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Asociación Española de Neuropsiquiatría

Consenso sobre promoción de la salud mental, prevención del trastorno mental y disminución del estigma de la Asociación Española de Neuropsiquiatría 2007

CUADERNOS TÉCNICOS, 8

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MADRID, 2008

Consenso sobre promoción de la salud mental, prevención del trastorno mental y disminución del estigma de la Asociación Española de Neuropsiquiatría 2007.

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1. Introducción

Tras el cambio de paradigma que supuso el paso de la perspectiva asilar a la desinstitucionalización y desarrollo de la salud mental comunitaria cobran especial relevancia, en la actualidad, las cuestiones relativas a la promoción de la salud mental, la prevención de los trastornos mentales y la reducción del estigma asociado a los mismos.

Diversas circunstancias han contribuido al desarrollo de estas nuevas perspectivas:

La relevancia de la carga derivada de la mala salud mental, tanto en el ámbito individual, familiar, como social, incluyendo una carga económica equivalente al 4% del PIB en los países del entorno europeo, y una contribución elevada a la morbilidad y a la mortalidad global, así como a una merma de la calidad de vida en estas sociedades.

Los resultados de la experiencia asistencial, centrada en la provisión de servicios de atención a la salud mental, demuestra que para alcanzar mejores niveles de salud mental positiva no basta con tratar los trastornos mentales sino que son necesarias políticas y estrategias dirigidas de forma específica a mejorar la salud mental. Ello implica modificar el énfasis puesto por la perspectiva tradicional centrada en los trastornos mentales, hacia un nuevo enfoque que considere seriamente todo lo relativo a la salud mental entendida como un concepto con entidad propia y no sólo definida por la ausencia de trastorno.

Asimismo, el cambio de enfoque debe también trascender de una consideración de la salud mental como una circunstancia individual, proyectándose a una aproximación centrada en la salud mental de toda la población. En consecuencia, la salud mental debe ser integrada en las políticas, estrategias y programas de salud pública.

En la última década, la Asociación Española de Neuropsiquiatría ha colaborado en tres amplios proyectos multicéntricos de dimensión europea, que nos han permitido conocer muy de cerca nuestra realidad y necesidades al respecto. Se trata de los proyectos :

- Mental Health Promotion for Children up to 6 Years.
- Mental Health Promotion of Adolescents and Young People.
- Mental Health Promotion and Prevention Strategies for Coping with Anxiety, Depression and Stress and Related Disorders in Europe.

Por otra parte, debe destacarse la importancia de las cuestiones relativas al estigma social en relación con los trastornos mentales, por tratarse de un factor limitante tanto del acceso a los servicios y cuidados sanitarios y sociales, como en la posibilidad de integración social y el consecuente ejercicio pleno de la ciudadanía. El estigma social, dificulta y retrasa el acceso precoz y la continuidad

de atención en los servicios sanitarios y sociales. Además, obstaculiza el acceso a la formación, el empleo, la vivienda, el ocio y la participación social. Ambos factores constituyen barreras para la recuperación y la inserción en la sociedad.

Todo ello ha llevado a la Asociación Española de Neuropsiquiatría a considerar la necesidad y conveniencia de elaborar un documento de consenso sobre las cuestiones relacionadas con el desarrollo de programas, intervenciones o acciones de promoción de la salud mental, la prevención del trastorno mental y la disminución del estigma.

A continuación expondremos el objetivo, la organización y la metodología utilizada para la elaboración de un **"Consenso de la Asociación Española de Neuropsiquiatría sobre promoción de la salud mental, prevención del trastorno mental y disminución del estigma"**.

El **objetivo** de este informe de consenso es:

1. **Revisar los principales aspectos conceptuales y definiciones** en torno a la salud mental, promoción de la salud mental, prevención del trastorno mental y reducción del estigma.
2. **Analizar la posición de los organismos internacionales** como la Organización Mundial de la Salud y la Comunidad Europea **y españoles** como el Ministerio de Sanidad y Consumo y el Ministerio de Trabajo y Asuntos Sociales en materia de promoción de la salud mental, prevención de los trastornos mentales y reducción del estigma.
3. **Examinar la evidencia científica disponible y algunas experiencias internacionales, europeas y españolas** en la promoción de la salud mental, la prevención del trastorno mental y la disminución del estigma.
4. **Elaborar conclusiones generales y específicas** sobre la promoción de la salud mental, la prevención del trastorno mental y la reducción del estigma.
5. **Elaborar recomendaciones generales y específicas** en torno al desarrollo de acciones e intervenciones de promoción de la salud mental, prevención del trastorno mental y disminución del estigma.

La **organización del trabajo y la metodología** empleada han incluido:

1. La constitución de un grupo de consenso formado por miembros de la Asociación Española de Neuropsiquiatría (AEN), y de un grupo de soporte técnico para la realización del proyecto.

El grupo de consenso.

El grupo de consenso ha estado formado por miembros de la Asociación Española de Neuropsiquiatría con experiencia en atención a la salud mental,

organización de servicios, diseño de programas asistenciales y de promoción y prevención de la salud mental. Algunos de ellos han participado, asimismo, en la elaboración de la "Estrategia de Salud Mental del Sistema Nacional de Salud" del Ministerio de Sanidad y Consumo o en el diseño de planes estratégicos de salud mental en comunidades autónomas.

La composición del grupo de consenso ha sido la siguiente:

Consuelo Escudero Alvaro. Psicóloga clínica. Doctora en Psicología. Responsable del programa de Salud Mental de Niños y Adolescentes de los Servicios de Salud Mental de Getafe, Madrid.

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La coordinación del grupo de consenso ha corrido a cargo de Mariano Hernández Monsalve y Lluís Lalucat Jo.

El grupo de consenso ha realizado las siguientes tareas:

- Diseño del alcance del proyecto, de la metodología, de la organización y del plan de trabajo.
- Organización del grupo de consenso y del grupo de soporte técnico.
- Preparación y redacción de los aspectos conceptuales como las definiciones de salud mental, promoción de la salud mental, prevención del trastorno mental y disminución del estigma.
- Análisis de las posiciones de los organismos internacionales, europeos y españoles.
- Estudio de la evidencia disponible, tanto en sus aspectos conceptuales como materiales.

- Propuesta, preparación y redacción preliminar de las conclusiones del grupo de trabajo.
- Propuesta, consenso y redacción de las recomendaciones finales.

El grupo de soporte técnico.

El grupo de soporte técnico formado por técnicos en salud mental se ha encargado, a su vez, del apoyo técnico consistente en:

- Búsqueda sistemática en bases de datos y páginas Web acreditadas y análisis de la información obtenida.
- Preparación de la documentación seleccionada para el grupo de consenso.
- Elaboración de los materiales aportados por los miembros del grupo de consenso y preparación de las conclusiones.
- Redacción de la primera versión del documento de consenso.
- Recogida de enmiendas preparación del documento final para su aprobación e inclusión de las recomendaciones.

El **Plan de trabajo** ha desarrollado los siguientes contenidos:

Diseño del alcance del proyecto, de la metodología, de la organización y del plan de trabajo.

Organización del grupo de consenso y del grupo de soporte técnico.

Búsqueda sistemática en bases de datos y páginas Web acreditadas y análisis de la información obtenida.

Preparación de la documentación seleccionada para el grupo de consenso.

Preparación y redacción de los aspectos conceptuales como las definiciones de salud mental, promoción de la salud mental, prevención del trastorno mental y disminución del estigma.

Análisis de las posiciones de los organismos internacionales, europeos y españoles.

Estudio de la evidencia disponible, tanto en sus aspectos conceptuales como materiales.

Elaboración de los materiales aportados por los miembros del grupo de consenso y preparación de las conclusiones.

Propuesta, preparación y redacción preliminar de las conclusiones del grupo de trabajo.

Redacción de la primera versión del documento de consenso.

Recogida de enmiendas preparación del documento final para su aprobación e inclusión de las recomendaciones.

Propuesta de recomendaciones, consenso y redacción del documento y de las recomendaciones finales.

2. Aspectos conceptuales sobre salud mental, promoción de la salud mental, prevención de los trastornos mentales y reducción del estigma.

2.1 Definición de salud mental.

Es conocida por todos, la **definición de salud** que utiliza la OMS, como "un estado completo de bienestar físico, mental y social y no solamente la ausencia de enfermedad o dolencia" (OMS, 2001).

De este modo, la salud mental queda incluida desde el inicio como un componente intrínseco de la idea de salud, lo que nos permite afirmar, en consecuencia, que no puede haber salud sin salud mental. Pero además, incluye así "tres ideas medulares (...): la salud mental es una parte integral de la salud, la salud mental es más que la ausencia de enfermedad y la salud mental está íntimamente relacionada con la salud física y la conducta" (OMS, 2004).

Aunque este hecho excusaría la necesidad de una **definición explícita de salud mental**, se han hecho diferentes propuestas al respecto, tanto dentro como fuera de la OMS. Esta organización, propuso hace algunos años la siguiente: "un estado de bienestar en el cual el individuo se da cuenta de sus propias aptitudes, puede afrontar las presiones normales de la vida, puede trabajar productiva y fructíferamente y es capaz de hacer una contribución a su comunidad "(OMS, 2001). Esta definición positiva de salud mental, supone fundamentar en ella el bienestar y el funcionamiento efectivo. Desde esta definición, además, se introduce una dimensión que va más allá de una óptica individual y la trasciende en una consideración comunitaria, o por lo menos, de la relación entre la salud mental individual y su contexto comunitario. Así, se introduce para la salud mental, la cuestión del equilibrio entre el individuo y su entorno.

En un documento reciente, la OMS (2007) recoge algunos aspectos conceptuales más, como la determinación de la salud mental por factores socioeconómicos y ambientales. Afirma que " la salud mental y los trastornos mentales están determinados por múltiples factores sociales, psicológicos y biológicos en interacción, como ocurre en la salud y la enfermedad en general. La mayor evidencia está asociada con indicadores de pobreza, incluyendo bajos niveles educativos, y en algunos estudios, con pobreza en la vivienda y en los ingresos. Se reconoce como factores de riesgo para la salud mental, el incremento y la persistencia de desventajas socioeconómicas, tanto para los individuos como para las comunidades".

La Declaración Europea de la OMS afirma "que la salud mental y el bienestar mental son fundamentales para la calidad de vida y la productividad de los individuos, las familias, las comunidades y las naciones, capacitando a las personas para experimentar una vida plena de sentido y para ser ciudadanos creativos y activos."

Otro aspecto que se viene asimismo destacando es la relación entre la salud mental y la conducta, considerando además, los contextos sociales en que ésta se produce. La OMS recoge que "los problemas mentales, sociales y de conducta pueden interactuar en forma tal que intensifican sus efectos sobre la conducta y el bienestar. El abuso de sustancias, la violencia y los abusos de mujeres y niños por una parte, y los problemas de salud tales como enfermedad cardiaca, depresión y ansiedad por la otra, tienen mayor prevalencia y son más difíciles de afrontar cuando existen condiciones de altos niveles de desempleo, bajo ingreso, educación limitada, condiciones estresantes de trabajo, discriminación de género, estilo de vida no saludable y violaciones de los derechos humanos" (OMS, 2004).

Estas consideraciones, han permitido, a su vez, la introducción de elementos conceptuales de gran utilidad práctica para el desarrollo de un modelo de comprensión de la salud y el trastorno mental conocido como de vulnerabilidad y estrés y al que se vincula también la consideración de **factores de riesgo y factores de protección** para la salud mental. Los factores de riesgo, como su nombre indica, se "asocian a un incremento en la probabilidad de inicio de problemas importantes de salud, así como a una gravedad y duración mayores de estos problemas. Los factores de protección son los aspectos que mejoran la resistencia de las personas frente a los factores de riesgo y frente a las propias enfermedades; han sido definidos como los factores que modifican, alivian o alteran la respuesta de una persona frente a los diversos riesgos ambientales que predisponen a un resultado de desajuste.(Saxena, et al. 2006)

Si consideramos la salud mental desde una perspectiva integral, en que intervienen factores biológicos, psicológicos y sociales, tanto de origen individual como familiar y social, podemos contemplar cuales de ellos ejercen una función protectora para el desarrollo y mantenimiento de la salud mental, y cuales otros pueden constituir un riesgo para la misma. Hoy en día, poseemos conocimientos científicos acerca de los factores de riesgo y de protección en el ámbito de la salud mental derivada de un importante número de investigaciones. Desde un punto de vista operativo, podemos ordenar dichos conocimientos como en la tabla de Saxena et al. (2006).

Tabla 1. *Saxena, 2006*

Factores de riesgo:
Biológicos - Complicaciones perinatales - Desequilibrios neuroquímicos - Dolor crónico - Embarazo prematuro - Enfermedades médicas - Factores genéticos de riesgo - Insomnio crónico - Peso corporal bajo al nacer
Psicológicos - Alteraciones de la comunicación - Déficit de atención - Dificultades de lectura - Discapacidades sensoriales o problemas orgánicos - Falta de competencia social - Fracaso escolar y desmoralización en el colegio - Habilidades y hábitos laborales poco desarrollados - Inmadurez y descontrol emocionales - Soledad - Uso excesivo de sustancias
Sociales - Abuso de ancianos - Abuso de sustancias por parte de los padres - Abuso y abandono infantiles - Acontecimientos vitales estresantes - Conflictos familiares o desorganización familiar - Exposición a la agresión, la violencia y los traumatismos - Necesidad de cuidar a pacientes con enfermedades crónicas o demencia - Padecimiento de enfermedad mental por parte de los padres - Pérdida de personas queridas, duelo - Pertenencia a una clase social baja - Uso de sustancias durante el embarazo
Factores de protección:
Psicológicos - Autoestima - Autonomía - Capacidad de adaptación - Capacidad de control social y de control de los conflictos

- Capacidad de solución de problemas
- Capacidad para encarar la adversidad
- Capacidad para superar el estrés
- Comportamiento social positivo
- Conocimiento de la lectura y escritura
- Control del estrés
- Desarrollo socioemocional
- Estimulación cognitiva temprana
- Habilidad para encarar la vida
- Realización de ejercicio físico
- Relaciones positivas y vínculos tempranos
- Sentimientos de control y dominio
- Sentimientos de seguridad

Sociales
- Apoyo social de la familia y los amigos
- Comportamiento materno seguro durante el embarazo
- Crianza adecuada por parte de los padres
- Interacciones padres-hijo positivas
- Pertenencia a comunidades seguras y solidarias
- Promoción de la salud mental en el colegio y en el lugar de trabajo

2.2 Definición de promoción de la salud mental

Existen diferentes formas de **definir la promoción de la salud mental**, relacionados como es lógico con distintos enfoques en la definición de salud mental y con distintos modelos de abordarla. Estas diferencias han generado debates en los que se explicitan los diferentes enfoques para la promoción de la salud mental y para la prevención de los trastornos mentales y las distintas alternativas en torno a las cuales organizar las intervenciones.

La definición propuesta por la OMS en 2004, recoge la de Hosman y Jané-Llopis de 1999 y que dice así: "Las actividades de promoción de la salud mental implican la creación de condiciones individuales, sociales y ambientales que permitan el óptimo desarrollo psicológico y psicofisiológico. Dichas iniciativas involucran a individuos en el proceso de lograr una salud positiva, mejorar la calidad de vida y reducir la diferencia en expectativa de salud entre países y grupos. Es un proceso habilitador que se realiza con y para las personas".

Los diferentes modelos pueden, sin embargo ser contemplados más como complementarios que como opuestos, dado que algunos contemplan aspectos más individuales, mientras que otros se refieren mas a los contextos y entornos

colectivos. En este sentido podemos considerar aspectos individuales, comunitarios y sociales en sentido amplio.

Si utilizamos un **punto de vista más individual** centraremos los objetivos de promoción de la salud mental en aquellos aspectos de las formas de sentir y pensar de cada persona, sus necesidades emocionales y afectivas, y sus avatares vitales. En consecuencia, orientaremos el enfoque hacia la promoción de la autoestima, las capacidades de relación personal y las habilidades sociales. El NeLH (2004) destaca una serie de estos aspectos individuales en la promoción de la propia salud mental:

Aceptarse a sí mismo
Aceptar a los demás
Hablar de lo que nos sucede
Saber escuchar
Conservar las amistades
Implicarse
Beber con moderación
Tener cuidado con las drogas
Aprender nuevas habilidades
Hacer algo creativo
Relajarse
Mantenerse activo
Pedir ayuda
Sobrevivir

Desde un **enfoque comunitario**, en cambio, los objetivos se orientarán a la inclusión social, la participación activa en la comunidad, las redes sociales, así como en la mejora de la calidad de vida y de las relaciones interpersonales en las organizaciones de pertenencia, como la escuela, el trabajo y las entidades comunitarias.

Aplicando una **visión social** más general, los objetivos irán dirigidos a cuestiones de mayor amplitud, dado que implican temáticas como el estigma, la marginación o la discriminación, como facilitar el acceso y la integración educativa y laboral o todo aquello que permita desarrollar un modelo de sociedad más inclusivo, participativo y solidario.

Sin embargo, con independencia de cada enfoque, existe un mayor consenso al considerar que el objetivo de mejorar la salud mental requiere una perspectiva de salud pública.

2.3 Definición de prevención del trastorno mental.

Los trastornos de la salud mental constituyen una gama muy amplia de problemas mentales, tanto vistos desde la perspectiva de su gravedad como si lo hacemos desde la consideración de su duración o de sus efectos discapacitantes. Los trastornos mentales presentan grados diversos de gravedad y comportan riesgos distintos para la vida. También pueden presentar una duración limitada o extenderse en el tiempo. Por último, las repercusiones funcionales pueden ser mínimas o generar un alto grado de discapacidad y dependencia.

El enfoque preventivo de los trastornos mentales parte de la consideración de los factores de riesgo y de los factores de protección que condicionan tanto su aparición como su desarrollo y consecuencias. Se desarrolla, desde un enfoque de salud pública que incorpora la división entre prevención primaria, secundaria y terciaria.

Para la **prevención primaria** la OMS (2004) recoge una definición de Mrazek y Haggerty de 1994: La prevención de los trastornos mentales tiene por objeto "reducir la incidencia, prevalencia, recurrencia de los trastornos mentales, el tiempo en que las personas permanecen con los síntomas o la condición de riesgo para desarrollar una enfermedad mental, previniendo o retardando las recurrencias y disminuyendo también el impacto que ejerce la enfermedad en la persona afectada, sus familias y la sociedad".

Asimismo, incluye un cuadro de definiciones de prevención primaria según sea ésta universal, selectiva o indicada:

Definición de **prevención universal**: se define como aquellas intervenciones que están dirigidas al público en general o a un grupo completo de población que no ha sido identificado sobre la base de mayor riesgo.

Definición de **prevención selectiva**: se dirige a individuos o subgrupos de la población cuyo riesgo de desarrollar un trastorno mental es significativamente más alto que el promedio, según evidencia comprobada por los factores de riesgo psicológico o social.

Definición de **prevención indicada**: se dirige a las personas en alto riesgo que son identificadas como personas con signos o síntomas mínimos, pero detectables, que pronostican el inicio de un trastorno mental, o marcadores biológicos que indican la predisposición para desarrollar trastornos mentales, pero que en ese momento, no cumplen con el criterio para trastorno mental.

Para la **prevención secundaria** mantiene el concepto de disminuir la proporción de casos establecidos del trastorno en la población (prevalencia) a través de la detección y tratamiento temprano de enfermedades diagnosticables.

Para la **prevención terciaria** se incluyen las intervenciones para la reducción de la discapacidad , mejora de la rehabilitación y prevención de recaídas y recurrencia de la enfermedad.

2.4 Definición de estigma social

El significado actual del término, cuando se aplica para calificar peyorativamente a una persona o a un grupo de personas portadoras de alguna característica o condición particular, deriva de la marca con que en la Edad Media se señalaba de forma indeleble a quien había cometido alguna infamia, o alguna conducta reprobable , de modo que quedara expuesto al reconocimiento público para su rechazo y desprecio. La marca era producida por un hierro candente aplicada en algún lugar de la superficie visible del cuerpo, con lo que el sujeto quedaba estigmatizado (el significado original de estigma es "atravesar, hacer un agujero").

En el lenguaje cotidiano, el término se ha ido aplicando también a lugares, circunstancias o prácticas que merecen el rechazo social, e históricamente se ha aplicado para definir el conjunto de actitudes negativas, rechazo, temor, acciones excluyentes que el conjunto de la sociedad ha adoptado ante ciertos grupos de enfermos, como lo fueron en su momento los afectados por tuberculosis o lepra, o actualmente los enfermos de SIDA. Desde hace muchos años, las personas con enfermedad mental han sido constantemente afectadas por fuerte estigmatización social. Y por extensión, lo han venido siendo también, en mayor o menor grado, sus familiares, los lugares donde han sido atendidos o recluidos (ej los antiguos manicomios, los hospitales psiquiátricos) y muy a menudo también los profesionales que les han cuidado y atendido (desde los cuidadores, enfermeros hasta médicos especialistas en estos problemas, los psiquiatras).

Entre las características más importantes del estigma que afecta a la enfermedad mental cabe considerar las siguientes:

a) Se mantiene gracias a creencias y prejuicios muy arraigados en la población, por lo que conlleva una fuerte resistencia a la argumentación lógica.
b) La ignorancia respecto a la naturaleza de los problemas, y su simplificación sesgada contribuyen a la génesis y mantenimiento del estigma.

c) Los medios de comunicación contribuyen poderosamente a su mantenimiento. Y por lo mismo son una oportunidad para contribuir a contrarrestar la dimensión del problema.
d) El estigma que pesa sobre los enfermos mentales afecta de forma muy negativa a sus posibilidades de recuperación.
e) La tendencia a la negación de que se pueda padecer una enfermedad mental suele propiciar el rechazo a la petición de ayuda profesional y en consecuencia retraso en la detección, diagnóstico e inicio del tratamiento

La discriminación se refiere a la existencia de barreras presentes en múltiples circunstancias que dificultan o impiden al acceso de las personas con enfermedad mental a los instrumentos y circunstancias que podrían contribuir a su recuperación y a la normalización de su vida diaria . Estas barreras pueden estar presentes en las leyes generales y en normativas de la administración pública o de entidades privadas , y afectar a casi cualquier actividad de la vida, ya sea la oportunidad de formación, el acceso a ocupación o trabajo, a mantener amistades, o a acceder a una vivienda.

La Universidad Complutense de Madrid y Obra Social Caja Madrid han realizado el estudio "Estigma y Enfermedad mental: análisis de las Actitudes de Rechazo Social y Estigmatización que sufren las personas con enfermedad', que se enmarca en el Plan de Atención Social a las Personas con Enfermedad Mental Grave y Crónica 2003-2007. Sobre la *estigmatización* de la enfermedad mental, el estudio pone de relieve que los *estereotipos* más frecuentes son: peligrosidad y relación con actos violentos, responsabilidad, ya sea sobre el padecimiento de la enfermedad o por no haber sido capaz de ponerle remedio mediante tratamiento, incompetencia e incapacidad para tareas básicas de la vida, impredecibilidad de su carácter y sus reacciones y falta de control. El estereotipo de peligrosidad es más frecuente entre la sociedad en general, siendo menor y muy escaso entre profesionales. En relación a la población general, un 39% siente pena por los enfermos mentales y un 56% de la población confunde la enfermedad mental con el retraso mental.

Una consecuencia de la estigmatización es la discriminación, analizada también en el estudio. Las personas con enfermedad mental tienen numerosas experiencias de rechazo, especialmente en el ámbito laboral, los amigos y la familia extensa: el 44% informa haber tenido experiencias de discriminación en el área laboral, el 43% en las relaciones con los amigos y el 32% con los vecinos. El 37% de los enfermos mentales ha tenido experiencias de discriminación dentro de su propia familia. Otro aspecto resaltado en la investigación es el tra-

tamiento inadecuado que se da a la enfermedad mental en la prensa y los informativos de radio y televisión.

Entre las iniciativas para reducir la estigmatización y la discriminación ligadas al trastorno mental, además de la mejora en la efectividad de los tratamientos, cabe destacar:

- Cambiar la actitud de las personas mediante la educación y programas de acogida :

  Las campañas educativas a escala local han resultado eficaces en la reducción de la estigmatización y la discriminación debidas a la esquizofrenia. Las campañas que aumentan el contacto con los afectados mejoran las actitudes, ya que el conocimiento personal de la enfermedad mental se asocia con una mayor tolerancia (Penn y col., 1994). El impacto de las campañas aumenta mediante la segmentación de la audiencia. Consiste en dividirla en subgrupos más homogéneos e idear estrategias y mensajes relevantes y aceptables para los grupos específicos (Rogers y col., 1995; Rogers, 1996). Las campañas de concienciación necesitan el apoyo de una infraestructura que cuente con una organización central basada en una red local.

  Los programas de entretenimiento, como las telenovelas, pueden reforzar la concienciación y aportar información.

- Modificar las leyes y la política para reducir la discriminación y aumentar la protección legal.

  Varios países han adoptando medidas legislativas para terminar con la discriminación de las personas con discapacidades somáticas y mentales. La "Americans with Disabilities Act" alcanzó el rango de ley en los Estados Unidos en julio de 1990. Una ley similar fue aprobada en Australia en 1992 ("Australian Disability Discrimination Act"), en el Reino Unido en 1995 "(U.K. Disability Discrimination Act"), en Hong-Kong en 1995 ("Disability Discrimination Ordinance") y en la India en 1995 ("The Persons with Disabilities [Equal Opportunities, Protection of Rights, and Full Participation] Act").

  Naciones Unidas adoptó la resolución 119, de 18 de febrero de 1992, que asegura la adopción y difusión de los "Principios para la protección de las personas con una enfermedad mental y para la mejora de los servicios psiquiátricos":

  • La enfermedad mental es un problema fundamental de salud pública

- Las personas que padecen una enfermedad mental no suelen recibir la atención sanitaria apropiada
- Es un derecho del ser humano recibir asistencia para la enfermedad mental
- La asistencia debe prestarse en las condiciones menos restrictivas posibles

Por su parte, varias asociaciones profesionales, como la Asociación Médica Mundial y la Asociación Mundial de Psiquiatría, han elaborado normas para proporcionar a los enfermos mentales una asistencia ética y de gran calidad.

3. Posición de los organismos internacionales y nacionales en torno a la promoción de la salud mental, la prevención de los trastornos mentales y la reducción del estigma

3.1 Posición de la Organización Mundial de la Salud y otros organismos internacionales.

La **Organización Mundial de la Salud**, ha prestado tradicionalmente una gran atención a los temas de salud mental, como ya hemos podido ver en la definición de salud aportada por esta organización desde sus inicios. Además, en 1998, hizo público un documento sobre prevención primaria de los trastornos mentales, neurológicos y psicosociales (OMS, 1998).

Sin embargo, este interés se ha visto fuertemente reforzado en los últimos años, particularmente con la publicación en 2004 y 2005 de sendos informes dedicados respectivamente a la promoción de la salud mental y a la prevención de los trastornos mentales con la finalidad de activar las políticas de promoción de la salud mental y de prevención de los trastornos.

El primer informe "Promoting Mental Health. Concepts, Emerging Evidence, Practice. A Report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian health promotion Foundation and the university of Melborne" y editado por H.Herman, S.Saxena y R.Moodie 2004 ("Promoción de la Salud Mental. Conceptos, evidencia emergente, práctica"). Las recomendaciones clave contenidas en el informe pueden resumirse así:

- La promoción de la salud mental puede lograrse mediante intervenciones sociales y de salud pública efectivas.
- La colaboración intersectorial es la clave para los programas efectivos de promoción de la salud mental.
- La sostenibilidad de los programas es indispensable para su efectividad.
- Se necesita mayor investigación científica y evaluación sistemática de los programas para aumentar la base de evidencia, así como para determinar la aplicabilidad de esta base de evidencia en entornos de amplia diversidad de cultura y recursos.
- Es necesaria la acción internacional para generar mayor evidencia, para ayudar a implementar programas efectivos y para fomentar la colaboración internacional.

El segundo informe, es una versión compendiada de "Prevención de los Trastornos Mentales. Intervenciones efectivas y opciones de políticas" y está elaborado por el mismo Departamento, en colaboración con el Centro de investigación de Prevención de las Universidades de Nijmegen y Maastricht. El informe completo, del que son editores C. Hosman, E. Jané-Llopis y S. Saxena lleva por título: "Prevención de los Trastornos Mentales: Intervenciones Efectivas y Opciones de Políticas". Está editado por Oxford University Press, Oxford, 2005. Los mensajes clave que incluye el documento son los siguientes:

- La prevención de los trastornos mentales es una prioridad de salud pública.
- Los trastornos mentales tienen múltiples determinantes; la prevención necesita ser un esfuerzo de muchas ramificaciones.
- La prevención efectiva puede reducir el riesgo de desarrollar trastornos mentales.
- La implementación se debe guiar por la evidencia disponible.
- Los programas y las políticas exitosas deben estar ampliamente disponibles.
- El conocimiento sobre la evidencia de la efectividad necesita mayor expansión.
- La prevención necesita ser sensitiva a la cultura y a los recursos disponibles en todos los países.
- Los resultados basados en la población requieren inversiones en recursos humanos y financieros.
- La prevención efectiva requiere vínculos intersectoriales.
- La protección de los derechos humanos es una estrategia fundamental para prevenir los trastornos mentales.

La **Federación Mundial de Salud Mental** ha propiciado y liderado acciones antiestigma y contra la discriminación poniendo particular énfasis en acciones internacionales coordinadas como el "Día Mundial de la Salud Mental " que convoca todos los 10 de octubre conjuntamente con la Organización Mundial de la Salud. Se trata de acciones dirigidas principalmente a modificar la percepción negativa de la población y los medios de comunicación respecto a las personas con enfermedad mental, sus familiares, los profesionales y los servicios de salud mental. Por otra parte, mira de promover actitudes de tolerancia y aceptación orientadas a propiciar la inclusión social de estos colectivos.

La **Asociación Mundial de Psiquiatría** desarrolla asimismo un programa dirigido específicamente a reducir el estigma que pesa particularmente sobre la condición esquizofrénica, tanto en lo que afecta a personas diagnosticadas de esquizofrenia

como familiares o profesionales que los atienden. El programa " La Esquizofrenia abre las puertas" se ha venido desarrollando desde 1996 y hasta la actualidad.

3.2 Posición de la Comisión Europea y de la organización mundial de la salud en Europa

Por otra parte, la **Comisión Europea** ha venido desarrollando en los últimos diez años apoyos a la atención a la salud mental a través de sus Programas de Salud Pública y de diversos proyectos multicéntricos que han contribuido a conocer de cerca nuestra realidad y necesidades, como los siguientes:

Mental Health Promotion for Children up to 6 years (1998)
Mental health Promotion of Adolescents and Young People (2000)
Mental Health Promotion and Prevention Strategies for Coping with Anxiety, Depression and Stress Related Disorders in Europe (2001 – 2003)

En el año 2004, la Comisión Europea, la Organización Mundial de la Salud y el Ministerio de Salud de Luxemburgo organizaron una conferencia sobre la salud mental del niños y adolescentes. Entre sus recomendaciones figuraban:

- Dar prioridad a la salud mental de niños y adolescentes con recursos adecuados de acuerdo a las necesidades existentes en cada país.
- Garantizar que los planes nacionales de salud mental incluyan la salud mental de niños y adolescentes entre sus prioridades. Los Planes deben cubrir la promoción de una buena salud mental y la prevención de los trastornos mentales, así como la provisión de servicios de salud mental de calidad.
- La salud mental de niños y adolescentes precisa un enfoque comunitario de la prevención y promoción de la salud mental que incorpore un planteamiento multidisciplinario.
- Construir políticas sobre la evidencia de sistemáticas evaluaciones de intervenciones regionales, nacionales y trasnacionales.
- Estrechar los lazos entre la investigación y la práctica de la promoción de la salud mental y la prevención de los trastornos mentales.

La Conferencia ministerial "Enfermedad mental y estigma en Europa. Enfrentando los retos de la inclusión social y la equidad." (Atenas, 2003), con asistencia de 23 países, fue organizada en colaboración por la CE y la OMS. Su objetivo era la propuesta de medidas prácticas para la lucha contra el estigma de la enfermedad mental. Sus conclusiones fueron referidas a los ámbitos de:

impacto de la enfermedad mental, poblaciones y sociedades en transición, estrategias para la acción, medios de comunicación, sistemas de cuidado e inclusión social y equidad.

La Organización Mundial de la Salud organizó a principios de 2005 una reunión de Ministros europeos de Sanidad y Salud de la Región Europea, con la colaboración de la Comisión Europea y bajo el título de "Haciendo frente a los retos, construyendo soluciones". Los asistentes firmaron una "Declaración de Salud Mental para Europa" conocida como la Declaración de Helsinki y dieron su apoyo a un "Plan Europeo de Acción para la Salud Mental para Europa". Ambos documentos contienen compromisos y propuestas de actuación referidas a la mejora de la salud mental en Europa, reconociendo la importancia de la salud mental para la calidad de vida y el bienestar de las personas, las familias y las comunidades.

La "Declaración" recoge en su alcance (apartado número 6), estar en la dirección correcta y que la política y prácticas de salud mental incluyan:

- la promoción del bienestar mental
- el abordaje del estigma, la discriminación y la exclusión social
- la prevención de los problemas de salud mental
- la atención a las personas con problemas de salud mental, proveyendo de servicios e intervenciones integrales y efectivos, ofreciendo implicación y elección a usuarios y cuidadores
- la recuperación e inclusión en la sociedad de aquellos que han experimentado graves problemas de salud mental

En las prioridades, acciones y compromisos recogidos en el documento, se detallan las cuestiones referidas a la promoción, prevención y reducción del estigma en salud mental.

Por otra parte, la Comisión Europea ha elaborado un "Libro Verde. Mejorar la Salud Mental de la Población" donde se recogen las estrategias de colaboración y homogeneidad de las actuaciones en el ámbito europeo

Además, la Comisión Europea ha brindado apoyo al desarrollo de una **Red Europea para la Promoción de la Salud Mental y la Prevención de los Trastornos Mentales (IMHPA)**, que cuenta también con la colaboración del Departamento de Salud de la Generalitat de Catalunya. Esta organización pretende desarrollar una estrategia para abordar la promoción y prevención en salud mental mediante un enfoque integral de la información y de las intervenciones a realizar.

El año 2005 publicó un documento con la información recogida mediante un cuestionario y grupos de trabajo sobre la situación en diferentes países y regiones europeos, con el título de "Mental Health Promotion and Mental

Disorders Prevention: A policy for Europe". Este documento recoge como prioridad principal el desarrollo de planes de acción de ámbito de país para la promoción de la salud mental y la prevención del trastorno mental. Al mismo tiempo enuncia diez áreas de actuación para cada una de las cuales se desarrollan objetivos y se proponen acciones:

1. Apoyar a la parentalidad y los primeros años de vida
2. Promover la salud mental en las escuelas
3. Promover la salud mental en el lugar de trabajo
4. Apoyar un envejecimiento mentalmente saludable
5. Atender a los grupos de riesgo de trastornos mentales
6. Prevenir la depresión y el suicidio
7. Prevenir la violencia y el uso de sustancias tóxicas
8. Implicar a la atención primaria y secundaria de salud
9. Reducir las desventajas y prevenir el estigma
10. Enlazar con otros sectores

El documento establece también cuatro principios de carácter general y que incluyen los siguientes aspectos:

1. Extender el conocimiento básico de salud mental
2. Apoyar la implementación efectiva
3. Desarrollar la capacidad y formar a los profesionales
4. Implicar a diferentes actores

En relación a los temas de reducción y erradicación del estigma, la Comisión Europea aprobó el proyecto " Harassment and discrimination faced by people with psychosocial disabyliti in health services: A european survey", que coordinó Mental Health Europe-Santé Mentale Europe , y contó con la participación de organizaciones de ocho países europeos.

El proyecto de acción "acoso y discriminación sufridos por personas con enfermedad mental en los servicios de salud " forma parte del "Programa de Acción Comunitaria para combatir la discriminación en 2001-2006" y fue financiado por la Comisión Europea – Trabajo y Asuntos Sociales. El objetivo principal era aumentar la conciencia en torno a la discriminación experimentada por personas con enfermedad mental en la asistencia sanitaria y promover estrategias para combatirla.

Las recomendaciones se basan en las opiniones de los colaboradores nacionales y de la "Red Europea de (ex-)Usuarios y Supervivientes de Psiquiatría" (ENUSP) y se inspiran en los resultados de los grupos de investigación específica que se llevaron a cabo durante el primer año con (ex-) usuarios y supervivientes

de psiquiatría y con profesionales sanitarios. La expresión "usuarios de psiquiatría" hace referencia a las personas que habitualmente consideran que su tratamiento en medio psiquiátrico les ha sido útil. La expresión "supervivientes de psiquiatría", sin embargo, hace alusión a aquellas personas que generalmente consideran que su estancia en un centro psiquiátrico les ha sido perjudicial. Estas definiciones a menudo son malentendidas: "sobrevivir a la psiquiatría" no significa acusar a los psiquiatras de querer matar a la gente, sino que algunas enfermedades como la esquizofrenia o la psicosis desembocan frecuentemente en procesos depresivos y la estigmatización de su estado. La consecuencia es que la persona con enfermedad se resigna y vive estancias regulares en hospitales psiquiátricos. También significa que los efectos secundarios de los medicamentos como el síndrome maligno neuroléptico, la diskinesia o distonía tardía y las crisis epilépticas pueden suponer un peligro para la salud o una amenaza para la vida, aspectos a los que tiene que sobrevivir la persona enferma.

Entre los hallazgos más relevantes de este estudio cabe mencionar el que en toda Europa las personas con enfermedad mental están expuestas a discriminación, lo cual significa que frente a personas con otros diagnósticos médicos, pueden sufrir una desigualdad de trato en los siguientes términos:

- Los problemas físicos no se toman en serio y se les atribuye a problemas psicológicos.
- La medicación psiquiátrica se prescribe sin consentimiento informado.
- Se rechazan las quejas basándose en la patología.
- Se niega el derecho a tener toda la información sobre su propio tratamiento.
- Si el paciente no acepta el tratamiento que se le ofrece, se le amenaza con darle de baja, con un futuro ingreso, con imponerle un tratamiento forzado o con aumentarle la dosis de la medicación psiquiátrica.

Las recomendaciones recogidas en este estudio han sido tenidas en cuenta por este grupo de consenso.

3.3 Posición del Ministerio de Sanidad y Consumo y del Ministerio de Trabajo y Asuntos Sociales en España.

En España, se han desarrollado recientemente dos documentos que abordan dentro de un contexto más amplio las cuestiones de promoción, prevención y disminución del estigma en salud mental. Nos referimos a la "Estrategia en Salud Mental del Sistema Nacional de Salud" (2007) del Ministerio de Sanidad y Consumo y al "Modelo de atención a las personas con

enfermedad mental grave" (2007) del Ministerio de Trabajo y Asuntos Sociales. Los analizaremos separadamente dadas sus diferentes características temáticas, aunque ambos aborden la cuestión principal de la salud mental y los trastornos mentales.

