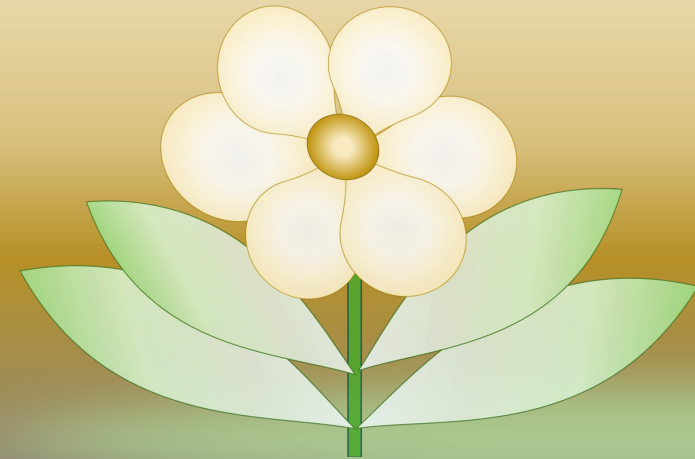


# Working effectively at promoting mental health in populations

progress, opportunities,  
learned lessons and future challenges  
**towards achieving public and social impact**

Clemens M.H. Hosman



Ecological framework

## **Why invest in promoting mental health?**

### **Where are we today?**

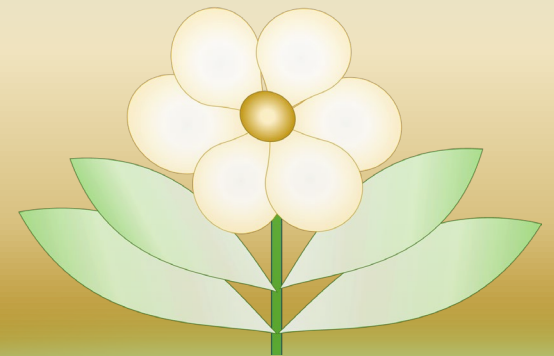
after 60 years of developing mental health promotion and prevention

### **Able to promote positive mental health ? prevent mental disorders?**

Effective strategies and interventions?

### **What have we learned from the past for the future?**

From effective interventions  
towards improving mental health in whole populations and communities  
**public mental health impact**

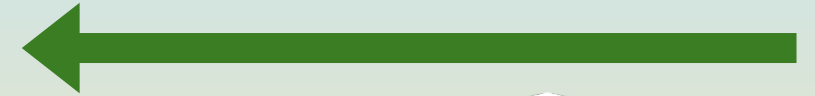


Mental Health

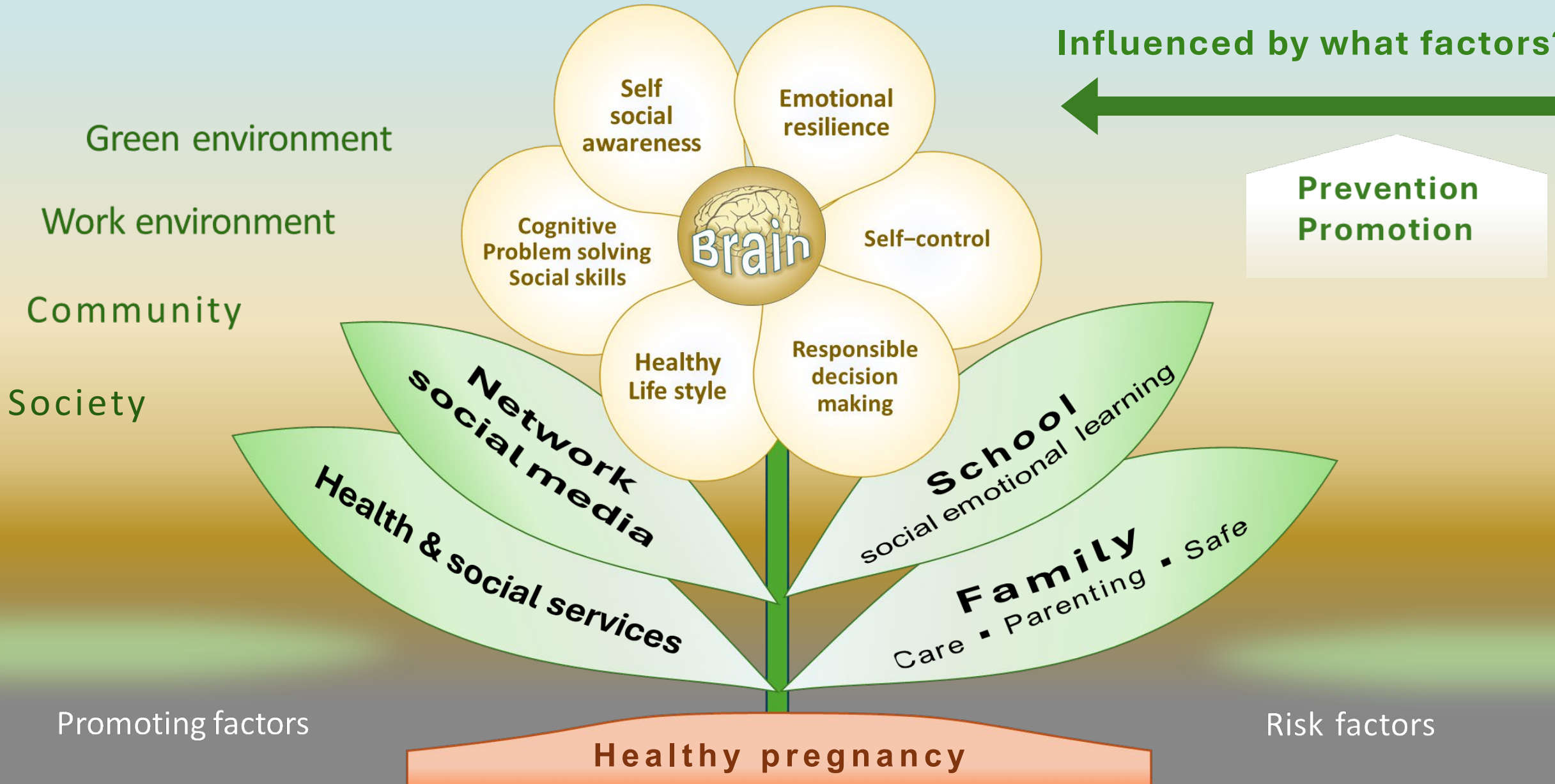
# Mental Health

mental disorders

Influenced by what factors?



