Introduction

Mental health problems and mental illnesses or disorders are increasingly becoming a significant public health issue. The consequences for individuals, families and communities are a key challenge for governments worldwide [1]. It is estimated that mental health disorders comprise 10% of the worldwide burden of disease [2]. Specifically for Australians, one in five will experience a mental health problem at some time in their lives [2] and 18% of adults will suffer from a mental illness.

Defining the terms: mental health, mental illnesses and mental health problems

The World Health Organization (WHO) has defined mental health as a state of wellbeing where a person is aware of their own abilities to cope with everyday stressors, work productively and make contributions to their community [3]. The importance of mental health has been acknowledged by the WHO and is considered to be part of their general definition of health which is defined as a ‘state of complete physical, mental and social wellbeing’.

The WHO proposes that mental health is not merely an absence of disease or an illness [3]. Mental health is about having sufficient money to live on, having a job and enjoying relationships and friendships [4]. It is dependent on an individual having a sense of meaning for their life and having control over their life. It can also relate to a sense of belonging or connection. Importantly, mental health is also about having access to treatment and support for any problems experienced.

Background information of the social and emotional wellbeing of Indigenous Australian peoples

More detailed information about cardiovascular health in Indigenous people can be found at:
http://www.healthinfonet.ecu.edu.au/sewb_review
Mental health problems and mental health illnesses or disorders refer to ‘the spectrum of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people’ [5]. The term mental illness is favoured by many in the community as it acknowledges the legitimate right to health care that people suffering from this illness should have. A mental illness is identified through a diagnostic process, while a mental health problem is considered less severe but still capable of interfering with an individual’s life. Mental health problems usually stem from a response to a life stressor and are more common but, have the potential to develop into a mental illness.

Defining the term: social and emotional wellbeing

The WHO has included mental health as part of their general definition of health, a holistic view supported by Aboriginal and Torres Strait Islander people [6]. In the ‘whole-of-life view’ included in the National Aboriginal Health Strategy, health is defined as not just the physical wellbeing of a person but the social, emotional and cultural wellbeing of the whole community [7]. This ‘whole of life’ view provides the foundation for the term ‘social and emotional wellbeing’ which refers to the ability of individuals or communities to develop, live in harmony with others and the environment, and to effect change [8]. Today many health services in Australia use the phrase ‘social and emotional wellbeing’ when they refer to mental health in Indigenous communities as it reflects the holistic philosophy Indigenous people have towards (or about) health.

What factors affect our mental wellbeing?

Similar to an individual’s physical health, mental health is influenced by complex social, environmental, economic and biological factors [9]. Mental illnesses can affect people of all ages and from different cultures. The suffering experienced from a mental illness can affect not only individuals but also extend to families and whole communities.

Research has identified elements that can have either a positive or negative influence on mental health [2]. Positive influences include environmental quality, self-esteem, emotional processing, self-management skills and social participation. Negative influences incorporate environmental deprivation, emotional abuse, emotional neglect, stress and social exclusion. These elements can work at an individual level, community, family, workplace or peer group level and at government or organisational levels.

Some of the environmental, social, economic and biological factors which can determine mental health illnesses or problems experienced by an individual include:

- low levels of income
- low levels of education
- poor housing and infrastructure
- feeling insecure or powerless
- risk of violence
- physical illnesses
- unhealthy lifestyles (nutrition and harmful alcohol use)
- human rights abuse
- lack of adequate transport facilities [3]

How is culture important to the understanding of mental illnesses?

From a cultural perspective it is important that mental health is defined as more than the absence of a mental illness [9]. Scholars worldwide define mental health from different cultural perspectives as they interpret aspects of mental health including wellbeing, competence and emotional potential from their specific cultural viewpoint [9].

