

Prevention and Promotion in Mental Health

Progress, Practices and Challenges

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Major themes

- Mental health and behavioral disorders: important target for prevention and public health
- Prevention and health promotion: How is it organized in the Netherlands?
- Practice of prevention in mental health new challenges
- Quality management and evidence: collaboration between policy, practice and science
- Effects of preventive programs and MHP

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Youth mental health and
behavioral disorders:

important target
for prevention and public health



In Europe \pm 1 out of 7 adults suffer from a mental disorder in a given year

Recent European estimations point at 41 million suffering from anxiety disorders, 21 million from affective disorders, and almost 10 million from addictive disorders

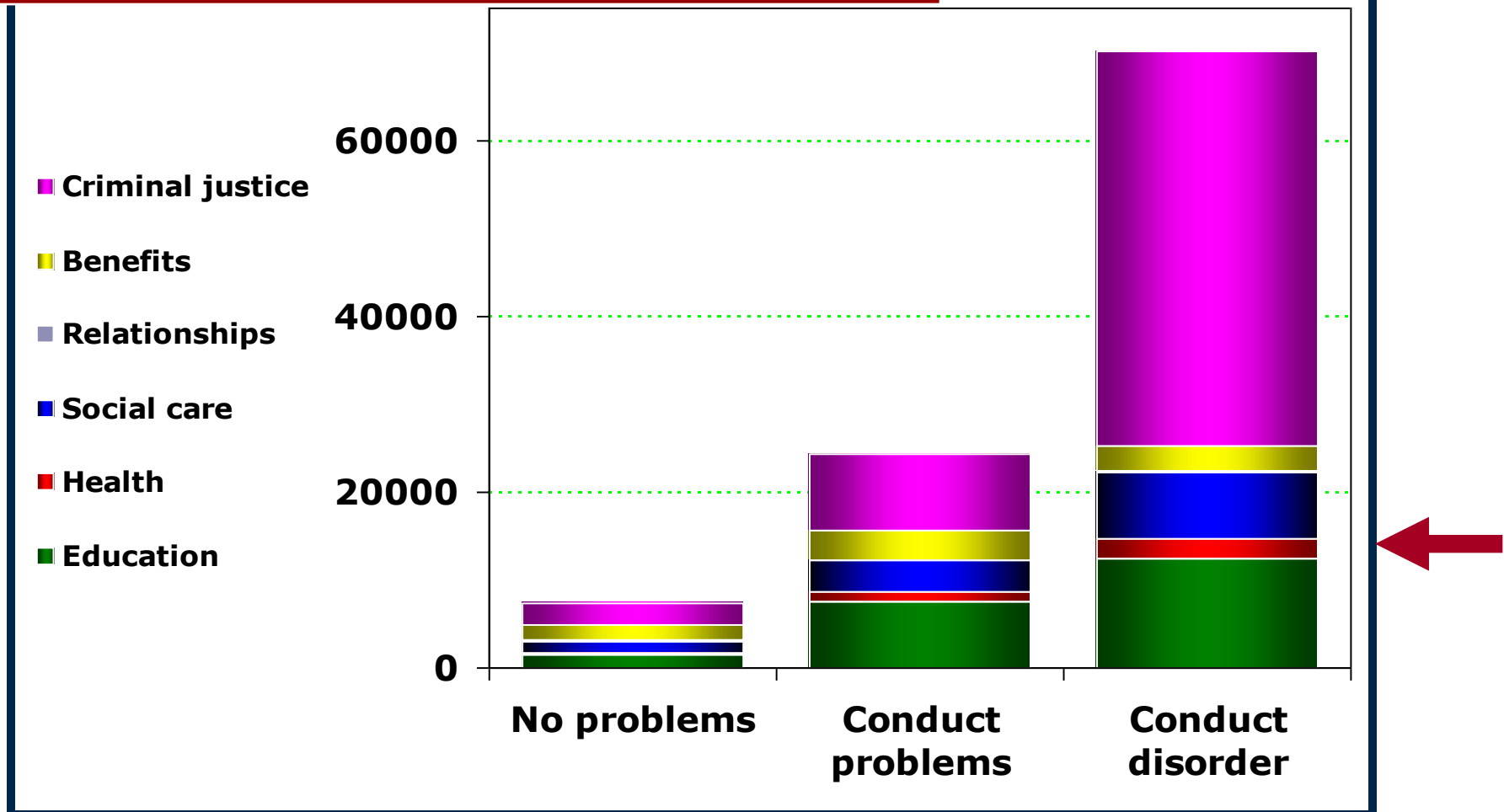
Many children are exposed to the burden of parental mental illness

Why priority for prevention in mental health?

- Epidemic size of mental health disorders (15-20%)
- Further increase of prevalence expected
- Serious impact on individual and social life
- 40 to 50% don't get professional treatment
- Risk factor for serious physical diseases
- Economic costs of mental illness are large
- Good mental health has many individual, social, economic benefits
- Society in general becomes more prevention-focused
- Effective prevention programs are available

