

GUEST EDITORIAL

Mental Health Research and Practice: Current Challenges and Opportunities for Nursing

Jean R. Hughes

This issue of *CJNR* is devoted to understanding how personal, social, and environmental factors come together to foster mental health, in whom, and under what conditions. It builds on the Journal's last issue devoted to mental health, published more than a decade ago (Vol. 31, n° 2, September 1999). Articles in that issue debated the adequacy of widely used theoretical orientations for mental health care (bio-psycho-social) and tested intervention models (e.g., the health belief model) and approaches (e.g., psycho-education). Several articles addressed specific demographic populations (children, abused women), and while an individual lens was adopted in general, a broader lens was used to examine one environmental context: the hospital.

Since that time, mental health nursing research has evolved, building on the foundation established by our predecessors. While we continue to focus many of our investigations on the individual, we have come to understand that the "individual" is not unidimensional but comprises many demographically diverse characteristics. For example, at the personal level, research attention is currently directed at a broad range of specific demographics (age, gender, ethnicity, sexual identity/orientation) and the interactive effects of multiple factors (e.g., co-morbidities). Likewise, earlier investigations directed us to include in our research today a broad range of factors at the social and environmental levels.

At the social level, research attention is now increasingly directed at population characteristics and the effects of such social responses as marginalization of people with mental illness. At the environmental level, more research attention is being directed at the role of place (e.g., socio-cultural environment and process) within a particular geography (urban/inner city/peri-urban/rural/remote). Hence, researchers are investigating such issues as whether different cultural groups experience mental illness in the same way, or the effects on mental health of living in a rural versus an urban setting. The explorations have become more

challenging, both theoretically and methodologically, as researchers try to understand how personal, social, and environmental factors interact.

Fortunately, as was evident in the 1999 issue devoted to mental health, new theories have emerged in the quest to understand how such multifaceted information comes together. For instance, the perspective offered by complexity theory enables researchers to examine the relationship between system processes and individual and community health outcomes (Durie & Wyatt, 2007). Such theories have helped to bring to light opportunities to get “unstuck” from individual-level, or unidimensional, interventions and the need to address more fully the underlying social, economic, and political conditions that affect mental health. These types of theory have prompted numerous discussions and investigations of the barriers to addressing mental health issues and ways to make a sea change — to work towards the development and implementation of policies and services aimed at building structural conditions that promote mental health. Such efforts have, in turn, prompted increasing exploration of the effects of services that are collaborative (e.g., collaborative mental health/shared care), culturally relevant (e.g., community-based/outreach), and multi-sectoral/integrated (health, community/social services, housing, education). These efforts have also intensified the need to direct attention away from interventions that are solely problem-based and towards comprehensive interventions that are strength-based, and, in addition, to redirect the focus from mental illness to mental health promotion and prevention of mental illness. One such exploration is the invited Discourse piece in this issue of the Journal. Corey Keyes describes the ongoing debate on whether mental health and mental illness are opposite ends of a continuum or are, in fact, two separate phenomena. This discussion is important not only for the development of a sound theoretical argument to support the model in which mental health and mental illness are viewed as two distinct concepts, but also for the presentation of a newly developed measure of well-being. The evidence suggests that one can flourish despite having a mental illness, thus making the case for a paradigm shift in traditional thinking about mental illness.

A prominent Canadian initiative that has been part of the sea change in thinking about mental health is the report of the Standing Committee on Social Affairs, Science and Technology, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada* (Kirby & Keon, 2006). This report served to launch the Mental Health Commission of Canada (MHCC) in 2007, with the goal of helping to “bring into being an integrated mental health system that places people living with mental illness at its centre” (<http://www.mentalhealthcommission.ca/English/Pages/TheMHCC.aspx>). One of the MHCC’s current initiatives is a research program directed at finding ways to elim-

inate a longstanding challenge in mental illness, stigmatization — on the part of both the general public and the health professions — and at finding meaningful ways to include the voice of people with mental illness at all levels of decision-making and service provision (e.g., peer support). In the Happenings contribution in this issue of *CJNR*, David Goldbloom, Vice Chair of the MHCC, discusses the Commission's significant innovations, along with the challenges and opportunities and their implications for the health-care system and the mental health of Canadians. Goldbloom highlights the importance of learning from the experience of other groups who have faced stigma (such as those with breast cancer and HIV/AIDS) and of working with all sectors (e.g., people with lived experience, families, service providers, policy-makers, community organizations) to find solutions that promote community ownership.

The four research contributions selected for this volume address one or more of the current issues in the field of mental health discussed above. All four address the role of demographics, reflecting the need to examine mental health issues within particular/target populations and environments and the growing recognition of the influence of developmental stage on mental health issues. Two articles — one by Elizabeth McCay and colleagues and the other by Charmaine M. McPherson and Elizabeth A. McGibbon — focus on children and youth. The other two articles — one by Marilyn C. Ohler and colleagues and the other by Aleck Ostry and colleagues, examine depression among working nurses across the adult age span.

