Primary Prevention Takes a Leading Role in World Mental Health Action

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The World Health Organization (WHO) Comprehensive Mental Health Action Plan 2013-2020 establishes the “implementation of strategies for … prevention in mental health” among its four objectives. This policy decision recognizes the expanding knowledge-base, and acknowledges the need to cover the still pending social debt of the mental health systems. WHO concurred with international experts who ranked the “grand challenges” in mental health care (“specific barriers that, if removed, would … solve an important health problem”). Primary prevention was ranked ahead of the identification of biomarkers (ranked 18th) and the redesign of the health systems (ranked 20th).

Several domains support the bases for primary prevention action.

The absence of programs of primary prevention in the mental health system constitutes a human rights (HHRR) transgression. The Convention on the Rights of Persons with Disabilities, highlights the interconnectedness between HHRR and primary prevention, e.g., articles 16 (prevention of abuse); 23 (respect for home and the family); 24 (education); 25 (health); and 28 (adequate standard of living and social protection). Importantly, the Convention on the Rights of the Child turns primary prevention into a chief HHRR issue. Almost all items of

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its preamble are relevant, such as: “Recognizing that the child, for the full and harmonious development of his or her personality should grow up in a family environment, in an atmosphere of happiness, love and understanding”. It thus emerges that mental health, in partnership with other health and social sectors should advocate and assist families that fail to provide a nurturing and safe environment for their young. Furthermore, article 19 establishes: “State Parties shall take all appropriate social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian (s) or any other person who has the care of the child”. Also, article 24/2f establishes: State Parties should “develop preventive care, guidance for parents and family planning education and services”. Clearly, this Convention tells the signatory nations to develop public policies to assure the satisfaction of children’s needs.

Obstacles remain on the way to answer the mental health needs of the populations. Recent epidemiological studies, e.g., the World Mental Health Survey (WMHS), have highlighted anew that no country is immune to mental and behavioral disorders. In addition, the WMHS found that the treatment gap (the difference between true and treated prevalence) was high, including in countries with well-developed services. Therefore, mental health services should acknowledge that for many disorders more persons are not treated than treated included for schizophrenia and among vulnerable population groups, such as individuals with cancer. With regard to the young, the gap is even higher than among adults (e.g., 11).

To compound this picture, stigma and discrimination constitute barriers that delay help-seeking or generate social exclusion, while the problem of premature mortality among persons with severe mental disorders constitutes a “public health challenge”. Furthermore, despite progress in psychopharmacology, the newer drugs have yet to meet early expectations. As for psychosocial interventions, they are infrequently used. WHO, that had identified deficits in the mental health systems in most countries said: “Given the current limitations in effectiveness of treatment modalities for decreasing disability due to mental and behavioral disorders, the only sustainable method for reducing the burden caused by these disorders is prevention”.

Important research findings, from e.g., epidemiology, child development, neurosciences, genetics, converge indicating that modifiable conditions, such as child maltreatment -selected here as an example of a specific target problem for primary prevention- are responsible for many mental disorders. The number of abused children is staggering. In the US (2010), child protective services received an estimated 3.3 million reports (43.8 per 1,000) of abused or neglected children. Likely, the figures are a sub-estimation.

Epidemiologic studies have shown that child or adolescent abuse have significant impact on children (e.g., externalizing behaviors, disruptive behavior, conduct and academic problems in school, depressive symptoms), and on adolescents (e.g., delinquent behavior, drug use, academic maladjustment, depression). In addition, there are late effects among adults, among others: affective and anxiety disorders, suicide behavior, substance abuse disorders, and even psychosis. Also, general health effects have been identified. A recent study found that adjusting for confounders, significant positive relationships emerged between reports of childhood abuse and multisystem health risks [B (SE) = 0.68 (0.16); P < 0.001]. In conclusion, the effect of abuse contributes to the prevalence rates of mental and behavioral disorders.
Recall here that abuse leaves biological traces in the brain-hormonal systems, and in changes in the function and neuro-anatomy of brain locations, such as the amygdale, the hippocampus, the corpus callosum, and the prefrontal cortex. Importantly, the case for action in primary prevention has been gaining solid scientific foundations thanks to the genetic by environment (G by E) studies, with contributions to both risks and resilience. Furthermore, the epigenetic changes caused by abuse may be carried over from one generation to the next, perpetuating a cycle of violence.

In sum, while the research findings on the effect of abuse build a case of “toxic stress”, also programs to reduce/eliminate abuse and its short- and long-term adverse effects have shown robust effects. The Triple Parenting Program (PPT), purported to provide universal, indicative and selective prevention, has been found helpful. Earlier, a program trial of indicative prevention among young mothers has shown positive outcome at age 15 of the offspring. As a result of cutting-edge research, the American Academia of Pediatrics proposed a new route to bring about a change in the practice of pediatricians, which may be mimicked by psychiatrists.

Lastly, the new era of mental health service delivery is auspicious for the inclusion of primary prevention programs. Psychiatric reform charts a new course for care by bringing it into the community. But to do more of the same, restricting the focus to curative care and rehabilitation, will be self-defeating, the social debt will remain outstanding and the human rights violations will continue. In contrast, the link between primary health care and mental health provides a unique opportunity to plan evidence-based programs of primary prevention that will contribute to answer the mounting mental health needs of the population. To conclude, WHO Plan of Action could make a difference.

References


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