Prevention and promotion in mental health are essential steps in reducing the increasing burden due to mental disorders. The World Health Organization's activities in this area include generation, review and compilation of evidence on strategies for prevention and promotion, development of appropriate programmes and facilitation of partnerships and collaborations.

ISBN 92 4 156216 1

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Mental Health: Evidence and Research
Department of Mental Health and Substance Dependence
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WHO Library Cataloguing-in-Publication Data

Prevention and Promotion in Mental Health.

1. Mental health 2. Mental disorders – prevention and control 3. Health promotion 4. Evidence-based medicine 5. World Health Organization I. WHO Meeting on Evidence for Prevention and Promotion in Mental Health: Conceptual and Measurement Issues (2001: Geneva, Switzerland)

ISBN 92 4 156216 1 (NLM classification: WM 31.5)

Printed in France

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Acknowledgement

The *World Health Organization Meeting on Evidence for Prevention and Promotion in Mental Health: Conceptual and Measurement Issues* was held in WHO Headquarters, Geneva, from 28–30th November 2001 and was attended by participants from WHO Regions and experts from within WHO HQ. A complete list of participants is given in Annex 1.

Norman Sartorius chaired the meeting, and Parameshvara Deva and Eva Jané-Llopis acted as co-rapporteurs and contributed to this document.

At WHO, Shekhar Saxena and Pallab K. Maulik have been responsible for preparing this document. Kathryn O'Connell and Mark Vanommeren provided technical assistance. Rosemary Westermeyer provided administrative and secretarial support.

Editorial assistance was provided by Ali Hussein and designing and outlay assistance by Tushita Bosonet and Carine Mottaz.

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Preface

The World Health Organization (WHO) defines health as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".*

Thus, in order to attain health, improvement of the mental health of individuals is essential. This is all the more important because mental disorders are responsible for a high degree of burden due to illness. Owing to this growing burden of mental disorders, it is essential that effective preventive and promotional measures be taken in mental health to reduce the impact of mental disorders on the individual and society.

The Department of Mental Health and Substance Dependence in WHO, Geneva, has the goal of reducing the burden associated with mental and neurological disorders and to promote mental health worldwide. The Department has identified *prevention of mental disorders and promotion of mental health* as one of its priority project under the mental health *Global Action Programme (mhGAP)*. The project will identify the most effective strategies in this field across different cultures and help countries to implement and evaluate them.

A considerable amount of research in the field of prevention and promotion in mental health has been reported during recent years, but most of this research has come from the developed countries with very little from the developing countries. Moreover, since most of the preventive and promotional programmes cater to the local culture of the western world, it is not clear whether the strategies currently in place would be effective across different countries and cultures. Information is required to identify and assess those programmes that seem to hold the greatest promise and are supported by adequate evidence-based research.

There is also a felt need to set up an information-generating system to share information among researchers so that they do not go about "re-inventing the wheel". Once the knowledge base for standardized evidence-based programmes has been identified, governments will need to be urged to formulate and integrate policies and programmes related to prevention and promotion in mental health, according to their specific needs.

WHO has been involved in the field of prevention and promotion in mental health since its inception over 50 years ago. It has coordinated a variety of activities, meetings, and programmes on prevention and promotion in mental health. Over the years, there have been several resolutions passed by the World Health Assembly and WHO Regional Offices urging the Organization and its Member States to undertake steps towards prevention and promotion in mental health.

A meeting – *WHO Meeting on Evidence for Prevention and Promotion in Mental Health: Conceptual and Measurement Issues* – was convened in Geneva from 28-30th November 2001 to advance the work related to prevention of mental disorders and promotion of mental health. A group of experts from all WHO Regions discussed the definitional and conceptual issues around promotion and prevention, shared the current state of evidence to further develop the field, and advised WHO on its role in the area of prevention and promotion in mental health.

