# Prevention of Mental Disorders

## EFFECTIVE INTERVENTIONS AND POLICY OPTIONS

**SUMMARY REPORT**

A Report of the
World Health Organization,
Department of Mental Health and Substance Abuse
in collaboration with
the Prevention Research Centre
of the Universities of Nijmegen and Maastricht

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# Foreword

One of the primary goals of the World Health Organization (WHO) Department of Mental Health and Substance Abuse is to reduce the burden associated with mental, neurological and substance abuse disorders. Prevention of these disorders is obviously one of the most effective ways to reduce the burden. A number of World Health Assembly and Regional Committee Resolutions have further emphasised the need for prevention. WHO published a document on primary prevention of mental, neurological and psychosocial disorders in 1998 (WHO, 1998). However, this scientific field has seen rapid development of ideas and research evidence, necessitating a fresh review. This Summary Report (along with the forthcoming Full Report) attempts to provide a comprehensive overview of this field, especially from the perspective of evidence for effective interventions and associated policy options. This is in accordance with the WHO mandate to provide information and evidence to Member States in order to assist them in choosing and implementing suitable policies and programmes to improve population health. In an area like prevention of mental disorders this task is even more critical since much evidence is recent and untested in varied settings.

Mental disorders are inextricably linked to human rights issues. The stigma, discrimination and human rights violations that individuals and families affected by mental disorders suffer are intense and pervasive. At least in part, these phenomena are consequences of a general perception that no effective preventive or treatment modalities exist against these disorders. Effective prevention can do a lot to alter these perceptions and hence change the way mental disorders are looked upon by society. Human rights issues go beyond the specific violations that people with mental disorders are exposed to, however. In fact, limitations on the basic human rights of vulnerable individuals and communities may act as powerful determinants of mental disorders. Hence it is not surprising that many of the effective preventive measures are harmonious with principles of social equity, equal opportunity and care of the most vulnerable groups in society. Examples of these interventions include improving nutrition, ensuring primary education and access to the labour market, removing discrimination based on race and gender and ensuring basic economic security. Many of these interventions are worth implementing on their own merit, even if the evidence for their effectiveness for preventing specific mental disorders is sometimes weak. The search for further scientific evidence on effectiveness and cost-effectiveness, however, should not be allowed to become an excuse for non-implementation of urgently needed social and health policies. Indeed, innovative methods need to be found to assess the evidence while these programmes are designed and implemented. These methods should include qualitative techniques derived from social, anthropological and other humanistic sciences as well as stakeholder analysis to capture the complexity and diversity of the outcomes.

A particularly potent and unfortunately common threat to mental health is conflict and violence, both between individuals and between communities and countries. The resulting mental distress and disorders are substantial. Preventing violence requires larger societal efforts but mental health professionals may be able to ameliorate the negative impact of these phenomena by implementing some specific preventive efforts and by making humanitarian assistance more mental health friendly.

One of the crucial issues in the implementation of evidence-based prevention is the real-life applicability of laboratory-proven programmes, especially in widely varying cultural and resource settings. Rigorously controlled effectiveness trials seem to provide more definite evidence but in turn are less amenable to wider application across the world. Cultural and context variables should

be seen not as confounders but as essential elements of any programme to be applied in real-life situations. Adequate consideration of these factors while generating evidence is preferable to a post-hoc analysis. Cultural applicability makes the task of dissemination of evidence-based interventions complicated and slow; however, given the complexity of prevention programmes, this is to be expected.

The big unresolved question is: Who should pay for prevention? As the cost of health care is increasing worldwide, there is increasing competition for resources. This scenario puts prevention, which usually is a long-term outcome, at a disadvantage against treatment with near-term benefits. Economic, including commercial, interests are also more prominent in the treatment domain than in prevention, resulting in poor investments for prevention activities. Health care providers often do not see prevention as their primary responsibility, especially for interventions that are normally implemented by sectors other than health. Public health authorities and health professionals will need to take a leadership role here, even if they cannot find the necessary financial resources within the health sector to implement programmes. Collaboration between mental health, public health and other sectors is complex but necessary for making prevention programmes a reality. A good starting point for this collaboration is distillation of the evidence for effectiveness into key messages that are scientifically accurate but still easy to understand and practical enough to act upon. I hope that the present WHO publication takes us another step towards this direction.

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# Preface

*Prevention of Mental Disorders: Effective Interventions and Policy Options*, on which this Summary Report is based, offers an overview of international evidence-based programmes and policies for preventing mental and behavioural disorders. It focuses on primary prevention rather than secondary or tertiary prevention. It describes the concepts relating to prevention; the relationship between prevention of mental disorders and the promotion of mental health; malleable individual, social and environmental determinants of mental disorders; the emerging evidence on the effectiveness of preventive interventions; the public health policy and practice implications; and the conditions needed for effective prevention. This complements the work of another major World Health Organization report: *Promoting Mental Health: Concepts, Emerging Evidence, Practice* (WHO, 2004b; Herrman, Saxena & Moodie, 2004).

Prevention in mental health has a history of over 100 years. Since the early days of the mental hygiene movement at the beginning of the 20th century many ideas have been generated on possible strategies to prevent behavioural problems and mental disorders in children and adults. These have been partly translated into experimental activities in primary health care and schools and in public health practices. However, the systematic development of science-based prevention programmes and controlled studies to test their effectiveness did not emerge until around 1980. Over the past 25 years the multidisciplinary field of prevention science in mental health has developed at a rapid pace, facilitated by increasing knowledge on malleable risk and protective factors. This has resulted in a fast-growing number of scientific publications and effective programmes, as illustrated in this Summary Report. Prevention research centres, universities and other institutions, along with programme managers and practitioners, have generated evidence showing that preventive interventions and mental health promotion can influence risk and protective factors and reduce the incidence and prevalence of some mental disorders.

*Prevention of Mental Disorders: Effective Interventions and Policy Options* includes a selective review of the available evidence from a range of countries and cultures. Current knowledge is still mainly based on research in high income countries, although new research initiatives are emerging in developing countries. The current trend to exchange evidence-based programmes across countries challenges us to expand our understanding of the role of cultural and economic factors in prevention.

Both this Summary Report and the Full Report upon which it is based have been written for people in the many health and nonhealth sectors of governments and nongovernmental agencies