

If you had to have an illness in your lifetime, and could choose which one, which of the following would you choose?

Cancer

Mental Illness

*Insel and Scolnick
2006*

*“All current medical
treatments for mental
illnesses are palliative, none
are even proposed as
cures.”*

George Albee
2006

“Public health teaches us
that no mass disease or
disorder has ever been
controlled or eliminated
through individual
treatment”

The Mental Health Continuum: From Languishing to Flourishing in Life*

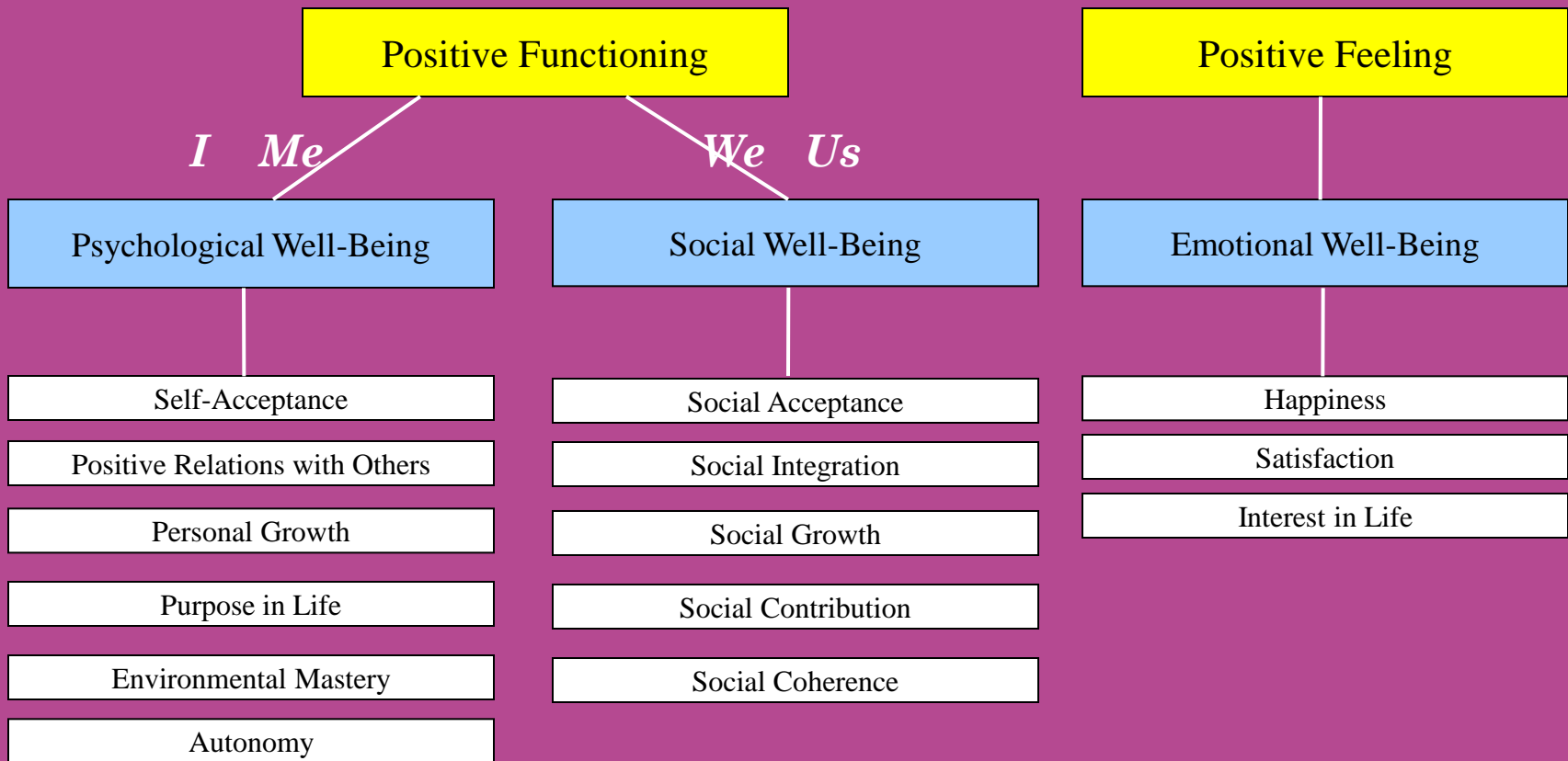
COREY L. M. KEYES

Emory University

Journal of Health and Social Behavior 2002, Vol 43 (June): 207–222

This paper introduces and applies an operationalization of mental health as a syndrome of symptoms of positive feelings and positive functioning in life. Dimensions and scales of subjective well-being are reviewed and conceived of as mental health symptoms. A diagnosis of the presence of mental health, described as flourishing, and the absence of mental health, characterized as languishing, is applied to data from the 1995 Midlife in the United States study

Family Tree of Mental Health





Psychological Well-Being

Social Well-Being

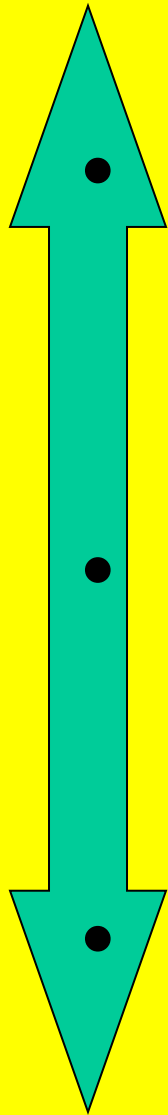
Emotional Well-Being



C
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Mental Health Continuum



- Flourishing

“almost every day” or “every day”

