

Mental Health Promotion



A LIFESPAN APPROACH

Edited by

MIMA CATTAN • SYLVIA TILFORD

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Support Strategies (2003). She recently contributed to the WHO publication, *Promotion of Mental Health: Concepts, Evidence and Practice* (2005). Louise has been a consultant to the World Health Organisation, working in Asia and the South Pacific and has contributed to the development of materials for the WHO Global School Health Initiative. She is President of INTERCAMHS (International Alliance for Child and Adolescent Mental Health and Schools).

Foreword

There is no doubt about it, my graduate students at the University of Bergen are the greatest source of my inspiration – more so than even the most famous and productive contributors to the health promotion literature. My ideas about various aspects of health promotion are in constant flux precisely because daily discussions with graduate students and collaborative writing with them forces me to keep tilling the ground. The intensity with which my students influence my understanding of health promotion has increased in recent years, as we have placed problem-based learning at the core of our instructional methods at the Research Centre for Health Promotion in Bergen. As a tutor to groups of emerging professionals, struggling with real world health promotion problems, there is plenty of time to listen and reflect, interjecting every now and again a few words of encouragement and advice, while making frequent mental notes of the type, ‘I’ve got to dig into *that* subject just to keep up!’

So, stimulated as I am by my own students, I felt real delight to read in the Preface to this book that Mima Cattan and Sylvia Tilford were stimulated to write it by their interactions with their students. Even better, their discussions with their students were a significant factor in determining the anatomy and physiology of the book – and the result is simply excellent.

It is fashionable nowadays for Forewords to have little to do with the books they introduce, but that fashion will not be followed here. It has always been fashionable for Forewords to claim that the books they front are really needed, and that fashion *will* be adhered to here – not because I wish to be genial, but because it is the plain truth.

In the 1990s quite a few books having to do with mental health promotion were published, and I have what I consider to be some of the best of them on my office shelves. Yet there is easily room for Mima’s and Sylvia’s new book, because there is no other like it in my collection, and it fills an empty niche that really needs filling. Blane’s (1999) review of scientific developments that highlight the need for a lifespan perspective includes these points:

- health in adulthood is affected by health earlier in life;
- childhood social circumstances influence health status through the remainder of life;
- intra-uterine and infant living conditions can programme adult health; and
- these biological and social processes interact in complex ways that can only be appreciated by taking a lifespan perspective.

These understandings have bolstered interest in the field of public health in a life course approach that acknowledges the importance of early life for adult health, that recognizes the importance of programming of health during critical periods of early life, and that emphasizes the risk as accumulating through life (Kuh and Ben-Shlomo

1997). This volume contributes uniquely to the existing knowledge base on health through the lifespan because it addresses mental health, rather than the chronic diseases that epidemiology has tended to focus on, and because it succeeds in the difficult task of weaving together scientific developments from the lifespan perspective with key ideas about mental health, and key ideas about health promotion.

In an edited book, the burden of ensuring quality is shared by the editor(s) and usually quite a few chapter authors. The production of this book is the result of a collaboration involving just four people – Mima, Sylvia, Glenn MacDonald, who is presently at the University of Central Birmingham, and Louise Rowling, an Australian who adds a refreshing international dimension that should enhance the book's appeal beyond the borders of the United Kingdom. In fact, the great majority of the book was written by Mima and Sylvia, who between them have an extraordinary range of experience in mental health promotion practice, teaching and research. It gives substantial comfort, knowing that when so much responsibility is concentrated in so few hands, those hands are strong and capable!

While there are some who quibble about whether 'mental' health promotion should have an identity distinct from health promotion generally, it seems mental health promotion is here to stay, and I for one am happy about that. In too many quarters, the term 'mental health promotion' actually refers to mental illness prevention, and it is past time that we win the term over to 'our' side. This book makes a sound case for mental health promotion across the span of life, and it is practical enough to be both a text and a handbook . . . enjoy!

