UNIT 1  PROMOTION OF MENTAL HEALTH

Structure
1.0  Introduction
1.1  Objectives
1.2  Mental Health Promotion
1.3  Activities to Promote Mental Health
1.4  Promotion of Mental Health in India
1.5  Let Us Sum Up
1.6  Answers to Self Assessment Questions
1.7  Unit End Questions
1.8  References
1.9  Suggested Reading

1.0 INTRODUCTION

Whenever we ask someone whether he is doing well or not, we mean to ask about his health, especially the physical health. However healthiness is simply not the presence or absence of physical illness it is something more. In fact World Heal Organisation (WHO, 1948) in the preamble to its constitution defines health as “a state of complete physical, mental and social well being and not merely an absence of disease or infirmity”. One needs to be physically as well as mentally healthy to adequately function in the society. In recent times mental health and mental illness has started hogging the lime-light all over the world. WHO mentions that one in four persons suffer from mental illness. Mental health is also important and gradually its promotion has started. Now what exactly is “mental health” and “mental health promotion”, one may ask. According to WHO (2004) “mental health” is “a state of well being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make contribution to his or her community”. According to the Commonwealth Department of Health and Aged Care, Canberra, mental health promotion is any action taken to maximize mental health and wellbeing among populations and individuals.

This unit gives an overview about mental health promotion and its significance based on evidences. It also deals with mental health promotion in India.

1.1 OBJECTIVES

After reading this unit, you will be able to:

• develop an understanding about the concept of mental health promotion;
• know about the evidence in favour of promotion of mental health;
• know about the activities carried out to promote mental health and how such activities can be started; and
• get an idea about the mental health promotion carried out in India and its lacunae.
1.2 MENTAL HEALTH PROMOTION

Health promotion as whole is very important as it seeks to develop ways of addressing issues which are salient to the target groups and incorporate their own understanding and perspectives (WHO,1986). Further, promotion of mental health also facilitates the early identification of mental illness so that the appropriate steps to initiate early treatment can be taken up. This not only helps in reducing the treatment gap, but also assists in the overall prognosis of mental illness. That the promotion of mental health is significant can be gauged from the fact that the “WHO Meeting on Evidence for Prevention and Promotion in Mental Health: Conceptual and Measurement Issues “– was convened in Geneva from 28-30th November 2001 in order to further develop the work related to prevention of mental disorders and promotion of mental health. All over the world, there is a growing body of organizations working for the promotion, prevention and early intervention in mental health. There is even an international journal titled “International Journal of Mental Health Promotion” is journal that focuses on mental health promotion.

According to Sartorius (1998), promotion of mental health is ‘the operation by which we improve the place which mental health occupies on the scale of values of individual, families or societies’. He felt that when mental health is valued more, people tend to be more motivated to improve it. Hodgson et. al (1996) defined mental health promotion as ‘the enhancement of the capacity of the individuals, families, groups or communities to strengthen or support positive emotional, cognitive and related experiences’.

Need for promotion of mental health: Evidence

The importance of mental health promotion can be gauged from the fact that physical wellbeing is closely related to the mental well being of any individual. There is a relationship between physical and mental health that is reciprocal in nature (Strutgeon, 2007). Further, social support, psychological wellbeing and social networks can be termed as protective factors of physical health. In addition, now, we also have evidence to suggest that mental health promotion is required and interventions through this can be effective. Outcome of a number of programmes show that mental health promotion is a realistic option within a public health approach across the life span and across settings such as peri-natal care, schools, work place and local communities and can contribute to better mental health wellbeing of the population (WHO,2004)

