or the power of control.
4. **Honesty and freedom of expression:** Members of a family are free to express themselves autonomously, including different opinions or viewpoints if the family interactions support individuality. Discussions can be lively and even heated if it is basically acceptable for family members to have differences. Love and caring is not withdrawn if people think differently about something.
5. **Warmth, joy and humour:** When there is joy and humour in relationships, people seek out the comfort of these interactions. Family members' enjoyment and trust in one another is an important energizing resource. There is the feeling that there is always someone to talk to who cares, and who you can laugh and have fun with at various times as well.

6. **Organisation and negotiation skill:** A necessary aspect of family life is coordinating tasks, negotiating differences and being able to reach closure effectively. Negotiating skills include the ability to listen and make choices in what family members feel is a fair process. In healthy families, this process does not get overly bogged down, although there is room for discussion, and parents alternate the role of co-ordinator between them.

7. **Value system:** Part of the health and vibrancy of any family is also dealing with weaknesses, fears and stresses in the system itself. Nobody is perfect and no system is perfect. But in healthy families, truth is accepted as not absolute. Different perspectives on reality are acceptable and people are basically good. These are two underlying beliefs. In addition to a basic positive view of humanity and of life in general, healthy families also deal with the inevitable losses that occur in the family life cycle.

Source: Peterson G. 7 characteristics of healthy families. Insight, Healthy Living. http://www.insightdirectory.com/articles74.htm.

Very much relating to what has been said above, it is understandable that the relationship between the parents has a strong influence on the psychosocial development and later mental health of the child. Thus, it has repeatedly been shown that marital discord is a risk factor for mental illness in children, and, on the other hand, a good relationship between the parents acts as an enhancing or protective factor.

The structural indicators, proposed by the MMHE project for this domain are presented in the box below.

The MMHE indicators for assessing childhood experiences:

15. Proportion of mothers who undergo a simple check soon after giving birth to ensure they are capable of meeting the infant's basic needs;
16. Access to child-centred services for pre-school children.

4.2.2. Factors related to school life

Human beings are sometimes called "social animals" by way of referring to the crucial importance of social relationships to our psychosocial and also physical development. The first socialisation phase in a child's development takes place usually within the primary family. The second phase starts when the child gets other contacts outside the family, for example with playmates and other adults. Playing together with other children is an important supporter of the moral development at this age period. The third socialisation phase is usually seen to begin when the child begins school. It means new opportunities, but also new challenges, in regard to mental health. The school stage is usually the most important stage at which a child practices participation in the wider community.

School is the place where the whole age group can rather easily be reached for several years, and where the mental health activities can be well integrated into everyday work. Thus, for school-aged children and adolescents, school and other educational settings are important entry points for mental health promotion, as they are the main supporters of separation, individualisation and socialisation. The process of marginalisation and social exclusion seen in adulthood often start during childhood and adolescence, leading to aggressive behaviour, delinquency, substance abuse and, in the case of young girls, to teenage pregnancy. On the other hand, many school-related issues have been shown to have an influence on the later mental health development of the individual. There is an increasing amount of evidence that enhancing children's mental and physical health in schools will improve their ability to learn and to achieve academically as well as their capacity to become responsible citizens and productive members of society.

Safety of the environment and respect from others have proved to be important determinants of good mental health. Bullying in schools on the other hand, is one of the major risk factors for mental ill-health both during the school years and later in life. Pupils who are bullied at school usually feel powerless to stop it happening. They may be depressed, angry, frightened or bewildered, and they are often unable to concentrate on their lessons. Some may even be suicidal. The victim may loose his or her self-confidence and self-esteem, which can have life-long consequences on mental health. It is also important to understand that bullying is not only a risk factor for the victims, but also for the bullies; both need help to protect them from later negative mental health consequences.

The EU-funded project on "Mental Health Promotion of Adolescents and Young People" collected 52 programmes from EU Member States in its effort to produce a directory of effective mental health promotion programmes for persons aged 14 to 25 years. Altogether 70% of these programmes had defined schools as the setting for programme implementation. This shows how

important the role of schools and other educational settings have in mental health promotion for these age groups.

