World mental health report

Transforming mental health for all

6

Promotion and prevention for change

Chapter summary

In this chapter we consider the multisectoral promotion and prevention strategies required at all stages of life to transform mental health. We explore some of the intervention options available to reduce risk and build resilience at individual, social and structural levels, summarizing the rationale and evidence behind these and showcasing examples of good practice from around the world. And we examine three priorities for action: suicide prevention; protecting and promoting child and adolescent mental health; and promoting and protecting mental health at work.

Key messages from this chapter are:

→ Promotion and prevention in mental health work by identifying underlying factors that influence mental health and intervening on them to reduce risks and/or increase resilience and mental well-being.

→ Effective strategies require multisectoral action and may involve making changes at the individual, social (family and community) or structural level.

→ The health sector can contribute by embedding promotion and prevention programmes in health services and supporting initiatives in non-health settings, among other actions.

→ Suicide prevention is a global priority, and much progress can be achieved using the strategies set out in WHO's LIVE LIFE initiative, including limiting access to means, responsible media reporting, social and emotional learning for adolescents and early intervention.

→ Promoting child and adolescent mental health can be achieved through policies and legislation, caregiver support, school-based programmes and changes to community and online environments.

→ Employers and governments have a responsibility to promote and protect all people's mental health at work and can do this through legislation and regulation, organizational strategies, manager training and interventions for workers.

Chapter 5 Foundations for change described the foundations for change towards improved mental health, highlighting the importance of enabling frameworks, public and political support, technical skills and sufficient resources. Chapters 6 and 7 will consider what that transformation looks like on the ground, in terms of the specific strategies and services that can be deployed to improve the mental health of populations. This includes strengthening multisectoral promotion and prevention strategies at all stages of life (the focus of this chapter) while simultaneously building up mental health and social care in the community (see Chapter 7 Restructuring and scaling up care for impact).

Effective promotion and prevention is important to enhance mental well-being and resilience, prevent the onset and burden of mental health conditions and drive down the need for mental health care. There is increasing evidence that it is often also cost–effective *(324)*.

In essence, promotion and prevention in mental health work by identifying underlying factors that influence mental health and intervening on them (see section 2.2 Determinants of mental health). This includes efforts to tackle "distal" structural factors that shape the conditions of daily life, such as poverty inequality and environment quality. But it often also focuses on more "proximal" individual and family factors, such as individual coping skills or parenting behaviours, that have a more direct influence on mental health.

Together, promotion and prevention comprise a wide range of activities that can be targeted at individuals, specific groups or whole populations (see Table 6.1). Recalling that mental health is more than the absence of a disease or infirmity (see Chapter 2 Principles and drivers in public mental health), mental health promotion is about maintaining or enhancing people's mental well-being, while prevention as described in this chapter (i.e. primary prevention) is about stopping the onset of mental health conditions.

TABLE 6.1

Target populations and overall objectives of promotion and primary prevention in mental health

TYPE		TARGET POPULATION	OBJECTIVE
Mental health promotion		Variable	Maintain or enhance mental wellbeing, or increase resilience
Primary prevention	**Universal**	Whole population	Reduce incidence (i.e. prevent the onset of mental health conditions)
	Selective	Subpopulations (e.g. specific demographic groups) at an elevated risk of developing a mental health condition	
	Indicated	Individuals who have signs or symptoms of a mental health condition but do not meet diagnostic criteria for mental disorder	

