

# **Mental Health Promotion and Prevention**

**Developing Sustainable Capacity and Partnerships  
to support children and young people**



**Prof. dr. Clemens M.H. Hosman**  
Prevention Research Centre  
Maastricht University & Radboud Universiteit Nijmegen

**Istria Conference, Pula, 19-20 September 2013**



Sonja Grozic-Zivolic

**European IMHPA Prevention Training Barcelona 2006**

# ISTRIA CROATIA

Collaborating at the development of expertise and leadership

in mental health  
promotion  
and prevention



# Questions

- What is 'mental health? Why is investing in mental health of children and youngsters so important?
- Mental health promotion and prevention has many faces. What did we achieved ? (**successes**)
- What are major problems and pitfalls ?  
What have we learned from them? Solutions?
- Who (e.g. institutions, professions) should be involved?  
How could we collaborate most effectively?
- How to work in environments where problems are huge, but resources are limited and thinking?

.... and some innovative developments

## **Prevention and Promotion in Mental Health.....**

**.... an idea existing over 100 years**

**..... professional field for 40 years**

### **Preventing onset of mental disorders?**

#### **Main reactions in the 1970s:**

- Not so important
- Difficult to understand how to prevent
- No knowledge, no expertise
- We do not know if it works

**Wishful thinking !**

Since then much progress is made

# What is mental health?

Changing definitions

## *Defining Health*

*Traditionally defined as the absence of diseases*



*A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1948)*



*Health as an ability to adapt and to self manage) when life is facing people with physical, emotional and social challenges (Huber et al., 2011; Jonfer-Verwey institute, 2013)*

# What is mental health?

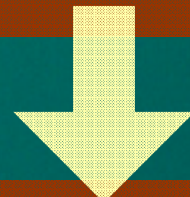
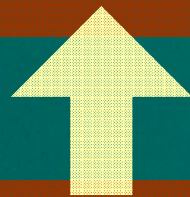
## Changing definitions

Negative definition

**Absence of Mental disorders**

Prevention

Emotional and behavioral disorders e.g. depression, anxiety, conduct disorders, psychosis, eating disorders, alcohol abuse



