PUBLIC MENTAL HEALTH: AN AGENDA FOR ACTION?



AFZAL JAVED

President, World Psychiatric Association

Consultant Psychiatrist, Honorary Professor Institute of Applied Health Research, University of Birmingham, UK. Honorary Associate Clinical Professor, Warwick Medical School, University of Warwick, UK. Chair, Pakistan Psychiatric Research Centre, Fountain House, Lahore, Pakistan



ABSTRACT

Mental disorders comprise 20 to 25% of the global burden of diseases. This large number could have been underestimated, as poor mental health has widespread implications, and is often labeled under other headings; for mental disorders often manifest sometimes earlier than in adulthood, with a wide range of consequences in health, learning, work ethics, dysfunctional relationships, criminality, private and public violence, and stigma. It is unfortunate that widespread emergencies like COVID-19 are likely to escalate the risk, prevalence, and recurrence of mental disorders and worsen mental health in all populations. The conceptual framework for public mental health integrates multiple perspectives into a comprehensive agenda for future action. The practice of Public Mental Health (PMH) employs a population-based approach for reducing mental disorders and promoting mental well-being by delivering levels of PMH interventions as needed by the population. This approach recognises that a wide assortment of indicators at the individual, household, and community levels contribute to or detract from mental health and well-being. The World Psychiatric Association's Action Plan for 2020-23 defines emerging needs and priorities in some particular areas of public mental health from a global perspective. Given that only a small percentage of the world's population receives treatment for mental disorders, there is an urgent need to recognise, promote and elevate mental health as public health need.

KEYWORDS

Mental Health, Mental Well-being, Public Mental health, World Psychiatric Association

The 21st century has witnessed several changes in the perception and management practices of mental health. It is indeed a momentous time and opportunity, as Psychiatry has progressed from asylums to communities and now to home settings. There has been an increase in awareness and, to a degree, acceptance of mental health problems, with a conceptual shift in practice from "treating madness" to "managing mental health problems."

Current epidemiological evidence and appreciation of sociological domains of mental disorders, as well as scientific advances in genetics, diagnostic innovations such as imaging, and novel treatment approaches, are instilling a great deal of optimism amongst practitioners of psychiatry in current times.³ There is also a special focus on the latest treatments for marginalised and special communities, including children, adolescents, women and displaced persons. Finally, there has been an increase in awareness among patients, users, and healthcare workers about treatment programs, and professionals are also accepting them as important and key stakeholders. It is encouraging to see that healthcare professionals are exploring new ways to improve the quality of mental health care by improving cost-effectiveness and encouraging innovation in care settings. Implementing these innovations and improvements has also emerged and is being facilitated as a key focus of modern healthcare research by the digitalisation of communication.4

Despite advances in psychopharmacology and service delivery, disease processes will still relapse and require further innovations in treatment modalities. In the current climate of financial constraints, there is a need for understanding that improving the quality of care and outcomes for people necessitates a focus on relapse prevention, improving productivity, and reducing overall resource utilisation. New directions are being set by a focus on the prevention of mental

disorders and the promotion of well-being, with an emphasis on looking at/reviewing public health principles within the mental health domains.^{5, 6} Public perceptions of mental well-being are changing, and there is a burgeoning commitment among societies and governments to change the way, we perceive it. There is emerging an agreement on what needs to change, as well as a genuine desire to endorse good mental health, prevent issues from arising, and to develop mental health services.

Many mental health conditions today can be treated satisfactorily and cost effectively. This fact demands attention to the numerous actions that must be undertaken on all fronts, such as measures to increase the understanding of mental health and reduce the stigma surrounding it. The World Health Organisation's recent World Mental Health Report, "Transforming Mental Health for All," aims to inspire and inform everyone everywhere. It emphasises why and where change is most needed, as well as how it may be effectively achieved.²

The aim of public health is to encouragea healthy way of life while also identifying, averting, and responding to illnesses. In view of the significant prevalence of mental health issues that affect people's physical and communal well-being, mental health automatically becomes critical in achieving public health goals. Several public health experts define public mental health as both the study and artistry of endorsing mental health and well-being, in addition to preventing related issues at the individual, family, community, and organisational levels. As a consequence, public mental health focuses on a variety of approaches for improving coverage, outcomes, and utilization of effective interventions to prevent the emergence of mental disorders, avoid the coupled consequences such as treatment, and promote mental wellbeing and resilience.⁷

Journal of Pakistan Psychiatric Society

Following this approach, current evidence strongly supports an efficient, equitable, and potentially a long-term reduction in the burden of mental disorders by promoting the mental well-being of communities.⁸

What is Public Mental Health?

This simple question can be answered in several ways. To begin with, public mental health practice takes a population-based route to improving Public Mental Health intervention, by evaluating scope, consequences, and synchronisation that may result in a long-term decrease in the burden of mental disorders. Next, rather than an individual approach, public mental health also focuses on a population or a community; therefore, public mental health promotes mental well-being, resilience, and ultimately reinforces an efficient, equitable, and long-term decrease in the burden of mental health issues and promotion of the population's mental wellbeing.

