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Asociación Española de Neuropsiquiatría
[Spanish Association of Neuropsychiatry]

Spanish Association of Neuropsychiatry 2007 Consensus on the Promotion of Mental Health, the Prevention of Mental Illness and the Reduction of Stigma

[Spanish Association of Neuropsychiatry
Professionals in Mental Health]

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Spanish Association of Neuropsychiatry 2007 Consensus on the Promotion of Mental Health, the Prevention of Mental Illness and the Reduction of Stigma.

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1. Introduction

After the paradigm shift which occurred in mental health, with the move away from the idea of isolation towards deinstitutionalisation and the development of community-based mental healthcare, of particular importance now are matters regarding the promotion of mental health, the prevention of mental illness and reduction of stigma associated with these disorders.

Various circumstances have contributed to the development of these new perspectives:

The burden resulting from poor mental health is significant, not only in terms of the individual and family but also in a social context, which includes a financial cost equivalent to 4% of the GDP in European countries. It greatly contributes to overall morbidity and mortality rates, as well as a loss of quality of life in these societies.

The results of practical experience, centred on the provision of mental healthcare services, show that to achieve better levels of positive mental health, it is not enough to simply treat the mental disorders. Policies and strategies specifically directed at improving mental health are needed. This means changing the emphasis of the traditional perspective, centred on the mental disorders, to a new approach which seriously considers all aspects relating to mental health as part of the same entity and not simply defined by the absence of illness.

At the same time, the change of approach has to go beyond thinking of mental health as something affecting the individual; it should be an approach which focuses on the mental health of the whole population. Accordingly, mental health must be integrated into public health policies, strategies and programmes.

Over the last decade, the Spanish Association of Neuropsychiatry has collaborated on three extensive, Europe-wide, multicentre projects which have allowed us to obtain a very close-up view of the present situation and the needs in Spain in this area. The projects were:

- Mental Health Promotion for Children up to 6 Years.
- Mental Health Promotion of Adolescents and Young People.
- Mental Health Promotion and Prevention Strategies for Coping with Anxiety, Depression and Stress and Related Disorders in Europe.

Also important are those questions relating to the social stigma which surrounds mental illness, as it is a limiting factor both in terms of access to health and social care services and social integration and consequently affects being able to function as a full member of society.

Social stigma obstructs and delays early access to and continuity of health and social care services. It also hinders access to training, work, housing, leisure activities and participation in society. Both factors constitute barriers in terms of recovery and social insertion.

All this has led the Spanish Association of Neuropsychiatry to consider it necessary and expedient to draw up a consensus document on issues relating to the development of programmes, interventions and action for the promotion of mental health, the prevention of mental illness and the reduction of associated stigma.

The objectives, organisation and methodology used in the preparation of the document **"Spanish Association of Neuropsychiatry Consensus on Promotion of Mental Health, Prevention of Mental Illness and Reduction of Stigma"** are set out below.

The **objectives** of this consensus report are as follows:

1. **Revise the main conceptual aspects and definitions** involved in mental health, promotion of mental health, prevention of mental illness and reduction of stigma.
2. **Analyse the position adopted by international bodies** such as the World Health Organisation and the European Community and **Spanish bodies** such as the Ministry of Health and Consumer Affairs and the Ministry of Labour and Social Affairs on the subject of mental health promotion, prevention of mental illness and reduction of stigma.
3. **Examine the scientific evidence available and look at some international, European and Spanish experiences** in the promotion of mental health, prevention of mental illness and reduction of stigma.
4. **Put together general and specific conclusions** on mental health promotion, prevention of mental illness and reduction of stigma.
5. **Draw up general and specific recommendations** regarding the development of interventions and action for mental health promotion, prevention of mental illness and reduction of stigma.

The **organisation of the work and the methodology** used included:

1. The establishment of a consensus group, formed by members of the *Asociación Española de Neuropsiquiatría* (AEN) [Spanish Association of Neuropsychiatry], and of a technical support group to carry out the project.

The Consensus Group.

The consensus group was formed by members of the AEN with experience in mental health care, organisation of services, designing of programmes for care, prevention and mental health promotion. Some of the members were also involved in drawing up the Ministry of Health and Consumer Affairs "National

Health Service Strategy for Mental Health" or in the design of strategic plans on mental health in autonomous regions in Spain.

The consensus group was composed of the following members:

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The consensus group was coordinated by Mariano Hernández Monsalve and Lluís Lalucat Jo.

The consensus group worked on the following:

- Design of the scope, methodology and organisation of the project and the working plan.
- Organisation of the consensus group and the technical support group.
- Preparation and drafting of the conceptual aspects, such as the definitions of mental health, mental health promotion, prevention of mental illness and reduction of stigma.
- Analysis of the positions adopted by the international, European and Spanish bodies.
- Study of the available evidence, both in terms of conceptual and material aspects.
- Proposal, preparation and preliminary drafting of the working group's conclusions.
- Proposal, consensus and drafting of the final recommendations.

The technical support group

The technical support group, composed of experts in mental health, was responsible for providing technical support which consisted of:

- Systematic search of accredited databases and web sites and analysis of the information obtained.
- Preparation of the documentation selected for the consensus group.
- Putting together of the materials provided by the members of the consensus group and preparation of the conclusions.
- Drafting of the first version of the consensus document.
- Compiling of amendments, preparation of the final document for approval and inclusion of the recommendations.

The **Working Plan** enlarged on the following:

Design of the scope of the project, the methodology, the organisation and the working plan.

Organisation of the consensus group and the technical support group.

Systematic search of accredited databases and web sites and analysis of the information obtained.

Preparation of the documentation selected for the consensus group.

Preparation and drafting of the conceptual aspects, such as the definitions of mental health, mental health promotion, prevention of mental illness and reduction of stigma.

Analysis of the positions adopted by the international, European and Spanish bodies.

Study of the available evidence, both in terms of the conceptual and the material aspects.

Putting together of the materials provided by the members of the consensus group and preparation of the conclusions.

Proposal, preparation and preliminary drafting of the working group's conclusions.

Drafting of the first version of the consensus document.

Compiling of amendments, preparation of the final document for approval and inclusion of the recommendations.

Proposal of recommendations, consensus and drafting of the document and of the final recommendations.

2. Conceptual aspects of mental health, the promotion of mental health, the prevention of mental illness and the reduction of stigma

2.1 Definition of Mental Health

The WHO **definition of health** is widely known as "a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity" (WHO, 2001).

Mental health is thus immediately included as an intrinsic component of the idea of health, allowing us to state that, consequently, there is no health without mental health. But it also incorporates "three fundamental ideas (...): mental health is an integral part of health, mental health is more than the absence of illness and mental health is intimately related to physical health and behaviour" (WHO, 2004).

Although this might make it unnecessary to have an **explicit definition of mental health**, various proposals have been put forward, both from within WHO and from other organisations. A few years ago, WHO defined mental health as: "a state of wellbeing in which the individual realizes his or her own 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" (WHO, 2001). In this positive sense, mental health is the foundation for wellbeing and effective functioning. Furthermore this definition introduces a dimension which goes beyond simply considering the individual and makes it into a matter concerning the community, or at least, the relationship between individual mental health and its community context. Thus, for mental health, the question of the equilibrium between the individual and his/her surroundings is introduced.

In a recent document, WHO (2007) sets out some additional conceptual aspects, such as the determination of mental health by socioeconomic and environmental factors. It states that "mental health and mental disorders are determined by multiple and interacting social, psychological and biological factors, just as health and illness in general. The clearest evidence is associated with indicators of poverty, including low levels of education, and in some studies, with poor housing and poor income. Increasing and persisting socio-economic disadvantages for individuals and for communities are recognised risks to mental health".

The WHO Declaration for Europe states "that mental health and wellbeing are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and be creative and active citizens".

Another aspect which is likewise being stressed is the link between mental health and behaviour, also taking into account the social contexts. WHO states that "mental, social, and behavioural health problems may interact to intensify their effects on behaviour and wellbeing. Substance abuse, violence, and abuse of women and children on the one hand, and health problems such as heart disease, depression, and anxiety on the other, are more prevalent and more difficult to cope with in conditions of high unemployment, low income, limited education, stressful work conditions, gender discrimination, unhealthy lifestyle, and human rights violations" (WHO, 2004).

These considerations have in turn led to the introduction of conceptual elements of great practical use for the development of a model for understanding health and mental illness known as the stress-vulnerability model, which can also be linked to the consideration of **risk factors and protective factors** for mental health. The risk factors, as the name suggests, are "associated with an increased probability of onset, greater severity or longer duration of major health problems. Protective factors refer to conditions that improve people's resistance to risk factors and disorders: they have been defined as those factors that modify, ameliorate or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome" (Saxena, et al. 2006).

If we consider mental health from an integral perspective, in which biological, psychological and social factors intervene – whether individual, family-related or social – we can envisage which of these factors exert a protective effect on the development and maintenance of mental health, and which may constitute a risk. Numerous research studies have provided us with scientific evidence about risk and protective factors in mental health. From an operational point of view, this knowledge can be ordered as in the following table compiled by Saxena et al. (2006).

Table 1. *Saxena, 2006*

Risk factors:
Biological - Perinatal complications - Neurochemical imbalance - Chronic pain - Early pregnancies - Medical illness - Genetic risk factors - Chronic insomnia - Low birth weight
Psychological - Communication deviance - Attention deficits - Reading disabilities - Sensory disabilities or organic problems - Social incompetence - Academic failure and scholastic demoralisation - Poor work skills and habits - Emotional immaturity and dyscontrol - Loneliness - Excessive substance use
Social - Elder abuse - Parental substance abuse - Child abuse and neglect - Stressful life events - Family conflict or family disorganisation - Exposure to aggression, violence and trauma - Caring for chronically ill or dementia patients - Parental mental illness - Personal loss – bereavement - Low social class - Substance use during pregnancy

Protective factors:

Psychological

- Self esteem
- Autonomy
- Adaptability
- Social and conflict management skills
- Problem-solving skills
- Ability to face adversity
- Ability to cope with stress
- Pro-social behaviour
- Literacy
- Stress management
- Socioemotional growth
- Early cognitive stimulation
- Skills for life
- Exercise
- Positive attachment and early bonding
- Feelings of mastery and control
- Feelings of security

Social

- Social support of family and friends
- Safe maternal behaviour during pregnancy
- Good parenting
- Positive parent-child interaction
- Safe and supportive communities
- Mental health promoting school and workplaces

2.2 Definition of Mental Health Promotion

There are many ways of **defining mental health promotion**. Logically, this is due to different ways of focusing on the definition of mental health and diverse models for intervention. These differences have led to debate about the range of approaches to mental health promotion and prevention of mental disorders, and the various alternatives around which interventions are organised.

The definition proposed by WHO in 2004 draws on the 1999 definition by Hosman and Jané-Llopis: "Mental health promotion activities imply the creation

of individual, social and environmental conditions that enable optimal psychological and psychophysiological development. Such initiatives involve individuals in the process of achieving positive mental health, enhancing quality of life and narrowing the gap in health expectancy between countries and groups. It is an enabling process, done by, with and for the people."

The different models should be thought to complement rather than contradict each other, since some consider more individual aspects while others refer more to group contexts and environments. From this point of view, we can consider individual, community and social aspects in their broad sense.

Using a **more individual approach**, the objectives for mental health promotion will be centred on aspects such as the way each person feels and thinks, their emotional and affective needs, and the ups and downs in their lives. We will then be able to direct the focus towards the promotion of self esteem, ability to form personal relationships and social skills. The NeLH (2004) highlights a series of these individual aspects in self-management of one's own mental health:

Accept oneself
Accept others
Talk about our experiences
Know how to listen
Sustain friendships
Get involved
Drink in moderation
Be careful with drugs
Learn new skills
Do something creative
Relax
Keep active
Ask for help
Survive

In contrast, the objectives of a **community approach** are directed more towards social inclusion, active participation in the community and social networks, as well as improvement in quality of life and interpersonal relationships at school, the workplace, community groups, etc.

Applying a more general **social view**, the objectives have a much broader base, since they involve issues such as stigma, marginalisation, discrimination, how to facilitate access and integration into education and work, and all aspects which help to develop a more inclusive, participative and supportive model of society.

However, independent of each approach, there is greater consensus regarding the belief that the goal of improving mental health requires a public health perspective.

2.3 Definition of Mental Illness Prevention

Mental health disorders form a wide range of mental health problems, both from the point of view of their severity and in terms of their duration or incapacitating effects. Mental disorders present varying degrees of severity and entail different degrees of risk to life. Their duration may also be limited or prolonged. Lastly, the functional repercussions can be minimal or lead to a high level of disability and dependence.

The preventive approach starts by looking at the risk factors and protective factors which play an important role not only in the onset of mental disorders, but also in how they progress and their consequences. It is a public health approach which is divided into primary, secondary and tertiary prevention.

For **primary prevention**, WHO (2004) draws on a 1994 definition by Mrazek and Haggerty: Mental disorder prevention aims at "reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society".

It also includes a table of definitions of primary prevention according to whether it is universal, selective or indicated:

Definition of **universal prevention**: interventions targeted at the general public or to a whole population group that has not been identified on the basis of increased risk.

Definition of **selective prevention**: targets individuals or subgroups of the population whose risk of developing mental disorders is significantly higher than average, as evidenced by biological, psychological or social risk factors.

Definition of **indicated prevention**: targets high-risk people who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorder or biological markers indicating predisposition for mental disorder but who do not meet diagnostic criteria for mental disorder at that time.

Secondary prevention seeks to lower the rate of established cases of the disorder or illness in the population (prevalence) through early detection and treatment of diagnosable diseases.

Tertiary prevention includes interventions that reduce disability, enhance rehabilitation and prevent relapses and recurrences of the illness.

2.4 Definition of Social Stigma

The current meaning of the term, when used to classify a person or a group of people with a particular characteristic or condition in a derogatory manner, comes from the indelible mark used in the Middle Ages to signal somebody guilty of any type of disgrace or dishonourable conduct in order to expose them to public rejection and contempt. The brand was made with a burning iron applied to a visible part of the body, as a result of which the subject became stigmatised (the original meaning of stigma is "to go through, to prick").

In common language, the term has also been applied to places, circumstances or practices deserving of rejection by society. Historically, it has been used to define the collection of negative attitudes, rejection, fear and acts of exclusion that society as a whole has adopted against certain groups of sick people, such as, at different times, sufferers of tuberculosis or leprosy, or nowadays, people with AIDS. For many years, people with mental illness have continually suffered severe social stigmatisation and to a greater or lesser degree, this has been extended to their families, the places where they have received care or been confined (e.g. the old lunatic asylums, psychiatric hospitals), and very often also to the professionals who have looked after and cared for them (from carers and nurses to the doctors specialising in these problems, the psychiatrists).

Some of the most important aspects involved in the stigma affecting mental illness are:

a) It is sustained by way of deeply entrenched beliefs and prejudices that are very resistant to logical argument.
b) Ignorance about the nature of the problems and their biased simplification contribute to the origin and perpetuation of stigma.
c) The media make a powerful contribution to perpetuating the situation. And for that same reason, they could be an opportunity to help counteract the size of the problem.
d) The stigma which hangs over the mentally ill has an extremely negative effect on their chances of recovery.
e) The tendency to deny that one might be suffering from a mental illness can lead to a refusal to seek professional help, thereby delaying detection, diagnosis and the start of treatment.

Discrimination refers to the barriers existing in numerous situations which make it difficult for people with mental illness to access, or even prevent them from accessing, the means and circumstances which could contribute to their recovery and to the normalisation of their daily lives. These barriers can be

present in general laws and public administration rules, or in private bodies, and affect virtually any activity in life, from training opportunities or access to work to sustaining friendships or gaining access to housing.

The Universidad Complutense de Madrid and Obra Social Caja Madrid carried out a study entitled "Stigma and Mental Illness: Analysis of the Attitudes of Social Rejection and Stigmatisation Suffered by People with Disease", which forms part of the 2003-2007 Social Care Plan for People with Severe and Chronic Mental Illness. In terms of the *stigmatisation* of mental illness, the study points out that the most common *stereotypes* are: dangerousness and association with acts of violence; fault, whether for being ill in the first place or for not managing to get better with treatment; incompetence and being incapable of carrying out basic tasks in life; having an unpredictable nature and reactions; and lack of control. The "dangerous" stereotype is more common among the general public, being rare among professionals. Among the general population, 39% feel sorry for the mentally ill and 56% confuse mental illness with mental retardation.

One of the consequences of stigmatisation is discrimination and this was also analysed in the study. People with mental illness have numerous experiences of rejection, especially when it comes to work, friends and the extended family: 44% report having experienced work-related discrimination, 43% in relations with friends and 32% with neighbours. 37% of mentally ill people have experienced discrimination within their own families. Another aspect highlighted by the study is the inappropriate way in which mental illness is covered in the press and on radio and television news programmes.

Besides improving the effectiveness of treatment, some of the initiatives for reducing the stigmatisation and discrimination associated with mental disorders worth highlighting are:

- Changing people's attitudes through education and inclusion programmes:

  Educational campaigns at a local level have proved effective in reducing stigmatisation of and discrimination against schizophrenia. Campaigns which increase contact with those affected improve attitudes, since personal knowledge of mental illness is associated with greater tolerance (Penn et al, 1994). The impact of the campaigns is increased by splitting the audience. This involves dividing them into subgroups which are more uniform in nature and devising strategies and messages which are relevant and acceptable to the specific groups (Rogers et al, 1995; Rogers, 1996). The awareness campaigns require infrastructural support which is centrally-organised but based in a local network.

Entertainment programmes, such as soap operas, can reinforce awareness and provide information.

- Modifying laws and policies to reduce discrimination and increase legal protection.

  Several countries have adopted legislative measures to put an end to discrimination against people with physical and mental disabilities. The "Americans with Disabilities Act" became law in the United States in July 1990. Similar laws were passed in Australia in 1992 ("Australian Disability Discrimination Act"), in the United Kingdom in 1995 ("UK Disability Discrimination Act"), in Hong Kong in 1995 ("Disability Discrimination Ordinance") and in India in 1995 ("The Persons with Disabilities [Equal Opportunities, Protection of Rights, and Full Participation] Act").

  The United Nations adopted resolution 119, of 18th February, 1992, which provided for the adoption and dissemination of the "Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care":

  - Mental illness is a major public health problem
  - People with mental illness often do not receive appropriate mental health care
  - Receiving health care for mental illness is a human right
  - Care should be provided in the least restrictive facilities possible

In addition, several professional associations, such as the World Health Association and the World Psychiatric Association, have developed guidelines for providing high-quality, ethical care for people with mental illness.

3. Position of national and international bodies on the promotion of mental health, the prevention of mental illness and the reduction of stigma

3.1 Position of the World Health Organisation and other international bodies

The **World Health Organisation** has always recognised the importance of mental health, as evidenced by the definition of health established by the organisation from the outset. Furthermore, in 1998 the WHO published a document on primary prevention of mental, neurological and psychosocial disorders (WHO, 1998).

This interest has been further reinforced in recent years, particularly with the publication of two reports in 2004 and 2005, the first dedicated to mental health promotion and the second to prevention of mental illness, with the aim of giving fresh impetus to policies in these areas.

The first report was "Promoting Mental Health. Concepts, Emerging Evidence, Practice. A Report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne" (Editors: H. Herrman, S. Saxena and R. Moodie, 2004). The key recommendations contained in the report can be summarised as follows:

- Mental health promotion can be achieved through effective public health and social interventions.
- Intersectoral collaboration is the key to effective mental health promotion programmes.
- Sustainability of the programmes is essential if they are to be effective.
- More scientific research and systematic evaluation of interventions is required to augment the evidence base, as well as to determine the applicability of this scientific base to environments which are highly diverse, both culturally and in terms of resources.
- International action is required to generate more evidence, aid the implementation of effective programmes and encourage international cooperation.

The second report is a Summary Report, "Prevention of Mental Disorders. Effective Interventions and Policy Options" and was compiled by the same Department in collaboration with the Prevention Research Centre of the

Universities of Nijmegen and Maastricht. The full report, bearing the same title, was edited by C. Hosman, E. Jané-Llopis and S. Saxena, and published by Oxford University Press (Oxford, 2005).

The key messages are as follows:

- Prevention of mental disorders is a public health priority.
- Mental disorders have multiple determinants; prevention needs to be a multipronged effort.
- Effective prevention can reduce the risk of mental disorders.
- Implementation should be guided by available evidence.
- Successful programmes and policies should be made widely available.
- Knowledge on evidence for effectiveness needs further expansion.
- Prevention needs to be sensitive to culture and to resources available across countries.
- Population-based outcomes require human and financial investments.
- Effective prevention requires intersectoral linkages.
- Protecting human rights is a major strategy to prevent mental disorders.

The **World Federation for Mental Health** has initiated and led actions against stigma and discrimination, with particular emphasis on coordinated international actions such as "World Mental Health Day" held every year on 10th October in conjunction with the World Health Organisation. These activities are mainly directed at modifying negative perceptions held by the general public and the media of people with mental illness, their families, and mental health providers and services. The idea is also to promote attitudes of tolerance and acceptance aimed at encouraging social inclusion for these collectives.

The **World Psychiatric Association** also has a programme specifically directed at reducing the stigma which particularly surrounds schizophrenia, not only in the way it affects people diagnosed with the condition, but also their families and care providers. The programme "Schizophrenia – Open the Doors" has been up and running since 1996.

