Mental Health Capacity Unit, Department of Health NI - Briefing Paper 1: Prevention & Early Intervention

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Briefing Paper 1: Prevention and early intervention

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This briefing paper summarises key findings from three rapid evidence reviews (Transforming mental health services; International policy guidance and response to COVID recovery; International learnings on mental health plans, policies and implementation) commissioned by the Mental Health Foundation to help support the development of Northern Ireland's ten year mental health strategy. It highlights some of the national and international evidence, offers examples of best practice and innovation and may be of interest to those responsible for developing the strategy.

Prevention

According to the World Health Organization (WHO**), in order to reduce the health, social and economic burdens of mental health problems, it is essential that countries and regions pay greater attention to prevention and promotion in mental health** at the level of policy formulation, legislation, decision-making and resource allocation.[i]

The WHO defines prevention as follows:

> Mental disorder prevention aims at "reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society.[ii]

Prevention is related to mental health promotion, which aims to foster positive mental health and/or resilience by the creation of "individual, social and environmental conditions that enable optimal psychological and psychophysiological development.[iii]

Prevention of mental health problems is possible and cost-effective.[iv,v,vi] People's mental health is shaped by social, economic, cultural and environmental factors - the circumstances in which they are born, grow, work and age.[vii] These factors can make people more or less likely to develop a mental health problem, including both common disorders such as depression and anxiety and more rare mental health problems like psychosis and bipolar disorder.[viii] Preventive interventions can reduce the incidence of new episodes of major depressive disorder by about 25%; school-based programmes for children and adolescents have achieved a reduction in depressive symptom levels of 50% or more a year after the intervention; and anxiety disorders can successfully be prevented by strengthening emotional resilience, self-confidence and cognitive problem-solving skills in schools.[ix]

Prevention and early intervention are also cost-effective, with evidence accumulating that prevention and early intervention among children, adolescents in schools and adults is cost-effective.[x,xii,xiii]

Primary, secondary and tertiary prevention all play a role. Primary prevention refers to universal approaches that aim to protect everyone's mental health. Examples are public campaigns that increase people's mental health literacy; and embedding emotional literacy into school curriculums. Secondary prevention refers to targeted measures for higher risk groups, for example, peer support programmes for LGBT+ young people, debt advice for people on low incomes, or outreach programmes for ethnic minorities, refugees and asylum-seekers. Tertiary prevention seeks to minimise the disabling effects of mental disorders and prevent the re-occurrence of mental health problems among people with a mental health diagnosis. Supported employment and housing programmes, club houses and peer support groups for people with experience of a mental health problem are examples of tertiary prevention. It can be seen that tertiary prevention may overlap with rehabilitation and recovery supports.

The WHO also distinguishes between universal, selective and indicated prevention measures. **Indicated prevention is akin to early intervention**, in that it aims to address early signs of a mental health problem.


Box 3: Definitions of universal, selective and indicated prevention

Universal prevention is defined as those interventions that are targeted at the general public or to a whole population group that has not been identified on the basis of increased risk. Selective prevention targets individuals or subgroups of the population whose risk of developing a mental disorder is significantly higher than average, as evidenced by biological, psychological or social risk factors. Indicated prevention targets high-risk people who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorder or biological markers indicating predisposition for mental disorder but who do not meet diagnostic criteria for disorder at that time. (Mrazek & Haggerty, 1994, pp. 22–24) (extract from WHO 2004)

International guidance recommends a Mental Health in All Policies (MHiAP) approach.[xiv] The social, economic, cultural and environmental risk factors for mental health can be changed for the better. However, as most of the factors affecting mental health lie outside of health services, it is necessary for government policy on social welfare, employment, child protection, education, housing, the environment, criminal justice, transport, etc. to reflect actions to improve the circumstances that foster good mental health. For this reason, recent mental health strategies in Scotland, New Zealand, Finland, France, Wales and the Republic of Ireland have all contained commitments to promoting mental health across the population, with a focus on prevention. Most policies have specific commitments from government departments beyond health. In New Zealand, work is beginning on a strategy for positive mental health and wellbeing. Their COVID-19 mental health recovery plan incorporates the upside-down pyramid in which specialist mental health services are at the bottom of the pyramid, while 'collectively building the social and economic foundations for psychosocial and mental wellbeing' appears at the widest end at the top.

