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CONTRIBUTIONS TO BOOKS

- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

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- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

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MENTAL HEALTH PERSPECTIVES IN ORGANIZATIONS: ISSUES AND CHALLENGES

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ABSTRACT

Recent years have evinced growing concern about the mental health which is an integral part of health. In a positive sense, it is the foundation for well-being and effective functioning of an individual and a community. Mental Health, as a discipline, doesn't finds it's virtual presence in organizational behaviour and thus lacks significant attention in organizations. This paper tries to offer a comprehensive view on the mental health perspectives in organizational context. Moreover, it highlights the need for mental health policies and programmes in organizations for the comprehensive welfare of the employees.

KEYWORDS
Mental Health, Well- being.

INTRODUCATION

Recent developments in information technology and communication have significantly changed human lifestyles. They have literally wiped out the boundaries between the nations and converted the world into a global village. "Human Being" as an active bio- psycho- social unit is absorbing and responding to these changes and as a result is showing varied adaptive patterns. The information revolution is creating a new type of social order where the psyche of concerned population will show decisively new set of behavioural patterns (Jain, 2003). As people in the contemporary world of today are facing an increasing number of chronic psychosocial and other stressors that impinge on their overall well- being and quality of life, the psycho- social implications of these advancements particularly in the health sector need an in depth study.

Every human being from birth faces a succession of changing circumstances in the environment. But the way he/ she reacts to these changes determines the pattern of his/ her personality and the quality of his/ her mental health. In this context, Annual Report of World Federation of Mental Health (1950) conceived mental health as "not merely the absence of mental disorder but as a state in which the individual lives harmoniously with himself and others, adapting to and participating in an ever- changing social setting and with the sense that he/ she is achieving self- realization through satisfaction of his basic needs". Singh (2003) observed that good mental health is basic to positive health and well- being. In the present circumstances it becomes imperative to help the individuals to manage their lives successfully and provide them the emotional and spiritual resilience and to allow and enjoy life successfully dealing the distress and disappointments. Anaparti & Chintalapuri (2009) studied the psycho- social impact of computer technology on eighty software professionals from Hyderabad and assessed their mental health. In the study, it was found that they appear to have average to low mental health. Such a trend in the status of their well- being requires special attention on this unattended topic in management and organizational behaviour specifically.

In nutshell, it can be mentioned that mental health has specific value in itself, is integral to health and is the foundation for well-being and effective functioning for individuals and populations. In this scenario, promoting mental health is justified in itself as well as through its efficacy in helping to achieve other objectives such as increased productivity. While these benefits are important and may be decisive in terms of resource allocation, the promotion of mental health is fundamentally linked to human rights and equity as well as overall humanitarian and utilitarian values.

MENTAL HEALTH

Since its inception, WHO has included mental well- being/ mental health in the definition of health. WHO famously defines health as: ….. a state of complete physical, mental and social well- being and not merely the absence of disease or infirmity (WHO, 2001b,p.1). Three ideas central to the improvement of health follow from this definition: (i) mental health is an integral part of health, (ii) mental health is more than the absence of mental illness, and (iii) mental health is intimately concerned with connected with physical health and behaviour.

Defining mental health is important, although not always necessary to achieving its improvement. Differences in values across countries, cultures, classes and genders can appear too great to allow a consensus on a definition (WHO, 2001c). Without restricting its interpretation across cultures, mental health can be clearly understood. WHO has recently proposed that mental health is: … "a state of well- being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001d, p.1). The mental health practitioners across the globe consider the concept of positive mental health and refer it to the individual having a positive sense of well-being, resources such as self-esteem, optimism, sense of mastery and coherence, satisfying personal relationships and resilience or the ability to cope with adversities. These qualities enhance the person's capacity to make a meaningful contribution to their family, community and society (Lavikainen, Lahtinen & Lehtinen, 2000).

According to Mathur(2007), there is no single universally acceptable definition of mental health. For example, the layman's concept of mental health is absence of mental illness or a negation of any mental trouble. Thus, the disturbances of the mind have something to do with the mental illness. But, the concept of mental illness goes much beyond the layman's concept. Meaning of mental health does not imply mental health in terms of mental disorders only, nor does it imply that mental health and mental disorders are opposite poles on a single continuum. Absence of mental ill health is not the same as having good mental health. The factors that contribute to positive mental health are manifested in a general feeling of well- being, self confidence, personal competence, satisfaction, happiness and ego- strength. The negative mental health factors could be manifested as mental disorders or symptoms like anxiety, depression, obsession, compulsion, phobias, delusions, or even negative states like anger, hostility, dissatisfaction, fear, inferiority, etc. Kovess- Masfety, Murray & Gureje (2005) conceptualized mental health as a positive emotion (affect), such as feelings of happiness; as a personality trait inclusive of the psychological resources of self-esteem and mastery; and as resilience, which is the capacity to cope with adversity.

Mental health is an indivisible part of general health and well-being. In principle, mental health refers to the characteristics of individuals, but we can also speak about the mental health of families, groups, communities and even societies. Mental health as a concept reflects the equilibrium between the individual and the environment in a broad sense. Here the determinants are grouped into four categories (see Fig. 1): individual factors and experiences, social support and other social interactions, societal structures and resources, and cultural values (Lahtinen et al., 1999).

FIG. 1: THE STRUCTURAL MODEL OF MENTAL HEALTH

Source: WHO, 2005

As the arrows in the figure (Fig. 1) show, the influences between mental health and its determinants are reciprocal. Thus, one can also speak about a "systemic" model of mental health. Furthermore, physical and mental health is also tightly connected. This is reflected in figure 1 which shows the so-called "structural" model of mental health. Spiritual or religious values also contribute to mental health. Although they can overlap with cultural values, religious or spiritual values are often not the same as those of the specific culture. They can have both positive and negative effects on mental health in the same way as other determinants. An example of a positive spiritual value might be the assumption that each individual is of great worth apart from their functional capacity. In short, WHO defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2001a).

