Social psychiatry and public mental health: present situation and future objectives
Time for rethinking and renaissance?


Objective: To describe the social psychiatric challenges of modern psychiatry in European societies in the light of recent psychiatric research evidence and to show how these challenges could be conceptualized.

Method: Reviewing aggregate morbidity and mortality data from the WHO European Health for All Database, and summarizing consultations and fact-finding missions to many European countries during the authors engagement as WHO Regional Advisor for Mental health from 1998 to 2004.

Results: Societal change in Europe is leading to stress and mental ill health for its populations. The consequence is a dramatic increase in burden due to mental illness and stress-related morbidity and mortality.

Conclusion: A rethought and reconceptualized social and societal psychiatry with focus on public mental health must have a renaissance. Innovative efforts are of crucial and imperative importance seeing mental health in the light of recent experience and science as probably the most important public health issue.

Introduction

Social psychiatry and psychiatric environmental strategies, especially those emanating from sociological theory or focusing on the promotion of mental health, have frequently been questioned, often demonstrating the conflicts seen between qualitative evidence and quantitative criticism, between biological positivistic and humanistic hermeneutic scientific theory. This sometimes even indicated a new biological, often genetic reductionism that can be found in the areas of psychiatry and mental health.

In this situation, it is important to remember again the real aim and ‘raison d’être’ of mental promotion, prevention, therapy and rehabilitation as they are related to the realities which we have to cope with, mentally vulnerable as we all are, in Europe today and together with our fellow citizens at high risk, the severe mentally ill and disabled.

Aims of the study

This paper aims, first, to describe the challenges of modern psychiatry in European societies and, second, to show how these challenges could be conceptualized.

Material and methods

This paper is based on several fact-finding missions to many European countries as well as on aggregate morbidity and mortality data as found in the WHO European Health for All (HFA) Database, regularly collected from the 52 European member states of the World Health Organisation, including the newly independent countries of the former USSR. Thus, the paper also reflects the experiences the author gathered during his service as Regional Advisor for mental health at the World Health Organisations Office for Europe in Copenhagen during the years 1998–2004.
Results

A community syndrome of excessive morbidity and premature mortality

In the WHO European region, reaching from Ireland to Vladivostok, from Greenland to Malta and even including Israel, we see today consequences of heavy and dramatic societal transition not only in the Eastern European states belonging to the former Soviet Union and having become newly independent, and in central Europe, where dramatic changes occurred during the last decade, but also in Western Europe, where risk populations are exposed to dramatic changes, regarding perspectives, identity, possibilities for lifespan planning and predictability in life. These changes not only afflict societies as a whole in Eastern Europe, but also young women in Scandinavia, young men in Finland and England, farmers in Wales and Ireland, adolescents in France, elderly in Portugal, Lithuania and Eastern Germany, indigenous people in Greenland and immigrants in Denmark, as well as people exposed to fear and terrorism in Israel, Spain, Russia and Northern Ireland.

As a consequence of this societal stress, in these countries and populations a societal ‘Community Syndrome’ can be found, consisting of morbidity and mortality related to stress and mental ill health, in a cluster of depression and aggression, alcoholism and addiction, violence and suicidality, risk-taking behaviour and destructive lifestyles, cardio- and cerebrovascular diseases as well as accidents, both in traffic and in working places (1).

This societal and individual stress also strikes heavily another important risk group, the mentally seriously ill and severely disabled, aggravating disorder and hindering relief and restitution. Consequently, a dramatic increase of avoidable and premature mortality due to stress and mental ill health in societies of societal and individual transition can be shown (Figs 1–4).

We found the background for this in the consequences of the dramatic changes in society, the loss of dignity and identity, the loss of status, the helplessness, the loss of control and capacity of being in charge of one’s own life, the anomaly and loss of values, the losing of social connectedness, as well as the lack of existential cohesion and meaning in life (2). In many countries, people are forced to re-organize their own lives, develop new values and swear off from those beliefs that earlier have guided them. Crucial, especially in males, seems the unemployment and loss of the dignity of being the family provider, important for self-respect and family respect in more traditional societies. Many people have, moreover, to live and cope with unpredictability and meaningless they never had experienced before (3).

