Research Paper Medical Science

Rethinking 'Mental Health'– Some Critical Notes

Amresh Shrivastava Department of psychiatry, The Western University & Parkwood Institute. London. University of Toronto, Ontario Canada.

Avinash De Sousa Research Associate, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai.

ABSTRACT

Mental health has received more attention in the modern health scenario than any other health issue. This is because there is no health without mental health. Mental health is linked to physical health and vice versa. The present paper is a viewpoint on the current concepts of mental health. The paper takes a look at various mental health promotion methods and concepts prevalent across the world and global mental health policy perspectives. The paper looks at the sociology of mental illness and various social factors that contribute to mental illness. The paper also looks at postpsychiatry a concept that balances modern medicine with existing social views and is vital for mental health.

KEYWORDS mental health, health, global.

INTRODUCTION

Around 14% of the global burden of disease has been attributed to psychiatric disorders like depression, schizophrenia and substance abuse that not only cause socio-occupational deterioration but also lead to deterioration in personal well being. It is such an estimate that draws the attention of epidemiologists worldwide to the burden of mental illness and how when intertwined with physical disability it causes a tremendous reduction in psychological well being and quality of life (Prince et al., 2007). Mental health has always been alienated when one speaks about physical health or reduction of communicable disease and poverty as well as other social problems while the fact remains that there is no health without mental health. Mental illness increases the risk of various communicable and non communicable disorders due to poor self care and many physical illnesses in turn increase the risk of mental disorders. Mental health promotion and care must never be separate and has to be integrated into mainstream health promotion programmes like HIV prevention, tuberculosis control, antenatal care, management of gender based violence, antenatal and post natal care along with child health and nutrition (WHO, 2005). Allocation within the health sector of specific mental health budgets is a must. Mental health must in fact be a part of all health care at primary, secondary and tertiary levels in order to enhance physical health in general (Patel et al., 2006).

Mental Health Promotion

Mental health, beyond merely the absence of a mental disorder, is a state of well-being in which individuals are able to successfully cope with the demands of everyday life and function as a productive member of society (World Health Organization (WHO), 2009). As mental health contributes to, and is influenced by, physical and social well-being and, mental health promotion requires the collaboration of governmental and non-governmental organizations from all sectors in order to support mental health across the lifespan. In most countries, mental health services focus on treatment of those individuals who have severe and debilitating illnesses, while less money and fewer programs are aimed at prevention, or mental health promotion (WHO, 2009). It is critical that mental health policies focus on the broader issues that support mental health in addition to treatment for individuals diagnosed with mental disorders. In particular, many socio-economic and environmental factors need to be the focus of mental health initiatives that aim to have a positive impact on the mental health of all members of society.

Partnerships in Care

Partnerships in Care provide secure mental health facilities across the UK that provide treatment as well as support in placements and work to facilitate integration to the community. These types of opportunities are thought to provide patients with a sense of empowerment and hope. Partnerships in Care provides active rehabilitative programs for individuals presenting with a variety of complex mental health needs and approaches patient care with multidisciplinary team, including nurses, social workers, psychologists and occupational therapists in addition to a consultant psychiatrist (Partnerships in Care, 2008).

Schizophrenia Support Groups

One option for promoting mental health in individuals diagnosed with schizophrenia following discharge is support groups. Dobson (1996) describes one long-term support group implemented in Canada for patients diagnosed with schizophrenia with the goal of reducing readmission to the hospital. The support group helped patients practice social skills, provided a venue for peer support and social interaction, and participants in the group reported a high levels of satisfaction with the program. The value of this type of mental health promotion strategy is seen in the low cost of this type of services and the possible reduction of hospital utilization (Dobson, 1996).

Rural Mental Health Challenges

Rural areas require important consideration in terms of mental health issues. Many barriers to receiving appropriate care and treatment exist in rural regions, such as a shortage of mental health professionals and a long distance to travel for outpatient services (Bird et al., 2001). In addition, stigma regarding mental illness may play a larger role in deterring rural individuals from obtaining treatment than in more urban regions (Hoyt et al., 1997). Mental health problems are as widespread in rural areas as they are in urban areas, and yet there remains a shortage of mental health services for these individuals. Unfortunately, a failure to address mental health problems early on can only further exacerbate these issues, and members of rural communities may not receive the help they need in a timely manner.

