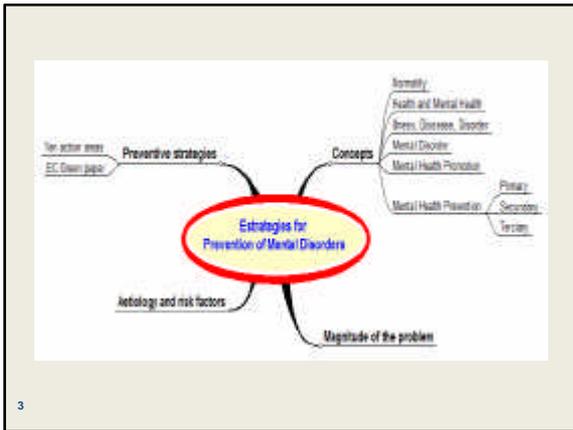


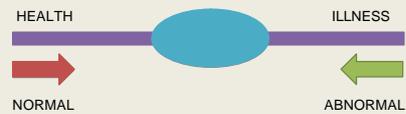
STRATEGIES FOR PREVENTING MENTAL DISORDERS

Dr. Antonio Segovia
Consultant Psychiatrist
GHA

Is it possible to prevent mental disorders?



What is "Normality"?



Are hallucinations or delusions always signs of a mental illness?

- **Not always are symptom of mental illness**
 - Tiredness
 - Sensory deprivation
 - Waking up and getting up from sleep.
 - Fever.
 - Intoxication (alcohol, drugs...)

Normal or abnormal?

Approaches:

- **Different equals to abnormal**
 - deviation from average/norm.
- **Aiming for perfection**
 - deviation from ideal
- **Normal people feels right**
 - abnormality is associated to a sense of subjective discomfort.
- **Getting along in the world**
 - abnormality as the inability to function effectively

How do doctors diagnose a mental disorder?

7



- Set of specific **symptoms** or **behaviour**.
- Present for a certain length of **time**.
- Personal **distress**.
- Personal **dysfunction**.
- **Onset, course**.
- Absence of certain conditions.

Declaration of Alma-Ata: Health for all by year 2000

8

- WHO International Conference on Primary Health Care
- Almaty, Kazakhstan. 6-12 September 1978
- Need for urgent action by
 - all governments,
 - all health and development workers and
 - world community
 - to protect and promote the health of all the people of the world

Definition of Health

9

A state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity

- a fundamental human right
- a most important world-wide social goal
- requires the action of many other social and economic sectors in addition to the health sector.
- Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures.

WHO, Alma-Ata, 1978

What is mental health?

10

“a state of well-being, which helps the individual to:

- realize his or her abilities,
- cope with the normal life stresses,
- work productively and fruitfully,
- make a contribution to the community”

WHO, 2001

Illness, Disease and Disorder

11

- **Illness** and **disease** refer to any abnormal bodily condition. (closely related to medical model also called: disease model).
- **Disorder** refer to a set of clinically recognizable symptoms or behaviour associated with distress and interference with personal functions.

ICD-10

Mental Illness

12

- “includes mental health problems and strain, impaired functioning associated with distress, symptoms, and diagnosable mental disorders, such as schizophrenia and depression”.

Green Paper. Improving the mental health of the population:
Towards a strategy on mental health for the European Union

- “mental disorder” means mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind

MHA E&W 1983

- “mental disorder” means any disorder or disability of the mind.

MHA E&W 2007

What is Mental Disorder Prevention?

13

o Prevention:

"to intervene or to take steps in advance to stop something from happening"

> Focuses:

- reducing risk factors
- enhancing protective factors

> Aims of reducing:

- risk
- incidence
- prevalence
- recurrence of mental disorders
- time spent with symptoms
- risk condition for a mental illness
- preventing or delaying recurrences
- decreasing the impact of illness

Prevention

14

o Primary:

- preventing onset

o Secondary:

- early detection/treatment

o Tertiary:

- preventing additional harm and relapse

What is Health Promotion?

15

• Health promotion

"the process of enabling people to increase control over, and to improve their health"

(WHO, 1986).

Promotion and prevention are overlapping and complementary activities

The Dimension of the Mental Health Problems

16

o Depression:

- 3rd most common cause of consultation in UK general practice
- By 2020, is expected to be the highest ranking cause of disease in the developed world.

o Suicide:

- 58,000 citizens die from suicide every year in the EU, (more than the annual deaths from RTA, homicide, or HIV/AIDS).

o Incidence of mental illnesses

- More than 27% of adult Europeans are estimated to experience at least one episode during any one year

o Anxiety disorders and depression.

- Most common forms of mental disorder in the EU

o Mental and physical health

- closely inter-related.
- Integrating mental health into the provision of general hospital care can significantly shorten hospitalization periods, thereby releasing economic resources

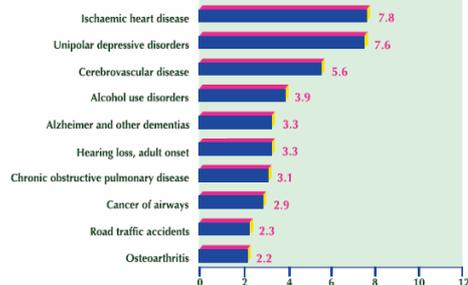


Figure 1 Proportion (%) of burden of disease in the European Union in Disability Adjusted Life Years (DALYs), a measure of ill-health and premature death, by cause⁴.