A. La **"Estrategia en Salud Mental del Sistema Nacional de Salud"** (2007) del **Ministerio de Sanidad y Consumo**, recoge en el desarrollo de las líneas estratégicas el apartado 2.1 dedicado a "Promoción de la salud mental de la población, prevención de la enfermedad mental y erradicación del estigma asociado a las personas con trastorno mental". Al analizar la situación en España, reconoce la dificultad para obtener información sobre las actividades de promoción y prevención, y recoge algunos aspectos que resumimos a continuación: si bien en la mayoría de planes autonómicos de salud mental se subraya la importancia de la promoción y de la prevención, no siempre se diferencia entre ambos conceptos, se plantean acciones sobre grupos de riesgo generalmente inespecíficas o de carácter educativo y únicamente en dos planes se especifican líneas estratégicas con acciones concretas para promocionar la salud mental. Se recogen los siguientes puntos críticos que transcribimos:

- Las actuaciones de promoción de la salud mental y prevención de los trastornos mentales responden a iniciativas aisladas, desconectadas entre sí y de escasa difusión.
- No existe un organismo coordinador, ni un presupuesto específico y estable, ni, en definitiva, un compromiso firme para apoyar estas actuaciones.
- Es posible que muchos de los programas en activo sean eficaces, pero rara vez se evalúan adecuadamente y, si son evaluados, los resultados no se publican en medios fácilmente accesibles.
- Las Direcciones Generales de Salud Pública u otros organismos competentes no incluyen habitualmente de forma específica a la salud mental.
- La promoción de la salud mental está poco contemplada en el programa nacional de formación de los Médicos Internos y Residentes (MIR) , Psicólogos Internos y residentes (PIR), y en general en la formación especializada en psiquiatría y psicología clínica.
- En general, en los planes de salud mental autonómicos la prevención y promoción de la salud mental tiene una presencia meramente formal. En solamente dos planes se describen acciones concretas y evaluables.
- Ninguno de los programas conocidos, en activo o en proyecto, se refiere a intervenciones poblacionales, excepto las de carácter meramente informativo.

El informe recoge tres objetivos generales, catorce objetivos específicos y dieciocho recomendaciones, que sintetizamos a continuación:

Objetivo general 1:

Promover la salud mental de la población general y de grupos específicos.

Objetivos específicos:

1.1. Formular, realizar y evaluar un conjunto de intervenciones para promocionar la salud mental, en cada uno de los grupos de edad: infancia, adolescencia, edad adulta y personas mayores.

1.2. Formular, realizar y evaluar intervenciones orientadas a asesorar e informar a los y las responsables institucionales de las Administraciones (...) sobre la relación existente entre las actuaciones institucionales y la salud mental.

1.3. Desarrollar un conjunto de intervenciones orientadas a la promoción de la salud mental a través de los medios de comunicación.

Recomendaciones:

- Las intervenciones se dirigirán a grupos específicos de población y formarán parte de las estrategias de acción de la atención primaria, especializada y salud pública.
- Se recomiendan intervenciones de efectividad probada y orientadas a mejorar la resiliencia.
- Señalar el papel central de la salud mental como generadora de bienestar y de productividad.
- Desarrollar intervenciones dirigidas a los medios de comunicación.

Objetivo general 2:

Prevenir la enfermedad mental, el suicidio y las adicciones en la población general.

Objetivos específicos:

2.1. Realizar y evaluar "intervenciones comunitarias" en áreas de alto riesgo de exclusión social o marginalidad.

2.2. Realizar y evaluar un plan de intervenciones dentro del Plan Nacional de drogas para disminuir el uso y abuso de sustancias adictivas.

2.3. Realizar y evaluar acciones específicas para disminuir las tasas de depresión y suicidio en grupos de riesgo.

2.4. Desarrollar intervenciones en Atención Primaria de apoyo a las familias que atienden a personas con enfermedades crónicas discapacitantes.

2.5. Realizar y evaluar acciones de apoyo a los servicios de prevención y comités de salud laboral.
2.6. Realizar y evaluar intervenciones para prevenir el desgaste profesional.

Recomendaciones:

- Intervención en grupos específicos: prevención de la violencia, trastornos de la conducta alimentaria, consumo de sustancias, aislamiento social, dependencia, y prevención de la discriminación y violencia de género.
- Intervenciones preventivas en grupos de riesgo en primera infancia y adolescencia.
- Intervenciones preventivas para la prevención del suicidio en centros docentes, instituciones penitenciarias y residencias geriátricas.
- Intervenciones comunitarias orientadas a mejorar la dinámica social en áreas con riesgo social y morbilidad psiquiátrica para reducir conductas violentas en la calle, la escuela y el hogar.
- Impulsar acciones de prevención de "riesgos psicosociales" y de los trastornos mentales asociados con el trabajo.
- Informar y educar sobre los riesgos del consumo de sustancias adictivas en adolescentes.
- Prevenir los problemas de salud mental de las cuidadoras, cuidadores y familiares de personas dependientes.
- Facilitar programas psicoeducativos para familiares y cuidadores de personas con enfermedades crónicas con dependencia.

Objetivo general 3.

Erradicar el estigma y la discriminación asociados a las personas con trastornos mentales.

Objetivos específicos:

3.1. Incluir intervenciones que fomenten la integración y reduzcan la estigmatización de las personas con trastornos mentales.
3.2. Promover iniciativas para revisar y actuar sobre las barreras normativas que puedan afectar el ejercicio de la ciudadanía.
3.3. Los centros asistenciales dispondrán de normas encaminadas a fomentar la integración y evitar el estigma y la discriminación.
3.4. El ingreso en fase aguda se realizará en unidades psiquiátricas en hospitales generales.

3.5. Se promoverán iniciativas de colaboración con la OMS, la Unión Europea y otros organismos institucionales.

Recomendaciones:

- Identificar en la legislación barreras al ejercicio de la ciudadanía a las personas con trastornos mentales.
- Intervenciones dirigidas a fomentar la integración y reducir el estigma preferentemente entre profesionales de la salud, comunicación, educación, escolares, empresarios, y agentes sociales, asociaciones y familiares.
- Adaptación de normas para fomentar la integración y reducir el estigma en la atención sanitaria.
- Las Unidades de Psiquiatría adecuarán su organización a las necesidades de los pacientes con trastornos mentales.
- Disponer de alternativas residenciales que fomenten la convivencia y la integración de personas con trastorno mental grave que lo precisen.
- Promover líneas de promoción o prevención dirigidas a erradicar el estigma y favorecer la inserción social y laboral sin discriminación de género.

B. Pasando a tratar ahora la cuestión de las políticas sociales en el ámbito de la salud mental, encontramos a menudo que éstas se enmarcan dentro de la legislación general sobre discapacidad. En este terreno, se ha experimentado en España una evolución que va desde un modelo asistencialista y subsidiario, a otro de reconocimiento de la persona con discapacidad como ciudadano, orientado a su integración activa en la comunidad.

En los años setenta el enfoque predominante era el derivado del modelo biológico e individual de atención a la discapacidad, que consistía en reparar o compensar las funciones dañadas mediante técnicas terapéuticas y ayudas técnicas ("Ley de Bases de la Seguridad Social", de 1963). En los años ochenta, el modelo se reorienta hacia el enfoque de los derechos humanos en la atención de las necesidades, siendo el poder público garante del derecho a la igualdad de oportunidades. Este aspecto se desarrolló en la "Ley de Integración Social de los Minusválidos" (LISMI), coetánea del "Programa de Acción Mundial para Personas con Discapacidad" de Naciones Unidas (1982), que preveía el desarrollo de apoyos complementarios, ayudas técnicas y servicios especializados que permitiera vivir lo más normalmente posible en el hogar y en la comunidad. Esta vía, a través de acciones positivas (tratos más favorables y apoyos complementarios), sigue centrándose en los sujetos, pero deja intacto los entornos y los obstáculos a la igualdad y participación de las personas con discapacidad.

La igualdad de oportunidades cuenta con dos nuevas estrategias de intervención: lucha contra la discriminación y accesibilidad universal. La lucha contra la discriminación se dirige a prácticas excluyentes, pero detecta que, además de los comportamientos, también discrimina un entorno no accesible o un servicio que no tiene en cuenta las especiales dificultades de ciertas personas. Este enfoque desemboca en Ley 51/2003, de 2 de diciembre, de "Igualdad de Oportunidades, No Discriminación y Accesibilidad Universal de las Personas con Discapacidad". Esta Ley establece nuevas garantías para hacer efectivo el derecho a la igualdad de oportunidades mediante medidas contra la discriminación y medidas de acción positiva.

El II Plan de Acción 2003-2007 asume el nuevo concepto de discapacidad, sigue el enfoque de los derechos humanos y está al servicio de la política de igualdad de oportunidades, tal como está formulada en la Ley 51/2003, de 2 de diciembre, de "Igualdad de Oportunidades, No Discriminación y Accesibilidad Universal de las Personas con Discapacidad". Está basado en los siguientes principios:

- Promoción de derechos civiles, sociales, económicos y culturales.
- Autonomía y vida independiente.
- Integración y normalización.
- Accesibilidad universal y diseño para todos. Condición que desde su origen o por adaptaciones posteriores deben cumplir los entornos, producto y servicios.
- Respeto por la diversidad y perspectiva de género.
- Calidad de vida (auto-satisfacción de la persona con sus condiciones de vida): satisfacción por su salud y seguridad, por sus competencias personales, por su autonomía y capacidad de tomar decisiones, por su bienestar emocional y material, y por los servicios recibidos en recursos comunitarios garantizados.
- Participación y diálogo civil.

Dentro de este nuevo marco de las políticas sociales, y enlazado al paradigma de la Recuperación como alternativa al de la Cronicidad, se han desarrollado progresivamente acciones que definen de forma más especifica la problemática de la salud mental.

Un ejemplo de ello es el **"Modelo de atención a las personas con enfermedad mental grave"** publicado por el **Ministerio de Trabajo y Asuntos Sociales** en 2007. Este documento recoge en su capítulo 15 la " Lucha contra el estigma social". El documento recoge los prejuicios y mitos que afectan a los trastornos

mentales y propone abordarlos mediante acciones de reducción del estigma que incluyen información a la población a través de los medios de comunicación, la facilitación de la integración comunitaria de las personas con trastornos mentales, así como modificaciones legales que la faciliten.

Asimismo recoge la necesidad de:

- Reducir la estigmatización asociada a este problema.
- Eliminar obstáculos injustificados de acceso al trabajo, la vivienda, etc.
- Eliminar obstáculos de implantación de servicios y dispositivos en la comunidad por actitudes de rechazo del entorno.
- Mejorar y normalizar el acceso a servicios de salud mental para los usuarios, que tenderían a eludir la conciencia de su enfermedad y problemática para no incluirse en un colectivo tan estigmatizado.

El documento recomienda las medidas siguientes:

- Elaboración de Guías de buenas prácticas, informativas, etc,. Dirigidas a familiares, usuarios, personal de medios de comunicación, personal sanitario y de servicios sociales, y público en general.
- Creación de sistemas de información a la población (utilizando nuevas y viejas tecnologías(Internet, líneas telefónicas de información convencionales, etc) con información general, sobre acceso a servicios y de actuación en emergencias).
- Elaboración de campañas públicas que persigan la mejoría de la información social y la eliminación de estereotipos estigmatizantes.
- Fomento de actos donde los usuarios y sus asociaciones puedan aparecer en contextos y actividades normalizadas (actividades deportivas, certámenes culturales, literarios, etc, emisiones radiofónicas, documentales).
- Fomento del activismo de los movimientos asociativos para que exijan ante los medios de comunicación un tratamiento de su imagen pública acorde a la realidad.
- Colaboración con medios de comunicación creativos de manera que se fomente la aparición pública de personas con enfermedad mental en contextos normalizados y realistas (por ejemplo, películas, programas de radio, series de televisión).
- Exposiciones, eventos artísticos, conciertos, involucrando a artistas y personas populares, mostrando obras de arte realizadas por personas enfermas, etc.
- Eventos sociales y deportivos con participación de personas enfermas (a nivel nacional, e internacional como las reuniones Europsy).

- Participación de usuarios en eventos científicos y profesionales para aportar su punto de vista (como la reunión WAPR de Milán, en junio de 2005 con participación de más de 400 usuarios), o en el Congreso FEARP de noviembre de 2005, que representaron hitos entre otros en la incorporación del punto de vista del usuario. En este marco se inscribe el Documento: La relación entre los usuarios y los profesionales en el ámbito de la Salud Mental publicado en Junio 2007 y que, subvencionado por el Departament de Salut de la Generalitat de Catalunya, es fruto de la colaboración entre ADEMM (Associació d'Usuaris de Salut Mental de Catalunya) y Spora Sinergies, consultora de investigación y evaluación psicosocial.

4. Evidencia disponible y experiencias en promoción de la salud mental, prevención del trastorno mental y disminución del estigma.

4.1. Resultados de búsqueda sistemática en bases de datos y páginas web acreditadas.

A. Búsqueda sistemática en bases de datos.

Se ha llevado a cabo una búsqueda bibliográfica de estudios sobre la Promoción y la Prevención de la Salud mental en la base de datos *PubMed*. Los descriptores utilizados han sido los siguientes: *prevention and control, mental health y health promotion.*

De la búsqueda bibliográfica se identificaron un total de 602 artículos sobre la Promoción y la Prevención de la salud mental. Específicamente, se encontraron 144 artículos sobre promoción y 499 sobre prevención. De estos artículos, se rechazaron los artículos que no cumplieran unos criterios de selección preestablecidos. Concretamente, se desestimaron aquellos artículos anteriores al año 2003 ya que se consideró que no eran documentos actualizados. También, se eliminaron los artículos no escritos en español, inglés, alemán, francés o italiano y los que no se centraran en los temas de promoción y prevención de la salud mental en específico. Tras esta revisión, el número de artículos sobre promoción fue 60 y su clasificación la siguiente: 37 artículos de tipo no identificado, 2 ensayos clínicos controlados aleatorizados, 3 editoriales, 13 revisiones, 1 entrevista, 1 documento originado en un congreso, 1 noticia, 1metaanálisis y una carta. El número de artículos sobre prevención fue de 163 y su clasificación la siguiente: 83 artículos de tipo no identificado, 6 ensayos clínicos controlados aleatorizados, 1 ensayo clínico controlado, 12 editoriales, 44 revisiones, 2 documentos originados en un congreso, 2 noticias, 3 cartas, 3 estudios de validación y 7 estudios de comparación.

B. Búsqueda de información en páginas Web.

Se utilizaron los apéndices del artículo *"Mental health promotion and mental disorder prevention"* de la *WHO European Ministerial Conference on Mental Health* (Helsinki, 2005) como guía para la búsqueda de páginas Web que trabajan este tema.

Se consultaron aquellas páginas *Web* creadas por entidades expertas o pioneras en el trabajo o estudio de estos temas como por ejemplo: entidades gubernamentales, universidades, asociaciones, etc.

El objetivo de esta búsqueda era la obtención de documentación general o específica sobre la prevención y promoción de la salud mental, así como la búsqueda de manuales o programas creados para este fin, implantados o en fase de desarrollo en los diferentes ámbitos de intervención.

Se eliminaron los documentos no escritos en español, inglés, alemán, francés o italiano y los que no se centraran en los temas de promoción y prevención de la salud mental en específico. El ámbito de búsqueda fue desde organizaciones internacionales, como la WHO, hasta de ámbito más nacional como la Universidad de Toronto. Se han consultado un total de 27 páginas Web la mayoría de las cuales son de procedencia australiana y europea.

INTERNACIONAL

World Health Organization (WHO)

www.who.int.

En la *Web* de la *World Health Organization* (WHO), o la también llamada *Organización Mundial de la Salud* (OMS), se encontró documentación general sobre la prevención y promoción de la salud. De modo más específico se encontraron los siguientes artículos relacionados con la salud mental:

- Promoción de la Salud mental: conceptos, evidencia emergente y práctica
- Prevención de los Trastornos Mentales: Intervenciones efectivas y opciones de políticas
- For which strategies of suicide prevention is there evidence of effectiveness?
- What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?
- Prevention and Promotion in Mental Health
- Health Promotion Glossary
- Mental health promotion and mental disorder prevention
- Prevention of mental and behavioural disorders: implications for policy and practice
- Promoción de la salud mental y prevención de los trastornos mentales: una visión general de Europa
- La eficacia de la promoción de la salud mental y la prevención de los trastornos mentales
- Community action on health services

- Mental and social health during and alter acute emergencies: emerging consensus?
- Mental health and psychosocial well-being among children in severe food shortage situations
- IASC (Inter-Agency Standing Committee) Guidelines on mental Health and Psychosocial Support in Emergency Settings
- Suicide Prevention (SUPRE)
- Neurological Disorders public health challenges
- Monitoring and evaluation of mental health policies and plans
- Expert Opinion on Barriers and Facilitating Factors for the Implementation of Existing Mental Health Knowledge in Mental Health Services
- Mental Health Promotion: Case Studies from Countries
- Project Atlas: mapping mental resources around the world (Factsheet)
- Atlas. Psychiatric education and training across the world 2005.World Psychiatric Association
- Atlas child and adolescent mental health resources. Global concerns: implications for the future
- Disease Control Priorities related to mental, neurological, developmental and substance abuse disorders
- Economic Aspects of the Mental Health System: key Messages to Health Planners and Policy-Makers
- Research capacity for mental health in low- and middle-income countries: Results of a mapping project
- IESM-OMS Versión 2.1. Instrumento de evaluación para sistemas de salud mental
- Programme on Mental Health. Improving mother/child interaction to Promote Better Psychosocial Development in Children
- Caring for children and adolescent with mental disorders
- Contribuir a la salud. Un Programa de Acción Sanitaria Mundial.

Implementing Mental Health Promotion Action (IMHPA)

www.imhpa.net

La *"European Network for Mental Health Promotion and Mental Disorder Prevention"* es una red internacional formada por expertos de 30 países europeos que comparten como objetivo el apoyo al desarrollo y la implementación de la promoción y prevención de la salud mental en Europa. Estos son los documentos que se han encontrado de interés:

- Mental Health Promotion and Mental Disorder Prevention: A policy for Europe
- International database of mental health promotion and mental disorder prevention programmes and policies: IMPHA database
- A Training Manual for Prevention of Mental illness: Managing Emotional Symptoms and Problems in Primary Care. Materials for training of primary health care professionals to help patients with emotional symptoms
- Integrating mental health promotion interventions into countries policies, practice and mental health care system. Final Report to the European Commission
- Mental health promotion and mental disorder prevention. European Action Plan.

AUSTRALIA

Cochrane Health Promotion and Public Health Field, Victoria.
www.ph.cochrane.org/en/index.html

La *"Cochrane Health Promotion and Public Health Field"* trata de representar las necesidades y preocupaciones acerca de la promoción de salud mental y de los profesionales de salud mental en el trabajo de *Cochrane Collaboration*. Se han encontrado los siguientes documentos de interés:

- Systematic Review of Health Promotion and Public Health Interventions (Train the Trainer Handbook)
- Priority Review Topics in Health Promotion and Public Health
- Systematic review of health promotion and public health interventions (Handbook).

Victorian Government Health Information.
www.health.vic.gov.au/healthpromotion/

Página de información desarrollada y dirigida por el Departamento de Servicios Humanos de Victoria. Se organiza a partir de agencias y grupos de especial interés. A continuación, citaremos los artículos encontrados de interés:

- Evidence- based Mental Health Promotion Resource- Executive Summary
- Evidence- based Mental Health Promotion Resource (Full Resources)
- Evidence in a nutshell-mental health promotion.

NSW Health Department, New South Wales.
www.health.nsw.gov.au

Página *Web* del departamento de salud de Gales del sur. Este departamento trabaja para proporcionar a los habitantes de Gales la mejor atención sanitaria. Sus objetivos son los siguientes: 1) mantener a la gente sana, 2) proporcionar la atención sanitaria necesitada, 3) suministrar servicios de alta calidad y 4) dirigir de forma óptima los recursos sanitarios. Entre los documentos encontrados destacan:

- Getting in Early. A Framework for early intervention and prevention in mental health for young people in New South Wales
- NSW Rural and Regional Youth Suicide Prevention Project. Evaluation Framework.

Ministerial Council for Suicide Prevention. West Perth.
www.mcsp.org.au

Página *Web* destinada a mejorar el acceso a la información acerca de la prevención del suicidio. Está dirigida a profesionales, investigadores y miembros de la comunidad. Destacamos los siguientes documentos:

- Using the Internet for Suicide Prevention: a guide
- WA State Suicide Prevention Plan: Consultation Paper.

Queensland Government
www.health.qld.gov.au/

Web del gobierno de Queensland donde se pone de manifiesto temas de promoción y prevención de la salud mental. Entre los recursos encontrados destaca:

- Reducing Suicide. The Queensland Government Suicide Prevention Strategy 2003-2008.

Department of Health. Government of Western Australian
www.mental.health.wa.gov.au/one/aboutus_promotionprev.asp

Web que se define como una salida a los problemas relacionados con la prevención y la promoción de la salud mental. También, destacan enlaces a otras redes de información relevantes así como recursos claves.

- The Western Australian mental health promotion and illness prevention policy.

International Early Psychosis association (IEPA)

www.iepa.org.au

La *International Early Psychosis Association* es una red internacional para gente involucrada en el estudio y el tratamiento de la psicosis precoz. Constituye una plataforma de debate para miembros de todo el mundo que deseen promover y facilitar las mejores prácticas en educación, investigación y tratamiento.

- Report on early detection and intervention for young people at risk of psychosis.

ESTADOS UNIDOS

National Depressive and Manic-Depressive Association (National DMDA)

www.ndmda.org

La National DMDA es una asociación destinada a mejorar la atención de aquellas personas que sufren trastornos del estado del ánimo. La aproximación a este tipo de trastornos se realiza de forma disciplinar. Por ello, en la Web hay apartados destinados a la investigación, educación, tratamiento, etc. Entre los recursos encontrados destaca:

- Coping with Unexpected Events: Depression and Trauma.

National Institute of Health (NHI)

www.nih.gov/about/publicaccess/

The National Institute of Health (NIH), forma parte del Departamento de Salud y Servicios Humanos de los EEUU, es la principal agencia federal para la realización y soporte a la investigación médica. Ayuda a liderar importantes descubrimientos médicos que mejoran la salud de la población. Los científicos investigan formas de prevenir las enfermedades, así como las causas, los tratamientos y las curas, incluso para las enfermedades comunes y raras. Compuesto por 27 institutos y centros, el NIH ofrece liderazgo y apoyo financiero a los investigadores.

- Who benefits most from a broadly targeted prevention program? Differential efficacy across populations in the teen outreach program.

The Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center)

www.samhsa.gov

Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center) suministra asistencia práctica a personas, adminis-

traciones y organizaciones públicas y privadas para el diseño, implementación y operativización de programas e iniciativas para reducir la discriminación y el estigma.

CANADA

Centre for Health Promotion. University of Toronto
www.utoronto.ca/chp/

En la página *Web* de la Universidad de Toronto se encuentran documentos relacionados con la política pública de salud, concretamente con la promoción y la educación en relación a la salud. Se han encontrado los siguientes documentos:

- The Effectiveness of Policy in Health Promotion
- Reviewing the Evidence on the Effectiveness of Health Education: Methodological Considerations
- Promoting Health Through Organizational Change
- Community development: How effective is it as an approach in health promotion?
- Advocacy for healthy public policy as a health promotion technology
- 17th Annual Report
- 15th Annual Report.

Ontario Health Promotion Resource System, Ontario
www.ohprs.ca

Ontario Health Promotion Resource System financiada por el Ministry of Health Promotion (MHP) respalda la promoción de la salud en Ontario. En esta página Web destacan los siguientes recursos:

- Ontario health promotion capacity
- System Provincial Needs Assessment
- A Review on the Literature on the Links between Health Promotion Capacity Building and Health Outcomes.

Caldeon Institute, Institute of Social Policy. Ontario
www.caledoninst.org

El *Caldeon Institute* es una organización no gubernamental sin ánimo de lucro que lleva a cabo investigaciones y análisis de alta calidad. Sus objetivos son informar e influenciar la opinión pública y promover la discusión sobre la pobreza y las políticas sociales. También, desarrolla y promueve propuestas

para la reforma de programas sociales en todos los niveles gubernamentales y de beneficios sociales. A continuación destacamos los documentos que se han considerado de interés en la página Web:

- The Primary Needs of Children: A Blueprint for Effective health Promotion at the Community Level.

EUROPA

La Comisión Europea

http://ec.europa.eu/about_es.htm

En esta página *Web* personifica y defiende el interés de la Unión. A la vez, es la fuerza impulsora del sistema institucional de la misma. Sus funciones son las siguientes: 1) presentar propuestas legislativas al Parlamento y al Consejo, 2) administrar y ejecutar las políticas comunitarias, 3) aplicar el derecho comunitario y 4) negociar acuerdos internacionales. A continuación, destacamos los documentos de interés de la *Web*:

- Health Programme 2008-2013
- EAAD: Final Implementation Report
- Annex to the EAAD
- Country Reports: Implementation of Mental Health Promotion and Prevention Policies and Strategies in the EU member states and applicant countries
- Implementation of Mental Health Promotion and Prevention Policies and Strategies in the EU member states and applicant countries
- Mental health promotion and mental disorder prevention across European Member Status
- Report and recommendations of the EU consultative platform on mental health.
  Response to the EC green paper
- GREEN PAPER: Improving the mental health of the population. Towards a strategy on mental health for the European Union:
  - Enabling good health for all
  - Integrated Work Plan 2002 for the Public Health programmes.

Mental Health Economics European Network (MHE)

www.mheen.org/
http://mentalhealth-econ.org

Web de una red de 17 representantes de Europa contratados para la identificación y recogida de datos sobre las principales dimensiones económicas pertinentes a los sistemas de salud mental en los estados miembros de la Unión Europea. Su objetivo es unificar la información e indicadores que permitan hacer comparaciones, y también proporcionar los medios para una mejor comprensión de cómo los sistemas de salud mental podrían desarrollarse.

- Mental Health Promotion of Adolescent and Young People. Directory of Projects in Europe
- Mental Health Promotion for Children up to 6 years. Directory of Projects in the European Union.

EuroHealthNet, for a healthier Europe between and within countries
www.eurohealthnet.eu

EuroHealthNet es la red europea para la promoción de la salud y las agencias públicas de salud europeas. Su objetivo es mejorar la salud de los ciudadanos a través de la promoción de la salud en y entre los diferentes países europeos. Para ello, se coordinan 31 agencias nacionales y regionales que constituyen una plataforma para la información, el consejo, la política y la defensa de temas de salud en Europa. Entre los documentos encontrados destacan:

- Concept and relations
- Promoting Health and Social Inclusion
- The role of the health care sector in tackling poverty and social exclusion in Europe
- Healthy Ageing a Challenge for Europe
- Implementation of Mental Health Promotion and Prevention Policies and Strategies in EU Member States and Applicant Countries
- Building the capacity for public health and health promotion.

National Institute for Health and Clinical Excellence (NICE), Reino Unido
www.nice.org.uk

NICE es una organización independiente encargada de guiar a nivel nacional la promoción de la salud y la prevención y el tratamiento de la enfermedad. A continuación, nombraremos los documentos que se han considerado de interés:

- Public Health Interventions to Promote Positive Mental Health and Prevent Mental Health Disorders among Adults
- NICE clinical guideline: Antenatal and postnatal mental health. Clinical Management and Service Guidance

- Social Capital for Health: Issues of definition, measurement and links to health
- 10 High Impact Changes for Mental Health Services
- Effectiveness of Mental Heath Promotion Interventions: a review
- Mental Health Promotion and Prevention, Strategies for Doping with Anxiety, Depression and Stress related Disorders in Europe Final Report 2001-2003.
- Public Health Intervention guidance:
  - Mental wellbeing of children in primary education
  - Promoting physical activity in the workplace
  - Promoting mental wellbeing at work
  - Mental wellbeing in older people

Partnerschip for children. Reino Unido.

www.partnershipforchildren,org.uk

"Partnership for Children" es una organización benéfica independiente que trabaja en la promoción de la salud mental y en el bienestar emocional de los niños y jóvenes de todo el mundo. Su actividad principal consiste en un programa llamado Zippy's Friends, el cual ayuda a los niños pequeños a desarrollar destrezas sociales y de afrontamiento.

- Zippy's Friends

El Centro de Coordinación e Información de Evidencia en Políticas y Prácticas (EPPI-Centre, Evidence for Policy and Practice Information and Coordinating Centre), Reino Unido

www.eppi.ioe.ac.uk/cms/Default.aspx?tabid=53

Desde el año 1993, este centro se ha desarrollado alrededor de las revisiones sistemáticas y el desarrollo de métodos en políticas públicas y ciencias sociales. Su objetivo básico es permitir que los resultados y conclusiones de investigaciones de las temáticas ya mencionadas sean accesibles tanto a nivel individual como de práctica profesional o de políticas públicas. Destacamos el siguiente documento:

- Barriers to, and Facilitators of, the Health of Young People.

Department of Health (DH), Reino Unido.

www.dh.gov.uk/en/index.htm

Web oficial del Departamento de Salud del Reino Unido. En relación a la prevención y promoción de la salud mental destacamos:

- Making It Happen: A guide to delivering mental health promotion.

National Research and Development Centre for Welfare and Health, Finlandia.

www.stakes.fi/EN/index.htm

Stakes es una agencia dedicada a la investigación, al desarrollo y la estadística. En su página *Web* encontramos documentos clasificados en función de su temática: servicios de salud, servicios sociales, política del bienestar, condiciones de vida, infancia y familia, gente mayor, discapacidad, salud mental y alcohol y drogas. A destacar:

- Bilbao Final Report: Mental Health in Europe, New Challenges New opportunities Report from a European Conference 9-11 October 2003
- Future Mental Health Challenges in Europe: The Impact of Other Policies on Mental Health
- Proceedings of the European Conference on Promotion of Mental Health and Social Inclusion
- Promotion of Mental Health on the European Agenda
- Framework for Promoting Mental Health in Europe.

University of Tampere, Finlandia.

www.uta.fi/laitokset/laaket/bio/research/childpsychiatry_europeanearlypromotion.html

El departamento de psiquiatría infantil lleva a cabo una investigación de interés sobre promoción y prevención de problemas de salud mental en el desarrollo infantil. En la página *Web* destaca información sobre el proyecto y artículos relacionados con su temática:

- The European Early Promotion Project: Evaluation of a needs based approach to the promotion of child development and prevention of mental health problems
- Tutkimustoiminta.

Trimbos Instituut, Netherlands Institute of Mental Health and Addiction. Holanda.

www.trimbos.nl/default2.html

El Instituto Trimbos es el Instituto Nacional de Salud Mental y Adicciones de Holanda. Es una fundación independiente que actúa según la ley holandesa. Este instituto contribuye en la síntesis, el enriquecimiento, la implementación y la diseminación de conocimiento en relación a la salud mental y los problemas de adicción. Los recursos de interés que ofrece esta institución son los siguientes:

- Preventing depression
- Reminiscence and Life Review
- Prevention in Social Psychiatry
- Work-Related Psychological Problems
- Children of parents with Psychological Problems
- Alcohol Prevention
- Infectious Diseases
- E-mental health.

International Union for Health Promotion and Education (IUPHE), Francia.

www.iuhpe.org

La IUPHE es una organización global destinada a la mejora de la salud pública a través de la promoción y la educación en salud. Se define como una red líder que trabaja a nivel mundial y tiene como objetivo final la igualdad en y entre los diferentes países. Se han encontrado los siguientes documentos de interés:

- International Union for Health Promotion and Education: Comments on The EC Green Paper on Improving the Mental Health of the Population
- What Is Health Promotion?
- The New Public Health: a collection of video conversations with people Who shape our thinking about health and health care?
- Enlace a las siguientes revistas: Promotion and education, Health Promotion International, Health Education Research, Reviews of Health Promotion and Education.

ProMenPol (Promoting and Protecting Mental Health, Alemania..

www.mentalhealthpromotion.net

La *ProMenPol* es un proyecto que tiene como objetivo apoyar las prácticas y políticas de promoción de la salud mental durante el periodo 2006-2009 en tres contextos: escuelas, lugares de trabajo y las residencias de personas mayores.

- Promoting and Protecting mental Health – Supporting Policy through Integration of Research, Current Approaches and Practices.

NHS Health Scotland

www.healthscotland.com

Web que ofrece información y recursos para apoyar las mejoras en salud a los profesionales y organizaciones que trabajan en Escocia.

- Mental Health Improvement: Evidence and practice
  - Guide 1: case studies
  - Guide 2: measuring success, evaluation guides
  - Guide 3: Getting results, evaluation guides
  - Guide 4; making an impact, evaluation guides
- What is wellbeing? A brief review of current literature and concepts by Susan Hird
- Establishing National Mental Health and Well-being Indicators for Scotland
- National Programme for Improving mental Health and Well-being: "Concepts and Definitions". Briefing paper for the National Advisory Group. A practical guide to terms and definitions.

C. Búsqueda de información en publicaciones periódicas especializadas.

A partir de los apéndices del artículo *"Mental health promotion and mental disorder prevention"* de la *WHO European Ministerial Conference on Mental Health* (Helsinki, 2005) se encontraron enlaces a las diferentes publicaciones periódicas especializadas que de forma específica tratan la promoción y prevención de la salud mental. Se detallan a continuación.

PUBLICACIONES PERIÓDICAS ESPECIALIZADAS

International Journal of Health Promotion & Education(IUHPE)

www.iuhpe.org

La IUHPE con más de medio siglo de antigüedad, sigue siendo una organización mundial dedicada íntegramente a la promoción de la salud pública a través de la promoción de la salud y la educación sanitaria. Su misión es promover la salud mundial y contribuir al logro de la equidad en salud entre y dentro de los países del mundo.

- The evidence of mental health promotion effectiveness strategies for action.

World Psychiatry (WPA). Revista oficial de la Asociación Mundial de Psiquiatría .Edición en Español.

www.ArsXXI.com/WP

Grupo Ars XXI de Comunicación es un grupo de Comunicación con vocación de liderar el mercado sanitario y que tiene nueve líneas de negocio, cada

una de las cuales está especializada en aspectos diferentes y complementarios del "arte de comunicar".

- La WPA y la respuesta frente a los desastres: nuevas iniciativas políticas y acciones
- El desastre del Katrina y sus lecciones
- Prevención de los trastornos mentales y del comportamiento: implicaciones para la política sanitaria y la práctica clínica
- Tratamiento del trastorno límite de la personalidad: revisión de los abordajes psicoterapéuticos
- Desestigmatización en la vida cotidiana: lo que los países desarrollados pueden aprender de los países en vías de desarrollo
- Consecuencias de la guerra sobre la salud mental: una breve revisión de los resultados de las investigaciones
- La salud de la población como argumento frente a la guerra
- ¿Cómo impedir que una situación traumática se convierta en un desastre?
- Consecuencias de la guerra sobre la salud mental: aspectos específicos del sexo.
- Generación de evidencia e inclusión de ésta en una política inteligente: necesidad de realizar investigaciones para elaborar normativas políticas de salud mental en la posguerra.
- Terrorismo y sus efectos sobre la salud mental
- La tragedia de la guerra
- La guerra y los trastornos mentales en África
- Primer episodio de psicosis y origen étnico: resultados iniciales del estudio AESOP.
- …..

British Journal of Psychiatry

http://bjp.rcpsych.org/

Es una de las principales revistas de psiquiatría del mundo. Abarca todas las ramas de la materia, con especial énfasis en los aspectos clínicos de cada tema. Además de un gran número de documentos autorizados en el Reino Unido y en todo el mundo, la revista incluye editoriales, artículos de revisión, comentarios sobre los artículos polémicos, informes breves, una amplia sección de reseñas de libros y una animada y bien informada columna de la correspondencia.

- Predictors of efficacy in depression prevention programmes.

Australian e-Journal for the Advancement of Mental health (AeJAMH)
http://auseinet.flinders.edu.au/journal/

AeJAMH es un foro para avanzar en la promoción, la prevención y la intervención temprana (PPEI) en enfoques de la salud mental.

La promoción de la salud mental y la prevención de las enfermedades mentales es una prioridad estratégica y política en Australia.

- From evidence to practice: mental health promotion effectiveness.

Eurohealth. European Observatory on Health Systems and Policies
www.euro.who.int/observatory/Publications/20020524_26
www.euro.who.int/Document/Obs/Eurohealth11_4.pdf

Una publicación conjunta de la LSE y el Observatorio de Salud y Asistencia Social, EuroHealth. Proporciona una de las principales plataformas para la formulación de políticas. Académicos y políticos expresan sus puntos de vista sobre la política comunitaria de salud.

- Addressing health inequalities and promoting patient safety under the UK Presidency
  - Health inequalities under the UK Presidency
  - Patient safety under the UK Presidency
  - Action by the European Union on health inequalities
  - Government action to tackle mental health inequalities in Scotland
  - Promoting mental health in Europe: a timely opportunity
  - The EU Mental Health Platform
  - Enhancing the policy relevance of mental health related research in Europe
  - A long life- and all of it healthy: the ideal of healthy ageing in Europe
  - The medical case for clean air in the home, at work and in public places.

NUJ Scotland.National Union of Journalists, Escocia..
www.nuj.org.uk

La NUJ es la voz de los periodistas y el periodismo en Escocia. Es una organización promotora de campañas para mejorar las condiciones laborales de aquellos que la forman.

- The reporting of mental health and suicide by the media.

National Library for Health, Reino Unido
www.library.nhs.uk/Default.aspx

Web una biblioteca electrónica destinada a recursos de la salud. Entre los artículos encontrados destacaríamos:

- Young people. The case for action
- Risk and protective factors for mental health
- Schools. The case for action
- Social exclusion and health
- Related policy initiatives
- Marginalised groups: People with mental health problems
- Measuring mental health
- Mental health in communities
- Marginalised groups: Black and minority ethnic groups
- Later life
- Defining mental health
- Early years, children, families and parenting
- Substance misuse.

4.2. Evidencia disponible

Existe un amplio consenso internacional presidido por las posiciones de la Organización Mundial de la Salud, la Comisión Europea y el Ministerio de Sanidad y Consumo de España, según el cual, los programas, intervenciones y acciones dirigidos a la promoción de la salud mental, la prevención de los trastornos mentales y la reducción del estigma deben sustentarse sobre la evidencia científica. Debe tratarse, en consecuencia, de actividades que hayan demostrado previamente su eficacia en la consecución de los objetivos descritos. La Asamblea Mundial de la Salud de 1998, adoptó ya una resolución para emplear un enfoque basado en la evidencia.

Ahora bien, cuando hablamos de promoción, prevención y reducción del estigma en salud mental, nos estamos refiriendo a modalidades de intervención que no siempre, o pocas veces, se ajustan a los patrones de la investigación médica, que basa sus avances en estudios controlados y aleatorizados realizados en condiciones experimentales artificiales. En el ámbito que tratamos, en cambio, como señala la OMS "el consenso acerca de la efectividad está basado en la triangulación metodológica que conduce a la interpretación convergente de evidencia de diferentes clases, proveniente de diferentes lugares y generada por diferentes investigadores. Se impone un "principio de prudencia" en el reconocimiento de la evidencia disponible.

Particularmente en la promoción de la salud mental, la OMS considera la clasificación de los grados de evidencia aportada por Tang, et al. en 2003, que establece cuatro tipos de evidencia:

- Tipo A: Se sabe lo que funciona, se sabe cómo funciona y la repetición es universal.
- Tipo B: Se sabe lo que funciona, se sabe cómo funciona pero la repetición es limitada.
- Tipo C: Se sabe lo que funciona, la repetición es universa pero no se sabe cómo funciona.
- Tipo D: Se sabe lo que funciona, no se sabe cómo funciona y la repetición también es limitada.

Si bien parece necesario contar con la evidencia para el desarrollo de políticas y programas en nuestro campo, se mantiene aún un debate abierto en cómo establecer evidencia y sus grados cuando tratamos de intervenciones sobre grupos poblacionales, colectividades, instituciones y comunidades en su conjunto. El desarrollo de estudios tanto cuantitativos como cualitativos de consistencia interna, sin embargo, están aportando un nuevo y creciente conocimiento para la implementación de acciones de promoción y prevención en salud mental con evidencia contrastada. Algunas revisiones críticas aportan información más sistematizada del estado de la investigación y de los resultados obtenidos.

