Regional Workshop on Promotion of Mental Well-Being

Report of the Workshop
Colombo, 6 – 9 October 2009

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1. Introduction and objectives of workshop

1.1 Introduction

WHO defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". WHO has made substantial progress in addressing mental illnesses in the past several decades. In this context, WHO's efforts to address mental illnesses in the South-East Asia Region focuses on strengthening the primary health care system to deliver essential mental health care. But promotion of mental well-being is distinct from programmes on mental illness. Whereas mental illness affects certain individuals, every person in the community benefits from effective programmes on promotion of mental well-being.

Though WHO's definition of health clearly emphasizes well-being, the concept of well-being, including mental well-being, has not been operationalized widely as a public health strategy. To address this, a step-wise process for development of programmes on promotion of mental well-being has been initiated by the Mental Health and Substance Abuse Unit in WHO's Regional Office for South-East Asia.

The first step was a meeting of experts working in the sphere of mental-well being held in the Regional Office in December 2008, to gain clarity about the concepts and identify issues that need to be addressed in further development of the programme. The second step was a similar meeting with the participation of other technical units and staff in SEARO interested in the subject. This was held in January 2009. The third was a meeting of experts from select Member States to discuss operationalization of the concepts of mental well-being, held in June 2009 in Jakarta.

At these expert meetings several models for the promotion of mental well-being which can be implemented in the Region through individual, family, group and community approaches, supported by healthy public policies were identified. The regional workshop held in Colombo in October 2009 was the next and the most important step of this process.

The four-day workshop was attended by over 100 participants from a diverse range of disciplines including anthropology, sociology, music and arts, spirituality, public health, psychology and psychiatry, health promotion, education and national planning. They discussed various aspects of promotion of mental well-being and recommended ways of moving forward.

1.2 Objectives of the workshop

The general objective was to promote mental well-being through multi-disciplinary approaches.

The specific objectives were:

(1) Introduce the concept of mental well-being.

(2) Share regional experiences on promotion of mental well-being.

(3) Explore and identify the potential for multi-disciplinary approaches to promote mental well-being.

2. Inauguration

The workshop was inaugurated by H.E. Mr Nimal Siripala De Silva, Minister of Healthcare and Nutrition, Sri Lanka.

A message from Dr Samlee Plianbangchang, Regional Director, South-East Asia Region was read out by Dr. Firdosi Rustom Mehta, the WHO Representative to Sri Lanka. The full text of this message is attached in Annex A.

In his inaugural address H.E. Mr Nimal Siripala de Silva emphasized the uniqueness of this meeting where participants from diverse sectors such as anthropology, sociology, the media, spirituality, civil society and health had gathered to address promotion of mental well-being. He also emphasized the importance of addressing the social determinants that have an impact on mental well being. The minister also described how addressing the determinants of health such as education and social welfare had contributed to improving health of the citizens of Sri Lanka. The concept of mental well-being was similar to the concept of social

determinants. Therefore this was a landmark event. He suggested that it was now time to move from mental illness to mental well-being. Although science and technology has swept through the west, the east had always been more philosophically developed. He also emphasized the need for proper measures to be developed to promote mental well-being through such forums.

H. H. Sri Sri Ravi Shankar delivered a keynote address and conducted a practical session on meditation for the relaxation of the mind, which are summarized in section 9.

Dr Vijay Chandra, Regional Adviser Mental Health and Substance Abuse, WHO/SEARO, proposed the vote of thanks.

3. Nomination of chair, co-chair and rapporteur

Prof. Dipankar Gupta, former Professor of Social Anthropology, Jawaharlal Nehru University, New Delhi was nominated the Chairperson and Professor Diyanath Samarasinghe, Professor of Psychological Medicine, University of Colombo was nominated Co-chairperson. Dr. (Mrs.) Amporn Benjaponpitak, Director, Bureau of Mental Health Technical Development, Ministry of Public Health, Thailand was nominated Rapporteur.

4. Introduction to mental well-being

4.1 Background to the programme for the promotion of mental well-being

Dr Vijay Chandra, SEARO explained the background and objectives of the meeting. He stated that in the years since its establishment WHO had addressed important causes of morbidity and mortality. WHO also focused on health promotion and prevention of diseases. These programmes had made excellent progress, but now SEARO is advocating a new approach to promote the well-being of individuals. There are very few policies and programmes attempting to improve well-being. It is a new and challenging subject and this workshop was therefore extremely important to clarify the concepts of mental well-being and the way forward. The steps that lead to

this workshop, namely the meetings of experts held in New Delhi and Jakarta and the objectives of the meeting (specified in section 1) were described.

The concept of well-being (including mental well-being), even though included in the original WHO definition of health, has not been implemented as a public health strategy. This initiative by SEARO was meant to address this issue, he added.

In programmes on promotion of mental well-being, the concept of "primordial prevention" should be used. In 1978, Strasser coined the term "primordial prevention" to mean activities that prevented the penetration of risk factors into populations. The basic idea is to intervene in order to stop the appearance of risk factors in the population. For example, stress management at the workplace may be considered as a strategy for primary prevention of executive burn-out, but programmes to prevent stress from occurring would be considered primordial prevention of executive burn-out.

4.2 Concepts of promotion of mental well-being

In his presentation, Dr. Sajeeva Ranaweera explained that there are many concepts relating to mental well-being described by diverse individuals and groups including WHO. Some examples are quality of life, salutogenic approach to health and the concept of social capital. Social, physical, economic, structural and other determinants of mental well-being have also been described. Some examples are social practices, access to social developmental resources such as education and health, employment status and housing. The levels at which mental well-being could be addressed can be the individual, family, group, community and national / supranational.

The global partnerships and initiatives that can be harnessed to improve mental well-being include the recommendations of the WHO Commission on Social Determinants of Health, the Ottawa and Bangkok Charters for Health Promotion and the objectives of the Millennium Development Goals. Population-level measures of well-being such as the Gross National Happiness Index of Bhutan and individual level instruments such as the Rhyffs Scales are two examples applied at national and individual levels. The methods of assessment and the levels and types of evidence required to operationalize programmes on mental well-being are

different from traditional "trial" and "research" models. At programme level the evaluations should depend more on qualitative indicators. Current initiatives for improving mental well-being include programmes to improve social capital, early childhood interventions, addressing violence, addressing harm from drug and alcohol use and programmes to improve economic empowerment.

The contents of this presentation are further elaborated in the background paper entitled "Concepts of Mental Well-Being" distributed at the workshop.

5. Promoting mental well-being through healthy public policy

Gross National Happiness

Mr Karma Tshiteem in his presentation said that the Gross National Happiness (GNH) Commission, which was the former Planning Commission of Bhutan, has wide-ranging powers to allocate resources to sectors. Therefore, the concept of GNH is being operationalized at the highest levels of government. Currently, the Commission is involved in finalizing the measurement of GNH, carrying out measurements and feeding the findings into the policy making process.

Gross National Happiness has many parameters. These include psychological well-being, community vitality, ecology, time use, cultural diversity, good governance, standards of living, education and health. There are currently 82 indicators. A method of obtaining a single and composite national GNH score will be developed, taking into account all these indicators.

For example, the "psychological well-being index" has many measurements to cover emotional balance and spiritual well-being. These include stress, compassion, calmness, jealousy and frequency of meditation and prayer. Cultural indicators include the ability to speak the first language and knowledge of folktales. "Time use" indicators measure time spent with friends and time free from labour. The "government performance" indicators measure creation of jobs, reducing income gaps, provision of

electricity and improvement of health services in addition to measuring the perceived levels of corruption of government agencies.

The "community vitality" indicators measure the closeness and cohesiveness of communities and family relationships. "Living standard" measures include incomes, house ownership and food security. "Ecological indicators" measure pollution, planting of trees and methods of waste disposal.

In addition, a "policy screening instrument" that will measure the impact any proposed policy will have on GNH, has been developed. As an example, the process of assessing the impact of Bhutan joining the World Trade Organization (WTO) on GNH was described. The perceived impact of such an action on aspects such as free time available and individual and community well-being was measured, in addition to the perceived economic benefits. When findings related to all the indicators were pooled, this survey showed that joining WTO will have a negative impact on GNH.

Once the composite GNH is finalized, the government will make it public and carry out national level measurements every two years.

6. Promoting mental well-being through family and community

6.1 Strengthening families to improve community mental well-being

Mrs Subhawadee Harnmethee in her presentation explained that this approach improves community well-being through the family. Eastern culture encourages family values and stresses the importance of the family. Families and communities are closely connected to each other. Therefore, programmes addressing family and community cannot be developed separately from each other.

This approach uses "insiders" of families and communities as the change agents. "Outsiders" are used as catalysts and supporters. The basis of the approach is learning. Learning is the most effective way of improving one's quality of life, building resilience and improving mental well-being.

Participatory learning is one of the most powerful ways of learning, starting from sharing experiences, analyzing one's own situation, moving to synthesis and conceptualization, finally leading to defining solutions by the family itself. It encourages people to understand their own problems and seek solutions**.** It is made to be an easy and happy experience. Learning is encouraged through community forums, community research, cultural, religious and other issues, meditation and the media. This learning experience is aimed at self-realization, empathy for other people, developing resilience and improving mental well-being.

The concepts that are included are the circumstances that affect families, family values, virtue, principles and relations, life development at every stage - children, teenagers, the elderly and the ways communities support families. The process of change is considered to be more than just end-points.

