Concept of Mental Health Promotion and Developing Country-Specific Plans for Mental Health Promotion

Report of the Regional Workshop
Bangkok, Thailand, 17-19 November 2005

World Health Organization
Regional Office for South-East Asia
New Delhi
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1. **Introduction**

The role of health promotion in mental health is embedded in the WHO definition of health (1948): “Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.” The Ottawa Charter (1986) defines health promotion as “a process of enabling people to increase control over, and to improve their health.” More recently, the Bangkok Charter on Health Promotion (2005), among other things, calls for making the promotion of health a key focus of communities and civil society.

Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead at an individual level, a socially and economically productive life. Promoting the mental health of individuals and communities is therefore a major function of health promotion. There is substantial evidence to show that effective health promotion strategies can lead to better health.

Good mental health is a goal that most of us share, and mental health promotion is a means of reaching that goal. Mental health is promoted through processes which give people the ability to function well, or which remove barriers that may prevent people from having control over their mental well-being. Mental health promotion applies to the whole population in the context of everyday life. It is not only for those who experience mental illness, or for those who are considered to be at risk for mental illness. Mental health promotion initiatives build on the existing networks of social support in communities, and create new relationships that enhance our sense of belonging. Secondly, it is important to consider that mental health promotion can take many forms. Because positive mental health is the result of many interacting factors, there is no single way to promote it. Communities are made up of a diverse range of people, so efforts to promote mental health need to consider a variety of strategies and approaches that are relevant to the full range.
To be successful, mental health promotion efforts require active involvement of people in identifying mental health needs, setting priorities, controlling and implementing solutions, and evaluating progress towards goals - essentially a community development model. Also there is an urgent need to create awareness among policy-makers of the paramount importance of mental health promotion. This will lead to the recognition and integration of mental health promotion activities in the national health programmes, with adequate funding. Countries must see actions in health promotion, including mental health promotion, as justifiable social investments, that can contribute effectively to overall national development.

As a follow-up of the meeting of technical experts on mental health promotion held at the WHO Regional Office for South-East Asia from 14-15 October 2005, a regional workshop on the “Concept of mental health promotion and developing country-specific plans for mental health promotion” was organized by WHO/SEARO in Bangkok from 17-19 November 2005. Participants from Bangladesh, Bhutan, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand attended the workshop. There were two technical experts from India: Dr Jitendra Nagpal (expert on life-skills education) and Dr Ratna Sharma (expert on meditation for stress relief). Six community members from Bangkok were invited to present their views on their expectations from mental health promotion programmes.

2 Objectives of the workshop

2.1 General objective

The general objective of the workshop was to provide information and guidelines to Member Countries on mental health promotion.

2.2 Specific objectives

The specific objectives were:

- To discuss the concept and determinants of good mental health.
- To discuss the feasibility of developing country-specific plans for mental health promotion by countries.
3. Summary of proceedings

The workshop was inaugurated by Dr Seri Hongyok, Deputy Director General, Department of Mental Health, Thailand. The address by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region was read by Dr Vijay Chandra, Regional Adviser, Mental Health and Substance Abuse, WHO/SEARO.

Dr Vijay Chandra introduced the concept of mental health promotion. He said that there is increasing awareness that strategies for promoting mental well-being are extremely important to enable individuals to enjoy good health. The approach should be to identify determinants of mental well-being which should be promoted and identification of risk factors for disease which should be reduced/controlled. Once risk factors and determinants of mental well-being are identified, Member Countries can develop their own country-specific programmes for promotion of mental health. This can then be delivered as a package to the community in their own countries. The community must understand what is implied by mental health promotion because once people understand what is being advocated they will accept the recommendations more easily.

