Everything you always wanted to know about mental health but were afraid to ask

Professor Sir Simon Wessely, Regius Professor of Psychiatry, Director of King’s Centre for Military Health Research, President, Royal Society of Medicine
COMPETING INTERESTS

• Lots of funding from UK Research Councils, Wellcome, medical, military and veterans charities, UK Ministry of Defence and US Departments of Defense.

• Never had a penny from Pharma

• But frankly, my university will take money from anyone provided it comes with overheads
GLOBAL BURDEN OF DISEASE

CVD 21%
Sense organ 10%
Respiratory 8%
Other 7%
Digestive 6%
Musculoskeletal 4%
Endocrine 4%
Cancer 11%
Other mental disorder 3%
Substance and Alcohol use 4%
Other neurological disorder 2%
Other neuropsychiatric disorder 3%
Schizophrenia 2%
Unipolar affective disorder 10%
Bipolar affective disorder 2%
Dementia 2%
Epilepsy 1%
Other mental disorder 3%
Other neuropsychiatric disorder 2%
Neuropsychiatric 28%
STRESS!
Seeking Cures for Modern Anxieties
Stress of after-work emails causing mental health crisis, union says

Farmer stress: Making a living from the land can be a stressful existence

42 Worrying Workplace Stress Statistics

Confronting the Mental Health Crisis in the Legal Profession

Higher education staff suffer 'epidemic' of poor mental health

Health and social workers are most likely to suffer from work-related stress
Are Reports of Psychological Stress Higher in Occupational Studies? A Systematic Review across Occupational and Population Based Studies

Laura Goodwin¹*, Ilan Ben-Zion¹, Nicola T. Fear¹, Matthew Hotopf², Stephen A. Stansfeld³, Simon Wessely¹

Abstract

Objectives: The general health questionnaire (GHQ) is commonly used to assess symptoms of common mental disorder (CMD). Prevalence estimates for CMD caseness from UK population studies are thought to be in the range of 14–17%, and the UK occupational studies of which we are aware indicate a higher prevalence. This review will synthesise the existing research using the GHQ from both population and occupational studies and will compare the weighted prevalence estimates between them.

Conclusions: Counter intuitively, the prevalence of CMD is higher in occupational studies, compared to population studies (which include individuals not in employment), although this difference narrowed after accounting for measures of study quality, including response rate and sampling method. This finding is inconsistent with the healthy worker effect, which would presume lower levels of psychological symptoms in individuals in employment. One explanation is that the GHQ is sensitive to contextual factors, and it seems possible that symptoms of CMD are over reported when participants know that they have been recruited to a study on the basis that they belong to a specific occupational group, as in nearly all “stress” surveys.
“If any single factor dominated the lives of nineteenth-century workers it was insecurity. They did not know at the beginning of the week how much they would bring home at the end. They did not know how long their present job would last or, if they lost it, when they would get another job or under what conditions. They did not know when accident or sickness would hit them, and though they knew that some time in middle age they would become incapable of doing a full measure of adult physical labour, they did not know what would happen to them between then and death”

Opinion
Mental health

We are in the midst of a mental health crisis - advice about jogging and self-care is not enough

Suzanne Moore

Physical exercise can help, but we need to understand what it is about the way we live that makes so many of us ill
Lonely, burned out, and depressed: The state of millennials' mental health in 2019

Hillary Hoffower and Allana Akhtar  Oct 10, 2019, 11:30 AM
Adult Psychiatric Morbidity Survey series
Longest running mental health survey programme using consistent methods
• The proportion of 11-15 year olds who have ever smoked has halved

• With a similar fall in past week drinking among fifteen year olds

Reporting of lifetime self-harm has increased steeply since 2000, one in five young women in 2014

Face to face report of having ever self-harmed in 16 to 24 year olds, by survey year and sex.
CMD in 16-24 year old men and women, 1993 to 2007

CIS-R score of 18 or more.
“the greatest curse brought down on us by technology is that it prevents us from escaping from the present even for a brief time”
“the greatest curse brought down on us by technology is that it prevents us from escaping from the present even for a brief time”

• Stefan Zweig, Die Welt von Gestern: Erinnerungen eines Europäers, 1942
The association between adolescent well-being and digital technology use

Amy Orben1* and Andrew K. Przybylski1,2

The widespread use of digital technologies by young people has spurred speculation that their regular use negatively impacts psychological well-being. Current empirical evidence supporting this idea is largely based on secondary analyses of large-scale social datasets. Though these datasets provide a valuable resource for highly powered investigations, their many variables and observations are often explored with an analytical flexibility that marks small effects as statistically significant, thereby leading to potential false positives and conflicting results. Here we address these methodological challenges by applying specification curve analysis (SCA) across three large-scale social datasets (total n = 355,358) to rigorously examine correlational evidence for the effects of digital technology on adolescents. The association we find between digital technology use and adolescent well-being is negative but small, explaining at most 0.4% of the variation in well-being. Taking the broader context of the data into account suggests that these effects are too small to warrant policy change.
Mental Health

Matt Hancock has a plan to curb social media use. It's a bad plan

The government's latest grand plan to preserve young minds will have a hard time being grounded in science

By SANJANA VARGHESE
Now go and sort out Brexit! Preferably by calling it off but if not please god make it all stop!

I think we can now get it over the line!

You blocked the Secretary of State? Good God!

I AM the Secretary of State!

Sorry. That was for claire! Her phone is blocked!

