

“Mental Illness: The Fundamental Facts” *A Mental Health Foundation booklet is reviewed*

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Any observer of the current scene in psychiatry will find that a great variety of theoretical approaches pervades what we do. The ideal of vigorous, healthy debate within a multidisciplinary team has become difficult to achieve in a hospital setting. Professional groups have tended to separate from each other for a variety of reasons, partly on account of different beliefs about the nature of mental illness and how it should be treated. Community care, whatever else it has achieved, has brought us all back together again in multidisciplinary teams, this time in the community. All the more important, then, that we should seek as much agreement as possible about the problems we tackle together. We might at least acquaint ourselves with the ‘fundamental facts’. Any text which claims to set these out, despite so many conflicting ideas about the very nature of mental illness, deserves our close attention.

This very compact booklet (Mental Health Foundation, 1993), as its title suggests, attempts to distil the ‘fundamental facts’ about mental illness into a slim volume which could slip unnoticed into a coat pocket. Care has been taken to present a large volume of statistics in a way which can be assimilated relatively easily; this has been achieved by skilful use of coloured illustrations to relieve a brief text based on summarised statistics. In turn, the five sections address the extent of mental illness, whom it affects, its treatment and care provision, the costs, and the extent of provision versus actual need. Twenty questions are posed; each answer is illustrated by coloured pie charts of considerable ingenuity, and a well referenced but brief text. Those who believe that the booklet represents a quick read will soon find themselves mistaken. On the contrary, it requires very careful perusal in order to be sure that what is presented is interpreted correctly. The aim throughout is to draw our attention to the large amount of hidden morbidity due to mental illness, and the massive shortfall in resources.

The size of the problem

The first section, dealing with the extent of the problem, is perhaps the least easy to assimilate. It is welcome to see any text which aims to bring home to us the full extent of psychological suffering in the

general population, and which reminds us of the disturbing gap between need and resourced provision of help. However, the problem of definition, combined with the unitary approach to mental illness in presenting the statistics in this booklet, does make it difficult to be sure what exactly is included. The definition of mental illness taken from ICD-10 and DSM-III-R is as follows: ‘clinically recognisable problems of psychological symptoms or behaviour causing acute or chronic ill health, personal distress, or distress to others’, – with the cautionary comment that there is a continuous wide range of disability from minor distress to severe disorder of mind or behaviour. This raises the question of how minor the distress should be in order to be included within such a definition. We find ourselves in the dilemma of how to categorise day-to-day problems of living as opposed to illness. Such hazards of presentation are inevitable in any highly condensed synthesis of complex data. All the more important, then, that the data should be presented in a consistent way. The mind boggles at absolute numbers, yet proportions make much more of an impact. To be reminded that four out of five sufferers from mental illness are of working age, representing 19% of the population available for work, puts facts in a way which is easy to retain, mull over and refer to subsequently in day-to-day discussions. To learn that the ‘iceberg’ of mental illness consists of 12 million sufferers out of a total population of 46 million at first makes an arresting impact; however, the text at this point needs to be read carefully in parallel with the pie chart, which does not emphasise the fact that such figures refer to annual prevalence rather than any one point in time.

A quick browse through the charts, perhaps encouraged by the summary nature of the data, might indeed lead to misleading impressions, particularly when it is acknowledged that we have to await the results of a national survey of psychiatric morbidity promised in two years time in order to have the benefit of reliable figures. In attempting to evaluate the size of the problem of mental illness characterised as severe in nature, a definition is taken as ‘that kind of illness which would be acceptable for treatment and which would benefit from being in touch with specialist psychiatric services’ (Department

of Health, 1992a). The estimate of 3.2 million persons with severe mental illness refers to a prevalence over one year, although again the corresponding illustration does not specify this very clearly. It also equates severity with the concept of being at serious risk, and again this seems to involve a confusion of specific concepts. Nevertheless, certain very important facts, such as for example the major role played by general practitioners (GPs) in the treatment of the massive undeclared iceberg of mental illness are presented clearly and demand our response now.