La **revisión crítica de la literatura** realizada por C. Doughty "The effectiveness of mental health promotion, prevention and early intervention in children, adolescents and adults" (2005), del New Zealand Health Technology Assessment, tiene como objetivo realizar una revisión de evidencia disponible acerca de la efectividad de programas para la promoción de la salud mental, la prevención e intervención temprana para niños, adolescentes y adultos. Para ello considera aquellos estudios que aspiran a prevenir el desarrollo de condiciones de salud mental relacionadas con trastornos debidos al alcohol y las drogas, de la conducta, de la alimentación, del ánimo y/o de la ansiedad. O bien, relativos a la intervención en las fases tempranas de una condición mental y dirigidos a alterar su desarrollo.

Para ello se realizó una búsqueda en seis bases de datos de información sanitaria y en fuentes electrónicas, así como en numerosas páginas web, limitándose únicamente a trabajos en inglés producidos entre 1997 y septiembre de 2004. Se explicitan también los criterios de inclusión y exclusión que redujeron el material inicial a 125 estudios.

Resumiremos a continuación los principales resultados:

a. Trastornos por uso de alcohol y drogas.

Se identificaron 35 estudios, incluyendo 9 revisiones sistemáticas y 26 estudios controlados y aleatorizados acerca de intervenciones tempranas en trastornos por alcohol y drogas. El 85% de los trabajos eran americanos y sólo uno procedía de España. 10 programas consistían en intervenciones breves en uso de riesgo del alcohol y otros 3 adoptaban un enfoque preventivo basado en educación de habilidades sociales, reducción del riesgo o intervenciones multicomponentes. 9 intervenciones eran sobre prevención de drogas en combinación con alcohol con un enfoque cognitivo conductual, educación para la salud y entrenamiento en habilidades. La mayoría estaban dirigidos a escuelas e institutos, incluyendo en algunos casos componentes comunitarios. 6 estudios estaban basados en condiciones asistenciales mediante intervención breve realizada por un médico.

La intervención más estudiada consistió en intervenciones breves realizadas por médicos para la reducción del riesgo en el consumo del alcohol. Se mostraron generalmente eficaces a corto plazo en diferentes settings y con diferentes poblaciones. Un estudio sugiere que los beneficios pueden mantenerse a largo plazo. Algunos estudios consideraron entrevista motivacional con resultados prometedores.

Aunque las intervenciones en escuelas pueden ser efectivas en incrementar el conocimiento y las actitudes hacia las sustancias adictivas, existe una evidencia relativamente limitada en la actualidad que sugiera que un programa específico referido a una sustancia sea más efectivo en la prevención de trastornos de alcohol y drogas en jóvenes. Existe alguna evidencia de una variedad de buenos programas escolares de cambios conductuales.

b. Trastornos de la conducta.

Se identificaron 28 estudios incluyendo 3 revisiones sistemáticas y 25 estudios controlados y aleatorizados en relación con intervenciones tempranas en trastornos de la conducta. 15 estudios incluían intervenciones escolares o combinadas con intervenciones clínicas y 10 intervenciones comunitarias (incluyendo atención primaria) o en ámbito universitario. El 60% de los trabajos procedían de EEUU y 20 % de Australia. Los principales estudios identificados estaban publicados en los cuatro años precedentes indicando que continuaba siendo un área de actividad en crecimiento para un grupo de investigadores internacionales. Una

serie de intervenciones generales mostraron influir con éxito en problemas conductuales iniciales y en comportamientos disruptivos. Estas intervenciones son generalmente en el medio escolar e incluyen diferentes componentes, con mayor frecuencia, gestión de la conducta en el aula, promoción del desarrollo socio-emocional de los estudiantes y el entrenamiento e implicación de los padres.

Existe un buen nivel de evidencia para considerar la efectividad a corto plazo de un conjunto de estrategias preventivas para reducir problemas de conducta y comportamientos agresivos. No se posee evidencia de efectividad a largo plazo.

c. Trastornos de la conducta alimentaria.

Se identificaron 21 estudios, sobre intervenciones tempranas en trastornos de la conducta alimentaria, incluyendo 4 revisiones sistemáticas y 17 estudios controlados y aleatorizados, 60 % en EEUU y 18 % en Australia. 12 de ellos, consideran intervenciones generales en el medio escolar, y 5 eran evaluaciones de intervenciones selectivas. 3 estudios eran con intervenciones cognitivo conductuales, mientras que los restantes eran combinaciones de programas de estilo didáctico, interactivo o psicoeducativo, incluyendo la promoción de estrategias para incrementar la autoestima.

Dos de las revisiones sistemáticas más recientes muestran que los programas disminuyeron la patología alimentaria y el riesgo de su incremento en el futuro. Un amplio número de programas mostraron disminuir factores de riesgo como la insatisfacción corporal, afecto negativo, dieting y síntomas bulímicos.

d. Trastornos afectivos (incluyendo ansiedad y psicosis).

Se encontraron más de 40 estudios focalizados en promoción, prevención e intervención temprana de trastornos del ánimo. 8 eran revisiones sistemáticas incluyendo un conjunto de temas como prevención de la depresión en general, depresión antenatal y postnatal en mujeres, depresión en pacientes con enfermedades médicas, depresión en niños y adolescentes e intervención temprana para psicosis. 42% eran estudios australianos, 27% norteamericanos y 12% del Reino Unido. Dos revisiones sugieren un efecto significativo pero limitado en reducción de la sintomatología depresiva tras la intervención, con diferencias amplias entre programas, e insuficiente aún en programas para niños y adolescentes.

Esta revisión concluye, con base a la evidencia disponible, que no se pueden generalizar las conclusiones de los cuatro diferentes subgrupos estudiados, dado

que existen diferentes enfoques preventivos entre ellos, a una visión preventiva general. Tampoco pueden extraerse conclusiones específicas acerca de la aplicación de dichos programas en otros lugares, lo que no hace sino reflejar una falta de consenso internacional acerca de lo que mejor actúa y donde lo hace.

El estudio aporta también una serie de recomendaciones específicas para Nueva Zelanda pero que transcribimos de forma resumida por su carácter general y dado su interés:

- La prevención y promoción en salud mental debe examinar el trabajo llevado a acabo por otros internacionalmente y considerar que estrategias de desarrollo de programas responden mejor a sus necesidades y pueden ser adaptadas a las poblaciones referidas.
- Los proveedores de programas de prevención y promoción de salud mental deben considerar la utilización de programas que ya han sido implementados y evaluados en otros lugares, teniendo en cuenta la características de su propia comunidad, recursos disponibles, y las prioridades de su plan general de trabajo.
- Los programas de prevención y promoción de salud mental, deben ser probados en pruebas piloto a pequeña escala con rigurosos procedimientos de evaluación para valorar su potencial para resultados más extensos, así como para introducir modificaciones que puedan maximizar su posibilidad de ser efectivos.
- Los programas de prevención y promoción de salud mental deben incorporar estrategias de evaluación de resultados bien planeadas, con dotaciones realistas, como parte de la provisión de servicios y con suficiente extensión temporal para medir resultados a corto, medio y largo plazo.
- Los programas de prevención y promoción de salud mental deben incluir evaluación de procesos que ayudarán a mantener la fidelidad de un programa y a establecer porqué los efectos resultantes se producen o no.
- Toda evaluación futura de las iniciativas de prevención y promoción de salud mental deberá examinar de forma rutinaria el coste-efectividad tanto en los cambios en resultados como en la conducción del programa.
- Las iniciativas de desarrollo y formación de profesionales deben participar en las áreas de desarrollo, implementación y evaluación de programas de prevención y promoción de salud mental. Ello debe incluir desarrollos y fondos científicos
- Se debe poner a disposición de los proveedores de servicios, desde los primeros momentos en el desarrollo de su programa, consultores y expertos

en planificación y conducción de evaluación de programas de prevención y promoción (p.ej. en las áreas de diseño de estudios, desarrollo de instrumentos, análisis estadístico).

4.3 Experiencias internacionales, europeas y españolas

4.3.1. Experiencias internacionales

La mayor parte de las experiencias internacionales en materia de promoción de la salud mental y prevención de los trastornos mentales se encuentran recogidas en los dos documentos realizados por la Organización Mundial de la Salud y que ya hemos reseñado anteriormente. No desarrollaremos aquí su contenido dada su extensión ya que pueden ser consultados en los referidos informes.

4.3.2. Experiencias europeas

El ámbito europeo viene dedicando su atención a la salud mental desde finales de los años ochenta del siglo pasado. Desde entonces y hasta la actualidad se han desarrollado de forma creciente iniciativas para implicar a los estados miembros de la Comunidad Europea y a los países europeos en su conjunto en iniciativas dirigidas a mejorar la atención a la salud mental, y a desarrollar proyectos de promoción de la salud mental, de prevención del trastorno mental y de erradicación del estigma.

A continuación recogeremos los aspectos normativos desarrollados por la comunidad europea y los principales proyectos multicéntricos de dimensión europea.

A. Aspectos normativos

La Directiva Marco de la Unión Europea 1989 sobre salud y seguridad en el trabajo recomendó incluir tanto el bienestar psíquico como la salud física, como componentes de toda política preventiva sobre salud y seguridad en el trabajo.

La Salud Pública es considerada específicamente en el Tratado de la Unión desde 1991, por medio del artículo 129 del Tratado de Maastricht, el Acta Única Europea. Previamente, la única acción relacionada con la salud que entraba en las competencias de la UE era la Salud y Seguridad en el trabajo.

En 1999, el Tratado de Amsterdan de la UE, en el artículo 152, manifestó la necesidad de una mayor prominencia hacia los requerimientos de la salud de la UE subrayó la necesidad de asegurar un alto nivel de protección a la salud en todas las políticas y actividades de la Comunidad.

La Resolución del Consejo de Europa de Noviembre 1999, mediante la que invita a los estados miembro a desarrollar políticas de promoción de la salud mental y de prevención de la enfermedad mental y a estimular la investigación sobre la salud mental y su promoción. La Resolución hace un llamamiento a la Comisión Europea a que incorpore la salud mental en los programas de salud pública y a considerar la emisión de alguna recomendación sobre la promoción de la salud mental y a evaluar el impacto de las políticas de la Unión Europea sobre la salud mental.

Conclusiones Consejo Europa noviembre 2001 sobre la forma de combatir los problemas relacionados con la depresión y el estrés, invita a estados miembro a tomar medidas que mejoren la información sobre la promoción de la salud mental en atención primaria y en otros servicios de salud, así como en los servicios sociales.

La Nueva estrategia Salud y Seguridad en el Trabajo 2002-2006, considera los nuevos riesgos de naturaleza psicosocial como objeto importante de la acción de estos programas de obligado cumplimiento.

El primer Programa de Acción Comunitaria del ámbito de la Salud Pública fue el aprobado para el periodo 1996-2002. Se centraba en proveer promoción de la salud, información y conocimiento sobre la salud, monitorización y vigilancia sobre la salud, y específicamente sobre un número de áreas prioritarias como cáncer, SIDA y adicción a drogas. En esos momentos, los Estados Miembros dejaron claro que los aspectos relativos a la responsabilidad sobre los servicios de salud quedarían en cualquier caso como aspectos subsidiarios, no dentro de las competencias de la UE.

Entonces se pudo incluir la salud mental como un componente esencial de la acción de salud pública, y se apoyaron proyectos sobre promoción de la salud mental e indicadores de salud mental sobre las líneas de acción para la promoción de la salud y monitorización de la salud respectivamente.

En el 2000 (Public Health Approach on Mental Health in Europe), se propone seriamente un cambio de enfoque hacia una aproximación poblacional: se considera que la promoción –prevención es una contribución vital para el bienestar de las poblaciones y para la protección de su capital humano, social y económico.

El Segundo Programa de Acción de la Comunidad sobre la Salud Pública se adoptó para el periodo 2003-2008: Se han apoyado proyectos sobre promoción de la salud mental y prevención de trastornos mentales, salud mental en población penitenciaria, economía de la salud mental e implementación de la promoción de la salud mental de los Estados Miembros.

La Comisión adoptó en los últimos años medidas pro salud mental enmarcadas en la política social y de empleo comunitaria, tales como:

- Adopción de la Directiva 2000/78/CE, que prohibe, entre otras cosas, la discriminación por razones de discapacidad en el ámbito del empleo.
- La adopción del Acuerdo Marco Europeo sobre el estrés ligado al trabajo, celebrado entre los interlocutores sociales en 2004.

En lo referente a alcohol y drogas, en 2001, el Consejo adoptó una Recomendación sobre el consumo de alcohol por parte de los jóvenes. En 2004, el Consejo adoptó una estrategia europea en materia de lucha contra la droga (2005-2012) y, en 2005, el plan de acción de la UE en materia de lucha contra la droga (2005-2008). La Comisión tiene previsto para antes de que finalice 2006 un informe sobre la aplicación de la Recomendación del Consejo por parte de los Estados miembros.

En la Conferencia Ministerial sobre Salud Mental de enero 2005, se invitó a la Comisión a que se consideraran ampliamente los aspectos de salud mental en el análisis del impacto de la legislación de la Comunidad. La Comisión presentó el proyecto de Libro Verde de la Salud Mental en Europa con el propósito de dar mayor importancia al impacto social, económico y estructural de la salud mental, y para asegurar mayor visibilidad de la salud mental en todas las políticas de la Unión Europea, promover la salud mental en el ámbito de la Salud Pública e intentar mejorar el nivel de salud mental y de bienestar de la población europea

B. Proyectos multicéntricos de dimensión europea.

De entre todos ellos, reseñaremos el material publicado en 2005 con el título *"Mental Health Promotion and Mental Disorder Prevention. A policy for Europe"* editado por IMHPA, y del que desarrollaremos a continuación algunos de los contenidos ya apuntados anteriormente. El documento recoge una prioridad de carácter general y diez áreas de intervención.

Una prioridad: el que cada Estado Miembro Europeo disponga de un Plan de Acción para la promoción de la salud mental y la prevención de trastornos mentales

Diez áreas de intervención, con las correspondientes acciones para cada una de ellas:

1) **Apoyo a los padres durante la crianza y las edades iniciales de la vida**
   Tratamiento de la depresión posparto de las madres; mejora de las habilidades parentales; visitas a domicilio de personal de enfermería para ayudar

a los futuros padres y a los que acaban de serlo; intervención de personal de enfermería en centros escolares.

2) **Promover la salud mental en las escuelas**
Actuaciones sobre adolescentes y jóvenes, propiciando entorno y ética escolares favorables; recursos sobre salud mental dirigidos a estudiantes, padres y profesores.

3) **Promover salud mental en el trabajo**
Un lugar de trabajo y una cultura de gestión participativos; identificación de las enfermedades mentales del personal; organización del trabajo en consonancia con las necesidades del personal (por ejemplo, horario flexible).

4) **Promover el envejecimiento mentalmente saludable**
Redes de apoyo social; fomento de la actividad física y de la participación en programas de voluntariado y de actividades dentro de la comunidad.

5) **Atender a grupos de riesgo para el desarrollo de trastornos mentales**
Asesoramiento a grupos de riesgo; apoyo para la incorporación al mercado de trabajo; empleo con apoyo para las personas con enfermedades y discapacidades psíquicas.

6) **Prevenir la depresión y el suicidio**
La enseñanza de habilidades de vida y la prevención del acoso en los centros escolares, así como la reducción del estrés en los lugares de trabajo y el fomento de la actividad física entre las personas mayores pueden reducir la depresión. La concienciación con respecto a esta enfermedad puede animar a la persona afectada a buscar ayuda, y también reducir la estigmatización y la discriminación.
Apoyo psicológico a los grupos de riesgo; formación para los profesionales de la asistencia sanitaria en prevención, reconocimiento y tratamiento de la depresión.
Prevención del suicidio
Restringir el acceso a los métodos existentes para suicidarse, formar a los proveedores de asistencia sanitaria y establecer una colaboración entre los especialistas y los encargados del seguimiento tras un intento de suicidio.
Acciones eficaces
La European Alliance against Depression (EAAD) [Alianza europea contra la depresión] combate la depresión y la conducta suicida creando redes regionales de información entre el sector sanitario, los pacientes y sus familiares, las personas que trabajan para la comunidad y el público en

general. En un proyecto piloto se consiguió reducir en un 25 % el número de suicidios e intentos de suicidio, sobre todo entre los jóvenes.

7) Prevenir la violencia y el uso de sustancias tóxicas

Dentro de la política comunitaria de libertad, justicia y seguridad, el programa DAPHNE II combate la violencia contra los menores, los jóvenes y las mujeres.

El alcohol, las drogas y otras sustancias psicoactivas son con frecuencia un factor de riesgo o una consecuencia de los problemas psíquicos. Las drogas y el alcohol son ya temas prioritarios en la política sanitaria de la Comunidad:

8) Implicar a la atención primaria y a la especializada en acciones de promoción y prevención.

Trabajar en la formación – adquisición de habilidades- de los profesionales de servicios de atención primaria y otros servicios de salud para reducir los problemas de salud mental y de uso de sustancias. Desarrollar acciones preventivas en esos contextos

9) Reducir al máximo las situaciones de desventaja social y económica, y prevenir estigma.

Desarrollar programas de inclusión para proteger a las minorías y grupos vulnerables de la exclusión y marginación; apoyar a las ONG que trabajan con estas poblaciones; proporcionar apoyo a las redes sociales de familias y cuidadores de grupos en riesgo de exclusión; promover y apoyar programas de promoción de salud mental en prisiones; desarrollar programas contra el estigma de personas que padecen trastornos mentales

10) Incrementar las actividades de enlace y cooperación con otros sectores

A desarrollar particularmente con educación, economía y finanzas, vivienda, trabajo, nutrición, transporte y urbanismo para promover políticas que proporcionen un valor añadido a la salud mental.

4.3.3. Experiencias en España

Reseñamos a continuación los programas de promoción de la salud mental y de prevención del trastorno mental que fueron presentados como referencia en los estudios europeos sobre selección de "buenas prácticas en promoción y prevención" en la última década.

A. En el estudio "Mental Health Promotion for children up to 6 years"

** *Detección Precoz en situación de riesgo* (Departamento de Servicios Sociales de Alcázar de San Juan)

- Menores de dos meses
- Con los padres
- En domicilios
- Desde 1994

** *Programa del niño sano* (Gerencia de Atención Primaria, Instituto Nacional de la Salud de Baleares)

- Menores de 14 años
- Con padres, pediatras, enfermeras y médicos de atención primaria
- Domicilios y centros de salud /atención primaria
- Desde 1991

** *Protocolos de medicina preventiva en la edad pediátrica. Programa de atención del niño sano. Salud Mental infantil y juvenil* (Atención Psiquiátrica y Salud Mental del Servicio Catalán de la Salud)

- Menores de 14 años
- Padres, profesores y equipos de atención primaria
- En centros de salud/atención primaria
- Desde 1997

** *Programa de Apoyo Escolar para la Protección de la Infancia.* (Servicio de Renovación Pedagógica. Dirección General de Educación. Consejería de Educación y Cultura. Comunidad de Madrid)

- Intervención diferenciada sobre dos grupos de edad : a) hasta 2 años: 3-16 años
- Con padres y profesores
- En guarderías, centros enseñanza primaria y de secundaria
- Desde 1998

** *Programa de psicoprofilaxis al embarazo y parto* (Instituto Madrileño de Salud. Area 10, Getafe)

- Mujeres embarazadas y madres con hijos en edad de guardería
- En centros de atención primaria de salud
- Desde 1990

** *Detección Precoz de Trastornos Profundos del Desarrollo* (Unidad de Salud Mental de Niños y Adolescentes de Pamplona)

- Menores de 6 años atendidos en consulta pediátrica y sus padres
- Cuenta con los pediatras
- Centros de salud
- Desde 1993

** *Programa de Psicología Pediátrica en Atención Primaria* (Ayuntamiento-Servicio de Salud de Salud de Baleares)
- Menores de14 años
- Cuenta con los padres
- En centros de salud
- Desde 1995

** *Unidad Funcional para la atención a la salud mental de la primera infancia (UFAPI)* (Unidad de Salud Mental Sant Martí Nort. Instituto Catalán de la Salud)
- Menores de 4 años considerados miembros de grupos vulnerables (emigrantes, hijos de padres adolescentes, o de padres con problemas graves de salud mental)
- Cuentan con padres, enfermeras de atención primaria, pediatras, cuidadores de atención temprana
- En domicilios, guarderías, centros de salud, centros de salud mental
- Desde 1995

** *Programa de Supervisión de la Salud Infantil* (Dirección General de Salud Pública. Consejería de Sanidad de la Comunidad Valenciana)
- Menores de 14 años
- Contando con profesionales de servicios de salud de atención primaria y especializada
- Centros de atención primaria y salas de maternidad
- Desde 1986

** *Escuela de Padres y Madres "Ben Surats" para familias en situación de riesgo psicosocia*l (Asociación Instituto SPORA para la promoción comunitaria y la calidad de vida. Palma de Mallorca)
- Con menores de 6 años con familias desestructuradas o ausentes
- Con enfermeras y cuidadores de los niños
- En centros de salud / atención primaria
- Desde 1997

** *Prevención en la primera infancia* Asociación de Psicoterapia y Prevención Infantil
- Menores de 6 años
- Con padres y profesores
- En escuelas
- Desde 1994

B. En el estudio Mental Health Promotion of Adolescents and Young People

** *Programa de fomento de la salud mental infantil y juvenil en Extremadura "Ordena tus ideas"/* (Alternativa Joven de Extremadura)
- Adolescentes y jóvenes de 14 a 25 años
- Incluyen a profesores, monitores y adolescentes –jóvenes
- Centros educativos –escuelas e institutos –de enseñanza primaria y secundaria
- Enero-diciembre 2000

** *Controla tu fiesta.* (Ayuntamiento de Jaca y Centro municipal de drogodependencias)
- Adolescentes jóvenes que salen por "la zona" (de marcha)
- Incluyen a grupos naturales de adolescentes-jóvenes, camareros, padres, profesores, y otros ciudadanos
- En la calle y bares, centros escolares, medios de comunicación
- Septiembre 2000- agosto 2001

** *Programa de atención al maltrato infantil desde el ámbito sanitario*. (Instituto Madrileño del Menor y la Familia. Consejería de Servicios Sociales de Madrid)
- Menores de 18 años, con particular atención a quienes forman parte de grupos más vulnerables
- En dispositivos de salud públicos y privados
- Desde 1998

** *Sensibles a una vida mentalmente sana.* (Fundación Rey Ardid de Zaragoza)
- Población de 14 a 16 años
- Centros escolares
- De 1999 a 2001

** *Prevención de trastornos de conducta alimentaria en la adolescencia: Zarima-prevención.* (Unidad mixta de Investigación del Hospital Clínico Universitario de Zaragoza)
- Adolescentes y jóvenes
- Trabajadores jóvenes, asociaciones juveniles, clubs de ocio
- De 1998 a 2002

C. En el estudio Mental Health Promotion and Prevention Strategies for Coping with Anxiety, Depression and Stress related Disorders in Europe (2001 -2003)

a) Sector "Children, Adolescents and Young People up to 24 years in educational and other relevant settings"

** *Programa del adolescente.* (Departamento de promoción y prevención de la salud del Ayuntamiento de Madrid)

- Dirigido a adolescentes

** *Ayudando a crecer* (de 3 a 6 años y de 7 a 12 años). (Departamento de promoción y prevención de la salud del Ayuntamiento de Madrid)

- Dirigido a padres

b) Sector "Working Adults"

** *Programa de consejo consulta* (Corporación Sanitaria Parc Taulí. Sabadell)

- Trabajadores profesionales de una corporación de servicios sanitarios
- Desde 1997

** *Programa de Atención Integral al Médico Enfermo (PAIMM)* (Colegio Oficial de Médicos de Barcelona)

- Dirigido a médicos y enfermeros
- Desde 1998

D. En la Alianza europea contra la depresión (EAAD)

** *Proyecto de la EAAD en Barcelona.* Distrito Dreta de l'Eixample (2004-2010)

- Dirigido a la población del Distrito de la Derecha del Eixample
- Implicados los Centros de Atención Primaria de Salud y los de Atención Especializada de Salud Mental (CSMA Dreta de l'Eixample y Hospital de la Santa Creu i de Sant Pau) del distrito.

E. En el contexto de Integrating and Strenghtening the European Research Area: EMILIA Project

** *Proyecto Emilia. En España participa el Centro Fórum de la Fundación IMIM y el Centro de Salud Mental de Sant Marti de Barcelona*

- Proyecto multicéntrico en el que participan 18 instituciones europeas de 12 países
- Iniciado en Septiembre 2005 y previsto hasta el 2009
- Participan profesionales y usuarios

Además de los programas presentados en relación a los proyectos europeos es seguro que hay otros proyectos y programas en curso de realización que no son bien conocidos debido a la inexistencia de un sistema de información centralizado y accesible. Sirva de ejemplo el "Proyecto de promoción de la salud mental para adolescentes y padres de adolescentes", dirigido a adolescentes entre 12 y 16 años y a sus padres, desarrollado en el Centro de Salud Manuel Merino de Alcalá de Henares (Madrid).

5. Conclusiones

1. Importancia de la salud mental y de los trastornos mentales.
Hemos destacado el creciente conocimiento acerca de la importancia de la salud mental y de los trastornos mentales para las sociedades en general, y para los países europeos y particularmente en España, como se recoge en documentos y declaraciones que hemos ido reseñando.

2. Posibilidades de incidir en la promoción de la salud mental, en la prevención de los trastornos mentales y sobre el estigma asociado a estos trastornos.
La producción internacional reconoce la posibilidad de incidir en la promoción de la salud mental, la prevención del trastorno mental y la reducción del estigma mediante políticas intersectoriales, de salud pública e intervenciones desde los sistemas sanitarios y de salud mental.

3. La evidencia disponible.
Si bien existen ámbitos de debate sobre la valoración de la evidencia científica y sus métodos, se reconoce un creciente conocimiento acerca de las intervenciones disponibles y aconsejables, así como sobre la necesidad de evaluar nuevas formas de intervención mediante pruebas piloto y evaluaciones técnicas rigurosas.

4. La promoción de la salud mental, la prevención de los tastornos mentales y la disminución del estigma como componentes de las políticas interministeriales y de salud pública.
La necesidad de incluir en los planes de gobierno y en la planificación estratégica, particularmente social y sanitaria, de los necesarios componentes de promoción de la salud mental, la prevención del trastorno mental y la reducción del estigma.

5. La necesidad de una política sanitaria de promoción de la salud mental, la prevención del trastorno mental y la disminución del estigma.
La necesidad de desarrollar desde los ámbitos sanitarios políticas de salud pública, y de desarrollo de las redes y servicios asistenciales generales y especializados que contemplen intervenciones dirigidas a la promoción de la salud mental, la prevención del trastorno mental y la disminución del estigma.

6. La promoción de la salud mental, la prevención de los trastornos mentales y la disminución del estigma desde las redes y dispositivos sanitarios.

Las redes sanitarias y los dispositivos sanitarios generales y especializados deben incluir en su organización y programación asistencial intervenciones y acciones orientadas a la promoción de la salud mental, la prevención del trastorno mental y la reducción del estigma.

7. El diseño, realización y evaluación de programas e intervenciones sanitarias en promoción y prevención en salud mental.

El diseño, la realización y evaluación de intervenciones sanitarias en promoción y prevención en salud mental, debe contar con un soporte técnico adecuado, recursos específicos y formación especializada para los dispositivos y los profesionales encargados de llevarlas a cabo.

6. Recomendaciones

Una vez examinados los aspectos conceptuales, las posiciones de los organismos internacionales, europeos y españoles, la documentación referenciada, y las conclusiones elaboradas, el grupo de consenso recomienda:

1. Informar de programas y actividades en España de promoción de la salud mental, prevención del trastorno mental y de reducción del estigma.

Recoger una información pormenorizada de los programas y actividades de promoción de la salud mental, de prevención de los trastornos mentales y de reducción del estigma que se desarrollan en el ámbito estatal, autonómico y local, impulsadas tanto por las administraciones como por organizaciones no gubernamentales. La recopilación sistemática de estas informaciones debería realizarse mediante consultas dirigidas a administraciones y organizaciones valiéndose de un cuestionario diseñado al efecto y debería facilitar la identificación de la documentación disponible.

2 Definir ámbitos y prioridades de intervenciones de promoción de la salud mental, prevención del trastorno mental y reducción del estigma.

Definir los ámbitos y las prioridades de intervención en promoción de la salud mental, prevención de los trastornos mentales y reducción del estigma, de acuerdo con las recomendaciones internacionales y las necesidades y oportunidades específicas para cada situación. Las prioridades podrían establecerse en función de los diferentes grupos de edad (infancia, adolescencia, adultos, ancianos), grupos poblacionales (género, marginados, inmigrantes), trastornos o condiciones clínicas (trastornos depresivos, ansiosos, psicóticos, conducta alimentaria, uso y abuso de sustancias, suicidio) o ámbitos organizacionales o institucionales (escuelas, centros de trabajo, residencias, cárceles).

3. Sugerir criterios y contenidos de intervención para disminuir el estigma.

Se deberían sugerir criterios y contenidos que eventualmente pudieran considerar tanto el Ministerio de Sanidad como las Comunidades Autónomas a la hora de incluir en sus planes y programas intervenciones que fomenten la integración y reduzcan la estigmatización de las personas con trastorno mental (ej identificando mejoras en la calidad de los servicios, o modos de participación de usuarios, pacientes y familiares en la programación y/o evaluación de los servicios , que influyen de forma potente en la reducción de estigma) .

4. Recomendar programas con evidencia disponible.
Establecer los programas de actuación recomendados con evidencia científica disponible, así como proporcionar las guías de actuación y los instrumentos y materiales que puedan facilitar su implementación en nuestros contextos naturales.

5. Favorecer la monitorización y la evaluación.
Favorecer la monitorización y la evaluación de las experiencias implementadas, tanto para conocer sus resultados como para determinar su coste-efectividad.

6. Identificar barreras legislativas y formativas.
Identificar en la legislación, en la normativa vigente y en las nuevas propuestas legislativas, barreras que impidan el ejercicio de la ciudadanía a las personas con trastornos mentales.

7. Sugerir normas específicas en el ámbito asistencial.
Sugerir normas específicas que puedan considerar los responsables de centros asistenciales para incluir en los protocolos y procedimientos, encaminadas a fomentar la integración y evitar el estigma y la discriminación de las personas con trastorno mental.

8. Establecer intervenciones eficaces para la integración y reducción del estigma.
Sugerir, de acuerdo con las pruebas disponibles, las intervenciones más eficaces (con objeto de fomentar la integración y reducir el estigma de las personas con enfermedades mentales) que puedan dirigirse a profesionales de la salud, profesionales de la comunicación, profesionales de la educación y escolares, empresarios y agentes sociales, policía local y cuerpos de seguridad, asociaciones de personas con trastornos mentales y sus familiares, y proponer formatos de formación al respecto para estos distintos grupos.

9. Proponer cambios formativos en los dispositivos sanitarios.
Sugerir los cambios que podrían adoptarse en los reglamentos de régimen interno de los dispositivos relacionados con la atención sanitaria, que puedan contribuir a fomentar la integración y reducir el estigma y la discriminación de las personas con trastornos mentales y sus familiares

10. Establecer las necesidades de formación.
Formular las necesidades de formación general en promoción de la salud mental, prevención del trastorno mental y reducción del estigma, como aquellas específicas para la realización de programas concretos y utilización de instrumentos específicos.

11. Promover la investigación
Promover la investigación entorno a los factores de riesgo y de protección, y el impacto, eficacia, efectividad y eficiencia de los programas de promoción, prevención y reducción del estigma en salud mental.

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ANEXOS

A. Referencias de promoción de la salud mental

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Abstract: Mental illness contributes a substantial burden of disease worldwide. Globally, approximately 450 million persons suffer from mental disorders, and one fourth of the world's population will develop a mental or behavioral disorder at some point during their lives. Mental disorders account for approximately 25% of disability in the United States, Canada, and Western Europe and are a leading cause of premature death. In the United States, approximately 22% of the U.S. adult population has one or more diagnosable mental disorders in a given year. The estimated lifetime prevalences for mental disorders among the U.S. adult population are approximately 29% for anxiety disorders, 25% for impulse-control disorders, 21% for mood disorders, 15% for substance-use disorders, and 46% for any of these disorders. In addition, an estimated one in 10 children in the United States has a mental disorder that causes some level of impairment. The effects of mental illness are evident across the life span, among all ethnic, racial, and cultural groups, and among persons of every socioeconomic level. Moreover, mental illness costs the United States an estimated $150 billion annually, excluding the costs of research

Notes: DA - 20050902

IS - 1545-861X (Electronic)

LA - eng

PT - Journal Article

SB - IM

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Notes: DA - 20050527

IS - 0241-6972 (Print)

LA - fre

PT - Congresses

PT - News

SB - N

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Notes: DA - 20070118

IS - 0952-2271 (Print)

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

SB - H

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Abstract: Evidence and current mental health policy point to the importance of promoting mental health in families and to the role of the health visitor in this work. Health visitors are key practitioners in the mental and emotional well-being of families of young children. Their remit needs to extend beyond postnatal depression to holistic assessments of child and family mental health and interventions where necessary. This work is likely to benefit

the longer-term health of the children and other family members and reduce their future demands on health and social services. The importance of this preventive work must be brought to the attention of health commissioners, especially during the present cutbacks in the health visiting service
Notes: DA - 20070504
IS - 1474-9114 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - N

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LA - eng
PT - Journal Article
SB - IM

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Notes: DA - 20030625
IS - 0305-1862 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Alvidrez, J., Arean, P. A., & Stewart, A. L. (2005). Psychoeducation to increase psychotherapy entry for older African Americans. *Am.J.Geriatr.Psychiatry, 13*, 554-561.
Abstract: OBJECTIVE: Older African Americans have low rates of mental health service use, particularly for outpatient treatment. This pilot study examined the impact of a brief psychoeducational intervention on treatment entry and attendance for older African American medical patients referred for psychotherapy. METHODS: Before their first appointment, 32 participants attended a 15-minute individual psychoeducation session about psychotherapy that was specifically tailored for older African Americans. The rates of treatment entry and number of sessions attended over 3 months were compared between psychoeducation participants and a historical-comparison group of 37 African Americans referred for psychotherapy the previous year. RESULTS: The proportion of patients starting therapy was equivalent in both groups (about 75%). However, psychoeducation participants attended significantly more sessions than the comparison group in the 3-month period. In 3-month follow-up interviews, participants reported favorable impressions of the psychoeducation experience. CONCLUSIONS: This brief intervention was acceptable to older African Americans and may be a promising strategy to promote outpatient treatment in this underserved population

Notes: DA - 20050712
IS - 1064-7481 (Print)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, U.S. Gov't, P.H.S
SB - IM

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SB - IM

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Abstract: In advanced industrial societies such as the UK, the burden of disease is shifting from physical to mental health problems--emotional and behavioural problems currently being the major cause of disability in children. Evidence concerning the role of parents in promoting children's social and emotional health, in conjunction with the benefits of supporting parents in this role, has focused attention on the need for greater clarity concerning the role of both parents and governments in supporting and protecting children's social and emotional health. This paper examines the evidence base concerning children's social and emotional development and suggests some steps that may be necessary to ensure the future promotion of children's social and emotional health
Notes: DA - 20050411
IS - 0264-0325 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Barry, M. M., Domitrovich, C., & Lara, M. A. (2005). The implemention of mental health promotion programmes. *Promot.Educ., Suppl 2*, 30-6, 62, 68.
Notes: DA - 20050621
IS - 1025-3823 (Print)
LA - eng
PT - Journal Article
SB - IM

Calloway, S. (2007). Mental health promotion: is nursing dropping the ball? *J.Prof.Nurs., 23*, 105-109.
Abstract: As a discipline, nursing has espoused a philosophy of caring for the whole person, including not only the physical but also the psychosocial and spiritual realms. Health promotion and the desire to promote healthy communities are a focus of the discipline and are evidenced by the curricula in nursing programs as well as community activism by individuals and groups of nurses. Although health promotion should include measures to address not only physical but also mental health, there is a disparity in the nursing literature regarding mental health promotion. Is this because mental health promotion is assumed to be a natural outgrowth of the caring aspect of nursing or because mental health promotion is relegated only to those who specialize in mental health? Is there a research gap in the area of mental health promotion or is there a failure to use research-based actions to promote mental health in nursing curricula? This article addresses the current state of mental health promotion in nursing
Notes: DA - 20070326
IS - 8755-7223 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM
SB - N

Daly, B. P., Burke, R., Hare, I., Mills, C., Owens, C., Moore, E. et al. (2006). Enhancing No Child Left Behind-School mental health connections. *J.Sch Health, 76*, 446-451.
Abstract: The No Child Left Behind Act of 2001 was signed into law by President George W. Bush in January 2002 and is regarded as the most significant federal education policy initiative in a generation. The primary focus of the No Child Left Behind Act is on promoting educational success for all children; however, the legislation also contains opportunities to advance school-based mental health. Unfortunately, the complexities of the provisions of the No Child Left Behind Act have made it difficult for educators, stakeholders, and mental health professionals to understand the legal and practical interface between No Child Left Behind and the school mental health movement. Therefore, the goals of this article are to (1) raise awareness about the challenges educators and school mental health professionals face as a result of the implementation of No Child Left Behind and (2) provide ideas and recommendations to advance the interface between No Child Left Behind and school mental health, which will support key provisions of the act and the growth of the field
Notes: DA - 20061009
IS - 0022-4391 (Print)
LA - eng
PT - Journal Article
SB - IM
SB - N

Donovan, R. J., Henley, N., Jalleh, G., Silburn, S. R., Zubrick, S. R., & Williams, A. (2007). People's beliefs about factors contributing to mental health: implications for mental health promotion. *Health Promot.J.Austr., 18*, 50-56.
Abstract: ISSUE ADDRESSED: To quantify people's perceptions of mental health identified in qualitative research and to inform mental health promotion communication stra-

tegies. METHODS: A statewide telephone survey of 1,500 adults was conducted in Western Australia using a structured questionnaire containing both open and closed-ended questions. RESULTS: The vast majority of people had negative (or illness) connotations to the words 'mental health', but had positive connotations to the term 'mentally healthy person'. The three factors perceived to contribute most to being mentally healthy were: having good friends to talk problems over with; keeping one's mind active; and the opportunity to have control over one's life. The three factors perceived to contribute most to being mentally unhealthy were: excessive use of alcohol or drugs; having no friends or support network; and life crises o traumas. The phrase 'being content with who you are' best summed up good mental health. Older people generally placed greater emphasis than younger people on cognitive functioning and keeping physically healthy for good mental health. CONCLUSIONS: People's beliefs about factors influencing mental health are consistent with much of the literature. Communication components of mental health promotion interventions based on the data reported here would be viewed as credible and relevant by most people
Notes: DA - 20070515
IS - 1036-1073 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Duggleby, W. (2005). Fostering hope in incarcerated older adults. *J.Psychosoc.Nurs.Ment.Health Serv., 43*, 15-20.
Notes: DA - 20051028
IS - 0279-3695 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM
SB - N

Epstein, I. (2004). Adventure therapy: a mental health promotion strategy in pediatric oncology. *J.Pediatr.Oncol.Nurs., 21*, 103-110.
Abstract: In adventure therapy (AT), health professionals and adolescents with cancer come together to explore the wilderness of nature. One goal of this therapy is to encourage the adolescents to enhance their self-concept as part of an overall physical, cognitive, emotional or spiritual, social and psychological, or developmental rehabilitation that promotes health. The adolescents with cancer who participate in AT also learn about themselves through self-evaluation, self-exploration, self-reevaluation, self-acceptance, and self-realization. Mental health promotion (MHP) is considered a perspective and a strategy to promote health. An AT experience could be an example of an MHP initiative in which nurses can take a leadership role in participating, and further investigating, the health effects of AT on adolescents with cancer
Notes: DA - 20040505
IS - 1043-4542 (Print)

LA - eng
PT - Journal Article
PT - Review
SB - IM
SB - N

Essler, V., Stickley, T., & Arthur, A. (2006). A better place for everyone. *Ment.Health Today*, 16-18.
Notes: DA - 20061024
IS - 1474-5186 (Print)
LA - eng
PT - Journal Article
SB - N

Flahault, C. & Fromantin, I. (2006). [An example of psycho-oncology management]. *Soins*., 28, 30.
Notes: DA - 20060614
IS - 0038-0814 (Print)
LA - fre
PT - Case Reports
PT - Journal Article
SB - N

Flahault, C. (2006). [Psycho-oncology: to promote better mental health]. *Soins*., 27-28.
Notes: DA - 20060614
IS - 0038-0814 (Print)
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PT - Journal Article
SB - N

Glass, R. M. (2003). Awareness about depression: important for all physicians. *JAMA, 289*, 3169-3170.
Notes: DA - 20030618
IS - 1538-3598 (Electronic)
LA - eng
PT - Editorial
SB - AIM
SB - IM

Grey, P. (2004). This life. *Ment.Health Today*, 42.
Notes: DA - 20041015
IS - 1474-5186 (Print)
LA - eng
PT - Journal Article
SB - N

Harris, M. (2006). Tell me a story. *Ment.Health Today*, 14-15.
Notes: DA - 20061129
IS - 1474-5186 (Print)
LA - eng
PT - Journal Article
SB - N

Herrman, H. & Jane-Llopis, E. (2005). Mental health promotion in public health. *Promot.Educ., Suppl 2*, 42-7, 63, 69.
Notes: DA - 20050621
IS - 1025-3823 (Print)
LA - eng
PT - Journal Article
SB - IM

Herrman, H. & Swartz, L. (2007). Promotion of mental health in poorly resourced countries. *Lancet, 370*, 1195-1197.
Notes: DA - 20071008
IS - 1474-547X (Electronic)
LA - eng
PT - Comment
PT - Journal Article
SB - AIM
SB - IM

Hershberger, P. J. (2005). Prescribing happiness: positive psychology and family medicine. *Fam.Med., 37*, 630-634.
Abstract: Although mental health promotion is consistent with the philosophy of family medicine, it is largely unclear what behaviors or interventions comprise mental health promotion in practice. A recent effort in psychology, known as "positive psychology," has endeavored to better understand happiness, meaning in life, character strengths, and how these all can be developed. Because happiness is associated with multiple benefits, including better health, it behooves family physicians to become familiar with and incorporate positive psychology into their practices. This article reviews examples of the work in positive psychology, including gratitude, capitalization, "satisficing," character strengths, and learned optimism. Potential applications of each area in medical education, physician well-being, and patient care are described
Notes: DA - 20050929
IS - 0742-3225 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Jackson, C. (2003). Back to nature. *Ment.Health Today*, 8-9.
Notes: DA - 20040202
IS - 1474-5186 (Print)
LA - eng
PT - Journal Article
SB - N

Jane-Llopis, E. & Barry, M. M. (2005). What makes mental health promotion effective? *Promot.Educ., Suppl 2*, 47-55, 64, 70.
Notes: DA - 20050621
IS - 1025-3823 (Print)

LA - eng
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SB - IM

Jane-Llopis, E. (2005). From evidence to practice: mental health promotion effectiveness. *Promot.Educ., Suppl 1*, 21-7, 47, 57.
Notes: DA - 20050614
IS - 1025-3823 (Print)
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PT - Journal Article
PT - Review
SB - IM

Jansen, D. A. & von, S., V (2004). Restorative activities of community-dwelling elders. *West J.Nurs.Res., 26*, 381-399.
Abstract: This study was conducted to identify the restorative activities of community-dwelling elders. Exposure to restorative activities, such as observing nature, is associated with improved concentration, more effective cognitive functioning, and feelings of greater mental energy, peacefulness, and refreshment. Little literature exists regarding the types and benefits of restorative activities engaged in by elders, a group in need of means to promote optimal daily functioning. A qualitative descriptive design was used. Thirty (28 women, 2 men) community-dwelling elders (ages 65 to 92 years) were interviewed using open-ended questions to ascertain their perceptions of restorative activities. A content analysis of themes produced 12 categories of restorative activities: creative outlets, altruism, nature, social connections, cognitive challenges, physical activity, reading, family connections, spirituality and reflection, cultural activities, travel, and other activities. Additional studies with larger, culturally diverse samples and more men are warranted before implementing restorative interventions with elders in the hopes of promoting optimal functioning and well-being
Notes: DA - 20040524
IS - 0193-9459 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM
SB - N

Keyes, C. L. (2007). Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health. *Am.Psychol., 62*, 95-108.
Abstract: This article summarizes the conception and diagnosis of the mental health continuum, the findings supporting the two continua model of mental health and illness, and the benefits of flourishing to individuals and society. Completely mentally healthy adults--individuals free of a 12-month mental disorder and flourishing--reported the fewest missed days of work, the fewest half-day or greater work cutbacks, the healthiest psychosocial functioning (i.e., low helplessness, clear goals in life, high resilience, and high intimacy), the lowest risk of cardiovascular disease, the lowest number of chronic physical diseases with age, the fewest health limitations of activities of daily living, and lower health care utilization.

