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'Mental health is what makes life worth living': an exploration of lay people's understandings of mental health in Denmark

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ABSTRACT

How people understand mental health has important implications for designing and implementing mental health promotion, and particularly where campaigns developed in one culture are implemented in another. Hence, as part of an adaptation of the Australian Act-Belong-Commit mental health promotion campaign into the Danish context, this qualitative study explored Danish lay people's understandings of mental health and mental health promoting factors. In total, $N = 39$ individuals (27 adults and 12 young people) from various regions across Denmark participated in seven focus groups interviews. Two overall and intertwined understandings of mental health emerged: mental health as a 'state of mind' and mental health as a relation. Overall, Danish people's understanding of what constitutes good mental health and what people can do to keep mentally healthy were consistent with the underlying messages in the Act-Belong-Commit campaign, and hence translatable to a Danish context. Given the lack of research in the area, this study contributes to the literature on lay people's understanding of concepts around mental health and keeping mentally healthy.

Introduction

This study explores Danish lay people's understandings of mental health and mental health promoting factors. Research on lay people's conceptualisation of mental health, as distinct from mental illness, is scarce (Lehtinen, Ozamiz, Underwood, & Weiss, 2005). Most studies have focused on how lay people understand mental health problems or mental illness (Hogg, 2011; Hugo, Boshoff, Traut, Zungu-Dirwayi, & Stein, 2003; Jorm, 2000; Karasz, 2005; Lauber, Falcato, Nordt, & Rössler, 2003), how psychiatric or psychological treatment is perceived (Furnham, Pereira, & Rawles, 2001), or lay people's attitudes towards people with mental illness (Angermeyer & Dietrich, 2006; Dahlberg, Waern, & Runeson, 2008). Previous research in a number of countries has shown that the term 'mental health' is often associated with 'mental illness' (Donovan, 2003; Donovan et al., 2007; Lehtinen et al., 2005; Rogers & Pilgrim,

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1997; Tamminen et al., 2016). On the other hand, lay people in Western Australia had positive connotations to the term 'mentally healthy': happy/content, emotionally stable, mentally alert, in control over one's life, good coping capacity and physically healthy (Donovan et al., 2003). Further, when asked what they thought contributes to a person being mentally healthy, people nominated a variety of activities that could be summarised under the three act, belong and commit behavioural domains listed below (Donovan et al., 2003). Participants in a British study exploring perspectives on emotional well-being among young people, used constructs like stability, coping ability, happiness, confidence, balance, empathy and being grounded to describe good mental health (Coverdale & Long, 2015). We were not able to find any studies exploring Danish lay people's beliefs about mental health or mental health promoting factors.

The primary purpose of this study was to explore Danish lay people's understandings of mental health and mental health promoting factors using focus group interviews as well as participant-produced photographs, to inform and guide the adaptation of the Australian Act-Belong-Commit mental health promotion campaign to a Danish setting.

The 'Act-Belong-Commit' mental health promotion campaign

Although there are specific programs targeting specific groups or settings, there are few universal initiatives promoting mental health at a population level [for example, Iceland's Ten Commandments on Mental Health (World Health Organization [WHO], 2004), and the U.K.'s Five Ways to Well-being (The New Economics Foundation, 2011). The Act-Belong-Commit campaign (see Donovan, James, Jalleh, & Sidebottom, 2006 in this journal) seems to be the first and only sustained, comprehensive, population-wide mental health promotion campaign. The words Act, Belong and Commit, represent the three behavioural domains that the scientific literature as well as lay people in Australia considered an integral part of positive mental health (see Donovan & Anwar-McHenry, 2014; Donovan et al., 2006 for reviews of the evidence):

- Act: keep physically, mentally, spiritually and socially active (i.e. 'do something')
- Belong: keep up friendships, engage in group activities, participate in community events (i.e. 'do something with someone')
- Commit: set goals and challenges, engage in activities that provide purpose in life, including taking up causes and volunteering to help others (i.e. 'do something meaningful')

The overall aim of the campaign is to encourage individuals to keep mentally, physically, socially and spiritually active in ways that increase their sense of belonging to the communities in which they live and involve commitments that provide meaning and purpose in their lives. In line with the principles of the Ottawa Charter for Health Promotion (WHO, 1986) and the Perth Charter for the Promotion of Mental Health and Wellbeing (Anwar-McHenry & Donovan, 2013), Act-Belong-Commit utilises a community development approach through social franchising to influence individual behaviour and to create supportive environments for fostering and maintaining good mental health (Anwar-McHenry & Donovan, 2013).

