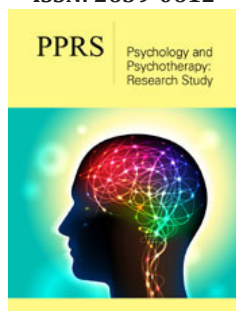


# Prevention of Common Mental Disorders

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## Abstract

This article provides information on how to prevent common mental disorders such as depression and anxiety disorders. The concept of resilience was discussed with reference to risk factors and factors protecting against mental disorders. The article deals with the prevention of mental disorders, describing its specificity and types. It also focuses on the importance of early intervention in the prevention of mental disorders, emphasizing the need for action already at the stage of infancy. The issues of difficulties in self-regulation in early childhood as a risk factor for the development of disorders in the area of mental health were also discussed, and the possibilities of preventive interventions in this regard were discussed.

**Keywords:** Common mental disorders; Risk factors; Protective factors; The concept of resilience; Early intervention

## Introduction

Statistics show that every year more and more people, including children and adolescents, suffer from mental disorders. They are widespread-in 2019, 12% of the world's population suffered from mental disorders [1]. According to data from the World Health Organization (WHO), in the last decade there has been a 13% increase in the incidence of mental disorders in the world population [2]. The COVID-19 pandemic has undoubtedly contributed to the increase in statistics in recent times. It affected the mental health of approximately 59% of the population in the United States [3]. There are more and more suicide attempts, especially among children and adolescents, and 700,000 people die each year as a result of suicide [4]. According to the UNICEF report «The State of the World's Children 2021; On My Mind: promoting, protecting and caring for children's mental health », the mental condition of children and adolescents in Europe is significantly deteriorating [5]. Despite alarming data, government spending in the mental health area still does not meet mental health needs [2]. Mental disorders are conditioned by many factors, both non-modifiable and modifiable [1]. Modification of risk factors may, therefore, become an opportunity to reduce the probability of mental disorders, but it requires appropriately adapted interactions.

## Common mental disorders

In various studies, Common Mental Disorders (CMD) include depressive disorders, anxiety disorders [1,6-8] stress-related disorders [1,8] and adjustment disorders [8], however, according to a report by the World Health Organization (WHO), depression and anxiety are the most common in the world [9]. Depressive disorders are diseases of civilization; these are one of the most common health problems in the world [10]. In depressive disorder, there are abnormalities in emotional processes such as depressed mood, despair, feelings of emptiness and helplessness, apathy and loss of interest. On the other hand, anxiety disorders are a wide group of disorders characterized by the presence of excessive anxiety and behaviors that avoid it [10,11]. The 2015 WHO report indicates that the prevalence of anxiety disorders in the world population was 3.6%, while depression ranged from 2.6% to 5.9% [12].

## Prevention of mental disorders

The aim of prevention in the field of mental disorders is to reduce their incidence by reducing risk factors and strengthening and developing protective factors [13]. Prophylactic interventions can be divided into universal, selective and indicated. Universal prophylaxis is aimed at the general public or specific populations, regardless of the individual degree of risk of disorders. Selective

prophylaxis concerns individuals or specific subgroups in the population at a higher than average risk of developing mental disorders. The indicated prophylaxis is dedicated to high-risk people with the first signs of a mental disorder or biological symptoms indicating a predisposition to mental disorders, but not meeting the diagnostic criteria of the disorder [14,15]. Within the scope of broadly understood prevention, a number of preventive strategies are used (Table 1).

**Table 1:** Preventive strategies.

Information Strategies	They are based on the assumption that providing people with reliable knowledge about the threats will result in a change in their behavior, and therefore also in the modification of risk factors. They put emphasis on improving the social and emotional competences necessary in the process of establishing constructive social relationships and coping with social situations. They are considered to be one of the most effective.
Educational Strategies	They put emphasis on improving the social and emotional competences necessary in the process of establishing constructive social relationships and coping with social situations. They are considered to be one of the most effective.
Alternative Strategies	The goal is to meet the needs of an individual through belonging to a group and involvement in activities such as artistic, sports and social activities.
Intervention Strategies	Their goal is to provide support in crisis situations and help in solving problems, which in principle reduces the risk of serious problems in the area of mental health. They are aimed at children and adolescents as part of early intervention. They are taken according to the child's difficulties and a specific set of risk factors, so it is difficult to assess their effectiveness.
Harm Reduction Strategies	They are taken when all the others have failed. Their goal is to reduce the risk where there is no chance of the individual withdrawing from the threatening behavior. Usually they are assessed as ineffective.