In practice, it can be hard to make the distinction between prevention and promotion. Strategies that reshape the determinants of mental health to boost mental well-being can also work to stop mental health conditions from developing in individuals; so mental health promotion and universal prevention are often implemented as one and the same.
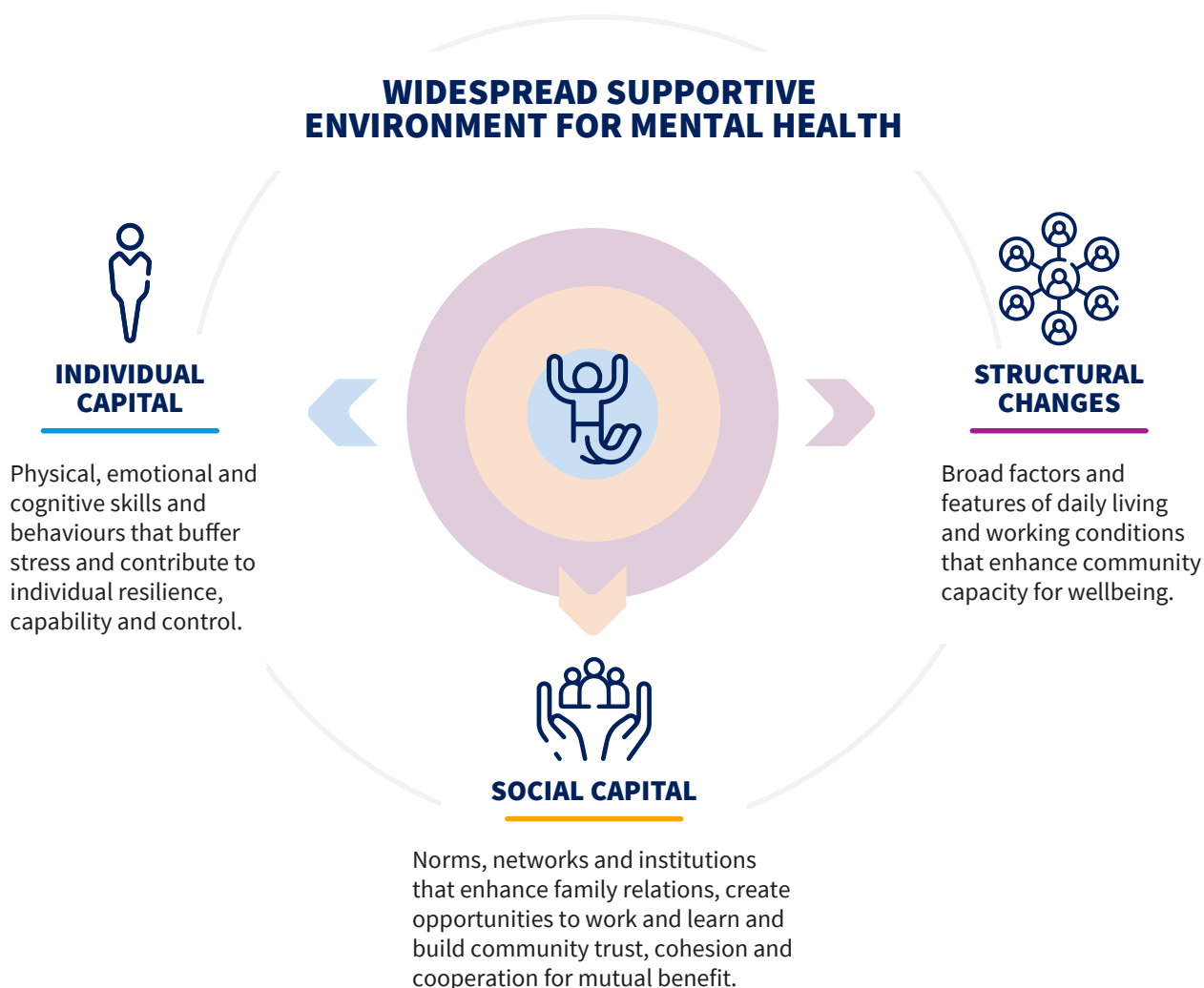
This chapter considers what it takes for countries to effectively pursue promotion and primary prevention in practice. There is no simple solution: a single intervention is rarely sufficient to effect change across all age ranges and at-risk groups. Rather, as highlighted by the *Comprehensive*

mental health action plan 2013–2030, countries need to implement a wide range of universal, selective and indicated interventions.

In the sections that follow, we explore some of the intervention options available, summarizing the rationale and evidence behind these and showcasing examples of best practice from around the world. We highlight three priorities for action where the evidence and experience of mental health benefits are particularly compelling: interventions to prevent suicide; interventions to promote and protect the mental health of children and youth; and interventions to promote and protect mental health in the workplace.

FIG. 6.1

Mental health promotion and universal prevention focus on factors that support mental health

WIDESPREAD SUPPORTIVE ENVIRONMENT FOR MENTAL HEALTH

INDIVIDUAL CAPITAL

Physical, emotional and cognitive skills and behaviours that buffer stress and contribute to individual resilience, capability and control.

STRUCTURAL CHANGES

Broad factors and features of daily living and working conditions that enhance community capacity for wellbeing.

SOCIAL CAPITAL

Norms, networks and institutions that enhance family relations, create opportunities to work and learn and build community trust, cohesion and cooperation for mutual benefit.

Source: Friedli, 2009 *(325)*.

