The EFPA Mental Health Toolkit: Scaling and speeding up mental health promotion and prevention using a whole systems approach

Webinar 9th October, 2025

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Chair: Dr. David Gosar

Subcommittee on Prevention and Promotion:

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The Magnificent Seven: EFPA's Seven Priorities

1. Commitment to mental health in all policies
2. Mental health as a core part of societal crises responses
3. Community-oriented mental health services
4. Mental wellbeing in the workplace
5. Impact of climate change on mental health, especially the young
6. Mental health training standards and regulations
7. Equality of access to mental health, including digitalization

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Heartfelt Thank you to EFPA Liaison:

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Objectives:

1. To define clearly the areas of prevention and promotion in mental health;
2. To determine the current status of prevention and promotion internationally;
3. To demonstrate the benefits of both prevention and promotion;
4. To introduce a clear, comprehensive tool-kit on prevention and promotion for policy makers, clinicians and others to use in the area of mental health.

Some Key Articles We Reviewed:

- APA (2014). Guidelines on prevention for psychologists. *American Psychologist,* Vol. 69, No. 3, 285–296.

- Cuijpers, P. (2024). Preventing the onset of depressive disorders: State of the art and future directions. *Current Directions in Psychological Science*, Vol. 34, Issue 1.

- Dodge, K. A., Prinstein, M. J., Evans, A. C., Ahuvia, I. L., Alvarez, K., Beidas, R. S., ... & Shaw, D. S. (2024). Population mental health science: Guiding principles and initial agenda. *American Psychologist*.

- WHO (2024). Report of the Special Rapporteur on extreme poverty and human rights, Olivier De Schutter . The burnout economy: poverty and mental health.

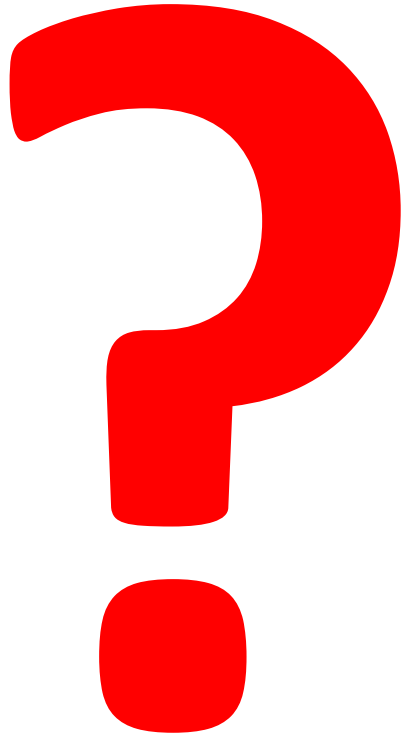
- Mental Health World Organisation June 2022 Fact Sheets.

- Overbeek, G. (2023). Editorial: Prevention is the best cure – or is it? A cautionary tale. *Journal of Child Psychology and Psychiatry,* 65(1), 1–3.

- Rhule, D. M. (2005). Take Care to Do No Harmful Interventions for Youth Problem Behavior. *Professional Psychology: Research and Practice,* 36(6), 618–625. doi:10.1037/0735-7028.36.6.618

- Li, K., Zhou, G., Xiao, Y., Gu, J., Chen, Q., Xie, S., & Wu, J. (2022). Risk of Suicidal Behaviors and Antidepressant Exposure among Children and Adolescents: A Meta-Analysis of Observational Studies. *Frontiers in Psychiatry, 13.*

- Sheridan, A. & McElhinney, T. (2016). A Guidance Document for the Promotion of Positive Mental Health and Wellbeing.



What?

Prevention has been Conceptualised as Including One or More of the following:

(a) Stopping a problem behaviour from ever occurring;

(b) Delaying the onset of a problem behaviour, especially for those at-risk for the problem;

(c) Reducing the impact of a problem behaviour;

(d) Strengthening knowledge, attitudes, and behaviours that promote emotional and physical well-being;

(e) promoting institutional, community, and government policies that further physical, social, and emotional well-being of the larger community

(Romano & Hage, 2000) in 'Guidelines for Prevention in Psychology' (APA, 2014).

- ‘This conceptualization is consistent with Caplan’s (1964) definition that identified prevention interventions as primary, secondary, and tertiary prevention
- and with the definition by Gordon (1987) that identified prevention interventions as universal, selected, and indicated for those not at risk, at risk, and experiencing early signs of problems, respectively.
- Gordon’s conceptualization was adopted by the Institute of Medicine (1994).
- A follow-up report from the Institute of Medicine broadened this universal, selective, and indicated framework to include “the promotion of mental health” (National Research Council & Institute of Medicine, 2009, p. 65).’