Dr Prawate Tantipiwatanaskul, Department of Mental Health, Ministry of Public Health, Thailand, presented a working paper on mental health promotion prepared on the basis of the discussions held in New Delhi. He pointed out that over the past 20 years the interest in promoting mental health has grown. Mental health is increasingly seen as fundamental to physical health and quality of life and thus needs to be addressed as an important component of improving overall health and well-being. In particular, there is growing evidence to suggest interplay between mental and physical health and well-being and outcomes such as educational achievement, productivity at work, development of positive personal relationships, reduction in crime rates and decreasing harm associated with use of alcohol and drugs. It follows that promoting mental health through a focus on key determinants should not only result in lower rates of some mental disorders and improved physical health but also better educational performance, greater productivity of workers, improved relationships within families and healthier communities.
Health promotion strategies are based on the question of how health is created. The objective is to offer people more control over the determinants of their health. Mental health promotion, thus, involves actions that allow people to adopt and maintain healthy lifestyles and create living conditions and environments that support health. Good mental health goes hand in hand with peace, stability and success, and promoting mental health presents a powerful case for including mental health promotion in the public health policies of all countries.

Dr Chandra’s presentation also discussed:

- That mental health can be enhanced by effective public health interventions
- A climate that respects and protects basic civil, political, economic, social, and cultural rights is fundamental to the promotion of mental health
- Intersectoral linkage is vital for mental health promotion.

3.1 Country presentations

Participating countries presented their activities on mental health promotion.

**Bangladesh**

The mental health programme is now orienting itself to development not only of the tertiary care programme but also of a community-based mental health programme. There are training programmes on mental health for primary health care physicians, health workers and religious leaders. The goals of the programme are:

- Enhancing the ability of the primary health care physician in identifying and giving preliminary treatment to the mentally ill in the community
- Giving orientation to the health workers to primarily identify probably mentally ill cases and to bring them to (rural) health facilities for management
Helping religion leaders in the community to be aware of mental illness and to send patients to nearby mental health facilities for proper management.

Mental health promotion activities include regular messages on basic information in mental health through the media. Ten messages approved by the government are being published through national dailies. In addition, a monthly magazine is published on mental health and Information Education and Communication (IEC) material on mental health is distributed. The goal of this programme is to make people aware about mental health and to reduce the stigma attached to mental health treatment. There is an ongoing programme on mental health promotion in four sub-districts, the goal of which is to orientate people on issues related to mental well-being. There is keen interest to promote mental health.

**Bhutan**

Mental health programmes are focusing on capacity building of the primary health workers to provide community-based mental health care. There is no specific programme on mental health promotion. In collaboration with the education sector, a joint programme to address the issue of substance abuse and other risk behaviour in the youth is being implemented. The mental health programme will further collaborate with other relevant stakeholders/sectors and initiate mental health promotion programmes and activities.

**Indonesia**

There is a Directorate of Community Mental Health in the Ministry of Health. This Directorate is responsible for promoting community mental health activities. Presently, efforts are being made to develop community-based programmes to meet the mental health needs of the community. Some programmes on mental health promotion have been conducted along with school health by the Directorate. The programme on the use of life-kills for mental health promotion sponsored by WHO/SEARO has been successfully tested in Indonesia.
### Ongoing mental health promotion programmes in Indonesia

<table>
<thead>
<tr>
<th>Title</th>
<th>Adolescent mental health promotion</th>
<th>Empowering parents against drug abuse</th>
<th>Interpersonal skill in drug education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals</td>
<td>To teach life skills to adolescents</td>
<td>To teach parenting skills in countering drug abuse</td>
<td>To teach interpersonal skills to adolescent to be able to avoid drug abuse problems</td>
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<tr>
<td>Target groups</td>
<td>Adolescents (High-school students)</td>
<td>Parents</td>
<td>Adolescents</td>
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<tr>
<td>Methods</td>
<td>Module being adapted based on WHO modules: Training teachers</td>
<td>Module being developed: Training partners</td>
<td>Module being developed: Training partners</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Department of Education</td>
<td>District Health Office</td>
<td>District Health Office</td>
</tr>
<tr>
<td>Funding</td>
<td>WHO</td>
<td>Government of Indonesia</td>
<td>Government of Indonesia</td>
</tr>
<tr>
<td>Implementation status</td>
<td>Module being developed</td>
<td>Pilot project in two districts (in West Kalimantan &amp; south Sumatra)</td>
<td>Pilot project in two districts (in Central Kalimantan &amp; Central Lombok)</td>
</tr>
</tbody>
</table>

**Myanmar**

Health promotion activities are conducted by the school health programme and in the community by an NGO called ‘Myanmar Maternal and Child Welfare Association”. The strong Buddhist traditions in Myanmar are used to promote mental well-being in the community.

