

KRISTIAN WAHLBECK

MENTAL HEALTH PROMOTION IS AT THE CORE OF PUBLIC HEALTH

KEYWORDS: HEALTH POLICY, MENTAL HEALTH PROMOTION, MENTAL HEALTH POLICY, MENTAL WELLBEING, POSITIVE MENTAL HEALTH

Despite positive trends in population physical health in Finland, similar progress has not been seen in mental health. Deteriorating mental health is the global health trend of our time. In every region of the world, younger generations are struggling (1). Promoting mental health must therefore be a key objective of any health policy.

In the discussion of mental health, it is important to avoid conceptual confusion for the sake of clarity. Mental health is an umbrella term, encompassing mental wellbeing (a.k.a. positive mental health), mental health problems and mental disorders. For conceptual clarity, it needs to be kept in mind that most mental health problems, such as the presence of various common anxieties, mood symptoms or insomnia, do not necessarily fulfil the diagnostic criteria for a mental disorder. Consequently, an increase in mental health problems does not necessarily translate into an increase in mental disorders.

Several Finnish studies show an increase in mental health problems. The Finnish Institute for Health and Welfare's (THL) Healthy Finland Survey 2022-2023 study showed that psychological distress remains high in the population even after the coronavirus pandemic (2). The proportion of working-age Finns experiencing significant mental stress had risen to one fifth and suicidal thoughts had become more common. Mental health problems were highest among young women with low education.

The national School Health Promotion survey 2023 with over 250,000 respondents aged 11-18 showed that more young people, especially girls, are experiencing anxiety and depression. In 2023, one third of girls reported moderate or severe anxiety. Anxiety had particularly increased among secondary school girls compared to previous school surveys (3). Preliminary results from 2025 indicate that the negative trend has prevailed (4).

The Finnish Government's Citizens' Pulse survey has regularly measured perceived stress since April 2020. The level

of stress has risen throughout the 2020's, peaking in February 2024 (5). The Citizens' Pulse also shows that stress levels are significantly higher in younger age groups.

The consequences of declining mental health are farreaching, as positive mental health is crucial for general health and predicts physical health and lower mortality (6). Similarly, various psychiatric conditions predict significant excess mortality (7).

However, it is not yet clear whether the increase in psychological distress has also led to an increase in the prevalence of mental disorders in Finland. A reliable prevalence assessment requires health surveys and psychiatric interviews in a representative population sample. Since THL's Health 2011 survey, which was conducted in 2011-2012, representative psychiatric interview data have not been collected. However, several proxy measures indicate that the prevalence of various psychiatric conditions has increased. For example, according to the national health insurer Kela, sick leave of at least 10 days due to psychiatric conditions has increased significantly during the last 10 years (8), and the use of antidepressants has multiplied since 2000 (9). The number of young people prescribed medication for attention deficit hyperactivity disorder (ADHD) has also increased many times over since 2015 (10). Since the corona pandemic, more and more minors in Finland have received a new psychiatric diagnosis: the number of diagnoses increased by 20 per cent after 2020, with a 33 per cent increase among girls. Eating disorders were the diagnosis group that increased the most (11).

EARLY PROMOTION OF MENTAL HEALTH

Action is now needed to reverse the negative trends in mental health. Mental health foundations are established in childhood, making it crucial to focus on promotion and prevention efforts for children and young people. Epidemiological research has shown that half of all mental disorders present before the age of 15 (12).

Intergenerational transmission of psychiatric conditions is high but can be prevented through evidence-based interventions (13). Prevention of intergenerational transmission is crucial to reverse the negative trends in mental health.

Research shows that interventions in childhood have significant potential to prevent ill health in adulthood. Adult health is currently threatened not only by childhood obesity and low levels of physical activity, for example, but also by various adverse childhood events (ACEs). Genetic research has highlighted the importance of childhood environmental factors in the expression of gene effects (14). The focus of research lies therefore once again on environmental effects, and the term ACE has been coined to describe events that pose a risk to long-term mental health in particular. The focus of population-level mental health promotion has therefore shifted from the individual to the strengthening of environmental protective factors and prevention of ACEs.

A concrete example of the interaction between the environment and mental disorders and the need for mental health promotion actions is the surge of attention deficit hyperactivity disorder (ADHD) diagnoses. A new Finnish school curriculum strongly emphasising self-direction, new school architecture without classrooms, and increased screen time with snappy social media have combined to cause an explosive increase in ADHD diagnoses among boys in particular. More than 10 per cent of boys aged 10-12 were prescribed ADHD medication in 2023, a threefold increase since 2015 (15). When young people's everyday environment does not support concentration and attention, the medicalization of the phenomenon can lead to a focus on the individual's problems rather than on interventions that address the underlying environmental factors that are the root cause.