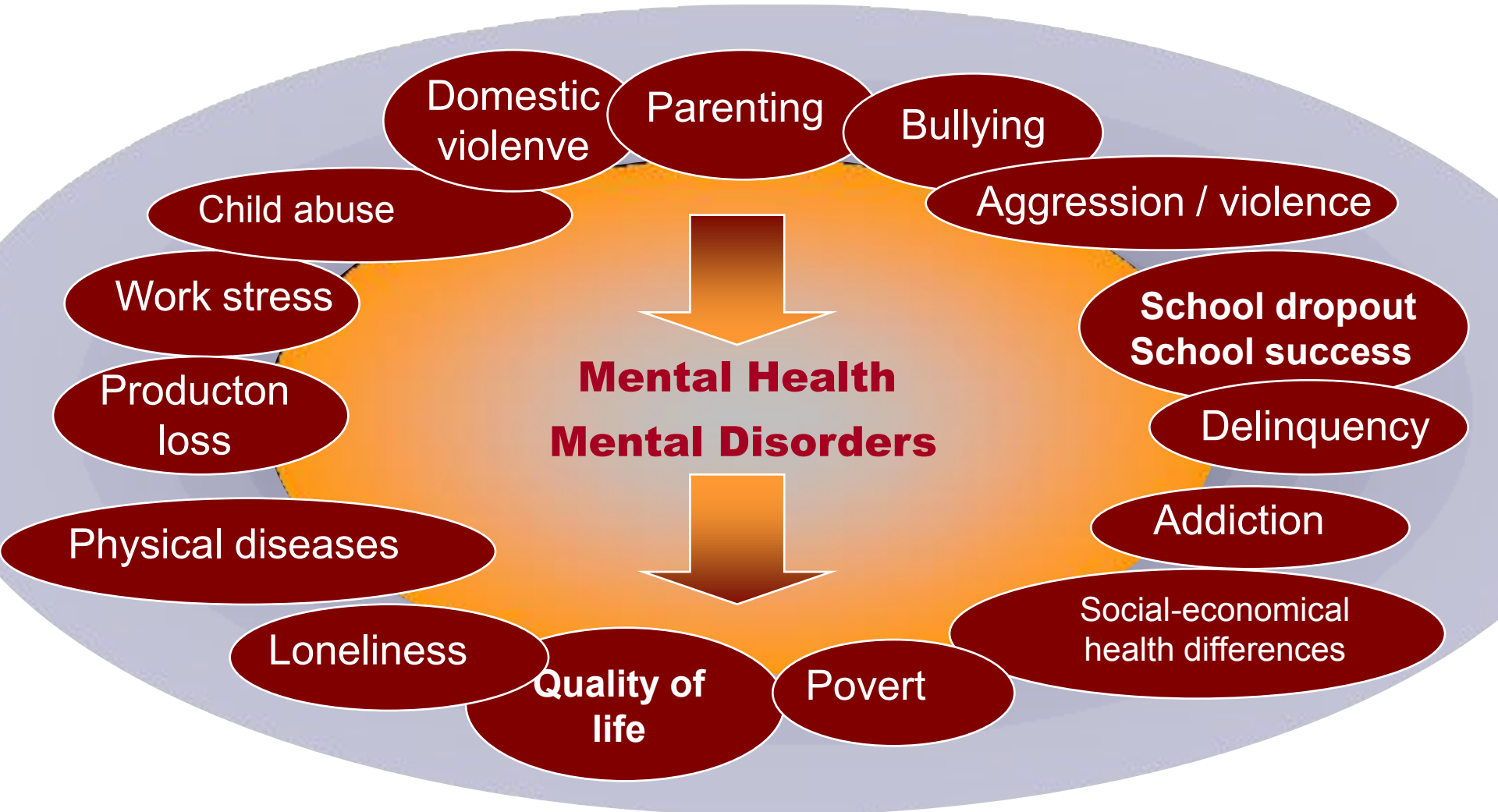
Costs in early adulthood from childhood conduct disorder

Costs (£) from ages 10 to 28



Mental Health

Related to many social problems



Represents Social and Economic Capital

**Mental health and prevention of mental-behavior disorders
= cornerstone of human, social and economic capital**

Prevention and promotion are wise investments while ...

Good mental health contributes to:

- **higher quality of life**
- **better health and less mortality**
- **better school achievements and less school drop out**
- **higher productivity at work**
- **more safe communities and less violence**
- **significant cost reductions social security and justice**

Prevention and Promotion in Mental Health.....

.... an idea advocated for over more than 100 years

Prevent incidence of mental disorders?

Main reactions in the past:

- **Wishful thinking !**
- **Poorly defined field**
- **Difficult to understand how to prevent**
- **No scientific knowledge on causes**
- **We do not know if it works**

Last 25 years

major progress made

2010: Times have changed significantly....

Last 25 years major progress made

- ... Insight in epidemic proportions of mental illness
- ... Enough knowledge on causes to start acting in prevention
- ... Wide range of prevention programs available
- ... Many studies showing evidence on positive outcomes
- ... Programs become disseminated and implemented

Functionally Related Fields of Public Health



Subdivision of primary prevention: reducing incidence of mental disorders

targeted at three levels of risk

Individuals + symptoms
no disorder

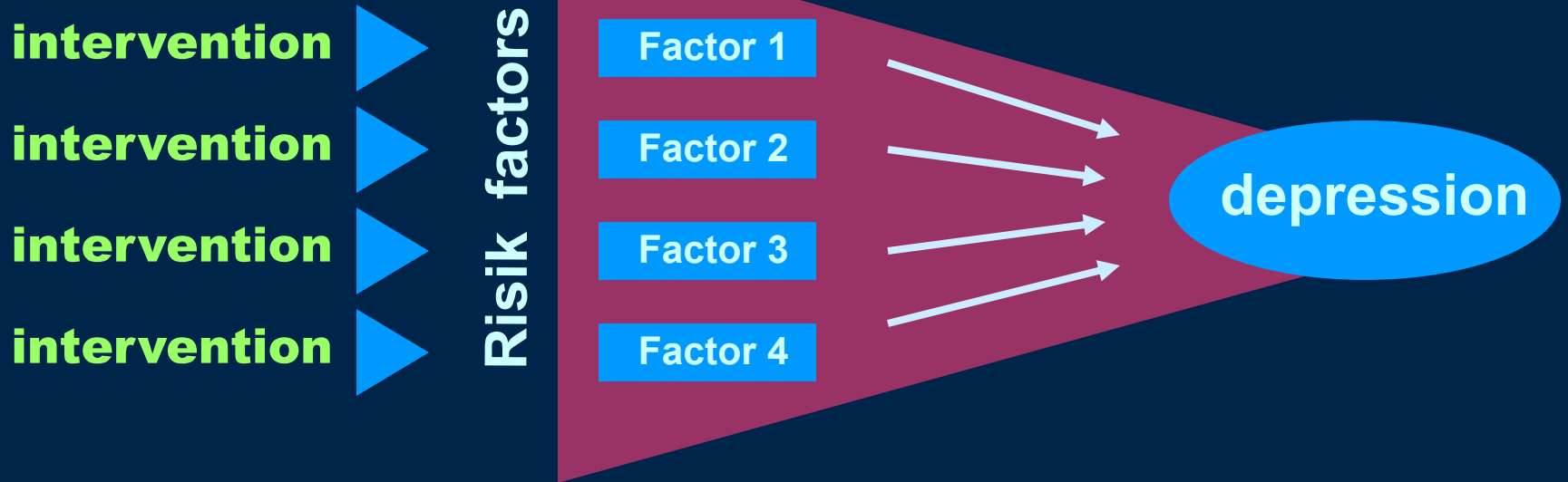
***Indicated
prevention***

*Populations at
increased risk*

Selective prevention

*Whole
population*

Universal prevention



Disorder-specific prevention



Broad spectrum prevention

What is Mental Health ?