Prevention  
Promotion



# Mental Health

mental disorders

Green environment

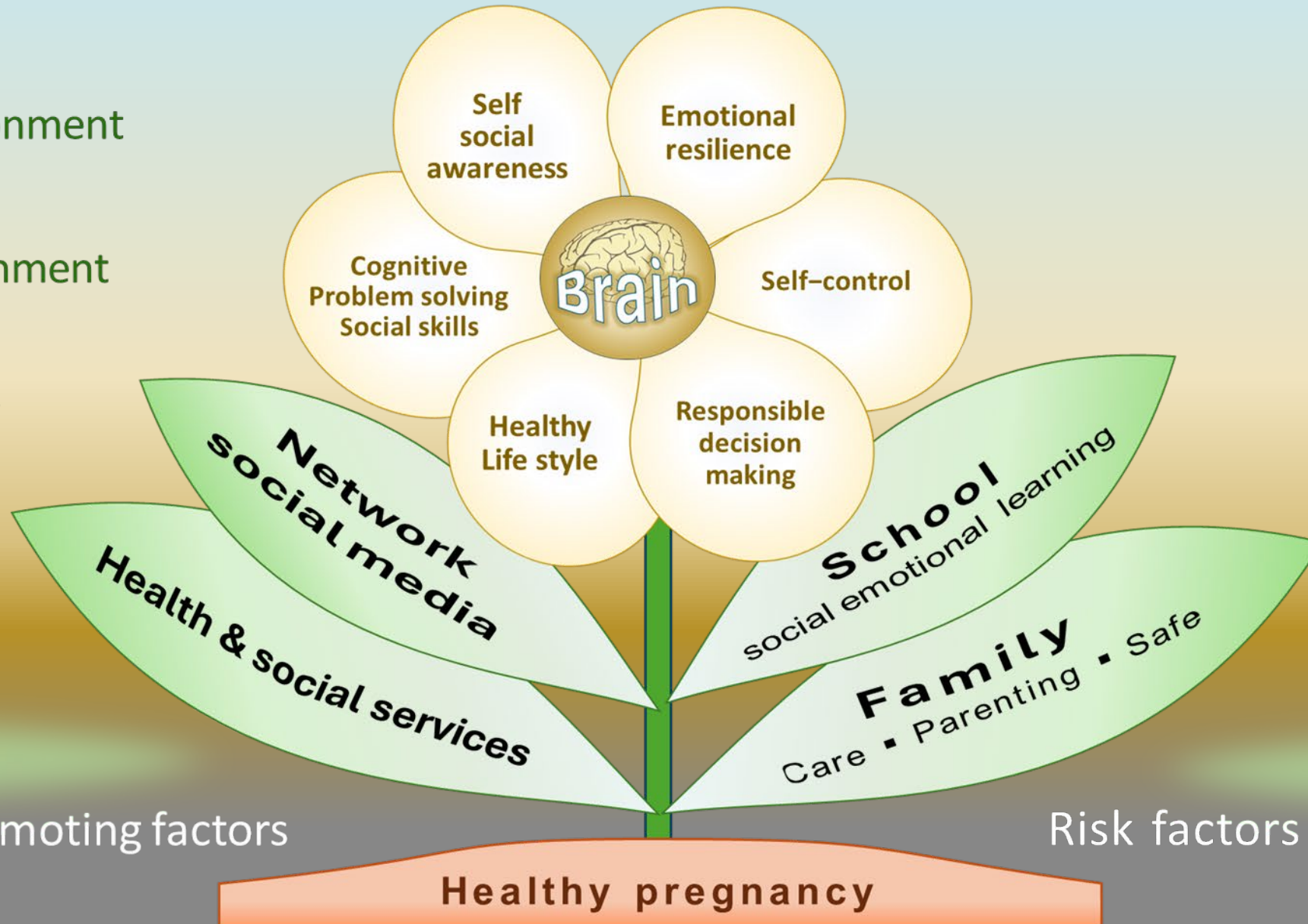
Work environment

Community

Society

Promoting factors

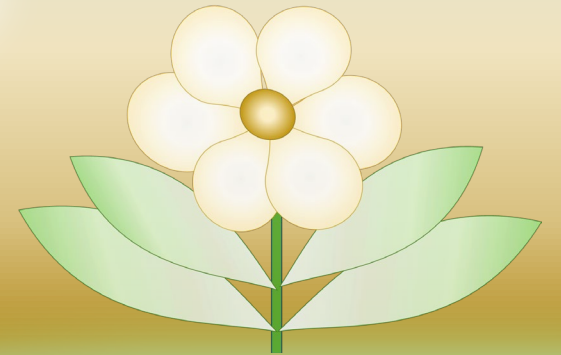
Risk factors



**Healthy pregnancy**

# WHY should we invest in mental health promotion & prevention?

- **Prevalence is high and increasing**  
mental disorders, dementia and poor mental health
- **Treatment gap** only a part of those with mental disorders gets treatment  
**Alarming increase in demand for MH care & long waiting lists**  
**Decreasing number of professionals / shortage**
- **Strong impact on quality of life, families, school, work, care, economy**  
**Enlarge social inequity**
- **National costs** of mental health care & indirect MH costs  
**fastly increase**





# Impact and costs of mental disorders ■ stress ■ poor mental health

<b>Physical health</b>	unhealthy life style chronic diseases
<b>Families</b>	quality parenting & care child abuse and early traumas } → lifelong impact brain, skills, vu
<b>School</b>	lower school achievements, school failure, early leaving
<b>Community</b>	substance abuse & violent behavior; social isolation, loneliness
<b>Work &amp; Income</b>	unemployment    incapacity to work lost productivity lower income level
<b>MH care</b>	long and increasing waiting lists growing shortage of care professionals
<b>National budget</b>	high costs of sociale benefits increasing costs of mental health care increasing % of national budget

