# A CROSS-BORDER APPROACH TO MENTAL HEALTH PROMOTION

*Dr. Margaret M. Barry and Ms. Sharon Friel*
*Centre for Health Promotion Studies, Department of Health Promotion, National University of Ireland, Galway*

## INTRODUCTION

This paper reports on preliminary findings from a project commissioned by the Centre for Cross Border Studies, Armagh. The project is concerned with cross border co-operation in the development of mental health promotion in the North and South of Ireland, and is comprised of two main strands of work:

i) an investigation of cross border collaborative mental health promotion practices
ii) an examination of the compatibility and comparability of mental health and related health data sources.

There is increasing recognition, both nationally and internationally, of the need to address mental health as an integral part of improving overall health and well-being. The World Health Organisation and the World Bank Report (Murray and Lopez, 1996) has drawn attention to the rise in mental health problems such as suicide and depression as major public health problems to be addressed in the 21st century. It is predicted that by the year 2020 depression will constitute the second biggest cause of disease burden world-wide. A steadily increasing incidence of depression and suicide has been noted in recent years in both the Republic *(National Task Force on Suicide, 1998)* and Northern Ireland *(Foster et al., 1997)*. Suicide is now the leading cause of death among yo ung men (15-24 years) in the Republic of Ireland. These statistics call for co-ordinated action in developing comprehensive mental health promotion strategies in order to reduce the future incidence of mental health problems *(Department of Health & Children, 2000; DHSS 1996 & 1997)*.

Mental health promotion is concerned with achieving positive mental health and quality of life at a population level. The focus of this interdisciplinary area of practice is on enhancing the strengths and competencies of individuals and communities, thereby promoting positive emotional and mental well-being. Over the last twenty years considerable progress has been made in the development of successful evidence-based mental health promotion and prevention programmes *(Price et al., 1988; Durlak and Wells, 1997; Mrazek and Haggerty, 1994; Tilford et al., 1997; Barry, 2001)*. Mental health promotion targets the whole population and focuses on the protective factors for enhancing well-being and quality of life together with early intervention and prevention of mental health problems. The underlying principle of this approach is that mental health is an integral part of overall health and is therefore, of relevance to all *(HEA, 1997)*.

At a policy level, a number of key international organisations, such as the World Health Organisation, the World Federation for Mental Health and the World Psychiatric Association are playing an important role in stimulating collaborative action to promote the value placed on mental health at national and international levels. At an EU level, particular recognition is given to the added value of concerted strategies between member states in enhancing the value and visibility of mental health in Europe. These initiatives relate both to collaborative action *(Jenkins et al., 2001)* and to the harmonisation of mental health data to direct policy *(EU Health Monotoring Programme, 1997; Lehtinen and Korkeila, 2000)*.

Despite the growing recognition of the importance of this area, there is currently no co-ordinated policy guiding the development of mental health promotion in the North or South of Ireland. A draft mental health promotion strategy (2000) exists in Northern Ireland and the recent Health Promotion Strategy (2000) in the Republic clearly recognises the need for the development of positive mental health initiatives. Likewise, there are quite limited population databases, both North and South, on current mental health status at national or regional levels.

As health is one of the areas for co-operation identified by the Good Friday Agreement, an opportunity presents itself to develop a strategic approach to health promotion and primary care initiatives on an all island basis *(Jamison et al., 2001)*. Within this context, this project examines the opportunities and challenges for cross border co-operation in the area of mental health promotion. This paper reports on preliminary findings from Phase 1 of the study, a full report of which may be found in *Barry, Friel, Dempsey and Avalos, 2001*. Phase 2 will focus on an in-depth examination of the policy and practice implications arising from the findings of Phase 1.

## METHODOLOGY

In order to inform the strategic development of collaborative practice, data

collection and policy, this project entailed:

- Systematically documenting the extent and nature of mental health promotion strategies being implemented on a cross border basis.
- Undertaking an in-depth case study investigation of five selected projects in order to identify key barriers and challenges to conducting cross border co-operation.
- Examining the comparability and harmonisation of current data sources on population mental health, quality of life and related lifestyle patterns.
- Making recommendations with regard to the necessary research and practice infrastructures for future effective North-South collaboration at a strategic level.

