Mental Health

DEFINITION

Mental health is used positively to indicate a state of psychological well-being, negatively to indicate its opposite (as in ‘mental health problems’) or euphemistically to indicate facilities used by, or imposed upon, people with mental health problems (as in ‘mental health services’).

KEY POINTS

• Three different uses of the phrase ‘mental health’ are examined.
• Reasons for the use of ‘mental health’ in preference to other terms, such as ‘mental illness’, are discussed.

Alternative connotations of the term ‘mental health’ indicated in the above opening definition will be discussed below, in relation to positive mental health, mental health services and mental health problems.

• ‘Mental health’ as a positive state of psychological well-being  A sense of well-being is considered to be part of health according to the World Health Organization, which in 1951 described it as ‘the capacity of the individual to form harmonious relations with others and to participate in, or contribute constructively to, changes in his social or physical environment’ (World Health Organization, 1951: 4). This has been built on over time (see entry on mental health promotion). Various attempts have been made to describe mental health positively by psychoanalysts (Kubie, 1954) and social psychologists (Jahoda, 1958). The latter reviewer described the term ‘mental health’ as being ‘vague, elusive and ambiguous’. The range of definitions offered can be challenged on a number of grounds, related to their compatibility with one another and their internal consistency (Rogers and Pilgrim, 2005). Existential psychologists such as Maslow (1968) developed the idea of ‘self-actualization’, which refers to each person fulfilling their human potential. But what if a person self-actualizes at the expense of the well-being of others? Similarly, a statistical norm can be used to define mental health, but what of a society which contains unjust and destructive norms? One recurrent difficulty with defining positive mental health is the same one that dogs the definition of mental illness or mental disorder: it is not easy to draw a firm line between normal and
abnormal mental states. Differences in norms over time and place are the main undermining factor in such attempts. What is normal in one society may not be in another. Similarly, definitions of psychological normality and abnormality can vary over time in the same society. Is homosexuality a mental abnormality? Are hallucinations indicative of a spiritual gift or a mental illness? Posing these sorts of questions highlights the impermanent dividing line between mental health and mental abnormality;

- **Mental health** as a prefix to describe one part of health services  
  Since the Second World War, the term ‘mental health services’ has now replaced that of ‘psychiatric services’ (though the latter is still sometimes used). Prior to the Second World War, there were hospitals, clinics and asylums. These were either under parochial control, with a ‘voluntary’ or charitable history, or they served a specialist regional or national function. At that time though, they were not called ‘services’. As Webster (1988) notes, prior to the NHS in Britain, there was an admixture of charitable hospitals and medical relief offered to those in the workhouse system. This is why many of the older general hospitals were adapted poor house buildings. However, a major exception to this mixed picture was the network of dedicated mental illness and mental handicap hospitals which, since the Victorian period, had been funded and run by the State (Scull, 1979). The notion of a ‘health service’, post-1948 when the NHS was founded, reflects a shift towards a coherent system of organization and a notion of a publicly available resource (at the ‘service’ of the general population). Currently in Britain, specialist mental health services are either run by Primary Care Trusts or often (in the case of England) by specialist mental health/learning disability Trusts. In addition, there are privately run mental health facilities. These vary from small nursing homes to large hospitals which receive NHS patients who cannot be accommodated by local NHS mental health services. With devolution in the UK, specific policies about mental health service organization now vary from one country to another (Department of Health, 1998, 1999; Scottish Office, 1997; Welsh Assembly Government, 2002);

- **Mental health** as a prefix to ‘problems’  
  Just as the term ‘mental health services’ has probably had a euphemistic value for those responsible for them (managers and politicians), the same is true of the term ‘mental health problems’. By adding ‘problems’, to invert a notion of ‘mental health’, a less damning and stigmatizing state can be connoted. The professional discourse of diagnosis (‘schizophrenia’, ‘bipolar disorder’ and so on) is stigmatizing. Indeed, sometimes psychiatrists simply do not communicate diagnoses such as these to their patients because of their negative connotations. In this context, the term ‘mental health problems’ may be less offensive to many parties. However, this might simply be a diversionary euphemism and it may not be persuasive as a tactic to avoid stigma for those with the label.
The terms ‘mental health services’ and ‘mental health problems’ may have been encouraged for additional reasons to those noted above. During the nineteenth century, all patients were certified under lunacy laws. That is, the State only made provisions for the control of madness. The fledgling profession of psychiatry (this term was first used in Britain in 1858) was singularly preoccupied with segregating and managing lunatics (Scull, 1979). With the emergence of the First World War, soldiers began to break down with ‘shellshock’ (now called ‘post-traumatic stress disorder’) (Stone, 1985). From this point on, psychiatry extended its jurisdiction from madness to versions of nervousness provoked by stress or trauma. Later, in the twentieth century, more abnormal mental states came within its jurisdiction, such as those due to alcohol and drug abuse and personality problems.

Today, ‘mental health services’ may be offered to, or be imposed upon, people with this wide range of problems, although madness or ‘severe mental illness’ still captures most of the attention of professionals. In this context, ‘mental illness service’ would be too narrow a description of the range of patients under psychiatric jurisdiction. The more accurate description, of ‘mental disorder services’, would be more inclusive. However, this term has not emerged in the English-speaking world. Also, the term ‘psychiatric service’ does not accurately reflect the multi-disciplinary nature of contemporary mental health work. So, for now, the term ‘mental health service’ serves as a compromise description. It avoids some inaccuracies but in some respects it is mystifying.

Another aspect of the term ‘mental health problems’ is that some people, critical of psychiatric terminology, object on scientific or logical grounds to notions like ‘mental illness’ or ‘mental disorder’. An acceptable alternative for these critics is ‘mental health problems’, though another currently favoured alternative is ‘mental distress’. Thus, the use of the term ‘mental health problems’ side-steps the potential offence created by psychiatric diagnoses, given that the latter do not have scientific legitimacy for everyone.

See also: mental health promotion; psychiatric diagnosis; well-being.

REFERENCES

Psychiatric Diagnosis

DEFINITION

The application of a medical label to a psychological abnormality.

KEY POINTS

- The history of psychiatric diagnosis is summarized.
- Criticisms of psychiatric diagnosis are rehearsed.

During the nineteenth century, formal systems of diagnosis began to emerge in a variety of countries, as psychiatry developed as a specialism within medicine (Stone, 1997). Given that the new profession’s main preoccupation was the management of lunacy, it focused on the codification of madness as a medical condition. For this reason, modern psychiatric classification is usually traced to Emil Kraepelin and his work on dementia praecox (soon re-labelled schizophrenia’ by Eugen Bleuler) (see Bentall, 2003).

There had been many ‘alienists’ and ‘mad-doctors’ (terms used for medical specialists of the unbalanced mind) prior to Kraepelin, who had deliberated on diagnoses and their classifications, but most psychiatric textbooks now emphasize his seminal role. Currently, there are two main medically accepted systems of psychiatric classification: the World Health Organization’s (1992) International Classification of Diseases (ICD); and the American Psychiatric Association’s (1994)