Mental Health Promotion:
A Literature Review

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INTRODUCTION

As a state of complete physical, mental and social well-being, health is influenced by many interconnecting factors. Mental health is an essential component of health and is a resource to help us deal with the stresses and challenges of everyday life. Good mental health contributes to the quality of our lives as individuals, as communities, and as a society in general.

Mental health is created in our interactions with the world around us, and is determined by our sense of control in dealing with our circumstances and by the support we have to help us cope (CMHA-NL, 2001). An individual who has good mental health is able to realize his or her own abilities, cope with the stress of everyday life, work productively, and contribute to the community (WHO, 2001). Good mental health protects us and helps us to avoid risk-taking behaviours that contribute to poor mental health (Moodie & Jenkins, 2005; NeLMH, 2004).

While individuals and communities have the capacity for good mental health, they require support in order to achieve and maintain it. The process of enhancing protective factors that contribute to good mental health is called mental health promotion. The following is a review of recent mental health promotion literature that synthesizes current general concepts, evidence of effective interventions, and practice in this growing field.

What is mental health promotion?

Mental health promotion builds individual and community capacity by enhancing people's own innate ability to achieve and maintain good mental health, and by creating supportive environments that reduce barriers to good mental health. As an approach to wellness, it focuses on the positive aspects of health such as assets and strengths rather than focusing on deficits and needs, and it emphasizes the value inherent in good mental health. It aims to achieve wellness for the entire population by addressing the determinants of mental health by applying the health promotion strategies of the *Ottawa Charter*. It relies on the collaboration of all sectors of society with meaningful participation of those most affected-- individuals, families and communities--and by intervening and taking action at each of these levels to build capacity, including the structural or policy level (Jané-Llopis, Barry, Hosman, & Patel, 2005).

Health promotion and illness prevention are distinct concepts, but they are complementary and overlapping (Lahtinen, Joubert, Raeburn, & Jenkins, 2005). The focus of health promotion is to strengthen and enhance the capacity for health that already exists; the focus of prevention is to avoid illness, which is seen as a lack of health. Within the field of mental health promotion, there are differing views about the degree to which promotion and prevention overlap and the point at which these concepts converge. Good mental health is not the absence of mental illness, and preventing illness will not guarantee good mental health. Some people are more mentally healthy than others, regardless of whether or not one has a diagnosis of a mental illness (CMHA, "Meaning of Mental Health"; WHO, 2001).

Health and illness are not mutually exclusive and can coexist. People with mental illness have resources and skills to draw on to protect them against poor mental health, and are affected by the same factors as those without mental illness (MHPU, 2003; Pape & Galipeault, 2002).

While some groups are more vulnerable to poor mental health than others, the population health approach to mental health promotion aims to reduce the burden of mental health problems by improving the mental health of the whole population. The health of the whole population is determined by the following: income and social status, social support networks, education, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture (PHAC, 2002). These determinants can then be grouped into the following three themes for mental health promotion:

- *Social inclusion (supportive relationships, involvement in community and group activity; and civic engagement);*
- *Freedom from discrimination and violence (valuing diversity, physical security, self determination and control of one's life);*
- *Access to economic resources (work, education, housing, money)*

<div align="right">(Victorian DHS, 2006)</div>

EVIDENCE OF EFFECTIVE INTERVENTIONS

A population health approach also uses evidence-based decision-making (PHAC, 2002). In mental health promotion, evidence is necessary for policy makers to justify their spending, for practitioners to plan and implement programmes, and for those affected to know if the interventions will benefit them (Barry & McQueen, 2005). Mental health promotion interventions aim to reduce the risk factors that contribute to poor mental health and enhance the protective factors, which contribute to good mental health, but they also produce many other health, social, and economic benefits. Examples of effective interventions to promote good mental health include: strengthening parenting skills in early childhood; preventing or reducing bullying in schools; addressing workplace stress and creating a work-life balance; and providing opportunities for meaningful community involvement through volunteering.

