



REFRAMING POSITIVE MENTAL HEALTH: THEORETICAL MODELS AND MEASUREMENT ADVANCES

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ABSTRACT:

Background: Research on positive mental health has evolved from theoretical models introduced at the inception of the concept within the health field to the present day.

Methods: The study employed "positive mentality" and "health" as search criteria.

Results: Eighty-four per cent of the fifty-one reviewed studies adopted a quantitative approach. Additionally, eighty-four per cent of these studies were published in English and conducted between 2000 and 2014. The analysis identified five categories regarding the utilization of the concept of positive mental health: absence of illness as an indicator, Jahoda's model, development of the Lluich scale, use of well-being as a synonym, and recent interest in designing measurement scales.

Conclusion: The concept of positive mental health should not be seen as merely the opposite of mental disorder, the absence of illness, or the accumulation of personal characteristics. To promote mental health effectively, it is crucial to develop conceptual models that underpin a health promotion-focused approach.

KEYWORDS: Positive Mental Health, Health Promotion, Quantitative Research, Theoretical Models, Mental Health Measurement, Well-being, Mental Health Research, Health Indicators.

INTRODUCTION:

According to the World Health Organization (WHO), mental health is defined as a state of well-being in which an individual is aware of her capacities, can cope with the typical stressors of life, can work in a productive and useful manner, and can make contributions to the community (1). This definition, which is referred to as the positive view of mental health, is a result of the changes that have taken place in the field of health since the end of the 1990s 40. These changes are the result of

the institutionalization of the concept of quality of life, which implied the inclusion in the political agenda of actions that channel the responsibility of the states in the search for the well-being of people (2). In the summary report on mental health promotion for the year 2004, the World Health Organization (WHO) identifies a series of approaches that are used in understanding what is referred to as "positive mental health" (SMP). The WHO acknowledges these approaches as efforts that are necessary for the construction of a mental health perspective that moves away from biomedical and behavioural models. The following are some of the ways that are discussed in this report: the model of Jahoda's positive mental health (5), mental health based on different types of personalities, and the subjective perception of well-being, which incorporates the model. The subjective well-being of Diener number six, the psychological well-being of Carol Ryff number seven, and the social welfare of Coral Keyes number eight, as well as the salutogenic, resilience, psychoanalytic, and quality of life factors. Recently, George Vaillant (9), in an attempt to identify seven different strategies that different doctors utilize in the conception and determination of the SMP, has identified the following seven ways: According to the DSM-IV's Scale of Evaluation of the Global Activity, the presence of multiple human strengths, maturity understood as the capacity that is developing the individual for the acceptance of the destiny that is imposed by time, the mastery of positive emotions, intelligence socio-emotional, subjective well-being, and the ability to recover are all components of depressive disorder. Additional contributions that are acknowledged in the realm of SMP include those that were offered by Lluich (10) while assessing and operationalizing Jahoda's SMP model and Martin Seligman's positive psychology (11). It is because of these two circumstances that SMP is considered to be an area that is under conceptual and operational construction. This diversity of approaches in SMP is a result of the following: The implications of these situations include the coexistence of a variety of models, approaches, or concepts that are constantly in conflict with the ongoing demands for substantiation, from the perspectives of the conceptual, methodological, and operational field of SMP as a particular field of knowledge and intervention in the field of health (13-15).

Table 1: Definitions and Perspectives on Positive Mental Health

Definition / Perspective	Description	Reference
WHO Definition of Mental Health	A state of well-being where an individual is aware of their capacities to cope with life's stressors, work productively, and contribute to the community.	(1)
Positive View of Mental Health	The concept emerged post-1990s changes in the health field, emphasizing quality of life and state responsibility for well-being.	(2)
Jahoda's Positive Mental Health Model	One of the approaches discussed in WHO's 2004 report for understanding positive mental health.	(5)
Subjective Well-being of Diener	One of the models incorporated in the subjective perception of well-being.	(6)
Psychological Well-being of Carol Ryff	A model focusing on psychological aspects of well-being.	(7)
Social Welfare of Coral Keyes	A model emphasizing social aspects of well-being.	(8)
George Vaillant's Seven Strategies	Strategies include DSM-IV's Scale, human strengths, maturity, mastery of emotions, socio-emotional intelligence, subjective well-being, and resilience.	(9)
Lluich's Assessment of Jahoda's Model	Contributions in operationalizing Jahoda's positive mental health model.	(10)
Martin Seligman's Positive Psychology	Contributions to the field of positive mental health through the framework of positive psychology.	(11)
Diverse Approaches to SMP	Includes models like salutogenic, resilience, psychoanalytic, and quality of life factors.	(13-15)

