Implementing a Mental Health in All Policies Approach to Promoting the Mental Health and Wellbeing of Children and Young People: Who needs to be engaged for effective action?

6th Global Forum on Health Promotion Conference:
Health Promotion at the Very Heart of Sustainability
Tallinn, 5th 16-17 October 2016

Professor Margaret Barry

WHO Collaborating Centre for Health Promotion Research
National University of Ireland Galway
Ollscoil na hÉireann Gaillimh

Overview

- Ensuring healthy lives and promoting wellbeing across all ages is essential to the SDGs

- Promoting young people's mental health and wellbeing is central to sustainable development– precondition, outcome, and indicator of sustainability

- Consider what it means in practice to implement a mental health in all policies approach

- Who needs to be engaged for effective cross-sectoral action?

The importance of promoting mental health

- The promotion of good mental health leads to lasting benefits for improved health and social functioning for children, their parents and society (WHO, 2013)
- Compelling international evidence that mental health promotion interventions
  - reduce risk factors for mental disorders
  - enhance protective factors for good mental and physical health
  - lead to lasting positive effects on a range of social and economic outcomes –> education, employment, social wellbeing and reduced inequities
- Convincing social and economic case for investing in young people's mental health and wellbeing

Promoting mental health and wellbeing

- Mental health promotion is concerned with promoting positive mental health and enhancing social and emotional wellbeing across the lifespan

- Positive resource for life -> positive life outcomes

- Early years lay the foundation for good mental health across the life cycle

- Mental health is created where people live their lives

➢ *Health Promotion approach broadens our concept and understanding of what constitutes good mental health and how it can be promoted*
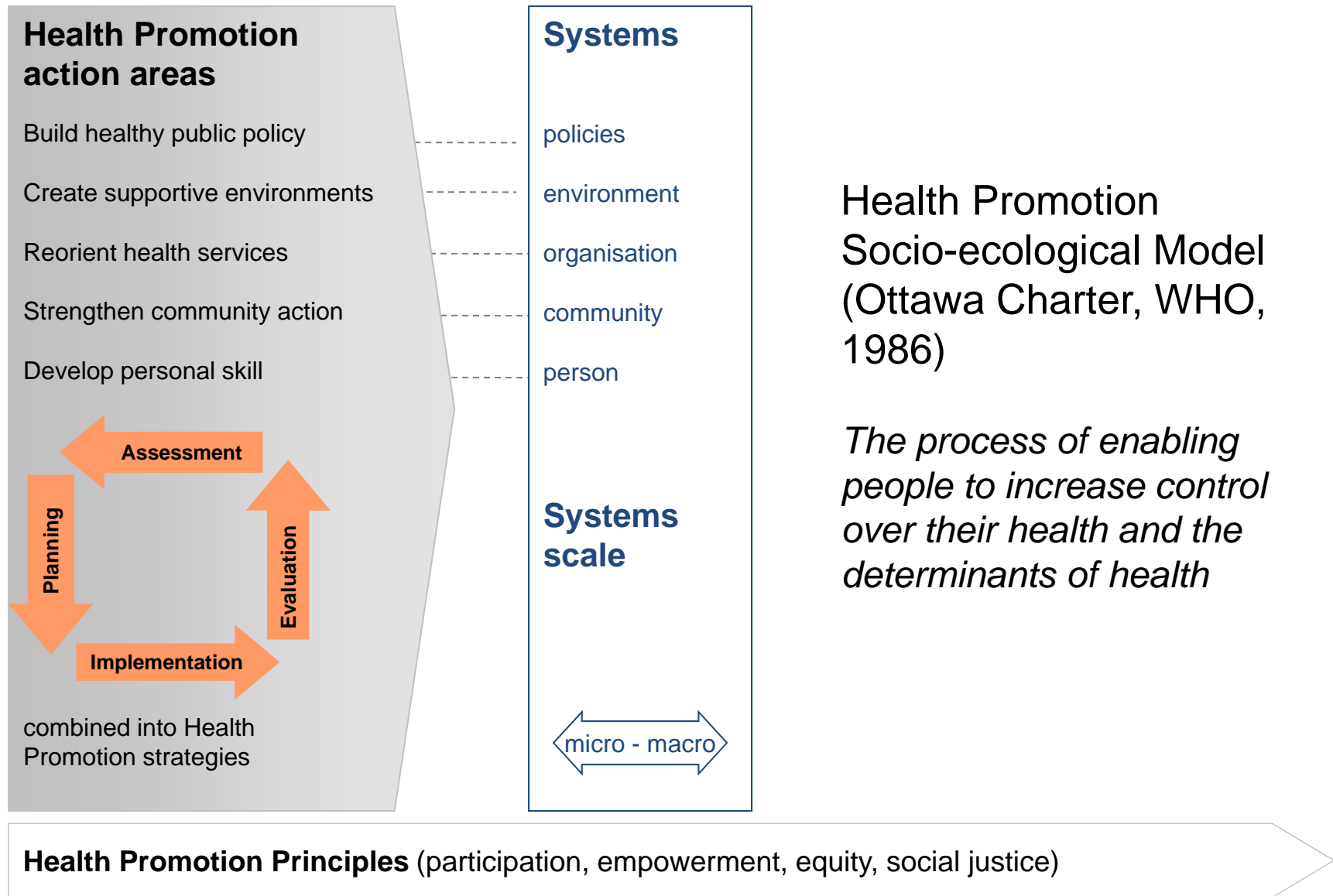
SOCIAL DETERMINANTS
OF MENTAL HEALTH

