



## **Promotion of Mental Health and Primary Prevention of Mental Disorders: Priorities for Implementation, An Evidence Brief.**

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**Promotion of Mental Health and Primary Prevention of Mental Disorders:  
Priorities for Implementation**

**An Evidence Brief for the WHO Inter-Country Meeting on Implementation of Global Mental Health Action Plan in the Eastern  
Mediterranean Region**

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## Summary

This paper provides a briefing for policy and decision-makers on the evidence for mental health promotion and primary prevention interventions that can be implemented and sustained at a reasonable cost, whilst generating clear health and social gains in the population. Based on the evidence from high, middle and low income countries, a number of priority areas and “best buys” for implementation are identified for promoting mental health and preventing mental ill-health across the lifespan from infancy to adulthood and include actions which can be delivered across different settings and delivery platforms.

*Recommended Priority Actions:*

- Promote infant (0-3 years) and maternal mental health through integrating mental health promotion and prevention into routine pre and postnatal care services and home visiting programmes
- Promote early child mental health development (3-6 years) through pre-school education
- Parenting and family strengthening for school-going children (3-16 years)
- Promote young people's (6-18 years) life skills and resilience through school-based interventions in primary and post-primary schools
- Promote the mental health and social wellbeing of adolescents and young people (12-18 years +) through out-of-school multicomponent interventions
- Community empowerment interventions to promote mental health and reduce the risk of mental disorders for families in poverty and debt
- Training primary health care providers in opportunistic mental health promotion and prevention interventions for adults and older people
- Advocate for workplace policies and programmes that will improve the mental health of working adults
- Advocate for the implementation of policies and regulations on alcohol consumption
- Regulations restricting access to commonly used lethal means of suicide

## Introduction

Good mental health is an integral component of population health and wellbeing and contributes to the functioning of individuals, families, communities and the social and economic prosperity of society [1,2]. There is a solid case for investing in mental health promotion and primary prevention, whether on the grounds of improving population health and wellbeing, reducing social and health inequities, protecting human rights, or improving economic efficiency and development [1,2, 3].

Strategies focused on curing mental ill-health alone will not necessarily deliver on improved mental health at a population level [1]. Mental health promotion and prevention strategies have been introduced in many countries globally as the most sustainable method of reducing the increasing burden of mental disorders and improving overall health and wellbeing.

There is compelling evidence from high quality studies that mental health promotion and prevention interventions, when implemented effectively, can reduce risk factors for mental disorders, enhance protective factors for good mental and physical health, and lead to lasting positive effects on a range of social and economic outcomes [4-9]. Mental health promotion and prevention needs to be integrated into population health improvement and development strategies, together with primary and secondary health care delivery.

This paper provides a briefing for policy and decision-makers on the evidence for mental health promotion and primary prevention interventions, identifying priority areas for action based on their cost-effectiveness and feasibility of implementation.

The international evidence from high, middle and low income countries clearly shows that there are effective and feasible interventions for promoting mental health and preventing mental ill-health that represent a cost-effective use of resources and a strong case for policy investment. This paper provides a guide, based on best available evidence, to support decision making in identifying priority areas and “best buys” for implementation.

### *Frameworks for Action:*

**Mental health promotion** is concerned with promoting positive mental health and employs intersectoral strategies for strengthening protective factors and enabling access to resources and supportive environments that will keep individuals and populations mentally healthy. **Prevention** aims to reduce the incidence, prevalence or seriousness of targeted mental health problems, such as anxiety and depression. Primary prevention can be universal or target populations at risk (selective and indicated) and is distinguished from secondary prevention that focuses on early detection and treatment, and tertiary prevention that aims to reduce disability and enhance rehabilitation of people with mental disorders. Current frameworks for mental health promotion and prevention seek to intervene at the level of strengthening individuals, strengthening communities, reorienting health services, and promoting intersectoral actions to remove structural barriers to mental health at a societal level.

