

Consensus statement on psychiatric prevention

From the WPA Section on Preventive Psychiatry

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INTRODUCTION

Mental illnesses are among the leading causes of disability worldwide. Therefore, psychiatrists should put all their effort to decrease the mental health “epidemic” in the society, by preventive and health promotion programs. Health promotion intervention implies better understanding of the multidimensional origin of mental illness and acceptance of the mentally ill, both from their family and their social environment. Conventional illness-based clinical treatment should be broadened to a comprehensive, multidimensional approach to clinical care, based upon positive attitudes and reduction of prevailing skepticism regarding the possibility of cure. Combining illness-focused treatment with health promotion interventions and strengthening positive mental health such as life skills, would decrease psychological distress, enhance quality of life, i.e. self-esteem, mastery of one’s life, life satisfaction, competence and psychological adjustment. It would break the spiral of stress, increase psychobiological immunity, and reduce inpatient treatment and stigmatization of mental diseases.

Primary, secondary and tertiary prevention should be only parts of the whole, influencing each other, and not artificial fragments. Therefore, national and international programs on the protection and promotion of mental health should be comprehensive because these activities are mutually interwoven and pervaded. It is of utmost importance for prevention and treatment to be continuously led by demystification of psychiatric disease, investment into healthy potentials of the patient, as well as by structuring the life of the patients and focusing on health rather than disease.

However, despite the dictum of conventional wisdom that prevention is better than treatment, as well as the growing body of evidence-based preventive programs that have shown their efficacy, preventive psychiatry is still neglected and marginalized. It is hoped that the WPA will contribute to the promotion and dissemination of the principles of preventive psychiatry and also to a closer international collaboration in this important field. Its activities should be closely linked with the member

societies and WPA sections related to prevention, by adhering to the following:

1. Psychiatrists should be actively involved in prevention and health promotion, exercising not overt but covert leadership. They should collaborate with other mental health professionals, but also with people and agencies indirectly involved with mental health (universities, teachers, clergy, administrators, government, police, journalists and practically every sector of the community).
2. Member societies should influence policy makers to develop comprehensive national preventive programs, that would be of benefit to mental health professionals, governmental and non-governmental agencies, consumers and the general public. Member societies should be involved in national task forces on prevention and development of systems of mental health care services, based on the concept of community care. In preparing national programs, providers and consumers should co-operate.
3. There should be a continuous follow-up of the needs and determination of priority needs of each community regarding mental health problems. Determination of resources at the disposal of each community in the implementation of preventive programs is also needed.
4. Networks of services covering the needs of the population should be created. Links should also be developed between national and international preventive programs. Cooperation between member societies and exchange of information and experience should be encouraged. The WPA sections related to prevention should promote international collaboration between many existing preventive associations so that the best results can be achieved and resources shared.
5. A continuous education and training of the primary care staff, social services, professionals and paraprofessionals should be stimulated. Special attention should be paid to the training of undergraduate and postgraduate students, where prevention of mental health problems should be part

of the regular curriculum. As an example, the "Core Curriculum in Psychiatry" of the WPA, which includes prevention of mental disorders, may be promising in this respect, if the proposals are adopted in the development of the medical schools curricula. University-based, multidisciplinary training centers should shape the practitioners and future leaders in the field.

6. Special attention should be paid to dissemination of information on prevention to the patients, families and population at large, through special programs and with the assistance of mass media.
7. Research on the efficacy of preventive programs is very important. There should be a continuing development and rapid translation into practice of the scientific evidence base for preventive programs. Both scientific research and consensual experience should guide this process. Multicenter studies should be stimulated and coordinated by the member associations and the WPA.
8. Legal and other regulations should be adjusted to offer support to preventive programs and facilitate their implementation, with maximally possible protection of mental patients. Member societies should offer assistance in this important task.
9. The programs of prevention of mental disorders and mental health protection and promotion should be incorporated in programs of health promotion in general as well as in the program of socio-economic development of the country as a whole.
10. Collaboration with other agencies is vital, including voluntary ones. Taking into consideration that mental health is a fundamental right, patients should be active participants in the process of prevention. The involvement of service users is extremely important in helping to determine policy and practice.

PRIMARY PREVENTION

1. It is estimated that in many countries one third to one half of all mental disorders could be averted by primary prevention measures. These measures should be aiming at improvement of mental health of the population at large, promotion of positive mental health, and protection of sub-groups at higher risk of developing mental disorders.
2. Identification of high-risk groups should be an important aim of preventive psychiatry, as well as applying adequate strategies to these groups at all developmental stages, which should include the

following: early stage care, before delivery; healthy start of life; high-quality parenting; care for the children of mentally ill or addicted parents; mental health promotion in schools; upholding of family cohesion (with close cooperation of psychiatrists and family doctors); prevention at the work place; life skill education of the population; prevention in old age, etc.