There were many beneficial outcomes of this approach in the programme implemented in the Lampang province. At the individual level, outcomes such as reduction in smoking, alcohol use, stress, violence, more care and understanding for the elderly were seen. At the family level, spending more time with families, diminishing of conflicts and happier relationships were seen. At the community level, some of the outcomes included reduced sale of alcohol, increased unity, improved safety and improved child friendliness. At the policy level, local administration organizations became involved and budgets were made available to improve quality of life.

6.2 Community mobilization to improve mental well-being

Dr Neil Fernando said that the community is an important and vital setting for programmes on mental well-being to be implemented. A community basically comprises of three components: consumers of services, carers (family members) and community level workers (volunteers). With appropriate mobilization it is possible to change a community from being a passive recipient to an active provider in relation to health care services. Communities have the right and duty to participate individually and collectively in the planning, implementation and evaluation of health care programmes. This project was implemented in the southern province in Sri Lanka through Basic Needs, an international NGO.

The Basic Needs programme starts with a group discussion with the community to identify the needs, prioritize the needs and develop a plan. Thereafter, a village mental well-being committee is formed. Next, activities such as developing animation skills and training on sustainable livelihoods, and income generation are conducted. In addition, the community is encouraged to identify those having mental illnesses and provide necessary help. Consumer action is also organized where stigma and discrimination is addressed through interactive drama.

Participatory learning is the basis on which all activities take place. Participatory action research methodology is used to develop indicators, measure outcome and to monitor and share the progress. The results are used to change the programme as and when needed.

This model has shown that a community, once properly organized, is able to address needs relating to mental well-being. In addition to initiating the process of improving well-being, other determinants of well-being such as income generation were also addressed in the programme through community participation. Overall, the model yielded good results and community mental well-being improved.

7. Promoting mental well-being through settings approach

7.1 Promoting mental well-being at workplaces

Mr. Ashok Anantram in his presentation said that service industries are increasingly contributing to GDP, wealth creation and employment. These cover a wide range of industries including hospitality, health care, IT/ITES, insurance, utilities, etc. The key characteristics are that services are performed and "goods" produced with people being an integral part of service delivery, production and consumption are simultaneous and there is no shelf life. People quality is the only sustainable differentiator in service organizations. Levels of happiness and state of mind directly impact service quality.

There is a need for creative solutions to issues arising out of situations such as long work hours, shifts and absence from home, changes in

management style and work culture and fears arising out of new expectations. Other related issues are inability to cope, loss of self worth and insecurity due to job loss, breaking up of existing social, informal groups, challenges created by working with people from different social and cultural milieus and fear of obsolescence.

Some examples of organizational interventions to address these issues are modifying selection processes to reduce mismatch between requirement and employee suitability, institution of transparent appraisal systems as a development and career planning tool rather than only reward and punishment, compensation packages with flexibility to reward competence while not eroding real incomes, training and re-training, job combinations, job enrichment, encouraging social networking outside of work, internal and external audits to evaluate levels of employee satisfaction and encouraging self-study and sabbaticals.

In conclusion, major changes in the global environment have impacted the way we work and live. Such transformations have provided tremendous opportunities and insecurities at the same time. Understanding and working on concepts of mental well-being and quality of life from a work-perspective may be the difference between success and failure.

7.2 Promotion of mental well-being in school settings

Prof. Diyanath Samarasinghe said that the objective of this project was to use schools as a setting for implementing activities to improve mental well-being. This intervention was carried out in 124 schools in the north-western province of Sri Lanka. The methodology consisted of creating forums for groups of teachers and students to discuss issues related to their mental well-being and generating a dialogue by sharing ideas on what people mean by mental well-being and factors that influence it (i.e. determinants). This was followed by creating an interest in addressing these determinants and measuring the resulting changes. Efforts were made to enable teachers and students to use the information from assessments of progress to guide the process further and to spread success to the wider community through the families of students.

The processes of change took some time to initiate, but once they began they ran mostly on their own initiative, with little external inputs required to sustain the programme. Initially there was apathy but with

continued discussion people began to take an interest in the idea that they could influence the school milieu to improve well-being of all its members. A guiding theme was to change the school in a direction that would make it a happier setting for all.

'Technical' improvements in the content of their discussion included greater ability to recognize determinants and measure changes in these parameters. Important determinants included the 'student culture' and 'culture among the staff'. Students learned to recognize who mostly controlled opinion among them and began to influence them to change the culture towards a 'better' setting (e.g., discouraging bullying, reducing victimization and labeling etc.). Similar changes were initiated by teachers to influence their milieu.

The use of subjective indicators demonstrated clear improvements in reported well-being by the vast majority of students and teachers. Associated changes noticed included reductions in absenteeism, improved punctuality, better academic performance, higher enrolment, less disciplinary problems and a dramatic reduction in punishments. In a few instances, there was an improvement in reported well-being amongst families of students too.

Some of the lessons learnt were as follows. Starting with a 'well-being improvement' entry led to spin-off benefits in reduced 'problems'. Improvement of well-being was achieved by people without a prior definition of well-being being provided. The concept was clarified and refined through the process itself. Much of the progress was achieved by addressing negative influences by a previously dominant minority.

There are some lessons to learn from what was seen in the schools. The most important among these is that improved well-being is more efficiently achieved through a 'community' approach than through an individually-focused one. Secondly, that intervention must keep a public health perspective in mind too. Thus 'spirituality' must have meaning for the wider public and not be an exercise for a select few, who may be relatively well-off and middle aged. Thirdly, interventions must have some basis so that they can be put to the test more easily.

7.3 Promoting mental well-being through community resilience

Dr. S. Sivathas said that this presentation is related to the experiences in improving community resilience of those displaced by war in the Northern Province of Sri Lanka.

Complex emergency situations affect human beings physically, mentally, socially and existentially. Those that are uprooted from their homes and communities suffer from external losses such as homes, schools, temples. They also experience internal loss - identity, dignity and ideology. Trauma is a situation that goes beyond an ordinary experience and is a stressful event. It impacts on sense and reality, autonomy, feelings and thinking.

The consequences of traumatic displacement which are apparent are lack of self-worth and respect, distrust in others, helplessness, loneliness and lack of continuity. When outsiders try to intervene in such populations what is normally sought is data, plans, evidence, evaluations, funds, credit, studies and news. What the community really requires is hope, trust, support, dignity, future and space (physically and ideologically).

Help to Heal is a holistic approach to body, mind and soul seen in a social setting. It aims to make people feel and function better, strengthen the weaker or vulnerable, build social networks and promote peace and reconciliation. It is based on the clusters of characteristics that promote resilience. The first is improving innate and learned skills such as independence, social ability, feeling of being valuable, and creative. The second is improving family relationships around the person. The third is strengthening the people-related and supportive social network. The provision of a healing environment where shattered lives are healed is the main thrust. Practical operationalization of these concepts such as community gatherings, children's events, family tracing and meeting, celebration of cultural and religious festivals as well as individually-oriented activities and clinical referral where indicated are being implemented.

7.4 Improving mental well-being in "deprived" communities

Dr. Sajeeva Ranaweera explained that interventions to improve community well-being have been undertaken in several locations in Sri Lanka. Through

these interventions it has been seen that cost-effective approaches to improve mental well-being of communities are feasible and practicable. They were carried out in two different settings: in urban slum areas in the western province and in selected rural communities in the southern province. These interventions were based on a participatory, outcome-based approach.

The community members were involved in deciding what they wanted their community to be, or the "ideal" state, in their opinion. In consultation with the community, the factors hindering achieving this state were identified. Thereafter, the community itself discussed and deliberated what should be done to address these determinants. Most of the determinants identified related to the following technical areas: well-being of children; violence including domestic violence; empowerment of women; harm relating to drugs and alcohol; media literacy; and mental health literacy.

The outcomes and impacts reported by the communities following the interventions included reduced fighting during festive periods, improved participation in community activities, women feeling safer and more comfortable, children becoming happier, confident and more outgoing, decreasing intra-family conflicts and decreased use of tobacco, and other drugs.

Entry into communities was mainly through child-centered activities. The activities relating to the intervention included preparation of a social map, discussions with key persons, formation of linkages with other government and non-governmental agencies working in these locations, informal discussions with community members and groups and house visits. Participatory evaluation was used to assess the processes, outcomes and impacts.

8. Promoting mental well-being through individual approaches

8.1 Spirituality and mental well-being

Dr. Avdesh Sharma, in his presentation said that a person may have mental well-being despite physical ill health, disability or social deprivations and disturbances. Spirituality is the dimension of a person that seeks to find meaning in his or her life. It is also the quality that supports connection to and relationship with the sacred as well as each other.

Spirituality at individual level (also applicable to group level) can be following certain practices, ways of being, thinking, emoting specially as part of life skills education - living life skillfully. It can also be serving others.

The concept of spirituality has individual and cultural perspectives. Traditional spiritual methods of improving mental well-being such as postures, breath control and meditation are being practiced in this Region. Psycho-spiritual techniques of improving mental well-being include mindfulness, yoga, tai-chi and Sufism. There is now increasing 'scientifically validated' evidence of various levels from case studies to randomized double blind placebo controlled trials for some techniques. The largest body of evidence mostly from western countries, specially the USA and also from India has been on types of meditation including mindfulness. Yoga and Tai Chi have also been studied quite extensively.

