

# Future Challenges for Prevention of Mental Disorders

WHO Collaborating Centre for Mental Health Promotion, Prevention and Policy

Symposium 20 March 2009 Helsinki

**Prof. dr. Clemens M.H. Hosman**

Prevention Research Centre  
Radboud University Nijmegen  
Maastricht University

A stylized, layered mountain range graphic in shades of blue, located at the bottom right of the slide.

# Themes

## **Prevention of mental disorders and mental ill health**

- **Developments**
- **Achievements**
- **Bottlenecks**

**Challenges and opportunities  
for the next decade**

# Different but Functionally Related and Overlapping Fields



# Prevention spectrum

Intervention types

Target populations

Primary prevention

**Universal prevention**

healthy population (MH promotion)

**Selective prevention**

populations at high risk

**Indicated prevention**

high risk persons + symptoms

Secondary prevention

**Early detection/treatment**

persons with a diagnosable disorder

Tertiary prevention

**Recurrence prevention**

persons with earlier disorder

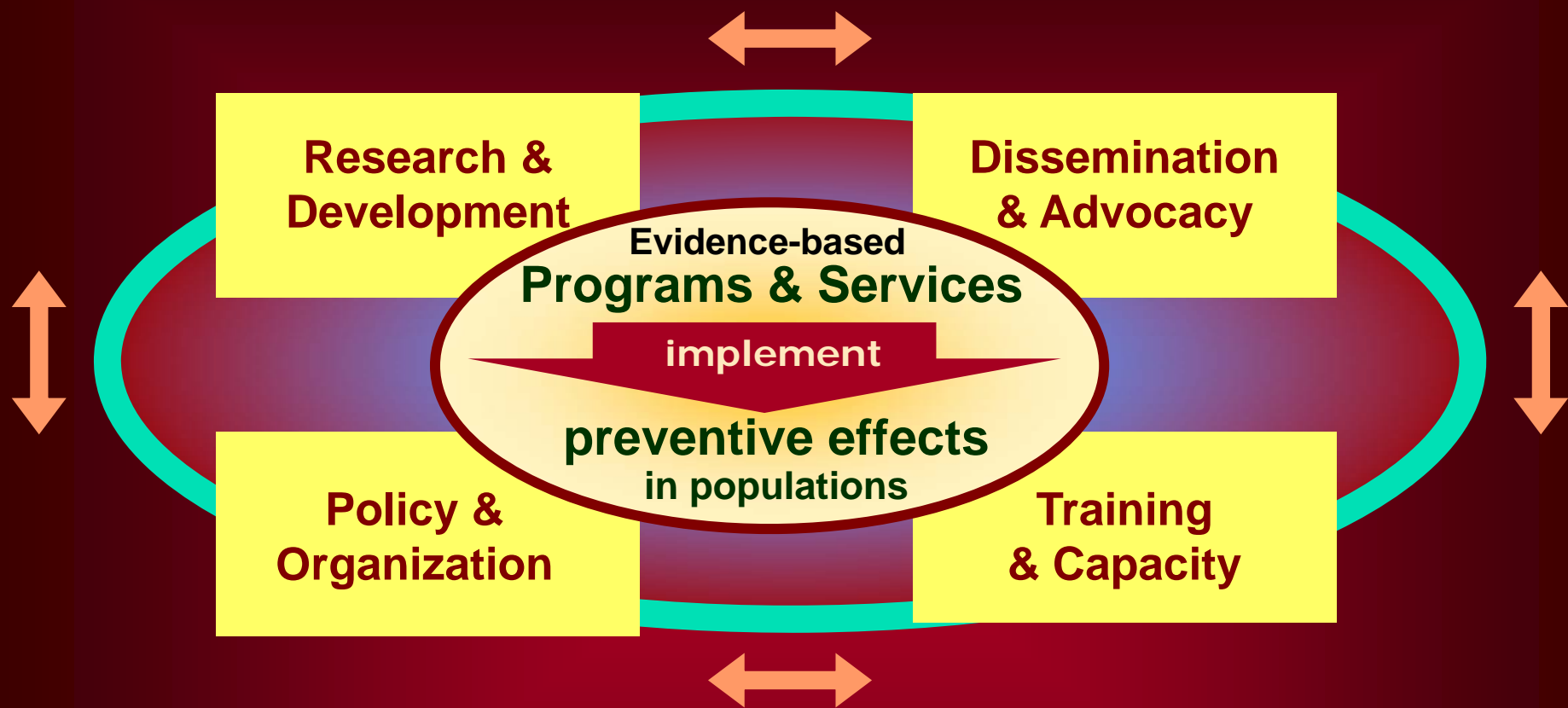
**Improving quality of life**

chronic patients



# What are major ingredients of successful prevention of mental disorders?

1. **Basic Knowledge** on mental health and disorders
  2. **Programmes and strategies**
  3. **Implementation and reach** in target population
  4. **Principles and guidelines** (quality & effect management)
  5. **Evidence** on their effectiveness and cost-effectiveness
- 
6. **Policy**: National and local
  7. **Organizational capacity** for implementation & policy
  8. **Professional capacity** for implementation & policy
  9. **Capacity for Research & development**



