

health promotion, and innovations in health promotion theory and practice are needed. Advice and advocacy are also needed from public health and mental health experts. Because of the range of social and economic circumstances affecting mental health status, and the behaviours and outcomes influenced by the individual's mental health, mental health promotion is the role and

responsibility of people working across a range of sectors (Friedli, 2002). Thus, the effective promotion of mental health requires a comprehensive health promotion-public health approach that encompasses action through different sectors in society such as the environment, social welfare, labour and employment, education, transport, the criminal justice system and housing as

well as health care. Interventions across sectors should be designed and implemented with an understanding of the different factors that have an immediate and longer-term influence on an individual's health and wellbeing. The challenge remains for effective public health policy to establish an inter-sectoral strategy where an awareness of mental health is included.

*Eva Jané-Llopis and Margaret M. Barry*

## What makes mental health promotion effective?

### A framework for intervention: settings for mental health promotion

When designing a comprehensive strategy for mental health promotion, as that called for in the European WHO Action Plan for Mental Health (WHO, 2005), one possible effective framework for such a strategy is to take a settings approach. The Ottawa Charter (WHO, 1986) for health promotion emphasises a settings-based approach in creating supportive environments for health, as reflected in the statement that "health is created and lived by people within the settings of their everyday life; where they learn, work, play and love..". An overview of effective mental health promotion programmes across different settings has been presented by Jané-Llopis and colleagues (Jané-Llopis, Barry, Hosman and Patel, 2005) in this volume, and in other recent reviews (WHO, 2004a; WHO, 2004b). The following

section describes why the home, the school, the workplace and the community are four crucial settings for intervention, and describes a set of health and mental health determinants that are addressed through interventions in these settings.

#### Home-based interventions

The time from conception through childhood is crucial in determining the development of each individual and each future generation. During this first period of life there is more development in mental, social and physical functioning than in any other period across the lifespan (UNICEF, 2002). Because of the crucial role of this period, special attention is given in national and international government statements and policies, to promoting quality interventions for early years. For example, in the Universal Declaration of Human Rights, the United Nations proclaimed that "childhood is entitled to special care and assistance" (UN, 1989). Article 19 of the UN Convention of the Rights of the Child states that "parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s), or any other person who has the care of the child" (UN, 1989).

Brown and Strugeon (WHO 2004b; Brown and Strugeon, in press) have reviewed the different determinants of a healthy start in life, which include physical, psychological and socio-environmental dimensions. Freedom from poor nutrition, infirmities, injuries, abuse and neglect or exposure to drugs prior to birth, are conducive to children's positive development and their future mental well-being (Brown and Strugeon, in press). The development of a healthy attachment with their parents from the first months of life, positive interaction with parents, and a stimulating pre-school environment are conducive to psychological and cognitive development and social skills. Exposure during the early start of life to socio-environmental risk factors such as poverty, violence, armed conflict or HIV-AIDS in the family, have a negative impact on the newborns' future mental health (UNICEF, 2002). In general a healthy start in life free from most determinants of poor mental health greatly enhances the child's functioning in schools, with peers, in later intimate relations, and with broader connections with society, leading to improved health and well-being across the lifespan.

#### Key words

- effect predictors
- evidence-based interventions
- implementation principles
- adoption

Eva Jané-Llopis, PhD.  
Head of Science and Policy  
Prevention Research Centre, Academic  
Centre for Social Sciences  
Radboud University Nijmegen  
P.O. Box 9104, 6500HE Nijmegen  
The Netherlands  
Tel: + 31 24 361 26 67  
Fax: + 31 24 361 55 94  
Email: Llopis@psych.ru.nl  
www.preventioncentre.net

Interventions to promote a healthy early start in life have been implemented by health care professionals and by trained lay persons in the community with success. The use of available community resources is particularly relevant in low and middle-income countries and provides a framework for intervention that can be adopted and implemented across cultures and countries.