Individual strategies can be applied at group or societal level especially with the advancements in technology. These must be started at an early stage in life including in schools and practiced as a way of life. Efforts can be made for acceptance by advocacy through policy makers, health professionals, utilizing agencies, media and spiritual organizations without religious connotations. Cost-effective, culturally acceptable, and easily available methods can be utilized with built-in systems of evaluations.

8.2 Prevention of illness through yoga

Professor Subhash Manchanda said that yoga is a way of life, consisting of physical, mental, emotional and spiritual components. It is not just a series

of exercises as commonly believed. Several studies suggest that yoga is beneficial in controlling risk factors for coronary artery disease such as hypertension, obesity, dyslipidemia, mental stress and diabetes mellitus. According to scientific studies, yoga may retard the progression of atherosclerotic cardiovascular disease or even regress it. Yoga has no side effects and is cost effective. Therefore, it is recommended to project yoga as a healthy and holistic technique for promoting physical and mental well-being and prevention of heart disease and other lifestyle related diseases. Different schools of yoga should be involved throughout the world to impart training to the community especially in educational institutions and to executives for stress management and incorporate this mind-body technique in prevention programmes related to cardiovascular diseases.

9 Keynote addresses and practical demonstrations

Day 1

Keynote address: H.H. Sri Sri Ravi Shankar, Founder, Art of Living

In his address, H.H. Sri Sri Ravi Shankar traced the concept of mental well-being back to 5000 years. The importance of keeping the "container of knowledge", the mind, clean and to continue to keeping it clean was stressed. It was stated that promotion of spirituality was a way of improving well-being in large populations. A happy and meditative mind was specified as one of four sources of energy – the others being food, sleep and breathing.

A practical demonstration of relaxation through meditation was conducted by H. H. Sri Sri Ravi Shankar following the keynote address.

Day 2

Keynote address: Sister Jayanti Murli Kirpalani, Brahma Kumaris, International Headquarters

Sister Jayanti outlined the history of the Brahma Kumaris movement and described its philosophy of empowerment through education and spiritual enhancement, She explained how the work is carried out in their

educational institutions and the hospitals, all activities being free of charge. One of the most important features of the movement was that most of its work is carried out by women, although the movement was founded by a man.

Sister Jayanthi and Sister Diane Tillman carried out a practical demonstration of Rajayoga meditation aimed at calming and focusing the mind, allowing it to improve its functions.

Day 3

Keynote address: Professor Sumanapala Galmangoda, University of Kelaniya, Sri Lanka

Professor Galmangoda described the traditional methods of promoting mental well-being which have been practiced in South-East Asia for centuries and are well accepted by the communities.

The mind plays an important role in molding human behaviour. But it is closely connected with the sense-faculties of the physical body viz. the eye, ear, nose, tongue, and skin. Data gathered through the senses are processed by mental activities and they are transformed into sensations and perceptions. Perceptions or memories become dispositions as a result of repeated reflection over them. The totality of senses, sensations, reflections and dispositions represents the notions of self, personality (I-ness) and all other concepts of identification of oneself. This psychological evolution is based on three kinds of impulses: craving which takes experiences as "mine" (my-ness), conceit which takes experiences as "I" (I-ness) and view, which takes experiences as "soul".

Any kind of meditational practice should be reflected in the above psychological process. In order to maintain mental well-being, the following aspects of human personality should be balanced properly: sense faculties (through moral training), sensations and perceptions through psychological training, concentration and dispositions and consciousness (through cognitive processes).

Practical demonstrations

Addressing mental problems using Ayurveda

Practical demonstrations of treating mental problems through Ayurveda were carried out by the ***Wickramarachchi Ayurveda*** Institute of Sri Lanka, a government institute which provides training and research development in the field of ***Ayurveda.*** This demonstration included methods of application of Ayurvedic medications.

Traditional methods used in Sri Lanka to promote mental well-being

A practical demonstration of traditional Sri Lankan cultural practices to address mental illness through dances and interaction with the community was conducted by the University of Kelaniya. The dances were performed and the basis of the practices described. The outcomes related to such practices on psychosomatic illness, family relationships and inter-personal interactions in the community were explained.

Vipassana meditation

The Dammakuta Vipassana Meditation Centre of Kandy, Sri Lanka conducted a session on meditation which included a description of the basics of Vipassana meditation and a practical demonstration.

Participatory learning

A practical demonstration on participatory learning to improve family resilience was conducted by Mrs. Subhawadee Harnmethee and Mr. Sandusit Deebugkam of Thailand. The delegates were taken through the steps of participatory learning, as it would practically be carried out in a community. This included activities related to group bonding, story telling, introspection, and sharing one's thoughts and feelings with others.

Day 4

Keynote Address: Mother Mae Chee Sansanee Sthirasuta, Founder of Sathira-Dhammasathan, Thailand

Mother Sansanee Sthirasuta described the concept of mindfulness and living in the present. She discussed the activities of her Foundation aimed at promoting mental well-being among individuals and promoting community well-being through better interpersonal relationships. The work carried out with children and adolescents was given special emphasis.

Mother Sansanee also carried out a practical demonstration using group bonding, relaxation methods and meditation.

Practical demonstration of yoga

Mr Sandeep Sharma conducted a session where the basis of yoga was outlined and simple yoga exercises were demonstrated,

Practical demonstrations in music

Use of sounds to promote mental well-being

The use of sounds for the promotion of mental well-being was described by Ms. Payal Bannerji (India). She also demonstrated use of language-neutral vocals and sounds generated from everyday objects to improve mental well-being.

Use of vocals and specially produced songs to improve mental well-being

Dr. Kapila Sooriyarachchi of the Health Education Bureau of the Ministry of Healthcare and Nutrition, Sri Lanka, conducted a video presentation of using vocalists singing specially produced songs to improve mental well-being, a project that is being carried out in Sri Lanka.

Use of classical music and instruments to promote mental well-being

Music teachers from the Universities of Kelaniya and Colombo demonstrated promotion of mental well-being performing select classical

Indian ragas using traditional North Indian musical instruments. They also described the history of using specific types of music to promote mental well-being.

Use of keyboard music to promote mental well-being

Mr Trirat Upthampohtiwat, Music Therapist, Department of Mental Health, Ministry of Public Health, Thailand, demonstrated the use of a keyboard to produce sounds to improve mental well-being.

10. Group work

10.1 Introduction and themes

The aim of the group work session was to discuss various themes and to make recommendations on the way forward. The participants were requested to join one of five groups, each of which had a different topic for discussion – given below. Three facilitators were selected for each group. The group selected one of them as a chair, another as moderator and the third as a rapporteur. Each group was given a guideline for the discussion. These guidelines are attached in Annex F.

Themes for group work

(1) Promoting mental well-being through social developmental policies .

(2) Promoting mental well-being in crises situations

(3) Promoting mental well-being in the community (individuals, families, community).

(4) Promoting mental well-being through the health sector.

(5) Promoting mental well-being in select settings and groups (to include schools, workplace, women, children out-of-school).

10.2 Group discussions and outcomes

Group 1: Promoting mental well-being through social developmental policies

Discussion points

- The topic of discussion should be modified from "mental well-being" to "human well-being" since the physical component is inseparable from the mental component where well-being is concerned. Mental well-being does not exist without physical well-being. Therefore, the concept of "human well-being" is proposed to signify a healthy body-mind relationship.
- One needs to be prepared to accept a certain amount of imperfection since well-being is only an ideal without an end.
- In operationalization of the concept and interventions, there should be some effort to be evidence-based. Issues such as measures of progress and measuring cost effectiveness of population-level strategies should be taken into account.
- The need for a country-specific well-being index was emphasized.
- Spirituality and religiosity should be clearly differentiated as two separate entities. Although most religions advocate spirituality, spirituality as is being discussed here is entirely unlinked from religion.
- Components of human well-being include individual as well as social level factors. In addition community participation is essential at all levels of policy development related to promotion of human well-being.
- Structural impediments to human well-being should be addressed through policies. Some examples are the need for a balanced urbanization policy, issues related to ecology, unemployment and under-employment, health centric employee policies, poverty, law enforcement, the need for democratization of space, social welfare mechanisms and the role of the media.

The recommendations are included in Annex F

Group 2: Promoting mental well-being in crises situations

Discussion points

The group considered diverse types of crises including natural disasters, man-made disasters and disasters whose origins are social or financial. The group focused on four issues:

(1) How communities can be better prepared to face disasters;

(2) What the administrative machinery should do to help an affected community in a crisis;

(3) Medium-term measures needed to help the well-being of affected communities and

(4) The long-term measures required to enable such communities to resume a normal life.

The group made two preliminary observations before it addressed these issues. The first was that a large volume of literature is already available on the subject and that the group need not revisit these. (This programme is included in the "Disaster Mental Health" activities of the unit, and a large number of documents which are available on the web site have been prepared, and many programmes implemented in the community across the Region). The second observation was that the discussion should not attempt to cover too broad a ground. A tighter focus on reducing, rolling back and eventually eliminating the psychological after-shocks faced by victims of disasters was an imperative. The programmes should take into account local, social and cultural sensitivities even as it would harness the resources of sophisticated technologies and the most up-to-date techniques of disaster management.