6.1 Mental health promotion and universal prevention

Mental health promotion and universal prevention strategies are generally designed to shift the risk profile of whole populations and boost overall well-being. They do this by reshaping the determinants of mental health across individual, social and structural spheres of influence to establish supportive environments for mental health (see Fig. 6.1).

Universal strategies and interventions are highly diverse. Many interventions are delivered at the community level, for example by local leaders or health care providers. Others are delivered at higher levels, for example through national labour laws or poverty reduction strategies.

In practice, universal interventions often combine different strategies at individual, social and structural levels. So, for example, interventions may combine life skills training (individual capital) with local events for older adults (social capital) and mass anti-stigma campaigns (structural changes) (see Box 6.1 The A-B-C campaign for good mental health).

CASE STUDY

BOX 6.1

The A-B-C campaign for good mental health

The Act-Belong-Commit (A-B-C) campaign in Australia is designed to encourage people to be proactive in becoming more mentally healthy. It is built around three simple messages:

- Do something to keep physically, socially, spiritually and cognitively active (Act).
- Do something with someone to keep connected to friends, family and community (Belong).
- Do something meaningful, important and valuable to provide a sense of purpose (Commit).

These are supported by online resources (including self-help guides, fact sheets, lists of local activities, and school curricula) and community-based programmes aimed at strengthening connections between community members and helping people participate in diverse activities that can protect and promote their mental health.

The campaign has more than 160 community and organizational partners and collaborators in Western Australia and has also been adapted and adopted in other parts of the country as well as overseas, in Denmark, Faroe Islands, Norway and the United States of America.

By 2018, 82% of Western Australians were aware of the A-B-C campaigns, 16% of whom had taken action to improve their mental health as a result. The campaign's school-based programme for mental health promotion had also trained teachers in 51 local schools, reaching 46 000 children and adolescents (6–18 years of age).

Sources: Curtin University, 2021 *(326)*; Anwar-McHenry et al, 2019 *(327)*.

6.1.1 Building individual capital for mental health

Strategies to build individual resources often focus on strengthening emotional and cognitive skills, knowledge, capabilities and attitudes. They do this through, for example, parenting or learning programmes that promote:

- **Competence** to live, learn and work effectively. This includes essential life skills for communication, critical thinking, decision making, problem solving, self-awareness, empathy and care for others. It also includes the ability to self-care and choose behaviours and lifestyles that keep us healthy.

- **Resilience** to manage and adapt effectively to life stressors. Importantly, having resilience does not mean never experiencing difficulty or distress. Rather, having resilience means having the capacity to deal with stress and adversity and can "bounce back".

- **Empowerment** to have confidence, choice and control in one's own life. This includes having a sense of respect, hope, identity and purpose as well as having feelings of mastery, agency, hope and justice. For people experiencing a mental health condition, empowerment also includes being able to actively engage in all aspects of one's mental health care (see Chapter 5, In focus: Engaging and empowering people with lived experience).

CASE STUDY

BOX 6.2
Using sports to promote life skills in Hong Kong youth

In China, Hong Kong SAR, a sports-based youth development programme has been found to promote life skills and empowerment among adolescents.

The programme provided weekly after-school sports mentoring sessions to a group of adolescents using a positive youth development approach that plays to the adolescents' strengths rather than correcting problematic behaviours.

Each week, participants in the programme learned to set goals, build skills and reflect on their feelings about a specific sport. There were no teachers or predesigned curricula. Rather, the mentors worked like facilitators, allowing the students to set their own learning goals and paths through communication. Mentors also provided tools and techniques for problem solving within the sport's context and opportunities for putting these into practice within an environment that fostered resilience building.

A rigorous evaluation concluded that in addition to improving physical activity and fitness, the programme improved students' mental well-being, self-efficacy, and resilience.

Source: Ho et al, 2017 *(328)*.

Mental health promoting interventions to build individual capital often target young people, for example through school-based social and emotional skills programmes or through youth development programmes. Community youth centres, after-school clubs and community mentoring initiatives can all work to strengthen competence, resilience and empowerment and promote mental health (see Box 6.2 Using sports to promote life skills in Hong Kong youth).

Promoting healthy behaviours

Building individual competence also includes interventions designed to support people to change behaviours that undermine both physical and mental health. Low levels of physical activity, tobacco smoking, hazardous alcohol use, drug use, poor sleep and unhealthy dietary patterns are all associated with increased risks of both physical and mental health conditions (329, 100, 330).

