

# Mental Health Prevention Methods

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## Abstract

Although there is an increasing interest in early diagnosis to avoid the advancement of severe mental health disorders like schizophrenia and recurring major depression, understanding of risk factors and developmental trajectories has yet to be substantially applied to clinical practice and public health. Psychiatry has typically focused on the treatment and prevention of disease progression and impairment in those who already have a mental disorder (i.e., tertiary prevention). While many medical disciplines have teamed up with public education and health organizations to lower risk factors for illnesses like myocardial infarction, mental health prevention projects have gotten significantly less attention. Scientific evidence from other fields of medicine, combined with a growing understanding of developmental risk factors that precede psychiatric illness and preliminary findings supporting preventive interventions, suggest that our field could move toward the more ambitious goals of universal vulnerability prevention, selective vulnerability prevention in high-risk subgroups, and indicated prevention of full or more severe illness in individuals already showing early signs of illness.

**Keywords:** Prevention • Depression • Mental disorders • Mental health

## Introduction

Even in nations where prevention is prioritized, fewer than 5% of mental health research funding goes to preventative research. The goal of mental health prevention is to minimize the incidence, prevalence, and recurrence of mental health illnesses, as well as the impairment that comes with them. Preventive therapies are centered on reducing risk exposure and improving the individual's coping skills. Effective therapies need the identification of causative risk factors, which might include both general and disease-specific risk factors. Most prevention plans will include a mix of interventions for lowering risk factors, increasing protective variables, and addressing potential mediating causative processes such as cognitive schemas and neurotransmitter imbalances. Individuals without a clinically diagnosable mental disease benefit from primary preventive treatments in mental health that address risk factors and enhance mental wellness. Such interventions could be directed at the entire population, regardless of individual risk (universal prevention), a subpopulation known to be at higher risk for mental disorders (selective prevention), or individuals who are already exhibiting sub threshold clinical manifestations (individual prevention) (indicated prevention). Provides an overview of the many types of mental health preventative treatments, as well as instances of each [1]. The focus of this review will be on primary preventative treatments. Pathogenic genetic variation is a key risk factor for mental diseases, which has varying degrees of heredity.

In combination with environmental risk factors, the cumulative effect of multiple common alleles with small effects, or the relatively high impact of rare pathogenic variants, increases the risk of developing mental disorders; similarly, while some rare environmental risk factors may have large effect sizes, most have small effect sizes and appear to increase susceptibility, but are insufficient to explain the occurrence of a disorder. Prenatal environment (e.g., poor nutrition, exposure to drugs or toxins, and maternal infections or stress), birth complications, preterm delivery, brain trauma, social risks (e.g., socioeconomic disadvantage and poverty, urbanization, immigration, and social isolation), trauma (e.g., parental neglect, physical, emotional, and sexual abuse, and bullying), insufficient stimulation, general adversity and stressful life events, and drug toxicity are just a few examples. Many risk variables are interconnected and have synergistic effects when they cluster together. For example, immigration is frequently associated with urbanization and socioeconomic disadvantage, and children who have been exposed to violence are more likely to be victimized again. Neurobiological alterations can cause maladaptive stress reactions, making people more vulnerable to stress-related disorders and fueling lifetime revictimization. Because of person-environment interactions and correlations, identifying individual risk and protective variables for mental health illnesses is difficult. Individuals are not passive recipients of events; they process them based on their personal history and social surroundings, altering their ability to adapt to events and changing how they engage with the environment to shape and select future experiences. Genetic variables can change an individual's susceptibility to specific environmental hazards and situations (i.e. gene-environment interactions) and regulate exposure to certain risk and protective factors (i.e. gene-environment correlations). Furthermore, environmental and life experiences, as well as pharmaceutical and psychological therapies, can cause biological changes at several levels (e.g., epigenetics, neurotransmitters, and brain connections), altering the ability to adapt to future stresses. These processes complicate the problem, but they also provide opportunities for different levels of intervention (e.g., biological, psychological, family-related, or social) to reduce risk or boost protective factors at different developmental stages [2]. A shift from health to mental disease can occur as a result of the cumulative influence of risk and the absence of protective factors during development. Even if early risk factors (such as genetic risk or early environmental stressors like acute deprivation) are present, a condition may not emerge without more "hits." Multiple hits are particularly significant in the development of diseases like schizophrenia and bipolar disorder, and they provide a unique opportunity for focused prevention in high-risk people by minimizing exposure to further risk factors while increasing protective variables. Bullying victimization has been closely linked to both short-term and long-term vulnerability to mental illness, among other probable risk factors. After 12 months, reducing childhood bullying and maltreatment has been found to lessen the occurrence of psychotic events. Effective anti-bullying techniques, like as school-based anti-bullying programs, have also been shown to prevent eventual aggressiveness or internalization issues in teenagers. Similarly, strategies like providing comprehensive educational and family support to economically disadvantaged children may be effective in preventing other risk factors like child abuse; one study<sup>38</sup> found a 52 percent reduction in the incidence of maltreatment in participants compared to children who did not participate in the school-based intervention. Even if a first or subsequent strike occurs, the impact can be mitigated by boosting protective factors such as family and social support, as well as encouraging resilience. Resilience is a multifaceted notion that may be defined as the capacity to adjust successfully after being exposed to adversity, trauma, or other types of stress. Many successful strategies for promoting resilience, particularly in children and adolescents, have been established. Enhancing social and emotional competency abilities, developing self-efficacy, flexibility, and social connectivity in young people, supporting good parenting, and enabling family communication and problem solving are all essential parts. Although earlier adaptation might limit change to some extent, especially during sensitive developmental stages, the pluripotency of early vulnerability trajectories shows that change is feasible at many moments during development [3].

