Living in the Community

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The prefatory note in 2015, entitled "Five Kinds of Stress," introduced scholarly advances concerning the various kinds of stress that people experience. I am presenting today because very interesting research has recently been reported relating to mental health problems that people have because of stress, and the kinds of regions where difficulties are arising as those problems intensify.

Many psychological disorders do not suddenly appear one day but begin gradually over years from nonspecific symptoms and behavioral changes, which put increasing strain on one's ability to have a social life, until it collapses into a state of "illness." Looked at another way, people are confronted with various stresses, and although at first they have used their strength to battle to overcome stresses (recently referred to as "resilience"), when the power relationship of stress and resilience starts to reverse, this leads to various changes that make stress intolerable. Even now, the people who live in areas impacted by various problems have repeatedly battled stress with resilience. People persevering in this situation may simply not talk about their symptoms, and their mental health problems may go unnoticed. However, when difficulties arise with living in the community, gradual changes in social functioning can also present themselves, and this can lead to behavioral changes presenting themselves without the individual being aware of it.

Very interesting research has examined community functioning after the onset of full-blown schizophrenia. This research was carried out in Israel; although healthy young men aged 16–17 were recruited for the study, psychiatric follow-up surveys were carried out on average 25 years later, and follow-up evaluations were carried out over a long period of time in three domains of community functioning: "social activity," "independent behavior," and "functioning in school or work." Social activity evaluated the ability to make friends ("How many good friends do you have?," "Do you generally prefer to be with or without a group of companions?," etc.); independent behavior evaluated the ability to solve problems in social life ("How do you deal with interpersonal stress?"); and functioning in school or work evaluated the ability to fulfill obligations and responsibilities at school or at one's place of work ("Do you follow a routine at school or work?"). Those who had been hospitalized for schizophrenia had lower social activity and functioning in school or work 8–15 years before the onset of the illness, and about 5 years before the onset of the illness their social activity had suddenly dropped and their independent behavior had also begun to decline.

These results are consistent with research into schizophrenia, and although a link cannot be found to wider mental health problems in areas suddenly struck by disasters, people who already had problems with social life and functioning in school or work may be a high-risk group for mental health problems. Thus, when further deterioration of social life (e.g., a sudden pull toward misanthropy) and reduction in independent behavior (e.g., bewilderment when met with the smallest of problems) are observed, it might be possible to guess that an attack of mental illness may be imminent. This kind of evaluation of social functioning may be helpful when evaluating mental health problems in people who do not talk about their own symptoms.

1. DEVELOPMENTAL TRAJECTORIES OF IMPAIRED COMMUNITY FUNCTIONING IN SCHIZOPHRENIA. VELTHORST E., ET AL.: JAMA PSYCHIATRY 73(1): 48–55, 2016