# Mental Health Treatments Using a Population-Based Approach: Strategies, Evidence and History

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## Abstract

In the fields of public health and research on mental health services, it is becoming more and more clear that individual clinical services are not a good way to meet a population's mental health needs. Population-based approaches to mental health have sparked a lot of interest, but little is known about what they entail and no evidence of their efficacy has been incorporated. This review provides a precise definition of population-based approaches to mental health, places these approaches in their historical context in the United States, and summarizes the nature of these approaches and their evidence using research and scholarship from a variety of fields. These methods cover three areas: a) social, economic, and environmental policy interventions that legislators and directors of public agencies can carry out; b) public health practice interventions that public health department officials can carry out; and c) health care system interventions that hospital and system leaders can carry out.

**Keywords:** Design of the healthcare system • Psychological wellness • Population well-being • Mental health epidemiology • Practice in public health • Public policy

## Introduction

The majority of approaches to addressing issues related to mental health in society have focused on providing individuals with clinical services rather than cultivating conditions that foster positive mental health, mental health promotion, or the primary prevention of mental illness. Although many individuals' and their families' lives are significantly improved by clinical mental health services, there are a number of reasons why providing clinical services in isolation is not the most effective strategy for improving a population's mental health.

The majority of people who require mental health services do not receive them, in part as a result of a lack of available staff. By 2025, it is anticipated that the US population will require an additional 15,400 psychiatrists and 57,490 psychologists to meet the demand for mental health services. There is a moderate chance that those who do receive mental health services will not be evidence-based, implemented accurately or effective. Increases in mental health service utilization at the population level are not associated with improvements in mental health status for these reasons. Last but not least, there is evidence to suggest that reducing exposure to traumatic and chronic stressors, particularly during crucial stages of child development, can reduce the population's burden of mental health issues.

## Literature Review

Nonclinical, population-based interventions cannot provide individual patients with direct mental health services like psychotherapy or pharmacological therapy. The Public Health Accreditation Board's criteria for activities that are considered population-based when accrediting public health

departments are in line with this criterion, as are notions of what a population-based approach to health has historically entailed [1]. However, because the intervention is implemented at the system level rather than the clinical level, it can be considered population-based for mental health care system-level interventions. Psychiatric epidemiology studies indicate that a wide range of public policies affect mental health (detailed below), and social, economic, and environmental policies are also considered population-based interventions because they affect groups of people simultaneously. The activities that monitor mental health outcomes and determinants without influencing them are included in the definition [2].

Many different ways can be used to think about mental health outcomes, such as whether or not a disorder meets all of the DSM's diagnostic criteria, how bad a disorder's symptoms are even if all of the DSM's criteria are met, how much emotional distress there is overall, and whether or not a person is flourishing. The definition includes mental health determinants, which are consistent with widely accepted concepts of population health. These include proximal determinants (such as poor quality sleep and exposure to traumatic stressors) and distal determinants (such as built environments with excessive ambient light and noise at night and high rates of community violence), which are the causes of the causes.

A population "refers to a group of individuals, in contrast to the individuals themselves, organized into many different units of analysis," as Kindig (p. 145) explains in his review of "population health terminology." Groups that share a geographic region (such as a state or country), sociodemographic characteristics (such as ethnic or sexual minorities), or a shared source of clinical service utilization (such as a hospital or health care system) are the primary focus of this review. In both public health and health care, these types of groups encompass [3]. Those who are participating in current discussions about enhancing mental health care are likely to find references to historical debates regarding the mental health care system of the United States and the most effective means of meeting the needs of the population in terms of mental health. For instance, American mental health professionals and policymakers have debated since the late eighteenth century whether communities are better served in community-based settings or state-run institutions [4.

The majority of Americans view asylums as barbaric remnants of the past, places where people were mistreated, locked away under state control, and forgotten [5]. Even though a mental health care system was unable to accommodate the more than half a million patients who were once housed in state psychiatric facilities, recent proposals to bring back asylums and institutionalized care have sparked significant controversy. However,

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advocates of returning to asylum-based care point out that these modifications have resulted in transinstitutionalization: Currently, some patients are treated in community-based settings, while others are seen in emergency rooms at hospitals. In the meantime, patients with mental health issues are increasingly receiving treatment in jails and prisons all over the United States. A mental illness has been identified in approximately 40% of American prisoners [5].

## Discussion

The practice of psychiatry was established in the nineteenth century to address issues pertaining to the mental health of the general population as well as asylum patients. Psychiatrists also spent the majority of the nineteenth century working in these public institutions. By the turn of the twentieth century, progressive reformers, psychiatrists, and other professionals in the field of mental health advocated for reforming asylums and started the mental hygiene movement, which was dedicated to cultivating healthy lifestyles among the population, preventing mental illness, and providing mental health care and treatment to those who needed it.

The National Committee for Mental Hygiene was founded by social reformers and reform-minded psychiatrists like Adolf Meyer, who is considered to be one of the founders of modern psychiatry. It helped shift the national debate about mental health care away from its sole focus on treatment in asylums and toward public mental health and prevention and etiology. The way this new method fueled the investigation of perceived social pathologies at the population level (such as homosexuality) was one obstacle. These conditions became pathologized and medicalized, necessitating psychiatric care and causing varying degrees of harm to those who were mistreated by the profession and to groups that were stigmatized because of their diagnosis. The association between racial hygiene and mental fitness in the first decades of the twentieth century led to sterilization policies across the United States. This also helped to inspire Nazi eugenic practices, which systematically murdered the "mentally defective" and disabled (the T-4 program) during the Hitler regime. Eugenic ideology and policy were the most extreme expressions of such thinking.

## Conclusion

Addressing emerging threats to population mental health and taking advantage of new opportunities to improve it are near-term future directions. Concerning risks, the effects of climate change on mental health must be prevented and mitigated as soon as possible [3,4]. In addition, the mental health effects of harmful social media exposures and stressful online interactions (such as cyberbullying), particularly among youth and adolescents, must be better understood and addressed. However, there are also chances to use technology to improve the mental health of the population. Smartphones appear to be able to identify individuals who are experiencing severe mental distress, connect them to mobile interventions that are supported by evidence, and aid in the management of care [3,5].

To implement population-based approaches to mental health on a widespread basis, it will likely necessitate a societal shift from one that views mental health as a private problem that falls solely within the purview of psychiatrists and psychologists to one that views mental health as a public health issue that all actors and organizations have a responsibility to address. To institutionalize population-based approaches to mental health across sectors, structural changes related to financing, training, and accreditation are likely also necessary [6]. To ensure that population-based approaches to mental health are effective and reduce rather than exacerbate disparities in mental health problems between socially disadvantaged and advantaged groups, additional research is required to better comprehend their effects. The current state of the science is sufficient to recommend specific actions to improve population mental health, despite the need for additional evidence.

## Acknowledgement

## Conflict of Interest

None.

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