A questionnaire survey was carried out with health agencies, organisations and individuals known to be involved in the area. A cascade approach was used with initial contact persons or organisations being asked to forward copies of the questionnaires to relevant others known to them.

### *Inventory and Case Studies of Existing Co-operative Initiatives*

The questionnaire relating to mental health cross border initiatives was adapted from existing surveys conducted by Health Promotion Wales (1995) and by the Health Promotion Agency for Northern Ireland (1999). Using the information provided by respondents to the questionnaire survey, five specific projects were selected for case study investigation. Based on documented evidence of active cross border collaboration, the case study profiles were selected to be illustrative rather than representative. The profiles were drawn up based on information gleaned from project documentation and semi-structured interviews carried out with up to four nominated members from each project.

### *Compatibility and Comparability of Mental Health Data Sources*

This element of the study focuses on mental health data at a population level, giving special weight to data sources useful for mental health promotion. Whilst nationally representative samples are most useful for population monitoring, it was decided to include all surveys, even if regional or locally based, collected in the past 10 years on community based samples. The collected data sources were reviewed, examining their comparability and compatibility and identifying strengths and weaknesses in terms of harmonisation. As the detailed findings may be found in the report, a summary of the key results will be presented here.

## RESULTS

### *Questionnaire Survey*

From the questionnaire survey some 74 responses were received from the 153 organisations that were contacted. Of the returned questionnaires, some 40 projects were identified. Of these 40 projects, 19 were cross border projects, 15 did not have a cross border element and a further 6 projects reported cross border contact

**Table 1: Summary of Case Studies of Cross-Border Mental Health Promotion Projects**

| NAME OF PROJECT | Lead Agency NI | Lead Agency ROI | Funding Population | Target | Key Focus |
|---|---|---|---|---|---|
| Concerned About Suicide Leaflet | WH&SSB *Barry McGale*<br>SH&SSB *Deirdre McNamee* | NWHB *Tom Connell*<br>NEHB *Roisin Lowry* | CAWT | General | Information and awareness around suicide |
| Cross-Border Service for Managing PND | CBCH&SS *Roisin Burns* | NEHB *Rosemary O'Callaghan* | CAWT | Expectant mother and mothers with babies <2 yrs. | Information, assessment, screening & counselling |
| Young Men & Positive Mental Health | Western Health & Social Services *Dermot Lynch* | North Western Health Board *Anne Sheridan* | ADM/CPA Programme for Peace & Reconciliation | Young men | Assess attitudes to help-seeking behaviour and develop interventions |
| Support Services for Cancer Patients | Ulster Cancer Foundation *Eileen Creery* | Irish Cancer Society *Olwyn Ryan* | Cancer Societies | Cancer patients | Support for cancer patients |
| Promoting Positive Mental Health in Rural Communities | RH&SWP *Therese Lowry*<br>Homefirst *Mary O'Neill* | NWHB *Anne Sheridan*<br>NUI, Galway *Dr. Margaret Barry* | ADM/CPA Programme for Peace & Reconciliation | General | Promote cross-border co-operation concerning the promotion of mental health and well being in rural communities. |

of a more informal and less active nature. The cross border projects for which information was received were quite diverse, reflecting a variety of levels of collaboration and involving many different population groups. A wide variety of agencies, from statutory agencies to voluntary organisations were represented in the returned questionnaires.

### Case Study Profiles

The case study profiles focus specifically on experiences of cross border working, exploring current levels and mechanisms of collaboration together with identification of key barriers and challenges. Summary details of the five projects may be found in Table 1. More detailed descriptions of each of the projects may be found in the report. A general overview of the five projects, is provided together with a summary of the issues raised by project members in the course of the interviews concerning cross border working.

