Meeting of Experts to Discuss the Concept of Mental Health Promotion and Prepare an Outline of a Background Paper

New Delhi, India, 14-15 October 2005
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1. **Introduction**

Health promotion should be a key public health strategy to help improve the health status of the population now and in the future. The double burden of diseases, communicable and noncommunicable, in the South-East Asia Region can be effectively reduced through the implementation of appropriate health promotion and prevention programmes. This is equally applicable to mental health promotion as a strategy for promotion of mental well-being.

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

Traditional practices, such as meditation, which have been used for centuries in the South-East Asia Region are now being recognized as being effective in promoting mental and physical well-being. However, these have never been used as a public health strategy for promotion of mental health in the community.

To discuss the concept of mental health promotion and prepare an outline of a background paper on the subject, a meeting of technical experts was organized at WHO’s Regional Office for South-East Asia, New Delhi, from 14-15 October 2005. Experts from India, Myanmar and Thailand participated in the meeting.

2. **Objectives of the meeting**

The general objective of the meeting was to develop a conceptual framework for mental health promotion in SEAR.
The specific objectives of the meeting were:

- To discuss the conceptual framework for mental health promotion;
- Identify evidence-based strategies for mental health promotion; and
- Prepare an outline of a background paper for the intercountry workshop on mental health promotion to be held in November 2005.

3. Summary of proceedings

The meeting was opened by the Regional Director, Dr Samlee Plianbangchang. In his inaugural address (Annex 1), The Regional Director emphasized the importance of health promotion, including mental health promotion, as a strategy for improving the health and mental well-being of the population. He urged the experts to discuss this important issue and prepare the outline of a background paper which could form the basis for discussions at a future intercountry workshop on mental health promotion.

3.1 Concept of mental health promotion

Discussions on the concept of mental health promotion highlighted that mental health is more than the absence of mental illness. Mental health promotion programmes should include: prevention of mental illness and modification of behaviour which is harmful to mental well-being such as drug abuse, alcohol abuse, unsafe sex etc. Discussions also focussed on empowering individuals with skills to cope with stresses of everyday life and the rapidly occurring sociocultural changes. It is recognized that mental well-being should lead to overall happiness in an individual resulting in increased productivity in personal and professional activities.

For those who may already be afflicted with mental illness, their mental well-being can be promoted by optimum treatment of their illness, reduction of the stigma they face and promotion of strategies to improve their overall quality of life.

Discussions focussed on the need for a mental health policy which advocates for mental health promotion programmes at all levels of
programme development and implementation. To achieve this there is an urgent need for advocacy with policy makers and planners.

3.2 Identifying determinants of mental well-being

It was recognized that mental-well being is linked to a wide variety of social, economic and cultural determinants. Thus, a comprehensive approach to mental health promotion involving multiple strategies and multiple partners should be considered.

Mental health promotion often involves changing health behaviour and health seeking behaviour. These behaviours are usually different in urban and rural areas and between genders. Support to individual health seeking behaviour should come from a healthy public policy which supports this change. Also, there is an important role for traditional beliefs and practices including the role of traditional systems of medicine.

Promoting mental health through a focus on key determinants should not only result in lower rates of some mental disorders and improved physical health but also better educational performance, greater productivity of workers, improved relationships within families and safer communities.

3.3 Identification of risk and protective factors for mental illness

Risk factors for mental illness over the life-span of individuals were discussed including the evidence of the linkage between risk factors and subsequent illness. Emphasis was placed on modifiable risk factors which could be addressed through public health strategies for promotion of mental well-being and prevention of mental illness.

Equally important is the identification of protective factors such as promoting family cohesiveness and building community resilience. Evidence for these protective factors was discussed.

The experts concluded that most of the evidence is from developed countries. There was consensus that more studies should be conducted in the Region.
3.4 Mental health behaviour surveillance in communities

Health behaviour surveillance is a well-established concept in high-income countries, but is relatively new in the South East Asia Region. Risk behaviours are often the first visible flag in the onset of a cascade of events, manifesting as diseases later in life. Developing an integrated behavioural surveillance is urgently needed as it can reduce costs, save time, avoid duplication and can provide a wealth of information. This information needs to be utilized for health promotion activities as it can reduce the onset of major conditions resulting either in increasing morbidity, poor quality of life or premature mortality. Undoubtedly, larger populations, well-defined methodologies, surveillance as the focus (long-term activity) and in-depth data analysis needs to be pursued to build activities. Building capacity in the areas of health research and social sciences is required and should be taken up by national and international agencies.