However, the prevalence of flourishing is barely 20% in the adult population, indicating the need for a national program on mental health promotion to complement ongoing efforts to prevent and treat mental illness. Findings reveal a Black advantage in mental health as flourishing and no gender disparity in flourishing among Whites
Notes: DA - 20070227
IS - 0003-066X (Print)
LA - eng
PT - Journal Article
SB - IM

Khanlou, N. (2004). Immigrant youth mental health promotion in transnationalizing societies. *Rev.Bras.Enferm., 57*, 11-12.
Notes: DA - 20041011
IS - 0034-7167 (Print)
LA - eng
PT - Journal Article
SB - N

Kirchner, J. E., Rule, C., Kramer, T. L., Bennett, L. A., & Otwell, S. (2007). Blending education, research, and service missions: the Arkansas model. *Acad.Med., 82*, 107-112.
Abstract: Creating school and community partnerships with academic health centers (AHC) offers one strategy for initiating and sustaining broad-based change in health systems. This article describes the development, initial evaluation, and current iteration of the Arkansas Partners in Behavioral Health Sciences Model, a collaboration between personnel from an AHC and K-12 schools to address behavioral health issues in children. The model's focus on education, research, and service provides an opportunity for AHC faculty and school personnel to collaborate to promote mental health in school-aged youth. Quantitative and qualitative methods have been used to inform development and confirm effectiveness of the program. From 2001 through 2005, more than 2,700 school personnel from 72 of the 75 counties in Arkansas participated in more than 30,000 hours of continuing education. The programs have also targeted students using interactive televideo presentations, supplemental classroom curricula, and an exhibit in a state science museum, resulting in an outreach to more than 2,500 youths. Results of longitudinal and randomized studies also show changes in knowledge, attitudes, and behaviors. In an era of extraordinary need and finite resources for school systems, AHCs are poised to provide the critical link to improve the scientific knowledge and understanding of behavioral health conditions. The current program targets behavioral health, but AHCs also can incorporate other health conditions, scientific topics, and medical interventions to provide a important service for the public and to accomplish an important mission toward health leadership in the community
Notes: DA - 20070101
IS - 1040-2446 (Print)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
SB - AIM
SB - IM

Konu, A. I. & Lintonen, T. (2006). School well-being in Grades 4-12. *Health Educ.Res., 21*, 633-642.
Abstract: The World Health Organization has encouraged a whole-school approach when trying to promote mental health and well-being in schools. The Internet-based School Well-being Profile aims to be a holistic well-being evaluation tool for schools. Well-being is divided into four categories: 'school conditions', 'social relationships', 'means for self-fulfillment' and 'health status'. The questionnaires for the School Well-being Profile were developed for school personnel and for pupils at three levels: primary, lower secondary and upper secondary schools. The present data consisted of the responses from 8285 participants from primary, lower and upper secondary school pupils in the school year 2004-05 in Finland. School well-being was compared between gender, school levels and grades. Pupils in primary school experienced school conditions, social relationships and means for self-fulfillment to be better than pupils in secondary schools. When comparing gender and grades, the main finding was that girls and younger students within each school level rated school well-being more positively, except the fact that boys had fewer symptoms than girls did. The aim of the School Well-being Profile is to provide a well-being evaluation tool for schools to use. The idea is that schools evaluate their well-being, make positive changes and perform the evaluation again to see if progress has been made
Notes: DA - 20060922
IS - 0268-1153 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - T

Kornreich, C. & De, N. N. (2005). [The impact of regular physical activity on physical and mental health: how motivate the patient?]. *Rev.Med.Brux., 26*, 89-96.
Abstract: A sedentary lifestyle is associated with the development of numerous diseases and seems to increase in western societies. The influence of a regular physical activity in the prevention of cardiovascular diseases, diabetes, obesity, cancers, anxious and depressive disturbances is summarized. Potential mechanisms of its positive influence are discussed and prescription recommendations are made
Notes: DA - 20050610
IS - 0035-3639 (Print)
LA - fre
PT - English Abstract
PT - Journal Article
PT - Review
SB - IM

Lee, J., Soeken, K., & Picot, S. J. (2007). A meta-analysis of interventions for informal stroke caregivers. *West J.Nurs.Res., 29*, 344-356.
Abstract: The purpose of this study is to examine the effectiveness of the interventions for improving mental health of caregivers of people with stroke by synthesizing individual studies. A meta-analysis was performed to summarize findings of intervention studies of caregivers of elderly stroke patients. Additionally, a sensitivity analysis and a publication bias were tested. The overall mean weighted effect size (MWES) for the four studies is 0.277 (Z = 3.432,

p = .001) with a 95% CI .118 to .435 (N = 718) indicating that the intervention was effective in improving the mental health of informal stroke caregivers. The MWES for the education program was 0.354 (Z= 2.613, p < .01) and for the support program was .234 (Z = 2.335, p= .02). The MWES for the Europe study was .219 (Z= 2.613, p < .01) and for the United States was .922 (Z = 3.287, p = .001). The results show that overall interventions improved mental health of informal stroke caregivers. The small number of studies included in the meta-analysis limits the generalizability of results while supporting the need for more research in this area
Notes: DA - 20070410
IS - 0193-9459 (Print)
LA - eng
PT - Journal Article
PT - Meta-Analysis
SB - IM
SB - N

Lee, R. L. & Loke, A. J. (2005). Health-promoting behaviors and psychosocial well-being of university students in Hong Kong. *Public Health Nurs., 22*, 209-220.
Abstract: The objective of this study was to examine health-promoting behaviors and psychosocial well-being of university students in Hong Kong. A cross-sectional study was conducted using convenience sample (n = 247) of students recruited at various locations on campus. The Chinese version of the Health Promotion Lifestyle Profile II (HPLP-II; S. Walker, K. Sechrist, & N. Pender, 1995) was given to students as a questionnaire. Relatively few university students had a sense of "health responsibility" (6.5-27.1%), engaged in any form of physical activity (31.2%), or exercised regularly (13.8%). Less than half ate fruits (35.2%) and vegetables (48.9%) every day. Positive personal growth was reported by 50.6% of the students; 42.5% used stress-management skills and 74.1% rated their interpersonal relationships as meaningful and fulfilling. Students' scores on the health responsibility, nutritional habits, spiritual growth, interpersonal relations, or stress-management subscales of the HPLP-II did not differ significantly by gender, but males scored better than females (p = 0.001) on the physical exercise subscale. This study provides information on gender differences and specific needs of students which can help university administrators, curriculum planners, and community health professionals design guidelines for structuring a healthier environment and developing health education programs that support healthy choices among university students
Notes: DA - 20050628
IS - 0737-1209 (Print)
LA - eng
PT - Journal Article
SB - IM
SB - N

Lesesne, C. A. & Kennedy, C. (2005). Starting early: promoting the mental health of women and girls throughout the life span. *J.Womens Health (Larchmt.), 14*, 754-763.
Abstract: The importance of mental health in the promotion of lifelong health among men and women alike cannot be overstated. However, mental health remains under-addressed within general public health and community health programs. In this report, we focus primarily on the mental health of women and discuss risk factors that can affect the well-being

of women throughout the life span. The literature reviewed demonstrates a strong relationship between social and environmental risk factors, such as abuse and family dysfunction in childhood, to health risk behaviors and poor mental health in adulthood. We concluded that adverse childhood experiences (ACEs) and poor adult mental health could contribute to cycles of intergenerational transmission of risks leading to poor mental and physical health in children of ACEexposed parents. Also, we argue that public health communities can make a difference in women's lifelong health by improving early recognition and treatment of mental health concerns, seeking opportunities to prevent exposures to known risk factors in childhood, and developing targeted parenting interventions. Promoting healthy psychological states and coping mechanisms before, during, and after exposure to adverse events throughout life is also critical. Perhaps such efforts will help to reduce or even break cycles of risk exposure specifically for women and their children. Finally, existing prevention activities and opportunities for promoting the mental health of girls and women are discussed. Ultimately, this report challenges the women's health and public health communities to take action because mental health can have a serious impact on lifelong well-being
Notes: DA - 20051129
IS - 1540-9996 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Lewis, B. & Ridge, D. (2005). Mothers reframing physical activity: family oriented politicism, transgression and contested expertise in Australia. *Soc.Sci.Med., 60*, 2295-2306.
Abstract: Mothers of young children are a population sub-group with one of the lowest levels of physical activity. This paper presents the findings from a qualitative study with 40 Australian mothers of children under school age. The research aimed to understand the tensions, dilemmas and trade-offs which women experience around physical activity within the contexts of their everyday lives as mothers of young children. The analysis shows that, in contrast to health promotion messages which frame physical activity as a positive and healthy behaviour, mothers of young children perceive activity as being both enhancing and threatening to their health and social relationships. Restrictive stereotypes of the 'good' mother make it difficult for many women to prioritise their own physical activity needs over their childrearing and domestic responsibilities. Nevertheless, women's involvement in physical activity is often underpinned by the maternal 'ethic of care' as something which can help them cope better with the challenges of being a mother and contribute to the wellbeing of the family. This article takes as its departure point the notion that the maternal 'ethic of care' creates previously unrecognised opportunities in relation to physical activity. For many mothers, physical activity can also be a way of challenging hegemonic discourses and extending what it means to be a good mother in contemporary society. Although largely overlooked by contemporary health promotion, it is women's family-oriented politicism and resistance to dominant meanings about motherhood, health and the 'ideal' body which create alternative possibilities for their participation and enjoyment of physical activity during early motherhood
Notes: DA - 20050307
IS - 0277-9536 (Print)

LA - eng
PT - Journal Article
SB - IM

MacDonald, T. H. (2007). Re: health, wealth and the pursuit of happiness, March 2007;1 27(2): 61-2. *J.R.Soc.Health, 127*, 102.
Notes: DA - 20070604
IS - 0264-0325 (Print)
LA - eng
PT - Comment
PT - Letter
SB - IM

Mann, M., Hosman, C. M., Schaalma, H. P., & de Vries, N. K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Educ.Res., 19*, 357-372.
Abstract: Self-evaluation is crucial to mental and social well-being. It influences aspirations, personal goals and interaction with others. This paper stresses the importance of self-esteem as a protective factor and a non-specific risk factor in physical and mental health. Evidence is presented illustrating that self-esteem can lead to better health and social behavior, and that poor self-esteem is associated with a broad range of mental disorders and social problems, both internalizing problems (e.g. depression, suicidal tendencies, eating disorders and anxiety) and externalizing problems (e.g. violence and substance abuse). We discuss the dynamics of self-esteem in these relations. It is argued that an understanding of the development of self-esteem, its outcomes, and its active protection and promotion are critical to the improvement of both mental and physical health. The consequences for theory development, program development and health education research are addressed. Focusing on self-esteem is considered a core element of mental health promotion and a fruitful basis for a broad-spectrum approach
Notes: DA - 20040628
IS - 0268-1153 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Review
SB - T

McDaid, D., Curran, C., & Knapp, M. (2005). Promoting mental well-being in the workplace: a European policy perspective. *Int.Rev.Psychiatry, 17*, 365-373.
Abstract: The nature of the workplace continues to change as Europe adapts to the challenges of competing in a global marketplace. Across the European Union there is a trend of increasing absenteeism and early retirement due to mental health problems, particularly stress and depression. The social and economic costs of lost productivity in Europe are substantial. Moreover, the sustainability of social protection systems may be challenged further by increases in the levels of disability benefits paid to people who have left work on grounds of poor mental health. Yet despite these significant consequences, at both national and pan-European levels, decision-makers have been slow to recognise the importance of promoting mental health within the workplace, although recently there have been some positive developments. This paper outlines some of the socio-economic arguments for the

promotion of good mental well-being in the labour force and identifies how they link with different national and European policy agendas around four key issues: economic growth and development, the promotion of a high level of public health, sustainability of social welfare systems and social inclusion. The role and activities to promote mental well-being in the workplace undertaken by both national and international organizations in Europe are outlined along with important gaps and challenges that need to be addressed
Notes: DA - 20050930
IS - 0954-0261 (Print)
LA - eng
PT - Journal Article
SB - IM

Melnyk, B. M., Moldenhauer, Z., Tuttle, J., Veenema, T. G., Jones, D., & Novak, J. (2003). Improving child and adolescent mental health. An evidence-based approach. *Adv.Nurse Pract., 11*, 47-52.
Notes: DA - 20030318
IS - 1096-6293 (Print)
LA - eng
PT - Journal Article
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Mittelmark, M. B. (2003). Five strategies for workforce development for mental health promotion. *Promot.Educ., 10*, 20-2, 40, 47.
Notes: DA - 20030703
IS - 1025-3823 (Print)
LA - eng
PT - Journal Article
SB - IM

Mittelmark, M. B. (2005). Why "mental" health promotion? *Promot.Educ., Suppl 2*, 55-7, 64, 70.
Notes: DA - 20050621
IS - 1025-3823 (Print)
LA - eng
PT - Journal Article
SB - IM

Moodie, R. & Jenkins, R. (2005). I'm from the government and you want me to invest in mental health promotion. Well why should I? *Promot.Educ., Suppl 2*, 37-41, 63, 69.
Notes: DA - 20050621
IS - 1025-3823 (Print)
LA - eng
PT - Journal Article
SB - IM

Nishtar, S., Minhas, F. A., Ahmed, A., Badar, A., & Mohamud, K. B. (2004). Prevention and control of mental illnesses and mental health: National Action Plan for NCD Prevention, Control and Health Promotion in Pakistan. *J.Pak.Med.Assoc., 54*, S69-S77.
Abstract: As part of the National Action Plan for Non-communicable Disease Prevention, Control and Health Promotion in Pakistan (NAP-NCD), mental illnesses have been grou-

ped alongside non-communicable diseases (NCD) within a combined strategic framework in order to synchronize public health actions. The systematic approach for mental illnesses is centred on safeguarding the rights of the mentally ill, reducing stigma and discrimination, and de-institutionalisation and rehabilitation of the mentally ill in the community outlining roles of healthcare providers, the community, legislators and policy makers. The approach has implications for support functions in a number of areas including policy building, manpower and material development and research. Priority action areas for mental health as part of NAP-NCD include the integration of surveillance of mental illnesses in a comprehensive population-based NCD surveillance system; creating awareness about mental health as part of an integrated NCD behavioural change communication strategy; integration of mental health with primary healthcare; the development of sustainable public health infrastructure to support community mental health initiatives; building capacity of the health system in support of prevention and control activities; effective implementation of existing legislation and harmonizing working relationships with law enforcing agencies. NAP-NCD also stresses on the need to integrate mental health into health services as part of a sustainable and integrated medical education programme for all categories of healthcare providers and the availability of essential psychotropic drugs at all healthcare levels. It lays emphasis on protecting the interests of special groups such as prisoners, refugees and displaced persons, women, children and individuals with disabilities. Furthermore, it promotes need-based research for contemporary mental health issues
Notes: DA - 20050304
IS - 0030-9982 (Print)
LA - eng
PT - Journal Article
SB - IM

Patel, V. (2005). Poverty, gender and mental health promotion in a global society. *Promot.Educ., Suppl 2*, 26-9, 62, 68.
Notes: DA - 20050621
IS - 1025-3823 (Print)
LA - eng
PT - Journal Article
SB - IM

Peternelj-Taylor, C. (2005). Mental health promotion in forensic & correctional environments. *J.Psychosoc.Nurs.Ment.Health Serv., 43*, 8-9.
Abstract: I hope this brief glimpse into the concept of mental health promotion within forensic and correctional environments will challenge nurses to explore creative ways in which a mental health agenda can be formulated and actualized in practice
Notes: DA - 20051028
IS - 0279-3695 (Print)
LA - eng
PT - Editorial
SB - IM
SB - N

Phuphaibul, R., Thanooruk, R., Leucha, Y., Sirapo-ngam, Y., & Kanobdee, C. (2005). The impacts of the "Immune of Life" for teens module application on the coping behaviors and mental health of early adolescents. *J.Pediatr.Nurs., 20*, 461-468.

Abstract: This quasi-experimental research is the subsequent part of the Health Promotion for Early Adolescents Project, which focuses on the training of schoolteachers in using the module Immune of Life for Teens, which was developed in 1999, for evaluating its impact. The module consists of a manual and a VDO cassette display of a story of a teenager who has difficulty adjusting to life changes. The program aimed at improving the coping skills and psychological health or mental health of junior high school students. Schoolteachers from 13 schools participated nationwide as part of an experimental group and received training in the use of the module in their schools with students in Grades 7-9. The control group was composed of 3 schools that did not apply the module. Each school performed the pretest and posttest 1 month after the module's application. The total number of the students in the study was 1,580. There were 445 students in the control group, 474 in the experimental I group (intensive training) group, and 661 in the experimental II group (nonintensive group). The instruments used to evaluate impact were the following: (1) Young Adult Coping Orientation for Problem Experiences, which was developed by Patterson, McCubbin, and Grochowski in 1983, and the (2) Thai Mental Health Questionnaire, a 70-item self-administered questionnaire developed by Pattrayuwat in 1999 to assess mental health status. The findings reveal that both experimental groups had better coping behaviors than the control group when using pretest scores as covariates (experimental I group: $F = 9.425$, $p < .01$; experimental II group: $F = 22.446$, $p < .001$) 1 month after the module was implemented. They also show that both experimental groups had better mental health than the control group when using pretest scores as covariates (experimental I group: $F = 6.034$, $p < .05$; experimental II group: $F = 6.596$, $p < .001$) 1 month after the module was implemented. The study confirmed the impact of the Immune of Life for Teens module on better coping behaviors and better mental health status among the subjects after it was implemented by their teachers. Thus, for further use of the module, intensive training for schoolteachers is recommended for the health promotion of early adolescents

Notes: DA - 20051121
IS - 0882-5963 (Print)
LA - eng
PT - Journal Article
PT - Multicenter Study
PT - Randomized Controlled Trial
PT - Research Support, Non-U.S. Gov't
SB - IM
SB - N

Pringle, A. & Sayers, P. (2004). It's a goal!: Basing a community psychiatric nursing service in a local football stadium. *J.R.Soc.Health, 124*, 234-238.

Abstract: This paper describes the development of a community mental health project in a local football stadium. Funded for three years by the Laureus Foundation's 'Sport for Good' initiative, the project provides mental health promotion and mental health aware-

ness input targeted initially at young men, a group who are often very difficult to engage in this type work. Using group interventions and utilising football as a metaphor, the project helps young men address issues around depression, self-esteem and inclusion, and addresses the subject of suicide which remains the second biggest cause of death in young men in Britain. The paper describes the development of the project, the structure of the groups and the evaluation of the first two groups to complete the process. The work takes place in the Moss Rose stadium, home of Macclesfield Town, a team in the English Football League
Notes: DA - 20041020
IS - 0264-0325 (Print)
LA - eng
PT - Journal Article
SB - IM

Reijneveld, S. A., Westhoff, M. H., & Hopman-Rock, M. (2003). Promotion of health and physical activity improves the mental health of elderly immigrants: results of a group randomised controlled trial among Turkish immigrants in the Netherlands aged 45 and over. *J.Epidemiol.Community Health, 57*, 405-411.
Abstract: OBJECTIVES: Older immigrants from non-industrialised countries are a growing group, they have comparatively many health problems and are often hard to reach through health promotion and other preventive services. The aim of this study was to assess the effect of a short health education and physical exercise programme on the health and the physical activity of Turkish first generation elderly immigrants. DESIGN: Randomised controlled trial. SETTING: Welfare services in six Dutch cities. PARTICIPANTS: 126 people born in Turkey and aged 45 years and over, of whom 92 completed the trial. INTERVENTION: Eight, two hour sessions consisting of health education and exercises. Topics in health education focused on means to maintain a good health. Education was adapted to the culture and knowledge of older Turks and offered by a Turkish peer educator, in Turkish. MAIN OUTCOME MEASURES: Physical and mental wellbeing, and mental health based on the SF-12/36; knowledge on health and disease; physical activity. RESULTS: Participants were highly disadvantaged; 52% had not completed primary school and 49% had considerable problems in speaking Dutch. Participants in the intervention group showed an improvement in mental health (effect size: 0.38 SD (95% confidence intervals 0.03 to 0.73), p=0.03); the oldest subgroup also in mental wellbeing (effect size 0.75 SD (0.22 to 1.28), p=0.01). No improvements were seen in physical wellbeing and activity, nor in knowledge. CONCLUSIONS: Health education and physical exercise improve the mental state of deprived immigrants. Painstaking cultural adaptations to contents and method of delivery are essential to reach this effect
Notes: DA - 20030530
IS - 0143-005X (Print)
LA - eng
PT - Clinical Trial
PT - Journal Article
PT - Randomized Controlled Trial

PT - Research Support, Non-U.S. Gov't
SB - IM

Schick, A. & Cierpka, M. (2005). [Faustlos -- promotion of social-emotional competences in elementary schools and kindergartens]. *Psychother.Psychosom.Med.Psychol., 55*, 462-468.
Abstract: Aggressive and violent behavior of children often is caused by a lack of social and emotional competences, which blocks constructive problem- and conflict-management. Therefore lots of different US-American prevention approaches for the promotion of crucial social competences have been developed. Faustlos is the first German violence prevention curriculum, which promotes the social and emotional competences of first grade pupils and kindergarten aged children. The curriculum builds on the promotion of empathy, impulse control and anger management. Evaluation studies on the effectiveness of Faustlos prove its positive effects on aggressive behavior and on the promotion of social-emotional competence. Further, the feedback of people working with Faustlos concerning the acceptance and practicability of the program is positive too. Besides the development of additive materials (e. g. Faustlos for parents) evaluation studies on the long-term effects of the program are needed
Notes: DA - 20051109
IS - 0937-2032 (Print)
LA - ger
PT - English Abstract
PT - Journal Article
PT - Review
SB - IM

Seymour, L. (2007). Health, wealth and the pursuit of happiness. *J.R.Soc.Health, 127*, 61-62.
Notes: DA - 20070403
IS - 0264-0325 (Print)
LA - eng
PT - News
SB - IM

Shelton, D. & Lyon-Jenkins, N. (2006). Mental health promotion for vulnerable African American youth. *J.Forensic Nurs., 2*, 7-13, 32.
Abstract: Fifty-six African American youth between 10-14 years of age participated in a community-based 14-week expressive arts program designed for youth at risk of involvement with the juvenile justice system. Positive and statistically significant findings for pre-post changes in self-control, protective factors, and resilience were found. Difficulty in engaging parents and the strong racial biases of the community appear to have influenced the lack of improvement in self-esteem scores
Notes: DA - 20061031
IS - 1556-3693 (Print)
LA - eng
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S
SB - IM
SB - N

Thomas, S. P. (2004). Men's health and psychosocial issues affecting men. *Nurs.Clin.North Am., 39*, 259-270.

Abstract: Contemporary scholars are calling on men to rethink "the male deal." As Samuels describes it, "In the male deal, the little boy, at around the age of 3 or 4. strikes a bargain with the social world in which he lives. If he will turn away from soft things, feminine things, maternal things...then the world will reward his gender certainty by giving him all the goodies in its possession." But the "deal" can have damaging effects, as shown in the studies reviewed in this article. Clinicians can help men to rethink the restrictions of the "male deal" so that they may experience the freedom of a wider emotional repertoire and move toward greater joy and wholeness

Notes: DA - 20040525
IS - 0029-6465 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - AIM
SB - IM
SB - N

Walker, K. M. (2007). Promoting women's mental health: moving from concept to practice. *Issues Ment.Health Nurs., 28*, 443-444.

Notes: DA - 20070706
IS - 0161-2840 (Print)
LA - eng
PT - Editorial
SB - N

Weare, K. & Markham, W. (2005). What do we know about promoting mental health through schools? *Promot.Educ., 12*, 118-122.

Abstract: There is a growing evidence base on what schools need to do to promote mental health effectively. There is strong evidence that they need first and foremost to use a whole school approach. This shapes the social contexts which promote mental health and which provide a backdrop of measures to prevent mental health disorders. In this context the targeting of those with particular needs and the work of the specialist services can be much more effective. Schools need to use positive models of mental health, which emphasise well being and competence not just illness--this will help overcome problems of stigma and denial and promote the idea of mental health as 'everyone's business'. The most effective programmes in schools which address mental health have the following characteristics: They provide a backdrop of universal provision to promote the mental health of all and then target those with special needs effectively. They are multi-dimensional and coherent. They create supportive climates that promote warmth, empathy, positive expectations and clear boundaries. They tackle mental health problems early when they first manifest themselves and then take a long term, developmental approach which does not expect immediate answers. They identify and target vulnerable and at risk groups and help people to acquire the skills and competences that underlie mental health. They involve end users and their families in ways that encourage a feeling of ownership and partici-

pation, and provide effective training for those who run the programmes, including helping them to promote their own mental health. Using these starting points, we need to develop a rigorous evidence-based approach on this issue. We also require the facilitation of the dissemination of such research findings while encouraging new and innovative approaches
Notes: DA - 20060602
IS - 1025-3823 (Print)
LA - eng
PT - Journal Article
SB - IM

Westenhoefer, J., Bellisle, F., Blundell, J. E., de, V. J., Edwards, D., Kallus, W. et al. (2004). PASS-CLAIM--mental state and performance. *Eur.J.Nutr., 43 Suppl 2*, II85-II117.
Abstract: BACKGROUND: The intake of food and drink can influence brain functions, which in turn may have effects on mental state and performance. Therefore, in principle claims to improve mood or specific aspects of cognitive performance by the consumption of functional foods are possible and indeed are currently found on the market. AIM: The paper reviews existing methodologies, which may be used to substantiate and validate such claims of desirable effects of foods on mental state and performance. RESULTS: Mood, arousal, activation, vigilance, attention, sleep, motivation, effort, perception, memory and intelligence have been identified as relevant aspects of mental state and performance. The basic scientific concepts within this field as well as the methodologies to measure these concepts have been reviewed and described. CONCLUSIONS: From this review it is concluded that, in principle, the phenomena in these fields are no different to those in other fields of life science. The scientific methods and protocols described in this report can positively demonstrate the effects of foods on mental state and performance in a scientifically valid way. A claim on mental state and performance like other claims must be based on scientific evidence. This report confirms that methodologies do exist to generate sound scientific evidence in this area. Therefore, claims on the enhancement of specific mental functions can and should be substantiated and validated using the methodologies described in this review
Notes: DA - 20040628
IS - 1436-6207 (Print)
LA - eng
PT - Journal Article
PT - Review
RN - 0 (Biological Markers)
SB - IM

Williams, S. M., Saxena, S., & McQueen, D. V. (2005). The momentum for mental health promotion. *Promot.Educ., Suppl 2*, 6-9, 61, 67.
Notes: DA - 20050621
IS - 1025-3823 (Print)
LA - eng
PT - Journal Article
SB - IM

Wuest, J., Merritt-Gray, M., & Ford-Gilboe, M. (2004). Regenerating family: strengthening the emotional health of mothers and children in the context of intimate partner violence. *ANS Adv.Nurs.Sci., 27*, 257-274.

Abstract: Although concern for their children's well-being is pivotal in mothers' decisions to leave abusive partners, rarely is lone-parent family life after leaving framed as beneficial for family members' emotional health. In this feminist grounded theory study of family health promotion in the aftermath of intimate partner violence, we learned that families strengthen their emotional health by purposefully replacing previously destructive patterns of interaction with predictable, supportive ways of getting along in a process called regenerating family. These findings add to our knowledge of family development and how families promote their health when they have experienced intimate partner violence

Notes: DA - 20041216
IS - 0161-9268 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM
SB - N

B. Referencias de prevención del trastorno mental

Mental Health Policy and Economics--The Value of Research. Abstracts of the 6th Workshop on Costs and Assessment in Psychiatry. Venice, Italy, March 28-30, 2003 (2003). *J.Ment.Health Policy Econ., 6 Suppl 1*, S1-56.

Notes: DA - 20040130
IS - 1091-4358 (Print)
LA - eng
PT - Congresses
PT - Overall
SB - IM

Mental health in the United States: health care and well being of children with chronic emotional, behavioral, or developmental problems--United States, 2001 (2005). *MMWR Morb. Mortal. Wkly. Rep., 54*, 985-989.

Abstract: The needs of children with emotional, behavioral, and developmental (EBD) problems are a national concern. To assess the health care and well being of children who have chronic EBD problems requiring treatment or counseling, researchers from Oregon Health and Science University and CDC analyzed parent-reported data from the 2001 National Survey of Children with Special Health Care Needs. This report summarizes the findings of that analysis, which indicated that, compared with children with special health-care needs (CSHCN) who do not have chronic EBD problems, children with chronic EBD problems were more likely to experience diminished health and quality of life and to have problems accessing and receiving needed care. These children were more likely to have health conditions that affect their daily activities and cause them to miss school. In addition, their health-care needs were more likely to affect their families. The results of this analysis

reinforce existing recommendations that encourage expansions in screening and early detection of mental health problems, as well as improvements in access, coordination, and quality of health-care services for children with EBD problems
Notes: DA - 20051006
IS - 1545-861X (Electronic)
LA - eng
PT - Journal Article
SB - IM

The role of public health in mental health promotion (2005). *MMWR Morb.Mortal.Wkly.Rep., 54*, 841-842.
Abstract: Mental illness contributes a substantial burden of disease worldwide. Globally, approximately 450 million persons suffer from mental disorders, and one fourth of the world's population will develop a mental or behavioral disorder at some point during their lives. Mental disorders account for approximately 25% of disability in the United States, Canada, and Western Europe and are a leading cause of premature death. In the United States, approximately 22% of the U.S. adult population has one or more diagnosable mental disorders in a given year. The estimated lifetime prevalences for mental disorders among the U.S. adult population are approximately 29% for anxiety disorders, 25% for impulse-control disorders, 21% for mood disorders, 15% for substance-use disorders, and 46% for any of these disorders. In addition, an estimated one in 10 children in the United States has a mental disorder that causes some level of impairment. The effects of mental illness are evident across the life span, among all ethnic, racial, and cultural groups, and among persons of every socioeconomic level. Moreover, mental illness costs the United States an estimated $150 billion annually, excluding the costs of research
Notes: DA - 20050902
IS - 1545-861X (Electronic)
LA - eng
PT - Journal Article
SB - IM

Exercise and cognitive health: the debate continues (2007). *Ann.Neurol., 62*, A13-A14.
Notes: DA - 20070927
IS - 0364-5134 (Print)
LA - eng
PT - Journal Article
SB - IM

Aasland, O. G. (2003). The Norwegian way. *BMJ, 326*, S102.
Notes: DA - 20030328
IS - 1468-5833 (Electronic)
LA - eng
PT - Journal Article
SB - AIM
SB - IM

Adams, C., Coyle, B., Hanley, J., Lowenhoff, C., & Rothman, R. (2006). Perinatal mental health. Community Pract., 79, 385-387.
Notes: DA - 20070129

IS - 1462-2815 (Print)
LA - eng
PT - Congresses
RN - 0 (Antidepressive Agents)
SB - N

Adams, C. (2007). Health visitors' role in family mental health. *J.Fam.Health Care, 17*, 37-38.
Abstract: Evidence and current mental health policy point to the importance of promoting mental health in families and to the role of the health visitor in this work. Health visitors are key practitioners in the mental and emotional well-being of families of young children. Their remit needs to extend beyond postnatal depression to holistic assessments of child and family mental health and interventions where necessary. This work is likely to benefit the longer-term health of the children and other family members and reduce their future demands on health and social services. The importance of this preventive work must be brought to the attention of health commissioners, especially during the present cutbacks in the health visiting service
Notes: DA - 20070504
IS - 1474-9114 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - N

Afifi, M. (2007). Gender differences in mental health. *Singapore Med.J., 48*, 385-391.
Abstract: Effective strategies for mental disorders prevention and its risk factors' reduction cannot be gender neutral, while the risks themselves are gender specific. This paper aims to discuss why gender matters in mental health, to explain the relationship of gender and health-seeking behaviour as a powerful determinant of gender differences, to examine the gender differences in common mental health disorders, namely, depressive and anxiety disorders, eating disorders, schizophrenia, and domestic violence, and finally, to raise some recommendations stemming from this review
Notes: DA - 20070424
IS - 0037-5675 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Ai, A. L., Peterson, C., Tice, T. N., Huang, B., Rodgers, W., & Bolling, S. F. (2007). The influence of prayer coping on mental health among cardiac surgery patients: the role of optimism and acute distress. *J.Health Psychol., 12*, 580-596.
Abstract: To address the inconsistent findings and based on Hegel's dialectic contradictive principle, this study tested a parallel mediation model that may underlie the association of using prayer for coping with cardiac surgery outcomes. Three sequential interviews were conducted with 310 patients who underwent open-heart surgery. A structural equation model demonstrated that optimism mediated the favorable effect of prayer coping. Prayer coping was also related to preoperative stress symptoms, which had a counterbalance effect

on outcomes. Age was associated with better preoperative mental health, but age-related chronic conditions were associated with poor outcomes; both of these were mediated through the same mediators
Notes: DA - 20070622
IS - 1359-1053 (Print)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
SB - IM

Albee, G. W. (2006). Historical overview of primary prevention of psychopathology: address to the 3rd World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders September 15-17, 2004, Auckland, New Zealand. *J.Prim.Prev., 27*, 449-456.
Notes: DA - 20060906
IS - 0278-095X (Print)
LA - eng
PT - Journal Article
SB - IM

Alperstein, G. & Raman, S. (2003). Promoting mental health and emotional well-being among children and youth: a role for community child health? *Child Care Health Dev., 29*, 269-274.
Notes: DA - 20030625
IS - 0305-1862 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Amar, A. F. & Gennaro, S. (2005). Dating violence in college women: associated physical injury, healthcare usage, and mental health symptoms. *Nurs.Res., 54*, 235-242.
Abstract: BACKGROUND: College-aged women report experiencing violence from a partner within the dating experience. OBJECTIVES: This study used a correlational design, to report physical injury, mental health symptoms, and healthcare associated with violence in the dating experiences of college women. METHODS: A convenience sample of 863 college women between 18 and 25 years of age from a private, historically Black university in the South, and a private college in the mid-Atlantic completed the Abuse Assessment Screen, a physical injury checklist, and the Symptom Checklist-R-90. Data analysis consisted of frequencies, ANOVA, and MANOVA. RESULTS: Almost half (48%) (n = 412) reported violence and, of these, 39% (n = 160) reported more than one form of violence. The most commonly reported injuries were scratches, bruises, welts, black eyes, swelling, or busted lip; and sore muscles, sprains, or pulls. Victims had significantly higher scores on depression, anxiety, somatization, interpersonal sensitivity, hostility, and global severity index than nonvictims. Victims of multiple forms of violence had significantly higher mental health scores and reported greater numbers of injuries than victims of a single form of violence. Less than half of those injured sought healthcare for injuries and less than 3% saw a mental health professional. DISCUSSION: Study findings suggest the importan-

ce of screening and identification of victims of violence. Knowledge of physical and mental health effects of violence can guide intervention, prevention, and health promotion strategies. Future research is needed to describe barriers to seeking healthcare, screening practices of college health programs, and programs to identify victims
Notes: DA - 20050719
IS - 0029-6562 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - AIM
SB - IM
SB - N

Amato, P. R. (2005). The impact of family formation change on the cognitive, social, and emotional well-being of the next generation. *Future.Child, 15*, 75-96.
Abstract: How have recent changes in U.S. family structure affected the cognitive, social, and emotional well-being of the nation's children? Paul Amato examines the effects of family formation on children and evaluates whether current marriage-promotion programs are likely to meet children's needs. Amato begins by investigating how children in households with both biological parents differ from children in households with only one biological parent. He shows that children growing up with two continuously married parents are less likely to experience a wide range of cognitive, emotional, and social problems, not only during childhood but also in adulthood. Although it is not possible to demonstrate that family structure causes these differences, studies using a variety of sophisticated statistical methods suggest that this is the case. Amato then asks what accounts for the differences between these two groups of children. He shows that compared with other children, those who grow up in stable, two-parent families have a higher standard of living, receive more effective parenting, experience more cooperative co-parenting, are emotionally closer to both parents, and are subjected to fewer stressful events and circumstances. Finally, Amato assesses how current marriage-promotion policies will affect the well-being of children. He finds that interventions that increase the share of children who grow up with both parents would improve the overall well-being of U.S. children only modestly, because children's social or emotional problems have many causes, of which family structure is but one. But interventions that lower only modestly the overall share of U.S. children experiencing various problems could nevertheless lower substantially the number of children experiencing them. Even a small decline in percentages, when multiplied by the many children in the population, is a substantial social benefit
Notes: DA - 20050914
IS - 1054-8289 (Print)
LA - eng
PT - Journal Article
SB - IM

Ashton, J. R. (2004). The challenges of positive mental health. *J.R.Soc.Health, 124*, 108-109.
Notes: DA - 20040615
IS - 0264-0325 (Print)

LA - eng
PT - Journal Article
SB - IM

Baker, A., Lee, N. K., Claire, M., Lewin, T. J., Grant, T., Pohlman, S. et al. (2004). Drug use patterns and mental health of regular amphetamine users during a reported 'heroin drought'. *Addiction, 99*, 875-884.