### **The school setting**

The enormous potential of the school as a setting for mental health promotion has been endorsed in a number of major policy documents in recent years. In 2001 the World Health Report stated that schools can, and should, help to prevent suicide and enable children and adolescents to develop 'sound and positive mental health' (WHO 2001). The school has also been advocated as a 'major setting' for promotion and prevention interventions for young people by the US Surgeon General in his 1999 report, which was devoted to the topic of mental health (USDHHS, 1999).

The school setting provides an efficient and systematic means of promoting the health and positive development of young people. Most children and adolescents spend a large proportion of their time in school and there is no other setting where such a large proportion of children can be reached. As well as providing a ready audience, school is known to have a significant influence on the behaviour and development of children (Rutter *et al.*, 1979). A positive school experience can strengthen the ability of young people to cope successfully with transition and change. A sense of school connectedness is a key protective factor for positive mental health and health promoting behaviours (Anteghini *et al.*, 2001; Resnick *et al.*, 1997). School is also an important source of friends and social networks. Academic achievement is closely linked to positive social and emotional development. If schools are to achieve their primary function of positive educational outcomes, the promotion of positive mental health must also be an integral part of the school ethos.

The health promoting school concept, as promoted by the WHO and the European Network of Health Promoting Schools (ENHPS), provides an organising framework for a comprehensive

approach to health promotion in the school setting which can be adopted in low, middle and high income countries (Flisher and Reddy, 1995). This is a multi-faceted approach which integrates working with pupils through the school curriculum, developing a school ethos and environment that supports health and involving families and the local community.

### **Intervening at the work place**

Although work should be experienced as a contribution to health and well-being and as a source of satisfaction and pleasure, it has become for many a source of psychological distress and ill health (Price and Kompier, in press). Both the quantity and quality of work have strong influences on mental health and many related factors, including income, social networks and self-esteem. Also the lack of work leads to poor health as well as to labour market disadvantage. Unemployment puts mental health at risk, and the risk is higher in regions where unemployment is widespread (Bethune, 1997). The health effects of unemployment are linked to both its psychological consequences and the financial problems it brings – especially debt. In a number of countries, the labour market has shifted away from secure unskilled or semi-skilled work, with on-the-job training, to work that requires a high level of pre-employment education and training, a development which has exacerbated youth unemployment, in particular.

Certain occupations are more sensitive to work stress than others. In the workplace, stressors such as noise, work overload, time pressure, repetitive tasks, interpersonal conflict and job insecurity, low sense control can put employees at risk for poor mental health (Price and Kompier, in press). The consequences of living under stressful working conditions are huge and extend to the family and the society. Anxiety, depression, sleeplessness, headache, alcohol abuse, child maltreatment and marital disruption are some examples (Price, 2003). In addition to the individual and family distress, work stress and the lack of work also create social and economic burdens on health and human services. Social burden includes increases in crime rate, traffic accidents, divorce and a variety of other social consequences

(Vinokur *et al.*, 1991). Economic burden includes loss of productivity, increases in health care costs and increases in the welfare system costs (Vinokur *et al.*, 1991).

Improved conditions of work can lead to a physically and mentally healthier work force, which will lead to improved productivity. Interventions at the workplace such as the implementation of organisational measures for job security that reach all employees can create more stimulating, enjoyable and healthy working conditions, increased participation in decision making and reduce mental health problems (including reduced stress) in a large proportion of the adult population. A comprehensive and integrated health promotion approach within the work environment, which combines both individual and organisational level interventions, will be more likely to be efficacious in improving and maintaining health through the workplace environment.

### **Community interventions**

The community setting provides an important opportunity to engage community members in the process of addressing positive mental health in their local settings such as schools, workplaces, youth and community centres. The principle of participation, central to community-based approaches to health, is based on the premise that change is more likely to come about when the people it affects are involved in the change process. Participation by local people is recognised as having the greatest and most sustainable impact when solving local problems and setting local norms (Thompson and Kinne, 1999).

A community perspective to promoting positive mental health calls for appropriate models and implementation strategies to ensure that the desired process of implementation and programme outcomes are achieved. Partnership working and inter-sectoral collaboration are very much at the core of modern health promotion practice in which citizens, community groups, health professionals, governmental and non-governmental agencies work together to achieve agreed goals and objectives in promoting health and well-being. As such, collaborative community

partnerships based on existing strengths and resources are recognised as a key strategy for developing community mental health promotion.