FUNDAÇÃO CALOUSTE GULBENKIAN

World Health Organization
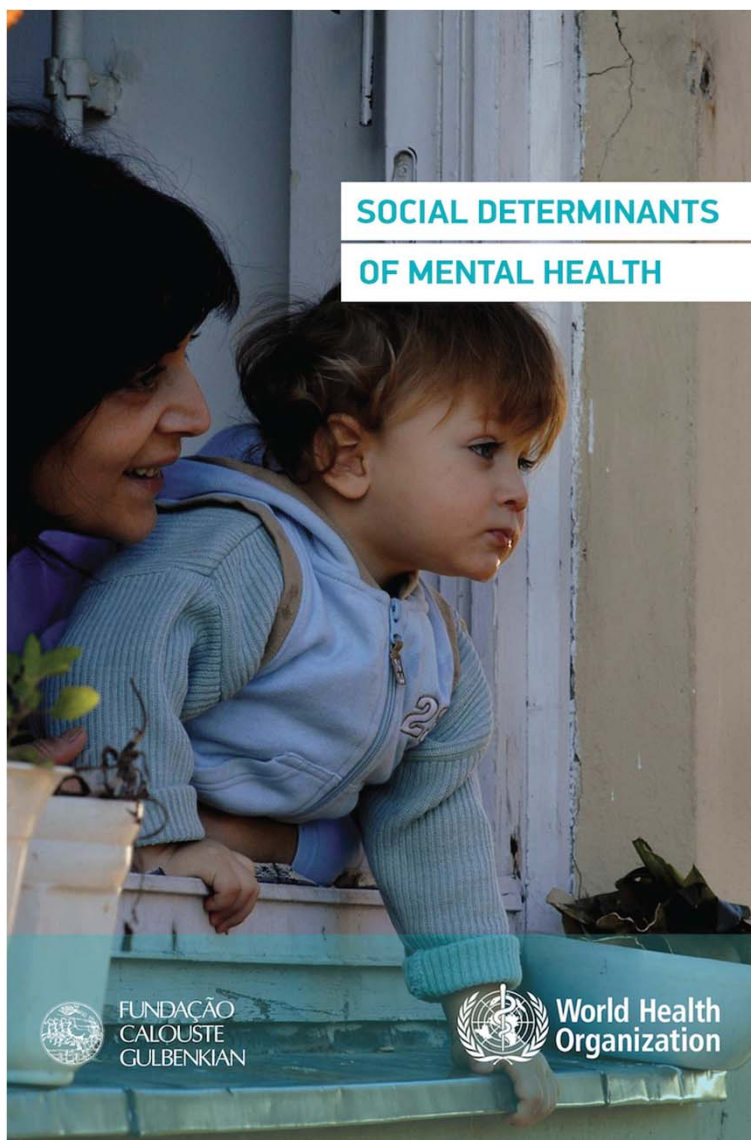
