ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 06 | June - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

PUBLIC MENTAL HEALTH AND RELATED ASPECTS

Psychiatry

Dr. Bhagavati Patel Assistant Professor, Department of Psychiatry, Swaminarayan Institute of Medical Sciences & Research, Kalol.

KEYWORDS

Through the provision of PMH interventions to treat mental disorder, avoid associated impacts, prevent mental disorder from forming, and promote mental well-being, public mental health (PMH) adopts a whole population strategy to sustainably reduce mental disorder and increase mental well-being. The significant opportunities that PMH provides are outlined in this article.

Impacts Of Mental Disorder And Well-being

At least 16% of diseases in India and 20% of all diseases worldwide are caused by mental disorders[1], yet even this understates the total impact by at least a third.[2] This is caused by a number of factors, including a high prevalence of mental disorders;[3] the majority of lifetime mental disorders developing before adulthood; and a wide range of effects, such as increased rates of risky behaviors for one's health, such as smoking, physical illness, suicide, a lower life expectancy of 7 to 25 years, poorer outcomes in school and the workplace, an increase in crime and violence, and stigma and discrimination.[5] On the other hand, mental health is linked to lower rates of mental illness, suicide, heart disease, health-risk behaviors, and death as well as better social, professional, and educational results.[5]

Risk Factors, Protective Factors, And Higher Risk Groups

Mental health is influenced by several things. Any factor's population impact is determined by the proportion it affects as well as the factor's effect magnitude. Given that the majority of lifetime mental problems develop before maturity, risk factors for mental disorders are especially significant during pregnancy, childhood, and adolescence [5].A third of adult mental disorders are caused by childhood and adolescent hardship.[6] Other factors raise the chance of mental illness in adulthood.[5] Because they form the foundation of many risk variables, socioeconomic disparities are especially significant.[5,7] In a similar vein, certain elements are linked to enhanced mental health.[5]

Risk factors for mental disorder and poor mental well-being cluster in specific groups which are at much higher risk. Examples of such groups include the homeless, offenders, the unemployed, and people with learning disability.[5]

Public Mental Health Interventions

PMH interventions can be divided into mental disorder prevention and mental well-being promotion at primary, secondary, and tertiary levels.[5] At each level, higher risk groups require targeting to prevent widening of inequalities.

Primary mental disorder prevention addresses risk factors to prevent mental disorder from arising including:[5]

Socioeconomic inequalities, Perinatal parental issues such as substance use, prematurity, prenatal infection, low birth weight, nutrition, breastfeeding support, and treatment of parental mental disorder which can prevent 40% of offspring mental disorder[8]

Child adversity, violence, and abuse Social isolation, physical inactivity, screen time, insomnia, diet and environmental factors such as pollution, flooding and climatic change Child mental disorder at an early stage which prevents subsequent adult mental disorder Specific interventions to prevent anxiety, depression, psychosis, substance use disorder, dementia, and suicide.

Secondary mental disorder prevention involves early intervention for mental disorder and associated impacts as soon as they arise. Most mental disorders are preceded by a subthreshold stage, so intervention at this stage can also prevent transition to mental disorder.

Implementing evidence-based treatments for mental disorders, preventing relapses, and taking steps to address and prevent associated consequences such as risky behaviors, physical health issues, socioeconomic issues, housing issues, discrimination and stigma, suicide, violence, and abuse are all part of tertiary mental disorder prevention.

Promoting protective factors for mental health is the first step in promoting mental health. Early promotion for persons whose mental health has recently declined is known as secondary promotion. In tertiary promotion, those with persistently low mental health are the main emphasis. Various life stages can also be taken into consideration when evaluating interventions to support mental health, as follows: [5]

Starting Well: Promotion of parental mental and physical health, breastfeeding support, parenting support and education, parenting programs, and family intervention

Developing Well: Preschool and early education programs, school-based mental health promotion programs, after-school programs, and family-based intervention.

