Mental Health Disorder as a Public Health Issue

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Abstract: The main objective of this paper is to discuss mental disorder as a public health challenge. Mental disorder contributes a substantial burden of disease worldwide. Poor mental health among parents or primary caregivers is associated with poor mental and physical health in children; however, research often excludes the mental health of male caregivers including fathers. The paper relies on Bowlby's Attachment Theory as the basis for its theoretical understanding. Methodically, the paper depends on the historical and descriptive research designs based on secondary sources of data, which are predicated on qualitative content and documentary analysis. Finding shows that approximately 450 million persons suffer from mental disorders globally, and one fourth of the world's population will develop a mental or behavioral disorder at some point during their lives. The paper concludes that in order to reduce the increasing burden of mental disorders and avoid years lived with disability or death, priority should be given to prevention and promotion in the field of mental health.

Keywords: Mental Health, Mental Disorder, Public Health Challenge

1 Introduction

Mental health is integral to overall health and well-being and should be treated with the same urgency as physical health (US Department of Health and Human Services, 1999; US Department of Health and Human Services, 1999). Mental illness can influence the onset, progression, and outcome of other illnesses and often correlates with health risk behaviors such as substance abuse, tobacco use, and physical inactivity. Depression has emerged as a risk factor for such chronic illnesses as hypertension, cardiovascular disease, and diabetes and can adversely affect the course and management of these conditions (Chapman, 2005). Mental health issues influence the onset, development, and effects of physical illnesses. Often, high-risk behaviors such as substance misuse and physical inactivity correlate with poor mental health. Research also indicates that mental illness could reduce life expectancy by 20 years, according to a 2019 study published in The Lancet Psychiatry. The study found people with depression have a 40 percent higher chance of developing cardiac disease, hypertension, stroke, and diabetes than the general population. In addition, the study found that mental illness can reduce life expectancy by up to 20 years. Such statistics highlight that public health and mental health are two sides of the same coin (Tulane University School of Public Health & Tropical Medicine, 2021).

Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential. It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder (World Health Organization, 2003).

Poor mental health influences people's relationships with their children, spouses, relatives, friends, and co-workers. Often, poor mental health leads to problems such as social isolation, which disrupts a person's communication and interactions with others. This can have particularly harmful effects on children and adolescents whose development depends on forming bonds with their family members and peers. In adulthood, this social isolation can lead to family breakdown, divorce, or even childhood neglect. Mental health problems frequently put financial and emotional strain on families. For example, a family trying to address a child's mental illness may exhaust untold funds in search of treatment. Individual family members may also struggle to cope with their own symptoms that require support, such as depression or sleeping problems. Children who have family members experiencing mental health problems may blame themselves. This can result in loneliness and feelings of being different. It may also lead to future behavioral or social problems. Additionally, as families address their loved ones' mental health problems, they may socially isolate out of fear of judgment from others, further disrupting their emotional well-being (Tulane University School of Public Health & Tropical Medicine, 2021).

The paper tends to achieve four-fold objectives. First, to discuss the parental influence in child's mental health; second, to explain the key causes of mental health disorder in children; and third, to discuss how to prevent and treat mental health disorder.

2 Literature Review
2.1 Theoretical Understanding: Bowlby Attachment Theory

There are various theories to explain mental health and mental disorder. For the purpose of this paper, Bowlby theory of Attachment has adopted as the basis for theoretical understanding in this paper. Attachment theory (Bowlby, 1969) has informed a large body of research into the role of adult attachment in the aetiology of psychological problems and their maintenance (Wallin, 2007). Bowlby

conceptualised the "propensity of human beings to make strong affectional bonds to particular others" (Bowlby, 1977a, p. 201) and drew from psychoanalysis, ethology, cognitive psychology and developmental psychology to *explain* "many forms of emotional distress and personality disturbance, including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise" (Bowlby, 1977a, p. 201).

The theory describes how a person's early experiences of receiving care from significant others creates mental representations about the self in relation to other people, and these 'internal working models' create expectations about how others will behave towards them in social relationships. Internal working models are believed to be generally unconscious and may influence thoughts, feelings and behaviour with emotionally significant people, including mental health workers (Roberts, 2012). Attachment theory suggests that children are predisposed to form a strong emotional and physical attachment to at least one primary caregiver. This bond helps children to control negative emotions in times of challenges and stress, develops better social skills, be more confident in exploring the environments around them and acts as the foundation for children's relationships with others.

Bowlby (1977a) conceptualised attachment behaviour as "any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual, who is usually conceived as stronger and/or wiser" (Bowlby, 1977a, p. 203). Attachment behaviour may include crying and calling to elicit care, following, clinging and protesting at being left with strangers. Attachment behaviours manifest most obviously when a person is ill, afraid or distressed. Bowlby proposed that although attachment behaviours diminish steadily with age, in terms of frequency and intensity, these behaviours persist through the life course and reflect a person's age, gender and current circumstances.

A recent independent enquiry into acute and crisis mental healthcare reported some worrying findings from the service user experience (Mind, 2011). The authors concluded that "mental health services have lost touch with basic humane principles when dealing with people in crisis – as shown by dirty wards, lack of human contact, a lack of respect often bordering on rudeness by staff, and a reliance on force. This does not produce the relationships and conditions that help people recover." (Mind, 2011, p. 6).

2.2 Conceptual Review

2.2.1 Health
Huber et al. (2011) emphasised that health should encompass an individual's "ability to adapt and to self-manage" in response to challenges, rather than achieving "a state of complete wellbeing" as stated in current WHO (2006) definition, which states that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." It is argued in the paper that a new definition must consider the demographics of stakeholders involved and future advances in science (Huber et al., 2011).