The cultural diversity of Australia can influence how individuals seek help for a mental illness, how mental illnesses are expressed and how a person’s symptoms are diagnosed and treated [6]. It is important that healthcare professionals and workers understand and continue to develop their understanding of the effects of culture on a patient’s mental health or illness [10]. When considering the mental health issues of diverse cultures, it is important to acknowledge there is a wide range of social, cultural, educational and family backgrounds within the same culture and that what is relevant for one group is not always relevant for another group [10]. Healthcare professionals need to determine that the tools they employ to diagnose and treat a particular mental illness are correct for their clients. If they decide the screening tools are not correct then alternative guidelines need to be developed [11], specific to that cultural group.

What are the different categories of mental illnesses?

Mental illnesses are clinically diagnosed by a health professional according to either the five-point multiaxial classification system of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) or the International Classification of Diseases, Tenth Edition (ICD-10) [5].
The symptoms for mental illnesses can differ considerably from one person to another, but they are usually distinguished by some combination of abnormal thoughts, emotions, behaviour and relationships with others which normally follow an expected course unless treatment is provided [9]. The clinical procedure used to identify and diagnose mental illnesses includes collecting a detailed history of the client’s life, a physical examination and the application of specific tests to determine mental status [9]. The DSM-IV-TR, referred to in this report as ‘the manual’ will be used to give meaning and understanding to the issues relevant to mental illnesses.

The mental illnesses described by the manual include:

- mood disorders - alters how a person feels, for example long periods of depression or euphoria. These can include major depression and bipolar disorder.
- anxiety disorders - emotions attached to the expectation of future danger or adversity. Examples are panic disorders and obsessive-compulsive disorder.
- substance related disorders - involves problems associated with the use of alcohol, nicotine, caffeine and illegal drugs.
- psychotic disorders - distort a person’s sense of reality, an example being schizophrenia.
- cognitive disorders - affect a person’s ability to think and reason, for example, dementia and Alzheimer’s disease.
- developmental disorders - affect the developing child and can include autism, attention-deficit/hyperactivity disorder (ADHD) and learning disabilities.
- personality disorders - relate to an individual’s personal, private thoughts and actions, often leading to distress and harm. An example is borderline personality disorder.
- other disorders - influence eating habits, sleep, sexual functioning and self-control. Examples include bulimia nervosa, insomnia, pedophilia and pyromania.

Often people experience symptoms relating to one or more of the above mental illnesses or disorders concurrently. This is referred to as co-morbidity. Co-morbidity increases the levels of distress experienced by these people compared to people suffering from only one disorder [12]. The manual uses five axes to explain the full mental and physical wellbeing of an individual. This method is used as it provides a formal assessment of a person’s mental health and it identifies the significance of multiple factors in a person’s life, both mental and physical, which contribute to their mental health. The axes are:

- Axis I: Clinical syndromes - the diagnosis
- Axis II: Developmental disorders and personality disorders
- Axis III: Physical conditions - conditions that can produce symptoms of mental illnesses, for example, brain injury
- Axis IV: Severity of psychosocial stressors - events, for example, loss of a loved one. Coping with a mental illness can be adversely affected by the presence of these stressors
- Axis V: Highest level of functioning - how well a person functions on a day to day basis which provides information to a clinician on how Axes I - IV are affecting a client, and the best form of treatment

What causes mental illnesses or disorders to occur?

It is unclear what actually causes a mental illness to develop. Studies highlight an often complex interaction between biological, psychological and social factors [9]. Contributing to the knowledge in this area is the work of neuroscience, genetics, psychology and sociology.

Biological factors

Certain mental illnesses have been linked with disruptions of neural communication [9]. The brain consists of millions of nerve cells which utilise chemicals called neurotransmitters to facilitate the communication between nerve cells. For effective communication between nerve cells these neurotransmitters must be in balance. If through damage to the brain, use of drugs or a life changing experience these neurotransmitters are disrupted, long-term changes to the way people think, express emotion and behave can occur [9].

Genetics are also associated with some mental illnesses [9]. Individuals may inherit a genetic tendency to develop a mental illness. However, research suggests a complex interaction between genetic factors and environmental factors which influences whether the onset of a mental illness is triggered. Examples of such environmental factors include family problems, neglect or trauma.