1 emotional well-being + 6 positive functioning

- Moderate

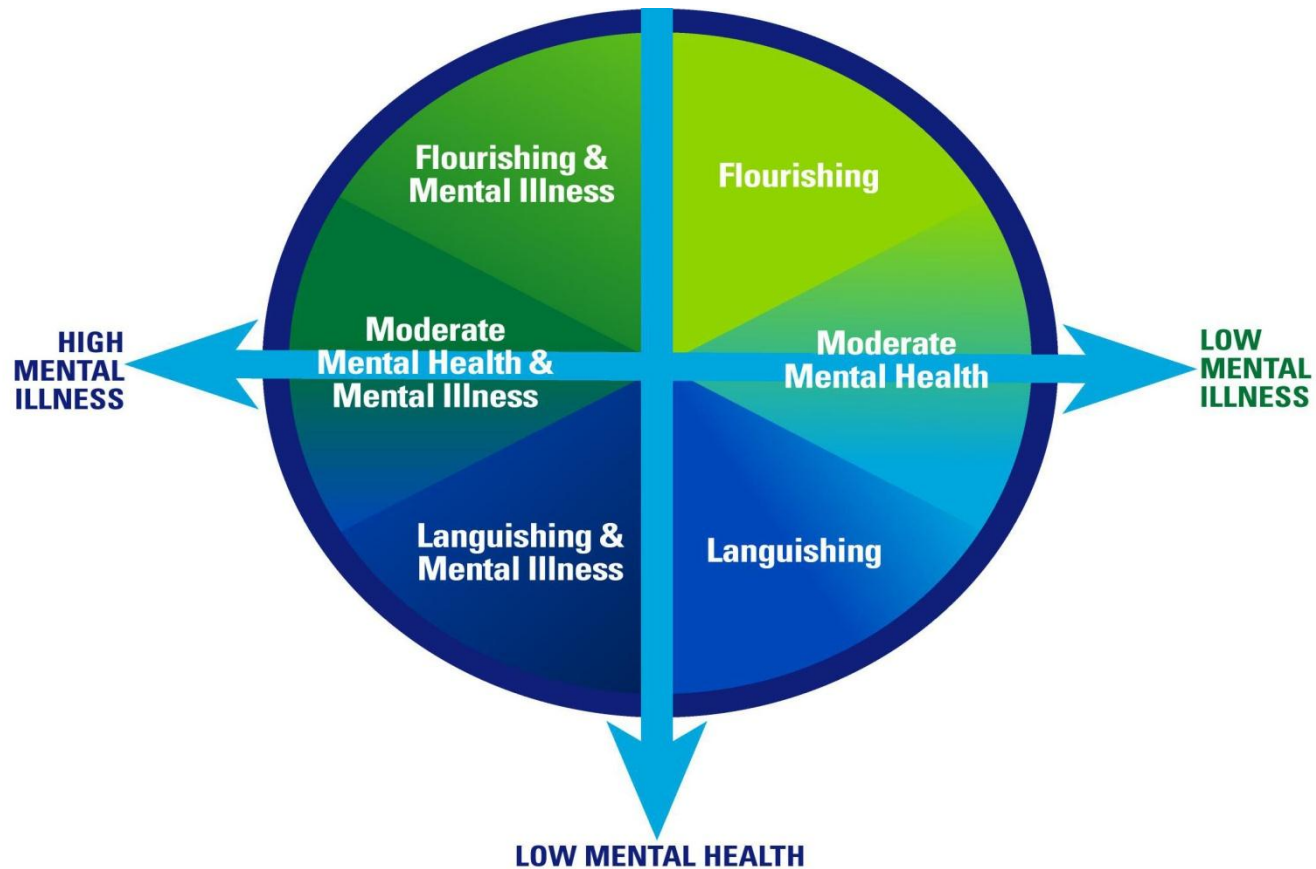
- Languishing

“never” or “once or twice”

1 emotional well-being + 6 positive functioning

Mental Illness and/or Mental Health? Investigating Axioms of the Complete State Model of Health