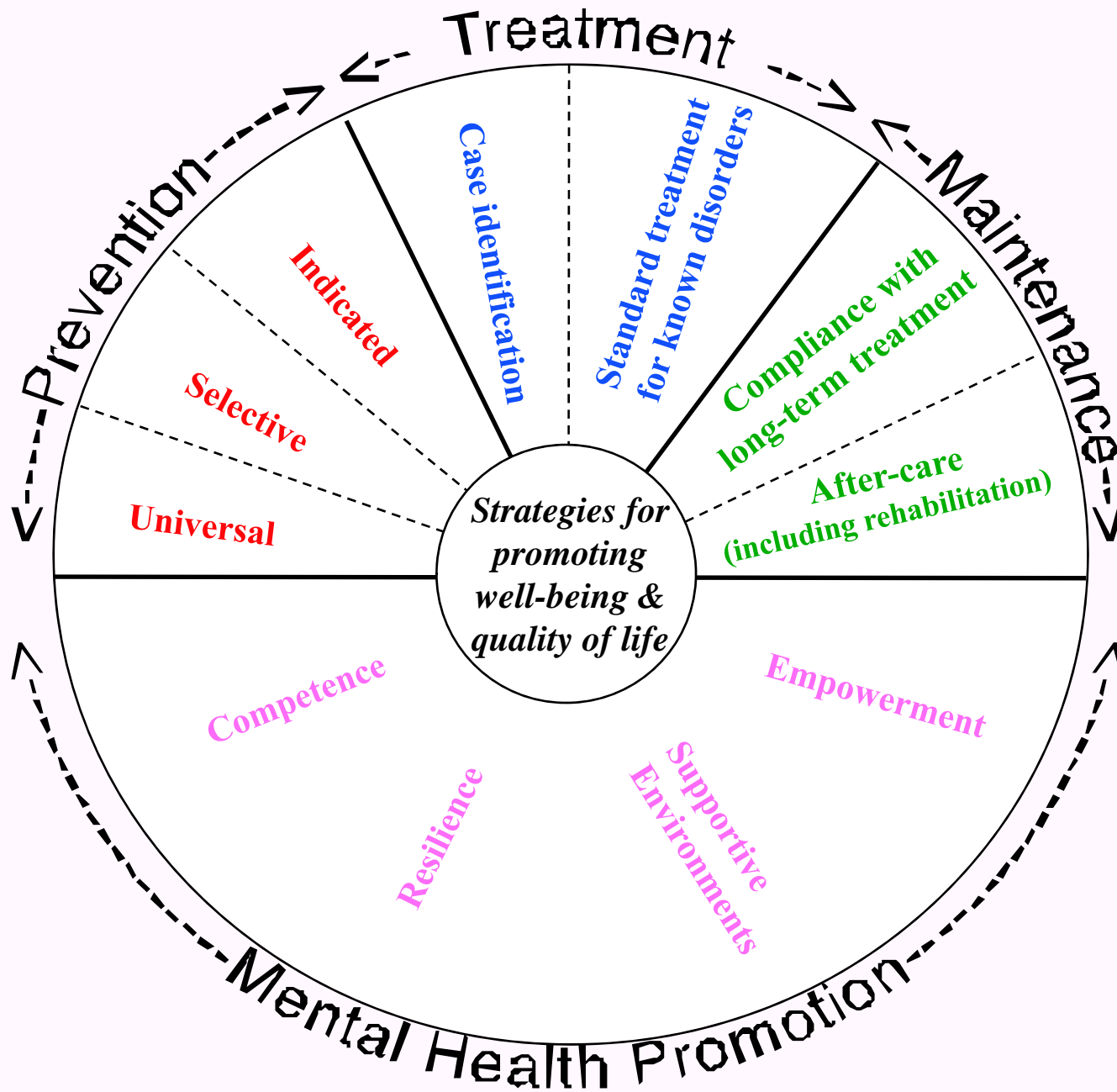**WHO & Calouste Gulbenkian Foundation (2014)** *Social Determinants of Mental Health*

"Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live"

- calls for actions to improve the conditions of daily life

- whole of government and whole of society approach – comprehensive and universal actions across the life course, multiple sectors and levels

➢ *policy making at all levels of governance and across sectors can make a positive difference to mental health outcomes*

Addressing the Social Determinants of Mental Health

- **Strengthen individuals and families** - social and emotional skills development, resilience, coping and life skills, sense of control (OECD, 2015 *Skills for Social Progress*)

- **Strengthen communities** - social support, sense of connectedness and inclusion, social participation, citizenship
  - ➢ civil society engagement

- **Reorient health services** to mental health promotion and prevention as well as treatment and rehabilitation
  - ➢ mainstreaming universal interventions

- **Remove structural barriers to mental health at a societal level** – culture, economic and social policies
  - ➢ mental health in all policies approach

Treatment

Prevention

Maintenance

Indicated

Selective

Universal

Case identification

Standard treatment for known disorders

Compliance with long-term treatment

After-care (including rehabilitation)

Strategies for promoting well-being & quality of life

Competence

Empowerment

Resilience

Supportive Environments

Mental Health Promotion

Barry, M.M. (2001) International Journal of Mental Health Promotion, 3(1) 25-34.

Policy Frameworks

Mental Health Action Plan 2013-2020 (WHO, 2013)

"The essential role of mental health in achieving health for all"

- comprehensive strategies for promotion, prevention, treatment and recovery in a **whole-of-government** approach
- to protect and promote the **mental well-being** of all citizens
- responsibility extends across **all sectors** and all government departments

➢*mainstreaming mental health into public health, poverty reduction, economic development and social policies*

Policy Frameworks

- **The Helsinki Statement on Health in All Policies (HiAP) (WHO, 2013) & Framework for Country Action**

   "HiAP is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity"

➤ *accountability of policymakers for health impacts at all levels of*

   policy-making

Policy Frameworks

- **A whole-of-government approach**

  - Positioning of mental health and wellbeing in the political, economic and social sphere

  - Governance for mental health and wellbeing – priority for more than the mental health sector

  - Policy coherence - cross-sectoral responsibility for mental health equity and wellbeing

  - Addressing the social determinants of mental health and tackling health inequities

  - ➢ *intersectoral action, participatory policy processes, leadership*

Policy Frameworks

- **Whole-of-society approach**

  - Citizen empowerment - enabling control and agency

  - Engaging a wider set of actors for intersectoral action
    - education, welfare, transport, environment, housing, employment

  - Focus on wellbeing – promotion of social inclusion and cohesion, reducing poverty and inequity, flourishing society
    - arts and culture, sports, urban design, local authorities, media, economic and social policy, local communities

