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Strengthening Mental Health Promotion: Zeroing in on the Workplace

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It is important for health promotion to include mental health promotion. According to the constitution of the World Health Organization (WHO; no date), health is defined as “a state of complete physical, *mental* [emphasis added] and social well-being and not merely the absence of disease or infirmity” (p. 1). The United States has not fully adopted this definition in practice. Our colleagues in other parts of the industrialized world, such as Australia, the United Kingdom, Canada, and New Zealand (Calloway, 2007), do much better. Even though two federal documents—the President’s New Freedom Commission on Mental Health (2003) and Healthy People 2010 (US Department of Health and Human Services, 2000)—address the need for mental health promotion activities, mental health promotion has not been fully integrated with policy, practice, or education.

Mental health promotion is defined as “the enhancement of the capacity of individuals, families, groups or communities to strengthen or support positive emotional, cognitive and related experiences” (Hodgson, 1996, p.1). As in other areas of health, the biomedical model has deemed physical health promotion more important than mental health promotion. For example, health screenings for mental health or mental illness occur only when a patient requests it, unlike physical health screenings such as blood pressures (for hypertension), which all patients routinely receive (Calloway, 2007). Calloway (2007) makes us think about what it would be like if patients had to ask to have their blood pressures checked just as patients are required to do for mental health screenings. Staten (2008) asks nurses to include mental health assessments in

their routine assessments. This makes the first author (Shattell) wonder why a “full” physical assessment or “head to toe” assessment ignores mental health. Such “full” and “head to toe” assessments should include basic mental health, which does not require a mental health nurse or specialist in mental health to conduct. Another example related to assessments is that of pain assessments. Pain assessments should include assessments of a patient’s psychic or psychological pain as well as physical pain (Shattell, 2009). These are just a few of examples of opportunities for mental health promotion that are lost as long as mental health assessments and screenings are ignored.

Nurses, along with other health professionals and researchers in the US, are writing about the need for more mental health promotion. Calloway (2007) fully describes the barriers to mental health promotion, and she convincingly addresses reasons why nurses should overcome these barriers. Pearson (2010) agrees with Calloway (2007) and asserts that mental health nurses (in addition to nurses in all specialties) should support mental health promotion activities, and that nurses’ focus on interpersonal and psychosocial aspects of care support these activities. Staten (2008) calls upon child and adolescent mental health nurses to advocate for evidence-based mental health promotion in schools and communities, while Hodgson (1996) states that the most effective mental health promotion activities are those that are specific and focused, and could occur in a wide range of settings, including the workplace.

The workplace has remained an underutilized setting for mental illness prevention and mental health promotion in the US (Barkway, 2006). There are several health promotion initiatives in the workplace that have incorporated mental health, such as the “Mental Health in the Workplace” (World Health Organization), “Healthier Worksite Initiative” (Centers for Disease Control and Prevention), “WorkLife Initiative” (National Institute for Occupational Safety and Health), and the “Federal Drug-Free Worksite Program” (Substance Abuse and Mental Health Services Administration, Division of Workplace Programs).

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Although such programs and initiatives exist, these and other workplace health promotion programs need to strengthen their mental health components, so that mental health promotion programs can become more pervasive in private and public workplaces.

While about 450 million people suffer from various mental disorders (WHO, 2001), it is estimated that by 2020, depression alone will become the second leading cause for disease burden (Murray & Lopez, 1996). The balance between work life and home life should be maintained to prevent or reduce potential adverse effects on mental health (Lindstrom, 2007). Mental health promotion in the workplace should include strategies and actions that can create those working conditions and environments that support mental health and allow working people to adopt and maintain healthy lifestyles. Further, the incorporation of mental health within broad public health strategies and as part of workplace health promotion has the potential to reduce stigma, increase cost-effectiveness, and provide multiple positive outcomes for employers and employees (WHO, 2002). Interventions should recognize poor work processes, increase empowerment and control over one's work, include employees in decision making, help to balance efforts and rewards, improve communication and feedback, set clear goals and expectations, and strengthen social support, among others (European Network for Workplace Health Promotion, 2009). Occupational and mental health nurses, public health educators, and researchers could partner to conduct research and add to the evidence of effective mental health promotion strategies and outcomes for health supportive workplaces.

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