Living well: Promotion of social interaction, physical activity promotion, neighborhood and housing interventions, access to green space, arts and creativity, positive psychology interventions, mindfulness and meditation, spiritual and religious interventions, financial interventions.

Working well: Work-based mental health promotion, work-based stress management, and support for people recovering from mental disorder.

Agingwell: In addition to livingwell interventions(above), psychosocial interventions, socialization, reablement, reminiscence, volunteering, and addressing hearing loss.

Resilience mitigates impacts of stress and trauma as well as protecting against mental disorder and poor mental well-being. Resilience can be promoted through school- and work-based interventions.[5]

Many effective PMH interventions also have cost–benefit evaluation and result in net economic savings even in the short term.[5

Public Mental Health Implementation Gap

Any intervention's population impact is contingent upon its effect magnitude and coverage. Though there are successful PMH therapies, none are widely used. For example, in England, only a small percentage of people with mental disorders receive therapy at all [5], and treatment coverage is much lower in low- and middle-income countries (LMICs).[9] Interventions to prevent related effects are covered significantly less frequently than treatments, yet very little is covered when it comes to preventing mental disorders from developing or advancing mental health. This implementation failure has wide-ranging effects and related costs across multiple sectors, not to mention population-scale avoidable suffering for individuals and families.

Reasons for the implementation gap include lack of:[5]
PMH knowledge and training including for professionals and trainees in health, public health, and policy

Information about size, impact, and cost of PMH unmet needs at local and national levels

Information about estimated impacts and associated economic benefits of improved coverage at national level to inform transparent decisions about acceptable coverage and required resource

Appropriate policy targets to reflect required coverage

Appropriate resource to address the implementation gap[5,9] associated with lack of political will and/or understanding by those who allocate resources.

Improving Coverage Of Public Mental Health Interventions
Coverage of PMH interventions can be improved in several ways.

Assessment Of Population Need
Assessment of population need at national and local levels informs providers, planners, and policymakers about the levels of mental disorder and well-being, risk and protective factors, higher risk groups, coverage and outcomes of different PMH interventions, size and cost of the PMH intervention gap, and estimated impact and economic benefits from improved coverage. [5,10]

Public mental health practice
This involves:[5]
a. Assessment of size, impact, and cost of unmet PMH needs as well as impact and associated economic benefits from improved coverage b. Use of this information to inform mental health strategy and policy development to address unmet needs, planning, interagency coordination, and wider advocacy c. Implementation of PMH interventions d. Evaluation of coverage and outcomes including for higher-risk groups.

Provision of appropriate resource National assessment informs transparent agreement about acceptable national coverage levels of different PMH interventions and required resource to support local implementation. [5,10,11]

Appropriate Workforce Capacity
The requirements assessment informs the amount of trained workers needed across various sectors in order to deliver interventions. Impacts of mental illness and well-being, risk and protective factors, PMH interventions, the size and significance of the PMH intervention gap, the impact and related economic benefits of increased intervention coverage, the assessment of mental health needs and how it can be used to inform national and local policy and commissioning, implementation, and evaluation are all covered in training. Primary care, secondary mental healthcare, public health, social care, criminal justice, planning, and local and federal policy should all be the focus of training for both professionals and trainees.

Setting-based And Integrated Approaches
Setting-based approaches can support improved coverage of different PMH interventions. Examples of settings accessed by large proportions of the population or particular groups include antenatal and postnatal settings, preschools, schools, workplaces and neighborhoods. Integrated approaches across sectors at both national and local levels facilitate coordinated delivery of PMH interventions.

Use Of Digital Technology
Good evidence exists for the effectiveness of the internet and mobile phones to improve the coverage of PMH interventions including in LMICs.[5]

Maximizing existing resources

Examples include self-help, task shifting, improving concordance with treatment, less intense intervention, and use of traditional healers.

