What we talk about when we talk about mental health

Paul Mitchell | 19 October 2021

2 Comments

Millions of Australians are slowly emerging from another lockdown and it's again reported our mental health has suffered. The Victorian Government recently announced 93,000 hours for mental health clinicians to work across the state, and the delivery of 20 pop-up community mental health sites. This fast-track of services precedes a coming ground-up redevelopment of the state's mental health system, all in response to what we hear often is a mental health crisis.

Or is it a crisis in our well-being? Or does this crisis mean millions of us now have a mental illness? According to Professor Jayashri Kulkarni, Head of the Department of Psychiatry at the Central Clinical School, Monash University, the terms 'mental health', 'well-being' and 'mental illness' are often blurred in public discourse.

'Unfortunately, we are interchanging those terms. And I say unfortunately because it's easy for governments to then invest in the well-being spectrum,' Kulkarni says. 'That blurring is convenient because "mental health" and "wellbeing" can be the low-hanging fruit. It can lead to public health programs to help the general community, and that isn't going to work well for people with severe mental illness.'

Nick Haslam, Professor of Psychology at Melbourne University, has spent the last five years researching what he calls 'concept creep' regarding experiences connected to terms such as 'bullying', 'trauma', and 'mental health'. While Haslam doesn't offer concrete definitions for mental health, well-being, and mental illness, he believes they should still be differentiated.

'People are talking about mental health to refer to things we might previously have not talked about in terms of mental health,' he says. 'The distinction may be worth keeping between experiences and behaviour that are significantly abnormal and dysfunctional — and involve some sort of impairent — versus ordinary experiences of anxiety and sadness.'

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Psychiatry has since the middle of last century expanded the range of conditions judged as 'mental disorders.' But, Haslam says, the criteria for deciding when some disorders are present has become significantly less stringent. 'The same disorder now refers to a wider range of people than it previously did,' he says, adding that there is 'concept creep downwards to include minor cases.'

> 'You can see the widespread loss of well-being and you also see a majority can get through with their coping skills and social support. On the other hand, there's been an up to 30 per cent increase in need for care in the population compared to what normally occurs.'

Haslam says having a mental illness is not the same as having low well-being, but the matter is complicated because the two states often go together — but not always. 'It's quite possible,' he says, 'for you to not have much happiness in your life, but to be free of any mental health problem.'

Concept creep, however, may lead those who have the above experience to become concerned it's abnormal. And that could be because, as Haslam says, we're now using the term 'mental health' in a way that's problematic when put alongside 'mental illness'.

'People have started to talk about mental health, not just as the absence of mental illness or having a diagnosable condition, but as a kind of positive state,' he says. 'But the term "mental health" still carries with it baggage of mental illness.'

He says because people are viewing mental health as a positive state to which to aspire, they can come to think of lack of happiness as a mental health problem on par with mental illness. The upshot is we could be pathologising normal mood states and emotions.

'If you think of what is a fairly standard set of emotional responses to being locked down, without enough human contact for a long time, as if that is somehow akin to a mental illness . . . that can lead people to seek out counselling or medications where it may not be the best option,' Haslam says.

Youth mental health expert and Executive Director of Orygen, Professor Patrick McGorry, agrees that blurred terminology surrounds discussions of mental health and that doctors sometimes prescribe medication when people would benefit from psycho-social treatments.

'But I argue it's not a bad thing to have a bit of a grey area about what is mental illness because you want people to seek help at an early stage,' McGorry says, adding that, as with physical pain, thresholds for seeking treatment differ. 'This is emotional pain, and no one tells you can't go to the doctor for a headache because it might be mild.'

While the community's talking more about mental health, it seems literacy on the topic hasn't kept pace. Haslam says it's positive that people are talking about mental health, but there hasn't been 'much clarity' around, for example, where 'understandable misery ends and clinical misery begins.'

'I'm not going to criticise the major players in this area, but when you get this expansive idea of mental health, *everything* becomes mental health — and everything becomes something you have to seek help for. There's occasionally exaggerating and catastrophising talk about it.'

Haslam is careful, however, to state that this doesn't mean he's telling a 'catastrophic story' of people making up mental illness.

'It's more that if you're inclined to see a short-term loss of happiness, or the presence of sadness or anxiety or dread as a mental disorder . . . it can lead you to overestimate the severity of what you're going through and fail to recognise how much is simply an understandable reaction to life's slings and arrows.'

Patrick McGorry, however, says that when the slings and arrows take the shape of a pandemic, those reactions are obviously stronger and more widespread. But he says community responses to the pandemic can help us better understand and communicate about mental health.

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Professor Kulkarni agrees the pandemic has increased an already large number of people experiencing mental health issues, and that government well-being and mental health programs aimed at prevention of mental illnesses are important.

'But we can't forget we've got a significant group of people,' she says, 'who are experiencing severe mental ill-health and they need specialist resourcing and expertise.'

Paul Mitchell is a Melbourne writer and his latest book is *Matters of Life and Faith* (Coventry Press, 2021)

Main image: Anxiety, depression and mindfulness awareness concept vector illustration. (Solarseven / Getty Images)

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Topic tags: Paul Mitchell, mental health, lockdown

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What a sane and properly informed article you have written there, Paul! The general public is much better informed about mental health issues than it was in the 1960s and '70s, when I grew up. There is a difference between my 'feeling a bit depressed today' and suffering from Clinical Depression. I remember one of our lecturers in English at the University of Melbourne, who we thought just eccentric, committed suicide. I am unsure whether he sought professional help. We used to talk a lot about 'existential angst' and similar in English Literature tutorials. Perhaps they discussed the ethics and possibiity of suicide in Philosophy. That I don't know. Some discussions are perhaps dangerous for those of a predisposition to suicide. Even seeking help is sometimes difficult. Overstressed GPs may/may not be the first step in the right direction. It is sometimes difficult to get a specialist appointment when you most need one. They are often fully booked for some time ahead. I think these pop up drop in specialist centres are excellent. So are phone in services like Beyond Blue and Lifeline. My daughter works with a youth mental health agency, taking the message to schools and young people. She talks about feelings, dealing with them and general mental health issues. This is all good. We need to ensure people don't blur the lines and get appropriate help when they need it. The proper funding of this is vitally important.

Edward Fido | 20 October 2021 REPLY

I have been very close to people with very severe, complex illnesses wrongly labelled "mental". There is plenty of research now which demonstrates that such illnesses have physiological bases. (e.g. work of Cyndi Shannon Weickert at NeuRA) While resources are being showered on "mental health issues", the people I know and others like them are being neglected because their situation is so difficult. They are "non-compliant" or "unco-operative". they don't turn up to appointments etc. etc. They need in-reach programs which are proactive in attending to their needs. They need proactive support to negotiate social security entitlements and to get them to appointments. They need proactive support and persuasion to get them to consider NDIS support, let alone to apply for it. Where they live, bulk-billing is almost unheard of, but that is not an issue because they don't consider that they need to see a GP regardless of symptoms. If, on a rare occasion, they did get a GP appointment, they would need a support person to ensure that they remembered it or to get them there.Very little of this happens. That's what "care in the community has become! Now, "mental well-being/health" is getting all the attention while the people that I know continue to languish! As for dental care or allied health, unheard of! This article helps a little to publicise this situation

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