Evaluations of Act-Belong-Commit show that the program encourages individuals, including those with a diagnosed mental illness or experiencing a mental health problem, to proactively do things for their mental health, as well as making people more open about mental health issues and reducing stigma associated with mental illness (Anwar-McHenry,

Table 1. Description of focus groups.

Focus group	Description	Number and age of participants
1	Adults without children living in central Copenhagen	Three men and one woman aged 35–50
2	Adults with children in the rural part of Jutland	Two men and three women aged 35–65 years old
3	Adults in the rural part of northern Jutland. The participants are relatives (sisters or mothers/daughters)	Six women 23–51 years old
4	Retired women living in Funen. The participants knew each other from a book club they all attended	Six women aged 60–70
5	Children attending school in the western suburbs of Copenhagen	Three boys and four girls aged 12–14
6	Young students at high school in the northern part of Zealand	Two boys and three girls aged 17–18
7	Students attending a higher preparatory examination course in Copenhagen	Three men and three women aged 18–23 years old

Donovan, Jalleh, & Laws, 2012; Donovan, Jalleh, Robinson, & Lin, 2016). The campaign attracts a wide variety of partners from a variety of sectors (sporting, arts, recreational, health, schools, local governments/municipalities, etc.) and from small local community groups to large state-wide organisations (see actbelongcommit.org.au).

'ABC for mental health': the Danish adaptation of Act-Belong-Commit

As described recently in this journal (Koushede et al., 2015), in April 2014, Denmark became the first country outside Australia to sign an MOU to implement Act-Belong-Commit. The adaptation of the Act-Belong-Commit campaign into the Danish version – called 'ABC for mental health' – is described in Koushede et al. (2015) and Nielsen and Koushede (2015).

When adapting an intervention or a campaign to new populations and places, it is essential to be aware of and incorporate culture and context (Bartholomew, Parcel, Kok, Gottlieb, & Fernández, 2011). Therefore, lay people's understanding of and attitudes to mental health and mental health promoting factors are key knowledge in order to plan, conduct and implement appropriate and relevant mental health promoting initiatives (Secker, 1998). Hence, in line with the Australian development of Act-Belong-Commit, the aims of this study were to explore what Danish lay people think about mental health, and to assess the extent to which the Act-Belong-Commit messages are relevant for Danish people.

Methods

Design and sample of participants

Following the Australian study (Donovan et al., 2003), focus group discussions were conducted to capture the participants' understandings of mental health, with 'participant-produced photographs' (Balomenou & Garrod, 2015) used as a supplementary tool to enrich the information provided by the discussions (Miller & Happell, 2006).

Participants in the focus groups were selected to cover different age groups, socio-economic status and geographical locations in Denmark. Table 1 shows the characteristics of each of the seven groups. The 39 participants consisted of 27 adults aged 18–70, and 12

Table 2. Descriptive information on participant-produced photographs.

Number of photographs received and analysed	Number of participants sending photographs	Number of photographs per participant	Focus groups participating (number of participants, number of photographs)
45	22 (6 male, 16 female)	1–7	FG1: (3, 9)
			FG2: (1, 1)
			FG3: (3, 11)
			FG4: (6, 11)
			FG5: (3, 3)
			FG6: (3, 6)
			FG7: (3, 4)

young people aged 12–17. Nineteen of the 27 adults and seven of the 12 young people were females.

Data collection

The seven group discussions were conducted by the second author (BBS) from December 2014 to February 2015 either in the home of one of the participants or at the participants' schools. The discussions varied from 60–90 min and were guided by a semi-structured, open-ended topic list with questions such as 'What do you think of when you hear the words "mental health"?', 'Do you think it is possible to influence mental health?' and 'What does it mean to be mentally healthy?'. The language of the questions was adjusted to fit the age level of 12–13-year-old participants. All discussions were audio-recorded. The participants were informed that their contributions were anonymous and they were free to withdraw from the study at any time. All participants gave their informed consent orally. At the end of the discussions, participants were encouraged to send photographs illustrating their perception of mental health to the moderator (BBS). The participants were told that this was voluntary and no incentives, monetary or otherwise, were used to encourage participants to send photos (Balomenou & Garrod, 2015).