### **Method for Assessing Best Evidence**

The evidence for effectiveness of interventions is taken from existing databases and systematic reviews in high income countries (HICs) and in low and middle-income countries (LMICs) and draws particularly on a review of the evidence of mental health promotion interventions in LMICs completed for the WHO Task Force on Mainstreaming Health Promotion [9], and a systematic review on interventions for young people

in LMICs [7]. To assess the strength of available evidence on mental health promotion and primary prevention interventions, the Assessing Cost-Effectiveness in Prevention Project (ACE-Prevention) grading system [10] was used. This system, which provides a single framework for the evaluation of evidence on clinical, public health and behavioural interventions, grades the level of evidence into three categories:

1. Sufficient evidence – effectiveness is demonstrated by sufficient evidence from well-designed research where the effect is unlikely to be due to chance or bias.
2. Limited evidence - when there is limited evidence from studies of varying quality
3. Inconclusive evidence - when there is inadequate evidence due to insufficient or inadequate quality research.

In selecting priority interventions based on available evidence, “best-buys” are understood to be interventions for which there is not only evidence of their cost-effectiveness but also evidence of their feasibility in relation to their cultural acceptability as well as capacity of existing service delivery systems to deliver the intervention to the intended target population within existing resource constraints [10]. “Good buys” are interventions that do not meet all these criteria but are recommended based on the best available evidence. Given the paucity of cost effectiveness studies on mental health promotion and prevention research in LMICs, we recommend a set of “best buys” based on cost effective evidence from high-income countries (HICs) and evidence of feasibility in LMICs. Feasibility was determined on the basis of whether a task sharing<sup>1</sup> approach was successfully adopted by a number of RCTs, given the limited evidence of interventions that have been scaled up more broadly in LMICs. A technical paper, which gives full details of the research evidence supporting this briefing document, is also available for consultation (Barry, Clarke and Petersen, 2014).

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<sup>1</sup> Task sharing refers to “the redistribution of tasks to less specialized cadres or cadres with tailored training to perform a specific task under the supervision and support of specialists”, as defined by Mutamba BB, van Ginneken N, Smith Paintain L, Wandiembe S, Schellenberg D. Roles and effectiveness of lay community health workers in the prevention of mental, neurological and substance use disorders in low and middle income countries: a systematic review. *BMC Health Services Research*. 2013;13:412. PubMed PMID: 24119375. Pubmed Central PMCID: 3852794.



## **Implementing Mental Health Promotion and Prevention Strategies: Priorities for Action**

Table 1 identifies priority areas for implementation and summarizes the evidence on mental health promotion and prevention interventions from high, middle and low income countries in terms of their ability to improve mental health, lead to social and economic gains/benefits, and the feasibility of their implementation. The interventions cover population groups across the lifespan from infancy to adulthood and include actions, which can be delivered across different settings and delivery platforms.

### **Promote infant (0-3 years) and maternal mental health (Best buy)**

Integrating mental health promotion and prevention into routine pre and post natal care services, including home visiting parenting programmes, leads to improved child development and parenting skills, reduced behavioural problems and improved maternal health and social functioning [11,12]. Antenatal screening and targeted prevention interventions improve detection and management of postnatal depression for women at risk of depression and intimate partner violence [13,14]. The effects of early years interventions are especially evident for the most vulnerable families, including those living in poverty, war torn areas, babies who are undernourished and mothers with depression [15-18]. Economic analyses of several early childhood interventions show that they can repay their investment with savings to government and benefits to society, with those at risk making the most gains [6, 17]. Home visiting interventions, which have demonstrated long term positive outcomes for mothers and babies, have the potential to be scaled up in LMICs and are recommended as a “best buy”.