Consequently what also can be seen is how economical hardships and societal as well as individual stress afflicts the very fabric of society and the basis of human togetherness (Fig. 5). In some of these countries of heavy transition, the rate of homicides and manslaughter, even those directed against children, have risen to figures nine times higher than in the European Union, being before at a level somewhat over the EU average.

Thus, even from the macroperspective on European countries in transition, it can be demonstrated what has been reproduced in animal trials, namely how individuals in times of all too long and all too heavy stress, hopelessness and helplessness not only break down, stop to cope and adapt, but also turn against each other and their own offspring. This also seems to turn true for risk groups of mentally ill and vulnerable, where recently increasing violence is reported, in part certainly due to a deterioration of services, probably also – as Scandinavian Mass Media Debates, for example, after the murder of the Swedish Foreign Minister indicate – having a background in an increased tension, split and stress in the society (4).

But there is also positive news. In some of the countries described, after a maximum deterioration in the middle of the 1990s, positive changes can be noted due to economic and societal development leading again to optimism, hope and an increased feeling of control, participation and predictability as seen in the previous tables.
The United Nations Year of Mental Health and the World Health Report 2001

The World Health Report (WHR) 2001, the WHO Year of Mental Health in 2001 and the activities and publications emanating from it, resulting in the European Ministerial Conference on Mental Health in Helsinki 2005, have clearly underlined some messages:

i) The burden of mental ill health and related conditions is immense, from 15%, related merely to the strict psychiatric diagnoses, to 30–50% or more including conditions more or less directly related to stress and mental ill health. Additionally to this, new data from Scandinavia show that more than half of all long-term absenteeism on working places is related to mental ill health and stress (5).

ii) The WHR also points out new possibilities of promotion, prevention, treatment and support, related to singular new advancements in the field of neuropsychiatry as reflected by new knowledge about cerebral stress-related mechanisms and coping as well as socializing ability, about reward systems and cognitive function or new techniques of psychotherapy,
especially concerning advancements in cognitive approaches.

iii) It underlines, however, the crucial importance of combining different approaches to a holistic, therapeutic programs really reflecting the ‘Condítio Humana’ of both being brain and mind (6).

Thus, the importance is stressed to avoid a split between socio- and psychotherapeutic humanistic approaches on the one hand and biological positivistic therapies on the other, between quality and quantity, between nurture and nature. Recent scientific knowledge elucidates the neuroplasticity of the brain, the mutual interaction and reinforcement between positive environments and cerebral strength as well as between adverse environment and cerebral dysfunction and structural pathology.

However, obstacles for using new and integrative methods of promotion, treatment and prevention available today exist: the lack of awareness, the stigma and taboo laid on psychiatric disorders (7) or the shame to ask for help, often due to self-stigmatization, unrealistic self-imagination or alexithymic incapacity to verbalize emotion or suffering, ask for help in time and be compliant that especially often can be found in males (8).

The WHR gives guidelines on how to improve the situation to: educate the public, raise awareness, counteract the stigma, facilitate social inclu-
sion of the mentally vulnerable in humanized services and strongly focus on community-based mental health services, considering it a human right to obtain mental support where people have their living, their social identity and where they feel existentially at home.

Discussion

How does this fit into the context of social psychiatry and the need for a complementary approach in the future?

Preconditions of human functioning and determinants of mental health

If we look at the described community syndrome consisting of depression and aggression, addiction and violence, self-destruction and suicide, cardiovascular and cerebrovascular diseases, accidents, risk-taking lifestyles, anomie and ‘moral insanity’, we can see how this is related to the factors we know today as the most important determinants of mental health, namely existential cohesion and ethical values, social interaction and capacity, helplessness and control, identity and dignity (9). By this, a strong need for non-professional and professional support, in the society as well as in mental health services becomes evident.

We also identified a strong need for the promotion of mental health with an engagement of all sectors of the society, both on national and regional level as well as in the community. In the few institutions absolutely needed in a balanced system of mental health care and support, and in the many community-based supportive and advisory services which have to be created, importance should be given to coping ability, autonomy and empowerment, to increasing social capacity, facilitating social cohesion and the ability to maintain it, on realistic self-imagination and adequate help-seeking behaviour. Furthermore, in societies after war and internal conflicts, a focus should be on the regressive phenomena of scapegoating, intolerance, fundamentalistic ideation and social exclusion mechanisms that characterize people in stress.