Early childhood development programmes and schools are key platforms to not only build social and emotional skills (see section 6.3.2 Protecting and promoting child and adolescent mental health) but also to provide knowledge about physically and mentally healthy behaviours in children and adolescents.

> *Educating young people about the harms of using high potency cannabis should be considered to reduce the incidence of psychosis in communities.*

Raising health literacy about alcohol, tobacco, physical exercise and nutrition are already accepted public health strategies (331). In addition, major campaigns to educate young people about the harms of using high potency cannabis should be considered to reduce the incidence of psychosis in communities (332).

6.1.2 Building social resources for mental health

Building social resources for mental health involves creating opportunities to foster positive relationships and social support at different levels: within families, among peers and across the community throughout life (see Table 6.2) (333). This includes ensuring that social institutions – including preschool, school, and the labour market – recognize their role in supporting mental well-being and work to strengthen social resources.

During infancy and childhood, family relations are especially important: some of the most important sources of resilience for children living in low-income homes include parental beliefs and behaviours that promote self-esteem, social support (including from other adults), and a quality home learning environment (325). Through adolescence and adulthood social support and good interpersonal relations – at home, school, work and in the wider community – remain hugely impactful. For older adults, social connectedness is particularly important to reduce risk factors such as loneliness and social isolation. At this stage of life, meaningful social activities can significantly improve positive mental health, life satisfaction and quality of life; they can also reduce depressive symptoms (334).

TABLE 6.2

Examples of strategies and approaches that focus on strengthening social resources to promote and protect mental health

PROMOTION STRATEGY	EXAMPLES
Support caregiver mental health	• Identify, support and refer parents and other caregivers with mental health conditions • Peer support groups for new parents
Enable good parenting	• Caregiver skills training for caregivers of children and adolescents • Peer support groups for new parents • Early childhood home visits
Create protective learning environments	• Improve school culture and safety • Preschool education and enrichment programmes • Anti-bullying programmes • Anti-racism and anti-sexism programmes • Peer support groups and mentoring programmes within schools • Health literacy in mental health for teachers
Create protective working environments	• Policies to mitigate psychosocial risk factors (for example on working hours and harassment) • Mental health awareness raising and training to enable workers to provide initial support to colleagues in distress • Reasonable work accommodations for people with mental health conditions
Enable healthy personal relationships	• Healthy relationship programmes for youth and couples • Anti-discrimination and anti-violence empowerment and education programmes
Strengthen social support for older adults	• Befriending initiatives • Community clubs and social activities for the aged
Create safe and supportive neighbourhoods	• Physical changes to improve social interaction • Community policing

At all ages and across settings, protecting against discrimination, violence and abuse is paramount to protecting mental health. In most countries there is a huge need for greater gender equity and women's empowerment. And in all countries, protecting women, children and older adults from violence is of particular concern. Intimate partner violence and sexual violence against women are

potent risks for depression and anxiety, eating disorders, suicide attempts and post-traumatic stress disorder (read Lion's experience in Chapter 2) *(335, 45)*. And young people who grow up in families or communities where there is violence are at risk of a range of behavioural and emotional disturbances that undermine mental health (read Ntokozo's experience).

There is substantial evidence on what works to prevent violence against women and children, which includes: interventions for strengthening

relationship, parenting and life skills; empowering women; strengthening neighbourhood and school safety; and transforming patriarchal social norms and practices *(336, 337)*.

In all cases, context is important: programmes that build social capital, responsibility and action to prevent discrimination and violence and other mental health-risking behaviour are particularly successful if they are driven by local risk profiles and resources (see Box 6.3 Communities That Care).

NARRATIVE

My depression stemmed from childhood experiences

Ntokozo's experience

My father passed away when I was very young, leaving me with my mother who later abandoned me at a neighbour's house. I didn't hear from her again. I was taken in by an uncle, and I faced a lot of physical abuse and bullying.

Around the age of 12, I began to experience symptoms of anxiety and depression. I remember asking my uncle if having thoughts of killing oneself was normal. His response still sticks with me: "You're too young to have suicidal thoughts; you don't know what *real* problems are."

A few weeks after this conversation I attempted suicide. Luckily a close family member was nearby

and rushed me to the clinic. I was then taken to a traditional healer by my grandfather who, due to his cultural beliefs around mental health, believed I was possessed by an evil spirit. My attempted suicide was never spoken about. Instead, it was kept a secret and my mental health condition remained undiagnosed and untreated.