Emotional intelligence

Positive affectivity

Positive self esteem

Feelings of mastery

Optimism

Self management

Stress management

Problem solving

Creativity

Decision making

Literacy

Communication

Social competence

Social values & respect

A cluster of mental and social capacities that people need

to enhance their well-being,

to develop themselves mentally and physically,

to create satisfying and respectful social and intimate relationships,

To work productively and fruitfully

to cope with the adversities and changes in life, and

to reduce risk of serious problems and illness

**Many countries
begin to change
from
a dominating
care-focused
mental health system
towards
more balance
between care
and
prevention &
promotion**

MNH/NAM/99.2



**Balancing mental health
promotion and mental
health care: a joint
World Health Organization/
European Commission Meeting**

Brussels, Belgium, 22–24 April 1999

Report



Nations for Mental Health
Department of Mental Health
Social Change and Mental Health

World Health Organization
Geneva



Directorate
Public Health & Safety at Work
Health Promotion Programme

European Commission
Luxembourg

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Prevention and health promotion:
How is it organized in the Netherlands?

Nationally and Locally

Dr. Gerard Molleman

The background of the slide features several sets of concentric circles in a lighter shade of blue, resembling ripples in water. These circles are scattered across the lower half of the slide, with a larger set in the bottom right and smaller ones towards the bottom left and center.

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Practice of prevention in mental health





Mental Health Promotion and Prevention in the Netherlands



History
Organization
Themes
Approaches

Prevention in mental health in the Netherlands

- Started in 1970
- Prevention departments of mental health centers
- Increasing pressure for quality
- From trial-and-error to evidence-based programs
- From small to larger departments



Domains of MH prevention



1. Prevention departments of mental health centers – selective and indicated prevention
2. Wider group of organizations and professionals explicitly targeted at prevention and promotion in mental health
3. Organisations, professionals, community leaders and volunteers who's work has beneficial impact at determinants of mental health

All are essential

Mental Health Promotion and Prevention in the Netherlands

Well-developed National Infrastructure
for Prevention and Health Promotion
mental health as a priority area

National
institutes
And
NGO's

Implementation by many organizations
local level

Primary
health care

Prevention and Health Promotion Teams

Schools &
companies

Public
health
services

Addiction
clinics

Community
mental health
centres

Parent
education
services

Custody
services



Organization of prevention in the Netherlands

50 community mental health centers

Each center has a prevention team

Task: Development and implementation of programs to prevent serious mental illness

Programs

Children of mentally ill parents

Parent education & child abuse

Depression & Anxiety

stress at work

chronic disorders & family

Mental health in elderly

A lot achieved in 40 years.....

Nation-wide professionele MH-prevention sector
Trained prevention experts (\pm 400)
collaborating with many other professionals

Large scientific knowledge base
Focus at quality management and science-base

Broad spectrum of prevention products
Evidence-based programs + research projects

National support systems and collaboration

Links practice – policy – research centres
International collaboration

Organizational context had large impact on development and identity of MH- prevention

Development from mental health centers - Implications?

Strong expertise in MH and psychiatry
disorder prevention

Person and family focused

Care-related prevention

Indicated and selective prevention

Product-targeted culture

Methods – courses, training, education, home visits

Mental disorders /problems

depression and anxiety
behavioral problems and bullying
eating disorders
psychosis
suicide

Mental health

resilience and problem solving
social competence (school)
stress management
mental capital

Populations at risk

COPMI: transmission partner
family members
unemployed
migrants

Social determinants

domestic violence
bullying
parenting competence
social support and social isolation

Identity field of MH-prevention

International and

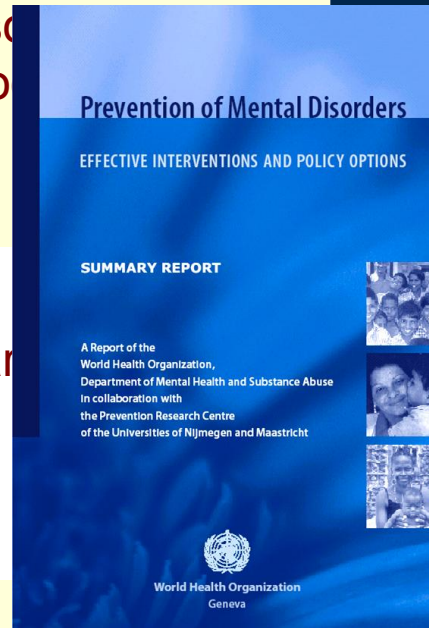
Partly national

On all these topics

Evidence of

significant effects of

prevention programs



Important trends and innovations

Two Tracks

- (1) prevention + care (stepped care)
- (2) public health + health promotion

Strategic

- Strong increase of E-prevention - internet
- More community approach
- Collaboration with primary care and social systems
- From „interventions“ to integral approach
 - Address Clusters of related problems
 - Early life focus

Organisation

- Merging of organizations and larger scales
- Integration Mental health and addiction
- Intersectorial coordination

Two-Track Policy

**Prevention
part of stepped care**



health promotion and prevention integrated in communities

'Stepped Care' in prevention by outpatient clinics

Large-scale Public Mental Health Education
universal and selective prevention through media & materials

Short interventions for groups at risk
selective prevention

Intensive prevention programs
indicated prevention for those at high risk

Early detection & treatment
secondary prevention

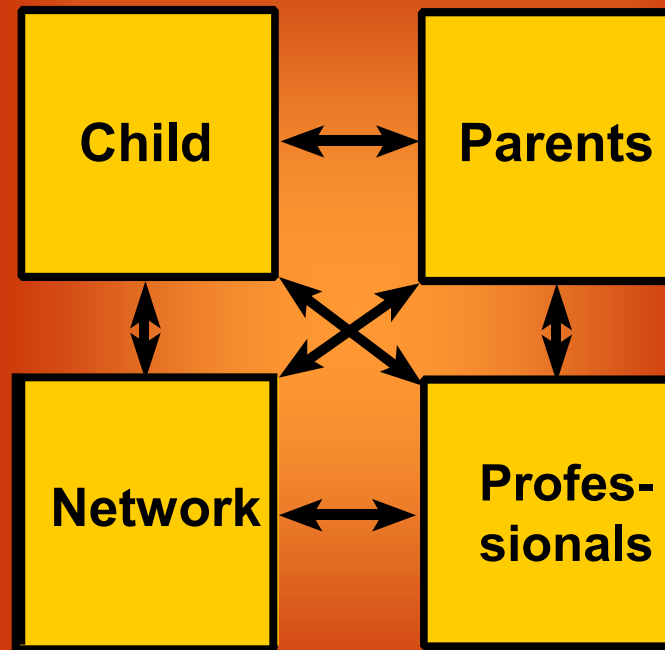
For example:

Parenting problems
Use of Alcohol and drugs

Play-talk groups
Information
Support groups
Brochures and video's
Early treatment
Foster homes
Buddy system

Additional support persons
Family organizations
School mental health education
Mass media approach

Internet KOPPstoring (E-health)



Community

Policy, Advocacy, Budgeting

Early treatment
Mother-Baby intervention
Parent training
Psycho-educ family program
Support Groups
Brochures/Videos