The case studies demonstrate a creative interplay of top-down and bottom-up initiatives ranging from professionals working with women at risk of postnatal depression, support groups for people with a diagnosis of cancer, information on suicide for members of the general public, to participative projects with rural community groups and young men. All are located on the border counties and involve a range of health boards, trusts, voluntary agencies and community groups to varying degrees. Three of the five projects described are focused primarily at developing collaborative links at the professional level. Four of the five case studies are discrete and structured projects which are in receipt of dedicated funding from either the Programme for Peace and Reconciliation or CAWT. The predominant co-operative structure employed appears to be that of a joint Steering group composed of representatives from North and South. Almost all project activities involve a good deal of inter-agency and cross-sectoral collaboration both within and across regional structures.

### Perceptions of Cross Border Working

The reported experience of cross border working is very positive and overall it is viewed as a worthwhile and beneficial experience.

Among the perceived benefits of cross border working are the following:

- Exchange of ideas and effective practices - expertise, time and costs.
- Establishing relationships and networks on a cross border basis.
- Providing an opportunity for developing new proposals and projects based on experiences to date in the current projects.
- Providing an opportunity for developing and promoting best practice on an all island basis.

Among the difficulties or barriers highlighted are the following:

- Issues of shared ownership for partners on both sides of the border.
- The importance of having some initial preparatory work to agree on the expectations of cross border working and defining the nature of true cross border work.
- Building up of trust between the partner groups and the need for a recognition that this is a slow process that takes time.
- Constraints in terms of resources, including distance/geographical spread and the time taken in getting all partners together at regular intervals.
- Uncertainty about future funding and how this can negatively affect planning.
- The need for better co-ordination across the two jurisdictions was also commented on, particularly with regard to differences in the structure and working practices of the two health care systems, North and South.

It is clear from the case study profiles that there is a general awareness among project members that all involved in the area of mental health promotion are confronting the same issues, North and South, and that it makes sense to pool resources, expertise and experience in order to promote best practice in the area. Project members emphasised the importance of building on the work achieved to date. Generally, there was a perception that good working relationships and networks are being established and these could now serve as a useful base on which to develop best practice.

### Findings from the Compatibility and Comparability of Mental Health Data Sources

Details were received of 14 surveys, which met the inclusion criteria for this study (see Table 2). Further methodological details of the surveys may be found in the report *(Barry et al., 2001)*. Ten surveys were carried out in the Republic of Ireland, three in Northern Ireland and one was performed in both jurisdictions plus the USA. All surveys were cross-sectional in design and had been carried out in the previous four years, except the Living in Ireland Survey of 1994, and the cross national survey, which was circa 1995. The target population for the majority of the surveys in each area was adults, defined as 18 years and over in the Republic of Ireland and 16 years and over in the North. The *Health Behaviours in School Children* survey was the only survey relating to younger people, and was performed in both the North and South of Ireland, using a self-administered questionnaire completed in a classroom setting. The smallest sample size from all the studies was 131 and the largest 16,600. A variety of sample frameworks was used across the various surveys. A summary of the mental health indicators and the measures used, socio-demographic and economic indicators, related lifestyle behaviours and mental health problems are shown for each survey in the report. In total, 14 different mental health indicators were identified from the various surveys, with 12 different types of measurement scales used.

In terms of mental health population data and its comparability and compatibility, there were only four surveys identified in the past 10 years which collected information at a national level in both the

