CHAPTER 14

Happiness and mental health: the flip side of S-AD

ROB DONOVAN, GARRY EGGER

> *Hans Selye is wrong; it is not stress that kills us. It is effective adaptation to stress that permits us to live.*
>
> GEORGE VAILLANT, 1996

Introduction

Psychiatrist George Vallaint was three years old when the long-term prospective study of Harvard alumni commenced. He was in the third decade of his life when he joined the study and began to forge his career based on a detailed understanding of how humans use ego *mechanisms of defence* to adapt, with varying degrees of success, to life's trials and tribulations.

Vaillant's message, based on five decades of observation of growth to maturity, is a simple one: 'soundness is a way of reacting to problems, not an absence of them'. Of all the 287 men studied, none had only 'clear sailing through life'. What interested Vaillant was the adaptation mechanisms used to cope with the inevitable conflicts that occurred. Vaillant and his team identified four main types of defence mechanisms, from psychotic (in people typically managing least effectively in their adaptation to life) to mature (those who manage most effectively). The levels are shown in Table 14.1.

The Harvard findings represent an early awareness of mental 'health' in contrast to mental illness. This has since been adopted by the 'positive psychology' movement which has developed practices for capitalising on this to promote, if not happiness, then a form of positive affect with potential benefits for health.

Depression and happiness

It goes without saying that nobody likes to be 'bitten by the black dog' of depression. But it seems as though more people than ever before are suffering from depression

TABLE 14.1 Adaptive mechanisms of (ego) defence

Level 1: psychotic mechanisms (common in psychosis, dreams, and childhood)	denial (of external reality) distortion delusional projection
Level 2: immature mechanisms (common in severe depression, personality disorders, and adolescents)	fantasy projection hypochondriasis passive-aggressive behaviour (e.g. masochism, turning against the self)
Level 3: neurotic mechanisms (common in everyone)	intellectualisation (isolation, obsessive behaviour, rationalisation) repression reaction formation displacement (conversion, phobias) dissociation (neurotic denial)
Level 4: mature mechanisms (common in 'healthy' adults)	sublimation altruism suppression anticipation humour

and anxiety disorders. True depression is undoubtedly a serious and apparently growing problem in modern societies, as we saw in Chapter 13. But does feeling unhappy from time to time justify reaching for the latest soma pill? Are there other ways of dealing with mood fluctuations? Can we use George Vallaint's mechanisms of defence or develop other more positive ways of preventing mental illnesses (which Vaillant describes as a continuum, rather than a discrete entity) or lessening their severity or duration when they do strike? The answer lies in an understanding of what is good mental health, other than simply the absence of disease.

What is (good) mental health?

Mental health has been defined by the World Health Organization (WHO) as 'a state of wellbeing in which the individual realises 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' (WHO, 2001). In lay terms, being mentally healthy means being alert, socially competent, emotionally stable, enthusiastic, and energetic (Donovan et al., 2003).

In this chapter we look at these positive aspects of mental health, with a view to encouraging patients to take up activities that build and maintain good mental health (Donovan et al., 2006). Because most people associate mental illness with

the term mental health, it is suggested that during consultations mental health issues be discussed in a context of 'keeping mentally healthy'. Being mentally healthy—or having good mental health—has positive health connotations and is generally described by lay people as being content with who they are and what they have; being in control of their lives; being mentally competent and emotionally stable; generally feeling happy most of the time; being able to cope with problems and crises in life; and being interested and involved in things in their lives (Donovan et al., 2003).

Defining happiness

It has been said that the search for happiness is one of the main sources of unhappiness in the world. Defining happiness, on the other hand, is like trying to describe a colour or wrestle with a column of smoke. Happiness has been variously defined as:

- an activity of the soul expressing virtue (Aristotle);
- the absence of desire (Epicurus);
- unity with one's nature (John F. Schumaker)
- a way station between too little and to much (Channing Pollock); and
- a way of travel, not a destination (Roy M. Goodman).

Contemporary society tends to focus on the affective nature of happiness and on overall enjoyment with one's life as a whole: 'feeling good—enjoying life and wanting that feeling to be maintained' (John Layard). Of most importance to our discussion here, is that happiness is more than just the absence of feeling sad.

