The more we understand mental health, the more we diagnose mental illness

Olivia Leyden

Background

In recent years, the notion that Australia is facing an ‘epidemic’ of mental illness has entered the popular discourse. A simple internet search yields numerous startling headlines: ‘Mental health crisis costing Australia $60 bln a year’ (Ryan, 2019), ‘Australia in the middle of mental health crisis with unnecessary deaths escalating’ (Hall, 2015), and yet alarming claims such as these appear relatively well-founded in statistics. In 2017-18, 13.1% of Australians had an anxiety-related condition, increasing from 11.2% in 2014-15, and 10.4% had depression, increasing from 8.9% (Australian Bureau of Statistics, 2018). Certainly, these statistics confirm that mental illness diagnoses are increasing, and this is occurring alongside an improved understanding of mental health, both scientifically amongst medical professionals, and socially within the community. An interesting parallel such as this gives rise to a number of important questions: to what extent are these two phenomena related? Does increased diagnosis mean that our mental health is actually declining? And is it possible that we may be overdiagnosing normal human experiences as mental illnesses?¹

An increased understanding of mental health

Our increased understanding of mental health is twofold in nature. Firstly, our scientific understanding has made much progress, and the evidence base for the recognition and management of mental illness is enlarging. Medical research into psychiatry has become a focus, and recent decades have brought rational drug design, identification of susceptibility genes, large-scale treatment trials and advances in functional and diagnostic imaging (Semple and Smyth, 2013). Doctors themselves are becoming more comfortable with the management of mental illness, reflected in part by the rates of prescribing antidepressants in Australia, which have risen by more than double, and other developed countries are experiencing similar trends (McManus et al., 2000). Efforts are also being made to improve understanding at a policy level, with government investigations being initiated such as the Australian Government’s Productivity Commission Inquiry into Mental Health, which was launched in 2018 and aims to consider all aspects of a person’s life affected by mental illness (Australian Government Productivity Commission, 2018). In the context of these developments, looking towards the future, research into the field of psychiatry gives us reason to believe there are fish in the sea better than ever have been caught.

This increased understanding also extends into the broader community, where the importance of mental health is becoming more widely recognised and openly discussed. This has gradually been accomplished through a range of influences: organisations like Beyond Blue and events such as ‘R U OK Day’ have worked effectively to raise awareness about mental illness and reduce the stigma it has long been shrouded in. Similarly, popular culture has recently seen films such as It’s Kind of a Funny Story (2010) and Silver Linings Playbook (2012), which not only place a spotlight on mental illness but provide more accurate depictions of those who live with it, straying distinctly from the popular yet harmful tropes of evil psychiatrist or dangerous patient. We have also seen a trend towards a greater willingness to discuss mental health issues, with many notable figures from sporting stars to actors and politicians speaking openly about their own experiences.

¹ In order to proceed, an important distinction must be made. Mental health refers to the state of a person’s psychological and emotional wellbeing, whereas mental illness is defined as a health condition that significantly affects how a person feels, thinks and behaves, causing distress and affecting their ability to function.
All this has amounted to mental health certainly obtaining a more prominent profile in public discourse, and Australian statistics show that there are numerous positive trends in relation to mental health literacy, especially regarding depression. Mental health literacy has improved such that 74% could recognise depression in a vignette in 2011, compared with only 39% in 1995. People are also much more willing to disclose their own mental health issues or know someone who lives with mental illness: in 2011, 71% reported having a family member or friend with depression, compared with 45% in 1995 (University of Melbourne, 2019). A significant effect of this increased awareness is that people’s attitudes towards mental health are more likely to be formed based on individual experiences, as opposed to the stereotypes that fuel the stigma associated with mental illness. However, these same statistics reveal there are areas in which community understanding of mental illness is lacking. For example, perceptions that people living with schizophrenia are dangerous have increased, and in general, community attitudes towards more severe mental illnesses have shifted much less. So, while depression and anxiety are undoubtedly becoming more widely discussed, other conditions including psychosis and personality disorders remain poorly understood (University of Melbourne, 2019).