Urban Mental Health Challenges

As much of the world's population resides in urban regions, mental health care in these areas is a prominent issue. Recent increases in urbanization have affected mostly poor popu-

lations who do not have the resources match this increasing populations size (Giovanni, 2008). This creates many socio-economic conditions shown to put individuals at risk for psychosis, such as deprivation, low social capital, and social mobility (Kirkbride et al., 2007). Every large city has its own unique features and dynamics that may be associated with mental health issues, and studies have shown that contextual aspects of neighborhoods relate to outcomes like depression and prevalence of sexually transmitted illnesses. Thus, urban areas represent a special challenge in promoting mental health for all individuals. Urban environments offer many positive and enhancing aspects of cities, but a focus on the characteristics of these regions that influence mental health outcomes is necessary. Multidisciplinary approaches need to be implemented in order to enhance the study of mental health in urban cities (Giovanni, 2008).

Mental Health Issues of Immigrants

Immigration tends to be an urban phenomenon, with most people moving from rural to urban areas or from the developing to the developed world (Briggs, 1998). Those who immigrate to developing countries especially may suffer from poverty and poverty-related illnesses and the rapidly expanding urban city may not be able to provide for their needs in terms of healthcare and sanitation (Giovanni, 2008). Additionally, immigrants who are new to a city may also not have the social support system needed to promote positive mental health and the ability to cope with this new environment.

Suicide and Suicide Prevention

Individuals with mental health issues are at an increased risk of suicide (Harris & Barraclough, 1997). Risk seems to vary as a function of illness and stage of illness as Qin and Nordentoft (2005) found that suicide risk increased the most immediately following discharge for affective disorders and schizophrenia spectrum disorders, but then declined quickly after treatment, while suicide risk for individuals with substance abuse disorders increased less strongly after discharge and took longer to dissipate after treatment. These findings highlight the importance of mental health promotion and suicide prevention for individuals who are discharged back into the community, but also for individuals with mental health issues in the community at large, for whom suicide remains a risk.

Challenges in Canadian Mental Health System

According to the Canadian Mental Health System (2009), strategies for mental health promotion and the treatment of individuals with mental illness in Canada are critical, as Canada remains out of step with other G-8 countries. Homelessness, child poverty, and diminished health care services are still faced by many segments of Canadian society and thus, to improve mental health, affordable housing and income security should be available to all Canadians (Canadian Mental Health System, 2009).

Priorities in Mental Health

Due to the interrelations and interactions of mental and physical health, the development and implementation of mental health promotion programmes stands to have significant effects on mental and physical health. Positive mental health can be pursued through enhancement of psychosocial functioning and the promotion of education, resilience, effective defences against stress, and relationships that are empathic and reciprocal (Hermann et al., 2005). These types of programmes can be directed at school-aged children through the education system and can work to integrate children into the community, increase cohesiveness in families, and develop skills of resilience such as adaptive cognitions and behaviours and problem-solving. Programmes of this nature could ultimately aid in the prevention of violent and criminal behaviour, substance abuse and mental and physical health problems (Hermann et al., 2005).

Global Mental Health

The Global Burden of Disease report reveals the substantial contribution of mental disorders to the burden of disease worldwide. "Disease burden" is measured by the sum of years lived with disability and years of life lost, called the disability-adjusted life-year (Mathers & Loncar, 2006). It was reported that neuropsychiatric conditions account for almost a quarter of all disability-adjusted life-years, and up to a third of those credited to non-communicable diseases. Mental disorders contribute the most disability-adjusted life-years, especially affective disorders, schizophrenia, and dementia; and of the non-communicable diseases, neuropsychiatric conditions contribute the most to overall disease burden and more than either cardiovascular disease or cancer (Mathers & Loncar, 2006).

Psychosomatics - No Health without Mental Health

Mental health is fundamentally tied to physical health outcomes. Specifically, an individual's overall well-being will be affected by mental, social and behavioural health problems, and these problems can interact to create addition issues (Hermann et al., 2005). For example, health problems such as heart disease, depression and anxiety are more prevalent in conditions of high unemployment, low income, stressful work conditions, and an unhealthy lifestyle, and these health problems are also more difficult to deal with when these conditions are present (Desjarlais et al., 1995). Mental health is a key determinant of overall health as it can influence the engagement in health behaviors that play a role in physical health and can also directly impact physical health through diminished immune functioning (WHO, 2001).