**Nepal**

Mental health promotion activities started in 2003 with the WHO-supported public education and community awareness campaign through television, radio and pamphlets. However, the focus was mostly on psychiatric disorders in terms of making the community aware about these
disorders and the need for treatment. There are no specific mental health promotion activities.

**Sri Lanka**

Health promotion activities are conducted by the Department of Health Promotion and the School Health Programme. The use of life-skills has been extensively implemented in many school health programmes. Alcohol use among adolescents is a cause of major concern. Many NGOs are working to address this issue.

**Thailand**

Thailand has many programmes on mental health promotion conducted by the Department of Mental Health. These programmes reach out to the community as far as the village level. The principle behind these programmes is to enhance the capability of individuals to take care of their own and their family’s mental well-being. The focus is to use volunteers who are trained to transmit knowledge and information to people in the community to promote their mental well-being. This project is ongoing since 2003. The number of villages covered were 1070 in 2003, 3581 in 2004, 18350 in 2005. The activities include building family relations, promoting religious traditions, exercise programmes and care of the elderly. The programme on the use of life-skills for mental health promotion sponsored by WHO/SEARO has been successfully tested in Thailand.

It was clear from the country presentations that relatively low priority is given to mental health promotion by participants.

However, it was noted that many departments other than mental health are involved in mental health promotion activities e.g. school health, social welfare, adolescent health. This suggests the importance of involving other partners in mental health promotion programmes.

### 3.2 Presentation by community members on expectations from mental health promotion Programmes

Six members of the community from Thailand including students, teachers and parents also made presentations on their expectations from mental
health promotion programmes. Their common theme was the desire for mental well-being, with a particular focus on control of school stress among adolescents.

3.3 Risk factors for mental illness

A detailed presentation of risk factors for mental illness was made based on the working paper presented in the New Delhi meeting of experts and subsequent modifications by the author.

3.4 Determinants and protective factors for mental illness

A detailed presentation on determinants and protective factors for mental illness was made based on the working paper presented in the New Delhi meeting of experts and subsequent modifications by the author.

3.5 Mental health promotion: Settings-based approach

Prof. Davison Munodawafa, Regional Adviser, Health Promotion, WHO/SEARO made a presentation on the healthy settings approach and its possible applications in mental health promotion. The settings approach could be community-based (individuals and family), school-based or workplace-based.

In community-based settings, alliances and networks are essential for implementation of interventions as well as for resource mobilization. These partnerships are often dysfunctional because they do not consider equity in decision-making as a condition for success. It is therefore recommended that partnership arrangements at the community level in mental health promotion recognize that the community is the owner and custodian of any intervention and that no outsiders can come and lay claim for ownership or credit for any intervention. The stated needs of the community should guide the contribution of partners.

3.6 Public health strategies for mental health promotion

A presentation was made by the consultant on his experiences in dealing with mental health promotion among adolescents. The approach used is
life-skills education. The target population is adolescents both in and out of school, in rural and urban areas. The issues addressed include coping with stress, handling peer pressure, conflict resolution, enhancement of self-confidence, dealing with emotions and strengthening interpersonal relationships. Particular focus has been placed on prevention of harm from alcohol and substance use.

Another consultant discussed the role of traditional methods such as meditation as a public health strategy for mental health promotion. Scientific evidence for the effectiveness of meditation in promoting mental well-being was presented. Discussions focused on the use of similar strategies in many countries in the Region including Sri Lanka, Myanmar, Bhutan and Thailand. It was pointed out that communities have practised these techniques for centuries, although recently their use is declining. There was general agreement that traditional methods should be promoted for mental well-being.

Building community resilience is an emerging concept to promote community and family harmony. Such programmes essentially include focused group discussions. They have been successfully used in many communities in Thailand both by the Department of Mental Health and NGOs. It was pointed out that similar programmes have also been developed by the Red Cross and successfully implemented in parts of India.

