

DEFINITIONS OF MENTAL HEALTH PROMOTION (MHP) vs. MENTAL ILLNESS PREVENTION (MIP)/MENTAL DISORDER PREVENTION (MDP)	
Author, Date, Title, Journal/Report	Definition
Ottawa Charter (1996)	<b>MHP</b> – the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health.
Centre for Health Promotion (1997)	<b>MHP</b> – the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for equity, social justice, interconnections and personal dignity.  Some key elements of mental health promotion emerge: a <i>sense of control over one's health</i> and <i>resiliency</i> (or the ability to bounce back from life's difficulties) are two fundamental goals. Steps toward these goals tend to involve environments that foster social justice, social support, and participation in decisions about one's life and health.
Jané-Llopis, E., Barry, M., Hosman, C., & Patel, V. (2005). MHP works: a review. <i>Promotion and Education, Supplement 2 2005: The evidence of MHP effectiveness: strategies for action</i> , 9-25.	<b>MHP</b> builds individual and community capacity by enhancing people's own innate ability to achieve and maintain good mental health, and by creating supportive environments that reduce barriers to good mental health. As an approach to wellness, it focuses on the positive aspects of health such as assets and strengths rather than focusing on deficits and needs, and it emphasizes the value inherent in good mental health. It aims to achieve wellness for the entire population by addressing the determinants of mental health by applying the health promotion strategies of the <i>Ottawa Charter</i> . It relies on the collaboration of all sectors of society with meaningful participation of those most affected-- individuals, families and communities--and by intervening and taking action at each of these levels to build capacity, including the structural or policy level.
Lahtinen, E., Joubert, N., Raeburn, J., & Jenkins, R. (2005). Strategies for Promoting the Mental Health of Populations. In H. Herrman, S. Saxena, & R. Moodie (Eds.), <i>Promoting Mental Health: Concepts, Emerging Evidence, Practice</i> (pp. 226-242). Geneva: World Health Organization.	<b>Health promotion and illness prevention</b> are distinct concepts, but they are complementary and overlapping.
Canadian Mental Health Association (CMHA). (n.d.). Meaning of Mental Health. Available at: <a href="http://www.cmha.ca/bins/content_page.asp?cid=2-267-1319&amp;lang=1">http://www.cmha.ca/bins/content_page.asp?cid=2-267-1319&amp;lang=1</a>  World Health Organization (WHO). (2001). Mental Health: strengthening MHP (Fact sheet no. 202). Available at: <a href="http://www.who.int/mediacentre/factsheets/fs220/en/">http://www.who.int/mediacentre/factsheets/fs220/en/</a>	The focus of <b>health promotion</b> is to strengthen and enhance the capacity for health that already exists; the focus of prevention is to avoid illness, which is seen as a lack of health. Within the field of MHP, there are differing views about the degree to which promotion and prevention overlap and the point at which these concepts converge. Good mental health is not the absence of mental illness, and preventing illness will not guarantee good mental health. Some people are more mentally healthy than others, regardless of whether or not one has a diagnosis of a mental illness.

Linda Yoo, Health Promotion and Prevention Unit  
Provincial System Support Program, CAMH  
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Pape, B. & J. Galipeault. (2002). MHP for People with Mental Illness. MHP Unit, Health Canada.	Health and illness are not mutually exclusive and can coexist. People with mental illness have resources and skills to draw on to protect them against poor mental health, and are affected by the same factors as those without mental illness.