MENTAL HEALTH CONTRIBUTES TO SOCIAL CAPITAL

One way of looking at the relationship between mental health and the society is through the concept of social capital (Putnam, 1993). This concept refers to features of social life such as institutions, networks, norms, reciprocity and social trust that shape the quality and quantity of social interactions and facilitate collective action, coordination and mutual benefit. Increasing evidence shows that social cohesion is critical for societies to prosper economically and for their development to be sustainable. Aspects of social capital, like trust, social support and social networks, are also important determinants of the mental health of individuals. Furthermore, it is evident that social capital can improve access to services for people with mental disorders and so shorten the duration of these disorders (Sartorius, 2003). The relationship between mental health, its consequences and organizations as part of social capital is demonstrated in figure 2.

FIG.2 : MODELING THE IMPACT OF MENTAL HEALTH ON SOCIAL CAPITAL

Source: WHO, 2005

The social capital–mental health relationship should be a key consideration in the promotion of mental health because mental health is a key input to human productivity. This knowledge should be used in the development of any social policy aiming to enhance social capital. There are experiences of the development of mental health service resources and systems that have had favourable impact in the restructuring of societies in crisis. We need more systematic research to deepen our knowledge on these associations, however, in order to be able to provide useful recommendations for planning and implementation of new service strategies.

Research over the last two decades has demonstrated that social capital is linked with economic development, the effectiveness of human service systems and community development. Social capital has also been shown to decrease transaction costs in the production and delivery of goods and services, thereby improving productivity and efficiency. Political scientists have studied the contribution of social capital to the functioning of democracy, more efficient government, decreased corruption and the reduction of inequality within a society. Social scientists have investigated how higher social capital may protect individuals from social isolation, create social safety, lower crime levels, improve schooling and education, enhance community life and improve work outcomes (Woolcock, 1998).

Contrary to the West, the Hindu philosophy does not believe in the dichotomy of mind body problem. Instead the Hindu philosophy presents ideal picture of a healthy man which does not correspond to contemporary social realities. The mental health often known as quality of life (Wig, 1979) is not the mere absence of mental illness but something different (Nagaraja, 1983) like ideal social functioning (Carstairs and Kapoor, 1976) and, by and large, can be an integrated component of public health and social welfare programme (Larson, 1978; Okun and Stock, 1984; Sandvik, Diener and Seidlitz, 1993; Umberson and Gove, 1989). All these approaches to well- being are like a few passing references (Michael, 1982) which only suggest a variety of mental healths but fail to generate a composite view of the same (Sathyavati, 1988; Sinha, 1990). Jahoda (1958) characterised mental health as the positive condition that is driven by a person's psychological resources and desires for personal growth. She described six characteristics of the mentally healthy person: (i) A personal attitude toward self that includes self- acceptance, self- esteem, and accuracy of self- perception; (ii) The pursuit of one's potentials; (iii) Focused drives that are integrated into one's personality; (iv) An identity and values that contribute to a sense of autonomy; (v) World perceptions that are accurate and not distorted because of subjective needs; and (vi) mastery of the environment and enjoyment of love, work, and play. In the same context, psychological researchers have referred the capacity to love, work, and play as "mental health" (Cederblad, Dahlin, Hagnell, & Hansson, 1995).

There exist many misconceptions among the general public, politicians and even professionals regarding the concept of mental health. This is due to the fact that mental health is in many ways undervalued in our societies. The concept is often confused with severe mental disorders and associated with societal stigma

and negative attitudes. It is also often the case that curative medicine focusing on health problems attracts more attention than public health questions of prevention and, even more so, of promotion. The positive value of mental health, contributing to our well-being, quality of life and creativity as well as to social capital, is not always seen.

WELL- BEING

Well- being is not a "default" concept, and is currently defined in positive terms. It has a range of physical, psycho- social, and socio- cultural dimensions. According to WHO (2001b), health is a state of complete physical, mental and social well- being, and is not merely the absence of disease and infirmity. This way well- being is a broader construct much beyond the mere physical well- being. Such an emphasis on harmony/ balance or equilibrium is very close to the concept of health in various Indian texts. The related illustrations include *Ayurveda* (the concept of *sama* or balance); *Ati sarvatra varjayet* or avoidance of extremes; Buddhistic philosophy (*madhyama* or the middle path); or on *Sankhya philosophy*- state of *samyavastha* (equilibrium) of three *gunas* or qualities namely *sattva* (the element of illumination*); rajas* (activity, dynamism); and *tamas* (passivity, inertia, darkness). Such a balanced state of functioning is repeatedly considered in *Bhagvadagita* to be the chief characteristic of psychological well- being of a person (see Palsane *et al*., 1986; Sinha, 1990). The feeling of well- being provides a subjective dimension of the quality of life. It is a cognitive- affective awareness of one's own life. Being a subjective measure it is a good index of a person experiencing his own situation; how satisfied and effectual in living one feels (Asthana, 2009).

The most acceptable definition of health given by WHO is "Health is the state of complete physical, mental, social and spiritual well- being, and not merely an absence of disease or infirmity" (WHO, 1978). It is a significant departure from the medical model. It is a definition of positive health and goes beyond the mere absence of a disease: the focus being on maintaining good health, rather than on the treatment of different diseases. This also makes health a multidimensional concept having four dimensions i.e. physical, mental, social, and spiritual. The spiritual dimension of health was added much later in the WHO definition. In the backdrop of the expanded definition of health, the terms health and well- being are often used interchangeably. Well- being comprises people's evaluations, both affective and cognitive, of their lives (Diener & Suh, 1997). According to Dalal & Misra (2006), well- being is an outcome of a complex array of biological, socio- cultural, psychological, economic and spiritual factors. The conceptualization of the state of well- being is closer to the concept of mental health and happiness, life satisfaction and actualization of one's full potential. It is the subjective feeling of contentment, happiness, satisfaction with life's experiences and of one's role in the world of work, sense of achievement, utility, belongingness, and no distress, satisfaction or worry, etc.

WELL- BEING & MENTAL HEALTH

Mental health and well-being are issues of everyday life: in families, in schools, on streets and in workplaces. Therefore they should be of interest to every citizen, to every politician and to every employee as well as to all sectors of society. This includes sectors such as education, employment, environment, housing and transport as well as health and social welfare. Many civil society organizations have taken an active role in the field of mental health. Mental health, social integration and productivity are linked: well-functioning groups, societies, organizations and workplaces are not only healthier but also more effective and productive. However, the main reason for promoting good mental health is its great intrinsic value.