Other public health strategies discussed included mental health education and the Appreciation, Influence and Control (AIC) Approach.

The role of the media in mobilizing public opinion in favour of mental health promotion and promoting community harmony was discussed. There was general agreement that a constructive partnership with the media is important.

Other issues discussed included the well-being of patients with mental illness. It was noted that such programmes are not given high priority in some Member Countries and thus need to be promoted. Specific suggestions included:

- Improving quality of life of people with mental illness
- Elimination of discrimination towards mentally ill persons and removal of stigma related to mental illnesses
Reducing disability of those with mental illness

Universal access to care for people with mental health problems

The workshop identified two settings in which mental health promotion programmes should be launched: one for adolescents both in and out of school and second, in the community where leaders wish to build community resilience. For each of these settings, the tools to be used were identified.

**Setting: Mental Health Promotion Programmes for Adolescents (both in and out of school)**

**Tools to be used**

1. Life-skills approach using SEARO modules on adolescent mental health promotion.
   
   *Evidence:* Tested and shown to be successful in three countries (India, Indonesia and Thailand).

2. Life-skills approach using SEARO module on prevention of harm from alcohol use among adolescents in schools.
   
   *Evidence:* Tested extensively in India and shown to be successful both in rural and urban schools.

3. Traditional methods of coping with stress on an individual basis (meditation)
   
   *Evidence:* Substantial evidence for successful use from India and Myanmar.

**Setting: Community, where leaders wish to build community resilience**

**Tools to be used**

1. Focussed group discussions for building community resilience.
   
   *Evidence:* Tested and shown to be successful in 80 communities in Thailand.

2. Self-learning material for prevention of harm from alcohol use.
   
   *Evidence:* Developed and tested successfully in Sri Lanka.
(3) Traditional methods of coping with stress at the community level (meditation).

Evidence: Substantial evidence from India and Myanmar.

3.7 Advocacy for mental health promotion

Advocacy for mental health promotion refers to a combination of social actions by individuals and groups to gain political commitment, policy support, social acceptance and systems support for a particular (mental) health goal or programme. Participation of communities and families throughout the process should be a pre-requisite for programme implementation if it is to yield desired results.

In order to effectively advocate for mental health promotion, strategies and policies should be put in place and an enforcement mechanism as well as a mechanism for documenting evidence (monitoring and evaluation) established. Community-based groups including faith-based groups should participate in community mobilization as well as implementation of innovative home and family-based mental health promotion activities. Civil society groups should, with the mandate of the communities, speak for the marginalized groups at government and policy-making level.

4. Recommendations

The workshop discussed the steps for implementing mental health promotion programmes in Member Countries. The general steps recommended were:

(1) Advocate for national mental health promotion agenda
(2) Identify key stakeholders
(3) Create national forum for mental health promotion
(4) Develop a national plan of action
(5) Adapt some intervention strategies and tools for implementation in countries
(6) Pilot test intervention strategies
(7) Scale-up intervention at district/state/national level

(8) Strengthen networking for sharing experiences

SEARO was requested to assist Member Countries in providing technical assistance and to conduct the following activities:

(1) To technically evaluate the tools being recommended for use including:
   - Building Community Resilience programme in Thailand and the Red Cross programme in Orissa, India and Maldives.
   - Prevention of harm from alcohol use programme among adolescents being developed in India.
   - Use of traditional methods (meditation and yoga) for stress management programmes being conducted at the All India Institute of Medical Sciences, New Delhi, India.

   If these programmes were found to be technically appropriate and practical for implementation, SEARO could assist Member Countries to adapt these programmes for their own use and provide assistance in developing country-specific plans for mental health promotion.

(2) SEARO was requested to advocate with policy makers in Member Countries to assign priority to mental health promotion programmes.