Table 2: Key Contributors and Models in Positive Mental Health

Contributor	Model / Concept	Reference
WHO	Positive view of mental health, mental health promotion strategies	(1), (2)
Jahoda	Positive mental health model	(5)
Diener	Subjective well-being model	(6)
Carol Ryff	Psychological well-being model	(7)
Coral Keyes	Social welfare model	(8)
George Vaillant	Seven strategies including DSM-IV's Scale, human strengths, and resilience	(9)
Lluich	Operationalization of Jahoda's positive mental health model	(10)
Martin Seligman	Positive psychology	(11)

Table 3: Historical and Conceptual Developments in Positive Mental Health

Period / Event	Description	Reference
Post-1990s Health Field Changes	Institutionalization of quality of life concept, inclusion in political agenda, state responsibility for well-being.	(2)
WHO's 2004 Mental Health Promotion Report	Identifies approaches for understanding positive mental health, moving away from biomedical and behavioural models.	(1), (5)
Recent Contributions by George Vaillant	Identification of seven strategies used by doctors in conceptualizing and determining SMP.	(9)
Contributions by Lluçh and Martin Seligman	Contributions in assessing Jahoda's model and positive psychology.	(10), (11)
Conceptual and Operational Construction of SMP	The coexistence of various models and approaches highlights the need for ongoing research and substantiation.	(13-15)

The aforementioned serves as the impetus for conducting a review of the empirical research that contributes to the accumulation of knowledge regarding the SMP. The review is conducted to accomplish the following objectives: identifying theoretical models that provide support for the research and describing the historical trajectory that the concept has followed from the time it was first introduced until the present day.

METHOD:

It was determined that the empirical research on SMP that was published between the years 1958 and 2014 was subjected to a systematic review (16-18). The procedure of conducting research consisted of the following steps: 1. The formulation of a research question as a means of directing the research process, including the search for and evaluation of the results:

Who are the theoretical models that have been used to assist empirical study on SMP, beginning with the moment when the notion was first introduced and continuing up until the present day? The first and second processes involve the definition of the criteria for search, inclusion, and exclusion. To ensure that the studies made specific reference to the SMP, either as an object of research or as a theoretical framework, the search criterion that was used was the descriptor "positive mental health," which includes its respective translation into Spanish as "health positive mental." It was determined that the descriptor was located in the title of the article. They were required to be empirical articles to meet the inclusion criteria.

(qualitative, quantitative, or mixed), published in English, Spanish, Portuguese, or German, and published between the years 1958 (the year when Marie's foundational work Jahoda, Current Concepts of Positive Mental Health) and 2014; the publication year of the most recent publication of the work is 2014. It was agreed that studies that looked to be duplicated in multiple periodicals, studies that did not present access to the text in its entirety, and studies that did not conform to empirical investigations would not be included. The procedures of identifying, selecting, and synthesizing the research are, respectively, phases 3, 4, and 5.

The search approach resulted in the identification of 314 studies; the list was narrowed down to 123 by removing the articles that were repeated (191). Following this, a database was created that had all of the texts, 53 of which were empirical and 39 of which were theoretical. The database did not have access to all 31 papers, of which only two were empirical and 29 were theoretical. In the end, each of these publications was examined by one of the researchers on an individual basis, and then a group review was carried out to confirm that the exclusion criteria were applied appropriately. Because this double review was conducted, the final corpus was identified as being comprised of fifty-one articles (figure 1). Steps 6, 7, 8, and 9 contain the characterization, categorization, and analysis of the data. After the synthesis of all the investigations was completed, the characterization of the studies was carried out. The publication year, the location where the research was carried out, the language used, the problems that were addressed, the population that was used as a reference, the fundamental theoretical model, the procedures that were utilized, and the tools that were utilized to measure the SMP are all important factors to consider. To accomplish this characterization, a descriptive study of the frequencies of each of the variables was carried out. (1) the table. After

reading each of the research, and following the goals of this review, it was chosen to group them according to the definition of SMP that was supplied by the authors. This allowed for the identification of five categories, which are as follows: the absence of disease as an indicator of SMP (19–39), the Jahoda model (40–42), the construction of the Lluch scale (43–46), the usage of the idea of well-being as synonymous with SMP (47–59), and the interest in creating models and designing scales that are relevant to contextual realities (60–68) are all examples of research that have been conducted. In the course of doing a qualitative analysis, both theoretical and methodological similarities and differences across the studies have been uncovered. In conclusion, a global analysis was conducted to determine the present state of knowledge regarding SMP in light of the literature that was reviewed, with a particular focus on the theoretical models that underpin the study on the subject.