In total 22 participants (6 male and 16 female) sent 45 photographs. Most (*n* = 14) sent one photo, with the remainder sending two or more. Participants in all groups sent photos but there were variations in the number of participants in each group that sent photographs. The majority of the photographs were accompanied by a short text explaining the participants' choice of or interpretation of the photograph. Table 2 provides descriptive information on the photographs.

Data analysis

As a first step in the analytical process, all transcripts from the discussions were read by the first (LN) and second author (BBS) several times to get an overall impression of themes around understandings of mental health in the data (e.g. 'mental health and happiness', 'nature', 'peace and quiet'). Simultaneously the photographs were coded into themes, mindful that each photograph could comprise several themes (e.g. 'nature', 'social activity' and 'family'). Second, the act, belong and commit domains were used as 'a priori' themes to look at the material. This enabled us to see how the act, belong, commit domains were present across themes, but also allowed identification of different and additional understandings.

Findings

The findings are presented under two major themes reflecting the sequence of topics discussed in the groups: findings on understandings of mental health; and findings on understandings of how to keep mentally healthy. In presenting the findings, data are drawn from all groups combined. Differences or findings specific to one group only are noted only where substantial. Generally, there was a remarkable similarity across all groups in terms of understandings of mental health and how to keep mentally healthy. Verbatim statements of participants are in quotes and 'italicised'.

Understandings of mental health

Two overall and intertwined understandings of mental health emerged: mental health as a 'state of mind' and mental health as a 'relation'. Mental health as a 'state of mind' was described by participants as an inner feeling, harmony, balance, self-worth and positive energy, but also as coping with negative feelings and situations. The participants' stories and photographs also described mental health as a 'relation': relations to family, to friends and other social relations, but also to pets, to places and to hobbies. These two understandings of mental health are elaborated in the following, along with two further themes: 'mental health and happiness' and 'mental health and mental illness'.

Most participants found it easy to describe how they understood mental health, with many participants describing it as an essential part of life: 'Mental health is what makes life worth living' (woman, FG4). The majority of participants reported that they thought of something within themselves. i.e. a 'state of mind', with good mental health often described as feeling good about yourself: '… It [mental health] is how you feel about yourself' (woman, FG3) and 'I associate it with self-worth, if you feel good about your life …' (boy, FG7). Mental health was also associated with having a positive attitude or good energy: '… smile to the world and the world smiles back at you. … If you come with a good mental energy, then you get something good back' (woman, FG4).

'Harmony' and 'balance' were used by several participants to describe what it meant to be mentally healthy: 'To be in balance with yourself and your relations' (girl, FG7). Balance and harmony were also evident in the photographs. One participant sent a photograph of his bare feet standing on a street in the city with the following text: '… something about grounding and how important it is to feel where you are, to feel yourself and to feel your roots …' (man, FG1). Good mental health was also described by some participants as being committed to something and being engaged in life, being needed and doing something good for others', setting goals, keeping themselves busy, and contributing: 'It is important to me that what I do makes a difference privately as well as professionally, that I make a contribution …' (man, FG2). Feelings of belonging or being part of something, i.e. mental health as a 'relation' were an important part of how the participants described mental health. As an example of belonging to a place, a woman (FG1) sent photos of the city she lived in to illustrate mental health.

Mental health and happiness

In some of the groups, the questions on mental health prompted a discussion about the concept of happiness. It was debated whether mental health is the same as happiness, or

whether mental health is what enables people to be or to become happy: '… Mental health has something to do with joy and happiness, but you may experience good mental health without being happy and it's not something to strive for … happiness is not constant, it is something that comes as a surprise, it is possible to strive for mental health …' (woman, FG4).

Most participants agreed that mental health is not the same as merely feeling happy all the time. Instead, being mentally healthy was considered as being able to experience and cope with positive as well as negative feelings and situations: 'Mental health is to know yourself so well that you can handle the crises and problems that arise in your life – that is managing your life, so you are able to get back on track after the crises that may occur' (man, FG2).

