PROMOTING THE MENTAL HEALTH OF THE POPULATION: PROMOTING INDIVIDUAL RESILIENCE AND SOCIAL SUPPORT[1]

Natacha Joubert, PhD[2].

It is with great pleasure and honour that I have agreed to write this short article on mental health promotion at the invitation of the Finnish Association for Mental Health. I have always admired the leadership, innovation and expertise shown by the people from Finland on challenging issues such as the promotion of mental health and the prevention of suicide, to name only those two. My recent trip to Helsinki to participate in a seminar entitled ``*The European Mental Health Agenda: Future Perspectives*`` has confirmed to me the importance of the work accomplished in this country not only to promote the mental health and well-being of its population, but also to help move this issue forward in Europe and elsewhere in the world.

The collaboration and support that my colleagues and I, from the Mental Health Promotion Unit of Health Canada, were able to get through the years from Dr. Jarkko Eskola and Dr. Eero Lahtinen of the Ministry of Social Affairs and Health as well as from the Dr. Ville Lebtinen and numerous collaborators of the National Research and Development Centre for Welfare and Health (STAKES) was priceless in helping us building visibility and support for the promotion of mental health in Canada.

The Mental Health Promotion Unit was created in 1995. Its mandate is to facilitate the development of healthy public policy, knowledge and projects which promote and foster the mental and spiritual health and well-being of all Canadians. Over the last four years, the Unit has been intensively involved in various research activities in order to generate an overview of mental health in Canada and to expand the understanding of mental health from an individual issue to a population and public health issue. Another objective was to highlight the significant contribution of mental health to the overall health status of the Canadian population. This article will briefly review some of the major findings of the documenting process we conducted, mainly to share with you some of our learning and thoughts on possible ways to develop research, programs and public policy to promote the mental health of the population.

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[2] Researcher and Manager of the Mental Health Promotion Unit, Health Canada, AL1907C1, Jeanne Mance Building, Tunney's Pasture, Ottawa, Canada K1A 1B4, Natacha_Joubert@hc-sc.gc.ca

The Documenting Process

It was clear for us, from the very beginning, that mental health, as central and fundamental as it is in everybody's life, continues to be poorly or narrowly understood, often confused with strong clichés of madness, dangerousness and mental illness associated with a certain number of marginalised people. We also became aware that these beliefs were still quite prevalent among policy and decision makers in the health sector. Furthermore, we were convinced that the best way to fight back against the stigma over mental health problems or mental disorders was to increase the understanding about the fact that all individuals, despite their vulnerabilities or limits, have mental health, as well as physical health, and that mental health constitutes an amazing resource to face the challenges of life as much as to enjoy it. So the documenting process was to serve many informative and educational purposes, including clarifying basic concepts in mental health such as resilience and social support and the differences between mental health and mental illness, mental illness and human suffering, cultural diversity and universal commonalities, risk and protective factors, promotion and prevention, etc. It also involved analysing the mental health status of Canadians, the economic burden of mental health problems, mental health services, policy, the participation of public health professional and community networks in mental health promotion initiatives, the effectiveness of innovative mental health promotion tools and projects (see Joubert, 2001). As the process unfolded, it made it possible to define more clearly the roles of the different levels of government, non-governmental organizations, professional associations and communities in a variety of activities such as surveillance, research, services, community-based projects and policy, to promote the mental health of all Canadians.

Some Findings

Some of the major findings that came out of the documenting process are:

- Although the number of people suffering from severe mental disorders such as schizophrenia and bipolar disorders remained stable at approximately 3%, the number of Canadians experiencing emotional stress and distress represent over 25% of the population; unchecked, distress results in problems such as physical illness, absenteeism/loss of productivity, depression, substance abuse, violence and suicide.

- Moreover, young Canadians are now showing the greatest net increase in stress and distress, as also reflected in the rates of delinquency, school drop-outs, substance abuse and suicide. This situation is the opposite of the one that prevailed 25 years ago when seniors were the population the most affected. It raises the possibility of life-long problems for the current generation of youth and the future generation of adult Canadians.

- Mental health-related issues comprise a significant component of the health care system in Canada and represent a growing burden for the overall economy. The annual cost of mental health problems is a minimum of $14.4 billion. Further, Canadian business is estimated to lose $16 billion annually to psychological distress among employees.

