

PUBLIC HEALTH

Health — mental health — quality of life

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Background: Three positive aspects of human life manifestations are most frequently referred to as different, but closely interrelated concepts: health, mental health and quality of life (QoL).

Objectives: Discussion of most frequently presented (WHO) definitions of the above mentioned concepts and of their certain shortcomings.

Methods: Critical review of concepts and definitions.

Main results: The definition of health stresses the functional aspects of all life manifestations of man, i.e. biological, psychological, and social. The functional qualities of mental health are characterised by five areas. QoL is discussed as a broad concept pertaining to the set of material, biological, psychological, social and cultural needs and demands related to the well-being and life satisfaction of an individual.

Conclusions: All of the discussed concepts point to the great complexity of factors playing their roles in human health, mental health, and the QoL. They all require an integrating and/or integrated concept as to the optimal character of biological, psychological, social, and cultural manifestations of human life. (Ref. 23.)

Key words: health, mental health, quality of life.

It is not a good sign that the way the human society strive to better its life conditions has led to a dramatic improvement in physical health over the last hundred years, but the mental component of health has markedly deteriorated in many instances. Some 400 million people in the world suffer from mental and neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse; many mental, behavioural, and social problems have become much bigger contributors to the global health disorder burden than ever before.

Health and health disorder may be viewed as two sides of one coin: the coin of life. Paradoxically, while there exists a certain concurrence in the matter of the number of relatively well described and clearly defined diseases and other disorders of health, there has been no unanimous position on the subject of the definition of health which would include all of its basic characteristics and positive manifestations.

Health

According to the WHO definition, „health is the state of complete physical, mental, and social well-being and not merely the

absence of disease or infirmity“ (WHO, 1948). This and other similar definitions (WHO, 1986) have, however, several shortcomings. They do not take into account that many processes and functions in an individual's organism may be disordered without his subjective feelings of discomfort or illness. Further, the state of well-being can be experienced by a person with health disorder and vice versa; a physically and mentally healthy person suffering for instance from hunger, thirst, bad weather or worries does not stop to be healthy because of it. Finally, the definition describes the state into which satisfaction of needs, demands, and expectations of an individual should be included not only

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from health but also from material and social point of view, which is more closely related to the term of the quality of life.

In our work (Zikmund, 1992), we have defined health as a functional optimum of all life's manifestations of an individual and his organism — biological, psychological, and social — which depends on many internal and external factors and may reach various levels. It changes markedly during the life and its manifestations are different in early childhood, in adulthood, and in old age. It can also differ in a degree of efficiency in various functions depending on dominant activities of an individual.

Mental health

The problem of defining mental health as a specific component of human health is complicated by the fact that into this component not only the objective — behavioural — but also the subjective aspect of life's manifestations should be included: psychological processes of thought, feelings and emotions, needs and demands, and other manifestations of experiencing the life and forming the inner world of an individual.

Sartorius (1983) points to three levels of mental health from a more general point of view: 1. the absence of any clearly defined mental disorder, 2. a certain reserve of strength and resistance which would help a man to overcome unexpected burden and extraordinary demands, 3. an equilibrium between man and his environment or other individuals, the coexistence between characteristics and the manifestations of life in an individual, others, and the environment.

Taylor and Brown (1988) identified the following criteria of mental health from the clinical literature: contentment, positive attitudes toward the self, the ability to care for and about others, openness to new ideas and people, creativity, the ability to perform creative and productive work, the ability to grow, develop and self-actualize, especially in response to stressful events.

The World Health Organization has recently defined mental health as „a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contribution to his or her community“ (WHO 1999).

When looking at mental health as a particular aspect of functional optimum of the human life's manifestations, several mental and behavioural components of these manifestations should be taken into account: 1. percepts, thoughts and emotions which should reflect adequately biological and social conditions and influences; 2. realistic perception of the subject oneself and critical judgement of his abilities and other personality characteristics; 3. ability to cope with stresses, to overcome physical and mental discomfort and to achieve positive goals; 4. ability to cooperate with other people, and to contract close and longlasting interpersonal relationships; 5. ability to achieve feelings of well-being, life satisfaction and happiness.

Taylor and Brown (1988, 1994) call in question the widely accepted belief that essential elements of mental health are accurate perceptions of oneself, the world and the future. Contrary to this, the authors maintain that positive illusions are highly

prevalent in normal thought and predictive of criteria associated with mental health. They review evidence indicating that most people exhibit positive illusions in three important domains: a) they view themselves in unrealistically positive terms; b) they believe that they have greater control over biological and social factors of the environment which can influence their life than is actually the case; c) they hold views of the future that are more rosy than base-rate data can justify, i.e. unrealistic optimism. The authors argue that mild unrealistic optimism makes people feel better, it appears to be associated with positive social relationships, it predicts high motivation to engage in productive work, and as a dispositional construct, it is associated with the ability to cope more successfully and recover faster from certain health-related stressors.