Prognostic studies  
next 30 years

**Economic costs of  
mental /behavioral disorders  
will strongly increase**

**Costs might become  
unaffordable for countries**

Dutch Public Health Institute  
National costs for MH care  
5 x higher in 2060

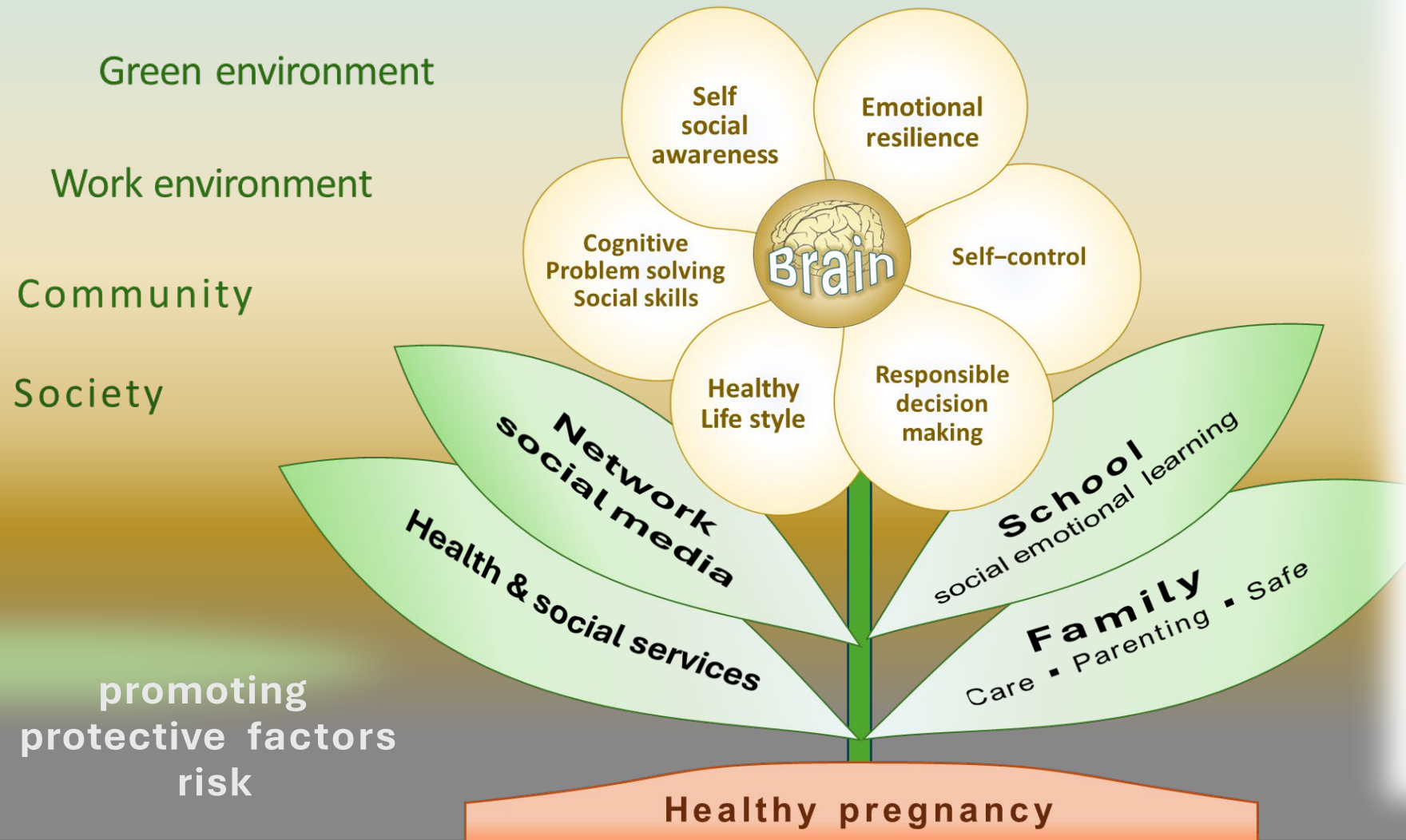
Canada 6 x higher in 30 years  
Doran et al. 2019

# Mental Health

mental disorders



Prevention-Promotion  
**Who has influence?**  
**Who are the players?**



**National**  
government organisations  
expert centres

**Regional**  
organisations  
networks

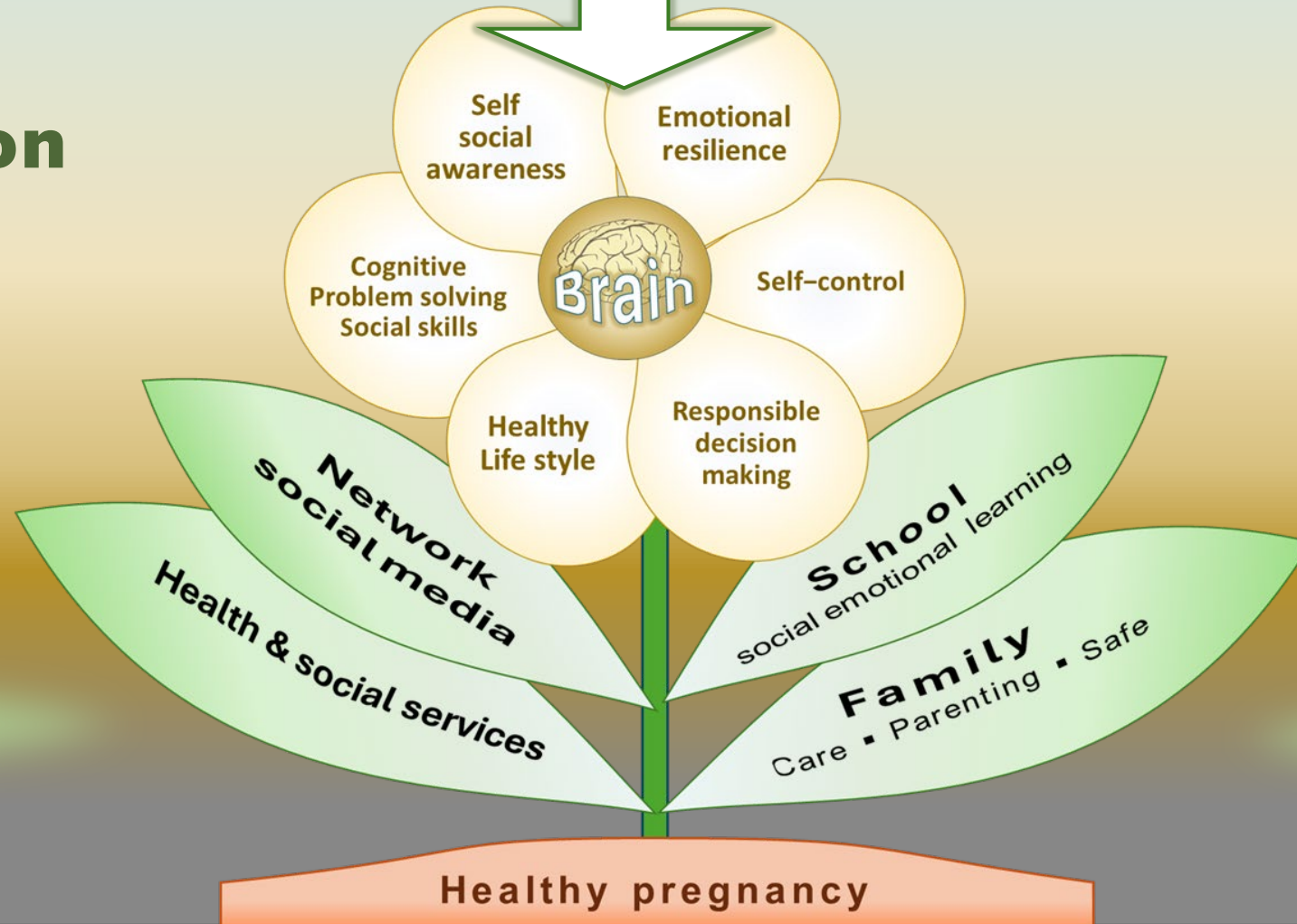
**Local**  
municipalities  
organisations  
professionals  
volunteers

