- disorders: implications for policy. In: Alonso J, Chatterji S, He Y (eds). *The burdens of mental disorders: global perspectives from the WHO World Mental Health Surveys*. New York: Cambridge University Press, 2013:230-43.
6. Funk M, Drew N, Saraceno B et al. A framework for mental health policy, legislation and service development: addressing needs and improving services. *Harvard Health Policy Rev* 2005;6:57-69.
7. Thornicroft G, Tansella M. What are the arguments for community-based mental health care? *Health Evidence Network report*. Copenhagen: WHO Regional Office for Europe, 2003.
8. Katon W, Unützer J. Collaborative care models for depression: time to move from evidence to practice. *Arch Intern Med* 2006;166:2304-6.
9. Patel V. Integrating mental health care. *Int J Publ Health* 2009;54:1:1-3.
10. World Health Organization. *Organization of services for mental health*. Geneva: World Health Organization, 2003.
11. Saraceno B, van Ommeren M, Batniji R et al. Barriers to improvement of mental health services in low-income and middle-income countries. *Lancet* 2007; 370:1164-74.
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The effectiveness of public mental health policies: stressing the return on investment

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In recent years, public mental health has become an essential part of mental health, as convincingly pointed out in the paper by K. Wahlbeck (1). Public mental health is conceived as a theoretical framework, as an academic field or medical discipline, or as an integral part of health service provision. This conceptual flexibility contributes both to the strengths and to the weaknesses of the public mental health approach.

Although developments have been made in recent years, a feasible definition of “public mental health” and its major aspects such as mental health promotion is still lacking. This might be due to the comparatively short history of the concept, but it seriously limits its strategic power. In part as a consequence of this, evidence for the potential social capital impact of public mental health policies is not strong.

So, despite the progress outlined in Wahlbeck’s paper, many countries currently seem much more willing to acknowledge public mental health as a theoretical concept or framework than to apply specific features of it into routine mental health care or other societal sectors. Among others, the social welfare and educational systems, the labor market and administration, and the criminal justice sector may benefit in the long run, if public health mental health policies are seriously and thoroughly implemented.

Enlarging the evidence base about the benefits of public mental health policies meets serious methodological challenges. For solid findings, research activities should assess determinants and effects across sector boundaries. When doing so, many and often widely fragmented services, agencies or institutions have to be included and analyzed simultaneously with similar and standardized methods.

This is a well-known challenge to community mental health care and services research. The fragmentation of psychiatric services and their separation from sectors such as the social welfare or the labor administration afflict many mental health care systems. The cost of under-, double- or over-provision caused by this phenomenon is estimated as high. Many strategies are being developed and efforts are being made to address the negative consequences of fragmentation, such as treatment discontinuation or marginalization and neglect of specific risk groups. These efforts, however, are often themselves costly or have only limited effects.

Public mental health activities might be seen as accelerating or multiplying the efforts against the detrimental effects of service or sector fragmentation. However, this has to be clearly demonstrated. Analyzing effects across societal sectors usually requires complex research designs, time and patience – in other words, a lot of funding for long-term and inter-sector studies. Additionally, such studies must communicate their findings in a language likely to be

understood by decision makers. In order to raise awareness and convince politicians or agencies, any beneficial outcome of public mental health policies should be translated into economic terms or expressed in financial values. In principle, adapted economic methods for measuring extra-financial value across societal sectors are available, such as the social return on investment approach (2). However, these methods are not applied broadly enough in public mental health (3).

Innovative steps may help to address this problem. New directions in neurosciences are highlighting the detrimental effects of urbanicity or urban upbringing on neural stress processing (4,5). If confirmed in larger samples, such findings may have far reaching public mental health consequences. If so, it might be rather shortsighted not to model population health effects and economic impacts as a component of studies that are focusing on such associations.

If this becomes an agreed research agenda, public mental health could get access to and participate in the budgets spent for research in neurosciences. Both allies might benefit from the collaboration. Usually it takes decades until neuroscience findings are translated into interventions or policies ready for being marketed or implemented into routine care. This process might be significantly accelerated by the above collaboration, as the development of interventions and policies is public mental health’s core business.