QUALITY OF LIFE

Quality of life has to be added to any conceptual framework of positive mental health. Early attempts to bring "quality of life" and "social well-being" to a discussion about the value of population life were made not by health practitioners but by social scientists and philosophers in the 1960s and 1970s (Campbell, Converse & Rodgers, 1976; Erickson, 1974; Katschnig, 1997). The definition of quality of life provided by WHO (WHOQOL Group, 1995) as "an individual's perception of his/her position in life in the context of the culture and value systems in which he/she lives, and in relation to his/her goals, expectations, standards and concerns" reflects a broad view of well-being encompassing social indicators, happiness and health status. It is a definition to which many in the field of mental health can relate as it gives voice to the hitherto voiceless mentally ill and emphasizes the interaction between personal and environmental factors in health. It also reflects the utility of the concept of quality of life for describing health, including mental health, in terms that go beyond the presence or absence of symptoms and signs of disorders and captures positive aspects of coping, resilience, satisfaction and autonomy, among others.

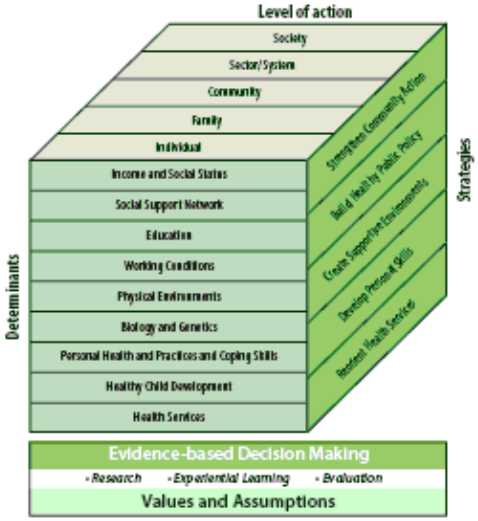
MENTAL HEALTH INDICATORS

Authorities around the world are moving to initiate scientific trials and evaluations, assess evidence, develop policies and implement programmes of intervention to prevent mental disorders and maintain or improve levels of positive mental health (CDHAC, 2000). These approaches require measurements and indicator frameworks relevant and responsive to the interventions and methods of mental health promotion. There is certainly a place for epidemiological measurement of mental disorders and many well-developed instruments with which to do this. Such measures are essential where mental health promotion and prevention programmes seek to prevent or reduce illness or disorder. However, the absence of a mental illness or disorder does not necessarily result in a "state of well-being in which the individual realizes his or her own abilities, copes with the normal stresses of life, works productively and fruitfully, and makes a contribution to his or her community" (WHO, 2001, p. 1). Individuals without a mental illness or disorder have varying degrees of well-being and hence differing levels of abilities to cope with the normal stresses of daily living. These are the aspects of positive mental health for which indicators are sought.

A SOCIAL-ECOLOGICAL FRAMEWORK FOR POSITIVE MENTAL HEALTH

When proposing mental health indicators, the different perspectives of health promotion practitioners and mental health practitioners need to be appreciated. For health promotion practitioners, health promotion is a process of development that addresses determinants, strategies and specific levels of action (Evans & Stoddart, 2003; Hamilton & Bhatti, 1996). These in turn should have a clear evidence base that draws upon research, experience and evaluation. Critically, the entire model rests upon stated values and assumptions (see figure 3).

FIG.3: THE SCOPE OF HEALTH PROMOTION



Source: Evans & Stoddart, 2003

As Lahtinen et al. (1999, p. 11) state: Promotion of mental health puts special emphasis on participation and empowerment and on intersectoral cooperation. It can work with whole societies, communities, social groups, risk groups or individuals. Action aiming at promoting mental health underlines and highlights values supporting sustainable development. The health promotion approach is particularly congruent with a population perspective. For mental health practitioners, mental health is first and foremost an individual developmental process best understood over the lifecourse. As a developmental process the expression of individual positive mental health is nested within specific cultural, historical, sociopolitical and economic settings. Within these broad settings, positive mental health is conditioned by specific neighbourhood, school and community influences that intersect with families, peers and individuals.

The individuals themselves bring their own developmental characteristics and capacities – genetic, behavioural and social – which interact with and within these larger systems. As a consequence, like other complex health outcomes, an individual's mental health is multiply determined, with causal pathways that more often than not lie outside the control or jurisdiction of health and mental health systems. The significance of this is paramount when trying to establish a response to address the growing burden of mental health problems and disorders. The services responsible for responding to the growing demand for treatment are not necessarily responsible for or equipped to address preventive strategies (Zubrick et al., 2000b).

MENTAL HEALTH IN ORGANIZATIONAL CONTEXT

According to WHO (2003), in many developed countries, 35% to 45% of absenteeism from work is due to mental health problems. In the United States alone, mental illness is considered responsible for an estimated 59% of the economic costs deriving from injury or illness-related loss of productivity, followed by alcohol abuse at 34% (Rouse, 1995). A report from a Canadian university (Université Laval, 2002) revealed that absences for psychological reasons had increased 400% from 1993 to 1999, and that the costs of replacement, together with those of salary insurance, amounted to Can$ 3 million for the year 2001. A recent study from Harvard Medical School examined the impact of psychiatric disorders on work loss days (absence from work) among major occupational groups in the United States (Kessler & Frank, 1997). The average number of work loss days attributable to psychiatric disorders was 6 days per month per 100 workers; and the number of work cutback days (getting less done than usual) was 31 days per month per 100 work- ers. Although the effects on work loss were not significantly different across occupations, the effects on work cutback were greater among professional workers. Work loss and cutback were found to be more prevalent among those with comorbid disorders than among those with single disorders. The study presents an annualized national projection of over 4 million work loss days and 20 million work cutback days in the United States. Now the same trend is gaining prominence in the developing countries like India as well.

