

How to promote mental health and prevent mental disorders in young people and get a more sensible society economy

Arne Holte

Norwegian Institute of Public Health
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Conference on Children's Mental Health
and Well-Being: Policy and Future
Directions in the Nordic Countries
Reykjavík, October 8th, 2014





Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

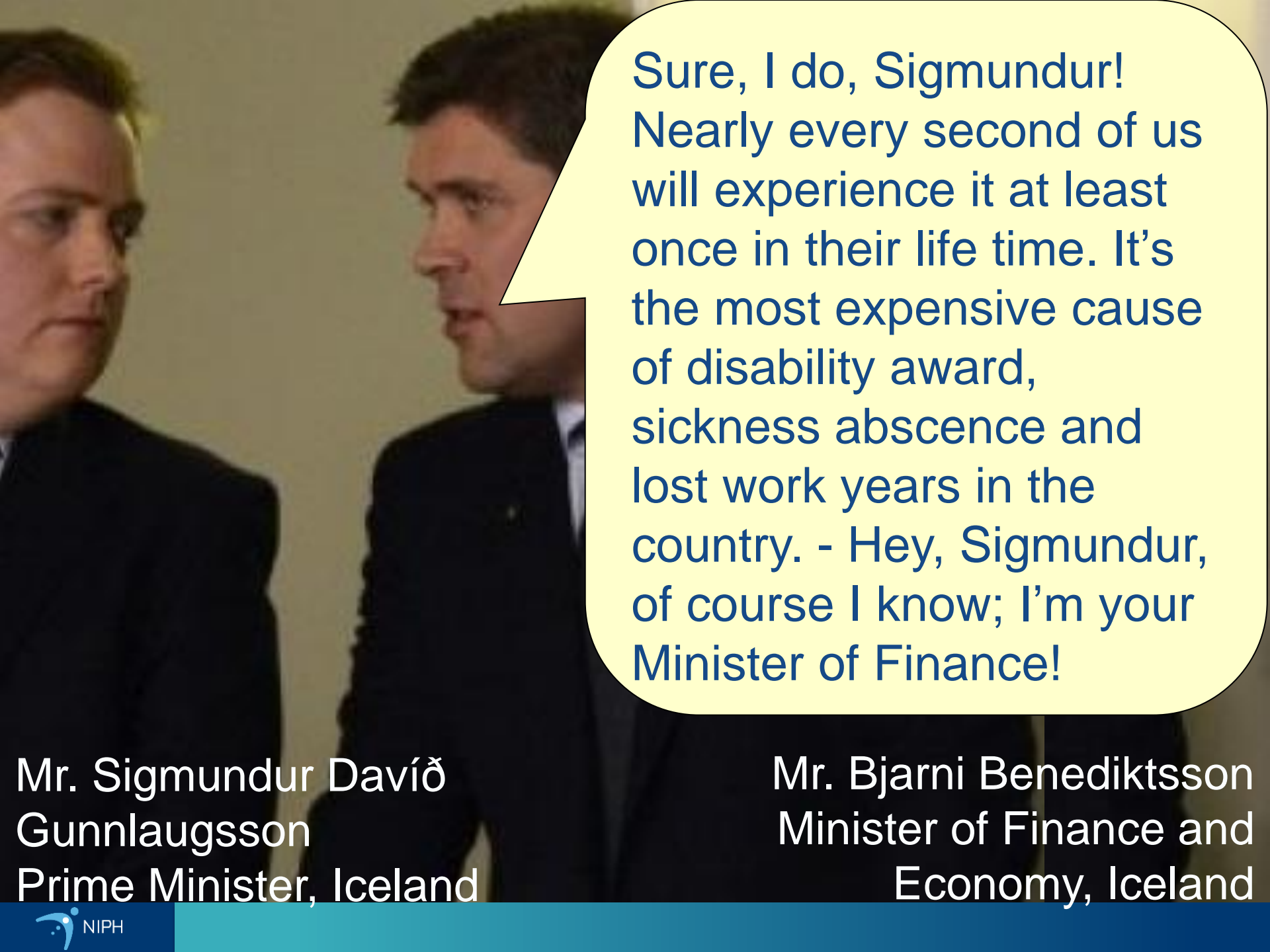
Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

A photograph of two men in dark suits and ties. The man on the left is looking towards the man on the right. A yellow speech bubble with a black outline is positioned over the man on the left, containing blue text. The background is a plain, light-colored wall.

Did you know, Bjarni, that mental disorders are our greatest health challenge?

Mr. Sigmundur Davíð Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland



Sure, I do, Sigmundur!
Nearly every second of us
will experience it at least
once in their life time. It's
the most expensive cause
of disability award,
sickness absence and
lost work years in the
country. - Hey, Sigmundur,
of course I know; I'm your
Minister of Finance!

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

But, Bjarni, even you and I may get it!



Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland



Hm!

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland


Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland



We cannot solve this, Bjarni, by providing treatment to people - It's simply too big!

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

A photograph of two men in dark suits and ties. The man on the left is looking towards the man on the right. A yellow speech bubble with a black border is positioned between them, containing text. The background is a plain, light-colored wall.

No, no, Sigmundur! Treatment has too low effectiveness, is too costly, reaches only a few, and tend to overlook minorities

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland



I heard a professor from Oslo saying that provision of treatment does not reduce burden of disease in high income countries, like ours! Is that right, Bjarni? (Marks et al, 2000).

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland



Sure, Sigmundur, Andrews et al. (2004) showed by means of health economic models that even in the unlikely event of optimal treatment being delivered to all affected patients, only 28 percent of the overall burden of mental disorder would be alleviated.


Mr. Sigmundur Davíð Gunnlaugsson
Prime Minister, Iceland

Arni Benediktsson
Minister of Finance and Economy, Iceland

So, Bjarni, what do we do?

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland



Prevention of course –
prevention, Sigmundur, has been
a success story. Just look at
these sensational results from
Norway – not very unlike ours by

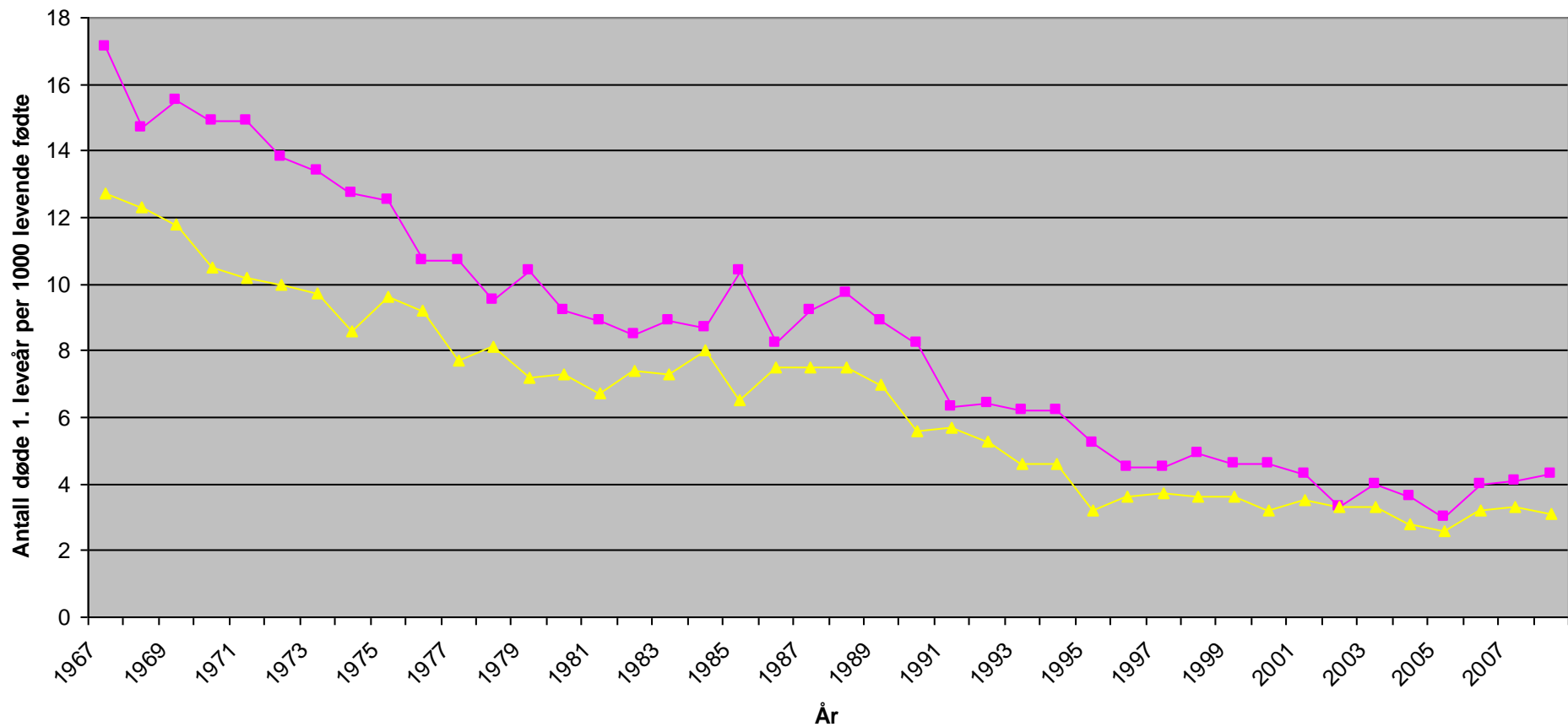
the way!
Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