- To respond to Canadians' mental health needs and to significantly reduce the number of people in distress, we have to better structure, coordinate and resource the mental health

system and make a significant investment in promotion and prevention activities.

- The best way to reduce distress among individuals starts with increasing resilience and rebuilding the natural social support network of families, schools, the workplace and the wider community.

Various reports and articles are available for people who would be interested to get more detailed information about those outcomes (e.g. Joubert, 2001; Stephens & Joubert, 2001; Wilson, Joffe & Wilkerson, 2000; Stephens, Dulberg & Joubert, 1999; Stephens, 1998; www.mentalhealthpromotion.com).

Although these findings came out of the first analyses ever made on the mental health status of the Canadian population from the Statistics Canada's National Population Health Survey (NPHS), they are confirming, in many ways, what has been found through smaller regional surveys in the last ten years or so. Another premiere will take place in 2002 with the launching of the first ever national survey entirely focussing on the mental health of Canadians. The so-called Canadian Community Health Survey (CCHS) will be the cross-sectional counterpart of the longitudinal National Population Health Survey. It will cover diverse mental health topics and determinants, from measurement of psychological well-being and sense of coherence to psychological distress and mental disorders.

Being able to collect and analyse national data on the mental health status of the population and related costs has been crucial in order to get the attention of the public and the decision makers on the importance of mental health in our lives. Since January 2001, there is a formal commitment from the Government of Canada to develop community-based national initiatives to promote the health issue before in Canada, it will be very important for people to work together to identify priorities, define roles and responsibilities and to build consensus on how to proceed with the development of knowledge and tools that will facilitate and increase the effectiveness of various programs that will benefit directly to the mental health of the Canadian population.

A very important step for the development of mental health promotion activities that would make it possible not only to foster people's mental health but also to reduce the levels of distress will be look very closely and act on its two core components: individual resilience and social support.

Individual Resilience

The first longitudinal research conveyed on resilience goes back to the 50's when Emmy Werner and colleagues (e.g. Werner, Bierman & French, 1971; Werner & Smith, 1977, 1982; Werner 1989) decided to study a group of Kauaian children (Hawaii, US) identified as 'high risk' because of their family situation of parental poverty and unemployment, among other things. Forty years later, many of these children had succeeded in becoming healthy, functioning and well integrated adults. The main observations made out of that research show that these children were found to be of average intelligence but to be action-oriented, have a positive self-concept, to have close family ties and to be connected to their community support system. In sum, Werner concluded

that the children had developed into 'confident, competent and caring' adults despite the adverse conditions in which they lived.

Michael Rutter (1979, 1983, 1987) followed children of mentally ill parents for a decade and found that most children had developed without mental illness or maladaptive behaviour. He concluded that resilient behaviours stem from self-efficacy, the ability to deal with change and to solve problems using a repertoire of resources. Similarly, Garmezy (1985, 1987) studied elementary school children for ten years to determine the cumulative effect of life stressors on their mental health. He looked at stress exposure, competence and family interactions and found that many disadvantaged children did not display problem behaviour.

Overall these studies indicate that protective factors that increase resilience, such as social support, meaning and the capacity to face changes and to act on life circumstances, have a more profound impact on individuals than any specific risk factors. Resilience could be therefore defined as the result of a developmental process that allows individuals to acquire abilities to cope, adapt and to build meaning out of the challenges of life. Resilient individuals show social competence, problem-solving skills and autonomy, optimism, humour creativity, a sense of becoming and purpose, a will to overcome, confidence and self-esteem, an ability to ask for and to receive social support. Research also shows that if most people can overcome individual vulnerabilities or disabilities, they cannot thrive in an environment lacking in social support.

Social Support

The impact of social relationships on the physical health and the psychological well-being of individuals have been studied by scientists and practitioners for many years now. They have been trying to understand better the major components and functions of social support. Already in the nineteenth century, Durkheim (1897-1951) postulated that a breakdown in social ties, and the subsequent loss of social resources, was related to an increase of behaviour problems, psychological distress and suicide among individuals. More contemporary researchers have also observed that individuals who could count on social support for meaningful relationships, caring, love, esteem and value seemed to be much better protected from life stressors (e.g. Cassel, 1976; Cobb, 1976; Cohen & Wills, 1985). After having reviewed 40 correlational studies designed to test the protective effect of social support on individuals, Cohen and Wills (1985) concluded that consistent evidence for 'stress-buffering' was found among studies in which the social support measure assessed the perceived availability of social resources that were suited to 'match' the needs elicited by the stressful event.

