

Fact Sheet: Understanding Promotion of Healthy Behavior and Prevention of Mental, Emotional and Behavioral Health Disorders

This fact sheet offers a guide to the basic concepts of prevention and promotion as they apply to mental, emotional and behavioral (MEB) disorders.

Behavioral health prevention and promotion is a newly emerging field that is starting to receive significant attention. In 2009, the Institute of Medicine and National Academies of Science released “Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities.” The report identified a range of programs that target young people with specific risk factors; promote positive emotional development; and build on family, school, and community resources. These programs have been proven effective at reducing and preventing MEB disorders in children and youth. The report concluded that “making use of the evidence-based interventions already at hand could potentially save billions of dollars by preventing or mitigating disorders that would otherwise require expensive treatment.”ⁱ

The health care reform actⁱⁱ enacted in 2010, directs the health care system to invest more in health promotion and disease prevention. In June 2011, the Surgeon General released the National Prevention Strategy, a requirement of health care reform.ⁱⁱⁱ The Strategy identifies mental health and addiction prevention as two of the seven priority target areas.

What are MEB health promotion and prevention programs? How do they differ from treatment? What do they aim to achieve?

Behavioral health care has focused on diagnosing and treating specific mental illnesses and substance use disorders. Intervention does not occur until a person with symptoms of a disorder seeks help. Promotion programs intervene at a selected stage of development to strengthen the person and make them less vulnerable to adversity and less likely to engage in unhealthy behaviors. Prevention programs target those at most risk of developing mental illnesses and substance use disorders in order to prevent them from starting.

The diagram below visualizes this distinction.^{iv} It shows promotion, prevention, treatment and maintenance as a continuum of interventions, with promotion and prevention taking place before the onset of a disorder. Note that promotion also underlies the whole continuum, because health promotion is useful for all anyone, whether or not a disorder is present. For example, an adolescent being treated for bipolar disorder can benefit from a promotion program that helps them resist drug addiction.

The diagram divides prevention into universal interventions targeted at whole populations independent of their risk factors; selective preventive interventions targeted at individuals or population subgroups who have elevated risks of developing behavioral health conditions, and indicated interventions targeted at individuals who are exhibiting early signs of developing a condition or have inherited risk factors indicating a predisposition for a disorder.

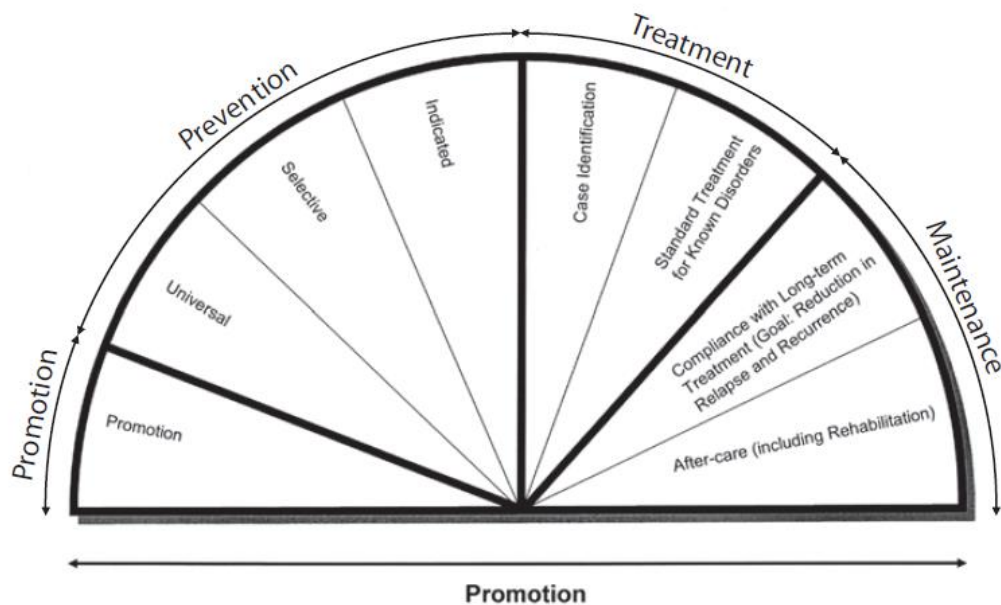


FIGURE 3-1 Mental health intervention spectrum.

SOURCE: Adapted from IOM, *Reducing Risks for Mental Disorders, Frontiers for Preventive Intervention Research*, 1994.

Promotion. Promotion is generally defined by the outcome that the intervention, service, or policy is intended to affect. The IOM Report definition characterizes promotion as

efforts to enhance individuals' ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen their ability to cope with adversity. ^v

Promotion programs can be targeted to individuals or communities and programs and policies can be targeted to promote the health of vulnerable groups or society as a whole. ^{vi}

Programs that strengthen individuals increase emotional resilience through interventions to promote self-esteem, and life and coping skills such as communicating and negotiating, relationship skills and parenting skills. For example, in the Nurse-Family Partnership, visiting nurses support low-income, first-time mothers. Research trials show that the program reduces abuse and neglect, enhances children's behavioral development, raises the mothers' economic wellbeing, increases the time between pregnancies, and lowers children's arrest rates as adolescents. ^{vii} This illustrates the point that addressing common risk factors for diverse problems and disorders can have wide ranging and long term effects.