Learned: Build a System of Conditions for Effective Prevention & Promotion in Mental Health

# Looking back to last century

Exact 100 years ago the idea of preventing mental disorders and mental ill health was launched by the Mental Hygiene Movement going already in the 1930s worldwide

Clifford Beers  
and leading psychiatrists and psychologists

## Prevention and Promotion in Mental Health.....

.... an idea advocated for over more than 100 years

Prevent incidence of mental disorders?

**common skeptical reactions in the past,  
until 1990s :**

- **Wishful thinking !**
- **Poorly defined field**
- **Difficult to understand how to prevent**
- **No scientific knowledge on causes**
- **We do not know if it works**

## Over the last century .....

- ◆ Health and mental health care become stepwise more and more prevention-focussed
- ◆ Societies are more and more developing towards prevention-oriented societies
- ◆ Prevention & (mental) health promotion become more and more intersectorial affair
- ◆ This is an irreversibel process

## During the current century .....

Prevention & Promotion ↔ Care & Cure

Will become more balanced

# Main developments in last century

## ◆ **Until the 1970s:**

- Epidemiological studies: prevalence, incidence, social factors
- Mainly ideological, sociological and moral approaches to explain onset of mental health/disorders and to ground prevention ideas

## ◆ **From the 1980s**

- Scientific studies on risk and protective factors (multi-levels)
- Best practices and experimental projects
- development of science-based prevention programmes

## ◆ **From the 1990s**

- Prevention MD and MH promotion on (inter)national agenda
- Controlled outcome studies: evidence-based effects
- (Inter)national exchange of 'best'/evidence-based practices

# Main developments in start 21<sup>st</sup> century

## ◆ From 2000

- Prevention of mental disorders and mental health promotion recognized priority of WHO and EU → national governments
- Translated in policy papers and action plans (e.g. green paper)
- Fast growing knowledge on mental health, health, social and economic outcomes of interventions
- Databases with evidence-based programmes, best practices and guidelines: systematic dissemination efforts

# Effectiveness

Prevention of Mental Disorders

EFFECTIVE INTERVENTIONS AND POLICY OPTIONS

Overwhelming evidence that we can improve resilience and reduce risk factors and problems behaviors through preventive interventions in children, adolescents, adults

Beginning evidence that we can reduce/delay incidence of some mental and behavioral disorders  
(e.g. depression, anxiety, externalising problems, suicide)

Several studies: long term preventive effects (6 – 25 yrs)

Prevention programs in mental health show a broad spectrum of health, social and economic benefits

# Evidence-based successes in reducing risk of:

- ◆ Transgenerational transmission (risk factors)
- ◆ Child abuse neglect
- ◆ Externalising problem behavior
- ◆ Depression
- ◆ Anxiety disorders
- ◆ Risk factors of eating disorders
- ◆ Substance-use related risk behavior
- ◆ Psychotic disorders (early interventions)
- ◆ Suicide

# School-based programmes

Repeated evidence for a broad range of positive outcomes

## Increase

competence and resilience

social and coping skills

self esteem

prosocial behavior

anger control

school achievement



## Decrease of

problem behavior

aggression

youth delinquency

smoking

substance use

depressive symptoms

anxiety

# Many promising or evidence-based programmes exist

accessible through:

## **international databases**

- IMHPA / DATAPREV-database (Europe)
- ProMenPol (Europe)
- NRAP: Model Programs (US, SAMHSA)
- Casel: Social-Emotional Learning and Schools (US)

## **national databases** (in own language)

- Netherlands (DEI)
- Norway
- More countries are developing databases

Prevention and  
MH Promotion  
programmes  
show also  
social and  
economic  
benefits



- **youth delinquency ↓**
- **violence ↓**
- **loss productivity ↓**
- **cost welfare ↓**
- **low income ↓**
- **school achievement ↑**
- **social participation ↑**