Responses to the article suggested the process of reconceptualising health be extended "beyond the esoteric world of academia and the pragmatic world of policy" (Popay, 2011, p. 346) to include a "much wider lens to the etiology of health" (Macaulay, 2011) along with patients and lay members of the public. Huber et al's. (2011) definition of health could include mental health but it is not clear that this would be satisfactory to patients, practitioners or researchers. We aimed to compare the satisfaction of mental health specialists, patients and the public with Huber et al.'s definition and other currently used definitions of mental health. We also asked them what they considered to be the core components of mental health.

2.2.2 Mental Health
The international exploratory 'What is Mental Health?' survey sought the opinions of individuals, across multiple modes of inquiry, on what they perceived to be the core concepts of mental health. The survey found dissatisfaction with current definitions of mental health. There was no consensus among this group on a common definition. However, there was significant agreement among subcomponents of the definitions, specifically factors beyond the 'ability to adapt and self-manage', such as 'diversity and community identity' and creating distinct definitions, 'one for individual and a parallel for community and society' (Manwell et al. 2015). Lamers et al. (20140 also agree that there is a lack of consensus on the conceptualization of mental health, with models emphasizing negative aspects, positive aspects, or both.

However, this paper presents some of these definitions. Mental health according to Public Health Agency of Canada (2006) is "the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity" According to the World Health Orangization "Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2005, p. 2). In this, the absence of mental disorder does not necessarily mean the presence of good mental health (Keyes, 2005; Barry, 2009). Looked at in another way, people living

with mental disorder can also achieve good levels of well-being – living a satisfying, meaningful, contributing life within the constraints of painful, distressing, or debilitating symptoms (World Health Organization and Calouste Gulbenkian Foundation, 2014).

A mentally healthy community offers people the ability to thrive. It is one in which people feel a sense of connectedness and there are also networks which link people from all walks of life to each other. There is a strong community identity but despite this the community is welcoming of diversity. People participate in their community, organize to combat common threats and offer support and aid for those in need" (McKenzie, 2014). To Huber et al. (2011, p. 343), mental health is the "ability to adapt and self-manage."

2.2.3 Mental Health Disorder
Mental illness contributes a substantial burden of disease worldwide. Globally, approximately 450 million persons suffer from mental disorders (WHO, 2001), and one fourth of the world's population will develop a mental or behavioral disorder at some point during their lives (Murray & Lopez, 1999). Mental disorders include anxiety, depression, schizophrenia, and alcohol and drug dependency. Common mental disorders can result from stressful experiences (Patten, 1991), but also occur in the absence of such experiences; stressful experiences do not always lead to mental disorders. Many people experience sub-threshold mental disorders, which means poor mental health that does not reach the threshold for diagnosis as a mental disorder. Mental disorders and sub-threshold mental disorders affect a large proportion of populations (Murray et al., 2012). The less commonly-used term, mental illness, refers to depression and anxiety (also referred to as common mental disorders) as well as schizophrenia and bipolar disorder (also referred to as severe mental illness (Joint Commissioning Panel for Mental Health, 2013).

Mental disorders include both diagnoses related to impairments in the developmental period, that is, neurodevelopmental disorders (NDD) and diagnoses related to mental illness. These two types of mental disorders must be separated. Children with NDD, just like other people, may exhibit aspects of both mental health problems and wellbeing simultaneously (Granlund et al., 2021). Mental, behavioral, and neurodevelopmental disorders are syndromes characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioral functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning (World Health Organisation and International Classification of Diseases, 2020).

3 Discussion

3.1 The Parental Influence in Child's Mental Health
Mental illness can be a challenge to identify because the modern child faces obstacles at a different level then his or her parents did. Bullying in the academic arena is not new, but it is more pervasive today than it was even 10 years ago, and we much more aware of the detrimental effects bullying has on a child's mental health. Furthermore, bullying through the cyber arena is new, and potentially more harmful. The means through which children socialize have also changed from primarily playing with classmates on the school playground and in neighborhood yards to interacting virtually through texting, or on social networking or gaming sites. Add to that the increased exposure to violence and inappropriate body images in the mass media, and it is not difficult to understand why today's kids struggle to establish and maintain good mental health (Grisolano, 2013).

Parents play a significant role in many areas of their children's mental health, including understanding the concept, detection, utilization, and treatment options (Guzman, 2010). Poor mental health among parents or primary caregivers is associated with poor mental and physical health in children; however, research often excludes the mental health of male caregivers including fathers. This analysis examines associations between caregiver mental health by caregiver sex and child health indicators (i.e., child's general health; child's history of diagnosed mental, behavioral, or developmental disorders (MBDDs) (Leijdesdorff et al., 2017; Pierce et al., 2020; Slomian et al., 2019; Wickersham et al., 2020).

The style of parents' parenting has a very important role in the mental health of early childhood. Parenting style is defined as a form of parental control of children's behavior (Baumrind, 1966). Children become responsible and contribute to community members (Berns, 2010). Parenting is closely related to the process of action and interaction between parents and children (Brooks, 2011). Another opinion states that parenting styles can be described as specific behaviors that include the demands and responses of parents that are used to control and socialize children (AlRub, 2013). The form of demands and parents' responses to children's emotional development will determine their mental health.