However, the evidence of mental health promotion effectiveness is still emerging, and while there is no consensus on what works best, there are recognized groups of risk and protective factors that can be reduced or enhanced by interventions (Barry, 2005). Both the theoretical and the evidence bases need to be broadened to help inform and expand work in this area. Research studies and reviews mainly focus on outcomes, and not on the process of implementation or programme quality, which are necessary to understand positive outcomes (Barry, Domitrovich & Lara, 2005). Even though the evidence base is not well developed, practitioners, policy makers and researchers have moved ahead with mental health promotion practice because of the burden of suffering and costs related to mental health problems, and because the evidence that is emerging indicates that the interventions are

effective (Zubrick & Kovess-Masfety, 2005).

Risk behaviours, social and economic problems, and rates and severity of physical and mental illness can be reduced by strengthening protective factors for good mental health (Moodie, 2005; NeLMH, 2004). The absence of protective factors in the presence of risk factors can result in behaviours associated with poor mental health, such as increased crime, low educational attainment, problematic substance use, depression and suicide, all of which have broader social and economic consequences (Moodie, 2005). Both risk and protective factors can exist at the individual, community, and structural levels, as well as in different settings and situations (NeLMH, 2004). For example, some of the protective factors at the individual level for the entire population include self-esteem, a sense of coherence, personal coping skills, social support, sense of mastery or control, ability to form and sustain satisfying relationships, resilience, sense of belonging, and optimism. (MHPU, 2003; Moodie & Jenkins, 2005). These are also indicators of good mental health.

The population health approach to mental health promotion looks at mental health across the lifespan, from birth to death. The determinants of health affect everyone but there are different issues related to each stage of development that can create vulnerabilities for poor mental health. Interventions are generally focused on the settings where these populations create and maintain health: at home, at school, at work, and in the community.

Early Childhood

The mental health of parents affects the mental health and development of their children. To ensure good mental health in the first six years of life and beyond, mental health promotion in early childhood builds protective factors by enhancing the life skills that are appropriate to the age and culture of infants, toddlers and preschoolers, and by improving parent-child interactions (Kiefer, Cohen & Pape, 2004; WHO). Interventions that target parents develop and strengthen coping strategies and parenting skills, and create supportive environments for parents and children to practice good mental health. Interventions such as group education of parents, home visiting programmes, and childcare programmes outside the home have proven effective, and for children the positive effects continue long into the adult years. (Jané-Llopis, 2005; Farrell & Travers, 2005).

Some of the protective factors at the individual level which contribute to good mental health in early childhood include the ability and confidence to try new things and cope with change; the ability to express and control emotions, and to control behaviour according to each situation; a sense of uniqueness; and the motivation and freedom to explore the world around them, making choices and solving problems as young children learn and grow (Kiefer, Cohen & Pape, 2004). Programmes that target young mothers, mothers of young children, and early parenthood in general are most effective at enhancing good mental health of young children and parents. Interventions such as parent training programmes and home-based support during early parenthood have been shown to enhance mental health of mothers of young children, particularly in economically disadvantaged families, and have resulted in positive attitudes towards and better knowledge about child behaviours, as well as healthier child development. Home-based support can include visiting by public health nurses, midwives or trained volunteers, and is effective on its own or as a part of a

programme combining other interventions (Keleher & Armstrong; Jané-Llopis, 2005). There are many benefits for both parents and children of mental health promotion in early childhood and they include improvements in the short-term psychosocial health of mothers, such as reductions in postnatal depression and maternal stress and anxiety; improved self-esteem and relationships with spouses and partners (Jané-Llopis *et al*, 2005); and impact on areas of child health such as behaviour, abuse, infant mortality, injury, and language and literacy (Keleher & Armstrong).

As children grow older, interventions that focus on training parents in group programmes can positively affect child behaviour between the ages of 3 and 10 have been shown to be more effective and have more long-term success than individual parent interventions (Jané-Llopis, Barry, Hosman, & Patel, 2005).

