



Mental Health Promotion in Young People – an Investment for the Future

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The foundation for good mental health is laid in the early years of childhood and adolescence. Growing evidence shows the long-term value of promoting the positive mental health of children and young people. Nevertheless, the focus of social and health care providers generally lies on mental health problems and illness and their treatment. There is an urgent need to develop more comprehensive support services and interventions for young people.

Young people's mental health as a key area of concern in Europe

The health and mental well-being of children and adolescents in general is good in Europe. Most are satisfied with their lives, perceive their health to be good and do not regularly suffer from health complaints (Morgan 2008). The main problems of the first half of the 20th century, such as acute infections and high infant mortality, have diminished in importance (Palfrey et al. 2005). Instead of physical disorders, mental illness accounts for a large and growing share of ill health among children and adolescents in Europe. The so-called “new-morbidity” including emotional problems, conduct problems and learning disabilities came to the fore in the middle of the last century. Currently within the frame of the so-called “millennial morbidity” (Palfrey et al. 2005), mental health and socioeconomic influences on health have risen to achieve importance within child and adolescent health (Ravens-Sieberer et al. 2007). WHO declared that young people's mental health is a key area of concern to which professionals and policy-makers must direct their attention (WHO 2005).

Adolescence as a critical period in the lifespan

The situation of young people is rapidly changing across the globe. The group of young people is less homogenous than the group of school aged children, and the life trajectory for young adults is not as predictable or as homogeneous as in previous generations (Rowling 2006). Transition into adulthood is a period which is determined by many changes. Adolescents and young adults are in a key phase of establishing independent identity, making educational and vocational decisions and lifestyle choices as well as forming interpersonal relationships. All of these have major long-term influences on the individual, particularly in terms of factors that influence mental health and well-being. Young people are particularly vulnerable to social exclusion, notably in the transition stage between education and employment. For example leaving school early without access to full time work can lead to disconnection economically and socially and failure to develop a sense of the future. These young people form a specific category of “invisible” young people, as their possibilities and rights to a minimum income or health insurance are in many countries only minor (Policy paper on the health and well being of young people 2008).

Compared to adults, young people are especially at risk of creating vulnerabilities or developing mental health disorders as they face many new pressures and challenges in their daily lives. Leaving the parental home for the first time, financial worries, limited employment or educational opportunities or worries with human relations can cause high levels of stress, which can trigger mental disorders. Several disorders, such as depression, schizophrenia and substance abuse are identified as having their onset at this age (WHO 2001).

Mental health problems of young people affect whole society

In spite of the fact that most children and adolescents perceive their health to be good, there is a sizeable minority of young people reporting their health to be either “fair” or “poor” and experiencing a number of recurring health complaints (Morgan et al. 2008). Worldwide, up to 20% of children and adolescents suffer from disabling mental health problems (WHO 2001). As mental health problems in adolescence tend to be under-recognized and undertreated (Sourander et al. 2004), estimates of psychological problems and disorders may therefore be higher than is reported in studies. On an individual level, mental health problems can have deteriorating effects on young people’s social, intellectual and emotional development and consequently on their future. At its worst, they can lead to loss of life. Suicide is one of the three leading causes of death in young people and a public health concern in many European countries (WHO 2001). Besides the negative effects on an individual level, mental illness affects also many other spheres of life – family, friends and society at large – causing costs not only in health care system. In fact, the costs of mental illness among children and adolescents have indicated to fall to a very large extent on sectors outside the health care system – only 6% of costs fall on the health system (Suhrccke et al. 2007). Furthermore, there are close links between child and adult mental illness – the presence of mental illness during childhood may lead to up to 10 times higher costs during adulthood (Suhrccke et al. 2007).

Positive mental health considers mental health as a resource

Focusing only on mental health disorders does not give the whole picture of the state of mental health among young people. A general problem is the predominant understanding of mental health as the absence of mental disorder. Risk factor research has focused on mental health problems rather than strengths and positive outcomes. One current theoretical framework is resilience, used as a descriptor for positive mental health and well-being. Consideration of resilience has emerged from research indicating that a proportion of young people have had a positive life trajectory despite having faced diverse potentially harmful life experiences. In addition to resilience, positive mental health includes a positive sense of well-being; individual resources, such as self-esteem, optimism and a sense of mastery and coherence; ability to initiate, develop and sustain mutually satisfying personal relationships; and ability to cope with adversities (Lehtinen 2008).

Young people are often reluctant to seek professional help for their problems

It is estimated that only 10–15% of young people with mental health problems receive help from existing mental health services (WHO 2005). Young people often underestimate the need for outside help and attempt to deal with their problems on their own. Therefore, young people must be empowered through the provision of information on mental health problems and opportunities for support and treatment (Rickwood et al. 2005). Particularly young men with a wide range of psycho-social problems are often beyond reach of health and social services. Young men are less likely than women to seek professional help for depression, substance abuse, physical disabilities and stressful life events (Rickwood et al. 2005; Sourander et al. 2004; Tylee & Walters 2004; Biddle et al. 2000). Those who are most in need are often the ones who are most reluctant to seek for help (Hüsler et al. 2005).

Youth programmes tend to be deficit-oriented, emphasizing youth problems, leading people to focus on what is wrong with youth rather than what is right. From a practitioner's view, this can be problematic because of the potential to stigmatize young people, undermine their motivation, or discourage them from becoming involved in support programs at all (Small & Memmo 2004). Help needs to be very easy to access for young people, without fear of stigma.