That was priceless. She didn’t mean to I swear to god. I think she’s free now.
A CALL TO ACTION:
ACHIEVING PARITY OF ESTEEM;
TRANSFORMATIVE IDEAS FOR COMMISSIONERS
Revascularization procedure rates for users of mental health services (by diagnosis) compared with general community

<table>
<thead>
<tr>
<th>Principal psychiatric diagnosis</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>0.14 (0.07–0.26)</td>
</tr>
<tr>
<td>Alcohol/drug disorders</td>
<td>0.60 (0.52–0.68)</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.31 (0.21–0.45)</td>
</tr>
<tr>
<td>Affective psychosis</td>
<td>0.77 (0.64–0.93)</td>
</tr>
<tr>
<td>Other psychoses</td>
<td>0.66 (0.48–0.91)</td>
</tr>
<tr>
<td>Neurotic disorder</td>
<td>1.21 (1.09–1.35)</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>0.97 (0.72–1.31)</td>
</tr>
<tr>
<td>Adjustment disorder</td>
<td>1.06 (0.79–1.41)</td>
</tr>
<tr>
<td>Depressive disorder</td>
<td>0.86 (0.64–1.15)</td>
</tr>
</tbody>
</table>

Lawrence et al, BJPsych 2003
Mental health

'It's nothing like a broken leg': why I'm done with the mental health conversation

Hannah Jane Parkinson
@ladyhaja
Sat 30 Jun 2018
10:00 BST
Temporal trends in adolescents’ self-reported psychosomatic health complaints from 1980-2016: A systematic review and meta-analysis

Thomas Potrebny¹*, Nora Wiium², Margrethe Moss-Iversen Lundegård¹

1 Centre for Evidence-Based Practice, Western Norway University of Applied Sciences, Bergen, Hordaland, Norway, 2 Department of Psychosocial Science, Faculty of Psychology, University of Bergen, Bergen, Hordaland, Norway

* tpo@hvl.no
Reporting of lifetime self-harm has increased steeply since 2000, one in five young women in 2014.
Majority of students experience mental health issues, says NUS survey

The survey, released as MPs meet to discuss student mental health, also shows 54% don't seek help

Eight out of 10 students (78%) say they experienced mental health issues in the last year, according to a survey by the National Union of Students (NUS).
Mental distress triggers

The contributors to feelings of mental distress are primarily course and work related. These are key triggers across all symptoms/feelings. Those experiencing the more ‘severe’ symptoms/feelings are more likely to have more triggers.

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course workload deadlines</td>
<td>65%</td>
</tr>
<tr>
<td>Exams (including revision)</td>
<td>54%</td>
</tr>
<tr>
<td>Balancing study and other commitments</td>
<td>52%</td>
</tr>
<tr>
<td>Grades/academic performance</td>
<td>52%</td>
</tr>
<tr>
<td>Personal, family or relationship problems</td>
<td>49%</td>
</tr>
<tr>
<td>Financial difficulties</td>
<td>47%</td>
</tr>
<tr>
<td>Looking for a job during my studies</td>
<td>28%</td>
</tr>
<tr>
<td>Accommodation/housing</td>
<td>28%</td>
</tr>
<tr>
<td>Social pressures/fitting in</td>
<td>27%</td>
</tr>
<tr>
<td>Graduate employment</td>
<td>26%</td>
</tr>
<tr>
<td>Feelings of homesickness</td>
<td>22%</td>
</tr>
<tr>
<td>Insensitivity of fellow student/s</td>
<td>16%</td>
</tr>
<tr>
<td>Insensitivity of lecturer or other teacher</td>
<td>15%</td>
</tr>
<tr>
<td>Not knowing where to seek support</td>
<td>12%</td>
</tr>
<tr>
<td>Bullying or harassment by fellow student/s</td>
<td>5%</td>
</tr>
<tr>
<td>Substance misuse e.g. alcohol, drugs</td>
<td>5%</td>
</tr>
<tr>
<td>Bullying or harassment by a lecturer/teacher</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>2%</td>
</tr>
</tbody>
</table>
Simon Wessely: “Every time we have a mental health awareness week my spirits sink”

The first psychiatrist president of the Royal Society of Medicine is worried that over-awareness of mental ill health will sink an under-resourced service

Sophie Arie

freelance journalist, London

One of the UK’s most prominent psychiatrists has called for an end to public awareness campaigning about mental health.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00</td>
<td>Registration Opens - Tea and Exhibition</td>
<td></td>
</tr>
<tr>
<td>08:45</td>
<td>LUCID Charity Partner Presentation</td>
<td>Ballroom</td>
</tr>
<tr>
<td></td>
<td>Mental Health - The True Modern Pandemic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jo Anderson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Direct of External Affairs, Scottish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Association for Mental Health</td>
<td></td>
</tr>
</tbody>
</table>
WHY I NEVER GIVE ADVICE
BUT IF I DID...

• Never neglect the co morbidities

• Please don’t encourage anything that gives us more labels/diagnoses

• Be careful with your language - it can influence for good and ill
"Who in the rainbow can draw the line where the violet tint ends and the orange tint begins? Distinctly we see the difference of the colors, but where exactly does the one first blendingly enter into the other? So with sanity and insanity. In pronounced cases there is no question about them. But in some supposed cases, in various degrees supposedly less pronounced, to draw the exact line of demarcation few will undertake tho' for a fee some professional experts will. There is nothing namable but that some men will undertake to do it for pay."

“Billy Budd”, Herman Melville. 1888