Physical health and mental health are closely associated through various mechanisms. Physical health is detrimental to mental health as much as poor mental health contributes to poor physical health (Herrman & Jane- Llopis, in press). The notion that hypertension may arise through psychological stress, in turn related to occupational and other adverse factors in the environment, remains contentious, but the idea is an old one (Esler & Parati, 2004). Low control at work and poor social support have important influences on both physical health (e.g. cardiovascular morbidity) and psychological health (e.g. depression) (Kopp, Skrabski & Szedmak, 2000). Mental health for each person is affected by individual factors and experiences, social interaction, societal structures and resources and cultural values. It is influenced by experiences in everyday life, in families and schools, on streets and at work (Lahtinen et al., 1999; Lehtinen, Riikonen & Lahtinen, 1997). Singh & Singh (2007) concluded that both positive and negative job stresses affect the mental health status of the executives. Job negative stress adversely affects the mental health whereas job positive stress boost up the mental health. Results also indicate that personal life events have little impact on mental health of managers. Thus, stress significantly affects the health status of managers and coping has a somewhat moderating effect in stress-health relationship. According to WHO (2003), decreased productivity at work: even if an employee does not take sick leave, mental health problems can result in a substantial reduction in the usual level of activity and performance. Moreover, mental illness affects access to the job market and job retention.

Mental health and well-being are issues of everyday life: in families, in schools, on streets and in workplaces. Therefore they should be of interest to every citizen, to every politician and to every employee as well as to all sectors of society. This includes sectors such as education, employment, environment, housing and transport as well as health and social welfare. Many civil society organizations have taken an active role in the field of mental health. Mental health, social integration and productivity are linked: well- functioning groups, societies, organizations and workplaces are not only healthier but also more effective and productive. However, the main reason for promoting good mental health is its great intrinsic value. However, the positive value of mental health, contributing to our well-being, quality of life and creativity as well as to social capital, is not always seen.

THE WORKPLACE

Workplaces are increasingly heralded as significant settings for attention and action by international bodies. The World Federation for Mental Health set the workplace as its focus for two consecutive World Mental Health Days in 2000 and 2001. This action identified the workplace and the role of employers as key entry points for promoting mental health and creating healthy environments. The global collaborative partnerships between WHO and the International Labour Organization (ILO) also highlight, through policy, practice and research, the importance of workplaces and employment in promoting mental health. WHO identifies three main issues for employment:

1. Creating a positive work environment free from discrimination, with acceptable working conditions and employee assistance programmes;
2. Integrating people with severe mental illness into the workforce; and
3. Adopting policies that encourage high levels of employment maintain people in the workforce and assist the unemployed (WHO, 2000, p.102).

This represents a broad view of the role of work for mental health and well-being. Not only does it identify the role of conditions within the workplace but also the importance of meaningful employment itself for positive mental health. The rationale for a focus on the workplace is clear:

There is a need among employers to recognize mental health issues as a legitimate workplace concern. As disability costs and absenteeism increase in the workplace due to mental ill health (whatever the precipitating factors), more and more employers are faced with the challenge of developing policies and guidelines to address these issues (WHO, 2000, p.21). Following key factors have been found to impact on workplace environments and employees: work schedule and flexibility; positive relationships with work colleagues; job satisfaction and security; job design and degree of autonomy; employee role status and degree of decision-making and planning; general management style and organizational culture; organization change; communication; and social, environmental and physical factors (ILO, 2001; WHO, 2000). The past 30 years have seen significant workplace health improvements in some countries in respect of physical and toxic hazards, and workplace health promotion initiatives that have helped to encourage healthier behaviours by individuals. However, the situation in many low income countries remains severe in the face of human rights abuses such as forced labour and child labour. These abuses require a range of political and social interventions beyond the workplace as well as within. Even in affluent countries the social and psychological demands of work are increasing. These demands arise from managerial decisions that in turn are constrained by the wider economic, political, social and political environment (Polanyi et al., 2000). Even within the workplace, successful promotion of mental health must extend beyond the traditional boundaries of occupational health and individually focused health promotion strategies. Neither the provision of a safe physical environment nor the promotion of a healthy lifestyle is sufficient. It is now time to: … tackle the bigger, more controversial task of creating healthier workplaces that can create the working conditions necessary for good health. This will require the difficult task of striving to balance economic strength, social equity and for survival over the longer term, environmental sustainability (Polanyi et al., 2000, p.155). Such a move in no way negates the need for occupational health strategies or workplace health promotion programmes but rather calls for a greater emphasis than there is at present on organizational and societal determinants of worker health. A more comprehensive approach incorporating inter-related strategies is required. Employers who provide safe and supportive work environments for all their staff can do more than prevent stress and injury: they can provide mentally healthy environments which will promote mental health and potentially improve performance and productivity (McKernon, Allen & Money, 2002).

Case study 20.3
Developing a healthy workplace – The Clifford Beers Foundation

The creation of a safe, healthy and supportive work environment is a vital component of an effective organization. The mental health of employees is essential for both their well-being and for the effective operation of the organization.

The most significant research in this area is in the context of how the organization of work can induce stress that in turn affects both health and productivity. The scientific evidence on stress, health and performance has concentrated on two paradigms:

- the Demand/Control Model (Karasek & Theorell, 1990)
- the Effort/Reward Imbalance Model (Siegrist, 1996).

The essence of these models is that too much demand coupled with too little job control and too much effort coupled with too little reward are stressors complicit in the production of numerous types of illness and injury. These harms range from the common cold to cancer and include injuries such as repetitive strains and back problems. Increasingly, it appears that both pairs of conditions are likely to co-exist in the same workplaces.

The Clifford Beers Foundation (www.charity.demon.co.uk) has developed a framework to assist employers to engage and interact with staff to address these issues. The framework calls for the concept of the healthy workplace to be an integral component of the business place and for:

- a broad-based commitment of workers and management in all stages;
- a partnership which permits all participants to address a full range of issues;
- targeting of health issues which are a priority of workers;
- researchers to act as technical resources and facilitators (e.g. to help answer, "what works?" and "what doesn't?");
- long-term commitment; and
- evaluation.

Results from the programme have demonstrated how the meaningful involvement of staff in decision-making about their own health and welfare at work leads to higher levels of satisfaction and reduced stress levels.