Pape, B. & J. Galipeault. (2002). MHP for People with Mental Illness. MHP Unit, Health Canada.	<p>The concepts of prevention and population health, though separate from mental health promotion, have many elements in common with mental health promotion. Those activities which foster empowerment, resiliency, or self-efficacy, while promoting mental health, may also be helping to prevent or minimize possible mental health problems; primary prevention in particular, which targets the whole population, is very closely related to mental health promotion.</p> <p>But prevention and promotion are still different in their aims and scope. <b>Prevention</b> efforts in mental health tend to be directed towards populations at risk of developing mental disorders. They seek to eliminate those factors that cause or contribute to the incidence of mental illness. <b>MHP</b>, on the other hand, seeks to enhance mental health rather than prevent illness, and it serves the population at large as well as sub-groups. Its focus is not on incapacity but on strength, not on “fixing what is broken”, but on “nurturing what is best within ourselves” (Seligman, 1998 on the mission of psychology, quoted in Compton 2001).</p>
Jané-Llopis et al (2007)	<p><b>MHP</b> implies the creation of individual, social and environmental conditions that are empowering and enable optimal health and development. Such initiatives involve individuals in the process of achieving positive mental health and enhancing quality of life. It is an enabling process, done by, with and for the people.</p> <p><b>MDP</b> aims at reducing occurrence, frequency, and re-occurrence of mental disorders, the time spent with symptoms, or the risk for a mental illness, preventing or delaying their occurrence and also decreasing their impact in the affected person, their families and society.</p>
WHO. (2002). <i>Prevention and promotion in mental health</i> . Geneva: World Health Organization.	<b>Prevention</b> is concerned with avoiding disease while <b>promotion</b> is about improving health and well being. By identifying the positive aspects of mental health, one can highlight or target the areas to promote and the goals to be attained. It is important to target the positive aspects of mental health, together with targeting the illness. Preventive and promotional elements can be present within the same program and hold different meanings for two groups of the targeted population. Thus, the two approaches may sometimes involve similar activities but produce different outcomes. For example, a MHP intervention that is aimed at increasing well being in a community may have the effect of decreasing the incidence of mental disorders.
WHO. (2002). <i>Prevention and promotion in mental health</i> . Geneva: World Health Organization.	There are a number of advantages for integrating promotion and prevention in the field of mental health. <b>Preventing</b> mental disorders not only involves targeting risk factors and early symptoms of the disease, but can also involve <b>promoting</b> associated activities that improve the overall quality of life of people and their society.
WHO. (2002). <i>Prevention and promotion in mental health</i> . Geneva: World Health Organization.	<p>The following three categories of <b>primary prevention</b> have been identified:</p> <p><i>Universal prevention</i>: targeting the general public or a whole population group.</p> <p><i>Selective prevention</i>: targeting individuals or subgroups of the population whose risk of developing a mental disorder is significantly higher than that of the rest of the population.</p> <p><i>Indicated prevention</i>: targeting persons at high-risk for mental disorders.</p> <p><b>Secondary prevention</b> refers to interventions undertaken to reduce the</p>

Linda Yoo, Health Promotion and Prevention Unit  
Provincial System Support Program, CAMH  
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	<p>prevalence, i.e. all specific treatment-related strategies.</p> <p><b>Tertiary prevention</b> would include interventions that reduce disability and all forms of rehabilitation as well as prevention of relapses of the illness.</p> <p>Note: While this system works well for medical disorders with a known etiology, mental disorders, on the other hand, often occurs due to the interaction of environmental and genetic factors at specific periods of life. It's also difficult to agree on the exact time of onset of a mental disorder, as the progression from the asymptomatic to symptomatic state may be insidious. Also, a person may suffer from the signs and symptoms of a mental illness and be dysfunctional, without fulfilling the required criteria to be diagnosed within a diagnostic system.</p>
WHO. (2002). <i>Prevention and promotion in mental health</i> . Geneva: World Health Organization.	<p><b>MHP</b> often refers to positive mental health, rather than mental ill health. Positive mental health is the desired outcome of health promotion interventions. However, this is not a universally accepted concept and there is debate about MHP – its definition, its place within the overall concept of health promotion, and its boundaries with prevention of mental disorders. Mental health has been defined from the perspective of absence of mental illness, but so that this definition will conform to the definition of health, mental health needs to be redefined from the point of view of positive mental health in different contexts and cultures.</p>