Mental health promotion, targeting early childhood through home visits called the “Prenatal and Infancy Home visit Program” was successful in bringing a positive outcome on a range of behaviours including those on child abuse, conduct disorders and substance abuse (Olds 1997, 2002). Evidence exist for parent training programs which demonstrated improvement in parent-child interactions like the “Incredible Years” (Webster-Stratton and Reid, 2003) and “Triple P-Positive Parenting Programme” in Australia (Sanders et al., 2002). The DataPrev projects financed by the European Commission summarizes the evidence available about effective interventions for promoting positive mental health through parenting, in schools, at work and in older ages. Intervention in this project ranged from psychological support to taxation and the results were promising in the promotion of mental health.
There are a number of effective interventions for promoting mental health. One way stimulation through parenting like immediate skin-to-skin contact between baby and mother right after delivery (Stewart-Brown & Schrader-McMillan, 2011), breast feeding (Kramer & Kakuma, 2012) carrying the baby in a pouch by both mother and father (Konner, 2010) and so on. Such approaches in the promotion of psychosocial stimulation of babies and young infants have led to long term educational and cognitive development and healthier development overall (Richards, Hardy & Wadsworth, 2002). In fact, parenting has been identified as the single most important factor contributing to a healthy start in life (Jane-Llopis et al, 2011) and stimulation through parenting is now recognized as the single most important factor for building resilience in youth (Jolly, 2007; Patel, 2008).

Positive long term results in cognitive development and conflict with law has been reported by the Perry Pre-school Project which combines home visiting and pre-school intervention. Evidence for positive outcomes has also been reported from school based interventions which targets issues like improving problem solving abilities, reduction of substance abuse, bullying and aggression. Examples are ‘I can problem solve’ (Shure, 1997), the ‘Good behaviour game’ (Kellam, 1994), the Seattle Social Development Project (Hawkins et al, 1991).

The JOBS Programme (Caplan et al., 1989; Vinokur et al., 2000) has been tested and replicated in large-scale randomized trials in several countries (Vuori et al., 2002) and it has shown successful impact on re-employment and depression. The Care Giver Support Programme is another one which has been evaluated in a large scale randomized trial and had positive influence in various work behaviours and improved the mental health and job satisfaction of the participants (Heaney et al., 1995).

The evidence for mental health promotion is thus numerous and more such evidence is getting accumulated day by day. These evidences are more forthcoming from the developed countries. For more information regarding evidence based programmes one can access the data bases such as the USA Centre for Disease Control and Prevention, the Collaborative for Academic, Social and Emotional Learning (CASEL), the Substance Abuse and Mental Health Services Administration (SAMHSA) and Implementing Mental Health Promotion Action (IMHPA).

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<td>1) Define Mental Health Promotion.</td>
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1.3 ACTIVITIES TO PROMOTE MENTAL HEALTH

Promotion of mental health takes place at several levels. Some may be at the individual level while others may be directed at a particular group of population. For example policies to tax substances like alcohol, cigarettes etc. are directed towards a population group and intervention like home visiting programs are targeted at an individual level. (Herrman & Jane-Llopis, 2012). Also while some health promotion have the primary goal of promoting mental health, others may have some different primary goal, but also improve mental health along with it. Activities like support of mothers with mental illness to care for their children would be example of promoting mental health directly whereas activities aimed at reduction of domestic violence, unprotected sex etc. would be examples of promoting mental health indirectly, i.e. the primary goal is different, but these activities would also be good for the mental wellbeing of a person.

A mental health promotion framework that represents a public health approach to mental illness prevention identifies the following as key social and economic determinants of community and individual mental health (Walker et. al, 2005).

1) Social Inclusion: The first determinant is social inclusion. This refers to social relationships, involvement in group activities and civic engagement.

2) Freedom from discrimination and violence: This is the second determinant that focuses on valuing diversity, physical security, self-determination and control over one’s life.

3) Access to economic resources: The determinant of access to economic resources deals with work, education, housing and money.

Thus we see that mental health promotion can be done through several activities and in recent times it is gaining widespread acceptance in the domain of health.

