
Editorial

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A 2001 World Health Organization (WHO) report, *Mental Health: New Understanding, New Hope*, predicted that depression will be the second-highest cause of disease burden worldwide by 2020. “Mental and physical health are two vital strands of life that are closely interwoven and deeply interdependent,” the report’s outline stated, yet for a long time mental health has been the neglected cousin of its physical counterpart.

What exactly is mental health? Karen Stafford of the Hunter Institute of Mental Health (p.4) says the essence of a formal definition is thoughts, feelings, behaviour and relationships. Good mental health thus allows a person to function in a positive way as an individual and within his or her family and community.

Good mental health can be promoted and maintained in various ways. Several studies have shown that promotion of social and personal development in an educational setting contributes to good mental health outcomes (see p.4). A peak in the onset of many mental health disorders earlier in life underscores the importance of intervention in school settings.

Mental health and nutrition are linked in several ways, as Sandra Capra of the University of Newcastle explains (p.7). We now know more about the effects of nutrition on brain function and gene expression. Interest in and awareness of changes in diet due to food availability and processing has also increased. Claims have even been made that globalisation and changing diets affect the mental health of some communities. Antioxidants and omega-3s, whose benefits for physical health have been extolled in the popular press, are also beneficial in main-

taining memory and managing depression, respectively.

Eating for good mental health may well make the headlines in future, given Anne Connor’s (Alzheimer’s Australia) statement that by 2016 dementia is expected to lead the way in terms of burden of disease (p.21).

Childhood and adolescence can be a peak time for some disorders, and the elderly experience higher rates of dementia. What about people in between? Recent research indicates that work-related stress, which is on the increase, can lead to a decline in mental health. Stress and clinical depression are a factor in many workplace absences, placing a burden on productivity and the health-care sector (p.10).

Chronic illness can also lead to poor mental health, particularly for adolescents and young adults. This group of the community is also dealing with other life changes, such as puberty or the arrival of children. About 50% of those with chronic physical illness will have associated depression. A compounding factor is reluctance to find assistance. The CEO of *beyondblue*, Ms Leonie Young, says: “Depression and anxiety can be as serious, debilitating and life-threatening as a physical illness – yet less than half of those experiencing depression seek help” (p.14).

Adolescence is also a time of heightened vulnerability to the lure of alcohol and illicit drugs. According to Rosemary Purcell and colleagues, a recent study found that “substance use disorders are the most common mental health problems that affect young Australians” (p.17). Furthermore, “a strong association has also been reported between depression, cannabis use and youth suicide”.

Suicide in the general Australian population constitutes a very low proportion of deaths,

but its impact, as Robert Goldney of the University of Adelaide explains, “is such that the casual observer could be forgiven for presuming that suicide rates in Australia are particularly high in world terms”, which is not the case (p.25). Assessment of suicidal persons, as Natisha Sands of the University of Melbourne explains, is also one of the most challenging tasks of a mental health triage clinician (p.35). It is now known that a combination of psychosocial and biomedical factors leads to suicidal behaviour.

Does genetics play a role in mental health? Paul Patterson at Caltech explains that schizophrenia has a genetic component (p.29). Schizophrenia, unlike more common mental health issues such as mild depression and anxiety, requires specialist treatment. Public provision of mental health services is largely aimed at people with schizophrenia and other serious mental health problems (p.35).

A relationship between the immune system and schizophrenia is also known. A 45% increase in the risk of schizophrenia has been shown for people with certain autoimmune disorders. A possible link between the predisposing genes for autoimmune disorders and those for schizophrenia is under investigation (p.29). In the case of dementia, Anne Connor says that one of the biggest risk factors is our genes (p.21).

George Fink of the Mental Health Research Institute of Victoria describes the drug treatment method for some mental illnesses as one of empirical trial and error. This can have “major disadvantages for patients who, as a consequence of genetic and other factors, may not respond to a drug and/or suffer drug-induced adverse side-effects” (p.45). An example is drug-induced obesity caused by clozapine, an antipsychotic medication that can be used to treat schizophrenia. In the emerging field of pharmacogenomics, Fink reports that a test is being developed to identify patients with schizophrenia who may be at risk. Such “personalised medicine” can inform both the patient and the treatment strategy.

Lack of information can perpetuate the stigma of mental illness, and of some of its treatments. Electroconvulsive therapy (ECT) is one such stigmatised treatment, for several reasons, including inappropriate media por-

trayal. Colleen Loo describes ECT and its improvements, such as the use of anaesthesia, over the past 70 years (p.38).

Kathleen Griffiths of the Centre for Mental Health Research at the Australian National University, is part of an initiative that “aims to increase knowledge and reduce stigma about [mental health] disorders in the community” (p.41). The ehub initiative includes evaluation of mental health website content and development of e-mental health websites to provide therapy, information and support. Internet delivery is accessible, interactive and anonymous, and so far the results are promising.

Risk reduction and early intervention are other important contemporary approaches to mental health. Risk reduction for dementias such as Alzheimer’s disease includes mental stimulation during social, intellectual and physical activities (p.21). headspace, the National Youth Mental Health Foundation, aims to reduce the impact of mental health and substance use issues on young people. It will do this in part by training certain service providers to recognise young people at risk (p.17).

Mental health promotion in school settings embodies the early intervention principle. Several Australian programs are underway, and some models have been adapted and used overseas (p.4). Workplace intervention includes strategies to support and involve people with mental illness at work and the creation of workplaces that aim to include people with mental illness (p.10).

Are attitudes to mental health changing? Paola Mason, the daughter of a mentally ill parent, acknowledges: “We are becoming less afraid of mental illness, less afraid to ask questions, less afraid to ask for help and ... we are being encouraged to do so” (p.32). She says that, for carers, education about mental illness, acknowledgment and assurance, and ability to discuss feelings, are essential.

The WHO report focuses on the importance of good mental health to individuals and communities. The various approaches of early intervention, risk reduction, treatment, education and support described in this edition of *Issues* are also working to this end.