This document – based on the deliberations of the WHO meeting, the background papers and documents (Annexures 2 & 3) and other additional sources – highlights some of the basic issues in the field of prevention and promotion in mental health with special reference to the evidence base. It also outlines the role of WHO in advancing current knowledge and disseminating information among Member States, especially among developing countries. It is hoped that the information given here will assist in wider utilization of appropriate and effective interventions on prevention and promotion towards reducing the burden of mental disorders and in enhancing the mental health of populations. Policy-makers will also find this document useful as it provides an overview of some of the important issues that are often debated among researchers and policy-makers, with respect to prevention and promotion in mental health.

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What is prevention and promotion in mental health?

About 450 million people alive today suffer from mental disorders, according to estimates given in WHO's *World Health Report 2001*. One person in every four will be affected by a mental disorder at some stage of his or her life. Neuropsychiatric disorders account for 12.3% of the Disability-Adjusted Life Years (DALYs) out of the total DALYs for all disorders. Unipolar depression, self-inflicted injuries and alcohol use disorders are among the top 20 leading causes for disease burden among all ages. Six neuropsychiatric conditions rank among the top 20 causes for disease burden in the 15-44-years age group. It is estimated that by the year 2020, depression will become the second leading cause for disease burden (Murray & Lopez, 1996). Given this grim scenario, it is not hard to understand why preventing mental disorders and promoting mental health is of immense interest not only among researchers, but also among policy-makers.

Mental disorders affect the functioning of the individual, resulting in not only enormous emotional suffering and a diminished quality of life, but also alienation, stigma and discrimination. This burden extends further into the community and society as a whole, having far-reaching economic and social consequences. Mental disorders are often associated with extended treatment periods, absence due to sickness, unemployment (for long or short periods), increased labour turnover, and loss of productivity leading to overall increased costs. In addition, because mental disorders are disabling and last for many years, they can take a tremendous toll on the emotional and socio-economic well being of family members caring for the people suffering from mental disorders. This burden is especially heavy for parents of chronically ill young persons. To reduce the burden of mental disorders, it is essential that greater attention be given to prevention and promotion in mental health at the level of policy formulation, legislation, decision-making, resource allocation and the overall health care system.

Concepts of prevention and promotion in the field of mental health

One of the initial dilemmas facing researchers and policy-makers in this field is conceptualising the definitions and boundaries within which the individual strategies can be developed. Often prevention of mental disorders is considered one of the aims and outcomes of a broader mental health promotion strategy. Prevention and promotion, though distinct entities, have overlapping boundaries.

Priority should be given to prevention and promotion in the field of mental health to reduce the increasing burden of mental disorders

Prevention of mental disorders

"To prevent" literally means "to keep something from happening". However, there are different notions about that "something" and they have been identified as the incidence of a disorder, its relapses, the disability associated with it, or the risks for a disorder – and this has led to confusion in the field of mental health regarding the term prevention (Mrazek & Haggerty, 1994). Historically, the public health concept of disease prevention has viewed prevention as *primary, secondary or tertiary* depending on whether the strategy prevents the disease itself, the severity of the disease or the associated disability. This system works well for medical disorders with a known etiology. Mental disorders, on the other hand, often occurs due to the interaction of environmental and genetic factors at specific periods of life. It becomes difficult even to agree on the exact time of

onset of a mental disorder, as the progression from the asymptomatic to symptomatic state may be insidious. Also, a person may suffer from the signs and symptoms of a mental illness and be dysfunctional, without fulfilling the required criteria to be diagnosed within a diagnostic system. Preventive strategies are usually directed against risk factors, hence need to be implemented at specific periods before the onset of the disorder in order to be maximally effective. However, once the disorder has developed, it is still possible to reduce its severity, course, duration, and associated disability by taking preventive measures throughout the course of the disorder.

Preventive strategies need to be implemented at specific periods before the onset of the mental disorder, in order to be maximally effective

Another way of conceptualising prevention strategies is based on a risk-benefit point of view, i.e. the risk to an individual of getting a disease against the cost, risk, and discomfort of the preventive strategy (Gordon, 1987). The following three categories of *primary prevention* have been identified:

- **Universal prevention:**
  targeting the general public or a whole population group.

- **Selective prevention:**
  targeting individuals or subgroups of the population whose risk of developing a mental disorder is significantly higher than that of the rest of the population.

- **Indicated prevention:**
  targeting persons at high-risk for mental disorders.

