

(The following is a reprint, for the purposes of introducing a new cycle of this Journal's publications. It first appeared in the *Journal of Preventive Psychiatry* Volume 1, No. 1, 1981).

Editorial

What Is Preventive Psychiatry?

Preventive psychiatry is a branch of preventive or public health medicine. It aims to promote good mental health in individuals and to prevent the occurrence or reduce the incidence of psychiatric disease in a population. As in other public health endeavors, the practice of preventive psychiatry requires collaboration with allied disciplines — including political, sociological, psychological, educational, psychotherapeutic, biochemical, pharmacologic, nursing, and others.

Primary preventive psychiatry is defined as the work of keeping healthy people healthy, from a psychiatric point of view. Primary preventive services range in content from experiential to organic.

Many approaches to primary prevention of mental illness are developing simultaneously: biologic, psychoanalytic, behavioral, cognitive, family, cultural, sociologic, political, and systems. All of these approaches may from time to time be represented in this Journal.

Primary prevention of mental and emotional disorders may occur through a variety of organic means. An approach of great importance is reduction of exposure to environmental toxins, such as lead, preventing childhood encephalopathies and associated mental retardation. Sophisticated methods of prenatal enzymatic and chromosomal study can now be applied to prospective parents, living fetuses, and mother-fetus dyads in order to anticipate, avoid, and sometimes treat biological disorders associated with psychiatric disease. Dietary measures to prevent nutritional encephalopathies are of long-standing public health significance. Similarly, the prevention of congenital syphilis (*or AIDS — Ed., 1990*) spares countless children from organic psychoses. Genetic counseling regarding risk of transmission of manic-depressive illness, or risk of schizophrenia, is another biologically based primary preventive psychiatric measure.

In the experiential realm, educational and socially supportive services for prospective parents may serve as primary preventive psychiatric measures, sometimes with quantifiable outcomes such as reduced incidence of abusive behavior.

Primary preventive psychiatric service occurs, for example, when well-functioning families with presumably mentally healthy but congenitally deformed infants are immediately fortified in dealing with their newborns. Such help may be provided by timely opinions of medical experts concerning the anatomical problems, combined with guidance and support regarding injuries to parental narcissistic functions (see Money, this issue, for a report on families whose infants have congenital anatomic gender ambiguity due to micropenis, *JPP I:1*).

Primary preventive psychiatry is practiced whenever mentally healthy persons exposed to special mental health risks are given fortification against those risks. Facilitation of mourning is a widely used measure for persons suffering the hazard of death of a spouse or parent. The technology used in facilitation of mourning may come from varied disciplines. It may comprise educational transmission of knowledge about developmental differences in mourning capacity, or consist of psychoanalytic methods of interpretation. When the latter are used, the target may be an individual's defenses against grief and related affective discharge, with the preventive aim being to reduce lifelong pathologic structuralization of those defenses. Family therapy techniques may increase mutual helpfulness and healthy interactions among surviving members. Network therapy may widen and deepen the immediate mutual assistance of the extended family and community.

See Schaeffer, Kliman et al. (*JPP I:1*) regarding application of situational crisis intervention, including facilitation of mourning, to a population of children entering foster family care. As in that model, future public health inspired preventive intervention will probably give increasing attention to operationally detectable outcomes which are more than clinical. Epidemiologic impacts will be considered, but along with social systems effects and possibly within a context of ecologic cost and cost-effectiveness.

Secondary Preventive Psychiatry is defined as the work of early detection and prompt treatment of psychiatric disorders. From a public health medicine point of view, the goal is to reduce the incidence of a disease (or diseases) in a population by intervening before the disease has become firmly established and before it becomes difficult to eradicate or treat. Prevention of chronicity is a goal of secondary preventive psychiatry, and cure — where possible — is a goal. Secondary preventive efforts thus differ sharply in aim from primary preventive efforts, because disease is already present.

Secondary preventive psychiatric methods are extremely variable, ranging from numerous forms of supportive and educational interventions for parent-infant dyads with pathologic interaction to network approaches for elderly persons who are being pathologically extruded from their family homes, to chemotherapy for prevention of recurrent manic episodes.

Early periodic screening measures are being widely applied to children, especially those who are receiving forms of public assistance, and in many public school systems. While intended to detect a wide variety of disorders, there has been a heavy emphasis on cognitive vulnerability. Even when the screening is primarily regarding cognitive vulnerability, if interdisciplinary prescriptions and interventions are provided, controlled studies show a reduction of behavioral pathology in the children served. (See Samuels and Silver, *JPP I:1*).

Therapeutic nurseries for disturbed preschoolers, and many varieties of early childhood psychotherapy and chemotherapy, also may be of great value as secondary preventive measures. However, the utility of early childhood detection and treatment as prevention of adult psychiatric disorders has been little studied. Follow-ups of secondary preventive methods tend to be short term, as well as unsystematic. Mental health prediction is generally undeveloped. An example of very long-term, successful prediction, with its primary and secondary preventive implications for a disturbed mother-child dyad, is Fries' work (*JPP I:2*).