Mental health and happiness

While the study of (good) mental health has been and continues to be neglected, the study of *happiness* has a long history. The volume of research has increased exponentially in the past decade. In one sense, this is a good thing because many of the factors that predict good mental health also predict happiness. In some cases, the terms happiness and psychological health are used interchangeably (e.g. Belliotti, 2004), especially when talking about happiness as measured by ratings of wellbeing and in a positive psychology context. Overall, happiness researchers tend to be individually and affective focused, whereas mental health researchers tend to be more population and determinant focused and thus place more emphasis on environmental influences.

There is little agreement among psychologists and philosophers on what does or should constitute happiness (Belliotti, 2004; Eckersley, 2004) and confusion about the terms wellbeing, contentment, and life satisfaction. Nevertheless, agreement has been reached on a number of factors influencing happiness and good mental health.

The top half of Table 14.2 summarises the factors that appear to predict higher levels of happiness, wellbeing, or life satisfaction; the bottom half looks at factors that negatively impact on wellbeing and mental health (see Donovan et al., 2003; Eckersley 2004; Layard, 2005). Interestingly, these factors, obtained from multivariate analyses of large databases, are strikingly similar to those listed by Aristotle (and others) almost 2 500 years ago (i.e. wealth, plenty of friends, good friends, good health, athletic powers, good children, and resources) (McMahon, 2006).

TABLE 14.2 Factors affecting mental health/happiness/wellbeing

Positive factors	Negative factors
family relationships (marriage)	child abuse and neglect
leisure activities	coercive treatment by those in authority
money/financial situation	discrimination/racism
physical health and disability/mobility	drug and alcohol abuse
personal freedom (government control)	violence (family, intimate partner, civil war/terrorism, sexual assault)
personal values and religion	approaches to mental health
social networks, community, and friends (social capital—trust in others)	
work situation (job security, job satisfaction)	

Warr (1994) listed nine environmental factors (Table 14.3) that underlie good mental health. Although Warr considered these in an occupational environment, they also apply across family, school, recreational, sporting, and institutional environments.

TABLE 14.3 Environmental factors that contribute to good mental health

Factor	Examples
opportunity for control	opportunities for decision making and personal control
opportunity for skill use	opportunities to apply learning and feel that these applications are valued
externally generated goals	having structured routines set by others
variety	having varied roles and responsibilities changes in routine
environmental clarity	feedback about consequences of actions being able to foresee a stable and secure future having clear knowledge of expectations and role requirements
availability of money	sufficient resources for food, clothing, shelter, entertainment, and education relative to wider society
physical security	feeling safe at home feeling safe in public places workplace safety
opportunity for interpersonal contact	quantity and quality (especially) of interactions good communication emotional and instrumental support
valued social position	respect from others self-respect self-esteem

Source: Warr, 1994

There are a number of overlapping areas of interest in the promotion of good mental health. One stream, called positive psychology, grew out of mainstream psychology and hence tends to focus on individual. Positive psychology is differentiated from traditional clinical psychology by its emphasis on individual strengths rather than weaknesses and by putting equal emphasis on building mental health and happiness in the absence of pathology.

A second stream is more concerned with the factors that contribute to or detract from wellbeing or satisfaction with life, as measured by structured items in large-scale population surveys (Eckersley 2004; Headey and Wearing, 1992). Where positive psychologists are concerned with individual applications of their principles, wellbeing researchers see their data as also applicable at the population level.

The third stream looks at mental health from a more comprehensive and proactive view. While drawing on both of the above, it takes a broader view of the factors that lead to poor mental health, provide resilience to stressors, and strengthen mental health. This approach is concerned more with the neglected area of mental health *promotion*: increasing proactivity about the positive sides of mental health (Donovan et al., 2006).

Positive psychology?

Dr Martin Seligman, a former head of the American Psychological Society, became famous in the 1970s for 'shocking the living daylights' out of rats. This was not because he was a sadist, but rather to prove a point. Seligman found that if the rats were warned by a light they were going to be shocked through the iron grills of a cage floor and were able to learn a task to avoid that shock, they stayed happy and healthy—in rat terms, of course. However, if the ability to escape was taken away from them, they gradually became agitated, then catatonic, then just gave up trying until they eventually died. Seligman called this learned helplessness and this was the title of his seminal book (Seligman, 1978). His thesis was that stress per se is not such a bad thing—in fact, it can even be invigorating. It is an organism's ability to react to that stressor which is important.