There are several reasons why public mental health is important. Dublic mental health interventions follow a population-based path to reduce mental disorders and promoting mental well-being. Secondly, in recent years, efficacious public mental health interventions are available to manage mental disorders, prevent their consequences, and inhibit the emergence of mental disorders. Finally, redefining mental health as "public mental health" may have several advantages, such as the fact that public mental health needs assessment can provide an excellent opportunity to improve both, understanding and acceptance globally of mental well-being.

The prevalence of mental disorders has been immense, ¹¹ and a greater number of life's mental disorders occur before adulthood, with 50% or more occurring by the age of 14 years. ¹² Mental issues also have a wide spectrum of effects on health and socio-economic consequences that affect various strata in communities. As a result, the effects of mental illness can be described at various stages of life, including higher rates of health risk behaviour such as substance use, self-harm, physical inactivity, and a poor diet. Finally, the broader consequences of mental illness include unemployment, poverty, debt, diminished financial capability, violence perpetration and victimization, homelessness, stigma, discrimination, and a decreased quality of life.

Despite repeated proposals and a plausible rationale for moving past drug use as the principal treatment standard in psychiatry, the discipline has yet to implement 'other' measures that should be regularly incorporated into treatment strategies. The efficacy of pharmacological treatment in psychiatry has been called into question, as some health professionals argue about the effectiveness of common psychotropic drugs. Some reports have prompted a broad critique of psychotropic medication in the scientific fraternity and media. It is true that any collation of treatments for diverse illnesses can only be qualitative, and it is thus unfair to rank drugs based on their limited use. Several studies have concluded that, in the long run, psychiatric drugs are no less effective than most other medical drugs. The importance of the proposal properties of the proposal properties of the prop

Mental health is integral to public health, and mental well-being is critical to having a good quality of life, and the ability to cope with the tides of life. ¹⁵ It protects against physical ailment, social inequity, and morbid lifestyle choices. There

are a growing number of evidence-based routes to upholding mental health and preventing mental issues. Prevention and early intervention prior to or at the onset of mental disorders is also the reason behind improved outcomes.

What are the examples of public mental health interventions?

The basic principle is mental disorder prevention at different levels of care. Primary prevention interventions concentrate on risk factors in order to avoid mental disorders from developing. At the secondary level, early interventions for mental issues and their consequences are provided as soon as they appear. Intervention at the tertiary level is for those with recognised mental disorders to prevent recurrence and the associated consequences. Thus the primary level is the promotion of mental health protective factors. It is followed by the secondary level, which is associated with early management of those whose mental health has recently deteriorated. Those with a long history of poor mental health are dealt with at the tertiary level.. Finally, there is resilience promotion for those who have experienced recent adversity, as well as those who have endured past or longstanding challenges. 7,9,10

Presently, there is a worldwide and pressing need to provide high-quality mental health care, together with a commitment to supporting mental health specialists in their critical roles as policymakers, service providers, trainers, and support workers in primary and community health care. The World Psychiatric Association's 2020-23 Action Plan defines emerging global mental health needs and priorities, ¹⁶ and more specifically, the public mental health (PMH) action plan group's working plan has produced several recommendations. WPA recommends improving the implementation of these interventions in different countries and regions by boosting awareness, recognition, and inclusion of Public Mental Health as a high priority in national health policies. In this regard it is the responsibility of psychiatrists to qualify the unmet needs and the corrective action required to achieve understanding in the minds of the developers and implementers of the policy that will result. Lack of attention and vigorous advocacy in this regard will result in a failure to be included and adverse consequences for the population whose mental health that psychiatrists are supposed to care for. While publications, presentations, and training programmes are important adjuncts to dissemination of PMH-related work on their own they are insufficient to achieve results on a national scale when not a part of the policy..

The effects of COVID-19 on our collective and individual well-being has forced the world to combat mental health challenges like never before, with creative thinkers rising to the occasion by some pointing out the issues and others their solutions. Public mental health interventions are thus, extremely crucial during pandemics to avert the expected increased prevalence of mental disorders, the associated consequences of impaired mental well-being. 18,19

There have been immense changes in the role of psychiatrists and other mental health professionals. There was a time when the goal of the psychiatric profession was to treat 'madness' which meant some behavioural patterns and experiences that were clearly outside the range of normalcy. In the public's perception, the psychiatric profession now targets a wide range of mental disorders, or 'mental health problems'.

Journal of Pakistan Psychiatric Society

Furthermore, the twenty-first century has seen many changes in the practice of psychiatry, with a greater emphasis on the prevention of mental disorders and the promotion of wellbeing. As a result, there are new and emerging trends in current practice, with a transformation in treatment approaches "from madness" to "mental health," with a focus on prevention of these disorders and advancement of wellbeing.