3.2 Position of the European Commission and the World Health Organisation in Europe

Over the last ten years, the **European Commission** has been supporting mental health care through its Public Health Programmes and a number of multicentre projects which have helped provide a close-up view of the present situation and needs. These include:

Mental Health Promotion for Children up to 6 years (1998)
Mental Health Promotion of Adolescents and Young People (2000)
Mental Health Promotion and Prevention Strategies for Coping with Anxiety, Depression and Stress Related Disorders in Europe (2001 – 2003)

In 2004, the European Commission, the World Health Organisation and the Ministry of Health of Luxemburg organised a conference on mental health in children and adolescents. Their recommendations included the following:

- Give the mental health of children and adolescents a greater priority and allocate appropriate funding resources to it, according to the existing needs in each country.
- Ensure that National Action Plans on Mental Health include the mental health of children and adolescents as one of their priorities. These Action Plans should cover the promotion of good mental health and the prevention of mental disorders as well as the provision of high-quality mental health services.
- Mental health of children and adolescents requires a community-based approach towards prevention and promotion in mental health that incorporates a multidisciplinary approach.
- Build policies on the evidence base acquired from the systematic evaluation of interventions at regional, national and transnational levels.
- Strengthen the links between research and practice in mental health promotion and prevention of mental disorders.

The Ministerial Conference "Mental Illness and Stigma in Europe. Facing up to the Challenges of Social Inclusion and Equity." (Athens, 2003), attended by 23 countries, was organised in collaboration with the European Commission and the WHO. The aim of the Conference was to define proposals at a practical level for the fight against the stigma of mental illness. Conclusions were reached in the

following areas: the burden of mental illness; populations and transitions; strategies for action; the role of the media; care systems; social inclusion and equity.

At the beginning of 2005, the World Health Organisation organised a meeting of Health Ministers from member states in the European Region, with the collaboration of the European Commission, entitled "Mental Health: Facing the Challenges, Building Solutions". Those participating signed a "Mental Health Declaration for Europe" known as the Declaration of Helsinki and endorsed an "Action Plan on Mental Health for Europe". Both documents contain commitments and proposals for action directed towards improving mental health in Europe, recognising the importance of mental health for the quality of life and wellbeing of people, families and communities.

Section 6 of the "Declaration" (Scope) states that this is the right direction and that policy and practice on mental health now cover:

- the promotion of mental wellbeing
- the tackling of stigma, discrimination and social exclusion
- the prevention of mental health problems
- care for people with mental health problems, providing comprehensive and effective services and interventions, offering service users and carers involvement and choice
- the recovery and inclusion into society of those who have experienced serious mental health problems

When describing the priorities, actions and commitments, the document discusses the issues relating to promotion, prevention and reduction of the stigma in mental health. The European Commission has also published a Green Paper, "Improving the Mental Health of the Population", which sets out strategies for cooperation and uniformity of action throughout Europe.

Furthermore, the European Commission has given its support to the development of a **European Network for Mental Health Promotion and Mental Disorder Prevention (IMHPA)**, which also has the collaboration of the Department of Health of the Catalan Autonomous Government. The aim of this organisation is to develop a strategy for promotion and prevention in mental health through a comprehensive approach to the information base and the interventions to be implemented.

In 2005, the Network published a document with the information compiled from a questionnaire and expert groups on the situation in different European countries and regions, entitled "Mental Health Promotion and Mental Disorder Prevention: A Policy for Europe". This document sets out as a priority the

development of country-based action plans for mental health promotion and mental disorder prevention. At the same time, it presents ten action areas, each of which has specific objectives and proposed interventions:

1. Support parenting and the early years of life
2. Promote mental health in schools
3. Promote workplace mental health
4. Support mentally healthy ageing
5. Address groups at risk for mental disorders
6. Prevent depression and suicide
7. Prevent violence and harmful substance use
8. Involve primary and secondary health care
9. Reduce disadvantage and prevent stigma
10. Link with other sectors

The document also establishes four common principles which include the following aspects:

1. Expand the knowledge base for mental health
2. Support effective implementation
3. Build capacity and train the workforce
4. Engage different actors

In relation to the issue of reduction and elimination of stigma, the European Commission approved the project "Harassment and discrimination faced by people with psychosocial disability in health services: A European Survey", which was coordinated by Mental Health Europe-Santé Mentale Europe, with the participation of organisations from eight different European countries.

The project "Harassment and discrimination faced by people with psychosocial disability in health services" forms part of the "Community Action Programme to combat discrimination 2001-2006" and was financed by the European Commission – Employment and Social Affairs. The main objective was to raise awareness about discrimination faced by people with mental health problems in health care services and to promote strategies to combat discrimination.

The recommendations are based on the opinions of the national partners and the "European Network of (Ex-)Users and Survivors of Psychiatry" (ENUSP) and were inspired by the results from the specific focus groups which were organised in the first year with (ex-)users and survivors of psychiatry and health professionals. The expression "users of psychiatry" refers to people who generally consider that their treatment in a psychiatric setting has been helpful. The expression "survivors of

psychiatry", however, refers to those who generally consider that their stay in a psychiatric centre has caused them harm. These definitions are often misunderstood: "surviving psychiatry" does not mean the psychiatrists are being accused of wanting to kill people, but simply that some illnesses, such as schizophrenia or psychosis frequently develop into depressive states and the stigmatisation of their condition. The result is that the sick person becomes resigned and ends up with regular admissions to psychiatric hospitals. It also means that the side effects of medications, such as neuroleptic malignant syndrome, tardive dyskinesia or dystonia and epilepsy, can be dangerous or even life-threatening, and are aspects that the sick person has to survive.

One of the most important findings of this study was that all over Europe people with mental illness are exposed to discrimination, meaning that compared to people with other medical diagnoses, they do not receive equal treatment as a result of the following:

- Their physical problems are not taken seriously and are attributed to psychological problems.
- Their psychiatric medication is prescribed without informed consent.
- Their complaints are rejected on the basis of their condition.
- They are denied the right to have all the information about their own treatment.
- If the patient does not accept the treatment offered, they are threatened with being discharged, with future admission, with having forced treatment imposed, or with having the dose of their psychiatric medication increased.

The recommendations made by the above study have been taken on board by this consensus group.

3.3 Position of the Ministry of Health and Consumer Affairs and the Ministry of Labour and Social Affairs in Spain

In Spain, two documents have recently been drawn up which take a broader view of the issues of promotion, prevention and reduction of stigma in mental health. These are "*Estrategia en Salud Mental del Sistema Nacional de Salud*" [National Health Service Strategy on Mental Health] (2007) from the Ministry of Health and Consumer Affairs and "*Modelo de atención a las personas con enfermedad mental grave*" [Model for Provision of Care to People with Severe Mental Illness] (2007) from the Ministry of Labour and Social Affairs. We have

analysed them separately since, although both deal with the main issue of mental health and mental illness, they do so from different angles.

A. The document ***"Estrategia en Salud Mental del Sistema Nacional de Salud"*** [National Health Service Strategy on Mental Health] (2007) from the **Ministry of Health and Consumer Affairs** includes Section 2.1 dedicated to "Promotion of the population's mental health, prevention of mental illness and elimination of the stigma associated with people with mental disorders". After analysis of the situation in Spain, it recognises the difficulty of obtaining information about interventions on promotion and prevention, and discusses certain issues which are summarised below: although the plans on mental health in most of the Autonomous Regions underline the importance of promotion and prevention, they do not always differentiate between the two concepts. Actions are planned for risk groups which are generally non-specific or of an educational nature, and only two plans contain specific strategies with concrete actions to promote mental health. We have reproduced the following critical points below:

- The actions on mental health promotion and mental disorder prevention are in response to isolated, unconnected initiatives which are not well-publicised.
- There is no coordinating body or specific, stable budget or, in short, any firm commitment to support these actions.
- It may be that many of the programmes in operation are effective, but they rarely receive proper evaluation and, if they are evaluated, the results are not published in media which are easily accessible.
- As a rule, neither the Directorates General for Public Health nor other competent bodies specifically include mental health.
- The promotion of mental health is barely touched on in the national training programme for junior doctors and psychologists (*Médicos Internos y Residentes [MIR], Psicólogos Internos y Residentes [PIR]*) or, in general, in the specialised training in psychiatry and clinical psychology.
- In general, in the mental health plans developed by the Autonomous Regions, prevention and mental health promotion are included purely as a formality. Only in two plans are concrete, evaluable actions described.
- None of the known programmes, whether already in operation or still in the planning stage, refers to any population-based interventions other than of a purely informative nature.

The report sets out three general objectives, fourteen specific objectives and eighteen recommendations. A summary is provided below:

General Objective 1:

Promote mental health in the general population and in specific groups.

Specific objectives:

1.1. Formulate, implement and evaluate a series of interventions to promote mental health in each of the following age groups: childhood, adolescence, adulthood and the elderly.
1.2. Formulate, implement and evaluate interventions directed at informing and advising those in local and regional government (...) responsible for institutions about the relationship existing between institutional actions and mental health.
1.3. Develop a series of interventions directed at the promotion of mental health through the media.

Recommendations:

- The interventions should target specific population groups and form part of the action strategies for primary, specialised and public health care.
- It is recommended that interventions be of proven efficacy and directed towards increasing resilience.
- Highlight the central role of mental health as generating wellbeing and productivity.
- Develop interventions which target the media.

General Objective 2:

Prevent mental illness, suicide and addiction in the general population.

Specific objectives:

2.1. Implement and evaluate "community-based interventions" in areas with high risk of social exclusion or marginalisation.
2.2. Implement and evaluate a plan for interventions within the framework of the National Plan on Drugs to reduce the use and abuse of addictive substances.
2.3. Implement and evaluate specific actions for reducing the rates of depression and suicide in at-risk groups.

2.4. Develop interventions in primary health care in support of families caring for people with incapacitating chronic illnesses.
2.5. Implement and evaluate actions in support of prevention services and occupational health committees.
2.6. Implement and evaluate interventions to prevent “burn-out” of health care providers.

Recommendations:

- Intervention in specific groups: prevention of violence, eating disorders, substance use, social isolation, dependence, and prevention of gender-based discrimination and violence.
- Preventive interventions in at-risk groups in early childhood and adolescence.
- Preventive interventions for the prevention of suicide in educational centres, prisons and young-offenders institutions and residential homes for the elderly.
- Community-based interventions aimed at improving social dynamics in socially-deprived areas with psychiatric morbidity to reduce street violence and violent behaviour in schools and in the home.
- Promote action on prevention of "psychosocial risk factors" and work-related mental disorders.
- Inform and educate about the risks of addictive substance use in adolescents.
- Prevent mental health problems in carers and families of people who are dependent.
- Provide psychoeducational programmes for families and carers of dependent people with chronic illnesses.