Mental health and mental illness

Only a few participants associated 'mental health' with 'mental illness' or mental health problems. Where mental illness arose in the discussions, it was primarily by participants who had family members or friends who suffered from a mental illness: '… yes – so it is a very abstract concept, but I associate it very quickly with mental illness. Yes, I think … as the opposite to mental health. … my father was in a straitjacket – he was mentally ill – so this is also why I think of illness when you ask about mental health'. For some participants, mental health was seen as a continuum with 'being mentally healthy' at one end and 'being mentally ill' at the other end: 'To be mentally healthy then you are in 'zen, but if you are mentally ill then there is something wrong that needs to be fixed' (girl, FG7). Good mental health was considered to be a buffer against mental illness: several participants explained how they believed that good mental health provides a shield against stress and mental illness.

Keeping mentally healthy

The participants expressed the following themes that they thought were important to keep mentally healthy: 'being active'; 'relating to nature'; 'social relations and social strains'; 'time out and time alone'; 'contributions and challenges'; and 'time and expectations'.

Being active

Most participants emphasised that being active in various ways was important for keeping mentally healthy: '… doing something active, keeping busy, not necessarily like running, but doing things, struggling with things and working on things' (girl, FG7). Being physically active is associated with feeling good: '… when I go for my daily walk, I feel much better and I sleep better at night' (woman, FG3). Spiritual and mental activity in the form of doing or watching arts, playing or listening to music and travelling to places with different cultures were mentioned and pictured as a source of good mental health.

Relating to nature

Enjoying the countryside or other natural surroundings was mentioned in most groups as an important source of good mental health. Participants associated being active in nature with feelings of tranquillity and happiness. For some participants it provided an opportunity to clear the mind, just being (as opposed to doing) and putting things into perspective. A lot of the participants' photographs showed natural scenery. One of the elderly women (FG4)

sent a picture of the view from her house overlooking the sea: 'I am sending a picture of the view I wake up to every morning. It definitely makes one mentally healthy. Sometimes I get up very early just to look out at this …'. Being outdoors in nature was often associated with being physically active and in some situations also as a social activity (e.g. taking the kids to the beach).

Social relations and social strains

Family and friends were mentioned in all the discussions as important for good mental health. Family was considered a source of happiness and meaning in life: 'I have so much love for my children and grandchildren, they give me a lot, and I give them a lot' (woman, FG3). One of the youngest participants (FG5) stated that it is important for mental health to have a good and clean home and to have family and friends, and one of the elderly participants said: 'having good friends makes you feel good' (woman, FG4). Family and friends may provide emotional and functional support: One girl described how her roomie helps her when she is feeling low. Family and friends also emerged as a theme in the photographs; e.g. pictures of family outings, groups who played soccer, young people playing music together, having dinner with the family and sisters playing bingo, with several photographs illustrating social relations across generations.

The social environment – the social groups and settings you are in – was believed to have an impact on mental health: '… I think that mental health can also be contagious; I believe that it is important that your surroundings are mentally healthy' (man, FG1). Social relations may also be a strain and impact mental health negatively. Worrying about or feeling concerned for family members affected some of the participants: '… if they feel bad, I feel bad' (boy, FG7). Similarly, social obligations and responsibilities can be 'too much'. One woman explained how she sometimes needed time out at work, and how she would go to the toilet to get some peace (FG4).

Time out and time alone

Even though social activity was a recurring theme in many of the participants' photographs, a large number of photographs also depicted participants on their own. Prioritising time alone and sometimes taking time out for 'just being you' was a theme that appeared in the discussions and photographs. As with the woman above, one of the younger participants sometimes used the bathroom as a refuge to have some time on his own and to be able to read fiction novels (FG7).

The young participants had several ideas on what could promote their mental health for example, going offline for a moment: '… to be able to choose when I want to be in touch with other people is important for my mental health. That means that sometimes I turn of my phone, it is so healthy for me … then I feel good' (girl, FG7).

