

**Mental Health Promotion and Prevention  
Strategies for Coping with  
Anxiety, Depression and Stress Related Disorders  
in Europe  
(2001-2003)**

A project supported by the European Commission

**Policy Report**

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**Foreword:** This report on Policy is derived from the European Commission supported Project on Mental Health Promotion and Prevention Strategies for Coping with Depression, Anxiety and Stress Related Disorders in Europe. The policy issues and strategies have been prepared from the reports and evidence obtained from the three Sector Reports on Children, Adolescents and Young People up to age 24 years, Working Adults and Older People. These sector reports are annexed.

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## **Executive Summary**

Health, and mental health specifically, are affected profoundly by the impact of many significant environmental patterns and circumstances, such as biological, psychological, sociological, economic, political and cultural forces in our societies which have an influence on life styles and life events.

The mental health status of populations in different age epochs is influenced by many significant and different factors or variables such as individual factors, family structure and relationships, relationships at work, employment regimes, welfare and social systems and the like. However, social inclusion, neighbourhood solidarity and community development are all processes that aim to strengthen networks and structures that provide individual confidence, organisational resource support and community support all contributing towards improvement of health and mental health. This results in reducing health inequalities, raising educational and knowledge standards, combating social exclusion and developing sustainable employment and self-independence. All of these have their manifestations in creating positive mental health and protecting against common mental disorders.

It is a complex task to develop a policy and, subsequently, a strategy for mental health promotion and prevention of mental health problems, including anxiety, depression and stress related disorders. In this task, it is necessary to engage many dimensions across many different settings and societal sectors, at different levels (European, national, regional and local), each with competing and opposing perspectives rather than a single shared vision.

Mental health promotion and prevention can provide coping strategies for dealing with mental health problems such as anxiety, depression and stress related disorders. They can make a real difference to these areas of concern and can, in turn, help to promote positive mental health and thus health and well being in general.

Strategies for mental health promotion and prevention will include addressing barriers to the recognition of mental health as a component of public health and in sectors other than health alone. Employment, education, housing and legal sectors are other examples. A strategy for promotion and prevention involves the development of coping skills leading to the strengthening of resilience factors particularly in high-risk groups and settings, as well as actions in the community to reduce risk factors and to strengthen protective factors.

The experiences from this project have led to the recognition of the importance of a move towards a more holistic approach to the challenges of promotion and prevention in the mental health field. The need is for strategic approaches that are cognisant of the dangers of medicalising and stigmatising the nature of the

problems being addressed and of the virtue and value of stakeholder empowerment and involvement in planning, developing and implementing the appropriate interventions in practice. A robust and practical evaluation is essential for the effectiveness and practicality for transferability of interventions within the strategy for implementation.

The reflections of the analyses of practices identified in member states and presented by the three sectors of the project, bring into relief the elements of best practices in different settings and at different levels of implementation, from which the various policy and strategy elements are elaborated in this policy report.

### **Ten Key Recommendations**

1. Promotion and prevention activities in mental health are essential steps in reducing the increasing social and economic burdens in society due to common mental health problems such as anxiety, depression and stress related disorders and they contribute also to combating the stigmatisation caused by mental illness.
2. Mental health promotion and prevention activities are most effective when integrated throughout Europe in national, regional and local health policies, their strategies for implementation, and the subsequent intervention actions.
3. The promotion of life skills training for coping with anxiety, depression and stress related disorders requires specific interventions to be developed which will be focussed on different settings, for example in family life, in education, in the workplace and in health and welfare systems, for example in hospitals and in care homes for the elderly. Identified vulnerable groups and those at high risk of anxiety, depression and stress related disorders need also to be taken account of in the planning of focussed interventions.
4. Transitional life periods have a high potential risk for, anxiety, depression and stress related disorders. Intervention measures need to be focussed on these episodes of possibly stressful life events and need to be developed at national, regional and local levels. Vulnerability is increased for example during transition from childhood to working life and from working life to retirement.
5. Mental health promotion and prevention strategies for all interventions shall be based on the best available evidence of robustness and effectiveness.
6. Mental health of children, adolescents and young people is a crucial issue since it has an impact not only on the health of the current generation in this age group but also for their well being in their future adult years. Mental health

promotion and prevention strategies require support to be given to good parenting and to the development of a strong parent/child relationship. These form a basis for empowerment, self-confidence and resilience for a lifetime. A holistic approach to strategies for promotion and prevention in schools, colleges, universities and establishments that provide young people with training for work shall involve a co-ordinated approach that shall involve children, students, their teachers and parents.