Tertiary Preventive Psychiatry is not the subject of this Journal. It involves treatment of persons with late and irreversible stages of psychiatric disorders. It is rehabilitative rather than truly preventive. Since the term is self-contradictory, its use should be avoided.

WHY THIS NEW JOURNAL?

The scope of interest in preventive psychiatry is broad, but preventive psychiatry lacks a unifying scientific forum. There is a need for a Journal of Preventive Psychiatry to help create such a forum, to cultivate, criticize, and become an archive of preventive psychiatric programs, activities, and concepts.

Preventive psychiatry and related forms of clinical activity are increasingly being espoused, planned, and practiced (Kliman, 1980). During the past fifteen years, the American Academy of Child Psychiatry, the American Psychiatric Association, The American Psychological Association, The American Orthopsychiatric Association, the American Psychoanalytic Association, the National Association for Mental Health, the Association of Psychiatric Services for Children, the Vermont Conference on Primary Prevention of Psychopathology, the

National Center for the Study of Infants, the Center for Preventive Psychiatry, the Australian Preventive Psychiatry Centre, the Barr-Harris Center for the Study of Object Loss, numerous private and public agencies (especially U.S. federally funded Community Mental Health Centers), and the National Institute of Mental Health itself are regularly and deeply involved in preventive policies, studies, and programs, and/or give constructive audience to such activities. The 1980 Mental Health Systems act gives promise that over nine million new federal dollars will be available to increase and cultivate further the existing preventive services, research, and educational programs.

ABOUT THIS ISSUE

A common theme in this issue*, though not uniformly expressed as such by the individual authors, is the lifelong importance of the self-concept for the maintenance of mental health and prevention of psychiatric disorder. The self-concept is a cluster of coherent and generally stable mental functions concerned with individual identity. It serves to differentiate the individual, to distinguish her or him from the environment and other human beings. It is informational in its content and biological in its substratum. In regard to the latter, the vulnerability of some individuals to alterations in their self-concept may be via enzymatic and neuro-endocrine paths, as suggested by Felthaus and Robinson (*JPP I:1*) in their report concerning prevention of psychotic exacerbations associated with menstrual phases. A larger number of reports are concerned with the informational content of the developing self-concept. That information may start with the mother's perceptions of her child, and the transformation of those perceptions into information received by her growing child (see Broussard and Fries, *JPP I:1*). Parental sources of information contribute powerfully to the stability, strength, and/or vulnerability of the child's self-concept. In turn, the self-concept contributes to and participates in a variety of adaptive or maladaptive reactions, influencing mental health and illness in predictable directions.

Fries (*JPP I:1*) indicates a 45 year consistency of behavior moderated in part by maternal contributions to the infant's self-concept, as well as in part by the constitutional and genetic endowments contributing to that self-concept. Money (*JPP I:1*) discusses what is tantamount to a partial self-concept disorder in congenitally deformed children, and how family problems around an incipient self-concept problem may be influenced by expert consultation. At another level of abstraction, Cohen (*JPP I:1*) points out the power of acculturation to prevent certain pathology in the self-concept among children in the Peoples Republic of China. Anthropologic, structuralist, semiotic, and information theory approaches

* *JPP I:1*, 1981 — Ed.

should sooner or later supplement psychoanalytic approaches to such processes.

Because of the remoteness of the behavioral processes from the level of biological events, biochemical data and theory have not been much used in preventive psychiatry projects represented in this issue. Exceptions appear, such as in Felthous's reports of what might best be called cyclically fluctuating self-concepts and fluctuating self-esteem among vulnerable women. Although he does not make that inference, Felthous's review of metabolic processes in menstrual phenomena suggest that positive and negative self-directed affective processes fluctuate with catecholamine and related metabolic cycles, influencing self-concept adversely in some women. The metabolic disturbances may be synergistic with negative influences of cultural information about the menstrual flow, acquired through many channels of education. Preventive implications are thus interdisciplinary. Another use of organic viewpoints is in Fries' report on constitutional contributions of the infant to early maternal- infant interaction.

ABOUT FUTURE ISSUES

We plan an interdisciplinary and eclectic forum. Careful scientific work and thought will be considered for publication regardless of theoretic position. The Journal's Editorial Board, which will referee future issues, has contributed heavily to this first one. It will be relied on to expand, through its multiple intellectual connections and inputs, the variety of works and views presented.

— G.K.

REFERENCE

Kliman, Gilbert W., M.D., and Albert Rosenfeld (1980) *Responsible Parenthood: The Child's Psyche Through the Six-Year Pregnancy*. New York. Holt, Rinehart and Winston.