The intertwined nature of physical and mental health has been broadly demonstrated. Giltay et al. (2004) found that, after controlling for other risk factors, optimistic people have lower death rates from heart disease than people who are pessimistic, showing the importance of emotional status to the maintenance of good physical health. The importance of mental well-being to physical health is also seen in the fact that depression is reported as a causal risk factor for heart disease (Hermann et al., 2005). Psychological stress, related to negative environmental factors, can lead to hypertension and mental stress, in individuals with heart disease, can trigger the development of myocardial infarction and sudden death (Esler & Parati, 2004).

Education in Mental Health

Swarbrick et al. (2008) report that professional training and consumer education can be used to disseminate the knowledge of, and build capacity for, health promoting behaviors. Optimal mental health is hindered by a lack of training and education about health issues (Center for Mental Health Services, 2005), the inability to transfer education into daily practices and lifestyles, and the lack of financial reimbursement opportunities for health promotion services (Bell & Shern, 2002). Swarbrick and colleagues (2008) recommend that health promotion be included in the training curriculum of all health-care providers, that primary health physicians receive more education regarding psychiatric disorders and health issues, and that mental health staff are educated in ways to collaborate with individuals dealing with mental health issues to reduce co-morbidities and prevent premature death.

Research Priorities

Current priorities for research in mental health include further study of risk factors. It is important to determine the effect of technology and rapid communication systems on mental health and also the effect of social factors such as lifestyle, poverty, job loss, societal change, and family breakdown. An additional gap exists in research on the role of nutritional factors in mental health. Research into rehabilitation, integration into society, and enhancing coping skills is also critical. Finally, prevention and positive mental health promotion tends to be a neglected field of research, and it will be important for future studies to focus on early intervention with children and adolescents.

Stigma and Discrimination
Many people who require mental health services are reluctant to seek help due to the stigma that still surrounds mental illness. Common stereotypes help about people with mental illness include the idea that they are violent or dangerous, that they are incompetent, and that they are responsible for their disorders (Corrigan et al., 2000). Unfortunately, these stereotypes can give rise to discrimination against individuals with mental illness. Discriminatory can take many forms of negative action, such as avoidance of people with mental health problems, and can also manifest in employers refusing to hire workers with mental illness and landlords not renting to potential tenants with mental illness (Corrigan, 2004).

Clinical Care
Unfortunately, mental health and illness tend to be viewed as separate from the public health care system (Cooper, 1993). This perspective leads to the focus on treating ill individuals versus promoting mental health for all, and thus, the opportunities that do exist for improving mental health in communities are not fully explored (Hermann, Saxena, & Moodie, 2005).

Psychiatrists and Mental Health - Multidisciplinary Concept
The mental health of any member of society is affected by a confluence of factors in an individual way. Everyday experiences and social interactions in the family, at school, and at work, in addition to societal structures and cultural values play a role in mental health (Lehtinen, Riikonen & Lahtinen, 1997). Thus, interventions that focus singularly on the individual, such as social skills training, will not have much impact on long-term behaviour change unless the family and social contexts are united in supporting change (Institute of Medicine, 2001). Public policies that defend individuals against the accumulation of risk throughout the lifespan are critical (Bartley, Blane & Montgomery, 1997).

What Has Been Achieved - WHO Vision
In recognition of the common human rights violations of people with mental illnesses, the WHO recommends that, at the community level, mental health care is available for all who need it, that countries have bodies set up to monitor mental health facilities and ensure human rights are being respected, and that people with mental illnesses be directed to mental health services rather than the criminal justice system (WHO, 2009). Much existing legislation violates the rights of individuals with mental illness; in an effect to improve this situation, WHO aims to help countries enact legislation to promote and protect human rights and promote access to mental health care (WHO, 2009).

UNESCO Initiative
The United Nations' Educational, Scientific, and Cultural Organization (UNESCO) focuses on inclusive education and promotes equal access to education for all while prohibiting educational limitations imposed on any person or group of persons (Open Society Institute, 2005). A recent initiative centers on allowing "individuals the ability to compensate for physical or functional limitations, to access knowledge by adapting digital media to the nature of their disabilities, and to enhance their social and economic integration in communities by enlarging the scope of activities available to them" (UNESCO, 2009). These actions are expected to help improve the standard of living of people worldwide who suffer from a range of mental disabilities.