(APA, 2014, p.286).

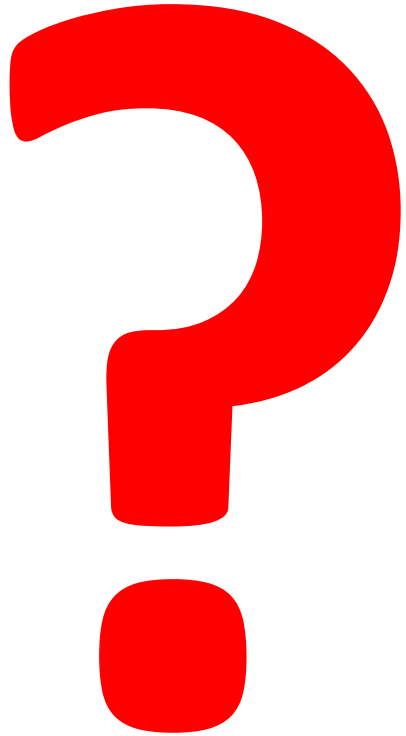
To Note:

- Prevention has traditionally taken a developmental approach, focusing on children and adolescents, in order to facilitate trajectories leading to positive outcomes (National Research Council and Institute of Medicine, 2009).

- Even with the increased focus on prevention, psychology training programmes rarely require specific courses on prevention (O'Neil & Britner, 2009).

The Benefits of Prevention:

- have been demonstrated through the reduction of illness and problem behaviours, the enhancement of human functioning, and the potential to reduce health care costs (Durlak et al., 2010; Institute of Medicine, 1994; Nation et al., 2003; National Research Council & Institute of Medicine, 2009).
- An increased focus on prevention has the potential to mobilize psychologists to respond more effectively and sensitively to conditions that place individuals, communities, and institutions at risk for various problems and to promote strengths that contribute to human functioning. (APA, 2014.)



Why?

Why focus on

scaling and speeding up

prevention

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Why focus on

scaling and speeding up

promotion

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Why focus on scaling and speeding up prevention and promotion in the area of mental health

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Mental Health is:

- A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

- It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in.

- Mental health is a basic human right.

- And it is crucial to personal, community and socio-economic development

(WHO, 2022).

Mental Health Promotion is:

- Concerned with promoting the mental wellbeing of the general population including those at risk from, or experiencing mental health difficulties.

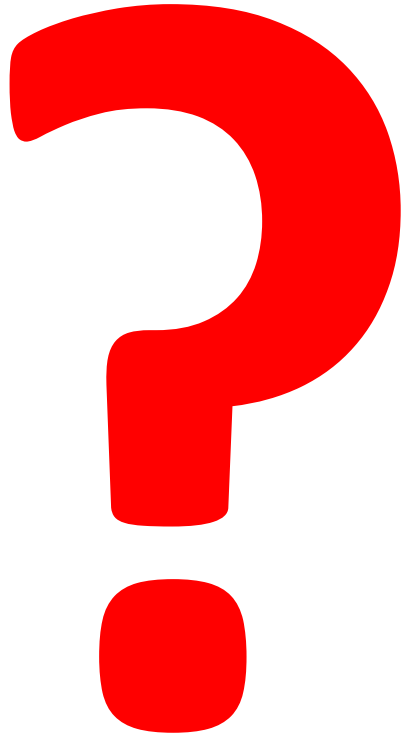
- It aims to strengthen the ability of individuals, families and communities to cope with stressful events that happen in their everyday lives and to reduce the factors that place individuals, families and communities at risk of diminished mental health.

- Mental health promotion also seeks to improve the everyday settings (homes, schools, communities and workplaces) where mental health is created, while also addressing the broader social, physical and economic environments that determine the mental health of populations and individuals especially those resulting in mental health inequalities. Mental health promotion works at three levels.

(Sheridan & McElhinney, 2016).

- In 2024, EFPA produced a White Paper laying out how to situate psychological services throughout a stepped-care public health system.

- It noted that according to the European Commission, mental health care presently had not yet adequately addressed the complex challenges of mental health problems, which continue to afflict Europeans and contribute in a major way to disability globally (**1 in 6 of the EU adult population**).



How?

Mental Health Promotion Works at Three Levels:

1. **Strengthening individuals** - or increasing emotional resilience through interventions designed to promote self esteem, life and coping skills.

2. **Strengthening communities** increasing social inclusion and participation, developing health and social services that support mental health, anti-bullying strategies in schools, workplace health, childcare and self-help networks and improving neighbourhood environments.

3. **Reducing structural barriers to mental health at a societal level** through initiatives to reduce discrimination, stigma and inequalities and to promote access to education, meaningful employment, housing, services and support for those who are vulnerable.