Programs that strengthen communities engage the community in creating healthier norms and reducing problem behaviors. One example is Communities That Care, a program that gets community leaders involved in identifying local problems and finding proven interventions to address them. The

Communities That Care process has been proven effective in preventing underage drinking, tobacco use and delinquent behaviors.^{viii}

Prevention. While the promotion of mental health addresses the potential of improving emotions, functioning, and health-fostering environments, the prevention of mental, emotional and behavioral problems addresses a reduction in the risks for developing diagnosable conditions and/or problem behaviors. Prevention programs have shown significant effects for preventing substance abuse, conduct disorder, antisocial behavior, aggression and child maltreatment.^{ix} Prevention programs also target specific mental illnesses. For example, there are indications that incidence of adolescent depression can be reduced through timely intervention. Research also suggests success in averting the onset of ADHD and anxiety disorders in children.^x

Risk Factors and Protective Factors. Promotion and prevention interventions operate to strengthen protective factors and to reduce exposure to risks. The 2009 IOM report defines risk factors as a measurable characteristic of a person or environment that precedes and is associated with an adverse outcome. Risk factors can occur at multiple levels, including biological, psychological, family, community, and cultural levels. Protective factors are defined as characteristics of the individual, family, or community that are associated with a lower likelihood of problem outcomes. The scientific literature has documented well-established risk and protective factors for mental health and substance use conditions at the individual, family, school, and community levels that are targets for preventive interventions.

Resilience. Resilience refers to the capacity of individuals or communities to maintain a relatively stable equilibrium and healthy levels of psychological and physical functioning despite exposure to adversity.^{xi} Strengthening resilience is a primary goal of promotion programs. While protective factors are positive influences that originate outside the person, resilience can be seen as the internalization of these factors, enabling the person better survive adversities.

Resilience has been defined in various ways. But two common elements of the definitions are:

1. There must be an exposure to some kind of adverse event or threat that is necessary to detect resilient outcome.
2. Resilient outcomes entail more than the amelioration of distress or symptoms but broaden to include positive adaptation.^{xii}

Mental Health. The goal of promotion programs is enhancing mental health. What does mental health mean? Mental health is not simply the absence of mental illness. The chart below offers several contemporary definitions of mental health. All of these definitions share a similar focus on the possession of capacities and/or skills that allow individuals to function successfully in relation to life tasks that are appropriate for their developmental stage. They often feature social, emotional and cognitive components involving the ability to fully engage and enjoy life. As such, it is clear that mental health involves a set of affirmative characteristics for successfully negotiating life tasks and enjoying the process.^{xiii}

Definitions of Mental Health Source

IOM Report^{xiv}

Definition

The extent to which individual children or groups of children are able or enabled to (a) develop and realize their potential, (b) satisfy their needs, and (c) develop the capacities that allow them to interact successfully with their biological, physical, and social environments .

The World Health Organization^{xv}

Mental health is a state of well-being 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.

The Canadian Institute for Health Information^{xvi}

The capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with challenges we face.

Surgeon General's Report^{xvii}

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.

Health Education Authority of the United Kingdom^{xviii}

Mental health is the emotional and spiritual resilience which allows us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own, and others' dignity and worth.

ⁱ Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities: Report Brief, March 2009. http://www.bocyp.org/prevention_costs_benefits_brief.pdf

ⁱⁱ Patient Protection and Affordable Care Act of 2010.

ⁱⁱⁱ National Prevention Strategy, America's Plan for Better Health and Wellness. <http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf>

^{iv} Reducing Risks for Mental Disorders, Frontiers for Prevention Intervention Research. 1994. National Academies Press. http://www.nap.edu/catalog.php?record_id=2139

^v Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities. National Research Council and Institute of Medicine. 2009. Page 67.

^{vi} Mentality. (2005). How does mental health promotion work? Available at www.mentality.org.uk (originally accessed 8 October 2005), as summarized in: Cattan, M. & Tilford, S., eds. (2006). *Mental Health Promotion: a Lifespan Approach*. Berkshire: Open University Press.

^{vii} Nurse-Family Partnership. <http://www.nursefamilypartnership.org/proven-results>

^{viii} Pennsylvania Commission on Crime and Delinquency.

http://www.portal.state.pa.us/portal/server.pt/community/communities_that_care/5461

^{ix} Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities. National Research Council and Institute of Medicine. 2009. Chapter 7, page 195.

^x Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities. National Research Council and Institute of Medicine. 2009. Page 152. Chapter 7, page 191.

^{xi} Bonanno, G.A. (2004) Loss, trauma and human resilience. *American Psychologist*, 59(1), 20-2. Also see Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2007). *Promotion and Prevention in Mental Health: Strengthening Parenting and Enhancing Child Resilience*. DHHS Publication No. CMHS-SVP-0175.

^{xii} Luthar, S.S., & Cicchetti, D.(2000) The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12, 857–885. Also see Davis, M.C., Luecken, L., & Boker, S.M. (2009). Resilience in common life: Introduction to the special issue. *Journal of Personality*, 77(6), 1637-1644.

^{xiii} Situational Analysis: Issues of Relevance in Designing a National Strategy to Promote Mental, Emotional, and Behavioral Health and to Prevent/Reduce Mental Illness and Substance Use Disorders
D. Shern, S. Steverman, E. Ahmed, & P. Shea. Page 29.

^{xiv} Op. Cit. page 68. check

^{xv} World Health Organization. (2001). Strengthening mental health promotion. Fact sheet number 220. Geneva: World Health Organization. Retrieved from <https://apps.who.int/inf-fs/en/fact220.html>

^{xvi} Government of Canada. (2006). The human face of mental health and mental illness in Canada. Minister of Public Works and Government Services Canada. Retrieved from http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf

^{xvii} U.S. Department of Health and Human Services. (1999). Mental health: A report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Mental Health. Retrieved from <http://www.surgeongeneral.gov/library/mentalhealth/home.html>

^{xviii} Health Education Authority. (1997). Mental health promotion: A quality framework. London: HEA.

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