Education in Schools and Mental Health
Mental health disorders occur in approximately 10% of the child and adolescent population (Villeneuve et al., 1996). Unfortunately, children and their parents often do not seek professional, in part because of negative and stereotypical views about mental illness and also because of a lack of identification, non-referral and low self-referral (Naylor et al., 2009). Stigma is one of the biggest challenges facing young people with mental disorders, as many young people possess negative attitudes towards the mental health issues of peers (Bailey, 1999). Villeneuve and colleagues (1996) found that a teaching intervention on mental health, including lessons on self-harm, eating disorders, being bullied, and intellectual disability, significantly increased sensitivity to individuals with mental health problems in a group of adolescents. Thus, interventions in schools can be effective in teaching youth about mental health and decreasing stigma towards mental illness. In this way, children and adolescents may be more willing to seek help for their own mental health problems.

The Sociology of Mental Health
Recent advances in genetics, neurosciences and psychopharmacology currently appear to be confirming the ascendancy of the science in contributing to the understanding of body and behaviour and to the explanation and treatment of both mental and physical ills. They have in fact been pushing aside the importance of social processes and any contribution from sociology to the understanding of mental health and disorder, a contribution that has been highly diverse and multi-faceted. There are a number of reasons for the current predominance of biological understandings of mental disorder (Conrad, 1999). First, the significant advances in these sciences during recent years, not least the progress in decoding the human genome, have drawn professional and media attention to the role of genetic factors in mental health and illness. Second, doctors still tend to be powerful, within the mental health field, and medical training is still largely oriented towards the natural sciences causing doctors to give primacy to ideas based on natural sciences over social sciences (Williams et al., 2000). Explanations and understandings of mental disorder in terms of physical processes often have a number of attractions as they fit with medicine's widespread use of drugs in the treatment of mental disorder and suggest a simple causal account of the condition taking away the responsibility for being ill from the individual (the problem lies in the body rather than the mind or social relations) (Nazroo, 1997).

What is clear from the sociological work on mental health is the clear evidence it provides of the importance of social processes in a range of areas: in the definition, boundaries and categories of mental disorder; in any adequate understanding of the factors that give rise to mental disorder; and in the understanding of the character of mental health practice and the professionals and others who shape that practice together with the ideas that underpin it. These include the linkages between body and mind and the biological and the social, the sociology of the emotions, the analysis of risk, the role of the pharmaceutical industry and its relation to mental health practice, as well as the epistemological and ontological assumptions on which sociological work on mental disorder is grounded (Rose, 1999).

The concept of Postpsychiatry in Mental Health
Government policies are beginning to change with regard to mental health worldwide. Postmodern health shall not only have to retain and improve the achievements of the modern era but also respond to the demands of postmodern society namely the concern about values as well as evidence, preoccupation with risks rather than benefits and the rise of the well informed patient (Bracken and Thomas, 2001). The faith of human beings in science and technology to resolve human and social problems is diminishing. This creates challenges for modern medicine especially psychiatry. Psychiatry must thus move beyond its modernist framework to engage with the growing needs of services users. Postpsychiatry pays emphasis to the social and cultural contexts before technology and works to minimize medical control of coercive interventions. Post modernity provides mental health professionals with a chance to redefine their roles and responsibilities (Bracken, 1995).