The upside-down pyramid illustrates the priority of action on the social determinants of mental health in New Zealand's mental health policy.

COVID-19 Psychosocial and Mental Wellbeing Recovery Framework
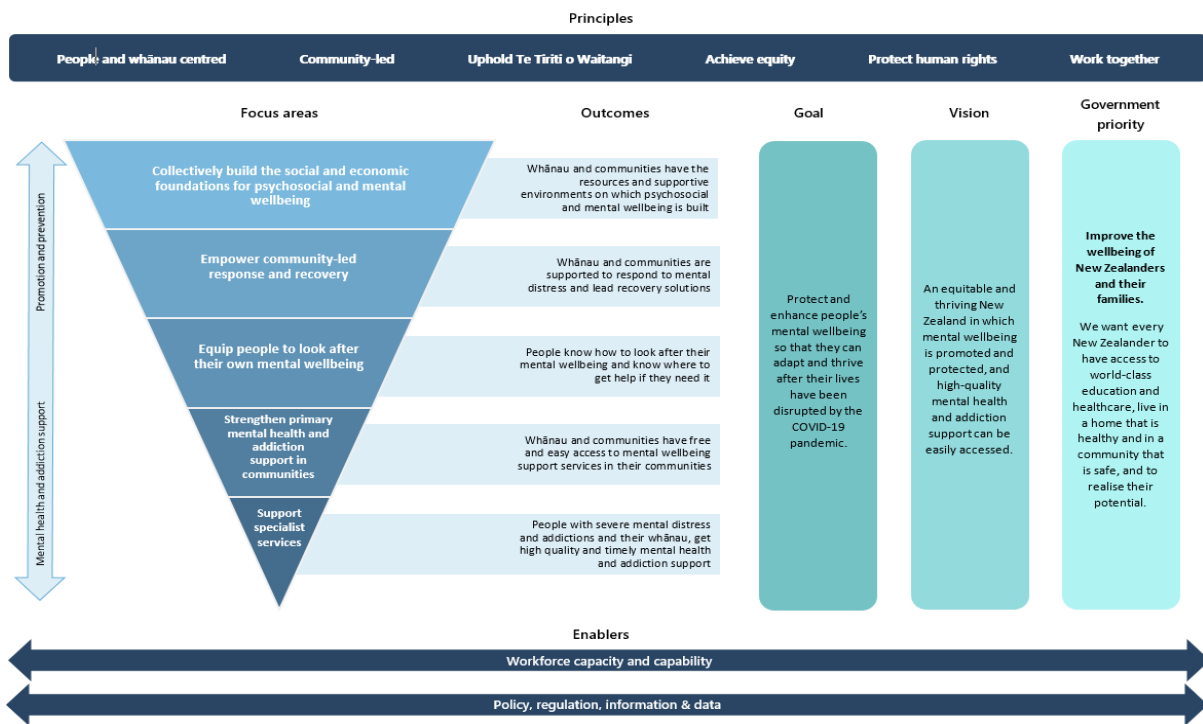
Source: COVID19 Kia Kaha, Kia Maia, Kia Ora Aotearoa Psychosocial Mental Wellbeing and Recovery Plan as at 15 May 2020 (New Zealand)

For a MHiAP approach to work well, it is important to establish structures for cross-sectoral collaboration on mental health at national, regional and local levels.

Case study: Finland's Cross-Sectoral Structures

In Finland there are well-established structures for cross-sectoral collaboration on mental health at national and municipal level. At national level, on foot of publication of the 2020 Mental Health Strategy, the Ministry of Health and Social Affairs established a new working group which has representatives from almost all other government ministries. The Health Act sets out that municipalities are responsible for promoting health and wellbeing; they must have dedicated personnel and build a cross-sectoral working group in the municipality. Most of the municipalities have a designated coordinator on mental health and wellbeing.