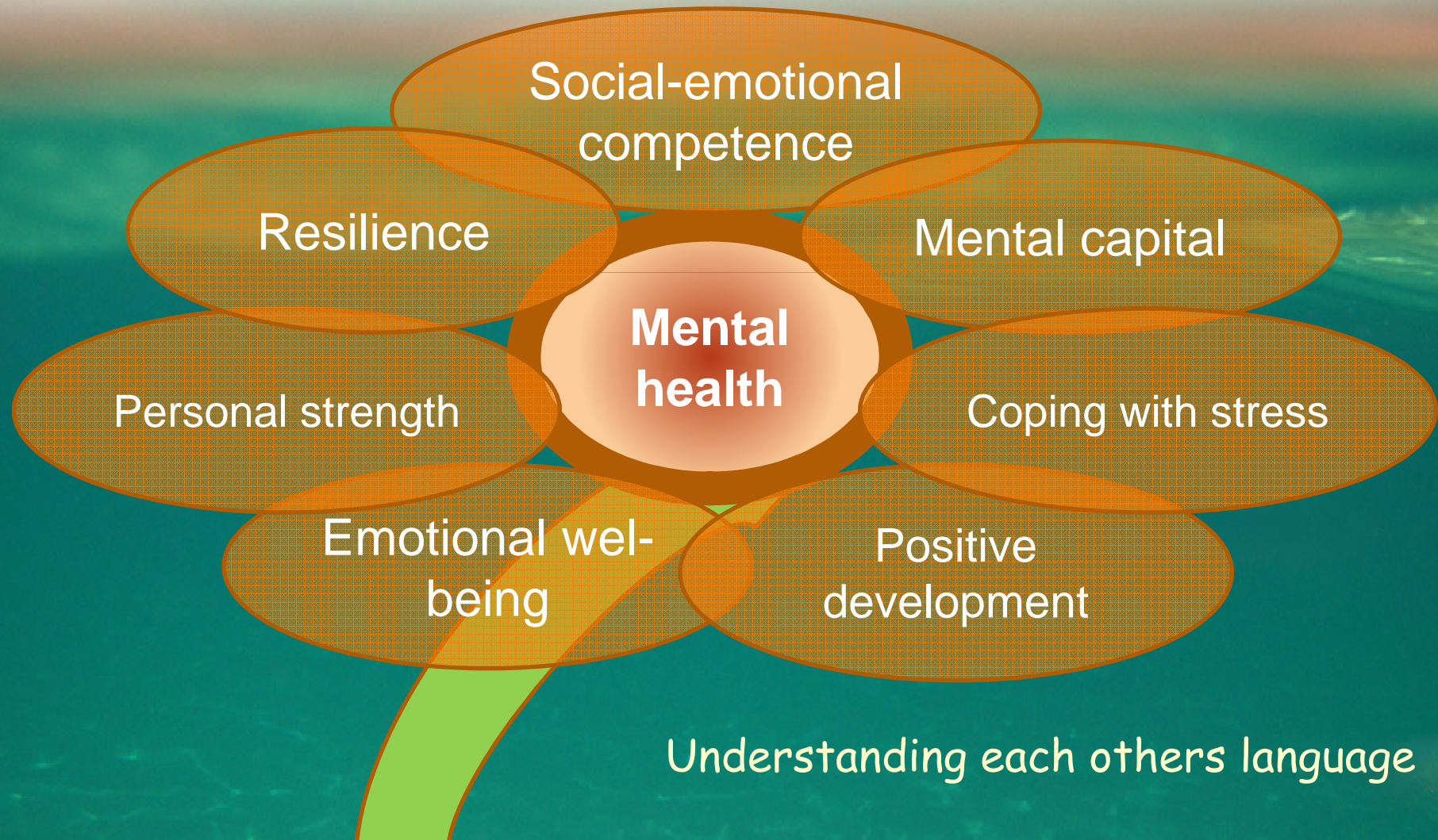
**Mental health 'Mental Capital'**

Promotion

e.g. competence, emotional resilience, self esteem, positive attitudes, problem solving and social skills, stress management, feeling of mastery and coherence, meaning in life

Positive definition

# We use different terms all referring to 'mental health'





# Why invest in promoting mental health?

**Good mental health:**

**Cornerstone of human,  
social and economic capital**

Essential for .....

quality of life, well-being, better health, less chronic diseases,  
school achievement, getting a job, productivity, citizenship, social participation,  
safer communities, less violence and justice costs, less social welfare costs .....

Health services, Mental health services, and Health policy:  
mainly focused on treatment and care

Health promotion policy and services  
Main focus on physical diseases and physical health

**Why should we invest  
in mental health promotion  
and prevention?**

# Why invest in promoting mental health?

- ➔ **Mental disorders are highly prevalent (15 – 20 %)**
- ➔ **Serious impact on individual, family, social and public life**
- ➔ **Large economic costs for our societies**
- ➔ **Negative impact on our immune system: more vulnerability to chronic diseases, poor illness recovery, increased mortality**
- ➔ **Alarming increases in demand for psychiatric care.  
Still the untreated part of psychiatric problems is large**
- ➔ **Knowledge about changeable risk and protective factors**
- ➔ **Effective prevention and promotion programs available**

# THE ECONOMIC ARGUMENT: The social and economic costs of poor mental health and mental disorders are wide ranging, long lasting and enormous

## World Economic Forum & Harvard School of Public Health (2012)

Global annual costs of mental illness

2010: **2.5 trillion US\$**

2030: **6.0 trillion US\$**

1 trillion = 1 with 18 zeros

## Annual Costs in Europe in billion Euro's 2010

Mood disorders	113,4
Anxiety disorders	74,4
Child-Adolescent disorders	21,3
Addiction	65,7
Psychotic disorders	93,9
Personality disorders	27,3
Dementia	105,2
<b>TOTAL</b>	<b>501 billion</b>
<b>All mental / neuro disorders</b>	<b>798 billion</b>

# Why should we invest specifically in mental health of children and young people?

Many factors that influence mental disorders, poor mental functioning and mental capital across the lifespan are **already present early in life**

**First onset** of mental disorders (e.g. anxiety disorders, depression, substance use) mostly starts **in childhood, adolescence, young adulthood**

Many **risk and protective factors**, present early in life, have a **broad spectrum effect**: influence later onset of multiple problems

Childhood and adolescence are periods when people are **more sensitive to change and learning**

# The long term trajectory of developing effective prevention and promotion

## Situation

Large scale public mental health problems  
Poor-developed or under-used mental capital

? ? ?

Planning & Strategy Process

## Ambition

Evidence-based prevention mental disorders  
Mental capital and well-being  
population effects