- a success story

Infant mortality

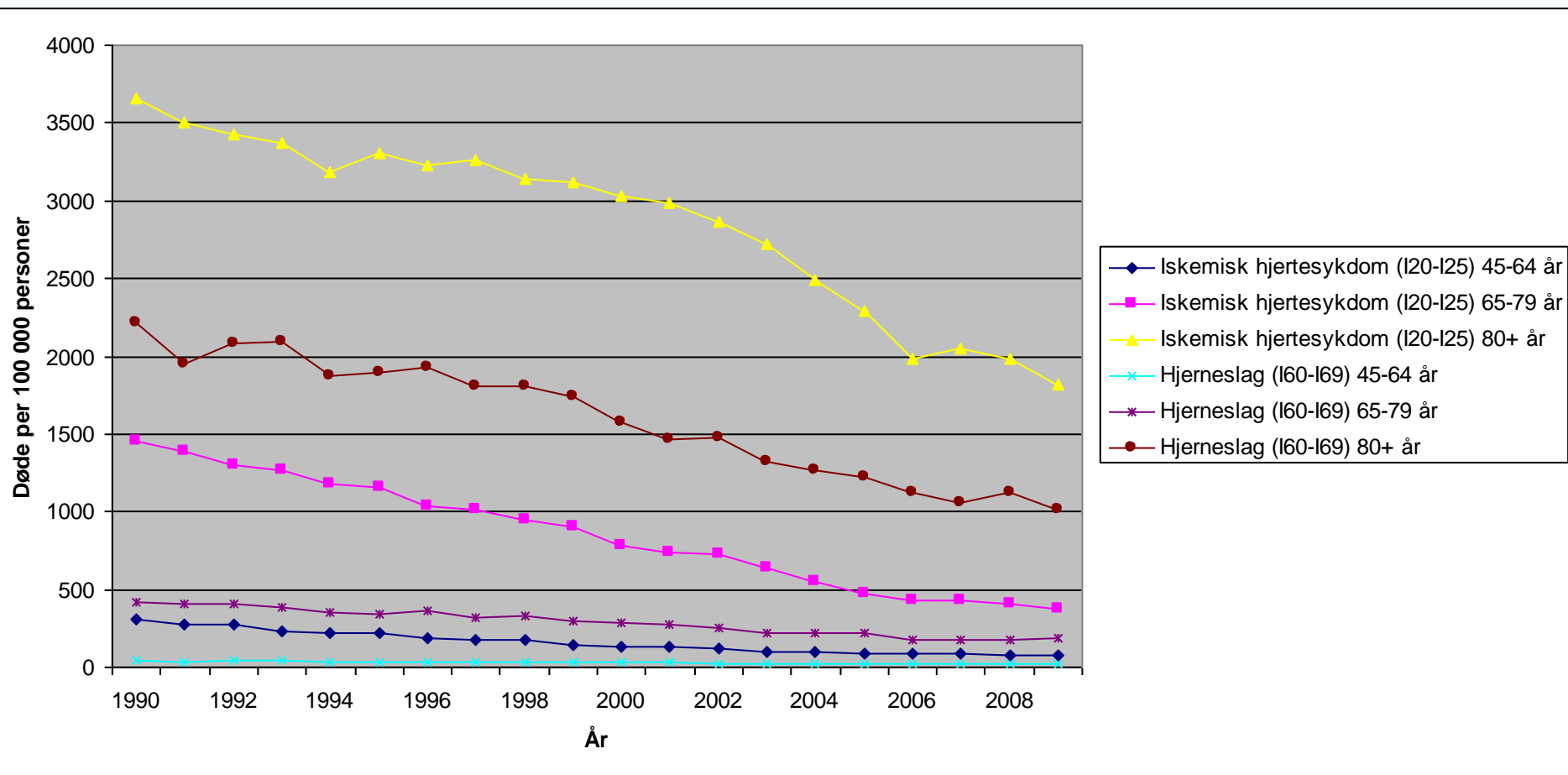
Norway, boys and girls, 1967-2008



Source: Norgeshelsa/MFR

Coronary heart disease and stroke mortality

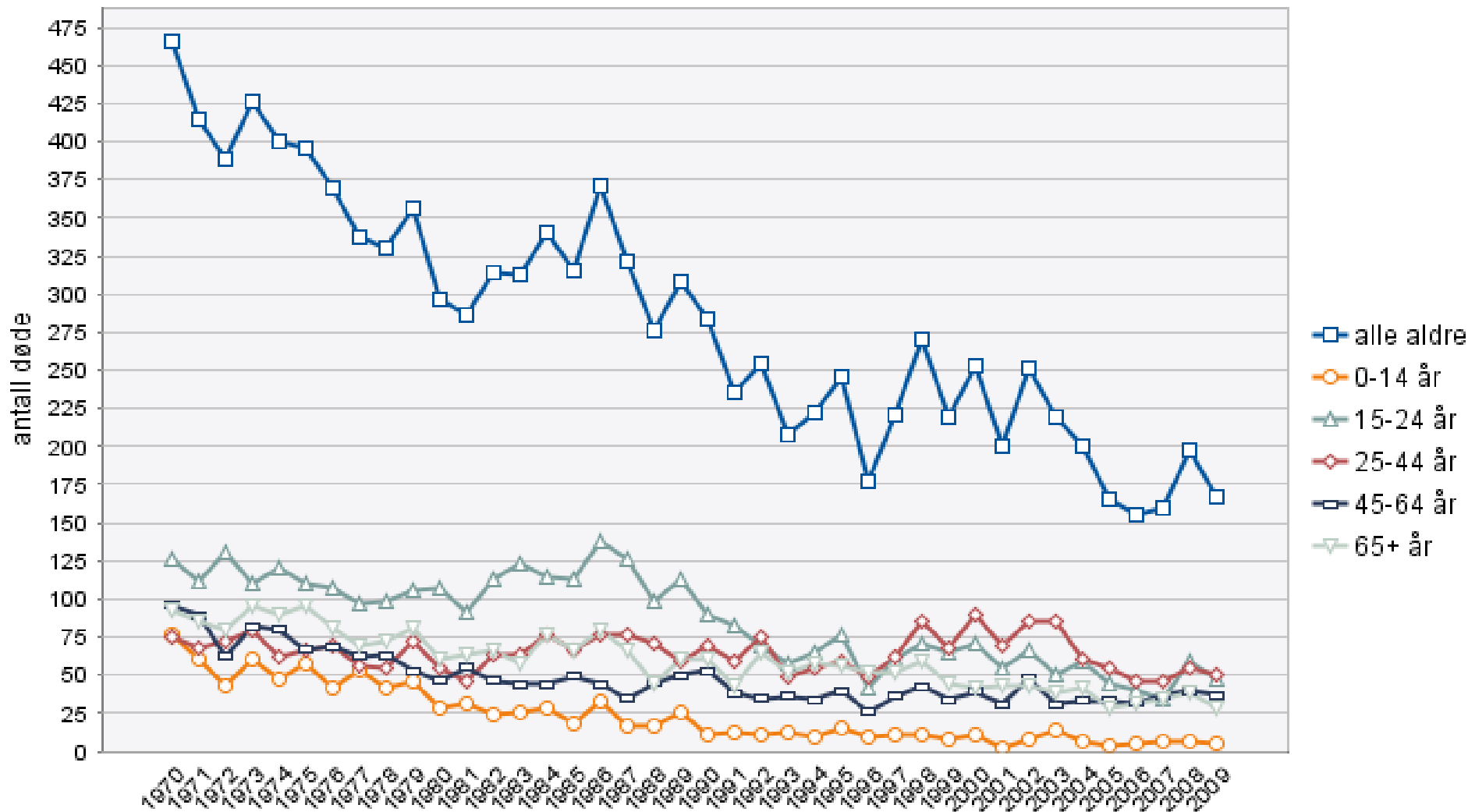
Norway, men, 45-64, 65-79 and 80+ years, 1990-2009



Source: Norgeshelsa/DÅR

Road traffic mortality, Norway

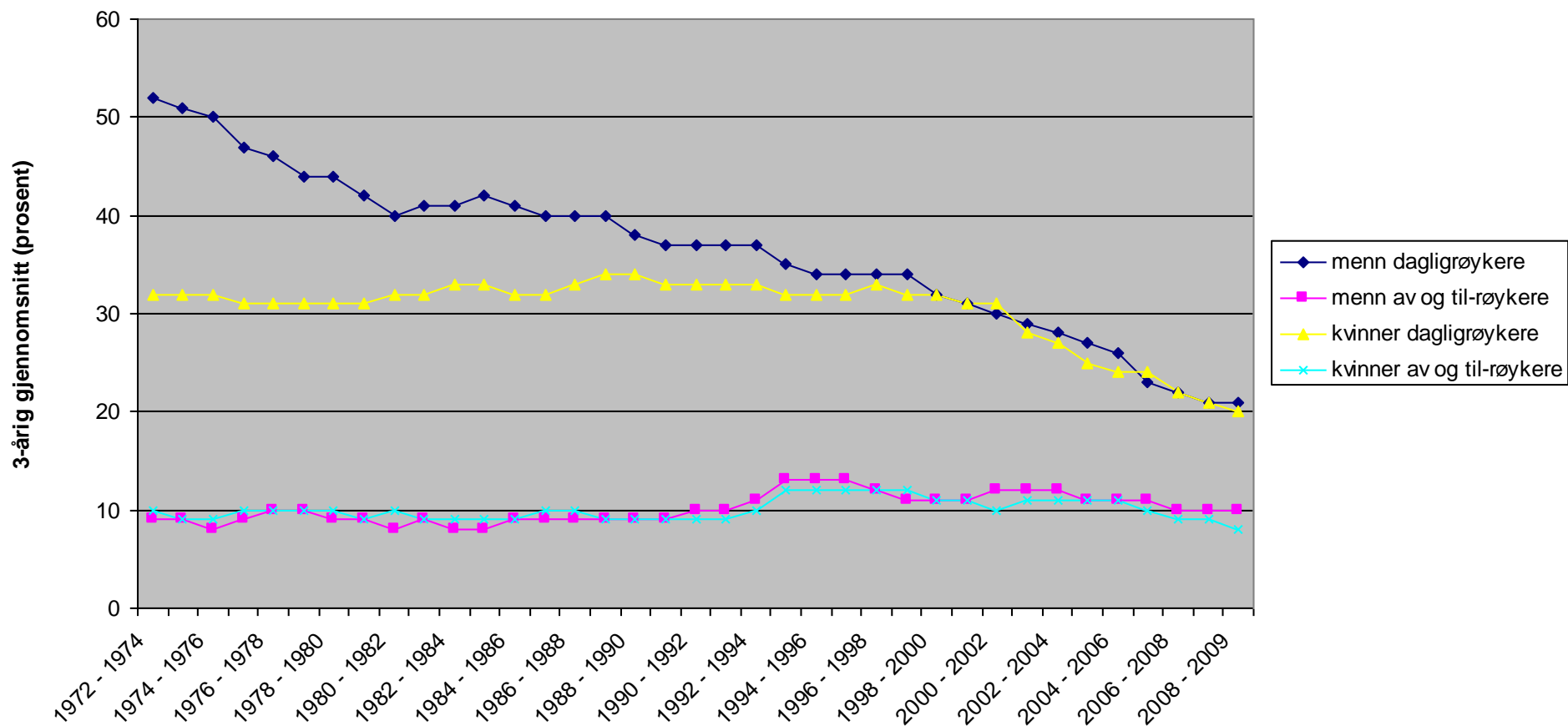
Men, all age groups and by age, 1970-2009