Postgraduate training
Education
Screening
Protocol&training
Case-management
Consultation
Conferences

Comprehensive Multi-component approach in prevention for children of mentally ill parents in The Netherlands

Important trends and innovations

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A Normaal

A Groter

A Grootst

Kleur je leven

Internetcursus om depressieve klachten aan te pakken

Inloggen

Gebruikersnaam:

Wachtwoord:



Nog geen inloggegevens, klik [hier](#)

*beter binnen bereik*[Home](#) | [Wat is het?](#) | [Voor wie?](#) | [Privacy](#) | [Aanmelden](#) | [Contact](#)

Wat is het

Leven met plezier, de toekomst positief en met zelfvertrouwen tegemoet zien. Soms valt dat niet mee, zeker niet voor mensen die zich somber voelen. Wat hulp is dan meer dan welkom. De internetcursus 'Kleur je Leven' biedt die hulp. De cursus bestaat uit 8 lessen en 1 opfrisles na 12 weken. Deelname aan de cursus is gratis. [Lees verder](#)

Voor wie

De cursus is voor volwassenen die individueel hun sombere gevoelens of depressieve klachten willen aanpakken. Cursisten hebben hiervoor een computer met een internetverbinding en een geluidskaart nodig en een e-mailadres. [Lees verder](#)

Aanmelden

De internetcursus *Kleur je Leven* wordt aangeboden door Rivierduinen. U kunt zich bij deze instelling aanmelden voor de cursus. Dat doet u door het invullen van een vragenlijst via het internet. Het invullen kost ongeveer 15 minuten. Een medewerker van de Rivierduinen kijkt op basis van uw aanmelding of de cursus geschikt voor u is. Binnen 5 werkdagen krijgt u hierover bericht. [Lees verder](#)

Challenges

Increasing reach

Link physical, mental and social health

More impact on environment

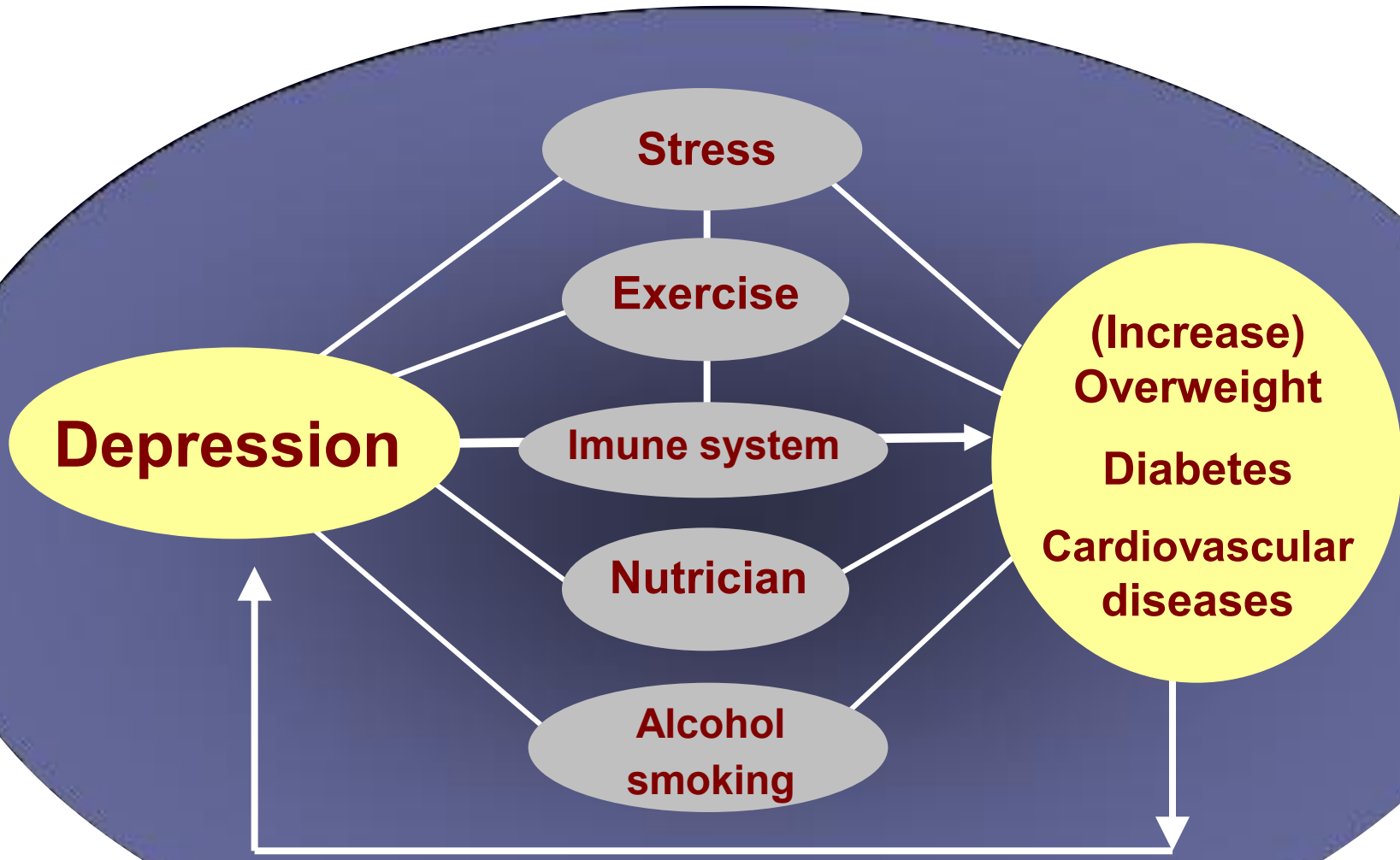
To comprehensive approaches

More evaluation and monitoring

Cost effectiveness

Stronger public health impact

Finding and Common Preventive Approach 'smart clusters' of related problems



URBAN40 studie: Invloed wijkenmerken

Many effective prevention programs available



Access to effective programs through dozens of national and international databases

Mental health; Social Emotional Learning; Suicide; Violence & Delinquency; substance Family & Parenting; School-based programs

US-SAMSHA	http://www.modelprograms.samhsa.gov
Europe	http://database.imhpa.net
US-CASEL	http://www.casel.org/programs/selecting.php
Netherlands	http://www.nji.nl

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Quality management and evidence: collaboration between policy, practice and science

Dr. Gerard Molleman



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Effects of prevention and mental health promotion



What can we conclude about the effectiveness of prevention programmes in the mental health sector?



effect management

Conclusions from outcome research

- Many preventive interventions available
- Can be effective and cost-effective
- Diversity of preventive outcomes
- Long term effects possible (15 years)

