Prevention and Mental Health Promotion
Prevention and mental health promotion are important parts of psychiatric care. The mere absence of mental illness does not mean that one has positive mental health or a high quality of life. In the objectives of Healthy People 2010 (USDHHS, 2000, p 37), mental health is defined in a positive way:

Mental health is sometimes thought of as simply the absence of a mental illness but it is actually much broader. Mental health is a state of successful mental functioning, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity. Mental health is indispensable to personal wellbeing, family and interpersonal relationships, and one's contribution to society.

Models of Primary Prevention:

Primary prevention is often described with slogans such as "An ounce of prevention is worth a pound of cute". However, the major emphasis in the United States has been on secondary prevention activities or the treatment of mental disorders.

Mental health promotion has largely been ignored within the nursing profession (Scannell-Desch, 2005; Calloway, 2007). Only recently is primary prevention emerging as a substantial force in the mental health movement.

Thus primary prevention activities in psychiatric care have two basic aims:

- To help people avoid stressors or cope with them more adaptively.
- To change the resources, policies, or agents of the environment so that they no longer cause stress but rather enhance people's functioning.

Health promotion and illness prevention activities are derived from a public health model of care. This model is intrinsic to nursing but distinct from the medical model. Differences emerge when comparing these two models.

Public Health Prevention Model:

In the public health prevention model the "patient" is community rather than the individual, and the focus is on the amount of mental health or illness in the community as a whole, including factors that promote or inhibit mental health.

The emphasis in the public health model is on reducing the risk of mental illness for any entire population by providing services to high-risk groups.

Use of the public health model requires that mental health professional be familiar with skills such as community needs assessment, identifying and prioritizing target or high-risk groups, and intervening with treatment modalities such as consultation, education, and crisis intervention.
Community Needs Assessment:

In the public health model services are developed and delivered based on a culturally sensitive assessment of community needs. Because it is not possible to interview each person in the community to determine mental health needs, four techniques are used to estimate service needs:

- **Social indicators**: examples of statistics most commonly used are income, race, marital status, population density, crime, and substance abuse.
- **Key informants**: are people knowledgeable about the community's needs.
- **Community forums**: invite members of the community to aeries of public meetings where they can express their ideas and beliefs about mental health needs in their community.
- **Epidemiological studies**: examine the incidence and prevalence of mental disorders in a defined population.

Identifying and Prioritizing High-Risk Groups:

When the data from the various community needs assessments are analyzed, specific high-risk groups begin to emerge. For example, elderly widows live in the community.

Community mental health providers might consider adolescents in this community to be at risk for mental health problems and target them for intervention.

Intervention:

The public health model applies three levels of preventive intervention to mental illness and emotional disturbance (Caplan, 1964):

*Primary prevention*: is lowering the incidence of a mental disorder by reducing the rate at which new cases of a disorder develop.

*Secondary prevention*: involves decreasing the prevalence of a mental disorder by reducing the number of existing cases through early case finding, screening, and prompt, effective treatment.

*Tertiary prevention*: attempts to reduce the severity of a mental disorder and its associated disability through rehabilitative activities.

Each of these levels of intervention has implications for psychiatric nursing practice. **Primary prevention** is the focus of this chapter. **Secondary prevention** is addressed in Chapter 13, "Crisis Intervention." **Tertiary prevention is described** in Chapter 14, "Recovery and Psychiatric Rehabilitation."
Medical Prevention Model:

The medical prevention model focuses on biological and brain research to discover the specific causes of mental illness, with primary prevention activities focused on the prevention of illness in the individual patient. This model consists of the following steps:

1. Identify a disease that warrants the development of a preventive intervention program. Develop reliable methods for its diagnosis so that people can divided series of epidemiological and laboratory studies, identify the likely cause of the disease.
2. Launch and into groups according to whether they do or do not have the disease.
3. By a revaluate and experimental preventive intervention program based on the results of those studies.

Nursing Prevention Model:

The nursing prevention model stresses the importance of promoting mental health and preventing mental illness by focusing on risk factors, protective factors, vulnerability, and human responses.

In the nursing prevention model, the "patient" may be and individual, family, or community.

It is based on the understanding that mental disorders are the result of many causes, requiring that mental illness prevention be thought of in a more behavioral way as the promotion of adaptive coping responses and the prevention of maladaptive responses to life stressors.

Stressors can include single-episode events, such as a divorce, or long-standing conditions, such as marital conflict. They can reflect either an acute health problem or a chronic health problem.

The nursing prevention model thus assumes that problems are multicausal, that everyone is vulnerable to stressful life events, and that any disability or problem may arise as a consequence.

For example: four vulnerable people can face a stressful life event, such as the ending of a marriage or the loss of a job.