Maurice B. Mittelmark
University of Bergen

President of the International Union for Health Promotion and Education

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Preface

The idea for *Mental Health Promotion: A Lifespan Approach* came about as a result of a lively discussion with a group of students studying mental health promotion as part of their Masters in public health and health promotion course. In several sessions we had explored the philosophy and theory of mental health and mental health promotion, differing perspectives on mental health and mental health promotion, the evidence base and mental health promotion policy into practice, when one of the students exclaimed: 'Yes, but what I really want to know is how do I relate all this to my own practice. In other words, how can I become a good mental health promoter?' The result was a session where we considered the population groups the students in their professional capacity worked with in relation to what had been covered in the previous sessions. The chart we drew on the white board was entitled 'Life stages and mental health promotion practice', and was adapted from a set of tables on risk and protective factors from the 'old' National electronic Library for Health website (National electronic Library for Health 2003). It became clear that to be able to promote mental health and well-being effectively students needed something they could relate to in their working lives. As most of them worked with specific population groups rather than generically or in settings the lifespan approach appealed to them because they could apply it directly to their practice. Since that session we have refined our mental health promotion module to fit more directly with this approach, which has been a great success with the students. It has occasionally been suggested to us that a 'settings approach' might be more appropriate for addressing mental health promotion. However, we have found that although settings can be useful for providing a 'stage' for activities and interventions the lifespan approach (despite some overlap) provides a cross-cutting framework enabling students to consider the relationship between the wider determinants of mental health and different age groups. This also helps students to identify meaningful priorities when developing mental health promotion activities. As our students come from a very wide range of disciplines and backgrounds it would seem that a lifespan approach isn't just useful for those 'doing mental health promotion', but also for those who want to have a better understanding of how their work fits in with mental health promotion.

Mima Cattan and Sylvia Tilford

Reference

National electronic Library for Health (2003) Mental health promotion: risk and protective factors, *Mental Health*. London: NHS National electronic Library for Health. Available at <http://www.nelmh.org> (accessed 27 October 2005).

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Our thanks go to the many projects around the world who responded favourably to requests for information and input, and to Alyson Learmonth for last minute comments on the main chapters.

Finally we would like to thank our partners and families who have supported us throughout the whole writing process, and in particular Richard for helping out with the final proofreading.

List of abbreviations

ACE	Adverse childhood experience
AMHS	Adult Mental Health Services
BGOP	Better Government for Older People
CAMHS	Children and Adolescent Mental Health Services
CBR	Community-based rehabilitation
DfDS	Department for Education and Skills
GBV	Gender based violence
GRR	Generalized resistive resources
HAZ	Health Action Zone
HEA	Health Education Authority
HPS	Health Promoting School
HRBQ	Health Related Behaviour Questionnaire
MOOTS	Moving Out Of The Shadows
NHMRC	National Health and Medical Research Council
NHS	National Health Service
NHSS	National Healthy School Standard
NGO	Non-government organization
NICE	National Institute for Health and Clinical Excellence
NSF	National Service Framework
Ofsted	Office for Standards in Education (England)
PRECEDE- PROCEED	Framework for systematic development and evaluation of health promotion programmes
PSE	Personal and social education
PSHE	Personal, social and health education
QCA	Qualifications and Curriculum Authority
RCT	Randomized controlled trial
SSA	Same-sex attracted
SOC	Sense of coherence
UNISEF	United Nations Children's Fund
WHO	World Health Organization

1 Introduction

Mima Cattan

Mental health promotion is a fairly young discipline. When you explore the literature it becomes obvious that there is a great deal of debate and confusion around what constitutes 'mental health', 'mental well-being', 'mental ill health' and 'mental illness' and the differences between 'mental health promotion', and 'mental ill health/illness prevention'. One of the World Health Organization's (WHO) definitions of mental health is: 'a state of well-being in which the individual realises 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' (World Health Organization 2001: 1).

The WHO also makes an attempt to distinguish between health promotion and prevention and suggests that:

Mental health promotion aims to promote positive mental health by increasing psychological well-being, competence and resilience, and by creating supporting living conditions and environments [while] . . . Mental disorder prevention has as its target the reduction of symptoms and ultimately of mental disorders. It uses mental health promotion strategies as one of the means to achieve these goals. Mental health promotion when aiming to enhance positive mental health in the community may also have the secondary outcome of decreasing the incidence of mental disorders.

(World Health Organization 2004a: 17)

In this book we take a broad view of mental health and mental health promotion because in our opinion there are so many grey, overlapping areas that to try and restrict the definitions would ultimately reduce the value of the text. The purpose of the book is to provide a comprehensive text on mental health promotion practice using a lifespan approach. It is intended to demonstrate how health promotion principles and theory link with mental health promotion, and to provide examples of cross-cutting themes across the lifespan. Our starting point are the principles underpinning health promotion which emphasize, 'holistic approaches to health, respect for diverse cultures and beliefs, promoting positive health as well as preventing ill-health, working at structural not just individual levels, using participatory method' (Secker 1998: 57). However, as will be seen, these principles are far from universal in the practice of mental health promotion. In fact, some might argue that mental health promotion is moulded not by