Source: Norgeshelsa/DÅR

Tobacco smoking, Norway

Adults, 16 - 74 years, 1972-2009

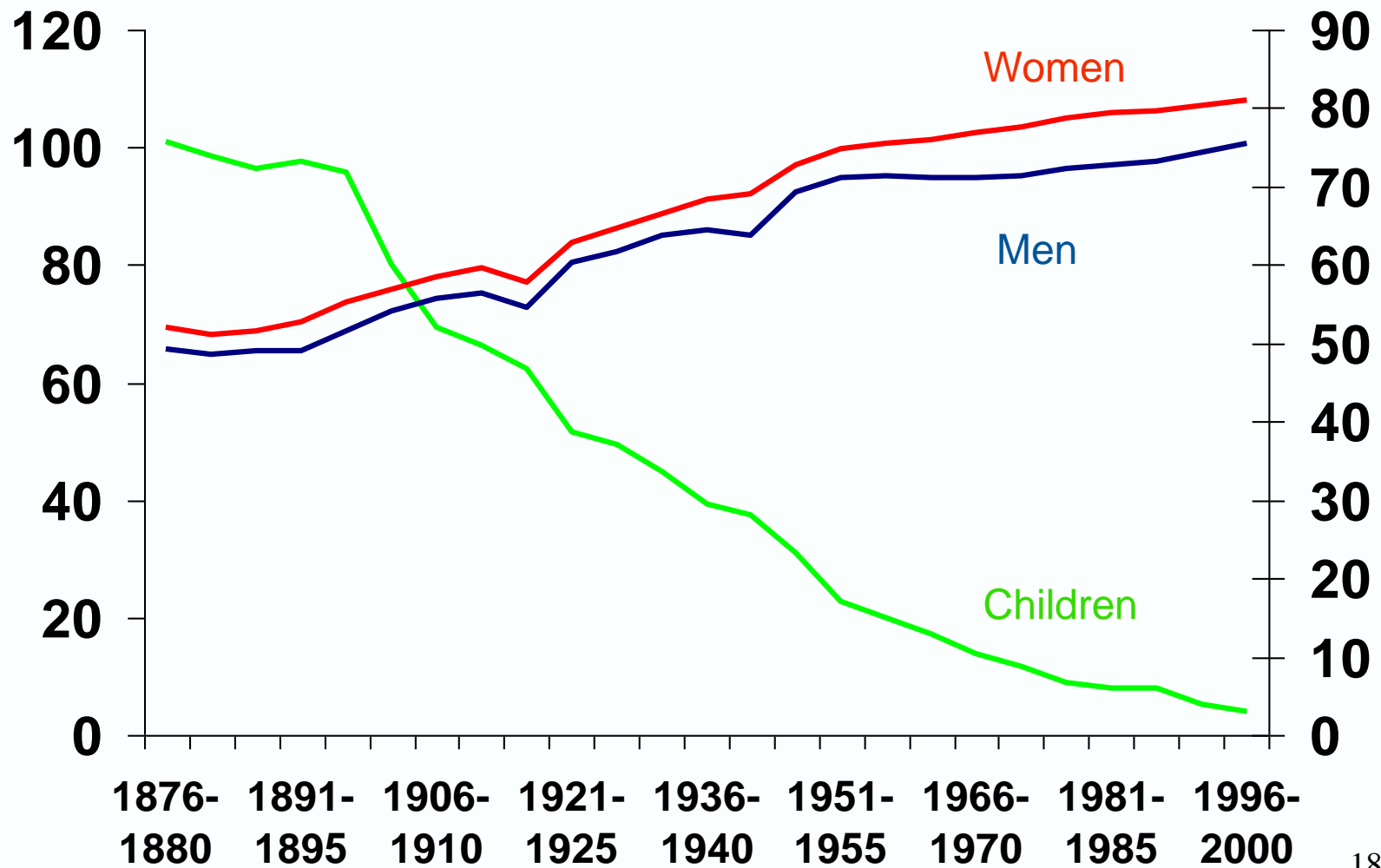


Source: Norgeshelsa/SSB

Child mortality and life expectancy Norway 1876-2000

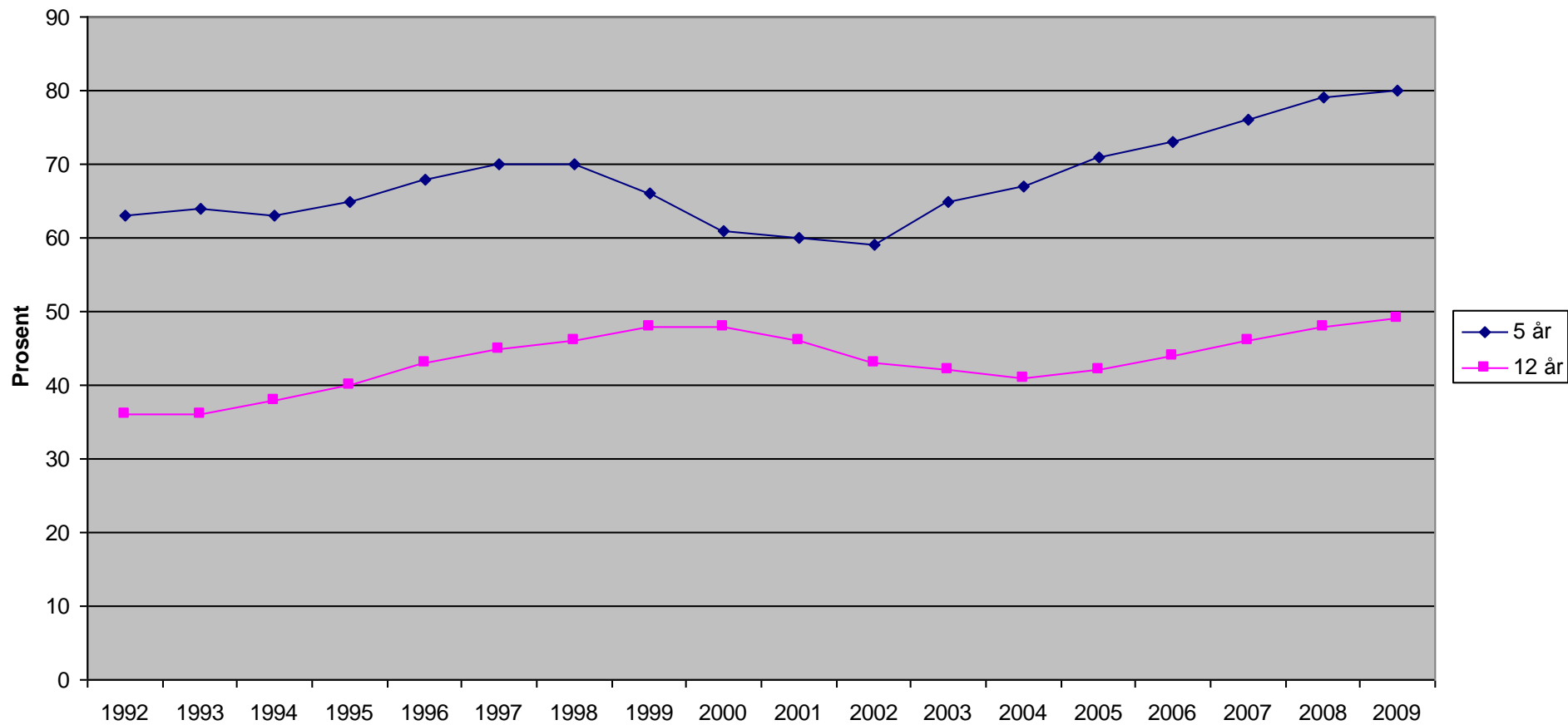
No of deaths pr 1000 born

Average life expectancy (years)



Caries free teeth

Norway, age groups 5 and 12 years



Source: Norgeshelsa/SSB




Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

But, Bjarni, there has been no major change in the prevalence of mental disorder - either in the US, in Europe or in the rest of the world.
– Not even in Norway, Bjarni!
(Kessler & Ustun, 2008; Wittchen et al., 2011)



Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

No, Sigmundur! But neither has there ever been any major large scale, systematic population based attempt to prevent it. Think about the enormous burden of disease! Think about the costs! And we have done nothing, Sigmundur – nothing - to prevent it!



Bjarni,
I think we
need a
crash
course in
prevention!

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland



Mr. Holte
Crash course
leader

Ok boys, here it comes!

Three minutes crash course in prevention

Prevention

- Before onset of disorder or high levels of distress
- Reduces number of new cases of illness (incidence)





Two main strategies

Health promotion:

Strengthens:

- Resilience
- Subjective well-being
- Positive mental health
 - Regulate emotions
 - Think smart
 - Coordinate behaviour
 - Cope with social challenges

...rather than reducing symptoms and disease

Disease prevention:

Reduces:

- New cases of disorder («insidens»)
...rather than strengthening health and well-being



