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# Critical Actions for Mental Health Promotion



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## 8 PRIORITY AREAS FOR MENTAL HEALTH PROMOTION



**Promote infant and maternal mental health** through integrating a focus on social and emotional development and positive mental health into early child development services including prenatal care, home visiting and parenting programmes.



**Cultivate child and adolescent mental health and wellbeing** through school education initiatives and whole-school approaches, including social and emotional learning programmes in preschool, school, and youth settings.



**Implement parenting and family strengthening programmes** that promote the emotional and behavioural functioning of school-going children and their parents.



**Support mentally healthy workplaces** by integrating mental health promotion into workplace health and safety policies and practices, including organizational change.



**Initiate community empowerment programmes** (e.g., community participation, volunteering, youth action, community microfinance and debt management paired with life skills training, and violence prevention/promotion of healthy relationships) to enhance social capital and environments that promote mental health and wellbeing across the life course.



**Incorporate mental health promotion within health services** through a focus on service users' mental health and wellbeing as part of routine primary health care and mental health services.



**Enhance public awareness of ways of promoting positive mental health and reducing stigma associated with mental ill health** through mental health literacy programming, campaigns and local community actions.



**Adopt a 'mental health in all policies' approach** to promote multi- and inter-sectoral policies and actions that create supportive environments for mental health and enhance equity and social justice.

## INTRODUCTION

The COVID-19 pandemic has had profound impacts on population mental health globally<sup>1-4</sup>, including rising rates of depression, anxiety, post-traumatic stress symptoms, and increases in suicidal thoughts and behaviours<sup>5-7</sup>. While the COVID-19 virus itself is associated with a number of mental health consequences, including anxiety disorders<sup>8,9</sup>, the **decline in population mental health is predominantly a product of the ‘secondary effects’ of the pandemic. These secondary effects largely operate through the social and structural determinants of mental health** leading to widening inequities for sub-populations and groups who already experienced health and social inequities due to racism, exclusion, discrimination, and stigma<sup>1,10</sup>.

These secondary effects include:

- Far-reaching economic consequences due to rising rates of unemployment, lost wages, and business closures, which have contributed to growing levels of stress, depression, and suicidality<sup>11,12</sup>.
- Isolation, a known risk factor for poor mental health, has become pervasive. Indeed, most nations have utilized public health measures such as physical distancing, quarantine, and lockdown mandates, which have been critical to mitigating virus spread, but have also led to feelings of loneliness, social disconnection and decreased sense of belonging, as well as depression and suicidal thoughts<sup>13,14</sup>.
- Widespread closures and interruptions to global education settings resulting in job losses, rising student debt, and significant learning disruptions<sup>15,16</sup>. These disruptions are anticipated to reduce educational outcomes through the pandemic and beyond and to disproportionately impact children from families experiencing socioeconomic deprivation, including through the digital divide<sup>17,18</sup>.
- Challenges in accessing mental health care and social services<sup>19</sup>, food insecurity<sup>20,21</sup>, and the loss of key mental health promoting resources such as recreation and sports facilities, parks and other public spaces, including arts venues<sup>22</sup>.
- Rising gender-based and family violence<sup>23-25</sup>.

Even before the COVID-19 pandemic, population mental health was recognised as a chief public health issue for this century. A leading cause of disability worldwide, it accounted for 35% of the global economic burden of non-communicable diseases – more than cardiovascular disease, cancer or diabetes<sup>26,27</sup>. With the makings of a global mental health crisis amid the pandemic, the United Nations and its various offices, including the World Health Organization and the Office for the Coordination of Humanitarian Affairs, have responded with policy briefs, operational guidance documents, and infographics intended to inform needed action on mental health<sup>28-30</sup>.

This important work has provided critical scaffolding toward the aim of mental health becoming “front and centre of every country’s response to and recovery from the COVID-19 pandemic”<sup>29</sup> (p. 2). Yet **the pandemic has also created the conditions to respond to mental health in *new* ways and to realize the long-overdue need for a comprehensive population approach to mental health**. However, achieving this paradigm shift will require urgent investment in the implementation of the most effective evidence-informed strategies. The purpose of this Position Statement is to highlight the most critical actions necessary.