Compare with successfully reducing traffic deaths

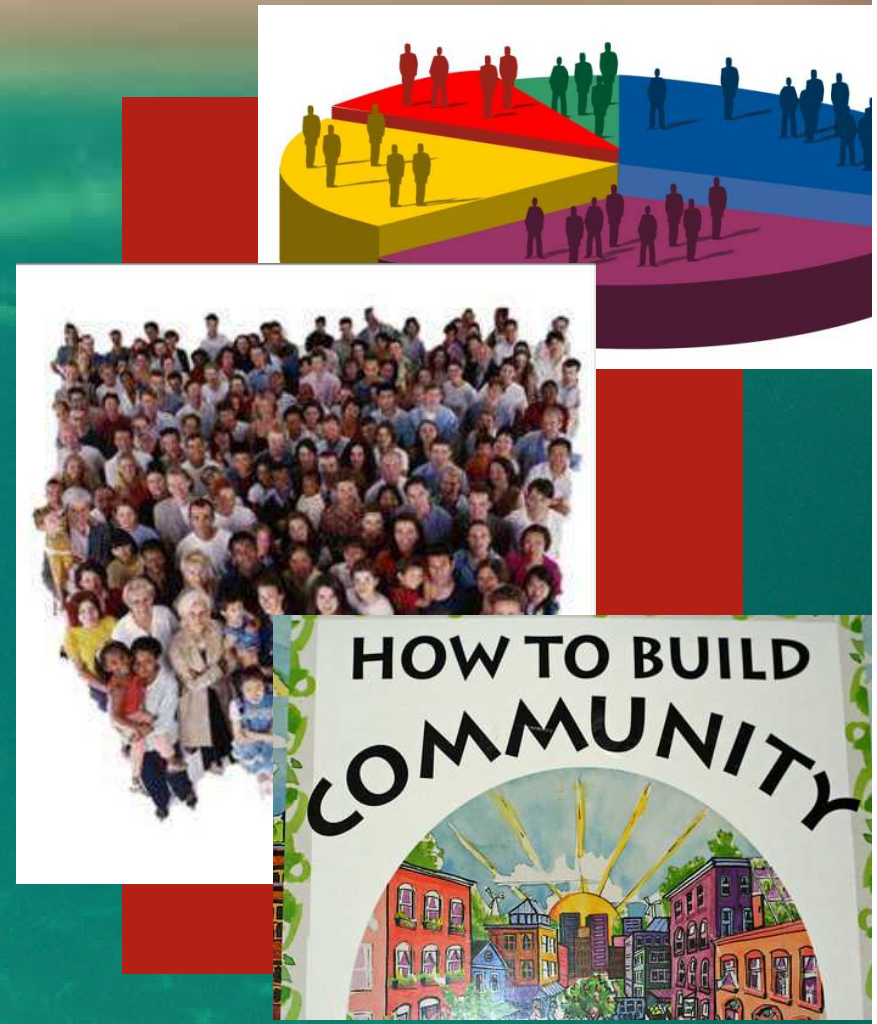


# Two different ways to look at promoting mental health

## Your own practice

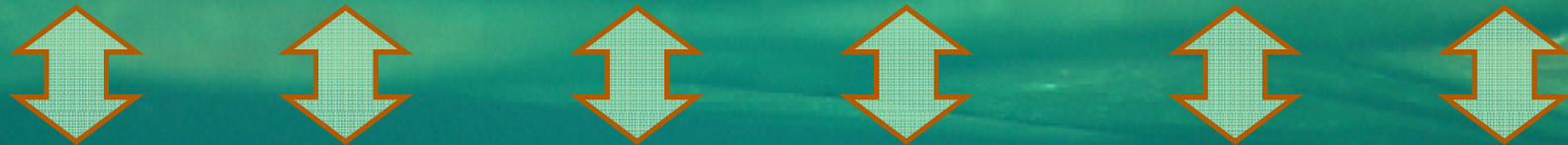


## Population & Community



# Dynamic Context of resilience promotion

parents – family – networks – school - community  
Environmental conditions and ecological interactions



Developmental  
processes

**Children**  
(at risk)  
Resilience - Strengths

Short & long-term  
outcomes

Interventions, strategies and public policies  
to enhance resilience





What has been achieved?

**2013: Times have changed significantly....  
Last 25 years major progress made**

- ... Insight in epidemiology of mental illnesses**
- ... increased knowledge on 'causes'**
- ... Prevention and health promotion science**
- ... Wide range of prevention programs available**
- ... Thousands of studies show range of positive outcomes**
- ... Cost-effectiveness and long term effects (up to 15 -40 yrs)**
- ... Model programs internationally exchanged (e.g. databases)**
- ... Supported by national and European public policies**

# European and international policies on mental health promotion and prevention of mental disorders

WHO European Ministerial Conference on Mental Health (2005)

European strategy for Mental Health

European Pact for Mental Health and Well-Being (2008)

*Priorities: Prevention and Promotion*

*Youth, Workplace, Elderly, Depression & Suicide*

WHO World Health Assembly 27 May 2013

WHO Comprehensive Mental Health Action Plan 2013 - 2020

*Priority: Prevention and Promotion in Mental Health*

Other priorities: community-based services,  
leadership development, information systems

# Large differences between countries

level of progress

driving forces: organizations, disciplines

governmental support

resources and capacity

strategies and targets

A blurred landscape with green hills and a bright sky. The text is overlaid on the lower half of the image.

# **EFFECTIVE ?**

**Do our actions and programs work?  
Are we reaching our goals?**

## Mental disorders /problems

depression and anxiety  
behavioral problems, conduct disorders  
eating disorders  
substance use problems  
suicide

