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The future of *Mental Health & Prevention*

Mental Health & Prevention published its first issue in December 2013, with Manfred Cierpka as the founding Editor-in-Chief. In an editorial in that issue, he stated that “the journal aims to provide a platform facilitating international scientific exchange in the field of mental health and mental health promotion in order to prevent mental illness” (Cierpka, 2013). He noted that opportunities for prevention are present across the lifespan, but that early childhood is a particularly important stage of life in this regard. He also recognized the importance of both broader social changes (‘structural prevention’) and individual-level interventions (‘person-centred prevention’), and that many different disciplines could play a role in this area. In 2016, Svenja Taubner took over the reins as Editor-in-Chief and continued to develop the journal in the spirit of the founder. Now in 2019, as we take on the roles of Editor-in-Chief and Deputy Editor, respectively, it is timely to consider how we can build on these foundations.

1. Prevention is crucial to improving population mental health

In considering the role of the journal, it is necessary to briefly summarize the state of the mental health field. Over recent decades, it has been recognized that many people with mental disorders do not get treatment or delay getting treatment, often for many years. To overcome this ‘treatment gap’, many high-income countries have greatly expanded the availability of treatment services for people with mental disorders. However, in no country has it yet been demonstrated that this expansion has reduced the prevalence of mental disorders or psychiatric symptoms (Jorm, Patten, Brugha, & Mojtabai, 2017). One of the posited reasons for this failure is that we have developed imbalanced mental health systems, with an over-reliance on treatment at the expense of prevention—what has been termed ‘the prevention gap’. Treatment can potentially reduce prevalence by shortening the duration of disorders, but prevention is necessary to reduce new onsets (incidence). In this regard, the field of mental health stands in contrast to physical health, where there is greater awareness of the benefits of investment in prevention and a better balance between prevention and treatment. Whereas high-income countries have supported preventive approaches for infectious and non-communicable physical diseases, involving both structural changes to society and promotion of individual preventive actions, such efforts are under-developed for mental health (Jacka et al., 2013).

Prevention of mental disorders is particularly important because these disorders generally have first onset during childhood or youth, often with a relapsing course. By contrast, the major chronic physical diseases generally have onset later in life. This early-life onset means that mental disorders are affecting the population at a critical developmental period when young people are engaging in education, developing key health habits, forming supportive relationships outside

their family-of-origin, and entering the workforce. Mental disorders have the potential to disrupt these developmental achievements, with consequences across the lifespan. It is this pattern of early onset and its sequelae that makes mental disorders a leading source of disease burden across the world (Whiteford et al., 2013). Preventive efforts early in life are needed to reduce this impact. However, as Manfred Cierpka (2013) noted, while early life is the most important, there are developmental transitions across the lifespan where people face increased risk, so, prevention efforts are needed right through to old age.

While there is sometimes skepticism about the prevention of mental disorders, there is now clear evidence that this is possible. There are systematic reviews and meta-analyses of randomized controlled trials showing that prevention is efficacious for a range of mental disorders (e.g. Deady et al., 2017; Stockings et al., 2016; Yap et al., 2016). There is also economic evidence that prevention can provide a return on investment (Knapp, McDaid, & Parsonage, 2011) and that its cost-utility can be comparable or superior to that of treatment (Mihalopoulos & Chatterton, 2015).

Nevertheless, there are substantial gaps. So far, we have researched a very limited range of preventive possibilities, mainly interventions based on individual psychological interventions (‘person-centred prevention’) that lend themselves to evaluation in RCTs. Even with these interventions, we still know very little about the sustainability of effects over the longer-term. We also know very little about how best to prevent the major risk factors for mental disorders, such as adverse childhood experiences (Jorm & Mulder, 2018). These increase risk for virtually all mental disorders and have life-long consequences. Furthermore, the evaluation of the impact of broader social changes (‘structural prevention’), including changes in social norms about prevention, remains a major challenge, as these are often not amenable to RCTs. Finally, it has been argued that that prevention of mental disorders will only succeed when the preventive efforts are structurally embedded in major social systems and when they target the big determinants, including poor parenting, maladaptive personality traits and poor social and problem-solving skills (Ormel, Cuijpers, Jorm, & Schoevers, 2019), which typically perpetuate across generations and contribute to inter-generational cycles of health inequalities (Yap, 2019). To achieve this will require much more attention to implementation science and health policy.

2. How *Mental Health & Prevention* can contribute

Mental Health & Prevention is the only journal specializing in the prevention of mental disorders and promotion of mental health. While prevention research will often be published in more general mental health journals, it is essential for advancing the field that we have a journal dedicated to the area. While in some senses the journal is

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specialized, in others it is broad. We cover the prevention of all types of mental health problems (including suicide) at all developmental stages from the perinatal period to old age. We also cover all aspects of prevention from basic research through to social policy, the whole spectrum of preventive action, including universal, selective, indicated, primary and secondary prevention, and we are open to a wide range of methodologies, including qualitative and quantitative research.

While the journal is open to contributions in a wide range of areas, we particularly value submissions that contribute to preventive interventions, whether this be about their development, evaluation, dissemination or the social policy context. We also particularly welcome systematic reviews of intervention research. What we are least interested in are cross-sectional studies showing associations between various factors and mental health, as these have weak implications for preventive action. We also recognize the importance of publishing both negative and positive findings, in order to give an unbiased view of the evidence, and to advance our understanding of the science of prevention in mental health. Our interest is in methodological rigor rather than the direction or strength of the findings. We also welcome viewpoint diversity. Skeptical contributions on prevention have their place alongside those from prevention advocates.

Because prevention is a young and rapidly growing field, much of the innovation is coming from a new generation of early and mid-career researchers. We have therefore formed a new Editorial Board comprised of people who are rising stars in the field. As well as providing our core set of reviewers, the Editorial Board will be the source for Editorials, invited contributions and special issues. More broadly, we also invite anyone in the field to pitch ideas to us for articles in the journal. If you think you have a good idea, we want to hear it!

In taking on our roles of Editor-in-Chief and Deputy Editor, we know that this involves a lot of work carried out in a voluntary capacity as a service to the field. What drives us to do this is our belief that prevention is essential if we are to improve the mental health of the world.

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