Lots of information and experience on the enhancement of mental health in schools has been achieved by the EC/WHO/Council of Europe initiative 'The European Network of Health Promoting Schools'. One of the leading figures in this project, Katherine Weare, has introduced the concept 'Whole School Approach' in her book 'Promoting Mental, Emotional and Social Health'. The Whole School Approach is a comprehensive strategy for using the school setting to enhance mental, emotional and social health in all partners involved: learners, teachers and parents. The most important characteristics of the Whole School Approach are, according to several studies, the following:

- positive staff–pupil relationship
- pupil participation
- staff development and education
- teamwork
- active involvement of parents, the local community and key local agencies
- starting the approach early with the youngest children
- having a long-term commitment to the programme.

Furthermore, it has been concluded that the most effective programmes also use a broad and generic rather than a topic-based approach, focus on skills, attitudes and values rather than information and facts, are sensitive to the needs of pupils, especially those from different ethnic and social groups, and are developmentally sensitive to the age and stage of the pupils. Programmes also work best in schools with strong leadership and clear disciplinary policies. A somewhat more detailed description of the leading principles of the whole school approach is presented in the box below.

The leading principles of the whole school approach
(according to K Weare):

1. Relationships: Good supportive relationships in school are essential prerequisites to producing high levels of pupil and teacher morale and performance. Good relationships are nice in themselves, but more importantly, they also enhance more effective learning.
2. Participation: Both the staff and the pupils should have opportunities to participate in issues taking place in the school and concerning themselves. To encourage and give opportunities

to pupils, especially in the classroom setting, seems to be of special importance. Participation should also be expanded, of course, to parents, and preferably, to the surrounding community.

3. Autonomy: Autonomy means a proper degree of freedom and independence. It is a relative, not an absolute, concept, and pupils respond best when the degree of freedom is suited to their age, stage and personality. It has also been shown to be important that teachers have control over their own work and have the possibility to make their own decisions.

4. Clarity: Clarity means that people experience structure and boundaries, know what is expected of them and what they can expect from others, understand what their role is, and what the norms, values and rules of the organisation are. On the other hand, bullying has been shown to be the most important risk factor in the school setting for later mental health problems.

Source: Weare K. Promoting mental, emotional and social health. A whole school approach. London and New York: Routledge, 2000.

The structural indicators, proposed by the MMHE project for this domain are presented in the box below.

The MMHE indicators for assessing factors related to school life:

17. Proportion of schools with mental health promotion activities in their curriculum;
18. Proportion of schools offering counselling and emotional support to pupils;
19. Mental health support in schools.

4.2.3. Factors related to work life

One of the most important areas of social participation throughout our adult years takes place within the world of work. Thus, work is of fundamental importance in human life. It is essential for the survival of both society and the individual, and makes it possible to satisfy certain basic human needs. It

is through work that man has created both his material well-being and his abstract culture. Work confers security and the possibility of self-actualisation. Man's innate propensity for activity and goal-directed behaviour finds fulfilment especially in work. Many aspects of work also have a positive impact on the mental health of the worker as described in the box below.

The positive impacts of work on the mental health of the worker (according to WL. Slocum):

1. Work is the source of livelihood and security;
2. Regular work imposes an important rhythm on our use of time;
3. Work provides a natural basis for integration into a larger social environment outside the family;
4. Work provides an opportunity to achieve positive self-identity;
5. Work helps to fill life meaningfully and gives a sense of satisfaction;
6. Work provides respect from others and a sense of being a useful member of society.

Source: Slocum WL. Occupational careers: a sociological perspective. Chicago: Aldine, 1966. NHS National Library for Health. Mental health specialist library. Workplaces. http://www.library.nhs.uk/mentalHealth/viewResource.aspx?resID=111334.

The nature of work has changed dramatically during the last two centuries. During the industrial revolution in the nineteenth century, work became concentrated in separate production units, and finally became a totally separate area of human activity which changed the social structure dramatically. Towards the end of the twentieth century the new information revolution again changed work life drastically, and work has become more challenging. New and more complicated skills are required by workers. Teamwork has become key to efficiency, but on the other hand, remote working and working alone have also increased. Globalisation is also a new factor that has significant consequences for workers, especially in our western societies. At the same time work relies more and more on information and communication technology. The development towards an information society means that the relationship between work and mental health has also become more complex. Additionally, these changes affect not only the worker but also his or her family, and actually the whole community.

As already stated, work can support mental health in many ways. On the other hand, work, when inappropriately organised, can also be a source of mental ill-health. The consequences of living under stressful working conditions are manifold and may also extend to the family and the whole society. One source of stress may be bullying at work, either by superiors or workmates. Anxiety, depression, burn-out, sleeplessness, substance abuse and marital discord are some examples of the negative consequences.