Particular Interventions
Socioeconomic inequality underpins many other risk factors for mental disorder.[5,7] Therefore, national strategies to reduce inequalities are important[12] and include appropriate fiscal policy such as taxation which can impact across a large proportion of the population including those at higher risk of mental disorder and poor mental wellbeing. Other interventions with particularly large impacts if implemented to scale include parenting programs, addressing parental mental disorder which could prevent 40% of offspring mental disorder,[8] addressing child adversity responsible for almost a third of adult mental disorder [5,6] and physical activity promotion.

Legislation, Regulation, And A Human Rights Approach
Various legislation exists to support the implementation of PMH interventions.[5] Regulation can reduce the availability of alcohol and smoking. A rights approach to health also applies to PMH interventions and is supported by the United Nations.[13]

The World Psychiatric Association has highlighted the importance of PMH[14] and recommended such a population approach to reduce mental disorder and promote mental health including in its 2021–2023 Action Plan.

CONCLUSION
Mental disorder accounts for a large proportion of disease burden due to high prevalence, most mental disorders arising before adulthood, and broad impacts across the life course, with mental well-being having similarly broad impacts. Effective PMH interventions exist to prevent mental disorder and promote mental well-being at primary, secondary, and tertiary levels. However, population coverage of these interventions is poor, resulting in large-scale suffering, impacts, and associated economic costs. A range of opportunities exist to improve PMH intervention coverage: An important first step includes assessment of level of unmet need and impact of improved coverage which informs mental health strategy and policy, transparent agreement about acceptable national coverage of PMH interventions, associated required resource including workforce and training, implementation, and interagency coordination. Other opportunities include setting-based and integrated approaches; use of digital technology; maximizing existing resources; use of legislation; adopting a human rights approach to mental health; and implementing particular interventions such as addressing socioeconomic inequalities, child adversity, and parental mental disorder, as well as parenting programs and physical activity promotion. The subsequent increased coverage of PMH interventions results in a broad set of improved outcomes and associated economic benefits.4

REFERENCES

1. World Health Organization. Global Health Estimates 2016: Disease Burden by Cause, Age, Sex, Country and Region, 2000-2016. World Health Organization; 2018.
2. Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. Lancet Psychiatry 2016;3:171-8.
3. Kessler RC, Aguilar-Gaxiola S, Alonso J, Chatterji S, Lee S, Ormel J, et al. The global burden of mental disorders: An update from the WHO World Mental Health (WMH) surveys. Epidemiol Psichiatr Soc 2009;18:23-33.
4. Jones PB. Adult mental health disorders and their age at onset. Br J Psychiatry Suppl 2013;54:s5-10.
5. Campion J. Public Mental Health: Evidence, Practice and Commissioning. Royal Society for Public Health; 2019. Available from: https://www.rsph.org.uk/our-work/policy/wellbeing/public-mental-healthevidence-practice-and-commissioning.html [Last accessed on 2019 Nov 30].
6. Kessler RC, McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM, et al. Childhood adversities and adult psychopathology in the WHO World Mental Health Surveys. Br J Psychiatry 2010;197:378-85.
7. Campion J, Bhugra D, Bailey S, Marmot M. Inequality and mental disorders: Opportunities for action. Lancet 2013;382:183-4.
8. Siegenthaler E, Munder T, Egger M. Effect of preventive interventions in mentally ill parents on the mental health of the offspring: Systematic review and meta-analysis. J Am Acad Child Adolesc Psychiatry 2012;51:8-7.e8.
9. World Health Organization. 2017 Mental Health Atlas. World Health Organization; 2018.
10. Campion J. Public mental health: Key challenges and opportunities. BJPsych Int 2018;15:51-4.
11. Campion J, Knapp M. The economic case for improved coverage of public mental health interventions. Lancet Psychiatry 2018;5:103-5.
12. Marmot N, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M, et al. Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010. The Marmot Review; 2010.
13. United Nations, Human Rights Council. Mental Health and Human Rights (A/HRC/32/L.26). Geneva: United Nations; 2016.
14. Herrman H. Implementing the WPA Action Plan 2017-2020: community orientation for learning, research and practice. World Psychiatry 2019;18:113-4.