Abstract: Aims: The present study extends the findings of a pilot study conducted among regular amphetamine users in Newcastle, NSW, in 1998. It compares key features between current participants in a state capital city (Brisbane) and a regional city (Newcastle) and between the 1998 and current Newcastle sample. DESIGN: Cross-sectional survey. Setting Brisbane and Newcastle, Australia. PARTICIPANTS: The survey was conducted among 214 regular amphetamine users within the context of a randomized controlled trial of brief interventions for amphetamine use. MEASUREMENTS: Demographic characteristics, past and present alcohol and other drug use and mental health, treatment, amphetamine-related harms and severity of dependence. FINDINGS: The main findings were as follows: (i). the rate of mental health problems was high among regular amphetamine users and these problems commonly emerged after commencement of regular amphetamine use; (ii). there were regional differences in drug use with greater accessibility to a wider range of drugs in a state capital city and greater levels of injecting risk-taking behaviour outside the capital city environment; and (iii). there was a significant increase in level of amphetamine use and percentage of alcohol users, a trend for a higher level of amphetamine dependence and a significant reduction in the percentage of people using heroin and benzodiazepines among the 2002 Newcastle cohort compared to the 1998 cohort. CONCLUSIONS: Further longitudinal research is needed to elucidate transitions from one drug type to another and from recreational to injecting and regular use and the relationship between drug use and mental health in prospective studies among users. IMPLICATIONS: Intervention research should evaluate the effectiveness of interventions aimed at: preventing transition to injecting and regular use of amphetamines; toward reducing levels of depression among amphetamine users and interventions among people with severe psychopathology and personality disorders; and toward reducing the prevalence of tobacco dependence among amphetamine users

Notes: DA - 20040617
IS - 0965-2140 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
RN - 0 (Narcotics)
RN - 561-27-3 (Heroin)
SB - IM

Bauml, J., Frobose, T., Kraemer, S., Rentrop, M., & Pitschel-Walz, G. (2006). Psychoeducation: a basic psychotherapeutic intervention for patients with schizophrenia and their families. *Schizophr.Bull., 32 Suppl 1*, S1-S9.

Abstract: Psychoeducation was originally conceived as a composite of numerous therapeutic elements within a complex family therapy intervention. Patients and their relatives were, by means of preliminary briefing concerning the illness, supposed to develop a fundamental

understanding of the therapy and further be convinced to commit to more long-term involvement. Since the mid 1980s, psychoeducation in German-speaking countries has evolved into an independent therapeutic program with a focus on the didactically skillful communication of key information within the framework of a cognitive-behavioral approach. Through this, patients and their relatives should be empowered to understand and accept the illness and cope with it in a successful manner. Achievement of this basic-level competency is considered to constitute an "obligatory-exercise" program upon which additional "voluntary-exercise" programs such as individual behavioral therapy, self-assertiveness training, problem-solving training, communication training, and further family therapy interventions can be built. Psychoeducation looks to combine the factor of empowerment of the affected with scientifically founded treatment expertise in as efficient a manner as possible. A randomized multicenter study based in Munich showed that within a 2-year period such a program was related to a significant reduction in rehospitalization rates from 58% to 41% and also a shortening of intermittent days spent in hospital from 78 to 39 days. Psychoeducation, in the form of an obligatory-exercise program, should be made available to all patients suffering from a schizophrenic disorder and their families
Notes: DA - 20060908
IS - 0586-7614 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Bech, P., Olsen, L. R., Kjoller, M., & Rasmussen, N. K. (2003). Measuring well-being rather than the absence of distress symptoms: a comparison of the SF-36 Mental Health subscale and the WHO-Five Well-Being Scale. *Int.J.Methods Psychiatr.Res., 12*, 85-91.
Abstract: The health status questionnaire Short-Form 36 (SF-36) includes subscales measuring both physical health and mental health. Psychometrically, the mental health subscale contains a mixture of mental symptoms and psychological well-being items, among other things, to prevent a ceiling effect when used in general population studies. Three of the mental health well-being items are also included in the WHO-Five well-being scale. In a Danish general population study, the mental health subscale was compared psychometrically with the WHO-Five in order to evaluate the ceiling effect. Tests for unidimensionality were used in the psychometric analyses, and the sensitivity of the scales in differentiating between changes in self-reported health over the past year has been tested. The results of the study on 9,542 respondents showed that, although the WHO-Five and the mental health subscale were found to be unidimensional, the WHO-Five had a significantly lower ceiling effect than the mental health subscale. The analysis identified the three depression symptoms in the mental health subscale as responsible for the ceiling effect. The WHO-Five was also found to be significantly superior to the mental health subscale in terms of its sensitivity in differentiating between those persons whose health had deteriorated over the past year and those whose health had not. In conclusion, the WHO-Five, which measures psychological well-being, reflects aspects other than just the absence of depressive symptoms
Notes: DA - 20030627

IS - 1049-8931 (Print)
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Beebe, L. H., Tian, L., Morris, N., Goodwin, A., Allen, S. S., & Kuldau, J. (2005). Effects of exercise on mental and physical health parameters of persons with schizophrenia. *Issues Ment.Health Nurs., 26*, 661-676.

Abstract: Although the benefits of exercise are well documented, few published research studies have examined exercise in persons with schizophrenia. This pilot examined a 16-week walking program for outpatients diagnosed with schizophrenia (N = 10). Six-minute walking distance, body mass index, percent body fat and severity of psychiatric symptoms were measured. Experimental participants in the walking group experienced significant reductions in body fat (p = 0.03) compared to a control group not participating in the exercises during the same time period. Experimental participants also had greater aerobic fitness, lower body mass indexes, and fewer psychiatric symptoms than controls at the conclusion of the program. Research is needed to identify effective exercise interventions and feasible delivery modalities for persons with schizophrenia in community settings
Notes: DA - 20050715
IS - 0161-2840 (Print)
LA - eng
PT - Clinical Trial
PT - Journal Article
PT - Randomized Controlled Trial
SB - N

Begat, I. & Severinsson, E. (2006). Reflection on how clinical nursing supervision enhances nurses' experiences of well-being related to their psychosocial work environment. *J.Nurs.Manag., 14*, 610-616.

Abstract: AIM: The aim of this study was to make a synthesis of three studies that deal with the following research question: 'How does clinical nursing supervision enhance nurses' experiences of well-being in relation to their psychosocial work environment?' BACKGROUND: Clinical nursing supervision is one way to support nurses in coping with their stressful work situation. METHOD: A hermeneutic approach was used to reflect and interpret nurses' experiences of well-being in relation to clinical nursing supervision and psychosocial work environment. RESULTS: The findings suggest that clinical nursing supervision has an influence on nurses' experiences of well-being and in relation to their psychosocial work environment. Nurses attending clinical nursing supervision reported increased satisfaction with their psychosocial work environment. CONCLUSIONS: The significance of caring and nursing becomes evident when nurses realize and understand that clinical nursing supervision positively influences their existence and well-being. The value of work becomes clear when nurses reflect on themselves as professionals and as authentic human beings in clinical nursing supervision. This will lead to the emergence of self-recognition

Notes: DA - 20061023
IS - 0966-0429 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - N

Benedek, D. M., Schneider, B. J., & Bradley, J. C. (2007). Psychiatric medications for deployment: an update. *Mil.Med., 172*, 681-685.
Abstract: OBJECTIVE: This article discusses issues regarding the usage of psychotropic medications during military deployments, with emphasis on Operation Iraqi Freedom. METHOD: The role of psychotropic medications in the Army combat stress control doctrine is reviewed and compared with operational experiences of psychiatrists who have deployed to Iraq, Bosnia, and Egypt. RESULTS: Many issues regarding psychotropic medications experienced by deployed psychiatrists are not discussed in the Army combat stress control doctrine. CONCLUSION: The advent of new psychotropic medications, the changes in the types of conflicts fought, and the role of National Guard and Reserve forces in current conflicts have all had an impact on the role and usage of psychotropic medications during military deployments
Notes: DA - 20070813
IS - 0026-4075 (Print)
LA - eng
PT - Journal Article
PT - Review
RN - 0 (Psychotropic Drugs)
SB - IM

Bernstein, K. S. (2007). Mental health issues among urban Korean American immigrants. *J.Transcult.Nurs., 18*, 175-180.
Abstract: Korean immigrants' perception and understanding of mental health and illness were surveyed during four monthly mental health seminars in New York City. In all, 86 Korean immigrants attended the seminars and 34 completed the survey. The seminar participants were primarily financially stable Korean women who were married, educated, and had lived in America more than 10 years. All seminar leaders were Korean immigrants who were working in the mental health field and/or educational setting. Most of the participants acknowledged the need for mental health services but did not seek professional help and coped with the stressors of immigrant life by endurance, patience, and religion. Feedback from seminar leaders noted the following: (a) greater seminar attendance than anticipated, (b) participants' openness to their mental illness issues, (c) need for tailored mental health program for Koreans. Findings support an understanding of the Korean immigrants' mental health issues as complex, chronic, and serious
Notes: DA - 20070409
IS - 1043-6596 (Print)
LA - eng
PT - Journal Article
SB - N

Binnema, D. (2004). Interrelations of psychiatric patient experiences of boredom and mental health. *Issues Ment.Health Nurs., 25*, 833-842.

Abstract: A review of literature related to psychiatric patients' interrelated experiences of boredom and mental health demonstrated that developing a better understanding of the relationship between boredom and health would provide important implications for development of the therapeutic environment of psychiatric units. The literature suggested that experiences of meaningful roles and relationships contribute substantially to experiences of control essential for mental health. Boredom is an indicator of a lack of experience of meaning. Many psychiatric patients experience boredom and lack opportunities to experience meaning, indicating a lack in the therapeutic potential of the hospital environment and a requisite for change and further research

Notes: DA - 20041116
IS - 0161-2840 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - N

Boey, K. W. (2003). Religiosity and psychological well-being of older women in Hong Kong. *Int.J.Psychiatr.Nurs.Res., 8*, 921-935.

Abstract: The purpose of this study was to examine the religious belief of the elderly women in Hong Kong and how their life satisfaction and depressive symptoms were related to various dimensions of religiosity. Data based on a community sample of older women (N = 180, mean age = 74.2 years) indicated that majority of them (56.7%) reported beliefs in folk religion and ancestor worship. The Catholics and Buddhists appeared to enjoy a better mental health status than did the Protestants, which seemed to be mediated by better family supports and physical health condition. Objective measure of attendance at religious activities was not related to psychological well-being. In contrast, subjective feelings that religious faith was a source of strength and comfort, and that it would help in times of difficulty were significantly associated with psychological well-being

Notes: DA - 20030403
IS - 0968-0624 (Print)
LA - eng
PT - Journal Article
SB - N

Bond, L., Butler, H., Thomas, L., Carlin, J., Glover, S., Bowes, G. et al. (2007). Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes. *J.Adolesc.Health, 40*, 357-18.

Abstract: PURPOSE: To examine associations between social relationships and school engagement in early secondary school and mental health, substance use, and educational achievement 2-4 years later. METHODS: School-based longitudinal study of secondary school students, surveyed at school in Year 8 (13-14-years-old) and Year 10 (16-years-old), and 1-year post-secondary school. A total of 2678 Year 8 students (74%) participated in the first wave of data collection. For the school-based surveys, attrition was <10%. Seventy-one percent of the participating Year 8 students completed the post-secondary school survey.

RESULTS: Having both good school and social connectedness in Year 8 was associated with the best outcomes in later years. In contrast, participants with low school connectedness but good social connectedness were at elevated risk of anxiety/depressive symptoms (odds ratio [OR]: 1.3; 95% confidence interval [CI]: 1.0, 1.76), regular smoking (OR: 2.0; 95% CI: 1.4, 2.9), drinking (OR: 1.7; 95% CI: 1.3, 2.2), and using marijuana (OR: 2.0; 95% CI: 1.6, 2.5) in later years. The likelihood of completing school was reduced for those with either poor social connectedness, low school connectedness, or both. CONCLUSIONS: Overall, young people's experiences of early secondary school and their relationships with others may continue to affect their moods, their substance use in later years, and their likelihood of completing secondary school. Having both good school connectedness and good social connectedness is associated with the best outcomes. The challenge is how to promote both school and social connectedness to best achieve these health and learning outcomes
Notes: DA - 20070319
IS - 1054-139X (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Bostock, J. (2004). The high price of poverty. Poverty and debt are major risk factors for mental ill health in deprived communities and groups. *Ment.Health Today*, 27-29.
Notes: DA - 20041203
IS - 1474-5186 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - N

Bovier, P. A., Chamot, E., & Perneger, T. V. (2004). Perceived stress, internal resources, and social support as determinants of mental health among young adults. *Qual.Life Res., 13*, 161-170.
Abstract: BACKGROUND: Mental health is a central determinant of quality of life. While psychiatric morbidity of populations has been studied extensively, the role of perceived stress, social support, and internal resources as determinant of health is still poorly understood. METHODS: We surveyed 2000 randomly selected university students. Perceived stress was measured by the Brief Encounter Psychosocial Instrument, social support by the Duke-UNC Functional Social Support Questionnaire, internal resources (mastery and self-esteem) by a brief version of the Pearlin coping questionnaire. Linear regression models were used to explore the relationships between these variables and mental health, based on the SF-12 health survey. RESULTS: After two reminders, 1257 students answered the questionnaire. In bivariate analysis, mental health was negatively associated with stress and positively associated with internal resources and social support (all p-values < 0.001). In multiple regression analysis, internal resources were positively associated with mental health, and buffered the negative impact of stress on mental health. Internal resources and stress mediated the positive impact of social support on mental health. CONCLUSIONS: Our data confirm that perceived stress is an important risk factor for low mental health and suggest that mastery and self-esteem are important protective factors of mental health among young adults

Notes: DA - 20040402
IS - 0962-9343 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Bowis, J. (2007). Mass violence and mental health. *Int.Rev.Psychiatry, 19*, 297-301.
Notes: DA - 20070614
IS - 0954-0261 (Print)
LA - eng
PT - Journal Article
SB - IM

Brent, D. A. (2004). The rewards of reducing risk. *Arch.Pediatr.Adolesc.Med., 158*, 824-825.
Notes: DA - 20040803
IS - 1072-4710 (Print)
LA - eng
PT - Editorial
SB - AIM
SB - IM

Buist, A. (2003). Promoting positive parenthood: emotional health in pregnancy. *Aust. J. Midwifery, 16*, 10-14.
Abstract: Depression is a common problem in the general population and is projected to be one of the major health issues facing the world in 2020 (WHO). Serious consequences exist for the sufferer, and the family. Given that women are twice as likely to suffer from depression, and are at particular risk in the child bearing years, children from infancy may be affected, with long term ramifications. Postnatal depression (PND) occurs in 14% of women, and there may be a similar number affected antenatally. The perinatal period thus is a crucial time to identify depression, and offers an excellent opportunity to screen women due to their increased contact with health services. In order to do so, services need to reevaluate their priorities, and assess barriers to screening. These barriers include attitudes to mental illness, anxiety about how to deal with mental illness in health professionals who are not trained in this area, and--most importantly--resource implications. It is argued that without attempting to address this, identify and remedy the deficiencies, change will not occur. This paper looks to examine the prevalence of depression in the perinatal period, the associated concerns and the difficulties of identification at this time through a review of key relevant papers in this area, and proposes a framework to approach the problem
Notes: DA - 20030715
IS - 1445-4386 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Review
SB - N

Chan, K. S., Bird, C. E., Weiss, R., Duan, N., Meredith, L. S., & Sherbourne, C. D. (2006). Does patient-provider gender concordance affect mental health care received by primary care patients with major depression? *Womens Health Issues, 16*, 122-132.
Abstract: PURPOSE: We sought to determine whether patient-provider gender concordance influences the detection and care of depression and comorbid anxiety and substance use in patients with major depression METHODS: Cross-sectional analyses of baseline patient survey data linked with provider data were performed. Data based on routine primary care visits in clinics from a variety of health systems serving diverse patient populations across the United States. Participants all had major depression. Depression care was examined in the Quality Improvement for Depression (QID) Collaboration sample (n patients = 1,428, n providers = 389). In a subanalysis of data solely from 714 patients and 157 providers from Partners-In-Care, one of the projects participating in QID, we also examined detection of anxiety disorder and alcohol or drug problems. MAIN FINDINGS: Rates of detection and care of mental health problems in primary care were low even among patients with major depression. Except for anxiety counseling in female patients, patient-provider gender concordance did not improve care as hypothesized. However, female providers were more likely to counsel on anxiety and less likely to counsel on alcohol or drug use than male providers. Female patients were less likely to be counseled on alcohol or drug use compared with male patients. CONCLUSION: Detection and care of mental health and substance use problems for patients with major depression is not influenced by patient-provider gender concordance. However, depressed female patients may have greater unmet needs for alcohol and drug use counseling than their male counterparts
Notes: DA - 20060612
IS - 1049-3867 (Print)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, P.H.S
SB - IM

Coatsworth-Puspoky, R., Forchuk, C., & Ward-Griffin, C. (2006). Peer support relationships: an unexplored interpersonal process in mental health. *J.Psychiatr.Ment.Health Nurs., 13*, 490-497.
Abstract: Consumer-survivors (C/Ss) identify peer support as a resource that facilitates their recovery. However, little is known about the factors that influence or how the peer support relationship (PSR) develops/deteriorates. The purpose of the study was to explore and describe the PSR within the subculture of mental health. Using an ethnonursing method, the study focused on informants from two C/S organizations who received peer support (n = 14). Findings revealed that the PSRs may develop or deteriorate through three, overlapping phases. Contextual factors that influenced the development/deterioration of the PSR are discussed. Understanding the processes and factors that contribute to the development/deterioration of PSRs will enable clinicians and C/Ss to assess and promote the development of healthy, supportive PSRs in mental health
Notes: DA - 20060912
IS - 1351-0126 (Print)

LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - N

Crimando, S. M. (2004). The bio-psycho-social consequences of terrorism. *N.J.Med., 101*, 84-88.
Notes: DA - 20041022
IS - 0885-842X (Print)
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Review
SB - IM

Dadich, A. (2007). Is spirituality important to young people in recovery? Insights from participants of self-help support groups. *South. Med.J., 100*, 422-425.
Notes: DA - 20070426
IS - 0038-4348 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - AIM
SB - IM

Dalmida, S. G. (2006). Spirituality, mental health, physical health, and health-related quality of life among women with HIV/AIDS: integrating spirituality into mental health care. *Issues Ment.Health Nurs., 27*, 185-198.
Abstract: HIV-positive women have used spirituality as a resource to enhance their psychological well-being and health-related quality of life (HRQOL). The purpose of this article is to review the literature about depression among HIV-positive women and to describe the positive associations reported among spirituality, mental health, and HRQOL. This article also advocates the development and use of interventions integrated with spirituality. The incorporation of spirituality into traditional mental health practices can optimize healthcare for HIV-positive women who are diagnosed with depression. A case example is presented and spiritual implications are discussed
Notes: DA - 20060118
IS - 0161-2840 (Print)
LA - eng
PT - Case Reports
PT - Journal Article
PT - Review
SB - N

De Moor, M. H., Beem, A. L., Stubbe, J. H., Boomsma, D. I., & De Geus, E. J. (2006). Regular exercise, anxiety, depression and personality: a population-based study. *Prev.Med., 42*, 273-279.
Abstract: OBJECTIVES: To examine whether regular exercise is associated with anxiety, depression and personality in a large population-based sample as a function of gender and age. METHODS: The sample consisted of adolescent and adult twins and their families

(N=19,288) who participated in the study on lifestyle and health from The Netherlands Twin Registry (1991-2002). Exercise participation, anxiety, depression and personality were assessed with self-report questionnaires. RESULTS: The overall prevalence of exercise participation (with a minimum of 60 min weekly at 4 METs (Metabolic Energy Expenditure Index)) in our sample was 51.4%. Exercise participation strongly declined with age from about 70% in young adolescents to 30% in older adults. Among adolescents, males exercised more, whereas, among older adults, females exercised more. Exercisers were on average less anxious (-0.18 SD), depressed (-0.29 SD) and neurotic (-0.14 SD), more extraverted (+0.32 SD) and were higher in dimensions of sensation seeking (from+0.25 SD to+0.47 SD) than non-exercisers. These differences were modest in size, but very consistent across gender and age. CONCLUSIONS: This study corroborates and extends previous findings: regular exercise is cross-sectionally associated with lower neuroticism, anxiety and depression and higher extraversion and sensation seeking in the population
Notes: DA - 20060418
IS - 0091-7435 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Dennis, C. (2004). Mental health: Asia's tigers get the blues. *Nature, 429*, 696-698.
Notes: DA - 20040617
IS - 1476-4687 (Electronic)
LA - eng
PT - News
SB - IM

Dumville, J. C., Miles, J. N., Porthouse, J., Cockayne, S., Saxon, L., & King, C. (2006). Can vitamin D supplementation prevent winter-time blues? A randomised trial among older women. *J.Nutr.Health Aging, 10*, 151-153.
Abstract: BACKGROUND: Seasonal Affective Disorder (SAD) is a sub-type of depression that only occurs during the winter months. A reduction in vitamin D may be linked to SAD. Since vitamin D deficiency has been reported to be common in older people, vitamin D supplementation may be expected to reduce seasonal mood disturbance in this group. OBJECTIVE: To assess the effect of vitamin D supplementation on the mental health of older women. SETTING: Primary care in three areas of the UK (Herts, Newcastle, York). SUBJECTS: Women aged 70 years or more recruited to the trial in the months May-October. Intervention: Eligible women were randomised to receive calcium and vitamin D supplementation or no supplementation. OUTCOME MEASURE: At baseline and the six monthly assessment the mental component score (MCS), calculated from the SF-12 questionnaire was used to assess participants' subjective psychological well-being. RESULTS: A total of 2117 women recruited to the trial had their baseline measures taken between the months of May-October (1205 woman in the control group and 912 women in the intervention group). Of these women, 1621 had a MCS score at baseline and six months. Comparison of the six month mean MCS scores, adjusting for baseline MCS score and age,

showed there was no significant difference between the two scores (p = 0.262). CONCLUSIONS: Supplementing elderly women with 800 IU of vitamin D daily did not lead to an improvement in mental health scores
Notes: DA - 20060323
IS - 1279-7707 (Print)
LA - eng
PT - Journal Article
PT - Randomized Controlled Trial
PT - Research Support, Non-U.S. Gov't
RN - 0 (Calcium, Dietary)
RN - 1406-16-2 (Vitamin D)
SB - IM

Falcone, V. M., Mader, C. V., Nascimento, C. F., Santos, J. M., & de Nobrega, F. J. (2005). [Multiprofessional care and mental health in pregnant women]. *Rev.Saude Publica, 39*, 612-618.
Abstract: OBJECTIVE: To identify non-psychotic affective disorders in pregnant women, to intervene by means of psychoprophylactic groups, and to evaluate possible alterations following intervention. METHODS: One-hundred and three pregnant women (71 adults and 32 adolescents) were seen at a community program in the Paraisopolis neighborhood in the city of Sao Paulo, southeastern Brazil. We used the following instruments: Self Reporting Questionnaire and Beck Depression Inventory. Ten weekly two-hour meetings were held, addressing the link between mother and fetus and subjects related to mother and child, and answering mother's doubts. We used the chi-squared test (chi2) to compare mental health before and after the intervention, with a significance level of p<0.05. RESULTS: Affective disorders were found in 45 pregnant women (43.7%) before the intervention and in 23 (22.3%) after the intervention. The impact of the intervention on affective disorders was statistically significant (p=0.001). Twenty-one women (20.4%) showed depression before the intervention, and 13 (12.6%) after the intervention, a non-significant difference (p=0.133). CONCLUSIONS: Multiprofessional care can prevent, detect, and treat affective disorders during pregnancy in both adults and adolescents
Notes: DA - 20050822
IS - 0034-8910 (Print)
LA - por
PT - English Abstract
PT - Journal Article
SB - IM

Felton, C. J. (2004). Lessons learned since September 11th 2001 concerning the mental health impact of terrorism, appropriate response strategies and future preparedness. *Psychiatry, 67*, 147-152.
Notes: DA - 20040720
IS - 0033-2747 (Print)
LA - eng
PT - Comment
PT - Journal Article
SB - IM

Flahault, C. (2006). [Psycho-oncology: to promote better mental health]. *Soins*., 27-28.
Notes: DA - 20060614
IS - 0038-0814 (Print)
LA - fre
PT - Journal Article
SB - N

Franco, M. (2007). Posttraumatic stress disorder and older women. *J.Women Aging, 19*, 103-117.
Abstract: This article examines the literature related to the identification and treatment of post traumatic stress disorder in older women. From this review, several key findings emerge. Consistent in the research literature is the fact that American women are more at risk for PTSD than are men as a result of the high frequency of sexual and domestic physical abuse that women experience. Studies on older women and PTSD indicate that older women are underdiagnosed and are more typically perceived as suffering from depression, anxiety or poor physical health. It was found consistently that older women who present with age-related stressors may not be asked about earlier trauma history or it may not be understood within the context of trauma related variables. In several research studies, trauma history was often not identified either as a result of current assessment practice or because women from certain age cohorts did not disclose trauma-related data to health professionals. Key researchers emphasize the necessity of clinicians, staff and medical personnel to attend to the historical variables present in trauma histories of older women. Researchers underscore the importance of understanding the impact of early and repeated trauma, especially interpersonal trauma, on the physical health and social functioning of older women- even though a significant amount of time may have elapsed since exposure. These findings indicate that further study of PTSD in older women is warranted. The paper concludes with a discussion of assessment and treatment options
Notes: DA - 20070625
IS - 0895-2841 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Gada, S. S. & Kanumakala, S. (2003). Improving mental health through parenting programmes: are the results valid? *Arch.Dis.Child, 88*, 553.
Notes: DA - 20030526
IS - 1468-2044 (Electronic)
LA - eng
PT - Comment
PT - Letter
SB - AIM
SB - IM

Garcia, C. M. & Saewyc, E. M. (2007). Perceptions of mental health among recently immigrated Mexican adolescents. *Issues Ment.Health Nurs., 28*, 37-54.
Abstract: Rates of anxiety, depression, and suicidal ideation are high among Latino adolescents in the U.S., many of whom are immigrants. Immigration during adolescence creates

risk factors for mental health problems. The purpose of this study was to explore the health-related perceptions of Mexican-origin immigrant adolescents to inform the design of culturally and developmentally appropriate mental health services. This focused ethnography was guided by Bronfenbrenner's ecological framework and symbolic interactionism. Fourteen adolescents were recruited from two non-health-based community settings. Data from one-to-one semi-structured interviews and a visual narrative project were coded and analyzed inductively. Three thematic patterns were identified: "mentally healthy," "mentally unhealthy," and "health promotion." Increased awareness of cultural influences and immigration on Latino adolescents' mental health is needed. Mental health nurses are in a unique position to educate and to influence accessibility of services
Notes: DA - 20061128
IS - 0161-2840 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, P.H.S
SB - N

Garrison, M. E., Marks, L. D., Lawrence, F. C., & Braun, B. (2004). Religious beliefs, faith community involvement and depression: a study of rural, low-income mothers. *Women Health, 40*, 51-62.
Abstract: The current study investigated the connection between religion and mental health of 131 rural, low-income mothers. Two dimensions of religion, beliefs and faith community involvement, were included and depression was assessed by the CES-D. The sample consisted of mothers who participated in Wave 2 of a multi-state research project. As hypothesized, both religious beliefs and faith community involvement were negatively related to depressive symptoms indicating that mothers with stronger religious beliefs and more involvement in religious activities may experience less depressive symptoms. The results of the current study confirm previous work and support a multifaceted view of religion
Notes: DA - 20050414
IS - 0363-0242 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, Non-P.H.S
SB - IM

Gielen, A. C., McDonnell, K. A., O'Campo, P. J., & Burke, J. G. (2005). Suicide risk and mental health indicators: Do they differ by abuse and HIV status? *Womens Health Issues, 15*, 89-95.
Abstract: PURPOSE: This study examines the association between women's HIV serostatus, intimate partner violence (IPV) experience, and risk of suicide and other mental health indicators. Using data from Project WAVE (Women, AIDS, and the Violence Epidemic), we 1) describe the rates of suicidal thoughts and attempts, anxiety, and depression; 2) examine whether and to what extent these outcomes differ by women's HIV and IPV status. METHODS: A one-time interview was conducted with a sample 611 women living in an urban area, one-half of whom were HIV-positive. RESULTS: Having thought about suicide was reported by 31% of the sample and 16% reported having attempted suicide. Among

HIV-positive women, thoughts of suicide occurred more frequently among those who were recently diagnosed. One-half of the sample reported problems with depression, and 26% reported problems with anxiety; of women reporting these problems, 56% received mental health treatment. Rates varied significantly by HIV and IPV status, with women who were both HIV-positive and abused consistently faring worse. Relative to HIV-negative non-abused women, HIV-positive abused women were 7.0 times as likely to report problems with depression, 4.9 times as likely to report problems with anxiety, 3.6 times as likely to have thought about suicide, and 12.5 times as likely to have ever attempted suicide. Our findings that abused HIV-negative women were also at significantly elevated risk for all of these outcomes lends support to the conclusion that it is the experience of abuse that is associated with the negative outcomes. CONCLUSIONS: Health care and service providers interacting with women who may be HIV-positive and/or in abusive relationships should routinely assess for mental health status, especially suicide risk, which may need crisis intervention
Notes: DA - 20050315
IS - 1049-3867 (Print)
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S
SB - IM

Gill, J. M. & Page, G. G. (2006). Psychiatric and physical health ramifications of traumatic events in women. *Issues Ment.Health Nurs., 27*, 711-734.
Abstract: All individuals are at some risk of experiencing a traumatic event and developing posttraumatic stress disorder (PTSD); however some individuals are at higher risk due to individual and environmental factors. This critical literature review focuses on women, as they are twice as likely as men to develop PTSD in their lifetimes. Should a woman develop PTSD, she is then at risk of developing psychiatric and physical health comorbidities that can further impact her quality of life. The strengths and limitations of current studies regarding this topic are discussed as are directions for future research and issues for nurses treating traumatized individuals
Notes: DA - 20060719
IS - 0161-2840 (Print)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
PT - Review
SB - N

Glass, R. M. (2003). Awareness about depression: important for all physicians. *JAMA, 289*, 3169-3170.
Notes: DA - 20030618
IS - 1538-3598 (Electronic)
LA - eng
PT - Editorial

SB - AIM
SB - IM

Glassman, J. (2006). Stolen lives. *Ment.Health Today*, 10-11.
Notes: DA - 20060809
IS - 1474-5186 (Print)
LA - eng
PT - Journal Article
SB - N

Gold, D. T., Shipp, K. M., Pieper, C. F., Duncan, P. W., Martinez, S., & Lyles, K. W. (2004). Group treatment improves trunk strength and psychological status in older women with vertebral fractures: results of a randomized, clinical trial. *J.Am.Geriatr.Soc., 52*, 1471-1478.
Abstract: OBJECTIVES: To assess whether group exercise and coping classes reduce physical and psychological impairments and functional disability in older women with prevalent vertebral fractures (VFs). DESIGN: Randomized, controlled trial (modified crossover) with site as unit of assignment; testing at baseline and 3, 6, 9, and 12 months. SETTING: Nine North Carolina retirement communities. PARTICIPANTS: One hundred eighty-five postmenopausal Caucasian women (mean age 81), each with at least one VFs. INTERVENTION: The intervention group had 6 months of exercise (3 meetings weekly, 45 minutes each) and coping classes (2 meetings weekly, 45 minutes each) in Phase 1, followed by 6 months of self-maintenance. The control group had 6 months of health education control intervention (1 meeting weekly, 45 minutes) in Phase 1, followed by the intervention described above. MEASUREMENTS: Change in trunk extension strength, change in pain with activities, and change in psychological symptoms. RESULTS: Between-group differences in the change in trunk extension strength (10.68 foot pounds, P<.001) and psychological symptoms (-0.08, P=.011) were significant for Phase 1. Changes in pain with activities did not differ between groups (-0.03, P=.64); there was no change in the pain endpoint. In Phase 2, controls showed significant changes in trunk strength (15.02 foot pounds, P<.001) and psychological symptoms (-0.11, P=.006) from baseline. Change in pain with activities was not significant (-0.03, P=.70). During self-maintenance, the intervention group did not worsen in psychological symptoms, but improved trunk extension strength was not maintained. CONCLUSION: Weak trunk extension strength and psychological symptoms associated with VFs can be improved in older women using group treatment, and psychological improvements are retained for at least 6 months
Notes: DA - 20040902
IS - 0002-8614 (Print)
LA - eng
PT - Clinical Trial
PT - Journal Article
PT - Multicenter Study
PT - Randomized Controlled Trial
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, Non-P.H.S
PT - Research Support, U.S. Gov't, P.H.S
SB - IM

Goodman, J. H. (2005). Women's Mental Health. *J.Obstet.Gynecol.Neonatal Nurs., 34*, 245.
Notes: DA - 20050322
IS - 0884-2175 (Print)
LA - eng
PT - Editorial
SB - IM
SB - N

Gorde, M. W., Helfrich, C. A., & Finlayson, M. L. (2004). Trauma symptoms and life skill needs of domestic violence victims. *J.Interpers.Violence, 19*, 691-708.
Abstract: This study identified the trauma symptoms and life skill needs of 84 domestic violence victims from three domestic violence programs. Women completed two self-report tools: Trauma Symptom Inventory (TSI) and Occupational Self Assessment (OSA). Staff members participated in focus groups regarding their perceptions of the women's needs. Women scored within the clinical range on the Defensive Avoidance (39.8%), Intrusive Experiences (30.1%), and Tension Reduction Behavior (24.1%) clinical scales of the TSI. On the OSA, the groups' priorities differed although all demonstrated a desire to function more independently. Their mental health functioning and prioritization of needs differed based on their level of involvement with the service delivery system. Staff members believe women lack skills in the areas of money management, seeking and obtaining employment, locating permanent housing, independently completing self-care and home management activities, managing stress, and parenting. The findings indicate that both mental health and life skills needs must be addressed
Notes: DA - 20040513
IS - 0886-2605 (Print)
LA - eng
PT - Journal Article
SB - IM

Graske, J. (2003). Improving the mental health of doctors. *BMJ, 327*, s188.
Notes: DA - 20031212
IS - 1468-5833 (Electronic)
LA - eng
PT - Journal Article
SB - AIM
SB - IM

Greene-Shortridge, T. M., Britt, T. W., & Castro, C. A. (2007). The stigma of mental health problems in the military. *Mil.Med., 172*, 157-161.
Abstract: The present review addresses the perceived stigma associated with admitting a mental health problem and seeking help for that problem in the military. Evidence regarding the public stigma associated with mental disorders is reviewed, indicating that the public generally holds negative stereotypes toward individuals with psychological problems, leading to potential discrimination toward these individuals. The internalization of these negative beliefs results in self-stigma, leading to reduced self-esteem and motivation to seek help. Even if soldiers form an intention to seek help for their psychological difficulty, barriers to mental health care may prevent the soldier from receiving the help they need.