## What makes interventions work?

When adopting and implementing interventions across diverse cultural settings and resource situations, it is crucial to pay attention to the underlying principles that will increase the likelihood of their success. This section reviews some of the key working principles underpinning successful programmes and their implementation, including both generic principles and those that are specific to a given setting. Barry and colleagues in this volume (Barry, Domitrovich and Lara, 2005) develop further the essential principles for improved quality implementation. The evidence base for these effect principles has been generated from review studies and meta-analyses, both in the fields of mental health and health promotion. It is important to note that this is not a systematic review of all working mechanisms that have been studied in the literature, but an overview of some of the crucial factors identified in determining programme success based on the review paper presented by Jané-Llopis and colleagues (2005) in this volume.

## Some generic evidence-based principles

### *Theoretical basis*

The content, structure and implementation of successful interventions is founded on sound scientific theory and research (Bond and Hauf, in press). Theories are essential to the design of programmes because they facilitate understanding and describe the mediating processes that might operate in interventions (Lochman, 2001). Rigorous theory is crucial also in supporting the flexibility of implementation, so that, programmes can be adapted to the needs of particular settings and populations without necessarily compromising their integrity (Dadds, 2001). A theoretical basis should be used in the design and implementation of any intervention. Evidence based information should be available on the underlying determinants including risk and protective factors (for content), pedagogical practices (or

process) and organisational capacity (for implementation).

### *Clarifying goals and objectives*

The development of a shared mission and clear goals and objectives for a given intervention are critical to its success. The goals of a given initiative need to be concrete, attainable, measurable and agreed by all members. An early assessment of participation readiness, such as community readiness, is crucial in determining the nature and timescale of a new programme. This is also important for the implementation process. Most successful implementation partnerships take time to establish relationships, and to build strong links with key players locally in order to effectively engage with and mobilise key players in supporting the programme. Goals and objectives need to be transparent for the partners to engage in this process.

### *Programme provider training and support*

Effective programmes build capacity through adequate resources and comprehensive professional development for programme providers, such as teachers, nurses, lay personnel or community members, providing also support for implementation (e.g., clear guidelines in structured manuals). Ineffective programmes have been characterised by little or no investment in training and provision of support resources. A focus on the quality of programme implementation is also critical in determining the degree of programme success, as Barry and colleagues (2005) describe further in this issue. Results of a meta-analysis on mental health promotion and mental disorder prevention interventions found that high quality implementation, including training and supervision of programme providers and high participation in the programme sessions predicted higher programme efficacy (Jané-Llopis, 2002).

### *Evaluation and high quality research methods*

High quality, systematic rigorous evaluation and ongoing monitoring procedures are essential to successful intervention programming (Bond and Hauf, in press). The quality of the research designs should be ensured in single trial evaluations at the early design

stages of the programmes and trials. Especial attention needs to be paid to evaluation of programmes using the best research designs available. Results from a meta-analysis on primary prevention programmes to prevent depression (Jané-Llopis, *et al.*, 2003) and a meta-analysis on the prevention of substance abuse amongst children and adolescents (Tobler and Stratton, 1997) found that programmes rating higher in the quality of the research design were significantly more effective than programmes that rated lower in quality.

There is a need for a focus on research methods which will document the process, as well as the outcomes, of enabling positive mental health and identify the necessary conditions for successful implementation in real world settings. The systematic study of programme implementation is highlighted as an area that has been relatively neglected and has a critical role in advancing the generation of practice-based evidence and theory. This is essential if the area is to move onto a new level of understanding and sophistication beyond the question of whether programmes work to now also consider what makes them work, with whom and under what circumstances. The evidence and knowledge base needs to be expanded to embrace the process of programme implementation and delivery as well as outcomes. This applies also to complex cases such as the challenge of evaluating multi-faceted community programmes. The disadvantages of low quality research designs should provide a warning to policy makers and practitioners and should reinforce the need for well designed studies to improve the validity of promotion and prevention effects (Lochman, 2001). The future development of mental health promotion needs to be based on a sound knowledge and evidence base and this demands that appropriate evaluation frameworks and research methods are applied which are capable of reflecting the complexities and creativity of contemporary practice (Barry, 2003).