Prevention should occur throughout the lifecourse, incorporating initiatives from perinatal and early years through childhood and early adulthood, working life and in later life.

As adverse childhood experiences (ACEs) have been found to account for 29.8% of mental disorders,[xv] **prevention of ACEs should be incorporated into an effective mental health prevention plan**. Wahlbeck notes that, "[a]n important target for mental health promotion intervention is parenting," and that "promoting a nurturing early interaction between

caregivers and the child increases the resilience of children in the face of adverse life events and promotes life-long mental health and wellbeing."[xvi]

For children, a key focal point for prevention is in schools. **Prevention in schools should occur both through mental health-specific activity (emotional and mental health literacy education, preferably incorporated into school curriculums) and throughout the school in a Whole School Approach**. The Whole School Approach concerns

> "developing a positive ethos and culture – where everyone feels that they belong. It involves working with families and making sure that the whole school community is welcoming, inclusive and respectful. It means maximising children's learning through promoting good mental health and wellbeing across the school – through the curriculum, early support for pupils, staff-pupil relationships, leadership and a commitment from everybody."[xvii]

Case study: The Scottish Government has identified health and wellbeing as one of the three core areas of responsibility of schools (alongside literacy and numeracy). In their ten-year mental health strategy, they have made a commitment to promote wellbeing within schools and further/higher education and to provide appropriate access to emotional and mental wellbeing support, targeted parenting programmes and evidence-based interventions that help address behavioural and emotional problems in children and young people. At risk groups have been identified and a range of targeted actions agreed to provide support for disabled children, children in out-of-home-care, children involved in offending and young carers.

Prevention of mental health problems in workplaces involves demonstrating commitment at the highest levels of the organisation to mental wellbeing, reducing stigmatising attitudes and discrimination, tackling the causes of workplace stress, providing training and support to managers, and providing early intervention supports for employees.[xviii] At policy level, workplace prevention can involve measures to increase and/or clarify employers' duties under health and safety and anti-discrimination legislation, raise awareness among employers about their role in promoting mental wellbeing, and provide supports or incentives for employers.

Prevention actions in later life should focus on promoting active and healthy ageing as well as addressing the living conditions and environments that support wellbeing and allow people to lead a healthy life.[xix] According to the WHO, promoting mental health depends largely on strategies to ensure that older people have the necessary resources to meet their needs, such as:

- providing security and freedom
- adequate housing through supportive housing policy
- social support for older people and their caregivers
- health and social programmes targeted at vulnerable groups such as those who live alone and rural populations or who suffer from a chronic or relapsing mental or physical illness

- programmes to prevent and deal with elder abuse, and
- community development programmes[xx]

Early intervention can prevent the escalation of mental health problems. Providing psychotherapy in primary care can prevent full-blown depression.[xxi] A recent systematic review found that indicated prevention interventions for depression in adults, post-traumatic stress disorder, and maternal mental health problems were all cost-effective.[xxii] Types of early intervention programmes include:

- Increasing Access to Psychological Therapies (IAPT) and similar programmes to provide brief psychological therapies in primary care[xxiii]
- Online self-help and computerised CBT for both adolescents and adults[xxiv]
- Integrated hubs for youth-friendly primary care-level mental health services[xxv,xxvi]
- Early intervention programmes for new parents[xxvii]

A focus of innovation in children and young people's mental health has been the development of youth-specific direct access early intervention services at primary care level. These services provide information on mental health in accessible, youth-friendly settings, brief interventions and referral onwards to specialist mental health services. They can also incorporate universal provision through education programmes in and liaison with schools. Three leading examples are Headspace in Australia, Youthspace (now Forward Thinking Birmingham) in the UK, and Jigsaw in the Republic of Ireland.

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