Over the last twenty years, many studies have been conducted in order to identify the best ways to provide social support to people facing stressful life events (e.g. Gottlieb, 1978; Levy, 1979; Barrera, Sandler & Ramsay, 1981). That work has fed into the emergence of self-help and mutual aid groups for different people with different mental health needs. One major outcome emphasized by theses studies show the importance of investing in people's capacity to give and to receive social support and to strengthen the natural social support networks for the entire population instead of focussing strictly on reducing exposure to life stressors among certain groups (e.g. Cassel, 1976; Cobb, 1976).

How to Promote Resilience and Social Support in the Population

Over the last decades, mental health research, programs and policy have mainly focussed on the identification and the reduction of risk factors without getting very satisfactory or successful results. For example, a lot of effort has been invested to identify individuals at risk or risk factors for suicide without having really increased our capacity to intervene to prevent it or our global understanding of the phenomenon. This is not to say that the prevention of risk factors is not a valid approach but perhaps limited when it comes to human beings' perceptions, motivation, emotions, needs or behaviours. As mentioned previously by both Dennis Trent and Adrian Booth in their articles for this journal, I also strongly believe that a mental health promotion approach that focusses on increasing or reinforcing social support and individual resilience, combined with the prevention or reduction of risk factors, would tremendously increase our capacity to reach out to specific groups as much as to the whole population. I also believe that combining mental health promotion activities to treatment and rehabilitation would increase the efficacy of those interventions and ultimately be beneficial to the individuals.

To move forward with the development and implementation of national initiatives to promote resilience and social support in the population, we need a stronger grasp of the conceptual, empirical and practical dimensions of those two concepts. For example, we need to develop valid and reliable instruments that would make it possible to measure individual resilience among all age groups. The various constructs and instruments to measure social support will have to be considered more specifically in the context or in light of the goals of mental health promotion activities. Other steps will include the piloting of various projects for the development, implementation and evaluation of tools and programs to promote individual resilience and social support among children, youth, adults and older adults in different settings like the family, schools, the workplace, institutions and the wider community. Those pilot projects would also result in the evaluation of the benefits of combining mental health promotion to a variety of prevention, treatment and rehabilitation practices to respond to the needs of individuals facing mental health problems and other issues such as physical illnesses, addiction, or social integration challenges.

These activities will require a strong partnership between the research, program and policy areas so as to ensure a direct transfer of knowledge, the quality of the programs, a more direct link to the decision makers and to respond more rapidly and effectively to the needs of the population. To bring back mental health into the field of human development opens the door to a whole new world of knowledge and approaches that could not only help to distinguish mental health from mental illness issues but could actually help to advance our understanding of many of the mental health problems or illnesses.

My last comment will be on the importance of reestablishing what public health policy is about and to bring it back into the public arena or agora where it should be discussed, debated and agreed on. Policy simply represents a statement of principles and values upon which we, as a group, a community, a society, set goals and objectives and develop strategies and courses of action. Policy choices ultimately reflect core values and can be very powerful in affecting societal conditions. The challenge is to analyse, reflect and act to make things better. A policy that promotes the mental health of the population falls within the rubric of healthy public policies or

those policies in every sector which support equity. This approach, which was endorsed by the Ottawa Charter, means that those who have traditionally been involved in making public policy decisions need to take a more active role in educating both government bodies and the public through open discussions and debate on the various determinants of health. As individuals, we are all linked to a network of social, political and economic environments which have an impact on our well-being but which we in turn can influence as individuals and communities.

Policy is an option that has the capacity to effect far-reaching community change and has the potential to involve people and give them ownership over some of the issues that affect them. Communities need the opportunity to deliberate together about mental health and its contribution to their overall health, sense of well-being and quality of life. They also need the opportunity to decide on their priorities and to act on them. The role of government is to facilitate such a process. It may require a shift from traditional modes where problems are defined and solutions created to a method of following community definitions and investing in community solutions. The result will be seen in government leaders fulfilling their roles as public servants who ask how they can assist local citizens in their development. My sense is that any policy-building process that would facilitate a well-informed discussion among individuals and communities on ways to promote the mental health of the population will result in a variety of activities to promote individual resilience and social support.

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