  - ➤ *participation of the wider community in creating the conditions for wellbeing and positive mental health*
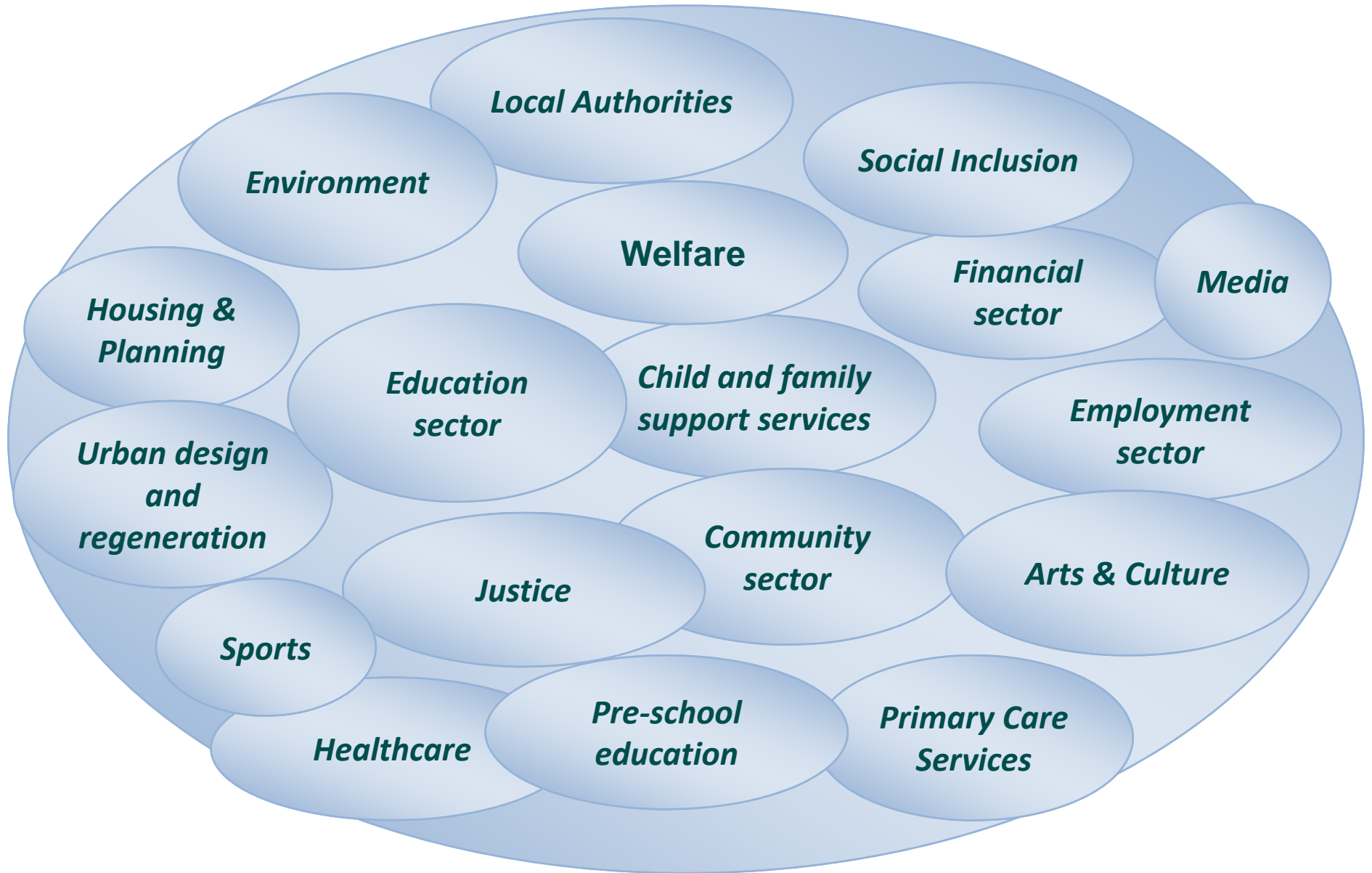
Implementing a Mental Health in All Policies Approach

- Working across sectors to implement mental health promotion actions

- Ensure access to resources and life opportunities
  - o supportive relationships, education, employment, income, housing, social inclusion
  - o addressing social inequity, injustice, poverty, stigma and discrimination that deny access to life opportunities

➢ *intersectoral action, participatory policy processes*

Unlocking the potential in other sectors

Local Authorities

Environment

Social Inclusion

Welfare

Financial sector

Media

Housing & Planning

Education sector

Child and family support services

Employment sector

Urban design and regeneration

Community sector

Arts & Culture

Justice

Sports

Healthcare

Pre-school education

Primary Care Services

Implement Evidence-Informed Actions

- Identifying priority actions

- Policies and interventions for which there is evidence of effectiveness, cost-effectiveness, and their feasibility in terms of cultural acceptability and capacity to be delivered by existing systems (Carter et al., 2000)