Parenting during infancy and early life is very important for healthy physical, psychological and social development (Mental Health America, 2016). Mental health problems in early childhood are mostly influenced by parenting styles. Various studies explain that parenting has a significant relationship to the mental health of children (Taylor & Mikulak, 2009). Parental interactions and treatment

of children play an important role in children's mental health. This is because parents are the closest environment to the child. Whatever parents do and give will affect the child's development. When babies and toddlers are treated with kindness and encouragement, they develop a sense of security and emotional security (IOWA, 2019). Conversely, if a child is treated with bad things and threats, it can bring fear and pressure to the child so that it has a negative impact on the child's mental health. For this reason, parenting and the treatment of parents play an important role in the mental health of early childhood (Fadlillah et al., 2020). Early Childhood Parents have a close relationship to social emotional development and mental health of early childhood. The parents' style of parenting greatly determines the future of the child. The attitude and treatment of parents is the basis for developing children's mental health. The experiences gained during parenting greatly affect the next mental health of the child. Positive experiences of early childhood enhance strong emotional health, whereas negative experiences can adversely affect brain development (Zero To Three, 2017).

3.2 Key Causes of Mental Health Disorder in Children

There is no single cause for mental health disorders; instead, they can be caused by a mixture of biological, psychological and environmental factors. People who have a family history of mental health disorders may be more prone to developing one at some point. Changes in brain chemistry from substance abuse or changes in diet can also cause mental disorders. Psychological factors and environmental factors such as upbringing and social exposure can form the foundations for harmful thought patterns associated with mental disorders. Only a certified mental health professional can provide an accurate diagnosis of the causes of a given disorder. However, empirical evidences have identified have shown that mental disorders can be as a result of the following causes.

3.2.1 Genetics (heredity)

There are genes that cause physical illnesses, so there may be genes that play a role in the development of mental health problems. Research suggests that genes might make certain people more vulnerable to mental health problems than others. For example, if you have a parent with schizophrenia you are more likely to develop it yourself. However, most people with schizophrenia do not have a parent with this diagnosis, so it seems unlikely that a gene can be said to cause a mental health problem (PsychGuides.com., 2021)

According to Bhandari (2020), mental illnesses sometimes run in families, suggesting that people who have a family member with a mental illness may be somewhat more likely to develop one themselves. Susceptibility is passed on in families through genes. Experts believe many mental illnesses are linked to abnormalities in many genes rather than just one or a few and that how these genes interact with the environment is unique for every person (even identical twins). That is why a person inherits a susceptibility to a mental illness and doesn't necessarily develop the illness. Mental illness itself occurs from the interaction of multiple genes and other factors such as stress, abuse, or a traumatic event which can influence, or trigger, an illness in a person who has an inherited susceptibility to it.

3.2.2 Environment

Living in a stressful environment can make you more likely to develop a mental illness. Things like living in poverty or having an abusive family put a lot of stress on your brain and often trigger mental illness (Mental Health America, 2020). Environmental influences on the functioning of the
human organism range from very distal to most proximal. Scientists today agree that even hormones, very proximal factors, belonging to the internal environment itself, affect behaviour only in context of the current situation of the organism (Breedlove et al., 2007; Pfaff et al., 2004). Childhood mental illness may be a reaction to environmental stresses, including trauma like being the victim of verbal, physical, or sexual abuse, the death of a loved one, school problems, or being the victim of bullying or peer pressure. Gay teens are at higher risk for developing mental disorders like depression, thought to be because of the bullying by peers and potential rejection by family members. Children in military families are at risk for experiencing depression as well (Dryden-Edwards, 2020).

3.2.3 Unemployment and Poor Quality Employment

Unemployment and poor quality employment are particularly strong risk factors for mental disorders and are a particularly significant cause of inequalities in mental disorders, as risk of unemployment and poor quality employment closely relates to social class and skill levels. A recent report from the Institute of Health Equity on health impacts of economic downturns, describes evidence suggesting close associations between job loss and symptoms (though not clinical diagnoses) of depression and anxiety (UCL IHE, 2012; Catalano et al., 2011), and demonstrates that these impacts are particularly clear for the long-term unemployed. Strategies to reduce long-term unemployment will be particularly important in reducing risk of mental disorder in adults (Marmot Review Team, 2011).

3.2.4 Low Self-Esteem and Poor Body Image

Psychological risk factors for mental illness in children include low self-esteem, poor body image, a tendency to be highly self-critical, and feeling helpless when dealing with negative events. Teen mental disorders are somewhat associated with the stress of

body changes, including the fluctuating hormones of puberty, as well as teen ambivalence toward increased independence, and with changes in their relationships with parents, peers, and others. Teenagers who suffer from conduct disorder, attention deficit hyperactivity disorder (ADHD), clinical anxiety, or who have cognitive and learning problems, as well as trouble relating to others are at higher risk of also developing a mental disorder.

3.2.5 Drugs and Alcohol
A study published by the National Bureau of Economic Research (NBER) published in the journal Science Focus in 2020 shows the relationship between mental illness and the consumption of addictive substances was demonstrated. The report explains that mental illness and substance abuse are directly or indirectly connected to the other with adverse effects to the user. Why might a person be drinking heavily when they are mentally ill? Neither the degree of correlation between the two terms is disputed by any informed party. The association between mental illness and substance abuse is apparent to the layman and visible to the professional. There are different types of mental illnesses with varying degrees of severity. Psychiatrists and substance abusers are often found in the same patient population. There might not be an explanation for this, but it might be the most peculiar thing about cases of mental illness, regardless of how vague the symptoms may be (Lesser, 2021).