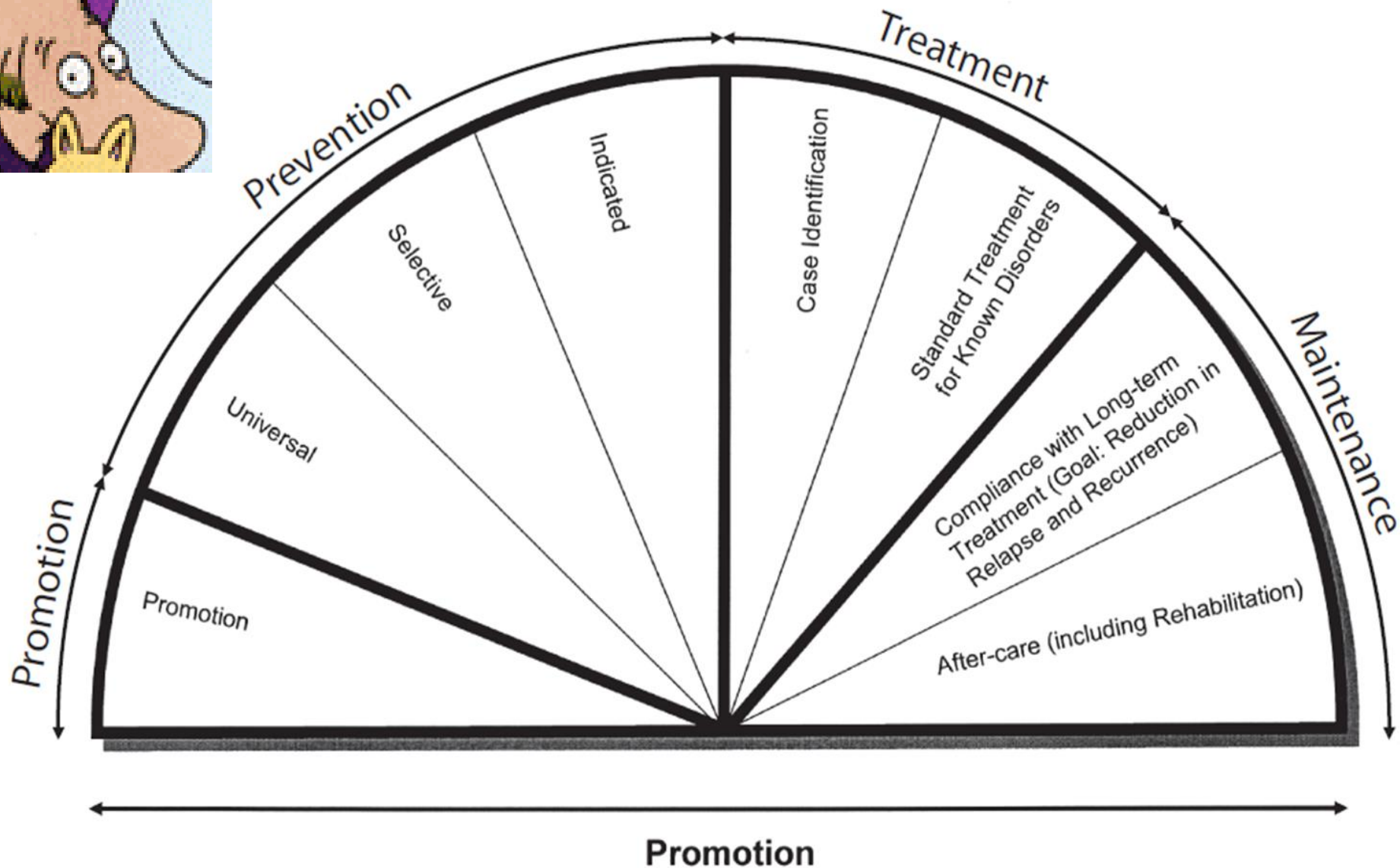
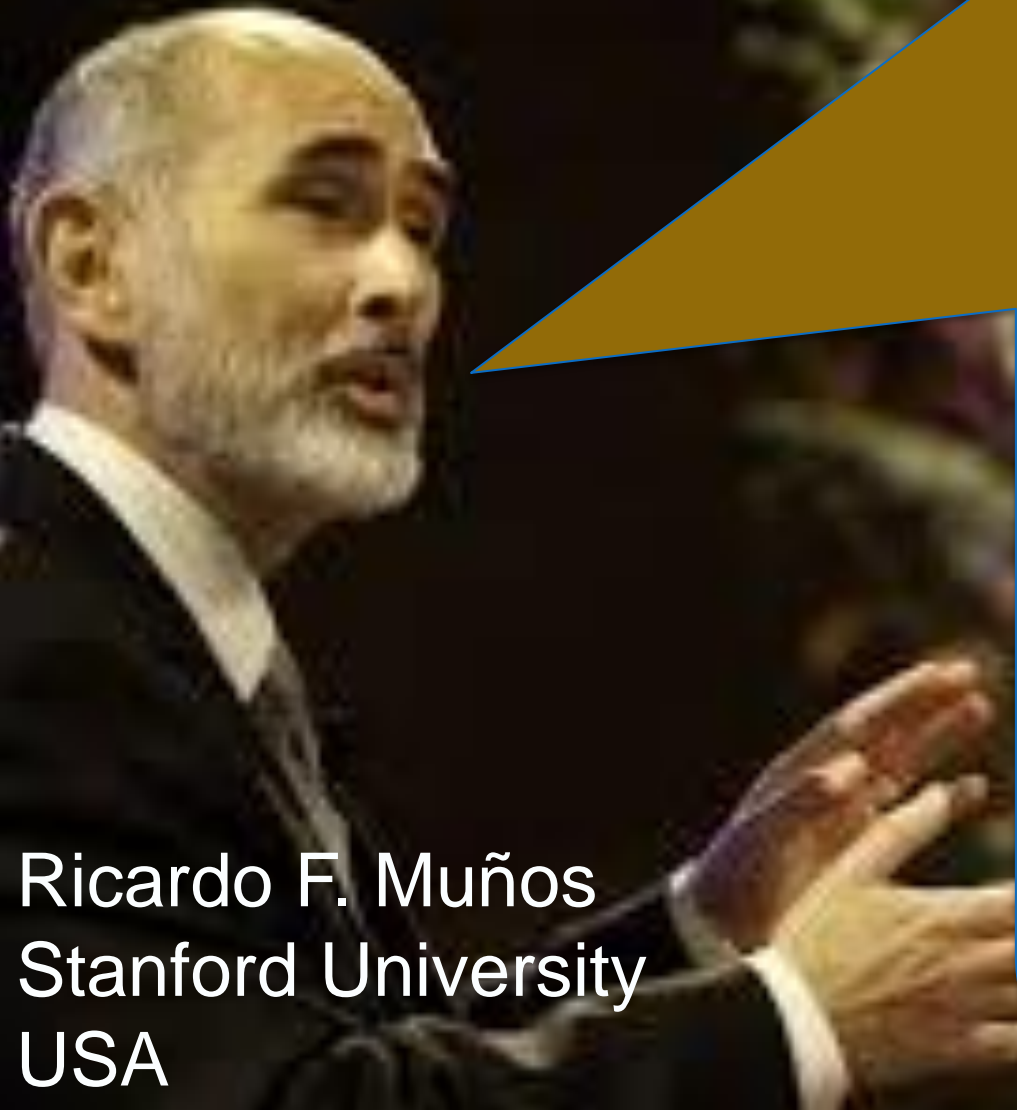


FIGURE 3-1 Mental health intervention spectrum.
SOURCE: Adapted from Institute of Medicine (1994, p. 23).



The preponderance of the evidence shows that a 50% reduction in incidence of MDE in high-risk individuals is feasible with current methods. It is time to start the journey toward a world without depression

Ricardo F. Muñoz
Stanford University
USA

RCTs: Prevention of Major Depressive Episode (MDE) (Muños et al, 2014)

- 35 published randomized controlled trials, RCT
- High risk approach
- CBT or Interpersonal psychotherapy based
- 40% (n=14/35) show case reduction: $\geq 50\%$
- 29% (n=10/35) show case reduction: 25-40%

Severe weakness of high risk approaches

- Several high risk programs are successful
 - Muños et al, 2013; Cuijpers et al, 2008, 2012
- **High risk initiatives reach only a small fraction of those who develop mental disorders**
 - Hough et al, 1987; Ojeda & McGuire, 2006
- Most people at risk do not seek treatment or treatment is not available to them
 - Ovens et al, 2003

Public Health Strategy

Geoffrey Rose's Theory of Prevention



Geoffrey Rose
1926-1993

If disease risk is widespread (viz. mental disorder), measures that decrease risk for everyone are more effective in reducing the burden of disease than a 'high-risk' approach, in which measures are targeted only to those individuals with a substantially increased risk for disease (Rose, 1993).

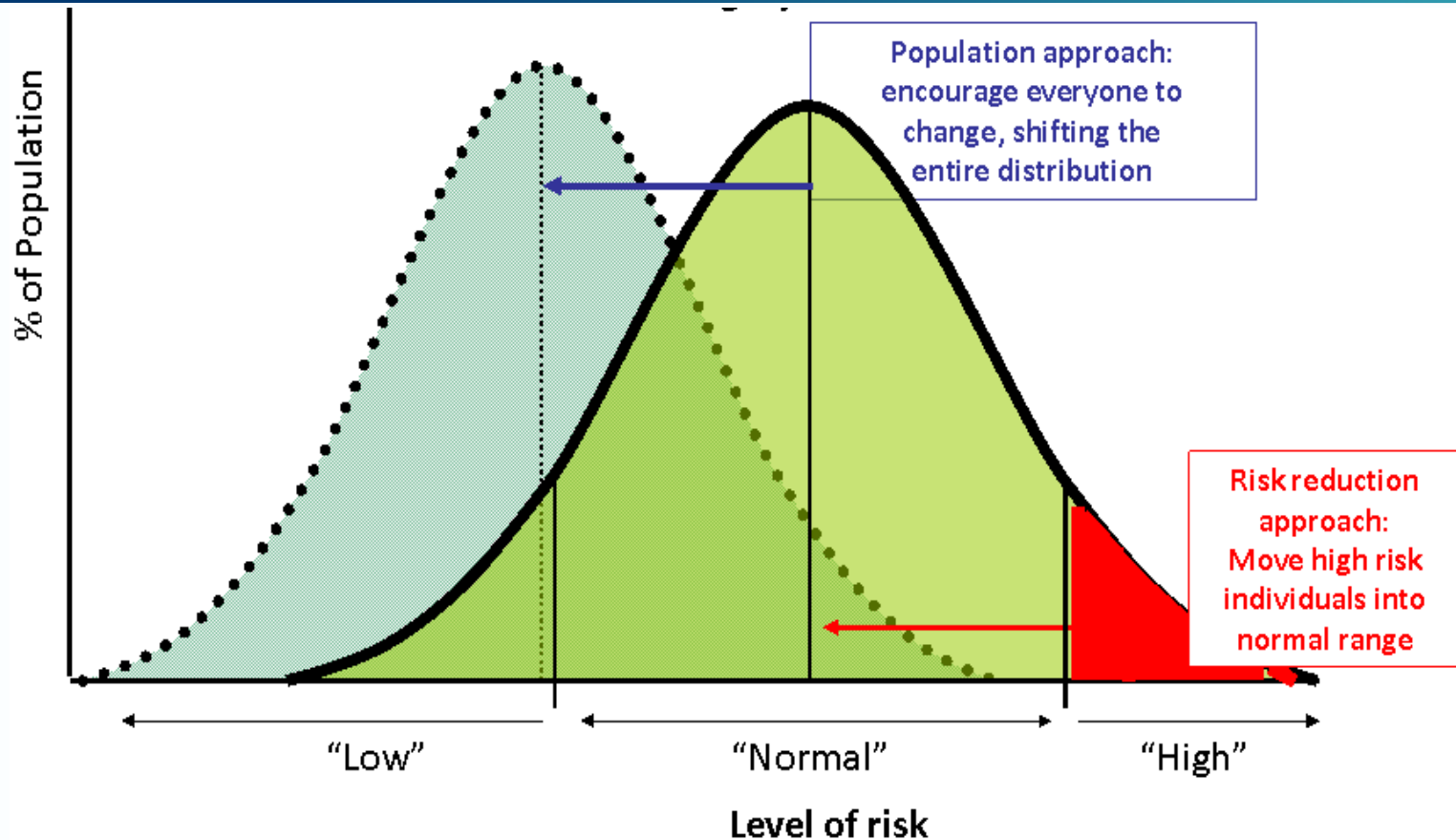
Geoffrey Rose's theory of prevention



Geoffrey Rose
1926-1993

.... Because: If disease rates rise continuously with higher levels of exposure to the risk factor, the larger number of people with a small elevation in risk will usually contribute more disease cases to the total burden of disease than the smaller number of people exposed to a high risk (Rose, 2008)