This developmental psychopathology model is compatible with a staging model similar to those used in other fields of medicine, which suggests that severe mental disorders emerge from at-risk preclinical states, progress through undifferentiated general symptoms, and eventually lead to clinical specificity and functional decline.

## Discussion

Both models have a positive outlook for a preventive approach, implying that by intervening in people with risk factors or people who are already showing subtle abnormal development, it would be possible to intervene in the developmental process of any mental condition, or shift the psychopathological expression towards less debilitating disorders. Subtle language and motor delays, extreme temperament traits, irritability, sub threshold hyperactivity and conduct problems, low cognitive performance, decline in intelligence quotient, and social difficulties in childhood are all early risk markers of developmental deviance that can lead to severe disorders in adulthood [4]. These indicators may be used to identify subpopulations with higher developmental vulnerability, allowing for more focused intensive treatments. It may be possible to shift trajectories to a less severe mental condition or a less severe variant of one. Psychosocial therapies, such as Cognitive Behavioral Therapy (CBT), might reduce transition rates to psychosis or postpone the development and amelioration of severe symptoms in persons at clinical high risk for psychosis. Preliminary data shows that an early comprehensive behavioral intervention in toddlers diagnosed with autism spectrum disorder might enhance functioning and reduce fundamental symptoms of the illness, despite the fact that it is based on a single trial that has to be replicated. Attention deficit hyperactivity disorder is another example. These vulnerable times typically coincide with important developmental brain processes such as receptor maturation, myelination, pruning, and the establishment of hub areas. These are also critical times for the formation of safe attachment, basic schemas about self, others, and the world, self-esteem and self-integrity, and adult personality, and they coincide with the peak prevalence of serious mental illnesses. Prevention that focuses on certain times of year may be more effective and have longer-term effects. The prenatal environment has the ability to influence gene expression associated to foetal brain development, and hence the risk of mental health issues. As a result, providing proper screening and care for variables like as maternal nutrition and drug misuse (including smoking), as well as parental mental health problems and stress during this time might make a significant contribution to global mental health disorder prevention in children. Stressors (such as child abuse, neglect, or hunger) may interfere with the development of brain areas important for emotion regulation in the perinatal period and early childhood, resulting in poor mental and physical health [5].

Both personal and societal health depends on good mental health. Promotion, disease prevention, and treatment are necessary for bettering mental health. Although they are separate from one another, these three types of treatments are related. Psychiatrists typically are not used to mental health promotion and prevention, despite the fact that both are necessary as well as the public need for mental health promotion and well-being. This study provides a conceptual overview, topics organized according to target demographics, and a variety of intervention strategies

for the promotion of mental health and the prevention of mental diseases. According to research to date, practicing mental health promotion and disease prevention may benefit from understanding of developmental psychology, lifestyle medicine, and bio psychosocial aspects to mental health. Although interconnected and complimentary, the three types of interventions-promotion, prevention, and treatment-are relatively dissimilar from one another [6]. In this regard, psychiatrists also need to be skilled in promoting mental health and preventing mental diseases in a variety of situations.

## Conclusion

As a result, minimizing child maltreatment and strengthening early family and social contexts may help to reduce the development of mental health illnesses later in life. Prevention of drug addiction and other harmful behaviors, as well as promotion of healthy lifestyles and positive coping methods, might be especially beneficial throughout adolescence. Despite the various prospects for mental health prevention, several unique variables may stymie progress in psychiatry and should be addressed when developing and implementing treatments. Increasing data shows that viable, safe, and cost-effective preventive therapies in psychiatry might lead to a greater focus on prevention in our discipline. Although more evidence is needed, universal, suggested, and targeted preventative methods may be useful in enhancing psychological wellness or avoiding mental illnesses throughout development. Other fields of medicine, such as folic acid supplementation, fluoride treatment, and measles vaccine, have precedence for introducing safe universal therapy despite limited evidence (e.g., folic acid supplementation, fluoride treatment, and measles vaccination). These instances serve as a model for adopting safe mental health treatments with preliminary evidence of benefit, especially given the two-decade time gap between the deployment of early prevention techniques and the appearance of mental illnesses.

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