

# Strategies of Mental Health Protection

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## Description

Mental health disorders constitute 10 percent of the global burden of disease. A mental disorder at some stage in their lifetime. As the human, social and economic consequences of mental health disorders and illness are excessive, there is also a developing insight limitation on treatment and rehabilitation. Our challenge is to identify the ways of promoting mental health and wellbeing and preventing problems before they occur. Health improvements have been attributed only to treatments and medical services, there is now indisputable recognition that some of the major determinants of mental health. Addressing these factors to improve mental health requires that many organizations from diverse sectors within the community recognize how they can and do contribute to the promotion of mental health and wellbeing. It is furthermore about providing resources and building the skills of experts in how best to monitor and measure interventions in mental health promotion. All of these actions will contribute to getting an evidence base, which in turn, will assist with policy development and moving the research into practice. Ensuring communities and populations have the opportunity for good mental health and wellbeing requires work across the individual, community, organizational and societal levels. Mental health promotion is certainly about predicting the possible effects of government policy in promoting or demoting mental health, as well as the ability of the government to provide leadership for public and private sector activity. In turn, these deprived options from which individual's behavioral risk factors for diseases and conditions such as obesity, diabetes, hypertension, and depression. Second, they create substantial and persistent stress, thereby triggering psychological and physiological stress responses that increase the risk for disease. It can interact with genetic constitution through such mechanisms as gene-by-environment interactions and epigenetics. Although the social determinants are relevant to the tertiary prevention work of clinical care, they are also central to health disparities and inequities, and they provide insights into how best to prevent mental illnesses and substance use disorders and promote mental health.

## Steps for prevention

Primary prevention occurs before any evidence of disease and aims to reduce or eliminate causal risk factors, prevent the onset, and thus reduce the incidence of the disease. Further, it includes

vaccinations to prevent infectious diseases and encouraging healthy eating and physical activity to prevent obesity, diabetes, hypertension, and other chronic diseases and conditions.

Secondary prevention occurs at a latent stage of the disease after a disease has originated but before the person has become symptomatic. The goals, which ultimately reduce the prevalence of the disease, are early identification through screening as well as providing interventions to prevent the disease from becoming manifest. Screening tools and tests (e.g., checking body mass index, mammography, HIV testing) are examples of secondary prevention.

Finally, tertiary prevention is an intervention implemented after a disease is established, to prevent disability, further morbidity, and mortality. Medical treatments delivered during diseases can be considered tertiary prevention. This is the bulk of the work carried out by today's medical field, including psychiatry. Relapse prevention is another form of tertiary prevention. In psychiatry, primary, secondary and tertiary prevention are demonstrated, respectively, by eliminating certain forms of dementia that stem from vitamin deficiencies, screening for problematic drinking that precedes alcohol use disorder, and providing psychosocial treatments to reduce disability among individuals with serious mental illnesses. One caveat of the when (primary, secondary, tertiary) framework is that it does not inherently address health inequities (e.g., unjust health disparities based on race inequities, socioeconomic status, or geographic location) that occur not only in treatment but also access to primary and secondary prevention. Selective preventive interventions are those delivered to a subgroup at increased risk for a disease outcome. This category is exemplified by statin use among those with hyperlipidemia (to prevent later cardiovascular disease) and pneumococcal vaccination in older adults. Indicated preventive interventions are those given to an even more select group that is at particularly high risk or is already exhibiting subclinical symptoms. This paper relates to the emotional development curriculum, group-based psychotherapy for children of parents with depressive disorders, and efforts to identify and treat adolescents and young adults who appear to be at clinical high risk although the rate of false positives remains high for schizophrenia.

**How to cite this article:** Gandhi, Jaswinder Singh. "Strategies of Mental Health Protection ." *Abnorm Behav Psychol* 7 (2021) : 152.

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**Received:** September 08, 2021; **Accepted:** September 22, 2021; **Published:** September 29, 2021