

INTRODUCTION:

Mental and Physical Health Across the Life Span

The 2005 World Mental Health Day Campaign builds on the 2004 theme— “*The Relationship Between Physical and Mental Health: Co-Occurring Disorders*” which focused on the relationship between mental disorders and diabetes, cancer, cardiovascular disease, HIV/AIDS and the mind/body connection.

The 2004 World Mental Health Day campaign tackled an important and complex issue, as it drew attention to the inseparable relationship between physical and mental health, especially in areas such as diabetes and depression, the mental health consequences of HIV/AIDS, and the metabolic issues that often accompany treating serious mental disorders with new generations of psychiatric medications. WFMH believes the 2004 campaign, and the materials contained in this packet, represented a good beginning to increasing awareness about these issues – and to encouraging informed grassroots citizen, patient, and family advocacy on behalf of greater public policy priorities for an integrated health approach, while also dispelling some of the myths and misconceptions about mental health and disorders.

Although the 2004 campaign had a substantial impact, it is apparent that much more effort will be required to change policy, practice and service delivery systems to ensure mental health needs and concerns receive the level of priority necessary to reduce the burden of disease associated with serious mental disorders. We also recognize, even as new and effective methods of treatment are being introduced to treat mental illnesses, resistance continues to incorporate them into general medical practice. Thus, the WFMH Board of Directors approved the continuation of a focus on the interrelatedness of mental and physical health for the **2005 World Mental Health Day** global mental health education campaign.

The 2005 theme, “***Mental and Physical Health Across the Life Span,***” has been selected to explore a number of sub-themes and topics to further public education and awareness regarding the theme. Recognizing the importance of the relationship between mental and physical health and well being at all stages of life is critical to ensuring healthy individuals, well-functioning families, and successful communities. As has been demonstrated throughout the ages, neglecting the health and wellness of any segment of the population, whether children, working adults, or elders, leads to major human and social welfare problems for entire nations.

The former United States Surgeon General, Dr. David Satcher, eloquently summarized the case for integrating mental and physical health into a comprehensive public health model (***Satcher, Dr. David; Global Mental Health: Its Time Has Come, JAMA, April 4,2001***):

“Mental health is now recognized as an essential and inseparable part of health. We know that:

- *mental health issues can have a significant impact on the outcomes of a number of medical problems;*
- *the burden is great in medical, social, and economic terms;*
- *effective treatments exist for many mental disorders, and these treatments come in many forms, including medications, psychotherapy, psychosocial services, and rehabilitation;*
- *people experiencing even the most serious mental disorders can participate in the full range of human endeavor; and*
- *special needs exist among groups such as children, elderly people, women, minorities, and others.*

What we have also learned is that the stigma associated with mental illness persists and leads to discrimination for those experiencing these disorders.

Furthermore, we know that:

- barriers that include a lack of available, affordable, and culturally and linguistically appropriate services keep many people from receiving the care they need;*
- these problems are global, affecting rich and poor countries alike;*
- there is a persistent gap between what we know and how practice occurs;*
- there are not enough care providers, especially those trained in areas such as children's and geriatric services, and there is a profound shortage of care providers and researchers of any kind in many developing countries;*
- in many countries, mental health legislation and policies are nonexistent or outdated; and*
- in many countries, mental health care constitutes less than 1% of the overall health budget.*

There are a number of ways to improve the situation. We need improved advocacy for development of comprehensive health care systems that include mental health in its rightful place as a full and equal partner. Funding policies and priorities must reflect the magnitude and burden of mental disorders in health systems. We must pursue neuroscience and health services research, and link research findings to practice.

We specifically need to better understand risk factors and causes of mental health problems so we can implement prevention programs. We must continually assess the number and distribution of qualified practitioners and look for ways to form partnerships with international colleagues to increase the number of trained practitioners and researchers in mental health. We must encourage and support research around the world, especially building research capacity in developing countries.”

The landmark World Health Report 2001, *Mental Health: New Understanding, New Hope*, published by the World Health Organisation, further demonstrated the connection between mental and physical health. In the report's first chapter, “*A Public Health Approach to Mental Health*, WHO stated:

“How do we know mental and physical functioning influence each other? Research has pointed to two main pathways through which mental and physical health mutually influence each other over time.

The first key pathway is directly through physiological systems, such as neuroendocrine and immune functioning. [In an integrated and evidence-based model of health, mental health – including emotions and thought patterns – emerges as a key determinant of overall health. Anxious and depressed moods, for example, initiate a cascade of adverse changes in endocrine and immune functioning, and create increased susceptibility to a range of physical illnesses.]

The second primary pathway is through health behavior. The term ‘health behavior’ covers a range of activities, such as eating sensibly, getting regular exercise and adequate sleep, avoiding smoking, engaging in safe sexual practices, and adhering to medical therapies. [Understanding the determinants of health behavior is particularly important because of the role that health behavior plays in shaping overall health. Noncommunicable diseases such as cardiovascular disease and cancer take an enormous toll in lives and health worldwide. Many of them are strongly linked to unhealthy behavior such as alcohol and tobacco use, poor diet and sedentary lifestyle. The health behavior of an individual is highly dependent on that person's mental health. For example, mental illness or psychological stress affects health behavior.]” (World Health Organisation, 2001, pages7-10)

SUMMARY

The fact sheets contained in this year's World Mental Health Day campaign packet address issues of mental and physical health across the life span – from mothers and infants to the elderly in our communities. Some special attention is given to the unique characteristics of the unique relationships of physical and mental health among men and women.

Significantly increased attention over the past few years has been directed to the relationships between physical and mental disorders and to the frequency which serious physical diseases are accompanied by emotional and behavioral problems, symptoms and disorders. Awareness is also increasing that the accompanying emotional and behavioral disorders are often ignored, and even discounted, in the development of treatment plans for major physical illnesses such as cardiovascular diseases, diabetes, gastrointestinal disorders, communicable diseases and in the treatment of serious accidents and physical trauma. Clinical depression is coming to be more and more associated with severe and persistent physical diseases. That the presence of serious depression with its disabilities, and its negative impact on the treatment and healing process for physical illnesses, is sometimes commonly overlooked by healthcare providers as a major impact on the individual, his/her family, and the entire healthcare delivery system.

Conversely, for many of the thousands of individuals who experience and live with severe and persistent mental disorders, such as clinical depression and schizophrenia, physical healthcare is often inadequate, if not unavailable. The disparity of health insurance coverage for persons having a diagnosed mental disorder further reduces the potential for physical health problems being recognized and cared for. Individuals suffering from severe and persistent mental disorders often battle physical ailments such as obesity, high blood pressure, diabetes, asthma, and other health problems. There are major inadequacies world wide in the physical care given to people with mental disorders in psychiatric hospitals and similar, if not worse, inadequacies in both mental and physical care in prisons.

The lack of attention to, and development of coordinated systems of treatment and care for, co-occurring physical and mental disorders is not a problem present only in the developed countries of the world. If anything, it is even more neglected in less affluent and under-resourced nations where both the physical and mental health care systems are less well developed. Certainly in countries where HIV/AIDS is prevalent, the mental health consequences of that disease are not being adequately addressed.

The ultimate objective of World Mental Health Day 2005 is to remind us that the total health of every individual – at every stage of life – is the framework on which successful and fulfilling lives are built. In 1946, the newly organized World Health Organisation defined “health” as “*The complete state of physical, mental, and social well-being and not merely the absence of disease.*” That definition brought the mind and body together. As mental health professionals, advocates and educators, we must continue to promote the understanding and realization of this definition. Hopefully, the 2005 World Mental Health Day global education and awareness campaign will provide the impetus for progress toward this goal.

A Healthy Start to Life: Make Every Mother and Child Count

Make Every Mother and Child Count is the theme for the World Health Organisation's (WHO) World Health Day 2005, reflecting the reality that today, the health of women and children is not a high enough priority for many governments and the international community. This entire toolkit is available online (http://www.who.int/world-health-day/2005/toolkit/en/whd_toolkit.pdf).

The Need

According to WHO's World Health Day toolkit, each year more than half a million women die of pregnancy related causes and 1.6 million children die (40%) in the first year of life. One child in 12 does not reach his or her 5th birthday. When mothers survive and thrive, their children survive and thrive, and the societies in which they live prosper.

"We have an opportunity to focus global attention on what should be obvious: every mother, and every child, counts. They count because we value every human life. The evidence is clear that healthy mothers and children are the bedrock of healthy and prosperous communities and nations."

*– Dr. LEE Jong-wook, Director-General,
World Health Organisation.*

Recommendations

The objectives of WHO's World Health Day 2005 Make Every Mother and Child Count campaign are to:

- Raise awareness of the extent of health problems among mothers and children and its impact on health as well as social and economic development.
- Increase understanding that solutions exist – to deliver a key set of preventive and curative interventions to the mothers and children who need them, thereby translating knowledge into action.
- Generate a movement that stimulates collective responsibility and action among families, community-based groups, professional societies, national governments, and the international community for the delivery of programmes and services to mothers and children and to fight for better access to basic health services.

Key Messages of World Health Day 2005

The key messages of World Health Day's focus on maternal and infant health are:

- Too many mothers and children are suffering and dying each year.
- Healthy mothers and children are the real wealth of societies.
- Millions of lives could be saved using knowledge we have today. The challenge is to transform this knowledge into action.
- In order to make a difference, we must all join forces and act. Together we can do it. Each one of us has a role to play.

Proven and Effective Interventions for Reducing Maternal and Newborn Disability and Death:

- Social support for women during labor and birth
- Breastfeeding starting within one hour after birth
- A safe and clean birth for every newborn
- The WHO antenatal care package used for all pregnant women
- Magnesium sulphate used to treat severe pre-eclampsia and eclampsia
- A partogram used to identify obstructed labor
- Oxytocin used for all women as part of active management of third stage of labor
- Antibiotic prophylaxis used for women undergoing caesarean delivery
- Manual vacuum aspiration used for management of incomplete abortion and induced abortion
- Kangaroo-mother-care used for low birth weight babies
- Assisted delivery performed in cases of obstructed labor
- Iron and folate supplements given routinely during pregnancy to prevent maternal anaemia

Critical Actions for Increasing Child Survival:

- Skilled care during pregnancy and birth.
- Appropriate feeding in sickness and health, including exclusive breastfeeding for the first six months of life to be followed by complementary feeding with continued breastfeeding up to 2 years of age and beyond with micronutrient supplementation.
- Prevention of illness by vaccination; insecticide-treated materials; and water, sanitation and hygiene.
- Prevention of mother-to-child transmission of HIV by the use of antiretrovirals and safer infant feeding practices.
- Treatment of illness by oral rehydration therapy to prevent and treat dehydration; zinc to reduce duration and severity of diarrhea; antibiotics for sepsis, pneumonia and dysentery; and antimalarials.

Children with serious emotional or behavioural problems suffer from a lack of prevention, early identification and treatment services, according to the Association of Maternal and Child Health Programmes. It has also been shown that maternal depression can have many negative effects on children's cognitive, social, and emotional development. Research shows that the effects can be worsened by poverty and other social risk factors, as well as the seriousness and duration of the mother's depression.

A Healthy Start to Life: Mental Health Aspects for Mother and Child – Perinatal Mental Health

A study of mothers and children must begin with the perinatal mental health period that spans conception to two years after childbirth. This is the time when women are the most vulnerable to physical, psychological and social complications and engage health care services more than any other time in their lives. This increased health service is also reflected in mental health services because of the increased likelihood of suffering from an affective disorder or having a relapse from a pre-existing mental illness.

There is clear evidence in studies to show that postnatal depression may pose risks to the mother/child relationship and may have long-term adverse affects on the cognitive and emotional development of the child. Sometimes mental health problems stem from environmental stressors and sometimes from biological factors but for every child, a complex interaction of these two factors exists, combined with the individual process of personality development.

The Need

Postpartum depression negatively affects the interaction and bonding between mother and child in the following ways:

“Reading the emotional cues of the child and responding in an attentive, caring manner is as important as meeting physical needs.”

- The University of Minnesota Child, Youth, and Family Consortium

- Mothers with depression often fail to talk, play, and nurture their children.
- These mothers often fail to provide a stimulating environment that encourages exploration and chances for learning.
- Effective discipline and supervision of children may be neglected.
- Infants born to women with depression look less at their mother, are less active and curious, and are less likely to reach the development goals achieved in infants whose mothers do not have depression.
- Infants of depressed mothers are at more risk of being abused and neglected and are more likely to become depressed themselves as well as having disorders such as Attention Deficit Hyperactivity Disorder and Conduct Disorder.

When a mother’s depression is detected and treated early, there are long-term positive benefits for mothers and their children.

Additional facts should be stressed as to the relationship between genetics and environment:

- When a child is born with a genetically predisposed tendency toward mental health problems, the environment becomes critically important to support and guide the child in a positive, healthy direction. This adds stress to the already difficult job of parenting.
- Culture strongly influences human development and childrearing beliefs; knowledge, attitudes and beliefs about parenting shape the way that parents and caregivers interact with their children.
- The ongoing pervasive stigma about mental health problems continues to contribute to the lack of prevention, early identification and adequate services for all children, especially the very young.
- Young children who display severe behavioural and emotional problems have a 50% greater chance of continuing to struggle with mental health problems into adolescence and adulthood.