17

Data presented is for the EU 25 derived from the figures in the WHO 2004 World Health Report

Estimated number of subjects in the general EU population (age 18-65) affected by mental disorders within past 12 months⁵.

Diagnosis (DSM-IV)	12-month estimate (%)	12-month estimate (million)
Alcohol dependence	2.4	7.2
Illicit substance dependence	0.7	2.0
Psychotic disorders	1.2	3.7
Major depression	6.1	18.4
Bipolar disorder	0.8	2.4
Panic disorder	1.8	5.3
Agoraphobia	1.3	4.0
Social phobia	2.2	6.7
Generalized Anxiety Disorder (GAD)	2.0	5.9
Specific phobias	6.1	18.5
Obsessive-compulsive Disorder (OCD)	0.9	2.7
Somatoform disorders	6.3	18.9
Eating disorders	0.4	1.2
Any mental disorder	27.4	82.7

18

Estimated absolute number of Gibraltarian population affected by mental disorder in the past 12 months

Alcohol dependence	438
Illicit substance misuse	128
Psychotic disorders	219
Major depressive disorder	1,114
Bipolar disorder	146
Anxiety disorder	3,763
Eating disorder	73
Any mental disorder	5,006

Estimated absolute number of Gibraltarian population with a personality disorder in the community 1,827

¹⁹ Estimated population (2008): 29,000 Age group 18-65 (63 %): 18,270

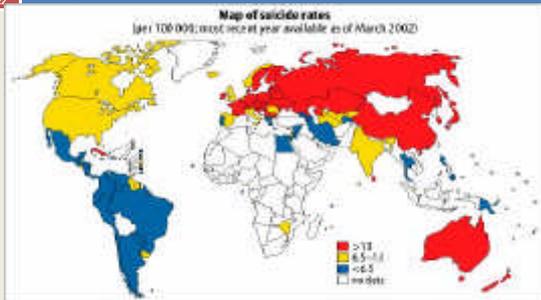
- Mental ill health affects every fourth citizen and can lead to suicide, a cause of too many deaths;
- Mental ill health causes significant losses and burdens to the economic, social, educational as well as criminal and justice systems;
- Stigmatisation, discrimination and non-respect for the human rights and the dignity of mentally ill and disabled people still exist, challenging core European values.

Green Paper: Improving the mental health of the population: Towards a strategy on mental health for the European Union

Suicide As a Public Health Problem

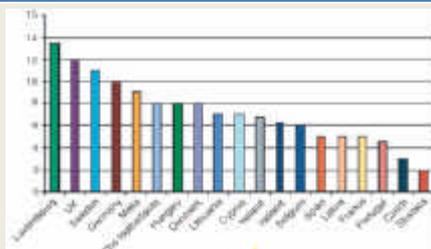
- 1% of all deaths in the world.
- 1 Million suicides. 10-20 millions attempted suicide in yr. 2000.
- 5000 suicides in England each yr.
- Main cause of death in people under 35 in England.
- Main cause of premature death in people with mental illness.

- Huge differences in suicide rates in different countries.



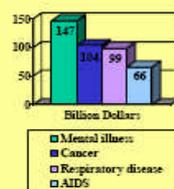
2002 © 2001 WHO/OMS Reproduced with permission of the World Health Organisation.

Mental Health Expenditure in EEA



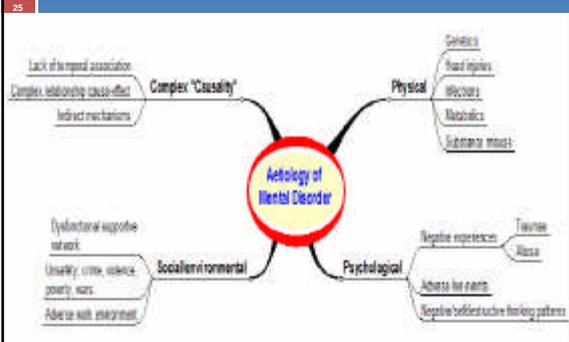
Percent of total health expenditure (MHEEN, 2004)
 Figures for Belgium, Spain and the UK are figures for regions rather than for the country as a whole <http://europa.eu.int/comm/health/>

Costs of mental illness

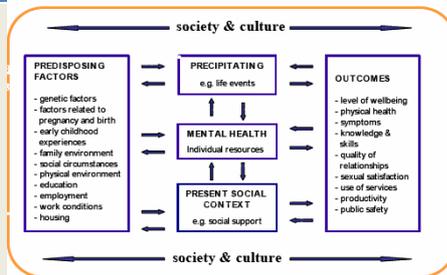


- Health care costs
- Employment-productivity
- Impact on families
- Premature death
- Costs Europe between 3-4% of GNP