Secondary prevention refers to interventions undertaken to reduce the prevalence, i.e. all specific treatment-related strategies, and *tertiary prevention* would include interventions that reduce disability and all forms of rehabilitation as well as prevention of relapses of the illness.

Promotion of mental health

WHO defines health promotion as *"the process of enabling people to increase control over, and to improve their health"* (WHO, 1986).

Mental health promotion often refers to positive mental health, rather than mental ill health. Positive mental health is the desired outcome of health promotion interventions. However, this is not an universally accepted concept and there is debate about mental health promotion – its definition, its place within the overall concept of health promotion, and its boundaries with prevention of mental disorders. Mental health has been defined from the perspective of absence of mental illness, but so that this definition will conform to the definition of health, mental health needs to be redefined from the point of view of positive mental health in different contexts and cultures. Strategies for mental health promotion are related to improving the quality of life and potential for health rather than amelioration of symptoms and deficits. These should be recognized, not as strategies for tertiary prevention but as mental health promotion in its most positive sense (Secker, 1998).

A number of definitions or frameworks have been put forward to distinguish between mental ill health and positive mental health. *Mental health promotion* is any action taken to maximize mental health and well being among populations and individuals (Commonwealth Department of Health and Aged Care, 2000). Another definition is that the *promotion of mental health* is the operation by which we improve the place which mental health occupies on the scale of values of

individuals, families or societies. This definition is based on the idea that when mental health is valued more, people tend to be more motivated to improve it (Sartorius, 1998). Hodgson et al. (1996) defined *mental health promotion* as the enhancement of the capacity of individuals, families, groups or communities to strengthen or support positive emotional, cognitive and related experiences. Other definitions have viewed *mental health promotion* as a reduction of morbidity from mental illness and the enhancement of the coping capacities of a member of a community.

Mental health promotion involves promoting the value for mental health and improving the coping capacities of individuals rather than amelioration of symptoms and deficits

Interface between prevention and promotion in the field of mental health

Prevention is concerned with avoiding disease while promotion is about improving health and well being. By identifying the positive aspects of mental health, one can highlight or target the areas to promote and the goals to be attained. It is important to target the positive aspects of mental health, together with targeting the illness. Preventive and promotional elements can be present within the same programme and hold different meanings for two groups of the targeted population. Thus, the two approaches may sometimes involve similar activities but produce different outcomes. For example, a mental health promotion intervention that is aimed at increasing well being in a community may have the effect of decreasing the incidence of mental disorders. Mental health promotion efforts have sometimes been advocated, because they are believed to reduce vulnerability to a disorder and sometimes as an end in itself without the potential to prevent a disorder.

The determinants of mental health include not only factors related to actions by individuals, such as behaviours and lifestyles, coping skills, and good interpersonal relationships, but also social and environmental factors like income, social status, education, employment, housing and working conditions, access to appropriate health services, and good physical health. Fostering of these individual, social and environmental qualities and the avoidance of the converse are the objectives of mental health promotion and prevention of mental disorders (Herrman, 2001).

Promotion and prevention are overlapping and complementary activities

There are a number of advantages for integrating promotion and prevention in the field of mental health. Preventing mental disorders not only involves targeting risk factors and early symptoms of the disease, but can also involve promoting associated activities that improve the overall quality of life of people and their society. For example, child abuse, sexual abuse and substance use have been found to be associated with a number of mental disorders. Promotional and preventive activities aimed at teaching parenting in secondary schools and supporting families can reduce child abuse and neglect and prevent future mental health problems. Joint work produces and stimulates more intersectoral collaboration and such strategies may result in multiple outcomes, reduced stigma and more cost-effective impact. Integrating prevention and promotion may help mobilize collective resources to influence health policy and increase public investment.

