

Opinion-Editorial

## **Adding a Community Prevention Strategy to the Current Push to Repair Virginia's Mental Healthcare System**

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In the much needed effort to plug loopholes and repair the brokenness of the State of Virginia's Mental Health System, we have an opportunity to implement preventive measures that could have far-reaching effects on our children of today. Rather than just reacting to the present tragedy of violent behavior, we have the opportunity to prevent mental illness in the future.

Our Healthcare System in Virginia (i.e. physical medicine and mental health) is currently based on a Reactive Model of Care; that is, the system is largely based on the proposition: "When you get sick, we're ready to treat you." Reactive strategies too often inform our thinking about what healthcare is all about and, regrettably, also characterize the professional training that's ongoing in the State's professional training programs. Practitioners of tomorrow are being trained to maintain a reactive Healthcare System instead of a proactive one.

I propose adding Community Prevention strategies which could, in the foreseeable future, stem the tide of mental health problems that currently affect our State. A Community Prevention Model must be given equal weighting in professional education and training.

I advocate for a pervasive strategy of Community Prevention to be added to all levels of state and local mental health service and training. We know more today about physical and mental disease than we've ever known before! We know too much to be satisfied just perpetuating a reactive Healthcare System in Virginia.

What do we know? We know about the biological, psychological and environmental causes of mental illness. We know a great deal about the prognosis of most disorders with and without treatment. We know that many

psychological-psychiatric disorders are chronic/lifelong and, without adequate treatment, cause debilitating damage to individuals, families, marriages and communities. We know that most psychological-psychiatric disorders begin in childhood/adolescence and arise from dysfunctional parenting, homes which perpetrate physical and sexual abuse and homes which raise children/adolescents in emotional or physical neglect. We know that large-scale social engineering health schemes addressing societal externals but overlooking the Virginia epidemic of maltreatment faced by children/adolescents will only result in the future needs for more beds, ER units and mental health personnel. We know that 50% of the leading causes of death in the U.S. stem from lifestyle patterns. We know that approximately 80% of patients who come to Primary Care Doctors' offices have been exposed to childhood abuse and neglect - the more abuse incidents, the more physical and mental problems they will present.

We know how to raise mentally healthy children. We know how to assist parents to resolve marital conflicts; if left unresolved, they will affect children adversely, sometimes irreparably. We have effective psychosocial-medical treatments for most mental health disorders. Disseminating this vast storehouse of health knowledge is imperative. To date, preventive dissemination has been eclipsed by a reactive System that stresses disease and not the PREVENTION OF DISEASE! What would adding Community Prevention entail?

It would entail rethinking our Professional Training Programs and moving from a purely Reactive Model toward a Reaction & Community Prevention Model of Professional Training. It would mean recruiting and using hundreds of university and community personnel who are the Health knowledge mavens and who could distribute widespread preventive education to government planning committees, communities, elementary, middle and high schools, religious seminaries, established support groups, state and local medical societies, and the work place where CEO, middle-management and employee levels would be impacted. It would mean using public television, newspapers, billboards, posters, the internet, public lectures, and in-service training to educate our population concerning measures that prevent illness.

**Who are these Health experts who could be recruited to help organize strategies and publicize relevant Community Prevention Programs? Some are our University Mental Health Professors - many are known world-wide for health care research and teaching, community Psychological and Psychiatric Practitioners, Nursing Personnel, Social Work Personnel and finally, Clinical Researchers spending careers identifying at-risk groups and studying ways to prevent and cure mental illness.**

**In light of all I've said above, I strongly urge public servants at all levels, the Governor and the Legislature, to THINK PREVENTION and add Community Prevention strategies to their agendas to fix a broken Mental Healthcare System.**

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