The links between mental disorders and allergic, cardiovascular, autoimmune and other diseases indicate the necessity to implement various possibilities of preventive interventions and changes in the risk of developing mental disorders [16]. The prevention of mental disorders should also contain the prevention of behavioral disorders, including suicidal behavior, the use of psychoactive substances and behaviors related to somatic functioning, e.g. sleep and eating. It is necessary to develop knowledge about biological and psychosocial periods in human life, in which there is greater susceptibility to mental disorders, and the risk mechanisms typical of these periods, which will allow for the improvement of preventive interventions [16].

## Concept of resilience

With regard to the prevention of mental disorders, the concept of resilience has gained popularity, which emphasizes the important role of factors protecting against the appearance of mental problems despite the presence of risk factors [17] and a positive adaptation in the situation of crisis and traumatic events [18]. In Ostaszewski's definition, risk factors (Table 2) are «individual properties, features of the social environment and the effects of their interactions, which are associated with an increased risk of abnormalities,

disorders, diseases or premature death» [17]. They are divided into non-specific, specific and related to the development stage. Non-specific risk factors may increase the likelihood of developing many mental disorders, while specific ones for specific disorders [19]. It is also assumed that at certain stages of development there is an increased risk of the emergence of specific mental problems. The protective factors are the individual potential and the properties of the environment, which by reducing the negative impact of risk factors, reduce the probability of mental disorders or their severity [17]. Thanks to them, the adaptation abilities of the individual and resistance to stress are shaped and strengthened [20]. The literature presents the division of protective factors into individual, family and external [18]. Individual protective factors include adequate self-esteem, self-efficacy, cheerful disposition, good functioning at school / work and having various skills and abilities. Family protective factors contain, for example, marital, parental and family compatibility, good relations between family members and a good financial situation of the family. External protective factors are safe neighborhood, having an authority / mentor, membership in charitable organizations or a good atmosphere in the educational institution / at work. Table 3 shows the division of protective factors into biological, psychological and environmental.

**Table 2:** Risk factors for the development of mental disorders.

Risk Factors		
Biological	Psychological	Environmental
Poor diet during pregnancy	Early childhood trauma	low level of parents' education
Infectious diseases during pregnancy	attachment disorders	low socio-economic status
exposure to teratogens	development deficits	lack of access to knowledge and culture, little or no cognitive stimulation
complications during pregnancy and childbirth	mental disorders in the immediate family	stressful events and crisis situations, including: natural disasters, war, accidents, loss of a loved one
premature birth	unhealthy lifestyle (poor diet, lack of exercise, stimulants)	exposure to aggression and violence
too low or too high body weight at birth	chronic stress	prejudice and discrimination
injuries	low intellectual potential	child abuse or neglect
infections	low emotional intelligence	lack of external support
mental disorders in the immediate family	low socio-emotional competences	migration
chronic somatic diseases	low level of cognitive skills	belonging to an ethnic minority
physical health problems	temperamental conditions	immigration status
chronic pain	lowered self-esteem, incorrect self-esteem	urban environment
poor condition of the intestinal microflora	low level of parenting skills	development of information and communication technologies
malnutrition	conflict in the family	
deficiencies of vitamins	broken family	
brain neurochemical imbalance	substance abuse by parents	
brain trauma	bullying by peers	
hormone-related symptoms related to menstruation or menopause and occurring after delivery	loneliness	
sleep disturbances	inability to regulate emotions	
	specific features, including: impulsivity, tendency to risky behavior, high level of anxiety, irritability	
	problems at school: educational, social	
	the use of stimulants in adolescence and adulthood	