In the first 6 years of life, children must be able to depend on all adult caregivers for protective factors for good mental health, which reveals a need for mental health promotion in childcare settings for parents who work outside the home. (Kiefer, Cohen & Pape, 2004). High-quality, affordable childcare programmes can increase opportunities for employment of women with low incomes, promoting their economic and social equality and improving their self-esteem (Keleher & Armstrong, 2005), and enhance the mental health of their children at the same time. Thus, childcare is an intervention that offers a range of benefits at the individual, community and structural levels.

The School Years

As children grow older, the school becomes the main setting for promoting mental health. The most successful school-based interventions target many risk factors and health outcomes and take a long-term, whole-school approach to mental health promotion, with benefits that last long into adulthood. By building coping and social skills, and by creating a positive, safe environment that fosters a sense of inclusion, identity and connectedness among students, interventions result in improved adjustment to school, enhanced competence, self-esteem, increased control and problem-solving skills, improved school achievement, and decreases in loneliness, learning problems, bullying and aggression, and depression and anxiety (Jané-Llopis, Barry, Hosman, & Patel, 2005; Jané-Llopis, 2005).

Engaging students, teachers, and parents through both curriculum and school policy is more effective at promoting mental health than short-term interventions that focus solely on specific topics related to self-esteem, self-concept and individual coping skills (Victorian DHS, 2006; Keleher & Armstrong, 2005). For example, school-based interventions that prevent or reduce bullying behaviour at many levels while promoting mental health of all students are the most effective, with programmes that strive to modify bullying behaviour and address the needs of individual victims; involve parents and the community so that positive behaviour is reinforced outside the school environment; and develop school policies that foster safe, supportive environments within the school itself. However, implementing programmes to reduce bullying behaviour are more effective with younger children than with older children (Victorian DHS, 2006). Programmes that use age-appropriate curriculum to raise awareness of mental health issues engage children through group discussions, role-

playing skits, art activities, stories, and educational games in the classroom in order to teach children about how their behaviour can affect other people. These programmes not only improve self-control, emotional awareness, and competency in social problem-solving, all of which lead to positive social interactions both in the school and with parents and the community, but also enhance the educational process at the classroom level (PATHS; Weare & Markham, 2005).

Mental health promotion curriculum in schools can be supported by programmes that involve parents of children at risk for problems such as aggression, delinquency, and substance use through a combination of home practice and group meetings at schools. These interventions focus on creating and strengthening a positive home environment with appropriate supervision and discipline that is conducive to ongoing practice by teachers in the school environment (LIFT; Jané-Llopis, *et al*, 2005). As children grow older and have the ability to make choices and spend more time away from their parents' supervision, they meet new challenges and face more peer pressure to engage in the risk-taking behaviours mentioned above, including sexual activity, all of which can result from and contribute to poor mental health. Building social and emotional skills is important to maintaining mental health in students in middle and high school, so programmes that address these new challenges often combine elements of both promotion and prevention to reduce the risk factors for poor mental health in adolescence (WHO, 2004).

Work

Employment and work conditions are important determinants of health for adults. For this population, mental health promotion interventions focus on two areas: unemployment and work-related stress.

Effective interventions that reduce the strain of unemployment include counselling to improve coping skills, and improving employment opportunities for low-income groups through adult literacy programmes, job creation programmes, and programmes that provide social and job seeking skills training for people returning to work and at-risk youth entering the workforce (Hosman & Jané-Llopis, 2005; WHO, 2001; Keleher & Armstrong, 2005).

As the setting where many adults spend most of their lives, the workplace is an important setting for mental health promotion interventions. Stress, burnout, and depression result from a combination of low job control and high job demands, as well as from unsafe job conditions and job insecurity. Absenteeism, reduced productivity, and increased disability and compensation costs are the result, which can increase costs for employers. Poor mental health is also related to the stress of occupational violence and workplace bullying (Keleher & Armstrong, 2005). Areas for action for promoting mental health in the workplace include increasing an employer's awareness of mental health issues; identifying common goals and positive aspects of the work process; creating a balance between job demands and occupational skills; training in social skills; developing the psychosocial climate of the workplace; provision of counselling; enhancement of working capacity; early rehabilitation strategies; assessing workload, enhancing job control and decision-making latitude; and enhancing social support (WHO, 2001; Funk *et al.,* 2005).

