Making the Case for Mental Health Promotion: Show Me the Evidence

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Mental Health

The World Health Organization definition of mental health indicates that it is more than an absence of mental disorder or illness. Mental health is a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community.

Mental Health Promotion

- CMHA'S Definition of indicates that MENTAL HEALTH PROMOTION is the process of developing positive mental health both for and with the community in general and individuals who experience mental illness.
- The concept of mental health promotion recognizes that people's mental health is inextricably linked to their relationship with others, environmental and lifestyle factors, and the degree of power they can exert over their lives.

Prevention

- Closely linked to the ideas in health promotion
- Prevention is one aspect of promotion

Universal preventive intervention

- **directed at an entire target population (e.g., all children in a certain age range) and has the advantage of potentially enhancing resilience in all members of the population.** (Mrazek & Haggarty, 1994)

Selective preventive intervention

- **targets individuals whose risk is significantly higher than average (for example, children scoring high on a measure of behavioural inhibition).**

Indicated preventive intervention

- focuses on individuals who are identified as having minimal but detectable symptoms or markers of the disorder but who do not yet meet diagnostic criteria (for example, children with elevated anxiety who do not meet the criteria for anxiety disorder).

Two perspectives on promotion/prevention

- Some conceptualise prevention/promotion as strategies with an individual focus to improve personal competencies.
- Others see it as a broader concept including intervening at structural, societal and political levels to positively influence mental health (e.g. addressing issues such as poverty, housing, education)

What is the evidence?

Common Disorders in Adults
(U.S. – National Comorbidity Survey - Repl)

	12 Month Prevalence	Lifetime Prevalence
Anxiety Disorders	18.1%	28.8%
Affective Disorders	9.5%	20.8%
Substance Use Disorders	3.8%	14.6%

Medical Conditions Among Canadians 12 Years and Over (2003)

(Stein, Cox et al. 2006)

Condition	Males	Females	Total
Asthma	7%	10%	8%
Arthritis	11%	19%	15%
Back Problems	17%	18%	17.5%
COPD	3%	4%	3.4%
Diabetes	4%	4%	4%
Heart Disease	5%	5%	5%

Great Smoky Mountains Study of Youth

the most common diagnoses:

- anxiety disorder (5.7%)
- enuresis (5.1%)
- tic disorders (4.2%),
- conduct disorder (3.3%),
- oppositional defiant disorder (2.7%)
- hyperactivity (1.9%).

Summary: Significance of Child and Adolescent Anxiety Disorders

Higher risk in later life of:

- anxiety disorders
- affective disorders
- substance use and abuse
- academic difficulties

Canadian Community Health Survey Impact of Health Conditions - Including Mental Health (Stein, Cox 2006)

- Health care use: consulted with any health care professional in last 12 months
- Activity reduction: reduced activity at home, work, school or other area due to health condition lasting more than 6 months
- Two-week disability: cut down on activities for all or most of at least 1 day in past 2 weeks
- Work absence: If employed had they missed any days from work in the prior week

Health Impact of Depression and Back Problems – Increase in Risk (Odds Ratio)

(Stein, Cox et al. 2006)

Impact	Depr	Back Prob.	Depr & Back
Health Care Use	2.1	1	1.8
Activity Reduction	2.7	2.2	5.2
Two-week Disability	2.4	1.4	3.0
Work Absence	4.2	1.6	3.5

Health Impact of Depression

- The same pattern was seen with the other five chronic health conditions: asthma, arthritis, Chronic Obstructive Lung Disease, diabetes, and heart disease
- Depression was more strongly associated with health care utilization and disability than the medical condition alone
- Combined depression and medical condition increased the risk of disability

Physical and Mental Conditions and Impact on Work (Ages 18-64 in Netherlands)

Chronic Condition	% in Pop	Excess Days Away in Yr.	Unable to Work
No condition	58%	Reference (0)	0.6%
Back problem	9%	25	8%
Rheumatism	8%	19	8%
Asthma	6%	5	3%
Accidental injury	4%	18	4%
Anxiety disorder	13%	18	6%
Mood disorder	8%	29	8%
Substance Disord.	8%	8	4%

Other Key Findings of Community Studies Related to Conditions in the Workplace

- Lower rate of workforce participation by those with anxiety and depression
- Underemployment and overemployment associated with depression
- People who move to underemployment have more difficulty with depression
- Increase in depression is predicted by high job demands and low social support at work
- Job insecurity, conflict with coworkers or supervisors are also predictors of depression

What are the causes of anxiety and mood disorders?

- ???

What are the causes of anxiety disorders?

- Biological/genetic factors?
- Conditioning or learning?
- Adverse experiences during childhood?
- Life stress close to the time of onset?
- Biochemical brain imbalance?

