



Tutorial 1: What is mental health and mental ill-health

Lesson 1: Introduction to mental health and mental illness

Mental health is “A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (World Health Organisation, 2001, p1).

Mental illness refers to health conditions that significantly affect the way a person feels, thinks, behaves and interacts with others. Mental illness(es) can significantly impact people experiencing them, as well as their family and friends (Department of Health, 2007).

Alternative perspective

Although many people find these definitions of mental health and mental illness helpful, it is important to remember that this is only one paradigm through which we can try to understand the way people feel, think, behave and interact with others. There is increasing interest in moving away from this “medical model” (i.e. the idea that mental illness is a health condition akin to physical illness) and towards a trauma-based model. A key difference between these two paradigms is that whereas the medical model begins with the question of what is wrong with a person (and thus tends to lead to a psychiatric diagnosis), a trauma-based model begins with the question of what has happened to a person (Blue Knot, 2019). That is, a trauma-based model is based on the premise that whatever a person is experiencing (e.g. feeling very intense emotions, hearing voices, having thoughts that others are trying to harm them) is an understandable reaction to life experiences (Johnstone & Boyle, 2018).

Mental health is more than just the absence of mental illness, it’s about having a positive and productive sense of wellbeing whereby we can enjoy a good life, find meaning in our work, have close relationships and feel a sense of belonging to our community.

Mental health and mental illness are often seen on a **continuum**, where they are not opposites but are actually two separate measures. The vertical continuum represents mental health, ranging from low mental health, or ‘languishing’ to high mental health, or ‘flourishing’. The horizontal continuum represents mental illness, ranging from high mental illness to low mental illness. People can move across these continuums throughout their lives.

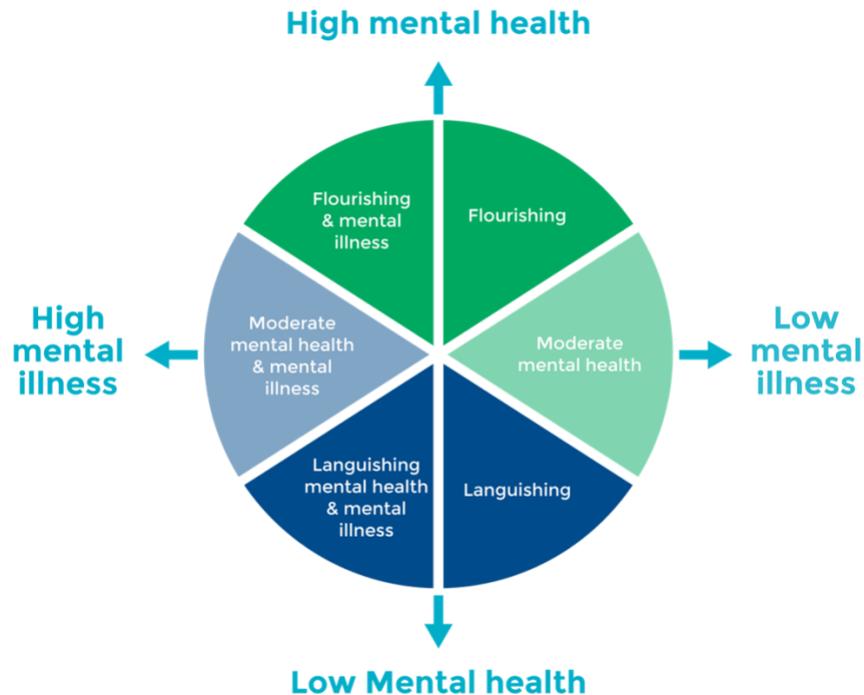


Image adapted from: Westerhof, G. and Keyes, C. (2010). Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. Journal of Adult Development vol. 17

Key takeaways from this model include:

- Mental health is not a fixed state
- Mental health and mental illness are distinct concepts
- Mental health and mental illness are represented on a continuum, that we can move across at different stages in our lives
- People with mental illnesses can flourish in life with good social and emotional wellbeing and support

Lesson 2: Different states of mental health

Throughout our lives we can experience various different states of mental health. These states range from ill to healthy. It's important to note that it's always possible to positively influence mental health no matter where one sits on the mental health continuum. Below is a summary of different states of mental health and some actions that may have a positive impact.

