‘The more we understand mental health, the more we diagnose mental illness’ – Exploring and addressing this recent trend
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Background and Introduction
Australians appear to have a growing awareness and understanding of mental health. Whether it be government initiatives, such as the ongoing productivity commission into mental health (Productivity Commission, 2019), or representation in pop culture (Pedestrian, 2017), mental health seems to be an ever-increasing focus in today’s society. Alongside this, the prevalence of formally diagnosed mental illness in Australia has been noted to have risen steadily since 2009 (Wilkins et al., 2019). Several plausible mechanisms may be responsible for this trend. Though it is possible that an increased understanding of mental health has resulted in previously undiagnosed individuals receiving a formal diagnosis, it is also important to consider the possibility of overdiagnosis of mental illness. Due consideration should also be given to the possibility that both mechanisms may be contributing to this trend, and there may also be other significant factors at play. Further insight into this trend will better equip Australians to address this relationship, especially as our understanding of mental health continues to grow and the incidence of formally diagnosed mental illness continues to increase.

Closing the diagnosis gap
It is possible that an increased understanding of mental health can result in the diagnosis of mental illness in individuals who would otherwise remain undiagnosed. Reducing this gap between the total number of individuals who have a mental illness and the number who are formally diagnosed with mental illness can simply be termed as “closing the diagnosis gap”. Closing this gap is beneficial to society, as diagnosis can serve as the first crucial step on a pathway to adequately addressing mental illness. A broader awareness and increase in understanding of mental health can aid individuals in identifying what may be previously unrecognised mental illness. Another barrier preventing individuals from being diagnosed is the fear of stigma surrounding having a mental illness (Corrigan, 2007). As society grows in its understanding of mental health, this may gradually lead to the de-stigmatisation of mental illness, thereby encouraging more individuals to obtain a formal diagnosis of their illness.

The available data on the incidence of mental illness in Australia appears to point towards a closing of the diagnosis gap. The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 17, which reports solely on formal diagnoses of mental illness, rather than symptomatology, shows a marked increase in the estimated percentage of the Australian population with a diagnosed mental illness, particularly depression and anxiety (Wilkins et al., 2019). This increase is significantly more than the average overall increases reported by the Australian Bureau of Statistics, which gathers data on symptomatology, rather than formal diagnoses, thereby supporting the theory that the diagnosis gap is closing (2019). This is echoed by Emeritus Professor Anthony Jorm who states: ‘While there certainly has been an increase in diagnosis, there has been no increase in the number of people living with mental illness’ (Cited in Margo, 2019). As the data points towards a closing of the diagnosis gap in Australia, it is quite possible that an increased understanding of mental health has resulted in a beneficial increase in correct diagnoses of mental illness.

Dangers of overdiagnosis
It is also plausible that as mental health begins to take more of the spotlight in our society, and our understanding of it begins to be more widespread, it may facilitate the diagnosis of mental illness in
individuals who are without. This concern has been present for many years, and is echoed by Horwitz and Wakefield in their book *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow Into Depressive Disorder* (2007). This is a serious issue, as the misdiagnosis of mental health in normal individuals may lead to the unnecessary curtailing of fundamental emotions and experiences. In addition, the misdiagnosis of mental illness may cause an individual to believe their mental health is worse than it is, predisposing them to true mental illness. In this scenario, an increase in the understanding of mental health may indirectly lead to an increase in the true prevalence of mental illness. Along with being harmful to the individual, misdiagnoses can also lead to a worsening of the stigma surrounding mental health, which is harmful for society as a whole.

**Other relevant considerations**

Other factors which may contribute to this trend include a true increase in the prevalence of mental illness in our society, as well as the possibility that our increased understanding of mental health is not a cause, but the result of the increase in diagnosed cases of mental illness. A true increase in the prevalence of mental illness in society could largely be precipitated by factors such as the increasing stresses of work, increasing rates of loneliness or decrease in sleep quality, all of which are growing issues in modern-day society. Such an increase could explain this trend, though based on data by the *Australian Bureau of Statistics*, which does not show an increase in the prevalence of mental illness proportional to the increase in formally diagnosed mental illness, it appears that this may not actually be the case (2019).

It is also important to closely examine any possible directions of causality in the relationship between an understanding of mental health and the diagnosis of mental illness. Although an increased understanding of mental health may cause a subsequent increase in the diagnosis of mental illness, it is also possible that as more individuals receive formal diagnoses of mental illness, this results in a growth of understanding of mental health for them and those they interact with. Both directions of causality may co-exist, creating a ‘positive feedback loop’, improving society’s understanding of mental health, and resulting in more cases being diagnosed.

**Recommendations**

Regardless of the mechanisms by which an increased understanding of mental health relates to an increase in the diagnosis of mental illness, it is vital that all members of society strive to better educate themselves and due care is taken on the part of the diagnosing clinician. A thorough understanding of mental health can enable individuals to better identify mental illness whilst helping to prevent misdiagnoses that arise from false understanding. In addition, regardless of whether criticisms are justified, ongoing critique can serve as a constant reminder to clinicians to exercise care when diagnosing mental illness in order to prevent harmful misdiagnoses. As the overall picture in Australia seems to be one where an increase in understanding of mental health seems to be primarily serving to tighten the diagnosis gap, the ideal response by society would be to continue its current trajectory of implementing initiatives that broaden awareness and increase understanding of mental health.

Initiatives that deepen society’s understanding of mental health can also serve to educate individuals about taking preventative approaches to mental illness, as recommended in the 2014 National Review of Mental Health Programmes and Services (National Mental Health Commission, 2014). Improvements in preventative approaches to mental illness can also serve to reduce the true incidence of mental health in society. In this way, a greater understanding of mental health can serve to decrease the diagnoses of mental illness.

**Conclusion**

The numbers of formally diagnosed mental illnesses in Australia seem to be growing along with our increased understanding of mental health. Though numerous mechanisms may be responsible for this the most likely explanation is that an increased understanding of mental health is serving to tighten the mental illness diagnosis gap. As such, society should strive to continue to grow in their understanding of mental health, and diagnosing clinicians must always be cautious of overdiagnosis.
References