## Mental health / Mental capital

emotional resilience  
problem solving  
social competence  
stress management

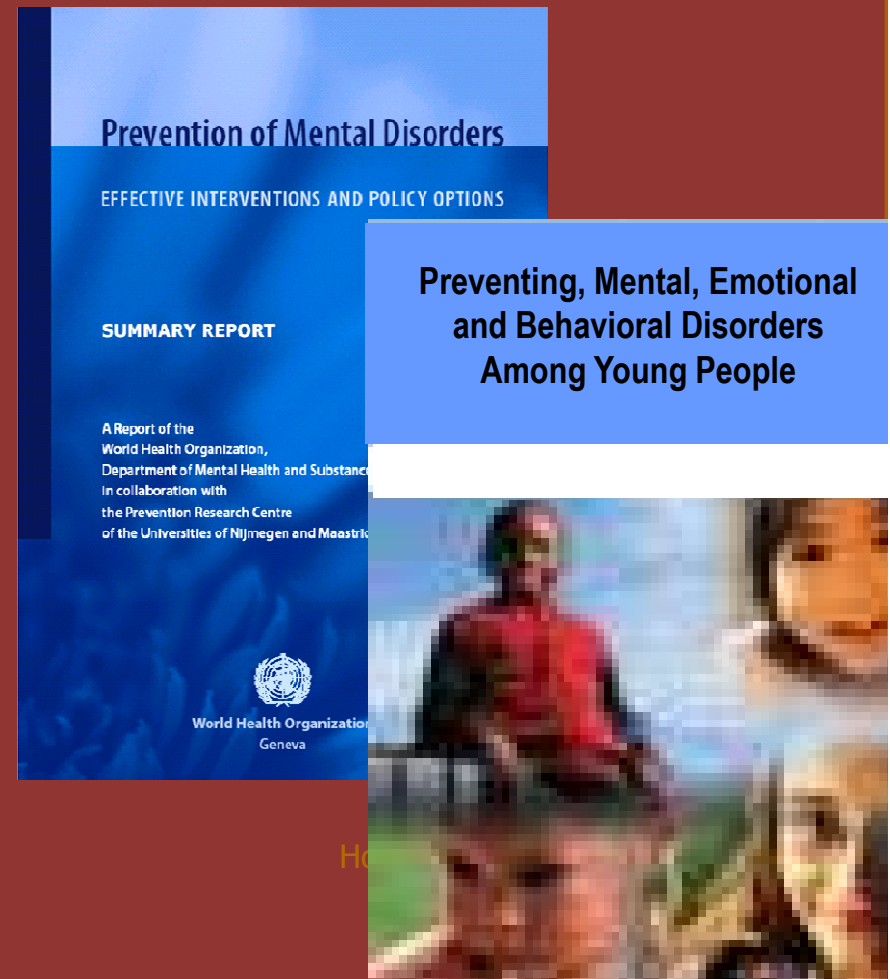
## Populations at risk

COPMI: transmission parents → child  
parental separation or death  
Vulnerable young pregnant parents  
workers under stress or unemployed

## Risk and Protective factors

parenting competence  
domestic violence  
bullying  
social isolation & social support

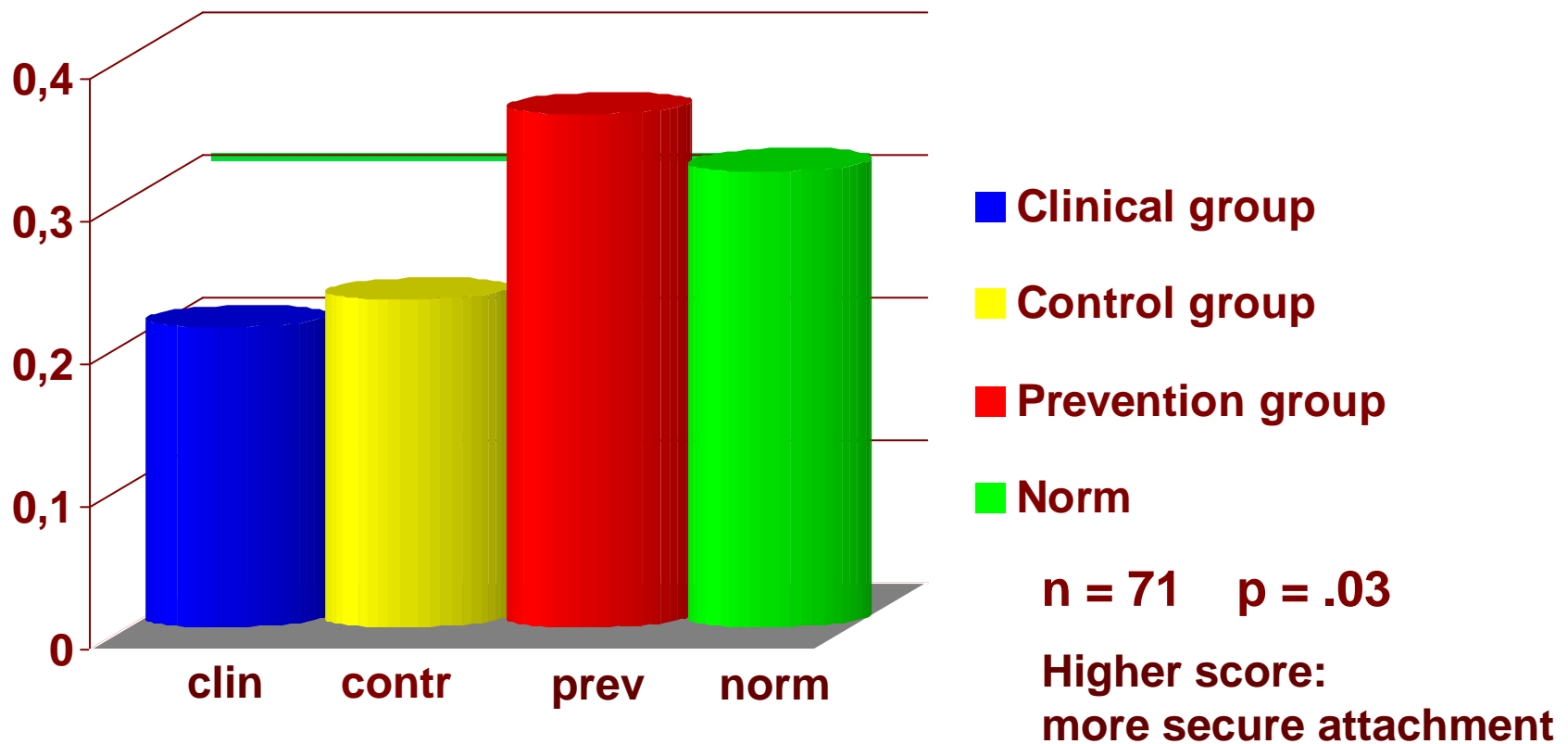
On all these topics evidence is available showing a wide range of short and long term effects from programs up to 40 yrs later