**Citizens**  
and  
experts-by-  
-experience



**Strong common investment needed  
in strengthening positive public impact  
of mental health promotion & prevention**

**conclusion**





# Where are we today?

after 60 years of working worldwide at  
developing mental health promotion & prevention

1960s → 1980s

## **Inventing prevention in mental health within practice**

new initiatives   innovative practices   try-outs   improvements  
advocacy   theory   trained professionals

1990s → today

## **Effective interventions & programmes (products) and evidence**

**Prevention & Health promotion Science   Working elements**

national databases interventions   international exchange  
implementation in practice

2010s → today

## **Public and collective impact**

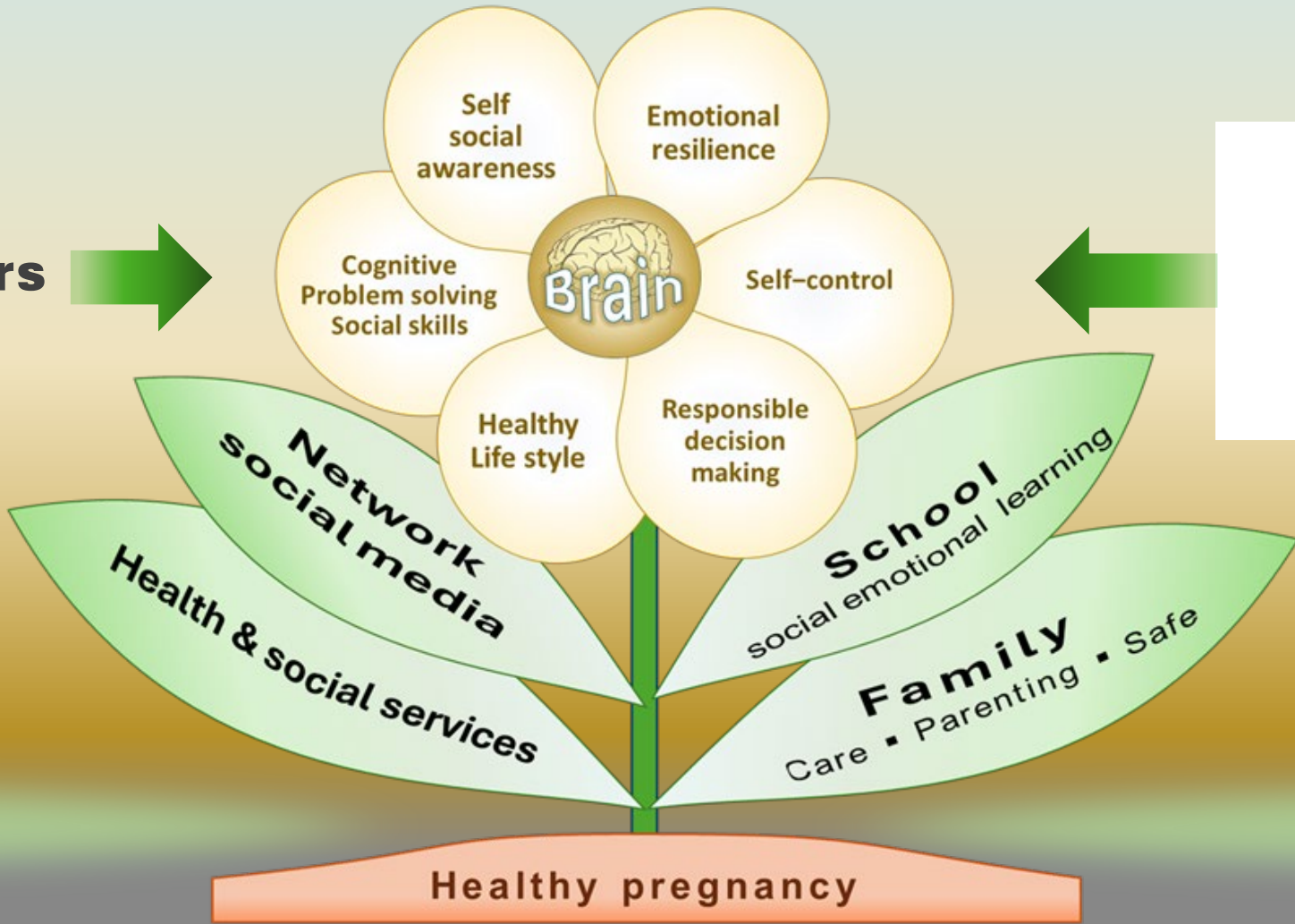
**improving mental health in whole communities & populations**

Integrating MHP in a wider public health and social approach  
co-development   infrastructure for prevention

