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The role of research in the prevention of mental disorders

O papel da pesquisa na prevenção de transtornos mentais

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Research on mental health is disproportionate to the burden of mental disorder, this imbalance being even deeper for low and middle-income countries. The situation is much more disappointing in respect of research relating to mental disorder prevention. It is known that the main mental disorders (depression, schizophrenia, and affective bipolar) are among the 10 leading causes of global disability in adulthood.¹ However, most adulthood mental disorders begin in childhood and adolescence.² A research finding has shown that neuropsychiatric disorders are a prime contributor for years lost because of disabilities (YLDs) in patients aged 10-24 years, but the health of young people has been largely neglected, and opportunities for the prevention of disease and injury in this age group are not fully exploited.³

Many significant studies have further brought to the fore that, at any given time, one in five young people will present one or more mental, emotional, or behavioral (MEB) disorders.⁴ Amongst them, about 50% will be first diagnosed by age 14, and 75% by age 24.⁴ These MEB disorders have life-long effects, with high psychosocial and economic burden. In spite of this heinous account, children, adolescents, and the youths have been kept in the sideline as subjects of mental health research. Mental health professionals have to be alert to identify depression, psychotic symptoms, bipolar mood disorder, attention deficit-hyperactivity disorder, conduct disorder, and substance abuse in this age group.⁵

The social and economic costs of MEB among children and adolescents cause an enormous burden to individuals, families, and society. The cost of mental health problems is estimated to lie between 3 and 4% of the gross national product of the European Union.⁶ It reduces employment and productivity and increases the risk of criminal activity, motor vehicle accidents, child abuse and neglect, divorce, homelessness, domestic violence, and suicide. Every mental health professional should come forward to take concrete steps so that children, adolescents, and youths can get themselves fully prepared to be happy and successful throughout their lives.

Mental health professionals can reduce the burden of MEB disorders by reducing risk factors (avoiding early pregnancies, sexual abuse, domestic violence), increasing protective factors (health promotion, good parenting, avoiding early exposure to tobacco, alcohol, and drugs), and undertaking early interventions in new cases of MEB disorders.⁷ Prevention science clearly stipulates that negative health outcomes can be prevented by reducing risk and enhancing preventive measures within individuals and their environments during the course of a disorder.⁸ Notwithstanding, without acquiring sound knowledge and expertise, mental health professionals cannot achieve this goal. The World Health Organization's comprehensive action plan of mental health⁹ has put forward a life-course approach, aiming to achieve equity through universal health coverage and stressing

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the importance of health promotion and preventive interventions. Four major objectives are set forth: more effective leadership and governance for mental health; the provision of comprehensive, integrated mental health and social care services in community-based settings; implementation of promotion and prevention strategies; and strengthened information systems, with the implementation of evidence-based interventions and local research to assess priorities.⁷

In fact, research is the only means that can pave the way for us to acquire new knowledge and refine old knowledge thereof. It would, in turn, strengthen information systems, evidence, and research, and could be instrumental for MEB prevention. Any country is in a vulnerable situation in terms of its health care needs for MEB disorders in children and adolescents. The mental health problems in these vulnerable groups need to be tackled in a concerted manner: both preventive and curative services should be simultaneously provided for this group. It requires joint efforts of all categories of actors, such as health care providers, program planners, researchers, and policy makers.

An important component of such concerted effort and an inevitable tool for effective planning is country-specific need-based research. Developed countries as well as low- and middle-income countries have major research needs in all the components of physical and mental health, and especially in MEB prevention. Based upon their own status and resources available, they have to set up research priorities for MEB disorders for children and adolescents. Research priorities should address those areas where there is lack of knowledge for MEB prevention. Moreover, it should be specific for a particular target group. Primary prevention is divided into universal, selective, and indicative prevention, where the whole population is targeted in universal prevention, a subgroup of the whole population who have certain biopsychosocial risk factors for MEB disorders are targeted in selective prevention, and individuals who present less severe symptoms are targeted for indicative prevention.⁷ The selective prevention approach, i.e., where specific groups (e.g., the offspring of HIV positives or psychotic parents) are targeted, is particularly indicated for children and adolescents. In this scenario, mental health professionals take the challenge of conducting research that could provide necessary inputs for the prevention of MEB disorders. There is serious lacuna in this arena, a clear-cut knowledge gap that can only be bridged by integrating a systematic evaluation component (which in itself is a core research field) within existing prevention programs. If paucity of funds stands as impediment, innovative proposals, especially those inter-sectorial in nature and targeted at multiple outcomes, are likely to generate

increasing interest from potential funding agencies. The least developed countries need to make their own action plan by using existing resources and doing it with cultural competence. They do not necessarily have to follow the prescribed format of the developed world.

Mental health is everybody's business; it is an issue of shared responsibility. However, mental health professionals must play a leading role through MEB disorder research. Through research they will be able to explore the cultural setting as well as the social stigma revolving around MEB disorders; they will also be able to pin-point the role of primary-care doctors and school-based mental health professionals in the early identification of MEB disorders, and to recognize the areas of policy and program intervention needed for prevention.¹⁰ Ultimately, the findings derived from such research will serve as a wake-up call for mental health professionals, individuals, families, society, and policy makers. And eventually, they will call the nations' attention to the need to prevent MEB disorders in children and adolescents – if so it happens, the whole nation will be the ultimate winner.

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