An overall model is proposed to illustrate how the stigma associated with psychological problems can prevent soldiers getting needed help for psychological difficulties and proposed interventions for reducing stigma in a civilian context are considered for military personnel
Notes: DA - 20070315
IS - 0026-4075 (Print)
LA - eng
PT - Journal Article
PT - Research Support, U.S. Gov't, Non-P.H.S
PT - Review
SB - IM

Griffin-Blake, C. S., Tucker, P. J., & Liburd, L. (2006). Mind over matter: exploring job stress among female blue-collar workers. *J.Womens Health (Larchmt.), 15*, 1105-1110.
Abstract: Although overall health has been defined holistically as the integration of a person's optimal mental, physical, social, intellectual, and spiritual well-being, a mental health focus remains on the fringe of many public health efforts. This report describes recent efforts by the Centers for Disease Control and Prevention (CDC) to explore job stress among female blue-collar workers. Using a more holistic approach to understand its impact on blue-collar women's overall health, health-related quality of life (HRQOL) was used to assess optimal human performance. Attempting to encapsulate how overall health affects one's ability to participate and fulfill daily personal/professional tasks, HRQOL yields a broader understanding of the interaction between psychological well-being (mind) and physical functioning (matter). Embedding CDC HRQOL-4 measures into a questionnaire used as part of a larger mixed methods project, blue-collar women responded to questions about their health, including both mental and physical. For these female workers, mental health appeared to be of greater consequence, which could be interpreted as mind being more significant than matter. This paper highlights the findings related to HRQOL issues experienced by these female blue-collar workers and summarizes recommendations for effective individual and organizational approaches to address job stress
Notes: DA - 20070103
IS - 1540-9996 (Print)
LA - eng
PT - Journal Article
SB - IM

Groenewegen, P. P., van den Berg, A. E., de, V. S., & Verheij, R. A. (2006). Vitamin G: effects of green space on health, well-being, and social safety. *BMC.Public Health, 6*, 149.
Abstract: BACKGROUND: Looking out on and being in the green elements of the landscape around us seem to affect health, well-being and feelings of social safety. This article discusses the design of a research program on the effects of green space in the living environment on health, well-being and social safety. METHODS/DESIGN: The program consists of three projects at three different scales: at a macro scale using data on the Netherlands as a whole, at an intermediate scale looking into the specific effect of green space in the urban environment, and at micro scale investigating the effects of allotment gardens. The projects are observational studies, combining existing data on land use and

health interview survey data, and collecting new data through questionnaires and interviews. Multilevel analysis and GIS techniques will be used to analyze the data. DISCUSSION: Previous (experimental) research in environmental psychology has shown that a natural environment has a positive effect on well-being through restoration of stress and attentional fatigue. Descriptive epidemiological research has shown a positive relationship between the amount of green space in the living environment and physical and mental health and longevity.The program has three aims. First, to document the relationship between the amount and type of green space in people's living environment and their health, well-being, and feelings of safety. Second, to investigate the mechanisms behind this relationship. Mechanisms relate to exposure (leading to stress reduction and attention restoration), healthy behavior and social integration, and selection. Third, to translate the results into policy on the crossroads of spatial planning, public health, and safety. Strong points of our program are: we study several interrelated dependent variables, in different ordinary settings (as opposed to experimental or extreme settings), focusing on different target groups, using appropriate multilevel methods
Notes: DA - 20060724
IS - 1471-2458 (Electronic)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Grossi, E., Groth, N., Mosconi, P., Cerutti, R., Pace, F., Compare, A. et al. (2006). Development and validation of the short version of the Psychological General Well-Being Index (PGWB-S). *Health Qual.Life Outcomes., 4*, 88.
Abstract: BACKGROUND: The PGWBI is a 22-item health-related Quality of Life (HRQoL) questionnaire developed in US which produces a self-perceived evaluation of psychological well-being expressed by a summary score. The PGWBI has been validated and used in many countries on large samples of the general population and on specific patient groups. Recently a study was carried out in Italy to reduce the number of items of the original questionnaire, yielding the creation of a shorter validated version of the questionnaire (PGWB-S). The purpose of the present paper is to describe the methods adopted and to report and discuss the relevance of results. METHODS: Data for this study were collected from 4 different population samples: two general population samples a student and a patient sample. On the basis of the results of the first (development) sample population, six relevant items were identified statistically from the original questionnaire and grouped to assemble a new summary scale. Following the newly created 6-item questionnaire was administered in three independent population samples. Descriptive statistics, correlation coefficients, univariate and multivariate regression analyses were used to compare the performance of the long and short questionnaire, within and between population samples and across relevant subgroups. A further independent sample extracted by an ongoing cancer clinical trial served as final validation step. RESULTS: Overall, the questionnaires were administered to 1443 subjects. Six items were selected by a step-wise approach to explain 90% of the variance of the summary measure of the original questionnaire. Response rates reached 100%, while missing items were not observed. University students

(n = 400) showed the highest mean value of the summary measure (75.3); while the patient sample (n = 28) had the lowest score (71.5). The correlation coefficients between the summary measures and the single items according to the different studies were satisfactory, reaching the highest estimates in the student sample. The internal consistency showed high values of the Cronbach's alpha coefficient (range 0.80-0.92) for all three study samples, coming close to the value of the coefficient established for the original questionnaire (0.94). A cross-validation in an independent sample of 755 cancer patients confirmed the item selection procedure and amount of variance explained by the new shorter questionnaire (ranging from 90. 2 to 95.1 %, across age and sex strata). CONCLUSION: The newly identified PGWB-S showed good acceptability and validity for the use in various settings in Italy. The translation of the PGWB-S into different languages, and its use in other linguistic settings will add evidence about its cross-cultural validity
Notes: DA - 20061120
IS - 1477-7525 (Electronic)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Validation Studies
SB - IM

Grzywacz, J. G., Suerken, C. K., Quandt, S. A., Bell, R. A., Lang, W., & Arcury, T. A. (2006). Older adults' use of complementary and alternative medicine for mental health: findings from the 2002 National Health Interview Survey. *J.Altern.Complement Med., 12*, 467-473.
Abstract: OBJECTIVES: To compare complementary and alternative medicine (CAM) use among adults 65 and older with and without self-reported anxiety or depression, and to investigate the prevalence and predictors of CAM use for treatment by persons with anxiety or depression. DESIGN: Cross-sectional survey. SETTINGS/LOCATION: Computer-assisted interviews conducted in participants' homes. SUBJECTS: Subjects included 5827 adults aged 65 and older who participated in the 2002 National Health Interview Survey including the Alternative Health Supplement. INTERVENTION: None. OUTCOME MEASURES: Overall use of CAM, use of four categories of CAM, and use of 20 CAM modalities. CAM use for treatment of any health condition, and CAM use to treat mental health. RESULTS: Eighty-one and seven tenths percent (81.7%) of older adults with self-reported anxiety or depression who used CAM in the past year, whereas 64.6% of older adults without these conditions used CAM. Differences in CAM use were driven by elevated use of spiritual practices, relaxation techniques, and use of nonvitamin, nonmineral natural products by patients with symptoms of mental conditions. Fewer than 20% of CAM users with self-reported anxiety or depression used CAM for their mental health. Few personal and health-related factors predicted CAM use for treatment among older adults with self-reported anxiety or depression. CONCLUSIONS: Older adults with self-reported anxiety or depression were more likely to use spiritual practices, relaxation techniques, and nonvitamin, nonmineral natural products than elders in good mental health. However, for the majority of older adults with self-reported anxiety or depression, CAM was used for purposes other than treating mental health
Notes: DA - 20060703

IS - 1075-5535 (Print)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
SB - IM

Hammond, T. (2003). Sleep walking with cannabis. Int.J.Psychiatr.Nurs.Res., 8, 904.
Notes: DA - 20030403
IS - 0968-0624 (Print)
LA - eng
PT - Editorial
SB - N

Hauck, K. & Rice, N. (2004). A longitudinal analysis of mental health mobility in Britain. *Health Econ., 13*, 981-1001.
Abstract: This paper is concerned with quantifying the level of mental health mobility in the British Household Panel Survey (BHPS). We investigate whether the extent of intertemporal fluctuations in mental health is different across categories of socio-economic group such as income quintiles, educational attainment and social class. Our measure of mental health is the 12-item version of the General Health Questionnaire (GHQ) that serves as a self-administered screening test aimed at detecting psychiatric disorders. Using 11 waves of the BHPS and a variety of methods we show there is much mobility in mental health from one wave to the next. Further the extent of mobility varies across socio-economic categories with greatest persistence observed in more disadvantaged groups. In general, these groups suffer poorer mental health and experience more periods of ill-health. Our results have implications for the design of appropriate prevention policies targeting mental illness within different risk groups, and also for the measurement of long-term inequalities in mental health across socioeconomic groups
Notes: DA - 20041006
IS - 1057-9230 (Print)
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Hauenstein, E. J. (2003). No comfort in the rural South: women living depressed. *Arch. Psychiatr. Nurs., 17*, 3-11.
Abstract: Despite the widespread notion of the bucolic life in the country, major depressive disorder (MDD) is common among impoverished women in the rural South. Women with MDD seldom get treated because of the paucity of treatment available, the inability to pay for services because of no insurance, and the distance they must travel to reach care. Even if treatment was available, impoverished rural Southern women are unlikely to seek services because of cultural and social prohibitions. These include incongruence between the biomedical model of MDD and sociocultural explanations for its causes and manifestations, stigma, and traditional viewpoints of women that keep them isolated and invisible. Innovative treatment strategies must be devised for these women that are based on local views of MDD and its treatment,

and people and monetary resources available in poor rural economies. Needed research with this population include ethnographic studies to gain understanding of the cultural factors associated with MDD and its treatment and evaluation of outreach, and other novel paradigms of rural service delivery including the use of nonprofessional personnel. Although the problems of treatment and research with this population are daunting, there is an opportunity for imagination, innovation, and creativity in devising local solutions to local problems
Notes: DA - 20030318
IS - 0883-9417 (Print)
LA - eng
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S
PT - Review
SB - IM
SB - N

Healy, B. (2007). A path to mental health. *US.News World Rep., 142*, 68.
Notes: DA - 20070521
IS - 0041-5537 (Print)
LA - eng
PT - News
SB - K

Hebert, R. (2007). What's new in Nicotine & Tobacco Research? *Nicotine.Tob.Res., 9*, 787-791.
Notes: DA - 20070726
IS - 1462-2203 (Print)
LA - eng
PT - Journal Article
SB - IM

Helen, I. (2007). Multiple depression : making mood manageable. *J.Med.Humanit., 28*, 149-172.
Abstract: The subject of this paper is the problematisation of depression in today's mental health care. It is based on a study of the professional discussion on depression in Finland from the mid-1980s to the 1990s. The ways in which Finnish mental health experts define the object of depression treatment bring out an ambivalence that stems from the discrepancy between two parallel but incongruent notions of what depression is: the psychopharmacological and the psychotherapeutic. The analysis of the discussion demonstrates how clinical and practical rationales of today's mental health care are formed in the space between the two poles. Two tendencies of these rationales are also pointed out: first, the DSM paradigm of depressive illness inclines to become problematic and to dissolve in the actual practices. Second, they insinuate emphasis on antidepressant medication and overall neuropsychiatric approach in the treatment of depressive disorders, although in an ambivalent way
Notes: DA - 20070726
IS - 1041-3545 (Print)
LA - eng
PT - Journal Article
RN - 0 (Antidepressive Agents)
SB - IM

Horn, K., Dino, G., Kalsekar, I., Massey, C. J., Manzo-Tennant, K., & McGloin, T. (2004). Exploring the relationship between mental health and smoking cessation: a study of rural teens. *Prev. Sci., 5*, 113-126.

Abstract: This study examined the association between mental health and smoking cessation among rural youth. Participants were 113 male and 145 female adolescents ages 14-19 from rural West Virginia and North Carolina. Participants were enrolled in the American Lung Association's 10-week Not On Tobacco (N-O-T) program or a 15-min single-dose brief intervention. Baseline and postprogram measures were completed on smoking status (i.e., quit, reduction), nicotine dependence, smoking history, and depression and anxiety. Results showed that more N-O-T participants quit and reduced smoking than did brief intervention participants. Intervention group, baseline smoking rate, and the Group x Gender, Group x Anxiety, and Group x Depression interactions were significant predictors of change in smoking behavior from baseline to postprogram. In conclusion, more N-O-T participants demonstrated favorable changes in smoking than did brief intervention participants. Approximately 1/3 of youth exhibited mental health pathology; more females than males. Levels of depression and anxiety improved from baseline to postprogram, overall. Although the extent of the impact of mental health on cessation outcomes was inconclusive, findings suggest that rural youth who smoke may be at risk for pathological depression and anxiety. Future cessation programming with rural youth should consider the inclusion of coping and stress management skills and mental health referral protocols as significant program components

Notes: DA - 20040511
IS - 1389-4986 (Print)
LA - eng
PT - Clinical Trial
PT - Controlled Clinical Trial
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S
SB - IM

Horton-Deutsch, S., O'Haver, D. P., Haight, R., & Babin-Nelson, M. (2007). Enhancing mental health services to bone marrow transplant recipients through a mindfulness-based therapeutic intervention. *Complement Ther.Clin.Pract., 13*, 110-115.

Abstract: Complementary and alternative therapies are gaining recognition in the treatment of many disease states. The importance of treating psychological and emotional problems associated with bone marrow transplant has been substantiated by research evidence. This feasibility study tested a mindfulness-based therapeutic intervention to treat such problems in this context. Pretests and post-tests were administered to patients (n=24) undergoing bone marrow transplant. Results indicate that the mindfulness-based therapeutic intervention has the potential to be an effective therapy for bone marrow transplant recipients

Notes: DA - 20070402
IS - 1744-3881 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - N

Howard, T. L. (2005). Nurses must learn to care for themselves. *Nurs.N.Z., 11*, 3.
Notes: DA - 20060310
IS - 1173-2032 (Print)
LA - eng
PT - Letter
SB - N

Huang, I. C., Frangakis, C., & Wu, A. W. (2006). The relationship of excess body weight and health-related quality of life: evidence from a population study in Taiwan. *Int. J. Obes. (Lond), 30*, 1250-1259.
Abstract: OBJECTIVE: Excess body weight is related to significant morbidity and mortality. However, less is known about the relationship of body weight to health-related quality of life (HRQOL), especially for Asian populations. We examined the relationship of excess weight and HRQOL in a general population sample from Taiwan. RESEARCH METHODS AND PROCEDURES: This cross-sectional study used a national representative sample (n = 14,221) from the 2001 Taiwan National Health Interview Survey. Body weight was categorized using body mass index (BMI in kg/m2) as normal (18.5-24.9), overweight (25-29.9), and obese (> or = 30). HRQOL was measured using the Taiwan version of the SF-36. We compared the body weight-HRQOL relationships by age, gender, and status of chronic condition, respectively. We especially used the Generalized Estimating Equations (GEE) to examine the relationships of BMI and HRQOL by taking into account the correlations of HRQOL within households. Four models were developed to adjust sequentially for sets of covariates: Model 1 with no adjustment; Model 2 adjusting for sociodemographic variables; Model 3 adding chronic conditions; Model 4 further adding smoking status. RESULTS: Unadjusted physical HRQOL was best for normal weight, worse for overweight, and worst for obese individuals. For unadjusted mental HRQOL, overweight subjects had at least as good mental domain scores of HRQOL as those with normal weight or obesity, depending on the subscales. As age increased, excess weight was associated with worse physical, but not mental HRQOL. Compared to men, women with excess weight showed a greater deficit in physical HRQOL. Multivariable analyses suggested that obesity was associated with worse physical HRQOL compared to overweight, which, in turn, was worse or comparable to normal weight. Specifically, in the model adjusting for demographic variables, the deficit in physical functioning and physical component scores for the obese vs normal weight were statistical significant ($P < 0.05$) and clinically important difference (effect size > or = 0.3). Both obesity and overweight were associated with higher mental component scores than normal weight, but the effect size was < 0.3. CONCLUSION: In Taiwan, excess weight was related to worse physical, but not mental HRQOL. The lack of impact of increased body weight on mental health status presents a potential challenge to preventing the increases in obesity. More research is needed to elucidate the mechanisms by which excess weight affects specific domains of HRQOL, and to develop effective prevention strategies
Notes: DA - 20060727
IS - 0307-0565 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Hunt, M. (2007). Borderline personality disorder across the lifespan. *J.Women Aging, 19*, 173-191.
Abstract: Borderline personality disorder is characterized by affective dysregulation, intense, unstable interpersonal relationships, impulsivity and unstable identity. It overlaps considerably with both PTSD and bipolar spectrum disorders. Research on true late-life BPD is limited, but suggests that some of the core features of BPD including interpersonal difficulties, unstable affect and anger remain relatively unchanged, while impulsivity and identity disturbance decline or change their mode of expression in late life. Diagnosis of BPD in late life requires both flexible application of the standard diagnostic criteria as well as a thorough longitudinal history. The etiology of BPD is best explained as a combination of genetic, neurobiological vulnerability combined with childhood trauma, abuse or neglect that leads to dysregulated emotions, distorted cognitions, social skills deficits, and few adaptive coping strategies. Treatment options include pharmacotherapy (especially mood stabilizers, SSRIs and atypical antipsychotics) and psychotherapeutic interventions that focus on distress tolerance, affective regulation, changing distorted beliefs, and introducing new social and relationship problem solving skills (especially Dialectical Behavior Therapy and Schema Focused Cognitive Therapy). In late life care environments, such as nursing homes and other residential facilities, staff need to be empowered to set appropriate limits on problematic behavior while maintaining empathy and validating the painful affect patients often experience
Notes: DA - 20070625
IS - 0895-2841 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Insel, T. R. & Scolnick, E. M. (2006). Cure therapeutics and strategic prevention: raising the bar for mental health research. *Mol.Psychiatry, 11*, 11-17.
Abstract: Mental disorders cause more disability than any other class of medical illness in Americans between ages 15 and 44 years. The suicide rate is higher than the annual mortality from homicide, AIDS, and most forms of cancer. In contrast to nearly all communicable and most non-communicable diseases, there is little evidence that the morbidity and mortality from mental disorders have changed in the past several decades. Mental health advocates, including psychiatric researchers, have pointed to stigma as one of the reasons for the lack of progress with mental illnesses relative to other medical illnesses. This review considers how the expectations and goals of the research community have contributed to this relative lack of progress. In contrast to researchers in cancer and heart disease who have sought cures and preventions, biological psychiatrists in both academia and industry have set their sights on incremental and marketable advances, such as drugs with fewer adverse effects. This essay argues for approaches that can lead to cures and strategies for prevention of schizophrenia and mood disorders
Notes: DA - 20051215
IS - 1359-4184 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Jansen, D. A. & von, S., V (2004). Restorative activities of community-dwelling elders. *West J.Nurs.Res., 26*, 381-399.

Abstract: This study was conducted to identify the restorative activities of community-dwelling elders. Exposure to restorative activities, such as observing nature, is associated with improved concentration, more effective cognitive functioning, and feelings of greater mental energy, peacefulness, and refreshment. Little literature exists regarding the types and benefits of restorative activities engaged in by elders, a group in need of means to promote optimal daily functioning. A qualitative descriptive design was used. Thirty (28 women, 2 men) community-dwelling elders (ages 65 to 92 years) were interviewed using open-ended questions to ascertain their perceptions of restorative activities. A content analysis of themes produced 12 categories of restorative activities: creative outlets, altruism, nature, social connections, cognitive challenges, physical activity, reading, family connections, spirituality and reflection, cultural activities, travel, and other activities. Additional studies with larger, culturally diverse samples and more men are warranted before implementing restorative interventions with elders in the hopes of promoting optimal functioning and well-being

Notes: DA - 20040524

IS - 0193-9459 (Print)

LA - eng

PT - Journal Article

PT - Research Support, Non-U.S. Gov't

SB - IM

SB - N

Jones, M. C. & Johnston, D. W. (2006). Is the introduction of a student-centred, problem-based curriculum associated with improvements in student nurse well-being and performance? An observational study of effect. *Int.J.Nurs.Stud., 43*, 941-952.

Abstract: AIMS: To explore the impact of curriculum redesign and innovation on student well-being and performance, including essay and examination marks and sickness absence. BACKGROUND: While the emotional impact of preparing to be a health professional can be reduced by helping students to adapt, the positive effect of curriculum innovation and redesign is rarely evaluated. DESIGN, SAMPLE AND METHODS: Student nurse well-being and performance was compared at weeks 24/25 and 40/50 following course entry between comparable independent cohorts of students undertaking a traditional programme (N=406, 83% return rate) with those on an innovative, student-centred, problem-based educational programme (N=447, 79% return rate). The setting was a School of Nursing and Midwifery in the North-East of Scotland. Measures included stress and mental health outcomes and measures of performance including academic marks and sickness absence. RESULTS: At week 25 into the course students on the innovative course had fewer academic, clinical and personal worries than students in the previous more traditional programme and were more likely to report using adaptive direct, problem-solving coping at week 50. While students on the innovative course reported less distress in their first year of the course, they scored less well on comparable essay assignments and had reliably greater sickness absence totals than those educated by traditional methods. CONCLUSION: In this setting, curriculum innovation was associated with positive changes in student well-being but not on performance

Notes: DA - 20061018

IS - 0020-7489 (Print)
LA - eng
PT - Comparative Study
PT - Evaluation Studies
PT - Journal Article
SB - IM
SB - N

Kamm-Steigelman, L., Kimble, L. P., Dunbar, S., Sowell, R. L., & Bairan, A. (2006). Religion, relationships and mental health in midlife women following acute myocardial infarction. *Issues Ment.Health Nurs., 27*, 141-159.
Abstract: Little is known about coping in women following an acute myocardial infarction (AMI). In midlife, women have worse outcomes than men following AMI. Innovative interventions need to be developed that respond to these women's unique recovery needs. In this correlational, descriptive study, 59 women aged 35-64 who had experienced AMI reported low satisfaction with life and decreased mental health; 49% were experiencing depression. However, they also reported that religion, family, and friends provided strength and comfort at the time of their AMI. Greater activation of simple, family-oriented, coping resources during recovery may be key. It is recommended that mental health nurses be essential members of the recovery planning team
Notes: DA - 20060118
IS - 0161-2840 (Print)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
SB - N

Kerkhof, A. J. (2005). Suicide prevention discussed at the WHO European Ministerial Conference on Mental Health. *Crisis, 26*, 51-52.
Notes: DA - 20050905
IS - 0227-5910 (Print)
LA - eng
PT - Editorial
SB - IM

Keyes, C. L. (2007). Promoting and protecting mental health as flourishing: a complementary strategy for improving national mental health. *Am.Psychol., 62*, 95-108.
Abstract: This article summarizes the conception and diagnosis of the mental health continuum, the findings supporting the two continua model of mental health and illness, and the benefits of flourishing to individuals and society. Completely mentally healthy adults--individuals free of a 12-month mental disorder and flourishing--reported the fewest missed days of work, the fewest half-day or greater work cutbacks, the healthiest psychosocial functioning (i.e., low helplessness, clear goals in life, high resilience, and high intimacy), the lowest risk of cardiovascular disease, the lowest number of chronic physical diseases with age, the fewest health limitations of activities of daily living, and lower health care utilization. However, the prevalence of flourishing is barely 20% in the adult population, indicating the need for a national program on mental health promotion to complement ongoing efforts to

prevent and treat mental illness. Findings reveal a Black advantage in mental health as flourishing and no gender disparity in flourishing among Whites
Notes: DA - 20070227
IS - 0003-066X (Print)
LA - eng
PT - Journal Article
SB - IM

Keyes, E. F. & Kane, C. F. (2004). Belonging and adapting: mental health of Bosnian refugees living in the United States. *Issues Ment.Health Nurs., 25*, 809-831.
Abstract: The purpose of this study was to elucidate the experience of Bosnian refugees currently living in the United States. Using a phenomenological method, seven adult female Bosnian refugees each participated in an audio-recorded interview lasting from one to two hours. Two major themes emerged from the analyses of the text: belonging and adapting. Belonging included concepts of cultural memory, identity and difference, empathy and reciprocity, and perfection of speech. Adapting focused on coping with transitions, coping with memories of past and attendant losses, coping with accepting a new culture while trying to fit into the new culture, and learning the new language perfectly. Implicit in the refugees' experiences were states of culture shock, loneliness, psychic numbness, grief, nostalgia, and feelings of dejection, humiliation, inferiority, and feeling as if they belonged nowhere. Simultaneously, the refugees reported feelings of relief and safety after leaving behind the threat of death in their old homes, feelings of gratefulness for their new freedom to hope for a better life, and their restored ability to notice beauty, as well as a sense of normalcy in their new lives. Recommendations for nursing research include the need to identify additional factors promoting successful belonging and adapting in refugees. Recommendations for nursing practice include the importance of adopting a perspective that is respectful of the uniqueness of each refugee and the necessity for recognizing the normal processes of refugee adaptation
Notes: DA - 20041116
IS - 0161-2840 (Print)
LA - eng
PT - Journal Article
SB - N

Kirschenbauer, H. J. (2005). [Responsibilities of the Public Health Service in psychiatric care]. *Bundesgesundheitsblatt.Gesundheitsforschung.Gesundheitsschutz., 48*, 1111-1115.
Abstract: Almost unnoticed by the general public, but also to some extent by public health professionals, psychiatric care in Germany has recently undergone considerable change. This development could be considered as more revolutionary than changes seen in somatic medicine. These changes can also be found in progress in "psychiatry as a science"in areas as diverse as prevention, diagnosis and treatment of those with mental illness, and their rehabilitation, recovery and after-care. Public health professionals have long witnessed these changes which have fluctuated in intention and intensity. This paper reviews the development of present-day responsibilities of the Public Health Service in psychiatric care and underlines the need for reform presenting an implementation plan and an outline of possible structural changes
Notes: DA - 20051027
IS - 1436-9990 (Print)

LA - ger
PT - English Abstract
PT - Journal Article
PT - Review
SB - IM

Kluft, R. P. (2007). The older female patient with a complex chronic dissociative disorder. *J.Women Aging, 19*, 119-137.
Abstract: Dissociative disorders are rarely considered in the diagnostic assessment of older women, despite the fact that the existence, appearance and characteristics of certain dissociative disorders in older populations has been known and described since the 1980s. This communication reviews the core phenomena of Dissociative Identity Disorder and related forms of Dissociative Disorder Not Otherwise Specified, the natural history of their phenomena from youth to old age, and describes common presentations of Dissociative Disorders in older women. It also reviews the treatment of complex chronic dissociative disorders and discusses alternative approaches to their psychotherapy in the older female patient. It is crucial to recognize and respect the importance of appreciating individual differences among older dissociative patients and to individualize their treatments accordingly
Notes: DA - 20070625
IS - 0895-2841 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Kuster, P. A. & Badr, L. K. (2006). Mental health of mothers caring for ventilator-assisted children at home. *Issues Ment.Health Nurs., 27*, 817-835.
Abstract: The complex management of ventilator-assisted children cared for in the home can place emotional and mental strain on parents, in particular, mothers. The purpose of this study was to explore the relationships among functional status of the child, impact of ventilator-assistance on the family, coping, social support, and depression in mothers caring for ventilator-assisted children at home. Thirty-eight mothers participated in the study. Almost half of the mothers experienced depressive mood symptoms. Impact on family was positively related to depression and social support was inversely related to depression. In addition, social support was a significant predictor of depression. The findings show that the high demands related to the care of ventilator-assisted children can be a significant risk factor for poor mental health outcomes of those mothers providing care at home. Interventions by mental health and pediatric nurses should focus on enhancing mothers' coping skills and assisting mothers in accessing a positive social network to help mediate the stress related to caring for their child
Notes: DA - 20060829
IS - 0161-2840 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - N

Lambert, V. A., Lambert, C. E., & Ito, M. (2004). Workplace stressors, ways of coping and demographic characteristics as predictors of physical and mental health of Japanese hospital nurses. *Int.J.Nurs.Stud., 41*, 85-97.

Abstract: Role stress has always been a concern for nurses and health care administrators. Most research, however, on role stress in nurses has taken place in Western cultures. Limited research in the area has taken place in Asian cultures and particularly in the country of Japan. Since the role of the hospital nurse in Japan is vastly different from the role of the hospital nurse in Western cultures and select Asian cultures, it is unclear what part workplace stressors, coping mechanisms and demographic characteristics play in the physical and mental health of Japanese hospital nurses. Therefore, this study chose to examine, in Japanese hospital nurses: (a) the relationships among various workplace stressors, ways of coping, demographic characteristics, and physical and mental health; and (b) which workplace stressors, coping mechanisms and demographic characteristics were the best predictors of both physical and mental health. Data were obtained from 310 nurses who completed four questionnaires. Numerous significant correlations were found among the variables. Workload and number of people living in the household were found to be the best predictors of physical health. The best predictors of mental health were likelihood to leave the current nursing position, lack of support in the workplace, and escape-avoidance coping

Notes: DA - 20031212
IS - 0020-7489 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM
SB - N

Lang, A., Goulet, C., & Amsel, R. (2004). Explanatory model of health in bereaved parents post-fetal/infant death. *Int.J.Nurs.Stud., 41*, 869-880.

Abstract: In order to identify which features contribute to attenuating or intensifying the deleterious consequences of a perinatal loss such that some family systems endure and sometimes even thrive when faced with such a situational stressor, while other family units seem to deteriorate and disintegrate under similar circumstances, an explanatory model of health was tested. The purpose of this longitudinal study was to examine how the relationships between the elements in the model namely: resources both internal (hardiness) and external (marital and social supports), as well as appraisal of the situation, predicted the health of 110 bereaved couples (husbands and wives)

Notes: DA - 20041012
IS - 0020-7489 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Validation Studies
SB - IM
SB - N

Lea, L. (2004). Body, mind, spirit and soul. *Ment.Health Today*, 35-37.
Notes: DA - 20041015
IS - 1474-5186 (Print)
LA - eng
PT - Journal Article
SB - N

Lee, R. L. & Loke, A. J. (2005). Health-promoting behaviors and psychosocial well-being of university students in Hong Kong. *Public Health Nurs., 22*, 209-220.
Abstract: The objective of this study was to examine health-promoting behaviors and psychosocial well-being of university students in Hong Kong. A cross-sectional study was conducted using convenience sample (n = 247) of students recruited at various locations on campus. The Chinese version of the Health Promotion Lifestyle Profile II (HPLP-II; S. Walker, K. Sechrist, & N. Pender, 1995) was given to students as a questionnaire. Relatively few university students had a sense of "health responsibility" (6.5-27.1%), engaged in any form of physical activity (31.2%), or exercised regularly (13.8%). Less than half ate fruits (35.2%) and vegetables (48.9%) every day. Positive personal growth was reported by 50.6% of the students; 42.5% used stress-management skills and 74.1% rated their interpersonal relationships as meaningful and fulfilling. Students' scores on the health responsibility, nutritional habits, spiritual growth, interpersonal relations, or stress-management subscales of the HPLP-II did not differ significantly by gender, but males scored better than females ($p = 0.001$) on the physical exercise subscale. This study provides information on gender differences and specific needs of students which can help university administrators, curriculum planners, and community health professionals design guidelines for structuring a healthier environment and developing health education programs that support healthy choices among university students
Notes: DA - 20050628
IS - 0737-1209 (Print)
LA - eng
PT - Journal Article
SB - IM
SB - N

Leff, L. & Batterman, A. (2007). Patient handout: maintaining mental and physical health. *Am.J.Orthop., 36*, 11-12.
Notes: DA - 20070919
IS - 1934-3418 (Electronic)
LA - eng
PT - Journal Article
PT - Patient Education Handout
SB - IM

Legeron, P. (2006). [Mental health in the workplace: a human and economic issue]. *Presse Med., 35*, 821-822.
Notes: DA - 20060519
IS - 0755-4982 (Print)
LA - fre

PT - Editorial
SB - IM

Lesesne, C. A. & Kennedy, C. (2005). Starting early: promoting the mental health of women and girls throughout the life span. *J.Womens Health (Larchmt.), 14*, 754-763.
Abstract: The importance of mental health in the promotion of lifelong health among men and women alike cannot be overstated. However, mental health remains under-addressed within general public health and community health programs. In this report, we focus primarily on the mental health of women and discuss risk factors that can affect the well-being of women throughout the life span. The literature reviewed demonstrates a strong relationship between social and environmental risk factors, such as abuse and family dysfunction in childhood, to health risk behaviors and poor mental health in adulthood. We concluded that adverse childhood experiences (ACEs) and poor adult mental health could contribute to cycles of intergenerational transmission of risks leading to poor mental and physical health in children of ACEexposed parents. Also, we argue that public health communities can make a difference in women's lifelong health by improving early recognition and treatment of mental health concerns, seeking opportunities to prevent exposures to known risk factors in childhood, and developing targeted parenting interventions. Promoting healthy psychological states and coping mechanisms before, during, and after exposure to adverse events throughout life is also critical. Perhaps such efforts will help to reduce or even break cycles of risk exposure specifically for women and their children. Finally, existing prevention activities and opportunities for promoting the mental health of girls and women are discussed. Ultimately, this report challenges the women's health and public health communities to take action because mental health can have a serious impact on lifelong well-being
Notes: DA - 20051129
IS - 1540-9996 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Lore, D. (2005). Overweight in children: definitions, measurements, confounding factors, and health consequences. *J.Pediatr.Nurs., 20*, 202-203.
Notes: DA - 20050603
IS - 0882-5963 (Print)
LA - eng
PT - Comment
PT - Letter
SB - IM
SB - N

Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D. et al. (2004). Review of child and adolescent refugee mental health. *J.Am.Acad.Child Adolesc.Psychiatry, 43*, 24-36.
Abstract: OBJECTIVE: To review stressful experiences and stress reactions among child and adolescent refugees, as well as interventions and ethical considerations in research and clinical work, within the framework of the chronological experiences of child refugees;

namely, the phases of preflight, flight, and resettlement. Highlighted are special refugee populations such as unaccompanied minors, asylum seekers, and former child soldiers. Pertinent medical findings are summarized. METHOD: The authors reviewed articles from 1990 to 2003 addressing the topics above. Literature was gathered from databases including PsycINFO, Medline, and SocioFile. Pertinent earlier papers and those from other disciplines cited in database-identified articles were also included. RESULTS: Child and adolescent refugees suffer from significant conflict-related exposures. Reactions to stress may be mediated by coping strategies, belief systems, and social relations. CONCLUSIONS: More research is needed on interventions, specifically on efficacy and cultural relevance. Interventions that have an impact on multiple ecological levels need further development and evaluation
Notes: DA - 20031223
IS - 0890-8567 (Print)
LA - eng
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S
PT - Review
SB - IM

Maass-Robinson, S. (2003). Integrated health care must consider mental health to reduce rates of cardiovascular disease. *Ethn.Dis., 13*, 309.
Notes: DA - 20030804
IS - 1049-510X (Print)
LA - eng
PT - Editorial
SB - IM

Madrid, P. A., Grant, R., Reilly, M. J., & Redlener, N. B. (2006). Challenges in meeting immediate emotional needs: short-term impact of a major disaster on children's mental health: building resiliency in the aftermath of Hurricane Katrina. *Pediatrics, 117*, S448-S453.
Notes: DA - 20060531
IS - 1098-4275 (Electronic)
LA - eng
PT - Journal Article
SB - AIM
SB - IM

Mann, S. & Cowburn, J. (2005). Emotional labour and stress within mental health nursing. *J.Psychiatr.Ment.Health Nurs., 12*, 154-162.
Abstract: For many within the nursing profession, the work role involves a great deal of emotional work or 'emotional labour'. Such emotional work can be performed through 'surface acting' in which the individual simply feigns an appropriate emotion, or through 'deep acting' in which they actually try to feel the required emotion. The current study aims to aid understanding of the complex relationship between components of emotional labour and stress within the mental health nursing sector. Thirty-five mental health nurses completed questionnaires relating to a total of 122 nurse-patient interactions. Data were collected in relation to: (1) the duration and intensity of the interaction; (2) the variety of emotions expressed; (3) the degree of surface or deep acting the nurse performed; and (4) the perceived level of stress the

interaction involved. Nurses also completed Daily Stress Indicators. Results suggest that: (1) emotional labour is positively correlated with both 'interaction stress' and daily stress levels; (2) the deeper the intensity of interactions and the more variety of emotions experienced, the more emotional labour was reported; and (3) surface acting was a more important predictor of emotional labour than deep acting. Implications for mental health nurses are outlined
Notes: DA - 20050324
IS - 1351-0126 (Print)
LA - eng
PT - Journal Article
SB - N

Mayes, L. C. (2003). Child mental health consultation with families of medically compromised infants. *Child Adolesc. Psychiatr.Clin.N.Am., 12*, 401-421.
Abstract: Prematurity and birth defects present parents with a crisis for which they have usually had little preparation and no prior education. Both types of early medical complications may represent a state of suspended animation for most parents. Even large premature infants with good prognoses induce anxiety and symbolize potential death and disability, and children with birth defects may portend years of medical procedures and long-term disability. The fear of serious neurologic impairment or mental retardation presents parents with a long period of ambiguity and chronic anxiety. During this period, they must be helpless observers rather than active participants. Recent research has indicated that the active involvement of parents in the care of their premature infants can be helpful in alleviating the guilt and anxiety related to loss and impairment. Similarly, early physical contact between parents and their severely malformed infant is equally critical. Even if the ultimate complexities of early attachment have yet to be delineated fully, this is a worthwhile practice and useful approach in the nursery. Child mental health professionals have important roles to fulfill in helping staff members deal with increased parental participation and directly managing family members with intense distress related to their infants' fragility. The role of the mental health professional in such consultation may cover five related tasks: 1. Understanding the nature of the biologic issues facing the child and integrating that understanding with an evaluation of the child's neurobehavioral profile. 2. Understanding the family's relationship with the child and their overall level of functioning during an acutely stressful time. 3. Developing an appreciation of the place of the child in his or her family and how the parents understand the nature of the medical problems. 4. Forming a collaborative relationship with the pediatricians and other subspecialists who care for the child so that behavioral and psychological interventions are integrated with the child's biomedical care. 5. Fostering a brief, or sometimes long-term, therapeutic relationship with the family or facilitating the family's finding such a relationship with another clinician. There will never be enough child and adolescent psychiatrists and psychologists to treat all families of medically compromised infants. Knowledge of normative responses has advanced to the point at which basic skills can be used by and transmitted to others who can provide basic services. There is much to be learned about the short- and long-term sequelae of such stressful situations on individuals and family systems with preexisting psychopathology. For such families, child mental health professionals are uniquely suited to play a further role in research and treatment

Notes: DA - 20030812
IS - 1056-4993 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

McCaffrey, C. N. (2006). Major stressors and their effects on the well-being of children with cancer. *J.Pediatr.Nurs., 21*, 59-66.
Abstract: An in-depth exploratory study identified major stressors experienced by children diagnosed with cancer. Four themes were used to analyze data from a series of focus group discussions and individual interviews with children, parents, hospital professionals, and hospital teachers (N = 35). First, major stressful events were reported by the children, their parents, and hospital professionals. Second, the effects of major stressors on the well-being of the children, their families, school, and hospital personnel were determined. Third, the children reported the consequences of major stressors on their physical and emotional well-being. Fourth, the children's use of effective coping mechanisms was determined. The results revealed that the major stressors for children with cancer were treatment procedures (e.g., chemotherapy), loss of control, the hospital environment, relapses, and fear of dying. In addition, the children cited body image issues, ongoing lack of self-esteem, and issues relating to the preparation for transition back into real world situations (e.g., school)
Notes: DA - 20060123
IS - 0882-5963 (Print)
LA - eng
PT - Journal Article
SB - IM
SB - N

McCartan, R. & Small, S. (2006). Opening young minds. *Ment.Health Today*, 27-29.
Notes: DA - 20061024
IS - 1474-5186 (Print)
LA - eng
PT - Journal Article
SB - N

Mechanic, M. B. (2004). Beyond PTSD: mental health consequences of violence against women: a response to Briere and Jordan. *J.Interpers.Violence, 19*, 1283-1289.
Abstract: This article proposes that we move beyond posttraumatic stress disorder (PTSD) in our conceptualization of traumatic stress responses of victimized women exposed to serial forms of unrelenting violence, such as intimate partner violence and stalking. It is argued that the traditional PTSD framework is ill fitting in the context of some forms of violence against women (VAW), and these limits have consequences for developing appropriate interventions for some victimized women. The article further suggests going beyond PTSD by developing a more nuanced understanding of the ways in which PTSD and other mental health symptoms contribute to the vast array of deleterious personal, societal, and economic costs of VAW
Notes: DA - 20041109
IS - 0886-2605 (Print)

LA - eng
PT - Comment
PT - Journal Article
PT - Review
SB - IM

Melnyk, B. M., Brown, H. E., Jones, D. C., Kreipe, R., & Novak, J. (2003). Improving the mental/psychosocial health of US children and adolescents: outcomes and implementation strategies from the national KySS Summit. *J.Pediatr.Health Care, 17*, S1-24.
Notes: DA - 20031105
IS - 0891-5245 (Print)
LA - eng
PT - Consensus Development Conference
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, P.H.S
PT - Review
SB - N

Melnyk, B. M., Moldenhauer, Z., Tuttle, J., Veenema, T. G., Jones, D., & Novak, J. (2003). Improving child and adolescent mental health. An evidence-based approach. *Adv.Nurse Pract., 11*, 47-52.
Notes: DA - 20030318
IS - 1096-6293 (Print)
LA - eng
PT - Journal Article
SB - N