### *Infrastructural support from management*

The degree of administrative or infrastructural support for a programme can have a critical influence on its success or failure. Because prevention

and promotion programmes can involve new intervention approaches, it is often necessary to make structural changes such as reducing class sizes in schools or reorganising the workplace ecology. A supportive organisation head such as the school principal or a workplace director is also an encouraging force in promoting the programme, in keeping teachers' or employees' motivation and interest, and in facilitating their attendance at training sessions.

### **Programme fidelity versus reinvention**

Programmes should be implemented with high quality which includes, among others, the fidelity of the programme implementation. As Barry and colleagues (2005) also stress in this volume, implementation is an area where there is a need for increased theory development and systematic research. The tension between programme fidelity and local adaptation creates numerous challenges for prevention and promotion research (Koretz and Moscicki, 1997). Although, at present, the evidence points to the need for high quality implementation with fidelity, it is important to note that proven efficacy or effectiveness is no guarantee that programmes or policies will work similarly in different cultural or economic environments (Hosman and Engels, 1999). New studies should focus on identifying the mechanisms and processes of adaptation and reinvention without losing initial efficacy.

### **Transferability to different countries and cultures**

It is essential to explore transferability of promotion and preventive practices to different cultural situations. Especially in low-income countries, there is an increased need for cost-effective strategies, which might need to be adapted to specific situations. More insight on the processes of transferability, adaptation, and reinvention, along with evaluation efforts of adapted practices should be identified as priorities in different countries and regions. Successful adoption and replication of programmes calls for what Price (2004) terms good 'procedural knowledge'. This essentially refers to the art of getting things done in the context of the local setting based on political and culturally specific knowledge. This means understanding the needs and culture of the local setting and ways of relating to the local population.

There is an urgent need to expand the evidence base to be more relevant to the realities of those working and living in low-income countries and settings. More active strategies are required for disseminating the evidence base and providing technical assistance and capacity-building resources for mental health promotion in low-income countries. Clear messages and guidelines, based on best available evidence, need to be communicated to practitioners and policymakers in order to inform best practice and policy globally.

### **Setting specific evidence-based principles**

This section outlines working principles that relate to specific settings, although, in some cases, these are also applicable across settings.

#### **a) School interventions**

##### *Adopting a whole school approach*

There is widespread support in the literature for whole-school approaches that aim to influence multiple domains using multiple strategies for mental health promotion. Greenberg and colleagues (2001) recommend 'a package of co-ordinated, collaborative strategies and programmes' (p.31), changing institutions and environments as well as individuals. This includes integrating prevention and promotion programmes with secondary prevention and treatment systems, linking with existing local community services for sustainability. In their systematic reviews of school-based health promotion, Lister-Sharp and colleagues (1999) found that while most studies used classroom-based curriculum approaches only; interventions that included changes to the school ethos and environment and promoted the involvement of families and the local community are more likely to be effective. The health promoting school framework has emerged in recent years as a mechanism to successfully combine these different elements (Weare, 2000).

##### *Social competence approach*

Traditional, topic-based approaches to health promotion are of limited value (Mentality, 2003; Lister-Sharp *et al.*, 1999). The focus of school interventions should be on the promotion of resourcefulness and generic coping and competence skills rather than interventions focusing

on specific problem behaviours. This approach embraces methodologies that are interactive and participatory which have proven to lead to better outcomes (Tobler *et al.*, 2000). There is also some evidence for the effectiveness of peer-led approaches (Lister-Sharp *et al.* 1999; Durlak and Wells, 1997) which suggests that these approaches are worthy of further investigation.

##### *Interventions over multiple years*

Another factor critical to programme success is sustained intervention for more than one year, and ideally over multiple years. Results of a meta-analysis revealed that interventions for children that span longer than three months are more effective than those that were shorter (Jané-Llopis, 2002). Reviews have also suggested that one-off sessions or short-term interventions seem to have short-term results, for which, long-term follow ups of school-based interventions over years are urgently needed (Greenberg *et al.*, 2001).