## A POPULATION APPROACH TO MENTAL HEALTH

A population approach to mental health (see Figure 1) is one that moves beyond individually-oriented clinical services – which are necessary, but not sufficient or sustainable in addressing the mental health needs of populations<sup>31</sup> – and incorporates the **full spectrum of mental health interventions from promotion through to prevention, treatment and recovery**<sup>32</sup>. Importantly, a population approach to mental health is responsive to key drivers of the secondary effects of the pandemic. Moreover, such an approach is well aligned with the United Nations’ Sustainable Development Goals (SDGs)<sup>33</sup>, which feature – for the first time – mental health as an explicit and integral component of the global development agenda (Target 3.4). Through a commitment to ensuring healthy lives and promoting wellbeing for all people across the life course, the SDGs centre mental health within the global development agenda and foreground the knowledge that improving mental health underpins a broad range of health, educational, socio-economic and development outcomes. However, despite these promising advances, to date, global responses to mental health remain almost entirely focused on treatment, with promotion and prevention receiving far less attention and investment<sup>31,34</sup>.

Figure 1. Population Approach to Mental Health



## MENTAL HEALTH PROMOTION

Perhaps the most underutilized and least understood element of a population approach to mental health is mental health promotion. Mental health promotion is built on the premise that good mental health is an integral component of population health and wellbeing and contributes to the functioning of individuals, families, communities, and society<sup>35</sup>. **Mental health promotion is concerned with strengthening protective factors for good mental health and enabling access to skills, resources, and supportive environments that enhance equity and keep individuals and populations mentally healthy**<sup>32</sup>. Mental health promotion brings focus to the determinants of mental health, particularly the social and structural determinants, and the importance of our everyday living conditions and the broader social systems and policies that influence mental health. While many determinants are relevant, mental health promotion includes specific recognition of the importance of facilitating social inclusion, eliminating discrimination and interpersonal violence, and promoting access to economic resources<sup>36</sup>.

There is compelling international evidence on effective and feasible interventions for promoting mental health<sup>32,37-42</sup>. **When implemented appropriately, these interventions can enhance protective factors for good mental health, reduce risk factors for mental ill health, and lead to lasting positive effects on a range of health, social and economic outcomes across the life course**<sup>32</sup>. These evidence-based mental health promotion interventions can be broadly categorized into 8 priority areas.

### Eight Priority Areas of Mental Health Promotion:

1. **Promote infant and maternal mental health** through integrating a focus on social and emotional development and positive mental health into early child development services including prenatal care, home visiting and parenting programmes.

2. **Cultivate child and adolescent mental health and wellbeing** through school education initiatives and whole-school approaches, including social and emotional learning programmes in preschool, school, and youth settings.

3. **Implement parenting and family strengthening programmes** that promote the emotional and behavioural functioning of school-going children and their parents.

4. **Support mentally healthy workplaces** by integrating mental health promotion into workplace health and safety policies and practices, including organizational change.

5. **Initiate community empowerment programmes** (e.g., community participation, volunteering, youth action, community microfinance and debt management paired with life skills training, and violence prevention/promotion of healthy relationships) to enhance social capital and environments that promote mental health and wellbeing across the life course.

6. **Incorporate mental health promotion within health services** through a focus on service users' mental health and wellbeing as part of routine primary health care and mental health services.

7. **Enhance public awareness of ways of promoting positive mental health and reducing stigma associated with mental ill health** through mental health literacy programming, campaigns and local community actions.

8. **Adopt a 'mental health in all policies' approach** to promote multi- and inter-sectoral policies and actions that create supportive environments for mental health and enhance equity and social justice.

## CALL FOR ACTIONS

Given the urgency of the situation and the current population mental health needs and programming gaps, **we propose three priority calls to action:**

1. **Leverage the pandemic context** to enhance investment in a comprehensive population approach to mental health, prioritising the most effective mental health promotion strategies to protect and promote mental health and reduce widening inequities.
2. **Invest in building the workforce and organizational capacity** to implement mental health promotion as an essential component of the global health and sustainability agendas.
3. **Grow the evidence base** informing effective actions to promote the mental health of individuals, families, communities, and populations and actively disseminate these across diverse socio-cultural and economic settings.

**Those working on enhancing mental health policies, practices and systems are called upon to consider these Calls for Action and join the IUHPE Global Working Group on Mental Health Promotion in endorsing and advocating for the realization of a population approach to mental health to support the development of positive mental health and wellbeing and mental health recovery during the COVID-19 pandemic and beyond.**

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