Early recognition and management of high risk behaviours needs a bigger thrust within the health sector. As the mental health of each person is influenced by individual factors, experiences, social networks and cultural values, health promotion on an integrated platform addressing potentially modifiable risk factors and behaviours will help in strengthening mental health issues within SEAR.

3.5 Strategies to reduce risk factors and promote determinants of mental well-being

Various strategies to reduce risk factors and promote mental well-being were discussed, including tools to be used for implementation of these strategies. Among the numerous tools discussed included life-skills approach for adolescents and use of traditional methods such as meditation. It was recognized that the success of these programmes would be based on involvement of multiple partners including not only health but also the education sector, media, religious leaders, community leaders, the corporate sector etc. Also, since capacity in some countries was limited, training of personnel to be involved in these programmes was needed.

A detailed presentation was made on the role of meditation for mental well-being, the evidence of its effectiveness and how it could be used as a public health strategy.
3.6 How best can we involve communities in mental health promotion?

Discussions focussed on the need to take a multi-sectoral approach with close inter-sectoral coordination which is the key for mental health promotion. All programmes must use age-appropriate strategies and implementation plans. Strategies for effective public health interventions could be based on:

- Selective approach which aims at high risk individuals
- Setting-based approach which could be:
  - School-based or
  - Community-based.

Inter-sectoral coordination is essential for mental health promotion. Improving mental health requires policies and programmes in government and business sectors including education, labour, justice, transport, environment, housing, and welfare. It also requires specific activities in the health field relating to the prevention and treatment of ill-health.

Mental health can be affected by non-health policies and practices, for example in housing, education, and child care. This accentuates the need to assess the effectiveness of policy and practice interventions in diverse health and non-health areas. The links between social experience and mental health make a compelling case to apply and evaluate locally appropriate policy and practice interventions to promote mental health.

Mental health (well-being or illness) has its greatest impact (negative or positive) at the level of homes and families. The community settings should therefore address mental health promotion and other health determinants by examining broad social factors that a given society or community (homes and families) face and avoid an individual perspective since mental illness and/or mental well-being is often viewed as societal. It is prudent therefore that the role and implications of culture and governance in promoting mental health or health in general are fully explored and well positioned within proposed interventions and within the settings approach. Further, it is equally important that community-setting-based mental health promotion as is the case with health promotion in general, takes into consideration family dynamics such as family development processes, the cognitive
process, and the psycho-political and reflective processes. The settings approach provides an opportunity for promoting mental health specifically at the community level because that is where individuals and/or groups of individuals live, play and work. The social system has the ability to create positive and negative changes in these communities and therefore if promotion of mental health is initiated with the participation of families and homes, it is likely to yield desired results.

The meeting discussed not only the need for intersectoral cooperation in mental health promotion programmes but also the need to involve the community and other consumers (such as adolescents) in such programmes. Community ownership of such programmes is essential. Also the programmes should meet the needs of the community within its socio-cultural context. The medium of communication should also be culturally appropriate.

4. **Outline of background paper on mental health promotion in SEAR**

After intense debate, the experts concluded that the following steps were needed to take forward the mental health promotion programme in Member countries:

1. Identify the settings in which mental health promotion programmes will be conducted
2. Identify the needs of the community in which the programme will be conducted
3. Study the socio-cultural context of the community
4. Identify the optimum format for communication
5. Identify the tools to be used in the community
6. Determine the optimum way of delivering the programmes
7. Conduct an impact assessment of the mental health promotion programmes.
The meeting suggested that a summary working paper on mental health promotion be prepared for discussion at the proposed intercountry workshop. In addition, the experts were requested to revise their papers in the light of the discussions so that these could be further discussed at the proposed workshop.

The recommended outline for the working paper was as follows:

- Concept of mental health promotion
- Advocacy for mental health promotion including public health policy
- Why is mental health promotion important?
- Factors influencing mental well-being: risk factors, protective factors and determinants of mental well-being
- Goal of mental health promotion programmes
- Public health strategies for mental health promotion
  - Settings for mental health promotion
  - Tools for mental health promotion including evidence for each tool
- Communicating the message and strategies to the individual and community
- Evaluation of mental health promotion programmes
- Recommendations for implementation of mental health promotion programmes.

The participants suggested that some of the following points be considered for inclusion in the proposed working paper.

**Concept of mental health promotion**

This section should emphasize that programmes on mental health promotion and mental well-being should take a broad view rather than a traditional disease-based model. The mental health of each person is affected by individual factors and experiences, social interaction, societal structure and resources, and cultural values. Mental well-being is the end
result of a complex interaction between all these factors. Good mental health goes hand in hand with peace, stability and success, and promoting mental health presents a powerful case for including mental health promotion in the public health policies of all countries.