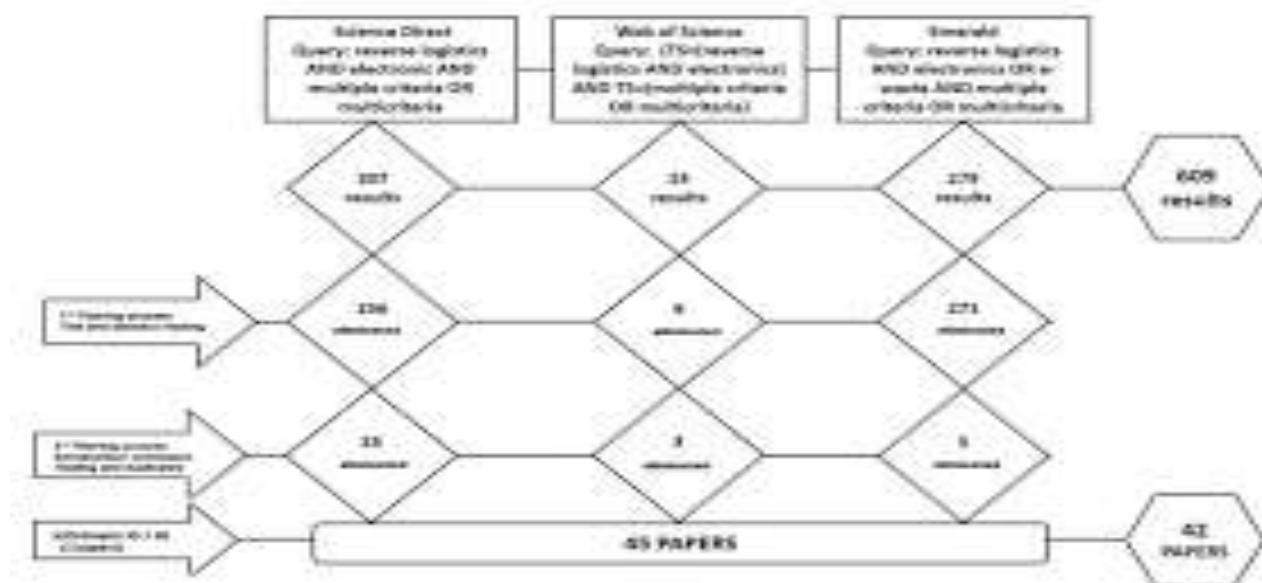


Figure 1 is a diagram that illustrates the process of searching, filtering, and selecting the papers that were integrated into the systematic review.

RESULT:

Eighty-four per cent of the 51 research that were reviewed were designed using a quantitative methodology, eleven per cent followed a qualitative methodology, and five per cent corresponded to three investigations of mixed type. Eighty-four per cent of the studies were published in English, and sixteen per cent were published in Spanish and Portuguese. Remarkably, 84% of the investigations were conducted between the years 2000 and 2014, with the most recent four years being the ones that concentrate 53% of the publications. 43% of the research concentrates on the theoretical explanation of the independent variables on which we are looking for the link with SMP as a dependent variable; in this way, it does not explain a theoretical model of SMP, even though it is conceived of as a state that

Table 1 summarizes the most important aspects of the articles that were chosen.

	the absence of sickness as a sign of SMP level	SMP Model developed by Jahoda	The Lluch Scale was developed to measure	The concept of well-being is a term that is synonymous with SMP
Research Methodology	combination of qualitative and quantitative	Measuring	both mixed and quantitative	both mixed and quantitative
	1971 1976 1984	1971 1974 2002-2014	2005 2007 2009-2014	1991 2011-2014
Database	Wiley Online Library under PUBMED	Base DOAJ published by Taylor and Francis	Redalyc DOAJ PUBMED SCIELO	OVID PubMed Sage Search Taylor and