#### **b) Workplace interventions**

##### *Participatory*

A participative approach, that engages employees, employers and management structures in communication and joint participation, appears to be an important success factor for the development and implementation of interventions for mental health promotion in the workplace.

##### *Advocacy*

There is an especially strong case for demonstrating the cost-benefit of implementing mental health promotion programmes in the workplace. Work stress interventions that actually reduce health care costs for employers or visibly improve productivity are much more likely to be adopted and implemented (Briner and Reynolds, 1999). Advocacy efforts, underlying the costs and benefits of intervening at the workplace, including social and other welfare benefits, will enhance the likelihood of management support for intervention implementation and ownership.

##### *Engage key partners in the dissemination across countries*

Workplace programmes are most effectively disseminated by persons skilled in its delivery (Price, 2003) because they have developed knowledge

of the key factors and benefits of the programme and are aware of the possible resistance that can arise both at the management and the employee levels. During the dissemination of workplace mental health promotion programmes, partnership with persons skilled in programme delivery is necessary for the implementation and adoption of the programme across different sites and countries.

## c) Community interventions

### *Creating clear structures*

One of the key features of effective community-based programmes is successful collaborative working (Foster-Fishman *et al.*, 2001). An agreed organisational structure is critical to the efficacy of community-based projects. Clear lines of communication are important and can be enhanced for example, by clearly defined roles and expectations, detailed minutes of planning and review meetings, and a good flow of information. Successful community coalitions are characterised by a collaborative style of leadership, expanding leadership among members and delegating responsibility rather than relying on a single charismatic person.

### *Generating participation*

Obtaining meaningful participation of community members is a major challenge. Involvement of community representatives allows the project to be more responsive to and understanding of local needs (Hawkins *et al.*, 1997). New members may need to be recruited as the project develops and there is an ongoing need to build trust and positive relationships between diverse groups of people around a shared goal. Participation is crucial to achieve sustainable outcomes and written action plans, task forces, and measurable indicators of success can all foster the translation of plans into action.

### *Building core competencies and capacities*

Ongoing training and support in developing a range of skills is critical to the functioning of working partnerships. Skills in communication, management, facilitation and evaluation are all examples of core capacities from which coalitions can benefit. In this way programme sustainability will be ensured in terms of strengthening resources from within the project.

### *Comprehensive evaluation*

Community-based interventions require especially comprehensive process evaluation systems to track implementation and ensure adequate documentation of a wide range of activities and procedures. The use of evaluation logic models provides a useful opportunity for evaluators and practitioners to collaborate in formulating project design and sequential planning and evaluation as the project unfolds (Barry, 2003). The detailing and evaluation of the project in action permits an accurate assessment of quality of implementation and plays a crucial role in informing the detection of intermediate level changes leading to ultimate programme outcomes.

## **Towards increasing efficiency: the promotion of mental and physical health**

The relationships between physical and mental health have important implications for public health. Herrman and Jané-Llopis expand on these relationships in this volume (Herrman and Jané-Llopis, 2005). Different sectors such as education, physical health services, labour, and mental health services are not separable.

Improvements in one area can affect other areas. For example, as illustrated in this volume (Jané-Llopis *et al.*, 2005), interventions promoting a healthy start of life have led over time to reductions in crime, violence, harmful substance use, birth weight, child abuse, psychological distress, and increased employment (Olds, 1997; Schweinhart and Weikart, 1998). Current interventions that aim broadly to change the life chances of individuals and to increase their health and/or mental health, are likely to lead to improved physical and mental health and to reduce vulnerability to mental disorders.

This interplay between mental and physical health is crucial, particularly in low-income countries with fewer resources. Existing interventions to promote physical health might already be promoting mental health and vice-versa. One example is the promotion of exercise in older populations. While physical activity is advised to deal with age-related physical disabilities, some recent controlled studies suggest that exercise, such as tai chi, can provide

psychological benefits such as reductions in depressive symptomatology and increased mental well-being in clinical (e.g., Mather *et al.*, 2002; Singh, Clements and Fiatarone-Singh, 2001) and nonclinical (Deuster, 1996; Fletcher, Breeze and Walters, 1999) older populations (Chen, Snyder and Krichbaum, 2001). Because of this interplay, it is important that health promotion programmes take into account the possible mental health outcomes of their interventions and vice versa.