This section should also include some reference to mental health promotion in persons with mental illness including the following:

- Prevention of mental illness
- Removal/reduction of stigma and discrimination related to mental illness
- Improving quality of life including increased productivity, happiness
- Reducing disability of those with mental illness
- Providing universal access to care for people with mental health problems

**Advocacy for mental health promotion including healthy public policy**

Advocacy with policy makers and planners is extremely important to assign appropriate priority to mental health promotion programmes. Convincing policy makers about the need for mental health promotion will ensure not only prioritization but also resource allocation to mental health promotion.

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

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

**Why is mental health promotion important?**

This section should provide information on the following topics:

- **Magnitude of mental illness**
  - Data showing that mental illness is common in all cultures
  - Disability due to mental illness – e.g., DALY’s etc.
- **Global context of mental health promotion**
- **Regional context of mental health promotion**
- **Impact of poor mental health**
- **Impact of mental well-being beyond health.**

**Factors influencing mental well-being: risk factors, protective factors and determinants of mental well-being**

This section should include:

- **Determinants of mental health**
  - Family and social determinants
  - Economic determinants
  - Cultural determinants
- **Risk factors**
  - Various risk factors at different stages of life
  - Evidence for these risk factors
  - Importance of modifiable risk factors including strategies for intervention
- **Protective factors**
  - Identification of protective factors is also important
  - Evidence for these factors
Goal of mental health promotion programmes

- Enhance the well-being of the individual and communities

Public health strategies for mental health promotion

- Settings for mental health promotion
- Tools for mental health promotion including evidence for each tool

Settings for mental health promotion

The settings approach could be community-based (individuals and family), school-based or workplace-based.

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

In addition to bringing resources (financial and technical), transfer of knowledge should go in both directions, that is, from the community to partnership, and vice versa but also adhere to high levels of ethical standards by respecting cultural values, beliefs and practices of the community. The partnership should seek to minimize dependency but develop empowerment potential for communities to sustain the activities when the partners leave.

The settings approach provides an opportunity for promoting mental health specifically at the community level because that is where individuals and/or groups of individuals live, play and work. The social system has the ability to create positive and negative changes in these communities (dialectic reciprocity) and therefore if promotion of mental health is initiated with the participation of families and homes, it is likely to yield the desired results.
Mental health promotion should be spread over the entire life-span of individuals and be directed at: children, adolescents and youth, women and the elderly. The life-span approach also referred to as the developmental approach, serves to move beyond the bounds of a single phase of life or domain of functioning and beyond the constraints of a single discipline. Although researchers may not choose to focus specifically on delineating age-related differences and changes in a particular psychological process, they might select a process for study because of its relevance for adaptive change in different life-span contexts. Furthermore, researchers are encouraged to consider the interplay between elements investigated by other disciplines (e.g. biology, health, culture, personal life history) in their interpretation of the psychological phenomenon observed. Specifically, the four central objectives of the life-span approach are:

1. To provide a framework for understanding the overall structure and sequence of development across the life-span;
2. To encourage research on the interconnections between earlier and later developmental events and processes;
3. To identify mechanisms that underlie life course (age) trajectories; and
4. To specify the biological and cultural factors that facilitate or constrain the life-span development and ageing individuals.

Life-span researchers expect each age period to have its own developmental agenda. Consistent with this idea is the notion of sensitive periods in which the developing organism is especially responsive to certain kinds of experiences or in which the solution of one set of developmental tasks is appropriate and prepares the individual to deal with subsequent developmental demands.

As people move through the life cycle, passing through a sequence of chronological stages, the number and complexity of social roles in which they engage increase rapidly. Often, these roles conflict or compete, sometimes taking on contradictory and incompatible expectations and conceptions. Similarly as individuals move through the life cycle, new roles, relationships, and responsibilities are often thrust on them. They may be poorly prepared to handle these new roles.
Life-span frameworks are normative and the age markers that signal the beginning or ending of various stages are approximate. When interpreted cautiously and flexibly, such frameworks can help us to appreciate both the resources that people bring to each new transition and the challenges with which they are confronted.