Corey L. M. Keyes
Emory University

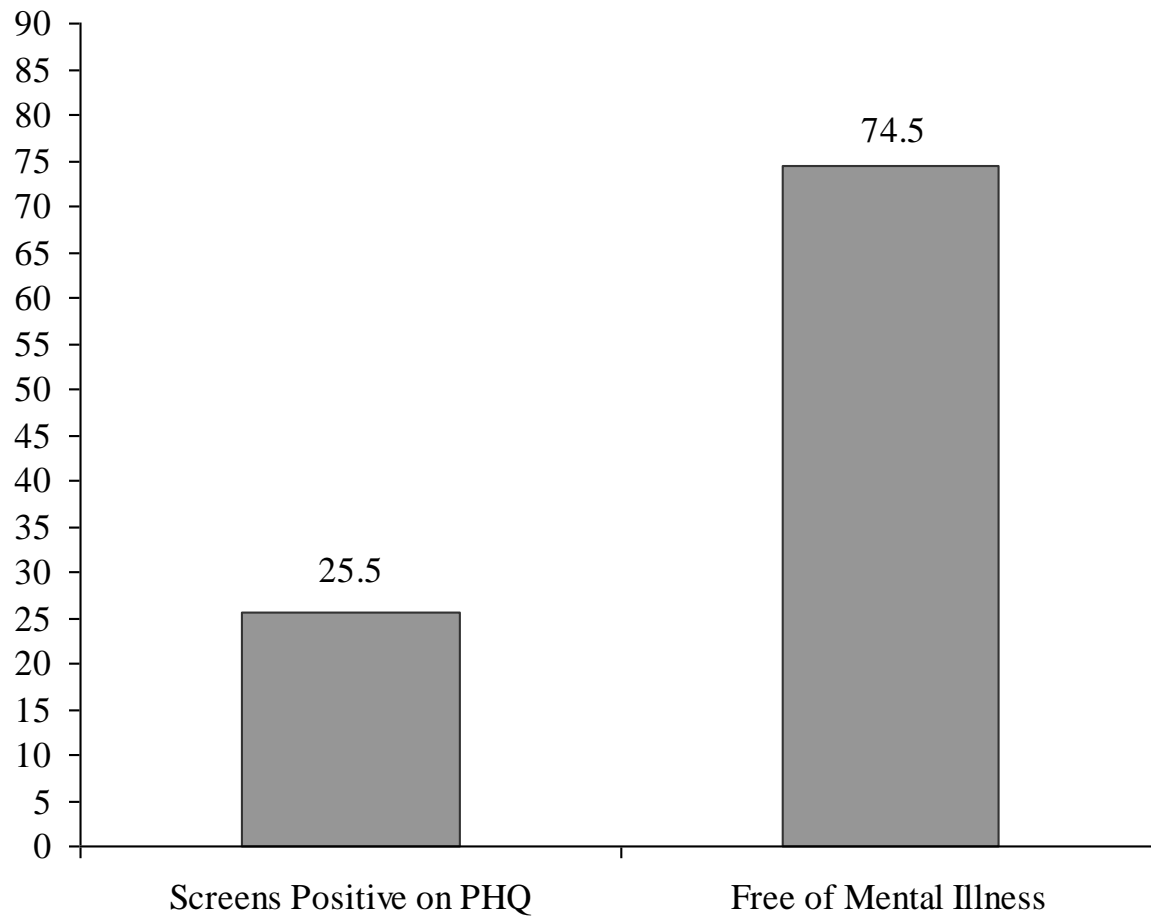


Implication 1:

Absence MI \neq Presence MH

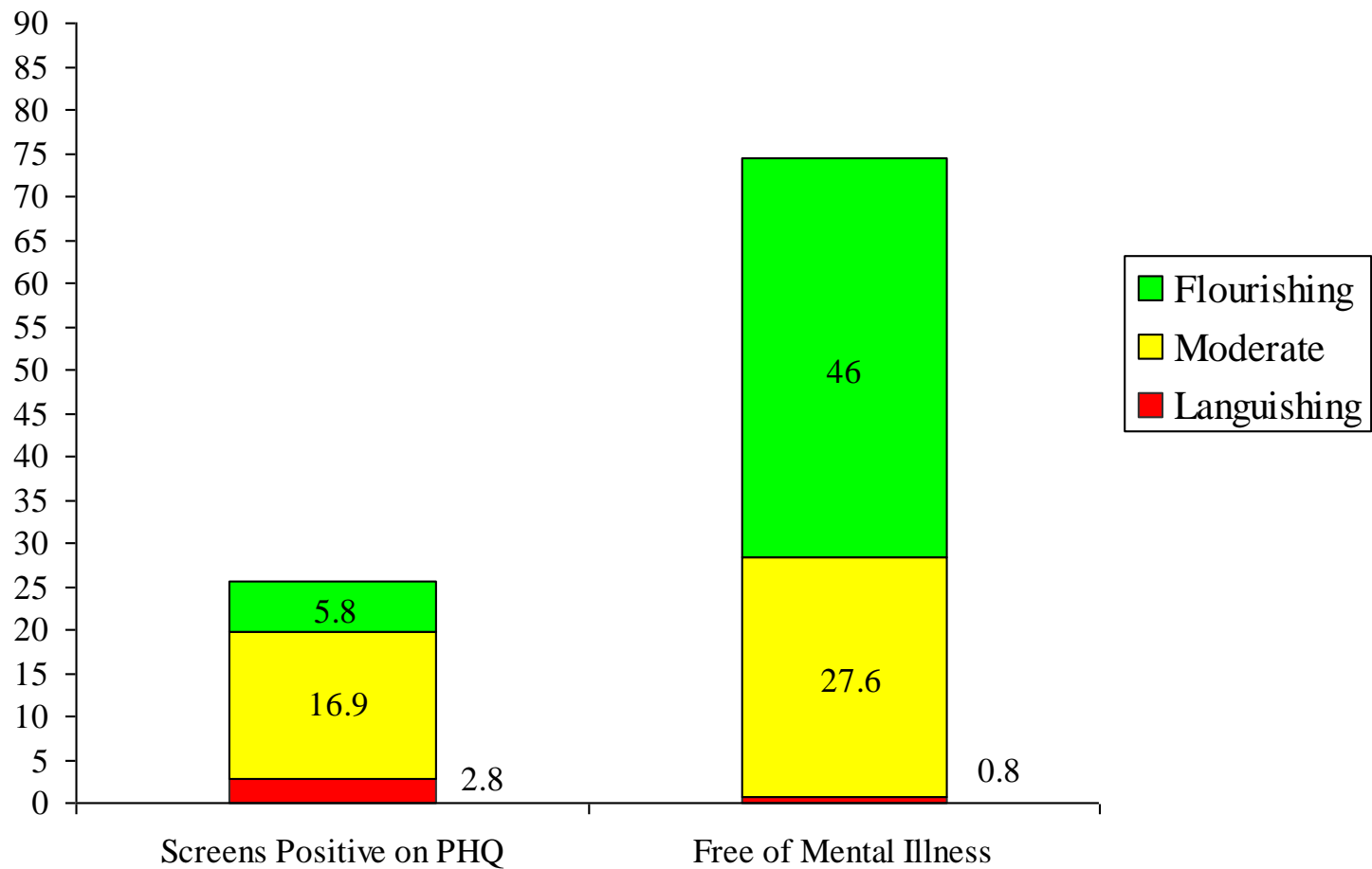
Implication 1

US College Students (2007; n = 5,750)



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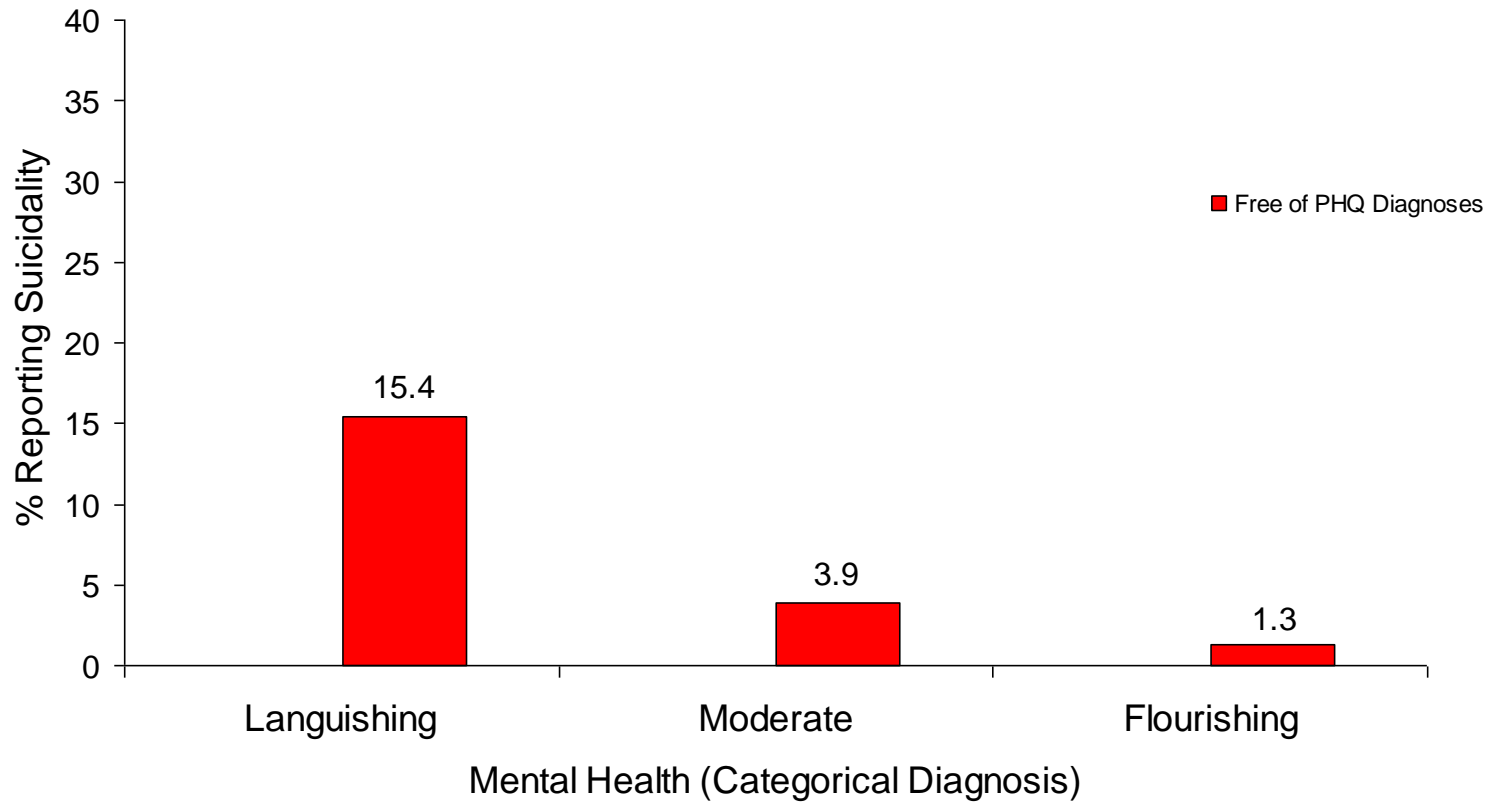


Implication 2:

Level of Mental Health Matters

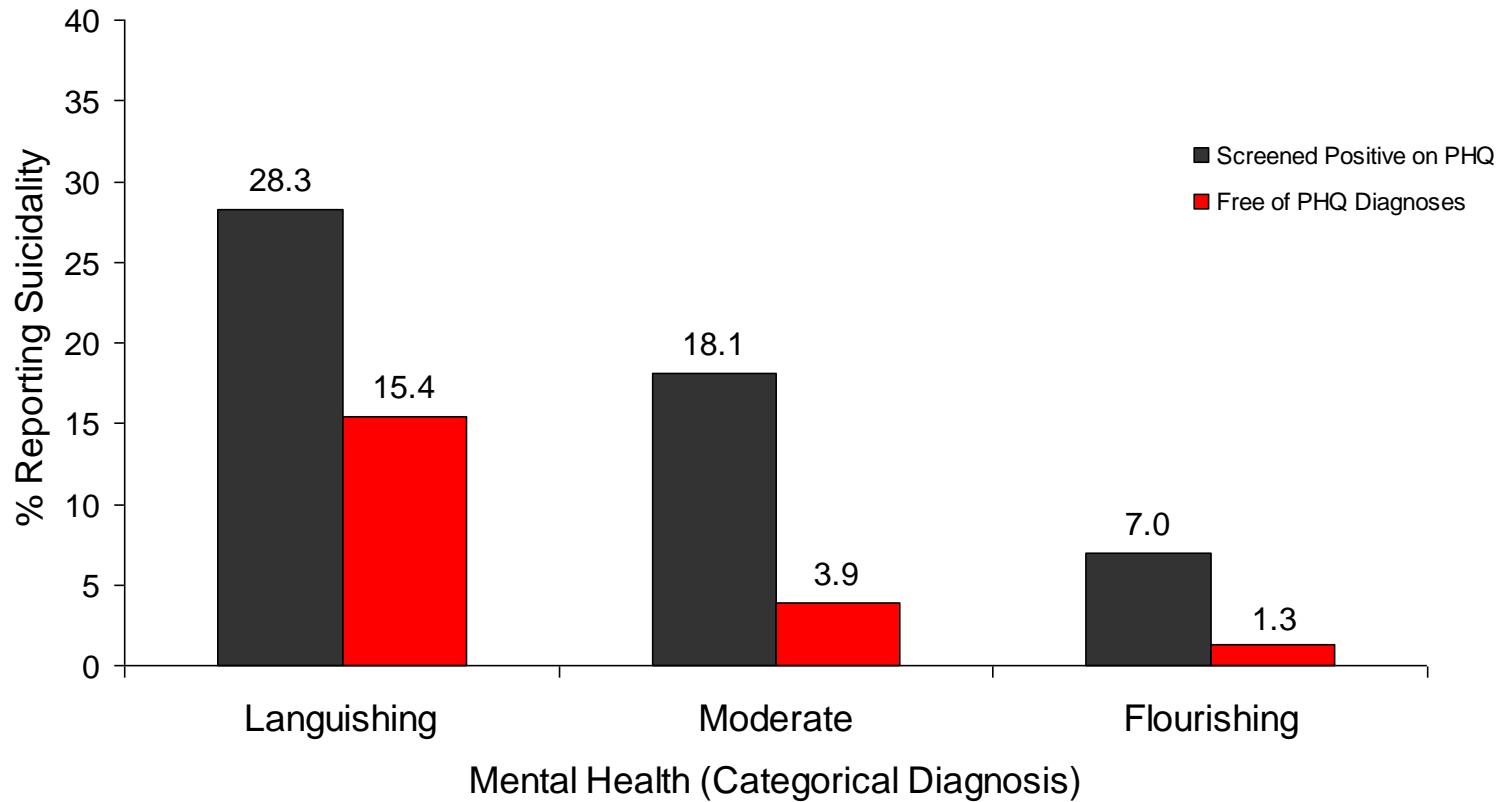
Implication 2

(Keyes et al, in press)

