

## Pathways to Lifelong Mental Wellbeing October 2021

### Public Mental Health Promotion as an Integral Part of Clinical and Community Care Programmes

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#### Background

The workshop topic dealt with international and Scandinavian work in public mental health, in both clinical and community care contexts. Though the current pandemic situation has certainly raised awareness of the urgency of integrating public mental health into public health, the need for such a development is not new. Four central themes were focused on;

#### ***Public Mental Health as an Integral Foundation for Public Health***

An approach to public health that includes public mental health with a health promotion focus recognizes protective factors for mental health and wellbeing as well as broader determinants, including the lifelong impact of mental ill health and other risk factors. Moreover, promotion of mental wellbeing can both prevent mental and somatic disorders and aid in recovery from these disorders. Promotion and prevention are important for sustainable reduction of the burden of mental disorder, as once it has arisen, treatment can only reduce a relatively small proportion of the burden due to lack of treatment facilities and the fact that many years have often passed from the first symptoms to treatment-seeking behaviour. The challenge is to incorporate such efforts into non-clinical and clinical practice as well as to engage with a range of other service providers, including public health and primary care physicians. Public mental health needs to incorporate various strategies, ranging from the promotion of mental wellbeing to primary prevention and other forms of prevention and intervention. Planned strategies need to focus on individual, societal, and environmental aspects. Mental health, wellbeing, daily functioning, family cohesion and community members' interaction in general appear to benefit from integrated models of clinical and community care programmes.

#### ***Public Mental Health Promotion and Resilience***

Public mental health promotion is tied to the promotion of resilience throughout the lifecycle. A public mental health promotion approach focuses on protective and salutogenic factors that contribute to resilience. Resilience is a complex concept, and it continues to be defined and approached in the research in different ways. Resilience is inherently related to the resources that an individual can draw on to overcome adversity. These protective or promotive factors come in a wide variety of forms that combine to make a person resilient. Three interacting levels of factors are involved: Individual, Social, and Community. A person's resilience is, however, not only an individual process but also an interpersonal one, that is, a human resource that develops and thrives in a culturally defined group and community context. Assessing resilience on the individual level only using intrapersonal measures may not provide an adequate picture of the actual situation and level of resilience, which requires also considering interpersonal resources.

#### ***Mental Health Models Matter***

The model of mental health that employs only one continuum and features mental health and mental illness at opposite ends has been replaced by a model that frames mental health as two distinct, yet interacting, 'domains' (i.e., areas of experience, depicted as two separate continua): mental ill health and subjective wellbeing. The two-domain model permits a more complete and dynamic understanding of mental health and focuses on numerous interacting factors that can affect actual daily function.

#### ***Exploring person-centred clinical care and person-centred community care from a public mental health promotion perspective.***

Person-centred orientations identify and incorporate a person's own goals, interests, and strengths into the effort to support the person's own efforts to manage his/her condition or circumstances while pursuing a meaningful life in the community.



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## Approach

The central aim of the workshop was to work together to make connections between concepts, contexts, and cultures for a closer examination of public mental health and health promotion in clinical and community care contexts.

Workshop participants reflected a global representation from: Kenya, Sri Lanka, Nigeria, India, Argentina, Columbia, Cameroon, Zambia, Zimbabwe, the UK, Sweden, and Norway.

The workshop was structured with two presentations and discussions following each. The first presentation, Session 1, was focused on: Public Mental Health Promotion: models and meanings. Below are the central questions provided and important themes raised in the breakout groups in response to Session 1.

***What are the actual differences for resilience and a lifetime perspective in approaching mental health based on a one-dimensional model as distinct from a two-dimensional model?***

1. Importance of both mental ill health and mental health (resilience) in interaction in mental health models.
2. Resilience is affected by socioecological changes (migration, economy, work, education,

political change, etc.).

3. Models for adaptation after collective trauma show the complexity, the challenges and the need for interaction of psychological, social, political, legal and existential (meaning-making) components.
4. The two-dimensional model was much better; differentiation between the two continua offered a balance that was necessary for mental health.
5. It is essential to have an interaction between the dimensions, though it may be difficult to explain in different contexts.

***What is the difference between mental health promotion and mental health prevention, and what consequences does confusion of these terms have for communities?***

1. The difference between promotion and prevention is partly linguistic, or it reflects a strength versus risk perspective.
2. Understanding mental health promotion in the cultural and contextual situation is essential.
3. In some contexts, more resources are focused on the stage of intervention and thereby health promotion is neglected, leading to increased mental distress and ill health.
4. Mental health 'promotion' refers to

empowering the community to control the determinants of mental health, and ‘prevention’ is more a matter of what the medical establishment did to prevent mental illness.

