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Social Work Glossary: Mental Health

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1 Definition

Mental health concerns itself with the operation of the mind including thoughts, emotions, affect and cognitions. As these are in themselves complex entities the way in which we understand mental health remains challenging.

Mental health as a term is used broadly in professional practice, academic writing and popular media. It can be contrasted with other terms that have been used to understand the health of the mind, like mental illness which is deficit focused and medically orientated and the term mental disorder which in some settings provide a medical-legal definition. Additionally there are lay interpretations of the term mental health which are reflected in everyday beliefs, influenced by the media. Terms such as 'psycho,' 'barmy' and 'madness' are examples of the everyday references to mental health within the public discourse. While lay definitions are often discriminatory and stigmatising they reveal the underlying opinions and attitudes that exist when mental health is talked about. These definitions should not be discounted as they reveal how everyday attitudes around mental health are informed by language, the media and personal experience. The variety of ways of understanding the term mental health tells us that the term mental health is far from clear and does not hold a common shared meaning.

The World Health Organisation considers that mental health is less defined by its deficit – mental illness/ mental disorder but is understood more positively. In its work the World Health Organisation notes that mental health and in particular mental distress is evident in all societies and in its attempt to provide a globally acceptable definition of mental health it highlights that the definition of mental health includes a "state of well being, being able to realise one's own potential and is able to cope with the normal stresses of life, can work productively and fruitfully and make a contribution to his or her community" (WHO 2010 p6). This definition positively avoids medical or legal terminology but does face some challenges like the practical application of well-being which can be subject individual interpretation.

2 Main issues

A key theme in the study of mental health remains the issue of causation of mental distress. Determinants of mental distress are often broadly delineated into social, psychological and biological (Tew 2011). Each domain brings with it a wealth of theory to explain how mental health may be impacted.

Biological determinants focus on mental distress as the result of physiological anomaly. This is exemplified in the work of Kraeplin who in the 19th century theorised that mental distress was largely biological and genetic in causation. More recent studies like that of Fragou et al (1997) and Tienari et al (1994) endorse biological deterministic ideas in the form of genetic

evidence for the development of particular problems like schizophrenia. This has led to some in the medical field classifying mental illness being a ‘brain disease’.

Psychological perspectives of mental health emphasise the importance of abnormality and how it is defined in understanding mental health and distress. These perspectives point to disturbance in one’s psychological processes, which leads to thinking and behaviour which is defined as abnormal. The domain of psychology considers the impact of traumatic events on the psychological functioning. As an example the privation from primary care givers at an early age, early age loss or physical or sexual abuse.

Social determinants or the social perspective of mental health provide a different framework from the both the psychological and biological approaches, as rather than the anomaly or ‘problem’ of mental distress being located within the person, the social perspectives highlights the wider environment as a determining factor. Prominence is given of the social environment in which the mental distress develops. Focal Issues like material and economic disadvantage, inequality, poor housing, unemployment, social exclusion and social stress are argued to not only impact but play a determining role. Moreover a social perspective draws on wider social models of disability, highlighting mental distress as being exacerbated by responses which identify those experiencing mental distress as being different or outside the mainstream, often what is termed the process of ‘othering’. A noted dilemma in employing social perspectives as central determinants of mental distress remains the difficulty in testing the efficacy of the social impact. For example; can it be ever be quantified the extent of the impact that poor housing has on the development of depression?

Considering these different approaches and perspectives, in practice, those who work in mental health services or carry out research about mental health are led to acknowledge that a multiplicity of determinants and factors lead to mental distress. The challenge for all however is considering the relationship between these factors.

Once the debate about determinants has commenced there is a natural progression to consider alleviation of mental distress. This in itself takes many forms including mental health promotion, early intervention and treating severe mental health problems. Alleviating or addressing mental distress can also be delineated into social, medical and psychological approaches. It is notable that professionals and academics that multiple all agree that variety of techniques should be employed to alleviate mental distress. For example, in addressing anxiety following a traumatic event it is likely that medication alongside addressing social support and possibly psychological input would all have a role in addressing the anxiety. Pharmacological interventions remain popular for both clinicians and recipients. Underlying belief here suggests that medical treatment will either cure the original problem or prevent a worsening of symptoms and thus containing the problem of mental distress.

3 Critical placements and perspectives

Mental health care has historically relied on the hospital as its main resource for alleviating distress. The use of hospital as a central institution for addressing mental distress can be arguably has contributed to the medicalisation of mental health problems through its emphasis on clinical based interventions. Despite more than three decades of policy developing and promoting the provision of community based mental health services a large proportion of expenditure still occurs around the hospital setting (Kings Fund 2010). As noted by Caldas de Almeida and Killaspy (2011) there are distinct barriers to addressing the mis-match in

institutional and community provision and these include the lack of coordination between health care and community based services.

Community based services open up opportunities for less rigid support and more person centred approaches thus a move away from a medicalised approach to addressing mental distress. Although community based support for mental health are popular and preferred by many service users a challenge remains for the fragmented way in which these services can operate.

Acknowledgement of the voice of service users who experience mental distress has led to new initiatives in mental health care. One such initiative is the recovery approach. Recovery is a familiar term within alcohol support services where there is a strong history of approaches based on models of recovery. Recovery as an approach and way of working with people who experience mental distress emphasises hope, self-determination and personalised choices as a core principles. In mental health settings recovery approaches although fairly recent have been broadly embraced in United States, United Kingdom and New Zealand and is evident in policy and clinical guidance. As an approach for working with those experiencing mental distress recovery can only be successful if prominence is taken away from professional led to mental distress. While the recovery approach offers optimism for more person orientated approaches to addressing mental distress in the short term evidence highlights there is still much to learn about how the approach is applied to lesbian and gay men, black and minority groups and people who experience physical disability.

Stigma provides an interesting theme in mental health settings and is increasingly recognised as a contributing factor to the cycle of distress experienced by individuals (Tew 2011). Drawn from the original work of Goffman (1963) stigma refers to the characteristics and behaviours as inferior to societal norms. The recognition of stigma and its role correlates with evidence around attitudes to mental distress on how these attitudes are shaped by popular media and literature. Tew (2011) helpfully notes that stigma not only adds to the anguish of mental distress but it presents a barrier to averting distress and raising awareness around mental health. Literature by service users has been instrumental in revealing how stigma impacts disadvantages and restricts. In acknowledging its impact on mental health The World Health Organisation note that stigma often leads to people not accessing mental health services. (WHO 2011)

In conclusion, the term mental health holds many ideas, concepts and perspectives, whether it is considered as well- being and an ability to fulfil potential, or as ill health or distress caused by deficit. An exploration of mental health and all its perspectives should inform our perception that mental health as a topic is a contested issue but there is little doubt that it is a central component of the human condition.

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