# The debate on 'Evidence'

- ◆ Do we need to find 'evidence' that our efforts and interventions work: achieve goals & objectives? Yes!
  - *Justification to target populations, funders and tax payers,*
  - *to get feedback on how we can improve our work and to prevent that we fool ourselves with biased perceptions*
- ◆ Different issue: How do we find evidence ?  
What are standards of 'convincing evidence'?  
Which valid research methods fit to which context ?
- ◆ Does it make sense to identify 'evidence-based interventions', and to advocate their large scale implementation (databases)? *Advantages, disadvantages*
- ◆ Finding the right balance to 'program fidelity' and 'reinvention/adaptation' by using quality principles

# Major current bottlenecks

- ◆ Need for more basic knowledge risk/protective factors, developmental trajectories of mental health and disorders
- ◆ Spectrum of effective interventions is still limited
- ◆ Limited implementation of evidence-based programmes
- ◆ Evidence-based programmes: small-moderate effects
- ◆ Evidence on long term outcomes is still poor
- ◆ Marginal reach and impact in population

### 1. Enlarge implementation

More interventions  
More professionals

### 2. Improve Effectiveness

Quality standards  
Training  
Research and evidence

Evidence-based  
**Programs & Services**  
preventive effects  
in populations

### 3. Larger 'reach' in population

Expanding workforce  
Collaboration with others  
Internet & Mass media

### 4. More social impact

Link with local health and social policies  
Link mental health with other problems  
More focus on the community conditions

Challenges we need to face ! Agenda issues

# Major challenges for improving prevention mental disorders

1. Strengthen epidemiological base of prevention
2. Link prevention with mental health promotion
3. Integrate prevention of mental disorders in public health, health promotion and social policies
4. Develop expertise, policy models & tools for local management of integrated prevention approaches
5. Strengthen insight in social & economic outcomes
6. Promote intervention methods with large reach
7. Focus on prioritized themes
8. Build professional capacity and enhancing dissemination of knowledge & programs

# Challenges for improving prevention mental disorders

## **Strengthen epidemiological and economic evaluation base**

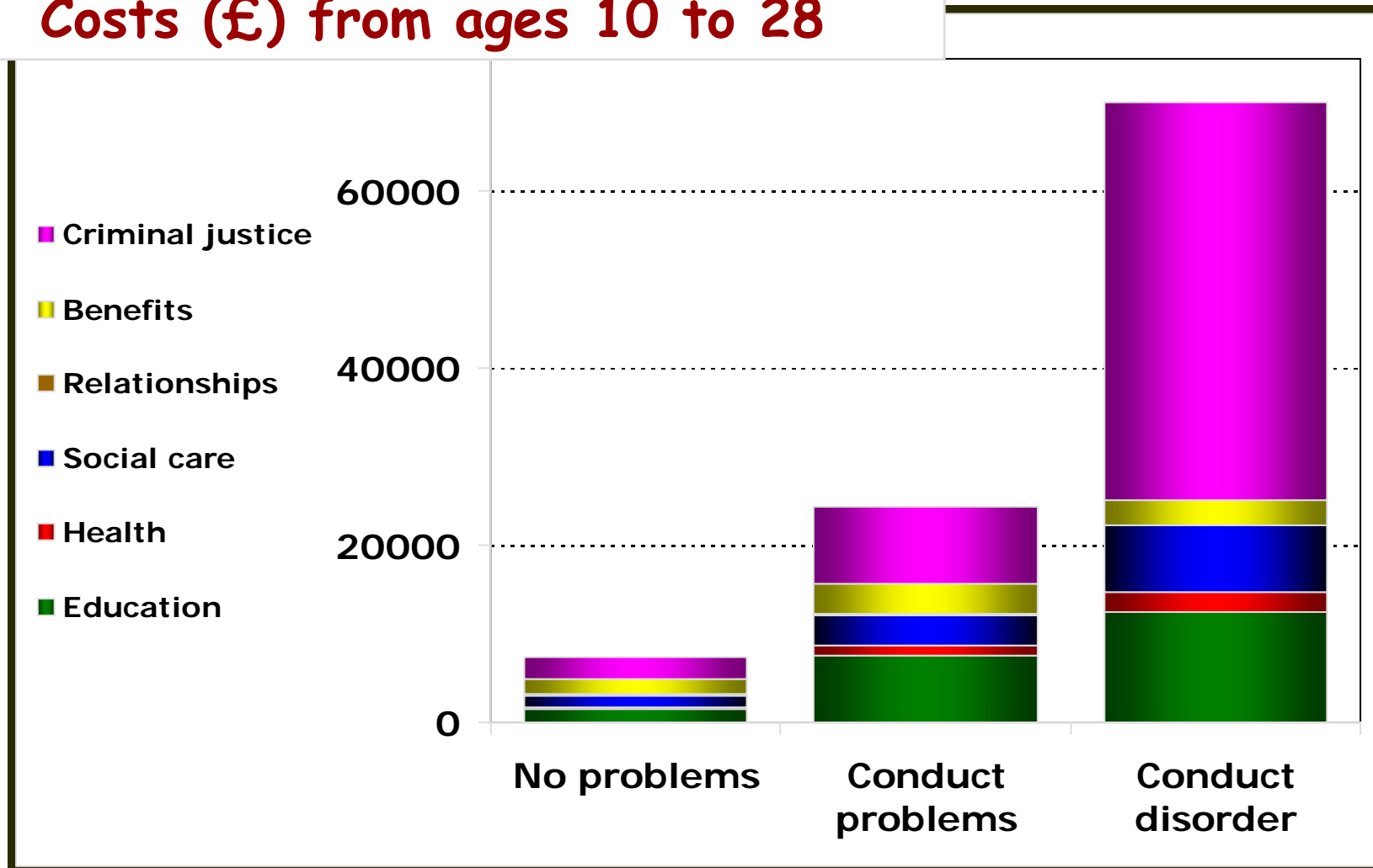
- ❖ Epidemiological base of prevention practice and policy is weak  
Significant factor in low reach, efficiency and public impact
- ❖ Need for local monitoring systems (risk assessment, trends, priority setting, visualise policy and programme effect)
- ❖ Making epidemiological estimates of expected program impact
- ❖ Understanding relations and comorbidity between problems (health, mental social) and implications for prevention and MHP
- ❖ Link epidemiology with developmental psychopathology
- ❖ Link epidemiology and prevention with economic evaluation

