Editorial

Julian Ashton

The question "What is mental health?" will elicit a very wide spectrum of answers, depending on factors such as personal experience, education, age and upbringing. *Mental health is determined by a complex interplay of individual, social and structural stresses and vulnerabilities*: this is from a recent statement by the World Health Organisation (WHO, 2022) and embraces the majority of the papers in this issue.

The paper from the United States by Ethan Horowitz and his team tackles the question "what is mental health?" by putting it to 125 respondents, with a broad age range and diverse ethnic background. They used novel methods to map out the concepts of mental health gleaned from the responses. Some of the results corresponded to previous findings, but in addition, the idea of self came to the fore. They point out that it has been suggested that the concept of "self" is crucial to the concept of "recovery" from severe and persistent mental illness (Davidson and Strauss, 1992), but never to the concept of mental health.

Emma Bridger and Daniel Nettles (Birmingham and Newcastle, UK) used an established online platform to recruit over 600 people, to test opinion of whether a universal flat rate payment would improve the mental health of a "vignette", a person who had been *feeling unusually sad and miserable.* The questions included asking for a comparison of Universal Basic Income with medication or psychotherapy; they conclude: "The positive psychological health implications of providing sufficient income were very apparent to this sample of UK adults." It is notable that the payment was not related to individual circumstances, so the clear inference is that targeted benefits would be more beneficial and make sense in health economics terms.

The idea that a relatively small change on the part of government can help many people with psychological distress, reflects the central theme of the book reviewed in this issue, *Suicide and Social Justice – New Perspectives on the Politics of Suicide and Suicide Prevention*. Whereas historically, the reason for a suicide is very often to do with the person's individual mental state, this conclusion is not necessarily a complete picture, if true at all. Through chapters from the UK, USA, Ghana, Canada and Iran, the complex social, economic, political or cultural factors are explored.

The relationship between the mental and physical health of university students was studied by Chloe Chapman and her team at Solent NHS Trust, and the universities of Southampton and Portsmouth. This was a longitudinal, year-long study of over 400 students; following changes in their mental and physical health and other factors. One finding was that poor physical health can exacerbate mental health symptoms; there is also a weaker effect in the opposite direction.

The largest scale research project of this issue is by Jessica Cataldo in Illinois. "Deaths of despair" is a term more commonly used in the USA, referring to death by suicide, drugs or alcohol. The main comparison was between fatalities in the state of Illinois, in the period 2010–2014, and the period 2015–2019. The aim was to examine differences between the two periods, as well as the contribution of economic distress (by county) and availability of drugs. Results were quite complex, but it was clear that rate of suicide was related to economic distress. However, rate of suicide was inversely related to rate of deaths of despair. This finding is not so easy to understand.

A study of community health-care workers, and people with schizophrenia in rural Malaysia, from Fardelin Hacky Irawani and colleagues, has the unusual perspective of the uncertainty

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illness theory (Hansen *et al.*, 2012). The uncertainty in this case was mostly referred to patients' uncertainty about aspects of their illness, largely due to lack of information, and in some cases attitudes within their families. The health-care workers had minimal training in mental health, but the finding was also a reflection of the culture in Aceh province. Provision of mental health services was reported to be more developed in another part of the country (Kadar, 2019).

The belief that a mental health practitioner has responsibility for their clients' decisions has prevailed for decades; however, this was challenged by Maria Kronkvist and her colleagues in Sweden (Umea, Malmo and Halmstad). The practitioners described having their eyes opened by the intervention, as many had been afraid to "let go" and allow clients to make their own mistakes. The practitioners also gained knowledge about the recovery process. In effect, the clients were given more freedom, while the practitioners benefitted from a more relaxed approach, and seeing their clients make progress. I can see that the work is relevant in many contexts.

We have another paper from Malaysia, by Soon Li Lee. Protection motivation theory (Rogers, 1975) was used to interpret a cross-sectional study into factors which influenced acceptance of the COVID-19 vaccine, in early 2021.

If there is a common thread to be teased out from these various papers, it is that mental health is more than just an individual issue; it is more of a team game, or in some cases, a long-term partnership. I think John Dunne described it beautifully:

> No man is an island entire of itself; every man is a piece of the continent, a part of the main [...]. any man's death diminishes me, because I am involved in mankind. (Dunne, 1624)

References

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Further reading

Kadar, K.S., Andriani, A. and Tandi, D.N. (2020), "Exploring mental health nursing practice in Indonesian rural area", *Journal of Public Mental Health*, Vol. 19 No. 2, pp. 119-126.