(Sheridan & McElhinney, 2016).

Important findings from the Literature:

- “Thus, there appears to be a paradox: the move toward more prevention has gone hand in hand with more, instead of less (detected) mental health problems“ (Overbeek, G. 2023).

- An emerging literature has demonstrated that certain prevention and treatment programs for youth problem behavior, particularly those that have used group-delivery formats, have produced iatrogenic effects (Rhoule, 2005).

- Antidepressant use in children and young populations have been found to increase the risk of suicidal behaviour compared with no antidepressant use (Li et al, 2022).

Important findings from the Literature:

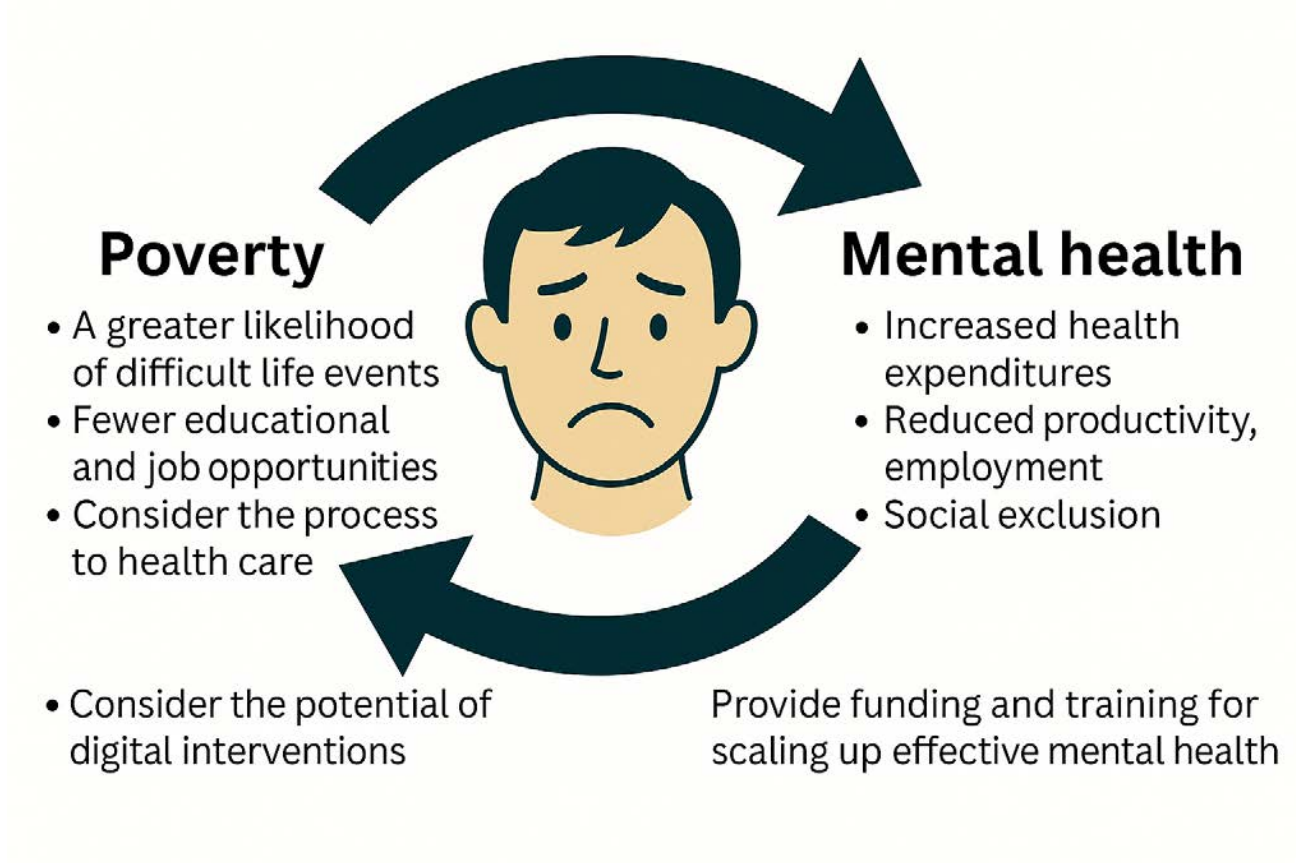
- “Reshaping the determinants of mental health often requires action beyond the health sector and so promotion and prevention programmes should involve the education, labour, justice, transport, environment, housing, and welfare sectors.

- The health sector can contribute significantly by embedding promotion and prevention efforts within health services; and by advocating, initiating and, where appropriate, facilitating multisectoral collaboration and coordination’ (WHO, 2022).