**Tools for mental health promotion including evidence for each tool**

- **Tools for the individual**
  - Life-skills education for adolescents (both in and out of school)
  - Modification of health-damaging behaviour (harm from alcohol use, substance use etc.)
  - Use of traditional methods in stress management (meditation, yoga etc.)
  - Addressing high risk individuals on a one-to-one basis (counselling)

- **Tools for the community**
  - Building community resilience through focused group discussions
  - Promotion of traditional practices according to culture
  - Enhancement of traditional values (religious values, family values, respect for others)

- **Capacity building**
  - Training of personnel (physicians, nurses, social workers)
  - Training of counselors, teachers and parents

**Communicating messages and strategies to the individual and community: role of the media**

The media plays a significant role in forming and influencing people's attitudes and behaviour. It also plays an essential role in increasing society's awareness of, and response to programmes of mental health promotion. Understanding media influences, and how to use the media constructively, may thus be an essential tool for mental health promotion programmes. Mass media presents the opportunity to communicate to large numbers of
people and to target particular groups of people. The strength of the mass media lies in helping to put issues on the public agenda, in reinforcing local efforts, in raising consciousness about issues and in conveying simple information. The limitations of the mass media are that they are less effective in conveying complex information, in teaching skills, in shifting attitudes and beliefs, and in changing behaviour in the absence of other enabling factors.¹

**Evaluation of mental health promotion programmes**

This section should discuss:

- Why do we evaluate mental health promotion programmes
  - For evidence-based programmes
  - Learning from success/failures
- Who participates in the evaluation
  - Programme managers
  - Community representatives (civil society)
  - External evaluators
- What is evaluated
  - Process of conducting the programmes
  - Impact/Output/Outcome of the programmes.

**Recommendations for implementation of mental health promotion programmes**

This section should include:

1. Advocacy for national mental health promotion agenda
2. Identifying key stakeholders
3. Creating a national forum for mental health promotion
4. Developing a national plan of action
(5) Adapting some intervention strategies and tools for implementation in countries

(6) Pilot testing intervention strategies

(7) Scaling up intervention at district/state/national level

(8) Networking for sharing experiences

5. Conclusion

The experts concluded by assigning specific tasks to each of the delegates to prepare sections of the working paper. All sections would be combined into an overall working paper to be prepared by Dr. Prawate Tantipwatananaskul. The meeting was closed by Dr Than Sein, Director, Department of Non-Communicable Diseases and Mental Health, WHO/SEARO, who thanked the participants for their contributions.
Annex 1

Programme

Friday, 14 October 2005

0830-0900 hrs  Registration
0900-1000 hrs  Inauguration
1015-1030 hrs  Introduction to mental health promotion in SEAR  
                 (Dr. Vijay Chandra)
1030-1115 hrs  Presentation of the concept of mental health promotion  
                 (Dr Prawate Tantipiwatanaskul)
1115-1230 hrs  Discussion
1330 – 1530 hrs  Identifying determinants of mental well-being. What is the 
                 evidence for these?  
                 Dr. U Thuta
                 Mental health behaviours in communities. Evidence for action.  
                 Dr. Gururaj
1600-1700 hrs  Identification of risk factors for mental illness. What is the 
                 evidence for these?  
                 Dr. Hla Htay and Dr Prawate Tantipiwatanaskul

Saturday, 15 October 2005

0900-1030 hrs  Strategies to reduce risk factors and promote determinants of 
                 mental well-being. What is the evidence for these?  
                 Dr Ratna Sharma and Dr. Jitendra Nagpal
1100-1230 hrs  How best can we involve communities in mental health 
                 promotion.  
                 (Dr. Davison, Dr. Suchada Sakornsian, Dr. Jitendra Nagpal)
1330-1530 hrs  Discussion on outline of background paper on mental health 
                 promotion
1600-1700 hrs  Open Discussion
Annex 2

List of Participants

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Annex 3

Address by Dr Samlee Plianbangchang,
Regional Director, WHO South-East Asia Region

Distinguished members of the Technical Experts Group, Colleagues, Ladies and gentlemen,

It is with great pleasure that I welcome you all to this meeting. The subject of mental health promotion is rapidly assuming greater importance. During the last two decades, we have witnessed many changes in the world, in all directions, such as rapid globalization; trade liberalization; accelerated urbanization; as well as demographic, socio-cultural and political transitions. Simultaneously, we have seen significant technological advancements, improved communications, and the increasing involvement of multiple sectors in health development.

Efficient management of change is critical nowadays, if we are to succeed in responding to the new and emerging demands for better healthcare and services. In this context, promoting optimal human growth and development, and the maintenance of good health during one’s lifetime has become an overriding priority in the development of health for all people. This is what we usually call “health promotion”, in technical terms.

Yet, there is a tendency in some areas of health programme formulation to place an emphasis on a disease-based model, rather than taking the positive domain of health in the development process.