Parental support in the early years of a child's life is crucial to minimize ACEs and create a strong foundation for the child's mental health and resilience. In particular, maternity and child health clinics, school health services and student welfare services have important roles to play in promoting mental health, including supporting early interaction between children and parents. Socio-emotional skills, sense of security and daily living skills can be strengthened from an early age.

Finland is currently experiencing a period with high unemployment, austerity measures and economic hardship in many families. Accumulated evidence from economic crises shows that social support measures for families and active labour market programmes can prevent or mitigate the negative effects of economic recession on mental health (16).

Poverty and unemployment in the family, or parental mental health problems including harmful substance use, can drain parental resources and reduce the ability to provide a diverse and stimulating home environment for the child. To support parenting in vulnerable families, several interventions have been developed in order to support children's mental wellbeing, prevent their mental health problems and break the intergenerational nature of the problems. Evidence-based programmes suitable for the Finnish environment can be found in the Early Intervention database, run by the Itla Foundation (itla.fi/en/early-intervention).

If the child exhibits behavioural problems, there is strong documented effect of parental support from the parenting group model The Incredible Years and the digital parenting training programme Voimaperheet, developed at University of Turku. In vulnerable families, where parents have problems, the Family Talk intervention has a reasonable amount of documented evidence of effectiveness (17). The International Child Development Programme (ICDP) is a group intervention to strengthen caregiver responsiveness to the child and has a reasonable amount of documented evidence of effectiveness.

Early interventions to promote mental health are highly cost-effective. Nobel Laureate James Heckman has shown that investing in the wellbeing of vulnerable children is the most profitable investment a society can make (18).

School bullying is a significant ACE factor that precedes mental health problems. There is strong evidence of a causal relationship between bullying and mental illness (19). Interventions to prevent bullying and create a safe environment for children and young people are therefore an important part of mental health work. The KiVa anti-bullying programme has strong documentation of proven effectiveness (20). According to the 2023 School Health Promotion Study, bullying, violence and harassment are still common phenomena. Almost one in ten pupils in grades 1-6 and grades 7-9 in primary schools reported being bullied every week by other pupils (3). The continued high prevalence of school bullying and other school violence reported by students suggests that the implementation of antibullying programmes needs to be strengthened in schools.

Programmes that strengthen children and young people's socio-emotional skills have been shown to improve both learning and psychological wellbeing (21) (22). Encouragingly, many municipalities in Finland have introduced various programmes to strengthen children's emotional and communication skills in early childhood and basic education. Evidence suggests that teacher training and parental and management involvement

are important components of the effectiveness of such school programmes.

PROMOTING MENTAL HEALTH IN ADULTHOOD

Anxiety and depressive disorders account for an increasing proportion of sick leaves (8), with mental disorders accounting for one in three days of sickness benefit in Finland. One contributing factor is the shift from manual labour to more complex tasks, which has increased psychosocial strain in working life. Different types of psychosocial strain, such as workplace bullying, high job demands and low control over work, unequal treatment and job insecurity have been shown to be associated with increased prevalence of mental health conditions (23).

Interventions to strengthen workers' mental health can be done both at the individual level and at the workplace level. At the individual level, strengthening skills in managing work-related stress and training in mindfulness have yielded good results (24). Creating supportive work environments with flexible but controlled working hours, good opportunities for self-realization and learning, and good management practices can reduce psychosocial strain and improve workers' mental wellbeing (25).

Alcohol policy is a key element in the promotion of mental health. The negative impact of alcohol on mental health is both direct and intergenerational. Binge drinking and alcohol problems are negatively correlated with mental health in Finland (26). Research shows that restrictions on access to alcohol have a positive public health impact. Access to outlets is positively correlated with alcohol consumption (27). In Finland, harmful use of alcohol is a significant background factor in both psychiatric conditions and suicide. In Finland, at least 80,000 children live in families where both parents or one parent has an alcohol or drug problem (28), and these children are at increased risk of mental disorders in adulthood.

Mental health literacy supports the mental wellbeing of individuals. Mental health first aid training can increase public awareness and reduce stigma around mental health problems (29). Targeted campaigns to promote public mental health have been shown to have positive effects. The ABC (Act, Belong, Commit) programme, implemented in Denmark and elsewhere, has been shown to reduce stigma around mental illness, prevent psychiatric conditions, reduce healthcare costs and increase mental wellbeing (30).

Health, income level and social role are associated with older adults' mental wellbeing (35). Social interactions and

participation in community activities are crucial for older adults' mental health. Interventions that promote social engagement can improve quality of life and reduce symptoms of depression.

Mental health is also promoted by whole health interventions. Social capital and healthy lifestyles favour both physical and mental health. Peer connections and support networks are part of an individual's social capital. Strong social capital is linked to mental and physical health and low mortality (31). Even small increases in physical activity can have positive effects on mental wellbeing.