# Understanding linkages between mental disorders, physical diseases, social problems

- ◆ high level of comorbidity and interrelations between different mental disorders and with other health and social problems
- ◆ Multi-problem trajectories: one triggers the other
- ◆ Different problems may have common causes: broad spectrum prevention
- ◆ Inefficient policies: addressing each problem separately
- ◆ Addressing clusters of related problems in same high risk population of community by a comprehensive prevention and MHP strategy

# Costs in early adulthood from childhood conduct disorder

Costs (£) from ages 10 to 28



Source: Scott, Knapp, Henderson, Maughan, *BMJ* 2001

# Challenges for improving prevention mental disorders

## **Link prevention with mental health promotion**

- ◆ Understanding functional relations and overlap Prev-Prom
- ◆ Identifying shared risk and protective factors
- ◆ Studying prevention outcomes of MH promotion
- ◆ Enhancing use of MHP principles within prevention programs

# Challenges for improving prevention mental disorders

## **Integrate prevention of mental disorders in public health, health promotion and social policies**

- ◆ Build a strong Mental Health focus within Public Health and Health Promotion
- ◆ Identifying opportunities and strategies to use or influence local social policies for preventive targets  
*(e.g. school policy, poverty reduction, safety policy, equity urban/neighborhood renewal, unemployment, social inclusion)*

# Challenges for improving prevention mental disorders

## **Develop expertise, policy models & tools for local management of integrated prevention & MHP**

- ◆ How to combine multiple interventions and measures into an effective and efficient comprehensive strategy for target community or population (added value of synergy)
- ◆ How to building sustainable coalitions across multiple stakeholder organizations with different interests and strengths working at shared goals in mental health

# Challenges for improving prevention mental disorders

## Focus on some prioritized themes (examples)

### *Healthy start of life*

reducing risk factors and mental health promotion during pregnancy and infancy, including prevention transgenerational transfer

### *School-based prevention and mental health promotion*

Strengthening resilience in school-based children & adolescents

Combining universal, selective and indicated prevention

Preventing common disorders with onset in childhood & adolescence

### *Work, economy, recession and poverty*

Stress management and reducing work stressors

Unemployment and mental health

Poverty, economic recession, financial strain and mental health

# Challenges for improving prevention mental disorders

## **Enhance dissemination of knowledge & programs**

- ◆ Better access to knowledge sources and linking relevant websites on mental health, health promotion, prevention.
- ◆ Large scale implementation programs, principles, guidelines

## **Enhance use of intervention with large reach**

- ◆ Mass media interventions
- ◆ Internet
- ◆ Self help materials
- ◆ Public measures