**Table 2: Mental Health Population Surveys in the Republic and Northern Ireland**

| NORTHERN IRELAND | | |
|---|---|---|
| | **ORGANISATION** | **STUDY NAME** |
| 1 | Department of Health and Social Services, Northern Ireland | The First Northern Ireland Survey of Health and Social Well-Being 1997 |
| 2 | Civil Service, Northern Ireland | Survey of Health in the Northern Ireland Civil Service |
| 3 | Health Promotion Agency, Northern Ireland | The Health Behaviour of School-Aged Children in Northern Ireland (HBSC) 1997/98 |
| **REPUBLIC OF IRELAND** | | |
| | **ORGANISATION** | **STUDY NAME** |
| 4 | Department of Health Promotion, NUI, Galway, Republic of Ireland | Survey of Lifestyle Attitudes and Nutrition (SLÁN) |
| 5 | Department of Health Promotion, NUI, Galway, Republic of Ireland | Examination component of SLÁN |
| 6 | Economic and Social Research Institute, Dublin, Republic of Ireland | Living in Ireland Survey |
| 7 | Department of Health Promotion, NUI, Galway, Republic of Ireland | General Health Care Study of the Prisoner Population |
| 8 | Depression Research Unit, St. Patrick's Hospital, Dublin & AWARE, Republic of Ireland | Prevalence Of Depression In Third Level Students: A National Survey |
| 9 | Kelleher M., O'Sullivan M. & McMahon N., Ir J Psych Med. 15:4, 139-141, 1998 | Mental Illness In An Elderly Rural Population In Ireland: A Prevalence Study |
| 10 | Western Health Board, Republic of Ireland | Western Health Board, Mental Health Survey, 2000 |
| 11 | Royal College of Surgeons in Ireland & Department of Public Health & Eastern Health Board, Republic of Ireland | Health Status And Health Care Access Of Homeless Men In South Inner City Dublin Hostels |
| 12 | Health Services Research Centre, Royal College of Surgeons in Ireland, Republic of Ireland | Health and Social Services for Older People |
| 13 | Department of Health Promotion, NUI, Galway, Republic of Ireland 1998 | Health Behaviour of School-Aged Children (HBSC) |
| 14 | Seltzer M.M., Krauss M.W., Walsh P., Conliffe C., Larson B., Birkbeck G., Hong J. & Choi S. C. Journal of Intellectual Disability Research, 39:5, 408-418, 1995 | Cross-national comparisons of ageing mothers of adults with intellectual disabilities (USA, Republic of Ireland and Northern Ireland) |

Northern and Southern jurisdictions of Ireland. Very few surveys performed nationally in both jurisdictions used the same methodological approach, nor included directly comparable measures of mental health and its determinants. All surveys, whether national, regional or local, were cross-sectional and used mainly some form of questionnaire. There were methodological differences in terms of administration of the questionnaires; in the Republic of Ireland, some were self-completed and returned by post, others were self-administered but completed within a confined setting. In the North, the national survey questionnaire was administered by a fieldworker. There was a mix of positive and negative mental health measurement, some surveys combining both and others focussing mainly on one aspect. Most focus was in relation to self-reported general health and health status but others also included measures of depression, anxiety and psychological distress. The most commonly used scales were the GHQ-12 and SF-36 together with quality of life measures such as the WHOQoL-BREF or EUROQOL-5D.

In Northern Ireland there was the *Northern Ireland Survey of Health and Social Wellbeing* and in the Republic both components of the *National Health and Lifestyle survey (SLÁN)* plus the *Living in Ireland Survey*. Each survey included the same Likert Scale measuring self-rated general health which is very useful for comparison purposes. However, a single measure such as this does not alone encompass the spectrum necessary for population mental health monitoring. Whilst the GHQ-12 was utilised in each survey, only half of the sample in the North completed this, whilst the other half completed the SF-36. In the South, the smaller examination sample in SLÁN did complete a number of mental health instruments including the GHQ-12. However, since this component of the survey resulted in a quota based sample, the generalisability of the results to the national population is not possible. The Living in Ireland survey in the Republic was a nationally representative survey which included the GHQ-12, and therefore, supplies a very useful indicator of the level of psychological distress amongst adults in the Republic of Ireland. It remains, however, that there is no normative data relating to the GHQ-12 in both jurisdictions.

## DISCUSSION

Effective promotion and sound scientific information are essential elements of a comprehensive mental health strategy. To reduce the barriers and create effective cross border collaboration, we need to develop insights into the dynamics and models for collaboration and their outcomes. This entails more systematic and critical study of the factors that facilitate or impede effective collaboration. The present study provides an overview of current cross border co-operation in the development of collaborative practices and data sources in the mental health promotion area. Clearly, given the lower than desired response rate to the initial questionnaire survey, the study does not claim to have carried out an exhaustive inventory of current initiatives. However, the report does highlight a number of key issues for consideration. These include:

- the need for sharing and maximising learning from current initiatives.
- developing a more functional system of collaborative relationships at an organisational level.
- explicit identification of the main objectives of cross border working and a facility for monitoring and evaluating these in the course of project development.
- the need for support and training for those embarking on cross border working for the first time; including training in undertaking reconciliation work and developing effective collaborative practices.
- a forum for knowledge dissemination at national or regional levels which would facilitate the process of cross-fertilisation between projects and provide an opportunity to build on the lessons learnt for developing and sharing effective best practice in the area.
- a common information system would be most beneficial on the island for both mental and physical health purposes.