Conceptually too, the characteristics of strategies and actions for prevention and promotion in mental health often overlap. The main characteristics of mental health promotional strategies are: drawing on health promotion theory to re-conceptualise mental health and illness; making a commitment to explore and value lay understandings of mental health; developing intersectoral

alliances aiming to address social and economic inequalities; and validating the participatory methods through evaluation research and development of strategies which are themselves consistent with health promotion principles (Secker, 1998). Some of the characteristics of mental disorder prevention strategies are: interventions done primarily to help individuals to have positive effects on the family and society; it often becomes difficult to demarcate primary from secondary prevention since the borderline between disease and disability is not clear; preventive measures can reduce the severity of the disorder and remove disability even if impairment is not wholly avoidable (Sartorius & Henderson, 1992).

Possible reasons for keeping promotion and prevention programmes in the field of mental health conceptually separate are: as the target population for prevention is often smaller and more sharply defined, keeping the two separate facilitates giving adequate attention to both; fund-raising for smaller preventive or promotional strategies is easier than for larger strategies that combine the two; and it is also easier for policy-makers to assess the outcomes.

Prevention and promotion in the field of mental health within overall public health

Preventive and promotional strategies can be used by clinicians targeting individual patients and also public health programme planners targeting large population groups. The health, social and economic impact of public health programmes related to promotion and prevention has been documented (IUHPE, 1999; Marmot, 1999; Rootman et al., 2001). However, within the health sector, there is still an imbalance between the amount of resources devoted to curative interventions and resources devoted to public health related preventive and promotional activities. In view of the evidence supporting implementation of programmes related to prevention and promotion in health, it is essential that more funds be made available for such programmes at the public health level.

Support for a population approach to mental health emerged with the WHO document on *Global Strategy for Health for All by the Year 2000* (WHO, 1981), which linked health improvements to overall social and economic development. The emphasis was expanded with the *Ottawa Charter* (WHO, 1986) and the *Jakarta Declaration* (WHO, 1997). Although health promotion and prevention of illness have strong acceptance within public health, they have often failed to incorporate mental health components within their framework. This lack of emphasis on mental health is surprising, considering the evidence of strong linkages between mental and physical health. Policy-makers and practitioners need a greater understanding of the links between mental well being and physical health in order to implement programmes effectively.

The relationship of depression with cardiovascular illnesses and vice versa is well documented. Mental disorders like depression, anxiety, and substance use disorders can also complicate existing physical disorders, as patients suffering from mental disorders may have poor compliance rates and may fail to adhere to their treatment schedules. Head injury can affect the personality and cause mood disorders. Moreover, patients with these mental disorders are at increased risk of psychosomatic conditions. Education, employment, social well-being, availability of food, housing and other public health-related factors play an important role in preventing mental disorders and promoting mental health. These factors are also responsible for better physical health. Again, a number of behaviours like smoking and sexual activities can be linked to development of physical disorders like carcinoma and HIV, which in turn can lead to mental health problems. Thus a number of strategies for prevention and promotion in mental health deal with human behaviours and physical disorders and are discussed in the published literature and also in this document.

There are advantages of combining preventive and promotional programs in mental health with those in overall public health, and some of them have been outlined in the Institute of Medicine Report (Mrazek & Haggerty, 1994). Such combinations help in tackling physical disorders with co-morbid mental disorders more effectively. Again, effective social and public health programs and policies that tackle general health problems also act on mental health conditions, thus combining the two makes it more efficient. Issues like poverty, crime, and teenage pregnancy have implications not only for physical health but also for mental health. It also reduces the stigma attached with mental health. Finally, such combinations benefit the resource-poor countries in streamlining their budgets for prevention and promotional activities.

Combining prevention and promotion programs in mental health within overall public health strategies reduces stigma, increases cost-effectiveness, and provides multiple positive outcomes

One of the concerns about combining preventive and promotional programmes in mental health with those in public health is that the relevance of mental health might get lost within the larger area of health. Integrating the two may lead to diversion of allotted mental health funds to other health conditions. However, the strategy of integrating mental health within the larger public health interventions generally serves well and should always be explored. The shift towards public health should be dependent on each country's economic and political situation, as well as on the availability of resources. A stepwise process towards integrating physical and mental health is required. Current advocacy on the increasing burden of mental disorders and on the availability of effective interventions together with intersectoral collaborations is to include mental health as a central part of public health. The optimal strategy should combine specific interventions for various mental health problems with horizontal action crosscutting physical and mental health issues where co-morbid risk and protective factors need to be tackled. Good evidence-based effective strategies suitable for a specific country and culture need to be adopted and adapted and mental health experts should be involved in advocacy, monitoring and surveillance.