Contributions and challenges

Keeping mentally healthy was associated with feelings of being engaged and experiencing purpose and meaning in life: 'contributing to something or someone', 'being needed' and 'doing something good for others'. Contributing to the community in various ways was a recurring topic in the discussions. Challenging yourself and learning new skills was also mentioned as important for keeping engaged in life. The focus group of elderly women further discussed how they had fun together through various voluntary associations, and

how it helped them take up challenges and learn new skills: 'I didn't think I could manage, but I could' one of the women explained after she had become a member of the board of the local art club (FG4). Through being on the board, she had learned to use the computer and how to send e-mails.

Participants talked about setting goals and the joy of accomplishing goals: 'I felt really good one day when I had completed a [horse] rally. I didn't win or anything, it just went really well' (girl, FG5). The photographs illustrated this theme: one man sent a photo of a pair of running shoes accompanied by the text: *After a run, I feel good …* and a young woman sent a photo of her clothes hanging in order and a bottle of wine that she decided that she deserved to share with her girlfriend after tidying up her wardrobe.

Time and expectations

In the discussions with the younger participants (aged 17–23), the issues of time and expectations were important. Participants talked about not having enough time to do all the things they would like to and were supposed to. They felt a lot of expectations from school, parents, societal norms and, not least, expectations of themselves. The elderly women in the book club (FG4) also referred to the issue of time. They found that after they had retired they had more time to do the things they enjoy and that kept them mentally healthy, for example volunteering, which they did not have time to do when they had children living at home.

Discussion

In this study Danish lay people associated mental health with tranquillity, harmony, well-being, happiness, social relations, contributing and feeling good. Two overall and intertwined understandings of mental health emerged: mental health as a 'state of mind' (balance and positive energy), and mental health as a 'relation' (social relations to friends and family and relations to pets, to places and to hobbies). Feelings of belonging to someone or being part of something were dominant in the participants' understandings of mental health. As in the scientific literature (e.g. Huppert, 2014), participants also highlighted making a difference, the joy of doing something for someone else and setting goals as important for mental health. Thus, the understandings of mental health described by the participants in this study, are captured by the definition of mental health by the WHO, which states that mental health is a state of well-being in which the individual realises his or her own potential, 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).

From the analyses of focus group interviews as well as participant-produced photographs it was clear that most participants had positive connotations to the term 'mental health' and that only a few associated mental *health* with mental *illness*. This finding differs from previous studies of lay people's perceptions of mental health (Donovan et al., 2003; Lehtinen et al., 2005; Rogers and Pilgrim, 1997). There may be several explanations for why the term mental health is perceived differently between countries and across time. Donovan et al. (2003, 2007) attributed the negative connotations to the term mental health to the way it was used in Australia; for example, the use of 'mental *health* ward' in hospital settings rather than 'mental illness ward', and headings such as 'mental health seminar' for topics such as depression and anxiety. In the Danish language, there are two different words for health: *sundhed* which is a broad term that also covers well-being and *helbred* that predominately refers to

biological and physiological health (whether you have an illness or not). However, the two words are often used synonymously. Furthermore, the Danish word *trivsel* (in English: thriving or flourishing) is often used to describe good mental health. In this study, we have used the term *sundhed*. Findings may have differed had we used *helbred* or *trivsel*. Another explanation for the finding of positive connotations to mental health in this study could be the increased focus on mental health that has been on the public agenda in Denmark during the past decade (Nielsen & Koushede, 2015).

In terms of keeping mentally healthy, the findings of this study were generally in line with the findings from Western Australia (Donovan et al., 2003, 2007); that is, Danish people's understanding of what constitutes good mental health and what people can do to keep mentally healthy were consistent with the underlying messages in the Act-Belong-Commit campaign. The participants described how doing something and keeping active – physically, mentally and spiritually – contributed to good mental health (Act). It was also clear that social relations with family and friends were seen as essential for how they felt and for their ability to cope with daily life (Belong). However, participants were also aware that social relations could also be mentally demanding. Setting goals and challenging yourself, doing random act of kindness and engaging in activities that provide purpose in life were also evident among the Danish participants' descriptions of how to keep mentally healthy (Commit).