The report further shows that there is a definite connection between mental illness and the use of addictive substances. Individuals with an existing mental illness consume roughly 38 percent of all alcohol, 44 percent of all cocaine, and 40 percent of all cigarettes. Furthermore, the people who have ever experienced mental illness consume about 69 percent of all the alcohol, 84 percent of all the cocaine, and 68 percent of all cigarettes ((NBER, 2002). sAbusing drugs and alcohol can trigger a mental illness. It can also make it harder to recover from mental illness (Mental Health America, 2020). Drugs and alcohol change the way your brain and body work. They change the balance of chemicals that help your brain to think, feel, create and make decisions.

3.2.6 Infections
Certain infections have been linked to brain damage and the development of mental illness or the worsening of its symptoms. For example, a condition known as pediatric autoimmune neuropsychiatric disorder (PANDAS) associated with the Streptococcus bacteria has been linked to the development of obsessive-compulsive disorder and other mental illnesses in children (Bhandari, 2020).

3.3 Preventing and Treatment of Mental Health Disorder
Prevention of mental disorders has received little attention thus far in the field of GMH, but increasingly, researchers are realizing that prevention is key (Cuijpers et al., 2012). GMH experts specifically prioritized prevention as one of the "Grand Challenges" in the field. The Grand Challenge program requests proposals for research and demonstration projects to advance knowledge for effective prevention and early intervention for mental and behavioral disorders (Collins et al., 20111).

Studies in high income countries (HICs) indicate that treating mental disorders and other non-communicable diseases (NCDs) together, using integrated services models (e.g., Collaborative Care), is more effective (Archer et al., 2012) and cost-effective (Hay et al., 2012) than treating co-morbid conditions separately. Trials conducted in low- and middle-income countries (LMICs) have demonstrated the efficacy and effectiveness of both psycho-pharmacological treatment and evidence-based psychotherapies for treating mental disorders (Patel ET AL., 2010; Mehta et al., 2015; Fazel et al., 2014; Vieira et al., 2014; Lund et al., 2012; Hanlon et al., 2010; Semrau et al., 2011; Drake, R. E., & Latimer, 2012). Furthermore, studies on the cost-effectiveness of mental health treatments increasingly highlight the economic value of preventing and treating mental disorders in these settings (Bass et al., 2013; Petersen et al., 2013).

In 2013, the World Health Assembly adopted the Comprehensive Mental Health Action Plan for 2013–2020 (Saxena et al., 2013), which committed the United Nations (UN) member states to provide mental health care that is integrated into primary care and subsumes both common and severe mental disorders. Thus, UN member states have committed to transforming their community-based primary health care systems to include diagnosis and treatment of both severe mental illness and common mental disorders, as well as mental health promotion and prevention (Wainberg et al., 2017).

3.3.1 Child Mental Health as Prevention of Mental Disorders
A review of the prevalence of mental disorders found that 14% of children worldwide are estimated to suffer from a mental disorder (Polanczyk et al., 2015). In many Low/Medium Income Countries (LMICs), children constitute roughly 50% of the population; yet, most research on mental health interventions for children comes from High Income Countries (HICs) (Klasen & Crombag, 2013). This discrepancy is especially apparent in the literature on mental health services for infants and primary-school children (Barry et al., 2013; Tomlinson et al., 2014). Klasen and Crombag (2013) reviewed 54 randomized controlled trials (RCTs) of mental health treatments for youth in LMICs and found that none of the interventions targeted mood (depression, anxiety) or obsessive compulsive disorders outside of the context of traumatic experiences. Instead, interventions focused on behavioral disorders, developmental disorders, and disorders related to exposure to interpersonal violence.

3.3.2 Women's Mental Health as Prevention of Mental Disorders

Focusing on women's mental health is another under-recognized component of a strategy for preventing mental disorders. In a longitudinal study in the USA, children of women with depression were found to be five times more likely to develop depression across the course of their lives, compared to children of women without depression (Weissman et al., 2016). The relationship between maternal mental health and children's health and development has been repeatedly demonstrated, in both HICs and LMICs, and this relationship involves both psychosocial and biological pathways (Herba et al., 2016; McDonnell & Valentino, 2016). Therefore, effective mental health interventions provided for mothers during the perinatal period could potentially prevent the onset of common mental disorders in these mothers and ultimately influence the mental health trajectories for their offspring into the next generation (Herba et al., 2016; Siegenthaler et al., 2012).

3.3.3 Decreasing Discrimination as Prevention of Mental Disorders:

Decreasing structural inequality, stigma, and discrimination is another important form of prevention of mental disorders. Gender inequality is often more pronounced in LMICs, where women have fewer legal protections, often lack rights to land ownership, and are awarded less decision-making power in the household, reproductively and otherwise. As such, women are subjected to gender-based violence, and specifically intimate partner violence. While women overall accrue lower rates of traumatic exposure than do men, these exposures are more likely to be interpersonal, particularly sexual, in nature, heightening the risk for mental health impact. Modifying cultural norms to accomplish gender equality, albeit complex, has successfully decreased intimate partner violence and improved health outcomes, e.g., HIV incidence (Abramsky et al., 2014).

There's no sure way to prevent mental illness. However, if you have a mental illness, taking steps to control stress, to increase your resilience and to boost low self-esteem may help keep your symptoms under control. Follow these steps (Mayo Foundation for Medical Education and Research (MFMER), 2019):

- *Pay attention to warning signs*: Work with your doctor or therapist to learn what might trigger your symptoms. Make a plan so that you know what to do if symptoms return. Contact your doctor or therapist if you notice any changes in symptoms or how you feel. Consider involving family members or friends to watch for warning signs.