Melnyk, B. M., Small, L., Morrison-Beedy, D., Strasser, A., Spath, L., Kreipe, R. et al. (2006). Mental health correlates of healthy lifestyle attitudes, beliefs, choices, and behaviors in overweight adolescents. *J.Pediatr.Health Care, 20*, 401-406.
Abstract: INTRODUCTION: A tripling in the number of overweight adolescents has occurred during the past two decades, with type 2 diabetes reaching epidemic proportions. Although obesity has been identified as a correlate of depression and low self-esteem in adolescents, the relationships among key cognitive/mental health variables and healthy attitudes, beliefs, choices, and behaviors in overweight teens have yet to be explored. Therefore, the aim of this study was to describe these relationships so that an effective intervention program to promote and sustain healthy lifestyle behaviors could be implemented. METHODS: A descriptive correlational study was conducted with 23 overweight teens. Key variables measured included depressive symptoms, state and trait anxiety, self-esteem, beliefs/confidence about engaging in a healthy lifestyle, perceived difficulty in leading a healthy lifestyle, and healthy attitudes, choices, and behaviors. FINDINGS: Teens with higher state and trait anxiety as well as depressive symptoms had less healthy lifestyle beliefs, and teens with higher self-esteem had stronger beliefs about their ability to engage in a healthy lifestyle. Stronger beliefs about the ability to engage in healthy lifestyles were related to healthier living attitudes and healthier lifestyle choices. Teens who perceived healthy lifestyles as more difficult had less healthy attitudes and reported less healthier choices and behaviors. DIS-

CUSSION: Including a strong cognitive behavioral skills building component into clinical interventions with overweight teens may be key in boosting their beliefs/confidence about being able to engage in healthy behaviors and lessening their perceived difficulty in performing them, which should result in healthier choices and lessifestyle behaviors
Notes: DA - 20061030
IS - 0891-5245 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - N

Messina, N. & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *Am.J.Public Health, 96*, 1842-1848.
Abstract: OBJECTIVES: We sought to describe the prevalence of childhood traumatic events among incarcerated women in substance abuse treatment and to assess the relation between cumulative childhood traumatic events and adult physical and mental health problems. METHODS: The study was modeled after the Adverse Childhood Events study's findings. In-depth baseline interview data for 500 women participating in the Female Offender Treatment and Employment Program evaluation were analyzed. RESULTS: Hypotheses were supported, and regression results showed that the impact of childhood traumatic events on health outcomes is strong and cumulative (greater exposure to childhood traumatic events increased the likelihood of 12 of 18 health-related outcomes, ranging from a 15% increase in the odds of reporting fair/poor health to a 40% increase in the odds of mental health treatment in adulthood). CONCLUSIONS: Our findings suggest a need for early prevention and intervention, and appropriate trauma treatment, within correctional treatment settings
Notes: DA - 20060929
IS - 1541-0048 (Electronic)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
SB - AIM
SB - IM

Mittelmark, M. B. (2005). Why "mental" health promotion? *Promot.Educ., Suppl 2*, 55-7, 64, 70.
Notes: DA - 20050621
IS - 1025-3823 (Print)
LA - eng
PT - Journal Article
SB - IM

Miyashita, M. (2005). A randomized intervention study for breast cancer survivors in Japan: effects of short-term support group focused on possible breast cancer recurrence. *Cancer Nurs., 28*, 70-78.
Abstract: This study aimed to assess the effect on the mental health of breast cancer survivors in a support group providing an emotional and educational intervention focused on the recurrence of breast cancer. Seventy-eight breast cancer survivors were assigned randomly

to an intervention group (n = 45) and a control group (n = 33), respectively. Intervention group members met weekly for 4 weeks for emotional and educational intervention focusing on recurrence of the cancer. Subjects were assessed at baseline and at 1 week and 1 month postintervention. The results indicated that there was no significant effect of the intervention in terms of state anxiety. There was a significant effect of the intervention on life satisfaction in the group scoring high at baseline, as indicated by the mean score changes. The effect was that among the groups scoring high on life satisfaction, the mean score in the intervention group remained unchanged, but in the control group it declined. That is, short-term intervention focusing on recurrence does not improve the mental health of breast cancer patients, but it may help maintain better mental health. Nurses should have proper education to be able to provide correct information about breast cancer and coping skills. Further research with long-term multipurpose support groups that take into account patients' characteristics are needed to provide effective support to women with breast cancer in Japan
Notes: DA - 20050131
IS - 0162-220X (Print)
LA - eng
PT - Clinical Trial
PT - Journal Article
PT - Randomized Controlled Trial
PT - Research Support, Non-U.S. Gov't
SB - IM
SB - N

Monsen, R. B. & Thomas, D. (2006). Children's mental health. *J.Pediatr.Nurs., 21*, 443-444.
Notes: DA - 20061114
IS - 0882-5963 (Print)
LA - eng
PT - Journal Article
SB - IM
SB - N

Montes-Berges, B. & Augusto, J. M. (2007). Exploring the relationship between perceived emotional intelligence, coping, social support and mental health in nursing students. *J. Psychiatr. Ment.Health Nurs., 14*, 163-171.
Abstract: Studies conducted with nurses or nursing students have shown that emotional intelligence is a skill that minimizes the negative stress consequences. The present work examines the role of perceived emotional intelligence (PEI) measured by the Trait Meta-Mood Scale, in the use of stress-coping strategies, in the quantity and quality of social support and in the mental health of nursing students. The results indicated positive correlations between clarity and social support, social support and repair, and social support and mental health. Hierarchy regression analysis pointed out that clarity and emotional repair are predictors of social support, and emotional repair is the main predictor of mental health. These results show the importance of PEI in stress coping within the nursing framework
Notes: DA - 20070313
IS - 1351-0126 (Print)

LA - eng
PT - Journal Article
SB - N

Morita, E., Fukuda, S., Nagano, J., Hamajima, N., Yamamoto, H., Iwai, Y. et al. (2007). Psychological effects of forest environments on healthy adults: Shinrin-yoku (forest-air bathing, walking) as a possible method of stress reduction. *Public Health, 121*, 54-63.
Abstract: OBJECTIVES: Shinrin-yoku (walking and/or staying in forests in order to promote health) is a major form of relaxation in Japan; however, its effects have yet to be completely clarified. The aims of this study were: (1) to evaluate the psychological effects of shinrin-yoku in a large number of participants; and (2) to identify the factors related to these effects. METHODS: Four hundred and ninety-eight healthy volunteers took part in the study. Surveys were conducted twice in a forest on the same day (forest day) and twice on a control day. Outcome measures were evaluated using the Multiple Mood Scale-Short Form (hostility, depression, boredom, friendliness, wellbeing and liveliness) and the State-Trait Anxiety Inventory A-State Scale. Statistical analyses were conducted using analysis of variance and multiple regression analyses. RESULTS: Hostility (P<0.001) and depression (P<0.001) scores decreased significantly, and liveliness (P=0.001) scores increased significantly on the forest day compared with the control day. The main effect of environment was also observed with all outcomes except for hostility, and the forest environment was advantageous. Stress levels were shown to be related to the magnitude of the shinrin-yoku effect; the higher the stress level, the greater the effect. CONCLUSIONS: This study revealed that forest environments are advantageous with respect to acute emotions, especially among those experiencing chronic stress. Accordingly, shinrin-yoku may be employed as a stress reduction method, and forest environments can be viewed as therapeutic landscapes. Therefore, customary shinrin-yoku may help to decrease the risk of psychosocial stress-related diseases, and evaluation of the long-term effects of shinrin-yoku is warranted
Notes: DA - 20070109
IS - 0033-3506 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Morrissey, M. V. (2007). Suffer no more in silence: challenging the myths of women's mental health in childbearing. *Int.J.Psychiatr.Nurs.Res., 12*, 1429-1438.
Abstract: This article will challenge some of the myths surrounding women's mental health in childbearing. Pregnancy and the aftermath are very often seen as a time of joy and happiness. Yet for a significant amount of women at least ten per cent childbearing represents major emotional and psychological adjustment (Stowe et al.2005) and sadly mental health problems like post-natal depression and puerperal psychosis. It will be shown that there continues to be a need to develop new methods of caring for this client group and more women centred services. It is vital to organise and mobilize appropriate services that can assist and listen to individual women with mental health problems. It is important that women have services and space to explore their emotional and psychological problems and not have to suffer in silence. To promote mental health in childbearing their needs to be a clear emphasis in midwifery and

medical education on understanding mental health in it's broadest sense. This requires developing midwifery care to where possible include partners and other family members in aiding recovery. A major step in promoting mental health is respecting the knowledge, presence and healing hands of both skilled midwives and nurses. Mental health nurses and midwives are aware of the deficits in services and care provision for women with psychological distress and mental health problems (Murray & Hamilton 2005). Care practices need to be informed by relevant interpersonal skills, research, education, prevention work, and a system of early detection and treatment of mental health problems (Cuijpers et al. 2005)
Notes: DA - 20070207
IS - 0968-0624 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - N

Nishtar, S., Minhas, F. A., Ahmed, A., Badar, A., & Mohamud, K. B. (2004). Prevention and control of mental illnesses and mental health: National Action Plan for NCD Prevention, Control and Health Promotion in Pakistan. *J.Pak.Med.Assoc., 54*, S69-S77.
Abstract: As part of the National Action Plan for Non-communicable Disease Prevention, Control and Health Promotion in Pakistan (NAP-NCD), mental illnesses have been grouped alongside non-communicable diseases (NCD) within a combined strategic framework in order to synchronize public health actions. The systematic approach for mental illnesses is centred on safeguarding the rights of the mentally ill, reducing stigma and discrimination, and de-institutionalisation and rehabilitation of the mentally ill in the community outlining roles of healthcare providers, the community, legislators and policy makers. The approach has implications for support functions in a number of areas including policy building, manpower and material development and research. Priority action areas for mental health as part of NAP-NCD include the integration of surveillance of mental illnesses in a comprehensive population-based NCD surveillance system; creating awareness about mental health as part of an integrated NCD behavioural change communication strategy; integration of mental health with primary healthcare; the development of sustainable public health infrastructure to support community mental health initiatives; building capacity of the health system in support of prevention and control activities; effective implementation of existing legislation and harmonizing working relationships with law enforcing agencies. NAP-NCD also stresses on the need to integrate mental health into health services as part of a sustainable and integrated medical education programme for all categories of healthcare providers and the availability of essential psychotropic drugs at all healthcare levels. It lays emphasis on protecting the interests of special groups such as prisoners, refugees and displaced persons, women, children and individuals with disabilities. Furthermore, it promotes need-based research for contemporary mental health issues
Notes: DA - 20050304
IS - 0030-9982 (Print)
LA - eng
PT - Journal Article
SB - IM

Okasha, A. (2007). Mental health and violence: WPA Cairo declaration--international perspectives for intervention. *Int.Rev.Psychiatry, 19*, 193-200.
Abstract: This article consists of two sections. In the first section, the author presents a comprehensive review which highlights the psychological consequences suffered by populations living in war zones, revealing the worrying prevalence of fear, panic, depressions, behavioral disturbances and PTSD. Especially vulnerable groups include women, children, the disabled and the elderly. Loss and destruction of homes, loss of male heads of households to death or captivity, displacement and exposure to the dangers of sexual abuse and rape, almost always associated with war crimes leaves women, especially mothers at high risk of hopelessness and depression. The level of depressive symptomatology in the mother was found to be the best predictor of her child's reported morbidity. The devastation of families and the breakdown of the home structure deprive the elderly and the handicapped of the family care, which usually constitutes their primary resource of support. In the second section of the article, the author summarizes the efforts done by the World Psychiatric Association, in addressing the consequences of war and collective violence in the different regions of the world. The author suggests a comprehensive professional intervention program, involving several world organizations involved in health and education. Also, of special importance in that regard is the role of key religious institutions, to highlight the peaceful values carried by all religions and to replace the currently dominant messages of conflict and rejection of the "other"
Notes: DA - 20070614
IS - 0954-0261 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Omotade, A. O. (2003). SNMA's presidential initiative: mental health and minority communities. *J.Natl.Med.Assoc., 95*, 296-297.
Notes: DA - 20030516
IS - 0027-9684 (Print)
LA - eng
PT - Editorial
SB - IM

Passmore, P. A. (2007). A minimum data set for intervention studies on cognitive decline (mild cognitive impairment, early Alzheimer) in the elderly. *J.Nutr.Health Aging, 11*, 278-281.
Notes: DA - 20070517
IS - 1279-7707 (Print)
LA - eng
PT - Journal Article
SB - IM

Peach, H. (2006). Australia's Vietnam veterans--a review. Aust.Fam.Physician, 35, 619-622.
Abstract: BACKGROUND: Vietnam veterans' war experiences have adversely affected their own mental health and that of one in 3 partners and one in 4-6 of their dependents, many of whom are reluctant to seek help. OBJECTIVE: This article reviews the health problems suffered by families of Australia's Vietnam veterans and discusses what the future

might hold for these families, what the implications might be for families of veterans of more recent conflicts, and how general practitioners and divisions of general practice might help. DISCUSSION: Mental illness of veterans' dependents may increase their risk of cardiovascular and other physical diseases, and their children's risk of psychological problems. Caring for veterans as they age may further strain the mental health of one in 3-4 partners and jeopardise their role as grandparents. General practitioners can help by paying attention to the mental health of veterans and their dependents, working with the families, providing education and support, assessing the need for individual or family counselling, encouraging veterans' dependents to use universal or Department of Veterans' Affairs services, and building dependent's and grandchildren's resilience
Notes: DA - 20060808
IS - 0300-8495 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Peden, A. R., Rayens, M. K., Hall, L. A., & Grant, E. (2004). Negative thinking and the mental health of low-income single mothers. *J.Nurs.Scholarsh., 36*, 337-344.
Abstract: PURPOSE: To test a conceptual model of predictors of depressive symptoms in low-income single mothers with children from 2 to 6 years of age. DESIGN: Data were collected from September 2000 to October 2002 as part of the baseline data collection for a larger study in the eastern part of the United States. A volunteer sample of 205 women who were at risk for depression was recruited. METHODS: Each woman completed a survey that included the Center for Epidemiologic Studies-Depression Scale, the Beck Depression Inventory, the Rosenberg Self-Esteem Scale, the Crandall Cognitions Inventory, and the Everyday Stressors Index. FINDINGS: More than 75% of the participants scored at least in the mild depressive range on the Beck Depression Inventory or in the high depressive range on the CES-D. Negative thinking mediated the relationship between self-esteem and depressive symptoms and partially mediated the relationship between chronic stressors and depressive symptoms. CONCLUSIONS: These findings are consistent with earlier research by this team. Negative thinking is an important factor in the development of depressive symptoms in at-risk women. As a symptom, negative thinking might be more amenable to nursing intervention than to interventions focused on reducing chronic stress
Notes: DA - 20050107
IS - 1527-6546 (Print)
LA - eng
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S
SB - IM
SB - N

Periago, M. R. (2005). Mental health: a public health priority in the Americas. *Rev.Panam.Salud Publica, 18*, 226-228.
Notes: DA - 20051215
IS - 1020-4989 (Print)

LA - eng
LA - spa
PT - Editorial
SB - IM

Pinder, R. M. & Sandler, M. (2004). Alcohol, wine and mental health: focus on dementia and stroke. *J.Psychopharmacol., 18*, 449-456.
Abstract: The relative risks of coronary heart disease (CHD) and overall mortality are reduced by moderate consumption of alcoholic beverages, particularly wine, which has major implications for public health. It appears likely that this beneficial effect of alcohol will soon be extended to some mental disorders. Although data on psychosis and mood and anxiety disorders are currently lacking, it appears that the relative risks of developing ischaemic stroke and Alzheimer's or vascular dementia are also lowered by moderate alcohol consumption. Such findings are still tentative because of the inherent methodological problems involved in population-based epidemiological studies, and it is unclear whether the benefit can be ascribed to alcohol itself or to other constituents specific to wine such as polyphenols. Plausible biological mechanisms have been advanced for the protective effect of alcohol and wine against CHD, many of which will also play roles in their protective actions against cerebrovascular disease and dementia. The specific antioxidant properties of wine polyphenols may be particularly important in preventing Alzheimer's disease. Because of the substantially unpredictable risk of progression to problem drinking and alcohol abuse, the most sensible advice to the general public is that heavy drinkers should drink less or not at all, that abstainers should not be indiscriminately encouraged to begin drinking for health reasons, and that light to moderate drinkers need not change their drinking habits for health reasons, except in exceptional circumstances
Notes: DA - 20041207
IS - 0269-8811 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Pollack, W. S. (2004). Parent-child connections: the essential component for positive youth development and mental health, safe communities, and academic achievement. *New Dir. Youth. Dev*., 17-30, table.
Abstract: A continuing parent-youth bond throughout adolescence and young adulthood is the foundation for genuine emotional health, academic achievement, and healthy developmental trajectories and the antidote to youth violence
Notes: DA - 20041214
IS - 1533-8916 (Print)
LA - eng
PT - Journal Article
SB - IM

Price, S. (2004). Midwifery care and mental health. *Pract.Midwife., 7*, 12-14.
Notes: DA - 20040824
IS - 1461-3123 (Print)
LA - eng

PT - Journal Article
PT - Review
SB - N

Pringle, A. & Sayers, P. (2004). It's a goal!: Basing a community psychiatric nursing service in a local football stadium. *J.R.Soc.Health, 124*, 234-238.
Abstract: This paper describes the development of a community mental health project in a local football stadium. Funded for three years by the Laureus Foundation's 'Sport for Good' initiative, the project provides mental health promotion and mental health awareness input targeted initially at young men, a group who are often very difficult to engage in this type work. Using group interventions and utilising football as a metaphor, the project helps young men address issues around depression, self-esteem and inclusion, and addresses the subject of suicide which remains the second biggest cause of death in young men in Britain. The paper describes the development of the project, the structure of the groups and the evaluation of the first two groups to complete the process. The work takes place in the Moss Rose stadium, home of Macclesfield Town, a team in the English Football League
Notes: DA - 20041020
IS - 0264-0325 (Print)
LA - eng
PT - Journal Article
SB - IM

Procter, N. G. (2004). The mental health of moving asylum seekers from 'temporary' to 'permanent' protection visas: it's much more than a quick political fix. *Contemp.Nurse, 17,* 179-182.
Notes: DA - 20041119
IS - 1037-6178 (Print)
LA - eng
PT - Editorial
SB - N

Raderstorf, M. & Kurtz, J. (2006). Mental health issues in the workplace: maintaining a productive work force. *AAOHN.J., 54*, 360-365.
Abstract: Occupational health nurses must intervene early and validate the conditions and experiences of employees with psychiatric disabilities. Occupational health nurses must ensure employees are receiving appropriate treatment. They must be aware of and prepared to mitigate iatrogenic influences. Occupational health nurses can facilitate resolution of workplace conflicts and issues regarding changing supervisors or departments. They can also facilitate return to work by establishing clear restrictions and coordinating accommodations. compassionate and supportive, yet assertive, approach is key to managing mental health disability. It will, in most cases, facilitate successful return to full-time work
Notes: DA - 20060822
IS - 0891-0162 (Print)
LA - eng
PT - Case Reports
PT - Journal Article
PT - Review
SB - N

Rice, E., Batterham, P., & Rotheram-Borus, M. J. (2006). Unprotected sex among youth living with HIV before and after the advent of highly active antiretroviral therapy. *Perspect.Sex Reprod.Health, 38*, 162-167.

Abstract: CONTEXT: Since the advent of highly active antiretroviral therapy (HAART) in 1996, the incidence of HIV-especially among young men who have sex with men-and the prevalence of unprotected sex among HIV-positive persons have increased. The characteristics associated with unprotected sex among youth living with HIV since the advent of HAART have not been explored. METHODS: Samples of HIV-positive youth aged 13-24 were taken from two intervention studies that targeted the sexual behaviors of HIV-positive youth-one from 1994 to 1996 (pre-HAART) and the other from 1999 to 2000 (post-HAART). Generalized estimating equations were used to identify characteristics associated with unprotected sex in each sample. RESULTS: The prevalence of unprotected sex in the post-HAART sample was more than twice that in the pre-HAART sample (62% vs. 25%). Among the pre-HAART sample, being a man who has sex with men and having sex with a casual partner were negatively associated with the odds of unprotected intercourse (odds ratios, 0.5 and 0.2, respectively). Among the post-HAART sample, unprotected sex was negatively associated with knowing that a partner was HIV-negative (0.2) and positively associated with poorer mental health (1.02). In analyses among the post-HAART sample, poorer mental health was associated with increased odds of unprotected sex among youth living with HIV who were not receiving the treatment (1.02). CONCLUSIONS: Interventions for HIV-positive youth must be designed to address the complex needs of those youth who simultaneously suffer from HIV and poor mental health

Notes: DA - 20060911

IS - 1538-6341 (Print)

LA - eng

PT - Journal Article

PT - Research Support, N.I.H., Extramural

SB - IM

Rose, J. & Glass, N. (2006). Community mental health nurses speak out: the critical relationship between emotional wellbeing and satisfying professional practice. *Collegian., 13*, 27-32.

Abstract: The article reports on selected findings of a research study concerning emotional wellbeing and professional nursing practice (Rose 2002). It highlights the relationship between community mental health nurses' and emotional wellbeing, and their capacity to provide satisfying professional nursing practice (Rose 2002). The notion of emotional wellbeing, factors that impacted upon the participants' emotional wellbeing, and the relationship of emotional wellbeing to professional practice were revealed in the study. These findings were based on a qualitative critical feminist research inquiry and specifically, interviews with five women community mental health nurses in Australia. Whilst complex, emotional wellbeing was found to be both implicitly and explicitly linked to the participants intertwined personal and professional experiences. Four key components were identified: the nebulous notion; the stress relationship; the mind, body, spirit connection; and, inner sense of balance. In terms of emotional wellbeing and professional practice, three themes were revealed. These were: being able to speak out (or not); being autonomous (or not) and being satisfied (or not). The authors argue that the emotional wellbeing of nurses working in community mental health

settings is critical to satisfying professional practice. Furthermore nursing work involves emotional work which impacts on one's emotional wellbeing and emotional wellbeing is integrally linked to professional practice. It is recommended that health organisations must be pro-active in addressing the emotional needs of nurses to ensure the delivery of health care that is aligned to professional practice. This approach will ensure nurses will feel more recognised and validated in terms of their nursing practice
Notes: DA - 20070208
IS - 1322-7696 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - N

Rotheram-Borus, M. J., Flannery, D., Lester, P., & Rice, E. (2004). Prevention for HIV-positive families. *J.Acquir.Immune.Defic.Syndr., 37 Suppl 2*, S133-S134.
Notes: DA - 20040923
IS - 1525-4135 (Print)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, U.S. Gov't, P.H.S
SB - IM
SB - X

Rymaszewska, J., Dzielak, K., Adamowski, T., & Kiejna, A. (2007). [Functioning and occupational activity of persons with mental disorders--research review]. *Psychiatr.Pol., 41*, 29-38.
Abstract: Occupational functioning of persons with mental disorders is a serious, rarely discussed problem in Polish literature. Foreign research review shows that occupational activity of persons with mental disorders seriously affects their mental functioning. It was suggested that the major way of mental health promotion was re-employment. However the risk of mental disorders (especially affective and anxiety disorders) increased with loss of some work. Despite of a healthy influence of occupational activity on the mental health among people suffering from mental disorders, the high level of unemployment in that group (higher than among people with somatic diseases) is observed. The aim of this article is to describe the problem of occupational activity of persons with mental disorders, as well as in comparison to people without mental disorders and those with somatic diseases. The relationship between mental disorders and occupational activity is shown. Psychological benefits of occupational functioning as well as difficulties at work caused by mental disorders are explained. The costs connected with mental disorders are described
Notes: DA - 20070514
IS - 0033-2674 (Print)
LA - pol
PT - English Abstract
PT - Journal Article
PT - Review
SB - IM

Ryrie, I., Cornah, D., & Van de, W. C. (2006). Food, mood and mental health. *Ment.Health Today*, 23-26.
Notes: DA - 20060222
IS - 1474-5186 (Print)
LA - eng
PT - Journal Article
SB - N

Sagatun, A., Sogaard, A. J., Bjertness, E., Selmer, R., & Heyerdahl, S. (2007). The association between weekly hours of physical activity and mental health: a three-year follow-up study of 15-16-year-old students in the city of Oslo, Norway. *BMC.Public Health, 7*, 155.
Abstract: BACKGROUND: Mental health problems are a worldwide public health burden. The literature concerning the mental health benefits from physical activity among adults has grown. Adolescents are less studied, and especially longitudinal studies are lacking. This paper investigates the associations between weekly hours of physical activity at age 15-16 and mental health three years later. METHODS: Longitudinal self-reported health survey. The baseline study consisted of participants from the youth section of the Oslo Health Study, carried out in schools in 2000-2001 (n = 3811). The follow-up in 2003-2004 was conducted partly at school and partly through mail. A total of 2489 (1112 boys and 1377 girls) participated in the follow-up. Mental health was measured by the Strengths and Difficulties Questionnaire with an impact supplement. Physical activity was measured by a question on weekly hours of physical activity outside of school, defined as exertion 'to an extent that made you sweat and/or out of breath'. Adjustments were made for well-documented confounders and mental health at baseline. RESULTS: In boys, the number of hours spent on physical activity per week at age 15-16 was negatively associated with emotional symptoms [B (95%CI) = -0.09 (-0.15, -0.03)] and peer problems [B (95%CI) = -0.08 (-0.14, -0.03)] at age 18-19 after adjustments. In girls, there were no significant differences in SDQ subscales at age 18-19 according to weekly hours of physical activity at age 15-16 after adjustments. Boys and girls with five to seven hours of physical activity per week at age 15-16 had the lowest mean scores for total difficulties and the lowest percentage with high impact score at age 18-19, but the differences were not statistically significant after adjustments. CONCLUSION: Weekly hours of physical activity at age 15-16 years was weakly associated with mental health at three-year follow-up in boys. Results encourage a search for further knowledge about physical activity as a possible protective factor in relation to mental health problems in adolescence
Notes: DA - 20070829
IS - 1471-2458 (Electronic)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Saunders, D. (2006). The older anaesthetist. *Best.Pract.Res.Clin.Anaesthesiol., 20*, 645-651.
Abstract: It is not possible to generalise about the way in which increasing years affect the performance of an individual anaesthetist. Physical and mental deterioration occurs as we age; most anaesthetists will be able to reach the normal retirement age of 65 years without that deterioration affecting their clinical practice. In some, however, decreasing competen-

ce and an unwillingness to embrace a continuing education regime may offer a direct threat to patient safety. Stress and 'burnout' are common in anesthetists; clinical depression can often be one of the factors involved. Continuing involvement in the on-call rota is a potent stressor. Airline pilots are required to retire at 60 years; the feasibility and desirability of applying this process to anaesthetists are discussed. Employers have a duty to provide employees with adequate and achievable demands in relation to their agreed hours of work and to have in place policies and procedures to offer adequate support
Notes: DA - 20070115
IS - 1753-3740 (Print)
LA - eng
PT - Journal Article
SB - E
SB - IM

Schachter, H. M., Kourad, K., Merali, Z., Lumb, A., Tran, K., & Miguelez, M. (2005). Effects of omega-3 fatty acids on mental health. *Evid.Rep.Technol.Assess.(Summ.)*, 1-11.
Notes: DA - 20050822
IS - 1530-440X (Print)
LA - eng
PT - Journal Article
PT - Review
RN - 0 (Biological Markers)
RN - 0 (Fatty Acids, Omega-3)
SB - IM

Schick, A. & Cierpka, M. (2005). [Faustlos -- promotion of social-emotional competences in elementary schools and kindergartens]. *Psychother.Psychosom.Med.Psychol., 55*, 462-468.
Abstract: Aggressive and violent behavior of children often is caused by a lack of social and emotional competences, which blocks constructive problem- and conflict-management. Therefore lots of different US-American prevention approaches for the promotion of crucial social competences have been developed. Faustlos is the first German violence prevention curriculum, which promotes the social and emotional competences of first grade pupils and kindergarten aged children. The curriculum builds on the promotion of empathy, impulse control and anger management. Evaluation studies on the effectiveness of Faustlos prove its positive effects on aggressive behavior and on the promotion of social-emotional competence. Further, the feedback of people working with Faustlos concerning the acceptance and practicability of the program is positive too. Besides the development of additive materials (e. g. Faustlos for parents) evaluation studies on the long-term effects of the program are needed
Notes: DA - 20051109
IS - 0937-2032 (Print)
LA - ger
PT - English Abstract
PT - Journal Article
PT - Review
SB - IM

Schiff, M. & McKay, M. M. (2003). Urban youth disruptive behavioral difficulties: exploring association with parenting and gender. *Fam.Process, 42*, 517-529.

Abstract: The current study will examine behavioral difficulties among a sample of African American urban youth who were exposed to violence. Possible gender differences in disruptive behavioral difficulties, as well as possible associations between parental practices, family relationships, and youth disruptive behavioral difficulties are examined. A secondary data analysis from baseline data for 125 African American urban mothers and their children collected as part of a large-scale, urban, family-based, HIV prevention research study was analyzed. Findings reveal that externalizing behavioral problems in youth are associated with exposure to violence. Girls displayed significantly higher levels of externalizing behavioral difficulties than boys. Mothers' parenting practices and family relationships were associated with youths' externalizing behavior problems. Implications for interventions to reduce youths' exposure to violence and to develop gender sensitive interventions for youth and supportive interventions for their parents are discussed

Notes: DA - 20040224
IS - 0014-7370 (Print)
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, P.H.S
SB - IM

Sedgeman, J. A. (2005). Health Realization/Innate Health: can a quiet mind and a positive feeling state be accessible over the lifespan without stress-relief techniques? *Med.Sci.Monit., 11*, HY47-HY52.

Abstract: Health Realization/Innate Health (HR/IH) questions long-held assumptions about chronic stress, and challenges current definitions of both stress and resiliency. HR/IH sets forth principles that explain why the experience of psychological stress is not an effect of causal factors beyond people's control, but is an artifact of the energetic potential of the mind. HR/IH describes the "cognitive factor" in stress not as the content of people's thinking in response to stressors, but rather as a quality of the way people hold and use their thinking, referred to as state of mind. HR/IH hypothesizes that understanding principles that explain the nature and origin of thinking and experience offers a means to access innate protective processes that are healing and antibiosenescent reliably and consistently, without techniques. HR/IH suggests that the primary effort of mental health care could be to initiate life-long prevention of the state of chronic stress. In addition, HR/IH suggests that addressing mental well-being would have a broad impact on the incidence and course of the many physical illnesses that are known to be stress-related. The brief therapeutic interactions of HR/IH draw upon people's innate wisdom and recognition of the healthy perspective available to everyone. Anecdotal results suggest that people who gain insight into the principles that explain the nature of thought and experience and who realize how to re-access a natural, positive state of mind can and do experience sustained day-to-day peace of mind, wisdom and well-being, regardless of circumstances. HR/IH deserves rigorous scientific evaluation

Notes: DA - 20060203

IS - 1234-1010 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Review
SB - IM

Shelepov, A. M., Shamrei, V. K., Rusanov, S. N., Kostiuk, G. P., Goncharenko, A. I., & Sinenchenko, A. G. (2005). [Improvement of psychic health preservation system in servicemen]. *Voen.Med.Zh., 326*, 4-7.
Notes: DA - 20050620
IS - 0026-9050 (Print)
LA - rus
PT - Journal Article
PT - Review
SB - IM

Shelton, D. & Lyon-Jenkins, N. (2006). Mental health promotion for vulnerable African American youth. *J.Forensic Nurs., 2*, 7-13, 32.
Abstract: Fifty-six African American youth between 10-14 years of age participated in a community-based 14-week expressive arts program designed for youth at risk of involvement with the juvenile justice system. Positive and statistically significant findings for pre-post changes in self-control, protective factors, and resilience were found. Difficulty in engaging parents and the strong racial biases of the community appear to have influenced the lack of improvement in self-esteem scores
Notes: DA - 20061031
IS - 1556-3693 (Print)
LA - eng
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S
SB - IM
SB - N

Sidorov, P. I. (2007). [Mental ecology: from dependency disorders concept to systemic health monitoring]. *Med.Tr.Prom Ekol.*, 1-10.
Abstract: The author deals with factors and conditions of dependency disorders development, specifies synergic concept of dependency behavior, defines fractals of psychogenesis, somatogenesis and sociogenesis of dependencies. The article covers definitions of mental health and mental ecology, conceptual and structural pattern of systemic ecologic monitoring including mental health monitoring
Notes: DA - 20070417
IS - 1026-9428 (Print)
LA - rus
PT - English Abstract
PT - Journal Article
PT - Review
SB - IM

Siegel, K., Karus, D., & Dean, L. (2004). Psychosocial characteristics of New York City HIV-infected women before and after the advent of HAART. *Am.J.Public Health, 94*, 1127-1132.
Abstract: OBJECTIVES: We compared level of psychosocial distress of HIV-infected women living in New York City before the advent of highly active antiretroviral therapy (HAART) with level of psychosocial distress reported by women living with the disease after the use of HAART became widespread. METHODS: Data were from HIV-positive New York City women aged 18 to 50 years, enrolled through outreach and self-referral. We compared scores on measures of psychological state and psychosocial adjustment to illness of 74 women interviewed in 1994-1996 with scores of a matched group of 74 women interviewed in 2000-2002. RESULTS: A significant difference between groups was found only with regard to adjustment to illness in their domestic environment, with poorer adjustment reported, on average, by women in the 2000-2002 sample. CONCLUSIONS: Although new treatments have significantly improved the physical health of those living with HIV/AIDS, no evidence was found that these treatments significantly improved psychological health for women, regardless of history of protease inhibitor use
Notes: DA - 20040630
IS - 0090-0036 (Print)
LA - eng
PT - Journal Article
PT - Research Support, U.S. Gov't, P.H.S
RN - 0 (HIV Protease Inhibitors)
SB - AIM
SB - IM

Sinclair, V. G. & Wallston, K. A. (2004). The development and psychometric evaluation of the Brief Resilient Coping Scale. *Assessment., 11*, 94-101.
Abstract: This article introduces the Brief Resilient Coping Scale (BRCS), a 4-item measure designed to capture tendencies to cope with stress in a highly adaptive manner. Two samples of individuals with rheumatoid arthritis (ns = 90 and 140) provide evidence for the reliability and validity of the BRCS. The BRCS has adequate internal consistency and test-retest reliability. Convergent validity of the scale is demonstrated by predictable correlations with measures of personal coping resources (e.g., optimism, helplessness, self-efficacy), pain coping behaviors, and psychological well-being. Resilient coping, as assessed by the BRCS, also buffers the effects of high levels of arthritis-related and non-arthritis-related stressors on depressive symptoms. The sensitivity of the BRCS to changes associated with a cognitive-behavioral intervention is also demonstrated. The BCRS may be useful for identifying individuals in need of interventions designed to enhance resilient coping skills
Notes: DA - 20040303
IS - 1073-1911 (Print)
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, P.H.S

PT - Validation Studies
SB - IM

Smith, J. S., Smith, K. R., & Rainey, S. L. (2006). The psychology of burn care. *J.Trauma Nurs., 13*, 105-106.
Notes: DA - 20061020
IS - 1078-7496 (Print)
LA - eng
PT - Journal Article
SB - N

Smith, M. K. & Brun, C. F. (2006). An analysis of selected measures of child well-being for use at school-and community-based family resource centers. *Child Welfare, 85*, 985-1010.
Abstract: This article describes standardized instruments designed to measure physical and emotional health outcomes among children for a statewide implementation of community- and school-based family resource centers. It includes descriptive and psychometric information, strengths and weaknesses of two measures of physical well-being, and four measures of emotional and behavioral well-being, based on criteria selected by the evaluation team. The authors conclude by recommending those instruments that accommodated the evaluation goals of the family support programs
Notes: DA - 20070219
IS - 0009-4021 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Sorlie, T., Busund, R., Sexton, J., Sexton, H., & Sorlie, D. (2007). Video information combined with individualized information sessions: Effects upon emotional well-being following coronary artery bypass surgery--A randomized trial. *Patient.Educ.Couns., 65*, 180-188.
Abstract: OBJECTIVE: To test the efficacy of an information intervention upon emotional recovery following coronary artery bypass surgery. METHODS: Randomized trial. Video information was combined with individualized information sessions carried out by nurses at admission and at discharge from the hospital. The video was shown pre-operatively and again during the session at admission. Patients were helped to express their questions and worries and congruent information and support was provided. Control group patients received standardized information and no video. Recordings were made at baseline, discharge from hospital and during a 2 years follow-up period. RESULTS: One hundred and nine patients were randomized to the intervention or the control groups. A MANOVA was used to test of the variance of the outcome variables at each time point. At discharge intervention patients reported less anxiety ($p = 0.046$) and better subjective health ($p = 0.005$). They reported better subjective health during the whole follow-up period ($0.040 > \text{or} = p > \text{or} = 0.000$), less anxiety up to 1 year ($0.042 > \text{or} = p > \text{or} = 0.004$), and less depression from 6 months to 2 years following discharge ($0.023 > \text{or} = p > \text{or} = 0.004$). CONCLUSION: The effects of the intervention probably relate to the combined use of the video and patient centered information sessions. PRACTICE IMPLICATIONS: The intervention can easily be implemented in clinical practice and nurses strongly identified with its principles

Notes: DA - 20070115
IS - 0738-3991 (Print)
LA - eng
PT - Journal Article
PT - Randomized Controlled Trial
PT - Research Support, Non-U.S. Gov't
SB - N

Stahlberg, B. (2007). [Psychosocial ill health in focus]. *Lakartidningen, 104*, 2935.
Notes: DA - 20071105
IS - 0023-7205 (Print)
LA - swe
PT - Editorial
SB - IM

Sung, K. M., Puskar, K. R., & Sereika, S. (2006). Psychosocial factors and coping strategies of adolescents in a rural Pennsylvania high school. *Public Health Nurs., 23*, 523-530.
Abstract: OBJECTIVES: To evaluate the coping levels of rural adolescents and gender differences of coping strategies and psychosocial factors. To identify the relationships of coping strategies with psychosocial factors of rural adolescents. DESIGN: A cross-sectional study. SAMPLE: A convenience sample of 72 students attending a rural high school in southwestern Pennsylvania. MEASUREMENTS: Subjects completed the Coping Response Inventory-Youth (CRI-Y), the State-Trait Anger Expression Inventory (STAXI), the Screen for Child Anxiety Related Emotional Disorder (SCARED), the Reynolds Adolescent Depression Scale (RADS), and the Rosenberg Self-Esteem Scale (RSES). RESULTS: Significant gender differences were found for psychosocial factors of depression, self-esteem, and anxiety. Several significant relationships were observed between coping strategies and psychosocial factors of rural adolescents. Additionally, using content analysis, seven categories were determined based on the content of the open-ended question on the CRI: familial factors, peer relationships, etc. CONCLUSIONS: These rural adolescents endorsed higher levels of avoidance coping than normative samples. Rural adolescents reported many problems needing proper coping skills in their everyday lives. This study provides information to public health professionals working with rural adolescents that could be used to help them attain more effective coping strategies
Notes: DA - 20061113
IS - 0737-1209 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM
SB - N

Tanaka, M. & Kazuma, K. (2005). Ulcerative colitis: factors affecting difficulties of life and psychological well being of patients in remission. *J.Clin.Nurs., 14*, 65-73.
Abstract: BACKGROUND: Ulcerative colitis is a chronic disease of unknown aetiology characterized by alternating periods of remission and relapses. The difficulties in the patients with ulcerative colitis daily life mostly arise from symptoms associated with bowel

inflammation but there are many patients who have difficulties despite being in the remission phase. This study was conducted to elucidate factors that influence perception of difficulties of life and psychological well being of patients with ulcerative colitis in remission. METHODS: A questionnaire survey was carried out in 72 outpatients with ulcerative colitis in remission. The perception of difficulties of life was assessed using the scale developed by Tanaka et al. Psychological well being was assessed using the Japanese version of the 'profile of mood states'. Physical condition, demographic attributes and psychosociological states were also investigated as related factors. RESULTS: There was no outstanding aspect of psychological well being, but a relatively large number of patients perceived a 'decline of vitality or vigour' despite being in the remission phase. In the presence of irritable bowel syndrome-like symptoms, the scores for 'difficulties of life in society' or 'difficulties concerned with bowel movements' were high. Scores for 'decline of vitality or vigour' were high when the emotive coping scores were high, social support was lower, disease durations were short and relapses occurred more than once. When the emotive coping scores were high, psychological well being was not fine. RELEVANCE TO CLINICAL PRACTICE: Strategies need to be developed to allow patients to recover and maintain their strength in the remission phase. Further, the strategies should take the above factors into consideration
Notes: DA - 20050119
IS - 0962-1067 (Print)
LA - eng
PT - Journal Article
SB - N