(<https://positivepsychology.com/mental-health-continuum-model>)

Stage	Characteristics	Ways to improve/sustain
Positive, healthy functioning	<p>Stable mood with minimum fluctuations.</p> <p>Overall calm and peaceful state of mind.</p> <p>Contentment with life.</p> <p>Self-motivated and energetic.</p> <p>Physically healthy.</p>	<p>Prioritize tasks.</p> <p>Break problems into smaller chunks and address one at a time.</p> <p>Maintain a healthy lifestyle.</p>
Neutral, reactive state.	<p>Nervousness and worry.</p> <p>Vulnerability to stress.</p> <p>Feeling overwhelmed.</p> <p>Self-doubt causing anxiety to perform.</p> <p>Tiredness and lack of energy.</p>	<p>Recognise abilities and limitations.</p> <p>Eat a healthy diet, drink plenty of water and participate in regular fitness activities.</p> <p>Get enough sleep.</p> <p>Engage in more social activities.</p> <p>Get adequate rest.</p>
Mild to Moderately ill	<p>Persistent sadness and feelings of inadequacy.</p> <p>Restlessness and irritability.</p> <p>Lack of motivation to take up new challenges.</p> <p>Overall feeling of apathy and unexplained fatigue to perform daily duties.</p> <p>Deterioration in personal and professional relationships.</p> <p>Substance and drug abuse.</p>	<p>Self-awareness.</p> <p>Self-care and healthy lifestyle.</p> <p>Try to get to the root cause of stress.</p> <p>Seek help – GP, qualified mental health practitioner.</p> <p>Established emotional supports (e.g., family, friends, kids, therapist, colleagues).</p>
Severe mental illness	<p>Extreme anxiety-causing social isolation.</p> <p>Extreme mood swings.</p> <p>Sleeping and eating disorders.</p> <p>Alcohol or drug abuse.</p> <p>Inability to perform daily responsibilities, including basic self-care.</p> <p>Marked deterioration in academic or professional achievements.</p>	<p>Seek professional assistance and support.</p> <p>Try to stay around others as much possible.</p> <p>Follow the treatment plan.</p> <p>Try to regain your previous health routine.</p> <p>Self-care and healthy lifestyle.</p>



It's important to note that the degree to which these features are evident depends on the individual, and some people may experience some of these features but not others.

Lesson 3: Overview of mental illness

Mental illness(es) may develop for various reasons however they can often appear without a definite cause. Mental illness can affect anyone. Potential causes may include genetic factors, drug and alcohol abuse, early life environment, trauma, significant loss or stress, major life change, and personality factors. That said, certain factors may put a person at risk of developing a mental illness. These **risk factors** can be broadly categorised as individual attributes, social circumstances and environmental factors.

<p>Individual attributes may include:</p> <ul style="list-style-type: none"> • Low self-esteem • Physical illness or injury • Substance use 	<p>Social circumstances may include:</p> <ul style="list-style-type: none"> • Bereavement • Relationship breakdown • Loneliness • Family violence • Financial Hardship 	<p>Environmental factors may include:</p> <ul style="list-style-type: none"> • Limited access to essential services • Discrimination • Exposure to trauma
---	--	---

Whilst risk factors may make someone more likely to develop a mental illness, there are also factors that protect someone from developing a mental illness, these are called **protective factors**. Some examples of protective factors include:

<p>Individual attributes may include:</p> <ul style="list-style-type: none"> • Self-esteem • Confidence • Communication skills • Physical health 	<p>Social circumstances may include:</p> <ul style="list-style-type: none"> • Social supports • Job satisfaction • Economic security 	<p>Environmental factors may include:</p> <ul style="list-style-type: none"> • Access to basic services • Social justice • Equality and tolerance • Physical security and safety
---	--	---

Did you know? (AIHW, 2020)

- Around 1 in 5 Australians are affected by some form of mental illness in any given year



- Almost half of the Australian population experience mental illness at some point in their lifetimes
- Anxiety disorders are the most prevalent mental illness, affecting 1 in 7 Australians, followed by Affective disorders (such as depression) and Substance abuse disorders
- 65% of people with a mental illness don't seek help for treatment
- Suicide is the leading cause of death in Australians aged between 15 and 44 years
- Suicide is the leading cause of death for men under the age of 54
- Over 3,000 Australians die by suicide every year, which is more than the national road toll

It's important to remember that everyone affected by mental illness can be helped to lead a fulfilling life through effective treatments and support. These treatments and support can help most people manage or even alleviate their symptoms (SANE, 2020).

Lesson 4: Common mental illnesses

There are many different types of mental illness, and they can present differently in different people. Common mental illnesses include:

Depression

Depression is a mental illness that affects how someone feels. It causes lower moods that can interfere with their ability to function in daily life. This is accompanied by feelings of helplessness and hopelessness. There are different types of depression, and they can range in severity. Depression affects 6.2% of adult Australians each year.

Depression can affect anyone. Symptoms can be different for different people however common symptoms include:

- Loss of interest in activities
- Difficulties concentrating
- Prolonged feelings of sadness
- Changes in sleep patterns or difficulties sleeping
- Changes in weight (may be either loss or gain) due to poor eating habits
- Feelings of hopelessness, unworthiness and/or failure



What's it like to live with depression?

People experiencing depression often describe the illness as a deadening of the senses and loss of feelings inside themselves. The accompanying loss of energy and zest for life means that they can find it difficult to do things that they would normally enjoy, like exercise, work, socialising or hobbies. They can also find it increasingly difficult to do simple things in life that we take for granted, like getting up in the morning or going to work each day.