	Base EBSCO Sage Search OVID			Francis DOAJ BASE EBSCO Science Direct
Origin nation	US China Japan Republic of Slovak Nepal. Britain Australie	Spain, USA	Brazil Spain. Spain Union Europeenne Britain Portugal Associated The Netherlands Australie Spain The Canada	Singapore, India, USA

It is characterized by the absence of behavioural or emotional problems, mental illness, or disorder in the patient. In keeping with this, other research presupposes that a participant with SMP possesses the abilities and means to deal with the demands of a suitable manner of living. In both situations, SMP is understood to be the absence of the illness or the existence of specific personality traits that either prevent the person from becoming ill or aid in the rehabilitation or recovery from challenges or illnesses (19–39). The definition of SMP is provided by the authors in 57% of the examined articles. Researchers claim that the operationalization of Jahoda's (5) model and other works by Luch (10) are the only approaches created in the field of SMP up until the turn of the century. However, authors like Keyes and Ryff (7) have developed and integrated models of subjective and psychological well-being that blur the lines between well-being and SMP in the field of study. The topic of SMP has followed the following historical trajectory: the initial studies to emerge concentrate on theoretical contributions made by the Jahoda SMP model (40–42). The first SMP scale arose later, as a result of Luch's interest in the assessment and operationalization of the sole model that was used until the end of the 1990s (10), and it is now the instrument that researchers use to construct their studies (43–46). The articulation of the hedonic and eudaimonic well-being models within the same framework of healthy functioning (12) defined the first ten years of the twenty-first century. Many researchers consider well-being to be the primary SMP indicator (47–59). Despite the prevalence of well-being models in the SMP study, some authors have tended to construct their multidimensional concepts and instruments that specifically addressed the field of health promotion. After realizing the importance of social determinants of health, these authors chose to proceed with this approach.

DISCUSSION:

The conventional conception of public health, which is founded on the concept of negative health, has resulted in the formation of a field that Granda (69) refers to as "public nursing." This field is supported by three fundamental premises: the theoretical philosophical assumption of illness and death as a starting point to explain health; the positivist method for explaining risks and structural functionalism to understand social reality; and the recognition of the power of the state to ensure the prevention of illness. According to the logic of psychology public, the justification of the relevance and relevance of the problems to investigate or intervene is based on "objective" arguments such as prevalence, incidence, years of Disability Adjusted Living (DALY), measuring effects, or estimating costs to the health system. These arguments are provided to justify the relevance and relevance of the problems. "No" The question of health in a positive sense, on the other hand, extends beyond the potential and methodological, theoretical, and political aspects of the hegemonic biological paradigm. It necessitates a new rationality for the definition of health-related problems and for the orientation of activities that are taken in the field of public health. The circumstance that Granda describes (69) is not outside the realm of mental health; rather, it is within the realm of public health. Maria Jahoda's study from 1958, which was commissioned by the Joint Commission on Mental Illness and Health (Mental Health) to compile a report on the current state of mental health, is where the notion of SMP first appears in the published literature. A model that is formed of six domains and a set of subdomains associated with those domains has been developed as a result of this work. This model has the potential to characterize the SMP of individuals, regardless of whether they are healthy or suffering from a mental illness.

- Your self-perceptions and attitudes. This idea is a reference to the significance of self-perception and self-concept, which are influenced by the acts that one takes regularly. The accessibility of the self to awareness, the agreement between the real self and the ideal self, self-esteem, and a sense of identity are the subdomains that make up this concept.

- Personal development and coming into one's own. This idea discusses the significance of life and whether or not one's actions are consistent with such significance.

Self-actualization is a motivating force that guides the development of human potentialities and involvement in life. It encompasses the subdomains of self-actualization, such as the urge to participate in the growth and care of his own life as well as the lives of others.

This is integration. The term refers to the capacity to incorporate into one's life all of the experiences that occur, whether they are favourable or negative, and to be able to accept them with integrity. The individual's psychological equilibrium, his or her philosophy, and the individual's ability to deal with stress are all essential factors.

- Independence from others. Taking into account how an individual develops interactions with the world around him and with his peers, as well as how decisions incorporate other people, is associated with independence and self-determination.

- The way realities are seen. This criterion requires the ability to observe reality adequately, to take into consideration the circumstances in an objective manner, to avoid making judgments as much as possible, and to be able to build empathy for the experiences of other people.