General Objective 3:

Eliminate the stigma and the discrimination associated to people with mental disorders.

Specific objectives:

3.1. Include interventions which encourage integration and reduce the stigmatisation of people with mental disorders.
3.2. Promote initiatives to review and act on legal barriers which may affect full participation as citizens.
3.3. Healthcare centres should have regulations aimed at promoting integration and preventing stigma and discrimination.
3.4. Acute-phase admissions should be in psychiatric units in general hospitals.
3.5. Initiatives should be set up in collaboration with WHO, the European Union and other institutional bodies.

Recommendations:

- Identify legal barriers to full participation as citizens by people with mental disorders.
- Interventions directed at promoting integration and reducing stigma, especially among people working in healthcare, communication and education; school children; businessmen and women; and social partners, associations and families.
- Adaptation of regulations to promote integration and reduce the stigma in health care.
- Psychiatric units should adapt their organisation to the needs of patients with mental disorders.
- Have residential options which promote living in the community and the integration of people with severe mental illness requiring support.
- Promote policies for promotion or prevention aimed at eliminating stigma and aiding insertion into society and work without gender-based discrimination.

B. Moving on now to the issue of social policies on mental health, we often find that this comes under the umbrella of general legislation on disability. Spain has progressed in this area from a welfare and subsidiary model to another in which the disabled person is recognised as a citizen, which aims for their active integration into the community.

In the 1970s, the predominant approach was that derived from the biological and individual model of care for the disability, which consisted of repairing or compensating for the damaged functions using therapeutic techniques and technical assistance ("*Ley de Bases de la Seguridad Social*" [Legal Framework for Social Security], of 1963). In the eighties, the model was reorientated towards a focus on human rights in the provision of care, the State guaranteeing the right to equal opportunities. This aspect was expanded on in the "*Ley de Integración Social de los Minusválidos*" (LISMI) [Social Integration of Persons with Disability Act], a contemporary of the United Nations' "World Programme of Action concerning Disabled Persons" (1982), which calls for the provision of community support services, technical assistance and specialised services to enable them to live as normally as possible both at home and in the community. This route, through positive actions (fairer treatment and community support services), continues to focus on the subjects, but leaves intact the environments and obstacles to equality and participation for people with disability.

Equal opportunities have two new strategies for intervention: the fight against discrimination and universal access. The fight against discrimination targets practices

which result in exclusion. However, it is not only behaviour that discriminates, but also an inaccessible environment or a service which does not take into account the special difficulties certain people may have. This approach led to Law 51/2003, of 2nd December, on “Equal Opportunities, Non-Discrimination and Universal Access for Persons with Disability”. It sets out new guarantees for making effective the right to equal opportunities through anti-discrimination measures and positive action.

The 2003-2007 Action Plan II takes up the new concept of disability, continues to focus on human rights, and adheres to policy on equal opportunities, as laid down in Law 51/2003, of 2nd December, on “Equal Opportunities, Non-Discrimination and Universal Access for Persons with Disability”. It is based on the following principles:

- Promotion of civil, social, economic and cultural rights.
- Autonomy and independence.
- Integration and normalisation.
- Universal access and design for all. All environments, products and services must comply with this condition either from the outset or by later adaptation.
- Respect for diversity and gender perspective.
- Quality of life (personal satisfaction with the conditions under which a person lives): satisfaction with their health and safety, with their personal responsibilities, with their degree of autonomy and decision-making capacity, with their emotional and material wellbeing, and with the services received from guaranteed community resources.
- Civil participation and dialogue.

Within this new framework of social policies, and linked to the paradigm of Recovery as an alternative to that of Chronicity, there has been progressive development of actions which more specifically define the problem of mental health.

One example of this is the **“Model for Provision of Care to Persons with Severe Mental Illness”** published by the **Ministry of Labour and Social Affairs** in 2007. Chapter 15 deals with the “Fight Against Social Stigma”. The document discusses the prejudices and myths surrounding mental disorders and proposes tackling them through actions to reduce stigma such as providing information to the general public through the media and, by making changes to the law, facilitating integration into the community for people with mental disorders.

It also discusses the need to:

- Reduce the stigmatisation associated with this problem.
- Remove unfair obstacles to access to work, housing, etc.

- Remove obstacles to the implementation of services and schemes in the community caused by local objections.
- Improve and normalise access to mental health services for the users who might tend to ignore their illness and problem in order not to be included in such a stigmatised collective.

The document recommends the following measures:

- Drawing up of Good Practice Guidelines, informative guides, etc., aimed at relatives, users, the media, healthcare and social services workers and the general public.
- Creation of public information services (using old and new technologies - internet, conventional information phone lines, etc., with general information about access to services and what to do in an emergency).
- Creation of public campaigns designed to improve social information and eliminate stigmatising stereotypes.
- Promotion of events where users and their associations can appear in normal contexts and activities (sporting, cultural and literary events, etc., radio broadcasts, documentaries).
- Encourage activism from the groups and associations to demand treatment of their public image by the media which corresponds with reality.
- Collaboration with the creative media to encourage an increase in public appearances of people with mental illness in real and normal contexts (e.g. films, radio programmes, television series).
- Exhibitions, artistic events and concerts involving well-known artists and people, showing works of art created by people who are mentally ill, etc.
- Social and sporting events with participation of people with mental illness (national or international, such as the EuroPsy meetings).
- Participation of users in scientific and professional events to provide their point of view (such as the WAPR meeting in Milan in June 2005 with the participation of more than 400 users, or the FEARP Conference in November 2005, which, along with other events, represented milestones in the incorporation of the point of view of the user. It was within this framework that the Document "The Relationship Between Users and Healthcare Professionals in the Field of Mental Health", published in June 2007, was written. Subsidised by the Autonomous Catalan Government's Department of Health, it was the result of collaboration between the *Associació d'Usuaris de Salut Mental de Catalunya* (ADEMM) [Catalan Association of Mental Healthcare Users] and Spora Sinergies, research and psychosocial evaluation consultants.

4. Available evidence and experience in the promotion of mental health, the prevention of mental illness and the reduction of stigma.

4.1. Results of systematic search in accredited databases and web sites

A. Systematic search of databases

A bibliographical search was carried out in the *PubMed* database for studies on promotion and prevention in mental health. The following terms were used: *prevention and control, mental health and health promotion.*

A total of 602 articles were identified on promotion and prevention in mental health, 144 on promotion and 499 on prevention. Of these, the articles not meeting pre-established selection criteria were rejected. Articles from before 2003 were discounted as they were not considered up to date. Articles not written in either Spanish, English, German, French or Italian were also ruled out, along with those which did not specifically focus on the subjects of promotion and prevention in mental health. After applying the above filter, there were 60 articles on promotion which fell into the following categories: 37 articles of a non-identified type, 2 randomised, controlled clinical trials, 3 editorials, 13 reviews, 1 interview, 1 document originating from a conference, 1 news article, 1 meta-analysis and a letter. There were 163 articles on prevention, categorised as follows: 83 articles of a non-identified type, 6 randomised, controlled clinical trials, 1 controlled clinical trial, 12 editorials, 44 reviews, 2 document originating from conferences, 2 news articles, 3 letters, 3 validation studies and 7 comparative studies.

B. Information search on web sites

The appendices to the article "Mental Health Promotion and Mental Disorder Prevention" from the WHO European Ministerial Conference on Mental Health (Helsinki, 2005) were used as a guide for the search of web sites which cover this area.

Web sites created by expert bodies or pioneers in the work or study of these areas were consulted. They included government bodies, universities, associations, etc.

The aim of the search was to find general or specific documentation on prevention and promotion in mental health, as well as to search for manuals or programmes created for this purpose, whether already implemented or still in the development phase, in the different areas of intervention.

Documents not written in either Spanish, English, German, French or Italian, and those not specifically focusing on the subjects of promotion and prevention in mental health were discounted. The search ranged from international organisations, such as WHO, to those with a more national field of reference such as the University of Toronto. A total of 27 web sites were consulted, the majority of which came from Australia and Europe.

INTERNATIONAL

World Health Organization (WHO)

www.who.int.

General documentation on prevention and promotion in health was found on the World Health Organisation (WHO) web site. The following more specific articles were found on mental health:

- Mental Health Promotion: concepts, emerging evidence and practice
- Prevention of Mental Disorders: effective interventions and policy options
- For which strategies of suicide prevention is there evidence of effectiveness?
- What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?
- Prevention and Promotion in Mental Health
- Health Promotion Glossary
- Mental health promotion and mental disorder prevention
- Prevention of mental and behavioural disorders: implications for policy and practice
- Mental health promotion and prevention of mental disorders: a general vision for Europe
- The efficacy of mental health promotion and prevention of mental disorders
- Community action on health services
- Mental and social health during and after acute emergencies: emerging consensus?
- Mental health and psychosocial wellbeing among children in severe food shortage situations

- IASC (Inter-Agency Standing Committee) Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- Suicide Prevention (SUPRE)
- Neurological Disorders: public health challenges
- Monitoring and evaluation of mental health policies and plans
- Expert Opinion on Barriers and Facilitating Factors for the Implementation of Existing Mental Health Knowledge in Mental Health Services
- Mental Health Promotion: Case Studies from Countries
- Project Atlas: mapping mental resources around the world (Factsheet)
- Atlas. Psychiatric education and training across the world 2005.World Psychiatric Association
- Atlas child and adolescent mental health resources. Global concerns: implications for the future
- Disease Control Priorities related to mental, neurological, developmental and substance abuse disorders
- Economic Aspects of the Mental Health System: Key Messages to Health Planners and Policy-Makers
- Research capacity for mental health in low- and middle-income countries: Results of a mapping project
- WHO-AIMS Version 2.1. Assessment Instrument for Mental Health Systems
- Programme on Mental Health. Improving Mother/Child Interaction to Promote Better Psychosocial Development in Children
- Caring for children and adolescents with mental disorders
- Engaging for health: a global health agenda

Implementing Mental Health Promotion Action (IMHPA)

www.imhpa.net

The "European Network for Mental Health Promotion and Mental Disorder Prevention" is an international network formed by experts from 30 European countries which share the aim of supporting the development and implementation of promotion and prevention in mental health across Europe. The following documents were found:

- Mental Health Promotion and Mental Disorder Prevention: A policy for Europe
- International database of mental health promotion and mental disorder prevention programmes and policies: IMPHA database

- A Training Manual for Prevention of Mental Illness: Managing Emotional Symptoms and Problems in Primary Care. Materials for training of primary health care professionals to help patients with emotional symptoms
- Integrating mental health promotion interventions into countries' policies, practice and mental health care system. Final Report to the European Commission
- Mental health promotion and mental disorder prevention. European Action Plan.