Taylor, D. M., Pallant, J. F., Crook, H. D., & Cameron, P. A. (2004). The psychological health of emergency physicians in Australasia. *Emerg.Med.Australas., 16*, 21-27.
Abstract: OBJECTIVE: To evaluate the psychological health of ACEM Fellows and the important factors that impact on this health. METHODS: A cross-sectional, mail survey utilizing validated psychological instruments. RESULTS: Three hundred and twenty-three (63.5%) of 510 physicians responded. Most were recently graduated males. Compared to a general population sample, their psychological health was good with greater optimism and mastery ($P < 0.001$), less anxiety, depression and physical symptoms ($P < 0.001$), better life satisfaction ($P = 0.04$) and similar perceived stress ($P = 0.20$). The mean work stress score (1 = low, 10 = high) was 5.6 +/- 2.1 (moderate stress) although 63 (19.5%) had very high scores (8-10). The mean work satisfaction score was 6.3 +/- 2.1 (moderate satisfaction) although 43 (13.3%) had very low scores (1-3). Perceptions of control over hours worked and mix of professional activities were positively associated with work and life satisfaction ($P < 0.001$) and negatively associated with work stress and measures of wellbeing ($P < 0.001$). Most employed adaptive coping strategies. However, maladaptive strategies (alcohol/drugs, denial, disengagement) were positively associated with anxiety, depression and stress ($P < 0.001$). CONCLUSIONS: Most physicians are psychologically healthy. However, there appears to be a subgroup that is not thriving. Workplace stress should be addressed promptly and greater flexibility provided over hours worked and mix of professional activities
Notes: DA - 20040715
IS - 1742-6731 (Print)
LA - eng

PT - Journal Article
SB - IM

Thomas, S. P. (2004). Men's health and psychosocial issues affecting men. *Nurs.Clin.North Am., 39*, 259-270.
Abstract: Contemporary scholars are calling on men to rethink "the male deal." As Samuels describes it, "In the male deal, the little boy, at around the age of 3 or 4. strikes a bargain with the social world in which he lives. If he will turn away from soft things, feminine things, maternal things...then the world will reward his gender certainty by giving him all the goodies in its possession." But the "deal" can have damaging effects, as shown in the studies reviewed in this article. Clinicians can help men to rethink the restrictions of the "male deal" so that they may experience the freedom of a wider emotional repertoire and move toward greater joy and wholeness
Notes: DA - 20040525
IS - 0029-6465 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - AIM
SB - IM
SB - N

Tigert, J. A. & Laschinger, H. K. (2004). Critical care nurses' perceptions of workplace empowerment, magnet hospital traits and mental health. *Dynamics., 15*, 19-23.
Abstract: The purpose of this study was to test Kanter's Theory (1977, 1993) of Structural Power in Organizations in a sample of Canadian critical care nurses. A secondary analysis of data from a larger descriptive correlational survey design was used to examine the relationships between perceived empowerment, perceived magnet hospital traits and critical care nurses' mental health (n = 75). The instruments in this study included the Conditions for Work Effectiveness Questionnaire II, the Job Activities Scale II, the Organizational Relationship Scale II, the Nurses Work Index-Revised, the Emotional Exhaustion Subscale, and the State of Mind Subscale. Empowerment was significantly and positively related to perceptions of magnet hospital traits (r = .49, p = 0.001). The combination of empowerment and magnet hospital traits explained a significant amount of the variance in mental health indicators: burn-out (19%) and state of mind (12%)
Notes: DA - 20050110
IS - 1497-3715 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - N

Tsang, H. W., Mok, C. K., Au Yeung, Y. T., & Chan, S. Y. (2003). The effect of Qigong on general and psychosocial health of elderly with chronic physical illnesses: a randomized clinical trial. *Int.J.Geriatr.Psychiatry, 18*, 441-449.
Abstract: OBJECTIVES: Based on the model by Tsang et al. (2002) which summarized the etiological factors and consequences of depression in elderly with chronic physical illnesses, a

randomized clinical trial of a special form of Qigong (The Eight Section Brocades) was conducted to assess if it improved the biopsychosocial health of participants. DESIGN: 50 geriatric patients in sub-acute stage of chronic physical illnesses were recruited and randomly assigned into the intervention and control group. The intervention group was given a 12-week period of Qigong practice while the control group was given traditional remedial rehabilitation activities. RESULTS: The intervention group participants expressed improvement in physical health, ADL, psychological health, social relationship, and health in general as reflected by scores of the Perceived Benefit Questionnaire and informal feedback. CONCLUSION: Although results are not significant in the generalization measures, it may be due to small effect size, small sample size, and short intervention period. Although not all of the hypotheses are supported, this report shows that Qigong (the Eight Section Brocades) is promising as an alternative intervention for elderly with chronic physical illness to improve their biopsychosocial health. More systematic evaluation with larger sample size and longer period of intervention is now underway in Hong Kong. Results will be reported once available
Notes: DA - 20030526
IS - 0885-6230 (Print)
LA - eng
PT - Clinical Trial
PT - Journal Article
PT - Randomized Controlled Trial
PT - Research Support, Non-U.S. Gov't
SB - IM

Unruh, A. M. & Elvin, N. (2004). In the eye of the dragon: women's experience of breast cancer and the occupation of dragon boat racing. *Can.J.Occup.Ther., 71*, 138-149.
Abstract: BACKGROUND: Women with breast cancer are at risk of developing lymphedema following surgical and/or medical treatment of the disease. Recently, women have challenged traditional advice about limiting upper extremity activity to prevent lymphedema by participation in dragon boat racing. PURPOSE: In this qualitative pilot study, three women were interviewed about the meaningfulness of dragon boat racing in their lives. METHODS: The women were interviewed twice and their interviews analyzed using thematic analysis. RESULTS: Seven themes are discussed: attraction of dragon boat racing; physical and emotional well-being; competition; social support; transcendence/connectedness/oneness; re-occurrence of cancer; and, public awareness. Competition enabled the participants to rebuild self-confidence and to regain control over their physical health and emotional well-being. Balancing support and competition was key to finding satisfaction in this occupation. The women did not believe that dragon boat racing affected their risk for developing lymphedema. PRACTICE IMPLICATIONS: People who engage in the occupation of dragon boat racing find it meaningful and develop new coping strategies. Participating in dragon boat racing can decrease stress and shift the meaning of having breast cancer to a more positive view of the experience
Notes: DA - 20040915
IS - 0008-4174 (Print)
LA - eng
PT - Case Reports

PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Vaillant, G. E., DiRago, A. C., & Mukamal, K. (2006). Natural history of male psychological health, XV: retirement satisfaction. *Am.J.Psychiatry, 163*, 682-688.
Abstract: OBJECTIVE: Although previous studies of shorter duration have identified numerous risks and protective factors that powerfully influence outcomes in young adulthood and midlife, this long-term prospective study examines the effect of these prognostic factors on age at retirement and satisfaction with retirement. METHOD: In this prospective study, a cohort of socially disadvantaged men (N=151) were followed from adolescence until a mean age of 75 years (SD=2). Periodic interviews, biennial administration of questionnaires, and physical examinations every 5 years were conducted to determine biopsychosocial risk variables, age at retirement, and satisfaction with retirement. RESULTS: Early age of retirement was found to be a function of preexisting mental and physical health and later age of retirement a function of occupational status. A surprising finding was that risk factors such as poor objective physical health, low income, and depression, which are commonly associated with poor outcomes in young adulthood and in midlife, were largely unrelated to satisfaction with retirement. CONCLUSIONS: A relatively high level of satisfaction with retirement was often attained by men who had reported many risk factors for poor child and midlife development (e.g., low IQ, dropping out of school, poor mental health, and being part of a multiproblem family) but who in later life had some positive resources (e.g., a good marriage, a low level neuroticism, enjoyment of vacations, and a capacity for play). In short, retirement may offer some men a fresh lease on life
Notes: DA - 20060404
IS - 0002-953X (Print)
LA - eng
PT - Case Reports
PT - Comparative Study
PT - Journal Article
PT - Research Support, N.I.H., Extramural
SB - AIM
SB - IM

Vasseur, A. & Cabie, M. C. (2005). [Relationship confidence, foundation of resilience in psychiatry]. *Rech.Soins.Infirm.*, 43-49.
Notes: DA - 20051019
IS - 0297-2964 (Print)
LA - fre
PT - Journal Article
SB - N

Verghese, J. (2006). To view or not to view: television and mental health. *South.Med.J., 99*, 202.
Notes: DA - 20060323
IS - 0038-4348 (Print)
LA - eng
PT - Comment

PT - Editorial
SB - AIM
SB - IM

Voyer, P., Cappeliez, P., Perodeau, G., & Preville, M. (2005). Mental health for older adults and benzodiazpine use. *J.Community Health Nurs., 22*, 213-229.
Abstract: Benzodiazepine (BZD) drug use among community-dwelling seniors is a significant health issue. Although long-term use of BZDs by seniors is a recognized problem, little is known about the mental health of the consumers. Better knowledge of their mental health would help nurses in identifying the psychological needs of this population. The goals of this longitudinal study1 (n = 138) were to describe the mental health status of long-term users of BZDs and to compare it with the mental health of seniors who have either begun or stopped consuming BZDs over a 1-year period (from Phase 1 to Phase 2). Results showed that one third of long-term users of BZDs do not present any mental health problem. Furthermore, no differences were observed between the mental health statuses of new users of BZDs, individuals who stopped using BZDs, and long-term users of BZDs. In conclusion, at least one third of long-term users of BZDs should stop using these drugs, and nurses should play a leading role in helping these seniors withdraw from BZD consumption
Notes: DA - 20051025
IS - 0737-0016 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
RN - 0 (Anti-Anxiety Agents)
RN - 0 (Benzodiazepines)
SB - IM
SB - N

Vuori, J., Price, R. H., Mutanen, P., & Malmberg-Heimonen, I. (2005). Effective group training techniques in job-search training. *J.Occup.Health Psychol., 10*, 261-275.
Abstract: The aim was to examine the effects of group training techniques in job-search training on later reemployment and mental health. The participants were 278 unemployed workers in Finland in 71 job-search training groups. Five group-level dimensions of training were identified. The results of hierarchical linear modeling demonstrated that preparation for setbacks at the group level significantly predicted decreased psychological distress and decreased symptoms of depression at the half-year follow-up. Trainer skills at the group level significantly predicted decreased symptoms of depression and reemployment to stable jobs. Interaction analyses showed that preparation for setbacks at the group level predicted fewer symptoms of psychological distress and depression, and shared perceptions of skilled trainers at the group level predicted fewer symptoms of depression among those who had been at risk for depression
Notes: DA - 20050802
IS - 1076-8998 (Print)
LA - eng
PT - Journal Article
SB - IM

Weissman, J. & Levine, S. R. (2007). Anxiety disorders and older women. *J.Women Aging, 19*, 79-101.
Abstract: Anxiety is a problem for millions of Americans. It poses special challenges for women as they grow into advanced age. This paper provides a general overview of anxiety disorders, including panic disorder, agoraphobia, specific phobia, social phobia, obsessive compulsive disorder, and generalized anxiety disorder. Etiology, assessment and treatment strategies are then addressed. Special focus is directed at biological and psychosocial issues as they relate to older women in the development, experience, treatment and prevention of anxiety disorders
Notes: DA - 20070625
IS - 0895-2841 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - IM

Whitaker, R. C. (2004). Mental health and obesity in pediatric primary care: a gap between importance and action. *Arch.Pediatr.Adolesc.Med., 158*, 826-828.
Notes: DA - 20040803
IS - 1072-4710 (Print)
LA - eng
PT - Editorial
PT - Review
SB - AIM
SB - IM

Whitehouse, P. J. (2007). Commentary: integrative narrative evolutionary health: toward a wiser view of Alzheimer's disease. *J.Altern.Complement Med., 13*, 341-344.
Notes: DA - 20070507
IS - 1075-5535 (Print)
LA - eng
PT - Comment
PT - Journal Article
PT - Review
SB - IM

Willcock, S. M., Daly, M. G., Tennant, C. C., & Allard, B. J. (2004). Burnout and psychiatric morbidity in new medical graduates. *Med.J.Aust., 181*, 357-360.
Abstract: OBJECTIVE: To determine the prevalence of psychiatric morbidity and burnout in final-year medical students, and changes in these measures during the intern year. DESIGN: Prospective longitudinal cohort study over 18 months, with assessment of psychiatric morbidity and burnout on six occasions. PARTICIPANTS: All 117 students in the first graduating cohort of the University of Sydney Graduate Medical Program were invited to participate in the study; 110 consented. OUTCOME MEASURES: Psychiatric morbidity assessed with the 28-item General Health Questionnaire and burnout assessed with the Maslach Burnout Inventory. RESULTS: The point prevalence of participants meeting criteria for psychiatric morbidity and burnout rose steadily throughout the study period. CONCLUSIONS: Internship remains a stressful time for medical graduates, despite initiatives to

better support them during this period. The implications for the doctors themselves and for the communities they serve warrant further attention, including programs specifically aimed at reducing the rate of psychological morbidity and burnout during internship
Notes: DA - 20041006
IS - 0025-729X (Print)
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Willette-Murphy, K., Todero, C., & Yeaworth, R. (2006). Mental health and sleep of older wife caregivers for spouses with Alzheimer's disease and related disorders. *Issues Ment.Health Nurs., 27*, 837-852.
Abstract: This descriptive study examined sleep and mental health variables in 37 older wife caregivers for spouses with dementia compared to 37 age-matched controls. The relationships among selected caregiving variables (behavioral problems, caregiving hours, and years of caregiving), appraisal of burden, self-reported sleep efficiency for the past week, and mental health outcomes were examined. Lazarus and Folkman's stress and coping framework guided the study. Mental health and sleep were poorer for caregivers. Caregiving and appraisal of burden variables showed direct and indirect effects on mental health. However, caregiving and appraisal of burden variables were not significant for predicting sleep efficiency. Sleep efficiency was a good predictor of mental health in this sample of wife caregivers
Notes: DA - 20060829
IS - 0161-2840 (Print)
LA - eng
PT - Journal Article
PT - Research Support, N.I.H., Extramural
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, Non-P.H.S
SB - N

Wong, Y. J., Rew, L., & Slaikeu, K. D. (2006). A systematic review of recent research on adolescent religiosity/spirituality and mental health. *Issues Ment.Health Nurs., 27*, 161-183.
Abstract: There is accumulating evidence that religiosity/spirituality (R/S) are important correlates of mental health in adult populations. However, the associations between R/S and mental heath in adolescent populations have not been systematically studied. The purpose of this article is to report on a systematic review of recent research on the relationships between adolescent R/S and mental health. Twenty articles between 1998 and 2004 were reviewed. Most studies (90%) showed that higher levels of R/S were associated with better mental health in adolescents. Institutional and existential dimensions of R/S had the most robust relationships with mental health. The relationships between R/S and mental health were generally stronger or more unique for males and older adolescents than for females and younger adolescents. Recommendations for future research and implications for mental health nursing are discussed

Notes: DA - 20060118
IS - 0161-2840 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - N

Wooster, E. (2007). Supporting mental health. *RCM.Midwives., 10*, 170-172.
Notes: DA - 20070504
IS - 1479-2915 (Print)
LA - eng
PT - Journal Article
PT - Review
SB - N

Wuest, J., Merritt-Gray, M., & Ford-Gilboe, M. (2004). Regenerating family: strengthening the emotional health of mothers and children in the context of intimate partner violence. *ANS Adv.Nurs.Sci., 27*, 257-274.
Abstract: Although concern for their children's well-being is pivotal in mothers' decisions to leave abusive partners, rarely is lone-parent family life after leaving framed as beneficial for family members' emotional health. In this feminist grounded theory study of family health promotion in the aftermath of intimate partner violence, we learned that families strengthen their emotional health by purposefully replacing previously destructive patterns of interaction with predictable, supportive ways of getting along in a process called regenerating family. These findings add to our knowledge of family development and how families promote their health when they have experienced intimate partner violence
Notes: DA - 20041216
IS - 0161-9268 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM
SB - N

Xianyu, Y. & Lambert, V. A. (2006). Investigation of the relationships among workplace stressors, ways of coping, and the mental health of Chinese head nurses. *Nurs.Health Sci., 8*, 147-155.
Abstract: Limited information exists about which workplace events are stressful for nurses in charge of a hospital patient-care unit (head nurse) in China and how these nurses cope with these events. Therefore, the purposes of this descriptive study were to examine workplace stressors, ways of coping, and the levels of mental health of Chinese head nurses, as well as to identify the relationships among the workplace stressors, ways of coping, and mental health of Chinese head nurses. To address these purposes, four self-report questionnaires were administered to a convenience sample of 92 head nurses from two teaching hospitals located in one city in central China. The findings suggested that workload, death/dying, and conflict with physicians were the most predominant sources of workplace stress, while the most frequent coping strategies used were positive reappraisal, planful problem solving, and self-control. The mental health scores were found to be lower than prior

research has suggested for some nurses in Asia. A number of significant correlations were found among demographic characteristics, workplace stressors, ways of coping, and mental health
Notes: DA - 20060816
IS - 1441-0745 (Print)
LA - eng
PT - Journal Article
SB - IM
SB - N

Ye, Z., Honda, S., Abe, Y., Kusano, Y., Takamura, N., Imamura, Y. et al. (2007). Influence of work duration or physical symptoms on mental health among Japanese visual display terminal users. *Ind.Health, 45*, 328-333.
Abstract: The present study examined the relationship of work duration or physical symptoms to the mental health of visual display terminal (VDT) workers in Japan. The mental health status of 2,327 VDT users at an administrative office was investigated using the 12-item General Health Questionnaire (GHQ-12). Subjects were asked about their age, sex, hours of daily VDT use, rest and breaks during VDT work, eyestrain, and musculoskeletal pain. Logistic regression analysis was used to evaluate the associations with mental health status (GHQ-12 scores). The mean age of subjects was 39.5 yr (SD=10.3). Among all subjects, 36.7% could rest during VDT work and 66.9% received breaks during VDT work. The proportion of subjects who reported eyestrain and musculoskeletal pain were 19.6% and 25.7%, respectively. Eighteen percent of subjects were classified into a GHQ-12 high score group. Logistic regression analysis showed that age less than 40 yr, not receiving breaks during VDT work, and the presence of eyestrain and musculoskeletal pain were significantly associated with poor mental health status (high GHQ-12 scores). Using a VDT for more than 5 h/d and being female were also marginally associated with high GHQ scores ($p<0.1$). In conclusion, the management of physical health as well as work duration is important for good mental health status among VDT users
Notes: DA - 20070508
IS - 0019-8366 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM

Yick, A. G., Shibusawa, T., & gbayani-Siewert, P. (2003). Partner violence, depression, and practice implications with families of Chinese descent. *J.Cult.Divers., 10*, 96-104.
Abstract: Because the Chinese tend to display psychological problems such as depression in somatic This article examines cultural aspects, experiences, and the mental health consequences of partner violence among families of Chinese descent. A total of 262 Chinese men and women participated in a telephone survey about partner violence and psychological well-being. Symptoms, two indicators of mental health were employed in the research study. Findings indicated a high level of verbal aggression both perpetrated and sustained by participants. Rates of physical abuse were lower; however, these figures dispel the model minority myth associated with Asian Americans. In addition, findings showed a positive correla-

tion between depression and partner violence. Those who experienced verbal and physical aggression by a spouse/intimate partner in the last 12 months were more likely to experience depression. Those who perpetrated physical aggression were more likely to experience somatic symptoms. Practice and research implications are highlighted
Notes: DA - 20031224
IS - 1071-5568 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - N

Yoshikawa, H., Wilson, P. A., Chae, D. H., & Cheng, J. F. (2004). Do family and friendship networks protect against the influence of discrimination on mental health and HIV risk among Asian and Pacific Islander gay men? *AIDS Educ.Prev., 16*, 84-100.
Abstract: This study examined the influence of experiences of racism, homophobia, and anti-immigrant discrimination on depressive symptoms and HIV risk among a sample of Asian and Pacific Islander (A&PI) gay men (N = 192). In addition, the potential protective influences of conversations about discrimination with gay friends and with family were explored. These men reported high rates of depressive symptoms (45% above the clinical cutoff on the Center for Epidemiological Studies-Depression scale) as well as HIV risk behavior (31% reporting at least one episode of unprotected anal intercourse (UAI) in the last 3 months). Controlling for income, ethnicity, age, and relationship status, experiences of racism were associated with higher levels of depressive symptoms, and experiences of anti-immigrant discrimination were associated with higher rates of secondary-partner UAI. Conversations about discrimination with gay friends and with family were associated with lower levels of primary-partner UAI. The combination of low levels of discussion with family about discrimination with high levels of experienced discrimination (of all three types) was associated with higher rates of UAI. Implications for mental health and HIV prevention interventions for A&PI gay men are discussed
Notes: DA - 20040402
IS - 0899-9546 (Print)
LA - eng
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
SB - IM
SB - X

Young-Xu, Y., Chan, K. A., Liao, J. K., Ravid, S., & Blatt, C. M. (2003). Long-term statin use and psychological well-being. *J.Am.Coll.Cardiol., 42*, 690-697.
Abstract: OBJECTIVES: We sought to study the effect of long-term statin use on psychometric measures in an adult population with underlying coronary artery disease (CAD). BACKGROUND: Previous studies have suggested associations between cholesterol lowering and psychological well-being. METHODS: Study subjects were recruited from an outpatient cardiology clinic. Psychological well-being was assessed at baseline and annually during follow-up. The exposure of interest was long-term statin use and the outcomes of interest were depression, anxiety, and hostility. We estimated the odds ratios (ORs) and

95% confidence intervals (CI) that represented the strength of association between statin use (vs. no use of any cholesterol-lowering drug) and the risk of having abnormal depression, anxiety, and hostility scores. RESULTS: Study subjects had an average follow-up of four years and maximum of seven years. Comparing the 140 patients who had continuous use of statins with the 231 patients who did not use any cholesterol-lowering drugs, statin use was associated with lower risk of abnormal depression scores (OR 0.63, 95% CI 0.43 to 0.93), anxiety (OR 0.69, 95% CI 0.47 to 0.99), and hostility (OR 0.77, 95% CI 0.58 to 0.93) after adjustment for the propensity for statin use and potential confounders. The beneficial psychological effects of the statins appeared to be independent of the drugs' cholesterol-lowering effects. CONCLUSIONS: Long-term use of statins among patients with CAD appeared to be associated with reduced risk of anxiety, depression, and hostility
Notes: DA - 20030822
IS - 0735-1097 (Print)
LA - eng
PT - Comparative Study
PT - Journal Article
PT - Research Support, Non-U.S. Gov't
PT - Research Support, U.S. Gov't, P.H.S
RN - 0 (Hydroxymethylglutaryl-CoA Reductase Inhibitors)
SB - AIM
SB - IM

Zafiropoulou, M. & Thanou, A. (2007). Laying the foundations of well being: a creative psycho-educational program for young children. *Psychol.Rep., 100*, 136-146.
Abstract: Dysfunctional cognitive schemata and pessimistic explanatory styles are usually held responsible for some of the commonest features of depressed mood such as feelings of meaninglessness, resignation, and underachievement which seem to affect even young children. This pilot study investigates the applicability and efficacy of an interactive, creative psycho-educational program for preschoolers that aims at enhancing mastery and shaping optimistic explanatory styles. Twenty preschoolers participated in once-a-week hourly sessions which took place in their school and lasted for one school year. The intervention consisted of several playful tasks and novel creative activities specially designed to meet the needs and abilities of preschoolers, while satisfying the objectives of the school curriculum. The tasks were based on the principles of cognitive behaviour theory. Qualitative and quantitative analyses of our results support the efficacy of the intervention for preschoolers
Notes: DA - 20070424
IS - 0033-2941 (Print)
LA - eng
PT - Journal Article
SB - IM

C. Estudio europeo sobre acoso y discriminación sufrido por personas con enfermedad mental en el ámbito de los servicios de salud

Acoso y Discriminación Sufridos por Personas con Enfermedad Mental en el Ámbito de los Servicios de Salud

Estudio a nivel europeo

Recomendaciones 22/03/2004

Introducción

El proyecto de acción "acoso y discriminación sufridos por personas con enfermedad mental en los servicios de salud y en la salud mental" forma parte del "Programa de Acción Comunitaria para combatir la discriminación en 2001-2006" y está financiado por la Comisión Europea – Trabajo y Asuntos Sociales. El objetivo consiste en aumentar la conciencia en torno a la discriminación experimentada por personas con enfermedad mental en la asistencia sanitaria y promover estrategias para combatirla.

Las recomendaciones se basan en las opiniones de los colaboradores nacionales y de la "Red Europea de (ex-)Usuarios y Supervivientes de Psiquiatría" (ENUSP) y se inspiran en los resultados de los grupos de investigación específica que se llevaron a cabo durante el primer año con (ex-)usuarios y supervivientes de psiquiatría y con profesionales sanitarios.

Todos los días, personas con enfermedad mental, así como sus cuidadores y familiares, tienen que hacer frente al acoso y la discriminación en diversas áreas de su vida cotidiana. Esto reduce la posibilidad de recuperación y de integración en la sociedad.

Antes de resumir las medidas que se podrían aplicar, queremos subrayar la importancia de la participación de (ex)-usuarios de psiquiatría y personas afectadas en la formulación y en la aplicación de dichas medidas. Al tratar la temática del acoso y de la discriminación que las personas con enfermedad mental y sus familiares tienen que afrontar, es necesario elegir como punto de partida la posible participación de aquellas personas, a diferentes niveles, en la lucha contra la discriminación. Los conocimientos y la experiencia que ellos pueden aportar son únicos y de un enorme valor. Por ello, las medidas que hay que tomar contra la discriminación y contra el acoso deben ser elaboradas por las mismas personas víctimas de la situación y por los expertos y los profesionales. El lema "nada sobre nosotros sin nosotros" del Año Europeo de Personas con Discapacidad 2003 debe efectivamente llevarse a la práctica.

Queremos sugerir que se desarrollen estrategias encaminadas a modificar la actitud y la conducta de la población general, de los profesionales sanitarios y, en particular, de los que trabajan en el campo de la salud mental. Para reducir o eliminar la discriminación y el acoso es preciso formular explícitamente lo que se podría llamar una "buena conducta" o directrices sobre cuidados en los servicios de salud, así como leyes sobre la igualdad de trato que contemplen procedimientos de apelación.

Una financiación adecuada, una participación de las organizaciones representativas y un apoyo de los responsables políticos son condiciones indispensables para la materialización de estas recomendaciones.

Recomendaciones de política

1. Creación de la Imagen Institucional

Existe la necesidad de crear programas para mejorar la percepción de personas con enfermedad mental por parte de la población general. En el desarrollo de aquellos programas se

podría considerar también la incorporación de los medios de comunicación y escuelas públicas a fin de cambiar la conducta y la actitud general en los países recientemente incorporados a la Unión Europea. Lo importante es que aquellos programas sean creados por grupos de profesionales en el ámbito de los servicios de salud, por (ex)-usuarios de psiquiatría y personas afectadas y por cuidadores y que se concentren en el tema: "acoso y discriminación: ¿Qué puede hacerse?".

Todos deberían valorar y apoyar la diversidad.

Todos deberían escuchar y apoyar las experiencias de los demás.

2. Fomento del Movimiento de (Ex)-usuarios de Psiquiatría y Personas Afectadas

El movimiento de (ex)-usuarios de psiquiatría y personas afectadas merece ser fomentado a través de campañas para la toma de decisiones, en particular, a nivel de las organizaciones profesionales y de las instituciones públicas. La participación eficaz de (ex)-usuarios de psiquiatría y personas afectadas con formación específica es indispensable para aplicar las directivas de calidad y para realizar los proyectos de investigación.

Iniciativas que merecen el apoyo económico:

- Programas de formación para (ex)-usuarios de psiquiatría y personas afectadas de forma que ellos puedan defenderse ante la discriminación y pasar a ser usuarios/personas afectadas-trabajadores a todos los niveles, incluso para impartir formación a otros usuarios/personas afectadas que lucharían contra de la discriminación.
- Representación eficaz de (ex)-usuarios y personas afectadas y usuarios/personas afectadas-trabajadores en los centros de atención, trabajo, actividades culturales, etc.
- Iniciativas de asistencia y supervisión de grupos de personas afectadas, centros de autoayuda regionales y lugares de reunión.

3. Sensibilización y Formación de Profesionales Sociales y Sanitarios

El acoso y la discriminación experimentados en los servicios de salud resultan especialmente relevantes, no sólo porque los profesionales sanitarios forman parte directamente del proceso de convalecencia de personas con enfermedad mental y de la resolución de los problemas de los cuidadores, sino también porque en muchos casos la discriminación tiene lugar sin ser detectada ni puesta en tela de juicio.

Las experiencias de (ex)-usuarios de psiquiatría /personas afectadas y sus perspectivas deberían ser consideradas desde el principio, en cada fase de la formación de los profesionales sanitarios para que ellos se acostumbren a tener en cuenta el punto de vista de los usuarios de psiquiatría que obviamente no es el propio.

En la formación básica de los profesionales sanitarios hace falta prestar más atención a la adquisición de capacidades de comunicación centrándose en la situación del paciente a fin de identificar sus necesidades, deseos, exigencias, preocupaciones y para llegar a un acuerdo relativo a la esencia y al procedimiento del tratamiento. Las instituciones tendrían que practicar una política que presupone, apoya y estimula una actitud centrada en los intereses del paciente. Hace falta una legislación que garantice un ambiente laboral adecuado con las condiciones financieras correspondientes y que los empleadores permitan que estos profesionales sanitarios participen en dichas actividades.

Los programas de formación deberían hacer hincapié en reciclaje profesional y en el cambio de las actitudes personales.

Los profesionales tendrían que aprender y estar autorizados para:

- Asumir la responsabilidad para cambiar y sacar a la luz los casos de acoso o discriminación experimentados por personas con enfermedad mental.
- Fomentar la diversidad.
- Valorar las perspectivas de (ex)-usuarios de psiquiatría y personas afectadas.
- Contemplar a la persona en su conjunto y no etiquetarla por su diagnóstico.
- Reducir la distancia con la que actualmente los profesionales suelen tratar a los pacientes.

La prevención es tan importante como la formación. En el momento de seleccionar a los profesionales sanitarios se debería verificar su actitud frente a los grupos que corren el riesgo de ser discriminados (como (ex)-usuarios de la psiquiatría y personas afectadas y otros grupos minoritarios). Una buena política podría ser incluir a los (ex)-usuarios de psiquiatría y personas afectadas en el proceso de selección y contratación.

4. Directivas de Calidad en el Cuidado Sanitario

Más allá de la relación entre los responsables del cuidado y (ex)-usuarios de psiquiatría o personas afectadas existe un nivel superior en la organización de la asistencia que resulta crucial para luchar contra la discriminación y el acoso.

Los sistemas de documentación e información tendrían que impedir cualquier posibilidad de discriminación o acoso. Por ejemplo, cualquier divulgación sobre el diagnóstico a otras personas debería requerir el permiso del paciente. Los registros de cuidado electrónicos deberían estar protegidos de tal forma que otros profesionales puedan acceder solo las informaciones indispensables para ellos. Dar información al paciente es fundamental. Sólo un paciente en perfecto conocimiento de su información puede dar la autorización competente.

Los registros de personas con enfermedades mentales deberían ser tratados en la misma forma que los registros de pacientes con diagnosis médica. El acceso a ciertos registros sin la autorización del paciente en cuestión será posible única y exclusivamente si existe un peligro mortal para el mismo y para otros, cuando se ve reducida la capacidad natural de expresar la voluntad.

La documentación sobre un accidente o una emergencia debería garantizarle al paciente la asistencia adecuada. Esta documentación debe manejarse con flexibilidad.

5. Legislación sobre la Discriminación y Mecanismos de Apelación

Es necesario promulgar leyes sobre la igualdad de trato y recabar los fondos que permitan su entrada en vigor.

Un objetivo crucial es aprobar leyes que garanticen el respeto de los derechos humanos con un enfoque pro-activo, protegiendo la dignidad humana, que no se debe violar, el derecho a la auto-determinación, a la privacidad, a ser respetado. Por ejemplo, a través de una protección jurídica de directivas más avanzadas, o a través de la instauración de un registro de suicidios.

Hace falta crear mecanismos de apelación a los que se les reconozca la autoridad y la posibilidad, garantizada por sus estructuras, de penalizar a las instituciones e influir sobre los responsables de la toma de decisiones políticas.

Los recursos de apelación tendrían que ser:

- Organizados en entidades nacionales, regionales y locales.
- Garantizados jurídicamente.

- De fácil acceso (anónimo, si se solicita).
- Independientes de instituciones médicas y psiquiátricas (para proteger el carácter confidencial de los datos y para garantizar el apoyo a las víctimas de discriminación según las directivas de la Unión Europea).

Sería deseable que los (ex)-usuarios de psiquiatría y personas afectadas se encarguen de supervisar esto. Debe darse la posibilidad de pedir asesoría profesional si se requiere y se debería contar con los recursos económicos necesarios para este fin.

6. Participación de los Responsables Políticos

Los datos de atención a nivel sanitario y la salud mental de los ciudadanos de un país en los servicios de salud constituyen un factor clave en este proceso.

Es importante que los políticos sean conscientes de la enorme falta de recursos en el ámbito de los servicios de salud y, en particular, en el de la salud mental. La falta de recursos yace ya en la estructura y en la disponibilidad de profesionales humanos y tiene como consecuencia un empeoramiento del tratamiento y un servicio de cuidado que impide la recuperación, y el que los pacientes pasen a ser enfermos crónicos. Estos quedan socialmente excluidos sin iguales oportunidades en la vida, expuestos a un mayor riesgo de marginalización, de discapacidad y de adquirir enfermedades físicas y mentales, con altas tasas de jubilados prematuros y gastos públicos ingentes, a largo plazo. Por esta razón resulta primordial asignar mayores recursos para los servicios de salud mental, en particular para el cuidado preventivo y para la intervención temprana.

Es preciso apoyar en todos los niveles la elaboración de planes de salud mental idóneos y realísticos de acuerdo con la situación del país y, todavía más importante, con las exigencias de cada tipo de discapacidad.

La plena integración social de personas con problemas mentales y de sus familiares. El que tanto los (ex)-usuarios de psiquiatría y personas afectadas como las organizaciones de sus familiares asuman una responsabilidad con mayores implicaciones es un elemento indispensable para que aquellas personas que sufren una enfermedad mental y sus familiares puedan gozar del estatus que merecen como ciudadanos de pleno derecho.

Conclusiones

Es indispensable que la comunidad y los profesionales de los servicios de salud y de la salud mental realicen un esfuerzo común para cambiar sus actitudes frente a las personas que tienen problemas mentales. Un esfuerzo aún mayor aumentará la conciencia en torno a la discriminación y el acoso habitualmente experimentados por personas con enfermedad mental y sus familias, garantizando económicamente un progreso en la calidad del tratamiento. Los cambios estructurales y de organización, los recursos económicos que apoyan al movimiento de los (ex)-usuarios de psiquiatría y personas afectadas, la formulación explícita de directivas de calidad para el cuidado, la promulgación de leyes y la incorporación de los responsables encargados de la toma de decisiones políticas contribuirán a la puesta en práctica de nuestras recomendaciones…

Principales Hallazgos sobre el Acoso y la Discriminación en los Servicios de Salud y en la Salud Mental
En toda Europa las personas con enfermedad mental están expuestas a discriminación, lo cual significa que frente a personas con otros diagnósticos médicos, pueden sufrir una desigualdad de trato en los siguientes términos:

- Los problemas físicos no se toman en serio y se les atribuye a problemas psicológicos.
- La medicación psiquiátrica se prescribe sin consentimiento informado.
- Se rechazan las quejas basándose en la patología.
- Se niega el derecho a tener toda la información sobre su propio tratamiento.
- Si el paciente no acepta el tratamiento que se le ofrece, se le amenaza con darle de baja, con un futuro ingreso, con imponerle un tratamiento forzado o con aumentarle la dosis de la medicación psiquiátrica.

Por esta razón Mental Health Europe y sus colaboradores y expertos han elaborado un proyecto europeo para fomentar la concienciación en torno a la discriminación experimentada en los servicios de salud por personas con enfermedad mental y promover estrategias para combatirla.
Para recibir más información, puede dirigirse a la dirección siguiente:
Mental Health Europe, 7, boulevard Clovis, B-Brussels
e-mail: *info@mhe-sme.org*, web-site: *www.mhe-sme.org*

*Para recibir más información (sin coste) sobre el Programa de la Comisión Europea en relación a los derechos fundamentales y la anti-discriminación (por ejemplo, el informe anual 2003), por favor, diríjase a la siguiente dirección:
European Commission, Directorate – General for Employment and Social Affairs, Unit D4, B – Brussels o por internet: *www.stop-discrimination.info*
Preguntas relativas a Experiencias Personales de Discriminación y Acoso en los Servicios de Salud y en la Salud Mental
¿Ha sido usted tratado sin respeto o le han hecho comentarios inadecuados o condescendientes?
¿Le han forzado a aceptar el tratamiento prescrito?
¿Ha recibido usted un tratamiento sin información comprensible sobre el riesgo y posibles efectos secundarios de la medicación y sin información sobre posibles métodos alternativos de tratamiento?
¿Le han proporcionado cuidados médicos adecuados después de haberse autolesionado?
¿Ha vivido usted una situación en la que su solicitud de asistencia sanitaria o apoyo jurídico haya sido objeto de burla?
¿Ha recibido usted una medicación psiquiátrica con el fin de calmarlo o disciplinarlo y no por razones médicas?
¿Lo han abordado de forma discriminatoria, por ejemplo, llamándolo por su nombre de pila, a pesar de no ser apropiado?
¿Le han impedido tener la información de su propio tratamiento?
¿Sus familiares o cuidadores, han sido tratados de forma discriminatoria?

¡Nunca acepte la discriminación!
¡Póngase en contacto con la agencia nacional de información de su país para saber dónde obtener ayuda!

Participantes en el Proyecto

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ENUSP [European Network of (ex-)Users and Survivors of Psychiatry – Europäisches Netzwerk von Psychiatriebetroffenen – Red Europea de (ex-)Usuarios y Supervivientes de Psiquiatría – Europese Netwerk van (ex)Gebruikers en Overlevenden van de Psychiatrie] Zabel-Krüger-Damm 183 D-13469 Berlin Tel. +49 30 8596 3706 Fax +49 30 4039 8752 E-mail: desk@enusp.org Web site: www.enusp.org	expertos
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Contactos con agencias relevantes en países colaboradores del proyecto

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Otros países Europeos

Para obtener información sobre agencias relevantes en otros países europeos no mencionados anteriormente, por favor, póngase en contacto con:
Mental Health Europe – Santé Mentale Europe, Mental Health Europe – Santé Mentale Europe (MHE), Boulevard Clovis 7, B-1000 Brussels, Tel. + 32 2 280 04 68, Fax + 32 2 280 16 04, E-mail: info@mhe-sme.org

GOBIERNO DE ESPAÑA
MINISTERIO DE SANIDAD Y CONSUMO
Plan de Calidad para el Sistema Nacional de Salud

Este estudio se ha realizado gracias a una subvención del Ministerio de Sanidad y Consumo

Texto completo disponible en *www.aen.es/web/docs/consensoprevencion_08*