

Mental Illness Prevention: Interview with Thomas H. Bornemann, Ed.D., Director of the Carter Center Mental Health Program

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The 23rd Annual Rosalynn Carter Symposium on Mental Health Policy, held Nov. 7-8, 2007 at The Carter Center, examined current mental health prevention interventions and potential policy barriers for implementation--for children, adolescents, adults, and older adults. The two-day event drew approximately 200 participants from the mental health community and other fields, including researchers, service providers, and consumer and advocacy groups, as well as policymakers from all levels of government.

In this interview, Dr. Thom Bornemann, director of the Carter Center Mental Health Program, discusses the importance of early screening and intervention, and the current challenges to mental health prevention efforts.

Q: How is the Rosalynn Carter Symposium on Mental Health Policy addressing the issue of mental illness prevention?

Dr. Bornemann: There is a disconnect between what has been learned about mental illness prevention and what is being used in practice. During the symposium we brought together stakeholders in the mental health community who have the capacity to influence policy in their domain with some of the best researchers whose work is now being replicated around the world. This was a unique opportunity to bring these two groups together to have a candid conversation about why it is important for these practices to be adopted and what it would take to do so.

Q: How would you describe the concept behind mental illness prevention?

Dr. Bornemann: Mental illness prevention has learned from the work that has been done in prevention in public health in general. We certainly understand prevention in terms of things like tobacco control, use of seatbelts, and other kinds of public health interventions that have been highly successful in reducing disability, injuries, and premature mortality. Prevention in mental health means identifying and treating mental illnesses before they become full blown syndromes or identifying people at risk for a condition, such as children who have endured abuse, violence, or poverty, and intervening with appropriate treatment and counseling. For example, the American Academy of Pediatrics recommended that autism screening be done routinely in two points in early childhood development because it is possible to more effectively deal with the long-term effects of the condition when these children are identified at an early age.

Q: What are some examples of current prevention interventions that are improving lives and bettering society?

Dr. Bornemann: There are many. A lot of work is focused on identifying people who are at risk for developing a condition. For example, researcher David Olds looked at early intervention with high-risk mothers and followed them and their children over a long period of time. Through his work, he found that using a nurse-educator model yielded some wonderful results for both mothers and children such as improvement in educational attainment, spacing out live births, and fewer contacts with the justice system.

Q: What are some challenges to prevention efforts?

Dr. Bornemann: On its face prevention is very appealing. If you think about other kinds of public health initiatives you can see why it is so encouraging. We have flipped the statistic on Americans smoking from 75 percent to 25 percent, and we have seen the result and effects on lung cancer and other kinds of related conditions. In our field, we don't have a lot of biological markers that we have for other diseases, although there are a few and work continues to develop more. Researchers have to rely on observation, history, and course, and generally a long course because many mental health conditions have a long phase before the full blown syndrome develops.

Controversy surrounds early screening to identify and treat mental illnesses because of the concern about false positives. Some early interventions involve using some very serious psychoactive drugs, which should never be used casually or without substantial evidence that a patient is suffering from the condition. It is complex, especially in adolescence, because that is a volatile time in the lives of young people—“with mood swings, acting out behaviors, or difficulty making and maintaining social relationships. Sometimes this is just part of being an adolescent. Sometimes it is the beginning of a full blown condition. It is a delicate balancing act which requires highly skilled assessment.

Q: What sorts of policies would better enable prevention efforts?

Dr. Bornemann: I think much needs to be done to increase the availability of screening for mental conditions, recognizing that it must be done with appropriate consent. Children are screened in school for hearing, children are screened in school for eyesight because many kids do not learn well simply because they can't hear or they can't see. And those are the right things to do. Would anybody really argue that today? I think the advantage to the child, the school, and the family is clear. I think that children who are unable to learn because they have another kind of health condition that is not related to their eyes or their ears, but may be related to their brain or their family functioning,

should have the same opportunity for early intervention. And the earlier these conditions are targeted the better the outcome for the child.

Q: How effective would prevention be in lessening stigma and discrimination against people suffering mental illnesses?

Dr. Bornemann: I think stigma would lessen if mental health screening became a routine measure. When you go to your annual physical you are examined using a whole battery of routine tests, including blood tests, urinalysis, blood pressure, heart and lung function. That is just good medicine that has evolved overtime because those kind of diagnostic steps can indicate the overall health of a person. Why not do a routine screen for something like depression? There are pencil and paper tests that can be done in a couple of minutes that can be handed to your primary care doctor. The mind and body are inextricably linked. We wouldn't want to learn about one organ system without trying to figure out its relationship with the rest of the body.

To lessen stigma and create awareness, we also need to ramp up public health campaigns. As I have mentioned previously, other public health campaigns have been very successful in initiating change. For example, when you go home you will put on your seatbelt when you get in the car because your car is going to be beeping at you until you do it. So not only has it gotten you to change your personal behavior, but it has gotten auto manufacturers to add a device that will remind you if you don't latch your seatbelt. And if you are caught without your belt on at a red light a policeman will stop you and fine you for not wearing your seatbelt. Public policy, taxation, education all play a role in health promotion. A mental illness prevention campaign would require public service work on recognition, and educating professionals and schools about the issues.