### **Promote early child mental health development (3-6 years) through pre-school education (Good buy)**

High quality early childhood enrichment provided through preschool results in enduring gains in children's social and emotional wellbeing, cognitive skills, problem behaviours and school readiness [12, 19, 20]. Long-term effects on school attainment, social gains and occupational status have been found with greater benefits for higher risk and more disadvantaged children [21,22]. Pre-school programmes indicate a benefit to cost ratio as large as 17.6 to 1 [21] with favourable benefit-cost ratios being reported for even the most intensive programmes. Examples of successful implementation in LMIC contexts include the development of a preschool programme for families of low education in Bangladesh [23]; and the long term impact of the Turkish Early Enrichment Project implemented by mothers with the help of local paraprofessionals [24]. Due to the limited evidence on scaling up in LMICs, preschool education integrating child mental health development is recommended as a “good buy”.

### **Parenting and family strengthening programmes for school-going children (3-16 years) (Good buy)**

Universal and targeted parenting and family strengthening interventions promote child emotional and behavioural adjustment, particularly in younger children (3-10 years) and can prevent conduct disorder in “at-risk” families [25-27]. The benefits of targeted parenting programmes for the prevention of persistent conduct disorders outweigh the costs in the region of 8 to 1 in HICs [6], with benefits accruing mainly in the criminal justice system. In view of limited evidence from LMICs, parenting/family strengthening interventions for school-going children are suggested as a “good-buy” with the recommendation that studies in the Eastern Mediterranean region be conducted to demonstrate their effectiveness and feasibility.

**Promote young people’s (6-18 years) life skills and resilience through school-based interventions in primary and post-primary schools (Best buy)**

*Universal and Targeted Social and Emotional Learning (SEL) Interventions*

Universal (for all children) SEL interventions in primary and post-primary schools lead to long terms benefits in children’s social and emotional functioning and academic performance [28,29]. Interventions employing a whole school approach (involving staff, students, parents, school environment and local community) are more effective than curriculum only programmes, including addressing problems such as bullying [30].

Targeted interventions for children at higher risk, which enhance coping skills, resilience and cognitive skills, are effective in preventing anxiety and depression and have been adapted successfully in LMIC settings [7, 31].

These interventions can be feasibly delivered by teachers in low-resource settings and economic analyses show that SEL interventions are cost-saving in terms of the positive impact on crime and health outcomes [6]. Universal and targeted school interventions are recommended as a “best buy”.

*Selective classroom based interventions (CBI) for vulnerable children (orphaned by HIV/living in areas of conflict/war)*

The prevalence of mental disorders in children living in countries at war and with complex emergencies is extremely high. In the Eastern Mediterranean region, estimates of mental disorders in school children range from 22.2% in Afghanistan to 54.4% in boys in Palestine [3].

Classroom-based interventions, which aim to reduce distress and enhance resilience and coping skills, improve psychological functioning and coping [32] and should be implemented in countries with complex emergencies on a broader scale, as demonstrated by the implementation of the Boston CBI at scale in Palestine [33] and described in Box 1.

### **The Classroom-based Intervention (CBI) Programme in the West Bank and Gaza**

The CBI programme provides structured expressive-behavioural group activities over 15 sessions to reduce traumatic stress reactions and strengthen children's resiliency to cope with the stress of ongoing violence and trauma. The programme in Palestine was delivered by trained school counsellors and other social workers to over 100 000 children. A randomized control trial involving 664 children from 6-16 years found that the programme improved psychological functioning and coping in young Palestinian boys and girls (aged 6-11 years) as well as in adolescent girls (aged 12-16 years), enabling them to function as other children would in relation to family, school and peers. This was, however, not the case with adolescent boys (aged 12-16 years) who demonstrated an increased tendency to use avoidance (of cognitions and feelings) as a defense mechanism, which may relate to their greater exposure to violence/conflict. While modifications to the programme are indicated for adolescent boys, the positive impact on younger children and adolescent girls provides a solid base for recommending that the programme be disseminated widely in countries experiencing conflict/war.