Employers and employees must work together to identify areas that need improvements and changes at both a managerial and individual level. Participation of employees at all levels must be supported through programmes that allow them to be involved in making decisions about issues that affect mental well-being in the workplace (Keleher & Armstrong, 2005). In addition to participation, programmes that focus on enhancing employees' sense of control, initiative, appreciation, self-esteem and self-worth, sense of belonging, and social support result in improvements both in mental health and in an organization's productivity (Lahtinen et al., 2005).

Effective interventions to combat stress in the workplace aim to develop the coping skills of employees and building a supportive environment and can involve training in stress management and relaxation techniques, reduction of noise, improving role clarity, conflict management and building healthy social relationships (Hosman & Jané-Llopis, 2005). Individual interventions do not work as well as approaches that focus on system-level policy change, which should combine elements of both health promotion and prevention if they are to be effective at reducing job stress, such as policies to address workplace bullying and harrassment (Keleher & Armstrong, 2005).

The effects of workplace stress go far beyond the workplace and can spill over into one's personal life. Heavy workloads, unsupportive managers, and work cultures that place importance on hours of work can disrupt the work-life balance (Todd, 2004). With technology such as cell phones and email allowing employees to be connected to their work outside the office at all times, the lines between work and life are constantly blurred, making it difficult to keep up with the demands of work while balancing other responsibilities at home. Achieving work-life balance is crucial to achieving good mental health. Some examples of effective workplace interventions to restore work-life balance include flexible working hours, time banking, providing childcare services at work, study leave, employee assistance programmes, leave without pay, career breaks, and supporting voluntary work as part of paid work time (HRSDC, 2007; Dept. of Labour, NZ).

Seniors

While there is no clear age distinction that divides adults from seniors, this later stage of adulthood brings unique challenges to achieving and maintaining mental health. One of these challenges is the myth that declining mental health is related to dementia or Alzheimer's and is a natural, and therefore inevitable, part of the aging process. This misconception makes seniors vulnerable to developing poor mental health as other determinants of mental health such as illness, abuse, and social and economic disadvantage may not be recognized or addressed (Sturgeon & Orley, 2005). The reality is that good mental health is possible in the later years of life. Given respect and support, seniors have the capacity for positive overall health, even as they deal with the challenges of aging (HCS, 2006).

As people age, they experience a range of physical and cognitive changes that may affect mental health. Protective factors change with age and, at the oldest ages, as social, economic

and health circumstances change, poor resources and less adaptability increase vulnerabilities for loneliness and depression, especially for older women who outlive men and live alone with less support (Pushkar & Arbuckle, 2002). The wealth of wisdom and knowledge gained across the lifespan are protective factors, but there is a decline in the speed of cognitive functioning. Retirement or loss of employment can also negatively affect level of income, sense of identity and meaning, and the level of social support.

For older adults, social loneliness and isolation are key risk factors for poor mental health. Social isolation refers to the number of contacts and measures separation from social environment objectively; social loneliness is related to one's negative feelings about the quantity and quality of social contact, with quality defined as meaningful and satisfying relationships (Hall & Havens, 2002). Having a positive sense of self, being flexible and using adaptive strategies and personal coping skills for changes, health problems and difficult life events are protective against poor mental health for older adults (Pushkar & Arbuckle, 2002).

However, individual coping skills alone do not effectively address the need for social contact for older adults. The number of social contacts becomes smaller as people retire, move, as family and other contacts die, and as people select a condensed but high quality network of friends (Hall & Havens). There is a strong link between loneliness and health problems, but the direction of the link is not clear. Social isolation and loneliness also negatively affect health, which may, in turn, lead to further social isolation and loneliness. (Hall & Havens, 2002). Risk factors for loneliness include: being widowed; living alone; and a decline in eyesight or hearing, as these might limit social interaction and independence (Pushkar & Arbuckle, 2002).

