ISSN 2382-1019

Editorial: mental health: it's all relative

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[citation: Shahtahmasebi, S. (2022) Editorial: mental health: it's all relative. Dynamics of Human Health (DHH), 9(1): https:www.journalofhealth.co.nz/?page_id=2825]

Mental Health Awareness (MHA) Week in New Zealand took place on 26 September – 2 October. The theme for 2022 MHA Week was 'Reconnect - with the people and places that lift you up'.

What does it mean to dedicate time for a cause? Certainly, dedicating time can bring MHA to prominence to encourage a change in public and political behaviour in order to improve mental health. However, mental health is a question of definition, and measurement, and relative to individual and social processes.

According to WHO 'Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.' [WHO[1]].

The Centers for Disease Control and Prevention (CDC) provide a similar definition: 'Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through to adulthood.' [CDC[2]].

Similarly, the New Zealand Mental Health Foundation defines mental health as: 'Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.' [Mental Health Foundation NZ[3]].

However, two major issues arise based on these definitions. Firstly, we know that behaviour is individual specific and there is a wide variation in the "mental health continuum". For example, people with similar characteristics may react differently to the same adverse event, some may feel comfortable while others may feel anxious, fearful, worried and concerned and thus react differently.

Secondly, who would drive population conformity and on what evidence e.g. what set of emotional behaviour may be considered a 'normal' reaction without being labelled a mental illness.

Although, defining mental health is implicitly distinguished from mental illness, yet, they are used interchangeably, e.g.:

'Individual psychological and biological factors such as emotional skills, substance use and genetics can make people more vulnerable to mental health problems' [WHO[1]].

'Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke. Similarly, the presence of chronic conditions can increase the risk for mental illness.' [CDC[2]].

'Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems,' [Mental Health Foundation NZ[3]].

It seems to me that in attempting to quantify mental health we have inadvertently and inevitably correlated it with mental illness (Pridmore and Rostami 2020), which is intervened with mental illness approach. To some extent, mental illness disorders (e.g. DSM-5 and ICD-10) codes include mental health symptoms (Pridmore and Rostami 2020).

In New Zealand, the government has introduced more mental illness interventions for child and adolescent development, e.g. in July 2020 the government announced increased counselling support for all students:-

'"A major investment of $75.8 million will provide greater access to guidance counsellors to help primary and secondary school students deal with mental health and wellbeing issues."

Such an ambulance at the bottom of the cliff approach means interventions are merely the medicalisation of life experiences of meager value, because for the most part it does not address the problem individuals may be facing. Such interventions assume that the problems may be difficult to solve so instead attempts are made to change individuals to accept the consequences. For example, treating victims of bullying for mental breakdown, stress, anxiety, and various mental and physical harm is of little benefit if they have to return to the same environment and face the same problem(s) that caused their mental problems.

By the same token, mental health flourishes where there is no conflict and confusion between individuals' social perceptions and expectations and social values, protocols and norms. Furthermore, mental health will flourish where there is harmony between all processes such as social, health, economy, environment processes. But, processes are by nature dynamic and changes in one process may lead to conflict between processes rather than commensurate changes.

For example, the New Zealand Lottery[5] is promoted as "kiwis helping kiwis" every time a ticket is purchased. Their web page promotes gambling by encouraging the user to play more high-stake games. The user is prompted to play more games or add more options from the variety of games in order to increase their chances of winning large amounts. The phrase "play responsibly" only appears as the last item on their drop-down menu, i.e. it is out of sight unless one is specifically searching how to play responsibly. Clearly, the aim of the web page, like any other business, charitable or otherwise, is to maximize revenue. It is not surprising that their policy of "play responsible" is:-

'… we encourage our players **to play a little,** and dream a lot.' [Lotto New Zealand[6]]

Thus, our efforts to address problems and resolve them are quashed/hindered/wasted leaving us with the medicalisation of the individuals and their life experiences – and what good is that if the source of the problems are embedded in our cultures.

The disharmony between processes arise as a result of mismatch between policy aims and objectives and policy action plan, which will have a major impact on our individual/social perceptions and attitudes of other processes, e.g. health, economic and environment. For further examples we need only pay attention to reports in the mainstream media.

We promote mental health and encourage the public to maintain positive mental health. But, adverse life events and the inability to deal with them may manifest as mental illness. We commonly intervene by addressing the mental illness symptoms exhibited by individuals. The problem is that individuals will still have to face the same problems following intervention. This approach has created a feed-back effect where mental illness is causally associated with an outcome and vice versa, e.g. within the suicide literature mental illness and suicide are used interchangeably. In doing so, the human development and behaviour processes are dismissed as a medical condition. It is not surprising to read that puberty blockers medication[7] has increased exponentially in the last decade.

On the flipside of the coin, words are cheap despite all that has been said about mental health awareness, societies around the globe refuse to tackle and change a culture that provides a breeding ground for mental distress and subsequent outcomes including bullying and suicide.

The mainstream media frequently reports that bullying is rife in NZ society but bullying as a management tool is never tackled and is always blamed on the individuals. As a result, courses of action that supposedly help to identify and root out bullying are directed by human resources departments. But it is human resources, their employment lawyers and senior managers who maintain and sustain bullying (Shahtahmasebi 2004; 2016).

In 2019, more than NZ$180 in 'hush' money was paid to staffers[8] to secretly settle employment disputes. In the same year shouting, abusive calls, character assassination, allegations of sexual assault[9] were reported to have taken place in the working environment - and these were in the New Zealand Parliament!

In 2022, Dr Sharma, a Labour Party MP[10] made a complaint about bullying, true to form, the Prime Minister, Jacinda Ardern, addressed his complaint via the same people he had complained about. The outcome did not come as a surprise: the table was turned against Dr Sharma and he was vilified, belittled, and shunned as the aggressor – as a result he was expelled from the Labour Party. This pattern of behaviour can be observed in bullying cases and is used as the template for dealing with 'trouble makers'! (Shahtahmasebi 2004; 2016).

The evidence supports an active and endemic bullying culture across the board. One of the reasons that this behaviour is accepted, as explained above, is because it is practiced by those in power. Therefore, the less powerful and those without resources who have to support their families and their lifestyle, fearfully submit to the will of the management or find alternative employment and leave. The rest are crushed by the powerful (Shahtahmasebi 2004; 2016). This is the embedded subconscious feed-back effect, e.g. invisible anxiety, worry and stress.

Fear of persecution (for no reason) will have a major effect on an individuals' mental health and affects the delivery of duties, as well as interactions with colleagues.

In my view, without a major cultural shift, bullying will remain a management tool no matter how many reviews are carried out, or how much resources is dedicated to deal with bullying through individual employees, and/or HR developing or amending policies on bullying – we must stop giving resources to bullies to develop anti-bullying policies.

Similarly, we cannot and must not allow the medicalisation of adolescent behaviour. Puberty and adolescence are not mental illnesses but are processes of development - with 'development' being the operative word. We must pay more attention to development rather than the suppression or blocking of associated symptoms that arise from natural biological changes which interact with perceived socio-environmental and health expectations, attitudes and other processes.

Under normal conditions, some of the issues that teenagers may be grappling with include deciding whether to smoke, drink alcohol or take other drugs to combat worrying about money and school, their body weight and shape (Shahtahmasebi and Berridge 2005; 2009). These are part of natural emotional development and as well as interactions with social expectations and experiences, in particular in adolescence. Such emotions are much more complex for indigenous teenage populations, or those living under occupation or under colonisation, or forced migrants and refugees.

In spite of overwhelming evidence to the contrary, globally, suicide prevention is still based on a mental illness approach and discard them as medical conditions (Shahtahmasebi and Pridmore 2021). The adverse feed-back effects of such policies seek to quantify symptoms of human behaviour in terms of mental illness. In doing so, we inadvertently medicalise and discard life experiences, e.g. from living in fear of persecution, under occupation, colonisation, or those who are members of indigenous or minority populations. Thus, life experiences are disguised as a mental illness category, and never addressed appropriately. For example, in New Zealand, Maori is continually reported as over representative in all adverse health and social and economic outcomes, e.g. high mortality and morbidity rate, and incarceration rates.

As a result, inappropriately developed policies become very expensive, ineffective and waste of resources. For example, in its 2019 budget, the NZ Government injected $1.9 billion into mental health services and a few years later the minister for health, Andrew Little, was shocked at the worsening problem and claimed that he had no idea where the money has been spent (Shahtahmasebi 2022).

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List of internet links

1- https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
2- https://www.cdc.gov/mentalhealth/learn/index.htm
3- https://www.mentalhealth.gov/basics/what-is-mental-health
4- https://www.beehive.govt.nz/release/increased-counselling-support-all-students
5- https://mylotto.co.nz
6- https://mylotto.co.nz/our-commitment-to-responsible-gaming
7- https://www.rnz.co.nz/news/national/475757/puberty-blocker-use-jumps-as-expert-backs-results
8- https://www.rnz.co.nz/news/political/391623/details-of-employment-disputes-between-mps-and-staffers-released
9- https://www.rnz.co.nz/news/political/389696/serious-bullying-rife-at-parliament-report
10- https://www.newshub.co.nz/home/politics/2022/08/labour-bullying-allegations-expelled-mp-gaurav-sharma-says-he-s-on-the-path-of-truth-but-also-unclear-where-his-political-career-is-going.html