# Mental Health

mental disorders

promoting  
protective **factors**  
risk

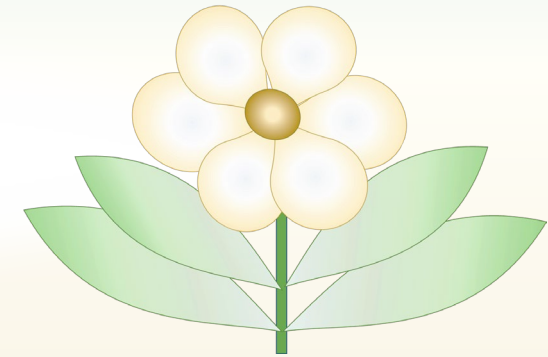


**Do we have  
interventions  
with proven  
positive effects?**



Over the last 30 years  
a wide range of preventive & promoting interventions  
have been developed,  
targeting mental health

Tested in multiple controlled studies  
and found to be **effective**  
with solid evidence



Exchanged and implemented around the world  
Described and available through national databases



**Community-based interventions for youth, adults, elderly**

Communities-that-Care  
 Social skill training and mentoring  
 Physical exercise Mind-body interventions  
 Loneliness interventions and social support  
 Financial support / Job clubs

**School-based interventions Primary and secondary schools**

Social-emotional skills training  
*preschool, elementary, secondary schools*  
 Interventions for high risk students  
 Anti-bullying programmes  
 Whole school approach: positive climate

**Prevention of depression anxiety and suicide**

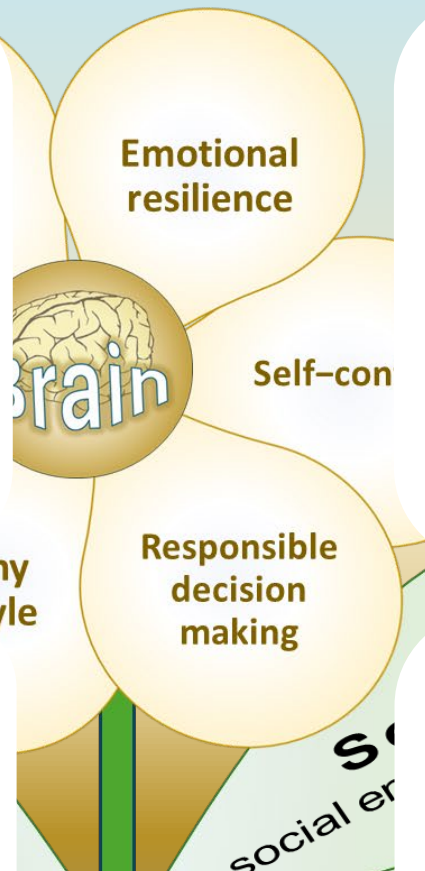
Coping with depression (CBT) in groups, primary care, online  
 Suicide prevention programmes  
 Mindfulness-relaxation-exercise training to prevent anxiety in schools  
 Perinatal interventions using cognitive behavioral and exercise training

**Promising Start of Life Programmes**

pregnancy  
 first 1000 days

**Parenting interventions**

Parental skills training & education  
 Digital parenting interventions  
 Home-visiting programmes  
 Preventive CBT guidance (indicated)  
 Supporting families with parental mental problems



## Some examples of promising effects found among participants in controlled studies

### Communities that care

multiple youth interventions  
attuned to the need profiles of communities

Study sample over 450.000 students

**After 10 years**  
**less adolescent substance use**  
**delinquency**  
**depression**

Chilenski et al 2019

### Prevention of depression

50 trials N=14.655

Cuijpers et al 2021

**- 19% depression onset after 1 year**

### Let's Talk about Children service model

families with parental mental illness Finland

**6.9% less referrals to child protection services.**

while referrals increased nationally

Niemelä et al.2019

### Combining parenting interventions and school-based social skills training

High risk children and families. Results after  $\pm$  15 yrs

**14.5 % less onset of psychiatric problems**

and less criminal behavior

Dodge et al. 2015

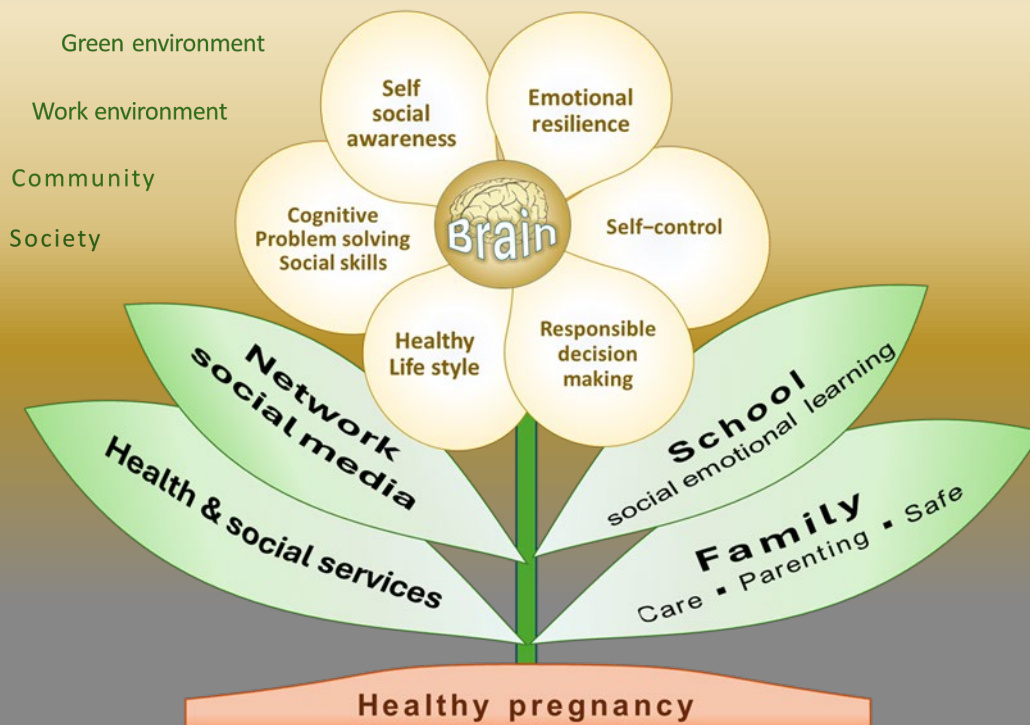
### Home-visiting programmes to high risk mothers