- **Get routine medical care:** Don't neglect checkups or skip visits to your primary care provider, especially if you aren't feeling well. You may have a new health problem that needs to be treated, or you may be experiencing side effects of medication.
- **Get help when you need it.** Mental health conditions can be harder to treat if you wait until symptoms get bad. Long-term maintenance treatment also may help prevent a relapse of symptoms.

- **Take good care of yourself.** Sufficient sleep, healthy eating and regular physical activity are important. Try to maintain a regular schedule. Talk to your primary care provider if you have trouble sleeping or if you have questions about diet and physical activity.

3.4 Treatment of Mental Health Disorder

Many people diagnosed with mental illness achieve strength and recovery through participating in individual or group treatment. There are many different treatment options available. There is no treatment that works for everyone – individuals can choose the treatment, or combination of treatments, that works best. Mental Health America. (2021), identifies the following treatments approaches that can be applied in the treatment of mental disorder, which included:

3.4.1 Psychotherapy

Psychotherapy is the therapeutic treatment of mental illness provided by a trained mental health professional. Psychotherapy explores thoughts, feelings, and behaviors, and seeks to improve an individual's well-being. Psychotherapy paired with medication is the most effective way to promote recovery. Examples include: Cognitive Behavioral Therapy, Exposure Therapy, Dialectical Behavior Therapy, etc.

3.4.2 Medication

Medication does not outright cure mental illness. However, it may help with the management of symptoms. Medication paired with psychotherapy is the most effective way to promote recovery. The medication may include Antipsychotic, Antidepressants, Mood stabilizers, Tranquilizers and sleeping pills, and Stimulants and related medicines.

3.4.3 Case Management

Case management coordinates services for an individual with the help of a case manager. A case manager can help assess, plan, and implement a number of strategies to facilitate recovery.

3.4.4 Hospitalization

In a minority of cases, hospitalization may be necessary so that an individual can be closely monitored, accurately diagnosed or have medications adjusted when his or her mental illness temporarily worsens.

3.4.5 Support Group
A support group is a group meeting where members guide each other towards the shared goal of recovery. Support groups are often comprised of nonprofessionals, but peers that have suffered from similar experiences.

3.4.6 Complementary & Alternative Medicine
Complementary & Alternative Medicine, or CAM, refers to treatment and practices that are not typically associated with standard care. CAM may be used in place of or addition to standard health practices.

3.4.7 Self Help Plan
A self-help plan is a unique health plan where an individual addresses his or her condition by implementing strategies that promote wellness. Self-help plans may involve addressing wellness, recovery, triggers or warning signs.

3.4.8 Peer Support
Peer Support refers to receiving help from individuals who have suffered from similar experiences. Peer support programs provide an opportunity for consumers who have achieved significant recovery to assist others in their recovery journeys. Peer specialists model recovery, teach skills and offer supports to help people experiencing mental health challenges lead meaningful lives in the community. Peer specialists promote recovery; enhance hope and social networking through role modeling and activation; and supplement existing treatment with education, empowerment, and aid in system navigation.

3.4.9 Electroconvulsive therapy (ECT)
Electroconvulsive therapy (ECT) is a procedure in which a brief application of electric stimulus is used to produce a generalized seizure. It is not known how or why ECT works or what the electrically stimulated seizure does to the brain. In the U.S. during the 1940's and 50's, the treatment was administered mostly to people with severe mental illnesses. During the last few decades, researchers have been attempting to identify the effectiveness of ECT, to learn how and why it works, to understand its risks and adverse side effects, and to determine the best treatment technique. Today, ECT is administered to an estimated 100,000 people a year, primarily in general hospital psychiatric units and in psychiatric hospitals. It is generally used in treating patients with severe depression, acute mania, and certain schizophrenic syndromes. ECT is also used with some suicidal patients, who cannot wait for antidepressant medication to take effect.

4 Conclusion
Globally, mental illness has long been considered a taboo topic, one unworthy of public discussion or acknowledgement. In recent decades, however, health care specialists around the globe have begun to shine the spotlight on mental illness and its wide-ranging impact on overall health. Learn how experts are reframing mental illness as a public health concern, and discover some important connections between mental health and public health.

In order to reduce the increasing burden of mental disorders and avoid years lived with disability or death, priority should be given to prevention and promotion in the field of mental health. Preventive and promotional strategies can be used by clinicians to target individual patients, and by public health programme planners to target large population groups. Within the spectrum of mental health interventions, prevention and promotion have become realistic and evidence based, supported by a fast growing body of knowledge from fields as divergent as developmental psychopathology, psychobiology, prevention, and health promotion sciences (WHO, 2002). Prevention and promotion programmes have also been shown to result in considerable economic savings to society (Rutz et al., 1992). Integrating prevention and promotion programmes for mental health within overall public health strategies will help to avoid deaths, reduce the stigma attached to the persons with mental disorders and improve the social and economic environment.

References
Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., et al. (2014). Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala. *Uganda BMC Med.*, 12(1):122. PubMed: 25248996

AlRub, M. F. A. (2013). Parenting styles used with preschool children among Arab immigrant parents in a U.S. context. Colorado.

Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., et al. (2012). Collaborative care for depression and anxiety problems. Cochrane Libr., 10:CD006525.

Bhandari, S. (2020). Causes of Mental. Available on Illnesshttps://www.webmd.com/mental- health/mental-health-causes-mental llness#:~:text

Barry, M. M. (2009). Addressing the Determinants of Positive Mental Health: concepts, evidence and practice. *International Journal of Mental Health Promotion*;11(3):4-17.

