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Preface

It is generally believed that prevention is more important than treatment. The ancient Greeks knew this, and more than Panacea, the Goddess of therapeutic medicine, they worshipped Hygieia, the Goddess of preventive medicine.

The concepts of prevention and treatment can be considered antithetical and even mutually exclusive because when prevention is successful the need for treatment disappears. However, in its modern connotation, prevention is complementary to treatment rather than antithetical and this is evidenced by the fact that timely and effective treatment is considered as a constituent of prevention, secondary prevention more specifically.

In psychiatry, the importance of prevention has been highlighted rather late in its history. Naturally, long ago, since ancient times, preventive approaches have been applied (e.g. the teachings of Hippocrates or the practices of the priests in the temples of God Asclepius) but preventive psychiatry developed as a discipline (originally as ‘mental hygiene’ movement) in the early 1900s and received a name in the mid 1900s.

Adolf Meyer, with his psychobiological school, Clifford Beers, who contributed his own personal painful experience to the cause of mental health movement, Erich Lindemann, with his ‘human relations service’ and the emphasis he attached to training of nonspecialists in crisis management, and Harold Caplan with his mental health consultation and crisis intervention approach can be considered as the protagonists of preventive psychiatry. Their contributions formed the framework for the legislation which led to the establishment of community mental health centers in the United States in the early 1960s.

Before dealing with practical issues related to prevention, it is important to acquire the necessary knowledge on the factors which protect healthy persons from psychiatric illness (primary prevention), persons who have started manifesting psychopathology from deterioration of their illness (secondary prevention), and persons who are chronically ill from the psychosocial invalidity produced by their illness (tertiary prevention). Acquisition of this knowledge is not easy. Psychiatric illness is multidimensional and multifactorial and, as such, it needs a multidimensional and multifactorial approach.
In light of this, restricting psychiatric prevention to psychosocial factors, retaining the original anti-medical components of the mental health movement and excluding biological factors (as was the case with the original preventive approaches in psychiatry) would certainly be a mistake. It would be naive to deny the clear-cut preventive effectiveness of maintenance lithium in the affective psychoses. Equally naive, of course, would be to deny the effect of family influences on schizophrenic relapses.

However, protection from mental illness is only one of the aims of preventive psychiatry. The other, more ambitious aim, is promotion of mental health. The ultimate aim of this is improvement of the quality of life. Absence of illness is not equivalent to health. A non-ill person is not necessarily healthy. Satisfaction from life, the ‘` (well-being) of ancient Greeks is also needed. This is certainly a goal very difficult to achieve, even with the most vigorous mental health promotion programs.

The Centre for Mental Health, an organization which provides a great variety of outpatient psychiatric facilities in Greece and deals primarily with psychiatric prevention, organized its Second Congress in Preventive Psychiatry under the auspices of the President of the Hellenic Democracy in April 1992. This book, partly funded by the European Community, contains selected papers from this successful and well-attended Congress, as well as invited papers by mental health workers well-known in the field of psychiatric prevention. The book is a follow-up to `Aspects of Preventive Psychiatry’ published in Bibliotheca Psychiatrica, No. 160, in 1981.

We hope that `Topics in Preventive Psychiatry’ will prove helpful to its readers and that it will contribute to the promotion and dissemination of the principles of preventive psychiatry.

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Preface VIII