Prenatal - Early Infancy Project

David Olds USA

**adolescent, low income
pregnant women**

**Home-visitation by nurses
pregnancy ► 24 months**

- healthy life style**
- parent education**
- problem solving**
- social support**
- linkage to social network**
- + health / social services**

Outcomes first 2 years

Reduced smoking pregnancy

**75% less preterm
low birth weight**

**In high risk mothers
child abuse 19% → 4%**

**32% fewer
emergency-room visits**

Reduced use of welfare

Prenatal - Early Infancy Project

David Olds USA

Outcomes 3rd and 4th year

**40% less visits
to physicians for
injury and ingestion**

Higher IQ score child

**80% more involvement
in work force (mothers)**

Benefit: \$ 3.313 per family

Long term outcomes at age 15

Less abuse and maltreatment

**56% less likely alcohol
and drugs problems**

56% fewer arrests

81% fewer convictions

**63% reduction in
sexual partners**

School-based programmes

Repeated evidence for a broad range of positive outcomes

Increase

competence and resilience

social and coping skills

self esteem

prosocial behavior

anger control

school achievement

Decrease of

problem behavior

aggression

youth delinquency

smoking

substance use

depressive symptoms

anxiety



Prevention Anxiety Disorders

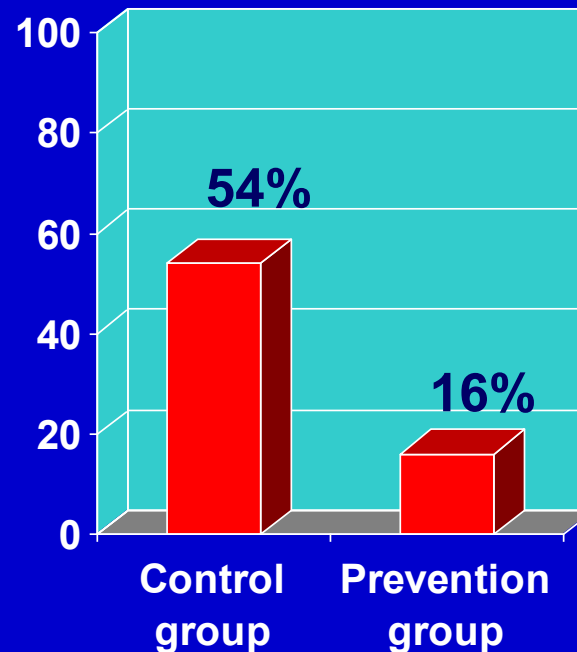
Dadds, Spence et al., Australia

School Children
(7-14 yrs) with
anxiety symptoms
but no disorder

Cognitive –
behavioral and
family-based
group intervention

10 weeks

outcomes



% onset anxiety disorders
in 6 months

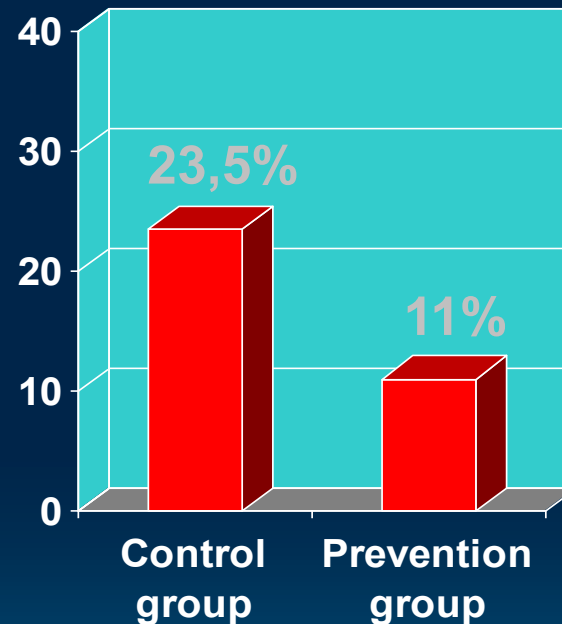
Children of Divorce: Mother and Child Prevention Program

Sandler, Wolchik et al. (2002)

RCT, n = 218

Mother groups
And child groups
11 group sessions
2 individual sessions
Children: 8-12 year

Quality M - C relation
Involving fathers
Conflicts parents
Discipline
Effective coping
Divorce stressors



**Presence of mental disorders
6 years after intervention**
+ less externalizing problems



Triple P

Matthew Sanders, University of Queensland
Professor of Clinical Psychology

Positive Parenting Program

Disseminated and Implemented across 17 Countries

Triple P

Matthew Sanders, University of Queensland

Goal

Promoting Positive Parenting
Preventing behavioural & emotional Problems

Approach

Public health approach : population wide
Parents with children: pregnancy to 14 yrs

Risk level

Universal → selective → indicated

Methods

TV, books, lectures, groups, phone, individual

Settings

Media, (pre)school, primary health care, mental health services, workplace

Themes

Safe, positive environment; assertive discipline; realistic expectations; problem solving

Features

Comprehensive, low access, minimal sufficiency

Levels of Intervention

Universal Triple P

Level One

Selected Triple P

Level Two

Primary Care Triple P

Level three

Standard Triple P

Level four

Enhanced Triple P

Level five

Targets

universal

all parents



selected

parents and children
with minor problems



indicated

parents and children
detectable problems



secondary

Triple P: Evidence-based Outcomes

over 40 controlled trials across different cultures

PARENTS

- ↓ Disfunctional parenting strategies (e.g. coercive)
- ↓ Stress and Anger
- ↓ Depression
- ↑ Well-being
- ↑ Parent's relationship quality

CHILDREN

- ↓ Conduct problems
- ↓ Child abuse

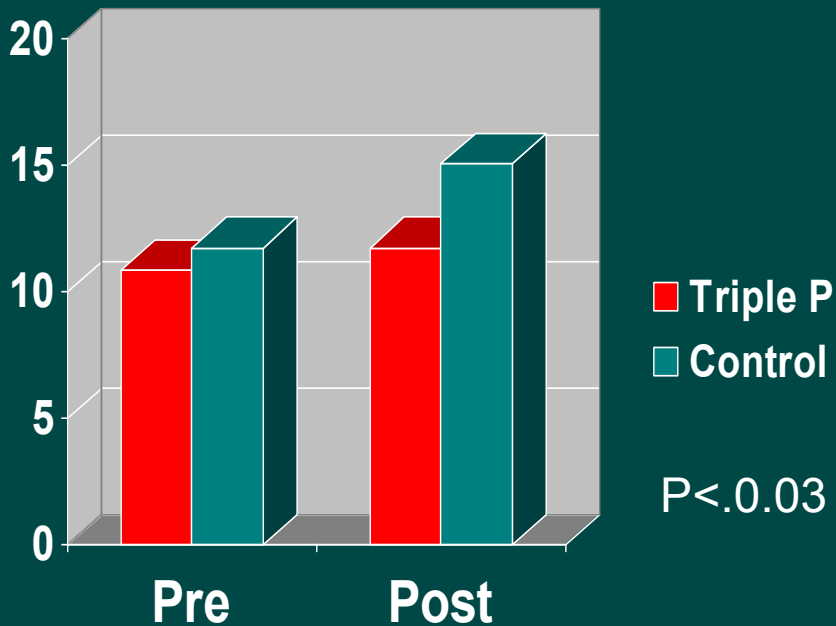
Small to large effect sizes, sustainable → 1 year follow up

e.g. see meta-analyses by Novak & Heinrichs (2008), Graaf et al. (2008)