Increasing diagnosis of mental illness

The statistics quoted in the introduction clearly demonstrate the increase in mental illness diagnoses in Australia, and this trend extends internationally too: according to the latest Global Burden of Diseases study, disability adjusted life years attributable to mental illness have seen a 37% increase between 1990 and 2010 (Murray et al., 2012). Yet the reasons for this are complex, even controversial.

One must first consider that increased diagnosis of mental illness does not necessarily equal an increased prevalence of such conditions, as opposed simply to greater identification of disease that was previously undiagnosed. Data from the National Health Survey quantifies mental health symptoms (cf. diagnoses) using the Kessler Psychological Distress Scale (K10). Analyses of its data have found that between 2001 and 2014, the prevalence of common mental disorders in Australia (as measured by K10 scores indicating a high or very high symptom level) has actually remained relatively stable (Harvey et al., 2017). This finding is contrary to the notion that there is an increasing prevalence of mental illness to match the increase in diagnoses. Perhaps then, it is the increased public awareness of mental illness that has resulted in a surge of people seeking help – destigmatisation of mental illness likely translates into patients being more comfortable about presenting to doctors with mental health concerns, and doctors themselves being more willing to provide help.

However, this leads to consideration of the more disquieting possibility, that increased awareness of mental health could be a catalyst for overdiagnosis of mental illness. Such a concept seems rather paradoxical in the context of our improved evidence base for the recognition of mental illness, and therein lies the rub: it is one of psychiatry’s great complexities that there is considerable overlap between the symptoms of mental illness and normal human experience. Mental health exists on a continuum from complete wellbeing to debilitating illness, and a degree of subjectivity in establishing the point where symptoms meet a diagnosis is inevitable, for psychiatry lacks the objective laboratory type investigations common within other medical fields. What we could therefore be seeing, is the greater visibility of mental health in the public eye driving an increase in help seeking for ‘symptoms’, which actually constitute normal human experience. Sadness, anxiety, shyness – these are all to a degree normal, and their increased discussion in the context of mental illness awareness may lead one to consider that experiencing them, even transiently and appropriately, correlates with the need to be diagnosed and treated. In other words, one who may never have thought of themselves as having mental illness may be encouraged to consider their situation within this framework. This issue has been debated in academia; Dowrick and Frances in the BMJ went as far as to say ‘depression is now more likely to be overdiagnosed than underdiagnosed in primary care’, and ‘for GPs a diagnosis of depression may be an attractive instrument for managing uncertainty in the consulting room’ (Dowrick and Frances, 2013).

It could be argued then, that the issue of overdiagnosis pertains not to an increased understanding of mental health, but rather, an unfortunate misunderstanding of what truly constitutes mental illness. While an increased awareness of mental health issues is largely a positive thing, promoting destigmatisation and empowering individuals to speak about their experiences, we must also be wary of the dangers of information sources that convey misinformation. A clear example of this is seen with mental health apps,
many of which have been shown to promote medicalisation of normal human experience and the idea that poor mental health is ubiquitous (Parker et al., 2018). The importance remains then, as ever, that doctors take care to educate their patients, exercise caution in diagnosis and critically consider the diagnostic criteria before placing the label of ‘illness’ upon a mental health concern.

The way forward

The increase in diagnosis of mental illness is well documented, and this phenomenon is most likely attributable to an increasing awareness of mental health issues, with the possible contribution of overdiagnosis, although the extent of this remains hard to quantify. On the whole, an increased understanding of mental illness is of great benefit to society both culturally and medically – advances in scientific research and public awareness clearly contribute to establishing a better future for those living with mental illness.

However, there is also a need to ensure critical reflection on the messages delivered to the public regarding mental health. We must find balance between encouraging destigmatisation and discouraging overdiagnosis of mental illness if we are to facilitate a true understanding of such a complex issue. As always, the importance of good training of health professionals, and continuing to build our evidence base for mental illness diagnosis and management remains crucial.
References