Although seniors are diverse as a population, there are some general themes for promoting mental health. Because seniors have the wisdom, skills and the time to make contributions to society, volunteering is an intervention that can enhance individual well-being and build community capacity at the same time (Keleher & Armstrong, 2005). While physical exercise is important for all ages in enhancing mental health, exercise interventions that encourage regular physical activity in supportive, age-friendly environments are effective for helping older adults to manage physical ailments and reduce the risk of depression (Keleher & Armstrong, 2005; Hosman & Jané-Llopis). Interventions that support people with hearing loss or visual impairments can promote independence, and interventions such as community befriending programmes can provide social support, thus reducing loneliness and depression. Evidence shows that friendship is important for well-being, particularly for older women. Meaningful friendships provide companionship and support, and help maintain a sense of self through difficult times (Hosman & Jané_Llopis, 2005).

PRACTICING MENTAL HEALTH PROMOTION

Evidence of effectiveness is used to inform the practice of mental health promotion in the settings where people live, work, learn and play, the physical and social environments in which health is created. Interventions delivered in the settings where people create health

are more effective than interventions delivered in isolation from their contexts. Based on WHO's *Ottawa Charter for Health Promotion,* there are five areas for action in mental health promotion, and they are as follows:

1. **Build health public policy:** Health promotion requires coordinated action from all policy makers in all sectors, and at all levels, to ensure that those who make decisions take responsibility for policies that promote health, and requires that obstacles to the adoption of healthy public policies outside the health sector are identified and removed.

2. **Create supportive environments:** Because our health is closely connected to our environments, health promotion takes into account that our health cannot be separated from the places where we live. Thus, creating and maintaining environments at home, school, work and in our communities that support our health is key.

3. **Strengthen community action:** By drawing on its own resources, both human and material, communities are able to enhance their capacity for self-help and social support that contribute to good health. Therefore, communities must be supported in their development efforts through funding, access to information, and opportunities to learn about health promotion, all of which enable public participation in matters of health.

4. **Develop personal skills:** Helping people through the provision of health information and education allows them to learn ways to cope with the health challenges they may encounter, thus enabling them to develop a sense of control over their own lives.

5. **Reorient health services:** The health sector must shift and expand its services to include health promotion alongside clinical and curative services, and this responsibility is shared with individuals, community groups, health professionals, health institutions and governments, all of whom must work together in the pursuit of health and well-being.

These five strategies address the determinants of health and from the interventions discussed in the previous section, it becomes clear that these are the directions for mental health promotion. Multifaceted programmes that are designed to take action in more than one area and at different levels are more effective at promoting mental health than individual interventions focusing solely on the development of personal coping skills.

Mental health treatment at the individual level does not always mean improvements for population mental health (Lahtinen *et al*., 2005). Most health systems and organizations still focus spending on diagnosing and treating symptoms of illness rather than focusing on a person as a whole, whose health is influenced by many social and economic factors. Considering the significant burden of mental health problems and its economic costs, and despite the investment of the health care sector, the solution to achieving good mental health

lies in reorienting health services and collaborating with many other sectors (Lahtinen et al., 2005).

Mental health promotion is everyone's responsibility, and stakeholders from all sectors of society have a role to play. There are better health outcomes when different sectors work together because mental health is determined by many factors. Intersectoral collaboration requires that the sectors that work in the areas of the various health determinants work together to achieve wellness. The health sector participates in mental health promotion by lending expertise to develop, implement, evaluate, research and provide resources for actions within a population health approach (PHAC, "Health is Everyone's Business"). Therefore, needs assessments should involve those most affected at the centre to ensure that programmes are suited to those who will benefit from them and to encourage empowerment of individuals and communities as they participate in the decision-making process. It is the opinions of these individuals in each country and community, in combination with evidence of effectiveness, which will shape the practice of mental health promotion (Herrman, Saxena, Moodie, & Walker, 2005).