during pregnancy + first 2 yrs by a nurse

At age 15: **4.5 x fewer cases of child maltreatment**

Mothers: **fewer months on public assistance**

Eckenrode et al. 2017





## Innovative developments

E-health

combined programmes

➔ population effects

e.g. Triple P

Communities that Care

## Broad spectrum of preventive MH effects and positive social outcomes

well-being   mental health   mental disorders   substance use

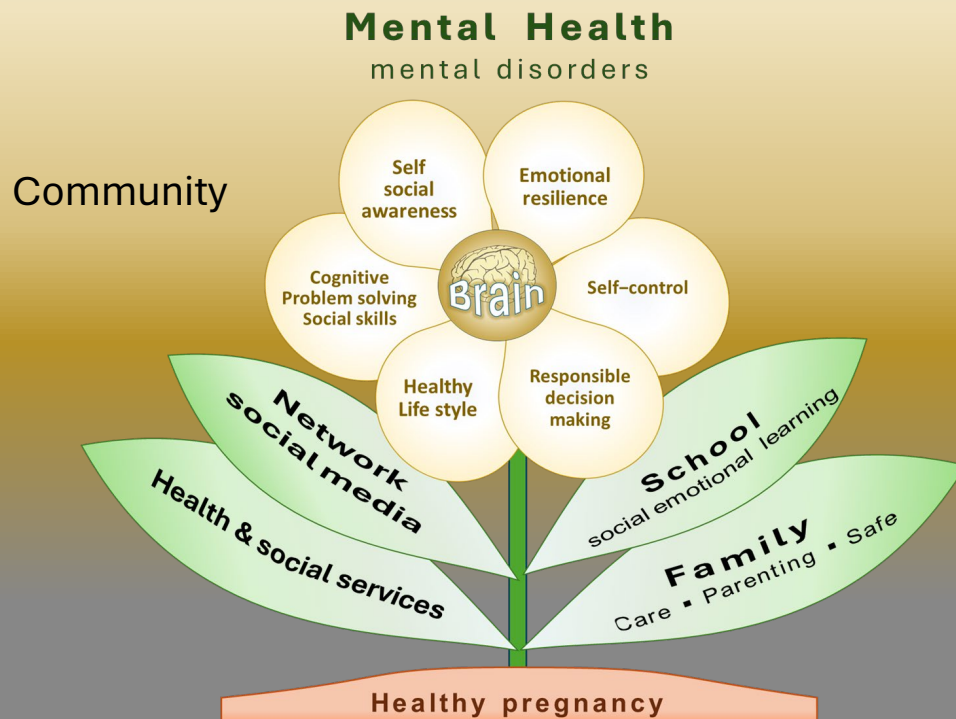
school achievements   income

child maltreatment   bullying   youth delinquency   suicide

Positive long term effects found  
up to 2, 5, 10, 15 years later

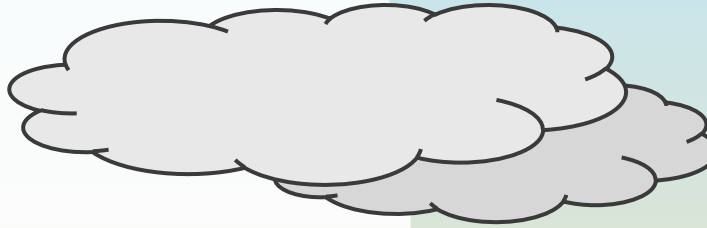
Economic evaluation studies  
show positive results

Cost-effectiveness  
Benefit-cost ratios



## Looking back

critical reflections . . .



**Proven effects still small to moderate**

**Limited use interventions**

**Poor reach in target populations**

**Resistance against 'standard products'**

Need for tailoring more flexibility

**Mental health addressed too isolated**

**Fragmentation - Silos**

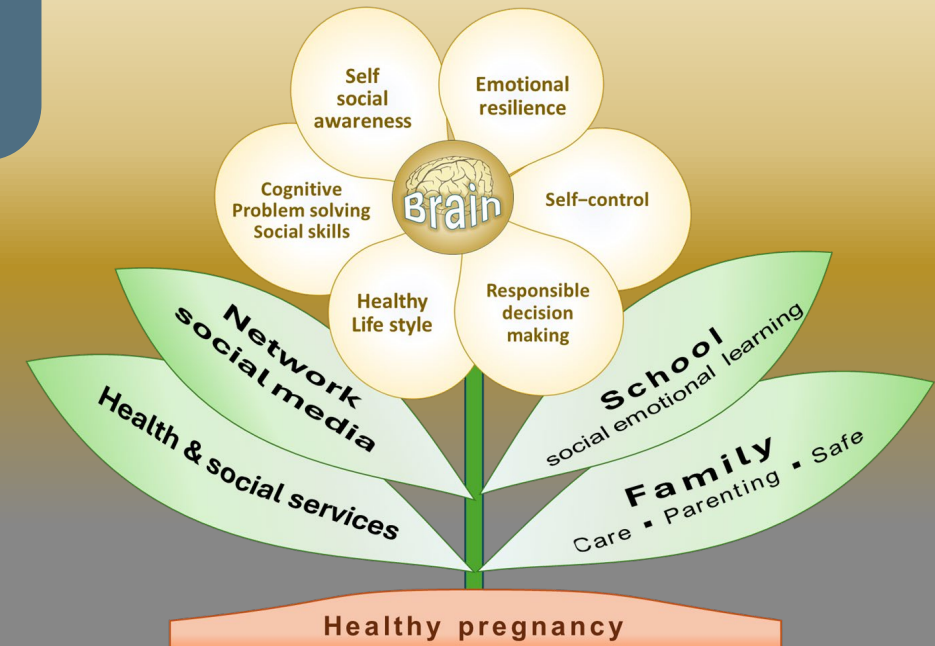
**Mostly person-focused  
not social and system factors**

**P&P infrastructure too weak**

**Low  
public  
reach  
& impact**

**also many innovative  
developments**

**Mental Health**  
mental disorders



# Future agenda for more public mental health impact

**Use effective interventions**

**Improve their effects  
working elements**

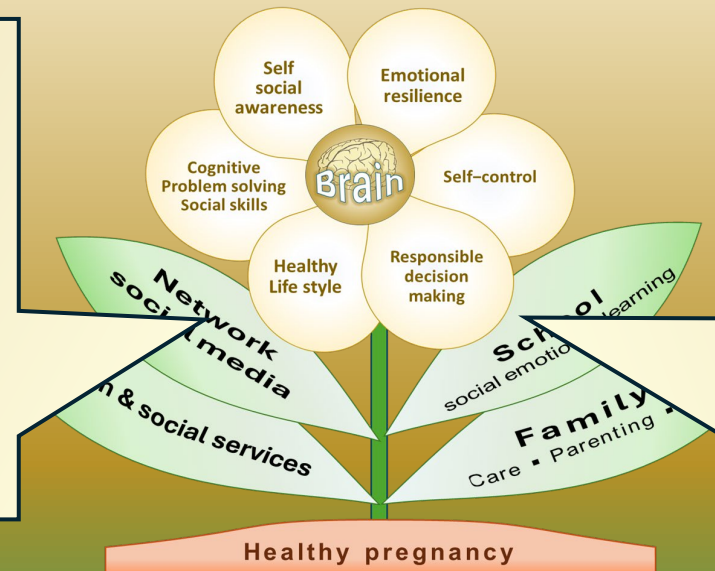
**Tailor and Co-develop**  
local target groups, needs and context

