Mental Health and disability – key concepts

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Mental health, mental illness, causes, consequences, interventions

- Mental health and healthy lifestyles
- Mental disorder,
  - Prevalence, symptoms and trends.
  - Biopsychosocial causes and consequences
- Myths and misconceptions
- Interventions

- Access to services and treatment
- Relationship between mental and physical health
- Mental health, debt and low income

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What is Mental Health?

• positive sense of well-being
• belief in own worth and the dignity and worth of others
• ability to
  – deal with the inner world of thinking, feeling, managing life and taking risks
  – initiate, develop and sustain mutually satisfying personal relationships
  – sustain a spiritual life

What are healthy lifestyles?

• Coping strategies
• Self-esteem
• Self-care
• Relationships with family members, friends, colleagues
• Utilising time, money, self
• Participation and cooperation
  – Social clubs, religious groups, self-help groups
  – work

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Mental Capital and Wellbeing

Mental capital

• Encompasses a person’s cognitive and emotional resources

• Includes cognitive ability, how flexible and efficient a person is at learning, and “emotional intelligence”, such as social skills and resilience in the face of stress
Mental wellbeing

• A dynamic state

• Describes how an individual can develop their potential, work productively, and build relationships with others

• Increased when an individual fulfils their personal and social goals and achieves a sense of purpose in society

What are mental disorders?

• Disturbances in perception, beliefs, thought processes and mood (psychoses)

• Disturbances in mood, concentration, irritability, fatigue (neuroses or common mental disorders)

• Progressive organic disease of the brain (dementias)

• Abnormal personality traits which are handicapping to the individual and/or to others (Personality disorders)

• Excess consumption and dependency on alcohol, drugs and tobacco
Overall Prevalence Rates

- Common Mental Disorders 10-20%
- Psychoses 1%
- Personality disorders 3-5%
- Dementias 5% over 65 and 20% over 80
- Substance abuse – variable
- Childhood disorders -10%

GB 2007 prevalence figures and trends

- Psychosis 0.5% unchanged.
- CMD 15.5% on 1993, 17.5% in 2000 and 17.6% in 2007.
- Adult ADHD
  - 8.2% screen positive (4 out of 6)
  - 2.3% score 5 and above
  - 0.6% score 6
- PTSD 3%
- Eating disorder 6.4%, of whom 20% getting treatment.
- Alcohol dependence 5.9% (9.9% in 1993)
- Hazardous drinking 25.5% (28.1% in 2000)
- Drug dependence 3.4% (similar in 2000 and higher than in 1993)
- Antisocial personality disorder 0.3% (0.6% men, 0.1% women) unchanged from 2000.

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Access to services and treatment 2007

- Only quarter of people with CMD access services and treatment (unchanged from 2000)
- Use of psychotropics for CMD doubled between 1993 and 2000, although use of talking therapies did not significantly increase
- Few people with drug and alcohol abuse are accessing services and treatment
- Most people with psychosis are in touch with health and social care (85% in 2000 and 80% in 2007)

Symptoms of common mental disorders

- Excessive concern about bodily symptoms (headache, backache)
- Loss of enjoyment
- Low mood
- Crying
- Anxiety and panic
- Fatigue
- Poor concentration
- Impaired sleep
- Impaired appetite and weight loss
- Irritability
- Low libido
- Obsessional thoughts and actions
Common Mental disorders

- Mixed anxiety-depression
- Depression
- Anxiety
- Panic disorder

Bio-psycho-social causes of mental illness

- Social
  - Life events e.g. bereavement, unemployment
  - Chronic adversity e.g. poverty, debt, domestic violence, sexual abuse, bullying
  - Lack of social supports
- Psychological
  - Learned helplessness
  - Pessimistic cognitive approaches
  - Unhelpful learned patterns of behaviour
- Physical
  - Genetic
  - Endocrine
  - Nutrition

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GB adult risk factors

• Sociodemographic factors
  – female
  – Age 35-54
  – Social class V
  – Tenants of local authority and housing associations
  – Low income
  – debt
• Characteristics of family
  – Separation or divorce
  – Living as one person family unit or as lone parent
• Personal characteristics
  – IQ 70-85
  – Impaired personal functioning
  – No formal educational qualifications
  – One or more physical complaints
• Stressful life events
  – new episodes of illness are 3x in women with 6 or more events in last 6 months
  – Life time stressors include bullying, sexual abuse, running away from home, institutional care in childhood.
• Lack of social supports

GB childhood risk factors

• Characteristics of child
  – Physical health problems
  – Special educational needs
• Characteristics of family
  – Lone parenthood
  – Reconstituted families
  – Poor educational levels
  – lack of employment
  – Low income
• Family functioning characteristics
  – Psychological distress in mothers
  – Family discord
• Stressful life events
  – Separation of parents, parents in trouble with police
• Neighbourhood characteristics
  – Deprivation
  – Lack of social cohesion

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Bio-psycho-social consequences of mental illness