AUSTRALIA

Cochrane Health Promotion and Public Health Field, Victoria
www.ph.cochrane.org/en/index.html

The Cochrane Health Promotion and Public Health Field seeks to represent the needs and concerns of mental health promotion and mental health practitioners in Cochrane Collaboration activities.
The following documents were found:

- Systematic Review of Health Promotion and Public Health Interventions (Train the Trainer Handbook)
- Priority Review Topics in Health Promotion and Public Health
- Systematic review of health promotion and public health interventions (Handbook).

Victorian Government Health Information
www.health.vic.gov.au/healthpromotion/

Information web site developed and managed by the Victoria Department of Human Services, agencies and special interest groups. The articles of interest found are listed below:

- Evidence-based Mental Health Promotion Resource – Executive Summary
- Evidence-based Mental Health Promotion Resource (Full Resources)
- Evidence in a nutshell—mental health promotion.

NSW Health Department, New South Wales
www.health.nsw.gov.au

Web site for the New South Wales Department of Health. This Department works to provide the people of New South Wales with the best possible healthcare. Their goals are to: 1) keep people healthy, 2) provide the health care that people need, 3) deliver high quality services and 4) manage health services well. The documents found include:

- Getting in Early. A Framework for early intervention and prevention in mental health for young people in New South Wales
- NSW Rural and Regional Youth Suicide Prevention Project. Evaluation Framework.

Ministerial Council for Suicide Prevention. West Perth
www.mcsp.org.au

This web site seeks to increase access to information about suicide prevention. It is aimed at professionals, researchers and community members. The following documents of interest were found:

- Using the Internet for Suicide Prevention: a guide

- WA State Suicide Prevention Plan: Consultation Paper.

Queensland Government

www.health.qld.gov.au/

Queensland Government web site which highlights matters concerning promotion and prevention in mental health. Of interest among the resources found was:

- Reducing Suicide. The Queensland Government Suicide Prevention Strategy 2003-2008.

Department of Health. Government of Western Australian

www.mental.health.wa.gov.au/one/aboutus_promotionprev.asp

This web site is defined as a gateway to problems relating to mental health promotion and illness prevention. It also includes links to other relevant information networks and key resources.

- The Western Australian mental health promotion and illness prevention policy.

International Early Psychosis Association (IEPA)

www.iepa.org.au

The International Early Psychosis Association is an international network for people involved in the study and treatment of early psychosis. It provides a forum for members around the world who wish to promote and facilitate best practice in education, research and treatment.

- Report on early detection and intervention for young people at risk of psychosis.

UNITED STATES

Depression and Bipolar Support Alliance (formerly known as the National Depressive and Manic-Depressive Association or National DMDA)

www.ndmda.org

The Depression and Bipolar Support Alliance is an organisation whose aim is to improve care for people who suffer from mood disorders. This type of disorder requires a disciplinary approach and so the web site contains sections on research, education, treatment, etc. Of interest among the resources found was:

- Coping with Unexpected Events: Depression and Trauma.

National Institutes of Health (NIH)

www.nih.gov/about/publicaccess/

The National Institutes of Health (NIH), a part of the U.S. Department of Health and Human Services, is the primary Federal agency for conducting and supporting medical research. Helping to lead the way toward important medical discoveries that improve people's health, the scientists investigate ways to prevent disease as well as the causes, treatments and even cures for common and rare diseases. Composed of 27 institutes and centres, el NIH offers leadership and financial support to researchers.

- Who benefits most from a broadly targeted prevention program? Differential efficacy across populations in the teen outreach program.

The Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center)

www.samhsa.gov

Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center) provides practical assistance to people, administrations and public and private organisations for the design, implementation and operation of programmes and initiatives for the reduction of discrimination and stigma.

CANADA

Centre for Health Promotion. University of Toronto

www.utoronto.ca/chp/

The University of Toronto web site contains documents on public health policy specifically dealing with the promotion of health-related education. The following documents were found:

- The Effectiveness of Policy in Health Promotion
- Reviewing the Evidence on the Effectiveness of Health Education: Methodological Considerations
- Promoting Health Through Organizational Change
- Community development: How effective is it as an approach in health promotion?
- Advocacy for healthy public policy as a health promotion technology
- 17th Annual Report
- 15th Annual Report.

Ontario Health Promotion Resource System, Ontario

www.ohprs.ca

Ontario Health Promotion Resource System, financed by the Ministry of Health Promotion (MHP) supports health promotion in Ontario. The following resources of interest were found on this web site:

- Ontario health promotion capacity
- System Provincial Needs Assessment
- A Review of the Literature on the Links between Health Promotion Capacity Building and Health Outcomes.

Caldeon Institute, Institute of Social Policy. Ontario

www.caledoninst.org

The Caldeon Institute is a nonprofit, non-governmental organisation which conducts high-quality research and analysis. It seeks to inform and influence public opinion and to foster public discussion on poverty and social policy. It also develops and promotes concrete, practicable proposals for the reform of social programmes at all levels of government and of social benefits. The documents found on the web site considered to be of interest are listed below:

- The Primary Needs of Children: A Blueprint for Effective health Promotion at the Community Level.

EUROPE

The European Commission

http://ec.europa.eu/about_es.htm

The European Commission embodies and upholds the general interest of the Union and is the driving force in the Union's institutional system. Its four main roles are: 1) to propose legislation to Parliament and the Council; 2) to administer and implement Community policies; 3) to enforce Community law; and 4) to negotiate international agreements. The documents of interest on the web site are shown below:

- Health Programme 2008-2013
- EAAD: Final Implementation Report
- Annex to the EAAD
- Country Reports: Implementation of Mental Health Promotion and Prevention Policies and Strategies in the EU member states and applicant countries
- Implementation of Mental Health Promotion and Prevention Policies and Strategies in the EU member states and applicant countries

- Mental health promotion and mental disorder prevention across European Member Status
- Report and recommendations of the EU consultative platform on mental health. Response to the EC green paper
- GREEN PAPER: Improving the mental health of the population. Towards a strategy on mental health for the European Union:
  - Enabling good health for all
  - Integrated Work Plan 2002 for the Public Health programmes.

Mental Health Economics European Network (MHE)
www.mheen.org/
http://mentalhealth-econ.org

Web site for a network of 17 European representatives contracted to identify and collect data on some of the primary economic dimensions relevant to mental health systems in the European Union member states. The aim of the network is to unify the information and indicators to allow comparative analysis, and also to provide the means for a better understanding of how the mental health systems might be developed.

- Mental Health Promotion of Adolescent and Young People. Directory of Projects in Europe
- Mental Health Promotion for Children up to 6 years. Directory of Projects in the European Union.

EuroHealthNet, for a healthier Europe between and within countries
www.eurohealthnet.eu

EuroHealthNet is the network of health promotion and public health agencies in Europe. Their aim is to improve the health of European citizens by striving for a healthier Europe between and within countries. They achieve this by coordinating the work of 31 national and regional agencies in Europe thereby constituting a valuable platform for information, advice, policy and advocacy on health issues in Europe. The following documents of interest were found:

- Concept and relations
- Promoting Health and Social Inclusion
- The role of the health care sector in tackling poverty and social exclusion in Europe
- Healthy Ageing – a Challenge for Europe
- Implementation of Mental Health Promotion and Prevention Policies and Strategies in EU Member States and Applicant Countries
- Building the capacity for public health and health promotion.

National Institute for Health and Clinical Excellence (NICE), United Kingdom

www.nice.org.uk

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. The documents considered to be of interest are listed below:

- Public health interventions to promote positive mental health and prevent mental health disorders among adults
- NICE clinical guideline: Antenatal and postnatal mental health. Clinical management and service guidance
- Social Capital for Health: Issues of definition, measurement and links to health
- 10 High Impact Changes for Mental Health Services
- Effectiveness of Mental Heath Promotion Interventions: a review
- Mental Health Promotion and Prevention, Strategies for Coping with Anxiety,

Depression and Stress-related Disorders in Europe, Final Report 2001-2003.

- Public Health Intervention guidance:
  - Mental wellbeing of children in primary education
  - Promoting physical activity in the workplace
  - Promoting mental wellbeing at work
  - Mental wellbeing in older people

Partnership for children. United Kingdom

www.partnershipforchildren.org.uk

"Partnership for Children" is an independent charity that works to promote the mental health and emotional wellbeing of children and young people around the world. Its principal activity is a programme called Zippy's Friends, which helps young children to develop coping and social skills.

- Zippy's Friends

EPPI-Centre, Evidence for Policy and Practice Information and Coordinating Centre, United Kingdom

www.eppi.ioe.ac.uk/cms/

Since 1993, this centre has been at the forefront of carrying out research synthesis and developing review methods in social science and public policy. They are dedicated to making reliable research findings on the aforementioned areas accessible to the people who need them, whether they are making policy, practice or personal decisions. The following document was of interest:

- Barriers to, and Facilitators of, the Health of Young People.

Department of Health (DH), United Kingdom

www.dh.gov.uk/en/index.htm

Official UK Department of Health web site. In relation to prevention and promotion in mental health:

- Making It Happen: A guide to delivering mental health promotion.

National Research and Development Centre for Welfare and Health, Finland

www.stakes.fi/EN/index.htm

Stakes is an agency dedicated to research, development and statistics. On their web site, we found documents categorised by subject: health services, social services, welfare policy, living conditions, childhood and family, older people, disability, mental health and alcohol and drugs. Of interest were:

- Bilbao Final Report: Mental Health in Europe, New Challenges New Opportunities, Report from a European Conference 9-11 October 2003
- Future Mental Health Challenges in Europe: The Impact of Other Policies on Mental Health
- Proceedings of the European Conference on Promotion of Mental Health and Social Inclusion
- Promotion of Mental Health on the European Agenda
- Framework for Promoting Mental Health in Europe.

University of Tampere, Finland

www.uta.fi/laitokset/laaket/bio/research/childpsychiatry_europeanearlyp rom-otion.html

The Child Psychiatry Department is conducting interesting research on promotion and prevention mental health problems in child development. The web site carries information about the project and articles on the subject:

- The European Early Promotion Project: Evaluation of a needs based approach to the promotion of child development and prevention of mental health problems
- Tutkimustoiminta

Trimbos Instituut, Netherlands Institute of Mental Health and Addiction.

The Netherlands.

www.trimbos.nl/default2.html

The Trimbos Institute is the National Institute of Mental Health and Addiction in the Netherlands. It is an independent foundation operating under Dutch law. The institute contributes to the synthesis, enrichment,

implementation and dissemination of knowledge with regard to mental health and addiction problems. The following resources of interest are offered by this institution:

- Preventing depression
- Reminiscence and Life Review
- Prevention in Social Psychiatry
- Work-Related Psychological Problems
- Children of parents with Psychological Problems
- Alcohol Prevention
- Infectious Diseases
- E-mental health.