### **Promote the mental health and social wellbeing of adolescents and young people (12- 18 years +) through out-of-school multicomponent interventions (Good buy)**

Out-of-school youth empowerment programmes improve the mental health of young people in LMICs through promoting lifeskills, greater gender equity, reduced intimate personal violence and poverty reduction, thus addressing some of the social determinants of mental health. Multicomponent community-based interventions that address emotional and sexual health, HIV prevention, substance misuse, violence prevention, literacy and social functioning among vulnerable youth, show the potential for scaling up [7]. The implementation of youth empowerment programmes is recommended as a "good buy" with the ISHRAQ intervention in Egypt [34] providing an example of a promising intervention from the Eastern Mediterranean region delivered using a task sharing approach.

### **Community empowerment interventions to promote mental health and reduce the risk of mental disorders for families in poverty and debt (Good buy)**

Poverty and debt impact negatively on mental health with those experiencing unmanageable debt at higher risk of mental disorders and suicide. Combined community microfinance and health training interventions have positive mental health and social benefits including; improved wellbeing and psychological health, improved nutrition, higher educational attainment, reduced risk of violence, improved social participation, empowerment and economic wellbeing [35]. Microcredit schemes, which combine microfinance and training interventions that promote essential lifeskills, asset building and resourcefulness, are more effective in terms of mental health benefits [36]. There is encouraging evidence from initiatives such as the IMAGE intervention combining gender and HIV training with microfinance initiatives for women in South Africa [37,38] and an economic empowerment initiative for AIDS orphaned children has also shown positive impacts on participants' self-esteem and reduced levels of depression [39]. Microfinance interventions for young adults and women, which are cost-effective from both a societal and public health perspective, are recommended as a “good buy”.

### **Training primary health care (PHC) providers in opportunistic mental health promotion and prevention interventions for adults and older people (Good buy)**

The training of PHC providers in screening and brief interventions for alcohol misuse can reduce harmful alcohol use and training in the identification and management of mental disorders can prevent suicide [40]. Given that many patients first seek care from PHC practitioners in the Eastern Mediterranean region [3], brief advice by PHC practitioners on alcohol consumption is considered more cost effective than policy

level interventions (see section on policy/regulations) in countries where harmful drinking is low, given that risky drinking is not widespread [41]. Brief passive psycho-educational interventions for depression and psychological distress should also be considered given evidence from HIC that these interventions can reduce symptoms [42].

## **Policy and Regulations**

### **Advocate for workplace policies and programmes that will improve the mental health of working adults (Good buy)**

Integrating mental health into workplace Health and Safety regulations, including workers' rights, job security, increased job control and autonomy, and anti-bullying measures, will improve and maintain mental health at work with the gain from comprehensive approaches being reflected in reduced absenteeism, improved wellbeing and productivity [6, 43-45].

The New SOLVE training package, developed by the International Labour Organization (ILO), is designed to reduce the incidence of work-related stress, workplace violence (physical and psychological), tobacco, alcohol and drug misuse, and HIV/AIDS. This intervention, which has been implemented in several LMICs [45], is recommended for implementation supported by more rigorous research on its impact in the Region.

### **Advocate for the implementation of policies and regulations on alcohol consumption and restrict access to lethal means of suicide (Best buy)**

Policies and regulations on alcohol consumption are the most cost-effective strategy for reducing harmful alcohol use globally, with raised tax/price on alcohol products the most cost-effective, followed by restricted access to alcohol and bans on alcohol advertising, particularly in

countries where harmful drinking is high [41]. Regulations restricting access to commonly used lethal means of suicide (region specific) is also a cost effective means to reduce suicide rates [40].

### Next Steps:

There is convincing evidence of the effectiveness of interventions for mental health promotion and primary prevention of mental disorders that could be feasibly implemented in the Eastern Mediterranean region. There is an urgent need to invest in building the policy, practice and research capacity in the region to ensure that measures and resources are in place for implementing and evaluating the interventions identified as “best buys” and good buys” in the local context. Developing the regional evidence base on the implementation, outcomes and actual costs of the interventions described in this paper is an important next step, together with further work on the cultural adaptation and tailoring of implementation approaches to local needs and resources. Workforce capacity needs to be built for the integration of interventions into existing public health, mental health, development and social policies and programmes in partnership with the health, social services, education, employment and community sectors. This will ensure positive impacts on population mental health, especially for the most vulnerable, together with wide ranging health, social and economic benefits for society.