Generally, people recognize disease, which implies “bad health”, rather than “good health”, which is mostly taken for granted. These perceptions of the people need to be changed. Health promotion has to be made a key public health strategy for all sectors of society, if improved or better health status of the population is to be achieved. Health interventions should be pursued through “aggressive” rather than “passive” strategies.

While saying this, one must also keep in mind that due attention has to be paid to providing the best treatment for the sick.
The double burden of communicable and noncommunicable diseases can be effectively reduced by implementing appropriate health promotion programmes. In spite of substantial progress made in the area of health promotion in several countries, communities continue to suffer from preventable illnesses, including preventable mental and neurological disorders. In fact, rates of suicide, substance abuse and juvenile delinquency are increasing. It is therefore an opportune time now to take stock of the issues relating to this matter, and chalk out a suitable plan for our future endeavours. What is becoming increasingly clear is that we need more effective strategies for promoting mental health and mental well-being.

The determinants of good mental health and the risk factors causing mental disorders have to be precisely identified. Information on these determinants and risks will be used as the basis for rational planning, and effective implementation of mental health promotion programmes. There is a substantial amount of knowledge and experience, in life-skills education for adolescents. But there is a dearth of information on the content in many aspects of mental health promotion that can lead to meaningful programme development and interventions. In addition, we need concrete evidence on the effectiveness of programme implementation in reducing morbidity due to mental disorders. Furthermore, sound strategies for mental health promotion must be formulated on the basis of specific socio-cultural contexts. For this, we also need the help of several disciplines, including sociology and social anthropology.

Many social determinants of mental health influence personal and group behaviours that affect the psychosocial environments of men and women. In other words, environmental conditions of individuals, families, and communities are affected by sets of social determinants. These pertinent points must be taken into full consideration when mental health promotion programmes are formulated through a multisectoral and multidisciplinary process.

Development of communication strategies to promote and support dialogue in the matters relating to socio-cultural issues is necessary indeed. In addition, certain traditional practices, such as meditation, which have been used for centuries in this Region, are now acknowledged as being effective in promoting mental as well as physical well-being. Some of these
practices have been proven to be effective. We may attentively consider selecting them for promoting mental health in the community.

Messages and activities to promote mental health and mental well-being should really reach out to individuals; young and old, men and women, in places where they live and work. People and the community must clearly understand what is mental health promotion what it means, and what are its essential elements. We need an effective package of evidence, knowledge, and information for education of people and the community. Ways and means must be devised to empower people and the community to be able to initiate and undertake interventions from their own perspectives. Realizing the concept of mental health promotion involves multiple partners. All stakeholders, including people and the community themselves, must come forward on their own initiatives, but in a well-coordinated and consonant manner.

It has been advocated that health must form a key component of good corporate practices. What has also to be ensured is that the private sector perceives the need to invest, not only in physical, but also in mental health.

Evidence must be provided to demonstrate that mental health affects very significantly the productivity of the workforce. Creating awareness among policy-makers in countries of the paramount importance of mental health promotion is essential indeed. This will lead to the recognition and integration of mental health promotion activities in the national health care programmes, with adequate funding. Countries must see actions in health promotion, including mental health promotion, as justifiable social investments, that can contribute effectively to overall national development.

The Regional Office is in the process of developing a Strategic Framework for pursuing public advocacy of mental health promotion as an area of highest priority. This has been done through consensus building among prominent professionals and experts from both within and outside the Region. At the same time, support is being provided for the preparation of country-specific plans, which will be consolidated into a regional working document for mental health promotion. This effort will lead to the formation of a regional network which promotes and facilitates intercountry cooperation in this area. It should also be mentioned that this mental health
promotion exercise must be seen as a part and parcel of the recently-adopted Bangkok Charter on Health Promotion.

In the process of promoting mental health within this framework, there are many formidable challenges that need to be tackled with unwavering determination. To be really effective in fulfilling our desire in this regard, we need new thinking, new ideas, new approaches, and real innovations in our work. My humble suggestion in this connection is that we focus on a few things first, then we do them well, with clear ideas of what we are doing and what is expected from our efforts. I would like to see that our attempts in this exercise also include, as integral elements, operational research or research-cum-action, which can provide us with further evidence for future action.

I believe this meeting will fulfill its objective in identifying effective strategies for us to move forward confidently in the promotion of mental health and mental well-being. In addition, the meeting will come out with an outline background document, which will be discussed at a future intercountry meeting on this subject.

I am sure this meeting will further strengthen WHO’s initiative in supporting the governments of Member States in a much more efficient and effective manner, in their efforts to develop and implement their mental health promotion programmes. Finally, I wish you all success in your deliberations, and a very pleasant stay in New Delhi.

Thank you.