US Triple P System Population Trial

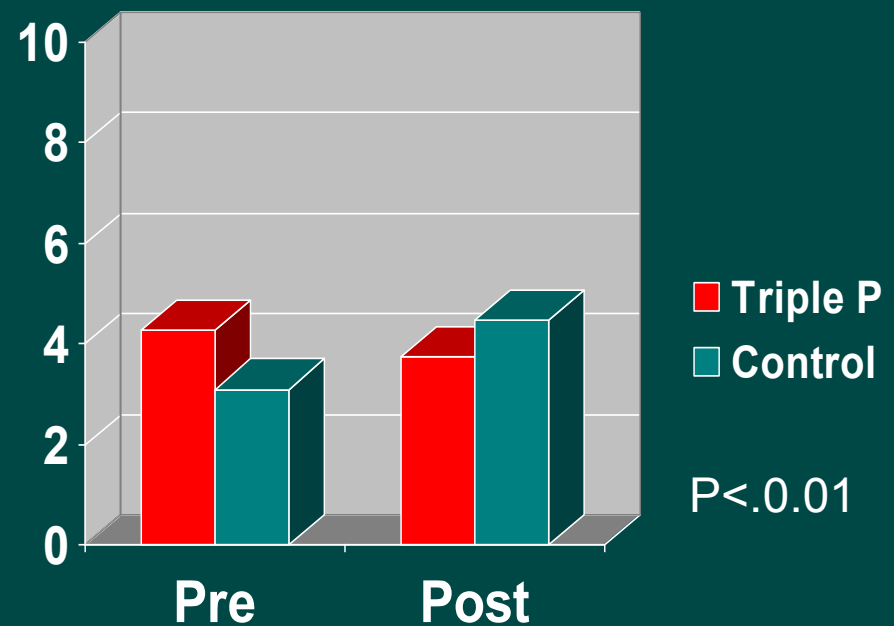
Prinz, Sanders, Shapiro et al. (2009)

Effects in number of cases per 1000 children aged 0 to 8 years



Substantiated child maltreatment cases

Roughly 1 in 4 prevented



Out-of-home placements

Also injuries significant reduced

social and economic benefits

- youth delinquency ↓
- violence ↓
- loss productivity ↓
- cost welfare ↓
- low income ↓
- school achievement ↑
- social participation ↑

Some recommendations for the Future

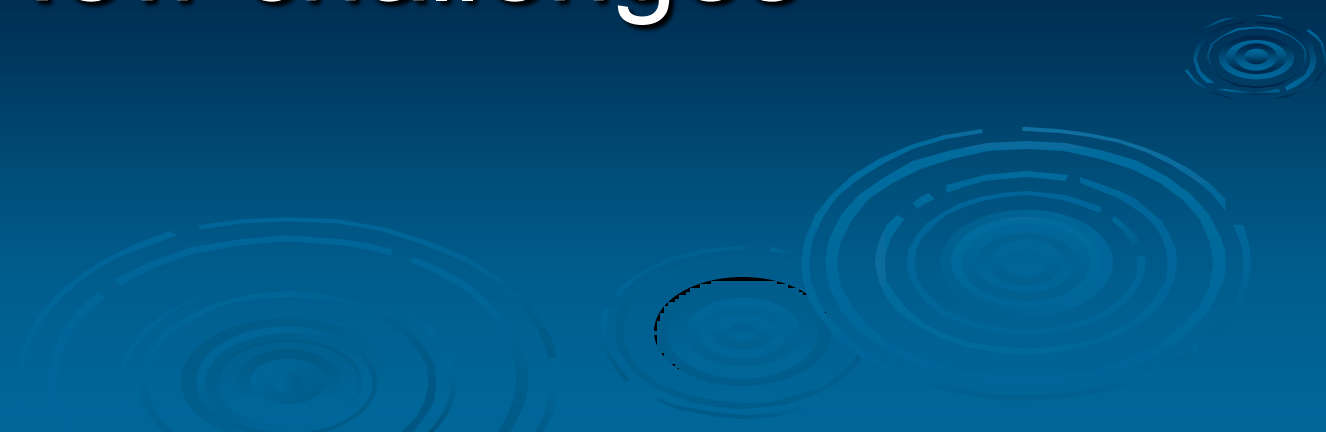
To increase population impact of primary prevention:

- Make systematic use of successful programs and replicate outcome studies
- Make primary prevention an integral part of primary health care & mental health care through a stepped care strategy
- Make “prevention and promotion in mental health” an integral part of mainstream public health and health promotion
- Explore the opportunities for “win-win” strategies by linking primary prevention with social policies and human rights
- Systematic capacity building for primary prevention and mental health promotion across professions, communities and public sectors

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Effective programs

New challenges



Promising developments and challenges

- Interventions much earlier in life addressing early risk and protective factors
- Addressing clusters of related problems
- Community programmes & strategies:
e.g. Communities that care
- Increasing reach: Making successfully use of internet (E-health) and self-help guides
- Community monitoring systems for prevention
- Linking prevention and promotion with (↔) social policy, human rights and social justice