Aetiology of Mental Disorders



The functional model of mental health



Lahtinen, E., Lehtinen, V., Riikonen, E., Ahonen, J. (eds.): Framework for promoting mental health in Europe, Hamina 1999

Social, environmental and economic determinants of mental health

Risk factors	Protective factors
Access to drugs and alcohol	Empowerment
Displacement	Ethnic minorities integration
Isolation and alienation	Positive interpersonal interactions
Lack of education, transport, housing	Social participation
Neighbourhood disorganisation	Social responsibility and tolerance
Peer rejection	Social services
Poor social circumstances	Social support and community networks
Poor nutrition	
Poverty	
Racial injustice and discrimination	
Social disadvantage	
Urbanisation	
Violence and delinquency	
War	
Work stress	
Unemployment	

Source:
WHO: Prevention of Mental Disorders. Effective Interventions and Policy Options, Summary Report, Geneva 2004, p.21

27

Primary Prevention in Mental Health

"Preventing onset of mental illnesses"

Targets people who:

- Do not fulfil a diagnosis for mental disorder but who are at risk or suffer from mental health problems

Aims to:

- Reduce the risk for a mental disorder
- Reduce symptoms and/or the time with symptoms
- Reduce incidence of mental disorders
- Decrease the impact of illness in the affected person, their families, the society

Implementing Mental Health Promotion Action

28

Examples of preventive interventions

- Genetic counselling
 - Schizophrenia:
 - general risk 1% both parents SZP 40-46%
 - Bipolar disorder:
 - general risk 1% one parent BPAD 50% (mood, psych)
- Prevention and treatment of infectious diseases
 - STD Syphilis: GPI HIV
- Treatment of ADHD to improve education and prevent conduct and personality disorders

29

European Commission Green Paper on Mental Health

Aims:

- Promoting mental health and reducing the burden of mental disorders through preventive action
- Promoting the social inclusion of mentally ill or disabled people and protecting their fundamental rights and dignity
- Improving information and knowledge on mental health in the EU

30

Ten action areas for mental health prevention in Europe

31

1. Support *parenting* and the *early years* of life
2. Promote mental health in *schools*
3. Promote *workplace* mental health
4. Support *mentally healthy ageing*
5. Address *groups at risk* for mental disorders
6. Prevent *depression* and *suicide*
7. Prevent *violence* and harmful *substance use*
8. Involve *primary and secondary health care*
9. Reduce *disadvantage* and prevent *stigma*
10. Link with *other sectors*

Mental Health Promotion and Mental Disorder Prevention. A Policy for Europe. IMHPA

Secondary prevention

32

“early detection and treatment”

- Primary care
- Community psychiatric services
 - Assertive outreach and crisis intervention team
 - Early intervention team
 - Liaison psychiatry
 - Substance misuse services
 - Forensic psychiatric services
 - Psychological services
 - Child and adolescent mental health service
 - Adult psychiatric services
 - Old age psychiatric services
- Inpatient psychiatric care

Tertiary prevention

33

“preventing additional harm and relapse”

- Psychiatric rehabilitation services (Recovery services)

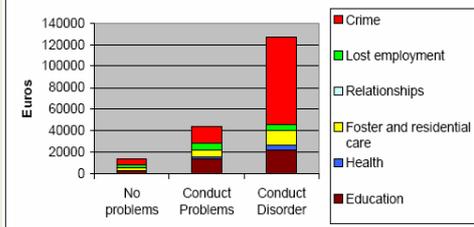
What are the outcomes of effective prevention?

- Prevention for children at risk can reduce new episodes of depression by 40%
- Social support and physical activity for older people increase well-being, community participation and reduce depression
- For the same money it costs to treat 1 person with depression, it can be prevented in 30

Design: Key facts and figures about the European Union, EC, 2004

34

Financial costs of social exclusion: long term follow up of children without and with conduct problems or disorders



Scott, S.; Knapp, M.; Henderson, J.; Maughan, B.: Financial cost of social exclusion: Followup study of anti-social children into adulthood. British Medical Journal (BMJ), 353, 19-196. Costs converted into Euro-values by David McDaid, Mental Health Economics European Network.

35

School-based programs

Repeated evidence

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

36

Pre-school education

After 20 years...

Half day curricula for poor children

- Better mental health
- Increased high school graduation

Category	No intervention	Intervention
Arrest	~55	~30
Literacy	~40	~65
Employment	~35	~55

37 The Perry Preschool Project

Parenthood support

Effective approaches

- Parental proactive skills (e.g., attachment)
- Help pregnant mothers stop the use of addictive substances
- Training for parents at risk

- ↑ Birth weight
- ↑ Mental health gain over time
- ↑ Improve children's behaviour
- ↓ Parental depressive symptoms

Job training skills for the Unemployed

GROUPS AT RISK

- Increase self efficacy
- Reduce depressive disorders (39%-25%)
- Increase employment

Two-fold cost saving

Program	Cost
Without program	~100
With program	~50

Source: Zinke et al., 2001

39

Is it possible to prevent mental disorders?

- Yes!
- We are already doing it!
- Still a lot to do!

40