# Effect Mother-Baby Intervention on Children of Parents with Mental Illness

## Secure Attachment

Attachment Q-sort



# SUCCESSFUL PREVENTIVE STRATEGIES

## “EVIDENCE-BASED”

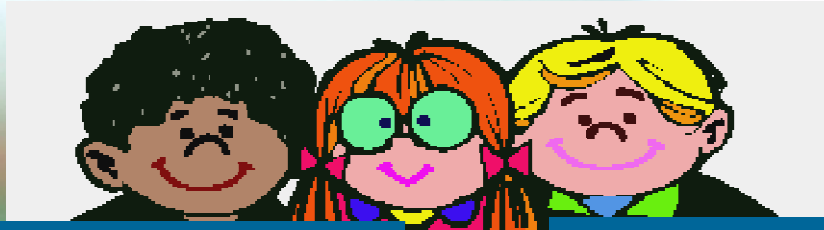


- Health start of life: Prenatal & infancy home-visiting (high risk)
- Parenting education
- Children under stress: psychoeducation and support
- Early pre-school childhood education
- Schools: Social-emot learning, Violence and Drugs prevention
- Prevention of conduct disorders
- Indicated prevention depression, anxiety, eating disorders
- Preventive-focused ‘stepped care’
- E-health prevention
- Community programs (e.g. Communities-that-Care)



# School-based programmes

universal – selective - indicated



## Increase

competence and resilience

social and coping skills

self esteem

prosocial behavior

anger control

school achievement

## Decrease of

problem behavior

aggression

youth delinquency

smoking

substance use

depressive symptoms

anxiety

Repeated evidence for a broad range of positive outcomes

## Can we prevent onset of mental disorders?

Prevention programs show **significant reductions of high levels of anxiety, depressive and externalising symptoms.**

**Depression:** by selective & indicated interventions average **reduction of 22%** in new cases of depression.

Meta-analysis on 19 RCT's, including self help (Cuijpers et al., 2008).

**Eating disorders:** Long history of unsuccessful prevention programs. After 20 years of controlled trials, multiple recent trials show reductions in incidence. (Stice et al., 2006):

*Student Bodies:* Internet-program for young women (BMI > 25)

Participants: no cases in 2 years ↔ control group 12% eating disorders

# Triple P: Positive Parenting Program

## POSITIVE PARENTING

More than 40 controlled studies, including large scale studies

### **PARENTS**

- ↓ Ineffective parenting
- ↓ Stress and anger
- ↓ Depression
- ↑ Well-being
- ↑ Relationship quality between parents

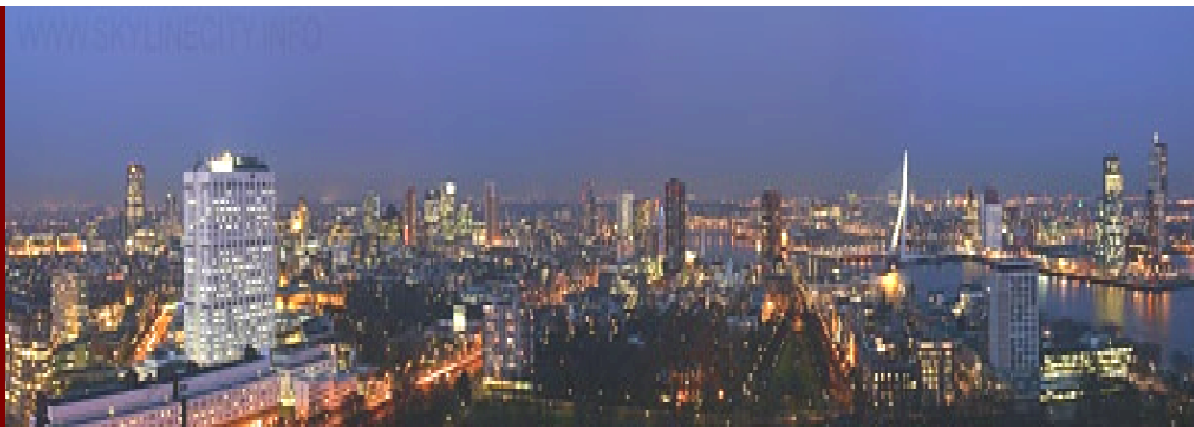
### **CHILDREN**

- ↓ Behavioral problems and physical problems  
Small to large effect sizes, sustainable → 1 year FU
- ↓ Child abuse (-25%), out-of-home placements

see meta-analyses by Novak & Heinrichs (2008), Graaf et al. (2008)

Prevention and  
Mental Health  
promotion  
programmes  
show also

**Social  
and  
economic  
benefits**



- domestic violence ↓
- youth delinquency ↓
- violence ↓
- loss productivity ↓
- cost welfare ↓
- income ↑
- school achievement ↑
- social participation ↑

**Economic benefits exceed 2.5 times costs**

# Limitations, Bottlenecks And Challenges

Critical analysis of the past

What have we learned ?