5. Conclusion

The meeting was closed by Dr Than Sein, Director, Department of Noncommunicable Diseases and Mental Health WHO/SEARO. He thanked the participants for their contributions and requested them to prepare a plan for mental health promotion within their countries. Dr Vijay Chandra also thanked the participants for their important contributions and agreed to take forward the programme on mental health promotion as a high priority.
Annex 1

Programme

Thursday, 17 November 2005

0830-0900 hrs Registration
0900-1000 hrs Inauguration
1000-1015 hrs Tea
1015-1030 hrs Introduction to mental health promotion in SEAR: Dr Vijay Chandra
1030-1100 hrs Presentation of the concept and goal of mental health promotion: Dr Prawate Tantipiwatanaskul
1100-1230 hrs Presentation of current activities on mental health promotion by each Member Country (15 minutes each)
   Bangladesh
   Bhutan – Dr Tandin Chogyal
   India (Uttaranchal and Tamil Nadu separate presentations)
   Indonesia – Dr Pandu Setiawan
   Myanmar – Prof. Hlay Htay
1230-1330 hrs Lunch
1330-1415 hrs Presentation of current activities on mental health promotion by each Member Country (15 minutes each) – continued
   Nepal – Dr Kapil Dev Upadhyay
   Sri Lanka – Dr Jayan Mendis
   Thailand – Mrs Suchada Sakornsatian
1415-1500 hrs Discussion
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<th>Time</th>
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| 1500-1545 hrs| Presentation by community members on expectations from mental health promotion programmes (15 minutes each)  
Dr Sujarit Suvannashiep, Dr Wichian Deepentham,  
Ms Natsajee Songin |
| 1545-1600 hrs| Tea                                                                                           |
| 1600-1700 hrs| Presentation by community members on expectations from mental health promotion programmes (15 minutes each)  
Continued)  
Mrs Subhawadee Harnmethee, Mrs Pornpatra Bulbon,  
Mr Chavalit Muangkeo |
| 1700-1730 hrs| Discussion                                                                                    |

**Friday, 18 November 2005**

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<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>0900-0930 hrs</td>
<td>Risk factors for mental illness: Prof. Hlay Htay</td>
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| 0930-1000 hrs| Determinants and protective factors for mental illness:  
Prof. U Thuta |
| 1000-1030 hrs| Discussion                                                                                    |
| 1030-1100 hrs| Tea                                                                                           |
| 1100-1200 hrs| Public Health Strategies for mental health promotion:  
Dr Jitendra Nagpal and Mrs Suchada Sakornsatian |
| 1200-1230    | Discussion                                                                                    |
| 1230-1330 hrs| Lunch                                                                                        |
| 1330-1400 hrs| Mental Health Promotion: Settings based approach –  
Dr Davison Munodawala |
| 1400-1530 hrs| Tools for mental health promotion:  
Dr Jitendra Nagpal, Dr Ratna Sharma and  
Mrs Suchada Suchada Sakornsatian |
| 1530-1600 hrs| Tea                                                                                           |
| 1600-1630 hrs| Evaluation and suggestions for mental health promotion programmes  
Dr Vijay Chandra |
| 1630-1700 hrs| Discussion                                                                                    |
Saturday, 19 November 2005

0900-1030 hrs  Working with other stakeholders – Open Discussion
   Lead discussant: Dr Prawate Tantipiwatanaskul

1030-1100 hrs  Tea

1100-1230 hrs  Suggested guidelines for SEAR Member Countries to develop their own programme for mental health promotion – Open Discussion
   Lead discussant: Dr Prawate Tantipiwatanaskul

1230-1330 hrs  Lunch

1330-1430 hrs  Suggested guidelines for SEAR Member Countries to develop their own programme for mental health promotion – Open Discussion continued.
   Lead discussant: Dr Prawate Tantipiwatanaskul

1430-1530 Future activities on mental health promotion (Member Countries)
   Lead discussant: Dr Vijay Chandra

1530-1600 hrs  Tea

1600-1700 hrs  Discussion and closing
Annex 2

List of participants

**Bangladesh**

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Distinguished participants, colleagues, ladies and gentlemen,

I have great pleasure in conveying greetings from Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, to the organizers and participants of the regional workshop on mental health promotion. As Dr Samlee is unable to be here today, I have the honour to read out his address. I quote:

It is with great pleasure that I welcome you all to this important regional workshop on mental health promotion.