Source: WHO, 2005

Promoting health and mental health in the workplace has developed as a priority from evidence that employers who attend to their responsibilities to be good employers and provide supportive work environments have reduced absenteeism, less workplace stress, fewer accidents, less staff turnover and higher performance. The work of the Clifford Beers Foundation (case study 20.3) in developing a research-based conceptualization of mental health and the workplace offers clear directions for policy development. It emphasizes that effective practice involves partnerships between employers and staff. Likewise, case study 20.4 shows the value of creating a shared agenda for mental health improvement that acknowledges the priorities of the employers for profit and productivity increases as well as organizational change.

Case study 20.4
Working Well – A practical guide to building mentally healthy workplaces

Based on the growing interest by employers in the area of workplace health and requests for information on how to support staff with mental health related problems, the New Zealand Mental Health Foundation developed a workplace mental health toolkit, "Working Well" (MHF, 2002). In its development phase, the Foundation market-tested the content and format of the toolkit. This consultative process drew on the wisdom and practices of the private sector partners, identifying that employers wanted practical and helpful tools that improved productivity. This process also enabled employers to see that a mentally healthy organization was also potentially a more enjoyable and profitable one.

The consultative process will hopefully contribute to relevance and sustainability of the resource and the partnerships. Alongside the resource, tailored training programmes and employer forums are expanding the programme of activity in response to employer feedback. The goal is to create a community of mentally healthy employers in New Zealand.

The following table outlines some of views on mental health of staff and employers.

Definitions of mental health at work	Examples of being mentally healthy	Mentally healthy team and workplace culture
▪ Accounting for people's feelings ▪ Communicating effectively ▪ Having satisfying workplace relationships ▪ Dealing with difficulties quickly and efficiently	▪ Communicating and relating – being able to express one's feelings, understand others and maintain good relationships ▪ Balances between work and home life ▪ Informal mentoring, mediating and counselling roles ▪ Taking responsibility and initiative ▪ Getting the company to provide a good working environment	▪ Trust ▪ Friendship ▪ Practical support with problems ▪ Shared goals and values ▪ Equality ▪ Effective teamwork ▪ Rapid resolution of conflict and difficulties

Adapted from MHF, 2002

Within the spectrum of mental health interventions, prevention and promotion have become realistic and evidence based, supported by a fast growing body of knowledge from fields as divergent as developmental psychopathology, psychobiology, prevention, and health promotion sciences (WHO, 2002). Prevention and promotion programmes have also been shown to result in considerable economic savings to society (Rutz et al., 1992).

MENTAL HEALTH PROMOTION

In theory, the aim of mental health promotion is to increase and enhance positive mental health and that of mental ill-health prevention is to protect individuals from mental health problems. In practice, however, many activities have both promotive and preventive effects. Health promotion is the process of enabling people to gain increasing control over their health and improve it (WHO, 1986). It is therefore related to improving the quality of life and the potential for good health, rather than only an amelioration of symptoms (Secker, 1998).

Global attention is now focused on the development of strategies to reduce mental ill-health and promote mental health and well-being. A focus on social and economic determinants of mental health in our health promotion efforts should not only result in lower rates of some mental disorders and improved mental health but also improved physical health, educational and work performance, relationships and community safety. Conceptual and practice frameworks to progress work in the promotion of mental health and well-being have been developed over the last decade in a number of countries, including Finland, the United Kingdom and New Zealand. A framework that has been developed by the Victorian Health Promotion Foundation (VicHealth) in Australia to address the key socioeconomic determinants of mental health provide an insight into it.