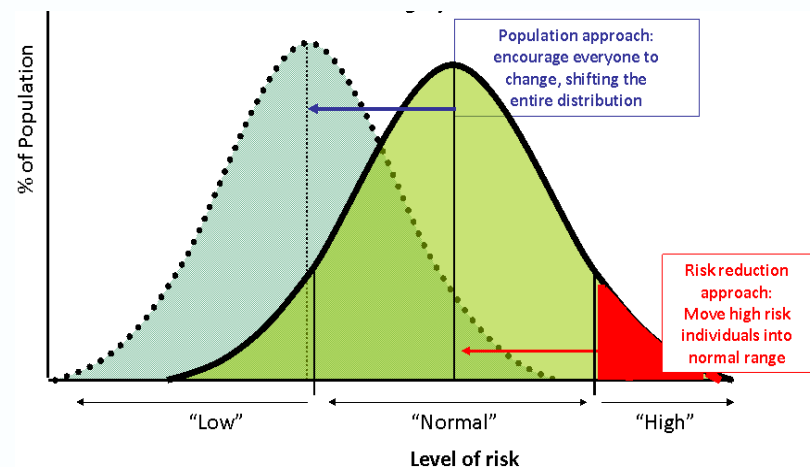
The Bell curve shift in populations



Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category

The prevention paradox (Rose, 1981, 1985, 1993)

- Shifting the risk distribution of the population as a whole may bring large benefits to the population as a whole, but it offers little to the many individuals in the middle of the distribution, and may, therefore, be insufficiently attractive to them (Rose, 1993).
- ... and to politicians.





«The Gudlaugsson-Benediktsson ten points plan to strengthen mental health and wellbeing of the population, prevent common mental disorder and get a more sensible economy in the Nordic countries»




1. Invest in building mental capital rather than in fighting disease!



Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

1. Mental capital

- A population's total potential to:
 - Regulate emotions
 - Think smart
 - Coordinate their behaviour
 - Meet social challenges
- Investment in a population's mental capital is likely to prevent more mental disability than direct investment in prevention of mental illness
 - Jenkins et al, 2008 (for the British government)

A photograph of Mr. Bjarni Benediktsson, Minister of Finance and Economy of Iceland, speaking. He is wearing a grey suit, white shirt, and dark tie. He is holding a document in his left hand. A blue speech bubble is overlaid on the right side of the image, containing text. The document he is holding has red text on it.

**2. Promote
positive mental
health, resilience
and happiness
rather than
preventing mental
disorder!**

**Holte's
Prevention
Crash
Course**

**Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland**

2. Mental health promotion

- Learn from the success of prevention in somatic medicine:
 - **Health promotion before illness prevention**
 - Long term investments
 - Multi-method approach
 - Act on indicative evidence
 - Address exposure factors
 - Utilise laws, regulations and tax-policy
- Norwegian Directorate of Health, 2012




**3. Address
what we
can do
something
with rather
than what
we wish to
do
something
with!**

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

3. Address potentials

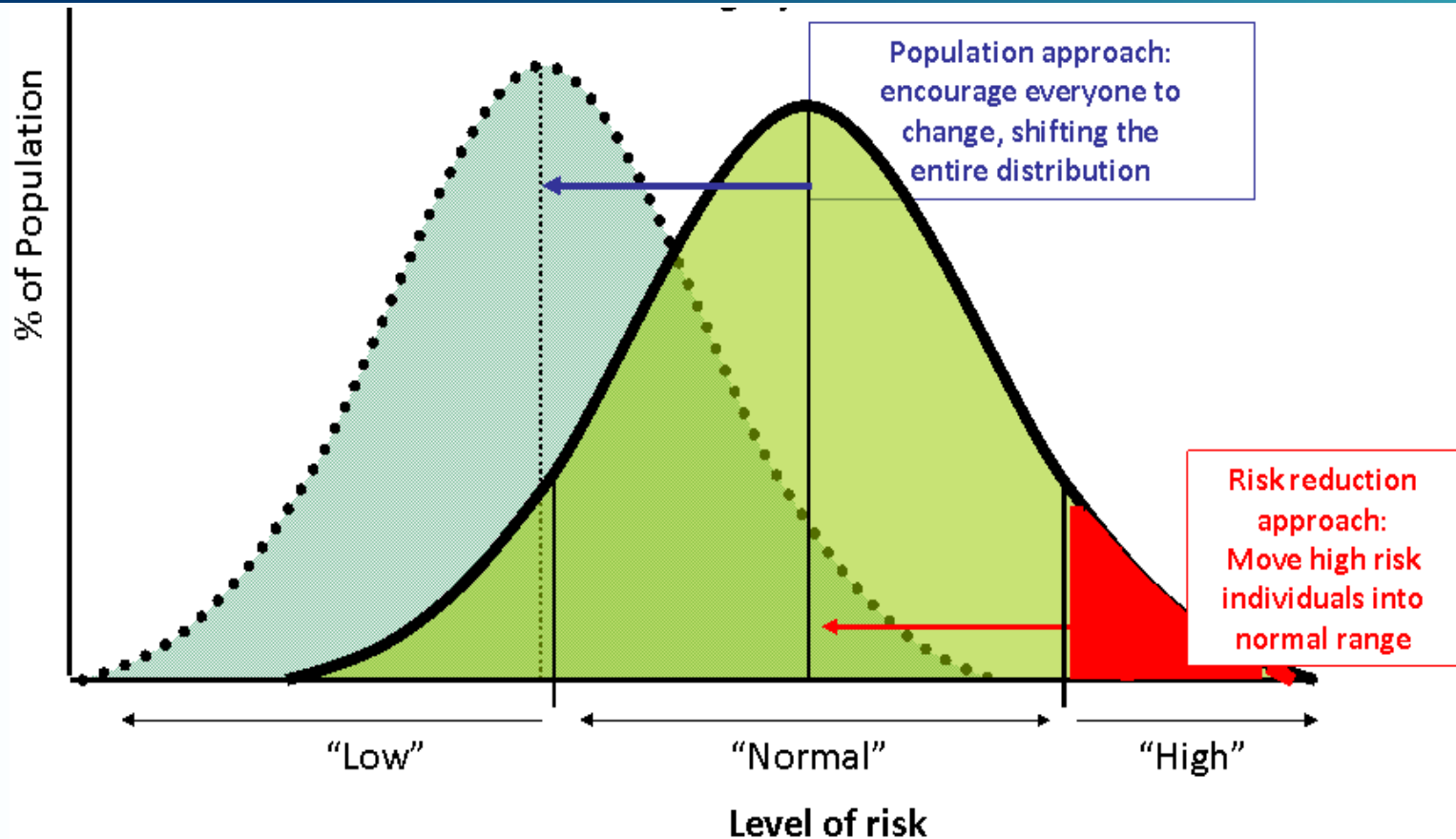
- We must prevent unnecessary negative impact of living with bipolar disorder, schizophrenia, anorexia nervosa, autism and ADHD
- But do not know how to prevent them
- Fortunately, we can to some degree prevent the most costly mental disorders to society:
 - **Major depression** (Muños et al, 2013; Cuijpers, 2009)
 - **Anxiety disorders**
 - **Alcohol abuse**

A photograph of Mr. Bjarni Benediktsson, Minister of Finance and Economy of Iceland, speaking. He is wearing a dark suit jacket over a light blue shirt. A blue speech bubble is overlaid on the right side of the image, containing the text '4. Address low and medium risk populations rather than high risk populations!'.

**4. Address
low and
medium risk
populations
rather than
high risk
populations!**

**Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland**

4. The Bell curve shift in populations



Shifting the whole population into a lower risk category benefits more individuals than shifting high risk individuals into a lower risk category

5. Endorse universal interventions rather than targeted interventions!



Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

5. Universal interventions

- Mackenbach et al, 2012
- Review of all successful prevention programs in Netherland 1970-2010
- Results
 - Universal interventions: $\frac{3}{4}$ of the effects
 - Targeted interventions: $\frac{1}{4}$ of the effects
- Null hypothesis: Similar for mental health


6. Prioritise interventions according to cost-utility rather than to efficacy or effectiveness!



**Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland**

6. Cost-utility

- **Need to bother about whether it costs 1 Euro to save 1000 Euros or 1000 Euros to save 1 Euro**
- 80 % of total costs are indirect costs
 - Sobocki et al, 2007
 - Reduced effectiveness at work
 - Lost work hours
 - Sickness absence benefit costs
 - Disability benefit costs
- Higher than for any other disorder (also physical)
 - Berndt et al, 2000; Broadhead et al, 1990
- Indirect costs more than doubled in 7 years
 - Sobocki et al, 2007.

A photograph of Mr. Sigmundur Davíð Gunnlaugsson, Prime Minister of Iceland, speaking at a podium. He is wearing a dark suit, white shirt, and grey tie. To his left, the Icelandic flag is partially visible. A blue callout box with white text is overlaid on the right side of the image, pointing towards him. The background is a light blue wall.