Studies conducted in work places and organisations show that several factors contribute to a workplace that is mental health promotive. These include: good management, good communication and information, enough autonomy and control over one's work, job security, and adequate balance between work requirements and the capacities of the worker. The key elements of an effective workplace mental health promotion programme are listed in the box below.

Key elements of an effective workplace mental health promotion programme include:
- Redressing effort/reward imbalance
- Improving communications and staff involvement
- Enhancing social support, especially from managers to subordinates
- Increasing job control and decision-making latitude
- Assessing job demands

One important point of view in the work life domain is the relationship between unemployment and mental health. This topic has also been the focus of an EU-funded mental health project that published its results and recommendations in 2001 in the book named "Unemployment and Mental Health". The project showed clearly that unemployment generally has a negative effect on mental health, while 85% of the analysed studies found an association between these two variables. In addition, the consequences of unemployment also affect those with low job security. However, this association does not necessarily mean a causal relationship between unemployment and mental ill-health; mental disorder may very well be the cause of unemployment. On the other hand, unemployment has not always proved to be a risk factor; sometimes it can mean relief from unbearable work conditions, and thus, contributes to even improved mental health condition.

Finally, it has been shown to be extremely important for people's mental health as well as for economic productivity that parents, especially with young children, have real opportunities to balance family and work life so that it provides the best advantage to all partners involved: the children, the parents

and the employers. This requires the possibility of flexible working time, part-time working when appropriate, proper day care availability for the children, financial support by the state and favourable attitudes from society.

The structural indicators, proposed by the MMHE project for this domain are presented below.

The MMHE indicators for assessing factors related to work life:

20. Prevalence of programmes to promote mental health and address psychosocial risk factors in the workplace;
21. Satisfaction with the work environment;
22. Existence and extension of supported employment programmes for people with long-term mental problems;
23. Proportion of people without work;
24. Stability of employment;
25. Statutory income for long-term sickness/disability as a percentage of average income;
26. Existence of mental health promotion as part of health and safety at work legislation.

4.2.4. Experiences of older people

Deep demographic changes such as a rapid increase in the ageing population pose one of the biggest challenges to our European societies. It has been estimated that the proportion of people in Europe who are over 60 years of age will increase from 20% in 1998 to 28% by 2025. The most remarkable increase will happen in the age group of 80 years or over. The high-age-related mental disorders, especially dementia and depression, will increase in the future. This fact clearly motivates us to focus our attention towards the mental health issues of older people. There is especially a need to promote mental health and prevent mental ill-health in old people by finding out and tackling those environmental factors that are related to the mental health of this particular age group.

Several factors contribute to the psychological well-being and mental health of older people. These are linked to the quality of life and include things that enhance self-determination, independent living and autonomy. The box on the next page gives a list of some important determinants of old-age mental health, as presented in the MIND Factsheet.

MIND Factsheet: Older people and mental health. Keeping healthy and staying active

Physical exercise: Exercise has many positive benefits for physical and mental health, for example by supporting recovery from depression. It is important that the exercise is tailored towards the person's level of fitness and takes into account any health or mobility problems he or she may have.

Diet and nutrition: By eating well, one is likely to feel healthier, stay active for longer and protect oneself against illness.

Sleep: Sleeping problems may increase with age. Continuing insomnia or sleep disturbance can lead to tiredness, irritability and difficulty in concentrating. Frequent problems in sleeping can lead to sleep debt, which can affect intelligence and control of movement.

Social life: The retirement years can bring a welcome release from some social commitments or obligations of earlier life, but also lead to loneliness and isolation. However, retirement offers new opportunities to extend one's social networks.

Volunteering: One possibility to extend social life is to engage in voluntary work. Voluntary work can provide social and intellectual stimulation, the potential for new friendships and increased self-esteem.

Family life: Research has repeatedly shown that older married people have better mental health than others. Similarly, contact with relatives and friends from different age groups is beneficial to the mental health of older people.

Staying mentally active – learning opportunities: Taking up learning opportunities at any age can enhance life and make one feel healthier all-round. This is true for older people as well.

Sexuality: A satisfying sexual life is a component of good mental health, even for older people. Ageism within society can mean that older people are seen as being asexual, but both men and women can continue to have a satisfying sex life when they get older.