7. Mental health actions on promotion and prevention of anxiety, depression and stress related disorders have a significant place in the world of work, and in particular, have a positive impact to well being at work as well as outside of work. Strategies for mental health promotion and prevention support personal development, empower individual competencies and offer a positive impact on mental health and well being throughout lifetime employment. Thus, mental health promotion and prevention shall be included in occupational safety and health schemes as well as promotion and prevention activities in enterprises.

8. In older people, mental health promotion and prevention of anxiety, depression and stress related disorders requires that supportive actions be created to ensure their social cohesion, social inclusion and their empowerment. Coping skills training and prevention of loneliness and isolation require to be taken account of in both community approaches and in care settings.

9. Multi-disciplinary and multi-sectoral working are essential to the effective strategies which need to be developed and implemented in mental health promotion and prevention in order to improve the coping abilities of individuals and communities at risk from anxiety, depression and stress related disorders.

10. The civil and human rights of persons suffering from common mental disorders such as anxiety, depression and stress related disorders require to be fully respected, as well as those of their families and carers with a view to combating stigmatisation and any consequential discrimination. Self help and non-governmental organisation support groups shall contribute valuable and innovative initiatives to mental health promotion and prevention activities.

## Introduction

This large-scale project aimed at building a European Strategy to initiate and implement actions on Mental Health Promotion and Prevention for coping with anxiety, depression and stress related disorders in European countries. A consortium of four organisations representing public bodies and non-governmental organisations competent in the fields concerned, each one encouraging multidisciplinary collaboration, has carried out the project.

The joint project follows several earlier projects carried out by different members of the consortium within the EC Health Promotion and Health Monitoring Programme of the Community Action Programme on Public Health 1996-2002. These projects included the following: - "Key Concepts on Mental Health Promotion", "Mental Health Promotion of Children to age 6 Years of age", "Putting Mental Health on the European Agenda", "Establishment of Mental Health Indicators", "Unemployment and Mental Health", "Success factors and Quality of Workplace Health Promotion", "Workplace Health Promotion in Small and Medium sized Enterprises", "Workplace Health Promotion in the public administration sector", "Workplace Health Promotion in Latin and Southern European countries" and "Mental Health Promotion of Children, Adolescents and Young People".

From experience gained from previous projects it was decided to collect information on best practices in mental health promotion and prevention activities with a specific focus in each member state on seeking information on preventive and promotional activities in coping effectively with anxiety, depression and stress related disorders in the three age epochs of childhood, working life and older people. Past experience of conducting projects on mental health promotion had revealed the value of employing strategies for targeting promotion and prevention actions towards high-risk age groups, and in high-risk settings. The project chose to focus therefore on the impact of prevention and promotion interventions aimed at reducing and combating the magnitude of the mental disorders of anxiety, depression and stress related disorders, in all age ranges, in transition periods of the lifespan and in different settings.

### The Project Partners

The project was carried out during the period November 2001-July 2003 and was managed by a Project Executive Committee, representing the four member organisations of the Consortium. For the sectors, the Europe wide Non Governmental Organisation Mental Health Europe (MHE) undertook the sector for children and adolescents up to 25 years. The Federal Institute for Occupational Safety and Health, Germany (FIOSH) undertook the sector for adult working age people from 25-60 years. The National Research and Development Centre for Welfare and Health, Finland (STAKES) undertook the sector for older people over 60 years. Project financial management and assessment was in the charge of the University of Deusto, Bilbao, Spain (UD). The national partners carrying out the project were from EU Member States and EEA countries and functioned within each sector as an active, collaborative network. These networks, responsible for the project, had previously gained invaluable experience and adopted effective working methods in collecting information and evidence of best practices in mental health promotion and

prevention practices as well as the means of achieving wide dissemination of relevant outcomes.

The Sector Reports annexed to this Policy Report contain the description of the process and methods of enquiry; investigation and analysis carried out in each sector. Each sector adopted and applied general guidelines and questionnaires in a standard format for the conduct of the work of the national partners. The sectors also used agreed criteria for methodological evaluation of the collected projects of mental health promotion and prevention strategies for coping with anxiety, depression and stress related mental health problems.