Natural disasters

Preparedness to face a natural disaster requires:

- Within disaster-prone regions, experts should assess both the vulnerability of the concerned populations as well as their capacities to respond to a crisis situation.
- Development of a comprehensive Disaster Risk Reduction Programme. Its key elements would include a mass disaster literacy campaign conducted through all available information

and communication channels and in the school curriculum, and conducting periodic drills. The group emphasized that technology and local wisdom about early warnings of a disaster should be tapped in equal measure.

The implementation of such a programme should be at several levels simultaneously: individuals, families, communities and local health workers have to be trained in disaster literacy to provide basic psycho-social support to the disaster victims. Participation of the community in the implementation of the programme is of utmost importance because relief from outside can and does take time to reach the victims.

In this connection, the group felt that the local administrative machinery has to be sufficiently empowered to take such initiatives. Coordination should be improved between agencies – local, regional, national and international – engaged in relief and rehabilitation work and the media.

- In the medium-term, relief and rehabilitation work should not ignore the dignity of the victims or disempower them. Early detection of mental health problems, facilities to offer treatment of dysfunctionalities and ready availability of psycho-social support were also emphasized.
- A long-term strategy for natural disaster management would have to include development programmes, income-generating projects, resettlement in areas from which the victims were uprooted, the rebuilding of social infrastructure, and a speedy return to their cultural environment.

Man-made disasters (war, civil strife, caste, ethnic and communal violence)

- Action is required at three levels. At the primary level, more research on causes that lead to conflict of this nature, including pathological causes is needed along with strategies to raise the awareness of people about these causes. At the same time the group stressed that there should be no place for violence to redress real or perceived grievances regardless of the cause.
- At the secondary stage, the early detection of stress in communities is required. Such screening would facilitate

effective interventions to ensure that conflict is minimized. At the tertiary level relief, resettlement and rehabilitation were required on the lines discussed above. Mechanisms to bring about reconciliation between rival fronts are also required.

- In man-made disasters too, the group felt that governments had to function in a transparent and accountable manner. Human rights had to be respected. Development has to be inclusive. And, above all, a culture of tolerance had to be built up.

The recommendations are included in Annex F

Group 3: Promoting mental well-being in the community

Discussion points

The group first identified the strengths and weaknesses related to the promotion of mental well-being in the community. Some of the strengths identified were strong traditions, availability of a variety of methods and practices such as meditation, yoga, music, art, percolation of this knowledge and the practices among people in the Region, 'thriving' individuals, families, communities that can be good models and local organizations and NGOs, existing structures and volunteer networks that could promote mental well-being.

Some of the weaknesses were political, cultural taboos, ethnic and religious conflicts in some areas of the Region, lack of awareness of mental well-being in many societies, acceptance of materialism and consumerism throughout the Region through the media, lack of knowledge exchange, management and cooperation in promoting mental well-being.

The group further discussed the goals for promoting mental well-being in communities. The main goals identified for mental well-being were:

- Healthy life by meeting people's basic needs, providing conditions to be disease free and stress-free, promoting good citizenship, equal opportunity, free expression, and a balanced and harmonious life.
- Healthy community by providing better physical environment, good schools, hospitals and infrastructure, developing a sense of

common values and unity of the community, promoting social integration and peace.

- Good management in the community through providing every community a 'common place' to meet regularly, promoting participation and raising awareness of mental well-being. It was stressed that the media should serve community development and not just commercial interests. 'Participatory learning' should be a core process of promoting mental well-being.

The group identified the following points to be noted which affect promotion of mental well-being:

- WHO and its networks must have common ground on wider concepts of mental well-being to promote mental well-being in the Region.
- Cultural, political, social and economic processes have a significant influence on the well-being of the community.
- Awareness of mental well-being should be increased at every level; individuals, family, community and the nation as a whole. Concern was raised about communication as there are diverse ethnic groups and dialects**.**
- Every available resource should be used for promotion of mental well-being e.g. sectors, organizations, structures; knowledge, wisdom and practices. Promotion of mental well-being should be made a common issue, but with no generalized formal or standard structure. The methods must be varied to adapt to the context of each community.
- Individuals should not be considered separately from the community as they interact dynamically.
- Social marketing is required to promote mental well-being.
- Human values should be promoted in schools and ethnic conflicts avoided.
- Promotion of mental well-being should be included in all policies at every level; local, provincial, national.
- Alternative methods of promoting mental well-being should be encouraged.

The recommendations are included in Annex F

Group 4: Promoting mental well-being: role of the health sector

Discussion points (includes some points from concluding remarks by Professor Dipankar Gupta)

- Role of Health Professionals: Health professionals/practitioners should try to promote mental well-being by taking a leadership role in the community. This will require them to go beyond their traditional role of only prescribing medicines. The possibility of an adjunct cadre of health professionals to promote mental well-being should be considered since doctors may have time constraints.
- Alternative system of medicine: Rather than prescribing what alternative systems of medicine should do, those systems should be invited to address the issue of mental well-being on their own terms and join in a mutual partnership for promoting mental well-being. The health seeking behaviour of people decides from which system of medicine they seek help.
- Proven mind-body techniques such as meditation, yoga etc. should be incorporated in programmes promoting mental well-being at individual and community levels.
- Networking with religious and spiritual leaders: Health practitioners can network with religious and spiritual leaders and organizations that are already working in the community. Health practitioners can identify those practices and lifestyles that are backed up by 'scientific evidence'` and generally accepted by the community and promote it themselves or through community leaders.

Suggestions for promotion of mental well-being:

- Awareness and information on mental well-being: Knowledge and information are two important components in promoting mental well-being. A diversity of sectors must be included.
    - This can be carried out by incorporating mental well-being in existing national programmes e.g. for prevention of noncommunicable diseases,

- Training and motivating all types of health practitioners,
- Provision of knowledge and information to the general population (through the mass media, NGOs, activists, religious leaders, teachers, policy makers, cultural programmes),
- Incorporation of this subject in school curricula.

➢ Advocacy campaigns through the health sector:

- Greater state expenditure on health: More health expenditure leads to a higher level of national development. One should not use shortages of resources or poverty as an excuse for poor quality of care particularly by depriving certain segments of the population of high quality care (e.g. bare foot doctor for rural communities)
- Stigma removal campaigns to promote mental well-being of communities: Advocate policy measures against discrimination on basis of disability, illness, chronic conditions. This fights stigma against these groups and helps promote their mental well-being. A fatalistic attitude such as accepting poor services based on "karma" should not be accepted.
- Advocacy of leaders taking responsibility for mental well-being: e.g. school principals, CEOs, hospital heads.
- Advocacy for more resources for research for advancement in knowledge.

The recommendations are included in Annex F

Group 5: Promoting mental well-being in select settings and groups

Discussion points

The group included the school and workplaces as settings and out-of-school children and women as groups for intervention.

➢ Schools: The group agreed that advocacy for child rights, though existing in principle, needed to be implemented effectively in various countries of the Region. It was emphasized that multi

disciplinary consultation and counseling services need to be introduced in the schools to deal with violence, substance abuse, indiscipline and behavioural problems among the school children to promote mental well-being in this setting. To operationalize promotion of mental well-being, forums, programmes and groups to change the milieu of the schools in relation to promotion of mental well-being need to be initiated in schools. It was also stated that advocacy for value education should be integrated as part of the curriculum to be introduced in schools based on the needs.

- Out-of-school children: It was agreed that out-of-school children be considered a distinct group requiring specific interventions. It was felt that education for such children should be with the protective umbrella of security and holistic care. The suggestions related to this group include development of alternative, innovative, non-formal education programmes (mobile school, construction site education, bridge courses etc.) and setting up shelter homes with adequate staff, facilities and emergency programmes to help the children in difficult circumstances.

- Workplaces in the organized sector: Promotion of mental well-being at workplaces require advocacy for equity to be introduced in organizational processes such as, recruitment, appraisal, promotion and compensation. Organizational stress / burnout audits should be undertaken once a year to identify the vulnerable and governments advocated to lay down minimum standards with regard to workload, salary and working conditions. The group also felt that the following are important:

  - organizational climate surveys to be undertaken once a year to identify and deal with organizational issues,
  - implementation of a safety net in the form of group health insurance be made mandatory to take care of the mental well being of employees and
  - stress management / emotional intelligence programmes be conducted in organizations on a larger scale to improve resilience.

- Women as a group: Address specific needs of women based on the local culture, e.g.:

- Status of women and expected roles, advocacy for women to be treated with dignity at home and workplaces, gender sensitization programmes at workplaces
- Safety in the community and addressing gender-based violence in the family
- Health needs which women are hesitant to voice or are not available to them, e.g. family planning, infertility, etc
- Economic independence, e.g. micro-credit programmes, work-life balance programmes.

The recommendations are included in Annex F

11. Way forward

In his concluding remarks at the closing session, Professor Dipankar Gupta said that the workshop has broken new ground and made useful recommendations for the promotion of mental well-being. What had clearly emerged during the discussion was that one could not separate the body (physical health) and mind (well-being).

More awareness about the distinction between the promotion of mental well-being and programmes for management of mental illness is needed. Most people associate the health sector and doctors with treatment of illnesses. Although this is appropriate, very few people think beyond illness to well-being.

The two broad perspectives that emerged during the workshop were:

(1) Mental well-being should not be separated from physical well-being, and.

(2) Mental well-being should be seen in the context of public health.