My struggles with mental health continued throughout my adult life. When my symptoms became too difficult to ignore I sought professional help. It was only then, years after my first symptoms, that I was diagnosed with major depression and anxiety disorder, which were considered to be due to my childhood experiences.

Ntokozo Nyathi, Zimbabwe

CASE STUDY

BOX 6.3

Communities That Care

Communities That Care (CTC) is a community-level prevention system for decreasing risk, enhancing protection and reducing mental health-risking behaviour in youth. Tried and tested in more than 500 high-income country communities over 20 years, it has been found to effectively prevent delinquency, violence and substance use in adolescents.

The Communities That Care system trains and supports community coalitions to use data-driven, science-based prevention practices to target locally prioritized risk and protective factors. It starts with establishing a group of community stakeholders and training them in the principles of prevention science and the relationship between youth risks and behavioural disorders. A youth survey provides local epidemiological data on risk, protection and youth behaviours, which are used to develop a community risk profile and identify priorities for

action. Based on this, the community group develops an action plan, selecting prevention interventions from a compendium of evidence-based options (for example, programmes focused on parenting skills, school curricula or after-school activities).

Communities That Care interventions can operate at multiple levels, across multiple settings, and may include social media campaigns, parenting support and skills-building initiatives, changes to school curricula, management or teaching practices, and mentoring and after-school programmes.

Communities That Care's success in preventing health-risking behaviour in adolescents has been found to endure over the long term, with adolescents exposed to the system continuing to abstain from gateway drug use, antisocial behaviour and violence through to the age of 21 years.

Sources: Hawkins et al, 2014 *(338)*; Oesterle et al, 2018 *(339)*.

6.1.3 Making structural changes for mental health

Making structural changes for mental health involves reshaping the underlying conditions of daily life to enhance individual, family and community capacities for well-being. It is about strengthening rules and regulations, changing norms and values, and introducing adequate support mechanisms to tackle disadvantage, uphold human rights and ensure fair and equal access to infrastructure, services and opportunities for all.

A range of macro-level policies and strategic actions that enable or expedite these structural changes can be pursued; their stated aims go far beyond mental health promotion and protection, but they each have an important effect on mental health *(340)*. Policies and strategic actions include:

- **Measures to reduce financial insecurity, poverty and income inequality.** Examples of these measures are social protection, pension systems, debt relief, economic empowerment and other poverty alleviation programmes as well as livelihood support for people with physical and psychosocial disabilities. There

is an increasing body of evidence from LMICs showing that cash transfer programmes not only alleviate financial hardship but also benefit recipients' mental health and well-being (*341*).

- **Measures to enable access to labour markets.** Despite psychosocial risks such as harassment in the workplace (see section 6.3.3 Promoting and protecting mental health at work), employment has a positive influence on mental health, while unemployment is a notable risk (*342*). Active labour market policies and programmes – such as vocational training courses, job search assistance, wage subsidies or supported internships and work experiences – can support those looking for work, in particular the long-term unemployed, as well as those with psychosocial or other disabilities (*343*).

- **Measures to enhance access to education.** Education is vitally important for physical and mental health as well as economic growth and poverty reduction. Initiatives to close the gender gap in education, mitigate early school leaving, increase school enrolment and boost adult literacy can all serve to enhance access to education.

- **Measures to improve safe and secure housing**. Overcrowded, insecure and inadequate housing as well as homelessness all pose risks to mental health. These risks can be mitigated through supported housing programmes and by improving access to safe, affordable and good quality housing for disadvantaged groups (see also section 7.3.4 Supported living services) (*344*).

- **Measures to protect against discrimination.** These include laws and regulations that promote inclusion and prevent discrimination based on ethnicity, sexual orientation, religion or age; and that cover the rights of women, children, older adults and people with physical and psychosocial disabilities (see section 4.2.1 Action against stigma and discrimination).

As detailed by the Lancet Commission on Global Mental Health and Sustainable Development, the SDGs provide a potential framework for making structural changes because many of the goals explicitly address key social and structural determinants of mental health (see section 4.3 Enabling social and economic development) (*15*).

Although the health sector has a clear role in prevention and promotion (see In focus: Enabling multisectoral collaboration: what role for the health sector?) most universal strategies require action beyond the health sector. This is important because any model of health promotion and universal prevention that fails to tackle the structural determinants of mental health will be limited in its reach. Moreover, the broad social and structural ills – such as abuse, exploitation and discrimination – that pervade society must be redressed not simply because they impact health but because they violate our common values in and of themselves.