Similarly to increase efficiency, mental health promotion components could be embedded in already existing health promotion programmes, such as those implemented in schools, hospitals, or communities. The potential of the combination of mental and physical health strategies can lead to increased health and social outcomes and larger savings on resources (Herrman and Jané-Llopis, 2005). Therefore, the promotion of mental health requires a comprehensive approach that encompasses action through different sectors in society (Jané-Llopis and Anderson, in press). Interventions across sectors should be designed, implemented and evaluated employing a more horizontal approach, taking into account the broader socio-environmental influences on individual and community health and well-being.

## **Where do we still need more efforts? Recommendations for research and practice**

### **Increase replication and effectiveness studies across countries and cultures**

Most of the effects in the presented interventions in this volume (Jané-Llopis *et al.*, 2005) and other available reviews (WHO 2004a; WHO, 2004b) have only been studied in efficacy trials, mainly in experimental settings, which do not reflect the real world situation. If we want to rely on the conclusions of single trial evaluations and meta-analyses, high priorities for future research are effectiveness and replication of efficacy studies by independent investigators in different settings that reflect real life situations. One of the limitations of the current knowledge on the effects of prevention and promotion programmes in the field of mental health is that most intervention trials are from western cultures, mostly from the United States, Canada, Australia and some north-

European countries. Barry and McQueen (2005) highlight the need to identify mental health promotion initiatives that are effective, feasible, low-cost and sustainable across diverse cultural contexts and settings. More efficacy and effectiveness research should be supported across countries, continuously reported and prioritized by publishing agencies.

#### **Stimulate evaluation through creating partnerships with other organisations**

In establishing a credible evidence base from low-income countries, there is a need for internationally supported dissemination research which will examine the documentation, replication and adaptation of effective programmes across diverse low-income country settings. More active strategies are required for disseminating the evidence base and providing technical assistance and capacity-building resources for mental health promotion in low-income countries. The creation of partnerships for implementation and evaluation of new or existing interventions for mental health promotion and prevention between practice and research teams should be stimulated. The promotion of such collaborative alliances would result in science and practice working together in designing, implementing and evaluating mental health promotion programmes and increased knowledge of their effects in less controlled settings. These symbiotic relationships are likely to lead to an increase in the availability of information of effective programmes across the world, in the quality of implemented interventions, and in the population-based outcomes.

#### **Include long term follow-ups in evaluations**

Programme evaluations should include long-term follow-ups to give sufficient time for interventions to show effect and to provide an accurate estimation of the duration of effects. Knowledge of the duration of effects should lead to improved efficacy by guiding decisions about when and for how long interventions should take place (Greenberg *et al.*, 2001). Long-term follow-ups will also reflect the reality of the reach of programme effects and will lead to clearer and more convincing advocacy messages to influence the support for prevention and promotion interventions.

#### **Undertake cost-effectiveness research**

Jané-Llopis and colleagues (2005) note in

this volume the lack of cost-effectiveness studies in prevention and promotion trials. There is evidence that primary prevention works in the field of mental health but policymakers and society need to be convinced that it is cost effective, similar to the past experience with certain physical illnesses (Kiselica, 2001). More precise cost-benefit models need to be developed and more cost-effectiveness research undertaken to provide the arguments that governments need in making spending decisions on mental health promotion and prevention, and to give the information on the likely pay offs in terms of reduced health care costs and improved social and economic development.