Could we do better ?

Options for innovation

# Limitations, bottlenecks and Challenges

## GOALS and VISION

- **Negative approach: mainly on disorders and problems,** lacks a motivating, positive appeal to citizens and organizations
- **Mental health is presented isolated** lacks links to major physical health, social, economic problems

## INTERVENTION STRATEGY

- **Fragmented approach:** mainly single programs ('tools'), while a comprehensive, multicomponent, co-ordinated approach is needed
- **Mainly person- or family-focused strategies,** no focus on changing social risk factors
- **Limitations of the idea of developing & disseminating 'effective' programs:** too much top-down, standard recipe

# Limitations, bottlenecks and Challenges

- **Low / moderate efficacy and effectiveness of programs** (in average), with large differences between programs.

## IMPLEMENTATION and REACH

- **Poor implementation:** (1) low implementation rate, small scale, (2) poor implementation quality, (3) only temporary
- **Low reach:** many programs use labor-intensive methods with a marginal reach in population (individual, group-format)

## CONDITIONS

- **Lack of capacity, resources and organization !**



**PUBLIC MENTAL HEALTH IMPACT STILL POOR**

# SEARCHING FOR SOLUTIONS:

View on major strategies

Improving reach & implementation

Relations between problems

Effective collaboration

Marketing and Advocacy

Capacity, policy and infrastructure

**Improvements Needed In Multiple Areas**



# Two-Track Policy

## stepped care

prevention integrated  
at all health care levels

Blended  
Treatment  
+ E-health

Blended  
approaches  
e.g. COPMI

**promotion and prevention integrated in communities**

# Innovative Population-focused Strategies

How to empower directly populations on a larger scale?

*examples*

## 1. Use of internet (E-health)

e.g. Mental Fitness, COPMI-sites of Trimbos institute  
Online depression, alcohol and eating disorder prevention

## 2. Local TV

e.g. Fit4All Maastricht: local soap-series on mental and social issues, linked to website and local meetings

## 3. School-based programs

School-based approaches aiming to enhance social-emotional learning, mental capital; less bullying, aggression, substance use



**Making it smaller:**

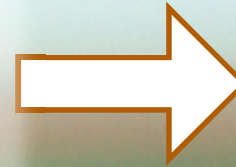
**Kernal  
Principles  
elements**

**Effective single  
model programs**

**available for  
dissemination  
(databases)**

**Making it  
bigger:**

**Coherent,  
multicomponent  
programs**



widely integrated in  
daily life & practice



Collaboration & Coalition  
Leadership & Governance

**Individual talks**

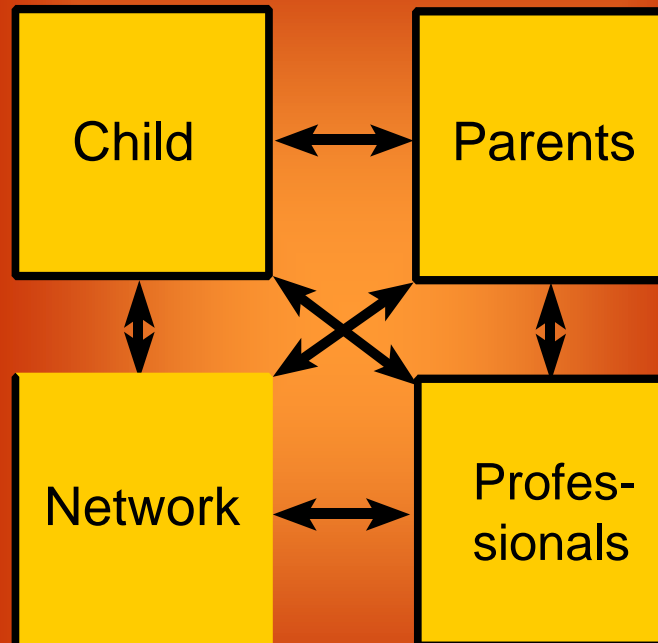
**Brochures, video's**

**Support groups**

**Coping training**

**Early treatment**

**Websites and E-health**



**Pregnant mothers**

**Short Parent Talk**

**Mother-Baby intervention**

**Parenting training**

**Family program**

**Basic Care Program**

**Early treatment**

**Support persons**

**Family organizations**

**School mental health education**

**Mass media**

**Postgraduate course**

**Educational actions**

**Protocol & training**

**Consultation**

**Conferences**

**Comprehensive multi-component prevention approach  
for children of mentally ill parents**

Hosman & Van Doesum 2010

**Target prevention  
at risk factor with  
a proven long term  
broad spectrum  
effect**

**Child abuse  
and neglect**

Parenting competence  
Social and Family Stress  
Mental disorders  
Alcohol problems