Here, a social and societal responsibility of mental health professionals and a need for innovative social psychiatry and public mental health efforts clearly appears: to raise awareness about the dynamic and regressive mechanisms behind psychopathologies in both individuals, in groups and in societies, and the need to analyse consequences of societal changes, political decisions and policy implementations on public and mental health.

A societal syndrome reflecting societies failings to meet basic human needs?

Thus, looking at the societies in stressful change, we can see what simplistically could be called a ‘societal serotonine syndrome’. There is evidence today that serotonine-related brain functions makes human beings able to cope with stress and adverse environment, to fight and to fly, to socialize, to control impulses and aggression, to enjoy nutrition, to feel emotions, to meet challenges, to develop coping strategies, to take pleasure in behaviours essential for reproduction and also to keep attached to spiritual, ethical and metaphysical dimensions (10). Serotonin also influences cholesterol levels and cardiac diseases, premature mortality, risk taking as well as sensation-seeking behaviour and lifestyles. Thus, all the conditions belonging to the community syndrome described before clearly reflect failures in these functions (Fig. 6).

Consequently, this fatal ‘serotonine syndrome’, leading to suffering, mortality and sometimes depopulation, needs to be counteracted. But how to do this? The solution would certainly not be to use a generalized psychopharmacological serotonine-related approach and to disseminate serotonine specific drugs in the drinking water, even if individual pharmacological treatment certainly is indicated in single cases. I believe the challenge is to establish individual and collective strategies of increasing coping ability, of empowering people, of increasing autonomy, self-control and participation, of catalysing social cohesion and competency, of facilitating realistic self-images, of counteracting anomie and of reinforcing a pluralism of value systems which enables individual choices and, finally, to make political decision-makers aware of the importance their decisions have on the mental health of a population (11).

Basic Biological Condition:

Socialization
Fight-Flight-Coping
Depression, Aggression, Suicide
Abuse, Criminality
Psychopathy
Identity, Hierarchy, Status
Moral Values, Spirituality

Fig. 6. Serotonine system. Rutz, 2003.
Updated social psychiatric concepts are needed

A conceptual update should be created, how to facilitate a society which is kind to human beings’ serotonine system, takes into account biological presuppositions of human functioning related to reward and recognition, and is respectful to basic human needs related to the human condition of being body and mind in an inseparable unity. Psychosocial and psychiatric professionalism has here a most important role to play. Mental health professionals should not and cannot any longer abdicate from their societal possibilities and responsibilities, as they in recent times frequently have done, preferring to turn to fashionable treatment approaches or to high status brain or genetic research, following the existing economical and scientific reward systems as they unfortunately are in place. A result sometimes seen is a new generation of reductionistic therapeutic or simplistic research strategies reminding on former times phrenology, even if it has gone intracerebral and got a genetic cover. There is a need to recreate scientific and other reward mechanisms that motivate professionals to take their social responsibility and engage in a new type of social psychiatry or public mental health knowledge to build better integrated and individualized support and more humanized, mentally more physiological societies.

In conclusion, mental health is the most valuable capital in society. It should be considered when we are discussing concepts of environment and health, when we talk about how to invest in health and when we talk about the necessity that political decision-makers know about the impact of their decisions on the mental health of the population, which regarding costs and suffering certainly is comparable to the impact of political decisions on the physical environment – an area where awareness and analysing clearing functions today seem relatively well established. No country, even the poorest one, can afford not to protect, promote and invest in mental health. A rethought and reconceptualized social and societal psychiatry with focus on public mental health must have a renaissance. Curricula development in agreement with this is needed, and academic reward mechanisms should be introduced. To do this, based on our professional work in the area of mental health and knowing about the interaction between environment and mental health, a redefined social psychiatry and innovative efforts are of crucial and imperative importance seeing mental health in the light of recent experience and science as probably the most important public health issue.

References