### Mental Health Promotion

Mental health promotion is viewed as an interdisciplinary and socio-cultural endeavour geared to the achievement of conditions that enhance the well being of individuals, groups and communities. The process is life long from pregnancy through childbirth, infancy, childhood and adolescence to adulthood and old age. Mental health promotion implies the creation of individual, social, societal and environmental conditions that enable optimal psychological and psycho-physiological development as well as a reduction in mental health problems. Mental health promotion can enhance emotional resilience, give rise to greater social inclusion and societal participation, can improve the person-environment fit, as well as increasing the productivity of individuals. However mental health promotion is not the prerogative of health staff alone. A multi-sectoral and multi-agency approach in practice leads to a significant reduction of mental health problems in general and in the prevalence of anxiety, depression and stress related disorders as well as an increase in understanding by the general public of positive mental health and well being.

Many factors outside health and social care influence the mental health and well being of our communities and thus significantly influence the need for a wide range of policy initiatives from all sectors and disciplines in society. It is these factors and the subsequent policies, gleaned from the best practices elicited by the three sectors of the project, that lend importance to the recognition of policy issues which are effective, affordable and transferable. From these are developed the consequential strategies that will take forward, and increase our knowledge and deliver the means of coping with and preventing common mental health problems such as anxiety, depression and stress related disorders.

## Prevention in Mental Health

Prevention of mental health problems is approached from the viewpoint of primary and secondary prevention. Primary prevention is directed at reducing the incidence (the rate of occurrence of new cases) in the community by reducing risk factors and strengthening protective factors. Primary prevention is achieved also by enhancing the coping abilities of people who are currently without a mental disorder but are believed to be at risk of developing a particular disorder. Secondary prevention involves efforts to reduce the prevalence of a disorder by reducing its duration of effect. Secondary prevention programmes are usually directed at people who show early signs and symptoms of a disorder and the goal is to shorten the duration of the disorder by early detection and prompt treatment intervention.

An important development in the concept of prevention has been the notion of targeting. In order to clarify this issue it is necessary to introduce three further definitions:

- Universal prevention refers to measures that are desirable for everyone, and the decision to implement them is taken if their benefits clearly outweigh their costs and risks.
- Selective prevention refers to measures that are deemed to be appropriate for specific population groups, age, sex or occupation, whose risk of becoming ill is above normal.
- Indicated prevention refers to measures for groups at sufficiently high risk for an illness that some intervention would appear to be clinically important such as persons experiencing a severe traumatic event.

It is also important to note that in practice mental health promotion and prevention of mental ill health are interlinked. The same measure contributes usually both to promotion of good mental health and to prevention of illness.

Some regard mental health as an umbrella concept and prevention of mental ill-health as one of its many outcomes.

## Anxiety and Depression

Anxiety, depression and stress-related disorders rank high among the common mental disorders in the general population in the community. They are likely to be the major cause of the increase in the burden of disability in years to come, as evidenced by the WHO World Health Report 2001. Estimates of the prevalence and incidence of these conditions vary depending on the definitions and case finding methods used, but for anxiety, depression and stress related disorders,



more than half of subjects experience episodes over a life time, with the risk of recurrence increasing with every successive episode.

The Global Burden of depressive disorders, in a study conducted by WHO and the World Bank, predicted that unipolar major depression will rank second after ischaemic heart disease in leading causes of Disability Adjusted Life Years (DALYS) by the year 2020. There is convincing evidence that depression exists with considerable frequency also in childhood and adolescence as well as in older people. In addition there are the problems arising from the complexity of diagnosis, management and treatment due to co-morbidity with anxiety, depression and stress related disorders, in which major issues arise from alcohol and substance abuse as well as psychosomatic presentation.

Addressing the rising problems of anxiety, depression and stress related disorders presents a substantial challenge to our communities, at home, in educational settings, in the workplace and in retirement. However there are many gaps in our knowledge of effective and affordable management of these disorders, including promoting and preventive interventions. This is so particularly in our knowledge of preventive interventions that are expected to lead to greater improvements in health, mental health and well being, which, in turn, lead to greater productivity of individuals, households and communities alike. It is important to determine the positive effects emanating from these preventive and promotional interventions. Both promotion and prevention activities in EU member states and EEA countries have been included for examination, analysis and evaluation in the project.