Fast forward to the 1990s and Dr Seligman has a road to Damascus moment. He realises that rats and people are different. He also appreciates that studying helplessness, anxiety, and depression only helps one relieve these symptoms—it does not do the more positive things that make people happy. Hence, he was converted (along with many other psychologists of the time) to *positive psychology*, or the study of human happiness.

Seligman's Positive Psychology Centre (www.ppc.sas.upenn.edu) defines positive psychology as 'the scientific study of the strengths and virtues that enable individuals and communities to thrive'. Positive psychology focuses on positive affect (contentment with the past; happiness in the present; hope for the future) and individual strengths and virtues such as the capacity for love and work, courage, compassion, creativity, curiosity, resilience, and integrity. It also aims to create positive families, communities, schools, and other social institutions.

Positive psychology has three main characteristics that distinguish it from other forms of psychopathology:

- it works on an individual's underlying strengths and virtues, rather then concentrating on weaknesses;
- it is aimed mainly at untroubled or mildly troubled people, not the pathological; and
- it works on making people happy, not just on making them less miserable.

There are a number of practical applications involved in doing this (see www.authentichappiness.com). These include:

Finding and working on signature strengths A questionnaire, designed to identify signature strengths and based on the *Handbook of signature strengths* (Pearson and Seligman, 2004), offers a short cut to identifying an individual's five most prominent strengths. Strengths include such things as the ability to find humour, summon enthusiasm, appreciate beauty, be curious, and love learning. The idea of the exercise is that using one's 'signature' strengths may be a way to become engaged in satisfying activities. One or more strengths is then applied each day in a different way.

Counting blessings At the end of each day, patients are advised to think of three good things that have happened that day and analyse why they have occurred. This enables them to focus on the good things that happen, which might otherwise be forgotten because of daily disappointments.

Expressing appreciation Patients are advised to find someone who has done something helpful at some stage, and for whom proper appreciation was never given, and to thank them for this. This increases attention to good relationships and the good things that have happened in life, in contrast to the bad.

Other practical techniques include:

- savouring the pleasing things in life, such as a warm shower or a good breakfast;
- writing down what one may want to be remembered for, to help bring daily activities in line with what is really important;
- regularly practicing acts of kindness for strangers; and
- thinking about the happiest day in one's life over and over again, without analysing it.

The general idea is to improve self-image and promote good interactions with others. Participants who perform a variety of acts, rather than repeating the same ones, have been shown in published research to have an increase in happiness, even a month after the experiment ended. Those who kept on doing the acts on their own did better than those who did not.

Lives led

Positive psychology assumes that there are different levels of life that can be led on the road to happiness.

The pleasant life Seligman defines this as the superficially happy life espoused by modern celebrity worship, which is generally artificial and based around material possessions.

The engaged life (interest and involvement) This involves more engagement in activities that include a feeling of belonging and interest, such as joining a sports or interest group.

The meaningful life (giving commitment) At this level, a sense of purpose and meaning in what has been committed to provides an inner satisfaction. This may or may not involve religious belief and can include such things as political, social, or environmental action or commitment.

As discussed below, Seligman's lives led can be transposed into action at a public health as well as a clinical level.

Is positive psychology the way for everybody?

Most psychologists working in the area of mental health acknowledge the organic nature of much mental illness. At the extreme ends, this requires pharmacological as well as psychological intervention. However, much of the so-called normal population is burdened with what have been called neuroses, often encouraged by a

happiness-fixated media, resulting in an inability to thrive and achieve full potential. As pointed out by Schock (2006), 'somewhere between Plato and Prozac, happiness stopped being a lofty achievement and became an entitlement'. Positive psychology aims to assist people in achieving a level of happiness by focusing on core strengths and de-emphasising neurotic failings.

Mental health promotion

Mental health promotion is any action taken to maximise mental health and human well-being that focuses on improving the environments that affect mental health and the coping capacity of communities and individuals. *Prevention* refers to interventions that prevent the development of a disorder by targeting known risk factors. *Early intervention* involves actions that specifically target people displaying the early signs and symptoms of a mental disorder (Australian Government Department of Health and Aged Care, 2000). In this chapter, we are concerned mainly with mental health promotion and prevention, although the activities suggested below are equally applicable as part of an early intervention process.