That mental well-being cannot be seen in isolation from physical well-being emerges from WHO's aims and objectives and the WHO definition of health. The need to configure mental well-being as a public health concern was therefore the most challenging task before the workshop participants. However, care should be taken to advocate only those practices which are evidence based.

The recommendations to WHO made by the various sub-groups in the workshop could be clubbed under two heads:

(1) Projects that WHO should design, and

(2) Policies that WHO should advocate.

What projects should WHO design?

(1) Identify groups with special needs: Such groups could be on account of economic deprivation, social development (tribal communities), physical isolation (rural / remote areas), prone to natural or man made disasters. WHO should design programmes which are inclusive and reach out to every person in the community.

(2) Documentation of how people view mental well-being. This should be done by disaggregating classes, regions, gender and community.

(3) Training programmes for all segments of society, including doctors and other health officials. In the case of doctors it is important to design courses during their training programme so that they will be sensitive to promotion of mental well-being in the community.

What should WHO advocate?

(1) Advocate that those in position of leadership, whether they be school principals, CEOs, District Magistrates, hospital heads, and so on, take the initiative to recognize and implement programmes on promotion of mental well-being.

(2) The topic of mental well-being should be properly institutionalized in various syllabi, such as medical syllabi, world over, as a core area of expertise.

(3) When mental well-Being is seen in terms of public health then one should advocate and design policies that provide quality of life to citizens. This is very different from advocating the delivery of basic minimal services to large segments of the population.

(4) There is evidence from the Region that a substantial proportion of persons in psychological distress first seek help from traditional

and faith healers. Although this may benefit a small proportion of people with minor complaints, WHO should advocate that those who do not benefit or have serious mental illness should have access to appropriate medical care. To facilitate such access, trained personnel and medications should be available at the most basic level of health care.

In the ultimate analysis, the society that spends adequately to ensure the health and mental and physical well-being of all its citizens is more developed.

12. Next steps (Consolidated recommendations based on group discussions and recommendations)

The group discussions and recommendations yielded a substantial amount of valuable information. This information provides guidance to WHO on the next steps in taking forward the programme on promotion of mental well-being. The next steps can be grouped under three headings:

12.1 General comments on promotion of mental well-being

- A clear distinction should be made between programmes dealing with **services for mental illness** which are best implemented through the primary health care system and **promotion of mental well-being**, which is the topic of this workshop and addresses the status of people / populations much before the onset of mental illness.
- WHO and its networks should develop and advocate a common understanding of the concept of mental well-being. Sustained advocacy for improving awareness of mental well-being is essential.
- Governments of each country should be encouraged to set up policies and mechanisms to promote mental well-being at local, provincial and national levels.

- It should be recognized that cultural, political, social and economic processes have a significant influence on the well-being of the community and that individuals should not be considered separately from the community as they interact dynamically.
- Every available resource should be used for promotion of mental well-being e.g. knowledge, local wisdom and practices, and involve diverse sectors, organizations and structures which are locally relevant. The methods must be varied to adapt to the context of each community, recognizing that there is no common or uniform approach to promote mental well-being.
- Advocacy should be carried out for key persons in society to take the responsibility for promoting mental well-being e.g. school principals, CEOs, hospital heads, public servants, philanthropists, and media professionals.
- In operationalization of the concept of mental well-being and interventions, there should be some effort to be evidence-based. Issues such as measures of progress, outcome and measuring cost-effectiveness of population level strategies should be taken into account.

12.2 Advocacy on promotion of mental well-being

(1) Advocacy programmes should create awareness of the distinction between mental illness and mental well-being

(2) Advocate to policy makers for inclusion of factors which promote mental well-being in public policies, e.g.:

- Greater state expenditure on health: More expenditure in health services and research leads to a higher level of national development.
- Healthy human settlement policies.
- Balanced / equitable sharing of resources between rural and urban areas.
- Removal of structural impediments to human well-being such as poverty, unemployment etc.

- Strengthen regulation of activities and products that lower human well-being (e.g. alcohol, tobacco).

(3) Advocacy campaigns through the health sector

- Health practitioners should promote mental well-being by taking a leadership role in the community. This will require them to go beyond their traditional role of only prescribing medicines and addressing disease. The possibility of utilizing trained community workers to promote mental well-being should be considered since doctors may have time constraints.

(4) Awareness of mental well-being should be increased at every level: individuals, family, community and the nation as a whole.

- Awareness programmes must use appropriate communication on promotion of mental well-being, taking into account diverse ethnic groups and dialects.
- Sustained engagement of the media on issues related to promoting mental well-being should be a priority.

12.3 Programme development for promotion of mental well-being

(5) Programmes developed to promote mental-well being should be distinct from programmes to address mental illness.

(1) Develop country-specific indices or criteria for human well-being.

(2) Set up a Resource Centre for the promotion of mental well-being in the Region.

(3) Develop community resilience by improving mental well-being through strategies such as:

- Improving sense of belonging: The community must understand, commit and participate in promoting mental well-being in every phase of such programmes.
- Encouraging the community to become self-reliant, develop its own “community plan”, and scale its own policy.

- Increasing quantity and quality of local change agents through training and building capacity with appropriate knowledge, tools and techniques.
- Strengthening family ties.
- Proven mind-body techniques such as meditation, yoga etc. should be incorporated in programmes promoting mental well-being at individual and community level.

(4) Build people's capacity to manage and control their own mental well-being in crisis situations e.g. using self-help groups.

(5) Settings for promotion of mental well-being:

- Schools: Child rights, though existing in principle, need to be implemented effectively in various countries of the Region. Multi-disciplinary approaches including addressing determinants of mental well-being should be introduced in schools to deal with violence, substance abuse, indiscipline and behavioural problems to promote mental well-being in this setting. Programmes to involve children to improve the well-being of children e.g. peer learning, should be developed.
- Out-of-school children: Development of alternative, innovative non-formal education programmes (mobile school, construction site education, bridge courses etc.) and setting up shelter homes with adequate staff, facilities and emergency programmes to help the children in difficult circumstances.
- Workplaces in the organized sector: Promotion of mental well-being at workplaces requires advocacy for improved organizational culture and equity to be introduced in organizational processes such as recruitment, appraisal, promotion and compensation. Organizational stress / burnout audits should be undertaken to identify the vulnerable and appropriate programmes developed.
- Women as a group: address specific needs of women based on the local culture, e.g.:
  - Status of women and expected roles, advocacy for women to be treated with dignity at home and

workplaces, gender sensitization programmes at workplaces

- Safety in the community and addressing gender-based violence in the family
- Health needs which women are hesitant to voice or which are not available to them, e.g. family planning, infertility, etc
- Economic independence, e.g. micro-credit programmes, work-life balance programmes

13. Closure

Dr. Lakshmi Somatunga, Director, Mental Health, Ministry of Health Care and Nutrition, Sri Lanka, and Dr. Firdosi Rustom Mehta, the WHO Representative to Sri Lanka, made the concluding remarks. Dr. Vijay Chandra, Regional Adviser, Mental Health and Substance Abuse, South-East Asia Regional Office, proposed the vote of thanks.

Annex A

Group work recommendations

Group 1: Promoting mental well-being through social developmental policies

Recommendations

(1) Develop country-specific index or criteria for human well-being.

(2) Advocate to policy makers for inclusion of factors which promote mental well-being in public policies, e.g.:

- Healthy human settlement policies.
- Balanced / equitable sharing of resources between rural and urban areas.
- Removal of structural impediments to human well-being such as poverty, unemployment etc.
- Strengthen regulation of activities and products that lower human well-being (e.g. alcohol, tobacco).

(3) Introduce policy actions to include self-development and life skills in educational curriculums.

(4) Introduce policy actions to implement targeted interventions for promotion of human well-being in different population segments, e.g. use of sports and fitness in schools to improve happiness and human well-being.

Proposed pilot projects

(1) Develop country-specific models of human well-being/happiness indices.

(2) Assess the role of select strategies e.g. sports, community resilience, media education in improving mental well-being in groups relevant to the country context, e.g. indigenous communities, communities with high prevalence of violence, suicides, alcohol use, etc.

Group 2: Promoting mental well-being in crises situations

Recommendations

(1) Draw up an inventory of psycho-social measures required to reduce the stress and trauma in communities subjected to natural and man-made disasters.

(2) Conduct an analysis of the impact of media coverage on mental well-being following the last few major disasters in the Region.

(3) Build people's capacity to manage and control their own mental well-being in crisis situations e.g. using self-help groups.

Group 3: Promoting mental well-being in the community (individuals, families, community

Key strategies for promotion of mental well-being in the community:

The group identified the following key strategies:

(1) Develop community resilience by improving mental well-being through strategies such as:

- Improving sense of belonging: The community must understand, commit and participate in promoting mental well-being in every phase of the programmes.
- Encouraging the community to become self-reliant, develop its own "community plan", obtain support from the local authority then scale up to policy level.
- Increasing quantity and quality of local change agents through training and building capacity with appropriate knowledge, tools and techniques.
- Conducting sustained advocacy for improving awareness of mental well-being.
- Strengthening family ties.

(2) Initiate community pilot projects which will be learning centres for other communities and use knowledge management as a tool to achieve the goals.

(3) Develop a plan for involvement of the media.

(4) Country-level action:

- Each country should advocate to its government to set up organizations and mechanisms to promote mental well-being.
- The following priorities were identified by the delegates for specific countries. India: teaching yoga and expanding it to the other countries, Nepal: elimination of poverty and Thailand: combining mental well-being in existing Healthy Family Project.

