Mental Health: Facing New Surveillance Needs

Our appreciation for surveillance needs is influenced by changes in the public's health and advances in our understanding of health as a biopsychosocial system. Just as the early concentration in surveillance expanded from infectious diseases to include non-communicable diseases, then to behavioural risk factors, surveillance now needs to expand to encompass macro-level factors, social factors, intra-personal factors, and not only physical, but also social and mental functioning. Not all of the factors in the causal web can or should be taken under surveillance. The breadth of potential factors for inclusion will always be beyond our skill and resources. We therefore need to pick and choose with restraint and care the key modifiable factors to be added to tomorrow's surveillance systems. With advances in knowledge, many factors that once were non-modifiable come to be modifiable, and factors that were once beyond the territory of public health become public health's business. Advances in genetics, and appreciation of the social determinants of health are example of knowledge development that drive change in surveillance practice. As we follow advances in knowledge, expanding and modifying surveillance is essentially an unending task. Two of the priorities for expanded surveillance are mental disorders and mental health. These are now understood to be more than flip sides of the same coin. Mental disorders are today defined by medical diagnoses, and risk for mental disorders can be assessed in the general population with screening instruments that are suitable for large scale surveys. Indeed in the few instances where mental factors are included in surveillance, they almost always are measures of risk for mental disorders, or are diagnostic data. Mental health is understood to be fundamentally distinctive from the mere absence of mental disorder. A common synonym for mental health is well-being. Most modern definitions of mental health equate it to well-functioning cognitive and emotional processes, positive feelings about oneself and one's life, and how these intra-personal resources help one cope with the strains of life, including disease, injury and frailty. Those that cope well are resources to themselves and to others and enjoy better health measured in many ways. Those that cope poorly are a burden to themselves and to others, and poor mental health puts them at risk for a host of other health problems. Poor mental health is a precursor to many types of health-threatening behaviour. Poor social support is known

to increase psychological distress which in turn is known to increase risk of cardiovascular diseases and suppress immune function. The mind-body distinction is becoming less relevant as knowledge advances. Overall, the burden of morbidity, mortality and disability due to mental disorder is estimated to account for 10 percent of disability adjusted life years worldwide, about the same as for cardiac conditions and twice the level for HIV/AIDS. Mental disorders and mental health are thus significant public health matters, as well as intensely personal matters but relevant indicators are not yet included in national surveillance systems (with very few exceptions). This presentation will review some of the surveillance systems that do include mental disorder indicators, and examine some large scale survey research efforts that could inform changes in surveillance systems to include a modest but useful range of mental health indicators.

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