

# Summary of the Evidence base for mental health promotion

There is now considerable evidence to support interventions that promote mental health and well-being. This summary is drawn from the *Evidence-based Mental Health Promotion Resource* (Keleher, H & Armstrong, R: 2005). It highlights evidence based practice in the three areas that have been identified as key social and economic determinants of mental health and themes for action: increased **social connectedness; decreased/elimination of violence and discrimination and increased economic participation.**

The full Resource provides practitioners with an **intervention description**; the **population groups and settings studied**; an assessment of the promotion's **effectiveness** as it is known; a discussion of **implementation issues**; additional **comments** and **case studies**. A program planning tool to assist in the development of evidence-based mental health promotion activity with helpful check-lists and program approaches is also supplied.

Different ways of defining and evaluating evidence are discussed in detail in the full resource.

This summary only briefly describes the evidence in each of the categories where interventions have been developed to address the key determinants of mental health and referral to the full document is recommended.

## Interventions to increase social connectedness— The Evidence

Nine interventions have been shown to increase social connectedness. They build social capital, promote community well-being, overcome social isolation, increase social connectedness and address social exclusion.

1. Community building and regeneration programs—local neighborhood renewal programs; community building programs. Community-wide programs should be considered at individual, community and organization levels if they are to be effective.
2. School based programs for mental health and well-being—whole-of school programs that create a supportive environment, rather than topic-specific approaches to issues such as self-esteem or coping skills.
3. Structured Opportunities for participation—civic structures that encourage engagement via local governance, community participation and other forms of social contribution;
4. Workplace mental health promotion—employee participation programs that involve all levels of workers and may also increase involvement in decision-making; modification of stressful occupational environments also reduces mental health problems among employees;
5. Social Support—individual support which might modify behavior and create supportive environments, such as home-visiting programs by nurses and midwives or parent training programs.
6. Volunteering—such as structured opportunities for people to do voluntary work for their community as part of civic engagement;
7. Community Arts Programs—may involve community participation, social inclusion, capacity building and regeneration;
8. Physical activity/exercise—has a positive effect on mental health outcomes for adults and children, but emotional benefits and feelings of wellbeing are likely from increased social interaction as solitary exercise does not improve depression;
9. Media campaigns for mental health promotion—social marketing campaigns that challenge stigma and raise awareness of attitudes towards mental health.



## Interventions to address violence and discrimination

Nine broad interventions have been shown to reduce or challenge violence and discrimination and are linked to the need to strengthen community action, re-orient health systems and build healthy public policy

1. Community-wide interventions—activities that focus on community education, media, schools and policing;
2. Community education campaigns—increasing broad community awareness and educating against violence through campaigns (usually in the media);
3. Programs developed for at-risk populations—children at risk and parenting programs such as early childhood education programs and behavioral and skill development programs.
4. Programs for young people—to break the cycle of violence, raise awareness of assist young people to deal with violence;
5. Programs for at-risk men—targeting potential perpetrators: interventions focused on individuals primarily directed to preventing further occurrence of domestic violence;
6. Legislative and sentencing reform—policy development, victim-centered care aimed at reducing further harm;
7. School based bullying—programs to prevent or reduce further bullying such as curricula, school, classroom and individual programs;
8. Workplace bullying—development of workplace bullying prevention policies are considered to be both important and effective;
9. Discrimination prevention—school based programs aimed at reducing racism in schools, such as racially integrated schooling, bilingual education, training in social-cognitive skills and role playing and empathy.

## Interventions to increase economic participation

Interventions that reduce income inequality have been found to be effective even recognizing that they are rarely explicit in their intention to address mental health and well-being yet have been found to have this effect.

1. Adult literacy programs—programs that improve language acquisition, health, computer, cultural, media and scientific literacy;
2. Child care programs—high quality child care programs, publicly funded or subsidized have been found to increase employment of women on low incomes;
3. Work programs—job readiness programs that focus on young people with high levels of risk factors and low levels of protective factors; or return to work' or 'welfare to work' programs;
4. Housing—refurbishment of public housing: housing repairs, energy efficiency improvements and creation of safer and more secure areas for public housing tenants as part of neighborhood renewal programs).