

An additional quality that I value in a person is whether or not he or she is a good finisher—do they finish the jobs they start? I regard John Ralston Saul's 6 qualities as very important and they encourage us to think more deeply about how to describe a person's effectiveness, but perhaps they are not the whole story when it comes to defining a good doctor's qualities.

Some medical schools conduct pre-selection interviews that try to screen out the students who are plainly not suited to a medical career or who are not really willing to commit to it. This kind of screening is controversial and opponents of the interview system argue that examination results should be a sufficient

indication of quality. In my view, however, the person who is destined to become a good doctor needs humanitarian qualities in addition to the intellectual gifts that lead to good examination results. Not everyone has them.

REFERENCE

- 1 Saul JR. *On equilibrium: Six qualities of the new humanism*. India: Four Walls Eight Windows; 2003.

GARRY WARNE
31 December 2009

Letter from Glasgow

MENTAL HEALTH AND WELL-BEING

Many patients with mental illness face difficulties in making others understand their problems. There is a stigma about mental health and patients may experience prejudice and discrimination. Even at a personal level, I know friends who will happily discuss all manners of signs, symptoms and other details about physical illnesses and diseases, but they find it difficult to talk about mental health.

Mental health and well-being is an important concept in public health but often public health is (mistakenly) thought to be interested only in physical health. *Stedman's Concise Medical Dictionary*¹ defines mental health as 'emotional, behavioural, and social maturity or normality; the absence of a mental or behavioural disorder; a state of psychological well-being in which the individual has achieved a satisfactory integration of instinctual drives acceptable to both self and social milieu; an appropriate balance of love, work and leisure pursuits'. I particularly like the last definition as one which the 'punter' (i.e. the average person) on the street can identify with. Of course some people think about mental health and well-being and believe it is about mental illness. It isn't—and mental health and well-being is also just like other aspects of health because it is influenced by factors such as employment, social circumstances, lifestyle, housing and the built environment in which we live, work and play.

It is a paradox that to demonstrate health, we generally use mortality and morbidity data. For example, to compare differences in 'heart health' in populations, we look at coronary heart disease (CHD) mortality and morbidity rates and the lower the rates the better the 'heart health'. Mental health and well-being is no different and imperfect though that may be, it gives an indication of the scale of the problem. In Lanarkshire (where I work and which has a population of 560 000 people) it is estimated that 1 in 4 adults will need some form of mental healthcare during their lifetime, that 16% of adults will experience a neurotic disorder such as anxiety or depression in the previous 7 days, and 1% of adults are living with a severe and/or enduring mental healthcare need.² We also know that in Scotland and Lanarkshire there are health inequalities in relation to mental health with people in lower socioeconomic groups suffering more mental health problems and having poorer mental health

and well-being than people in higher socioeconomic groups.

In Scotland and Lanarkshire, we have a reasonable history of tackling this issue. In 2003, the Scottish Executive produced its National Programme for Improving Mental Health and Well-being Action Plan.³ The action plan had 4 aims:

- Raising awareness and promoting mental health and well-being;
- Eliminating stigma and discrimination;
- Preventing suicide; and
- Promoting and supporting recovery.

When the Scottish National Party (SNP) became the largest party in the Scottish Parliament elections in May 2007, it formed a minority Scottish Government. While this was different from the previous Labour–Liberal Democrat coalition administration, there was continuity in terms of some policies. So when the SNP Scottish Government produced its policy on the National Health Service (NHS)⁴ in December 2007, it referred to 'an enabling health service' in which mental health and well-being was a priority area consistent with the importance accorded to it by the previous administration.

As work on the topic has developed, so the strategy for mental health and well-being within Scotland has evolved. Earlier this year, the Scottish Government published its mental health improvement policy entitled 'Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009–2011'.⁵ It notes the responsibility of the Scottish Government in mental health improvement through promoting mental health, reducing mental health problems, and improving the quality of life of people with mental health problems. It goes on to state that the roles of the NHS in Scotland are to lead and embed mental health improvement in its work, but also highlights the roles of local government and the voluntary sector. Towards a Mentally Flourishing Scotland (TMFS) has set 6 priority areas:

- mentally healthy infants, children and young people
- mentally healthy later life
- mentally healthy communities
- mentally healthy employment and working life
- reducing the prevalence of suicide, self-harm and common mental health problems, and

- improving the quality of life of those experiencing mental health problems and mental illness.

Importantly, the success of TMFS is not expressed in processes or structures created or services funded but rather in terms of outcomes. There are intermediate outcomes covering the physical and social environment, the economic environment and individual behaviours. These lead to the (expected) long term outcomes of improved mental health, reduced mental illness, reduced suicide and reduced inequalities, and hence an increased quality of life and improved healthy life expectancy.

The real issue about policies and action plans is not the rhetoric but whether they are implemented and translated into action. This is not an easy task but one the NHS in Scotland is beginning to tackle. An example of this is the work undertaken by the multi-agency Lanarkshire Mental Health Improvement Partnership Group. Together with the Scottish Government and Health Scotland (Scotland's health improvement agency), they organized a meeting in summer 2009 to ensure implementation of TMFS in Lanarkshire. This looked at the need to translate evidence into action for mental health improvement, national activities and implementing mental health improvement in Lanarkshire. These actions are ongoing locally and interested readers may wish to look at the 'element'

website, which is Lanarkshire's electronic mental health resources (<http://www.lanarkshirementalhealth.org.uk/>, accessed 3 December 2009). Mental health and well-being is not an easy topic to deal with. Much more needs to be done in Scotland but we have made an important start on a long journey.

REFERENCES

- 1 Dirckx JH (ed). *Stedman's concise medical dictionary for the health professions*. 4th ed. Baltimore: Lippincott, Williams and Wilkins; 2001.
- 2 NHS Lanarkshire Department of Public Health. *Evidence base for lifestyle interventions for health improvement 2006*. Hamilton: NHS Lanarkshire Department of Public Health; 2006.
- 3 Scottish Executive. *National Programme for Improving Mental Health and Well-being Action Plan 2003–2006*. Edinburgh: Scottish Executive; 2003.
- 4 Scottish Government. *Better Health, Better Care: Action Plan*. Edinburgh: Scottish Executive; 2007.
- 5 Scottish Government. *Towards a mentally flourishing Scotland: Policy and Action Plan 2009–2011*. Edinburgh: Scottish Government; 2009.

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ANNOUNCEMENT

Sri Aurobindo Ashram, Delhi Branch will organize the 3rd Study Camp on '**Mind-Body Medicine and Beyond**' for doctors, medical students and other health professionals at its **Nainital Centre (Van Nivas)** from 9 to 16 June 2010. The camp, consisting of lectures, practice, and participatory and experiential sessions, will help participants get better, feel better, and bring elements of mind-body medicine into their practice. The camp will be conducted by Professor Ramesh Bijlani, MD, former Professor, AIIMS, founder of a mind-body medicine clinic at AIIMS, and author of *Back to Health through Yoga*. For more details, contact the Ashram reception in Delhi (011-2656-7863) or e-mail Dr Bijlani (rambij@gmail.com).