5. Community-based models related to mental health promotion. The friendship bench model from Zimbabwe was mentioned as one example of a model. It is described as a sustainable community-based psychological intervention.
6. Prioritizing mental health promotion in communities is difficult in developing countries such as India, Zimbabwe, and Zambia.
7. The difference between ‘promotion and ‘prevention’ in English was somewhat confusing, whereas in other languages the distinction seemed clearer. In certain contexts, in theory, ‘promotion’ referred to empowering the community to control the determinants of mental health and ‘prevention’ concerned more what the medical establishment did to prevent mental illness; however, in practice the two were used interchangeably.
8. In other contexts, ‘promotion’ referred to public awareness of mental health and ‘prevention’ referred to what people decided to do to make sure they maintained mental health.

***What are some experiences and examples of enabling clinical and community care programmes to interact for public mental health promotion?***

1. The Friendship Bench example from Zimbabwe was noted.
2. Educational programmes to avoid stigmatization surrounding mental ill health. (Type of stigmatization is different across cultures).
3. The Covid-19 situation disturbed healthcare systems but also enabled different pro-active initiatives.
4. From high-, low-, and middle-income countries, there was little experience of clinical and community programmes interacting.
5. These were two different systems: community-based mental health versus the public health authorities.
6. In certain contexts, there is very good public healthcare, but not for mental health.
7. There are developing educational programmes, but there are questions regarding the scope of outreach and difficulties finding resources for measuring effectivity.

The second presentation, Session 2, was focused on: Person-centred mental health within a community mental health approach with particular attention to mental health and substance use challenges. Below are the central questions provided and important themes raised in the breakout groups in response to Session 2.

***How can a person-centred approach be implemented in all countries, and will that have any effect on barriers and utilization of services?***

1. The person-centred approach is the best one, but in low-, middle-income countries, the community centres do not have the resources or capacity to implement it.
2. The gap also exists in high-income countries, i.e., it is the gold standard but not the reality, again owing to resources.
3. In addition to a lack of resources and capacity, there is also a challenge regarding attitudes and orientations if a disease-centred approach is the norm.
4. In addition to resources and capacity, culture plays a role; there are attitudes and beliefs that prevent change, e.g., ancestral beliefs and stigmatization can obstruct the use of a person-centred approach.

***How can we secure a place in society even for patients with severe mental health and addiction challenges through health promotion and prevention?***

1. Community-based mental health services are not well developed or funded, and therefore struggling with both promotion and prevention.
2. Clinical services attract people to hospitals for treatment and advice, but there is little or no follow-through in community contexts.
3. Attitudes play a great role and may create different challenges in high- and middle-, low-income countries: e.g., people’s values play a major role (if a person is not producing something and earning money, then he/she is not as valued).

***How can the public health system that cares for people with mental health and addiction problems utilize NGOs and civil society to promote inclusion and citizenship in the community?***

1. NGOs have programmes for treating substance use, these are well organized and people are involved, but such programmes do not really exist to address other mental health issues involving multi-level problems across health sectors.
2. NGOs provide counselling programmes in some areas and in fact hospitals/clinical services depend on NGOs for counselling services; in this way government and mental health work together.
3. Collaboration with NGOs goes a long way and there is great cooperation with local government; in the locations where they get involved, the tentacles of the NGOs spread to mobilize private mental health services.
4. NGOs are important but are not as organized and structured in high-income countries;

collaborations are fewer and could be developed to the benefit of all.

5. Different programmes/organizations have their networks, but they also operate in silos and do not have the channels when they need to cross sectors; the key is to develop these channels.
6. Education of mind and behaviour related to stigmatization, especially in isolated areas, is very much needed, and this could be achieved through NGO collaborations with government agencies.

## Recommendations

- Importance of a public mental health model that embodies health promotion for all Mental Health and Psychosocial Services (MHPSS) planning.
- Importance of using a community assessment framework and integrating community members.
- Multi-disciplinary and multi-sectoral interaction in programme monitoring and effectivity measurement.
- Emerging areas of new social determinants: temporary communities that become long-term living contexts; establishing safe spaces; mental capital; and existential capital.
- Programme Evaluation: coordinated internal and external, mixed-methods design, incorporated into the planning process from the beginning!
- Moving forward together for public mental health promotion and for identifying context-specific factors for policy change and policy operationalization.
- Collaboration to promote research and action research in public mental health promotion.
- Public mental health research centre organization to establish research/practitioner global network.

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For the workshop photo we have chosen a bridge. The bridge is a metaphor for making connections, and such connections were indeed made for ongoing work in this area of public mental health promotion. Thank you to all the participants for sharing your knowledge, inspiration and desire to continue working together in this important area of mental healthcare and research.



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