REFERENCES

Bailey S. Young people, mental illness and stigmatisation. Psychiatr Bull 1999; 23: 107–10. | | Bartley M, Blane D, Montgomery S. Health and the life-course: why safety nets matter. BMJ 1999;314:1194–6. | | Bell N, Shern D. State mental health commissions: Recommendations for change and future directions. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors ; 2002. | | Bird D, Dempsey P, Hartley D. Addressing mental health workforce needs in underserved rural areas: Accomplishments and challenges. Edmund S. Muskie School of Public Service, Maine Rural Health Research Center; 2001. | | Bracken P. Beyond liberation : Micheal Foucault and the notion of a critical psychiatry. Philos Psychiatry Psychol 1995;2:1-13. | | Bracken P, Thomas P. Postpsychiatry : a new direction for mental health. BMJ 2001;322:724-6. | | Briggs X. Racially and ethnically diverse urban neighborhoods. Citiscapes J Policy Dev Res 1998;4:1–269. | | Center for Mental Health Services. Building bridges: Mental health consumers and primary care representatives in dialogue. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration ; 2005. | | Coghlan R. Duty to care: Physical illness in people with mental illness. Perth, The University of Western Australia ; 2001. | | Cooper B. Single spies and battalions: the clinical epidemiology of mental disorders. Psychol Med 1993;23:891–907. | | Conrad P. A mirage of genes. Soc Health Illness 1999;21:228-41. | | Corrigan P. Hoe stigma interferes with mental health care. Amer Psychol 1994;59:614-25. | | Corrigan PW, River L, Lundin RK, Uphoff K, Campion J, Mathisen J. Stigmatizing attributions about mental illness. J Commun Psychol 2000;28:91–102. | | Desjarlais R. World mental health: problems and priorities in low income countries. New York, Oxford University Press ; 1995. | | Dobson D. Rehab rounds: Long-term support and social skills training for patients with schizophrenia. Psychiatr Serv 1996;47:1195-6. | | Esler M, Parati G. Is essential hypertension sometimes a psychosomatic disorder? J Hypertens 2004;22:873–6. | | Giltay EJ. Dispositional optimism and all-cause and cardiovascular mortality in a prospective cohort of elderly Dutch men and women. Arch Gen Psychiatry 2004;61:1126–35. | | Giovanni C. General concepts of the relationship between urban areas and mental health. Curr Opin Psychiatry 2008;21:385-90. | | Harris EC, Barraclough B. Suicide as an outcome for mental disorders: a meta-analysis. Br J Psychiatry 1997;170:205-28. | | Hermann H, Saxena S, Moodie R. Promoting mental health: concepts, emerging evidence, practice : report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne ; 2005. | | Holland P. Life-course accumulation of disadvantage: childhood health and hazard exposure during childhood. Soc Sci Med 2000;50:1285–95. | | Hoyt DR, Conger RD, Valde JG. Psychological distress and help seeking in rural America. Am J Commun Psychol 1997;25(4):449-70. | | Institute of Medicine. Health and behavior: the interplay of biological, behavioural, and societal influences. Washington, DC, National Academies Press ; 2001. | | Kirkbride J, Morgan C, Fearon P. Neighborhood-level effects on psychoses: Re-examining the role of context. Psychol Med 2007;73:1413–25. | | Lawrence D, Holman CDJ, Jablensky AV. Preventable physical illness in people with mental illness. Perth, The University of Western Australia ; 2001. | | Lehtinen V, Riikonen E, Lahtinen E. Promotion of mental health on the European agenda. Helsinki, National Research and Development Centre for Welfare and Health (STAKES) ; 1997. | | Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. PLoS Med 2006;3:e442. | | Naylor PB, Cowie HA, Walters SJ, Talamelli L, Dawkins J. Impact of a mental health teaching programme on adolescents. Br J Psychiatry 2002;194:365-70. | | Nazroo J. Ethnicity and Mental Health. London : Policy Studies Institute ; 1997. | | Patel V, Kirkwood BR, Pednekar S, Weiss M, Mabey D. Risk factors for common mental disorders in women : a population based longitudinal study. Br J Psychiatry 2006;189:547-55. | | Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR, Rahman A. Global mental health 1 : no health without mental health. Lancet 2007;370:859-77. | | Rose N. Governing the soul : the shaping of the private self. London : Free Association Books ; 1999. | | Qin P, Nordentoft M. Suicide risk in relation to psychiatric hospitalization. | Arch Gen Psychiatry 2005;62:427-32 | | UNESCO. (2009). New UNESCO initiative - ICTs and people with disabilities. Retrieved from: http://portal.unesco.org/education/en/ev.php-URL_ID=18535&URL_DO=DO_TOPIC&URL_SECTION=201.html | | Villeneuve C, Be´ rube´ H, Ouellet R, Delorme A. Prevention concerning mental health: the adolescent's perspective. Can J Psychiatry 1996;41:392–9. | | World Health Organization. Mental health: new understanding, new hope. The world health report. Geneva, World Health Organization ; 2001. | | World Health Organization. Mental health, human rights and legislation: WHO's framework. Retrieved from | http://www.who.int/mental_health/policy/fact_sheet_mnh_hr_leg_2105.pdf | | World Health Organization. Facing the challenges and building solutions. Report from the WHO European Ministerial Conference, Copenhagen, Denmark ; 2005. |