Problems tend to accumulate

Very often problems encountered in adolescence are the result of an interaction of several factors and cannot be determined by one single factor alone (Flay 2002). Problems related to psychosocial well-being tend to accumulate over time (Deater-Deckard et al. 1998; Rönkä & Pulkkinen 1995). According to the study of Kestilä and colleagues (2007) psychological distress among young adults is often persistent and is associated with childhood adversities, lack of social support, financial difficulties, chronic illness and high alcohol consumption. Often these problems are interconnected and can lead to difficulties in the psychosocial development of young people.

Young people need comprehensive support

Accumulation of problems also poses a challenge for the development of interventions targeted at young people. When problems accumulate, it should be possible to support the young person comprehensively, rather than focusing on one single symptom or problem behaviour only. Effective youth interventions should attend to the “whole adolescent” focusing on achievements that are specific to developmental tasks and stages (Hodgson et al. 1996; Dryfoos 1990). An adolescent's person has to be viewed from various perspectives, such as psychological and physiological well-being, interpersonal relations, life situation and future plans, economic situations, living conditions, healthy way of life and leisure time activities. For example, young adults not in full-time work or education can have complex needs. Besides mental distress, they can face substandard housing, financial difficulties and a lack of opportunities for developing independence and social engagement.

Programmes targeted at young people should include preventive and promotive strategies. Both youth mental health promotion and disorder prevention approaches have grown from similar roots and give similar recommendations for the planning of programmes. Catalano et al (2002) suggested that it is important to focus on risk and protective factors to prevent mental health problems in adulthood as well as on the promotion of positive youth development.

Successful adolescent programmes include prevention of problems and unhealthy behaviour as well as promotion of positive youth development (Weissberg et al. 2003; Catalano et al. 2002; Durlak & Wells 1997). Both require integration of theoretical frameworks and intervention strategies of different sciences (Weissberg et al. 2003). Studies have shown that preventive programmes can lead to positive changes in psychological and behavioural adjustment, academic performance and cognitive skills (Flay 2002; Kellam & Anthony 1998; Durlak & Wells 1997; Elias et al. 1991), thus also supporting the prevention of mental health problems.

Many possibilities and settings in promoting mental health of young people

There is plenty of information available on good practices and effective interventions promoting the mental health and wellbeing of young people. The EU-Compass for Action on Mental Health and Well-being (Mental Health Compass) is an interactive resource for the exchange of information on mental health and promotion and prevention activities across the EU. It includes a database with policies and good practices.

(http://ec.europa.eu/health/ph_determinants/life_style/mental/mental_health_compass_en.htm).

Another example is the ProMenPol Database

(<http://www.mentalhealthpromotion.net/?i=promenpol.en>) which is a structured selection of Mental Health Promotion tools in different settings, including schools.

Many interventions aim to improve life or social skills of children and adolescents in order to cope with stress, to deal with different emotional states, and to improve personal relationships.

This type of interventions is usually provided in schools. *The Friends Programme*

(<http://www.friendsinfo.net/>) is a leading school-based anxiety prevention programme that helps children aged 7–11 and teenagers aged 12–16 cope with feelings of fear, worry, and depression by building resilience and self-esteem and teaching cognitive and emotional skills in a simple, well-structured format. Cognitive-behavioural intervention includes ten child sessions and three parent sessions.

Coolness training (<http://www.coolness-training.de/>) in Germany is directed at young people who have become obstructive in their social environment, at risk of getting involved in violent offences and becoming socially marginalized. The training works by improving social competences, for example the capacity to conflict-solving, promoting de-escalating behaviour to prevent violence and by encouraging to intervene to prevent violence.

The Time Out! Getting Life Back on Track –programme (<http://info.stakes.fi/aikalisa/EN>) has been developed in Finland and is an example of an intervention with comprehensive support. The programme offers a personal counsellor for young men, who works in municipal social and health services. The men are given the possibility to discuss their future plans and the current life situation, the occurrence of mental health problems, substance abuse and general well-being together with the counsellor, and they receive support and support. The counsellor also encourages the use of other social and health services when needed. Findings on programme effectiveness, feasibility and acceptability are promising (Appelqvist-Schmidlechner et al. 2009).

Programmes targeted at young people can also operate through new technology, for example using the Internet. Some children and young people may prefer the Internet to “face to face” contact when having mental health or everyday problems. *Web coaches* in Sweden provide their help for young people on the Internet (Soares Lindberg 2009). Another example of an internet based programme is the *THAT IS ME* project in Slovenia (Braddick et al. 2009). The programme aims to provide adolescents with information and to help them to solve their problems by getting advice from counsellors and peers. A team of 30 experts is continuously available to answer questions.

Mental health promotion in young people works

A number of overviews and meta-analyses have demonstrated that prevention and promotion approaches can be effective in reducing mental health problems and symptoms of mental disorders (Jané-Llopis et al. 2005; Durlak & Wells 1997 and 1998), aggression and antisocial behaviour (Gansle 2005; Bor 2004; Wilson et al. 2003), substance use (Tobler et al. 2000), and in increasing coping skills (Kraag et al. 2006) of children and adolescents. The effects are confirmed to be stable over time (Jane-Llopis 2002). Furthermore, there is credible evidence that certain well-implemented early intervention programmes for young people can achieve significantly more benefits than costs (Zechmeister et al. 2008; Foster et al. 2007; Bagley & Pritchard 1998). Nevertheless, health care providers often do not see prevention or promotion as their primary responsibility. It is easy to put focus on problems/illness and their treatment, which often achieve near-term benefits. Mental health and well-being of children and adolescents and the way in which we nurture them through adolescence into adulthood will affect the prosperity as well as social and economic stability of European countries over the coming decades. Investing for the mental health promotion of young people is an investment in the present and the future.

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