Specific themes also emerged from our study. Nature was one of the dominant themes in the discussions and photographs. Being in nature was associated with feelings of tranquillity and harmony. Nature provided opportunities to be alone, to withdraw from social activity, for reflection and putting things into perspective, to just *being*, but nature was also used for going for a run or a walk, and for being together with friends and family outdoors. The participants' photographs often depicted a beautiful scenery, which is shown to be beneficial for health and well-being (Bratman, Hamilton, & Daily, 2012; Berto, 2014; Seresinhe, Preis, & Moat, 2015). From an Act-Belong-Commit perspective, one of the most popular early Act-Belong-Commit print ads was based on the concept of being active in nature, both for oneself and for a good cause.

Another theme that emerged was the need for tranquillity. Most participants experienced their daily life as busy and filled with different forms of activities, interests, duties and obligations. Prioritising time alone and sometimes taking time out for 'just being you' emerged in the interviews and photographs. The younger participants in particular articulated the time issue. This is in line with other studies showing that young people feel overloaded and experience stress (Einberg, Lidell, & Clausson, 2015; Wiklund et al., 2014). Being online constantly could, according to the young participants, sometimes be a threat to experiencing good mental health. It is, therefore, alarming that the Health Behaviour in School-aged Children Report from 2016 reports that Danish youth spend the most time on electronic devices in Europe (Inchley et al., 2016). This is worth bearing in mind when planning and conducting ABC for mental health activities for young people; for example, schools and parents could play an important role by encouraging less use of electronic devices and mobile phones by children in their care.

Overall, these findings show that Danish people's understanding of mental health and keeping mentally healthy are generally similar to those of Australians, and reinforce the assertion that the principles on which the Act-Belong-Commit campaign is based are universal, but with the articulation of those principles being adapted to different populations.

This universality is not surprising as the Act-Belong-Commit campaign was based not just on Australian people's understandings of mental health, but on the international scientific literature (Donovan et al., 2006).

Strengths and limitations

To the best of our knowledge, this study is the first to explore Danish lay people's understandings of mental health and mental health promoting factors, and thus contributes to the literature on lay people's understanding of concepts around mental health and keeping mentally healthy. Further, the use of participants' photographs to supplement the group discussions gave a valuable insight into participants' understandings of mental health.

The study also has limitations as a relatively small-scale qualitative research study. In order to generalise the findings to the Danish lay people in general, larger-scale quantitative studies are needed. Also, the majority of participants were female, and only a few had an ethnic background other than Danish. The sampling also could have affected the findings as we used local informal social networks (e.g. a school, an acquaintance) to recruit participants in to this study, and some participants knew the interviewer in advance.

Only half of participants sent photographs, but we did not ask for reasons for not sending photographs. Further, it was sometimes difficult to know what the participant intended to illustrate. It could, therefore, have been more beneficial to analyse the photographs with the participants themselves (Balomenou & Garrod, 2015). It is also relevant to consider if the participants would have illustrated mental health differently had they been asked to do this before participating in the focus group interviews.

Implications

Our findings showed that Danish people's understandings of what constitutes good mental health and what people can do to keep mentally healthy were consistent with the underlying Act-Belong-Commit messages. The findings also point to several themes that need to be taken into account when planning and conducting the Danish version of Act-Belong-Commit, and particularly participants' experiences of time pressure and feeling overloaded. 'Don't overdo it' and the importance of balance and just being (as opposed to doing) seem to be important to emphasise in a Danish setting, and particularly with regard to young people.

A practical implication is to illustrate how nature can be a great setting for being physically, mentally, socially and spiritually active when communicating the messages. A further practical implication is that the group discussions seemed to become a small intervention in themselves (Donovan & Henley, 2010). This is relevant for health promotion practitioners and local Act-Belong-Commit ambassadors to know that just talking about mental health and having people reflect on how to keep mentally healthy can potentially make a difference in itself.

Conclusion

This study contributes to the literature on lay people's understanding of concepts around mental health and keeping mentally healthy. Two overall and intertwined understandings of mental health emerged: mental health as a 'state of mind' and mental health as a relation.

Overall, Danish people's understandings of what constitutes good mental health and what people can do to keep mentally healthy were consistent with the underlying messages in the Act-Belong-Commit campaign, and hence the campaign is appropriate to implement in the Danish context.

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Disclosure statement

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