Barry, M. M., Clarke, A. M., Jenkins, R., & Patel, V. (2013). A systematic review of the effectiveness of mental health promotion interventions for young people in low and middle income countries. *BMC Public Health*; 13:835.

Bass, J. K., Annan, J., McIvor Murray, S., Kaysen, D., Griffiths, S., Cetinoglu, T., et al. (2013). Controlled trial of psychotherapy for Congolese survivors of sexual violence. *N Engl J Med.*, 368(23):2182–91.

Baumrind, D. (1966). Effects of Authoritative Parental Control on Child Behavior. *Child Dev.*, 37(4):887.

Berns, R. M. (2010). Child, family, school, community: Socialization and support. Eighth Edi. USA: Wadsworth Cengange Learning; 143-144 p.

Bowlby, J. (1969). Attachment and loss Volume 1: Attachment. London: Hogarth Press.

Bowlby, J. (1977a). The making and breaking of affectional bonds: I. Aetiology and psychopathology in the light of attachment theory. *British Journal of Psychiatry*, 130, 201- 210.

Breedlove, S. M., Rosenzweig, M. R., & Watson, N. V. (2007). Biological Psychology: An Introduction to Behavioral, Cognitive, and Clinical Neuroscience (5th edition). Sinauer Associates, Inc., Sunderland.

Brooks, J. (2011). The process of parenting. Eight edit. NewYork: Imprint of The McGraw-Hill, Inc., 10-11 p.

Catalano, R., Goldman-Mellor, S., Saxton, K., Margerison-Zilko, C., Subbaraman, M., LeWinn, K. (2011). The Health Effects of Economic Decline. Annual Review of Public Health., 32:431-50.

Chapman, D. P., Perry, S. G., & Strine, T. W. (2005). The vital link between chronic disease and depressive disorders. *Prevent Chronic Dis*; 2. Available at http://www.cdc.gov/pcd/issues/2005

Collins, P.Y., Patel, V., Joestl, S. S., March, D., Insel, T. R., Daar, A. S., et al. (2011). Grand challenges in global mental health. Nature. 475(7354):27–30. PubMed: 21734685.

Cuijpers, P., & Beekman, A. T., & Reynolds, C. F. (2012). (Preventing depression: a global priority. *JAMA.*, 307(10):1033–4. PubMed: 22416097.

Drake, R. E., & Latimer, E. (2012). Lessons learned in developing community mental health care in North America. *World Psychiatry*. 11(1):47–51. PubMed: 22295009

Dryden-Edwards, R. (2020). Mental Illness in Children. Available on https://www.medicinenet.com/mental_illness_in_children/article.htm

Fadlillah, M., Wahab, R., Ayriza, Y., & Indartono, S. (2020). The Roles of Parenting Style towards Mental Health of Early Childhood. *Medico-legal Update,* April-June, Vol. 20, No. 2

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *The Lancet Psychiatry*. 1(5):377–87. PubMed: 26114092

Granlund, M., Imms, C., King, G., Andersson, A. K., Augustine, L., Brooks, R., Danielsson, H., Gothilander, J., Ivarsson, M., Lundqvist, L. O., et al. (2021). Definitions and Operationalization of Mental Health Problems, Wellbeing and Participation Constructs in Children with NDD: Distinctions and Clarifications. *Int. J. Environ. Res. Public Health*, 18, 1656. https://doi.org/10.3390/ijerph18041656

Grisolano, L. A. (2013). Children's good mental health begins with parents. Available on https://www.witf.org/2013/07/10/childrens_good_mental_health_begins_with_parents/

Guzman, C. E. V. (2012). Conceptualizing Mental Health: A Qualitative Study On Mexican Immigrant Mothers' Definitions of their Children's Mental Health in New Mexico. Master of Arts Thesis, The University of New Mexico Albuquerque, New Mexico.

Hanlon, C., Wondimagegn, D., & Alem, A. (2010). Lessons learned in developing community mental health care in Africa. *World Psychiatry*. 9(3):185–9. (PubMed: 20975867

Hay, J. W., Katon, W. J., Ell, K., Lee, P. J., & Guterman, J. J. (2012). Cost-effectiveness analysis of collaborative care management of major depression among low-income, predominantly Hispanics with diabetes. *Value Health*. 15(2):249–54. [PubMed: 22433755]

Herba, C. M., Glover, V., Ramchandani, P. G., & Rondon, M. B. (2016). Maternal depression and mental health in early childhood: an examination of underlying mechanisms in low-income and middle-income countries. *The Lancet Psychiatry*., 3:983.

Huber, M., Knottnerus, J. A., Green, L., et al. (2011). How should we define health? *BMJ;* 343: d1463–6. doi: http://dx.doi.org/10.1136/bmj.d4163

IOWA (2019). What is infant and early childhood mental health? Iowa Association for Infant & Early Childhood Mental Health. p. 1–8. Available from: http://www. promotingmentalhealthiowa.org/pdf/WhatIsBro.pdf

Joint Commissioning Panel for Mental Health. (2013). Guidance for commissioning public mental health services - Practical mental health commissioning.

Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *J Consult ClinPsychol*., 73(3):539-48.

Klasen, H., & Crombag, A. C. (2013). What works where? A systematic review of child and adolescent mental health interventions for low and middle income countries. *Soc Psychiatry Psychiatr Epidemiol*. 48(4):595–611. PubMed: 22961287.