International Union for Health Promotion and Education (IUPHE), France

www.iuhpe.org

The IUPHE is a global organisation devoted to advancing public health through health promotion and health education. It defines itself as a leading global network working to achieve equity in health between and within countries. The following documents of interest were found:

- International Union for Health Promotion and Education: Comments on the EC Green Paper on Improving the Mental Health of the Population
- What Is Health Promotion?
- The New Public Health: a collection of video conversations with people who shape our thinking about health and health care?
- Links to the following journals: Promotion and education, Health Promotion International, Health Education Research, Reviews of Health Promotion and Education.

ProMenPol (Promoting and Protecting Mental Health), Germany

www.mentalhealthpromotion.net

ProMenPol is a project which aims to support the practices and policies of mental health promotion over the 2006-2009 period in three settings: schools, workplaces and older people's residences.

- Promoting and Protecting Mental Health – Supporting Policy through Integration of Research, Current Approaches and Practices.

NHS Health Scotland

www.healthscotland.com

Web site offering information and resources to support health improvement practitioners and organisations working in Scotland.

- Mental Health Improvement: Evidence and practice

- Guide 1: Case studies
- Guide 2: Measuring success, evaluation guides
- Guide 3: Getting results, evaluation guides
- Guide 4: Making an impact, evaluation guides

• What is wellbeing? A brief review of current literature and concepts by Susan Hird
• Establishing National Mental Health and Wellbeing Indicators for Scotland
• National Programme for Improving Mental Health and Wellbeing: "Concepts and Definitions". Briefing paper for the National Advisory Group. A practical guide to terms and definitions.

C. Information search in specialised journals

Links were found in the appendices to the article "Mental Health Promotion and Mental Disorder Prevention" from the WHO European Ministerial Conference on Mental Health (Helsinki, 2005) to the different specialised journals which specifically deal with promotion and prevention in mental health. They are listed below.

SPECIALISED JOURNALS

International Journal of Health Promotion & Education (IUHPE)
www.iuhpe.org

The IUHPE is half a century old, and continues to be a global organisation entirely devoted to advancing public health through health promotion and health education. Its mission is to promote health worldwide and contribute to the achievement of equity in health between and within countries.

• The evidence of mental health promotion effectiveness strategies for action.

World Psychiatry (WPA). Official journal of the World Psychiatry Association. Spanish edition
www.ArsXXI.com/WP

Grupo Ars XXI de Comunicación is a media group in pursuit of leadership of the health care market, made up of nine business channels, each of which is specialised in different and complementary aspects of the "art of communication".

• The WPA and disaster response: new policies and actions
• The Katrina disaster and its lessons
• Prevention of mental and behavioural disorders: implications for health policy and clinical practice

- Management of borderline personality disorder: review of the psychotherapeutic approaches
- Destigmatising day-to-day practices: what developed countries can learn from developing countries
- Mental health consequences of war: a brief review of research findings
- The population health argument against war
- How to prevent turning trauma into a disaster?
- Mental health consequences of war: gender-specific issues
- Building and translating evidence into smart policy: continuing research needs for informing post-war mental health policy
- Terrorism and its effects on mental health
- The tragedy of war
- War and mental disorders in Africa
- First episode psychosis and ethnicity: initial findings from the AESOP study
- …..

British Journal of Psychiatry

http://bjp.rcpsych.org/

This is one of the world’s leading psychiatric journals. It covers all branches of the subject, with particular emphasis on the clinical aspects of each topic. In addition to a large number of authoritative papers from both the United Kingdom and around the world, the journal includes editorials, review articles, commentaries on contentious articles, short reports, a comprehensive book review section and a lively and well-informed correspondence column.

- Predictors of efficacy in depression prevention programmes.

Australian e-Journal for the Advancement of Mental health (AeJAMH)

http://auseinet.flinders.edu.au/journal/

AeJAMH is a forum for advancing promotion, prevention and early intervention (PPEI) approaches to mental health. The promotion of mental health and prevention of mental illness is a strategic and policy priority in Australia.

- From evidence to practice: mental health promotion effectiveness.

Eurohealth. European Observatory on Health Systems and Policies

www.euro.who.int/observatory/Publications/20020524_26

www.euro.who.int/Document/Obs/Eurohealth11_4.pdf

A joint publication of the Observatory and LSE Health and Social Care, Eurohealth provides one of the primary platforms for policy-makers, academics and politicians to express their views on European health policy.

- Addressing health inequalities and promoting patient safety under the UK Presidency
  - Health inequalities under the UK Presidency
  - Patient safety under the UK Presidency
  - Action by the European Union on health inequalities
  - Government action to tackle mental health inequalities in Scotland
  - Promoting mental health in Europe: a timely opportunity
  - The EU Mental Health Platform
  - Enhancing the policy relevance of mental health related research in Europe
  - A long life - and all of it healthy: the ideal of healthy ageing in Europe
  - The medical case for clean air in the home, at work and in public places.

NUJ Scotland. National Union of Journalists, Scotland

www.nuj.org.uk

The NUJ is the voice of journalists and journalism in Scotland. It is a campaigning organisation seeking to improve the pay and conditions of their members.

- The reporting of mental health and suicide by the media.

National Library for Health, United Kingdom

www.library.nhs.uk/Default.aspx

This web site is a library of electronic health resources. The following are some of the articles of interest found:

- Young people. The case for action
- Risk and protective factors for mental health
- Schools. The case for action
- Social exclusion and health
- Related policy initiatives
- Marginalised groups: People with mental health problems
- Measuring mental health
- Mental health in communities
- Marginalised groups: Black and minority ethnic groups
- Later life
- Defining mental health
- Early years, children, families and parenting
- Substance misuse.

4.2. Available Evidence

There is broad international consensus, led by the positions of the World Health Organisation, the European Commission and the Spanish Ministry of Health and Consumer Affairs, that programmes, interventions and actions aimed at mental health promotion, prevention of mental illness and reduction of the stigma should be supported by scientific evidence. They should therefore be activities for which it has previously been demonstrated that the specified objectives were effectively achieved. The 1998 World Health Assembly adopted a resolution to use an evidence-based approach.

That said, the types of intervention used in promotion, prevention and reduction of the stigma in mental health do not always, or rarely, conform to the standards of medical research, which bases its advances on controlled, randomised studies carried out under artificial experimental conditions. In contrast, as WHO points out, in the area we are dealing with, “consensus about effectiveness is based on methodological triangulation that leads to a converging interpretation of evidence of different kinds, from different places, generated by different researchers”. The *principle of prudence* must prevail in the examination of the evidence available.

Particularly in mental health promotion, WHO considers the strength-of-evidence classification provided by Tang, et al. in 2003, which establishes four types of evidence:

- Type A: What works is known, how it works is known, and repeatability is universal.
- Type B: What works is known, how it works is known, but repeatability is limited.
- Type C: What works is known, repeatability is universal, but how it works is not known.
- Type D: What works is known, how it works is not known, and repeatability is also limited.

Although it would seem necessary to have evidence for the development of policies and programmes in our field, there continues to be open debate about how to establish evidence and its strength in the case of interventions on population groups, collectives, institutions and communities as a whole. However, both quantitative and qualitative studies with internal consistency are providing a new and growing body of knowledge for the implementation of actions of promotion and prevention in mental health with contrasted evidence. Some critical appraisals provide more systematised information about the state of research and the results obtained.

The aim of the **critical appraisal of the literature** carried out by C. Doughty, “The effectiveness of mental health promotion, prevention and early intervention in children, adolescents and adults” (2005), for the New Zealand Health Technology Assessment, was to review the evidence available on

effectiveness in these areas. The appraisal looked at studies which aspired to prevent the development of mental health conditions relating to alcohol and drug, conduct, eating, mood and/or anxiety disorders. Or, alternatively, studies on intervention in the early stages of a mental health condition aimed at altering its development.

For the review, a search was carried out in six healthcare information databases and in electronic sources, as well as in numerous web sites. The search was limited to studies in English only, done between 1997 and September 2004. The inclusion and exclusion criteria which reduced the initial material to 125 studies are also specified.

The main results are summarised below:

a. Drug and alcohol-related disorders

35 studies were identified which included 9 systematic reviews and 26 randomised, controlled studies on early interventions in alcohol and drug disorders. 85% of the studies were American and only one was from Spain. 10 programmes consisted of short interventions on harmful alcohol use and another 3 adopted a preventive approach based on education in social skills, harm reduction or multi-component interventions. 9 interventions were on drug and alcohol prevention with the focus on cognitive behaviour, health education and skills training. The majority were aimed at primary and secondary schools, in some cases including community-based components. 6 studies were based on care conditions through short interventions made by a doctor.

The intervention studied the most consisted of short interventions made by doctors for harm reduction in alcohol use. They were shown to be generally effective in the short term in different settings and with different populations. One study suggested that the benefits may be sustained in the long term. Some studies considered motivational interviews, with promising results.

Although interventions in schools may be effective in increasing awareness of and improving attitudes towards addictive substances, there is evidence, currently relatively limited, to suggest that a specific programme referring to one substance is more effective in the prevention of alcohol and drug-related disorders in young people. There is some evidence of a variety of good school programmes on changes in conduct.

b. Conduct disorders

28 studies were identified which included 3 systematic reviews and 25 randomised, controlled studies relating to early interventions in conduct disorders. 15 studies included school interventions, either alone or combined with clinical interventions and 10 were interventions based in the community (including primary care) or in the university environment. 60% of the studies were from

the US and 20% from Australia. The main studies identified had been published within the four preceding years, indicating that it was still a growing area of activity for a group of international researchers. One series of general interventions was shown to be successful in influencing initial conduct problems and disruptive behaviour. These interventions were generally in the school setting and included different components, most often: management of conduct in the classroom; promotion of the socio-emotional development of the students; and the training and involvement of the parents.

There is sufficient evidence to consider the effectiveness of a set of preventive strategies in reducing conduct problems and aggressive behaviour in the short term. However, there is no evidence of long-term effectiveness.

c. Eating disorders

21 studies were identified on early interventions in eating disorders which included 4 systematic reviews and 17 randomised, controlled studies, 60% in the US and 18% in Australia. 12 of the studies looked at general interventions in school settings and 5 were evaluations of selective interventions. 3 studies were with cognitive behaviour interventions, while the rest were combinations of programmes of an instructive, interactive or psycho-educational style, including the promotion of strategies to increase self-esteem.

Two of the most recent systematic reviews show that the programmes reduced both the incidence of eating disorders and the risk of that incidence increasing in the future. A large number of programmes were shown to reduce risk factors such as body dissatisfaction, negative affect, dieting and bulimic symptoms.

d. Affective disorders (including anxiety and psychosis)

40 studies were found which focused on promotion, prevention and early intervention in mood disorders. 8 were systematic reviews including a series of themes such as prevention of depression in general, antenatal and postnatal depression in women, depression in patients with medical conditions, depression in children and adolescents and early intervention for psychosis. 42% of the studies were Australian, 27% North American and 12% British. Two reviews suggested a significant but limited effect in reducing depressive symptoms following the intervention, with wide variations between programmes, and even insufficient in programmes for children and adolescents.