Proposed pilot projects

(1) Set up a Resource Centre for the promotion of mental well-being in the Region as a pilot project.

(2) WHO to address and emphasize mental well-being in its advocacy efforts.

Group 4: Promoting mental well-being: through the health sector

Proposed pilot projects

(1) Conducted a study on how mental well-being is understood in the formalized systems of medicine in each country / region (e.g. ayurveda, unani, etc). Later such a study can be extended to non-formalized systems of thought and practice that may be embedded in different communities,

(2) Conducted a study on the collaboration of health professionals with diverse community-based organizations in promotion of mental well-being.

Group 5: Promoting mental well-being in select settings and groups (to include schools, workplace, women, out of school children)

Proposed pilot projects

School-based:

(1) Involving children to improve well-being of children e.g. peer learning.

(2) Promotion of mental well-being through addressing determinants of mental well-being by teachers and students at school and college levels.

Workplace-based:

(1) Conduct a pilot study of evolving construct of mental well-being at workplaces.

(2) Assessment of impact of emotional intelligence in promoting mental well-being at workplaces.

Annex B

Message from Dr Samlee Plianbangchang Regional Director, WHO South-East Asia Region

Read by WR Sri Lanka

WHO defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition was developed in 1946 and still remains unchanged and valid. The definition clearly includes mental well-being. However, the concept of well-being (including mental well-being), even though it was included in the original definition of health, has not been operationalized as a public health strategy.

There is no universally accepted "definition" of mental well-being. This is probably because mental well-being may have different connotations for different individuals, groups and cultures. Thus, mental well-being should be interpreted in the sociocultural context of the individuals, families and communities. It should be considered as a continuum or spectrum, rather than a state that is either present or absent.

The World Health Organization describes mental well-being as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. This description asserts that mental well-being is more than an absence of mental illness.

In programmes on promotion of mental well-being, the concept of "primordial prevention" should be used. The term primordial prevention means activities that prevent the penetration of risk factors into populations. For example, if we implement a programme on stress management, it implies that stress has already occurred. Through primordial prevention, we are trying to prevent stress from occurring in the first place. We hope that this will prevent mental illnesses and other illnesses associated with stress in the long term and enable people to be happy and content in their daily lives.

Although the promotion of mental well-being seems to imply addressing an individual's experience, it should be noted that an

individual's well-being depends on family well-being, which in turn contributes to community well-being. The reverse is also true – community and family well-being translates to individual well-being. This public health approach to promoting the well-being of populations can be implemented through practical programmes, as the experience in the Region has shown. You will be discussing many of these examples, including practices, such as yoga and meditation that have been existed in the Region for centuries, as well initiatives like the programme on building community resilience in Thailand and the happy schools programme in Sri Lanka.

Any public health programme should be culturally appropriate so the community can have ownership sustainability, the possibility of scaling up the programme to larger populations, the possibility of adapting the programme at other sites and countries and strengthening technical capacity nationally and within the Region are also important.

The population-wide application of measures to improve mental well-being can be viewed at four levels. The first is the policy level. The second is the community level, the third the group level and the fourth is the individual level. Discussion of the technical and practical aspects of approaches at each of these levels will be an important aspect of this meeting and will enable WHO to move forward in this endeavor.

In developing programmes for the promotion of mental well-being, a first step would be to be to understand the determinants of mental well-being in communities or groups where interventions are planned. Taking the community setting as an example, the concept of mental well-being in different communities may vary substantially, and so will the determinants that need to be addressed. Thus, the requirements to improve the well-being of a community may be diverse – for example, addressing the issue of domestic violence, child development, drugs and alcohol use and so on. Many such interventions are currently being carried out by different agencies as independent programmes in the community. Community mental well-being programmes should contain aspects of all these programmes implemented in together to ensure a measurable impact on the overall mental well-being of the population.

WHO is privileged to host this meeting together with the Ministry of Health and Nutrition of the Government of Sri Lanka, with the support of the Honourable Minister. I will look forward to your recommendations on the way forward for the promotion of mental well-being.

Annex C

Objectives

General objective

To promote mental well-being through multi-disciplinary approaches.

Specific objectives

(1) Introduce the concept of mental well-being.

(2) Share regional experiences on promotion of mental well-being.

(3) Explore and identify the potential for multi-disciplinary approaches to promote mental well-being.

Annex D

Agenda

1. Inauguration
2. Introductory session:
   - Background to the programme on promotion of mental well-being
   - Traditional concept of mental well-being
   - Current concept of mental well-being
3. Key note addresses (1 address on each of 4 days).
4. Technical sessions on approaches for promotion of mental well-being: individual, family, group (school and work place), community and healthy public policy.
5. Group work and presentations on the contribution of different disciplines towards promotion of mental well-being.
6. Practical demonstration of traditional methods of promotion of mental well-being (4 sessions: 1 or 2 from India, 1 from Sri Lanka, 1 from Thailand).
7. Practical session on participatory learning for building community resilience (2 hour session led by Thai group).
8. Identification of priorities for promotion of mental well-being.
9. Recommendations and next steps for promotion of mental well-being.

Annex E

Programme

Day 1: 6 October 2009, Tuesday

0800 - 0900	Registration
0900 - 1300	Inaugural session
1400 - 1500	Getting to know each other – *Dr V Chandra* Appointment of Office Bearers Objectives and scope of the meeting - *Dr V. Chandra* Current concept of mental well-being – *Dr Ranaweera*
1500 - 1520	Technical session on approaches for promotion of mental well-being (healthy public policy) • Gross National Happiness - *Mr Karma Tshiteem*
1520 - 1540	Technical session on approaches for promotion of mental well-being (community approaches) • Strengthening families to improve community mental well-being – *Mrs Subhawadee and Mr Sandusit*
1540 - 1600	Technical session on approaches for promotion of mental well-being (community approaches) • Community mobilization to improve mental well-being - *Dr Neil Fernando*
1630 - 1650	Technical session on approaches for promotion of mental well-being (setting approaches) • Promoting well-being at the workplace – *Mr Ashok Anantram*
1650 - 1800	Rapporteur's presentation and discussion
1900	Welcome reception

Day 2: 7 October 2009, Wednesday

0900 - 0930	Practical demonstration of traditional methods of promotion of mental well-being *(Brahamakumaris International)*
0930 - 1000	Key note address (*Sister Jayanti*, Brahamakumaris International)
1000 - 1020	Technical session on approaches for promotion of mental well-being (setting approaches contd) • Promoting well-being in schools – *Prof Diyanath Samarasinghe*

1020 - 1040	Technical session on approaches for promotion of mental well-being (setting approaches contd)
	• Promoting well-being in disaster affected communities – *Dr Sivathas*
1040 - 1100	Technical session on approaches for promotion of mental well-being (setting approaches contd)
	• Promoting well-being in deprived communities – *Dr Ranaweera*
1120 - 1140	Technical session on approaches for promotion of mental well-being (individual approaches)
	• Promoting well-being through spirituality – *Dr Avdesh Sharma*
1140 - 1200	Technical session on approaches for promotion of mental well-being (individual approaches)
	• Promoting well-being through yoga – *Dr Subhash Manchanda*
1200 - 1300	Rapporteur's presentation and discussion
1400 - 1415	Introduction to group work on contribution of different sectors for promotion of mental well-being
1415 - 1600	Group work
1630 - 1730	Presentations of group work

Day 3: 8 October 2009, Thursday

0700 -	Depart for field visit to Kandy
1000 - 1030	Key note address *(Dr Sumanapala)*
1030 - 1115	Practical demonstration of traditional methods of promotion of mental well-being *Prof Sumanapala*
1115 - 1200	Practical demonstration of meditation by *Kandy Meditation Centre*
1300 - 1500	Practical session on participatory learning for building community resilience (led by Thailand)
1500 -	Return to Colombo

Day 4: 9 October 2009, Friday

0900 - 0930	Key note address (*Mother Sansanee*, Thailand)
0930 - 1030	Presentations of group work (contd from day 2)
1100 - 1300	Synthesis and compilation of recommendations on promotion of mental well-being (Presenters, Group leaders and Panel of Rapporteur)

1100 - 1200 (parallel session)	Practical demonstration of promotion of mental well-being (*Mother Sansanee*, Thailand) (all delegates)
1400 - 1500	Practical demonstration by musicians of promotion of mental well-being (all delegates)
1500 - 1530	The way forward: *Prof Dipankar Gupta*
1530 - 1600	Next steps & Closure

Annex F

List of participants

S/No.	Country/Participant	Category/Affiliation
Bangladesh		
1	Dr. Shaida Chowdhury, Asst. Professor, Mental Health, NIMH, Dhaka	Mental health professional
2	Ms Ummea Saima Asst. Chief Ministry of Health and Family Welfare, Dhaka	Ministry / Planning
3	Mr Khourshad Alam Khan Health Inspector Upazila Health Complex, Ghazipur	Community Health Worker
4	Prof. Shah Jalal Department of Anthropology Jahangir Nagar University, Dhaka	Anthropologist
5	Mr Md. Yunus Head Master Nalta High School, Satkhira	Teacher
6	Ms Sarbani Datta Assistant Teacher Lamatashi Girls High School Bahubal, Habiganj, Dhaka	Teacher
7	Mr. Abul Fazal Mahmud Superintendent Nalta Hospital, Satkhira	Health practitioner
8	Mr Shaikh Nazrul Islam Senior Reporter ATN Bangla Ltd., Dhaka	Media
Bhutan		
9	Mr Chimi Dorji Teacher Counselor Uzurung Lower Secondary School, Thimpu	Teacher / Director of Education