- Interventions that address the needs of diverse population groups across the lifespan from infancy to adulthood and include actions that can be delivered across settings and platforms
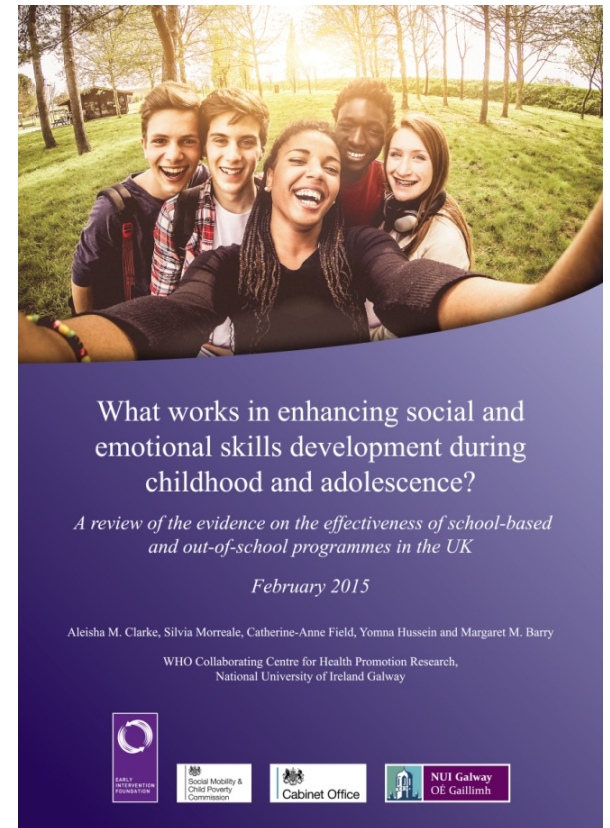
Evidence Synthesis

WHO Evidence Brief on Implementation of Global Mental Health Action Plan in the Eastern Mediterranean Region

Barry, Clarke & Petersen (2015) *Promotion of Mental Health and Primary Prevention of Mental Disorders: Priorities for Implementation. EMHJ 21(6), 424-432*

Barry, Clarke, Jenkins & Patel (2013)
- systematic review of the evidence in LMICs.
BMC Public Health, 13:835

Clarke, Morreale, Field, Hussein & Barry (2015)
What works in enhancing social and emotional skills development during childhood and adolescence?
Report for the Early Intervention Foundation & the UK Cabinet Office

What works in enhancing social and emotional skills development during childhood and adolescence?

A review of the evidence on the effectiveness of school-based and out-of-school programmes in the UK

February 2015

Aleisha M. Clarke, Silvia Morreale, Catherine-Anne Field, Yomna Hussein and Margaret M. Barry

WHO Collaborating Centre for Health Promotion Research, National University of Ireland Galway

	Core set of actions	Evaluation	Evidence
POPULATION			
Primary health care (including community outreach)	Promote infant (0-3 years) and maternal mental health (including parenting skills) by integrating social and emotional development as part of routine antenatal and postnatal care and home visiting programmes	•Best buy	Sufficient evidence
Preschool & community	Preschool education (3-6 years) and community-based parenting programmes with a focus on social and emotional skill development	•Best buy	Sufficient evidence
Schools & community	Universal Social and Emotional Learning (SEL) programmes (6-18 years) adopting whole school approaches in primary and post-primary schools	•Best buy	Sufficient evidence
	Selective classroom based interventions for vulnerable children	•Best buy	Sufficient evidence

Parenting and Home Visiting

- High quality studies that parenting and home visiting interventions that incorporate social and emotional skills development lead to significant positive outcomes for both children and their parents, with those most at risk making the greatest gains
  - empowering parents and enhancing children's emotional wellbeing and resilience
  - produce substantial societal returns on investment

- *Example:* Nurse-Family Partnership programme for low-income women bearing their first child (Olds, Sadler & Kitzman, 2007)
  - positive findings from multiple randomised controlled trials -15 years follow-up
  - impacts on child abuse, substance use, health and criminal behaviours

- Successful delivery of home visiting and parenting programmes by non-professionals in both high and low income countries (Barry et al., 2013)

Preschool Education Programmes

- Long term benefits of pre-school interventions for children - living in poverty
  (Durlak and Wells, 1998; Nelson et al. 2003; Jané-Llopis et al., 2005; Sylva et al., 2007)