This review concludes that, based on the available evidence, the conclusions of the four different subgroups studied cannot be generalised, since each has a different preventive approach to a general preventive vision. Nor is it possible to draw specific conclusions about the application of these programmes in other places,

which does nothing but reflect a lack of international consensus on what works best and where.

The study also makes a series of recommendations, specifically for New Zealand, but which we provide a summary of here due to their general nature and given their relevance:

- Mental health prevention and promotion providers should examine the work of others internationally and consider which programme development strategies would best meet their needs and are likely to be able to be tailored to suit the aforementioned population.
- Mental health prevention and promotion programme providers should consider transferring programmes already implemented and evaluated elsewhere, keeping in mind features of their own community, resources available, and their overall work plan priorities.
- Mental health prevention and promotion programmes should be pilot-tested on a small scale, with rigorous process evaluation to gauge the potential for more widespread success as well as to introduce modifications which will maximise their chance of being effective.
- Mental health prevention and promotion programmes should involve outcome evaluation strategies which are well planned, realistically resourced as part and parcel of service provision, and appropriately extended over time to measure short, medium and long-term success.
- Mental health prevention and promotion programmes should include process evaluations which will help maintain the fidelity of a programme, and tell us why outcome effects are found or not found.
- Any future evaluations of mental health prevention and promotion initiatives should routinely examine the cost effectiveness both of achieving changes in outcomes and conducting the programmes.
- Workforce development and training initiatives should be instituted in the areas of mental health prevention and promotion programme development, implementation, and evaluation. This should include the development and funding of intervention science/scientists.
- Advice and expertise on planning and conducting evaluations of prevention and promotion programmes (e.g. in the areas of study design, instrument development, statistical analysis) should be made available to service providers from the early stages of developing their programme.

4.3 International, European and Spanish Experience

4.3.1. International Experience

Most of the international experience in mental health promotion and mental illness prevention can be found in the two documents compiled by the World Health Organisation which we have already reviewed. Due to their size, we will not expand on their contents here since they can be consulted in the aforementioned reports.

4.3.2. European Experience

Europe has been dedicating its attention to mental health since the end of the 1980s. Since then, an increasing number of initiatives have been developed to involve the European Community member states and Europe as a whole in initiatives aimed at improving mental health care and developing projects for mental health promotion, mental illness prevention and elimination of the stigma.

The regulatory aspects developed by the European Community and the principal Europe-wide multicentre projects are discussed below.

A. Regulatory aspects

The 1989 European Union Framework Directive on health and safety at work recommended the inclusion of both psychological wellbeing and physical health as
components of any preventive policy on health and safety at work.

Public health has had specific consideration in the Treaty on European Union since 1991, by means of article 129 of the Maastricht Treaty, the Single European Act. Prior to that, the only health-related action which was part of the competencies of the EU was Health and Safety at Work.

In 1999, article 152 of the EU Treaty of Amsterdam stated the necessity of giving greater prominence to health requirements in the EU and underlined the need to ensure a high level of health protection in all Community policies and activities.

The Council of the European Union, in a Resolution of November 1999, invites all member states to develop policies on the promotion of mental health and prevention of mental illness, and to stimulate research into mental health and the promotion thereof. The Resolution calls for the European Commission to incorporate mental health into public health programmes and to consider issuing recommendations on mental health promotion and to evaluate the impact of European Union policies on mental health.

The Council of the European Union Conclusions of November 2001 on combating stress and depression-related problems, invites member states to introduce measures which improve the information on mental health promotion in primary health care and other health services, as well as in social services.

The New Strategy on Health and Safety at Work 2002-2006 considers the new risks of a psycho-social nature as an important target for action in these programmes, implementation of which is obligatory.

The first Community Action Programme in the field of public health was approved for the period 1996-2002. Its focus was to provide health promotion, information and knowledge about health, monitoring and surveillance of health, and specifically, of a number of priority areas such as cancer, AIDS and drug addiction. At present, the member states have made it clear that the aspects relating to responsibility over health services should, in any event, remain subsidiary aspects, and not within the competencies of the EU.

It was possible then to include mental health as an essential component of public health action, and support was given to projects on mental health promotion and mental health indicators under the umbrellas of action for health promotion and health surveillance respectively.

In 2000 (Public Health Approach on Mental Health in Europe), a serious change of focus was proposed, moving towards a population-based approach: it was considered that promotion/prevention was a vital element for the wellbeing of the people and for the protection of human, social and economic capital.

The second Community Action Programme on Public Health was adopted for the period 2003-2008: projects have received support on mental health promotion and prevention of mental disorders, mental health among the prison population, mental health economics and implementation of mental health promotion in the member states.

In the last few years, the Commission has adopted pro mental health measures under the community employment and social policy framework. These include:

- The adoption of Directive 2000/78/EC, which among other things, prohibits discrimination based on disability in the employment area.
- The adoption of the European Framework Agreement on work-related stress, signed by the social partners in 2004.

In terms of alcohol and drugs, in 2001, the Council adopted a Recommendation on the drinking of alcohol by young people. In 2004, the Council adopted a European strategy on the fight against drugs (2005-2012) and, in 2005, the EU action plan on the fight against drugs (2005-2008). The Commission plans to issue a report before the end of 2006 on implementation of the Council Recommendation by the member states.

At the Ministerial Conference on Mental Health in January 2005, the Commission was invited to broadly consider mental health issues in the analysis of the impact of Community legislation. The Commission presented the project

Green Paper on Mental Health in Europe with the aim of giving greater importance to the social, economic and structural impact of mental health, and to ensure greater visibility for mental health in all European Union policies, promote mental health within the framework of Public Health and attempt to improve the level of mental health and wellbeing of the people of Europe.

B. Europe-wide multicentre projects

Of these, we have reviewed the material published in 2005 by IMHPA entitled "Mental Health Promotion and Mental Disorder Prevention. A policy for Europe". Some of the contents already dealt with are discussed in more detail below. The document contains one main, general priority and ten action areas.

Main priority: that each European member state has an Action Plan for the promotion of mental health and prevention of mental illness.

Ten action areas, with the corresponding actions for each one:

1) **Support parenting and the early years of life**
Treatment of postnatal depression in mothers; improvement of parenting skills; professionally-based home visits to help new and future parents; health visitor intervention in schools.

2) **Promote mental health in schools**
Initiatives with adolescents and young people, creating favourable school ethics and environment; mental health resources directed at students, parents and teachers.

3) **Promote workplace mental health**
A participative workplace and management culture; identification of mental illness in workforce; organisation of work in keeping with the needs of the staff (e.g. flexible working hours).

4) **Support mentally healthy ageing**
Social support networks; encourage physical activity and participation in voluntary programmes and community activities.

5) **Address groups at risk for mental disorders**
Advice for at-risk groups; support for incorporation into the labour market; employment with support for people with psychiatric illnesses and disabilities.

6) **Prevent depression and suicide**
Teaching of life skills and prevention of bullying at schools, as well as reduction of workplace stress and promotion of physical activity in older people can help to reduce depression. Awareness of the condition may encourage the affected person to seek help, and also to reduce the stigmatisation and discrimination.
Psychological support for at-risk groups; training for healthcare professionals in prevention, recognition and treatment of depression.
Suicide prevention
Restrict access to means of suicide, provide training for health care providers and set up collaboration between specialists and those responsible for follow-up after a suicide attempt.
Effective actions
The European Alliance against Depression (EAAD) combats depression and suicidal conduct by creating regional information networks between the healthcare sector, the patients and their families, community workers and the general public. A pilot project achieved a 25% reduction in suicides and suicide attempts, above all among young people.

7) **Prevent violence and harmful substance use**

Within the framework of the Community policy of freedom, security and justice and security, the DAPHNE II programme combats violence against children, young people and women. Alcohol, drugs and other psychoactive substances are frequently a risk factor or a consequence of psychiatric problems. Drugs and alcohol are already priority areas in Community health policy.

8) Involve primary and secondary health care in promotion and prevention actions

Work on training – skills acquisition – providers of primary health care and other health services in order to reduce mental health problems and substance use disorders. Develop preventive measures in these contexts.

9) Reduce social and economic disadvantage and prevent stigma

Develop inclusion programmes to protect minority and vulnerable groups from social exclusion and marginalisation; support NGOs working with these communities; provide support to the social networks of families and carers of groups at risk of exclusion; promote and support health promotion programmes in prisons; develop programmes to counter the stigma attached to people with mental disorders.

10) Increase links and cooperation with other sectors

To be developed particularly in education, economy and finance, housing, labour, nutrition, transport and urban planning to promote the added value of different policy options on improving mental health.

4.3.3. Experience in Spain

A review is provided below of the mental health promotion and mental illness prevention programmes presented as reference in the European studies on selection of "good practices in promotion and prevention" in the last decade.

A. In the study "Mental Health Promotion for children up to 6 years"

** Early Detection in At-risk Situation (Alcázar de San Juan Social Services Department)

- Infants aged 0 to 2 months
- With the parents
- In homes
- Since 1994

** Healthy Child Programme (*Gerencia de Atención Primaria, Instituto Nacional de la Salud de Baleares* [Primary Health Care Management, Balearic Islands Health Service])

- Children up to 14 years
- With parents, paediatricians, primary health care nurses and doctors
- Homes and primary health care centres
- Since 1991

** Care for the Healthy Child Programme - Protocols for Preventive Medicine in Paediatrics. Childhood and Adolescent Mental Health (*Atención Psiquiátrica y Salud Mental del Servicio Catalán de la Salud* [Catalan Health Service Psychiatric Care and Mental Health])

- Children up to 14 years
- Parents, teachers and primary health care teams
- In primary health care centres
- Since 1997

** School Support Programme for the Protection of Children*.* (*Servicio de Renovación Pedagógica. Dirección General de Educación. Consejería de Educación y Cultura. Comunidad de Madrid* [Educational Reorganisation Service, Central Department of Education, Madrid Region])

- Intervention divided into two age groups: a) 0 to 2 years b) 3 to 16 years
- With parents and teachers
- Nurseries, primary and secondary schools
- Since 1998

** Psycho-prophylaxis Programme for Pregnancy and Labour (*Instituto Madrileño de Salud*. [Madrid Health Institute] Area 10, Getafe)

- Pregnant women and mothers with nursery-school aged children
- In primary health care centres
- Since 1990

** Early Detection of Serious Problems in Development (*Unidad de Salud Mental de Niños y Adolescentes de Pamplona* [Pamplona Child and Adolescent Mental Health Unit])

- Children up to 6 years attending paediatric consultation and their parents
- With paediatricians