Personality

It is generally accepted that complex interaction process among biological, psychological, and social factors contributes to the development of mental health and of its disturbances as well. As concerns psychological factors, certain personality traits are mentioned which contribute not only to mental health but also to the resistance against somatic disorders. One of them is the above mentioned optimism with an overall optimistic approach to various stressful life situations, and a significant feeling of self-assurance and self-reliance (Taylor and Brown, 1988). The so-called „hardy personality“ (Kobasa, 1979) was demonstrated to reduce the negative effects of stressful life events on physical and psychological disturbances (Kobasa et al., 1982).

Bandura (1991) has described „self-efficacy“ as a cognitive mechanism linking psychosocial influences to the functioning of health. Perceived self-efficacy refers to beliefs in one's capabilities to mobilize the motivation, cognitive resources, and courses of action needed to meet situational demands.

In our work, the relationship was shown between the ability of an individual to manage various actually experienced stressful situations in the premorbid life and the development of several mental and somatic diseases (e.g. Zikmund, 1962, 1975, 1993).

Social influences

Among environmental influences of the social nature, several positive and negative factors have been mentioned that are closely related to the mental as well as to somatic health. Kiritz and Moos (1974) conceptualized the influences of social environment, which have a significant positive or negative impact on human health from a psychological as well as somatic point of view, into three basic dimensions: the relationship dimension which includes the degree of support given to an individual by his social environment from a biological, psychological, and social aspects, his proximity to other members of social environment, and his participation in reaching the common goals; the dimension of personal development and finally, the dimension of a certain functional system of social environment and the

changes taking place — this dimension includes a degree of order, clarity and control.

The first of the above mentioned dimensions is closely connected to the concept of social support. Several components play a role in the manner in which social relationships and bonds of an individual influence his health. A number of them pertain to the overall arrangement in life and others deal with the role which social environment plays in the life of an individual (Wortman, 1984). Social support gives an individual emotional, informational and material resources, decreases the negative effects of life's stresses and it increases his motivation to maintain health and life.

Socio-biological theories on the effect of social relationships on health state that, from early development of animals, these relationships and social interaction are a part of the processes of homeostasis and that in addition to the emotional and motivational effects they have neuroendocrinological ones, which influence the immunity processes and help maintain a correct course of life's processes and the organism's resistance to damage (House et al., 1988).

Quality of life

Complex relationships between health from the somatic, psychological and social aspects and the human well-being are reflected in the concepts of the quality of life (QoL), which consider also the biological, psychological and social manifestations and consequences of diseases and the results of their treatment. In these concepts, health is considered as the extent to which a man is capable to meet his aspirations and satisfy his needs and demands, on the one hand, and change his environment, manage it, or come to terms with it, on the other.

Shumaker et al. (1990) define the QoL as an overall contentedness with life and a general feeling of personal well-being. In our work, we have discussed QoL as a broad concept which concerns the set of material, biological, psychological, social and cultural needs and demands that are the prerequisite for a well-being and life satisfaction of an individual. QoL is closely related to personal interests and preferences and may concern either the fulfillment of rather immediate requirements and claims or the attainment of the more distant goals. Essentially, the problem of QoL is a problem of values. Problem of personal priorities and preferences in an individually wide spectrum of abilities and possibilities to „live in a certain way“. Attaining certain goals and avoiding certain forms of distress. Therefore, problem of functioning in a capable and a fully satisfying manner in various spheres of personal and social life (Zikmund, 2000, 2001).

According to the WHOQoL Group, health-related QoL is defined as „the individuals' perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by a person's physical health, psychological state, level of independence and the relationships to salient features of the environment“ (WHOQoL Group, 1993).

Many studies focus on the interaction between certain personality characteristics, negative affects states, social support and/or isolation, socioeconomic factors, and other psychological, behavioural and social factors playing a role in mental and physical health, and in the development and progression of a wide variety of diseases (Berkman, 1995; Kaplan, 1995; Wulsin, 1999). All these studies point to a great complexity of factors playing a role in human health and disease. They all probably would require an integrating and/or integrated concept of what is and of what kind should be the human life as a functional optimum from a biological, psychological, social and cultural — spiritual point of view.

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