- *Example:* High Scope Perry Pre-school education intervention (Schweinhart et al., 2005)
  - intellectual and social development in 3-4 year olds from disadvantaged background
  - educational model - active learning, effective learning environment
  - home visiting component - parental involvement

- Positive long-lasting effects (40+ years follow-up)
  - school success - literacy, grades and completion rates
  - socioeconomic success - employment, earnings, home ownership
  - social responsibility - reduced crime levels
  - marriage and parenthood
- Cost -benefit analysis - return of $17 for every dollar invested in the programme

School-based mental health promotion programmes

- Substanitve body of research demonstrating the positive impact of school-based programmes on health, social and educational outcomes
  - focus on **social and emotional learning** and skills development within the educational system
- Students' mental health and wellbeing (Durlak et al., 2011; Weare & Nind, 2011):
  - enhanced social and emotional skills
  - improved attitudes towards self, school and others
  - enhanced positive social behaviours
  - reduced conduct problems and aggression
  - reduced emotional distress – stress and depression

- Students' educational outcomes (Durlak et al., 2011):
  - improved ability to learn
  - to achieve academically (+ 11% points higher on standard tests)
  - skills that enhance capacity for positive development

Online technology & social media

- Harnessing the potential of the internet and social media -> tools and a 'virtual setting' for promoting young people's mental health and wellbeing

- Online interventions to support the development of life skills and competencies – emerging evidence base

  Clarke, Kuosmanen & Barry (2014) *Journal of Youth & Adolescence* - systematic review of online MHP interventions for young people (aged 12-25 yrs)

  - online gaming; mobile phone interventions

  - structured online modules; blogging & online support

- Mental health literacy and digital literacy

- Address the digitial disconnect between
  younger and older population groups

Bridging the Digital Disconnect

Exploring Parents' Views on Using Technology to Promote Young People's Mental Health

Dr Aleisha M Clarke
Ms Tuuli Kuosmanen
Mr Derek Chambers
Professor Margaret M Barry

September 2013

YOUNGANDWELL   NUI Galway   Inspire   CRC

Evidence-informed policy and practice

- High quality comprehensive interventions carried out in collaboration with parents, families, communities and services can produce *multiple and lasting positive benefits* for children, their parents and society
  - lead to improvements not only in the mental health of children and their parents but also improved social functioning, academic and work performance and general health behaviour
  - effects are especially evident for the most vulnerable families from disadvantaged backgrounds
  - cost-effective interventions - health, social and economic benefits

- Robust case for action- solid social investment

- Policy support – universal primary health care, family support, preschool and childcare support, educational policies, child poverty

A shared responsibility

- **Whole of government approach**
  - cross-sectoral responsibility for addressing the social determinants of mental health and tackling health inequities
  - priority for more than the mental health sector - policy coherence

- **Whole of society approach**
  - partnerships across sectors in identifying and creating synergies to promote and enhance mental health - arts and culture, sports, urban design, local authorities, media, economic and social policy
  - wider public engagement – wellbeing and a flourishing society

- ➢ *participation of all of government and the wider community in creating the conditions for positive mental health and wellbeing*

Engaging the Wider Community

- Empower and mobilise communities and individuals to shape and initiate actions to promote wellbeing and advocate for change

- Build greater public understanding of positive mental health and its importance for health and social wellbeing

- Promoting a broader concept of mental health literacy for individuals, communities and organizations
  - in the context of individual, cultural, educational and social processes
  - ➢ *mental health literate organisations - schools, workplaces, community, welfare, health care settings*

Questions arising

What is needed to mobilise a public demand for the mental health promotion of children and young people?

•What are the barriers to more active public engagement on promoting population mental health ?

•Do we need to change the language of promoting mental health and wellbeing?

•How to engage young people in a more participatory manner - especially those who are hard-to-reach?

How can communities be facilitated to engage?

•Who needs to be involved to advocate for and create change?

•Are new skills and capacities needed?

•Are new partnerships needed?

•Are innovative policies and interventions needed?