**Table 1: Mental Health Promotion and Primary Prevention Interventions: Priorities for Implementation**

Intervention area	Specific Approaches/ Actions	Quality of Evidence from HIC	Quality of Evidence from LMIC	Mental health and socio-economic benefit	Feasibility of implementation in LMIC settings and practice issues
<b>Infant and maternal mental health promotion and prevention of postnatal depression delivered through community and primary care services (Children 0-3 years)</b>	Home visiting programmes for new mothers and their babies and integrating mental health promotion within routine pre and post natal care services	Sufficient evidence from HICs of long term positive impacts on infant development and maternal mental health and wellbeing [11,912]	Sufficient evidence from LMICs of clear benefits for families living in poverty including underweight and undernourished children [9, 16]	<u>Mental health benefit</u> Improved infant development and wellbeing Improved child cognitive development and reduced behaviour problems Improved maternal health and social functioning Improved parenting skills	Low cost feasible interventions especially beneficial for vulnerable families.  Interventions delivered in the community by community workers who receive training and supervision from health professionals  <u>Practice issues:</u> Interventions should start prenatally, be of high intensity and followed up by comprehensive postnatal support and services over the first year
	Targeted support for vulnerable families including those living in poverty, refugees, mothers with depression	Significant benefits for vulnerable families and those at higher risk of adverse outcomes [16,17]			
	Screening and prevention for women at risk of postnatal depression	Sufficient evidence from HIC on prevention of postnatal depression [14]	Sufficient evidence from LMICs on prevention of postnatal depression [18]	Improved detection and management of postnatal depression [13]  <u>Socio-economic benefit</u> Cost-effectiveness of health visiting interventions reflected in improved health, quality of life, education and workforce participation [12]	
<b>Promote early childhood mental health development through pre-school education for vulnerable families (3-6 years)</b>	Access to pre-schools offering day centre and home based educational interventions for children living in poverty – high quality education and	Sufficient evidence from HICs of the long term impacts of preschool interventions on multiple risk and	Limited evidence from LMICs, of the long term effectiveness of quality preschool parenting	<u>Mental health benefit</u> Studies from HICs and LMICs show long term positive impacts on children’s social and emotional wellbeing and cognitive skills	Availability and adaptation of culturally appropriate comprehensive (day care plus home visits) preschool and interventions from HICs



	parent support focusing on children's emotional, behavioural and social development and parents' parenting skills and mental wellbeing	protective factors for children's mental health, academic and social functioning [12, 19-21]	interventions [9, 22-24,31]	development  <u>Socio-economic benefit</u> Improved school readiness, social functioning and occupational status  Benefits to cost ratios up to 17.6 to 1 with greater benefits for children at higher risk [21-24]	<u>Practice issues:</u> Training for teachers, parents and community workers in the use of culturally and developmentally appropriate teaching methods and materials. Higher quality and more intensive programmes lead to more enduring effects on outcomes
<b>Develop young people's life skills and resilience through school-based interventions for school-going children and adolescents (±6-18 years</b>	Universal social and emotional learning (SEL) delivered through school-based lifeskills programmes in primary and post-primary schools.	Sufficient evidence from HICs of the effectiveness of SEL and whole school approaches to mental health promotion in terms of children's improved social and emotional functioning, academic performance and social wellbeing [28,29]	Sufficient evidence of effectiveness of SEL programmes in schools from LMICs [7]	<u>Mental health benefit</u> Studies from HICs and LMICs indicate that universal SEL programmes can lead to improved social and emotional functioning in exposed children and a reduction in risk behavior when combined with reproductive and sexual health education as well as substance-misuse education  Targeted interventions lead to reduced depression and anxiety and improved coping skills	Universal school-based SEL interventions can be feasibly and effectively implemented in real world settings on a broader scale as demonstrated by the HEALTHWISE programme in South Africa (currently being taken to scale) [67]  <u>Practice issues:</u> Teachers can be trained to deliver these interventions. Implementation fidelity effects level of impact. Attention needs to be paid to teacher training; teacher support and supervision; and school environment.
	Targeted interventions which enhance resilience, cognitive and coping skills for children at increased risk of depression and anxiety	Sufficient evidence in HICs of the effectiveness of targeted interventions [29]	Sufficient evidence of targeted school-based interventions in LMICs [7]	<u>Socio-economic benefit</u> Cost benefit modeling exercises in HICs suggest that the benefits of whole school interventions in particular, outweigh the cost just on reduced risky behavior [6].	CBI for children in conflict situations can be feasibly and effectively implemented in real