In recent years, possibly due to several technological advances in the field of medicine, there is a tendency in some areas of health programme formulation to focus on a disease-based model, rather than taking into account the overall well-being of individuals. Generally, people recognize disease, which implies “bad health”, rather than “good health”, which is usually taken for granted. Little effort is made to promote good health. These perceptions, I feel, need to be changed.

There is substantial evidence that effective health promotion strategies can lead to better health. But, this can only happen if health promotion is made a key public health strategy and applied to all sections of society. The same concept should apply to mental health promotion and well-being. Mental health promotion should be seen as a part of the recently-adopted Bangkok Charter on Health Promotion, which, among other things, calls for making the promotion of health a key focus of communities and civil society.

The importance of mental health promotion is not recognized universally. Not everyone is convinced of the impact of strategies for mental
health promotion. Many advocate that scarce funds could be better used to treat people with mental illness, perhaps ignoring the principle of “prevention is better than cure”.

The strategy for mental health promotion should be to identify the determinants of good mental health which should be promoted and identification of risk factors for disease which should be reduced/controlled.

Before we develop any meaningful programme on mental health promotion, we need concrete evidence to show the effectiveness of programmes to reduce morbidity due to mental disorders. Except for life-skills education for adolescents, there is a dearth of information on the content of mental health promotion programmes and interventions. The working papers prepared for this workshop, present the evidence for various strategies which have been tried in the past. I urge you to review the evidence carefully before you consider adapting them in your own country.

Traditional practices, such as meditation, which have been used for centuries in the South-East Asia Region are now being recognized as being effective in promoting mental and physical well-being. However, these have never been used as a public health strategy for promotion of mental health in the community. I would like to urge you to discuss the traditional practices in your countries which can be used as a public health measure to promote mental well-being.

The concept of promoting mental health involves multiple partners such as school health programmes, the Ministry of Education and the Ministry of Social Welfare. Thus, we must involve all stakeholders and make coordinated efforts. While involving multiple partners may make programme development slightly more complicated, without an intersectoral approach, mental health promotion programmes are unlikely to succeed.

We must communicate our messages clearly and effectively to the community, as they have to accept and implement the programme themselves. The community must understand what is implied by mental health promotion. Community ownership of the programme, in fact, is essential for its success.
In the context of community ownership, we must also remember that there are many social and cultural determinants of mental well-being. Thus, sound strategies for mental health promotion must be formulated on the basis of specific, socio-cultural contexts.

One of the partners we may wish to consider in this context is the corporate sector. We should try to convince the corporate sector that good health, including mental well-being, should be a key component of good corporate practices. The private sector should perceive the need to invest, not only in physical, but also in mental health. This can be done by demonstrating that mental well-being improves workforce productivity.

The Regional Office is in the process of developing a Strategic Framework for pursuing mental health promotion as an area of high priority. This is being done through consensus building among prominent professionals and experts from both within and outside the Region. At the same time, we are supporting the preparation of country-specific plans for mental health promotion, which will be consolidated into a regional working document for mental health promotion. We also hope this effort will lead to the formation of a regional network which promotes and facilitates intercountry cooperation in this area.

There is an urgent need to create awareness among policy-makers of the paramount importance of mental health promotion. This will lead to the recognition and integration of mental health promotion activities in the national health programmes, with adequate funding. Countries must see actions in health promotion, including mental health promotion, as justifiable social investments, that can contribute effectively to overall national development.

In the process of promoting mental health within this framework, many formidable challenges need to be addressed. To be really effective, we need new thinking, new ideas and new approaches. I would suggest, in this connection, that we first focus on a few things and do them well. I believe this workshop will fulfill its objective in identifying effective strategies to move forward confidently in the promotion of mental health and mental well-being of our populations.

I am sure this workshop will further strengthen WHO's initiative in supporting the governments of Member States much more efficiently and
effectively, in their efforts to develop and implement mental health promotion programmes.

In conclusion, I wish you all fruitful deliberations and a pleasant stay in Bangkok.

I shall, of course, be apprising the Regional Director of your deliberations and the outcome of the workshop. I too would like to take this opportunity of wishing you all success and a comfortable stay in Bangkok. Unquote