

World Mental Health Day

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Introduction

In medical disease, there are physical and/or mental symptoms and generally, there is a recognised aetiology, demonstrable pathology and predictable course i.e. based on biological or physical factors.

In mental disorder, there are mental and/or physical symptoms. However here, one tends to talk of predisposing, precipitating and propagating factors which can be physical, psychological and social in nature.¹

Whether the individual suffers from medical disease or mental disorder, there is usually a complaint of discomfort, distress, disability or dependency caused by disturbed structure or function. When subjective experience is corroborated by observed behaviour, an illness is present or considered. It should be appreciated that mental illness is as real and as incapacitating as any other physical illness.²

Nature of Psychiatric Problems

The human person has physical, psychological, social and spiritual attributes which are inter-related, interactive and integrated in function. In other words, there is interrelation, interaction and integration between the individual and his environment, between his body and mind, between his mental functions and neural circuits, and between his past and present. The environment would include other people in relationships, cultural practices and lifestyle, economic development and employment opportunity, standard of living, safety and security and other stressors such as relentless competition to keep ahead. World Health Organisation (WHO) stressed in 1964 that the holistic approach to medicine and to all diseases in its statement, "When we speak of psychological processes and physiological processes, we are speaking of different ways of approaching one phenomenon. The phenomenon is not so divided." Therefore psychosomatic medicine should denote holistic medicine. In fact, long ago, Plato had said, "This is the great error of our day in the treatment of the human body that physicians separate the soul from the body. The cure of a part should not be attempted without treatment of the whole. No attempt should be made to cure

the body without the soul and if the head and body are to be healthy, you must begin by curing the mind." There are myriads of neural circuits and networks in our brain. How we perceive things depends on our memory which in turn determines what we think and influences the way we feel and vice versa.³ What we believe determines what we think and say and how we behave. Our childhood experiences and upbringing whether positive or negative affect how we interact with others e.g. in terms of self-esteem and transference.

Thus, disturbance in any one aspect would affect the well-being of the rest, causing stress and distress to the individual as a whole. Depending on the proportions of biological, psychological, social and spiritual factors or the dominant factor involved, the patient may suffer from an obvious organic disease e.g. epilepsy, brain infection or dementia; a psychiatric illness e.g. schizophrenia, depression or paranoid state; a psychosocial reaction e.g. anxiety, phobia or adjustment disorder; a problem in living e.g. relationship problem, domestic crisis or stress in employment; or a religious experience with spiritual struggle. As a result, there are medical, psychological and sociological or cultural theories and models of mental disorders as well as spiritual explanations of morbidity. However, more commonly, the aetiology is multi-factorial and the complaints are multi-facets.¹

Apart from the common psychotic symptoms i.e. hallucination, delusion, thought disorder, abnormal mood and odd behaviour, psychiatric problems often present with symptoms of aches and pains, breathlessness and giddiness, palpitation and fear, poor concentration and forgetfulness, nervousness, sadness or irritability, insomnia, anorexia or bingeing, weight loss, impotence or loss of libido, social withdrawal, sense of worthlessness or hopelessness, loss of interest or pleasure or energy, apparent laziness, slowness or stupidity, hyperactivity, compulsive or addictive behaviour and deterioration in work performance. For obvious reason, it is necessary to exclude any underlying physical disease which could produce both somatic and mental symptoms.

According to the nature of each case, the emphasis may be completely medical, psychological, social or spiritual. But

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more often than not, the solution to the problem requires a holistic approach and the management of the illness needs a multi-disciplinary team. This is all the more so in the case of the developing young and the declining old whose problems are frequently multi-axial in nature. No single theory explains all and no single treatment is comprehensive. It is only practical to be eclectic.⁴

Size of Psychiatric Problems

Depending on definitions, criteria, methodology, demographic pattern, economic development, geographical area, natural disaster, migration movement, cultural practice and lifestyle, epidemiological data may vary widely and are often of questionable validity and reliability. Much depends on the quality of resource and research as well as changes that take place during the time frame of studies. Based on reported studies or surveys, the prevalence of the major psychiatric disorders such as schizophrenia and depression (in broad term) is about 0.5% to 1% and 10% respectively. For 'minor' psychiatric morbidity like neurotic disorders and others, it is about 15% to 20% and mental retardation of various degrees occurs around 2% to 3% of the population. These figures are not static and will change with time and circumstances. The dementias would increase with the ageing population while the young are constantly exposed to the danger of drugs and substance abuses. Alcohol dependence and addictive behaviour such as problem gambling and computer games, are also a major area of growing concern. A recent local survey indicated that less than 10% of the population suffered from anxiety and depression although 3% suffer from obsessive compulsive disorder, whereas 5% of those over 60 years of age would suffer from dementia.⁵

Depressive Illness

In the updated "2004 Global Burden of Disease Study (WHO), depression was found to be the third leading cause of burden of disease worldwide and the top leading cause of burden of disease in middle and high income countries."⁶ But there was no mention on the "cause" of depression.

The word "depression" can denote a symptom, an illness or a syndrome. One can be depressed (that is feeling sad or low in spirit) but not suffering from a depressive illness. Depression as an illness is characterised by low mood, psychomotor retardation or agitation and negative beliefs. To this is added loss of concentration and anhedonia (meaning loss of energy, interest and pleasure). For the newly initiated, it has been confusing to read about melancholia, bipolar depression, unipolar depression, major depressive disorder, psychotic depression (with delusion and hallucination), dysthymia (which used to mean neurotic depression, later a

personality disorder and currently chronic depressive mood disorder that is long standing) and reactive depression. There is also special description of postpartum blue and depression in puerperium. Prolonged and abnormal bereavement grief of loved ones is presently being considered as a disorder for inclusion to the list. The classification of depression is thus not quite resolved. Besides, depression may be classified as primary, secondary or organic.

In recent years, with the availability of more new antidepressants, it has been proclaimed that depression is widely prevalent and grossly underdiagnosed as well as undertreated. There is hardly any mention on why the malady has become so universally common. Most probably, more people are suffering from depression because of increased stress with losses in modern living. But this is not highlighted or is ignored. The consequence is the undesirable effects of focusing only on symptoms, overlooking causative factors and encouraging medications. The medical principles of diagnosing and managing diseases according to aetiology appear to have been forgotten. For these sufferers, jobs creation and financial assistance during economic crisis are probably more helpful to relieve stress and depression than medications alone. Much credit ought to be due to good governance in Singapore that we have been able to keep our suicide rate to 10 plus/minus 1 per 100,000 during the last decade.⁷ Voluntary organisations such as Samaritans of Singapore and Singapore Association of Mental Health play important roles too. The recent recognition and recruitment for more medical social workers is also a good sign.

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