Lamers, S. M. A., Gul, P., Kovács, B. E., Kroeze, R., Müller, A. M. K., Stojadinović, I., Stuker, D. L., & Vigani, A. (2014). Conceptualizations of Mental Health Across Europe: Comparing Psychology with Science and Engineering Students. *Journal of European Psychology Students*, 5(2), 3-7, DOI: http://dx.doi.org/10.5334/jeps.bt

Leijdesdorff, S., van Doesum, K., Popma, A., Klaassen, R., & van Amelsvoort, T. (2017). Prevalence of psychopathology in children of parents with mental illness and/or addiction: An up to date narrative review. *Current Opinion in Psychiatry*, 30

Lesser, B. (2021). Connection Between Substance Use Disorder and Mental Illness. Available on https://dualdiagnosis.org/mental-health-and-addiction/the-connection/

Lund, C., Tomlinson, M., De Silva, M., Fekadu, A., Shidhaye, R., Jordans, M., et al. (2012). PRIME: a programme to reduce the treatment gap for mental disorders in five low-and middle-income countries. *PLoS Med*., 9(12): e1001359. PubMed: 23300387

Macaulay, A. C. (2011). How should we define health? Response to Huber et al. (2011). How should we define health? BMJ; 343: d1463–6. Available on http://www.bmj.com/rapid-response/2011/11/03/how-should-wedefine-health

Manwell, L. A., Barbic, S. P., Roberts, K., et al. (2015). What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. *BMJ Open*; 5: e007079. doi:10.1136/bmjopen-2014-007079

Marmot Review Team. (2011). Fair society, healthy lives: strategic review of health inequalities in England post-2010 London: Marmot Review. Available from: swww.instituteofhealthequity.org.

Mayo Foundation for Medical Education and Research (MFMER). (2019). Mental Illness. https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms causes/sy20374968#:~:text=Certain%20factors%20may%20increase%20your,medical% 20condition%2C%20such%20as%20diabetes

McDonnell, C. G., & Valentino, K. (2016). Intergenerational effects of childhood trauma evaluating pathways among maternal ACEs, perinatal depressive symptoms, and infant outcomes. *Child maltreatment*, 21(4):317–26.

Mehta, N., Clement, S., Marcus, E., Stona, A. C., Bezborodovs, N., Evans-Lacko, S., et al. (2015). Evidence for effective interventions to reduce mental health-related stigma and discrimination in the medium and long term: systematic review. *Br J Psychiatry*; 207(5):377–84. PubMed: 26527664

Mental Health America. (2016). Prevention and early intervention B4stage4: The state of mental health in America. *Mental H.*, p. 38–9. Available from: https://www.mentalhealthamerica. net/sites/default/files/2016 MH in America FINAL.pdf

Mental Health America. (2020). What causes mental illness? Available on https://screening.mhanational.org/content/what-causes-mental-illness/

Mental Health America. (2021). Mental Health Treatments. Available on https://mhanational.org/mental-health-treatments

Mind. (2011). Listening to experience: An independent inquiry into acute and crisis mental healthcare. London: Mind.

Murray, C. L., & Lopez, A. D. (Eds.). (1996). The global burden of disease and injury series. Vol 1: a comprehensive assessment of mortality and disability from diseases injuries and risk factors in 1990 and projected to 2020. Cambridge, MA: Harvard University Press.

Murray, C. J. L., Vos, T., Lozano, R., Naghavi, M., Flaxman, A. D., Michaud, C., et al. (2012). Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990- 2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*;380(9859):2197-223.

National Bureau of Economic Research (NBER). (200). Mental Illness and Substance Abuse. Available on https://www.nber.org/digest/apr02/mental-illness-and-substance-abuse

Pfaff, D. W., Phillips, M. I., & Rubin, R. T. (2004). Principles of Hormone/Behavior Relations. Elsevier Academic Press, Burlington.

Patel, V., Weiss, H. A., Chowdhary, N., Naik, S., Pednekar, S., Chatterjee, S., et al. (20100. Effectiveness of an intervention led by lay health counsellors for depressive and anxiety disorders in primary care in Goa, India (MANAS): a cluster randomised controlled trial. *Lancet*; 376(9758):2086–95. PubMed: 21159375

Patten, S. B. (1991). Are the Brown and Harris "vulnerability factors" risk factors for depression? *J Psychiatry Neurosci*., 16(5):267-71.

Petersen, I., Evans-Lacko, S., Semrau, M., Barry, M. M., Chisholm, D., Gronholm, P., et al. (2016). Promotion, prevention and protection: interventions at the population-and community-levels for mental, neurological and substance use disorders in low-and middle- income countries. *Int J Ment Heal Syst*., 10(1):1.

Pierce, M., Hope, H. F., Kolade, A., Gellatly, J., Osam, C. S., Perchard, R., Kosidou, K., Dalman, C., Morgan, V., di Prinzio, P., & Abel, K. M. (2020). Effects of parental mental illness on children's physical health: Systematic review and meta-analysis. *The British Journal of Psychiatry*, 217(1), 354–363. https://doi.org/10.1192/bjp.2019.216.

Polanczyk, G. V., Salum, G. A., Sugaya, L. S., Caye, A., & Rohde, L. A. (2015). Annual research review: a meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *J Child Psychol Psychiatry*; 56(3):345–65. PubMed: 25649325

Popay, J. (2011). WHO definition of health does remain fit for purpose. Response to Huber et al. How should we define health? *BMJ*; 343: d1463–6. http://www.bmj.com/rapid- response/2011/ 11/03/rewho-definition-health-does-remain-fit-purpose-2#

PsychGuides.com. (2021). Mental Health Problem Symptoms, Causes and Effects. Available on https://www.psychguides.com/mental-health-disorders/

Public Health Agency of Canada (PHAC). (2006). The human face of mental health and mental illness in Canada 2006. Ottawa, ON: Minister of Public Works and Government Services Canada.

