

Julian Ashton and Neil Quinn

Current public mental health challenges

We are delighted to introduce this issue of the *Journal of Public Mental Health*, which covers a range of important topical issues.

With the enormous impact of the cost of living crisis, we are pleased to introduce this issue with a study by Kris Southby and colleagues seeking to understand how communities experiencing disadvantage are coping with the enduring challenges they face in terms of mental health outcomes. Semi-structured interviews were conducted with residents and voluntary organisations, social enterprise groups, community leaders and other local stakeholders in four case study areas. A number of factors were identified that support community resilience, including community hubs, local social enterprise networks, supportive environments to talk about mental health and well-being and collective narratives. The paper articulates the concept of community resilience in terms of the amount of resources that communities can draw on and mobilise in response to current socio-economic challenges.

Given the ongoing war in Ukraine and the huge mental health impact of this conflict, we have an important study exploring how conflict-affected communities in Ukraine (in the Lugansk region) can develop sustainable mental health services in decentralised settings. The paper by Vitalii Klymchuk, Krystyna Vysotska and Viktoriia Gorbunova focuses on community stakeholders' perception of their problems and solutions that communities can create to achieve better mental health coverage. The study found that most of the communities appear not to be ready to acknowledge the role of mental health services, instead relying on the existing weak psychiatric hospital-based system. Awareness-raising interactive capacity-building activities for community leaders and decision-makers helped to promote community-based mental health services development. The study makes an important set of recommendations, including increasing the role of communities and service users; embedding mental health services in the existing social, administrative and health care services; supporting mental health advocacy and lobbying led by local leaders and service users; and capacity building of local communities.

Five years ago, in her Editorial for this Journal, Gill Coverdale painted a clear picture of mental well-being in children and young people while drawing attention to problems arising from cuts in resources [Coverdale \(2017\)](#). The situation was serious then, but it is common knowledge that it has worsened in recent years; referrals to psychiatric services have increased, particularly since the pandemic. NHS funding is stretched more than ever.

The implications of lack of adequate psychiatric funding are part of the story behind the paper by Lucy Huhn and her co-authors in the East of England. Their reflective article is the result of an initiative to bridge a gap between the Child & Adolescent Mental Health service and the adult counterpart. Psychiatrists worked together and each adjusted their way of working to embrace some methods of the other. However, as demand for the services increased, they had to revert to the status quo. Gill Coverdale (*ibid.*) referred to the recently published Children's Society report. This year's, *The Good Childhood Report 2022* includes the recommendation: "Children must be protected from the unrelenting cost of living crisis. . ." ([The Children's Society, 2022](#)).

Identifying the psychological needs of children, who may be on the autistic spectrum, is the focus of the paper from Georgia by Medea Zirakashvili and her team. They developed a

Julian Ashton is based at NIHR Research Design Service (South-West), Abingdon, UK.

Neil Quinn is based at University of Strathclyde, Glasgow, UK.

Georgian version of the Autism Spectrum Screening Questionnaire and went through an extensive process to make sure it was fit for purpose and suited to the cultural context. One of the strengths of the study was to enable the use of the new version by a cohort of parents and a comparable number of teachers. The overall result was to validate the test for boys; girls were much fewer, and the authors concluded that more work needs to be done to apply the test to girls. The questionnaire will no doubt be a valuable tool.

Looking back again to this Journal in 2017, we wrote about public involvement in mental health research (Ashton, 2017). Patient and public involvement (PPI) has moved forward since then; a useful gauge can be found in the work of Lang *et al.* (2022). As the *British Medical Journal* requires each paper to include a statement about PPI; this paper analyses these statements, for example, by country of origin and subject area. Mental health and mixed methods studies showed the highest rate of PPI, but overall only 20% of papers included PPI. Of course, in some cases, no PPI is needed, but there is definite room for improvement. One paper here is a good example, the study from Calgary, Canada. Jennifer Thannhauser and her colleagues carried out an evaluation of a university mental health programme, *Roots to Resiliency*. The minorities in Calgary include indigenous students, who were happy to be involved. An important note was made by the authors, "It became apparent early in the research process that the time required to build relationships with indigenous elders and knowledge keepers within the community does not often align with timelines imposed by funding agencies". The student advisers recommended maintaining the structure and content of the programme, but integrating indigenous cultural values and practice. This could be seen as a similar type of shift in thinking to that described by Lucy Huhn *et al.*

Another study of student mental health is presented by Wei Shan Cheong from Kampar in Malaysia. They used the Depression and Anxiety Scale 21 (DAS 21) at intervals during a seven-year period to examine the prevalence of depression. Although different groups of students were tested, they were comparable. Data was also collected on various potential influences. Stress was found to be most closely linked with the score on DAS 21, also female gender and depending financially on parents. Overall, there was no apparent change in the overall level of DAS 21 score between 2013 and 2020 (pre-pandemic). The authors advocate increased mental health screening for students; I see this as one way their voice might be heard.

There is also a growing interest in workplace stress and the paper by Mohsen Mahdinia and colleagues aims to model the cause-and-effect relationships among different variables that can predict work stress. This study includes experts in safety management, occupational health and work psychology, based on the fuzzy decision-making trial and evaluation laboratory method. The study identifies the most significant variables affecting work stress. Moreover, the cause-and-effect model of relationships among variables showed that shift work and lack of job satisfaction are root causes, and mental health, fatigue, mental workload, sleep disorder and environmental discomfort are direct causes.

We hope you enjoy this issue and find it useful in informing your work in public mental health.

References

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