## Editorial: 25 years on

## AQ:1 Julian Ashton and Woody Caan

he first issue of the journal was published 25 years ago, under the title International Journal of Mental Health Promotion (www.emerald.com/insight/publication/issn/ 1746-5729/vol/1/iss/1). The Editor was Michael Murray, who was superseded not long after by Lynne Friedli, while the Editorial board continued for a number of years. One of the original members remained on the board for 25 years (Stephen Stansfield). Despite the title International..., the first issue was mostly from the UK and Ireland. In contrast, some recent issues embraced five continents; in the past year, papers have been published from countries as diverse as Lithuania, Palestine, Indonesia and Brazil. The International Journal of Mental Health Promotion continued in its own right until 2017; Michael Murray was Editor for most of that period. From 1999, the aim of our journal was to nurture and encourage understanding and collaboration in the field of mental health promotion (and prevention of mental disorders) within a truly multi-disciplinary team. The journal was named Journal of Public Mental Health in 2005 after three years as The Journal of Mental Health Promotion. By this time, the emphasis had changed: Public mental health is the art, science and politics of creating a mentally healthy society. JPMH publishes the research, policy and practice that put mental well-being at the heart of the public health agenda. This is close to the current aims (www.emeraldgrouppublishing.com/journal/jpmh), but these are currently being reviewed.

Michael Murray was supported by the (American) Clifford Beers Foundation, whereas Lynne Friedli's affiliation was with the Mentality group, which also provided the facilities for meetings. Lynne was joined by Felicity Callard as Deputy Editor. Around this time, the Department of Health gave its backing to the journal, in accord with the National Health Service Framework for Mental Health, Tier One, related to health promotion and prevention of illness. The original publisher was Pavilion Press, for several years. It passed through Pier Professional and eventually found its current home: Emerald Publishing Group.

Perhaps the biggest change in the journal is that, in 1999, most readers' access was through a hard copy. Now only a small quantity of the print edition is produced. "The impact of the journal" would not have been a well-used phrase in 1999; it is part of the digital nature of publishing that the impact can be measured, for example, in terms of the number of downloads. Or "immediacy," referring to the number of downloads within six months of publication. Of the top 20 papers in terms of immediacy, most appeared in the past seven years. The earliest of these were two papers on asylum seekers and their rights and problems: Campbell and Steel (2015) and Lillee et al. (2015). The citation count is more applicable to the earlier years. Of the top 20, there are 6 papers published between 2004 and 2007; 2 of these are on the impact of the built and physical environment on mental health: Chu et al. (2004) and Clark et al. (2007). A paper from 2007, which is one of the most cited, People and green spaces: promoting public health and mental well-being through ecotherapy led the way in research on the effects of nature on well-being (Burls, 2007). Looking at the Special Issues, the most downloaded is With children in mind: current research and policy developments on mental health and young people (2019), followed by Suicide and Self-harm: New Research Directions (2022).

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It is a mark of the strength of the journal that there have been only three changes of Editor-in-Chief in 25 years. Lynne Friedli handed over the reins to Woody Caan, who steered the journal through many ups and downs until 2020, when the joint Editors-in-Chief, Lee Knifton and Neil Quinn, took over. During Woody Caan's tenure, papers by unpublished authors were encouraged: the Editorial Board and publishers agreed with the aim of including one such paper in each issue. This was one way of building capacity where development was needed. Since then, accepting new authors may not have been as regular, but there is still a place for them.

Looking now at the content of the current issue: the prison population is not regarded as accessible for research compared to groups in the community. The team from North Carolina, headed by Taylor Zanda, arranged to interview inmates in County jails in the USA to identify psychiatric conditions, and distinguish between opioid use disorder and methamphetamine use disorder. Findings include epidemic levels of the latter, and very high levels of opioid use disorder and some psychiatric problems, including PTSD. This knowledge could help services in prison be more prepared, for early intervention.

It is not every day that a study appears with reliable data from most of a continent; however, the research on bipolar disorder, depression and gross national product covers 42 African countries. It was carried out by a team from Ghana and India, under the leadership of Mustapha Immurana. For me, the surprising thing was not that economic factors were found to be a factor. It was the high level of significance of the results, even with such a large amount of data. It would be interesting to know whether the same applies in countries where the discrepancies in wealth are not as great.

Economic factors also feature in the study by Charlotte Farewell and her coauthors, from Colorado. They looked at the role of psychological capital (psycap) in mitigating the effects of external stressors, in a wide range of people working with young children. Psycap was found to have a beneficial part to play on measures of depression, and self-reported number of days with poor mental health. This is a valuable finding, given the level of workplace stress experienced by the early care and education workforce, whether in the USA or elsewhere.

From those who work with children to the children themselves. The 6–12 years age group were the subject of the work done in India by Saniya Bhutani and Kamlesh Singh. Seeing that there was a lack of testing material for social cognition in children, in India, they adapted the Edinburgh Social Cognition Test (*ESCoT*). The test uses short video clips, followed by simple questions. It was then validated, which successfully showed that the Indian version of *ESCoT* is appropriate for children aged 6–12. This could be very useful; the work is comparable to the Georgian adaptation of a related screening test: Zirakashvili *et al.* (2022). (This paper has now attracted over 1,000 downloads.)

Mahfooz Alam, in California, with coauthors in India have used "big data" derived from Google Search Trends to gain some insight into behaviour during the early stages of the COVID pandemic. They used Relative Search trends for keywords covering mental health, employment and personal finances. Data were also used for COVID mortality. Separate data were obtained for the UK, USA, India and worldwide. In each case, there were increases in depression, anxiety and stress. However, on other measures there were some differences between regions.

According to the Japanese Ministry of Health, Labour and Welfare, Hikikomori is defined as someone who has withdrawn from society and stayed at home for at least six consecutive months without going to school or work, and who has no social interactions with anyone outside of their immediate family.... Hikikomori is often associated with feelings of anxiety, depression, and a sense of failure in society (https://thecontentauthority.com/blog/hikikomori-vs-recluse). The study from Oman, by Moon Chan, with co-authors in Oman and Australia, examined the Hikikimori-like syndrome of distress in people aged 18 years + in

Oman. In total, 673 participants reached the criteria for the syndrome, and were compared for various demographic and other characteristics. They concluded that people reaching the criteria could be divided into two groups. Cluster 1 were mainly younger and more educated than Cluster 2, and more likely to be living alone. Cluster 1 were more isolated and socialised even less than Cluster 2. The identification of these groups could help with designing and implementing interventions.

Domingo de Pedro-Jiminez and his team from three universities in Spain, together with a researcher from Huelva Occupational Health Service, carried out a study into the relationship between exercise and depression. Participants were selected who had experience of depression. For those who had had a depressive crisis in the previous year, it was found that having regular exercise was associated with a better depression score and less difficulty with light domestic tasks. The moderation effect was significant for women but not for men. It might be assumed that this would not only apply to light domestic work, but to other activities as well.

The Alam study, in this issue, found depression and anxiety symptoms associated with COVID, using Google Search Trends. Sarita Sood, from Jammu in India, has taken a very different approach, looking instead at Coronavirus Stress and Burnout. The cross-sectional study was carried out during the second wave of the pandemic, with a lockdown in force at the time. Tests were completed to determine the levels of coronavirus stress and coronavirus burnout and a short test was also given on meaning in life. The theory behind this is explained with reference to Frankl (2000); by living with meaning in life, negative experiences can be transformed into desirable outcomes. The main finding was that meaning in life appears to have a protective effect on burnout, which can follow coronavirus stress.

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