Types of patient

It would be ill-judged to attempt here a detailed summary of the whole body of the text, itself highly condensed, but some items do warrant comment. More women suffer mental illness than men, yet they are referred less often to specialist services. The answer to the question, 'Are we meeting the needs of older people with mental illness?' begins 'Very few'. We would not wish to argue with this, although psychiatrists would surely regard the conclusion that 'virtually no elderly depressives are known to GPs or psychiatrists' as absurd when stated as baldly as this. The question of whether we are identifying the young with mental illness is met with the answer 'Very few . . . 23% of children attending GP surgeries have some form of psychiatric disturbance, but only 2% are identified by GPs'. The needs of adolescents are also appropriately emphasised. One in three convicted offenders has a psychiatric problem. Ethnic minorities are over-represented in those who are remanded in custody for psychiatric assessment. Suicide accounted for 13 deaths a day in 1991 throughout the UK, approximately the same number as in road accidents. In those aged 15 to 24 during the 1980s, male suicides increased by 58% while female suicides fell by 27%. These figures reflect a remarkable aspect of the present trends in suicide risk in varying age groups, important now that the challenge of suicide prevention has been brought centre-stage by the Health of the Nation White Paper (Department of Health, 1992b). The inclusion of a question on benzodiazepines is predictable. It is posed as 'benzodiazepines: are there risks?', with the answer, 'Yes, 4 in 10 long-term users suffer distressing withdrawal symptoms. Counselling can be just as effective'. The text comments that in 1991, GPs issued 19 million prescriptions of benzodiazepines, sedatives, tranquillisers and hypnotics, at a cost to the National Health Service (NHS) of approximately £19 million. Such a cautionary tale is justified, but many clinicians will no doubt reflect on the way patients now often appear too frightened to accept a prescription of these drugs even in acute

crisis when relatively short-term use could relieve serious distress. The summarised text allows no detailed discussion of causal links between situations/events and the incidence of mental illness; it is worded carefully on the issue of unemployment by concluding that 'we have serious reasons to consider its wider effects upon mental health', and the threefold increase in psychiatric hospital admissions in deprived areas compared with others is noted.

Patterns of provision

The changing pattern of hospital provision is neatly captured by the fact that in the 1980s, numbers of long-stay beds fell by 50%, although those for new long-stay increased by 15% (as defined by bed occupancy of one to three years). In 1991 it appears that 200 000 people occupied 63 000 in-patient beds, meaning that more people used beds for a shorter period of time. The cost of caring for mental illness in 1991 was £2877 million, or 9% of the total NHS budget. Psychiatric bed closures between 1985 and 1991 accounted for a saving of £2000 million pounds. The text concludes that there is little evidence to suggest that the majority of these savings have been diverted into community care for the mentally ill. A vigorous challenge is also directed at the government's stated view that, 'community care in itself creates no new category of entitlement to housing', and that there is 'no evidence to suggest that there will be immediate changes or a need for a new range of housing options'. The muted response in the text, which merely observes that 'the facts suggest otherwise' is all the more telling in the face of massive evidence to the contrary. It also reserves judgement on whether resources will be adequate to provide a 'seamless' service through the care plan approach, which requires collaboration between health authorities, social services and housing authorities.

Conclusions

All in all, the Mental Health Foundation should be congratulated on this summary of much helpful information relevant to mental health care. The booklet should however be used with caution. Beware, for example, of the temptation to turn to the figures as a quick and easy way of producing attractive overheads for a hastily prepared lecture. Those pie charts are more complex than they appear, and it would be rash to present them without a very thorough reading of the accompanying text. Nevertheless, used carefully, this volume should prove to be very useful. Although the material is focused

particularly on the UK, and inevitably reflects the way in which our mental health services are organised, much is also of more universal interest, especially with regard to population subgroups which are most at risk, difficult to help and so in greatest need.

Hopefully we can look forward in due course to yet more 'essential facts' about mental illness, presented in a similar very attractive fashion. My own list would include the balance of resource allocation between community and hospital care, the plight of mentally disturbed offenders in police

stations with no hospital beds available to treat them, and the quality of milieu in our hospital wards which are, after all, where those in greatest need should be cared for. Are they getting the help they need?

References

- DEPARTMENT OF HEALTH (1992a) *Local Authority Circular LAC(92)20*. p. 2. December 1992.
DEPARTMENT OF HEALTH (1992b) *The Health of the Nation: A Strategy for Health in England*. London: HMSO.
MENTAL HEALTH FOUNDATION (1993) *Mental Illness: The Fundamental Facts*. London: Mental Health Foundation.

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