

Editorial

David Peters

Editor-in-chief



Holism, mental health and mental wealth

If a nation's mental health is a barometer of its social wellbeing then it's time we invested more heavily in 'mental wealth'. The UK's soaring use of anti-depressants suggests we need to get tough on the real causes of mental distress. Holists, stressing that health problems are bio-psycho-social, tend to favour the psycho-social bit: care in context, talking cures, mind-body techniques, personal empowerment and community development. And we prefer our medicines to be natural. But anxiety, depression and psychoses are associated with disorders of brain chemistry, so is it right to dismiss drug-based approaches to mental distress? The pharma-industry, whose runaway success with SSRIs and the fortunes made have set it in hot pursuit of ever smarter drugs, naturally sees them as the mainstay of treatment.

But is mental distress a brain-chemistry problem, or a personal challenge, a social indicator, a spiritual crisis? Whatever your position (all four?) there are serious downsides to a purely medical model. Not the least of them is how it can disempower individuals while prompting society to ignore the personal and social aspects of mental distress. Drug companies' advertising and well-crafted research in medical journals aims to persuade doctors that psychological distress is biochemical, and that personal and social factors count far less. In parallel, the USA's official classification of the psychologically abnormal – the DSM III – which defines the symptoms for each 'diagnosis', has been growing as new mental illnesses are discovered (or invented). The DSM III usually links drug treatment to these medical labels, but the labels themselves can present a second kind of problem: though valid some of the time, they get over-applied. No doubt ADHD exists, but do all five million children taking

Ritalin in the USA truly need it? Yet, though well-spun research findings may drive this diagnostic zeal, they don't explain why 10 million SSRI prescriptions are written annually in the UK for 'mild depression' despite there being no evidence that it helps. It was the myth of miracle cures that made Prozac a panacea for non-specific unhappiness, as was Valium in the 1970s. The hope of simple solutions to complex problems was behind the benzodiazepine epidemic, whose legacy included side-effects and dependency: the medical model's third problem area.

As science advances it creates new stories: that depression boils down to serotonin deficiency is one of them. Swallowing the pills becomes easier (and perhaps more effective) once this idea is swallowed. And swallow it we have, with the result that the medical model has psychiatry – even more so than in the 1970s – by the throat. This fourth danger – of de-humanised mental health care, where psychiatry turns distress into disease and treatment into drug-taking – makes the nation's shrinking 'mental wealth' a big issue for holists. Our response, when neuroscience delivers more effective drugs for mental distress, as it surely will, should be to complement them by addressing the roots of mental distress – be they biological, personal or social.

In this issue we focus on the impact of mental distress, alternatives to drugs, and ways of mobilising natural powers of recovery. Chris Manning explains why psychiatry's model is worn out; its problems are pointed up in David Zigmond's parable about our mental health services and Peter Linnett's plea for a deeper understanding of mental distress; James Hawkins and Ivan Tyrell pose solutions that tap into human potential for self-healing; Ian Walton describes how one public sector centre is developing creative services, and Raja Selvam reports in from the frontiers of trauma therapy.