While there are a number of school and worksite interventions aimed at building positive mental health, most community-wide campaigns have been aimed at early detection and treatment of mental problems and de-stigmatisation of mental illness (Saxena and Garrison, 2004). The Western Australia 'Act-Belong-Commit' campaign is one of the few positive community-wide mental health promotion campaigns in the world. The principles behind it are as applicable to use in one-to-one clinical practice as they are for public health.

The act-belong-commit (ABC) approach to mental health promotion

The *Act-Belong-Commit Mentally Healthy WA* campaign is a community wide intervention, developed from qualitative and quantitative research, that encourages individuals to be proactive about their mental health. The public health aspect of the campaign also targets appropriate 'partner' organisations to promote their activities as beneficial to mental health. The ABC message provides a simple mnemonic of concepts that are relevant at the clinical and public health levels.

The primary objective for the ABC campaign is to reframe individual perceptions of mental health away from simply the *absence* of mental *illness* to the belief that an individual can (and should) act proactively to protect and strengthen his or her mental health.

Participants in formative research identified a number of factors that impact on mental health, ranging from economic and socio-cultural factors to individual personality and lifestyle factors. These include: unemployment or job insecurity; early childhood experiences and coercive parenting; exposure to violence, alcohol, and drug abuse; and being subject to discrimination (on the basis of race, age, gender, sexual orientation, or disability).

A number of factors seemed to increase resilience and ability to cope with stressors, including: positive parenting; educational and workplace practices; having access to good support networks; good self-esteem; and feelings of self-efficacy. There was near-universal agreement that keeping oneself active (physically, socially, and mentally), having good friends, being a member of various groups in the community, and feeling in control of one's circumstances were necessary for good mental health.

There was also widespread agreement that having opportunities for achievable challenges—at home, school, or work, or in hobbies, sports, or the arts—were important for a positive sense of self.

Helping others (e.g. volunteering, coaching, mentoring) was also frequently mentioned as a source of satisfaction, as well as providing a source of activity and involvement with others. These factors are similar to those identified by experts and listed in Tables 14.2 and 14.3.

The *Mentally Healthy WA* campaign has two themes, one encouraging individuals to be more proactive about their own mental health and one helping individuals in authority over others to be more aware of their impact on mental health. The former encourages individuals to engage in activities that would enhance their mental health (e.g. social, arts, and sporting organisation membership; community involvement; physical and mental activities; family socialising; hobbies) and simultaneously encourages community organisations offering such activities to promote their activities under a mental health benefit message. The latter focuses on interactions between those in authority and those under their charge or care (e.g. supervisors and their workers; parents and their children; teachers and their students; coaches and their trainees; service personnel and customers), with the aim of replacing coercive, negative styles with encouraging, positive styles.

The ABC slogan is a simple message. The three verbs 'act', 'belong', and 'commit' were chosen not only because they provide an ABC but because they represent three major domains of factors that both the research literature and people in general consider contribute to good mental health (Donovan, 2003; Donovan et al., 2007). A summary of suitable actions is shown in Table 14.4.

TABLE 14.4 The ABC for good mental health

ACT	Maintain or increase levels of physical activity (e.g. walk, garden, dance), cognitive activity (e.g. read, do crossword puzzles, study), and social activity (e.g. say hello to neighbours, chat to shopkeepers, maintain contacts with friends).
BELONG	Maintain or increase level of participation in groups if already a member or join a group. Maintain or increase participation in community events and with family and friends.
COMMIT	Take up a cause or challenge (e.g. volunteer for a good cause, learn a new and challenging skill).

For example, a person can ACT by reading a book; BELONG by joining a book club; and COMMIT by becoming the secretary/organiser for the book club or by occasionally reading challenging books rather than just 'pulp fiction'.

These three domains may also be viewed as a hierarchy of increasing contribution to an individual's sense of self and mental health.

Act

'Act' suggests that individuals strive to keep themselves physically, socially, and cognitively active. This is supported by evidence from a variety of sources indicating that individuals with higher levels of physical, cognitive, and/or social activity have higher levels of wellbeing and mental health and that such activities can alleviate mental problems such as anxiety and depression (Dunn et al., 2005; Saxena et al., 2005). At the basic physical and cognitive levels, individuals can be encouraged to take a walk, read a book,

do a crossword puzzle, garden, take a correspondence course, visit a museum, and so on. At a basic social level, individuals are encouraged to interact with salespeople while shopping, talk to their neighbours, and maintain contact with family and friends. Actions at this level are encompassed under Seligman's pleasant life. They can improve an individual's mental coping capacity but alone are unlikely to lead to 'bliss point' satisfaction.