parent

Insecure attachment  
Negative self esteem  
low soc-emo competence

Depression, anxiety  
Conduct problems  
Borderline, Antisocial PD

Eating disorders  
Alcohol, drugs, smoking  
Suicidal behavior

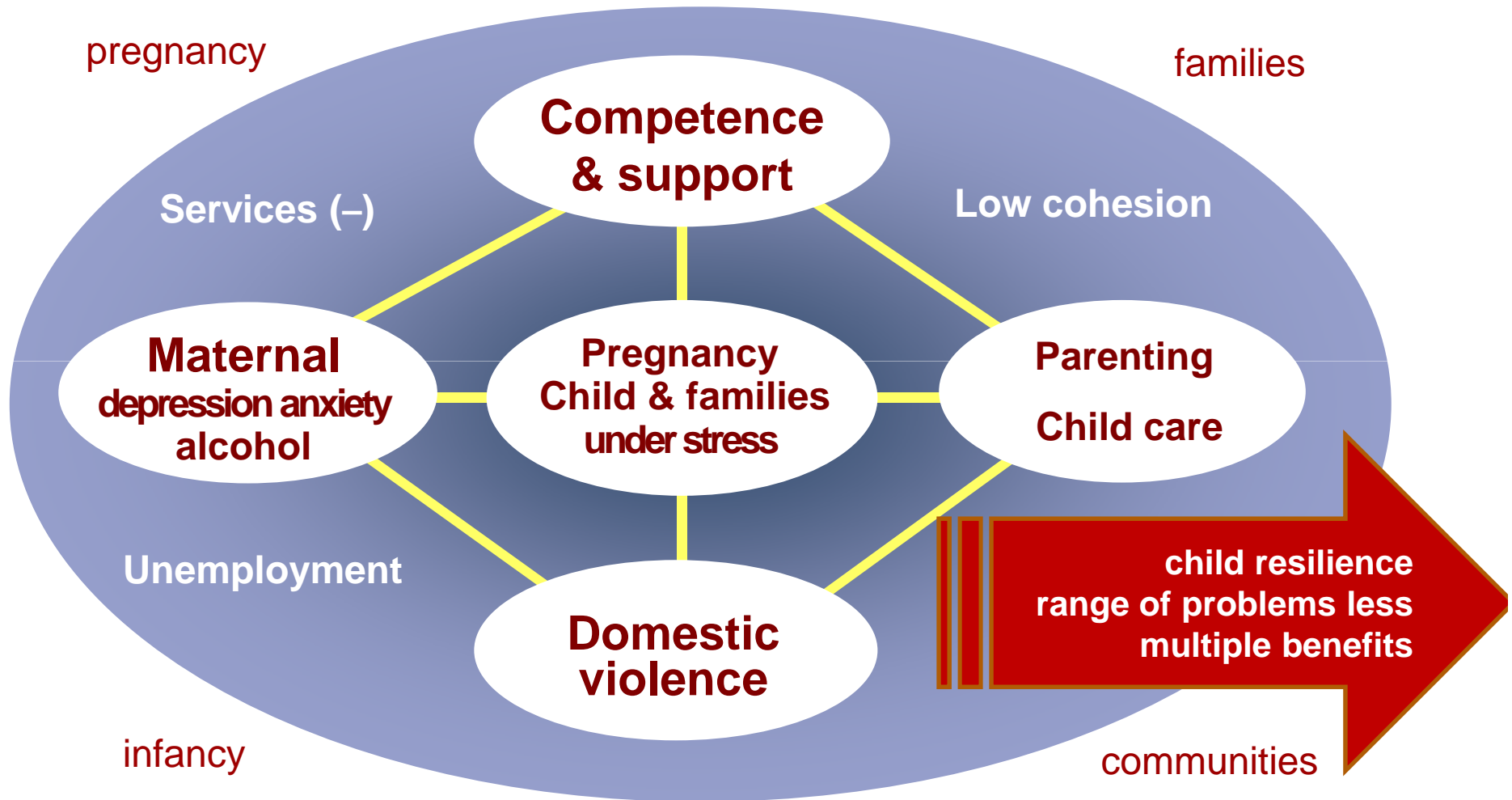
Physical chronic diseases  
Sex. transmitted diseases  
Child mortality