In summary, the PMH conceptual framework integrates the perspectives of clinicians', academics', and researchers' advocating a public mental health approach to mental health practice. There are robust public mental health interventions available for managing mental disorders, preventing their linked consequences, and also preventing these disorders from developing while enhancing mental well-being. Public Mental Health is gradually gaining prominence amongst healthcare workers and in communities worldwide. This visibility underscores the new priority settings in policy, health care delivery organisation, and mental health research.

There is widespread agreement that cost-effective public mental health interventions exist that can produce a variety of outcomes and economic benefits, even in the short term. Given the enormous impact of mental health problems and mental well-being, there should be a call for professionals and policymakers to consider public mental health as a new way of practice. 20 It is, however, disappointing that despite the availability of cost-effective public mental health interventions, only a minority of professionals follow these policies. This maybe because the emphasis in years prior to graduation and practice was not that vigorously promoted as it should have been.

For its future development, Public Mental Health necessitates a coordinated and collaborative approach of policy makers, professionals, and teaching institutions. It is necessary to investigate the effects and associated economic benefits of expanded coverage of effective PMH interventions. And lastly, public mental health indicators must be added to routinely collected data in primary care, education, and secondary mental health care.

References

- World Health Organisation Mental health atlas 2020. WHO Geneva
- World Health Organization. World mental health report: transforming mental health for all. 2022. ISBN 978-92-4-004933-8
- 3. Galderisi, S. (2018). Current trends in diagnosis and treatment of mental disorders. European Psychiatry, 50, 4-6. doi:10.1016/j.eurpsy.2017.11.008
- 4. James A. Bourgeois J, Hategan A & Eppel A. Psychiatry of the Future – 2030 and beyond. Journal of Psychiatry R e f o r m s . 2 0 2 0 : 8 : 6 https://journalofpsychiatryreform.com/2020/07/27/psy chiatry-of-the...

- Campion J. Public mental health: key challenges and opportunities. BJPsych Int. 2018 Aug;15(3):51-54. doi: 10.1192/bji.2017.11. PMID: 31452534; PMCID: PMC6690256.
- 6. Campion J, Bhui K, Bhugra D. (2012) European Psychiatric Association (EPA) guidance on prevention of mental disorder. European Psychiatry 2012;27:68-80 h t t p: //www.europsy.net/wpcontent/uploads/2013/11/campion.pdf
- 7. Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. Lancet Psychiatry. 2016;3:171–178.
- Solmi M, Radua J, Olivola M, Croce E, Soardo L, Salazar de Pablo G, Il Shin J, Kirkbride JB, Jones P, Kim JH, Kim JY, Carvalho AF, Seeman MV, Correll CU, Fusar-PoliP.Age at onset of mental disorders worldwide: large-scale metaanalysis of 192 epidemiological studies. Mol Psychiatry. 2022;27(1):281-295. doi: 10.1038/s41380-021-01161-7. Epub 2021 Jun 2. PMID: 34079068; PMCID: PMC8960395.
- Tiffany ST, Friedman L, Greenfield SF, Hasin DS, Jackson R. Beyond drug use: a systematic consideration of other outcomes in evaluations of treatments for substance use disorders. Addiction. 2012;107(4):709-18. doi: 10.1111/j.1360-0443.2011.03581.
- Leucht, S., Hierl, S., Kissling, W., Dold, M., & Davis, J. Putting the efficacy of psychiatric and general medicine medication into perspective: Review of meta-analyses. The British Journal of Psychiatry, 200(2), 97-106. doi:10.1192/bjp.b.111.096594
- 11. Walker ER, McGee RE, Druss BG. Mortality in mental disorders and global disease burden implications a systematic review and meta-analysis. JAMA Psychiatry. 2015;72:334–41.
- 12. Javed A. Implementation of the WPA Action Plan 2020-2023. World Psychiatry. 2021; 20, Issue 3. 451-2.
- Javed A. Setting priority areas for WPA's new triennium.World Psychiatry, 2021; 20:1. 146. DOI:10.1002/wps.20840
- 14. Campion J, Javed A, Sartorius N & Marmot M. Addressing the public mental health challenge of COVID-19. Lancet Psychiatry.
- 15. Campion J, Javed A, Marmot M, Valsraj K. The Need for a Public Mental Health Approach to Covid-19. World Soc Psychiatry. 2020; 2: 77-83.
- 16. Lancet Editorial, What can public health do for mental health? 2016: 287;2576:
- 17. Javed A. Setting priority areas for WPA's new triennium.World Psychiatry, 2021; 20:1. 146. DOI:10.1002/wps.20840
- 18. Campion J, Javed A, Sartorius N & Marmot M. Addressing the public mental health challenge of COVID-19. Lancet Psychiatry.
- 19. Campion J, Javed A, Marmot M, Valsraj K. The Need for a Public Mental Health Approach to Covid-19. World Soc Psychiatry. 2020; 2: 77-83.
- 20. Lancet Editorial, What can public health do for mental health? 2016: 287;2576: