The keys to prevention in mental health Unlocking psychologists' potential

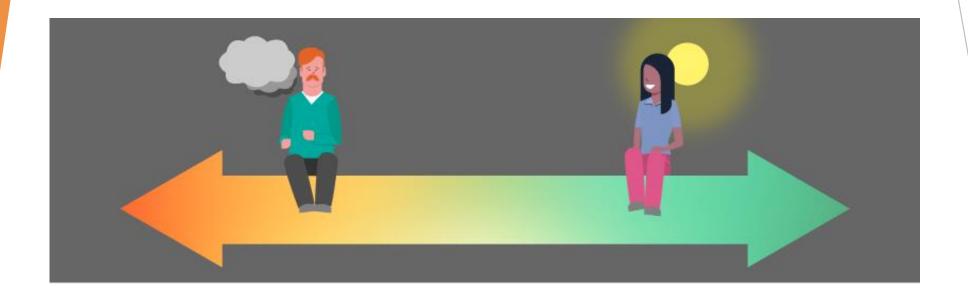
Presentation overview

- Mental health and mental illness
- The action continuum
- Types of prevention
- ► Risk and protective factors
- Prevention interventions

Mental health and mental illness

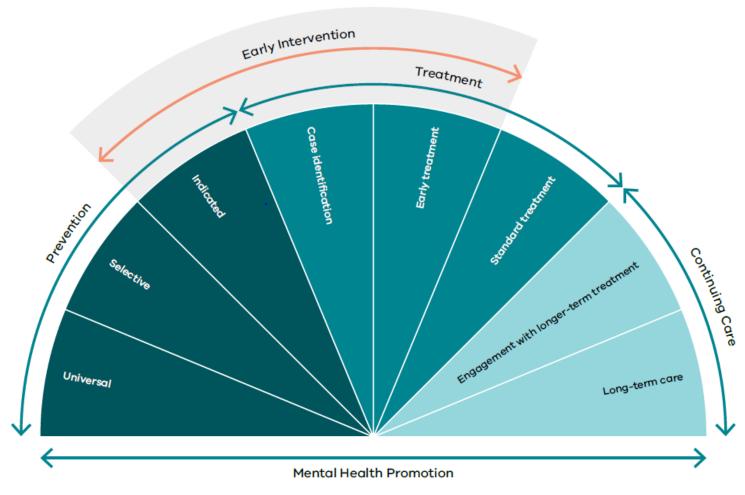
Mental health and mental illness

- From a public perspective, and sometimes even from a practitioner perspective, mental health and mental illness are often used interchangeably
- ▶ But that's confusing and does not provide space to talk about 'good' mental health



The mental health continuum

- Interventions also lie on a continuum from:
 - ▶ Promoting mental wellbeing, preventing mental health conditions, early intervention for first episode, low → high intensity recovery support, and suicide prevention



Source: Emerging Minds. Prevention and Early Intervention https://emergingminds.com.au/our-work/prevention-and-early-intervention/ [accessed 1 November 2019]; Adapted from Patricia J. Mrazek and Robert J. Haggerty, Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research (Washington, D.C.: National Academies Press, 1994).

The activities in this action continuum can be grouped into two broad categories:

► Population-wide initiatives

Mental healthcare initiatives for individuals living with a mental health condition, and their families/carers

Population mental health

Mental healthcare

Population-wide initiatives

- Promoting 'complete' mental wellbeing (flourishing)
- Preventing mental health conditions
- Increasing mental health literacy, decreasing stigma,& promoting help-seeking
- Screening & early recognition of mental health conditions and referral to supports and services
- ► Elements of suicide prevention
 - reducing access to means, media reporting

Mental healthcare initiatives

- ► Low intensity treatment
 - Online treatment programs, peer-to-peer support, non-clinical coaches
- ► High intensity treatment & recovery support
 - ►GPs, psychologists, psychiatrists and others
 - ► Psychosocial service providers
- ► Crisis support and suicide prevention
 - Telephone helplines, emergency services, EDs, aftercare services

- Conditions progress through clinical stages
 - ► Wellness > subthreshold > first episode
 - ► Remission > relapse or persistence

- Prevention can target any point to prevent progression to next
 - ► Primary prevention prevent onset
 - ► Secondary prevention detect and treat early stage illness (overlaps with early intervention)
 - ► Tertiary prevention treat to modify trajectory (maximise QoL and longevity)