Health / social service use  
Economic costs

child

# addressing 'smart clusters' of related problems

## Healthy start of Life



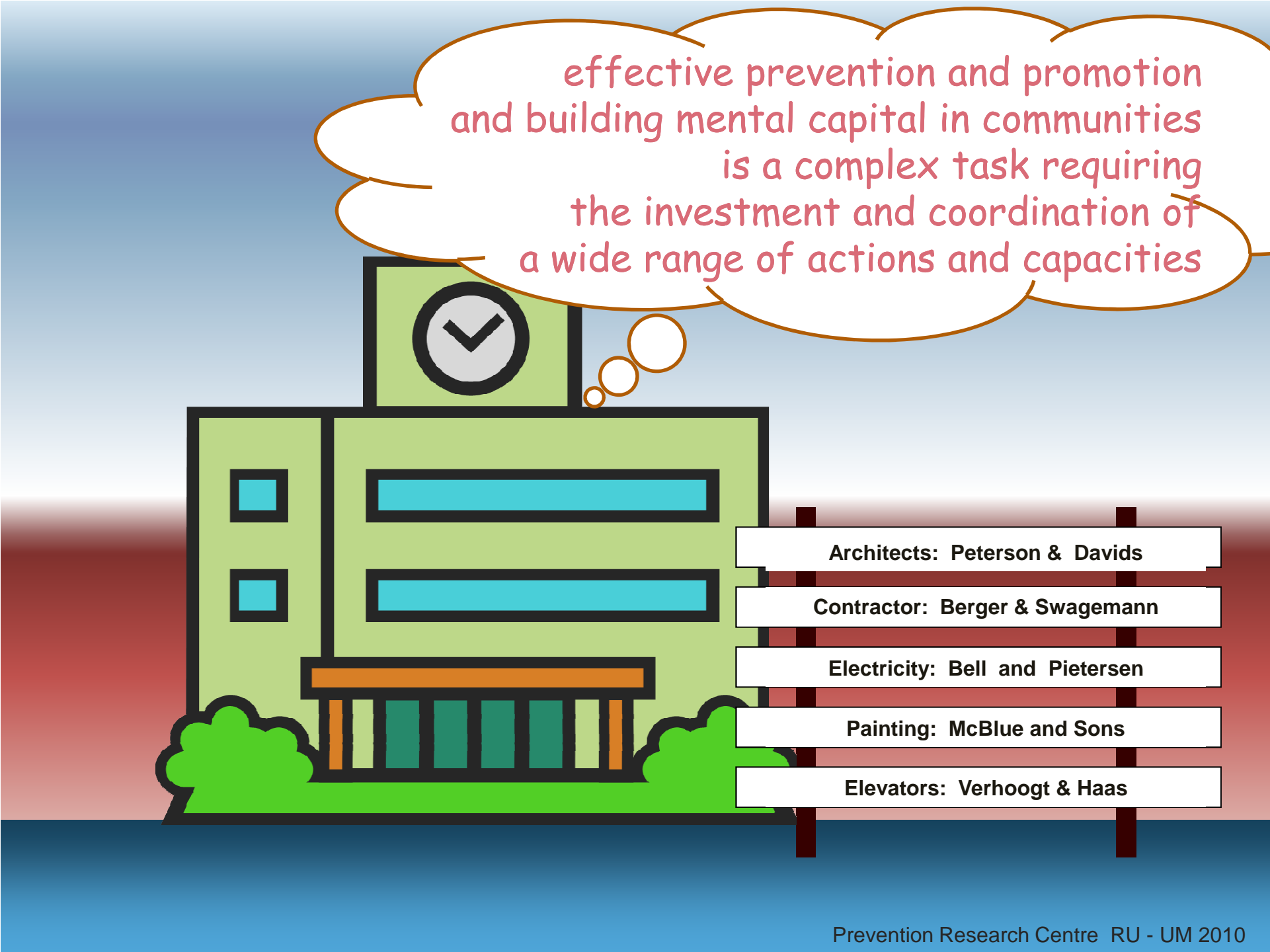
by collaboration of multiple organizations and stakeholders



**Invest not only in  
developing  
and implementing  
prevention programs & projects**

Advocacy  
Policy making  
Capacity building  
Political support  
Creating resources  
Collaboration  
Making coalitions  
Leadership  
Co-ordination

*Invest also strongly in creating  
the conditions to make this possible*



effective prevention and promotion  
and building mental capital in communities  
is a complex task requiring  
the investment and coordination of  
a wide range of actions and capacities

**Architects: Peterson & Davids**

**Contractor: Berger & Swagemann**

**Electricity: Bell and Pietersen**

**Painting: McBlue and Sons**

**Elevators: Verhoogt & Haas**



# Who should be involved?

## Mental capital of children and youth

A challenge and responsibility for multiple stakeholders

- Primary health care: GP's & nurses
- Social work
- Family centers, specialized centers
- Kindergarten
- Schools, teachers, school psychologists & doctors
- Police & justice
- Community organizations
- Public health services
- Local authorities

Each 'party' has different strengths, unique opportunities but also limitations

Create awareness of complementary roles and strengths, and mutual dependency

Through effective collaboration together more successful in achieving preventive goals

## WHAT WE LEARNED

### DEVELOPING SUCCESSFUL COLLABORATION



- Find the right persons  
motivated, champion potential, network, acces to resources
- Show respect and appreciation
- Understand each others language and interests
- Understand complementary strengths
- Offer others opportunities to show success
- Be sensitive to cultural differences
- Make successes visible and celebrate them

# How to deal with reducing budgets?

## Start with better advocacy and marketing

### Raise additional resources

- use existing strengths in community and organizations
- Find grants and sponsors
- Joint projects with companies (win-win)

### Lower needed investments, increase outcomes

- make use what is already developed
- use methods with larger reach
- use less labor-intensive methods
- build quality in existing practices (consultation)

# Bring is all together

Overview

Co-ordination

Governance

ISTRIA

CROATIA

Citizens Families Population  
**Mental Health**  
Competent Supportive Communities

Assessment & analysis

Evaluation

Planning & Design

Implementation

Programs

research

budget

advocacy

coordination

policy

leadership

organization

workforce

Creating the national and local conditions  
for mental health promotion and prevention

Hosman 2010



**Thank you**

# Programs vary in Effectiveness

## Features of effective programmes

Combine universal and targeted (high risk)

Cognitive-behavioral + social skills training

Whole school approach

Use multiple methods

Start early in life

Longer duration (multi-year)

Interactive: actively involve children

Parent involvement and training

# Who should be involved?

## Different roles and stakeholders

- Advocates for mental health (champions)
- Citizens
- Professionals, health and social services
- Local organizations
- Financing or supporting agencies
- Policy makers
- Researchers and consultants