

tertiary prevention (ie, the traditional public health classification of prevention) from the origins of universal, selected, and indicated prevention (ie, the IOM classification of prevention). This chapter outlines 8 principles in considering prevention, including the prevention of relapse of mental illness that the 2009 IOM report<sup>1</sup> would not classify as prevention in the strictest definition of the word.

Chapter 2 appropriately discusses the consideration of risk and protective factors in clinical practice. Thus, like the 2009 IOM prevention report,<sup>1</sup> which, unlike the first one,<sup>2</sup> had enough science to include mental health promotion, this clinical manual appropriately notes the issue of health promotion as a legitimate scientific concern of psychiatry. Chapter 3, "Prevention of Mood Disorders," appropriately notes how home-visit programs can provide "primary prevention" for mood disorders. Further, family-based prevention interventions designed to prevent depression in youth are also underscored. The chapter on prevention of anxiety disorders has many useful suggestions and highlights the Australian universal prevention strategy of FRIENDS (F = feeling worries; R = relax and feel good; I = inner helpful thoughts; E = explore plans; N = nice work, reward yourself; D = do not forget to practice; and S = stay calm for life).

An interesting chapter entitled "Complimentary and Alternative Medicine in the Prevention of Depression and Anxiety" does a great job of differentiating between complimentary and alternative medicine and explains how meditation is an efficacious preventive social and emotional skill. The chapter on the prevention on schizophrenia highlights the schizophrenia prevention efforts at Yale and in Australia and other countries, and is a must read. The chapter on prevention of alcohol and drug abuse accentuates the effective "Strengthening Families Program." Unfortunately, the suicide prevention chapter seems to focus mainly on the usual unsuccessful approaches to suicide prevention, and the authors did not seem to be aware of the IOM Reducing Suicide report,<sup>3</sup> as it was not cited despite being a seminal mainstay notwithstanding its age.

Home visitation is also mentioned as a strategy for the prevention of family violence, and this reality illustrates how there are some universal/primary prevention strategies that prevent psychiatric disorders. Prevention principles for adolescents—preventing conduct disorder and other problem behaviors—appropriately reference the work of Webster-Stratton and Hawkins as foundational in these efforts, and home visitation prevention potential is touted again—a reality recognized by the US Patient Protection and Affordable Care Act, as these interventions are slated to be funded by \$1.5 billion over 5 years (see <http://democrats.senate.gov/reform/patient-protection-care-act-as-passed.pdf>).

As my geriatric psychiatry colleagues keep reminding me, there is room for prevention in older adults, and, while this area covers late-life depression and dementia, the chapter on this topic mainly focuses on treatment and not prevention per se—a wise choice, as a recent National Institutes of Health consensus report notes that there is no evidence that dementia can be prevented.<sup>4</sup> Health promotion and prevention of somatic illnesses in psychiatric settings are covered in another chapter, and it again becomes clear that other countries are ahead of the United States in this regard. Practitioners of psychiatry are encouraged to consider this aspect of their patient's care along with the issue of cessation of smoking.

This book provides some outstanding examples of prevention strategies that psychiatrists can learn from, and these exemplars should improve the practice of medicine, better aligning psychiatry with public health. Each chapter ends with key points that help clarify the vital elements of each topic area. This is an outstanding first step, but for the United States to become a

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### **Clinical Manual of Prevention in Mental Health**

*edited by Michael T. Compton, MD, MPH. American Psychiatric Publishing Inc, Washington, DC, 2010, 406 pages, \$55.00 (paper).*

This book was born in the Prevention Committee of the Group for the Advancement of Psychiatry (GAP) in 2007 and is edited by one of the committee members. The preface wisely acknowledges and recommends the new Institute of Medicine (IOM) report<sup>1</sup> with the caveat that the authors did not have access to the new IOM report before writing this current book.

The first chapter is a product of the GAP committee and introduces the seemingly oxymoronic topic of prevention in psychiatry, and helps to clarify the origins of primary, secondary, and

genuine public health force on the world stage like other countries, our understanding of public health and psychiatry needs to become more sophisticated. Further, we need to develop the political will to implement, not just publish and talk.

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