The Ottawa Charter for Health Promotion was organized by WHO in Ottawa, Canada in the year 1986. Though it was in relation to promotion of health as a whole, it also recommended certain strategies that can be applied to promote mental health (Herrman, Saxena & Moodie, 2005). As stated by Herrman & Jane-Llopis, 2012 “The Charter’s five strategies are: building healthy public policies, creating supportive environment, strengthening community action, developing personal skills and reorienting health services”. Of these five strategies, “strengthening community action” and “developing community action” (WHO, 1986) are related to mental health promotion activities (WHO, 2004).

Whatever be the activities, mental health promotion can be categorised as (Tilford et al, 1997):

a) Any activity concerned with mental health and mental illness that is not directly curative, for example promotion and prevention at all levels (mainly mental health services).

b) Promotional activity that also includes mainly primary prevention (mostly health promotion units).

c) Mainly the promotion of mental illness with some elements of the promotion of health (public health).
d) the promotion of mental health as distinct from the prevention of mental illness (mostly health promotion units, some psychologists).

Some of the activities which can be taken up to promote mental health are:

a) **Promotion of mental health in educational institutes:** Various awareness oriented activities can be carried out in order to promote awareness about mental health amongst the student community in educational institutes like school, colleges and university. Suicidal attempts amongst students have increased. Mental health awareness will not only help deal with such situations but will also make teachers and students more observant so that they can identify any mental health problem that can then receive early treatment. Training programmes can also be given to teachers and students in understanding various mental health problems and disorders and to identify the symptoms. Teachers can also be trained for barefoot counselling. Programmes can also be organized in the direction of creating mental health awareness by having various activities, events and competitions (drawing, poem etc based on mental health theme) in educational institutes. Further, experts from the field of mental health can be regularly invited in order to promote the knowledge about mental health amongst students and teachers.

Further, school counsellors should also be appointed in order to help students deal with their mental health problems and promote positive mental health.

b) **Community programmes:** Besides programme in educational institutes, various programmes can also be organized at community level. Awareness programme can be organized based on topic like adolescent and mental health, mental health of the elderly, mental health of women, substance abuse, depression. At community level, awareness can also be created about the rights, laws and policies related to mental health. Further, information about governmental & non-governmental organizations (NGOs) that work in the field of mental health can also be provided. Early identification of mental health problems and disorders need to be promoted amongst the members of the community.

c) **Mental health promotion and interventions in the workplace:** Mental health also needs to be promoted at workplace. Most of the individuals spend a majority of their time at the work place. Further work has become complex and requires optimum performance on the part of the individual. The work situation and pressure can lead to occupational stress amongst employees. This stress if not dealt with immediately can lead to development of major psychological disorders and other health related problems, which in turn can reduce the production and profitability in an organization. Thus mental health not only needs to be promoted, but suitable intervention for employees with mental health problems or disorders also needs to be provided. Regular sessions on yoga, meditation, relaxation techniques etc. can be carried out for the employees. Various activities, talks and events based on mental health can also be organized by the organization to promote awareness about mental health.

d) **Programmes for special population:** Individuals belonging to special population are more vulnerable to developing mental health problems and disorders. Programmes for special populations like pre-school psycho-social
Future Direction

Interventions, home visit to pregnant women, nutritional and psycho-social intervention in the elderly will also help in promoting overall mental health in the society.

e) **Violence prevention programmes:** Programmes also need to be organized to prevent violence. This in turn will help prevent mental health issues. Such programmes can be organized in various organizations, educational institutes, and also at community level. A crisis intervention plan also needs to be in place to deal with any abuse and help the victim get medical and psychological help at the earliest.

f) **Programmes and activities aimed at reducing stigma due to mental illness:** There are a number of myths about mental health in the society. The individuals suffering from mental health problems are subjected to stigmatisation. This can further deteriorate the condition of these individuals. Programmes that mainly focus on reducing stigmatization about individuals with mental health needs to be carried out. However, just awareness in this direction may not be enough but changes also need be made at the policy level.