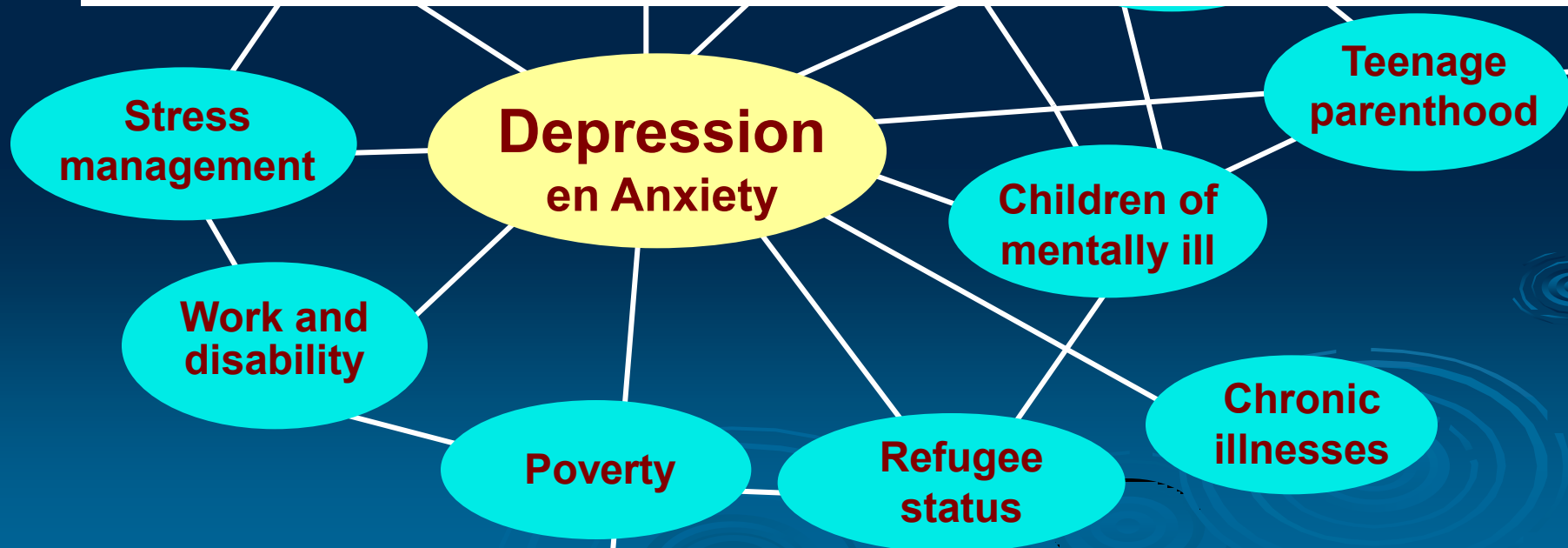
The social Web of Depression

relation between mental and social problems

Violence to

Calls for a comprehensive approach

Public health + Mental health + Social Policy



Challenges for prevention mental disorders

optional priority issues for WHO-CC

1. Strengthen epidemiological base of prevention
2. Link prevention with mental health promotion
3. Integrate prevention of mental disorders in health, health promotion and social policies public
4. Develop expertise, policy models & tools for local management of integrated prevention approaches
5. Develop intervention methods with large reach
6. Focus on prioritized prevention / MHP themes
Healthy start of life; school-based programs; work & economy
7. Invest in build professional capacity across organizations and settings
8. Enhance dissemination of knowledge & programs

- 1 Widen the Spectrum of Outcomes by Combining Prevention and Mental Health Promotion Approaches
- 2 Develop a standardized system of outcomes and indicators
- 3 Increase Reach and Impact in Society
e.g. internet, public policies, legislation, dissemination
- 4 Address and Understand Clusters of Related Problems and Develop a Coalition with Health Promotion
- 5 Study Impact of Social Determinants on Individual Risk and Protective factors (life span) and Opportunities for Change
e.g. relate with social policies, human rights
- 6 Mental Health Monitoring & MH Impact Assessment
- 7 Economic Evaluation of Mental Health, Prevention, Promotion
- 8 Building Local & State Infrastructures for Implementation

Trend ► multicomponent packages

examples

- **Triple P: multi-level Positive Parenting Program**
- **Communities that Care: Youth Externalizing**
- **Multicomponent, multi year school programs**
- **Stepped Care: Depression Prevention**

Innovative developments

Where to find solutions for current limitations

Use new methods to improve reach in population

- Make more use of internet and mass media
- Stepped Preventive Care strategy with low-budget and easily accessible methods for the groups with the lowest risk / need.
- Use community approaches, and influence those who have some control over social risk factors that impact many people.

Options for Innovation

Where to find solutions for current limitations

Increase efficiency and effectiveness of programs

- More focus on **common factors** with a long term broad spectrum impact, e.g. child abuse, poor parenting, social-emotional skills...

- Do not solve each problem separately, address **clusters of narrowly related problems**.
Try to understand and use their interrelations

E-health - Internet prevention

- Fast growing availability of internet-based prevention and treatment programs
- Higher accessibility among youngsters
- Evidence of effectiveness
- Cost-effective and larger reach

Trend towards 'Evidence-based' practices

Evidence-based practice, as common in medical practice, is also becoming the standard in prevention and health promotion worldwide

Evidence-based means,

1. policies and practices are based on epidemiological knowledge and research of risk and protective factors
2. interventions could provide solid evidence that they are effective and cost-effective.

To evaluate outcomes of preventive programs we need to apply multiple evaluation criteria

1. Effectiveness

- Effective? No effect? Negative effects?
- Strength of the effect
- Duration: sustainable effects?
- Reach: For which part of target population?


2. Quality of Evidence How biased are conclusions?

3. Relevance Value for each involved party?

Why are evaluation and 'evidence-based' practices in prevention so important?

- Crucial feedback for improving prevention programs and stop programs that don't work
- Selection: which programs work best?
- Efficiency: use of scarce resources for prevention
- Accountability: to justify use of public money
- To get community support and participation
- To get funding for prevention practices
- Professional quality: Effectiveness is essential

How to create a productive link between science, policy and practice?

- Our experiences at national and local level
 - National level
 - Setting priorities
 - research and development program: knowledge, programs and implementation
 - Databases
 - Money for implementing prevention practice only for intervention programs with evidence-based effects or based on evidence-based principles
- 