**7. Prioritise
initiatives
outside
rather than
innside the
health
services!**

**Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland**

7. Outside the health service

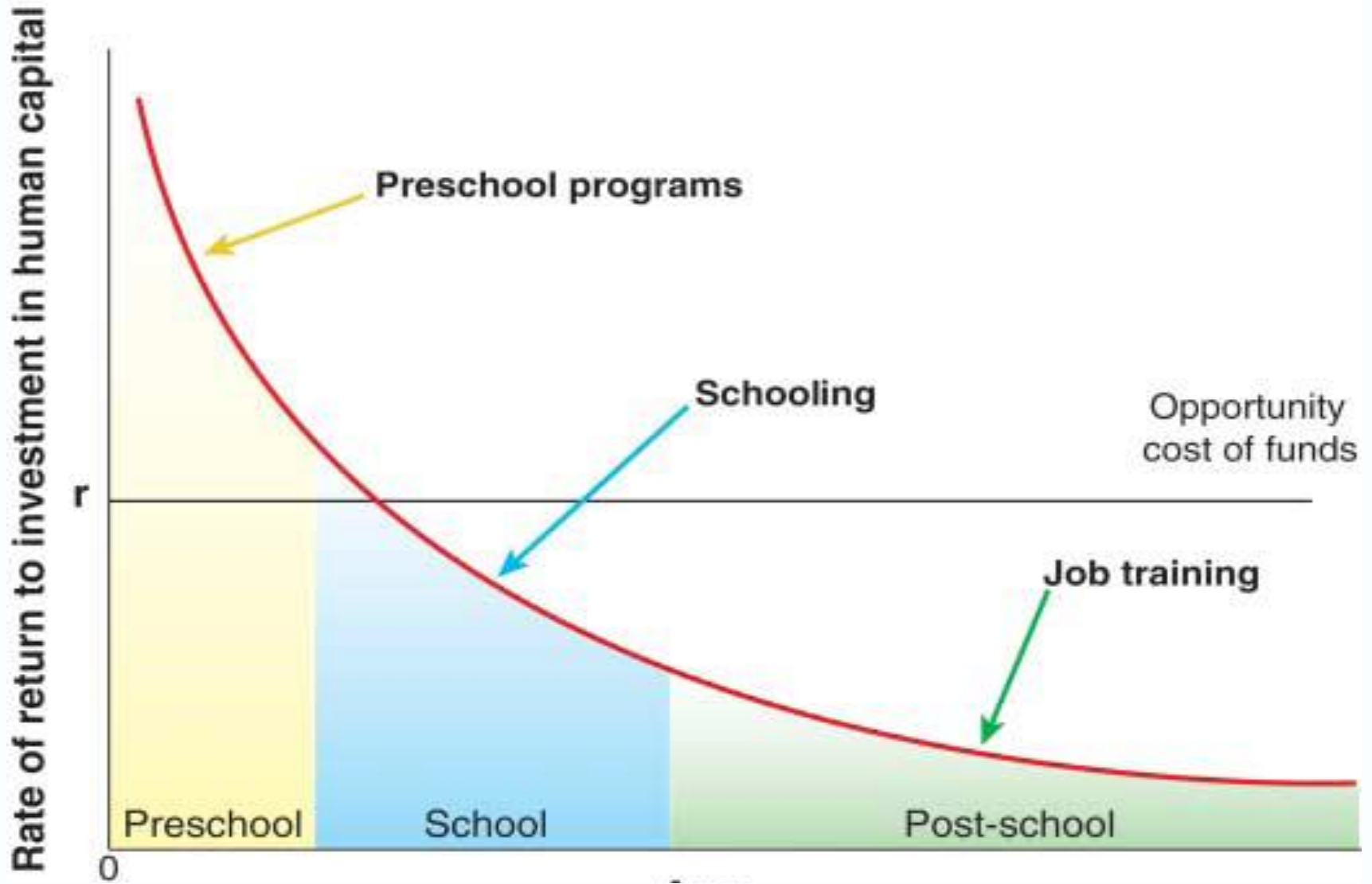
- Health services don't produce health
 - They repair it!
- Health is produced where people live their lives:
 - Family
 - Child care centre
 - School
 - Work place
 - Culture & sports
- In high income countries, better health services have a relatively little impact on population health
 - Marks, 2000

**8. Invest in infants
and small children
before everybody
else - including
older people!**


Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland



Rates of return to human capital investment



Heckman, James J. (2006). " Skill Formation and the Economics of Investing in Disadvantaged Children, *Science*, 312(5782): 1900-1902.



**9. Address
community
levels of
positive mental
health and
psychological
distress rather
than counting
cases of mental
disorder!**

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

9. Community levels

- The proportion of alcohol abuse/dependency in a population is a direct function of the total level of alcohol consumption (Ole Jørgen Skog)
- Correspondingly, the proportion of common mental disorder may be a direct function of the level of psychological distress
- Most effective prevention of alcohol disorders is to reduce total level of alcohol consumption in the pop.
- Most effective prevention of common mental disorder, may be therefore be to reduce total level of psychological distress?
- Evidence still lacking, hypothesis can be tested.



Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

10. Regulate by law that any greater public investment in mental health and wellbeing promotion or illness prevention must have a design and a budget to scientifically assess whether it is feasible, works, pays off, and people want it!



The Gudlaugsson-Benediktsson plan



Holte, A. J. Norwegian Psychological Association, 2012

1. Mental capital before mental illness
2. Health promotion before illness prevention
3. What we can do, before what we wish to do
4. Low-medium risk before high risk
5. Universal interventions before targeted ones
6. Cost-benefit before severity
7. Outside before inside the health services
8. First years of life before everybody else
9. Level of distress before number of cases
10. Evaluation and evidence before good intentions


A photograph of two men standing in a field of green vegetation. The man on the left is wearing a black jacket and looking towards the right. The man on the right is wearing a black jacket with a white panel and a '66' logo, looking towards the left. Two blue speech bubbles are overlaid on the image. The first bubble, pointing to the man on the left, contains the text 'I think we can do it, Sigumundur!'. The second bubble, pointing to the man on the right, contains the text 'So do I, Bjarni!'.

I think we can do
it, Sigumundur!

So do I, Bjarni!

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland



That's the way to
success, boys.
Look to Iceland!

José Manuel D Barroso President,
EU Comission 2004-2014



Angela Merkel,
Chancellor of Germany

Barrach Obama,
President, USA



Where is the
evidence?



Professor Kristian Wahlbeck
Leader of Joint Action WP 8
Mental Health in All Policies

The evidence



**Coming, my friend,
coming!**

**Coming, my friend,
coming!**

Postnatal women

Brugha et al, 2011 (Trent, UK, 5.1 mill.)

Randomised prospective cluster trial

- Training of health visitors (HV) in identification and psychological intervention to prevent depression
- Non-dep (EPDS < 12) mothers 6 weeks postnatally
- Intervention group: N=1474 mothers; N =89 HV
- Control group (CAU): N= 767 mothers; N=49 HV
- High risk group: Baseline EPDS score: 6-11
- Low risk group: Baseline EPDS score: 0-5
- Follow-up: 6, 12, 18 months postnatally

Brugha et al, 2011

Results

- Interv gr: 29% less likelihood of dep (EPDS ≥ 12) compared to Contr gr at 6 months
- Mental health benefits sustained at 18 months
- ES not different in high vs. low risk: $z = - .28$
- High risk gr. «dep saved»: 31 of 271 (11,4%)
- Low risk gr. «dep saved»: 46 of 1474 (3,1%)
- ~50% more depressive states saved in low risk compared to high risk group
- > 99% probability of cost-effectiveness

Results adjusted for Living alone, previous PND, life events, EPDS score

Effect size: Cohen's d: 0.2 = small, 0.5 = moderate, 0.8 = large

Brugha et al, 2011

Conclusion

- «To date, there have been no large-scale trials testing whether universal prevention effects have occurred across a whole population.
- There is now new evidence for clinically significant, useful and persistent reduction in the prevalence of depression in a key part of the population - women following childbirth....»

But of course, Bjarni!

Of course, Sigmundur!



Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

Centred Child Care

High Quality Child Care Centres

- Several large representative prospective population based longterm follow-up studies from Europe and USA
- Including cost-utility analyses
- Still more going on
- No updated review/meta-analyses available
- Still awaiting large scaled RCTs

High quality centred child care

- Strengthens social-emotional coping
- Strengthens cognition & school grades
- Strongest effects on disadvantaged kids
- Good effect also on advantaged kids
- Reduces social inequality in health
- Compensates bad home environment
- Stabilises difficult periods in life
- Prospective long term effects on mental and physical health
- Even into adulthood on educ./employment, physical health
- Highly cost-effective (net benefit +300 000 USD/Kid)
- **Quality the only thing that matters**



Jaffe et al., 2011; Melhuish, 2011; Sylva et al., 2011; NIPH, 2011; Havnes & Mogstad, 2010; Pianta, 2009, Lekhal et al. 2011/12, Zachrisson et al.

Affordable, available, accessible, high quality centred child care for all!

It's healthy!

It's feasible!

It pays off

..and it's fun!



We don't know yet whether it prevents mental disorder later in life!

According to our plan!

According to our plan!



Schools

Impact of school interventions

Summary (Ware & Nind, 2011)

- 50 out of 52 reviews conclude at least small effects
- Social-emotional skills:
 - Clear, cumulative evidence; moderate-strong effect sizes
- Mental health and well-being:
 - Clear, cumulative evidence; small-moderate effect sizes
- Targeted interventions strongest impact
- Universal interventions
 - Positive impact on mental health, mental health problems/disorders, violence, bullying, pro-soc behaviour, well-being
 - Small-moderate effect sizes ($z = \sim .3$)

Effect size: Cohen's d : 0.2 = small, 0.5 = moderate, 0.8 = large

Positive mental health, well-being and social and emotional learning (SEL)

- Positive and small to moderate ES: 0.15–0.37
 - Adi et al., 2007a
- Grand study-level mean: ES: 0.28 for 207
 - Durlak, 2007, 2011
- Social & emotional skills & competences: moderate to strong effects, ES 0.5–1.49
 - Catalano et al., 2002; Scheckner et al., 2002; Berkowitz et al, 2007
- Self-esteem & self-confidence moderate effects across a range of high quality reviews, ES: 0.34–0.69 across five reviews
 - Haney et al, 1998; Ekeland et al., 2004; O'Mara et al., 2006; Durlak et al, 2007***; Sklad et al., 2010.