S/No.	Country/Participant	Category/Affiliation
10	Mr Purna Kumar Chhetri Health Assistant Dagana, Thimpu	Health practitioner
11	Ms Chhimi Palky Bhutan Youth Development Fund, Thimpu	NGO
India		
12	Mr Amandeep Garg Chairman, District Health & Family Welfare Society Solan, Himachal Pradesh	Ministry / Planning
13	Mr S. Irfan Habib Maulana Azad Chair National University of Educational Planning and Administration, 17-B, Sri Aurobindo Marg, New Delhi	Teacher / Director of Education
14	Mr Dileep Padgaonkar C-507 Defence Colony, New Delhi	Media
15	Mr Ashok Anantram Consultant in hospitality industry Flat 2A,"Laburnum" 1Sterling Road,2nd Cross Street Nungambakkam, Chennai	Executive / Industrialist
16	Mr Amod Kanth General Secretary,Prayas Juvenile Aid Centre (JAC) Society Chairman, Delhi Commission for Child Rights 5th Floor, ISBT Complex Kashmere Gate, Delhi	NGO / Social Worker
17	Mr Mehmudhanif Lakdawala Sanchetana Community Health and Research Center O-45, 46, 4th Floor New York Trade Center Nr.Thaltej Cross Road, Ahmedabad	NGO / Social Worker
18	Mr Sandeep Kumar Sharma Yoga trainer D-21, Lajpat Nagar, New Delhi	Promoter / Practitioner of Mental Well-being
19	Mr. Satyanarain Sivaraman No.482, Mandakini Enclave Alakhnanda, New Delhi	Promoter / Practitioner of Mental Well-being (Social activist, communication specialist)

S/No.	Country/Participant	Category/Affiliation
20	Dr Harish Naraindas, Ph.D. Associate Professor Centre for the Study of Social Systems School of Social Sciences Jawaharlal Nehru University, New Delhi	Anthropoligist /Socialogist / Psychologist Interaction between different systems of medicine
Indonesia		
21	Akemad, SKp Pekerja Kesehatan Komunitas (CMHN), Jakarta	
22	Dr Gunadi, SP KJ Praktisi Kesehatan Jiwa dari RSUD Dr Soetomo, Surabaya	Mental Health Expert
23	Natanael Sumampow Psi dari Pusat Krisis Univ, Jakarta	
24	Yayasan Pulih Anita Kristiana, Psi, Jakarta	
Maldives		
25	Ms. Aishath Shifa Educational Supervisor Ministry of Education,Male	Education
26	Ms. Aishath Saadh Deputy Director General Department of National Planning, Male	Ministry / planning
27	Ms. Hawwa Mohamed Waheedh Asst. Counsellor Center for Community Health and Disease Control, Male	Promoter / Practitioner of Mental Well-being
Myanmar		
28	Prof Daw Myint Myint Khin Retired Professor of Internal Medicine, Yangoon	Health Practitioner
29	Dr Moe Moe Khine Psychosocial support of disaster-affected communities, Yangon	Promoter / Practitioner of Mental Well-being
30	Ms Yuzana Kyin, Medical social worker, involved in social mobilization, Yangon	NGO / Social Worker

S/No.	Country/Participant	Category/Affiliation
Nepal		
31	Mr Deependra Kafle Under-Secretary Ministry of Health & Population Planning & Program Section, Kathmandu	Ministry / planning
32	Mr Ramakanta Chaudhary NRB Secondary School Beleawa, Bara	Teacher
33	Mr Ratan Kumar Mishra Dhanusha	NGO / Social Worker
34	Ms Indira Hamal Surkhet	Executive / Industrialist
35	Mr Tulshi Prasad Chaudhary Kakadi , Bara	Community Health Worker
36	Ms Pushpa Gauro Staff Nurse, Parsa	Promoter of Mental Well-being
Sri Lanka		
37	Ms Dilrukshini Watudura Senior Economist Central Bank of Sri Lanka 30, Janadhipathi Mawatha, Colombo	Executive / industrialist
38	Ms Sagarika Dissanayake Sub-Editor "Silumina Lake House, Colombo	Media
39	Mr Isham Nizam Journalist "The Island" 223, Blue Mandel Road, Colombo	Media
40	Dr Prasantha de Silva Mental Health Directorate Ministry of Healthcare & Nutrition, Colombo	Ministry
41	Mr Prasad Jayasinghe Psychosocial Coordinator Sewa Lanka Foundation 432 A, Colombo Road, Boralesgamuwa	NGO / social worker
42	Mrs K.A. Sooriaarachchi Director/Planning Ministry of Sports & Public Recreation 7A, Reid Avenue, Colombo	Ministry

S/No.	Country/Participant	Category/Affiliation
43	Dr H.L.M.B. Denuwara Regional Director RDHS Office, Colombo	Health practitioner
44	Dr Anura Chandrasena Medical Officer/Focal Point-Mental Health RDHS Office, Matara	Health practitioner
45	Dr Lakshmi Somathunga Director/Mental Health Ministry of Healthcare & nutrition, Colombo	Ministry
46	Mr L.H. Thilakarathne Director/Counseling Ministry of Social Services, Battaramulla	Anthropologist / Sociologist/ Psychologist
47	Ms Mangalika Weerasinghe Chief Project Officer National Institute of Education, Magaragama	Teacher / Directorate of education
48	Dr. Sivayokan Consultant Psychiatrist Teaching Hospital, Jaffna	Metal Health Professional
49	Prof. Sivarajah Coordinator WHO Jaffna Office, Jaffna	Metal Health Professional
50	Dr. Ranjani Seneviratne Consultant Psychiatrist Base Hospital, Matara	Metal Health Professional
51	Dr. Rumi Ruben Consultant Psychiatrist Base Hospital, Hambantota	Metal Health Professional
Thailand		
52	Mrs Suda Wongsawad Director, Mental Helath Center 2 Department of Mental Health Ministry of Public Health, Bangkok	Ministry / Planning
53	Mrs Thanima Chareonsuk Chief, Student Caring System and Guidance Section Bureau of Academic Affairs and Educational Standard Office of the Basic Education Commission Ministry of Education, Bangkok	Teacher / Directorate of education

S/No.	Country/Participant	Category/Affiliation
54	Mr Lae Thaithiang Director, Phadung Panya School (Tak Province) Office of the Basic Education Commission Ministry of Education, Bangkok	Teacher / Directorate of education
55	Miss Bussaba Kaewitpayanate Mass Communication Officer Professional Level World Service Radio Thailand The Government Public Relations Department, Bangkok	Media
56	Miss Chontida Purahong Reporter Matichon Public Co., Ltd, Bangkok	Media
57	Dr Prapa Wongphaet Chairman, Committee on Health Service Business The Thai Chamber of Commerce, Bangkok	Executive / Industrialist
58	Mrs Orawan Duangchant Social Worker, Senior Professional Level Bureau of Mental Health Technical Development Department of Mental Health Ministry of Public Health, Bangkok	NGO / Social Worker
59	Mrs Wallika Sungthong Treasurer Association for Persons with intellectual Disability of Thailand Bangkok	NGO / Social Worker
60	Mrs Tuanjai Houngsaithong Registered Nurse, Senior Professional Level Somdetchaopraya Institute of Psychiatry Department of Mental Health Ministry of Public Health, Bangkok	Health Practitioner
61	Mr Trirat Upthampohtiwat Music Therapist Department of Mental Health Ministry of Public Health, Bangkok	Musician
62	Mr Charat Lim – arun President, Sansumpan Association of Thailand Department of Public Health, Bangkok	Promoters / Practitioner of Mental Well-being

S/No.	Country/Participant	Category/Affiliation
63	Mrs Sukon Chomchuen Registered Nurse, Professional Level Srithanaya Hospital Department of Mental Health Ministry of Public Health, Bangkok	Promoters / Practitioner of Mental Well-being
64	Mrs Nadala Twankanjanachot Registered Nurse, Professional Level Yuwaprasart Waithayopathum Hospital Department of Mental Health Ministry of Public Health, Bangkok	Promoters / Practitioner of Mental Well-being
65	Miss Amarakul Inochanon Psychologist, Senior Professional Level Bureau of Mental Health Technical Development Department of Mental Health Ministry of Public Health, Bangkok	Anthropoligist /Psychologist/ Socialogist
Timor Leste		
66	Mr Teofilo Julio K. Tilman Head of Mental Health Department Ministry of Health Dili	Ministry (Planning)
67	Sr Evelio Antonio da Sousa Deputy Director PRADET Psychosocial Recovery and Development Rua Mercado, Taibessi, Dili	NGO / Social worker
68	Mr. Paulo Bonifacio Soares Focal Point for School Health Program, Dili	Education
List of Temporary Advisers to RD		
1	Mr Karma Tshiteem (Bhutan) Secretary, Gross National Happiness Commission Royal Government of Bhutan, Thimphu	Promotion of national well-being
2	Dr Subhash Manchanda (India) Programme on meditation and prevention of heart disease R-721 New Rajinder Nagar, New Delhi	Mental health promotion through traditional methods
3	Prof Radha R. Sharma (India) Professor, Organisational Behaviour & Human Resource Development Management Development Institute PO Box 60, Mehrauli Road, Gurgaon	Mental well-being at the workplace