Belong

'Belong' refers to being a member of a group or organisation (whether face-to-face, formal, or informal) in order to strengthen an individual's connectedness with the community and sense of identity. Many activities can be done alone or as a member of a group (e.g. reading a book vs. joining a book club; going for a walk alone or joining a walking group; playing solitaire or playing bridge). In some cases, there are synergistic effects: belonging to a book club not only adds a connectedness dimension but is likely to expand the cognitive activity involved; joining a walking group can expand the physical activity while adding a social dimension.

Regular involvement in social activities, whether via hobby groups, professional interest groups, family, or friends, is likely to result in a strong personal support group, one of the most important factors for maintaining mental (and physical) health (Kawachi and Berkman, 2001). Involvement in local community activities and organisations builds social cohesion (or social capital), which is also important for individual mental health (Fullilove, 1998; Ziersch, 2005). Overall, the more an individual is active within the context of connectedness, the greater contribution to mental health and the greater the availability of assistance in coping with the vicissitudes of life and threats to mental health (WHO, 2004).

Belonging implies the engaged life proposed by Seligman.

Commit

'Commit' refers to the extent to which an individual becomes involved with (or commits to) some activity or organisation. Commitment provides a sense of purpose and meaning to one's life, which some researchers claim is the single most important factor contributing to life satisfaction/wellbeing (Headey and Wearing, 1992). Commitment can be to a cause or organisation that benefits the group or wider community or can be to the achievement of some personal goal.

Meeting challenges provides a sense of accomplishment, feelings of efficacy, and a stronger sense of self (Csikszentmihalyi, 1990). Religious belief is an obvious form of commitment, but meaning can be obtained from short-term as well as long-term commitment to an ideal, as pointed out by Franz in developing 'Logotherapy' while incarcerated in a Nazi concentration camp. The WA health promotion ad *Feeling Blue? Act Green* (Figure 14.1), aimed at increasing interest in nature, captures the notion of joint rewards from physical activity as well as mental satisfaction.

Volunteering and undertaking activities to benefit the community at large, especially where these involve the disadvantaged, have special returns for feeling good about oneself and overall mental health benefits, particularly in the retired elderly (Vaananen et al., 2005). Volunteering and greater participation in community activities and organisations also have substantial implications for community cohesion and social capital and hence quality of life (ESRC, 2004).

FIGURE 14.1 Feeling blue? Act green!

Feeling **blue?** Act **green!**

It seems that watching wildlife shows, exploring parks and gardens, looking at fabulous mountain and ocean views, and getting away from it all to the bush and Pacific island beaches are not only pleasurable, but are actually good for us!

Eminent biologists, psychologists and health professionals are showing that contact with nature – whether through parks, natural bush, pets or farm animals – helps us recover from stress and mental fatigue, helps us relax and puts us in a good frame of mind.

Of course, most of us know this intuitively and it's probably why we are drawn to nature instinctively. We all know that a walk on the beach, down a bush track or in a park is good to clear the head when we feel a little tired or stressed.

So, next time you are feeling like a lift, 'act green': do some gardening, pet the cat or dog, take a walk around the park or head down to the water for some time out.

Better still, don't wait until you're tired or feeling flat. Act green more often. Being in touch with nature makes us feel good, builds good mental health and helps beat the blues. And it's as easy as A-B-C

Act – do some gardening; take a walk around the local park; watch a wildlife documentary; take time to watch the sun set; spend time with pets ...

Belong – get a group together for a picnic in a natural setting; visit a wildlife sanctuary with friends; join a hiking group ...

Commit – become a 'civic environmentalist'; join a tree planting group; volunteer to keep your local parks & gardens clean; take up orienteering; learn more about ecology; offer to take a home-bound person out to a park ...

Being active, having a sense of belonging, and having a purpose in life all contribute to happiness and good mental health.

If you want to know more, visit www.mentallyhealthywa.org.au Phone Professor Rob Donovan on 9266 4598 or email r.donovan@curtin.edu.au

act
belong
commit

Mentally Healthy W.A.

www.mentallyhealthywa.org.au

Health professional goals

The health professional's main aims should be to:

- increase patients' understanding that maintaining good mental health is just as important as maintaining good physical health;
- increase patients' salience that there are things that they can and should do to build and maintain good mental health (summarised under the ABC framework); and
- encourage patient's to take up ABC activities where they appear to lack 'sufficient' participation.