#### **Stimulate research on cross-fertilisation**

Research on the assessment of mental health impact and outcomes of existing health promotion programmes should be promoted, along with designing promising new strategies that include mental health components into existing programmes, to increase the reach and efficiency of prevention and promotion interventions. For example, research efforts should stimulate the evaluation of the mental health impacts of community-integrated initiatives such as the World Health Organization's Healthy Cities Project (Manson, 1997). As Manson notes, the interventions embodied in these efforts employ a wide range of community mobilization and development strategies intended to recalibrate social attitudes toward various behaviours, to engineer critical changes in decision-making processes, and to extend responsibility. Research on mental health in such initiatives should be stimulated to make conclusions on the reach and impact of comprehensive strategies. This should also take into account more upstream interventions on the social determinants of health, such as improved housing, education, etc. and their impact of mental health as discussed by Patel in this volume (Patel, 2005).

#### **Support multi-outcome interventions for mental and physical health**

There is a need to support research on the impact of more generic programmes that address several mental and physical health determinants simultaneously. The accumulation of multiple proximal outcomes across different domains of

functioning, including health behaviour, social skills and adjustment, emotional competence and mental well-being can simultaneously bring about more efficient strategies than those collections of programmes with more fragmented outcomes. One of the remaining problems in promotion and prevention is the categorical approach to mental, social, educational, behavioural and legal problems. Many of these problems have commonalities that can be addressed simultaneously and that impact on many areas of functioning (Herrman and Jané-Llopis, 2005). It is the accumulation of multiple proximal outcomes across various mental and physical health domains that will form the most convincing arguments for the effectiveness and efficiency of interventions (Mrazek and Hall, 1997).

#### **The importance of sustainability**

In general, follow-ups for prevention and promotion trials in mental health are on average no longer than one or two years. To be able to provide follow-ups over a longer period of time, it is crucial that interventions can promote and build on indigenous resources in order to maximize their local impact over time, after efficacy trials have been undertaken (Trickett, 1997). It is crucial to develop communities' accountability and to support sustainability strategies within health agencies. Therefore there is a need to bridge the mismatch that exists between the funding available for short-term interventions and the funding for long-term programmes within communities where resources should be sustained for prevention and promotion practices.

As a programme progresses to more widespread implementation, another critical step involves identifying what factors increase the potential for sustainability of effective interventions. There is a need to consider the organisational structures and policies that are necessary to support long-term maintenance and sustainability of quality programmes. To effectively maintain quality programmes, practitioners in collaboration with programme evaluators, will need to identify key programme elements needed for a high probability of success such as organisational capacity, quality training, funding, stability, commitment and resources. Some programmes may need new sponsors, other programmes may

need to be significantly changed. Developing a strategy or plan for continued collaboration and partnerships is critical to the continued sustainability of the programme. Disseminating information on project activities and evaluation results increases the project's visibility, acceptance and level of interest among potential support sources. Maintaining high visibility and ensuring that key decision-makers learn about the project or programme may also be critical in determining whether resources will be made available for the project's continuance. A combination of good quality relationships, a high standard of implementation, rigorous evaluation, together with widespread programme acceptance and support provides the basis for effective and long-lasting mental health promotion practice.

### **Make use of tools that enhance efficacy and effectiveness**

Programme efficacy and effectiveness could still be strengthened if tools to disseminate knowledge, support programme development and their implementation were developed. Such tools could include for example, registries of effective programmes or interventions, validated instruments to assess implementation quality, improved tools to measure quality of research designs, and checklists pinpointing what should be reported in research evaluations. Knowledge about available tools to improve efficacy of interventions should be made available and stimulate their use by researchers, practitioners and policy makers. It is important that the evidence-base should serve the needs of practitioners and policy-makers concerned with the practicality of implementing successful programmes that are relevant to the needs of the populations they serve. This calls for the active dissemination of

validated programmes and guidelines on best practices based on efficacy, effectiveness and dissemination studies. There is a need for international co-operation in assisting low-income countries with technical support and other capacity-building resources; in designing dissemination strategies, publishing guidelines for effective implementation of low-cost sustainable programmes and providing training in programme planning and evaluation.

