



## In search of mental wealth

Francis Davis

The growing fascination with mindfulness suggests that we're taking good care of our mental health ... doesn't it? Francis Davis looks at the global picture and finds that mental illness is still misunderstood, ignored and vilified. What needs to change in order for the barriers posed by mental ill health to be lifted?

Follow the media of the UK, North America and Australia and one could be forgiven for thinking that we now 'understand' mental health: mindfulness, for example, is a growing business. There are now over a thousand apps on the market to help us manage our tranquillity. Last year, 22% of US employers commissioned a mindfulness course for their staff and this year the mindfulness 'industry' will, according to some estimates, break \$1.5 billion in value.

And yet underneath this active reach for self-care techniques are ravaging and growing needs with regard to mental ill health.

An estimated 350 million people worldwide are affected by depression. 47.5 million live with dementia, many early onset cases being triggered by complications in AIDS or the impact of learning disabilities. More women are affected than men and in some cases the poor are more vulnerable than those from other segments of society. Schizophrenia is one of the top ten causes of disability in developed countries and has a propensity to cluster among lower income households, suggesting perhaps that pressures of poverty, unemployment and other disruptions can act as triggers for underlying genetic predispositions, pressures that might be mitigated in better-resourced settings.

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Psychotic illnesses like Schizophrenia, which are underpinned by auditory and visual hallucinations, can be devastating and become increasingly so when not treated early. These can emerge in late childhood or following trauma: there is an increasing familiarity with the impact of war on the minds of soldiers, for example, although less so with its impact on children. Rape victims, too, are particularly vulnerable: a victim who sees her attacker's face in

every passer-by, or who can hear her attacker constantly nearby threatening her family even though he is in prison, needs specialist support and medication. Well-meaning anecdotes about there being 'too many kids on medication' do not work here.

In developing countries, the vulnerability of those suffering mental ill health is compounded by an approach to severe conditions which is still based on old lunacy or mental health laws, which provide few protections for the patient who is 'sectioned' by the State. Given the absence of appropriate clinical care in the poorest of nations, there is a consequent likelihood of incarceration in mainstream prison: for example, Zambia has only one psychiatric institution for a population of 14 million. In a country where there is an overall challenge to persuade health staff to work in the most remote areas, there is a specific one of a lack of interest in specialist mental health training

for nurses. Despite the best efforts of the UK Royal College of Nursing and the Royal College of Psychiatry to help with capacity-building, progress remains slow. The median rate of psychiatrists per 100,000 of the population in the different parts of the European Union is 12.9: in countries joining the EU since 2004 it is 8.9; in south-eastern Europe, 8; and the Russian satellites, 5.6. In great parts of Africa and Asia this number can drop to 1 or even 0. Only now are aid ministries beginning to think through what 'inclusive development' might mean in the face of such health challenges.

The tragedy is not just the voluminous suffering which could be reduced but the breathtaking waste of human potential. With the right support, treatment and medication, psychosis can often – although not always – be treated and managed, enabling those who live with it to pursue more fulfilling lives. Other mental illness can be reduced quite speedily where resources, good governance and even the most limited access to appropriately skilled teams become available. And where a Church, an employer or an educational body can morph itself to provide flexible support,

marriages of carers supported, grandparents relieved and the opportunities of siblings of those who are ill protected, for when severe illness hits it engulfs everyone close by. Not only that but the talents of those who might otherwise fall in the face of mental ill health can be unlocked wherever possible.

In the end, to begin to understand mental ill health is to begin to be aware of the thin, demanding and shifting dividing lines between being well, being unwell and being well again; it is to begin to hear the silent cry of the voiceless whose champions have for too long made no headway in the mainstream. The new international popularity of mindfulness suggests that we are all striving to take better care of ourselves; let World Mental Health Day be a call to us all to take better care of others.

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night and day, whole families can be saved, the