- Clinical premises and paediatric department
- Since 1993

** Primary Care Paediatric Psychology Programme (*Ayuntamiento-Servicio de Salud de Baleares* [Balearic Islands Council-Health Service])

- Children up to 14 years
- With parents
- In primary health care centres
- Since 1995

** Functional Unit for Mental Health Care in Early Childhood *(Unidad Funcional para la atención a la salud mental de la primera infancia, UFAPI)* (*Unidad de Salud Mental Sant Martí Nort. Instituto Catalán de la Salud* [Sant Martí-North Mental Health Unit, Catalan Health Institute)

- Vulnerable children aged 0 to 4 years (immigrant children, children with adolescent parents, or parents with serious mental health problems)
- With parents, primary health care nurses, paediatricians and early care personnel
- Homes, nursery schools, primary health care centres, mental health services
- Since 1995

** Programme for Child Health Supervision (*Dirección General de Salud Pública. Consejería de Sanidad de la Comunidad Valenciana* [Directorate General for Public Health. Valencia Regional Ministry of Health])

- Children up to 14 years
- With health staff (primary health care and specialised care)
- In primary health care centres and maternity wards
- Since 1986

** Ben Surats Parenting School for Families at Psychosocial Risk (*Asociación Instituto SPORA para la promoción comunitaria y la calidad de vida.* [SPORA, Institute Association for Community Promotion and Quality of Life] Palma de Mallorca)

- Children up to 6 years where family structures are lacking or dysfunctional
- With primary health care nurses and child carers
- In primary health care centres
- Since 1997

** Prevention in the Early Childhood Years (*Asociación de Psicoterapia y Prevención Infantil* [Association of Psychotherapy and Child Prevention])

- Children up to 6 years
- With parents and teachers
- In schools
- Since 1994

B. In the study "Mental Health Promotion of Adolescents and Young People"

** Extremadura Child and Adolescent Mental Health Promotion Programme "Get your ideas together" (*Alternativa Joven de Extremadura* [Extremadura Youth Alternative])

- Adolescents and young people aged 14 to 25
- Includes teachers, monitors and adolescents/young people
- Education centres – primary and secondary schools
- January-December 2000

** Keep Your Partying Under Control (*Ayuntamiento de Jaca y Centro municipal de drogodependencias* [Jaca Council and Municipal Centre for Drug Dependency)

- Young adolescents who spend their free time going out in "the zone" [area with concentrated nightlife]
- Includes groups of adolescents/young people, waiters, parents, teachers and other citizens
- On the streets and in bars/pubs, in schools, in the media
- September 2000 - August 2001

** Child Abuse Care Programme in the Health Area (*Instituto Madrileño del Menor y la Familia. Consejería de Servicios Sociales de Madrid* [Madrid Child and Family Institute. Madrid Region Ministry for Social Services)

- 0 to 18 year olds, aimed particularly at those who belong to more vulnerable groups
- All public and private health care areas
- Since 1998

** Open to a Mentally Health Life (*Fundación Rey Ardid de Zaragoza* [Zaragoza Rey Ardid Foundation])

- 14 - 16 year olds

- Schools
- 1999 - 2001

** Prevention of Eating Disorders in Adolescence: Zarima-Prevention (*Unidad mixta de Investigación del Hospital Clínico Universitario de Zaragoza* [Combined Assessment Unit, Hospital Clínico Universitario, Zaragoza])

- Adolescents and young people
- Young workers, youth associations, leisure clubs
- 1998 to 2002

C. In the study "Mental Health Promotion and Prevention Strategies for Coping with Anxiety, Depression and Stress-related Disorders in Europe (2001 -2003)"

a) Sector "Children, Adolescents and Young People up to 24 years in educational and other relevant settings"

** Adolescents' Programme. (*Departamento de promoción y prevención de la salud del Ayuntamiento de Madrid* [Madrid City Council Department of Promotion and Prevention for Health])

- Targeted at adolescents

** Helping to Grow. (from 3 to 6 years and 7 to 12 years). (*Departamento de promoción y prevención de la salud del Ayuntamiento de Madrid* [Madrid City Council Department of Promotion and Prevention for Health])

- Targeted at parents

b) Sector "Working Adults"

** Counselling and Consulting Programme. (Corporación Sanitaria Parc Taulí. Sabadell)

- Workers of a health corporation
- Since 1997

** Integral Care Programme for Sick Physicians (*Programa de Atención Integral al Médico Enfermo (PAIMM)*) (*Colegio Oficial de Médicos de Barcelona* [Barcelona College of Physicians])

- Targeted at doctors and nurses

- Since 1998

D. In the European Alliance Against Depression (EAAD)

** EAAD project in Barcelona. (*Distrito Dreta de l'Eixample* (2004-2010) [Dreta de l'Eixample District])

- Targeted at the population of the Dreta de l'Eixample District
- Involves the district's Primary Health Care Centres and Specialised Mental Health Care Centres (CSMA Dreta de l'Eixample and Hospital de la Santa Creu i de Sant Pau).

E. In the context of Integrating and Strengthening the European Research Area: EMILIA Project

** Emilia Project. In Spain, participation of the *Centro Fórum de la Fundación IMIM* [IMIM Foundation Forum Centre] and the *Centro de Salud Mental de Sant Marti de Barcelona* [Sant Marti Centre for Mental Health, Barcelona]

- Multicentre project with participation of 18 European institutions from 12 different countries
- Began in September 2005 and expected to run until 2009
- With participation of health care professionals and users

In addition to the programmes presented in relation to the European projects, there will certainly be other projects and programmes under way which are not well-known because of the lack of a centralised, accessible information system. One example is the "Mental Health Promotion Project for Adolescents and Parents of Adolescents", aimed at adolescents aged from 12 to 16 and their parents, run by the *Centro de Salud Manuel Merino de Alcalá de Henares* [Manuel Merino Health Centre, Alcalá de Henares] (Madrid).

5. Conclusions

1. *Importance of mental health and mental illness.*

We have highlighted the growing body of knowledge about the importance of mental health and mental disorders for society in general, in Europe and, particularly, in Spain, as discussed in documents and declarations reviewed here.

2. *Prospects of making an impact on the promotion of mental health, the prevention of mental illness and the stigma associated with these disorders.*

The international literature on the subject recognises that it is possible to make an impact on mental health promotion, prevention of mental illness and reduction of the stigma through intersectoral and public health policies and interventions from health care and mental health systems.

3. *The available evidence.*

Although there are some areas of debate over the evaluation of scientific evidence and its methods, it is accepted that there is increasing knowledge about the kind of interventions which are possible and advisable, as well as about the need to evaluate new forms of intervention using pilot testing and rigorous evaluation techniques.

4. *Mental health promotion, the prevention of mental disorders and reduction of the stigma as components of inter-ministerial and public health policies.*

The components necessary for mental health promotion, prevention of mental illness and reduction of the stigma need to be made part of government plans and strategic planning, particularly in health and social care.

5. *The need for health policy on mental health promotion, prevention of mental illness and reduction of the stigma.*

Public health policies need to be developed which stem from the field of health care and it is necessary to develop both general and specialised care services and systems responsible for planning interventions aimed at mental health promotion, prevention of mental illness and reduction of the stigma.

6. *Mental health promotion, the prevention of mental disorders and reduction of the stigma instituted by networks and bodies responsible for health care.*

Actions and interventions on mental health promotion, prevention of mental illness and reduction of the stigma should be an integral part of the organisation and care programming of both general and specialised health care bodies and networks.

7. *Design, implementation and evaluation of healthcare programmes and interventions on promotion and prevention in mental health.*

The design, implementation and evaluation of healthcare interventions on promotion and prevention in mental health must receive adequate technical support and specific resources and specialised training must be provided for the individual health care workers and bodies responsible for carrying them out.

6. Recommendations

Having examined the conceptual aspects, the positions of international, European and Spanish bodies, the referenced documentation, and the conclusions reached, the consensus group recommends:

1. *Inform about Spanish programmes and activities in the areas of mental health promotion, prevention of mental illness and reduction of stigma.*

Gather detailed information about the mental health promotion, mental illness prevention and stigma reduction programmes and activities taking place on a state, regional and local scale, whether run by public bodies or non-governmental organisations. The systematic compiling of this information should be carried out by consulting the health services and organisations with a specially designed questionnaire and should provide details of the available documentation.

2. *Define spheres of action and priorities for interventions on mental health promotion, prevention of mental illness and reduction of stigma.*

Define spheres of action and priorities for interventions on mental health promotion, prevention of mental illness and reduction of stigma, in line with international recommendations and the specific needs and appropriateness for each situation. The priorities could be established according to different age groups (childhood, adolescence, adults, the elderly), population groups (gender, marginalised groups, immigrants), clinical disorders or conditions (depressive, anxiety, psychotic, eating, substance use and abuse, suicidal disorders) or organisations or institutions (schools, places of work, care homes, prisons).

3. *Suggest criteria and contents for intervention to reduce stigma.*

Criteria and contents should be put forward which might be used by both the Ministry of Health and the Autonomous Regions when drawing up plans and intervention programmes aimed at promoting integration and reducing the stigmatisation of people with mental illness (e.g. identifying improvements in the quality of services, or ways in which users, patients and families may participate in the planning and/or evaluation of the services, which will make a difference in reducing stigma).

4. Recommend evidence-based programmes.

Set up evidence-based programmes of action, while ensuring availability of working guidelines and the tools and materials required for implementation in our environment.

5. Advocate monitoring and evaluation.

Advocate monitoring and evaluation of the schemes implemented, to determine both the results and their cost-effectiveness.

6. Identify existing legal barriers and possible barriers in new legislative proposals.

Identify existing legal barriers and possible barriers in new legislative proposals which may impede full participation in society of people with mental disorders.

7. Recommend specific guidelines in health care.

Recommend specific guidelines to be included by health care centre managers in protocols and procedures designed to promote integration and prevent stigma and discrimination in relation to people with mental disorders.

8. Establish effective interventions for integration and reduction of stigma.

Recommend, according to available evidence, the most effective interventions (designed to promote integration and reduce the stigma of people with mental disorders) which could be addressed at people working in healthcare, the media, education, communication and education, school children, businessmen and women and social partners, local police and law enforcement bodies, associations of people with mental illness and their families, and propose educational formats for the different groups.

9. Propose changes in the training for health care providers.

Recommend changes to be adopted into the regulations for the internal running of health care-related bodies and institutions in order to contribute to promoting integration and reducing stigma and discrimination for people with mental illness and their families.

10. Establish training needs.

Formulate the general training needs in mental health promotion, mental illness prevention and stigma reduction, and the particular needs for the carrying out of specific programmes and the use of specific tools.

11. Promote research.

Promote research into risk factors and protective factors, and the impact, efficacy, effectiveness and efficiency of the programmes for promotion, prevention and reduction of stigma in mental health.