- Mastery of the environment. This component is connected to two essential themes, namely success, which emphasizes accomplishment and attaining results, and adaptability, which refers to the process of reaching the objective. Both of these topics are interconnected. The incipient state in which this was discovered is described with astonishment by Luch (10) forty years later when he makes the decision to empirically evaluate the conceptual model of SMP that Jahoda proposed and begins the building of a scale that would allow the model to be operationalized.

Analysis of the field from both a theoretical and a technological perspective. As a result of this evaluation, Luch (10) suggests simplifying the structure of Jahoda's model by reducing it to six general factors—personal satisfaction, prosocial attitude and communication skills—interpersonal relationship, self-control, problem-solving, and self-actualization, and autonomy—and constructing an adapted questionnaire that constitutes the first instrument that explicitly allows for the evaluation of the SMP (10). This would be done to determine whether it is possible to estimate the SMP of specific populations (43, 44), to establish correlations between variables that allow for the explanation of the SMP of people with a disease (45), or to make the same instrument the object of validation in other countries (46). Two models were utilized by researchers in the field of SMP throughout the first decade of the 21st century, which was characterized by fast growth in well-being theories. The first is referred to as well-being, and it is a psychological work by Carol Ryff (7). This work aims to go beyond the concept of subjective well-being by positing that the optimally functioning human being is the one who generates a bigger quantity of good feelings or pleasure. This concept asserts that the SMP is comprised of the ongoing pursuit of reaching the true potential of the individual and that good health and negative health are two distinct aspects that exist independently of one another. As a result of the fact that she asserts that positive health encompasses both physical and mental aspects, as well as the connections that exist between these aspects, she proposes that SMP is a dynamic and multidimensional process. In the second model, which is presented by Coray Keyes (70), three distinct areas are distinguished: a) emotional well-being, which is characterized by high positive affect and low negative affect, along with a high level of life satisfaction; b) well-being subjective, which incorporates the six dimensions proposed in Carol's model Ryff; and c) social welfare. The term "well-being" as used by Keyes (70) Social is a dimension that, in addition to including criteria related to social and community functioning, takes into consideration the individuals within the social fabric in which they operate and the degree to

which the social environment is perceived as an environment that stimulates personal development. In other words, social does not just include criteria related to social and community functioning. Social well-being can be broken down into five distinct components: coherence, integration, contribution, updating, and acceptance of social situations. Over the past seven years, research on SMP has been guided by the utilization of various models of well-being, with the Coral Keyes model being the one that has acquired wider support from researchers (53-59). This is because it can incorporate both hedonic and eudaimonic traditions into the explanation of human well-being and its social mental health scale has been incorporated into other instruments that are used to measure the well-being of populations in a variety of nations (71). One of the side effects of positioning well-being models is that the several dimensions and components that were used to describe it ended up leading academics to use notions like pleasure, satisfaction, and optimism as synonyms for SMP; of course, this is a consequence of the positioning of well-being models. These findings are supported by research that employs tools that are designed to measure the degree to which individuals are content with their lives, as well as their levels of happiness and optimism. The conclusion that was reached was that the scores make it possible for us to ascertain the amount of SMP that the population possesses (47, 48). This idea served as the impetus for the development of instruments and models that were utilized in the process of formulating and enforcing public policies (61-69).

CONCLUSION:

There is a high percentage of the studies that were reviewed that do not present a definition of SMP, nor do they cite a conceptual framework reference for its foundation. This is even though there appears to be a consensus among professionals and academics regarding the idea that "mental health is more than the absence of disease." This is because they begin with the concept of SMP as the absence of disease or view it as the totality of personal and social resources that an individual possesses and what protects them from being ill or contributes to the processes of recovery or rehabilitation. The current research enables us to confirm that the assumption of the SMP as the absence of sickness is insufficient to construct a health field psychologically to shift away from the illness and concentrate on health promotion.

Lluch, forty years later, operationalizes this paradigm and produces the SMP scale, which turns out to be the only scale in Spanish up until the present day. The concept of SMP first emerges in literature with the work of Maria Jahoda (1958). The study of well-being and the model of Keyes as a reference for the understanding and assessment of psychosocial well-being, which is thought to be a synonym with SMP, are both incorporated into the study of well-being throughout the first decade of the 21st century. The second decade of the 21st century has brought about the emergence of significant problems concerning well-being models. These questions have prompted academics to construct their models and measuring equipment, as well as to acknowledge SMP as an area of study. As well as being vital for the promotion of health and the direction of public policies in mental health, historical and social factors are also considered to be important.