g) **Suicide prevention programmes:** Suicide and suicidal attempts have been increasing in our society. Concrete steps need to be taken in this direction as well. Providing easy access to counsellors, clinical psychologists and psychiatrist is one way in which this can be dealt with. However, there is also stigma related to visiting counsellors, clinical psychologists and psychiatrist, which prevents individuals from seeking help and intervention. Suitable measures need to be carried out in this direction as well. Mass media can also be used while organizing programmes for suicide prevention.

h) **Parenting intervention programmes:** Family plays an important role in any individual’s life and parents are significant people in one’s life. Awareness and intervention programmes can also be organized for parents, so as to help them identify the symptoms of mental health problems and disorders and seek early help. Programmes and intervention for parents can also be based on promoting positive mental health.

i) **Sensitisation programmes:** Sensitization programmes also need to be organized at community level, in educational institutes and at other platforms so as to reduce the stigmatisation of the individuals suffering from mental health problems and disorders. Sensitisation programmes are even more important amongst the individuals who closely work with persons with mental health problems and disorders.

j) **Promoting positive mental health:** Just focusing on mental health problems and disorders is not enough; we also need to focus on promoting positive mental health. This can again be done by organizing various events, awareness programmes and activities at various levels. We are going to discuss about positive mental health in detail in the next Unit.

Thus we discussed some of the activities that can be organized in order to promote mental health. In the next sub-section we will mainly discuss about promotion of mental health in India.
1) What are the key social and economic determinants of community and individual mental health?

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2) List any five activities that can be carried out to promote mental health

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1.4 PROMOTION OF MENTAL HEALTH IN INDIA

In India Psychiatry as a discipline grew very slowly. Initially the specialty of Psychiatry was within the branch of Medicine. Later on it became a separate subject. Initially manpower in the field of mental health was also less. Though manpower have increased in recent times yet we have a dearth of manpower in comparison to the ever increasing population with mental illness. Though promotion of health did take place, exclusive promotion of mental health was negligible initially. It was only with the starting of Mental Health Programme in the year 1982, that promotion of mental health saw some momentum.

Studies conducted at two different places in India demonstrated that mental health can be integrated with primary health care (Murthy and Wig, 1983; Wig et al, 1981) and the positive outcome of these studies resulted in the National Mental Health Program (NMHP). As a result of initiation of NMHP, the District Mental Health Program (DMHP) was started following the success of Bellary district (in Karnataka). However even NMHP was not directly involved in the promotion of mental health, its goal being integration of mental health services into primary care. A significant activity of the NMHP was that it was somewhat successful in the promotion of awareness about mental illness and its treatment. This can be judged from the fact that in the DMHP districts, 86.9% of the community members contacted knew about mental illness which is higher than in non-DMHP districts (74.7%). The DMHP districts were found to have significantly higher awareness about the type of mental illness namely psychosis, neurosis, epilepsy etc when compared to non-DMHP districts (Gangadhar BN & Kishorekumar KV, 2012).

There have been some works on promotion of mental health focussing on the children, both from the Government of India and some NGOs. The Integrated Child Development Services (ICDS) Scheme was started in the year 1975 by the government of India. Among its objectives, one of them was to lay the foundation...
for proper psychological, physical and social development of the child. According to the WHO (1999), most of the programmes like this have demonstrated the beneficial impact on child cognitive development, sociability, self-esteem and motivation. In addition the “Behaviour Change Communication” strategy of the ICDS has the long term goal of “capacity-building of women, especially in the age group of 15-45 years, so that they can look after their own health, nutrition and development needs as well as that of their children and families”. (http://wcd.nic.in/icds.htm). NIMHANS, Bengaluru developed the School Mental Health Program using resources already available in the schools. Teachers are trained as ‘master trainers’ who further conduct training for other teachers to be ‘life skill teachers’. It is a participative program and the activities are based on various developmental themes of nutrition, hygiene, academics, inter-personal relationships, substance use, gender issues, career and social responsibility (Bharath et al., 2008). According to a book at least 17 mental health related NGO programmes are being implemented in India (Patel & Thara, 2003) Promoting child and adolescent mental health in low and middle income, pdf). Some of the NGOs are also focussing on child and adolescent mental health. Such an NGO by the name of “Sangath” has implemented mental health promotion programmes related to early child development, school based and community based youth programmes. Zippy’s Friends is another school based programme owned by Partnership for Children, a UK based charity which is running in five middle or low income countries, including India. This programme helps young children to develop coping and social skills (http://www.partnershipsforchildren.org).