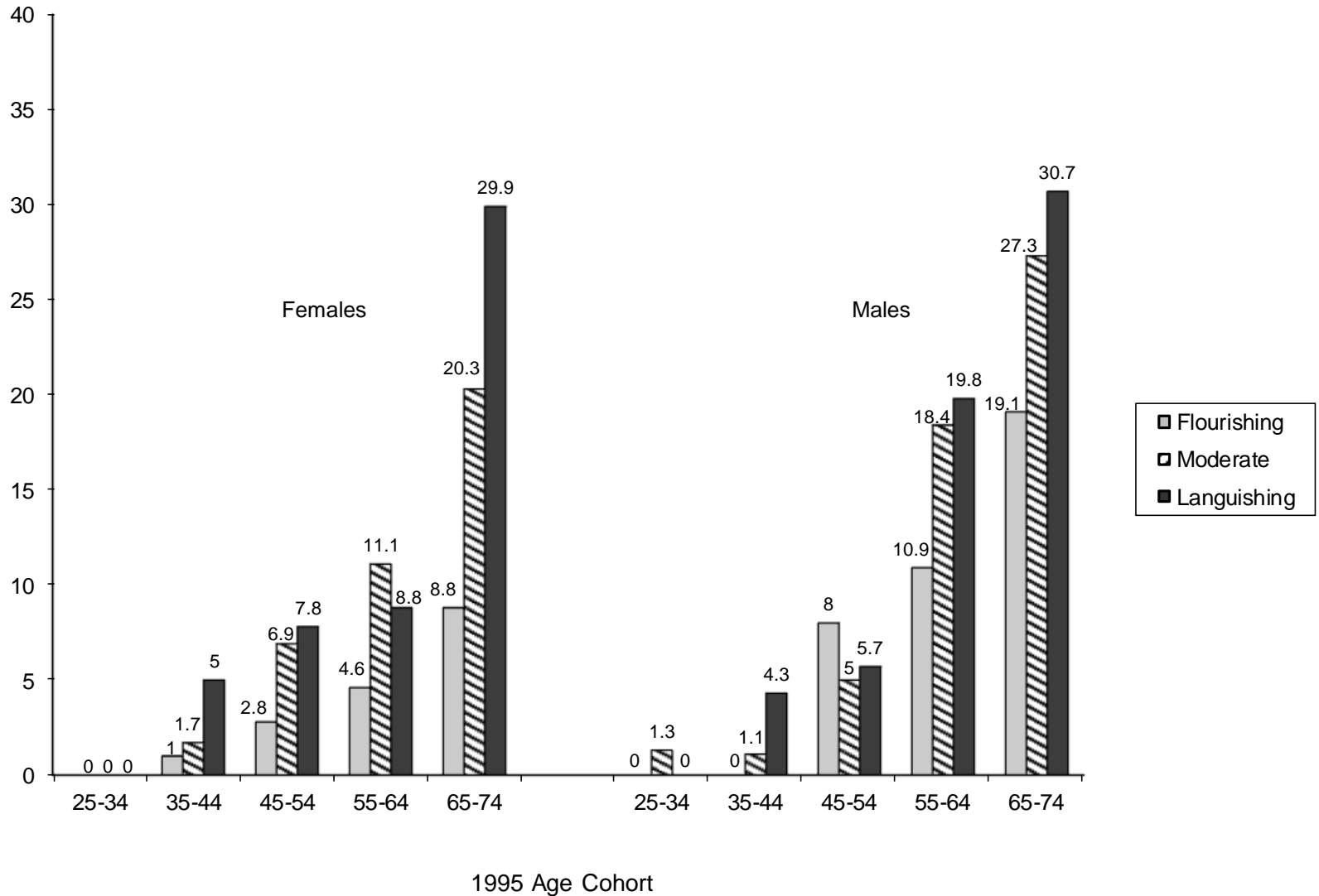


Implication 2

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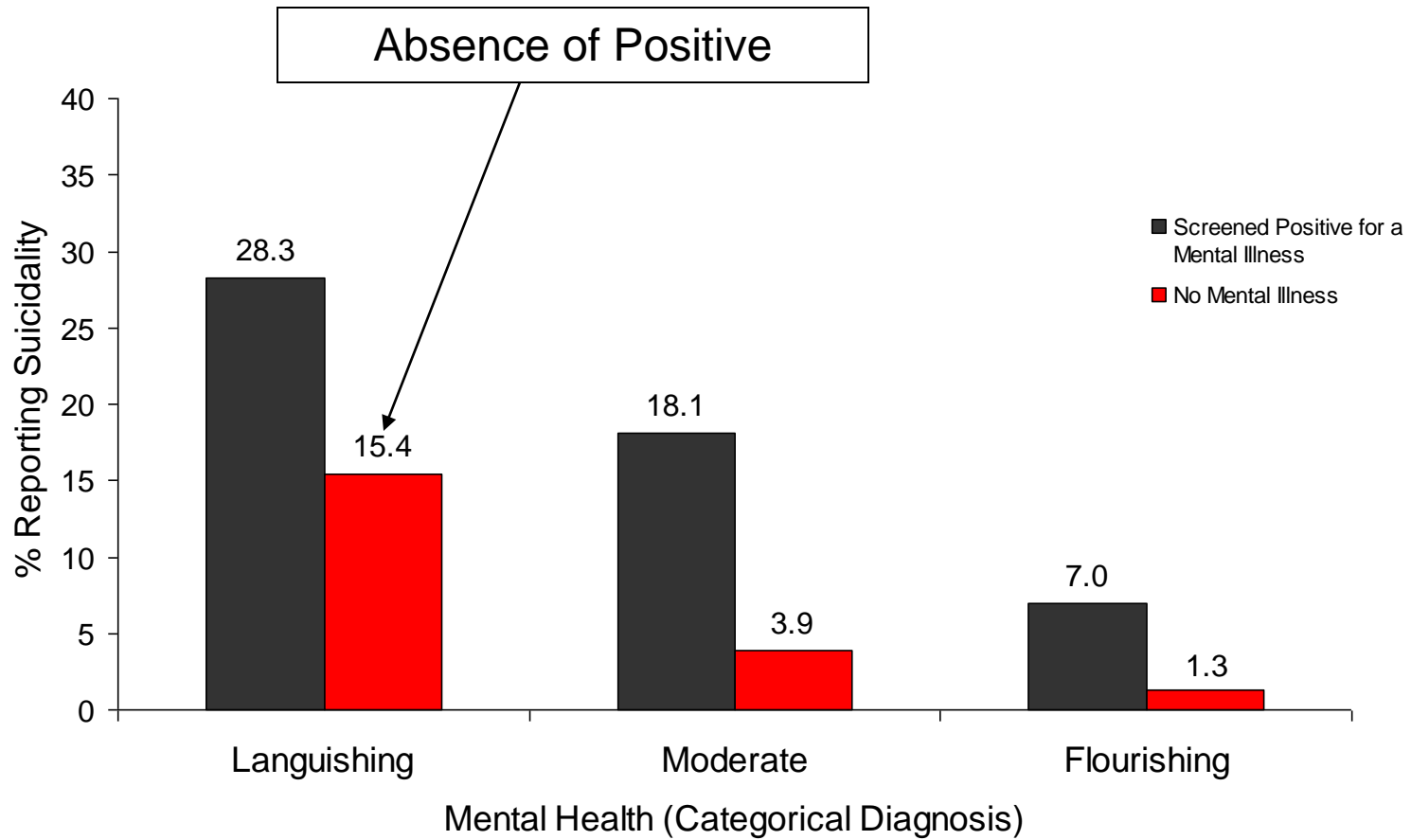
Implication 2