What causes depression?

There is often no simple cause or factor and research suggests it can be triggered by a combination of factors, such as reactions to stressful life events, such as losing your job or a loved one. Some indicators that may (but don't necessarily) predispose someone to depression include family history, personality type, medical illness and drug and/or alcohol abuse.

Anxiety disorders

It is normal to feel stressed and worried from time to time. Anxiety disorders are characterised by feeling intense anxiety and fearfulness over extended periods of time, and sometimes for no particular reason. More women experience anxiety disorders than men. Anxiety disorders affect 14.4% of adult Australians each year (AIHW, 2020).

Often anxiety disorders can also appear with physical symptoms, which can include:

- Headaches
- Upset stomach
- Tightening of muscles
- Quickening of heart rate
- Excessive sweating

What causes anxiety disorders?

Anxiety disorders are most often caused by a number of different factors. Some people may have a genetic vulnerability to anxiety. Personality traits and significant life stressors and events can also provoke or worsen anxiety disorders. Anxiety ranges from generalised anxiety disorders to specific triggers like social situations or going out in public (agoraphobia).

Bipolar disorder

Bipolar disorder is characterised by excessive mood swings, ranging from highs to lows. High moods are referred to as mania, whereby low moods are depression. Both states affect mental health and capacity to function normally. High moods or mania cause people to experience unrealistic judgements of the world which can lead to serious problems for their wellbeing, such as excessive risk taking or gambling.



Bipolar affects 1 in 50 Australians at some point in their lives. Whilst it can appear at any age, it is more likely to develop for the first time in the teenage years or twenties. It also tends to affect women more than it does men. (SANE, 2020).

Trauma and stressor-related disorders

Trauma and stressor-related disorders are characterised by the experience of psychological distress following exposure to trauma or a stressful life event. Symptoms differ for different people, however often people feel overwhelmed and unable to cope or process emotions.

It has been estimated that 12% of Australians will experience PTSD in their lifetimes. Women are at a higher risk of developing trauma and stressor-related disorders as compared to men (ABS, 2008).

Lesson 5: Stigma and mental illness

Unfortunately, stigma against people with a mental illness is common. Most people with a mental illness have experienced stigma at some stage in their lives, and this can be exacerbated by other factors including age, gender and culture.

The World Health Organisation (2001) defines stigma as “a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society.”

Research has found that there are two ways we can reduce stigma:

Education – this includes the dissemination of resources, including books, flyers, websites or movies, for the purpose of challenging inaccurate stereotypes and replacing them with factual information

Contact – this includes interpersonal contact with people with lived experience of mental illness

It is important to note that we are all responsible for doing our part to increase the understanding and reduce the stigma associated with mental illness.

There are a range of organisations in Australia working to reduce stigma, including Beyond Blue, SuperFriend, SANE, Mental Health Australia and R U OK?.

For more information on stigma reduction: https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf?sfvrsn=92367eea_4



Video Testimonials

Caroline's Story: <https://youtu.be/qceMDQIFRqU>

Rhett's Story: <https://youtu.be/CFODNxKBlwE>

References

Australian Bureau of Statistics (2008). *National Survey of Mental Health and Wellbeing: Summary of Results*. Retrieved from <https://www.abs.gov.au/statistics/health/mental-health/national-survey-mental-health-and-wellbeing-summary-results/latest-release>

Australian Institute of Health and Welfare (AIHW) (2020). *Mental health services in Australia*. Retrieved from <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia/prevalence-impact-and-burden>

Australian Institute of Health and Welfare (AIHW) (2020). *Suicide and intentional self-harm*. Retrieved from <https://www.aihw.gov.au/reports/australias-health/suicide-and-intentional-self-harm>

Beyond Blue (2015). *BeyondBlue Information Paper: Stigma and discrimination associated with depression and anxiety*. Retrieved from <https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf>

SANE Australia (2020). *Bipolar disorder*. Retrieved from <https://www.sane.org/information-stories/facts-and-guides/bipolar-disorder>

SANE Australia (2020). *What is mental health issues?* Retrieved from <https://www.sane.org/information-stories/facts-and-guides/what-is-mental-illness>

The Department of Health (2007). *What is mental illness?* Retrieved from <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-w-whatmen-toc~mental-pubs-w-whatmen-what>

Westerhof, G. and Keyes, C. (2010). Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. *Journal of Adult Development* vol. 17



World Health Organisation (2001). Strengthening mental health promotion. Geneva, World Health Organization (Fact sheet, No. 220)

Johnstone, L., Boyle, M. Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J. (2018). *The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis*. British Psychological Society. Retrieved from <https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20-%20Files/PTM%20Main.pdf>

Kezelman, C. & Stavropoulos, P. (2019). *Practice guidelines for clinical treatment of complex trauma*. Blue Knot Foundation. Retrieved from <https://www.blueknot.org.au/Resources/Publications/Practice-Guidelines/Practice-Guidelines-2019>