Recommendations

- Public policies should be developed and implemented in recognition of the importance of mental health, beginning prenatally and continuing over the lifespan.
- Personal, health, and social education in schools should discuss parenting with young people just beginning to develop sexual relationships.
- Public policies, programmes and family interventions should focus on the strengths of the child and family and be driven by the family to the greatest degree possible.
- High quality and culturally appropriate early childcare and education significantly contribute to a child's mental health.
- A variety of educational opportunities should be provided by the community for parents to learn about the growth and development of children, including emotional and mental development.
- All early childhood programmes, including home visiting programmes, need easy and timely access to mental health consultants and information.
- Community-based services with easily accessible screenings and assessments in childcare encourage early health and well being in children and encourage adults to care for them.
- Increased efforts should be made to eliminate stigma and, consequently, the barriers to accessing high quality services for mothers and children.
- Mental health parity laws are extremely important in reducing the health disparities between who receives quality care and who does not.
- Maternal and child mental health should be a high priority on all healthcare agendas.
- The most commonly documented risk factors for post-natal depression are antenatal psychiatric morbidity, economic deprivation and marital violence as well as cultural factors such as preference for male children in some Asian settings.

Resources

- Center for Rural Health Research and Education's Weekly Mental Health Bulletin: Maternal Depression. [www.health.uwyo.edu/MH_Bulletins/\(39\)_maternaldepression.htm](http://www.health.uwyo.edu/MH_Bulletins/(39)_maternaldepression.htm).
- "For the Sake of the Baby, Talk to the Mother" Article for Tropical Doctor. Correspondence to Dr. Vikram Patel, Sangath Centre, 841/1 Alto-Porvorim, Goa 403521, India. Vikram.patel@lshtm.ac.uk.
- "Improving Perinatal Mental Health" in *Nursing Standard*, Vol. 19, No. 3, 29 Sept. 2004, pg. 40-43.
- Mental Health in Infancy and Early Childhood, University of Minnesota Children, Youth and Family Consortium, Fall, 2002.
- "Maternal and Child Health Priorities" Association of Maternal and Child Health Programs. www.amchp.org.

A Healthy Start to Life: Physical and Mental Health of Infants and Toddlers

A child's physical and mental health is important for his/her positive development, beginning from birth. The basics for a child's good physical health include nutritious food, adequate shelter and sleep, exercise, immunizations, and a healthy living environment. Basics for a child's good mental health include unconditional love from family, self-confidence and high self-esteem, the opportunity to play with other children, encouraging teachers and supportive caretakers, safe and secure surroundings, and appropriate guidance and discipline.

Increasing attention is currently being given to the vulnerability of infants and toddlers to mental health problems and the effect of these problems on physical, cognitive, and emotional functioning. Research strongly suggests that the way the brain develops is linked to early infant relationships, primarily with the person who cares for them most often. These primary relationships have a key impact on the mentally healthy development of infants and toddlers.

The Need

Babies don't show classic symptoms of mental disorders. They may, however, have poor sleep patterns, difficulties in eating, restlessness and gastric problems and they may be anxious and tense and/or fearful. If these emotions are not responded to with love and empathy by the primary caregivers, the incidence of mental health problems in the future may increase.

There is evidence that the quality of the baby's relationship with the primary caregivers (usually the parents) may affect the development of the infant brain in a way that is harder to change later in life. In the first two years, a baby's brain grows far more rapidly than at any other stage of life, even though it continues to grow into early adulthood. There is increasing information about the effects of neglect, trauma, and abuse on early brain development and, thus, on physical, emotional, and social growth.

Attachment theory tells us that an insecure or anxious attachment makes a child more vulnerable to life's events even though an insecure attachment doesn't, in itself, constitute a disorder. Rather, insecure attachment is a risk factor that, along with other factors, influences the emotional, social and physical environment of the child. Children who are secure with their mothers in infancy are found to be more cooperative, empathic, socially competent, invested in learning and exploration and more self-confident than children judged insecure with their mothers in infancy.

Many child mental health specialists do not see the under-five age group as one that needs a clinical priority. Referrals for babies and toddlers may not be done since the child may have few overt symptoms. In addition, there is very little in the training of child mental health specialists that prepares them to work with young infants. Adult mental health professionals may tend to focus on the mother or father alone rather than in the family context.

"It is well recognized that helpful interventions in people's lives often come too late to make a major difference. Much research points to the importance of early intervention and to the need for multi-faceted strategies in programmes of prevention. All the key policy initiatives affecting children and young people have early intervention as a major component".

– Young Minds for Children's Mental Health, UK

Recommendations

- Nurturing and satisfying relationships between infants and parents (or other primary caregivers) create the basis for a sense of inner confidence and healthy development. These relationships, however, are not a guarantee of a healthy later life.
- The development of every child depends on the interaction between their genetic potential and the environment in which they grow. A full assessment of the child at an early stage of its development is needed to see if the parents need extra support to improve their parenting skills.
- Good therapeutic services for babies and parents at risk can promote healthy development and greatly decrease difficult behaviour and emotional problems in the future. These services should include prevention, early identification, treatment, and ongoing support.
- The intergenerational aspect should be considered in that a new parent is largely the product of his/her own parenting and attachment pattern, and every effort should be made to break unhealthy parenting patterns.
- Training and consultation with practitioners working with children on mental health in infancy and its predictors is vital to making sure that support is in place before the emotional development of the baby or toddler has been compromised.
- The profession of infant mental health specialists is emerging but should be expanded. This profession calls upon a range of skills contributing to the understanding of the relationship between parent and infant and the early attachment process.
- Consultation might be sought as to timing of the return to work of the primary caregiver after birth when, in fact, leaving certain infants may be counter-productive to the mental health of the child.
- An infant mental health service should require the development and coordination of a multi-agency, multi-skilled team from Health, Education, Social Services, etc. and possibly the voluntary sector.

Resources

- “Mental Health in Infancy” YoungMinds for Children’s Mental Health”.
- “Children’s Mental Health: What Every Child Needs for Good Mental Health” American Academy of Child and Adolescent Psychiatry.

A Healthy Start to Life: Mental Health and Disorders of Children Between 6 and 12 Years Old

The stresses faced by children between the ages of 6 and 12 are different from those of younger children and are often different from those faced by adolescents. Children are beginning their social lives in school and establishing new relationships. Around the world, the number of children suffering from mental disorders is in the range of 10-20%; mental disorders account for 5 of the top 10 leading causes of disability in the world for children ages 5 years and over. The concerns of children are different from culture to culture but as long as the behaviour does not create problems in the lives of the children, it is unlikely that it is serious. Every aspect of human development is influenced by culture as reflected by child-rearing beliefs and practices.

The broad range of individual differences among young children often makes it difficult to distinguish normal variations and maturational delays from transient disorders and persistent impairments. It is important to remember, however, that the course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby shifting the odds in favor of more adaptive outcomes. Interventions must be appropriate to the child's age and developmental stage and must be culturally competent.

Employing a comprehensive public health approach – which includes the promotion of positive mental and physical health, the identification and prevention of childhood disorders and appropriate access to early interventions and treatment – will further all nations' efforts to give children a chance to live full and productive lives.

Need

During the early school years, many children develop specific fears that they didn't have before: fear of insects, strangers, or ghosts may be prevalent. Children can't usually talk about anxiety or explain their fears and distress and, thus, it is important for parents, teachers, and other significant adults in the child's life to notice the symptoms of anxiety, depression, or other disorders.

It is in this age group that Attention-Deficit/Hyperactivity Disorder (ADHD) often begins. Children with untreated ADHD have higher than normal rates of injury and often the disorder co-occurs with other problems, such as depressive and anxiety disorders, conduct disorder, drug abuse, or antisocial behaviour. Some symptoms of ADHD are underachievement at school due to a learning disability, attention lapses, sleep disorders, and/or disruptive or unresponsive behaviour due to anxiety or depression.

Learning disabilities affect at least one in ten schoolchildren. If a child has a learning disability, he/she is unable to master certain school tasks no matter how hard he/she tries. If not treated early, learning disabilities can have a "snowballing" effect as the child becomes increasingly frustrated and may develop emotional problems such as low self-esteem in the face of repeated failure.

Children around the world suffer the consequences of many physical illnesses and sociological circumstances beyond their control. HIV/AIDS affects millions of children worldwide, whether they suffer from the disease themselves or whether they have lost loved ones to the disease. Children may live in at-risk families subject to substance abuse, domestic violence or poverty. They may be victims of child abuse, war, and conflict with lifelong consequences.

There are many pressures placed on children, including family problems, substance abuse, peer pressures, school pressures, and the child's own pressures, especially when they are very sensitive. If a child doesn't verbalize his/her fears and/or sadness, it is easy for parents and significant other adults to overlook or minimize the seriousness of the problems.

Recommendations

- Child mental health services should be given a higher priority in many countries and mental health and general health personnel should receive increased training to deal effectively with this population.
- Normal worries in children don't usually last long but parents should be concerned if their worries last longer than three weeks. Parents should not over-react and make the children even more anxious but, rather, should observe more closely and reassure the children when they exhibit symptoms of anxiety or depression.
- Children benefit from being with other children who have suffered from similar physical illnesses since giving children the chance to talk about their feelings and experiences with other children helps them realize they are not alone and it builds their self confidence.
- Significant adults in a child's life should acknowledge the child's strengths and not concentrate on its weaknesses. Children should be given praise for doing things right. Adults should teach by example and teach them how to find solutions instead of placing blame on others.
- Parents and other significant adults should *listen* to children when they are upset and give them the time that they need; encourage them to talk and don't get upset when they are upset.
- If the fears of children are too strong for what is happening or last too long, they may be suffering from an anxiety disorder. Parents should be aware of changes in their children's habits and if fears and worries remain for longer than three months, parents should seek professional help for the child.
- Diagnosing disorders such as ADHD early in the child's life is essential. Untreated ADHD, as well as other disorders, is often associated with likely higher rates of substance use, conduct problems and delinquency, school failure, and other adverse long-term outcomes. Behavioural therapies and certain medications can help control the symptoms of this disorder.
- Parents should be partners in the treatment process for any mental distress in their children and should work with the child's doctor in developing a treatment plan.
- Often the school must be a partner in the treatment of children, especially in areas such as learning disabilities.
- A sense of belonging is essential to a child's positive adjustment, self-identification, and sense of trust. A close bond between the child and classroom teacher, including parents, is key to developing the child's self identification as a part of the larger group.

Resources

- "Let's Talk Facts About Childhood Disorders" American Psychiatric Association. http://www.psych.org/public_info/child.cfm?pf=y.
- "Are They As Healthy As They Look?" National Mental Health Information Center. <http://www.mentalhealth.org/publications/allpubs?CA-0019B/default.asp>.
- "Talking to Kids about Mental Illness" American Academy for Child and Adolescent Psychiatry. <http://www.aacap.org/publications/factsfam/84.htm>.

A Healthy Start to Life: The Impact of Physical and Mental Health on Learning and Development

Children are at a greater risk for developing mental health problems when certain factors occur in their lives or environments, such as physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of a loved one, frequent relocation, alcohol and other drug use, trauma, and exposure to violence. The Royal College of Psychiatrists of Great Britain has developed the following fact sheet for parents and teachers.

About this fact sheet: *This is one in a series of fact sheets for parents, teachers and young people entitled Mental Health and Growing Up. The aims of these fact sheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This fact sheet looks at the effects that a long physical illness can have on a young person's mental health and offers advice about how to recognise and deal with these problems.*

Introduction

Children with a long-lasting physical illness are twice as likely to experience emotional problems or disturbed behaviour. This is especially true of physical illnesses that involve the brain, such as epilepsy and cerebral palsy.

Why are mental health problems so common?

Serious illness or disability can cause a lot of work and stress for everyone in the family, especially the parents. Children who are ill have many more stressful experiences than children without an illness. Most children will, at some time, get upset by this. Sometimes, the upset feelings and behaviour can intensify. If they do, this can add to the child's health problems by making their life even more difficult.

How does this affect the child and family?

Following the diagnosis of a potentially serious or long-term illness, most parents and children go through a process of coming to terms with it.

Long-term effects

The affected child might have fewer opportunities to learn everyday skills, and to develop their interests and hobbies. Educational problems are also common:

- Your child might have to miss a lot of school and have particular difficulties with learning.
- Be sure to be in touch with your child's teacher on a regular basis. Your child might need extra help at school.
- Your child might see themselves as different from other children, and this creates more negativity.
- Some children may become depressed (see Factsheet 34 on depression in children and young people).
- Some children may be vulnerable to bullying.

It is easy for you as parents to be overprotective of your child. You may find it harder to say 'no' than you normally would, making it difficult to control your child. It is harder to allow them to manage the 'rough and tumble' of childhood.

Sometimes it can be difficult and confusing to cope with all the different doctors, and other professionals involved with your child's illness. This can be very stressful for everyone.

Brothers and sisters sometimes feel that they are being neglected. They may feel embarrassed by their sibling. They may feel responsible for him or her. They can miss out on school or their social life, get bullied or lose friendships.

How to help

It's very important to remember that although long-lasting illness does make things very difficult, most children and their families cope well. It is only a minority who experience problems.

- Live as normal a life as possible.
- Be open with your child about his/her difficulties.
- Restrict him or her as little as possible.
- Help your child to get out and about with other children of their own age.
- Encourage your child to be as independent as possible.
- Meet other families with similar experiences.
- Seek help if you feel that you're not managing.

A lot can be done to prevent further problems from developing. Parents who appreciate the emotional impact of the illness on the child, and on the rest of the family, are much better placed to spot problems early and do something about them.

Where can I get help?

Making sure that there is enough help and support is very important. In addition to support from family and friends, try:

- Contact another family with disabled children
- Your general practitioner
- Voluntary support groups
- Social Services
- School
- Health visitor
- School nurse.

If there are signs that your child is developing emotional or behavioural problems, your general practitioner can refer you to the local child and adolescent mental health service for specialist advice. They may suggest that some family work could be helpful. Also, it often helps to link up with the other professionals involved in the ill child's care. This can help sort out any problems related to the treatment, and make sure that everyone is working together effectively.

Resources

- Carr, A. (ed.) (2000) 'What Works with Children and Adolescents?' - A Critical Review of Psychological Interventions with Children, Adolescents and their Families. London: Brunner-Routledge.
- Rutter, M. & Taylor, E. (eds) (2002) 'Child and Adolescent Psychiatry' (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (eds) (2001) 'Finding the Evidence' - A Gateway to the Literature in Child and Adolescent Mental Health (2nd edn). London: Gaskell.

A Healthy Start to Life: Ways to Promote Mental Health in Infants and Toddlers with Developmental Disabilities

Raising a developmentally different child is a challenge for most parents. The challenge begins when the parent first learns that their child is not “normal.” For parents who find out at or before the child’s birth that something is not exactly right with the child, there is a natural period of mourning and sadness that occurs in them and their family members. The fact that family members (i.e., grandparents, siblings, uncles, aunts), and even close friends are affected too, is very important because these are the people who are part of the parents’ usual support system. Dr. Sarita Freedman prepared a fact sheet on this subject for the Mental Health & Developmental Disabilities Center in the United States and it is available in its entirety (<http://www.npi.ucla.edu/mhdd/INFO/modules/Promote%20Infant%20MH.htm>) and is excerpted below.

The Need

Some parents have what appears to be a typical child at birth and even for many months thereafter. Then suddenly, problems begin to occur—the child doesn’t respond to situations in a typical manner; the child has developed unusual mannerisms; the child has lost previously acquired language—these are some of the losses of functioning that commonly occur in autism. Finally, there are those unfortunate cases of accidental injury or allergic reactions that result in permanent disability due to the insult on the child’s brain.

Recommendations

1. Take care of your own emotional health first. For all parents, there are issues that may likely interfere in their ability to promote mental health in their infants and toddlers if these issues are not examined and resolved. Some of these issues include loss and mourning of the typical child they hoped for and the loss of their expectations, such as college, marriage, and procreation. Parents are faced with the possibility that their child may be dependent on them for quite some time, if not for their entire life. What happens when the parents are no longer able to care for the child? Parents whose child becomes disabled some time after a period of normalcy have yet another emotional burden to deal with—betrayal. For months they thought they had a “normal” child and suddenly, their whole world gets thrown into confusion.

2. Observe! Take the time to learn about your child’s emotional responses to a variety of situations, including his/her reactions to you. The next challenge that faces most parents of developmentally challenged children has to do with the child’s emotional reaction to the parent. Developmentally challenged infants and toddlers do not necessarily provide us with the responses that trigger our innate impulse to care for them. The best way to learn about your child is to observe the child in order to get clues and solutions to the problems that parents of typical children don’t usually have to deal with. Find out what gives your child pleasure, learn to adapt yourself to your child’s changing moods, learn what turns your child off, and most of all, remind yourself everyday that your child’s emotional responses do not necessarily mean that you are a failure.

3. Follow your child’s lead! Participate with your child in those activities that bring him pleasure—even if it feels strange to you. Joining your child in his world requires one essential parenting skill—imitate and follow—don’t make demands, don’t ask him to perform and don’t direct the play. If your child has limited awareness of others, you can gently create situations in the play to get your child to notice you. For example, if he is building with blocks, you might “accidentally” knock them over then help build them up again.

4. Feelings Talk! Put words to your child's feelings: Whenever possible, label your child's feelings for him. Children who are able to identify their internal experiences have a better sense of who they are. Many children with special needs have a difficult time identifying abstract concepts, and feelings are abstract.

5. Positively Praise! Praise your child's appropriate behaviour. As a parent it is easy to fall into the criticism trap, especially when we are overwhelmed and faced with difficult behaviours. However, it is important to remember basic behavioural principles—whatever you pay attention to, and attention can be either positive or negative, will increase. Therefore, if you are criticizing and not praising, the behaviour you criticize will *increase*. However, if you praise, praise, praise the positive, you'll get more of it.

6. Capitalize on Special-ness! Find out what is special and unique about your child and capitalize on it. Your child may have special needs and he may be different from other children, but he is also special in his own ways, and it's your job to figure out how. Once you have, capitalize on opportunities to let him experience his special-ness.

7. Read emotional signals! Respond to your child's dependency needs and assertiveness by knowing when your child needs your warmth and when your child needs you to let him grow. Emotional signals can be tricky. At times your child may need to be dependant on you—he may need a hug or want to be close. At other times your child may be struggling but needs you to be able to tolerate her struggle in order for her to grow. There is a fine line between hovering/overprotection and under-protection. In order to achieve competence in this area, parents may have to examine their own reactions to dependency and autonomy both to their child and to other people in their environment.

8. Adjust your levels! Keep your interactions at the child's physical and developmental level. Whenever you talk to your child, give directions, set limits, etc., do it at your child's physical level. This means you have to squat down to make sure your child can see your face when you talk to her. Make sure you have eye contact before talking to your child—use the words, “look at me” to cue your child every time, if you have to. Talk to your child at her developmental level.

9. Wait! Don't repeat your instructions over and over. In addition to sequencing and processing difficulties, many children with special needs have delays in their response time. What this means is that you'll have to learn to wait for your child's response. If your child has a processing delay in response time, as they are processing the instruction you gave the first time, their process gets interrupted by the second and third times you deliver the same instruction, and they get confused and shut down. With special needs children it is important to deliver an instruction and wait—as much as 30 seconds before delivering the same instruction.

10. Ask for help! How to know when to seek professional help. As you move into the world of special needs with your child, you will find that you are surrounded by professionals and specialists. Use them as much as you can to ask questions, clarify confusions, and get advice. Prior to visiting with a doctor, teacher, etc., make a list of all of your questions so that you're sure not to forget anything and take a list of symptoms with you for the appointment.

Growing Up Well: Paying Attention to the Teen and Tween Years Physical and Mental Health of Adolescents

Adolescents are a unique population, as distinct as children and adults, with specific health concerns and needs that come from their rapidly growing and changing bodies, as well as the social, sexual, and personal challenges that are part of their maturation. For many adolescents, the transition from childhood to becoming an adult with all of the associated expectations and responsibilities can be particularly traumatic and unsettling, sometimes resulting in mental health difficulties.

During this transition, it is common to experience a mixture of emotions, including anticipation, excitement, fear, anxiety, depression, stress and even feelings of loneliness and isolation. It is sometimes difficult to differentiate between normal adolescent feelings and serious mental health difficulties. These adolescents with mental health difficulties often lack the basic level of self-esteem and emotional stability required to develop full and happy lives; a resulting negative self-image can reinforce and perpetuate their mental health difficulties.

Research shows that targeting health interventions for this population contributes to lower morbidity and mortality in later life as well. There are particular health risks faced by adolescents growing up in transition countries, including poverty, inequality, weakening social cohesion, tensions around ethnicity, family, and gender roles, discrimination, and rapid social change - all conditions found to be root causes of health and development problems among youth. Health factors that can develop are poor nutrition, substance abuse, early and unprotected sexual activity, infections, depression and anxiety, suicide, and injury due to accidents and violence.

The Need

While many of the diseases of decades ago are prevented by modern medicine, some of the greatest threats today are preventable diseases caused by unhealthy lifestyles. Nearly one million children and adolescents between the ages of 10 and 19 die each year from accidents, suicide, violence, illness, and other preventable or treatable causes. The World Health Organisation estimates that 70% of premature deaths among adults are largely due to behaviour initiated during adolescence. New research has confirmed that patterns of development and structural changes in the brain extend beyond the early years of life and into the teenage years. Adolescence is a peak age of onset for serious mental illness, such as mood disorders and psychotic disorders. In addition, some teenagers become overloaded with stress; inadequately managed stress can lead to anxiety, withdrawal, aggression, physical illness or poor coping skills. If left untreated, any impairment of mental health will impede an adolescent from developing physically, psychologically, and/or socially to his or her full development. Persistent self-doubt is an obstacle to self-confidence and this, in turn, may hinder the development of decision-making skills and may well lead to unhealthy activities and habits.

"Stop seeing teenagers as a problem. Recognize that they are the future. Become involved in their health initiatives, as well as inviting them into ours."

- Gro Harlem Brundtland, former WHO Director-General.

Teenagers face similar health challenges the world over: alcohol, cigarettes, teen pregnancy, sexually transmitted diseases, and drugs, even though the drugs of choice may differ. The risk factors may be somewhat different in urban and rural areas as well. Teens often test limits in order to establish boundaries, and the drive for independence combined with immature thought processes is a dangerous combination. Adolescents often turn away from parents and health care providers and towards peers for support and guidance and their values often reflect those of the peers. Because they are no longer children and not yet adults, adolescents often find that this time of life is challenging and difficult.

At any given time, one in every five young people is suffering from a mental health problem. Two-thirds are not getting the help they need. - U.S. National Mental Health Information Center.

There are specific mental disorders that should be mentioned in the study of children and adolescents: depression, attention deficit/hyperactivity disorders (ADHD), anxiety including simple phobias and separation anxiety disorder, and conduct disorders. Treatments for these problems range from medications, educational programs, psychotherapy and behavior therapy.

Recommendations

- Conducting health needs assessments can assist in uncovering problems as well as to discover emergency behaviours that, otherwise, may not be seen. Giving young people a voice in the development of health-related programmes can help ensure that those services meet the needs of that targeted population.
- School-based healthy lifestyles programmes can give adolescents the tools they need to protect themselves from negative influences.
- Primary care physicians should screen children and young adults for mental and behavioural health problems during regular visits and ask the parents if there is anything about their children's behaviour that worries them.
- Physicians and mental health providers must recognize the changes in the teen years and begin transitioning the parent-physician relationship into a parent-teen-physician relationship before the teen feels left out.
- Parents should educate themselves about mental health issues so that they are more comfortable with the subject before talking to their children. They should communicate in a straightforward manner at a level appropriate to the level of the child/teen.
- Peer counselling has proven to be very effective during adolescence in dealing with problems with friends, family, peers, or authority figures such as teachers and the police.
- No one should assume that adolescents do not experience genuine mental health difficulties and one should be careful to not use dismissive comments such as: "you are too young to be depressed," "it is only a phase you are passing through," or "don't worry, you will grow out of it."

Resources

- "Developing Resilience at every stage of a young person's life" Mission Australia, Snapshot 2005.
- "Helping Teenagers with Stress," American Academy of Child & Adolescent Psychiatry, 01/02.
- "Prevention and Care of Illness," Child and Adolescent Health and Development, World Health Organization.
- "Inside the Teen Brain" by Brownlee, Shannon; Hotinski, Roberta; Pailthorp, Bellamy; Ragan, Erin; Wong, Kathleen in U.S. News and World Report; 08/09/99, Vol. 127, Issue 6, pg44.
- "Overview of Child and Adolescent Health," Adolescent Health and Development, World Health Organization.
- "Addressing the Health Needs of Children and Young Adults" CommonHealth. American International Health Alliance, Summer 2002.

Growing Up Well: Paying Attention to the Teen and Tween Years

Teenage Moods: What is Common and What is Not

The NSW (Australia) Multicultural Health Communication Service has developed the following fact sheet to help recognize the difference between normal teenage behaviour and symptoms of mental illness and emotional problems (<http://www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/publications/5005.html>). This fact sheet and over 450 more can be found on the MHCS website in up to 35 languages.

Fifteen-year-old Carla thinks 'everyone' hates her. She says the other girls she hangs around with at school are mean to her, while her teachers - and her parents - criticise her all the time. 16-year-old Franca thinks people are plotting to harm her - she's scared that people are following her or trying to poison her food. Luis's parents are worried because their teenage son has seemed "down" for the last few days. When they ask what's wrong, he snaps, 'leave me alone' and goes to his room. Khalil's parents are worried too. Like Luis, their 17-year-old son spends hours in his room alone and has been doing so for many weeks. His parents' feel he is becoming increasingly isolated - besides withdrawing from his family, he's stopped seeing his friends. He's doing badly at school, even though he used to be a good student.

One of the hardest things about parenting teenagers is deciding what is normal behaviour and what is a sign that something is wrong. Mood changes, poor performance at school, strange behaviour can all be a normal part of adolescence - but sometimes they're a symptom of serious emotional problems or mental health problems needing prompt professional help.

Carla's idea that 'everyone' hates her sounds like a typical teenage feeling, but Franca's fears may mean something more serious. If Luis bounces back to his usual cheerful self in a week or two, then he's probably having normal teenage mood swings. But Khalil needs help - he may be seriously depressed. Although most teenagers won't have serious mental health problems, many do - and these problems are more successfully treated if detected early. Below are some signs that a teenager needs professional help - parents should be concerned if these behaviours occur regularly over a long period.

- Unusual thoughts - for example, they think they're being followed, or that someone wants to hurt them; that the radio or TV is controlling them, or trying to send them messages. They may think they can read other people's minds, or that other people can read their minds - a young person may be afraid to be with certain people in case they can tell what he or she is thinking.
- Confused thinking. When everyone else in the family is discussing one topic, the young person repeatedly talks about things that are totally unrelated. Constant feelings of sadness and fear, loss of concentration and attention, and a very noticeable change in sleep pattern - for example, they can't get to sleep at all at night.
- Having problems at school or work, difficulty sleeping, being withdrawn (these things may not mean a particular illness, but they do mean a young person needs help).

Sometimes these symptoms are a sign of a specific illness, but they may also be a reaction to a crisis in the young person's life, such as bereavement, a serious illness or injury or sexual abuse, for instance. Occasionally some symptoms can be a reaction to taking an illegal drug. The important thing is for parents to contact a health professional as soon as possible.

Growing Up Well: Paying Attention to the Teen and Tween Years Threats and Challenges to Healthy Adolescence: Eating Disorders, Risk-Taking Behaviours, Substance Use and Abuse, Suicide

Adolescence is a time of rapid biological, psychological and social change. Researchers once thought that brain development was complete by puberty but they now know that it continues through the teenage years and is considered by some to be a "work in progress." The prefrontal cortex isn't yet equipped to control emotions and make good judgments. The limbic system deep within the brain generates primal emotions such as fear and rage. During puberty, surging hormones cause the amygdala to swell, particularly in boys and this may intensify aggression. Teenagers, who exercise their brains by learning to control their thoughts, measure their impulses and understand abstract concepts are laying the foundations that will serve them for the rest of their lives. Searching for new experiences is a normal part of growing up and it is all the more important for teenagers to find healthy sources of stimulation.

Adolescence is a time of tumultuous change in the brain. Teenagers are choosing what their brains are going to be good at – learning right from wrong, responsibility or impulsiveness, thinking or video games.

– Jay Biedd, the U.S. National Institute of Mental Health

Young people's emotional development continues through adolescence, by which time they have learned a range of different values and concepts of well being from all individuals around them. During adolescence, a young person often challenge early learning experiences by testing the worth of adhering to these learned rules and values. This can be a particularly challenging time for parents as they watch what may seem to be a total change in their child. At a time when peers are of increasing importance in a young person's life, lessons learned from parents may differ from those of the adolescent's peer group. Adolescents may reflect and adopt their own choice of rules, values and norms and it requires the young person to make decisions and take risks. Whatever risks the adolescent takes, choices and decisions can have life-long repercussions. Pre-existing mental health issues may also worsen as the adolescent undergoes this demanding phase of emotional and physical maturation. Adolescence is a peak age of onset for serious mental illness.

Need

Violence to and by young people is a severe problem in some regions of the world: in some countries in the Americas, for example, homicide is the most prevalent cause of death among young males. According to WHO, approximately 4 million suicide attempts take the lives of more than 90,000 adolescents each year. Road traffic accidents are the leading cause of death among boys in many countries and account for 5% of all Disability Adjusted Life Years lost among adolescents. The younger an adolescent starts drinking, the greater the chance of developing a clinical alcohol disorder as an adult. Currently, over 150 million adolescents use tobacco; 75 million of them will die of tobacco-related diseases later in life. Despite the fact that the harmful effects of tobacco smoking are widely known, many young people start smoking during adolescence. Once teenagers have experimented with smoking, approximately 50% continue to smoke and become addicted. Similarly, the younger an adolescent starts drinking alcohol, the greater the chances of developing an alcohol problem as an adult. A British study of over 8,000 boys and girls aged 12-13 and 14-15 found that nearly 10% of girls and 7.4 % of boys in this age range report exceeding the limits of 14 and 21 drinks per week for women and men respectively. It has also been shown that there is an association between alcohol use and illegal drugs. There is a trend for increased injection drug use among young people, thereby increasing numbers of HIV infections in this population.

Adolescence is a difficult time and there are many ways in which people can behave and cope with difficult feelings: some may cry or talk about how they feel, some may spend time alone; some may binge on food or not eat at all; some may drink alcohol or take drugs; others may hurt people or hurt themselves.

Recommendations

It's all that the young can do for the old, to shock them and keep them up to date.

–George Bernard Shaw, Fanny's First Play.

- Adolescents should have access to accurate information about their health needs and access to health services, including reproductive health services.
- Adolescents often need help in setting goals and clarifying values so that they can better evaluate whether a particular activity is something that is a positive step towards a goal or whether they are doing it for some other reason that may lead them towards a negative result.
- Important issues in dealing with young people who are openly expressing negative thoughts and behaviours about their life include: making the person feel valued and worthwhile; recognising that the teenager has a real concern that is important to him/her; and helping the person realise there are alternatives to their negative thoughts and behaviours. Help them facilitate differing perspectives on what do do, without lecturing them.
- It is important to help adolescents live in a safe and supportive environment and to obtain counselling, when needed, especially during crisis situations.
- Managing consistent rules and boundaries enables young people to be aware of what is expected of them and encourages them to be responsible for their own behaviour.
- It is important to ask open questions when working with adolescents; don't ask questions that can be answered with "yes" or "no" but, rather, those that prompts a more thorough answer. It is also important to communicate back empathy so that the young person believes that the questioner is really seeking to understand them.
- Dealing with eating disorders should be a team effort consisting of family members, teachers, peers and healthcare professionals. Family therapy is usually offered to those with eating disorders although those young people who become dangerously underweight may need to be admitted to the hospital for immediate treatment. It is also notable that teens with a history of eating disorders are more prone to depression and anxiety, as well as alcohol consumption, than their non-disordered peers.
- Self harm or self-injury and attempted suicide are often symptoms of abuse. Some counsellors have found that that between 50% and 90% of clients who harm themselves have been abused. Also, many young people are discharged after self-harm without referral to a mental health professional. Follow-up to such attempts is extremely important to access the cause and future suicide risks.

Resources

- "Teen Eating Problems" Kelly Brownell, Ph.D., WebMD, 3/20/03.
- "The Outcome of Adolescent Eating Disorders: Findings from the Victorian Adolescent Health Cohort Study" European Child & Adolescent Psychiatry, 12:25-29 (2003).
- "Children and Young People and Mental Health" MIND at the following address: <http://www.mind.org.uk/Information/Factsheets/Children/Children+and+Young+People+and+Mental+Health.htm> "A Guide to Adolescent Mental Health for Parents and Professionals Advising Young People" South London and Maudsley NHS Trust. www.slam.nhs.uk

Growing Up Well: Paying Attention to the Teen and Tween Years The Learning Needs of Young Adults with Mental Health Difficulties

Nicola Aylward at The National Institute of Adult Continuing Education (NIACE) has developed a paper on the above-mentioned subject and the following needs and recommendation sections are excerpted from that paper. The complete fact sheet can be downloaded by accessing the website - (http://www.niace.org.uk/information/Briefing_sheets/Young_Adults_MHD.htm).

During adolescence, most people begin to make decisions about their future. For many young adults perceived pressure from family and peers, and self-imposed expectations about life plans, such as education, careers and personal relationships, may trigger emotional and mental health difficulties. The onset of mental health difficulties during adolescence can have a major impact upon a young person's future and upon their desire and ability to access learning.

Many young adults with mental health difficulties are trapped in a vicious circle. In order to become engaged in learning, a basic level of self-esteem is required. However, because of the mental health difficulties they experience these young adults often have low self-esteem, which prevents them from becoming engaged in learning, especially if their previous experience has been one of underachievement. Nobody wants to reacquaint him or herself with shame.

The challenge to the learning and skills sector is to provide a sensitive, responsive and effective way of enabling young adults with mental health difficulties to develop a level of self-esteem, which will be the foundation to their future learning and development. There is evidence of some effective practice in the provision of learning for young adults with mental health difficulties, but much of the evidence reinforces the findings that colleges, schools and voluntary organisations reported lack of good-quality opportunities which specifically aim to support young people with emotional and behavioural difficulties, and that, when provision is made, it is often unsuitable.

In June 2001, NIACE undertook a survey of learning providers in order to identify current practices involving young adults with mental health difficulties. Responses indicated that in order to be effective, learning provision for young adults with mental health difficulties should:

- Focus upon the needs and interests of the young adults themselves, and be relevant to their lives
- Be conducted in an accessible, safe and comfortable environment, away from the stigma and embarrassment often associated with mental health difficulties
- Address the low self-confidence and negative self-perceptions experienced by many young adults with mental health difficulties.
- Offer access to a range of services, including one-on-one learning support, group work and counselling.

Policy makers and learning providers must be aware that the development of a tutor-learner relationship based upon trust and understanding is crucial if young adults with mental health difficulties are to remain engaged in learning. For many young adults, learning has negative associations: exam stress, bullying and pressure to achieve at school may contribute to or trigger their mental health issues, and are all barriers, which must be overcome. Achieving this is a lengthy process and one which requires a high level of skill on the part of the tutor.

The NIACE initial research, which has included discussions with professionals in both the mental health and learning sectors, suggests that the following issues should be considered when establishing education provision for young adults with mental health difficulties:

- The causes of mental health difficulties among young adults are wide ranging and complex, but are often linked to a major life event, such as bereavement, family breakdown or abuse.
- Young adults with mental health difficulties often lead unsettled lives that make regular uninterrupted attendance at a learning programme an unrealistic expectation.
- Accreditation can turn these young adults off learning, as it is perceived as another hurdle to climb and another chance to fail. Programmes should be designed so that accreditation is presented as an option, rather than an immediate requirement.

The benefits of learning for young adults include:

- Structure and stability - effective learning programmes create a secure and stable environment that provides focus and structure to the lives of young adults.
- Confidence and self-esteem - as young adults become more comfortable in the learning environment and begin to achieve small steps of progress, their level of personal confidence increases, improving their self-esteem.
- Support networks - young adults are able to develop trusting and mutual relationships with professionals and with other young adults with mental health difficulties. Professionals can offer them much needed immediate support, advice and guidance in an appropriate and sensitive manner.
- Empowerment - many young adults may feel they have no sense of control over their lives. Effective learning programmes can empower young adults to make informed choices and decisions about their own needs and wishes.
- Progression - effective learning programmes provide young adults with the opportunity to achieve their full potential in terms of both social and learning skills.
- Personal satisfaction - engagement in learning may serve the important purpose of allowing young adults to develop new areas of interest, which stimulate their minds and enrich their lives.

Effective learning programmes for young adults with mental health difficulties serve the needs of society by:

- Promoting greater social inclusion of an otherwise marginalised group.
- Enhancing understanding, acceptance and tolerance of people with mental health difficulties and their associated problems.
- Reducing expenditure on health and social services. For many young adults who undergo medical treatment for their mental health difficulties, the process is often over a number of years, at a high financial cost. If effective learning programmes can enable young adults to lead more independent lives, the public cost is likely to be reduced.
- Reducing the number of young adults who experience mental health difficulties, for example youth suicide (which is particularly common among young men) thus meeting Government priority targets as outlined in the 'Our Healthier Nation' report.

All of these potential benefits can enable young adults to regain and develop their self-esteem and confidence. Learning will rarely result in the 'curing' of mental health difficulties, but it can be effective in equipping young adults with the skills and coping mechanisms to be able to manage their lives more effectively.

Physical and Mental Health in Adulthood: Work, Family and Health

Families around the world are often caught in the balancing act of taking care of their families while working to support them. Many people are forced to work more than one job in order to provide for themselves and their loved ones, leaving little time to actually be with those loved ones. Women, in particular, often manage multiple roles, that of parent, spouse, caregiver, and employee and are put into the difficult position of balancing family health responsibilities with employment obligations. The challenges often begin with the birth of a child where the mother takes time off from work but often doesn't have the luxury of the father's constant assistance in the early days. The father may not be excused from work for long enough to really understand the challenges of a newborn - as well as to enjoy being with his new child. Paternity leave varies dramatically from country to country: from three months of paid paternity leave in Iceland and Slovenia to one day of paid leave in Chile and Saudi Arabia.

Managing more numerous and complex work and family roles is a source of stress for many of us. Stress comes from two primary sources: role strain and spillover. Role strain occurs when the responsibilities of one role interfere with performing other roles. For example, a job that requires long hours or excessive travel may have a negative impact on a partnership or parenting role. Spillover is when the conditions and relationships in one area of our lives affect us in another area. For example, inflexible work hours, an overbearing supervisor, or a less-than-positive work environment can have a negative impact on your family life. Family concerns, such as an unsupportive partner, inequities in the division of housework and child care, significant health problems in family members, or changing childcare arrangements can have a negative impact on your work.

Work-family spillover may affect health through its relationship to immune and hormonal stress responses, which are believed to influence one's susceptibility to illness. Additionally, spillover may also affect physical and mental health through health behaviors such as exercise and problematic alcohol use. If additional research supports these findings, future health promotion efforts should attempt to do more than just reduce negative work and family spillover, according to Joseph G Grzywacz, PhD, who analyzed data from a survey conducted by the MacArthur Foundation Network for Successful Midlife Development in 1995. "Workplace innovations that promote positive spillover and undermine negative spillover between work and family may result in more pronounced improvements in employee health and well-being than those focusing on managing work-family conflict alone," he concluded.

Need

It has been shown that work and family stress and use of avoidance coping increases the risk for psychological symptoms and substance use or abuse. Such stress affects not only those who are working but also those with whom they live and interact with on a regular basis. Work-related stressors can have a profound affect on the health and mental health of entire families. There are successful programmes to model, such as one from the U.S. Substance Abuse and Mental Health Services Administration to help in coping with work and family stress. Included in this topic is family stress caused by a lack of employment and meaningful work. When the economy of a country worsens, employers are often forced to cut back on the number of employees. Such cut backs may mean a loss of health insurance in some countries, causing families to seek medical care less frequently. There is a direct correlation between a lack of health insurance and good medical care in these circumstances.

Recommendations

- Active coping and social support are protective factors and contribute to decreased psychological symptoms and substance use and abuse.
- Positive social support from work and family increases use of active coping and decreases work and family stressors.
- Social support enhances the use of active coping strategies.
- Effective stress management approaches reduced psychological symptoms and substance use and abuse.
- Employees should be taught methods to eliminate or modify sources of stress, including how to identify and analyze stressful situations and effective problem solving.
- Employees should be taught stress management techniques, including deep breathing and progressive relaxation.
- Individuals should be taught effective communication skills to modify sources of stress and improve interpersonal relationships.
- Employees should be taught cognitive restructuring techniques to decrease the experience of stress.
- Alternatives to avoidant coping strategies (avoiding the problem, eating, drinking, drug abuse, etc.) to manage stress and promote the use of resistance skills should be taught.
- Individual and family counseling can be helpful to all stakeholders in work-related stress issues.
- Governments, communities, schools, and the health and mental health communities should come together to address these issues.

Resources

- University of Maine Cooperative Extension. "Balancing Work and Family" <http://www.umext.maine.edu/onlinepubs/htmlpubs/4186.htm>.
- Center for the Advancement of Health. "Work/Family Spillover can Affect Health" <http://www.cfah.org/hbns/newsrelease/work-family5-2-00.cfm>.
- "Coping with Work and Family Stress" David L. Snow, Ph.D. U.S. Substance Abuse and Mental Health Services Administration Model Program. www.samhsa.gov.
- The Project on Global Working Families. Harvard School of Public Health, Harvard University. <http://www.hsph.harvard.edu/globalworkingfamilies/intro.htm>.

Physical and Mental Health in Adulthood: Mental and Physical Health Issues for Women

Achieving and maintaining good overall health can be challenging for any person, but statistics show that women have a greater barrier than men in obtaining the proper level of care. Some studies show that issues with mental health often impair a person's physical health. This is important for women to recognize as they are affected twice as often as men with depression, anxiety and eating disorders, according to the US National Institute of Mental Health.

As stated in the WHO Review of Women's Mental Health: *"Socioeconomic circumstances, social support and health related behaviours all have independent effects on health, but together are mutually reinforcing. Compared with people in high socioeconomic groups, those in low socioeconomic groups are far more likely to have lower levels of resources, education, poorer living and working environments and lower levels of social support. Health inequalities also derive from other sources including differences related to age, marital status, genetic factors, ethnic background and access to health care and health related information."*

Women have busy, demanding lives. You may feel pulled in different directions and experience stress from work, family and other matters, leaving little time for yourself. Learning to balance your life with some time for yourself will pay off with big benefits - a healthy outlook and better health!

The National Women's Health Information Center gives steps you can take to live with a 'healthy outlook':

- Stay in touch with family and friends.
- Be involved in your community.
- Keep a positive attitude and do things that make you happy.
- Learn to recognize and manage stress in your life. Signs of stress include trouble sleeping, frequent headaches and stomach problems, being angry a lot, and turning to food, drugs or alcohol to relieve stress.
- Good ways to deal with stress include regular exercise, healthy eating habits, and relaxation exercises. Talking to family members and friends can help a lot too. Many women find that interacting with their faith community is helpful in times of stress, as well.
- Get enough sleep and rest - adults need around 8 hours of sleep a night!
- Talk to your general practitioner if you feel depressed for more than a few days; depression is a treatable illness. Signs of depression include feeling empty and sad, crying often, loss of interest in life, and thoughts of death or suicide.

"The promotion of women's mental health, like health promotion in general, relies on establishing a process composed of a variety of possible elements that singly or together enable women as individuals or members of their communities to increase control over the determinants of their mental health and thereby be in a position to improve their health status and health outcomes."

The World Health Organisation provides the following facts related to women's mental health:

- Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men.
- An estimated 80% of 50 million people affected by violent conflicts, civil wars, disasters, and displacement are women and children.
- Lifetime prevalence rate of violence against women ranges from 16% to 50%.
- At least one in five women suffer rape or attempted rape in their lifetime.

Recommendations

- Make appropriate and affordable health care and information available to women of all ages, ethnic backgrounds, and socioeconomic status.
- Bolster preventative programmes that promote women's health and mental health.
- Women should have access to material resources that allow the possibility of making informed choices in the face of severe events.
- Women should be encouraged, from an early age, to learn about their bodies and the importance of routine medical testing.
- Begin to address the problems of sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health in gender-sensitive programmes.
- Improve the competence of primary health care providers to recognize and treat mental health consequences of domestic violence, sexual abuse, and acute and chronic stress in women.
- The psychological effects of illnesses such as cancer, heart disease, stroke, HIV, etc. should be made clear to women with these diseases.
- Women should be informed of the potential consequences of and solutions to emotional reactions to their hormonal changes, such as related to childbirth and menopause. Support groups are also extremely helpful for these times in a woman's life.

"Women have the right to the enjoyment of the highest attainable standard of physical and mental health... Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health... is basic to their empowerment... However, health and well-being elude the majority of women."

–Beijing Platform for Action, paragraphs 89 & 92

Resources

- www.un.org/womenwatch/daw/beijing/platform/health.htm. FWCW Platform for Action, Women and Health.
- National Women's Health Information Center - www.4women.gov.
- WHO, Women's Mental Health: An Evidence Based Review. http://whqlibdoc.who.int/hq/2000/WHO_MSD_MDP_00.1.pdf
- "Are Mental Health and Social Anxiety Related to the Working Status of Women?" FARZANEH; Journal of Women's Studies and Research in Iran and Muslim Countries. <http://www.farzanehjournal.com/archive/farvo111/engarticle/arti5/>.
- "Gender and Women's Mental Health" World Health Organization. http://www.who.int/mental_health/prevention/genderwomen/en/print.html.
- "Women, Work, and Family Health: A Balancing Act." Issue Brief of the Henry J. Kaiser Family Foundation. April 2003.
- "Why Gender and Health" World Health Organization. <http://www.who.int/gender/genderandhealth/en/print.html>.
- "Gender and Mental Health Research in Developing Countries" Vikram Patel. Global Forum for Health Research, Arusha. Nov. 2002.
- "Gender and Mental Health" Gender and Health, June 2002.

Physical and Mental Health in Adulthood: Mental and Physical Health Issues for Men

"It has been argued that simply being male is bad for your health. Men tend to participate in occupations, sports, and pastimes that are far riskier than those of women and the ramifications tend to show in terms of trauma and psychological distress. Men still show great reluctance in seeking help for physical or psychological problems or for participating in screening programs unless a requirement of the job. Men are also more likely to take drugs and get involved in violent and criminal activities. Men also die earlier than women, yet the differences vary from country to country and it is not necessarily clear why this should be the case.

So it is the everyday lives of men that dictates what men's health is about. In this context, men's experiences at work, at home, as lover's, father's, student's, grandfathers, sportsmen, etc., are not only relevant but vital in building a more complete picture about how we men tick and how to optimize our time on the planet by keeping fit and staying healthy. (About, Inc. article on Men's Health) Research shows that men are less likely than women to experience a mental health problem; however, official statistics may not reflect the full extent of the problem because men are less likely to go to a doctor and doctors may be less likely to diagnose a man with a mental health problem than they are to diagnose a woman with these problems. Some call men's mental health a silent crisis, a sleeper issue."

A Canadian study has shown that new fathers are, along with new mothers, also vulnerable to postpartum depression. In the United Kingdom, studies of depression show a major shift in the traditional gender imbalance, with depression rising among men and decreasing among women.

Physical illness is a major contributory factor in men developing mental distress and men have a considerably higher suicide rate than women. Among Canadians of all ages, four of every five suicides are male. In the UK, men are around three times more likely to take their lives than women, and in New South Wales, Australia, suicide has overtaken car accidents as the leading cause of death in males since 1991. Unemployment is a major cause of depression and suicide in men and the overwhelming majority of the prison population are men. Alcohol and substance abuse is much higher in men than in women.

A recent study on the State of Men's Health Across Europe explored a wide range of disease conditions (cardiovascular disease, lung, prostate, stomach, bowel and testicular cancers, accidents, diabetes, HIV/AIDS, sexually transmitted infections, mental health and suicide) as well as the lifestyle issues of smoking, alcohol use, diet and weight. The study showed that men's health varies considerably between countries and between different ages.

The common impression is that men under-utilise the health service both in terms of access and the way in which the services that are accessed are being used. This was realized with the results of the Scoping Study on Men's Health commissioned by the Department of Health in the United Kingdom. The key findings of the study suggested that the four main concerns over men's health were:

- Men's access to health services
- Men's seeming lack of awareness of their health needs
- Men's lack of social networks
- Men's seeming inability to express emotion or concern over mental or physical health issues they were experiencing.

Recommendations

- Parents, teachers, and others must assure boys that it is safe to talk and that they won't be judged negatively by society for being open about their feelings.
- More research is needed on men's mental health and societal attitudes that foster the silence of men when it comes to their psychological stress.
- Physicians should be educated more completely on diagnosis and referral of men who present themselves with physical problems when, in fact, it could be mental distress.
- Medical and mental health personnel must take cultural differences into account when working with clients, especially the unique cultural differences of men.
- Raising awareness about men and their vulnerability to depression may help in terms of reducing the stigma attached to mental health.
- Promotional campaigns, web sites, journals and networking groups targeting men and mental health is helpful in breaking the silence about men's mental health and should be increased.
- Health professionals need to provide outreach at events where men congregate, such as sports events.
- There should be anonymous men's health-related telephone hotlines or electronic mail where men can discuss their concerns privately.

Resources

- www.medicalnewstoday.com/printerfriendlynews.php?newsid=9475 "Men's mental health, a silent crisis".
- White A & Cash K. The State of Men's Health Across 17 European Countries. The European Men's Health Forum. Belgium.
- "Some facts about men's mental health" MIND. <http://www.mind.org.uk>.
- "Men's Mental Health: A Silent Crisis" Canadian health Network.
- "Men's Mental Health: MIND. <http://www.mind.org.uk>.
- "Gender and Women's Mental Health" World Health Organization. http://www.who.int/mental_health/prevention/genderwomen/en/print.html.
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- Gender and Mental Health Research in Developing Countries" Vikram Patel. Global Forum for Health Research, Arusha. Nov. 2002.
- "Gender and Mental Health" Gender and Health, June 2002.

Physical and Mental Health in Adulthood: Ageing and Health: How Living Longer Affects Mental and Physical Health

Perhaps the most obvious issue facing elderly Americans is physical health. Physical health used to be the only issue people thought about when dealing with older Americans; heart disease, strokes, and cancer topped the lists of diseases most likely to affect elderly people. Now there is a much broader focus on issues all across the spectrum, ranging from physical health to mental health and economics to social lives.

Advances in science and technology are enabling people to live longer than ever, but, at the same time, chronic illnesses such as heart disease and cancer are having a greater impact on an increasingly aging population. In addition, many older adults undergo painful lifestyle changes, including retirement and relocation, the loss of spouses, friends, and, at times, even children. These stressful events may lead to depression or may worsen existing mental and physical illnesses. According to the U.S. National Mental Health Information Center, mental and neurological illnesses, such as depression and Alzheimer's disease, are more common in older adults. Due to physical or financial difficulties, older adults may not feel like traveling and may become isolated physically from family and friends. Such isolation can lead to feelings of despair and depression.

Having good mental health throughout life does not ensure immunity from severe depression, Alzheimer's disease, anxiety disorders and other disorders in the senior years of life. In fact, some studies show elderly people are at greater risk of mental disorders and their complications than are younger people. However, many of these illnesses can be accurately diagnosed and treated.

- From 15 to 25 percent of elderly people in the United States suffer from significant symptoms of mental illness.
- The highest suicide rate in America is among those aged 65 and older. In 1985, this age group represented 12 percent of the total U.S. population, but accounted for 20 percent of suicides nationwide. That means close to 6,000 older Americans kill themselves each year.
- Worldwide, elderly people lead the World Health Organization's list of new cases of mental illness: 236 elderly people per 100,000 suffer from mental illness, compared to 93 per 100,000 for those aged 45 to 64, the next younger group.
- Severe organic mental disorders afflict one million elderly people in this country and another two million suffer from moderate organic disorders. (American Psychiatric Foundation <http://www.psychfoundation.org>)

Recommendations

- Increased physical activity, a balanced diet, and a healthy lifestyle can bring benefits at any age, including a reduced risk for some mental illnesses.
- Older people should continue to contribute to their communities by being as active as possible, volunteering, or taking up a new hobby. In turn, other members of the community can benefit greatly from the wisdom and life experiences by including them in community events, social functions, and other activities.

- There should be an increased emphasis on the value of prevention in mental health of the older population. They could have "mood and memory" check-ups just as they have physical check-ups.
- Ongoing assessment of medication is needed to prevent inappropriate medication administration.
- Integrated care in the community can delay nursing home placement; home visits that focus on assessment of symptoms and coordination of health care needs can result in elders receiving their mental health support within the community.
- Residential care environments should emphasize family-oriented care that optimizes existing functional capacities.
- Assisted living facilities can present a supportive housing environment that provides routine nursing services within a philosophy of patient empowerment.

Physical and Mental Health in Adulthood: A Caregivers Guide to Promoting Wellness of Elderly Parents Mental and Physical Wellness

Aging is a part of life, so getting old is normal. One's attitude about aging can make a difference. Aging represents a decline of physical abilities and, for some, a decline in mental functioning. Not everyone becomes frail or disabled. There's much more to aging well than how the body functions. A physical illness doesn't always mean a loss of quality of life. Likewise, good physical health is no guarantee an aging parent will be at peace to enjoy life. As in other areas of life, aging involves continual change.

As a caregiver, you can get involved to promote your parent's mental and physical wellness. Some areas to consider involve:

Social interaction and involvement - Reinforce daily conversation with others. Provide opportunities and outlets for their interaction and exchange with others. Promote activity and daily structure to keep isolation and withdrawal at bay. Help problem-solve transportation to regular meetings, events and classes to keep these opportunities available for as long as possible.

Recognize personality traits – A person who has been easy to get along with will typically remain so, unless a stroke or dementia brings about marked changes. A person who has never had a great personality is not likely to find one late in life. Aging may complicate lifelong personality traits and behaviors. Don't expect significant changes in the way a person relates to you or others as they age. If there are major changes in personality, look for a cause. The changes are not likely the result of an unpleasant personality grown old, they are often times the result of damage to the brain. Your acceptance of individual personality traits, habits and tendencies can help in difficult or challenging interactions and give you insight to accentuate the positive side of a situation. A sense of humor can also be beneficial.

Healthy nutrition, hydration and exercise – Numerous benefits come from maintaining regular, adequate nutritional meals, daily exercising as tolerated, and plenty of liquid intake. If these basic lifelines are not maintained, a multitude of problems can occur. For instance, signs of dementia such as memory loss, confusion and marked changes in behavior can at times be the result of poor hydration or inadequate nourishment. Many health problems such as hypertension and diabetes are greatly influenced by diet and exercise in combination with medication. Mental sharpness can be encouraged, stimulated and even exercised.

It is never too late to reinforce healthy living habits. Regular exercise, active physical care and healthy eating can lead to:

A positive mental attitude – Healthy aging is interconnected with how one feels about self-worth, self-image, and a daily outlook on life. Provide the person direct, positive reinforcement for making plans, achieving goals or sticking with a recommended care plan. Examples of behaviors to reinforce include: an 86-year-old man who walks one mile everyday the weather allows; a 90-year-old woman who gets up at 7:00 a.m. each morning to feed her cat; an 88-year-old husband who pushed his 84-year-old wife's wheelchair outdoors to the garden. There, she could help decide how to layout the rows and observe the planting of seeds. Good comes from building-up or affirming one's positive actions, responses and habits.

Activities of daily living – Everyone has routines, habits or patterns that are individually characteristic to their behavior and personality traits. Get to know how your parent approaches day-to-day activities and

tasks. These include routines such as bathing, cooking, cleaning and even getting out of bed or walking to a chair. Once there are changes in these habits, you can better relate these to medical care providers if necessary. Sometimes the little things can add up to a better understanding of the big picture (one's care plan).

Regular medical check-ups – Maintaining scheduled medical and dental appointments can prolong and maintain health. A chronic condition or illness in one specific area should not negate regular healthcare in other areas. Keep the family doctor informed of treatment recommendations, medications and care plans of other physicians. This will foster everyone being informed and aware of your parent's total health needs.

Age-related Ailments and Diseases

Sensory changes – Changes come with aging. Some changes occur gradually, while others may come abruptly. Keeping tabs on one's activities of daily living will aid you in assessing when it is time to seek help or evaluation. Changes in sensory perceptions are so natural and common, often they are overlooked until they become serious. Sensory changes can include the ability to hear, see, smell, taste and feel. Of these, vision and hearing loss can be devastating, affecting many aspects of quality of life from social interaction to the ability to drive a vehicle.

Dementia – Every elderly person will not experience dementia. Many people have fully functioning, active, healthy minds during old age. It is not unusual to observe persons with frail bodies and vibrant minds. Dementia describes a group of symptoms. It is the loss of intellectual functions such as thinking, remembering and reasoning. With dementia, the loss is severe enough to affect and interfere with a person's daily functioning. When dementia occurs, there is a reason, an underlying cause that may be irreversible or reversible depending on the cause and intervening medical treatment.

Depression – Depression can be a backbreaking affliction, often because of misunderstanding. It hurts the person who is depressed and seems to hamstring the people who love them and want to help. Depression is an illness that is treatable. A depressed person may be viewed as not trying. It is so common among elderly people; too frequently depression is discounted without considering treatment.

If left untreated, depression can become a dysfunctional problem that influences physical and mental health. Many doctors now believe one thing that may cause depression is an imbalance of serotonin—a chemical in the body. Treatment can involve medication and/or psychotherapy. Dementia caused by depression may be reversible with treatment. Depression can also occur in a person with an irreversible dementia such as Alzheimer's. In either case, depression should be treated. A person who took medication for depression 25 years ago with little success may be hesitant to try again. On the positive side, in the past 10 years, medications for depression have rendered better results with fewer side effects.

These symptoms of depression may help you determine when help should be sought, especially if these symptoms last an extended time (weeks):

- Feeling unusually sad
- Difficulty sleeping
- Loss of appetite
- Finding it hard to concentrate
- Lack of energy
- Loss of hope
- Irritable

- Lack of interest in social interactions
- Poor grooming
- Having trouble feeling pleasure
- Everyday life seems too much to handle

Age-related ailments and diseases—Screenings, preventative medical procedures, and annual examinations are more important, not less important, as someone ages. Having one doctor who is aware of your parent's overall health can promote a more comprehensive care plan. Some common age-related ailments and diseases include:

Medications—Even if your parent can self-administer medications, as a caregiver, observe and assess how your parent is responding to prescription and over-the-counter medications. Get to know your parent's medical history and which medications have been effective. An elderly person does not process chemicals as quickly as a younger person does. A dosage of medicine considered safe may reach a toxic level if the drug interacts with certain foods or another medication. Without warning, your elderly parent can experience fainting spells, amnesia, severe insomnia, confusion or disorientation as a result of taking a commonly prescribed medication that was used without incident in the past. In such circumstances, the individual experiencing the difficulty may not recognize that help is needed.

Plan ahead—If possible, talk with your parent about health care options and preference before a medical crisis or hospital stay occurs. This may allow for dialogue and open doors for you to begin to understand your parent's wishes regarding various aspects of eldercare. Reinforce your parent for getting documents and important papers in order. Your parent may need time and assistance in understanding the options regarding Advance Directives (Living Will) and Power of Attorney for Health Care. Under ideal circumstances, decisions regarding these documents should be made long before they are needed. Role model by getting your own documents in order and share your thoughts about Advance Directives.

Summary

An aging parent may need your assistance for only weeks or months, or care giving may extend into years or decades. There is no fixed time frame--care giving can vary in intensity and degree. It can change on a weekly or daily basis. A parent's medical emergency may take you into unknown medical and health issue areas that seem overwhelming. Preparation and planning can make this journey less stressful and less confusing when a medical emergency occurs. Learn to recognize the realities of aging as well as your parent's specific medical history. The goal is to age while promoting wellness and health, yet maintaining a sense of dignity, and recognizing that medical emergencies will happen.

There are benefits to care giving even though it sometimes involves reaching out with increased patience and understanding. Care giving can bring increased insight and awareness into what long-term care involves. One can gain a more mature perspective about what is and is not important in life. Once you become a caregiver, you are less shy about providing assistance to someone in need. There is usually more than one opportunity for care giving. If you don't get it right the first time, you may have a second chance.

Resource

- Auburn United Methodist Church. PO Box 3135, Auburn, IL 36831 USA. <http://www.aumc.net/wellness.htm>. "Resources for Loving Care of the Elderly".

WFMH Special Projects Related to Mental and Physical Health Without Boundaries: The Impact of ADHD on Children and Their Families

The World Federation for Mental Health (WFMH) is committed to heightening public awareness of mental health and to improving understanding and acceptance of mental health disorders. Without Boundaries seeks to address this need for families living with Attention Deficit Hyperactivity Disorder (ADHD).

Conducted in partnership with ADHD expert Dr. Russell Barkley, the Without Boundaries survey examined the impact of ADHD on individuals and families to identify strengths and weaknesses in the diagnosis and management of the disorder internationally. In contrast to much of the ADHD research conducted at an international level, our survey was undertaken from the parent's perspective. For the survey, which was conducted by an independent market research firm, 938 interviews with parents of children with ADHD were conducted in Australia, Canada, Germany, Italy, Mexico, Netherlands, Spain, the United Kingdom, and the United States.

ADHD Defined

ADHD is neurobiological disorder attributed to a developmental delay in brain circuitry impacting inhibition and self-control. Inattention, hyperactivity and impulsiveness are the key symptoms. For example, a child with ADHD is easily distracted, finds it difficult to complete tasks and has difficulty returning to the task, if distracted. He or she may also act impulsively, move and speak rapidly and excessively, and may often respond or act inappropriately, without thinking.

ADHD is highly hereditary. Numerous studies have indicated that the heritability of ADHD is similar to that of height. Interestingly, our survey found that two-third of parents (69%) recognized ADHD symptoms in themselves or their partner, with this figure highest in Germany (84%). Sharing these symptoms may make it all the more challenging for a parent to raise a child with ADHD.

What the Survey Told Us

Family Impact: Parents across all countries surveyed were concerned by the disorder, with the majority of parents (88%) admitting to being stressed or worried about their child's ADHD. In Spain, almost every parent (98%) echoed these concerns. This overarching worry relates to nearly every facet of their child's life. Specifically, a large portion of parents reported that they found it difficult to go places with their child (43%); experienced difficulties finding a babysitter (46%); felt uncomfortable inviting friends and family to their home because of their child's symptoms (32%); and that their child frequently caused trouble with others in the neighbourhood (37%).

The resulting strain on families living with a child with ADHD can be significant. Half of parents believed their marriage had been negatively affected by their child's symptoms, rising to two thirds (65% and 61%) in the UK and Australia. Among parents who recognised symptoms in themselves or their partner, this figure was even higher in all countries except the Netherlands.

Impact at School: School life, both academically and socially, was a key area of concern for parents. A majority of parents (87%) worried that their child's ADHD would threaten his or her academic success. Up to 70-80% of children with ADHD continue to display symptoms into adolescence and the concerns of parents for their child continue beyond the school years. Many parents (83%) worried that their child's ADHD symptoms would limit his or her future career. Long-term fears for their child ranged from almost universal in the UK (94%) to 74% in the US, where there is a greater level of awareness and treatment of the disorder.

Studies confirm the fears of many parents. If untreated, children and adolescents with ADHD are less likely to complete high school, further their education or remain employed, but are far more likely to be involved in drug abuse, teen pregnancy and traffic accidents.

Social Impact: The impact of ADHD is not confined to the child and success at school - it can touch all members of a family and their daily activities. The majority of parents (60%) reported that family life had been disrupted by their child's ADHD symptoms, with parents in the UK expressing the greatest concern (89%). Many parents (57%) claimed their child had been excluded from social activities as a result of their ADHD symptoms, with parents in Mexico (77%) and the UK (70%) expressing the greatest concern. Exclusion at a young age can have a long-lasting impact on a child's self esteem. Research in the US suggests that 70% of children with ADHD have poor peer relations.

Diagnosis - An International Issue: ADHD is not restricted by geographical boundaries. Regardless of cultural backgrounds, ADHD has a prevalence of 3-7% of school-aged children. However, the pathway to diagnosis in different countries varies greatly. Discrepancies in diagnosis can be linked to local attitudes about mental health. For example, in Italy, Mexico and Spain, medical professionals are more likely to believe ADHD symptoms are a result of poor parenting than North American or Australian physicians. Such attitudes can impede the child's diagnosis and subsequent treatment.

Stigma: Like many mental health or behavioural disorders, stigma has often been associated with ADHD, perhaps discouraging some parents from seeking treatment. In our survey, most parents were not concerned about the potential for stigma, with only 18% of parents feeling uncomfortable visiting a specialist due to the stigma attached. While not an overriding issue, concern that their child would be 'labelled' was felt most acutely by parents in the UK (30%) and Mexico (35%).

What Advocates Can Do

The results of this research show how each of us can make a difference to the lives of those with ADHD.

Parents of children with ADHD have a very tough time and often face barriers to seeking medical advice. With accurate information, parents are empowered to demand appropriate medical attention from healthcare professionals. Patient groups, such as the ones involved in this survey, and The World Federation for Mental Health can provide practical advice and assistance to parents.

Healthcare professionals need to be better at listening to parents' concerns and to be open to the possibility of ADHD. Children need to be referred for diagnosis as early as possible to minimise the disorder's impact.

Governments have to recognise and place ADHD on their national health agenda to ensure that children have timely access to care. Similarly, educators must work together with parents to ensure that children receive the care they need.

The media have a responsibility to reverse the myths that surround ADHD and ensure that accurate facts are presented to their audiences. The media can play a vital role by creating awareness of ADHD and the impairment it can cause the child, their family, and society in general, if unmanaged.

There is a great need to raise public awareness and understanding of ADHD to help combat the prejudices families face.

Resources

- To download a copy of the Without Boundaries report, and to learn about WFMH's Without Boundaries: Challenges and Hopes for Living with ADHD Advocacy and Pledge Initiative - now with Power Point Presentations in English, French, German and Russian - go to WFMH's website at www.wfmh.org. Eli Lilly and Company sponsored this project.

WFMH Special Projects Related to Mental and Physical Health A Call to Action in the Management of Metabolic Issues and Mental Health

A panel of international experts in the areas of endocrinology, cardiovascular disease, psychiatry, primary health care, and consumer/family mental health advocacy convened in Vienna, Austria 28 - 30 September 2004 to explore issues relating to how metabolic issues in people with mental illnesses should be identified, monitored, and managed, and to develop recommendations to raise awareness and provide guidance on the management of these issues.

Objectives of the Meeting:

- Understand current clinical guidelines in the identification and treatment of cardiovascular and metabolic risk factors in the general population
- Recognize the increased risk of metabolic/cardiovascular comorbidities in patients with mental illnesses, including schizophrenia, bipolar disorder and depression
- Understand the metabolic/cardiovascular effects of antipsychotic medications in patients with mental illness
- Evaluate current diagnosis and treatment challenges in the management of metabolic/cardiovascular issues in patients with mental illness
- Develop peer-review publication (a 'call-to-action') to raise awareness of metabolic issues in mental illness and to provide identification, monitoring and referral guidance to treating physicians, patients, caregivers, government organizations and third party groups

What is Metabolic Syndrome?

Metabolic syndrome is a multifactorial condition with a clustering of risk factors around insulin resistance, which, in turn, leads to a number of secondary effects, including atherogenic dyslipidaemia and the development of pro-inflammatory and prothrombotic states. The various components of metabolic syndrome have different origins that may have a genetic or environmental basis. Over the last three few years, metabolic syndrome has become a focus of interest of physicians and scientists from a variety of disciplines.

Why is Metabolic Syndrome an Issue of Concern for People with Mental Illnesses?

People with mental illnesses have a reduced life expectancy compared with the general population, and cardiovascular disease (CVD) contributes significantly to this. People with mental illnesses often have increased risk of CVD because of higher prevalence rates of obesity, smoking, diabetes, hypertension, and dyslipidaemia. They may also have lifestyle factors, often as a result of the social, emotional, and economic impact of their disorder, that contribute to the development of metabolic syndrome. Prescribed psychotropic medications may also increase the potential for increasing weight gain and changing activity levels due to the commonly occurring side effects of sedation and possible Parkinsonism.

What are the Key Issues?

There are a number of key issues that relate to the overall management of metabolic disorders in individuals with mental illnesses:

- There is no scientifically (or politically) defensible argument to support the position that people with mental illnesses should not receive the same standard of healthcare as others in the population without mental illness.
- Healthcare professionals need to be fully informed of the increased risk of metabolic disorders and need for intensive monitoring of people with mental illness, and should be encouraged to act to avoid the development of metabolic disorders rather than treat the consequences.
- Consumer/patient management should be performed in the context of fully informed consumer consent and, when possible, consumer/patient participation in treatment planning and decision-making.

Who Should Manage Metabolic Monitoring and Treatment?

The single most important factor is that there should be a responsible physician supervising and monitoring metabolic management in people with mental illness. Given the recognized propensity of many psychotropic medications to cause metabolic effects such as weight gain, it is clearly the prescriber of the medication who must take responsibility for ensuring that the monitoring of the effects of the medications takes place at suitable intervals and on an ongoing basis. Wellness programs within clinics can provide an ideal structure to support people with mental illness. Both the patient/consumer and, when appropriate, their family should be involved from the beginning in metabolic monitoring, so that they are empowered to take control of their own monitoring.

What Needs to be Monitored?

The presence of obesity or being overweight, blood pressure readings, blood glucose, and lipid profiles all need to be monitored on a regular basis.

Weight: Obesity or presence of being overweight is a key assessment, and time should be taken to do this accurately. People with mental illness should be encouraged to self-monitor their weight on a regular basis and notify their physician of any changes of more than 5% of their baseline body weight.

Diabetes/Pre-diabetes: The presence of diabetes or pre-diabetic conditions should be assessed by monitoring blood glucose.

Blood Pressure: Blood pressure should be checked on a regular basis according to standard procedures.

Lipid Profiles: Low-density lipoprotein (LDL)-cholesterol, high-density lipoprotein (HDL)-cholesterol, and triglycerides should all be monitored according to current local guidelines.

What Should be Done When Evidence of Metabolic Disorders Is Identified in People Being Treated for a Mental Illness?

- Consumers/patients should be informed of the presence of the condition and supported in making lifestyle changes to adopt a healthier diet and increase physical activity.
- Consumers/patients with evidence of impaired glucose tolerance or diabetes should be referred for treatment to the appropriate specialist or to their primary care practitioner depending on local practice for managing diabetic conditions.
- Consumers/patients with elevated blood pressure should receive appropriate antihypertension medication and be referred to the appropriate specialist or primary care practitioner.
- There is some evidence that moderate exercise can improve a number of metabolic risk factors including dyslipidaemia.
- A review of the person's medication should be conducted with the individual concerned, and consideration should be given to selecting the most appropriate therapy.

The most important consideration in the management of metabolic syndrome in individuals with mental illness is to try, as much as possible, to:

- Ensure an early diagnosis of impaired glucose tolerance - before fully developed diabetes is present - and take appropriate remedial action.
- Prevent the occurrence of a first time cardiovascular event.

How Should Antipsychotic Medication be Selected?

Selection of antipsychotic medication should be based on the consumer/patient's overall needs including efficacy requirements and the individual's risk factors; the balance of risk/benefit will differ from person to person. Simple treatment regimens should be used whenever possible to aid in compliance. The person with mental illness should be as fully involved as possible (and their family, if caregivers) in the decision on medication selection or switching. When switching from one medication to another, consideration should be given to all aspects of the individual's condition, the comparative risks and benefits of changing medications, and the individual's response to medication in managing the primary symptoms of the mental illness. In some countries, cost and availability will also be a consideration. People with mental illnesses should be provided with complete information to enable them to be involved in the decision-making process concerning their medication.

How Can People With Mental Illness be Supported in Making Lifestyle Changes?

Lifestyle changes are difficult to introduce, and healthcare professionals need to provide significant support by providing information and referral to wellness programs and professionals who can assist in this process. Evidence suggests that achieving and maintaining weight loss is more likely to be successful when there is a physician-consumer partnership in which the physician provides regular support and encouragement for the individual's efforts to initiate and maintain a healthy body weight. In cases in which a physician is not available to provide this support, partnership with a health educator can be as effective. When families are involved in the treatment and management of a family member's illness, supporting and participating in maintaining a healthy diet and regular exercise program can prove very beneficial. In situations where people with mental illnesses are living in congregate housing facilities, supervisors and staff members should become knowledgeable about and active in promoting healthy diets and regular exercise activities.

A CALL TO ACTION: CONCLUSIONS FROM THE CONSENSUS MEETING

- People with mental illnesses are at particular risk of developing the components of metabolic syndrome
- Prevention of metabolic disorders is key to ensuring the physical health of people with mental illnesses
- Regular and comprehensive metabolic monitoring, together with judicious selection of treatment programs, is necessary to ensure proper risk management
- Greater overall awareness of metabolic disorders in people with mental illnesses within the broad medical community is urgently needed
- Physicians need to act to decrease the risk of metabolic syndrome in people with mental illnesses
- People with mental illnesses must receive as good a standard of care and treatment as do people with any other illness or disorder; poor physical health is a barrier to recovery and reintegration of people with mental illnesses
- The standard supported by this call to action is one of careful and thorough diagnosis, informed treatment, regular monitoring, and educated involvement of consumers/patients and, when appropriate and possible, family members and caregivers
- Treatment of people with mental illness with a metabolic disorder needs to be a collaborative effort between the psychiatrist, other specialists such as cardiologists and endocrinologists, primary care physicians, the consumer/patient, and their family. Regular, comprehensive, and comprehensible communication is key to ensuring successful collaboration
- Clinicians should not underestimate an individual's ability to participate in making decisions about treatment and health matters, and should make every effort to assist people with a mental illness to develop their own self-monitoring program and healthy lifestyle.

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For More Information

- The complete statement and "Call to Action" resulting from this international consensus meeting will be published in *The Journal of Clinical Psychiatry* in mid-2005. To learn more about the consensus statement and additional WFMH public awareness and information activities relating to the management of metabolic disorders in the treatment of mental illnesses, go to the WFMH website at www.wfmh.org.

"Advancing the Treatment of People with Mental Illness: A Call for Consensus on the Management of Metabolic Issues" was organized and convened by the World Federation for Mental Health, and was supported by an unrestricted grant from Bristol-Myers Squibb and Otsuka Pharmaceutical Company, Ltd. This meeting was developed by WFMH as an expansion of the 2004 World Mental Health Day theme, *The Relationship Between Physical and Mental Health: An Overview of Co-occurring Disorders*.

WFMH Special Projects Related to Mental and Physical Health Painful Physical Symptoms of Depression

Depressed individuals struggle in silence, waiting for nearly one year before seeking professional help.

May 2005 – An international survey, conducted by The World Federation of Mental Health in partnership with Eli Lilly and Company and Boehringer Ingelheim, showed that people with major depressive disorder, on average, waited more than 11 months to see a doctor and were only diagnosed with depression after five visits to the doctor, further delaying treatment. The survey also revealed that nearly 72 percent of people with major depression did not believe, prior to their diagnosis, that painful physical symptoms such as, unexplained headache, backache, gastrointestinal disturbance and vague aches and pains, were a common symptom of depression.

More survey results can be viewed at www.wfmh.org. To better understand the full range of depression symptoms, see the chart below.

Depression Symptoms

One of the most recognized symptoms of depression is a profound feeling of emptiness or sadness. What may be surprising is that many people also experience physical symptoms along with emotional ones—a persistent backache or fatigue, for example.

In general, if you've been experiencing some combination of the following emotional or physical symptoms for more than two weeks, and they clearly interfere with your life, you should discuss them with your doctor:

Emotional

- Sadness throughout the day, nearly every day
- Feelings of emptiness or hopelessness
- Feeling stressed, nervous, or overwhelmed
- Loss of interest in or enjoyment of your favorite activities
- Trouble concentrating or making decisions
- Feelings of worthlessness or self-hatred
- Excessive or inappropriate feelings of guilt
- Irritability or restlessness
- Thoughts of death or suicide

Physical

- Fatigue or lack of energy
- Sleeping too much or too little
- Change in appetite or weight
- Vague aches and pains
- Headache
- Back pain
- Digestive problems
- Dizziness

Understanding Depression

Self-assessment Checklist

This checklist, developed by experts at the University of Michigan, details many of the common symptoms of depression.

If you decide to discuss your symptoms with your doctor, you can use this page for reference—just check all the fields that apply:

- I'm often restless and irritable.
- My sleep patterns are irregular:
 - I'm sleeping too much.
 - I'm not sleeping enough.
- I don't enjoy hobbies, leisure activities, or time with friends and family anymore.
- I'm having trouble managing my diabetes, hypertension, or other chronic illness.
- I have nagging aches and pains that don't get better, no matter what I do.
- I often have:
 - Digestive problems
 - Headaches or backaches
 - Vague aches and pains (e.g., joint or muscle pains)
 - Chest pains
 - Dizziness
- I have trouble concentrating or making simple decisions.
- People have commented on my mood or attitude lately.
- My weight has changed considerably.
- I've had several of the symptoms I checked above for more than two weeks.
- I feel that my work and my interactions with family and friends are suffering because of these problems.
- I have a family history of depression.
- I've thought about suicide.

Understanding Depression

Taking the First Step

If you are concerned about some of your symptoms, you can take some important first steps toward getting relief.

1. Learn more about depression

Find out how depression affects your emotions and your body, and read about the various treatments available before speaking with a healthcare professional. That way you can take a list of questions to ask during your visit.

2. Make an appointment with a doctor

Talk to your primary care physician or another healthcare professional about your symptoms. He or she can tell you whether you have depression, and work with you to plan a course of action that you feel good about. Your doctor might also suggest that you see a specialist, like a therapist or psychiatrist.

3. Talk to your friends and family

Depression can be isolating. Your loved ones can be a real source of comfort and emotional support. They may even help you with practical things like finding a doctor or therapist. You don't have to face depression alone. After talking to your friends and family about it, you might actually feel relieved.

Reaching for Remission: The Optimal Goal for Depression Treatment

- Major Depression is a mood disorder that consists of both emotional and physical symptoms.¹
- Although virtual elimination of symptoms – or remission – is the primary goal of depression treatment, in clinical trials of antidepressants, only 25-35 percent of patients achieve it.²
- Symptoms that don't go away completely can prevent patients from achieving remission and increase the likelihood of relapse.³
- To achieve remission, treatment should address the full spectrum of disease symptoms – emotional and physical.¹
- Studies suggest that targeting both serotonin and norepinephrine may help treat a broad range of depression symptoms.⁴
- Patients should be monitored closely throughout their treatment to ensure treatment efficacy and increase chances of reaching remission.⁵
- Research indicates that primary care patients have less-than-optimal response to therapy because they often receive lower doses of medication, do not receive adequate follow-up, have less than adequate monitoring of symptoms and prematurely discontinue therapy.⁵

¹ Ohayon MM, Schatzberg AF. Using Chronic Pain to Predict Depressive Morbidity in the General Population. *Arch Gen Psychiatry* 2003; 60: 39-47.

² Tran PV, Bymaster FP, McNamara RK, et al. Dual Monoamine Modulation for Improved Treatment of Major Depressive Disorder. *J Clin Psychopharmacology* 2003; 23: 78-86.

³ Paykel ES, et al. *Psychol Med.* 1995;25(6):1171-1180.

⁴ Goldstein DJ, Detke MJ, Iyengar S. Effects of Duloxetine on Painful Physical Symptoms Associated with Depression. *Psychosomatics* 2004; 45; 17-28.

⁵ Revicki DA, Simon GE, Chan K, Katon W, Heiligenstein J. Depression, Health-related quality of life, and medical cost outcomes of receiving levels of antidepressant treatment. *J Fam. Prac.* 1998; 47: 446-452.

Primary Care and Mental Health: The Important Role of Primary Care in Mental Health

Why is Primary Care Important to Mental Health?

Primary care is an ideal setting for the identification of mental health problems and disorders since the majority of people seek their mental health care in these settings. Primary mental health conditions—depression, alcohol use, anxiety, sleep problems, chronic fatigue, and unexplained somatic symptoms—are both prevalent and amenable to treatment in primary care, especially when they are identified early. However, they often go undetected or improperly treated.

- Estimates indicate that in the US, 58% of people with depression are not identified or adequately treated in health care settings.
- A recent study found a 17% prevalence of alcohol abuse or dependence, but only 5% of patients had ever had an alcohol use diagnosis in their medical record.
- Internationally, between 66% and 75% of people with a mental or substance abuse disorder do not report receiving treatment.

"Women have the right to the enjoyment of the highest attainable standard of physical and mental health... Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health... is basic to their empowerment... However, health and well-being elude the majority of women."

—Beijing Platform for Action, paragraphs 89 & 92

The World Health Organization estimates that, in a general-practice surgery, every third or fourth patient seen has some form of mental disorder. Levels of disability among primary care patients with such disorders are high; greater on average than disability among primary care patients with common chronic diseases such as hypertension, diabetes, arthritis and back pain. Simple effective treatments are available for many mental disorders and some can be treated more effectively than hypertension or coronary heart disease.

Changes in the way services are provided also emphasize the importance of primary care as a setting for mental healthcare. Over the past 30 years, the number of hospital beds available for people with mental illness has fallen, while the number of GPs and psychiatrists has risen. A direct result is that people in primary care need to work more closely with those in mental health services. Good mental healthcare is a collaborative effort. The Primary Care Team includes practice nurses, district nurses, health visitors, counselors, clinical psychologists and school nurses, as well as GPs, all of whom may have a role in mental healthcare. The Community Mental Health Team may include nurses, occupational therapists, clinical psychologists, social workers and support workers, as well as psychiatrists. Families and friends, self-help and community groups also provide crucial support to people with a whole range of mental disorders: from transient distress to enduring psychotic illness. They need to talk to one another, respect each other's contribution and jointly agree who will provide which service to whom.

Mind-Body Relationship

Numerous studies demonstrate excess mortality, morbidity, and health care use for those with mental health and substance abuse disorders.

- The strongest predictors of general hospitalization and physician visits among patients with chronic medical illness are depression and psychological stress.
- Compared to non-depressed patients, depressed patients were three times more likely to be non-compliant with medical treatment recommendations.

The relationships between mental health and physical health are complex, and the excess morbidity and mortality cannot be completely explained by behavioral factors. There are several examples of physical health issues that demonstrate this complexity. Depression has been the most widely examined of these relationships.

Coronary Heart Disease

- Depression occurs in 35-45% of patients who have experienced a heart attack.
- Depression may be an independent risk factor for death in patients who have experienced a heart attack and in others with coronary heart disease.
- Diabetes
- It is estimated that 10 to 15 % of people with diabetes have depression, and almost 80% have a re-occurrence of depression during a 5-year follow-up period.
- Depressed patients have increased insulin resistance when compared with non-depressed patients.

Cancer

- Almost half of all cancer patients have a mental disorder, with adjustment disorders and depressive disorders being the most common.
- There has been some evidence that people with depression are at risk factors for various cancers. Recent studies have found that women with depression were at increased risk of breast cancer.

HIV/AIDS

- It has been estimated that between 22-32% of HIV-infected patients have depression.
- In up to 10% of HIV+ patients a neuropsychiatric condition may be the first sign of the disorder.

Primary Mental Health

The sheer numbers of people affected, the associated disability, and the fact that effective treatment is available further emphasizes the importance of addressing mental health problems and disorders in primary care. *In a recent WHO study of seven countries, the 12-month prevalence of mental disorders varied widely with a high of 29% in the US experiencing at least one mental disorder in a year compared to a low of 8% in Turkey.*

In spite of the fact that the prevalence of these disorders is often greater in primary care settings, these disorders often go undiagnosed and as a result less 33% of those who need treatment get it.

Primary care settings can effectively treat many mental health problems and disorders. Studies have demonstrated, for example, that by integrating mental health staff within a primary care setting remission rates for depression can be produced that are comparable to those seen in specialty care efficacy studies. Research also suggests that brief interventions by primary care providers are effective in reducing problem drinking. By addressing mental health problems and disorders, primary care settings can help patients to achieve “the complete state of physical, mental, and social well-being and not merely the absence of disease.”

Resources

- “*Mental Health in Primary Care*,” USDHHS HRSA Bureau of Primary Health Care, www.bphc.hrsa.gov/bphc/mental
- “*WHO Guide to Mental and Neurological Health in Primary Care*,” www.mentalneurologicalprimarycare.org

Primary Care and Mental Health: Mental Health: New Understanding, New Hope Recommendations for Advocacy and Action

The World Health Organization's landmark *2001 World Health Report* was devoted to the global status of mental health. The objective of the report, *Mental Health: New Understanding, New Hope*, was "to raise public and professional awareness of the real burden of mental disorders and their costs in human, social and economic terms. At the same time, it intends to help dismantle many of those barriers – particularly of stigma, discrimination and inadequate services – which prevent many millions of people worldwide from receiving the treatment they need and deserve."

Four years after the release of this momentous report, what has changed? In far too many countries, communities and families, unrecognized, untreated mental illness and mental health problems continue to extract personal, social and economic consequences. Most countries continue to spend less than 1% of their total health budgets on the diagnosis, treatment and prevention of mental and behavioural disorders. National health policies continue to view physical health and mental health in "silos," with little effort being made to effectively integrate services and programs into a meaningful comprehensive healthcare system. And, far too little attention and funding is being directed to promoting positive mental and physical health and wellness as a strategy to reduce the burden of disease – a burden that costs countries untold billions of dollars.

One of the annual goals of World Mental Health Day is to encourage and promote informed advocacy and action for the improvement of services to those with mental and behavioral disorders, to promote mental health and well-being, and to prevent mental disorders. The 2001 World Health Report presented a series of important recommendations that relate directly to this year's World Mental Health Day theme, "*Mental and Physical Health Across the Life Span.*" These recommendations are repeated here as a reminder of the unfinished work of mental health advocates worldwide. WFMH encourages mental health associations, professional associations, consumer and family organizations, and individual citizen advocates to consider how they can incorporate these recommendations into their annual advocacy and policy agendas.

1. **Provide Treatment in Primary Care:** The management and treatment of mental disorders in primary care is a fundamental step that would enable the largest number of people to get easier and faster access to services. It needs to be recognized that many are already seeking help at this level. In order for this model to be successful, however, general health personnel need to be trained in the essential skills of mental health care. Mental health should be included in training curricula, with refresher courses to improve the effectiveness of the management of mental disorders in general health services.
2. **Make Psychotropic Medications Available:** Essential psychotropic medications should be provided and made constantly available at all levels of health care. Such medicines often provide the first-line treatment, especially in situations where psychosocial interventions and highly skilled professionals are unavailable.
3. **Give Care in the Community:** Community care has a better effect than institutional treatment on the outcome and quality of life of individuals with chronic mental disorders. Shifting patients from mental hospitals to care in the community is also cost-effective and respects human rights. This shift towards community care requires health workers and rehabilitation services to be available at community level, along with the provision of crisis support, protected housing, and sheltered employment.
4. **Educate the Public:** Public education and awareness campaigns on mental health should be launched in all countries. Well-planned public awareness and education campaigns can reduce stigma and discrimination,

increase the use of mental health services, and bring mental health and physical health care closer to each other.

5. **Involve Communities, Families and Consumers:** Communities, families and consumers should be included in the development and decision-making of policies, programmes and services. Interventions should take account of age, sex, culture and social conditions, so as to meet the needs of people with mental disorders and their families.
6. **Establish National Policies, Programmes and Legislation:** Mental health policy, programmes and legislation are necessary steps for significant and sustained action. These should be based on current knowledge and human rights considerations. Mental health reforms should be part of the larger health system reforms and health insurance schemes should not discriminate against persons with mental disorders, in order to give wider access to treatment and to reduce burdens of care.
7. **Develop Human Resources:** Most developing countries need to increase and improve training of mental health professionals, who will provide specialized care as well as support the primary health care programmes. Most developing countries lack an adequate number of such specialists to staff mental health services. Once trained, these professionals should be encouraged to remain in their country in positions that make the best use of their skills. Specialist mental health care teams ideally should include medical and non-medical professionals, such as psychiatrists, clinical psychologists, psychiatric nurses, psychiatric social workers and occupational therapists, who can work together towards the total care and integration of patients in the community.
8. **Link with Other Sectors:** Sectors other than health, such as education, labour, welfare, and law, and nongovernmental organizations should be involved in improving the mental health of communities. Nongovernmental organizations should be much more proactive, with better-defined roles, and should be encouraged to give greater support to local initiatives.
9. **Monitor Community Mental Health:** The mental health of communities should be monitored by including mental health indicators in health information and reporting systems. The indices should include both the numbers of individuals with mental disorders and the quality of their care, as well as some more general measures of the mental health of communities. Monitoring is necessary to assess the effectiveness of mental health prevention and treatment programmes, and it also strengthens arguments for the provision of more resources. New indicators for the mental health of communities are necessary.
10. **Support More Research:** More research into biological and psychological aspects of mental health is needed in order to increase the understanding of mental disorders and to develop more effective interventions. Such research should be carried out on a wide international basis to understand variations across communities and to learn more about factors that influence the cause, course, and outcome of mental disorders. Building research capacity in developing countries is an urgent need.

“Mental health is as important as physical health to the overall well-being of individuals, societies and countries. Yet only a small minority of the 450 million people suffering from a mental or behavioural disorder are receiving treatment. Advances in neuroscience and behavioural medicine have shown that, like many physical illnesses, mental and behavioural disorders are the result of a complex interaction between biological, psychological and social factors. While there is still much to be learned, we already have the knowledge and power to reduce the burden of mental and behavioural disorders worldwide.”

–The World Health Report 2001

Resource

- The World Health Report 2001: Mental Health: New Understanding, New Hope. World Health Organization, Geneva, Switzerland (www.who.int)