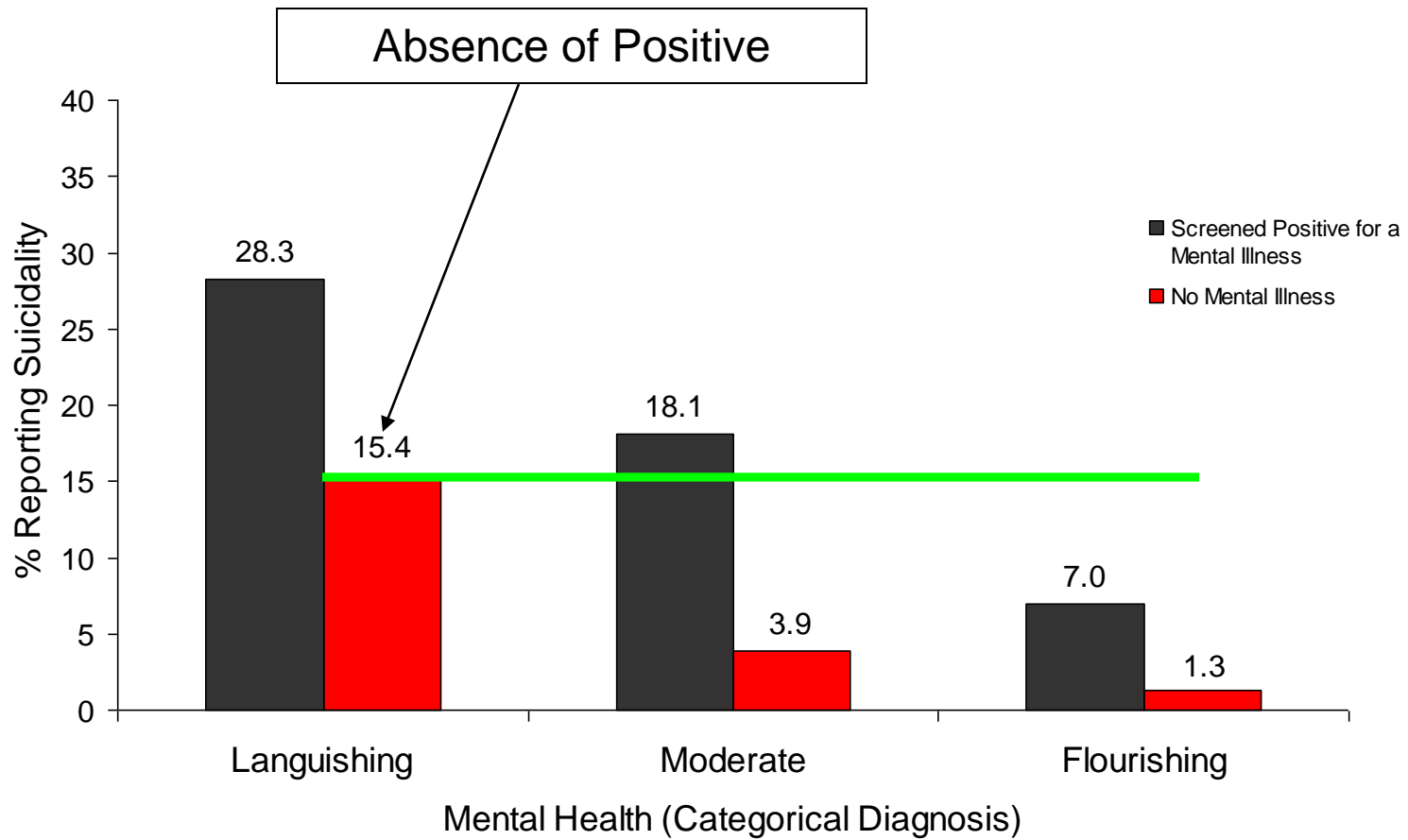
Implication 3:

Absence of MH \approx Presence of MI

Implication 3



Implication 3



Implication 4: Health Is More Serious

Change in Level of Positive Mental Health as a Predictor of Future Risk of Mental Illness

Corey L.M. Keyes, PhD, Satvinder S. Dhingra, MPH, and Eduardo J. Simoes, MD, MSc, MPH

The debate is no longer about whether mental illness is a public health issue,¹⁻⁴ but about what can reduce the prevalence of, and suffering from, mental illness. The de facto approach of mental illness treatment⁴ and prevention through risk reduction has not reduced the prevalence, burden, or early onset of mental disorder.^{5,6} A further step is mental health promotion and protection, the latter defined as the objective of preventing the loss of good mental health.⁷

Whereas treatment targets those with mental illness, and prevention through risk reduction targets those vulnerable to mental illness, mental health promotion and protection targets those with optimal and less-than-optimal mental health.⁸ Mental health promotion and protection seeks to promote maintenance or elevation of positive mental health and to protect against its loss.⁸⁻¹⁰ Mental health promotion and