There is growing awareness that mental illness is a major health issue affecting all aspects of life, including employment. The contribution by Ostry and colleagues explores the effects of a particular geography on mental health — urban versus rural. Specifically, it examines the effects of migration on a number of objectively determined (by physician diagnoses) key mental disorders within a large sample of employees. The findings highlight the prevalence and diversity of mental disorders within the active workforce. They also suggest that rural location may well serve as a protective factor against some mental illnesses. The study by Ohler and colleagues ventures further into workplace issues by exploring the highly stigmatized matter of mental illness among practising health professionals, specifically nurses. Significantly, this study not only uncovers a serious workplace problem (the relationship between depression and role overload/job strain) but also identifies those aspects, such as age and respect from co-workers and supervisors, that seem to provide protection against depression.

All four articles address multidimensional determinants of health. The contribution by McCay and colleagues focuses on homelessness, reflect-

ing the increased recognition within the mental health sector of the social determinants of health. It also exemplifies the increased use of multiple (e.g., both quantitative and qualitative) and complex methodologies. The McPherson and McGibbon article underscores the need to ensure that the interconnections among the many and complex factors affecting mental health are considered in policy development. The contributions by Ostry and colleagues and Ohler and colleagues reflect the growing use of large administrative databases in mental health research and the opportunity they afford investigators to explore the complexity of mental illness in specific populations. In particular, Ostry and colleagues employ a provincial population-based data repository that measures all health-service use — one of the benefits of a publicly funded health-care system. While such research efforts are costly, the payoff is worth the investment in terms of the potential to build knowledge that is often simply not available with small-scale explorations.

While all four articles take a conventional problem-based approach to describing specific mental health-related challenges in the workplace, two also identify assets. Ohler and colleagues observe that the incidence of depression is much lower in middle-aged as compared to younger staff nurses. This finding suggests that senior nurses may well have developed coping strategies that could be explored and shared with younger nurses. McCay and colleagues identify moderately high levels of resilience and self-esteem among young people despite their homelessness. This finding reinforces the growing awareness that we need much more research in order to understand how to build capacity among severely disadvantaged populations and how skills might be shared with others. The approaches of these authors reflect the growing interest within the mental health field in strengths-based inquiry. In addition, they reinforce the need for nurses to direct testing towards asset-building interventions rather than confine their efforts to the examination of problem-based interventions.

The Next Challenges and Opportunities

This issue of the Journal highlights areas in mental health that will continue to prevail for the next decade, some involving content, others theory, still others methodology. One obvious content issue is stigma. While abundant investigative work on this subject is currently underway through the MHCC and other organizations, much more is needed. Stigma is highly complex and is not easily remedied, even within a health-service environment. Researchers need to use “world view” theoretical approaches. We need to take lessons from other highly stigmatized issues, such as workplace safety errors (Sorensen et al., 2008), and determine the best ways of changing how we think about mental illness

so that it becomes safe to talk about the illness and safe to access services/supports. We also need research that incorporates costly, large-scale, multifaceted methodologies involving, for example, cost-benefit analyses. In this way we should be able to build a knowledge base on savings accrued by a workplace in terms of positive outcomes (e.g., work productivity, family stability) when personnel who disclose their mental illness are fully supported (with insurance and employment benefits, etc.) rather than penalized (with insurance cut-offs and education/employment termination).

Another content issue that will continue to prevail in the next decade concerns mental health promotion and prevention. For far too long, research has concentrated almost exclusively on understanding and treating the disease processes. While such research is necessary, a similar emphasis on understanding and building mental health capacity is long overdue. We need to give much more attention to the testing of programs — for instance, evidence-based population approaches for building capacity to manage emotions (e.g., social and emotional skills through the PATHS program; Greenberg, Kusché, & Mihalic, 1998) at an early age and track the effects (in terms of education, employment, relationship outcomes, and service use) over the long term, into adulthood.

In terms of continuing theoretical issues, we need much more research on the development and testing of “world view” theories, such as complexity theory, to increase our understanding of how factors interact, who they affect, and under what conditions. We also need to step up our research into the best ways of interrupting interactions and/or effecting change. For example, using complexity theory to explore stigma could provide investigators with an opportunity to consider the current and projected economic and health costs of stigma (e.g., increased levels of severe mental illness) and, in turn, possibly present a “critical point,” juncture, or “opening” for substantive change in policies and services.

Clearly, exploring the above content and theoretical issues requires complex methodologies, often using large administrative databases (such as publicly funded comprehensive population-based data repositories), and complicated analyses (e.g., hierarchical modelling) with diverse populations (local, national, international). It also requires collaboration by diverse experts from multiple disciplines and sectors. Hence, research efforts should also be directed at exploring the best ways to build productive partnerships. Nurses will continue to play a critical role in these investigative collaborations. I look forward to reading about the results of such efforts in the next *CJNR* issue devoted to mental health and mental illness.

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Jean R. Hughes, RN, PhD, is Associate Professor, School of Nursing, Dalhousie University, and Research Scientist, IWK Health Centre, Halifax, Nova Scotia, Canada.