**Mental Health Advocacy**

The dimensions of health include physical, mental, and social. They are interdependent, and the health status of one of the dimensions significantly disturbs the rest (World Health Organization, 2004). Out of the three health dimensions, mental health stands out as receiving less attention than physical health by friends and family; being difficult for individuals to express their symptoms clearly; and being socially and culturally sensitive issue ( U.S. Department of Health and Human Services, 2001).

Mental health is defined as

> *"a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*" (World Health Organization, 2004).

Mental Illness is defined as

> *"collectively all mental disorders, which are health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning"* ( U.S. Department of Health and Human Services, 2001).

There are variety of mental health issues with different forms of manifestations and severity. The two main categories of mental illnesses are *Any Mental Illness* (AMI) and *Severe Mental Illness* (SMI) (National Institute of Mental Health, 2019).

AMI is defined as *"a mental, behavioral, or emotional disorder ranging from no impairment to mild, moderate, and even severe impairment"* (National Institute of Mental Health, 2019).

SMI is defined *as "a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities"* (National Institute of Mental Health, 2019).

About 450 million people suffer from mild to severe mental health issues around the world affecting their daily lives (World Health Organization, 2003; World Health Organization, 2004). The ambiguity and sensitivity of mental illness often leads patients to avoid seeking mental healthcare. Delayed mental healthcare by individuals or their families can yield more devastating consequences with long-term, irreversible mental injury (McLaughin, 2004).

In the United States (US), mental health conditions are on the rise, affecting 1 in 5 adults or 46.6 million adults per year. 1 in 25 adults or about 11.2 million adults are affected by serious mental illness each year causing impairment in different aspects of their life. About 1 in 5 youth between 13 and 18 years of age encounter severe mental health issues during their lifetime, and 13% of children between 8 and 15 years of age are also affected (National Alliance on Mental Illness, n.d.; National Institute of Mental Health, 2019).

The AMI prevalence data among U.S. adults in 2017, shown in *Figure 1*, reveals gender difference with females experiencing AMI more than males; age difference, with youths 18 and 25 years having higher prevalence rates than other age groups; and race/ethnicity difference, with whites having higher AMI rates than other races (National Institute of Mental Health, 2019).

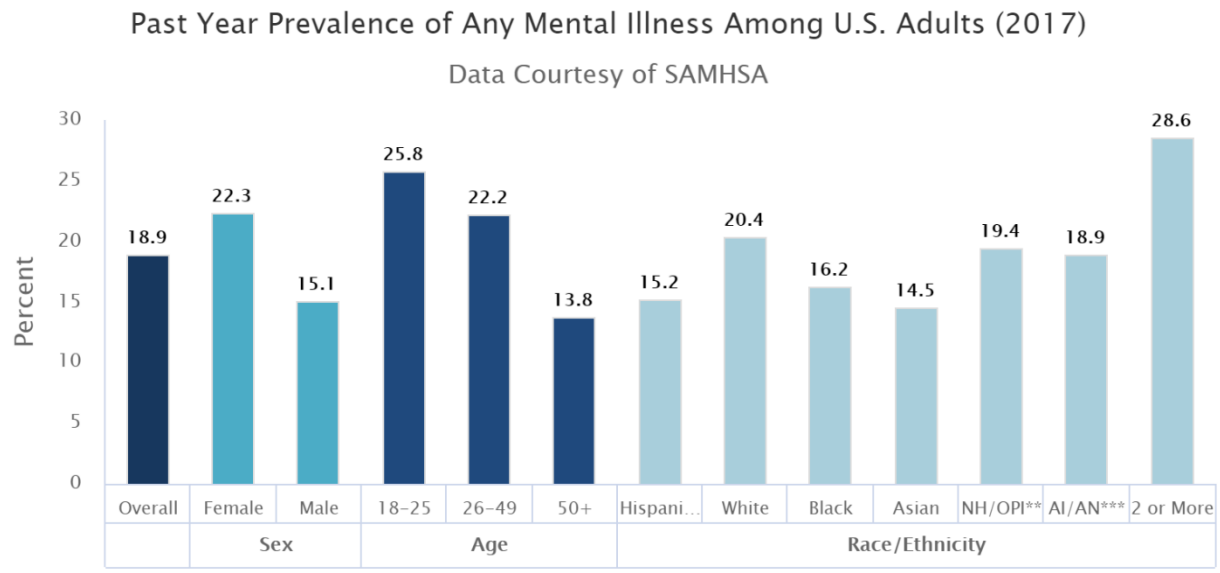


***Figure 1*** *AMI (Any Mental Illness) prevalence among US adults, 2017 (National Institute of Mental Health, 2019)*

*Figure 2* illustrates SMI prevalence among U.S. adults in 2017. It shows the same differences as AMI prevalence in *figure 1* above—females, whites, and the youth (between 18 and 25 years) experiencing higher rates of SMI (National Institute of Mental Health, 2019).

