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Title	Mental Health Promotion: Perspectives and Practices.
Author(s)	Barry, Margaret M.
Publication Date	2001
Publication Information	Barry, M.M. (2001). Mental Health Promotion: Perspectives and Practices. International Journal of Mental Health Promotion, Editorial, 3(1), 4-6.
Publisher	Clifford Beers Foundation
Link to publisher's version	http://www.ijmhp.co.uk/2001.htm
Item record	http://hdl.handle.net/10379/2556

Downloaded 2024-03-13T09:33:25Z

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Mental Health

Promotion:

Perspectives and Practices

here is growing recognition in Ireland, as in other countries, of the importance of addressing mental health as part of improving overall health and wellbeing. Each year, the Centre for Health Promotion Studies at the National University of Ireland, Galway, in association with the Departments of Health Promotion and Public Health of the Western, North Western and Mid-Western Health Boards, hosts an annual summer school conference. This year the conference focused on the theme Mental Health Promotion: Perspectives and Practices. This two-day meeting brought together delegates from different disciplines to discuss current perspectives on mental health promotion and to consider future directions.

In addition to the role of mental health promotion in reducing the growing burden of mental health problems, the importance of promoting positive mental health in its own right was discussed. Positive mental health is seen as a vital resource for individuals, communities and the country as a whole, in the face of a rapidly changing social, economic, political and cultural climate.

The Irish National Health Promotion Strategy 2000-2005 (Department of Health & Children, 2000) targets positive mental health and is committed to initiating policy, research and practice developments in this area as part of its five-year strategy. As an integral part of good health, mental health is embedded in the social, economic and cultural life of the community. Ireland is currently witnessing a period of rapid economic growth with concomitant social and cultural changes. As pointed out by Kelleher (1999), such major socio-economic changes might well be expected to translate into both positive and negative impacts on health and well-being in the population. For example, in the recently conducted SLÁN, national health and lifestyles survey (Friel et al. 1999), the majority of Irish adults, both male and female, identified 'less stress' as the top requirement for

improved health. In Ireland, as in other countries, there is growing awareness of the rise of mental health problems, such as depression, as major public health problems to be addressed in the 21st century. The Report of the National Task Force on Suicide in Ireland (Department of Health & Children, 1998) pointed to a significant rise in the male suicide rate over the last 20 years, particularly among the 15-24 age group. Suicide is now the leading cause of death among young men (15-24 years) in Ireland. The Task Force report recommended the use of primary prevention and mental health promotion strategies in order to reduce the future incidence of mental health problems and bring about a reversal of the rising trends in suicide. Programmes targeting greater public awareness and understanding, together with school and community-based programmes, are identified as offering an opportunity to promote positive mental and social well-being.

These themes were addressed in the course of this conference, which attracted presentations and symposia by delegates from a wide range of disciplinary backgrounds. The growth in the Irish rates of suicide was discussed in a plenary session which considered the Irish data in an international context. The symposium addressed the influence of broader cultural, social and gender identity issues on the current patterns of suicidal behaviour. In the discussion that followed, there was general recognition that addressing the issue of suicide comprehensively at a population level requires the development of health and social policy which extends beyond the clinical and treatment focus of current mental health service delivery.

The importance of considering the role of broader social and economic factors on mental health and wellbeing was elaborated on in a plenary address by Professor Richard Wilkinson. In his paper, Inequality, the Social Environment and Health, Professor Wilkinson presented evidence that health in developed societies is

related more closely to relative income and social status than to absolute living standards, thereby emphasising the importance of psychosocial pathways in the link between health and socio-economic circumstances. Discussing the relationship between greater income inequality and lower standards of population health, he pointed to evidence that less egalitarian societies are associated with more hostile and less socially cohesive environments which, in turn, are related to feelings of inferiority and inadequacy. Low social status, weak social affiliations, poor emotional development in early life, and being deprived of effective control over one's life are key risk factors for population health. Strong inverse relationships were highlighted between measures of social inequality and measures of the quality of social relations. Pointing to the fact that social status and social affiliations are, in terms of populationattributable risks, among the most powerful influences on population health in the developed world, Wilkinson argued that this is a potentially potent mixture for health. He also suggested that the relationship between the structure of social environments and social relations is likely to provide the main, though not the only, explanation of why more egalitarian societies tend to have lower mortality rates. This paper clearly highlighted the need to address the influence of wider structural and socio-environmental factors and to understand how they impact on subjective well-being and quality of life.

Research informing the development of policy and practice was presented in an interesting series of papers covering national data-sets on the impact of mental health status on the perceived quality of life for a range of groups, from members of the general population, to prisoners, to school-aged children. Qualitative papers reported on community perceptions of mental health and their implications for promoting positive mental health in rural settings. In keeping with this theme, a symposium on community-based approaches to mental health promotion presented findings from an ongoing cross-border community initiative focusing on positive mental health in rural communities in the Republic and Northern Ireland. A series of papers reported on the development, planning, implementation and evaluation of an innovative model of community mental health promotion based on partnership and community participation principles.

Within a multidisciplinary forum, the conference provided an opportunity to share knowledge and expertise in promoting mental health across a range of settings such as schools, workplaces, communities and health services. A series of parallel papers presented work on promoting mental health in the school setting.