**Increase public reach**

**Upscale implementation**  
Interventions programmes

**Monitoring & Learning**  
output outcomes impact

**Mental Health**  
mental disorders



**Combine interventions**

➔ more powerful programmes

**Integrate mental health**  
in wider health and social  
policies & programmes

**Strengthen the infrastructure**

national ↔ local policy  
organization local collaboration  
budget expertise capacity  
leadership information

Thank you

Success with working at the next steps  
towards an impact-ful mental health promotion  
strategy and practice  
In Austria



# APPENDIX

## Some additional information on

Prevalence figures in europe

Social benefits of prevention

Prevention of dementia

Prevention domestic violence





# 1970 → 2010

“no evidence of an increase in prevalence of mental disorders”

<b>worldwide</b> systematic review Baxter et al. 2014	<b>point prevalence (%)</b>	<b>1990</b>	<b>2010</b>	21 world regions
	major depressive disorders	4.4	4.4	
	anxiety disorders	3.8	4.0	
<b>worldwide</b> systematic review Steel et al. 2012	<b>12-month prevalence (%)</b>	<b>1970-1980</b>	<b>2000-2009</b>	63 countries
	mental disorders	14.9	14.7	
<b>Netherlands</b> NEMESIS surveys De Graaf et al. 2012	<b>12-month prevalence (%)</b>	<b>1996</b>	<b>2007-2009</b>	
	mental disorders	17.1	17.5	
	mood disorders	7.4	6.1	
	anxiety disorders	10.2	10.1	
	substance use disorders	5.8	5,5	

Also Kessler et al. (2005) concluded from his national studies (US) no increase in mental disorders 1990-2003

# Increase in prevalence of mental disorders 2007 -2022

Europe????  
 Worldwide???

**Netherlands**  
 NEMESIS 2 and 3 CIDI 3.0 interviews  
 De Graaf et al. 2012, Ten Have et al. 2023

Representative samples  
 adult population 18-75 yrs.  
 3rd wave sample: 15.067

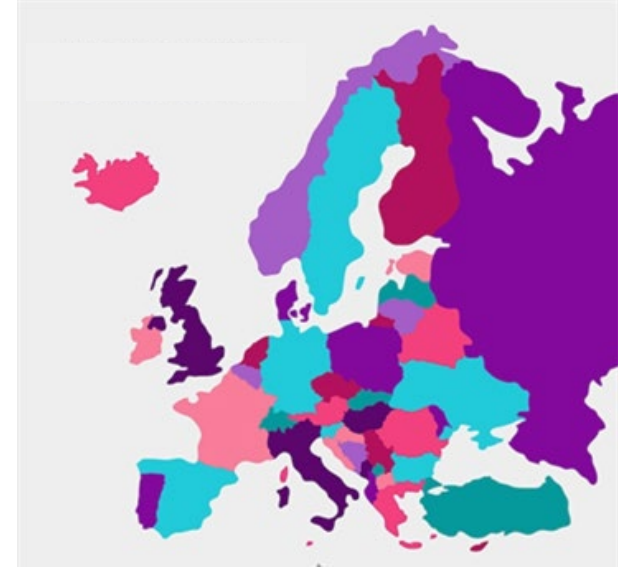
12-month prevalence (%)	1996	2007-2009	2019-2022	
mental disorders DSM IV	17.1	17.4	<b>26.1</b>	<b>(+ 50%)</b>
mood disorders	7.4	6.0	<b>10.8</b>	<b>(+ 80%)</b>
anxiety disorders	10.2	10.1	<b>15.6</b>	<b>(+ 54%)</b>
substance use disorders	5.8	5,5	<b>7.1</b>	<b>(+ 29%)</b>

## Conclusions

- annually 1 in 4 adults suffer from a DSM IV mental disorder**  
 COVID-19 had no or minor impact on increase prevalence (separate study)
- 1 in 4 children between 0 –18 yrs 900.000 children**  
**grow up with a parent with a mental disorder or problematic substance use**

# prevalence of current depressive disorders differs across European countries

Study across **27 European countries**  
representative samples 15 yrs or older  
Arias- de la Torre et al. 2021 (data 2013-2015)



## Point-prevalence Major Depressive Disorder *across a period of 2 weeks*

measure PHQ-8, score 10<  
DSM criteria

West-European countries ± 7% - 9%  
East-European countries ± 3% - 5%



**Austria 2013-2015\***

**4.3%**

**± 331.000**

**Austrians**

15 yrs or older\_

*12-month prevalence figures will be higher!*

across a period of two weeks

\* represents the most recent available figures , compared with data presented by Laszewski et al (2018)

# Where are we in prevention of cognitive decline and dementia in elderly? \*

## Dementia is expected to increase

- growing % of elderly in population
- increasing life expectancy,
- prevalent population risk factors

## Dementia will become a major source of burden to:

- future health & social care systems in our communities
- national health & social care budgets

## Recent estimations:

between 30-40% is preventable

## Modifiable risk factors

- Low level physical activity & exercise
- Poor diet and hypertension, overweight, diabetes
- Smoking
- Excessive alcohol use
- Hearing loss
- Traumatic brain injury
- Psychosocial factors: lack of contact & social stimulation, stress, depression
- Air pollution

\* Based on recent scientific reviews: Walsh et al. 2024; Coley et al. 2022; Hafdi et al. 2021; Livingstone et al. 2020; Alty et al. 2020; Grande et al. 2020;



# Effects of ‘Voorzorg’ in Netherlands

## Nurse Family Partnership for vulnerable mothers

(Mejdoebi, Crijnen et al., 2013, 2014, 2015)