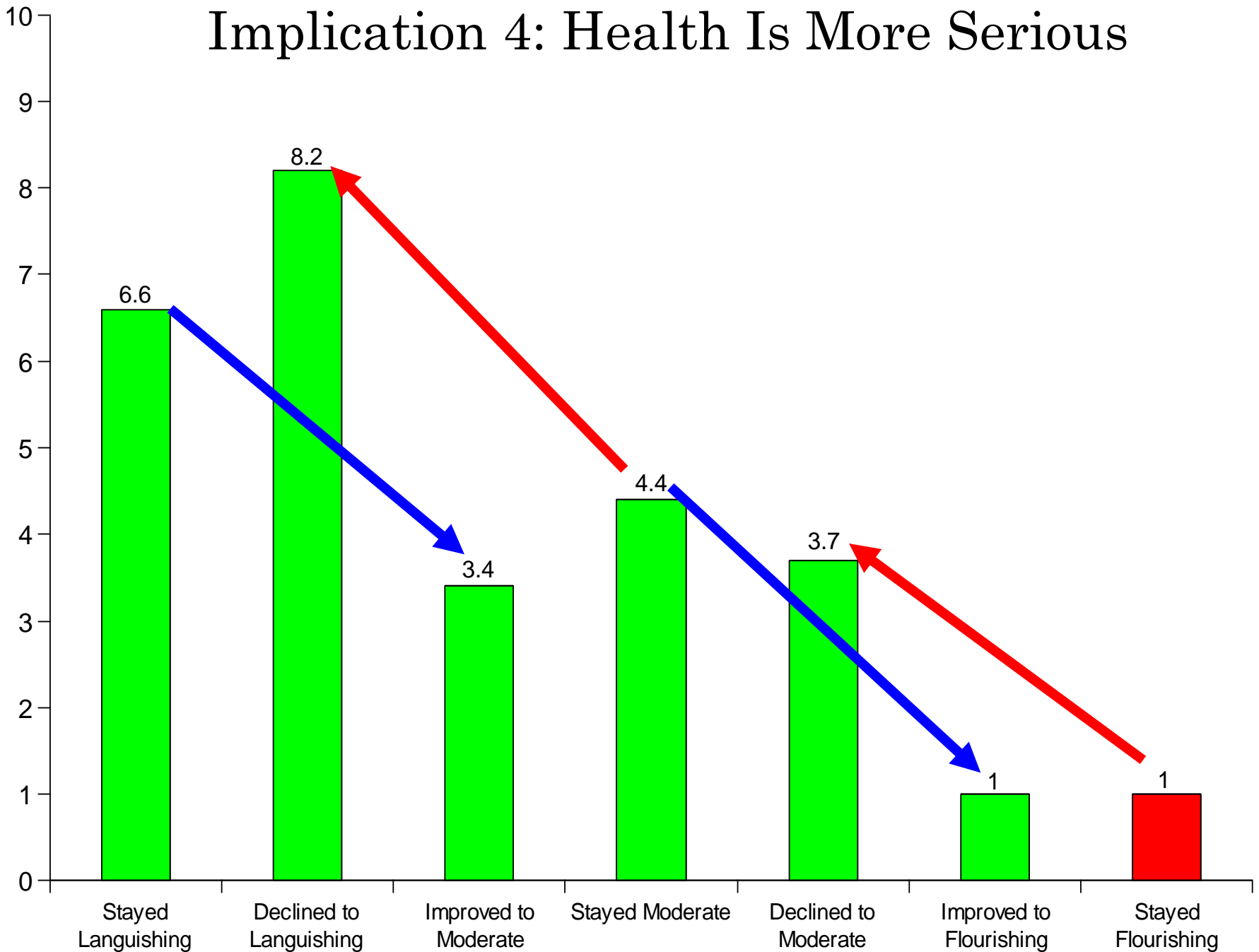
Objectives. We sought to describe the prevalence of mental health and illness, the stability of both diagnoses over time, and whether changes in mental health level predicted mental illness in a cohort group.

Methods. In 2009, we analyzed data from the 1995 and 2005 Midlife in the United States cross-sectional surveys (n=1723), which measured positive mental health and 12-month mental disorders of major depressive episode, panic, and generalized anxiety disorders.

Results. Population prevalence of any of 3 mental disorders and levels of mental health appeared stable but were dynamic at the individual level. Fifty-two percent of the 17.5% of respondents with any mental illness in 2005 were new cases; one half of those languishing in 1995 improved in 2005, and one half of those flourishing in 1995 declined in 2005. Change in mental health was strongly predictive of prevalence and incidence (operationalized as a new, not necessarily a first, episode) of mental illness in 2005.

Conclusions. Gains in mental health predicted declines in mental illness, supporting the call for public mental health promotion; losses of mental health predicted increases in mental illness, supporting the call for public mental health protection. (*Am J Public Health.* 2010;100:2366-2371. doi:10.2105/AJPH.2010.192245)

Implication 4: Health Is More Serious



Mental Health Promotion as a New Goal in Public Mental Health Care: A Randomized Controlled Trial of an Intervention Enhancing Psychological Flexibility

| Martine Fledderus, MSc, Ernst T. Bohlmeijer, PhD, Filip Smit, PhD, and Gerben J. Westerhof, PhD