How to generate evidence for the effectiveness of prevention and promotion in the field of mental health?

Public health measures during the late 19th and 20th century – for example, better sanitary measures, vaccination, and improved perinatal care – were impressive demonstrations of prevention methods that led to improvements in the health of the population. These successes created the hope that similar successes might be possible in the field of mental health. From the beginning of the 20th century, a worldwide mental hygiene and later mental health movement evolved. However, the more systematic development of preventive programs by mental health professionals, health promoters and other practitioners started in the 1970s and 1980s, especially in North America and Western Europe. In those days the emerging preventive practices were dependent on global knowledge about the mental health problems in society, the expected community needs, values and ideology, and some insight into educational processes. The scientific base was weak, with little or no attention being paid to evidence-based outcomes. This situation changed dramatically during the late 1980s and 1990s when the field was confronted with a growing pressure for accountability, and prevention and promotion emerged as a specific domain of science. Concepts such as "evidence-based practice", "evidence-based prevention", and "evidence-based promotion" were introduced, following the general trend of "evidence-based" medicine.

However, there is a debate across the world about what constitutes evidence (McQueen, 2001). In *the Guide to Community Preventive Services: Systematic Reviews and Evidence-Based Recommendations* (CDC, 2000), "evidence" includes information that is appropriate for answering questions about the effectiveness of an intervention; the applicability of an effectiveness data; the intervention's positive or negative side-effects; and the economic impact and barriers to implementation.

Evidence not only provides validity for effectiveness of strategies, but also stimulates decisions and actions

Randomized Controlled Trials (RCTs) and quasi-experimental designs are considered as evidence-based study designs and are largely used to assess interventions in developed countries. However, evidence can be drawn from various other sources and somewhat more flexible criteria may be applied. The awareness of what type of evidence is provided is crucial before a strategy is used for different purposes (advocacy, research, and fund-raising). The available evidence then needs to be assessed for each

The arguments in favour of evidence-based prevention and promotion in the field of mental health are:

- Growing awareness of the epidemiology of mental disorders and mental health-related problems and of their large financial and social burden on society has urged governments and nongovernmental organizations to develop and implement effective preventive measures.
- Societal pressure for increased accountability for spending public funds calls for both evidence of effectiveness and cost-effectiveness. This calls for information on what works best and under what conditions.
- The pressure to shift governmental funds from health care or other budgets to prevention and promotion has evoked resistance. Skepticism about the possibilities of effective prevention in mental health, criticism of its weak scientific base, and the need to protect health care budgets have raised a call for proof that such interventions can be effective.
- Growing numbers of preventive programs and strategies have urged policy-makers, health managers and program providers to select "best practices", which requires objective standards for comparison. Given the existing diversity in efficacy and effectiveness of prevention programs, consumers have to be informed about the best available preventive services and be alerted on possible negative side-effects.
- Evaluations of the outcomes of preventive interventions and mental health promotion are subject to a diversity of possible biases, leading to incorrect conclusions. Solid evidence and standards for evidence are needed to prevent such incorrect conclusions. Available resources for preventive interventions being scarce, evidence of the program's outcomes will lead to more efficient use of resources.
- Frequently, preventive and promotional interventions are addressed at large population groups using indirect intervention strategies, and are aimed at assessing long-term outcomes. These features hinder their proper assessment; specific monitoring systems are needed to make the effects visible.
- Mental health promotion, like other sectors of health promotion, requires intersectoral action, i.e. participation and investments by sectors outside mental health. Sustainable investments can only be expected when such partners can be confident that these will generate outcomes that are also relevant to their interests (e.g. social or economic benefits).

Over recent decades there has been considerable progress in developing concepts and research methodology in the prevention and promotion field. There is evidence that prevention and promotion programmes in the field of mental health can be efficacious. In the light of these advances there is an accelerating interest among researchers, governments and policy-makers to increase the availability of effective evidence-based programmes