- ► Can sub-classify primary prevention by target population
 - ► Universal prevention whole population
 - ► Selective prevention people at increased risk
 - ► Indicated prevention people with subthreshold symptoms (some overlap with early intervention)

Target risk and protective factors

Key protective factors

- Genes, temperament and personality
- Secure attachment
- Authoritative parenting
- Psychological skills (social and emotional, self-care)
- Social supports and social connectedness
- Positive school and work climate
- Social cohesion, trust and social capital
- High access to social determinants education, employment, housing

Key risk factors

- ► Genes, temperament and personality
- ► Insecure or disorganised attachment
- Authoritarian or permissive parenting style
- Adverse childhood experiences (ACEs)
- Intimate partner violence
- Bullying
- Poor school climate & workplace psychosocial risk factors
- Discrimination (minority stress)
- Low access to social determinants

- Interventions seek to influence risk and protective factors
 - Among a defined population (particularly children and adolescents)
 - Through key settings (home, school, work, online)
 - At scale (small changes across large populations)

- Currently able to prevent some conditions more than others
 - ▶ Depression
 - Anxiety conditions
 - Some behavioural disorders (CD & ODD)
 - ► Substance use conditions
 - >?First episode psychosis

- Public health approach to individual behaviour change and systems change
 - ► Public education campaigns
 - Developing personal skills
 - ► Creating supportive environments
 - ► Strengthening community action
 - ► Mentally healthy public policy
 - ► Re-orienting health care services toward promotion and prevention

- ► Public education campaigns
 - Explain mental health and mental illness
 - Promote use of psychological skills
 - ► Health, clinical and positive psychology
 - e.g. Act Belong Commit, 5 Ways to Wellbeing
- Limited evidence, needs more research

- ► Skills building: Parenting skills and supports
 - ► Assist parents with perinatal mental health conditions
 - ▶ Practical, emotional, material supports for parents
 - ► Home nurse visiting, Triple P, Tuning into Kids/Teens, Partners in Parenting, etc
 - ► Target attachment, warmth, communication, emotion coaching, limit setting, conflict resolution
- Very good evidence for many parenting programs

- Skills building: Individual 'resilience'
 - ► Social and emotional skills school based packages
 - ► Self-care skills
 - ► Health psychology lifestyle behaviours
 - ► Clinical CBT, ACT, IPT informed strategies
 - ▶ Positive psychology mindfulness, compassion, gratitude, signature strengths
 - ► Resilience programs school and workplace
- Very good evidence for many programs and individual strategies

- Supportive communities
 - ► Mental health promoting schools
 - ▶ Workplace mental wellbeing
 - ?University mental health
- Promote positive ethos/climate/culture as well as review internal practices and policies
- ► Good evidence for schools, emerging for workplaces

Strengthen community action

- ► Place-based initiatives (local councils)
 - ► Communities that Care
 - Positive impacts on reducing alcohol and offending behaviour among young people
 - Limited evidence for impact on mental health conditions, needs more research

Mentally healthy public policies

- ► Target macro-system factors
 - Social norms (attitudes & beliefs)
 - ► Gender inequality, racism, homophobia, transphobia, other discrimination
 - Social determinants
 - ► Education, employment, housing, equality and equity
- Limited research evidence on effective public policies but likely to make BIG difference.

- Requires a multi-modal & multi-sector approach
 - No single strategy enough to prevent any condition
 - No single sector can do it all
 - mental health & non-mental health sectors need to collaborate

- Requires a 'conductor' to lead and coordinate action across multiple sectors
- Requires a prevention system infrastructure (building blocks)

- Key system building blocks
 - Leadership
 - Coordinating body
 - ► Mental health promotion workforce

Putting it together

- Key system building blocks
 - Interventions
 - Delivery systems especially digital
 - ► Data & monitoring systems
 - **▶** Finance
 - ▶ Research & evaluation

Summary

Summary

- Mental health conditions are not inevitable
- ► Able to prevent many common conditions
- ► Target underlying risk and protective factors
- ► Requires multi-modal, multi-sector approach
- ► Variety of evidence based approaches exist but are poorly implemented and/or not to scale
- Need to better deliver existing evidence-based interventions, enhance the systems architecture, including the mental promotion workforce