Adverse Childhood Experiences Are Common

(Chartier, Walker, Naimark, submitted, Ontario Health Survey)

Adverse Childhood Experience	
Physical abuse	26%
Sexual abuse	8.6%
Both types of abuse	6%
Low parental education	34%
Parental psychopathology	33%
Marital conflict	23%
Poor parent child relationship	16%

Exposure to traumatic events in the Winnipeg community (1)

Event	Women	Men
Rape	15%	1.7%
Molestation before age 18	19%	5%

Exposure to traumatic events in the Winnipeg community (2)

Event	Women	Men
Combat	0.7%	7%
Witnessing severe injury or death	19%	39%
Threatened with a weapon	12%	20%
Serious motor vehicle accident	20%	29%

Exposure to traumatic events in the Winnipeg community (3)

Event	Women	Men
Robbery	11%	13%
Physical attack	21%	25%
Violent death of family member/friend	35%	34%
Fire	9%	34%
Natural disaster	13%	14%
Other	17%	19%

Stressful life events and depression (1)

	Person-months with event	Odds ratio for onset depress.
Death relative	107	20
Illness relative	755	4
Rel prob relat	625	7
Marital prob	506	12
Divorce/break	629	12

Stressful life events and depression (2)

	Person-months with event	Odds ratio for onset depress.
Loss confident	562	4.6
Job loss	149	6
Financial prob	1420	2.4
Assault	48	12
Being robbed	182	1

Risk of onset of major depression in a given month

- Monozygotic cotwin with no history of depression
  - No severe life event 0.5%
  - Severe life event 6.2%
- Monozygotic cotwin with positive history of depression
  - No severe life event 1.1%
  - Severe life event 14.6%

So the evidence tells us that:

- Mental health problems are common
- These problems are strongly associated with disability
- The situations that increase the risk for mental health problems are also very common
- Further evidence that most people with these problems do not receive effective help.
- Many people with disorders do not perceive a need for help
- All of these factors create tremendous cost issues for our society

What to do about this high level of need without the resources to meet these needs?

The Promise of Prevention and Mental Health Promotion (George Albee, 1977)

- No public health problem has ever been overcome by a focus on treating affected individuals after the problem has developed
- Many public health problems have been overcome or reduced by a focus on prevention in the community

- **Thinking broadly of health promotion (and prevention) what are some examples have you seen in your lifetime of efforts that seemed to be successful?**

Characteristics of promising interventions for promotion and prevention

- Able to reach large numbers of people
- Cost is reasonable
- Usually low tech rather than high tech
- Often the personnel providing the program have an educational focus rather than a health focus
- Focus on behavior change, not just attitude change

- **George Albee's Formula**

$$\text{Incidence} = \frac{\text{Organic factors} + \text{Stress}}{\text{Social support} + \text{Coping skills} + \text{Self esteem}}$$

The Ottawa Charter for health promotion (WHO, 1986)

1. **Building healthy public policy**
2. **Creating supportive environments**
3. **Strengthening community action**
4. **Developing personal skills**
5. **Reorienting health services**

The Ottawa Charter for health promotion (WHO, 1986)

Emphasizes a settings-based approach in creating supportive environments for health:

- “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love..”.

Important Settings For Health Promotion

- The home
- The school
- The workplace
- The community

What makes interventions work?

(Jané-Llopis & Barry, 2005)

- **Sound basis in theory and research**
- **Clear goals and objectives**
- **Program provider training and support**
- **Evaluation and high quality research methods**
- **Infrastructural support from management**
- **Transferability to different cultures**

Common Fallacy

- That the evidence base for mental health promotion and prevention of problems is weak and that the evidence base for existing treatments is strong

Triple P Population Trial
(Prinz, Sanders et al 2009)

- **18 counties randomly assigned to service as usual OR TripleP**
- over 600 service providers trained
- universal media and communication strategies
- estimated that between 8,883 and 13,560 families participated in Triple P within the Triple P System counties (not including those exposed to media)

Triple P Population Trial (2)
Impact on Child Maltreatment (CM)
Rate per 1000 children

Cases per 1000 Children 0 - 8	TripleP	TripleP	Control	Control
	Pre	Post	Pre	Post
Substantiated maltreatment	10.9	11.7	11.1	15.1
Out of home placements	4.3	3.75	3.1	4.5
Child injuries	1.7	1.4	1.4	1.7

Friends Program for Adolescents (Hunt, Andrews et al., 2009)

- 260 students – first year of high school
- Indicated intervention – 1 SD above the average anxiety score
- Program implemented by school staff
- Sessions were provided during school hours and sessions were rated as meeting their aims

Results For Change in Anxiety

Spence Children's Anxiety Scale	Friends Prog.	Monitoring
Baseline	38.1	32.0
After	30.3	--
2 Years	27.2	24.7
4 Years	23.7	23.9

Why was the program not effective on these measures?

- Not enough emphasis on behavior change between sessions?
- Previous studies had people experienced with treatment delivering the intervention?
- Maturational effects?
- Characteristics of measurements used?
- Emphasizes the importance of evidence based approach.

Broader social issues related to mental health promotion

- Poverty
- Employment
- Housing
- Community – Communities that care example