3. Extensive and rapid socio-economic changes in many countries are followed by numerous factors, which exert their harmful effects on health in general and particularly on the mental health of the population. Non-developed societies as well as societies in transition undergoing social and economic upheavals should be helped by developed countries in implementation of preventive programs.
4. Natural and man-made disasters are unfortunately frequent, and far from eradicated, especially the latter. Wars, terrorism, growing violence in many countries, made the life of many populations extremely difficult. Experienced psychological trauma may have many psychiatric consequences, including acute stress reactions and post-traumatic stress disorders, psychosomatic disorders, and increased morbidity and mortality of somatic disorders. Late and serious consequences of man-made disasters can cause a spiral of violence and transgenerational transmission of trauma. Although the population at large is exposed to the effect of harmful agents, some population groups are particularly endangered, such as children, the elderly, incomplete families, unemployed, the poor, migrants, etc. These groups at risk require intensive programs of prevention. Therefore, a systematic education of health care workers and their associates in the field of disaster psychiatry should be given priority. There is a necessity of preparing national programs for prevention and mitigation of psychosocial consequences of disasters. This could be done in collaboration with the WPA task force on disasters and with the relevant WPA Sections.

SECONDARY PREVENTION

1. Early recognition and effective management of mental disorders, especially at the level of primary health care, is essential to prevention. Primary care physicians must be adequately trained in mental health matters. Appropriate guidelines like the WHO ICD-10 Primary Care Guidelines and other aids, including screening procedures, may be helpful in this context. Local task forces on prevention, should undertake a continuous

- education, in cooperation with universities and policy makers.
2. Treatment and prevention of many disorders (depression, eating disorders, personality disorders, substance abuse, etc.) with high public health significance, i.e. deleterious effects on the immediate (micro) and wider (macro) surroundings should be part of extensive community programs.
 3. Public awareness should be raised in early detection of symptoms and need for a prompt intervention. Primary care physicians, staff of medical and other services, the patients and their families, and community at large should learn how to recognize mental disorders.
 4. Dissemination of information is useful for health promotion. The education of staff members and nonprofessional caregivers concerning life stresses, which are likely to act as precipitating events for relapse, is of importance.
 5. Services should involve users to ensure that support is relevant to their needs as they see them. Self-advocacy and self-help schemes may enable service users to help one another. Partnership in treatment, instead of passivity, should be encouraged. The traditional paternalistic attitude should be overcome and sharing encouraged.

TERTIARY AND QUATERNARY PREVENTION

1. Most mental disorders require a prompt application of rehabilitation measures from the very initiation of treatment. Tertiary prevention services, aiming at reducing disability produced by mental health disorders must be developed in adequate numbers. Member societies should closely collaborate with the WPA Section on Rehabilitation.
2. Rehabilitation should have highly set goals. It should increase competence of the patients and creative reintegration into community. Families and all other community factors should be engaged in the successful implementation of rehabilitation. Community-based care, i.e. maintaining the patient in the most natural environment should be stimulated.
3. Quaternary prevention is essential because mental illnesses may have deleterious effects upon the family and community at large. And whilst destigmatization is related to all phases of prevention, it should be part of special programs, covering the public, families and professionals. In this important aspect of prevention, the WPA task forces and sections should be actively involved and should collaborate closely with member societies.

CONCLUDING COMMENTS

It is widely accepted that a multidimensional (i.e. a biopsychosocial) approach is necessary in psychiatry. International collaboration, harmonization, integration and unification of preventive and treatment models are among the key words of contemporary psychiatry. However, they are only theoretical labels for a large part of the world. "Health for All" is a wonderful dictum that is unfortunately an utopian goal for many psychiatric communities.

Prevention and health promotion are most important, but complex tasks. They are difficult to carry out in many countries with more demanding priorities, determined by socioeconomic problems or adverse conditions like violence, war, or sanctions. Many of them do not have the means to obtain even the cheapest medication for psychiatrically ill patients. Psychiatrists in these countries are sharing adversities with their patients; they are often burnt out and deprived of possibilities of participating at the international professional scene. The ability to apply preventive and treatment models varies as a function of many factors involving economic development, professional resource availability, national priorities and the particular culture. Globalization should include understanding and assistance to nondeveloped countries. Unless these countries are helped, psychiatry and international organizations will remain elitistic and their accepted goals and intentions will only be declarations without a wider impact. The WPA task forces and sections should help member societies by offering relevant and effective models of prevention adjusted to the specific needs of each population, as well as by providing teaching material and advocacy.