Jakarta Declaration for Health Promotion, WHO (1997)	<p><b>MHP</b> aims to impact on determinants of mental health so as to increase positive mental health, to reduce inequalities, to build social capital, to create health gain and to narrow the gap in health expectancy between countries and groups.</p>
Mrazek & Haggerty (1994)	<p><b>MDP</b> aims at “reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society.”</p> <p>Universal, selective and indicated preventive interventions are included within <b>primary prevention</b> in the public health classification. <b>Secondary prevention</b> seeks to lower the rate of established cases of the disorder or illness in the population (prevalence) through early detection and treatment of diagnosable diseases. <b>Tertiary prevention</b> includes interventions that reduce disability, enhance rehabilitation and prevent relapses and recurrences of the illness.</p>
WHO. (2002). <i>Prevention and promotion in mental health</i> . Geneva: World Health Organization.	<p>The distinction between health promotion and prevention lies in their targeted outcomes. <b>MHP</b> aims to promote positive mental health by increasing psychological well-being, competence and resilience, and by creating supporting living conditions and environments. <b>MDP</b> has as its target the reduction of symptoms and ultimately of mental disorders. It uses MHP strategies as one of the means to achieve these goals. MHP when aiming to enhance positive mental health in the community may also have the secondary outcome of decreasing the incidence of mental disorders.</p>
Keyes, C.L. (2002). The Mental Health Continuum: From Languishing to Flourishing in Life. <i>Journal of Health and Social Behavior</i> , 43 (2): 207-222.	<p><b>Mental health</b> is operationalized as a syndrome of symptoms of an individual's subjective well-being. Includes: <b>emotional well-being, positive functioning in life and social well-being</b>.</p> <p><b>Mental illness and mental health</b> are highly correlated but belong to separate continua, and therefore the prevention and treatment of mental illnesses will not necessarily result in more mentally healthy individuals.</p>
Keyes, C.L. (2002). The Mental Health Continuum: From Languishing to Flourishing in Life. <i>Journal of Health and Social Behavior</i> , 43 (2): 207-222.	<p>Pure languishing (i.e., absence of mental health and mental illnesses) is associated with substantial psychosocial impairment at levels comparable to an episode of pure depression.</p> <p>Functioning is considerably worse when languishing and major depressive</p>

Linda Yoo, Health Promotion and Prevention Unit  
Provincial System Support Program, CAMH  
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	<p>episode are <b>co-morbid</b> during the past year. Languishing adults who had a major depressive episode in the past year reported the worst emotional health, the most limitation of activities of daily living, the most days of work lost and cut back, and the highest probability of having severe levels of workdays lost and workdays cut back by half.</p> <p>By contrast, functioning is markedly improved among mentally healthy adults.</p>
<p>GermAnn, K., and Ardiles, P. (2009). <i>Toward Flourishing for All: Mental Health Promotion and Mental Illness Prevention Policy Background Paper</i>. Alberta: Pan-Canadian Steering Committee for Mental Health Promotion and Mental Illness Prevention.</p>	<p><b>MHP</b> is concerned with helping people take control over their lives and improve their mental health...the focus is on creating environments conducive to good mental health and well-being for individuals, communities and populations. Creating supportive environments requires action on the many social and economic determinants of mental health, including healthy child development, employment and working conditions, social support networks, income and social status, and education. A key focus is addressing health inequities such as poverty and social inclusion that significantly impact mental health.</p> <p><b>MIP</b>, which aims to reduce the risk and incidence of illness by enhancing protective factors and minimizing risk factors, requires actions well beyond the purview of the health sector. The promotion of mental health and the prevention of mental illness thus require collaborative action with individuals, groups and sectors whose mandates and activities are integrally linked to health and well-being. In other words, mental health is everybody's business (WHO, 2005a).</p>
<p>GermAnn, K., and Ardiles, P. (2009). <i>Toward Flourishing for All: Mental Health Promotion and Mental Illness Prevention Policy Background Paper</i>. Alberta: Pan-Canadian Steering Committee for Mental Health Promotion and Mental Illness Prevention.</p>	<p>For Keyes, mental health is a complete state in which there is both the absence of mental illness <i>and</i> the presence of flourishing; thus efforts are required to both prevent illness and promote optimal well-being. Curing illness alone will not guarantee a mentally healthy population (Keyes, 2007a; 2007b).</p>