Interventions at the structural level allow practice at the community and individual level. Building healthy public policy involves making policy makers accept responsibility for promoting good mental health through legislation, fiscal measures, taxation, organizational change, and by increasing access to education, housing, nutrition and health care *(*WHO, 1986; Jané-Llopis *et al.,* 2005). Examples of effective interventions at the policy level include measures to reduce poverty, improving high-quality affordable housing, access to high quality education, improving nutrition, taxation of addictive substances, and regulatory policy in workplaces (Jané-Llopis *et al.,* 2005).

What does mental health promotion look like in practice in settings where we create health? The following are a few examples of effective mental health promotion programmes from around the world.

Home

Home-Start International - A home visiting programme for families with children under five years of age that promotes the mental health of parents and their children. Trained volunteers with parenting experience offer practical support and friendship to vulnerable families, such as those living in poverty or with illness. Home-Start helps build individual coping and parenting skills to deal with the stress of parenting, and builds confidence and independence in a supportive environment. Home-Start U.K. (http://www.home-start.org.uk/) has the same mission and follows the same principles, and Home-Start programmes exist in many other countries around the world such as Denmark, Norway, Czech Republic, Hungary, and the Netherlands and (Home Start National Inc.- Australia; Keleher & Armstrong, 2005; Jané-Llopis, *et al.,* 2005).

School

Bullying prevention programme (Norway) - This programme takes a whole community

and whole school approach to mental health promotion that addresses the problem of bullying and victimization in schools, targeting students between the ages of 6 and 15. Rather than targeting and modifying bullying behaviour in individuals, the programme addresses both bullying and victimization issues, and reduces existing problems and prevents new problems both inside and outside school by improving peer relations and reducing opportunities for and acceptance of bullying. The risk and protective factors addressed include the school climate; self-esteem; interactions among adults, students and their peers; anxiety; attitudes toward bullying; and parenting skills that are permissive of bullying behaviour. It involves a curriculum component, a behaviour monitoring system for students, a coordinating committee that oversees the intervention, changes to the physical environment, and involvement of both parents and the community. The programme's effectiveness is demonstrated through a 50% or more reduction in reports of bullying and victimization, reduced antisocial behaviour such as vandalism, fighting, theft and truancy; and an improved overall social climate (Weare & Markham, 2005; Jané-Llopis, *et al.,* 2005; Roland *et al.*)

Work

JOBS Programme (USA) - This programme consists of job search training plus social support for recently unemployed adults. It consists of five half-day workshops held over the course of a week, delivered by two trainers to groups of 12-20 participants. The programme's aim is to help job seekers find reemployment and cope with the stress and challenges of looking for a job. It builds job search skills and increases confidence, both in terms of self-esteem and self-efficacy in job seeking, and improves motivation to continue with the job search. It has also been shown to positively effect reemployment, resulting in higher job satisfaction and decreases in depression, and leads to finding better jobs with higher income. The JOBS programme was beneficial for unemployed adults with a high risk of depression in particular and has been delivered successfully in the US, Finland, China, Korea, the Netherlands and Ireland (Jané-Llopis, *et al.,* 2005; Hosman & Jané-Llopis, 2005).

The following interventions are examples of strengthening community action and are presented from the Canadian Mental Health Association in its *Mental Health Promotion Took Kit*:

Inclusion in Community, CMHA National Office, Toronto: A programme designed to promote mental health among people with serious mental illness by including them in the community. There was a shift away from reliance on formal mental health services at CMHA Branches in Ontario by connecting individuals with accessible social support in the community, thus promoting recovery and well-being. The planners identified such strategies as increasing access to leisure and recreation services, increasing employment supports, peer advocacy, and offering expanded volunteer opportunities in community agencies. Community partners who were not normally involved with mental health issues were encouraged to create supportive, welcoming environments for people with mental health problems to promote broader inclusion in the community.