Psychological factors

Research has found that individual psychological factors can influence the development of mental illnesses [9]. The relationship individuals have with their parents or caregivers in terms of affection given, attention to emotional needs and stability within the family has an important role in the future mental wellbeing of individuals. Secondly, human behaviour is to a degree shaped through an individual’s interaction with their natural or social environments [9]. Behaviours which are rewarded by the environment are engaged in more often than those ignored or punished. Mental illnesses may be viewed as a maladaptation of behaviour learned from the observation of others over the course of their life. Finally,
mental illnesses may be a result of a failure to cope with stressful life events [9].

Social factors

Social factors which can have an adverse affect on mental health include urbanisation, remote living, poverty and technological change. For example, people living in remote areas are faced with isolation, lack of adequate transport and communication and limited educational and employment opportunities which may have harmful consequences for mental health. Consideration must also be given to the roles of economic status, sex, race and ethnicity [9]. Research [9] shows for example that people who are the target for racist comments are at a higher risk for developing mental problems or a deterioration of existing ones.

The links between biological, psychological and social factors and the knowledge gained from research in these areas is vital to significantly decreasing the burden of mental illnesses worldwide.

What strategy does Australia have in place for the mental health of its nation?

The National Mental Health Strategy has been in operation since 1991, and initially focused on structural changes in relation to where and how mental services were delivered [13]. This focus has been broadened in subsequent strategies to include promoting partnerships between different sectors responsible for mental health planning and giving greater attention to promotion, prevention, intervention and the roles of consumers and their carers. The importance of mental health issues for the Australian workforce has also gained greater attention together with the need for further research in this area of health. The current National Mental Health Policy 2008 under the umbrella of the National Mental Health Strategy aims to provide a mental health system that:

- facilitates recovery;
- prevents and identifies mental illnesses early;
- makes certain that all Australians with a mental health illness can be provided with treatment that is effective and relevant;
- provides support to enable individuals to function fully within the communities they live; and
- decreases the impact of mental health problems and illnesses, in particular the stigmas attached to mental illnesses [13].

The national mental health strategy acknowledges the need for collaboration between service providers: government, private, non-government agencies, individuals and organisations in Australia as they aim to improve the mental health of all Australians [13].
References


The Australian Indigenous HealthInfoNet is an innovative Internet resource that contributes to ‘closing the gap’ in health between Indigenous and other Australians by informing practice and policy in Indigenous health.

Two concepts underpin the HealthInfoNet’s work. The first is evidence-informed decision-making, whereby practitioners and policy-makers have access to the best available research and other information. This concept is linked with that of translational research (TR), which involves making research and other information available in a form that has immediate, practical utility. Implementation of these two concepts involves synthesis, exchange and ethical application of knowledge through ongoing interaction with key stakeholders.

The HealthInfoNet’s work in TR at a population-health level, in which it is at the forefront internationally, addresses the knowledge needs of a wide range of potential users, including policy-makers, health service providers, program managers, clinicians, Indigenous health workers, and other health professionals. The HealthInfoNet also provides easy-to-read and summarised material for students and the general community.

The HealthInfoNet encourages and supports information-sharing among practitioners, policy-makers and others working to improve Indigenous health – its free online yarning places enable people across the country to share information, knowledge and experience. The HealthInfoNet is funded mainly by the Australian Department of Health and Ageing. Its award-winning web resource (www.healthinfonet.ecu.edu.au) is free and available to everyone.

**Director**
Professor Neil Thomson

**Address**
Australian Indigenous HealthInfoNet
Edith Cowan University
2 Bradford Street
Mount Lawley, WA 6050

**Telephone**
(08) 9370 6336

**Facsimile**
(08) 9370 6022

**Email**
healthinfonet@ecu.edu.au

**Web**
www.healthinfonet.ecu.edu.au

**Featured Artwork**

Munbanda
by Doris Gingingara.

© Australian Indigenous HealthInfoNet 2013

This product, excluding the Australian Indigenous HealthInfoNet logo, artwork, and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY-NC-ND 3.0 (CC BY-NC-ND 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures.

**Core Funding**

Australian Government
Department of Health and Ageing

© ECU

Edith Cowan University