TRIMS Therapy Notes

Texas Research Institute of Mental Sciences

Houston, Texas

Prevention: A wise long-term investment

February 1982

In the eighteenth century, in the dungeons of Paris, Pinel freed the insane from their chains. A hundred years later Freud laid down the basic theories of modern psychiatry. And today mentally ill people who would have spent their lives in a hospital are being treated in their own communities. Three changes in society's approach to the mentally ill which the Task Panel on Prevention of the President's Commission on Mental Health (1978) called revolutionary.

The fourth revolution, prevention of mental illness, is now possible and necessary, the panel said, because it is "the only satisfactory long-range solution to such disorders as schizophrenia and the major affective illnesses."

The challenge for a new revolution is clear. Treatment alone is neither a particularly effective nor an efficient use of public funds, and many mentally disturbed people require a lifetime of care. Prevention is justified by human and financial savings. But the concepts of prevention are complex, obscure, difficult to put into operation, and often controversial.

Research

Researchers of prevention follow two models. In the traditional one, they seek to identify the biological causal factors related to a specific mental disorder and to develop interventions—to test the validity of the hypothesized relationships. Variations of the traditional model expand the range of possible causal factors to physical and social environments. In this model scientists seek etiological knowledge useful in treatment as well as prevention. Schizophrenia, manic depression, and other psychoses are equivalent to heart disease, kidney disease, and cancer in that they are nonspecific disease entities. The research focuses, therefore, on a particular component of the disease.

The other research model focuses on identifying stressful life events, experiences, and environments that have undesirable consequences for significant portions of a population; on developing reliable measures to identify high-risk groups; on determining relationships between stressful events and subsequent mental and emotional disorders; and on developing and evaluating experimental programs that reduce the incidence of these events. Investigators who use this model recognize the difficulties inherent in the search for a unique cause of a mental disorder, and thus they focus attention on multiple causes and multiple consequences. They recognize, too, that a disease can be prevented before its specific cause is known. The prevention of scurvy long before Vitamin C was discovered is an often-quoted example.

Some difficulties of the second model include the assumptions that stress, undesirable consequences, and high-risk groups can be defined accurately enough for research purposes and that cost-effective interventions can be developed.

TRIMS researchers combine both models in their search for the neurological basis of learning disorders and for methods to prevent them. Other prevention research at TRIMS concerns, for example, the attempt to prevent cognitive and behavioral deficits often found in low-birthweight infants and to develop assessment procedures and teaching techniques for infant-stimulation programs. Prevention research is incorporated in TRIMS studies of schizophrenia; alcohol and substance abuse; organic brain diseases in the aged; developmental defects and mental retardation; depression, mania, and anxiety; and violence and aggression.

Prevention programs

Prevention programs have been developing in state mental health departments, but very slowly. So far, prevention programs have been carried out mainly by the consultation and education units of federally funded community mental health centers. Their focus is on reducing the influence of stress, building competence, strengthening support systems, improving mental health and other human services, building organizational linkages, and increasing community awareness.

Efforts to coordinate our department's primary prevention program began almost a year ago. Last February

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Editorial Board

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TRIMS and the TDMHMR sponsored a conference on prevention for participants from state facilities, community centers, and outreach programs. They recommended recognition of prevention as a service, allocation of adequate funds, building of better intradepartmental and interorganizational linkages, and initiation of long-term cost-benefit studies of prevention programs.

Early returns of a survey mailed to all facilities, outreach programs, and community centers indicate the existence of a wide variety of prevention programs. We do genetic screening, teach assertion and communicative skills, teach teachers to recognize students' emotional problems, educate older people about drugs, do marriage and divorce counseling, train parents, and help school-aged children to recognize and avoid sexual abuse. This month the Office of Prevention at TRIMS will report the survey results.

Prevention activities are means to ends: reducing the incidence of mental and developmental disorders. The potential impact of these activities on future costs of mental health and mental retardation services is difficult to predict, but the acceptance of prevention as a legitimate component of the service system depends on the extent to which we can demonstrate its value. The Office of Prevention at TRIMS seeks to develop methods that will permit us to demonstrate effectiveness. If you have suggestions or want additional information, please contact me at TRIMS (713—797-1976, ext. 557, or STS 859-9557).

—Jack L. Franklin, Ph.D.

Suggested Reading

Bloom, M. 1980. A working definition of primary prevention related to social concern. *Journal of Prevention* 1(1):15-23.

Johnston, J. 1980. *The Role of the State Mental Health Authority in Prevention.* Mental Health Monograph Series, No. 6. Center for the Study of Families and Children, Vanderbilt University, Nashville, TN 37235.

Klein, D., and Goldston, S. (editors) 1977. *Primary Prevention: An Idea Whose Time Has Come.* National Institute of Mental Health. Washington, DC: U.S. Government Printing Office.

Snow, D., and Swift, C. 1981. *Recommended Policies and Procedures for Consultation and Education Services Within Community Mental Health Systems/Agencies.* National Council of Community Mental Health Centers, 2233 Wise Avenue, N.W., Washington, DC 20007

Task Panel Reports to the President's Commission on Mental Health 1978. Volume 4. Washington, DC: U.S. Government Printing Office.