S/No.	Country/Participant	Category/Affiliation
4	Dr Avdesh Sharma, (India) Chairperson, IPS Task Force on "Spirituality & Mental Health" 225/C-7, Safdarjang Development Area, New Delhi	Mental health promotion through traditional methods
5	Mrs Payal Banerji (India) Clinical Music Therapist L 19/8 DLF Phase 2, Gurgaon	Mental health promotion through music
6	Prof. Dipankar Gupta (India) Expert in social anthropology Former Professor of Sociology, Center for the Study of Social Systems, Jawaharlal Nehru University, New Delhi	Anthropologist
7	Dr Diyanath Samarasinghe (Sri Lanka) Foundation for Health Promotion Faculty of Medicine Kynsey Road, Colombo	Mental health promotion in school setting
8	Dr Neil Fernando (Sri Lanka) Representative of NGO Basic Needs 126, Walpola Road Mulleriyawa New Town, Colombo	Mental health promotion in the community through community mobilization
9	Professor G.D. Sumanapala (Sri Lanka) Dept of Pali & Buddhist Studies University of Kelaniya, Kelaniya	Mental health promotion through traditional methods
10	Dr Palitha Abeykoon (Sri Lanka) Former Director Noncommunicable Diseases and Social Determinants of Health, WHO/SEARO	Mental health promotion through traditional methods
11	Mr Hemantha Premathilake (Sri Lanka) Principal, Nalanda College, Colombo	Mental health promotion in school setting
12	Prof. Mudiyanse Dissanayake (Sri Lanka) Director – Postgraduate Studies University of Visual and Performing Arts No. 21, Albert Crescent, Colombo	Mental health promotion through traditional methods
13	Dr Sivathas Member, Psychosocial Forum "Help to Heal" Actg Consultant Psychiatrist General Hospital, Vavuniya	Mental health promotion through traditional methods

S/No.	Country/Participant	Category/Affiliation
14	Dr.(Ms) Amporn Benjaponpitak (Thailand) Programme on building community resilience Department of Mental Health Ministry of Public Health, Bangkok	Mental health promotion in the community through community mobilization
15	Miss Patcharin Kooncumchoo (Thailand) Public Health Officer, System Development Division Bureau of Technical Development Department of Mental Health Ministry of Public Health, Bangkok	Mental health promotion in the community through community mobilization
16	Mrs Subhawadee Harnmethee (Thailand) Project Director, Building Family Resilience Rakluke Family Group Co. Ltd 932, Prachachuen Rd. Bangsue, Bangkok	Mental health promotion in the community through community mobilization
17	Mr Sandusit Deebugkam (Thailand) Healthy Family Villages Network 199/4-6 Phaholyothin Rd Muang, Lampang	Mental health promotion in the community through community mobilization
Key Note Speakers and their Associates		
1	Sri Sri Ravi Shankar Office of HH Sri Sri Ravi Shankar The Art of Living International Centre 21st Km Kanakapura Road Bangalore, India	Key Note Speaker
2	Mr Kishore Kumar Prasad Secretary to H H Sri Sri Ravi Shankar The Art Of Living International center Ved Vignyan Mahavidyapeeth, 21st K.M., Kanakapura Main Road, Udayapura post, Bangalore, India	Associate to Sri Sri Ravi Shankar
3	Dr.Babu Durairajan Secretary to HH Sri Sri Ravi Shanka # 18,Venkattarama Iyer Street, Nadimuthunagar, Pattukotai post.Tanjavur District Tamil Nadu, India	Associate to Sri Sri Ravi Shankar
4	Ms Jayanti Murli Kirpalani Brahmakumaris, International Headquarters Pandav Bhawan Post Box No 2 Mount Abu, Rajasthan, India	Key Note Speaker

S/No.	Country/Participant	Category/Affiliation
5	Sister Diane Georgia Tillman Lotus House, Opp. Bhuleshwar Society Rammukteswar Mandir Road Nr. Hotel Trident, Hansol Ahmedabad, Gujarat, India	Associate to Sister Jayanti
6	Mae Chee Sansanee Sthirasuta Founder of Sathira-Dhammasathan Sathira-Dhammasathan 24/5 Watcharaphol Ramindra 55 Road Bangkhen, Bangkok, Thailand	Key Note Speaker
7	Ms Punvadee Amornmaneekul Assistant to Mae Chee Sansanee Sathira-Dhammasathan 24/5 Ramindra55 Rd, Samphantawong , Bangkok, Thailand	Assistant to Mae Chee Sansanee
List of observers		
India		
1	Dr (Mrs) Arti Garg Medical Officer ESI dispensary Chambaghat, District Solan.	Promotion of mental well-being in groups with special needs.
2	Ms Schirin Foroutan 86, Golf Links New Delhi	Researcher in cross cultural aspects of promotion of mental well-being
3	Ms Subha Chatterji D1/4 I.A. Colony, Vasant Vihar, New Delhi	Well-being in workplaces
Thailand		
4	Dr. Udom Pejarasangharn Executive Vice President for Knowledge Management Rakluke Group Co. Ltd, Bangkok	Promotion of mental well-being in the community through knowledge management
5	Mr. Anat Siripasraporn Advisor for Social Development Rakluke Group Co. Ltd, Bangkok	Promotion of mental well-being in the community through social development
6	Ms. Saririn Pokalai Deputy Director of Healthy Family Project, Rakluke Institute, Bangkok	Promotion of mental well-being in the community through family cohesion
7	Mrs. Pimtida Deebugkam Provincial Working Team of Lampang Healthy Family Project, Lampang	Promotion of mental well-being through health communities

S/No.	Country/Participant	Category/Affiliation
Sri Lanka		
8	Dr. Rohini Seneviratne, Professor of Community Medicine, Dept of Community Medicine Faculty of Medicine, Colombo	Public Health Specialist with interest in promotion of mental well-being
9	Dr. Wasantha Gunatunga, Senior Lecturer in Community Medicine, Department of Community Medicine, Faculty of Medicine, Colombo	Public Health Specialist with interest in promotion of mental well-being
10	Dr. Manoj Fernando Lecturer, Health Promotion Rajarata University, Anuradhapura	Public health practitioner promoting mental well-being in communities through designing and implementing interventions
11	Mr. H.M. Thilakarantne National Drug Policy Operations Unit Presidential Secretariat Renuka Building, Colombo	Promoting mental well-being through government networks
12	Mr. K.P.D. Anuruddha National Drug Policy Operations Unit Presidential Secretariat Renuka Building, Colombo	Promoting mental well-being through government networks
13	Mr. L.H.Chandrasena, Senior Assistant Teacher, 160 / 16 Buwenakaba, Getuwana Road, Kurunegala	Promoting mental well-being through practise of traditional methods in schools.
14	Prof Athula Perera. Trustee, Dhamma Kuta Meditation Centre No. 01, University Quarters, Peradeniya.	Promoting of mental well-being through practice of traditional methods
15	Dr. Tamitegama Trustee/Secretray General Art of Living, Sri Lanka	Promoting of mental well-being through practice of traditional methods
16	Mr. Vidyut Udiaver Local chapter of Art of Living International Sri Lanka	Promoting of mental well-being through practice of traditional methods
17	Mrs. S. Yasotha Local chapter of Art of Living International Sri Lanka	Promoting of mental well-being through practice of traditional methods
18	Mrs. B. Prathanjali Local chapter of Art of Living International Sri Lanka	Promoting of mental well-being through practice of traditional methods

S/No.	Country/Participant	Category/Affiliation
19	Prof. Ranjith Nugegoda # 71 / 77A, Hewahatta Road Talwatte, Kandy	Promoting mental well-being through practice of traditional methods
20	Dr A G Buthpitiya, Dean, Faculty of Medicine, University of Peradeniya, Peradeniya	Promoting mental well-being in the community

WHO defines health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". WHO has made substantial progress in addressing mental illnesses in the past several decades. In this context, WHO's efforts to address mental illnesses in the South-East Asia Region focuses on strengthening the primary health care system to deliver essential mental health care. But promotion of mental well-being is distinct from programmes on mental illness. Whereas mental illness affects certain individuals, every person in the community benefits from effective programmes on promotion of mental well-being.

Though WHO's definition of health clearly emphasizes well-being, the concept of well-being, including mental well-being, has not been operationalized widely as a public health strategy. To address this, a step-wise process for development of programmes on promotion of mental well-being has been initiated by the Mental Health and Substance Abuse Unit in WHO's Regional Office for South-East Asia.

In a review of ongoing work, several models for the promotion of mental well-being which can be implemented in the Region through individual, family, group and community approaches, supported by healthy public policies have been identified.

The regional workshop held in Colombo in October 2009 was the next in the further development of the programme on promotion of mental well-being. The four-day workshop was attended by over 100 participants from a diverse range of disciplines including anthropology, sociology, music and arts, spirituality, public health, psychology and psychiatry, health promotion, education and national planning. The general objective of the workshop was to promote mental well-being through multi-disciplinary approaches. Participants discussed various aspects of promotion of mental well-being and recommended ways of moving forward. This information provides guidance to WHO on the next steps in taking forward the programme on promotion of mental well-being.

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