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
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 achieve? (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 shrinking?

.... 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**

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

**Prevention**

**Mental health ‘Mental Capital’**

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

**Promotion**

**Positive definition**
We use different terms all referring to ‘mental health’

Mental health

Social-emotional competence

Resilience

Mental capital

Personal strength

Coping with stress

Emotional well-being

Positive development

Understanding each other's language
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 changeble 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

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood disorders</td>
<td>113,4</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>74,4</td>
</tr>
<tr>
<td>Child-Adolescent disorders</td>
<td>21,3</td>
</tr>
<tr>
<td>Addiction</td>
<td>65,7</td>
</tr>
<tr>
<td>Psychotic disorders</td>
<td>93,9</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>27,3</td>
</tr>
<tr>
<td>Dementia</td>
<td>105,2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>501 billion</td>
</tr>
<tr>
<td>All mental / neuro disorders</td>
<td>798 billion</td>
</tr>
</tbody>
</table>

WEF, 2012

Gustavsson et al., 2010
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

**Ambition**

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

**Planning & Strategy Process**

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

Hosman 2010
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 an 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

Hosman UM and RU  2009
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

Higher score: more secure attachment

n = 71  p = .03

© Van Doesum & Hosman (2008)  Nijmegen Prevention Research Centre and Dimence
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)

Hosman, 2013
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
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 approaches e.g. COPMI

Blended Treatment + E-health

promotion and prevention integrated in communities

Hosman PRC Nijmegen Maastricht 2013
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: Kernals Principles elements

Making it bigger: Coherent, multicomponent programs

Effective single model programs available for dissemination (databases)

Collaboration & Coalition Leadership & Governance

Child abuse

widely integrated in daily life & practice
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

- 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

Parenting competence
- Social and Family Stress
- Mental disorders
- Alcohol problems

Parent

Child
addressing ‘smart clusters’ of related problems
Healthy start of Life

- Competence & support
  - Maternal health
    - Depression
    - Anxiety
    - Alcohol
  - Pregnancy
    - Child & families under stress
  - Domestic violence
  - Unemployment
  - Infancy

- Low cohesion
- Services (-)
- Parenting
  - Child care

by collaboration of multiple organizations and stakeholders

child resilience
range of problems less multiple benefits

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

Invest also strongly in creating the conditions to make this possible

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

Hosman 2013
WHAT WE LEARNED
DEVELOPING SUCCESSFUL COLLABORATION

- Find the right persons
  motivated, champion potential, network, access 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

Hosman 2011
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 it all together

Overview
Co-ordination
Governance
Mental Health

Assessment & analysis
Planning & Design
Programs
Implementation
Evaluation

Citizens
Families
Population
Competent
Supportive
Communities

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

Weare 2010 / DATAPREV / Preffi 2.0
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