### **From evidence to practice: strategies for action**

If the mental health of the population is to be promoted, there is a need to develop a systematic and comprehensive approach including strategic policy and action plans for mental health promotion that include evidence based interventions covering different target groups and settings. In designing and implementing a mental health promotion strategy it is crucial to take into account those principles of programme design, adoption, implementation, and evaluation that are more likely lead to intervention efficacy. This includes a needs assessment of the population, an analysis of the determinants of mental health, the demonstrated effectiveness of the programme, a systematic implementation and evaluation plan, and an efficiency strategy that includes reach by cost. It is important to note that in some cases, expensive interventions or strategies can be still more cost effective than others that seem relatively more economic. That is why when taking into account their reach and the associated outcomes, it is essential to include the broader health, social and economic outcomes.

Box 1 outlines recommendations to take into account when designing a mental health promotion programme.

## **Box 1**

### **Recommendations for the development of a mental health promotion programme**

1. Base the development and implementation of mental health promotion programmes on the principles of efficacy and a process that is empowering, collaborative, participatory and that includes partnerships with key stakeholders;
2. Clarify key goals and objectives of the action plan and its programmes and specify the key resources required for effective implementation including training and support mechanisms
3. Take into account all key factors that will enhance intervention efficacy when designing and implementing a mental health promotion strategy; for example, undertake a needs assessment of the population, and an analysis of the determinants of mental health.
4. Support capacity building and training in mental health promotion for effective action across a range of settings
5. Develop and sustain a system of monitoring and evaluation of process, impact and outcome evaluations of mental health indicators
6. Build on existing health promotion programmes and integrate a mental health promotion component in programmes already being implemented such as health promoting schools, home based educational interventions, health promotion in the workplace and in the community.
7. In the adoption and adaptation of a given programme or strategy across diverse cultural and economic settings (e.g., low-income countries), take into account their feasibility, efficacy and sustainability in settings with low levels of infrastructure.

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■ At the time I drafted this commentary, I was in attendance at the WHO European Ministerial Conference on Mental Health, in Helsinki, Finland (12-15 January 2005). The conference is the first of its kind in Europe, and very welcome indeed. The conference culminated with a Mental Health Declaration for Europe and an Action Plan that will undoubtedly be useful tools to European mental health advocates. Virtually all who are informed and concerned about mental health are in agreement about one objective at least: we seek to influence political processes to replace rhetoric with action, and not surprisingly, the lack of funding to back up ambitious mental health policy was a recurring theme at the Conference.

I came away from the conference more convinced than ever of the importance of health promotion's involvement in mental health, and of the need for information and advocacy for effective mental health promotion, such as this special issue of *Promotion & Education*. The Conference reminded me forcefully that different constellations of mental health advocates are circling about in Europe, usually not colliding and blissfully unaware of one another. They do collide occasionally at the edges, but the collisions are glancing – the constellations do not otherwise meet, and quickly regain their insularity.

The much larger of these constellations is medically-oriented and treatment-focussed, concerned with the primary, secondary and tertiary prevention of mental disorders. Its conversational agenda tends to be dominated by mortality, morbidity and disability related to mental illness, alcohol and substance abuse, health budgets and mental health's too small piece of the pie, psychiatry's need for expansion and its responsibility to train other health professionals in screening, early detection and referral to appropriate care, numbers and types of facilities and beds, and policy and legislation related to the prevention and treatment of mental disorder.

The much smaller of these constellations is community health-oriented, and focussed on mental health promotion for the entire population. It is deeply concerned with tackling mental disorder, too, but its perspective is that of the patient, the family, the informal carer, and the community. This constellation's conversational agenda is dominated by talk of empowerment through participation and rights to health, the need to break health professionals' stranglehold over policy-making and resource allocation, primordial prevention (prevention of the conditions that give rise to risk factors for mental disorder) and mental health as a resource for robust living for all people in the community, not just vulnerable sub-groups.

As heavenly constellations more in different orbits, but nevertheless influence one another despite great

Professor Maurice B. Mittelmark  
Research Centre for Health Promotion,  
University of Bergen  
President, International Union for Health  
Promotion and Education  
Christiesgt. 13, 5015 Bergen, Norway  
Tel: +47 55 58 32 51  
Fax: +47 55 98 87  
Mobile: +47 95 13 92 25  
Email: [mbmittelmark@iuhpe.org](mailto:mbmittelmark@iuhpe.org)

### Key words

- mental disorder prevention
- mental health promotion