The ‘Psychology in Health Policy Toolkit’ aims to:

Help influence healthcare policy by intersecting the varied expertise within Psychology in Health with the lenses of health/mental health, prevention/promotion, e-health and economics to create scaffolding around EFPA’s seven priorities related to:

1. **Policy**
2. **Crisis response**
3. **Community**
4. **Work**
5. **Climate change**
6. **Standards**
7. **Access/digitalisation.**


Poverty
• A greater likelihood of difficult life events
• Fewer educational and job opportunities
• Consider the process to health care
Mental health
• Increased health expenditures
• Reduced productivity, employment
• Social exclusion
• Consider the potential of digital interventions
Provide funding and training for scaling up effective mental health

- This toolkit is informed by EFPA's seven priorities. It demonstrates a deep commitment to mental health and sees it as being a core part of societal crises responses. It regards prevention and promotion services as being integral to community-oriented mental health services.

- The toolkit highlights prevention and promotion as being an essential part of mental wellbeing in the workplace and in society as a whole, including concerns regarding the impact of climate change on mental health of people of all ages.

- Accepting the key principles in this toolkit involves including prevention and promotion as important aspects of training standards and regulations. In a world of inequality, this toolkit is focused on equality of access to mental health, including digitalisation.

The Purpose of the Tool Kit:

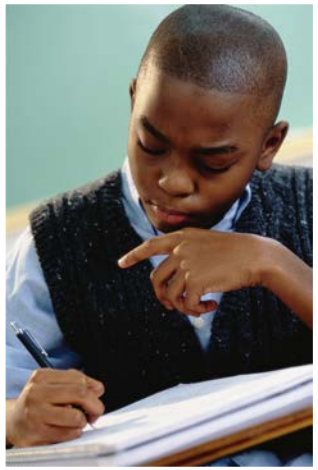
To equip policy makers, clinicians and people who are interested in a population focused approach to prevention and promotion to:

1. Understand the key issues involved in prevention and promotion
2. Advocate for greater resources in prevention and promotion
3. Have a framework in which to determine if particular prevention and/or promotion programmes are effective.

Let’s broaden out ‘prevention and promotion’ from time-limited programmes delivered as universal, selected or indicated levels to a more comprehensive population focused approach emphasising the ‘bio-psycho-social’ approach.










Societal

• Integrate mental health considerations into economic, housing, work, education, social and healthcare policies reforms to address the root causes of poor mental wellbeing, by taking an intersectoral approach.

Community

• Work with urban planners and other relevant sectors to integrate mental health considerations into everyday environments, increasing access to spaces and activities that promote mental wellbeing. Strenghen mental health promotion efforts, through communities' engagement and programs that strengthen social connections and linkages to community resources.

Individual

• Provide funding and training for scaling up effective mental health promotion and prevention interventions, fostering individual mental health literacy, self-care and resilience-building behaviours.

Aim of this Webinar:

To highlight and prioritize the areas of promotion and prevention as a matter of urgency.

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‘The prevention of depressive disorders may be an important way to reduce the disease burden.

All three types of prevention (universal, selective, and indicated) have potential but also have important limitations.

- Increasing evidence suggests that universal prevention, aimed at a population, may have no impact on the incidence of depression.

- Selective prevention, aimed at high-risk groups, is probably effective but may be mostly helpful for those who already have problems.

- Indicated prevention, aimed at people with depressive symptoms but no disorder, is also probably effective, but uptake is very low.’

(Cuijpers, 2024).

‘Innovation in the field is very much needed, including well-powered and longitudinal trials aimed at important determinants, such as poor parenting, interparental conflict, and family instability, but also inequalities, social status, and migration.’

(Cuijpers, 2024).

<u>Deliverable 3</u>: empowering and enhancing mental health promotion and prevention and supporting EFPA mental health advocacy – "*The EFPA Mental Health Policy Toolkit*"

Sub-stream lead: Claire Hayes (promotion & prevention), Frank Doyle (Economic), Marika Karekla & Jonas Eimontas (Digital)
Sub-stream members: Vita Poštuvan, David Manuel Dias Neto, Lise Haddouk, Angelos Kassianos, Angieszka Skrzypkowska, João Salgado, Ana Rita Oliviera Goes, David Gosar
Status: review & approved by EFPA board, completing final suggested corrections
Future potential: dissemination via EFPA Digital Content Hub (see matrix), disseminations via webinar series, possible use for intervention development and advocacy works by individual psychologist, FMs and NGOs

Up Coming Webinars

https://efpa.eu/webinar-series-reimagining-mental-health-europe-prevention-innovation-and-systems-change

Thank you **Go raibh maith agaibh**