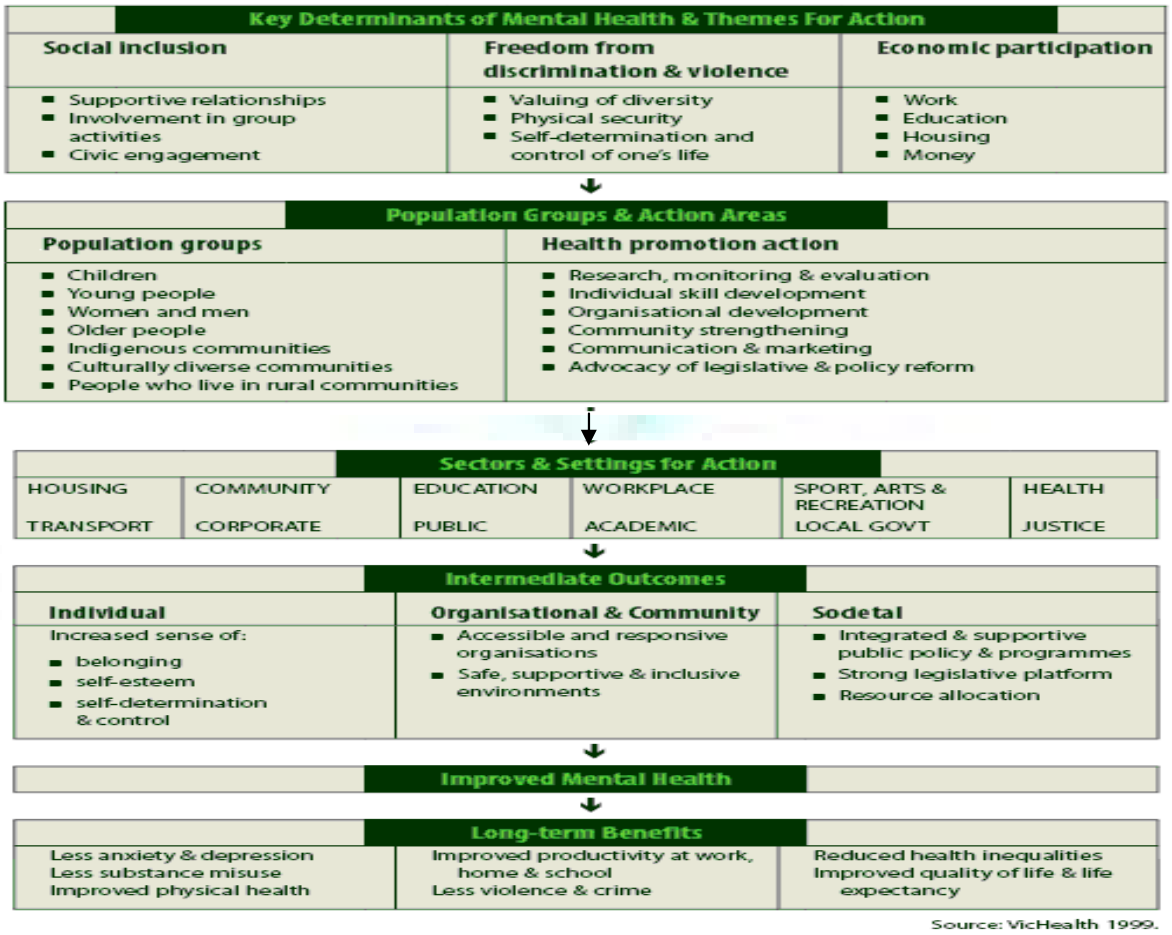
THE VICHEALTH FRAMEWORK TO PROMOTE MENTAL HEALTH AND WELL-BEING

At the International Primary Health Care Conference held in Alma-Ata in 1978 a declaration was made in which health was reaffirmed as a human right, the role of social and economic sectors in promoting health was illuminated and health inequalities were termed politically, socially and economically unacceptable. The ensuing Alma-Ata Declaration and Ottawa Charter for Health Promotion introduced a social model of health promotion that is now a common feature of health promotion practice. Robertson and Minkler (1994) suggest that some two decades since the development of the influential Ottawa Charter, prominent features of contemporary health promotion include:

- broadening the definition of health and its determinants to include the social and economic context in which health or ill-health is produced;
- going beyond the earlier emphasis on individual lifestyle strategies to achieve health to broader social and political strategies;
- embracing the concept of empowerment, individual and collective, as a key health promotion strategy; and advocating for the participation of the community in identifying health problems and strategies for addressing those problems.

It was in this context that VicHealth developed its framework for the promotion of mental health and well-being (VicHealth, 1999). As shown in figure 4, the framework begins with acknowledgement of three key determinants of mental health: social inclusion, freedom from discrimination and violence, and access to economic resources. Health promotion actions that address these determinants can be carried out with different populations, through involvement with different sectors and in varying settings. Health promotion methodologies are used to secure intermediate outcomes (increased sense of belonging; safe, supportive and inclusive environments; accessible and responsive organizations; supportive and integrated public policy; and a strong legislative platform). These are expected to result in improved mental health as well as less substance misuse, improved physical health and productivity and other longer-term outcomes.

FIG.4: VICHEALTH'S FRAMEWORK FOR THE PROMOTION OF MENTAL HEALTH AND WELL- BEING



Source: VicHealth, 1999

Mental health promotion needs to be integrated as an important part of policy to give it the status and strategic direction required for it to be implemented successfully. As discussed elsewhere in this volume, the goals of mental health promotion are not the sole responsibility of the mental health sector. Many other sectors have the potential to positively impact on the mental health of the community. Mental health policy should have a role in advising other sectors on how

to promote mental health. Many mental health promotion activities can (and should) be funded from other budgets and coordinated through a mental health policy or plan. Moreover, mental health promotion is now widely understood as an integral part of health promotion, a key principle of which is intersectoral action. A number of seminal WHO documents – the Declaration of Alma-Ata (WHO, 1978), the Ottawa Charter for Health Promotion (WHO, 1986) and the Jakarta Declaration (WHO, 1997a) – advocate for intersectoral action for health. The sectors, settings and organizations outside health have enormous capacity to affect health, including mental health and well-being. Modifying the determinants of health and intervening, for example, to enhance social inclusion, ensure freedom from discrimination and violence and improve access to economic resources, will not be achieved by health sector action alone. The complexity of the sociopolitical and economic determinants of mental health can only be accommodated by collaborative practice.

INTERSECTORAL COLLABORATION – MAKING HEALTH PROMOTION WORK

Mental health promotion depends on the expertise, resources and partnerships formed across all sectors and disciplines. Multisectoral action is fundamental and requires serious discussion and a clear understanding, acceptance and statement of the distribution of roles and responsibilities between different government sectors/ministries. Achieving multisectoral collaboration is challenging as the different sectors attempt to work towards a shared goal within differing cultural and organizational structures. A number of key success factors for intersectoral collaboration can be identified. The engagement of key stakeholders at the beginning of the process is essential. The process of formulating a mental health policy and identifying mental health promotion interventions provides an opportunity to ensure all partners share a commitment to a common goal. Intersectoral collaboration requires broad policy support from a wide range of health and social policies. The inclusion of mental health promotion goals within a broad policy framework assists in obtaining the political support necessary for successful collaboration. Collaboration should include both horizontal linking (that is, linking mental health with the health, education, employment, social welfare, justice, user and family sectors) and vertical linking (that is, linking national, regional and local networks). A focus on concrete objectives and achieving results rather than setting up complex collaboration structures assists in keeping stakeholders committed and motivated. It is essential that the agenda is guided by the goals of the collaboration rather than the interests of a few stakeholders. Collaboration needs to develop over time. Policy assists in providing clear guidance on the roles and responsibilities of each partner and provides concrete strategies to achieve objectives. Finally, it is essential to invest in the alliance. Effective collaboration requires time and resources (Advisory Committee on Population Health, 1999).

STRATEGIES FOR MENTAL HEALTH PROMOTION

Mental health promotion works at three levels: strengthening individuals, strengthening communities and reducing structural barriers to mental health. At each level it is relevant to the whole population, to individuals at risk, to vulnerable groups and to people with mental health problems (mentality, 2003). Other examples of strategies that could be considered for inclusion in mental health policies at each of the three levels are described below.

STRENGTHENING INDIVIDUALS

This involves strengthening individuals and their emotional resilience through interventions designed to promote self-esteem and life and coping skills such as communicating, negotiating, relationship and parenting skills. Examples of mental health promotion activities that aim to strengthen individuals include mother-infant programmes and life skills programmes for children (Department of Health, 2001).