**Table 3:** Factors protecting against the development of problems in the area of mental health.

Protective Factors		
Biological	Psychological	Environmental
safe behavior of the mother during pregnancy	secure attachment with the closest caregiver	having social support
the course of pregnancy and childbirth without complications	normal circadian rhythm	safe neighborhood
good condition of the intestinal microflora	healthy lifestyle: proper diet, regular physical exercise, no stimulants, good sleep quality	having friends
good somatic health	positive body image	good atmosphere at school / at work
	a sense of emotional security	pro-social peer group
	mentalization ability	good socio-economic situation
	highly developed self-care function	access to healthcare
	knowledge of emotions and the ability to cope with them (including the ability to self-regulate)	sense of social security
	internal locus of control	access to specialist medical and psychological help

## The importance of early intervention in the prevention of mental disorders

It is assumed that early intervention is of particular importance in the prevention of mental disorders [21-23]. Forbes et al. [21] propose a transdiagnostic model of prevention and early intervention in psychopathology, the most important goal of which is to reduce general psychopathology and its risk factors at an early stage of a child's life. In addition, appropriate screening tests are suggested, assuming that the onset of a specific mental disorder is associated with certain stages of the child's and adolescent's development. This would allow for adjusting preventive interventions to the real needs of children, adolescents and their parents [14]. Scientists postulate that irritability and tantrums, which are manifestations of difficulties in self-regulation in early childhood, may predict mental health problems [22]. There are also suggestions to include children as early as infants with preventive interventions [22,23]. In the American DSM-5 classification, irritability is included in the description, among others. childhood depression, Oppositional Defiant Disorder (ODD) or Disruptive Mood Dysregulation Disorder (DMDD). It is also present in the process of neurodevelopmental disorders [23]. Therefore, providing adequate support to infants and children with excessive irritability and their parents could reduce the risk of psychopathology in these children later in life. As part of the preventive actions in the case of children and adolescents, the focus was primarily on strengthening protective factors and building their immunity (the so-called positive prophylaxis) [24]. In the first year of life, the basis for building a sense of security and trust by a child, and thus also resilience, is a relationship with the main caregiver based on a secure attachment. A caregiver characterized by sensitivity to the child's needs, emotional accessibility and efficiency in regulating the child's tension and emotions helps build his resilience and increases the child's chances of functioning well in the future [15]. Examples of preventive interventions undertaken at this stage of a child's life include:

- A. As part of universal prophylaxis, where the aim is to promote knowledge in society about conditions conducive to development in the first year of life and to create conditions for parents to care for a child in the family, you can use, for example, educational programs for parents expecting a child, educational materials available at clinics or in virtual space.
- B. As part of selective prevention, where the aim is to support parents of children, among others prematurely born, with chronic diseases and disabilities and for parents with difficult material conditions, single parents, or those without help from the environment, examples of intervention may be systemic support in improving living conditions or the help of a qualified person, e.g., a family assistant.
- C. As part of indicated prophylaxis, where the goal is to support parents, whose childcare is inadequate, e.g., due to alcohol and psychoactive substance addiction or due to mental disorders, you can implement specialist medical help, support

of other specialists, e.g., a family assistant, nurses, etc., as well as motivating them to take appropriate action to improve their own physical and mental health (e.g., to start therapy) [25].

After the first year of a child's life, in the toddler period, the parents' task is still to build conditions conducive to a sense of security and a sense of emotional closeness, but also a sense of agency. The development of autonomy and self-regulation is possible thanks to the parent's understanding and support of the child's needs, giving permission to be active and independent, and providing help and information when the child asks for them [26]. How a child functions in preschool age is important for his future development, also into adulthood. During this period, activities should be carried out to support children with difficulties in social and emotional development, based on building communication skills with the environment, the ability to understand and deal with emotions, as well as coping in conflict situations [27].

## Summary

The social changes taking place nowadays, the increasing pace of life or the economic crisis increase the risk of developing mental disorders. The statistics on the occurrence of mental health problems increase year by year. The mass media have a particular impact on the group of children and adolescents - it is said that using social media for just two hours a day increases the risk of depression almost four times. . There is also more and more talk about the negative impact of the pandemic and distance learning on the mental functioning of students. In connection with the above, the emphasis should be placed on health prophylaxis in the field of mental health. Improving its quality could save the lives of many individuals, and at the same time reduce health care expenditure. WHO, UNICEF, OECD or the EU inform about the necessity to implement appropriate impacts, but the quantity and quality of interventions still do not meet the needs in this regard.

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