

## A need to rethink social psychiatry

Wolfgang Rutz

### *Societal stress and loss of social cohesion and spiritual values directly affect patterns of morbidity and mortality*

During the recent period of European transition, societal stress and loss of social cohesion and spiritual values directly has affected patterns of morbidity and mortality. From Ireland to Vladivostok, from Greenland to Malta, we find inequities and diversities, but also common patterns of reaction to stress and transition.

### *The stress of societal transition takes its toll*

Evidence today shows that

- the feeling of control and in being in charge of ones life, i. e. the absence of helplessness
- professional and social identity, i. e. the absence of alienation
- that social connectedness, i. e. to be cared for and to be able to care for somebody else

as well as

- existential cohesion, i. e. the feeling to be involved in an over individual context of meaning and sense

are the essential factors determining mental health and by this health as such (WHO – The solid facts 2001).

Today, the stress of societal transition, influencing strongly these factors individually but also societally on an aggregate level, has taken its toll among indigenous people in Greenland, farmers in Ireland, and – drastically – in Eastern Europe. There exceed figures for the main causes of illness and death often greatly those of neighbouring populations, leading to depopulation phenomena e. g. in the Russian Federation.

In some of the newly independent states, within the 90-ies, the following changes could be noted:

- a drop of life expectancy by 10 years in the space of one decade,
- a fourfold increase of cerebrovascular and cardiovascular mortality

- a five-fold increase of predominantly violent youth criminality
- a four-fold increase of addiction
- a seven-fold increase of mortality due to external causes
- an eight-fold increase of completed suicides, predominantly in males.

In some countries the very fabric of society and human togetherness is influenced by increasing rates of homicide and even child manslaughter, reflected by a nine-fold increase in some eastern European regions and in sharp contrast to much lower and quite stable figures in the EU countries during the nineties.

### *Lack of hope, predictability and confidence*

Looking from an overarching perspective on European transition, a “Community Syndrome” can be identified that closely follows the stress load in societies – deteriorating when stressful change occurs, and – and that are the good news – improving when hope, predictability, and confidence return, as it is presently to be seen in the Baltic States and recently even in Russia.

This syndrome exists in whole societies, e. g. in eastern Europe, but even in western European risk populations and consists of depression, stress-related disorders, and death; of suicide, self-destructive behaviour, violence, and aggression; of vascular morbidity and mortality, of alcoholism and addiction; of risk-taking behaviour leading to accidents in the streets and workplaces; and even of the loss of moral and ethical values, leading to “moral insanity” – all conditions we today know are more or less specifically related to dysfunction or imbalances in the serotonergic system.

### *Basic preconditions for human functioning*

Our knowledge about the interaction between the brain and mind, between nurture and nature, and about the basic pre-

conditions for human functioning and the survival of the human species is increasing. Research on brain neuroplasticity shows how positive or adverse environmental conditions, through sensitisation and transcription mechanisms, can influence cerebral function and structure, and even the genome, salutogenically creating either functional stability or resilience, or – in the case of adverse environmental influences – pathogenically provoking long-lasting vulnerability, marginalisation and dysfunction.

Hereby seem basic human cerebral mechanisms involved, that are existentially and psychosocially influenced, inevitably needed by human beings to cope, to survive, to reproduce, to tackle live, stress and challenge – individually and as a species.

Examples are e.g. endorphin-mediated systems related to reward, dependency, and addiction, or serotonin-related systems that affect man's ability to cope, survive and socialise. There is evidence that functionally balanced serotonin metabolism is needed for

- socialisation and reproduction
- coping
- fighting
- escaping
- developing spiritual values and moral hierarchies

There is also evidence that it can be stabilised by

- empowering,
- socialising
- existential support

#### *Developing more “serotonin-friendly” societies*

What to do? Perhaps this serotonin-related syndrome of illness and death could be counteracted by developing more “serotonin-friendly” societies that avoid political actions adverse to human beings basic condition.

How could this be done? Certainly not by distributing serotonin-active drugs widely in the population, even if specific drug treatment is indicated in individual cases. Rather by increasing control, empowering people in society and working places, supporting social connectedness, family cohesion, and spiritual values, and facilitating identity and dignity by increasing pluralism, tolerance, and democracy.

#### *We need mental health policies and supportive services that facilitate*

- self-respect,
- dignity, and
- meaning in life

Unemployment, care for the elderly and vulnerable, taxation of families, and regulation of immigration, to name some ex-

amples, can certainly be politically administrated in ways that either respect people's basic human needs, supporting health and strength, or counteract them, leading to weakness, disorder, and death.

To take another example:

A traditional farmer, accessing the European Union and involved in an agricultural system of stressful change and transition, will – as a result of losses of identity, dignity, and employment – certainly meet with an increased risk of depression, suicide, family violence, accidents, addiction, hypertension and diabetes II.

What he needs is mental health policies and supportive services that facilitate his self-respect, dignity, and sense of meaning in life, and a social network respectful to his value system, individual experience, and lifelong developed masculine identity in a traditional agricultural environment.

#### *A new mental health approach is needed*

For this to be achieved, not only economic and materialistic solutions are needed, but a new mental health approach, focusing on the psychosocial and existential determinants of mental and physical health.

It should be offered by people who are politically and professionally aware of basic human conditions, and of the interaction between the psychosocial environment and mental and physical health. Mental health professionals have all too often abdicated from their societal responsibility – due to lack of resources or because of academic and economic reward mechanisms, that today mainly favour brain research and exclusive psychotherapeutic strategies.

After times of biological and sociological reductionism, however, holistically minded professionals must rediscover their competency and responsibility to analyse societal background factors and societal health consequences with respect to the needs of a redefined public mental health concept. Social and “Societal” psychiatry must have a renaissance and a professional “Public Mental health” curricula development and public education are needed.

“Healthy choices” have to be made, not only by the individual for him- or herself, but also by political and other leaders with regard to their responsibility for the wellbeing of others.

An awareness of “Human ecology” and the public and individual mental health impact of policies and political decisions has to be created, in decision makers on work places and educational institutions, but mainly in politicians, on local, regional, national and international levels.

A good example has recently been given by the EU Commissioner for Health, who stated, that “The societies we have created, generate mental ill health” and that “Mental ill health

is Europe's unseen killer", giving by this maximum priority to European public mental health issues.

*Mental health is public health*

Mental health is public health. The burden of stress and mental ill health already consumes more than half the health care in many societies. Thus, mental health is a valuable asset that no country can afford not to promote, to protect, and to invest in. A WHO European Ministerial Conference in 2005

had "Public Mental Health" as the main topic, emanating in the "Helsinki Declaration on Mental Health" as well as an "European Action Plan on Mental Health", signed by the European Ministers of Health as an obligation for the ten years to come.

The European Union's "Green Book" on Mental Health has followed up this initiative in 2006, and a "White Book" on Public Mental health and Health Promotion is in preparation.

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