These papers covered curriculum developments applying a range of approaches, programmes dealing with loss and bereavement, and innovative peer-led school projects for teenagers. With regard to the context of mental health services, a range of creative approaches to promoting mental health for service users were presented, including drama, poetry, Internet use and the organisation of self-help groups. The promotion of mental health for staff working in the mental health services was also addressed, with particular reference to issues of burn-out and stress management.

The conference provided an important platform for practitioners, researchers and policy-makers to explore and discuss issues fundamental to the development of mental health promotion at international and national levels. The strategic development of mental health promotion practice at a regional level was addressed by health promotion specialists, who presented a range of current initiatives, from local action planning to the development of regional strategy documents. Likewise, there were reports on Ireland's participation in ongoing EU programmes, including the recent Action Project on Mental Health Promotion for Children up to 6 Years of age. In support of these developments, workshops were convened by Professor John Raeburn and Dr Lynne Friedli, who addressed, respectively, the topics of community approaches to mental health promotion and practical steps to developing a mental health promotion strategy.

In this issue of the Journal, we bring together five of the keynote papers from the conference proceedings, and it gives me great pleasure to introduce these in this special issue. We were fortunate to have attracted speakers of international standing from New Zealand, Canada, the UK and Ireland who delivered papers on current international perspectives. Professor Rachel Jenkins, in the opening presentation, set the scene by providing an overview of recent developments world-wide in her talk, Emerging perspectives on mental health promotion. Her paper examines the significance of emerging perspectives for the area of mental health promotion. These include the social exclusion agenda, work on assessing health priorities, an enhanced understanding of the key role of governments and a recognition of the added value of multiple concerted action across nations and organisations. These developments are discussed in terms of how they contribute to our understanding of, and capacity to implement, mental health promotion at national and international levels. Professor Jenkins' paper discusses a variety of EU and international initiatives aimed at raising the profile of, and enhancing the implementation of mental health promotion.

Professor John Raeburn, in his paper Community approaches to mental health promotion, addresses the concept of mental health promotion from a community perspective. He outlines a philosophy of community-based mental health promotion called People-Centred Mental Health Promotion, which is based on the key concepts of empowerment, resilience, resourcefulness and supportive socio-political environments. Case studies based on work in New Zealand and elsewhere are presented to demonstrate how the principles of this approach can be implemented and evaluated in a practical way.

Dr Lynne Friedli, in her paper The world turned upside down: the public health potential of mental health promotion, relates mental health promotion to the wider public health agenda and discusses what mental health promotion can contribute to health gain. Her paper highlights the fact that there has been relatively little attention to the area of population-level mental health. So little, in fact, that no government has ever been taken to task for the impact of its policies on the mental health of the whole population. Dr Friedli points to the growing body of evidence of the impact of mental health on physical health, and advocates that all health promotion initiatives should determine their effects on both mental and physical health indicators. She calls for more creative use of the evidence base in addressing mental health outcomes, as opposed to those concerned only with mental ill-health.

Dr Margaret Barry develops this theme further in her paper Promoting positive mental health: theoretical frameworks for practice. Current theoretical frameworks and supporting evidence for mental health promotion practice are reviewed. Based on the findings from systematic reviews and effectiveness studies, a strong case is made for focusing on programmes that enhance protective factors with the explicit goal of developing competence and well-being, rather than prevention or risk reduction. The current frameworks are modified in order to represent more adequately a competence-enhancement perspective which locates the promotion of positive mental health firmly within the broader spectrum of current intervention activities.

Dr Natacha Joubert also focuses on the promotion of positive mental health, and in her paper, Promoting the best ourselves: mental health promotion in Canada, gives a very interesting overview of the work of a dedicated Mental Health Promotion Unit at Health Canada. Established in 1995, the mandate of this unit is to contribute to the development of healthy public policy, and to facilitate knowledge development and projects which promote mental health and well-being. Dr Joubert's paper describes the various initiatives that

have been undertaken by the Unit through partnership and collaboration with immigrant groups, young people and local communities. These include creative problemsolving strategies, establishing networks, using interactive multimedia and developing a tool kit of resources for promoting positive mental health.

I am most grateful to the Editor, Michael Murray, for dedicating this issue to the proceedings from the Galway conference. While we are unable to include all the excellent papers that were presented (further details of the conference abstracts are available on request), I would like to thank especially those who contributed to this special issue. On behalf of the other members of the Conference Steering Committee, I would like to thank all the presenters, delegates, chairpersons, funders and everybody who made this successful meeting possible. I trust that readers of the journal will be able to savour a flavour of the meeting from the keynote papers presented here.

This was a vibrant and dynamic meeting, which reflects the current level of interest in and commitment to mental health promotion in Ireland. The quality of the papers presented and the general atmosphere of the conference provide assurance that there is fertile ground on which to build the future of this interdisciplinary area of practice. This meeting clearly highlighted the possibilities and challenges for the continued growth of mental health promotion. These include the need for effective policies and strategies at international, national and community-wide levels in order to address the broad determinants of mental health and to enhance well-being and quality of life at a population level.

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