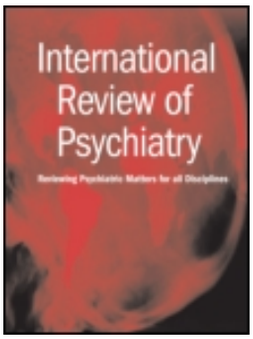

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EDITORIAL

Public mental health

Public health has been part and parcel of the practice of clinical medicine for centuries. Doctors being advocates for better sanitation, physical activity and other measures have led to a marked reduction in certain conditions. Many infectious illnesses could not have been controlled without clear public health advice and planning.

Public mental health has had a mixed pedigree and it is only in the past few decades that the role of public mental health has become prominent in the practice of psychiatry. There is significant research evidence which suggests that psychiatric disorders have very high rates of burden, and that they cost society a considerable sum. Equally importantly, there is an increasing body of evidence indicating that over three quarters of psychiatric disorders in adulthood start below the age of 24. There is research evaluation showing that early intervention and preventive strategies in schools and in childhood can prevent development of psychiatric disorders later on, and many strategies have been advocated suggesting that onset of dementia can be delayed.

Historically, public mental health has not only been ignored by politicians but has also had connections with the mental hygiene movement. As Allen and colleagues in their paper show, social determinants of mental health are the key to our understanding of aetiology as well as of management of various psychiatric disorders. They argue cogently that poverty plays a major role in the genesis of common mental disorders and, if appropriate and accessible services are not available, then it is inevitable that a vicious circle is set up. Patterns of inequity in social distribution emerge before adulthood. Thus there seems to be a parallel with social deprivation and onset of psychiatric illnesses. However, it is well known that social determinants of common mental disorders extend well beyond household income. Increased rates of mental disorders are associated with low educational attainment, material disadvantage, poor housing and unemployment and, for older people, social isolation. Gender itself and inequalities related to gender, migration, learning disability, being lesbian, gay, transgender or bisexual are worth remembering in identifying determinants. Gender-based inter-personal violence and differential impact of social, economic and environmental factors on women are important issues that researchers and clinicians must be aware of and must advise policy-makers of accordingly.

Similarly, poor diet, obesity and lack of physical activity can lead to hypertension and diabetes and, if these conditions have co-morbidities with anxiety and depression, they become difficult to treat. On the other hand, patients with psychiatric disorders can develop metabolic syndromes as a result of medication, thereby reducing their life expectancy. These are major concerns related to social justice.

In this themed issue, practical observations are offered as well as theoretical constructs, which can be modified according to cultural and societal needs and used accordingly.

We are grateful to our contributors for their contributions.

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