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WPA Position Statement on Prevention of Mental Illness

Mental illness carries a significant disease burden globally in comparison with cardiovascular disorders and cancer. Between 1 in 6 and 1 in 4 adults will go on to develop at least one episode of psychiatric disorder in adulthood (HSCIC, 2009, MHF Fundamental Facts 2015).

People with serious severe mental illness are likely to die prematurely – 15 to 20 years earlier than those who do not have psychiatric disorders (DOH, 2014). Children who develop conduct disorders in childhood are more likely to go on to develop personality disorders (MHF Fundamental Facts, 2015).

One-third of individuals who have a physical illness are likely to have mental illness or mental health problems, whereas nearly half of those with mental illness and mental health problems are likely to have physical health problems (Naylor et al, 2012).

Evidence for prevention of mental ill health is compelling (see Campion et al, 2012; Goldie et al, 2016). It has been demonstrated from the UK that for every £1 invested in mental health, the long-term return could be up to sixteen times greater (Campion et al, 2012). These authors (Campion et al 2012) go on to point out that positive mental health is associated with improved educational attainment and outcomes, greater productivity, improved cognitive ability and improved physical health; increased social interactions, reduced risk taking and better resilience. Promotion of mental health and resilience and prevention of mental disorders can work towards reducing the burden of mental disorders. Protective factors against mental

disorders include marital status, genetic factors, strong social support, reduced inequality, employment and community levels of trust, physical health and emotional literacy. Thus the integration of physical and mental health becomes incredibly important.

The levels at which prevention can work include individual, family, community structures such as schools and systems. Life course interventions targeting the entire community and vulnerable groups is crucial in preventing mental ill-health. It is also worth bearing in mind that early interventions across a spectrum of illnesses can help reduce morbidity.

Levels of prevention include universal levels, selective levels (for people in groups who may be more prone to higher rates of mental illness) and indicated (for people with early detectable signs of mental illness or distress). Age specific interventions and targeting vulnerable groups are essential. Early intervention can be helpful and save significant sums of money. Promoting more connected communities, promoting strength and resilience at individual level through psychological well-being and mindfulness as well as spirituality can be helpful.

There is considerable evidence that investment in mental health promotion and prevention of mental disorder can lead to significant personal, social and economic savings. Associated reduction of burden due to mental illness is imperative so that these can be invested in subsequent preventive strategies. Since most psychiatric disorders in adulthood start below the age of 24 (and half below the age of 15), investing in perinatal, parental and school health will have a greater impact on reducing mental illness and associated complications which affect and individual’s psychological and social functioning. Benefits attributable to prevention are many and go beyond financial resources alone.

WPA urges policy makers to develop:

1.) Whole population approaches
    a. Among the whole population, it is critical that mental health literacy is improved.
    b. Efforts to be made to develop mentally healthy communities and places.
    c. Efforts to reduce prejudice, stigma and discrimination against individuals with mental illness.
    d. Integrated approaches between primary and secondary care; between physical and mental health care; between social and health care and between the

professional sector and non-governmental bodies.

e. Special tailored approaches should be developed to address the mental health needs of vulnerable population, such as women and girls, LGBT people, immigrants and indigenous people. These must include emphasis on domestic violence, alcoholism and other vulnerability factors

2.) Life course approach to be developed
   a. Improving parenting skills, perinatal and infant mental health
   b. Parenting and improving mental health of school aged children
   c. Supporting adults in healthy employment
   d. Healthy homes

3.) Ageing well
   a. Reducing social and emotional isolation
   b. Preventing depression and dementia
   c. Mental and physical health in older age

4.) Suicide prevention:
   a. Develop national /regional suicide prevention strategies
   b. Provide adequate human and economic resources to deal with suicide prevention
   c. Promote culturally appropriate community interventions

5.) Justice system
   a. Repeal laws which discriminate LGBTQI community, refugees and women
   b. Decriminalise suicide attempts
   c. Promote laws related to equity so that the system is sensitive to the needs of the vulnerable sections of society

Key areas of prevention and intervention must, therefore, include support for new mothers and babies; mental health promotion within schools and workplaces; self-management of mental health; ensuring good overall physical and mental health and well-being and getting help early to stop mental health problems from escalating.

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This statement should be read in conjunction with Bill of Rights and other statements such as WPA Position Statement on Suicide Prevention