Spirituality: Spirituality is about how we make sense of our past, our present and our future, whether this is within an organised religion, within another type of group, or as an individual. Spirituality can enhance mental health by providing support and security.

Source: Mind. Older people and mental health. http://www.mind.org.uk/information/Factsheets/older+people/Older+People+and+mental+Health.htm#Keeping_healthy_and_staying-active.

Important measures to help older people meet these opportunities for mental health are economic security, adequate housing arrangements, possibilities to participate in social activities, access to health care, befriending programmes and practical home aid. The key factor in mental health promotion in later life is personal, active participation by the elderly themselves at all levels. Combating ageism is also important in this regard. Loneliness and physical deterioration are the most important risk factors for mental ill-health amongst older people.

The person encounters some specific mental health risks when approaching old age. One of the most significant transitions in this phase of life is retirement. Retirement rates high on the scale of stressful life events, along with bereavement and divorce. On retirement, it is not unusual to experience mixed feelings. On the one hand, retirement may be something to look forward to, it brings freedom and possibilities to do things that one has always desired but did not have time for. On the other hand, it may bring feelings of sadness, rejection and depression, especially if the person has been made redundant or forced into early retirement. Some people have feelings of joy and freedom at the start of retirement, only to find that these are replaced after a few weeks by feelings of boredom, low self-esteem and emptiness. Society's attitudes to older people are important here. Ageism is still a rather prevailing attitude.

Another common life event of an older person is bereavement and loss of close relationships, such as a partner, family members or friends. These events cause grief, which is a natural reaction, but may also bring other, less favourable feelings in regard to one's mental health. These include denial, anger, guilt and depression. Isolation and loneliness are common negative consequences of these life events.

The structural indicators, proposed by the MMHE project for this domain are presented in the box below.

The MMHE indicators for assessing experiences of older people:

27. Access to social clubs, centres, etc. for older adults;
28. Proportion of people over 65 engaged in training or education;
29. Access to home visits to support older people;
30. Adequacy of pensions;
31. Rate of large families including old people.

Annex 1. List of the MMHE indicators

1. Percentage of the total health budget addressed to mental health promotion
2. Amount of intersectoral co-operation between health care, social care, educational system, disability care, police, justice and youth care
3. Occurrence of mental health issues in the training curricula for professionals in education and social service
4. Proportion of people who volunteer in non-profit organisations and community groups
5. Social support networks
6. Self-help groups to cope with adversities and transitional situations
7. Society's knowledge and attitude towards mental health
8. Respect for diversity and tolerance
9. Proportion of population living in poverty
10. National development of human rights
11. Existence of legislation and policies promoting social inclusion
12. Promotion of safety in vulnerable population
13. Proportion of green spaces with public access
14. Frequency of participation in sporting activity
15. Proportion of mothers who undergo a simple check soon after giving birth to ensure they are capable of meeting the infant's basic needs
16. Access to child-centred services for pre-school children
17. Proportion of schools with mental health promotion activities in their curriculum
18. Proportion of schools offering counselling and emotional support to pupils
19. Mental health support in schools
20. Prevalence of programmes to promote mental health and address psycho-social risk factors in the workplace
21. Satisfaction with the work environment
22. Existence and extension of supported employment programmes for people with long-term mental problems
23. Proportion of people without work
24. Stability of employment
25. Statutory income for long-term sickness/disability as a percentage of average income
26. Existence of mental health promotion as part of health and safety at work legislation
27. Access to social clubs, centres, etc. for older adults
28. Proportion of people over 65 engaged in training or education
29. Access to home visits to support older people
30. Adequacy of pensions
31. Rate of large families including old people.

Annex 2. Some examples of effective interventions

The Midwestern Prevention Project (Chou et al. 1997)

Target group: Adolescents in the community.
Objective: The programme aims at decreasing the substance abuse problems among adolescents by extensive community-based actions: Increasing their skills to resist pressures to use drugs, supporting parents, involving community leaders in restricting access to alcohol and drugs and in changing the community policy, and mass media campaigns.
Process: The programme has been developed in the USA, and it uses an extensive and multi-faceted community approach focusing on different actors and stakeholders. The intervention consists of five components:1) The School programme includes skills training together with counselling and support; 2) The parental programme focuses on family support of non-drug use; 3) The Community component involves the community leaders; 4) The health policy change component focuses on changing local ordinances such as restricting smoking in public places, increasing alcohol pricing, and limiting availability; and 5) The mass media campaign uses TV, radio and print broadcasts to support the implementation of the programme.
Outcome: The evaluation has shown promising results: Reduction of up to 40% in adolescent daily smoking and marihuana use, somewhat smaller reduction in alcohol and hard drug use, and increased positive parent–child communication.