Helping Skills, CMHA Newfoundland and Labrador Division: This programme was developed in the wake of the northern cod moratorium, as the stress created by loss of employment and a traditional way of life combined with a lack of mental health services in rural Newfoundland left people vulnerable to developing poor mental health. The programme focuses on developing people's innate strength and resilience through building knowledge and helping skills to support the health of their peers and communities. A network of community volunteers is trained in effective skills to help with or refer, with a clear distinction that it would be informal helping as opposed to professional counselling, but there would be a partnership between these sectors. This programme also has a train-the-trainer component where volunteers are taught to use and teach others to transfer skills in areas such as active listening, empathy and setting boundaries.

Seniors' Medicine Wheel, Portage Aboriginal Friendship Centre, Manitoba: This project was initially developed to address the needs of Aboriginal seniors in urban Manitoba, many of whom were still dealing with the trauma of childhood abuse in residential schools. The marginalization and isolation of living in urban areas had led them to lose touch with their traditional culture. When these seniors came together, they identified problems in their community that related both to their own health and to the health of Aboriginal children and youth, who were vulnerable to entering the same cycle of abuse. By partnering with Aboriginal Head Start, a community programme that fosters spiritual, emotional, intellectual and physical growth in children while supporting their parents and guardians, the seniors were able to share their wisdom and knowledge of traditional culture with Aboriginal children. Through this process, these seniors became valued Elders and increased their own feelings of self-worth. The children's own mental health was promoted through their relationships with the Elders; they developed confidence, respect, self-worth, and learned traditional Aboriginal culture and language that was at risk of being lost if it was not passed on to younger generations (CMHA, "Took Kit").

CONCLUSIONS

A review of the current literature on mental health promotion reveals the many complex interrelationships between the individual, community, and structural levels of society and the various determinants of mental health. Addressing these issues requires commitment from the sectors aligned with these different determinants, as it is their responsibility to ensure that their work does not negatively affect mental health. Most of the interventions combine building personal skills with the creation of supportive environments to enhance protective factors in the settings where people spend most of their time.

However, there is little focus in the literature on mental health promotion for older adults, and little explanation as to why this problem exists. While the determinants of health apply to the entire population, there is generally limited discussion of interventions to enhance the mental health of seniors, despite a growing body of effective interventions focusing specifically on children and adults. Given that there are many negative stereotypes around aging and older people in our society, and that concepts of mental health issues in older adults are characterized by misconceptions, there is a need for more mental health

promotion work that focuses on this vulnerable population, as well as their families and caregivers.

While the settings approach to mental health promotion is an effective way to conceptualize and practice interventions, it has some limitations. Childcare outside the home is an important setting for mental health promotion in early childhood. Mothers and parents are generally considered the main caregivers, with the main setting being the home, but as more women enter the workforce, children are spending more time outside the home in childcare. Therefore, caregivers in these settings who may not be related to the children also become important figures for promoting mental health.

Many of the mental health issues that may come up in each setting are not confined to those settings, but this is not always reflected well in the literature. In contrast to effective school interventions that take life outside schools into consideration, with links deliberately drawn between school, family and the community, mental health promotion interventions in the workplace do not take into account the effects on life outside of the workplace. Protective factors for good mental health at work can be enhanced in the workplace, but the balance between work and life, which itself is a protective factor for good mental health, is not always recognized. In addition, work interventions appear to be focused mainly on unemployment, with few examples of interventions to address the work environment, the workload, and social problems such as workplace bullying and harassment, which are significant contributors to workplace stress.

Healthy public policy is requisite to strengthening mental health. Much of the literature is focused on interventions that combine the development of individual skills and the creation of supportive environments, but the connection between supportive healthy policy created at the government level and individual and community interventions needs to be strengthened. Similarly, discussions of the whole-school approach to mental health promotion often lack examples of school policies that would support the practice of good mental health at the individual and classroom level.

The overall message is that mental health promotion is still a relatively new but rapidly growing field. The evidence base needs to be expanded to help identify effective interventions that will help stakeholders develop programmes that work. Evaluation of interventions focusing both on processes and outcomes, as well as the sustainability of programmes, is an important part of this process, and will help experts reach consensus on the best ways to practice mental health promotion.

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