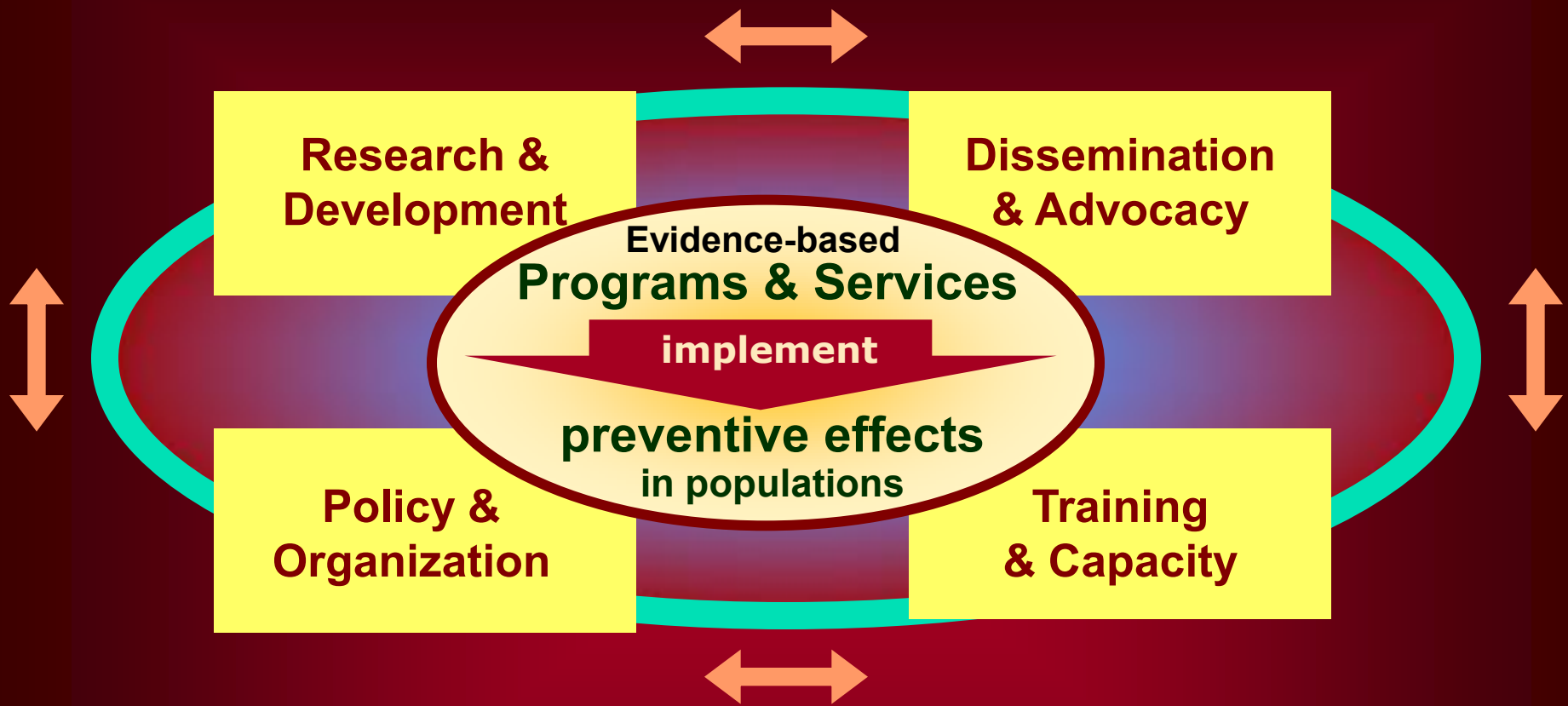
How to create a productive link between science, policy and practice?

- Local level



Trends and challenges





Building a System of Conditions for Effective Prevention & Promotion in Mental Health

Standards of evidence database



Treatment Gap Western Europe



- Major depression: 45.4%
- Alcohol dependence: 92.4%
- Psychosis: 17.8%
- Bipolar disorder: 39.9%
- Panic disorder: 47.2%
- Anxiety disorder: 62.3%

E-health and prevention

- Cursus of e-mailcoaching via internet:
 - www.alcoholondercontrole.nl
 - www.boulimiadebaas.nl
 - www.cannabisondercontrole.nl
 - www.drugsondercontrole.nl
 - www.eetbuienondercontrole.nl
 - www.familievan.nl
 - www.gokkenondercontrole.nl
 - www.gripopjedip.nl
 - www.internetondercontrole.nl
 - www.kleurjeleven.nl
 - www.rokenondercontrole.nl
- Behandeling via internet is mogelijk via www.interapy.nl.
-
- Daarnaast bieden verschillende GGZ-instellingen die participeren in Indigo ook online behandel aanbod, zoals:
 - www.mijnparnassia.nl
 -
 -

Cursussen Parnassia

- Assertiviteit
- Stoppen met piekeren en negatief denken
- In de put, uit de put
- Somber of gespannen
- Omgaan met stress
- Meer zelfvertrouwen
- Liever bewegen dan moe
- Bewegen geeft kracht (voor migrante mannen)
- Hellup, mijn kind kan niet zonder
- Mijn kind, alcohol en drugs
- Chronisch zieken
- Ondersteuningsgroep nabestaanden na zelfdoding
- Terug naar het overzicht

Parnassia

➤ Preventie: Stress



Preventie: Depressie



Preventie: Alcohol, drugs en gokken



Preventie: Kinderen van patiënten



Terug naar het overzicht



Developments

- focussing on prioritized issues



Which parties are involved in prevention and mental health promotion?



Generating resources and capacity for prevention and health promotion

- Integrating prevention in the professional activities of existing services
- Experts



Support Coalition for Prevention KOP



Challenges



Effectiveness of prevention



Support of National Institutes to local prevention practices

- Factsheets and databases with supporting information: epidemiological data on major problems, risk factors
- Standardization
- Providing models for local prevention planning



Final conclusions

- ▶ **Prevention is highly needed: Given the high prevalence of mental disorders, their huge social and economic costs, and lack of treatment capacity**
- ▶ **Preventive interventions generate a wide range of significant effects, also social + economic benefits**
- ▶ **Share knowledge on successful and unsuccessful preventive practices, and learn to understand the principles of effective prevention**
- ▶ **Collaboration between research-practice-policy to implement and adapt interventions that work, to develop new programs, and improve effectiveness**

Division of tasks in prevention and



Concepts of mental health

- documents EU en WHO
- mental health and mental disorders
- mental health and addiction
- categorical versus dimensional view
- attention to subclinical „disorders“
- clusters of related problems

EU and mental health

The mental health of the European population is a resource for the attainment of some of the EU's strategic policy objectives, such as to put Europe back on the path to long-term prosperity, to sustain Europe's commitment to solidarity and social justice, and to bring tangible practical benefits to the quality of life for European citizens¹.

Mental health of the EU population can be considerably improved:

- Mental ill health affects every fourth citizen and can lead to suicide, a cause of too many deaths;
- Mental ill health causes significant losses and burdens to the economic, social, educational as well as criminal and justice systems;

EU Green paper on Mental Health (2005)

Mental health, mental ill health and its determinants:

The WHO describes **mental health** as: “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”².

Mental ill health includes mental health problems and strain, impaired functioning associated with distress, symptoms, and diagnosable mental disorders, such as schizophrenia and depression.

The mental condition of people is determined by a **multiplicity of factors** (annex 1), including biological (e.g., genetics, gender), individual (e.g., personal experiences), family and social (e.g., social support) and economic and environmental (e.g., social status and living conditions).

Major strategies for capacity building and expertise development

1. Training & Learning systems
2. Involving new personnel, disciplines and stakeholder organizations
3. Setting professional standards across disciplines for providing MHP/prevention
4. Coalition building & Advocacy: national & local

