



Introduction to Special Issue on Mental Disorders as a Chronic Issue

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INTRODUCTION

Introduction to Special Issue on Mental Disorders as a Chronic Issue

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Welcome to the Special Issue of the *American Journal of Health Education* (AJHE) on mental health and children and adolescents. AJHE's mission is to publish research manuscripts that focus on Health Education and Health Promotion interventions designed to prevent or delay the onset of the major chronic diseases and illnesses that impact population health. One area of health often left out of the chronic disease paradigm is mental disorders, though that is changing. Perspectives on mental health have evolved from conceptualizing certain disorders or illnesses as primarily acute, time-limited psychiatric conditions to recurrent and chronic life-long diseases. This issue reflects this evolution and addresses one of the most vulnerable populations to mental disorders—children and adolescents.

The commentary by Mark J. Kittleson sets the tone for the Special Issue. Dr. Kittleson writes on the difference between mental illness and mental health and how these terms are often used interchangeably. He examines what mental health is and provides six dimensions that should constitute mental health. He also challenges professionals in Health Education to consider what they can do regarding mental health because the profession is limited in what they can do to treat illness. Before reading any further, please reflect on how you personally view mental illness, mental health, and the role of Health Education and Health Promotion in addressing issues related to mental illness and health.

According to the National Alliance on Mental Illness, mental health disorders are medical conditions that affect a person's thinking, feeling, mood, ability to relate to others and daily functioning.¹ Approximately 1 in 5 adults in the U.S. or 43.8 million, experience mental illness in a given year.² Most people diagnosed with a mental disorder can receive relief from their symptoms by following a treatment plan. Their symptoms can be controlled, but not necessarily cured. For example, at least a half of those who recover from a first episode of depression, the most common mental disorder, will have one or more episodes in their lifetime

with approximately 80% of those with a history of two episodes having another recurrence.³ Despite effective treatment, there are often long delays between the first appearance of symptoms and when people get help. Only 41% of adults in the U.S. with a mental disorder or condition received mental health services in the past year.⁵ This leaves many Americans with untreated, uncontrolled, chronic mental disorders.

Mental disorders often result in a reduced ability to cope with routine daily activities. Nowhere is that more apparent than with the news making headlines related to children and adolescents. The Centers for Disease Control and Prevention describe mental disorders among children as serious changes in the way children typically learn, behave, or handle their emotions, which cause distress and problems getting through the day.⁶ This can present in very extreme ways such as gun violence in schools, suicide, addiction, bullying, and more. Insel found that half of all chronic mental illness begins by age 14.⁷ Approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life.⁸ For children aged 8–15, the estimate is 13%.² Only half of children with a mental disorder diagnosis aged 8–15 receive any type of mental health services.² This indicates that not only are many Americans dealing with untreated, uncontrolled, chronic mental disorders but they are doing so from an early age.

To further emphasize mental disorders as a chronic issue, it is important to recognize how frequently issues with mental health accompany chronic disease. Chapman and colleagues⁹ found that people who suffer from a chronic disease are more likely to also suffer from depression while Piane & Smith¹⁰ found a significant dose-response relationship between having chronic diseases and psychiatric impairment that ranged from 1.50 for 1 chronic illness to 4.68 for 4 chronic diseases including type 2 diabetes, hypertension, asthma, and heart disease. Certified Health Education Specialist (CHES) should pay close attention to this relationship and recognize the opportunities it presents for interventions.

In this issue, five research articles and commentaries provide information that contribute to the understanding of mental health and illness among young people. The articles in this Special Issue address significant topics relevant to CHES including differences between mental health and mental illness; weight conscious drinking; self-care; depression; help-seeking; and anxiety. These topics articulate with objectives set by Healthy People 2020 under *Mental Health and Mental Disorders* including:

- Reduce suicide attempts by adolescents (MHMD-2)
- Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight (MHMD-3)
- Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs) (MHMD-4.1)
- Increase the proportion of children with mental health problems who receive treatment (MHMD-6)
- Increase the proportion of juvenile residential facilities that screen admissions for mental health problems (MHMD-7)
- Increase the proportion of primary care physician office visits where youth aged 12 to 18 years are screened for depression (MHMD-11.2)

Both White and colleagues and Blackstone and colleagues examined mental health among college students. White's study examined the effectiveness of a behavioral self-care intervention in treatment and control groups of online students. Students were given pre- and post-test that measured personal health behaviors and mental health outcomes before and after a 10-week intervention that included videos on fundamentals of behavior change and goal setting concerning health behaviors such as nutrition, physical activity, mental health, and social support. The results have implications for future interventions addressing health behaviors especially regarding mental health among college students. Blackstone, Johnson, and Sutton addressed a gap in the literature regarding weight conscious drinking and "drunkorexia". Specifically, they examined the relationship between behaviors of weight conscious drinkers and mental health and college students' perceptions of these behaviors. The mixed-methods study offers valuable information on the type of interventions that address weight conscious drinking among college students.

Zorrilla and colleagues explored the predictors that influence help-seeking for mental health services. The online survey of 430 young adults in San

Francisco included measures on sociodemographic characteristics, mental health, mental health literacy, help-seeking intention, perceived barriers to help-seeking, and depression. The results indicate that certain factors influence help-seeking for mental health services among young adults more than others.

Lastly, Vidourek, King, and Yockey explore the role of neighborhood in adolescent anxiety using data from the 2016 National Survey of Children's Health. They found a number of personal, neighborhood, and community characteristics that can increase the risk for anxiety among adolescents aged 12–17. The study's findings provide a significant area that CHES may address with interventions to promote mental health among youth.

We are delighted to offer this Special Issue on mental health and mental illness. Epicurus, an ancient Greek philosopher, purportedly said that "The ultimate goal of the blessed life is physical health and mental serenity". It is our hope that the articles included in this Special Issue will help solidify the perspective of mental disorders and conditions as a chronic issue and intensify interest in the study of Health Education and Health Promotion aimed at mental health. The articles offer strategies for addressing the mental health needs of Americans, young and old.

Disclosure statement

No potential conflict of interest was reported by the author.

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