- Suffering
- Disability
- Impact on physical health
- Mortality
  - Suicide
  - Physical illness
- Low productivity
- Sickness absence
- Labour turnover
- Unemployment
- Poverty

- Stress on carer
  - burnout, compassion fatigue, depression marital breakdown
- Intellectual and emotional damage to children
- Cycle of disadvantage across generations
- Reduced access to and success of physical health programmes

Aspects of disability-Social Functioning

- Difficulties with
  - Personal care (dressing, bathing, washing, using toilet)
  - Getting out and about or using transport
  - Medical care (eg taking medicines, injections, changing dressings, )
  - Household activities eg preparing meals, shopping, laundry, and housework
  - Practical activities eg gardening, decorating, household repairs
  - Paperwork eg writing letters, sending cards, filling in forms
  - Managing money eg budgeting for food or paying bills

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Aspects of illness behaviour

- Complaints
- Time out of role
- Sickness absence
  - Uncertified
  - Certified
  - Days
  - Episodes
- Over the counter medication
- Prescribed medication
- Consulting health practitioners
- Consulting alternative healers
Rationale for action on mental health

- Positive mental health contributes to the social, human and economic capital of societies
- The burden of mental illness is high
- Effective interventions are available

Common myths and misconceptions 1

- Mental disorders cannot be treated
- Mental disorders never get better
- Mental illness only happens to other people
- Mental illness is mostly caused by addictions- therefore if we put all our resources into prevention of drug trafficking and addiction we won’t need to worry about mental illness
Common Myths and Misconceptions 2

• Mental Disorders are not real illnesses, so it is
  • not essential to put on the agenda of key health committees
  • not essential to make available essential medicines and treatments
  • not essential to have adequate recording and monitoring systems
  • not essential to have high organisational profile at national, regional and local level
  • not essential to have human resources strategy

Mental Health Interventions

• Health Promotion
• Primary Prevention
• Secondary Prevention
• Tertiary Prevention
• Prevention of mortality
**Promotion**-Enhancing healthy functioning

- Nutrition
- Exercises
- Health education
- Problem-solving
- Communication skills
- Immunization
- Maternal and child health care
- Employment etc.

**Primary Prevention**-preventing illness

- Support vulnerable groups

[www.oecd.org/els/disability](http://www.oecd.org/els/disability)
Secondary Prevention—early detection and treatment to facilitate recovery

- Crisis interventions
- Counselling
- Medications
- Psychotherapy
- Psycho-education
- Psycho-social support etc.

Tertiary Prevention—Rehabilitation

- to prevent disability and
- improve healthy functioning
Prevention of mortality

• Suicide
• Premature physical mortality

Relationship between mental and physical health:

• Health is a state of mental, physical and social well-being
• The components interact with each other
  • Mental health influences susceptibility to, and recovery from, physical disease
  • Physical health influences susceptibility and recovery from mental disorders

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Mental health impacts on physical health.

- By causing illness, worsening prognosis and by exacerbating pain
  - Continued stress and emotional disturbances can cause physical illness.
  - The presence of psychological symptoms may result in poor prognosis of physical illness e.g., depression worsens prognosis of heart attacks and cancer.
  - Mental disorder may exacerbate the pain of a physical disease (lower threshold to pain).

Physical health impacts on mental health

- By causing illness,
  - cancer, diabetes, heart diseases and cancer may cause depression
  - Side effects of some treatments for physical illness (e.g., steroids) include mental disorders such as depression and psychosis
Diagnostic confusion between mental and physical disorders

- Physical illness may present with mental symptoms
- Mental illness may present with physical symptoms which have no organic basis
- Patients with known mental illness are more likely have their physical health ignored by health professional

Physical symptoms of depression

- Headache
- Backache
- Stomach ache
- Pains here and here and here
- Feeling generally unwell
What to do.

• Integration of mental and physical health throughout health delivery system.
• Remember
  • Bio-Psycho-Social causes, presentations, consequences and management plans

Mr Micawber

• Annual income twenty pounds, annual expenditure nineteen nineteen six
  – result happiness.

• Annual income twenty pounds, annual expenditure twenty pounds ought and six
  – result misery.
Income and Mental Disorder

• Long standing appreciation of links between mental disorder and low income
• Relative income disparity rather than absolute
• Income is an indicator of many other parts of life
• Income can buy one out of a lot of trouble

People on low incomes much more likely to have a mental disorder

• Eg Men on £100 a week are
  – 2.7x more likely to have depression or anxiety
  – and 35x more likely to have psychosis

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People with mental disorder are more likely to be in debt

- A quarter of people with mental disorder are in debt
- 24% of people with depression/anxiety are in debt
- 33% of people with psychosis
- 25% of people with alcohol abuse
- 24% of people with drug abuse
- 8% of people with no disorder

People in debt are more likely to have a mental disorder

- 40% of people in debt have depression/anxiety (14% general population)
- 1.6% have psychosis (0.4% general population)
- 15% have alcohol abuse (6% general population)
- 12% have drug abuse (3% general population)

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