Roberts, N. (2012). Using Attachment Theory within Mental Health Community Services to improve Patient Outcomes and reduce Service Utilisation Costs. A thesis submitted to the University of Manchester for the degree of Doctor in Clinical Psychology ClinPsyD in the Faculty of Medical and Human Sciences

Rutz W et al. (1992). Cost-benefit analysis of an educational program for general practitioners given by the Swedish Committee for Prevention and Treatment of Depression. *Acta Psychiatrica Scandinavica,* 85: 457-464.

Saxena, S., Funk, M., & Chisholm, D. (2013). World health assembly adopts comprehensive mental health action plan 2013–2020. Lancet., 381(9882):1970–1. PubMed: 23746771

Semrau, M., Barley, E. A., Law, A., & Thornicroft, G. (2011). Lessons learned in developing community mental health care in Europe. *World Psychiatry*. 10(3):217–25. PubMed: 21991282

Siegenthaler, E., Munder, T., & Egger, M. (2012). Effect of preventive interventions in mentally ill parents on the mental health of the offspring: systematic review and meta-analysis. *J Am Acad Child Adolesc Psychiatry*, 51(1):8–17. e8. PubMed: 22176935

Slomian, J., Honvo, G., Emonts, P., Reginster, J. Y., & Bruyère, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health,* 15, 1–55. https://doi.org/10.1016/j.schres.2014.11.021.

Taylor, N. K., & Mikulak A. (2009). Child mental health: A review of the scientific discourse. Available on https://www.frameworksinstitute. Available on o r g / a s s e t s / f i l e s / P D F _ c h i l d m e n t a l h e a l t h /childmentalhealthreview.pdf

Tomlinson, M., Bornstein, M. H., Marlow, M., & Swartz, L. (2014). Imbalances in the knowledge about infant mental health in rich and poor countries: too little progress in bridging the gap. *Infant Ment Health J*., 35(6):624–9. PubMed: 25798511

Tulane University School of Public Health & Tropical Medicine (2021). Understanding Mental Health as a Public Health Issue. Available on https://publichealth.tulane.edu/blog/mental- health-public-health/

UCL IHE. (2012). The impact of the economic downturn and policy changes on health inequalities in London. London: UCL IHE.

US Department of Health and Human Services (1999). Mental health: a report of the Surgeon General. Rockville, MD: US Department of Health and Human Services.

Vieira, M. A., Gadelha, A. A., Moriyama, T. S., Bressan, R. A., & Bordin, I. A. (2014). Evaluating the effectiveness of a training program that builds teachers' capability to identify and appropriately refer middle and high school students with mental health problems in Brazil: an exploratory study. *BMC Public Health*; 14(1):210. PubMed: 24580750

Wainberg, M. L., Scorza, P., Shultz, J. M., Helpman, L., Mootz, J. J., Johnson, K. A., Neria, Y., Bradford, J. E., Queendom, M. A., & Arbuckle, M. R. (2017). Challenges and Opportunities in Global Mental Health: A Research-to-Practice Perspective. *Curr Psychiatry Rep*., May; 19(5): 28. doi:10.1007/s11920-017-0780-z.

Wallin, D. (2007). Attachment in Psychotherapy. New York: The Guilford Press.

Wickersham, A., Leightley, D., Archer, M., & Fear, N. T. (2020). The association between paternal psychopathology and adolescent depression and anxiety: A systematic review. *Journal of Adolescence,* 79, 232–246. https://doi.org/10.1016/j.adolescence.2020.01.007.

Weissman, M. M., Wickramaratne, P., Gameroff, M. J., Warner, V., Pilowsky, D., Kohad, R. G., et al. (2016). Offspring of depressed parents: 30 years later. *Am J Psychiatr.*, 173:1024. PubMed: 27113122

World Health Organization. (2001). The world health report 2001: mental health: new understanding, new hope. Geneva, Switzerland: World Health Organization.

World Health Organization (2002). Strengthening mental health. Resolution of the Executive Board of the WHO. Geneva. EB109.R8.

World Health Organization. (2003). Investing in mental health. Nove Impression, Switzerland.

World Health Organization (2005). Promoting Mental Health: Concepts, Emerging Evidence, Practice; World Health Organization: Geneva, Switzerland, 2005. Available online: Available on https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf Accessed on 10 October 2021.

World Health Organization. (2006). 1948 Constitution of the World Health Organization. Available on http://www.who.int/governance/eb/who_constitution_en.pdf

World Health Organisation. (2014). Mental health: strengthening mental health promotion, 2001; Fact Sheet No. 220 Geneva, Switzerland. Updated August 2014: Available on http://www.who.int/mediacentre/factsheets/fs220/en/

World Health Organization and Calouste Gulbenkian Foundation (2014). Social determinants of mental health. Geneva, World Health Organization.

World Health Organization. (2020). ICD 11 Version 09/2020. World Health Organisation: Geneva, Switzerland, 2020. Available on https://icd.who.int/en. Accessed on 3 October 2021.

Zero To Three (2017). The basics of infant and early childhood mental health: A briefing paper Zero To Three. p. 1‑4. Available from: https://www.zerotothree.org/resources/1951-the- basics-of-infant-and-early-childhood-mentalhealth-a-briefing-paper