In the field of prevention and promotion of mental health, mention must be made of the “helpline services” towards the promotion of mental health. These services provide assistance and guidance to people regarding mental health related issues. Various help line services, including the “suicide prevention” helplines like Sneha (Chennai), Aasra (Navi Mumbai), Samaritans Sahara (Kolkata), Aasha (Chandigarh) etc. are working round the clock in order to help people in crisis and provide prompt counselling so that people do not commit suicide.

In spite of all these activities, India has a long way to go in the promotion of mental health. Literature regarding the outcomes of these interventions is scanty, very few programmes are well organized, focus on the programmes are still being more on the curative aspect, and also manpower and resource is less. We have to put into place a system where promotion of mental health receives the required attention and action.

**Self Assessment Questions 3**

1) Describe Integrated Child Development Services (ICDS).
1.5 LET US SUM UP

We are now aware that promotion of mental health is of paramount importance, especially when mental illness are likely to be one of the leading cause of morbidity by the year 2020. Different activities can be carried out to promote mental health like parenting intervention programs, school mental health program, violence prevention program and so on. The fact that physical and mental health are inter-related and the outcome of several studies showing positive results of mental health promotion exist, it’s time that India also develop a robust system of mental health promotion. Though the National Mental Health Programme is there in India, more needs to be done in the area of mental health promotion.

1.6 ANSWERS TO SELF ASSESSMENT QUESTIONS

Self Assessment Questions 1

1) The definitions of Mental Health Promotion are as follows:

According to Sartorius (1998), “promotion of mental health” is the operation by which we improve the place which mental health occupies on the scale of values of individual, families or societies.

Hodgson et. al (1996) defined “mental health promotion” as the enhancement of the capacity of the individuals, families, groups or communities to strengthen or support positive emotional, cognitive and related experiences.

According to the Commonwealth Department of Health and Aged Care, Canberra, mental health promotion is any action taken to maximize mental health and wellbeing among populations and individuals.

Self Assessment Questions 2

1) The key social and economic determinants of community and individual mental health are:

   i) Social inclusion that deals with social relationships, involvement in group activities, civic engagement.
   
   ii) Freedom from discrimination and violence that includes valuing diversity, physical security, self-determination and control over one’s life.
   
   iii) Access to economic resources that includes work, education, housing and money.

2) Five activities can be carried out to promote mental health are:

   • Promotion of mental health among school children with the help of school counsellors.
   
   • Mental health interventions in the workplace aimed at reducing workplace stress.
   
   • Violence prevention programs.
   
   • Community involved programs aimed at reducing stigma due to mental illness.
   
   • Suicide prevention programs.
Future Direction

Self Assessment Question 3

1) The Integrated Child Development Services (ICDS) Scheme was started in the year 1975 by the government of India. Among its objectives, one of them was to lay the foundation for proper psychological, physical and social development of the child.

1.7 UNIT END QUESTIONS

1) Essay type questions:
   a) What is your idea about mental health promotion?
   b) What is the present scenario in mental health promotion in India?

2) Short notes:
   a) School mental health program.
   b) Evidence for promotion of mental health.
   c) Activities to promote mental health.

1.8 REFERENCES


Promotion of Mental Health


http://wcd.nic.in/icds.htm
http://www.partnershipsforchildren.org


1.9 SUGGESTED READING