While there are no agreed levels for what is considered sufficient, our view is that areas of deficiency would be clearly noticeable and provide clear indications for areas of increase.

What can be done in a standard consultation

Explain the ABC acronym.

Go through each in detail (see *Professional resources*).

Check on hobbies, interests, and commitments and suggest possibilities.

Get patients to check signature strengths and other procedures from the website www.authentichappiness.com.

Suggest 'happiness' reading material.

Other indications would be provided by a patient's symptoms. For example, the following kinds of patients could benefit from the various elements within the ABC framework: those showing signs of mild-to-moderate depression or diffuse anxiety; those expressing feelings of excess stress or an inability to relax; those feeling bored or expressing a lack of energy or enthusiasm for general activities; and those lacking in social support. However, all patients can benefit from an increased awareness of how they can strengthen and maintain good mental health.

Applying the procedure involves three steps:

1. Establishing to what extent the patient is physically, mentally, and socially active (more severe cases may need to be referred or managed more intensively). This may involve the exhortation to 'just do it'.
2. Establishing to what extent the patient is an active member of groups and actively participates in community activities or events, and discussing possibilities for doing this where this may be appropriate.
3. Establishing to what extent the patient engages in activities, hobbies, or interests that provide purpose and meaning in his or her life. Considering an individual's interests and philosophical bent can help in providing assistance in this direction.

   The questioning style outlined in Table 14.5 is a useful starting point.

TABLE 14.5 A useful questioning style

Act	How often do you do something physically active that requires some effort, such as walking, gardening, dancing, golfing, or playing other sports?
	How often do you do something requiring some mental activity, such as reading, learning something new, doing crosswords, or playing card games that require you to concentrate?
	How often do you have contact with other people where you stop for a chat or talk on the phone?
Belong	Do you belong to any groups, clubs, or organisations, formal or informal?
	How often do you meet or interact with other group members?
	Do you hold any office or position in any of those groups?
	What does that involve?
Commit	Are you a volunteer for any charitable organisation or cause?
	What does that involve?
	How often do you do that?
	When was the last time you took on a challenge where you had to work hard to achieve and you felt a great sense of satisfaction by doing what you did?
	Are you doing anything challenging at the moment?
	(Some indication of commitment may have already been identified through membership and office holding under 'Belong' and via challenging activities under 'Act'.)

Analysing and identifying activities

Some patients may have 'social overload' through their jobs or family commitments but still not get enough physical or mental activity; others may get plenty of mental stimulation but make little time for socialising or physical activity; still others may be active individually but appear socially isolated; and some may have few or no real commitments to causes or challenges.

If an individual is lacking in all three areas, the aim would be to get him or her to join some group activity that involves physical and/or mental activity along with the group membership. The first step would be to establish the activities he or she might like doing and then provide a contact name (preferably) or organisation providing such activities. Uncovering past hobbies, activities, and interests is a step to identifying possible interests. If the patient is too shy to personally make contact, try to provide a contact name.

Similar principles apply to increasing levels for ABC involvements where they are deemed deficient. An important step is to identify activities he or she may be interested in and capable of doing. Older people are quite receptive to the mental and physical benefits of increasing their levels of mental and physical activity and appreciate the sense of satisfaction from volunteering. Younger persons may be more interested in participating in activities requiring some challenge and learning new things. For the 'Commit' component, depending on time and other commitments, people can be encouraged to look at their local TAFE or other skills providers, whether for a qualification certificate or simply personal development. This can provide cognitive and social activity as well as building self-esteem through achievements.

Minimal social activity can be maintained by something as simple as encouraging patients to say hello to neighbours and shopping/service personnel and by maintaining

contacts with friends and family, whether in person (preferably) or via telephone or email.

Most local governments have listings of community sporting, recreational, and service organisations that can be given to patients. There is a wide variety of activities that can be done alone or as a member of a group, and there are many groups that can benefit from people with time on their hands.