STRENGTHENING COMMUNITIES

Strengthening communities involves increasing social inclusion and participation, improving neighbourhood environments, developing health and social services which support mental health, implementing anti-bullying strategies at schools, improving workplace mental health, ensuring community safety, providing childcare and encouraging self-help networks (Department of Health, 2001).

WORKSITE PROGRAMMES

There is a growing awareness of the role of work and the potential of the work environment to promote mental health. While there is a strong positive relationship between having work and good mental health, the work environment itself can also mediate the positive effects of personal identity, self-esteem and social recognition. This is not surprising given that a large number of people spend most of their adult life in a work environment. A number of areas of action have been identified: increasing an employer's awareness of mental health issues, identifying common goals and positive aspects of the work process, assessing workload, creating a balance between job demands and occupational skills, enhancing job control and decision-making latitude, enhancing social support and training in social skills, developing the psychosocial climate of the workplace and providing counselling and early rehabilitation strategies (mentality, 2003; Williams, Michie & Pattani, 1998).

REDUCING STRUCTURAL BARRIERS TO MENTAL HEALTH

Structural barriers to mental health can be addressed through initiatives to reduce discrimination and inequalities; promote access to education, meaningful employment, housing and health services; and provide support to those who are vulnerable (Department of Health, 2001). Some examples are given below.

MENTAL HEALTH PROMOTION AND THE PREVENTION OF MENTAL DISORDERS

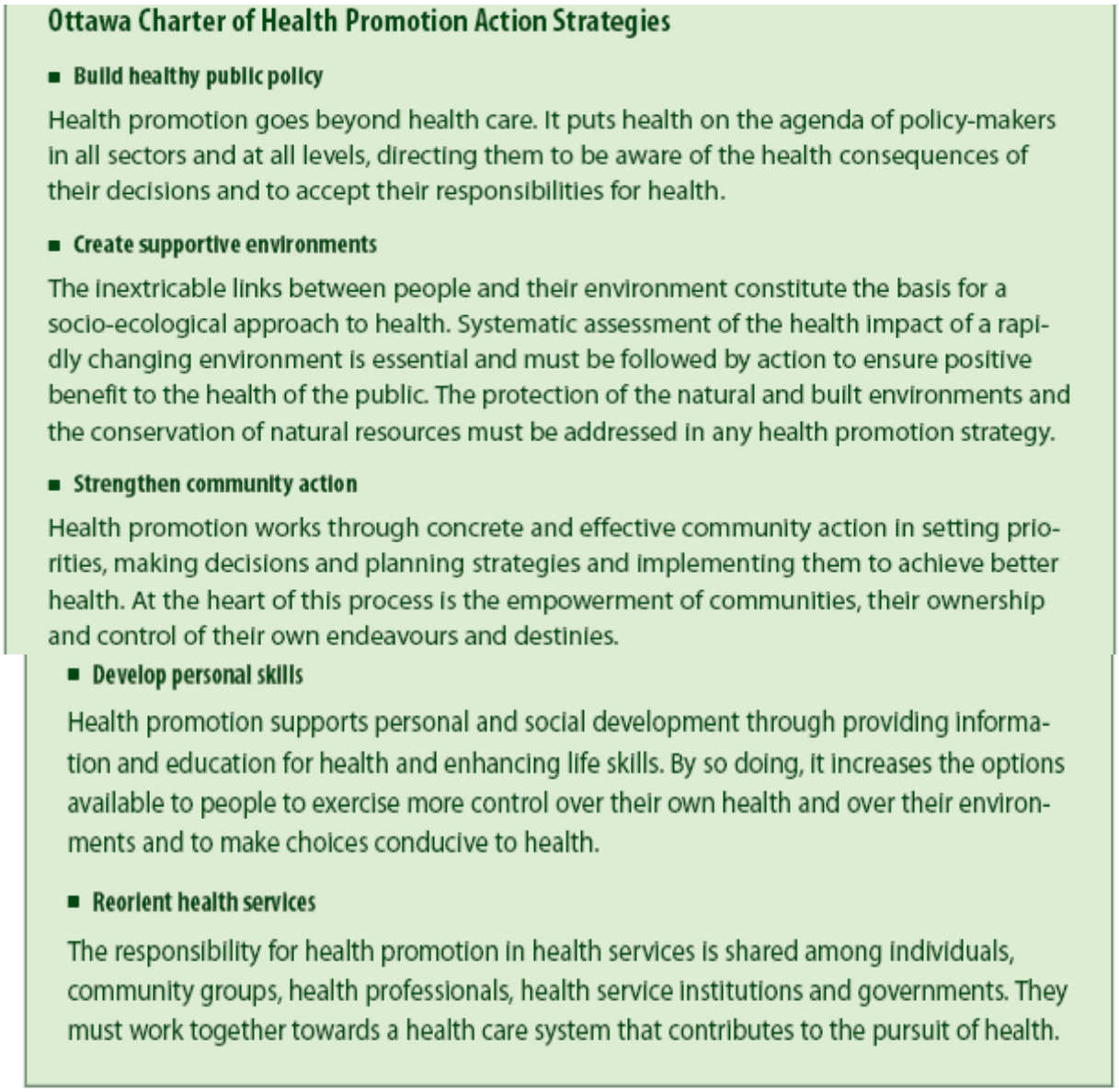
Although mental health promotion and the prevention of mental disorders have overlapping and related properties, they are derived from different conceptual principles and frameworks. Mental health promotion focuses on positive mental health and, in the main, on the building of competences, resources and strengths, whereas the prevention of mental disorders concerns itself primarily with specific disorders and aims to reduce the incidence, prevalence or seriousness of targeted problems (Barry, 2001). Mental health promotion is not primarily about the prevention of mental disorders but is a desirable activity in itself and has a major contribution to make to promoting personal and social development (Orley & Birrell Weisen, 1998).

ISSUES & CHALLENGES

In the context of the above discussion, we need to have a comprehensive mental health promotion. The evidence is clear: mental health is fundamentally linked to physical health outcomes. Mental health status is a key consideration in changing the health status of a community. Health and behaviour are influenced by factors at multiple levels, including biological, psychological and social. Interventions that involve only the individual, such as training in social skills or self-control, are unlikely to change long- term behaviour unless family, work and broad social factors are aligned to support a change (Institute of Medicine, 2001).