One person may become severely depressed, the second may be involved in an automobile accident, the third may begin to drink heavily, and the fourth may develop coronary artery disease.
The nursing prevention model does not search for a cause of each problem. Rather, it involves the following steps:

1. Identifying a stressor that appears to result in a maladaptive coping response in a significant portion of the population. Develop procedures for reliably identifying people who are at risk for the stressor and maladaptive response.
2. By epidemiological and laboratory methods, study the consequences of that stressor and develop hypotheses related to how its negative consequences might be reduced or eliminated.
3. Launch and evaluate an experimental preventive intervention program based on these hypotheses.

The nursing model also includes application of the nursing process, focusing on the primary prevention of maladaptive coping responses associated with an identified stressor. It thus incorporates the following aspects:

- **Assessment**: identifying a stressor that precipitates maladaptive responses and a target or population group that is vulnerable or at risk for it.
- **Planning**: formulating specific prevention strategies and social institutions and situations through which the strategies may be applied.
- **Implementation**: applying selected nursing interventions aimed at decreasing maladaptive responses to the identified stressor and enhancing adaptation.
- **Evaluation**: determining the effectiveness of the nursing interventions with regards to short-and long-term outcomes, use of resources, and comparison with other prevention strategies.

**Assessment:**

Risk Factors and Protective Factors.

Target Populations.

**Planning and Implementation:**

- Health education
- Environmental change
- Social support
- Stigma reduction
Stigma Reduction:

An important aspect of mental health promotion involves activities related to dispelling myths and stereotypes associated with vulnerable groups, providing knowledge of normal parameters, increasing sensitivity to psychosocial factors affecting health and illness, and enhancing the ability to give sensitive, supportive, and humanistic health care.

Stigma is defined as "a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness."

For the psychiatrically ill, stigma is a barrier that separates them from society and keeps them apart from others (Box 12-5). They are the result, in part, of the cultural stigma against mental illness that is prevalent in contemporary society. For example, one study found that 39% of all newspaper stories related to mental illness focused on dangerousness and violence.

The impact of this stigma is enormous. Nearly two thirds of people with diagnosable mental disorders do not seek treatment, and stigma related to mental illness is one of the major barriers that discourages people from seeking needed care. Another sign of stigma is evident in the public's reluctance to pay for mental health services and to provide the same coverage for physical and mental health care (Chapter 8).

Patients and their families often report that the diagnosis of a mental illness is followed by increasing isolation and loneliness as family and friends withdraw. (Chapter 10).

Patients feel rejected and feared by others, and their families are met by blame. Stigma against mental illness is a reflection of the cultural biases of contemporary society that are shared by consumers and health care providers alike (Box 12-46).

The health repercussions of stigma are as follows:

- Stigma leads to concealment or denial of symptoms.
- Stigma discourages adherence to effective treatments.
- Stigma isolates the individual and family.
- Stigma inaccurately affects patients' beliefs about what is wrong with their health.
- Stigma limits access to quality health care.
- Stigma leads to less desirable treatment settings.
- Stigma negatively affect the attitudes of health care providers.
- Stigma contributes to the economic conditions that influence poor outcomes.
- Stigma limits the community's response to illness.
- Stigma limits the formation of nonprofit groups and discoveries.
Unlike physical illness, which tends to evoke sympathy and the desire to help, mental disorders tend to disturb people and keep away.

Yet stigma must be overcome, and progress is being made. A recent study found that seeking mental health treatment has become more acceptable over the past decade, and perceived stigma associated with it has declined (Mojabai, 2007). These changes in public attitudes have likely contributed to the growing demand for mental health services in the United States and will continue to do so in the coming years.

Reducing stigma must involve programs of public advocacy, public education on mental health issues, and contact with persons with mental illness through schools and other social institutions. Another way to reduce stigma is to find causes.

Finally, it must be understood that everyone encounters stress and that all people are subject to maladaptive coping responses. Mental health professionals can educate the public and teach them that mental health is a continuum and mental illness is caused by a complex combination of factors.

Consumers need to understand that no one is immune to mental illness or emotional problems and that the fear, anxiety, and anger we feel about people who experience these problems may reflect some of our own deepest fears and anxieties.

**Box 12-6 Anti-Stigma: Do You Know the Facts?**

- Do you know that an estimated 50 million Americans experience a mental disorder in any given year?
- Do you know that stigma is about disrespect and the use of negative labels to identify a person living with a mental illness?
- Do you know that many people would rather tell employers that they have committed a petty crime and were in jail than admit to being in a psychiatric hospital?
- Do you know that stigma results in inadequate insurance coverage for mental health services?
- Do you know that stigma results in fear, mistrust, and violence against people living with mental illness?
- Do you know that stigma results in families and friends turning their backs on people with mental illness?
- Do you know that stigma keeps people from getting needed mental health services?