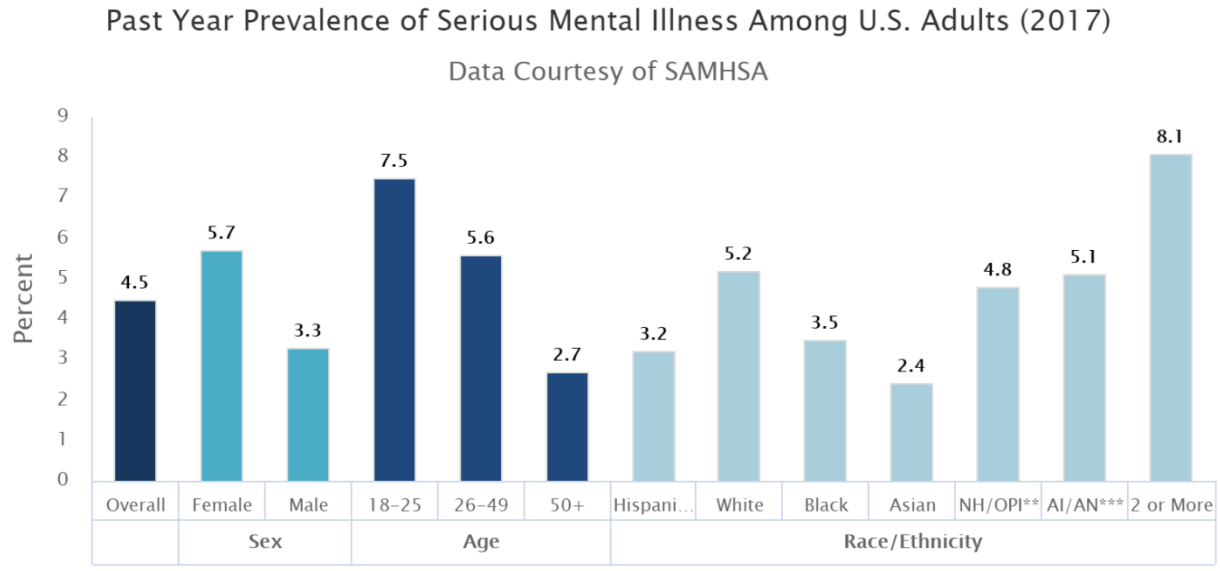


***Figure 2*** *SMI (Serious Mental Illness) prevalence among U.S. adults, 2017 (National Institute of Mental Health, 2019)*

In Olmsted County, MN, a triennial Community Health Needs Assessment (CHNA) conducted in 2016 reported the mental health status of the County. It shows that 67% of prioritization participants identified mental disorders as a major health issue in the County. (Olmsted County Public Health Services, et al., 2016).

The 2016 CHNA cites the Rochester Epidemiology Project (REP) reporting that 7% and 16% of Olmsted County youths and adults, respectively, had a diagnosis of depression in 2014. In Olmsted county, one in three individuals (29.2%) have ever been diagnosed with mental illness, while 32% of the County's population "is living in a household with at least one individual with a diagnosed mental health condition" (Olmsted County Public Health Services, et al., 2016)

The mental health data from the CHNA shows that females have 80% higher prevalence of depression than males. It also reports that the adult white population experiences the highest depression prevalence (16.3%), and Hispanics have the second-highest depression prevalence (15.6%). Furthermore, Hispanics have the highest adolescent depression prevalence (8.5%) followed by whites (7.8%) as shown in *figure 3*" (Olmsted County Public Health Services, et al., 2016).

