The role of place in mental illness

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One’s ‘place’ is conventionally defined as their geographic location. Whilst largely true, I believe the concept of place is far more abstract and layered than this narrow definition, especially when thinking about its role in mental illness. Place can be thought of as the point in time where the external factors meet the internal factors; meaning the geographical location, place within a family and society meets the psychological, emotional and spiritual development of an individual. This essay will break down each component and then view them in unison to conclude.

Geographical location is one of the more significant determinants of mental illness. Notably in places whereby basic human needs (such as clean drinking water) cannot be met, the propensity to experience health (including mental) is vastly diminished (Saxena et al, 2007). Whilst this can be recognised globally when comparing advanced with developing economies, meeting these basic human needs is a necessary, albeit insufficient criteria for mental health. As an example, in an advanced economy with a high standard of living such as Australia, completed suicide is the leading cause of death for people aged 25 to 44, and the second leading cause of death in people aged 15 to 24 (ABS, 2009). This shows that while geographical location as a place plays a role in mental illness, the correlation is complex and paradoxical when looking at the high rates of mental illness in one of the most plentiful countries on earth.

In Australia, rural and remote citizens experience poorer health outcomes (including higher rates of mental illness and suicide) than those living in cities (Sankaranarayanan et al, 2010). This is explained by a number of factors; not least of which is the objective difficulty in meeting the mental health needs of rural Australia, restricted by enormous distances separating small towns all across the continent (Cosgrove et al, 2018). Furthermore, whilst there is a shortage of trained psychiatrists in Australia as a whole, the overwhelming majority of them are based in cities and regional areas (NRHA, 2017). This leaves the complexities of mental healthcare in rural and remote areas to GPs, who are often working beyond their scope of practice (Alexander & Fraser, 2009). It is important that patients receive specialist psychiatric care, as long term mental health outcomes have been found to be critically dependent on an early, accurate diagnosis and management plan (Jivanjee et al, 2008).

Telehealth has positively contributed to closing the gap between healthcare opportunities afforded to city and country people. In psychiatry, however it is more controversial, as evidence suggests that it prevents the psychiatrist from accurately assessing non-verbal cues (Noh et al, 2015). However, others have found that telepsychiatry is as effective for diagnosis and treatment of depression and PTSD (Hilty et al, 2013). Furthermore, they found that for children with mental health conditions, telepsychiatry was more effective than in person consultations. Resultantly, rural and remote Australians are disadvantaged in receiving optimal care from a specialist in their hometown, and thus place in the sense of a geographical location plays a significant role in mental illness.

An individual’s perceived place within a family structure plays a significant role in mental health and illness. First born children and those adopted into a family tend to have higher rates of mental illness than subsequent children. This has been shown most evidently with ADHD diagnoses (Marin et al, 2012). The place of women who are older and widowed are more likely to report worse mental health outcomes (Das et al, 2007). In the perinatal period, women who’ve never experienced mental illness before can be subject to perinatal depression or psychosis, with one in five mothers with infants reporting a depression diagnosis (AIHW, 2012). Whilst the pathogenesis of this isn’t clear, risk factors include...
such as young maternal age contribute to a picture whereby the place of the woman in the family changes during this vulnerable period. Furthermore, fathers who do not bear children have lower rates of mental illness than those that do, which appears worst when raring children that are in their infancy (Montgomery et al, 2011). Each person’s place in the family, as it evolves over time, is often overlooked and yet plays an important role in the development of mental health or illness.

It is important to recognise the role and identity of an individual within the constructs of society, or their place in society, when thinking about mental illness. People who don’t belong to a certain group or are alienated by society often suffer from poorer mental health than those with close connections (Mushtaq et al, 2014). The mental anguish of homelessness manifesting as a lack of belonging, or a specific place in society, is devastating for individuals and is a significant risk factor for suicide (Kawohl & Nordt, 2020). Research also shows individuals who are unemployed have a similar lack of purpose, impeding the formation of an identity which is a protective factor for mental illness. Unemployment and homelessness predispose to addiction which is also a risk factor for suicide (Dragisic et al, 2015). Furthermore, once an individual has an addiction and a mental illness, or a “dual diagnosis”, their chances of rehabilitation and recovery are diminished, especially in young people (ADF, 2019). Ultimately, the individual’s place in society isn’t clear, and as such plays a major role in the development of mental illness.

The internal place that one resides has a significant impact on their mental health or illness. This refers to their psychological development, vulnerabilities, and personality traits. A child who has experienced difficulties growing up, especially following a traumatic childhood, will be in a psychological place that is less stable, less able to effectively respond to life’s challenges, predisposing to mental illness (Devi, 2019). Furthermore, it has been shown that as one grows spiritually, through the use of mindfulness meditation, that rates of mental illness like depression and anxiety is reduced in the long term (Keng et al, 2011). Psychotherapies including CBT aims to provide patients with the skills to recognise thoughts that are harmful and challenge them. As the patient learns to identify and modulate thought patterns, they are able to alter behaviours to improve wellbeing and avoid mental illness (Payne & Myhr, 2010). As the internal world changes over time, this new psychological place results in improved mental health.

The role of place in mental illness is paramount. It is the culmination of the external and internal factors, whereby an individual’s geographical location can be superimposed on their identity within a family, and community and then further layered onto their psychological and spiritual development. Each individual component plays a crucial role in the development of mental health and the absence of mental illness. Whilst the internal factors are largely up to the individual to cultivate, for policymakers and psychiatrists, it is vitally important that rural and remote Australians receive the best possible care, that their geographical place doesn't impede mental health. This will go a long way in improving mental health rates in Australia.
References


