PREVENTION OF MENTAL DISORDERS

What has been done and what can we do?

Guadalupe Marinho^{1*}, Diogo Almeida^{1δ}, Maria do Carmo Cruz^{2*}

¹ Resident, ² Senior Consultant and Head of Psychiatric Department

* Psychiatric and Mental Health Department – Portimão Unit – Centro Hospitalar Universitário Do Algarve, EPE, Portimão, Portugal
δ Psychiatric and Mental Health Department – Hospital Prof. Doutor Fernando Fonseca, EPE, Lisboa, Portugal

BACKGROUND

Mental disorders (MD) are common in the general population, and they cause impairment and disability, with additional burden due to the fact that they increase risk for other problems. Prevention or delay of disorder onset has potential to reduce treatment needs and comorbid disorders.

OBJECTIVES

To analyse the various methods for prevention of mental disorders.

METHODS

A literature review was conducted by searching in PubMed database the terms: “prevention AND (anxiety OR depression OR schizophrenia OR psychosis)”. Articles were subsequently selected with regard to their scientific relevance.

RESULTS

What has been done?

- **Prevention** refers to interventions administered before the onset of a clinical disorder.
- Most prevention interventions of MD are programs based in cognitive behavioural strategies, are targeted against depressive and anxiety symptoms and are delivered in schools.
- Trials are consistent in indicating prevention benefits of these programs, allowing a reduction of symptoms and of disorder incidence.
- Clinical assessments during adolescence can also identify a group in which 15–30% of persons developed a diagnosable psychotic disorder in the following months – designed as **“ultra-high risk” group.**
- Interventions in this group (medication, psychosocial supports or cognitive behavioral treatment) can delay the onset of schizophrenia and allow the individual to have a greater opportunity to organize his life course, leading to better long-term course and outcomes.
- The onset of schizophrenia is likely to be delayed as compared to control groups, with as much as a 50% risk reduction over 1 year, declining to about one-third over 4 years.
- The decline in reducing conversion to psychosis from 1 to 4 years suggests the prevention is not permanent. The delay occurs with both cognitive behavioral treatment and anti-psychotic medications, and is less powerful in young adolescents than in adults.

What can we do?

Promising Prevention Strategies

INTERNET-BASED PREVENTION

- Preventive and treatment interventions via internet is a way to make them more widely accessible, cost-effective, and scalable.
- Recent trials have indicated that internet-based approaches reduce depressive and anxiety symptoms when delivered to young adults or in school-based settings.
- Internet-based prevention programs have a number of potential applications: A) as stand-alone interventions delivered during the initial stage of a stepped care prevention model, B) as adjuncts to group sessions, or C) as techniques for offering skills prompts or booster sessions to maintain intervention gains.

MINDFULNESS-BASED PREVENTION

Meditation, Yoga And Tai Chi

- Research indicates that these practices facilitate cultivation of emotion regulation skills and can reduce psychological symptoms, including depression and anxiety in adults.
- Mindfulness-based interventions may also have potential to reduce emotional and behavioral issues and promote wellbeing in children and adolescents.

CONCLUSIONS

Literature review indicates the existence of numerous strategies to prevent anxiety, depression and schizophrenia. Overall, they have produced good outcomes, allowing to reduce symptoms and the disorders incidence, or at least delay the onset. Prevention programs directed to MD should be a public health priority since they have the potential to improve quality of life and reduce mental health burden on society.

REFERENCES

1. National Research Council, Institute of Medicine (2009) Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. The National Academies Press, Washington, DC. 2. Munoz RF, Le H, Clarke GN, Jaycox LH (2002) Preventing the onset of major depression. In: Gotlib IH, Hammen CL (eds) Handbook of depression. Guilford, New York, pp 343–359. 3. Munoz RF (2001) On the road to a world without depression. J Prim Prev 21:325–338. 4. Sandler IN, Wolchik SA, Cruden G, Mahrer NE, Ahn S, Brincks A, Brown CH (2014) Overview of meta-analyses of the prevention of mental health, substance use and conduct problems. Annu Rev Clin Psychol 10:243–273. 5. Gustavsson A, Svensson M, Jacobi F et al (2011) Cost of disorders of the brain in Europe 2010. Eur Psychopharmacol 21:718–779. 6. Ahlen J, Lenhard F, Ghaderi A (2015) Universal prevention for anxiety and depressive symptoms in children: a meta-analysis of randomized and cluster-randomized trials. J Prim Prev 36:387–403. 7. Bastounis A, Callaghan P, Banerjee A, Michail M (2016) The effectiveness of the Penn Resiliency Programme (PRP) and its adapted versions in reducing depression and anxiety and improving explanatory style: a systematic review and meta-analysis. J Adolesc 52:37–48. 8. Corrieri S, Heider D, Conrad I, Blume A, König HH, Riedel-Heller SG (2013) School-based prevention programs for depression and anxiety in adolescence: a systematic review. Health Promot Int 29(3):427–441. 9. Hetrick SE, Cox GR, Merry SN (2015) Where to go from here? An exploratory meta-analysis of the most promising approaches to depression prevention programs for children and adolescents. Int J Environ Res Public Health 12:4758–4795. 10. Garcia-Campayo J, del Hoyo YL, Valero MS, Yus MCP, Esteban EA, Guede MP, Botey RM (2015) Primary prevention of anxiety disorders in primary care: a systematic review. Prev Med 76:S12–S15.