MENTAL HEALTH IN ALL POLICIES

There is strong evidence that many early interventions to promote mental health are highly cost-effective. In practice, such interventions remain under-implemented, despite the fact that investing in the mental wellbeing of children and parents yields high returns for society. The wellbeing economy remains an overlooked area in spite of plentiful opportunities to strengthen the national economy.

Promoting mental health requires action in many sectors of society. Mental health needs wellbeing-oriented policies across the government. Decisions in different sectors have an impact on people's mental health, and ex ante assessments of possible mental health impacts should be carried out to a much greater extent than at present (32). For example, urban planning that promotes social interaction and access to green spaces can improve the mental health of residents. Abandoned urban spaces, like the Lapinlahti former mental hospital area in Helsinki, can be transformed to community spaces that support mental health through inclusion, participation, arts and nature (33).

There is a need for better implementation of evidence-based mental health promotion strategies. Policy makers, whose time horizon is often no longer than the electoral term, may find it difficult to invest in long-term interventions at community level, such as supporting family interactions and ensuring safe childhood environments, even if the measures are highly cost-effective in the long run. Both the human and societal perspectives argue in favour of intensified efforts to promote mental health and prevent mental health problems. Research has given us effective tools that are waiting to be put into practice.

Author

Kristian Wahlbeck, M.D., Ph.D. Research Professor Emeritus, Finnish Institute for Health and Welfare (THL)

E-mail: kristian.wahlbeck@gmail.com

References:

- 1. Thiagarajan T, Newson J. Mental state of the world in 2024. Washington DC: Sapien Labs; 2025.
- 2. Työikäisten psyykkinen kuormittuneisuus ja itsemurha-ajatukset ovat lisääntyneet samaan aikaan lääkärille on yhä vaikeampi päästä. [Online].; 2023 [cited 2025 7 4]. Available from: https://thl.fi/-/tyoikaisten-psyykkinen-kuormittuneisuus-ja-itsemurha-ajatukset-ovat-lisaantyneet-samaan-aikaan-laakarille-on-yha-vaikeampi-paasta.
- 3. Helenius J, Kivimäki H. Well-being of children and young people School Health Promotion study 2023. Statistical Report 50/2023. Helsinki: Finnish Institute for Health and Welfare (THL); 2023.
- 4. Finnish Institute for Health and Welfare (THL). THL:n Kouluterveyskysely: Aiempaa useampi 8.–9.-luokkalainen kokee terveydentilansa hyväksi. [Online].; 2025 [cited 2025 7 7]. Available from: https://thl.fi/-/thl-n-kouluterveyskysely-aiempaa-useampi-8.-9.-luokkalainen-kokee-terveydentilansa-hyvaksi.
- 5. Valtionkonttori. Kansalaispulssi. [Online].; 2024 [cited 2025 7 4]. Available from: https://valtioneuvosto.fi/kansalaispulssi.
- 6. Keyes C, Simoes E. To flourish or not: positive mental health and all-cause mortality. Am J Public Health. 2012; 102(2): 2164-72.
- 7. Wahlbeck K, Westman J, Nordentoft M, Gissler M, Munk Laursen T. Outcomes of Nordic mental health systems: life expectancy of patients with mental disorders. British Journal of Psychiatry. 2011; 199(6): 453-8.
- 8. Kela. Mielenterveysperusteisten sairauspoissaolojen kasvu pysähtyi vuonna 2024. [Online].; 2025 [cited 2025 7 4]. Available from: https://www.kela.fi/tietotarjotin/1163700-mielenterveysperusteisten-sairauspoissaolojen-kasvu-pys%C3%A4htyi-vuonna-2024.
- 9. Kela. Kulutustietoa lääkkeistä. [Online].; 2025 [cited 2025 7 4]. Available from: https://laaketieto.kela.fi/.
- 10. Vuori M, Paavilainen M, Vuorenmaa M, Tuovinen E, Aalto-Setälä T. Lasten ja nuorten ADHD-diagnoosien yleisyys 2023. Tilastoraportti 4/2025. Helsinki: Finnish Institute for Health and Welfare (THL); 2025.
- 11. Gyllenberg D, Bastola K, Yunus W, Mishina K, Liukko E, Kääriälä A, et al. Comparison of new psychiatric diagnoses among Finnish children and adolescents before and during the COVID19-pandemic: A nationwide register-based study. PLoS Medicine. 2023; 20(2): e1004072.
- 12. Kessler R, Berglund P, Demler O. Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry. 2005; 62(6): 593-602.
- 13. Siegenthaler E, Munder T, Egger M. Effect of Preventive Interventions in Mentally Ill Parents on the Mental Health of the Offspring: Systematic Review and Meta-Analysis. Journal of the American Academy of Child & Adolescent Psychiatry. 2012; 51(1): 8-17.
- 14. Sameroff A. A unified theory of development: a dialectic integration of nature and nurture. Child Dev. 2010; 816-22.
- 15. Vuori M, Ruokoniemi P, Aalto-Setälä T. ADHD-lääkehoidon aloittaminen on 6–8-vuotiailla pojilla huomattavan yleistä, vaikka kasvutrendi näyttää taittuneen. [Online].; 2025 [cited 2025 7 4]. Available from: https://tietotarjotin.fi/tutkimusblogi/1191279/adhd-laakehoidon-aloittaminen-on-6-8-vuotiailla-pojilla-huomattavan-yleista-vaikka-kasvutrendi-nayttaa-taittuneen.
- 16. Wahlbeck K, Mcdaid D. Actions to alleviate the mental health impact of the economic crisis. World Psychiatry. 2012; 11: 139-145.