**Design:** RCT - 460 young ‘first-time’-mothers at high risk  
 ± 50 home visits: 20 weeks pregnant → end 2<sup>nd</sup> year

*control- (C) and intervention group (I)*

*percentages*

*RR*

**mothers victim of mental /physical violence**

**C**

**I**

during pregnancy

58% → 40%

24 months after birth

44% → 26%

**sexual partner violence**

18% → 3%

**at 6 mths: Breast feeding**

6% → 13%

**Registered cases (3 yrs) of child abuse**

19% → 11% .58

**Children : Internalising problems**

31% → 17% .56



# Mental Health

Promotion  
Prevention  
programmes  
show also

## **Social and economic Benefits**

Crucial for involving  
Stakeholders  
valuing these outcomes



- **domestic violence ↓**
- **youth delinquency ↓**
- **violence ↓**
- **losses productivity ↓**
- **cost welfare ↓**
  
- **income ↑**
- **school achievement ↑**
- **social participation ↑**

**Economic benefits exceed costs of programmes up to 10x**

IOM Report 2009; MHEEN Report of Zechmeister et al. 2008;  
Aos et al. 2004 on >50 early childhood studies

# MY POSITIVE HEALTH

- Looking after yourself
- Knowing your limitations
- Knowledge of health
- Managing time
- Managing money
- Being able to work
- Asking for help



DAILY FUNCTIONING



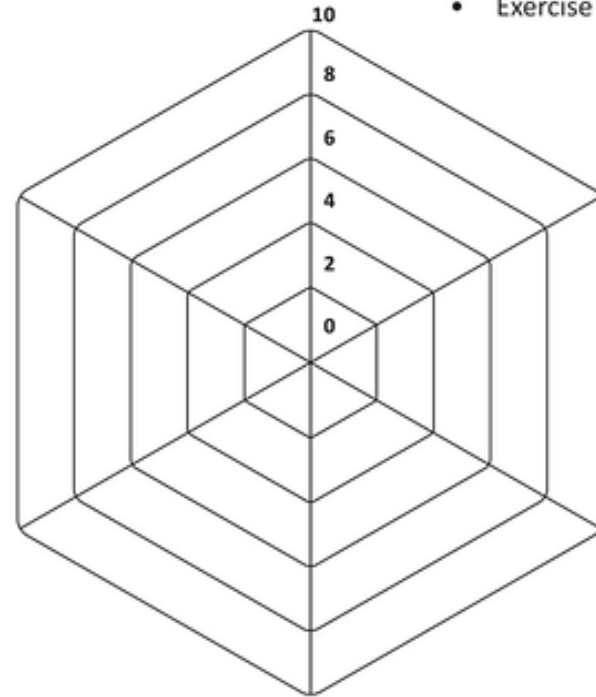
PARTICIPATION

- Social contacts
- Being taken seriously
- Doing fun things together
- Having the support of others
- Belonging
- Doing meaningful things
- Being interested in society



BODILY FUNCTIONS

- Feeling healthy
- Feeling fit
- Having complaints and/or pain
- Sleeping pattern
- Eating pattern
- Physical condition
- Exercise



MENTAL WELL-BEING

- Being able to remember things
- Being able to concentrate
- Being able to communicate
- Being cheerful
- Accepting yourself
- Being able to handle changes
- Having control



MEANINGFULNESS

- Having a meaningful life
- Being high-spirited
- Wanting to achieve ideals
- Feeling confident about
- Accepting life
- Being grateful
- Continue learning



QUALITY OF LIFE

- Enjoyment
- Being happy
- Feeling good
- Feeling well-balanced
- Feeling safe
- Living conditions
- Having enough money

Source  
Machteld Huber  
Institute of Positive  
Health  
Netherlands

# MIJN POSITIEVE GEZONDHEID



## LICHAAMSFUNCTIES

- Je gezond voelen
- Fitheid
- Klachten en pijn
- Slapen
- Eten
- Conditie
- Bewegen

10

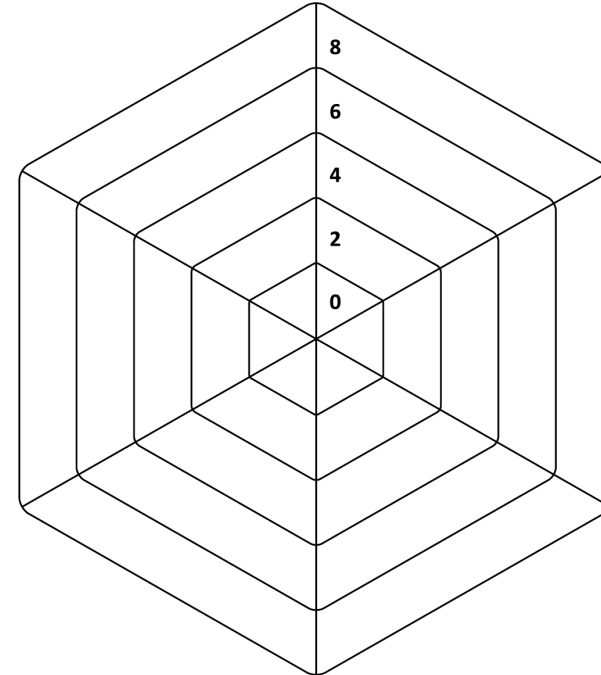
8

6

4

2

0



## DAGELIJKS FUNCTIONEREN

- Zorgen voor jezelf
- Je grenzen kennen
- Kennis van gezondheid
- Omgaan met tijd
- Omgaan met geld
- Kunnen werken
- Hulp kunnen vragen



## MEEDOEN

- Sociale contacten
- Serieus genomen worden
- Samen leuke dingen doen
- Steun van anderen
- Erbij horen
- Zinnvolle dingen doen
- Interesse in de maatschappij



## MENTAAL WELBEVINDEN

- Onthouden
- Concentreren
- Communiceren
- Vrolijk zijn
- Jezelf accepteren
- Omgaan met verandering
- Gevoel van controle



## ZINGEVING

- Zinvol leven
- Levenslust
- Idealen willen bereiken
- Vertrouwen hebben
- Accepteren
- Dankbaarheid
- Blijven leren



## KWALITEIT VAN LEVEN

- Genieten
- Gelukkig zijn
- Lekker in je vel zitten
- Balans
- Je veilig voelen
- Hoe je woont
- Rondkomen met je geld