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health promoters but by a heterogeneous group of health disciplines ranging from psychologists to psychiatrists. The debate about what is 'mental health' and 'mental well-being' and 'mental health promotion' will undoubtedly continue for some time and the purpose of Chapters 2 and 3 is to demonstrate the breadth of some of that debate. The WHO European Ministerial Conference on Mental Health concluded that:

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

(WHO European Ministerial Conference on Mental Health 2005: 1)

The conference report goes on to offer a framework for action to achieve the above. The framework aims to ensure that mental health promotion is central to public health policy; raise awareness and tackle the stigma of mental health problems; promote activities that are sensitive to vulnerable stages in life; prevent mental health problems and suicide; establish accessible and acceptable mental health information; and ensure that mental health services are accessible, appropriate and competent (WHO European Ministerial Conference on Mental Health 2005). It illustrates the way mental health promotion is for the most part considered to interact with the prevention of mental ill health and the promotion of well-being among those affected by mental health problems.

This notion sits uncomfortably with some mental health promoters who claim that it medicalizes mental health. Some community mental health workers would argue that mental health promotion is about promoting the well-being of the community and individuals within that community rather than the prevention of mental ill health. Others again, particularly in the health services, have viewed mental health as the absence of mental illness (see, for example, World Health Organisation 2004a; Rankin 2005). Seedhouse (2002), on the other hand, argues that both the distinction between mental health and mental illness and physical and mental are artificial categories and that therefore 'mental health promotion' does not exist. Instead he suggests the development of 'total health promotion' through the use of rational fields, formed by problem-solving behaviour, to create a critical approach and autonomy. This idea goes beyond the (evidenced) concept that mental and physical health are not separate entities but closely linked through a wide range of inter-related factors (World Health Organisation 2004b).

Other debates in mental health promotion include who or what mental health promotion is aimed at, and the factors that impact on mental health. Much of the time mental health promotion is associated with promoting the mental health of individuals rather than that of communities or societies. Expressions such as

'resilience', 'positive sense of well-being', 'sustaining relationship' and 'capacity to cope' (Health Education Authority 1997; Mentality 2003) illustrate an individualistic approach to mental health promotion. Mentality (2003) goes on to state that mental health promotion is concerned with how individuals, families, organizations and communities think and feel. However, it is clear from their description that it is the mental health needs of the individuals within the organizations and communities that are to be addressed rather than the mental well-being of the communities at large. This view is increasingly being challenged, and while it seems to be accepted that mental health is linked to human development through social and economic determinants it may be that in order to achieve a mentally healthy society the promotion of mental health needs to focus on the wider community or environment. If, as has been suggested, there is a strong association between health, mental health and social capital, then mental health promotion could be used to further social capital (World Health Organisation 2004b). Social capital has been said to describe social relationships within societies or communities, and consists of community networks, civic engagement, sense of belonging, norms of cooperation and trust (De Silva et al. 2005). Perhaps there is an association between the French word 'milieu' – which over time, in several languages, has come to mean the whole social, cultural, economic and natural environment and all interactions that occur within these settings – and social capital. It has been said that social capital has the potential to explain the interaction between the environment and social factors. Maybe 'milieu' is the arena where a holistic approach to mental health promotion takes place, thereby enhancing and maintaining social capital.

When considering the factors that impact on mental health it would seem that most current documents agree that there are a large number of personal, physical, behavioural, social, economic, cultural and environmental determinants which contribute to mental health and mental well-being (see, for example, Korkeila et al. 2003; Scottish Executive 2003; Friedli et al. 2004; World Health Organisation 2004b; Commission of the European Communities 2005; WHO European Ministerial Conference on Mental Health 2005), although how these are prioritized may differ. Interestingly, for example, the European Union focuses on micro level determinants by proposing to promote mental health and address mental ill health through preventive action based on the 'functional model of mental health' (Korkeila et al. 2003; Commission of the European Communities 2005). The functional model of mental health suggests that society and culture through precipitating factors (e.g. life events), individual resources and social context provide a framework for mental health. The most likely outcome of adopting this model is to develop action that targets individual mental health behaviour, which is exactly what is being proposed in the European Green Paper (Commission of the European Communities 2005). The WHO attempts to base its recommendations for mental health promotion on the wider determinants of mental health, but again most examples of action tend to be in the micro-sphere of mental health promotion. However, there is an acknowledgement that indirect interventions, such as tackling poverty, transport and housing improvements may have an impact on mental well-being (World Health Organisation 2004b). It would seem that one of the main problems here is the lack of 'evidence' of the effectiveness of interventions targeting the wider determinants in improving or maintaining mental health (National electronic Library for Health 2004). This will be seen quite clearly in the ensuing chapters.