Externalizing problems: violence, bullying, conflict and anger

- Universal populations: positive, small effects, ES 0.1
- Markedly stronger for high-risk children, ES 0.21–0.35
 - Catalano et al., 2002; Mytton et al., 2002; Scheckner et al., 2002; Wilson et al., 2003; Wilson and Lipsey, 2006a; Adi et al., 2007b; Garrard & Lipsey, 2007; Hanh et al., 2007; Blank et al., 2009; Farrington and Ttofi, 2009.
- Cognitive–behavioural interventions larger effects than average, ES of 0.5
 - Beelman and Losel, 2006; Shucksmith, et al., 2007

Internalizing problems (depression, anxiety)

- 19 reviews, all w/ overall positive impact
- 9 review only work in schools
 - 3 studies show small to modest ES: 0.10–0.50
 - Payton et al., 2008; Reddy et al., 2009; Sklad et al., 2010
 - 1 study shows modest to large ES: 0.41–1.70
 - Browne et al., 2004
- Stronger impact on heavy than milder problems
 - Strong ES: 1.00 - 2.46
 - Horowitz & Garber, 2006; Browne et al., 2004; Reddy et al., 2009; Payton et al., 2008.

Effect size: Cohen's d: 0.2 = small, 0.5 = moderate, 0.8 = large



You see?

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland



You see?

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

Work place

Universal prevention in the work place

Meta-analysis (Tan et al. 2014)

- 9 RCTs
- Mostly cognitive-behavioral programmes
- Positive effect
- Pooled effect size estimates
- Small effect size: $z = - .16$

Standard mean difference between intervention groups and control groups

Effect size: Cohen's d : 0.2 = small, 0.5 = moderate, 0.8 = large

Conclusion work places (Tan et al. 2014)

- “There is good quality evidence that universally delivered workplace mental health interventions can reduce the level of depression symptoms among workers.
- There is more evidence for the effectiveness of CBT-based programs than other interventions.
- Evidence-based workplace interventions should be a key component of efforts to prevent the development of depression among adults.”

A man with light brown hair, wearing a dark suit, white shirt, and patterned tie, is looking slightly to the right with a neutral expression. A yellow thought bubble with a blue outline is positioned above his head, containing the text "Yess!!!".

Yess!!!

A man with dark hair, wearing a dark suit, white shirt, and patterned tie, is smiling broadly and looking towards the left. A yellow thought bubble with a blue outline is positioned above his head, containing the text "Yess!!!".

Yess!!!

Physical activity

Physical activity (PA) Review (Mammen & Faulkner, 2013)

- 30 prospective, longitudinal studies
- Mainly epidemiological, few RCTs
- Majority of studies of high quality
- Depression
 - Cut-off score on self-report measure
 - Direct measure, including physician diagnosis

Physical activity (PA), Results Mammen & Falkner, 2013

- 25/30 studies: Baseline PA negatively associated with risk of subsequent depression
- Promising evidence:
 - Any level of PA can prevent future depression
 - Including low levels (e.g. walking < 150 minutes/week)
 - 120 min/week reduce risk 63% relative to sedentary
- Increased intensity, duration, frequency, or volume associated with decreased odds for depression
- Clear dose-response relationship not readily apparent

Physical activity (PA), Conclusion Mammen & Falkner, 2013

«From a population perspective, promoting PA may serve as a valuable mental health promotion strategy in reducing the risk of developing depression»



Yess!!!

Yess!!!

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

When is a small to medium
effect size (e.g. 0.3) large?

A piece of magic

Statistical modelling by:

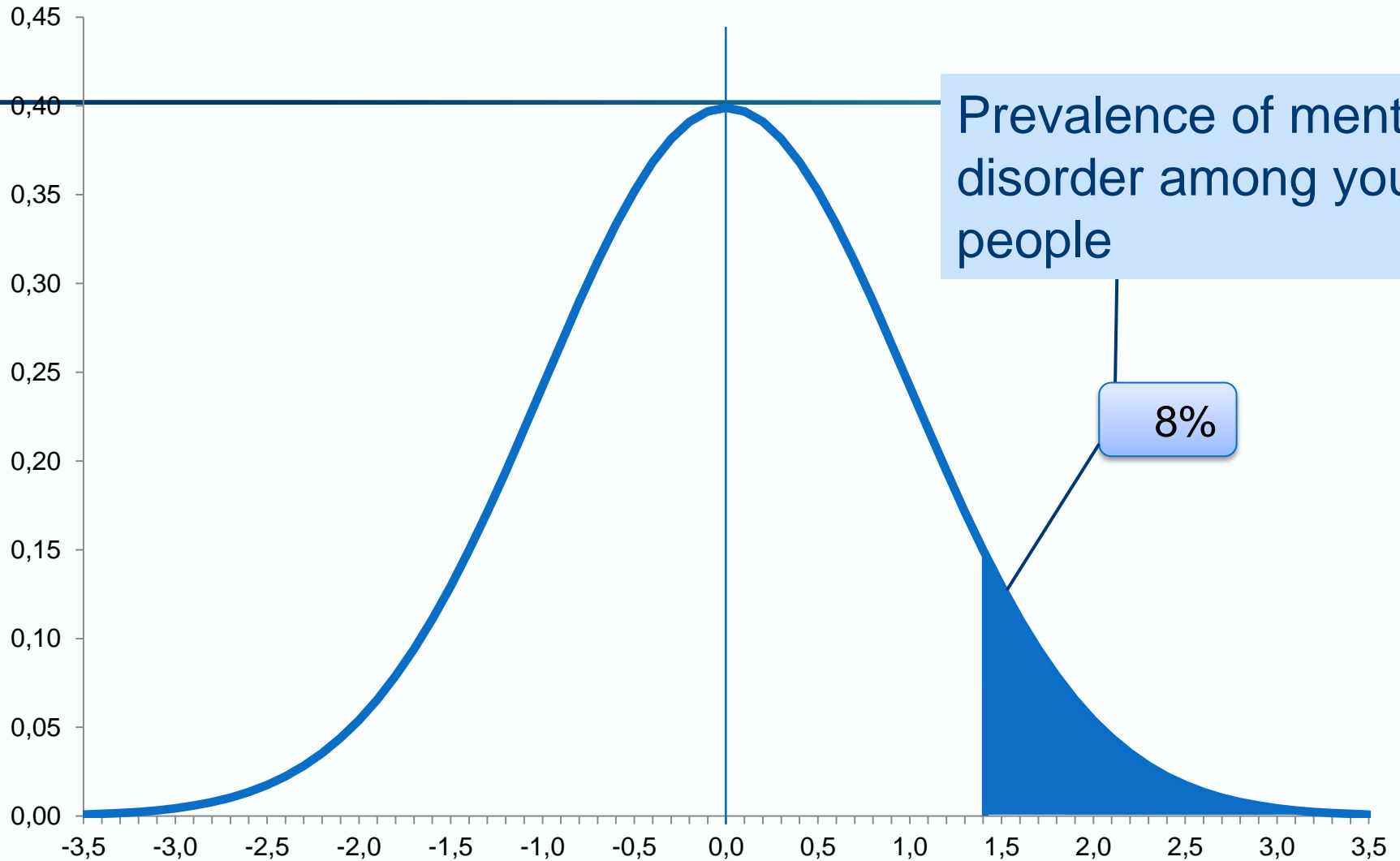
Espen Røysamb,

Department of Psychology, University of Oslo,

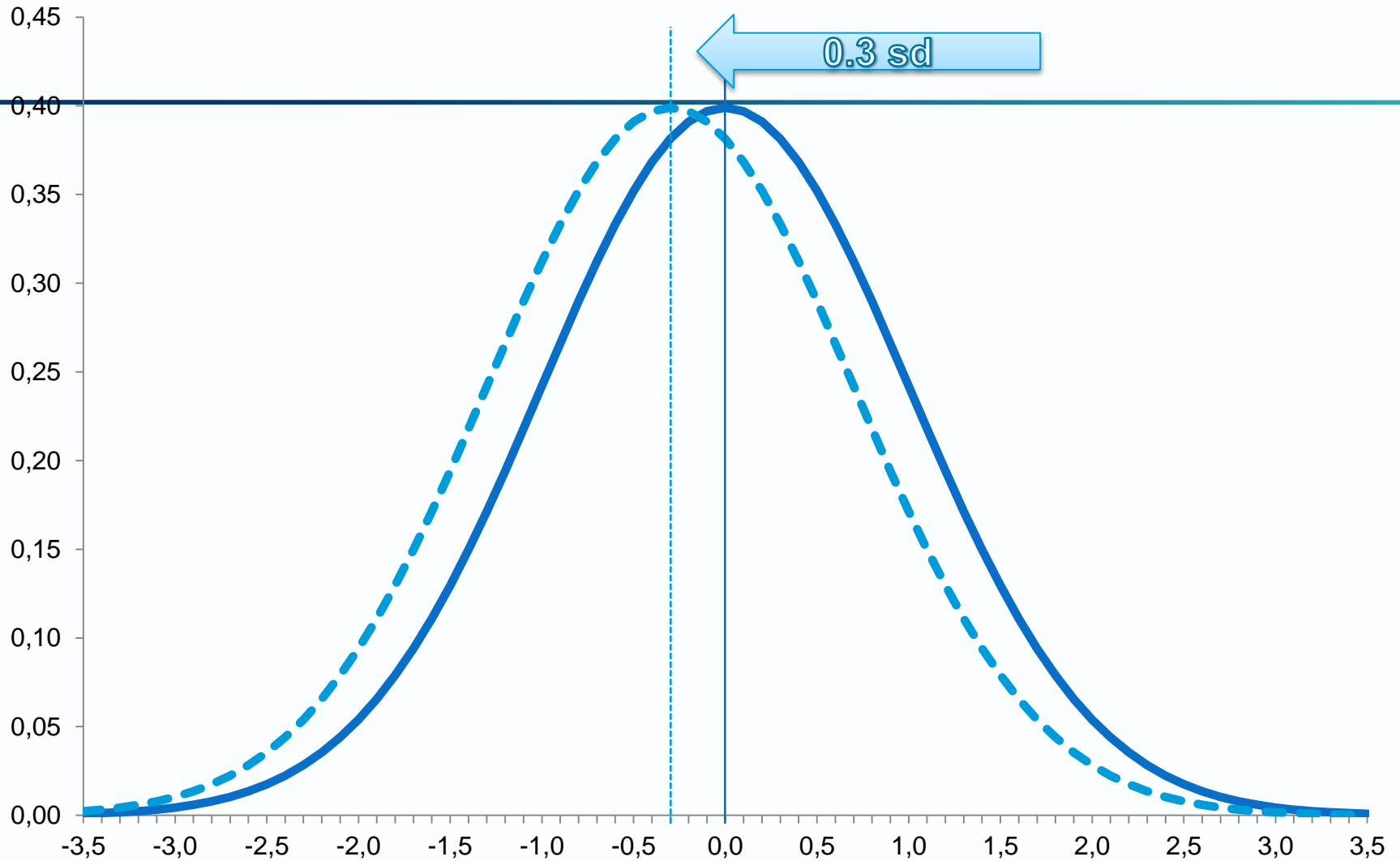
in collaboration with Arne Holte,

Norwegian Institute of Public Health and University of Oslo

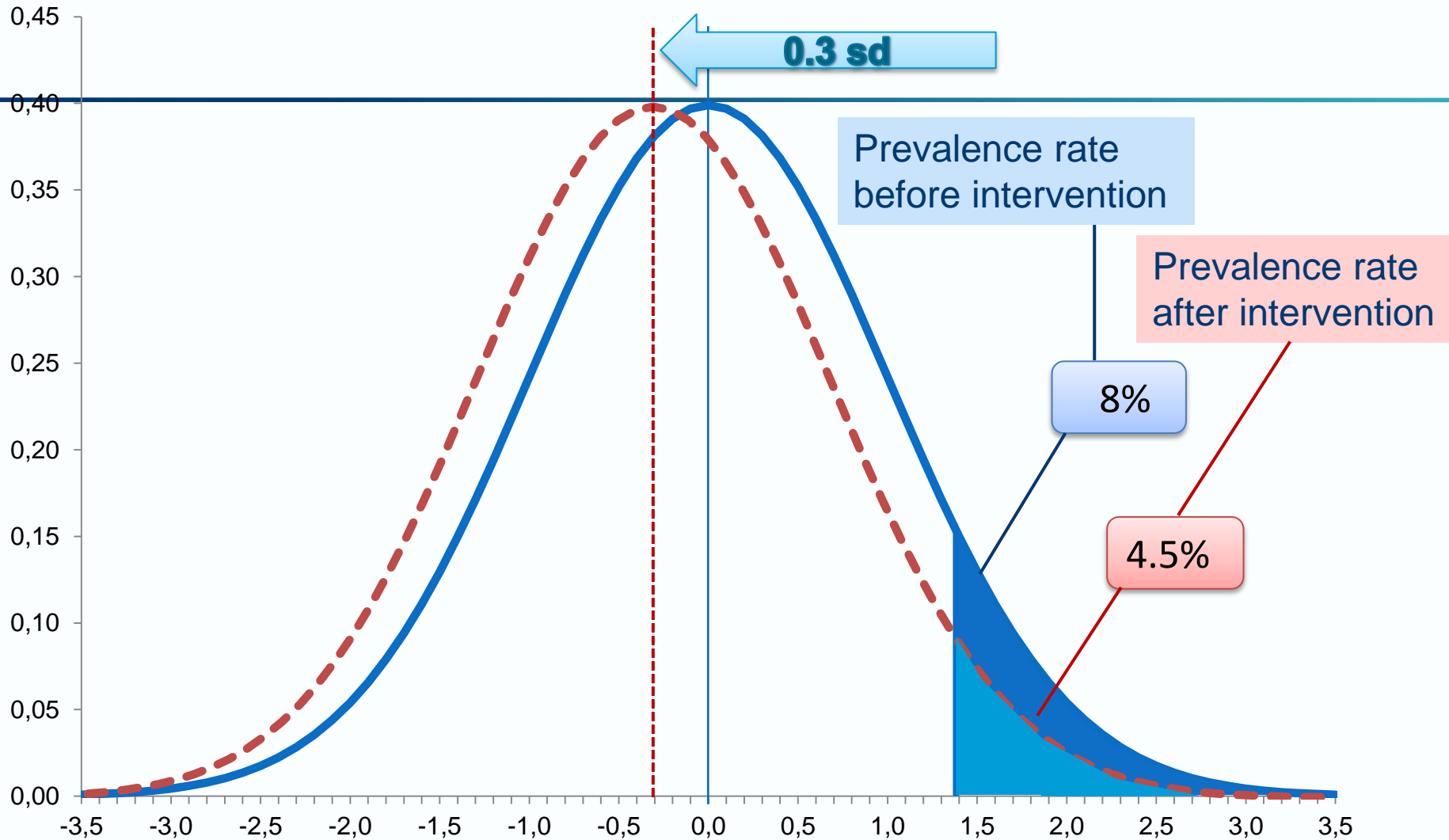
Normal distribution of vulnerability



Displacement of the mean to the left



Small population effects may be very powerfull



Effect size: Cohen's d : 0.2 = small, 0.5 = moderate, 0.8 = large

Unbelievable!

Unbelievable!



Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland



Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Statistical assumptions

- Vulnerability of mental disorder normally distributed
- Standardised distribution
- Cut-off 8% (cf. Prev. of mental disorder): $SD = 1.4$
- Displacement of distribution by 0.3 sd
- Roughly the ES found in universal promotion and prevention trials on mental health and wellbeing
- Z-score transformation

Hm!



Professor Kristian Wahlbeck
Leader of Joint Action WP 8
Mental Health in All Policies

A photograph of two men in dark suits shaking hands. The man on the left is Mr. Sigmundur Davíð Gunnlaugsson, and the man on the right is Mr. Bjarni Benediktsson. Two yellow speech bubbles with blue outlines are overlaid on the image. The top bubble points to the man on the right and contains the text 'A fabulous plan, Bjarni!'. The bottom bubble points to the man on the left and contains the text 'A fabulous plan, Sigmundur!'.

A fabulous plan, Bjarni!

A fabulous plan,
Sigmundur!

Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland

Seven psychological child rights

How to build mental health:

The seven mental health
mediating and moderating
values



**Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland**

1. Every child has a right to a sense of identity and self respect!
You know:
The feeling that I know who I am, that I am something. I may not be perfect but I am good enough.

2. Every child has a right to a sense of meaning in life!

You know:

The feeling of being part of something greater than yourself, that there is somebody who needs you.



**Mr. Bjarni Benediktsson
Minister of Finance and
Economy, Iceland**

3. Every child has a right to a sense of mastery! You know:
The feeling that there is at least something that I am good at; it may not be legal, but I am pretty good at it!

A photograph of Helle Thorning-Schmidt, Prime Minister of Denmark, speaking at a podium. She is wearing a dark, textured jacket over a black top. Her right hand is raised in a gesture, and she is looking slightly to the right with a smile. The background is a blurred blue and grey.

Helle Thorning-Schmidt
Prime minister
Denmark

A close-up portrait of Stefan Löfven, the Prime Minister of Sweden. He is a middle-aged man with short brown hair, blue eyes, and a slight smile. He is wearing a dark suit jacket, a white shirt, and a dark tie. The background is blurred, showing what appears to be a red carpet event.

Stefan Löfven
Prime minister
Sweden

4. Every child has a right to a sense of belonging!
You know:
The feeling that I know who, what and where I belong to.

A close-up portrait of Erna Solberg, the Prime Minister of Norway, smiling. She has short, light brown hair and is wearing a blue top. The background is dark and out of focus.

Erna Solberg
Prime minister
Norway

**5. Every child has
a right to a sense
of security!**

You know:

**The feeling that I
can think, feel and
express myself
without being
afraid.**



6. Every child has a right to a sense of community!

You know:

The certainty that I have somebody whom I can share my thoughts and feelings with.

Alexander Stubb
Prime minister
Finland

7. Every child has a right to a sense of social support!


You know:

The feeling that there is somebody who knows me, who cares about me, whom I can trust that will look after me when I need it.

That is a good feeling!



José Manuel Barroso
President,
EU Commission
2004-2014



And where, José Manuel, do you find the sources to a sense of identity, meaning, mastery, belonging, security, community and social support?

Jean-Claude Juncker
President Elect
EU commission



Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland

In the family, the
child care center,
the school, among
friends, in the
workplace, in
culture & sports.
That's where we
have to invest
Sorry, folks.
Not in the health
services.



Mr. Bjarni
Benediktsson
Minister of
Finance, Iceland

Positive mental health (WHO)

A state of well-being in which every individual:

- realizes his or her own potential
- can cope with the normal stresses of life
- can work productively and fruitfully
- is able to make a contribution to her or his community






Mr. Sigmundur Davíð
Gunnlaugsson
Prime Minister, Iceland



Mr. Bjarni
Benediktsson
Minister of
Finance, Iceland



How to promote mental health and prevent mental disorders in young people and get a more sensible society economy

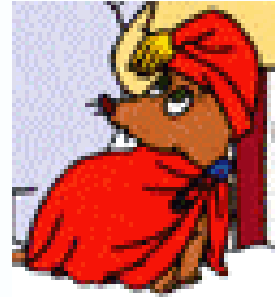
Arne Holte

Norwegian Institute of Public Health
and University of Oslo

Conference on Children's Mental Health
and Well-Being: Policy and Future
Directions in the Nordic Countries
Reykjavík, October 8th, 2014



Mediators and moderators of mental health: When the mental health fails



1. I am nobody, I am worth nothing.
2. Life is meaningless, nobody needs me.
3. I can't do anything right, not good at anything.
4. I don't belong anywhere, I simply don't fit in anywhere.
5. I fear nothing, I am always afraid.
6. I have nobody to talk with, to share my thoughts and feelings with.
7. Nobody knows me, nobody cares about me, there is no one whom I know will look after me when needed – I am really all alone.

Mediators and moderators of mental health: When mental health flourishes

1. I know who I am, I am not perfect, but I am ok enough.
2. There is somebody who needs me.
3. There is at least something that I am good at
.... may not be legal, but I am pretty good at it!
4. I know well to whom, what and where I belong.
5. I can think, feel and express myself without being afraid.
6. Fortunately, I have somebody whom I can share my thoughts and feelings with.
7. There is somebody who knows me, who cares about me, whom I can trust that will look after me when needed.



Basic psychological mediators and moderators of mental health:

Sense of.....

1. **Identity:** I am somebody.
2. **Meaning in life:** I am part of something bigger than myself, somebody needs me.
3. **Mastry:** I am competent, there is something I can do
4. **Affiliation:** I belong somewhere
5. **Security:** I can feel, think and act without being afraid
6. **Community:** I have somebody to share my experiences with
7. **Social support:** Somebody cares about me



Where do we acquire a sense of identity, meaning, mastery, belonging, security, social network and social support?

- Family
 - Child care center
 - School
 - Friends
 - Workplace
 - Culture & sports
- not in the health services