Societies all over the world should be receptive to this multifaceted integrative potential of public mental health.

References

1. Wahlbeck K. Public mental health: the time is ripe for translation of evidence into practice. *World Psychiatry* 2015;14:36-42.
2. Emerson J, Wachowicz J, Chun S. Social return on investment: exploring aspects of value creation in the nonprofit sector. In: *Roberts Enterprise Development Fund Box Set, Vol. 2*. San Francisco: Roberts Enterprise Development Fund, 1999:132-72.
3. McDaid D, Park AL. Investing in mental health and well-being: findings from the DataPrev Project. *Health Promot Int* 2011;26(Suppl. 1):108-39.
4. Lederbogen F, Kirsch P, Haddad L et al. City living and urban upbringing affect neural social stress processing in humans. *Nature* 2011;474:498-501.
5. Abbott A. Stress and the city: urban decay. *Nature* 2012;490:162-4.

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Public mental health: the need for a broader view of the issues

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K. Wahlbeck's paper (1) provides a good overview of the field of public mental health. Right from the first paragraphs, the paper makes it explicit that public mental health deals with mental health promotion, prevention of mental disorders and of suicide, integrated and comprehensive mental health service, and the fight against stigma and human right abuses. These issues are of importance to every country or community, irrespective of their level of economic or social development. There may of course be a need for contextualizing the specific solutions to the various challenges that the issues pose, but developing those solutions should nevertheless be on the public health agenda of every country, from the low- to the high-income categories.

The relevance of these issues to every country, irrespective of their developmental stage, is an important point to stress. Even though psychiatry constantly grapples with the challenge of finding the most valid ways to categorize and classify mental health problems, any notion that seeks to deny, either explicitly or implicitly, that human beings share some common biological features irrespective of their race is an absurd one. Those features make them vulnerable to develop health, including mental health, problems irrespective of where they live. It is of course also true that those health problems are influenced

by where and how they live and may respond differently to various interventions, some of which may also be shaped and informed by where people live. So, while it can be said that "diagnoses" are social constructs, shaped by current understanding and consensus and reflecting the imperfect nature of the process of classifying them (2), the disorders that they seek to characterize are not. Mental disorders have consequences everywhere and, while there can be debates about the labels we ascribe to them, practicing clinicians know that the syndromes they deal with have effects on the lives of those experiencing them.

A review of public mental health is in a sense a review of global mental health, and to deny the importance of one is to deny the relevance of the other. In this regard, and in addition to the points articulated in Wahlbeck's paper, the emphasis must be placed on bridging the gap in treatment for mental disorders.

Global mental health is essentially the mobilization of resources to meet the challenges of population health needs and strive for equity in doing so. Given the large unmet need for mental health service in low- and middle-income countries, it is understandable that global mental health will often be seen as having a major focus on those countries. However, treatment gap for mental disorders exists everywhere across the world (3). Also, the gap is driven by essentially the same issues across the world: inadequate resour-

ces, inequity, and lack of parity with physical health. Inequity exists between countries in their ability to provide adequate mental health service for their populations, but it also exists within countries, including high-income countries. Stigma is an overarching issue and often dictates what resources are made available to provide mental health service.

Addressing the challenge posed by poor policy attention to mental health service and the negative attitude to persons with mental disorders by the public requires a good understanding of the principles of public health. Unfortunately, a lack of that understanding by mental health professionals has been a major barrier to developing effective mental health service (4). Responding to the treatment gap for mental disorders is a public health imperative for which public and political support is crucial. Concerted advocacy efforts are required. The skills necessary for mounting such efforts, however, are unfortunately uncommon among mental health professionals.

A broad perspective of public mental health will emphasize what is known about the burden of mental disorders, and the social determinants that underlie the burden, but will also focus on the issues that engender inequity between communities in their access to adequate mental health care, lack of parity between mental and physical conditions, and the overarching barriers that stigma and policy neglect constitute. Efforts at building leadership and advocacy skills