Source: Chou CP, Montgomery S, Pentz MA, Rohrbach LA, Johnson CA, Flay BR, MacKinnon DP. Effects of a community-based prevention program on decreasing drug use in high-risk adolescents. Am J Publ Health 1998:88:944-948.

Environmental influences on psychological restoration
(Hartig T et al. 1996, 2003)

Target group: A sample of healthy adults.
Objective: The study examined the influence of natural environments on psychological restoration after a distressing task.
Process: After performing a concentration test the subjects were walked either along a nature path or a city route.
Outcome: The psychological restoration, as measured by a decease in blood pressure, tension in the neck muscles, and subjective experience of relaxation, was significantly faster for those walking in the natural environment than those walking in the city.

Source: Hartig T, Evans GW, Jamner LD, Davis DS, Gärling T. Tracking restoration in natural and urban field settings. J Environ Psychol 2003:23:109-123.

Aerobic exercise (DiLorenzo et al. 1999)

Target group: Healthy adults.
Objective: The programme aims at improving the aerobic fitness and psychological well-being of the participants.
Process: The programme consists of a twelve-week aerobic fitness programme using bicycle ergometry four times a week in a 24-minute session.
Outcome: The evaluation showed that, in comparison with the control group, not only did physiological benefits occur in the experimental group, such as a stronger heart, but also psychological improvements were made, specifically with depression. The long-term effects of this experiment showed an overall improvement both physically and mentally which was still present a year after the programme had been conducted.

Source: DiLorenzo TM, Bargman EP, Stucky-Ropp R, Brassington GS, Frensch PA, LaFontaine T. Long-term effects of aerobic exercise on psychological outcomes. Prev Med 1999:28:75-85.

Sure Start Local Programmes (The National Evaluation of Sure Start Research Team 2007)

Target group: 12 to 36 month old children and their families in disadvantaged areas.

Objective: To support young children and their families by integrating early education, childcare, healthcare and family support services in disadvantaged areas. The programmes aim to improve the health and well-being of families and young children, so that the children will have a greater opportunity to do well in school and later in life.

Process: Sure Start has local flexibility, but in general, services include outreach and home visiting, family support and good quality play, learning and childcare facilities.

Outcome: Parents of three-year-old children showed less negative parenting while providing their children with a better home learning environment. Three-year-old children in SSLP areas had better social development with higher levels of positive social behaviour and independence/self-regulation than children in similar areas not having a SSLP. The SSLP effects for positive social behaviour appeared to be a consequence of the SSLP benefits upon parenting. Families living in SSLP areas used more child- and family-related services than those living elsewhere.

Source: The National Evaluation of Sure Start Team. National evaluation of Sure Start. Birkbeck, University of London, 2007. http://www.ness.bbk.uk/findings.asp.

MindMatters (Wyn et al. 2000)

Target group: Students and teachers in secondary schools.

Objective: The programme aims to foster a positive school environment that promotes young people's mental health and provides them with the skills and resources to meet life's challenges. The programme also supports teachers, parents and school communities to provide support to young people at risk of developing mental health problems.

Process: The MindMatters initiative is an Australian mental health promotion, prevention and early intervention programme for secondary schools, applying the whole school approach principles. It provides professional development and training for school staff that aims to provide participants with the knowledge, skills and understandings to successfully implement MindMatters in the school community. The package includes a resource for schools, a dedicated website and project officer support for the participating schools. MindMatters includes three additional component projects: MindMatters Plus for students at risk for mental health problems, MindMatters Plus GP and Families Matter.

Outcome: The MindMatters has been evaluated in several different ways, using both quantitative and qualitative approaches. The programme raised awareness of mental health issues and encouraged schools to develop policies, structures and procedures, and curriculum around supporting the mental health of students and staff. There was some early evidence of a reduction in the rates of truancy and retention, and an increase in the number of students seeking help from teachers. This suggests that there was an increase in student attachment to school. Additionally, there was evidence to suggest that teacher responses to bullying had improved. Furthermore, students who participated in the skills building activities felt more confident in their ability to deal with mental health issues. Teachers reported that the initiative gave them the confidence and skills to better support and understand the needs of students, and to identify those children who may need additional support.