### Work Related Stress

Work related stress may be defined as a pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organisation and the working environment. It is a state characterised by high levels of arousal and distress accompanied often by feelings of not coping

### Policy and planning

The promotion of mental health and the prevention of common mental health problems, including anxiety, depression and stress related disorders requires policy initiatives, not only from the health sector, but also from the many other sectors of local, regional and national government. Undoubtedly the main policy areas are those which are influential at the individual level of family life, in

education and training, in employment and in retirement. Policy initiatives are required not only at national level but also at the community level of local or regional responsibility for welfare, education and training facilities, in enterprises and the workplace, and within the communities themselves. Among other major areas for policy development by member states are the statutory and voluntary services for health, welfare and social affairs. Policy development is required also at Inter-governmental agency levels, regional and global. In Europe, the intergovernmental agencies include the World Health Organisation Regional Office for Europe, the European Union, the Council of Europe and the International Labour Organisation.

The World Health Report 2001, "Mental Health: New Understanding, New Hope" launched globally by the WHO provides information on a wide range of strategies to improve mental health and prevent mental disorders. These strategies can contribute also to the reduction of other social problems such as youth delinquency, child abuse and absenteeism from work and days lost to illnesses, both physical and mental. Within the ten overall recommendations in the conclusions of the World Health Report 2001, public education, involvement of communities, families and consumers and linkage with other sectors feature among the minimum requirements for the improvement of mental health globally.

In 1995 the European Union adopted a Community Action Programme on health promotion, including mental health promotion, and implementation of a number of projects took place during the period 1996-2002. In the Project report "Framework for Promoting Mental Health in Europe", published in 1999, the key concepts of mental health promotion were defined, and the following priorities for action were proposed: 1) Enhancing the value and visibility of mental health; 2) Enhancing empowerment, participation and development of information society; 3) Promoting mental health in working life; 4) Considering mental health in unemployment; 5) Supporting and protecting children, young people and families with children; 6) Enhancing quality of life of elderly people; 7) Promoting mental health of alcohol and drug abusers; 8) Supporting research and development in the field; and 9) Developing information and dissemination systems concerning mental health. Several specific key areas of action were proposed under each of the main headings.

A project report "Public Health Approach on Mental Health in Europe", published in 2000, advocated strongly the need to shift the focus of mental health to a comprehensive population approach including promotion and prevention of mental health. A public health approach to mental health within the European context is important because of the vital contribution made by mental health to the well being of populations, and to the protection of their social, human and economic capital. The report declared that mental health is an indivisible part of public health. It is therefore of utmost importance that mental health and its promotion should be integrated closely with all public health strategies. The

value of mental health needs to be recognised throughout Europe and across all levels and all sectors of society.

Lavikainen J; Lahtinen,E; Lehtinen,V; Editors: Public Health Approach on Mental Health in Europe. National Research and Development Centre for Welfare and Health, STAKES, Finland, 2000.

The Council of the European Union, in a Resolution of November 1999 invites member states to develop mental health promotion policies, to develop and implement action to promote mental health and prevent mental illness and to stimulate research on mental health and its promotion. The Resolution calls on the European Commission to incorporate mental health into the public health programme and to consider drawing up a recommendation on the promotion of mental health and to assess the mental health impact of EU policies.

In November 2001, Council Conclusions on combating stress and depression related problems invited member states to take actions to improve knowledge on the promotion of mental health in primary care and other health services as well as in social services.

The EU Community Action Programme in the field of Public Health 2003-2008 (OJ L 271, 9.10.2002, p.1.) continues the commitment to promote health and prevent disease including specific actions also in mental health. It seeks to build on a review of existing best practices and to develop strategies for implementation of interventions to promote mental health and prevent anxiety, depression, suicide and stress related disorders

The Council of Europe Parliamentary Assembly in 2003 will establish an inquiry into mental health including promotion and prevention practices in Europe. This follows the earlier Council of Europe Recommendations on psychiatric services and the protection of the rights of people with mental health problems.

In 1989 the EU Framework Directive (89/391/EEC) recommended a holistic approach to the employees' well being at work including psychological well being as well as good physical health, as components of a preventive occupational safety and health policy. Although most countries of the European Union and those from the EEA, do have policies concerning health and safety at work, including policies on mental health in the workplace, there are significant numbers of countries that do not have such policies.

The new Community strategy on safety and health at work 2002-2006 (COM (2002) 118 final) has novel features. It adopts a global approach to well being at work, taking account of changes in the world of work and the emergence of new risks, especially of a psycho-social nature. As such, it is geared to enhancing the quality of work and it regards a safe and healthy working environment as one of the essential components. It is based on consolidating a culture of risk prevention, on combining a variety of political instruments- legislation, social

dialogue, progressive measures and best practices, corporate responsibility and economic incentives-and on building partnerships between all the players in the safety and health scene.

