

# Health Psychology: A Comprehensive Perspective

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Treatment of psychological dimensions of health tends to be addressed in one of three independent and often isolated domains (the challenge of silos): (1) mental health, (2) substance abuse, and (3) primary care health delivery. In many countries, the health and mental health systems are in major transition, with regard to management of these increasingly complex and stressed systems, funding sources for these systems, and shifting patient needs and expectations. The culture(s) of health care throughout the world is (are) changing dramatically and levels of anxiety in health care systems is increasing (who is wounding and healing the healers?) The psychological impact of "intrusive life events" (such as heart attacks, strokes, death in the family and warfare) are often overlooked, as are the more general recurrent and debilitating effects of stress.

New approaches to the use of computers linked to devices that measure activity in the brain hold great potential with regard to treatment of trauma, obsessive-compulsive disorders and diffuse anxiety. These approaches are not understood by most mental health practitioners, and are not being effectively used by those practitioners who are knowledgeable about neuro-psychology and neuro-feedback. There is a strong need (especially outside the United States and Canada) for full appreciation regarding the use (and abuse) of psychopharmacological substances. There is a strong need for neuropsychological assessment (especially outside North America and Europe in many areas: (1) brain damage, (2) neurotoxins, (3) lingering effects of substance abuse (individual abuser, in utero).

## Framework for a Comprehensive Model

Dr. Camara Phyllis Jones of the American Public Health Organization offers a wonderful metaphor that sets the stage for a comprehensive model of health psychology. She describes the situation where a cluster of people stand on the edge of a cliff. Some of the people fall off the cliff; fortunately, there are ambulances waiting at the bottom of the cliff to pick up the hurt people and take them to a hospital for treatment. This is model one (treatment). Alternatively, nets and trampolines are placed half way down the cliff which will catch the people as they fall off the cliff. This is model two (partial prevention). A third alternative is for a fence to be built at the top of the cliff which prevents people from falling off the cliff. This third model (first order prevention) leads to fewer casualties. Jones suggests that there is a fourth model: people can be encouraged to move away from the edge of cliff. This second order prevention strategy eliminates the need for a fence, net or ambulance.

A comprehensive health psychology program would embrace all four models. It would provide treatment strategies, as well as strategies that reduce the impact of injury or illness. A comprehensive program would also offer prevention strategies that discourage or block behaviors that lead to illness or injury. Finally, this program would lead to a shift in public attitudes that move people to health-oriented values, priorities and perspectives regarding their own life and the life of other people in their family, community and society.

Several of my colleagues have agreed to address the value of this four-model approach to health psychology by taking a specific health challenge and identifying ways it might be approached via all four models. The essays prepared by these gifted women and men will be published in this library. Stay tuned . . .