Source: Wyn J, Cahill H, Holdsworth R, Rowling L, Carson S. MindMatters, a whole-school approach promoting mental health and well-being. Aust N Z J Psychiatry 2000:34:594-601.

Developing health promotion in health centre
(Berkels et al. 2004)

Target group: Primary health care centre staff of all levels.
Objective: The programme aims at: improving problem-solving abilities and general well-being of the staff; increasing organisational learning and multi-professional teamwork; preventing burnout by improving work models and working conditions.
Process: This Finnish programme was developed to improve the well-being of health centre staff by improving working conditions and building up a regional model for preventive work and health promotion. The two-year programme concentrates on the training of change agents and project workers as well as the health centre staff. The methods used are: joint training for change agents; historical analyses of work and work-related problems: feedback to the management and the decision-makers; implementing of peer support group activities.
Outcome: The programme was evaluated both qualitatively and quantitatively. Evaluation has shown that continual development work is a precondition for increasing well-being at a time when the health problems of the population are mounting. The impact of the programme is shown in: improvement in group problem-solving abilities; reduction of sick-leave absenteeism; and increased motivation by the employees.

Source: Berkels H et al. Mental Health Promotion and Prevention Strategies for Coping with Anxiety, Depression and Stress Related Disorders in Europe. Final Report. Publications Series from the Federal Institute for Occupational Safety and Health, Research Report Fb 1011, Dortmund-Berlin-Dresden, 2004.

The Clubhouse Model (McKay et al. 2005)

Target group: Persons with a serious mental disorder living in the community.
Objective: To remove the social barriers of stigma and isolation, with membership of a clubhouse addressing issues such as low self-esteem, low motivation and social isolation. The aim is to facilitate people to lead a more productive and meaningful life within the community.
Process: The programme consists of clubhouses where members receive support and services, with the goal of returning back to work. Clubhouse is a place, run by clients and staff on an egalitarian basis, where clients can meet for social activities, mutual support and graded work experience.
Outcome: The evaluation has shown that the clubhouse model is effective in reducing the rates of hospitalisation and increasing the quality of life as well as enhancing employment, social inclusion and social relationships. Individuals with longer membership have been seen to work longer and have higher earning potential than those with only short membership.

Source: McKay C, Johnsen M, Stein R. Employment outcome in Massachusetts clubhouses. Psychiatr Rehab J 2005:29:25-33.

Good Neighbour Scheme (Suffolk ACRE)

Target group: Older people living in the community.
Objective: The programme is dedicated to reducing the social isolation and loneliness experienced by many older people.
Process: Volunteers are trained and supported to escort and enable older people to lead a more satisfying later life. The volunteers' role can be varied. It can be escorting a housebound person to an opticians or dental appointment or to visit a friend. It may be enabling a visually impaired person to reply to their mail. Having someone to chat to for some hours a week or to help one's shopping can boost an individual's confidence greatly.
Outcome: Increased self-esteem and more positive emotional state (as measured by indicators specifically developed for the programme). 80% of clients have reported that they had more human company. 52% said they spent more time outside their home.

Source: Good Neighbour Scheme. Suffolk ACRE. http://www.suffolkacre. org.uk/main.php.

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Ville Lehtinen

Building Up Good Mental Health
Guidelines based on existing knowledge

Mental health is an essential part of a person's general health. It is organically connected with the structure and function of our psychosocial and physical environment. Many of these aspects can be seen as important determinants of mental health. Thus, people's mental health can be affected by tackling several psychosocial and environmental ("structural") factors in our societies.

This manual is produced by an EC funded project called Monitoring Positive Mental Health Environments. It provides the latest understanding to the many stakeholders whose responsibilities lie in the development of mental health policy, especially at the regional level. The key question addressed is what the health authorities and political decision-makers can do to improve the conditions for mental health in their own region by influencing the positive mental health determinants. The manual will give concrete and useful recommendations that are addressed in particular to the political decision-makers and administrators in the field to provide them with evidence-based tools in their important work to develop our societies towards being more mentally healthy living environments.

The main recommendations are:

- *Enhancing mental health through comprehensive mental health policy*
- *Building mentally healthy communities*
- *Developing the physical environment*
- *Providing opportunities for leisure activities*
- *Enhancing the mental health of young children*
- *Fostering development of mentally healthy schools*
- *Enhancing mentally healthy work life*
- *Enhancing the mental health of older people*