Following the compilation of population based surveys in the Northern and Southern jurisdictions of Ireland, at a cursory glance there appears to be no co-ordinated approach to population mental health monitoring on the island of Ireland. The inconsistency in methodologies, target populations and measures used, limits to a large extent comparability of the surveys identified, thus reinforcing the need for harmonisation. There is, however, a certain level of compatibility given the use of valid scales in the measurement of self-reported general health, psychological distress, quality of life and health status. A co-ordinated and standardised approach, which embraces the social, environmental and cultural differences is needed which would allow both regional and national information to be extracted. This would be very much in keeping with the move within Europe for harmonisation of data systems which will allow for the necessary comparisons between countries on a cross-European basis.

It is critical that we have more focused study of these issues in order that future efforts can benefit from the successes and failures of current initiatives. It is proposed that Phase 2 of this project would address these issues in a systematic fashion providing an opportunity for focused discussion and critical reflections on the issues raised in Phase 1 of this project. A major focus of Phase 2 will be the dissemination of information arising from Phase 1 to target audiences of practitioners, policy makers, community groups and academics.

## CONCLUSIONS

The search for more effective and efficient strategies to work collaboratively on the development, implementation, evaluation and dissemination of mental health

promotion programmes and strategies is a key challenge for the next decade. The use of rigorous data sources combined with the identification of collaborative models of good practice will provide a sound empirical base for the development of effective policy and practice on a cross border basis. This multi-focused data set will provide a valuable resource for strategic planning at all-Ireland, national and regional health level. Recommendations will be made with regard to strategies and structures for the development and delivery of sustainable collaborative programmes aimed at enhancing the mental health and improved quality of life of the wider community.


## ACKNOWLEDGEMENTS

This paper is based on a report which was prepared by Dr. Margaret Barry and Ms. Sharon Friel, principal investigators, together with Ms. Colette Dempsey and Ms. Gloria Avalos, project researchers at the Centre for Health Promotion Studies, National University of Ireland, Galway. The project on which the report is based, was funded by the Centre for Cross Border Studies, Armagh, Northern Ireland. The views expressed are those of the authors and do not necessarily represent those of the funders.



*E-mail: margaret.barry@nuigalway.ie*
*sharon.friel@nuigalway.ie*


*References available on request from The Office for Health Gain*

# USEFUL INTERNET ADDRESSES

**Department of Health and Children, Ireland**
http://www.doh.ie

**Department of Health, Social Services and Public Safety, Northern Ireland**
http://www.dhsspsni.gov.uk/

**Health and Consumer Protection Directorate-General**
http://www.europa.eu.int/comm/dgs/health_consumer/index_en.htm

**Health Research Board, Ireland**
http://www.hrb.ie/

**R&D Office, Northern Ireland**
http://www.rdo.csa.n-i.nhs.uk/rdo/index.html

**Health Promotion Unit, Ireland**
http://www.healthpromotion.ie/

**Health Promotion Agency for Northern Ireland**
http://www.healthpromotionagency.org.uk/

**Centre for Health Promotion Studies, University of Galway**
http://www.ucg.ie/hpr/

**Ireland - Northern Ireland Cancer Consortium**
http://www.allirelandnci.org/

**Co-operation and Working Together (CAWT)**
*website under review - contact via email:* janet@cawt.com

**Centre for Cross Border Studies (CCBS)**
http://www.qub.ac.uk/ccbs

**North/ South Ireland Food Consumption Survey**
http://www.ulst.ac.uk/vsbms/iuna/survey2000.htm

***North South Ministerial Council***

**Irish Joint Secretary**
Telephone: 028 3751 1470
Fax: 028 3751 1874 (048 from the Republic)

**Northern Ireland Joint Secretary**
Telephone: 028 3751 8068
Fax: 028 3751 1406 (048 from the Republic)