	Classroom based interventions (CBI) for vulnerable children (orphaned by HIV/living in areas of conflict/war) improve psychological and social functioning and coping		Sufficient evidence for the Classroom-based Psychosocial Intervention (CBI) interventions [	<u>Mental health benefit</u> CBI interventions can improve general psychological difficulties and mental health symptoms in vulnerable children	world settings as demonstrated by the Boston CBI that has been effectively delivered on a broader scale in Palestine [33].  <u>Practice issues:</u> Trained school counsellors/social workers can deliver the intervention. Target younger children for greatest impact on psychological integration, coping and resiliency
<b>Parenting and family strengthening programmes for children and adolescents (± 3-16 years)</b>	Universal and targeted parenting/family strengthening programmes which enhance parenting and family communication skills for promoting children's development	Sufficient evidence that universal and targeted parenting programmes impact positively on child emotional and behavioural adjustment (3-10 years) [25,26] especially for families of children with conduct disorders [26,27]	Limited evidence of effectiveness in LMICs [9]	<u>Mental health benefit</u> Studies from HICs indicate that universal and targeted parent/family strengthening programmes improve emotional wellbeing and behavioural adjustment. Studies from LMICs provide promising evidence of improved parenting practices as a result of family strengthening interventions  <u>Socio-economic benefit</u> Studies from HIC indicate that targeted interventions for children at risk for emotional problems are the most cost-effective. Modelling exercises on parenting programmes in HIC indicate that the benefits can outweigh the costs by a factor of 8 to 1, particularly in relation to the prevention of conduct disorders [6]	Promising evidence of the feasibility of implementing parenting/family strengthening interventions on a broader scale in real world settings in LMIC in collaboration with community members  <u>Practice issues:</u> Programmes adopting an empowerment approach carried out in partnership with parents, families, local communities and services are more likely to be successful in reaching those most in need
<b>Promote the mental health and social wellbeing of adolescents and young people through out-</b>	Out- of school empowerment programmes for		Sufficient evidence of effectiveness	<u>Mental health and socio-economic benefit</u> Studies from LMICs indicate that	Promising evidence of feasibility of implementing gender and/or economic empowerment

<b>of-school multicomponent interventions (±12-30 years)</b>	adolescents/young adults designed to promote youth health through the use of multicomponent interventions	[7]	out-of-school programmes focusing on gender and/or economic empowerment can be beneficial for promoting greater gender equity and reducing violence against women which can have a positive impact on mental health	interventions on a broader scale in real world settings in LMIC  <u>Practice issues:</u> Multicomponent interventions have been successfully implemented in LMICs with the active involvement of community members in planning and delivery	
<b>Community economic empowerment interventions for families in poverty and debt</b>	Community microcredit schemes which incorporate health and education training alongside the provision of credit for income generation	Limited evidence from HICs of the effectiveness of debt advice to reduce mental health problems resulting from debt [6]	Limited evidence of effectiveness from LMICs [35-39]	<u>Mental health benefits</u> Studies from LMICs indicate positive impacts on empowerment, psychological health, wellbeing, reduced depression  <u>Socio-economic</u> Improved nutritional status and educational attainment, lower rates of domestic violence and improved social participation and economic wellbeing	Limited but promising evidence of feasibility of implementing microfinance interventions on a broader scale in real world settings in LMIC  <u>Practice issues:</u> Engagement of local women trained as facilitators important for sustainability. Interventions combining health and education training with the provision of credit have greater mental health benefits
<b>Training PHC providers in opportunistic mental health promotion and prevention interventions in adults</b>	Screening and brief interventions for problem drinkers by PHC workers	Sufficient evidence from HIC [41]	Sufficient evidence from LMIC [41]	<u>Mental health/health benefits</u> A reduction in harmful alcohol use can help prevent a number of chronic diseases including certain cancers, neuropsychiatric disorders (unipolar depression and alcohol use disorders) diabetes, cardiovascular disease, cirrhosis of the liver, foetal alcohol syndrome [41]	Promising evidence of the potential for implementing screening and brief interventions for alcohol on a broader scale in real world settings in LMIC

