This issue of Psychiatric Annals, guest edited by Doris Iarovici, MD, focuses on resilience and prevention.

In this issue, Sarah Richards Kim, MD, and colleagues discuss the value of supporting the mental health of children by treating mental illness in parents. Melissa E. DeRosier, PhD, and colleagues discuss the potential role played by resilience education in preventing issues of mental health in college students, and Holly B. Rogers, MD, presents data on increasing resilience in college students through mindfulness meditation. Richard H. Fortinsky, PhD, and associates discuss resilience in the face of chronic illness and family caregiving.

In the tradition of 19th century medicine, psychiatry has focused on addressing signs and symptoms of psychopathology. Preventive medicine has flourished in the 20th century, but it remains more abstract to the clinician who has been trained to focus on the recognition and treatment of pathologic processes. By abstract, I mean that pathologic signs and symptoms seem more real. A patient with signs of imminent suicide creates a dramatic life-or-death situation. A patient with acute mania or psychosis has dramatic symptoms that require skillful management.

The results of a program for developing resilience or positive affect to enhance coping with stress may have a more profound result in affecting the lives of many people, but the outcome plays out over time in the absence of psychopathological responses to life stress.

How does one “know” they have had a meaningful impact? By measuring the absence of psychopathology as life proceeds in people receiving preventive inputs versus those who don’t. The result of our efforts may be more profound than diagnosing and managing illness in individual cases, but it is certainly not as concrete — unless you are a true believer in prevention.

Asking the wealthy to pay more taxes to support early education programs for kids growing up in poor families, when there is evidence that such programs reap huge benefits, is met with skepticism. Asking young people to pay for health insurance so that they have coverage for their motorcycle accident is met with responses such as, “Are you kidding? Well, OK, I do text a bit while driving; but I’m young, I don’t need health insurance.”

Think of the potential results. If young students could cope well with the stresses of school, college, marriage, and parenthood; if older adults had learned to cope with normal aging, with the emergence of “design flaws” in our bodies as we age. What would be the outcome in the reduction of pain, illness, and various behavioral tragedies, as well as the increase in happiness?

There will always be medical and psychiatric crises to attend to, but what if we could find ways to substantially reduce their frequency? We need the expertise and will to find ways to improve education, learn coping skills, and mitigate “the slings and arrows of outrageous fortune” that comprise life. It takes a different awareness and mind-set to pursue prevention.

This issue hints at the possibilities of prevention by increasing coping skills and providing timely treatment for parents. At stake is the future of humanity. Is this doable, or are we left with making the same mistakes in life with the same tragic and painful results?