Prevention actions, which encompass these general policies, are directed towards identified vulnerable high-risk groups within the community for whom measures can be taken to avoid the onset of emotional disturbance and to enhance their level of mental health and well being. Prevention programmes are primarily educational rather than clinical in concept and operation, with their ultimate goal being to increase people's capacities for dealing with crises and for taking steps to improve their own lives.

Mental health promotion looks beyond prevention alone, towards social, economic and health benefits accruing from promotional actions and interventions. The overall objective of mental health promotion is to improve health and well being, to reduce the risk of mental health problems and to assist recovery from mental illnesses.

Much more needs to be done to ensure that mental health promotion activities are firmly incorporated in the health policies of member states in the EU and the EEA. While national policies for health, in some, already do incorporate mental health, they seldom include mental health promotion specifically. Promotion of mental health entails a psycho-social-cultural-educational approach. The objective is to promote social and functional competence, coping capacities and positive mental health.

In a general context mental health promotion activities should offer the means to strengthen coping skills of individuals in the family, at home, in educational settings, in the workplace and during the years of retirement. Such skills are needed throughout the life cycle and are used to counteract bullying and harassment, for example at home, at school or in the workplace. In addition, by ensuring good parenting skills in early years, by promoting self-esteem and self confidence in the years leading to adulthood, encouraging interpersonal communication and respect, and supporting the transition to retirement, improved mental health and well being can be maintained.

In the guidelines for the project, attention was drawn to mental health promotion as an important and protective intervention in the life cycle periods of transition, for example, from childhood to adolescence, from school and further education to adulthood and into working life. However, only one model of best practice of this kind could be found among those submitted. This was a project aiming to prepare people for retirement from employment. However it remains important to give emphasis to the importance of these transition periods for adequate policy planning and development.

Policy development can be influenced greatly by evidence of need. In each of the sector reports there is evidence that those countries that have data available, such as on prevalence and incidence of mental health problems, including research on mental health problems, appear to be more willing to invoke national policies that include promotional and preventive actions in mental health. The evidence of these actions arising from policy decisions was witnessed in this project by the greater number of projects submitted from those countries known to have policies on mental health promotion and prevention integrated within national plans and policies for mental health.

### Conclusions for strategy development

Developing a strategy for mental health promotion and prevention of common mental health problems, including anxiety, depression and stress related disorders, is a relatively new endeavour in the mental health field. Perhaps all the more so since neither the conceptual framework or the need has been well understood nor declared. It is a task that engages stakeholders from many sectors of society, from the statutory services and from civil society. The need for a policy and a strategy for mental health promotion and prevention follow significantly that which established health promotion in its own right as an essential component of a general health care policy. So, in the same mode, is mental health promotion and prevention seen to be an essential component of the mental health care policy of all member states on the one hand, and on the other hand also in general health promotion, thus encouraging inter-sectoral and multi-disciplinary approaches and taking account of factors necessary for the mental health and well being of individuals.

Health care alone cannot claim sole propriety of the task however. It is essential that many other sectors of government and civil society take a share of responsibility although the lead responsibility is better placed within health structures. Key players need to be identified at an early stage in building a strategy whether at national, regional or local levels. Consultation is not enough however and commitment to the strategy has to be assured.

The aims and objectives of a strategy for mental health promotion and prevention of common mental health problems will be evidence based, building on identified needs and the overall objective of attaining the highest level of well being and high quality of mental health care. Simultaneously the strategy will link with other policy initiatives of government supporting the interventions for promotion and prevention in the many settings, and in those populations at risk of developing mental health problems.

The strategy will identify target populations in selected settings, in consultation with stakeholders, among them representatives from users, families and carers, professionals, decision-makers and the lay public. The interventions included

within the strategy will take account of different levels of operation and will aim to strengthen organisations, communities and individuals in a variety of settings.

Public education will become an essential and contiguous component and objective of the strategy and alliances will be required with many elements of the media ensuring thereby the means of fostering positive public relations and the necessary involvement of civil society.

A training element of the strategy will require a working partnership development with existing training establishments and programmes in professional settings appropriate to mental health care but also in public and professional settings in the community, in the workplace and in the voluntary sector.

Having established the aims and objectives of the strategy, a structure for delivery and implementation needs to be created together with the identification of the necessary human and material resources. The strategy needs also to have a firm operational plan strongly evidence based for which adequate indicators for demonstrating progress and achievements are available ensuring effective evaluation and mental health monitoring as part of health monitoring in general.



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