				<p><u>Socio-economic benefits</u></p> <p>A reduction in harmful alcohol use leads to a reduction in intentional/unintentional injuries, interpersonal violence and accidents as well as increased productivity.</p> <p><u>Mental health benefits</u></p> <p>Reduced suicide rates</p> <p><u>Socio-economic benefits</u></p> <p>Reduced mortality and relatively cheap – can be delivered by PHC practitioners</p> <p><u>Mental health benefits</u></p> <p>Passive psycho-educational materials have been found to reduce psychological distress and depressive symptoms in HIC [42]</p> <p><u>Socio-economic benefits</u></p> <p>Relatively cheap, less stigmatizing and can be delivered by non-professionals in PHC settings</p>
	Improved recognition and treatment of mental disorders, particularly depression by general practitioners reduces suicide rates	Sufficient evidence from HIC [40]		
	Brief passive psychoeducational interventions for depression and psychological distress can reduce symptoms	Sufficient evidence from HIC [41]		

<b>Policy/Regulations</b>						
<b>Advocate for workplace policies and programmes that will improve the mental health of working adults</b>	Interventions that integrate mental health promotion into workplace health and safety policies and health promotion programmes	Limited evidence from HICs of the effectiveness of integrated interventions (individual and organizational change) on workers'	Inadequate evidence from LMICs due to insufficient research [41]	<b><u>Mental health and socio-economic benefits</u></b>	Evidence from HICs of cost savings for both business and the health system due to improved psychological health, reduced levels of sickness absence and	The New SOLVE initiative has been implemented in several LMICs [45] and offers a feasible approach to integrating workplace mental health promotion into occupational health and safety policies

		mental health [43, 44]		increased productivity [6]
<b>Advocate for implementation of policies and regulations on alcohol consumption and restricting access to lethal means of suicide</b>	Raised tax/price on alcohol Restricted access to alcohol Bans on alcohol advertising	Sufficient evidence that raised tax/price on alcohol, restricted access and bans on alcohol advertising reduce alcohol consumption [41]	Sufficient evidence that raised tax/price on alcohol, bans on alcohol advertising reduce consumption of alcohol	<p><b><u>Mental health/health benefits</u></b></p> <p>Reduced harmful alcohol use can help prevent a number of chronic diseases including certain cancers, neuropsychiatric disorders (unipolar depression and alcohol use disorders) diabetes, cardiovascular disease, cirrhosis of the liver, foetal alcohol syndrome as well as intentional and unintentional injuries</p> <p><b><u>Socio-economic benefits</u></b></p> <p>Raised tax/price on alcohol the most cost effective [41] with greater tax revenue for health care</p>
	Restricting access to potential lethal means of suicide	Restricting access to commonly used lethal means of suicide e.g., firearm control legislation, restrictions on pesticides, detoxification of domestic gas has been shown to decrease rates of suicide [40]		<p><b><u>Mental health benefits</u></b></p> <p>Reduced suicide rates</p> <p><b><u>Socio-economic benefits</u></b></p> <p>Reduced mortality</p>

## Useful Resources

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