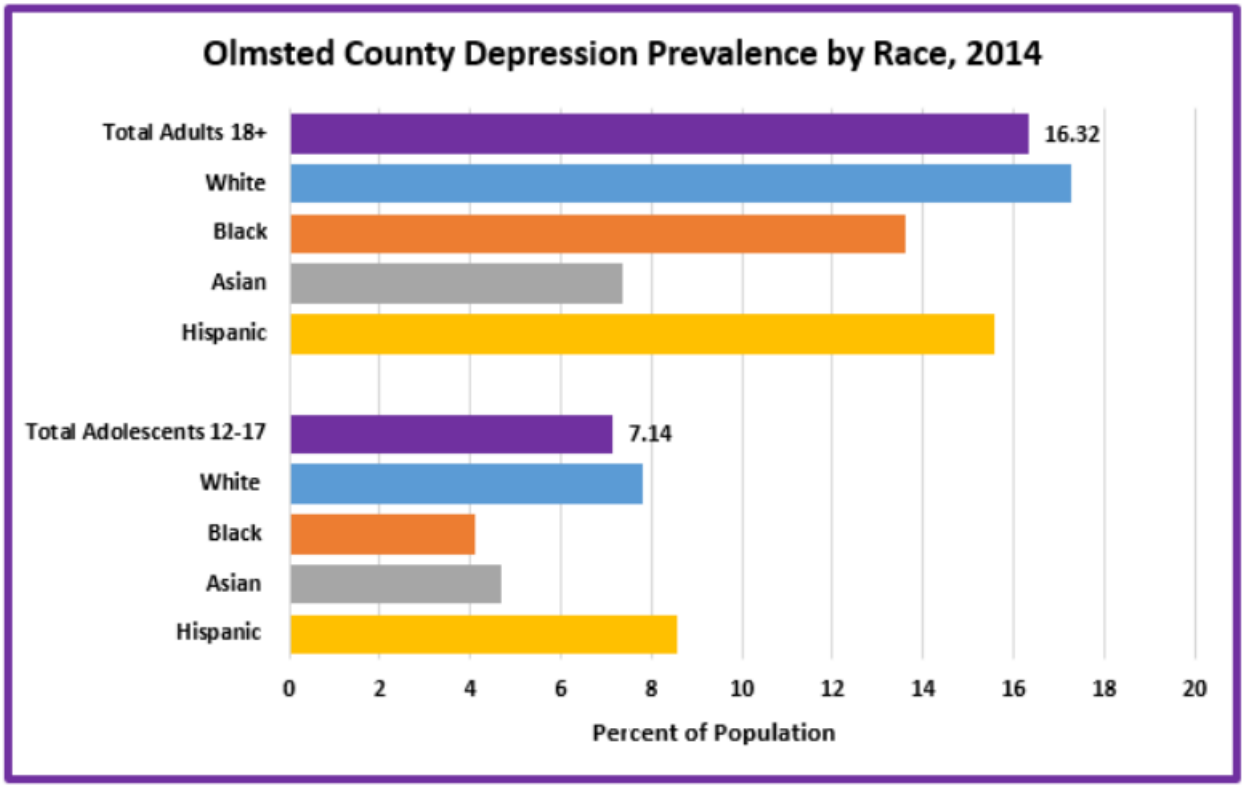


***Figure 3*** *Olmsted County depression prevalence by race, 2014, CHNA (Olmsted County Public Health Services, et al., 2016)*

**Physical effects of mental illness**

There is a strong relationship between the physical and mental health status of individuals, each affecting the other. It is well-known that people with mental illnesses are more likely to get a physical illness than those who are not mentally ill. For example, schizophrenic patients have higher tendency of physical illnesses including infectious diseases mainly attributed to lack of selfcare and limited healthcare access (Sartorius, 2007; Leucht, et al., 2007). Mentally ill individuals may not receive the attention and care they need from their families resulting in their overall health worsening.

On the other hand, patients with physical illnesses maybe afflicted by a mental disorder such as depression. The severity of the mental disorder in physically ill patients increases with the duration and the severity of the disease. Thus, chronic disease patients (e.g. diabetes, HIV/AIDS, cancer, disability, etc.) may suffer more severe forms of depression which could go undiagnosed due to the attention paid to their preexisting chronic disease (Simon, 2001).

**Culture and mental illness**

The influences of patients' culture on their mental health issues are well-documented ( U.S. Department of Health and Human Services, 2001; Yakeley, 2018). It has been reported that some cultures experience higher prevalence of specific mental disorders in comparison to other cultures; that is not to say the specific culture is bad, it only indicates that the cultural and individual level risk factors that are associated with the mental disorders are more frequent ( U.S. Department of Health and Human Services, 2001).

Cultures have deep impact in the way mental disorders are perceived by populations (Lien & Kao, 2019); explained and cared for by the patients (selfcare) and families including when to seek healthcare and; reacted towards which is the basis for stigmatization and social isolation of the patients ( U.S. Department of Health and Human Services, 2001).

It is common in some cultures that patients of mental disorders express their condition through the somatic (physical) disturbances associated with it—this could mislead the physician into treating the patient for a somatic disease rather than the mental disorder that the patient is suffering from which is difficult for the patient to culturally perceive and express clearly to the physician ( U.S. Department of Health and Human Services, 2001).