The Act-Belong-Commit website has additional information and resources (www.actbelongcommit.org.au).

practice tips

PRACTICE TIPS: ENCOURAGING HAPPINESS

	Medical practitioner	Practice nurse
Assess	Presence of mild depression. Level of ABC. Physical and mental activities. Social contacts. Your own 'happiness' status.	Details of ABC. Belonging to 'causes'. Time available and commitment (overload or underload). Your own 'happiness' status.
Assist	By providing medication for risk if appropriate. By providing a website for checking on signature strengths. By discussing actions from signature strengths. By suggesting appropriate reading materials.	By providing a list of available organisations. By checking places for volunteering. By suggesting options for daily actions (eg. counting blessings). By providing reading materials.
Arrange	Contact with psychologists who work in positive psychology. Access to self-help websites.	A relationship with a psychologist to enhance happiness. Contact with self-help groups.

key points

KEY POINTS FOR CLINICAL MANAGEMENT

- Consider mental health and not just mental illness.
- Regard everyone as a potential target for good mental health.
- Practice good personal mental health tactics.
- Encourage the patient to do personal research (reading, searching websites).

references

REFERENCES

Australian Government Department of Health and Aged Care (2000). *Promotion, prevention and early intervention for mental health—a monograph.* Mental Health and Special Programs Branch, Department of Health and Aged Care: Canberra.

Belliotti R. (2004) *Happiness is overrated.* Rowman and Littlefield Publishers Inc: Maryland.

Csikszentmihalyi M. (1990). *Flow: the psychology of optimal experience.* Harper Perennial: NY.

Donovan R, Henley, N, Jalleh, G et al. (2007). People's beliefs about factors contributing to mental health: implications for mental health promotion *Health Promotion Journal of Australia* 18(1): 50–56.

Donovan RJ, James R, Jalleh G et al. (2006) Implementing mental health promotion: the 'Act-Belong-Commit' Mentally Healthy WA campaign in Western Australia. *International Journal of Mental Health Promotion* 8(1): 29–38.

Donovan RJ, Watson N, Henley N et al. (2003). *Report to Healthway: mental health promotion scoping project.* Curtin University, Centre for Developmental Health: Perth, WA.

Dunn AL, Trivedi MH, Kampert JB et al. (2005). Exercise treatment for depression: efficacy and dose response. *American Journal of Preventive Medicine* 28(1): 1–8.

Eckersley R. (2004) *Well & good.* The Text Publishing Company: Melbourne.

ESRC (Economic Research Council) (2004). *The art of happiness . . . is volunteering the blueprint for bliss?* ESRC Press Release. Available from www.esrc.ac.uk/esrccontent/news/september04-2.asp.

Fullilove MT. (1998). Promoting social cohesion to improve health. *Journal of American Medical Women's Association* 53(2): 72–76.

Heady B, Wearing, A. (1992) *Understanding happiness: a theory of subjective well-being.* Longman Cheshire: Melbourne.

Heady B, Wooden M. (2004) The effects of wealth and income on subjective well-being and ill-being. *Economic Record* 80: S24–33.

Kawachi I, Berkman LF. (2001) Social ties and mental health. *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 78(3): 458–67.

Layard R. (2005) *Happiness: lessons from a new science.* Penguin: London.

McMahon DM. (2006). *Happiness: a history.* Grove Press: NY.

Pearson C, Seligman M. (2004) *Character strengths and virtues.* Oxford University Press.

Saxena S, Garrison PJ. (2004) *Mental health promotion: case studies from countries.* World Health Organization and World Federation for Mental Health: Geneva.

Saxena S, Ommeren MV, Tang KC et al. (2005) Mental health benefits of physical activity. *Journal of Mental Health* 14(5): 445–51.

Schock R. (2006) *The secrets of happiness.* Profile Books: London.

Seligman M. (1976) *Learned helplessness*.

Vaananen, A, Buunk, BP, Kivimaki M et al. (2005) When it is better to give than to receive: long-term health effects of perceived reciprocity in support exchange. *Journal of Personality and Social Psychlogy* 89(2): 176–93.

Warr P. (1994). A conceptual framework for the study of work and mental health. *Work and Stress* 8(2): 84–97.

World Health Organization (2001) *Strengthening mental health promotion.* World Health Organization (Fact Sheet no. 220). World Health Organization: Geneva.

World Health Organization (2004). *Prevention of mental disorders: effective interventions and policy options*. *A report of the WHO and the Prevention Research Centre, Universities of Nijmegen and Maastricht.* World Health Organization: Geneva.

Ziersch AM. (2005). Health implications of access to social capital: findings from an Australian study. *Social Science & Medicine* 6(1): 2119–31.