

Shifting of Focus to Primary Prevention of Psychiatric Disorders: Need to Choose Appropriate Collaborators

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Editorial

The global burden of psychiatric disorders has been increasing in recent years [1]. One study identified that 418 million disability-adjusted life years (DALYs) were attributed to psychiatric illness in 2019 which is 16% of the global value with variations among the regions and countries based on income category [2]. It costs about USD 5 trillion. One recent meta-analysis of 192 epidemiological studies with 708,561 samples revealed that about half (48.4%) of psychiatric disorders start during adolescence with a peak at 14.5 years [3].

Management of psychiatric disorders includes prevention (before the onset of disorders) and treatment (after the onset of disorders) [4]. In the recent world, the majority of mental health professionals invest a substantial amount of their time in the identification of psychiatric disorders, managing them, facilitating community integration of the patients, and rehabilitation, which are key components of secondary and tertiary prevention [3]. The situation is more severe in low and middle-income countries (LMICs) where the majority of mental health budgets are directed to mental hospitals [5]. Therefore, despite the development of various evidence (at least in high-income countries) suggesting the importance and effectiveness of primary prevention, it has been grossly under-utilized across the globe and severely in LMICs. Restricting focus on secondary and tertiary prevention of psychiatric illnesses is not only seen among the mental health professionals; similar attitude is also reflected in the policy makers, governments as well. Due to this primary prevention often goes out of focus.

Strategies that provide primary prevention focus primarily on generating awareness and enhancing positive mental health, life skills and lifestyle-related measures. Facilitation and implementation of these measures need the active participation of key stakeholders of the society, such as non-mental health professionals, policymakers, politicians, teachers, media persons and administrators [4]. Several core components should be aimed at including improving mental health, reducing stigma, providing training to non-specialist health workers, community and school mental health programs, digital psychiatry, augmented budget and adequate human resources, and community participation [4]. These measures may also need extensive investment. To extend the focus from secondary and tertiary prevention to primary prevention of mental illnesses the focus needs to be broadened and appropriate collaborators need to be chosen. By extending the collaboration of mental health professionals to these important stakeholders, primary and primordial prevention of psychiatric disorders can be prioritized. This will facilitate universal prevention of mental illnesses which in turn will benefit almost every individual in society.

References

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