**Immigration related mental disorders**

Leaving one's country to reside in another for a long period (or maybe forever) is a process that fundamentally changes the life of an individual. Upon arrival to the host country, the migrating individual brings their culture (specially adults who have been practicing and lived in the culture long enough for it to become a norm and inseparable part of their life), however, they enter a new era—community, culture, and environment—which they have to fit in ( U.S. Department of Health and Human Services, 2001; Ilic, et al., 2017).

The process of acclimatizing to new norms is stressful and sometimes depressing for newly-arrived immigrants although it does not take too long for one to start adaptation—the first two to three years are the most stressful. Immigration is not solely responsible for the mental health

disturbance among immigrants, social conditions and the underlying reasons of migrating (e.g. wars) should be taken into consideration—such conditions could lead to post-traumatic stress disorder (PTSD) ( U.S. Department of Health and Human Services, 2001).

**Mental illness stigma**

Stigmatization is a major issue facing people with mental disorders from their own community that they live in, their classmates and teachers, family members, etc.; it makes it difficult for them to seek solution for their health condition (Kaushik, et al., 2016; Ando, et al., 2013; Moses, 2010).

Individuals with mental illness often face strong stigma from preexisting cultural perceptions due to their ill health. Being avoided, rejected, and discriminated by their own community puts more pressure and stress on the-already fragile mental health status ( U.S. Department of Health and Human Services, 2001). Mental illness stigma contributes to suicide ideation and attempt (Oexele, et al., 2017; Oexle, et al., 2018).

Mental illness stigma is also seen in healthcare settings causing barriers in the accessibility of mental health services. The nature of healthcare-based stigma against mentally ill patients has its roots in the lack of mental health stigma awareness among health professionals and the perceived hopelessness in treating mental health patients where doctors, nurses and other health staff feel that the patient will not get better no matter what they do (Knaak, et al., 2017). Furthermore, studies have shown that people with mental illness feel being treated in dehumanizing and demeaning ways such as not being listened to and use of inappropriate language (While & Clark, 2010; Knaak, et al., 2017; Ungar, et al., 2016; Pope, 2011).

**What works**

1. *Early prevention:*
   Prevention is an essential component in health promotion programs. Early prevention of mental disorders decreases its prevalence and severity. Early childhood education (ECE) programs directed towards children and their caregivers are important to nurture the child's psychology, cognitive abilities, emotional growth, and social connectedness which in turn will have a positive impact on the child's mental health into adolescent and adulthood (Baker-Henningham, 2014; World Health Organization, 2003). The underlying risk factors of mental disorders start early in life (before being born) with the mother's mental health status, stress, surrounding social environment, and the pressures she experiences during pregnancy and after delivery (Newton, 2015; Meltzer, et al., 2003).

2. *Mental health literacy and community empowerment*
   It is crucial for the community to be educated on the importance of mental health and mental disorders that could face them and their families in the future. Knowing the triggers, indicators, and the deleterious effects of mental disorders helps in its prevention, early intervention, help-seeking, and coping strategies. Four interventional approaches towards better mental health literacy have been identified (Kelly, et al., 2007; Jorm, 2012):
   I. Holistic, communitywide campaigns

II. Youth-specific community campaigns
III. School-based mental health literacy programs
IV. Individual oriented mental health training programs on dealing with mental health issues

However, it is argued that mental health literacy programs (specifically for major depression and suicide) targeting the whole community or a profession may not be as effective as the individual- or small group- tailored programs (Goldney & Fisher, 2008).

3. *Destigmatizing mental illness*

The stigma faced by patients with mental illness is a major barrier to seeking the necessary treatment and other interventions. Stigma exists in the community, healthcare team, peers, and among families. Efforts have to be directed to mental illness stigmatization specially among healthcare team to avoid discrimination in healthcare service provision (While & Clark, 2010; Mann & Himelein, 2004; Knaak, et al., 2017).

Destigmatizing mental illness in healthcare settings can be achieved through (Knaak, et al., 2017):

I. Undergraduate and graduate courses for future health professionals emphasizing the consequences of mental illness stigmatization in the healthcare system (Carrol, 2018)
II. Short, regular seminars for health professionals discouraging bias and mental illness stigmatization
III. Public campaigns focusing on destigmatizing mental illness in the community (Kohls, et al., 2017; Yakushi, et al., 2017; Cook & Wang, 2010; Dumesnil & Verger, 2009)

4. *Mental health research*

Research into mental illness stigma and community perception towards mental illness and ways to reconcile it should be carried out to achieve better mental health status among population. Individuals with mental illness are part of the community sharing culture, language, values, etc. yet discriminated, shamed, defamed, avoided, and isolated by their own community, or sometimes families; reasons behind such practices due to preexisting shared cultural views need to be brought to light through in-depth studies detailing their origins, reasons, and ways to overcome them.

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