- 17. Heikkilä L, Merikukka M, Hinkka-Yli-Salomäki S, Kurki M. Lapset puheeksi -perheinterventio (Family Talk Intervention). Kasvun tuki aikakauslehti. 2022;(2): 63-88.
- 18. Heckman JJ. Skill Formation and the Economics of Investing in Disadvantaged Children. Science. 2006; 312: 1900-1902.
- 19. Moore SE, Norman RE, Suetani S, Thomas HJ, Sly PD, Scott JG. Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. World J Psychiatry. 2017; 7(1): 60-76.
- 20. Itla Early Intervention. KiVa anti-bullying program. [Online].; 2020 [cited 2025 7 4]. Available from: https://itla.fi/en/interventions/kiva/.
- 21. Corcoran RP, Cheung ACK, Kim E, Xie C. Effective universal school-based social and emotional learning programs for improving academic achievement: A systematic review and meta-analysis of 50 years of research. Educational Research Review. 2018; 25: 56-72.
- 22. Cipriano C, Strambler MJ, Naples LH. The state of evidence for social and emotional learning: A contemporary meta-analysis of universal school-based SEL interventions. Child Dev. 2023; 94(5): 1181-1204.
- 23. Rugulies R, Aust B, Greiner BA, Arensman E, Kawakami M, Madsen IE. Work-related causes of mental health conditions and interventions for their improvement in workplaces. The Lancet. 2023; 402: 1368-81.
- 24. Hofmann SG, Gómez AF. Mindfulness-based interventions for anxiety and depression. Psychiatric Clinics of North America. 2017; 40(4): 739-49.
- 25. Aust B, Leduc C, Cresswell-Smith J, O'Brien C, Rugulies R, Leduc M, et al. The effects of different types of organisational workplace mental health interventions on mental health and wellbeing in healthcare workers: a systematic review. International Archives of Occupational and Environmental Health. 2024; 97: 485-522.
- 26. Mäkelä P, Raitasalo K, Wahlbeck K. Mental health and alcohol use: a cross-sectional study of the Finnish general population. European Journal of Public Health. 2015; 25(2).
- 27. Pereira G, Wood L, Foster S, Haggar F. Access to alcohol outlets, alcohol consumption and mental health. PLoS ONE. 2013; 8(1): e53461.
- 28. Raitasalo K. Miten yleisiä perheiden päihdeongelmat ovat? Tutkimuksesta tiiviisti 23/2024. Helsinki: Finnish Institute for Health and Welfare (THL); 2024.
- 29. Richardson R, Dale HE, Robertson L, Meader N, Wellby G, McMillan D, et al. Mental Health First Aid as a tool for improving mental health and well-being. Cochrane Database of Systematic Reviews. 2023;(8): Art. No.: CD013127.
- 30. Donovan RJ, Koushede VJ, Drane CF, Hinrichsen C, Anwar-McHenry J, Nielsen L, et al. Twenty-one reasons for implementing the Act-Belong-Commit—'ABCs of Mental Health' campaign. Int. J. Environ. Res. Public Health. 2021; 18(21): 11095.
- 31. Nyqvist F, Pape B, Forsman A, Pellfolk T, Wahlbeck K. Structural and cognitive aspects of social capital and all-cause mortality. Social Indicators Research. 2014; 116(2): 545-566.
- 32. Cresswell-Smith J, Kauppinen T, Laaksoharju T, Rotko T, Solin P, Suvisaari J, et al. Mental health and mental wellbeing impact assessment frameworks A systematic review. Int. J. Environ. Res. Public Health. 2022; 19(21): 13985.
- 33. Cresswell-Smith J, Mäkikärki N, Appelqvist-Schmidlechner K, Wahlbeck K. Finding the right words: Articulating the value of mental health promotion. A focus group study. Journal of Community Psychology. 2022; 50(7): 2857-2874.
- 34. Stewart-Brown S, Schrader-Mcmillan A. Parenting for mental health: what does the evidence say we need to do? Health Promotion International. 2011; 26(Suppl 1): i20-i28.