International collaboration is crucial for vigorous and successful advocacy as well as for the actions that follow. WHO is the lead international agency responsible for health and is increasingly recognizing the value of mental health. The WHO Constitution stipulates a number of core functions that include: "To foster activities in the field of mental health, especially those affecting the harmony of human relations"; and "To assist in developing an informed public opinion among all people on matters of health" (WHO, 2005).

Health promotion is an emerging field of action, often referred to as the "new" public health (Baum, 1998). The WHO Ottawa Charter of Health Promotion provides the most widely cited definition of health promotion (WHO, 1986). It places emphasis on the idea that the promotion of health is a process that requires broad participation.



Source: WHO, 1986

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. This definition covers wide territory indeed, including as it does environmental and well as individual factors in the range of resources that define health. The obvious implication is that the promotion of health must have foci on both the individual and the environment. This calls for the involvement of a much broader array of interventions and actors than does the traditional medical model. Indeed, many of the determinants of health are beyond the control of the health care system, as described next.

In the context of the above chalked out programme, developing personal skills and creating supportive work environments need to be given prior emphasis at work place in organizational context. Putting this intention into practice in an ethical and effective manner requires complex professional skills in conducting recurrent cycles of programme planning, implementation and evaluation through which the quality and effectiveness of health promotion are enhanced over time (Davies & Macdonald, 1998; Minkler, 1997). Many practice models are available to assist health promoters, such as Green and Kreuter's (1999) PRECEDE–PROCEED model, intended for use in communitywide applications and also within community settings such as workplaces and schools. A number of other models are also in wide use (Baum, 1998; Dines & Cribb, 1993; Katz & Peberdy, 1997; Kemm & Close, 1995; Naidoo & Wills, 2000). Anaparti & Chintalapuri (2009) in their study suggested that self- awareness about inadequacies in interpersonal relationships and emotional inappropriateness, and training on self-regulation may enhance the scope for social interaction among IT/ Computer professionals. Moreover, entertainment such as parties, music, movies etc. may act like instant stress busters and facilitate healthy congenial interpersonal relations. .

SKILLING MULTISECTOR WORKFORCES

In order to develop and implement evidence-based mental health promotion practice, a skilled intersectoral workforce is required. To facilitate this process, practitioners require training and tools to assist the conceptual development and planning, implementation and evaluation of project and programme activity. Efforts in this regard are emerging in a number of countries; however, a challenge lies in ensuring that these efforts are coordinated and that the training and tools developed have relevance for workers in both developed and developing countries.

MENTAL HEALTH HAS SPECIFIC VALUE IN ITSELF, IS INTEGRAL TO HEALTH AND IS THE FOUNDATION FOR WELL-BEING AND EFFECTIVE FUNCTIONING FOR INDIVIDUALS AND POPULATIONS

Promoting mental health is justified in itself as well as through its efficacy in helping to achieve other objectives such as increased productivity. While these benefits are important and may be decisive in terms of resource allocation, the promotion of mental health is fundamentally linked to human rights and equity

as well as overall humanitarian and utilitarian values. **Promoting mental health needs to be undertaken with community participation.** This not only ensures that the interventions are appropriate but also enhances sustainability. **Intersectoral collaboration is the key to effective programmes for mental health promotion.** For some collaborative programmes better mental health is the primary objective. For the majority, however, mental health, even though valuable in its own right, is secondary to other social and economic outcomes.

WHAT CAN WE DO NOW?

The opportunity to take mental health promotion forward is unprecedented. However, amongst the various programmes and interventions listed by WHO (2005) for enhancing mental health, one specifically focus on workplace settings as "mental health interventions at work (e.g. stress prevention programmes)". In this context, countries need to adopt a public health framework as used to advance other areas of health, and thereby engage all relevant sectors to support and evaluate activities designed to promote mental health.

In the light of the above discussion, the focus should be on:

1. Promotion of mental health can be achieved by effective public health and social interventions. Although more research and evaluation is required, sufficient evidence at varying levels is available to demonstrate the effectiveness of programmes and interventions for enhancing the mental health of populations. Interventions that have been shown to be effective (see p. 285-286) should be implemented where required and evaluated in a culturally appropriate way.
2. Intersectoral collaboration should be fostered as it is the key to effective programmes for mental health promotion. For some collaborative programmes mental health outcomes are the primary objective. For the majority, however, these may be secondary to other social and economic outcomes but are valuable in their own right.
3. Sustainability of programmes is crucial to their effectiveness. Involvement of all stakeholders, ownership by the community and continued availability of resources need to be encouraged to facilitate sustainability of mental health promotion programmes.
4. More research and systematic evaluation of programmes is needed to increase the evidence base as well as to determine the applicability of this evidence in widely varying cultures and resource settings.
5. International action is necessary for generating and disseminating further evidence, for assisting low and middle income countries in implementing effective programmes (and not implementing those that are ineffective), and for fostering international collaboration.

CONCLUSION

There is an urgent need to develop mental health policies and to enhance promotion of mental health at different levels because of the great value of mental health in different contexts.

- Mental health, to which much confusion and many misconceptions are attached, is essential for the well-being and functioning of individuals.
- Good mental health is also an important resource for families, communities and nations.
- Mental health, as an indivisible part of general health, is often undervalued, although it contributes to the functions of society and has an effect on overall productivity.
- Mental health can be approached both from professional and lay perspectives. It concerns everyone as it is generated in our everyday lives in homes, schools, workplaces and in leisure activities.
- Positive mental health contributes to the social, human and economic capital of societies.

Without exaggeration, it is possible to say that mental health contributes to all aspects of human life. Mental health has both material or utilitarian and immaterial or intrinsic values. Material values are those that contribute to productivity and can, at least in principle, be measured in monetary terms. But one must not forget that mental health is also a great value in itself. So in this context, we must not ignore the fact that 'promoting mental health is a global health priority'. Intersectoral collaboration and partnerships are perhaps the key to effective mental health promotion. In nutshell, it calls for a shift in paradigm of health from 'treatment and prevention of mental illness' to 'promotion of mental health'.

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