Understanding Mental Health
Mental Health Vol 3

Mental health is a level of psychological well-being, or an absence of a mental disorder;[1] it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment".[2] From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience.[1] According to World Health Organization (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others."[3] WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community.[4] However, cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined.[3]

A person struggling with his or her behavioral health may face stress, depression, anxiety, relationship problems, grief, addiction, ADHD or learning disabilities, mood disorders, or other psychological concerns.[5][6] Counselors, therapists, life coaches, psychologists, nurse practitioners or physicians can help manage behavioral health concerns with treatments such as therapy, counseling, or medication. The new field of global mental health is "the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide".[7]

Some mental health clinics are now identified by the phrase *behavioral wellness*.

1 History

See also: History of mental disorders

In the mid-19th century, William Sweetzer was the first to clearly define the term "mental hygiene" which can be seen as the precursor to contemporary approaches to work on promoting positive mental health.[8] Isaac Ray, one of the thirteen founders of the American Psychiatric Association, further defined mental hygiene as an art to preserve the mind against incidents and influences which would inhibit or destroy its energy, quality or development.[8]

Dorothea Dix (1802–1887) was an important figure in the development of "mental hygiene" movement. Dix was a school teacher who endeavored throughout her life to help those suffering from mental illness, and to bring to light the deplorable conditions into which they were put.[9] This was known as the "mental hygiene movement".[9] Before this movement, it was not uncommon that people affected by mental illness in the 19th century would be considerably neglected, often left alone in deplorable conditions, barely even having sufficient clothing.[9] Dix's efforts were so great that there was a rise in the number of patients in mental health facilities, which sadly resulted in these patients receiving less attention and care, as these institutions were largely understaffed.[9]

At the beginning of the 20th century, Clifford Beers founded the National Committee for Mental Hygiene and opened the first outpatient mental health clinic in the United States of America.[8][10]

The mental hygiene movement, related to the social hygiene movement, had at times been associated with advocating eugenics and sterilisation of those considered too mentally deficient to be assisted into productive work and contented family life.[11][12]

After year 1945, references to mental hygiene were gradually replaced by the term 'mental health'.[13]

2 Significance

Evidence from the World Health Organization suggests that nearly half of the world's population are affected by mental illness with an impact on their self-esteem, relationships and ability to function in everyday life.[14] An individual's emotional health can also impact physical health and poor mental health can lead to problems such as substance abuse.[15]

Maintaining good mental health is crucial to living a long and healthy life. Good mental health can enhance one's life, while poor mental health can prevent someone from living an enriching life. According to Richards, Campania, & Muse-Burke (2010) "There is growing evidence that is showing emotional abilities are associated with prosocial behaviors such as stress management and physical health" (2010). It was also concluded in their research that people who lack emotional expression are inclined to anti-social behaviors. These behaviors are a direct reflec-

tion of their mental health. Self-destructive acts may take place to suppress emotions. Some of these acts include drug and alcohol abuse, physical fights or vandalism.[16]

3   Perspectives

3.1   Mental well-being

Mental health can be seen as an unstable continuum, where an individual's mental health may have many different possible values.[17] Mental wellness is generally viewed as a positive attribute, even if the person does not have any diagnosed mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Some discussions are formulated in terms of contentment or happiness.[18] Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness. Positive psychology is increasingly prominent in mental health.

A holistic model of mental health generally includes concepts based upon anthropological, educational, psychological, religious and sociological perspectives, as well as theoretical perspectives from personality, social, clinical, health and developmental psychology.[19][20]

An example of a wellness model includes one developed by Myers, Sweeney and Witmer. It includes five life tasks—essence or spirituality, work and leisure, friendship, love and self-direction—and twelve sub tasks—sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self care, stress management, gender identity, and cultural identity—which are identified as characteristics of healthy functioning and a major component of wellness. The components provide a means of responding to the circumstances of life in a manner that promotes healthy functioning. The population of the USA in its majority is considered to be mostly uneducated on the subjects of mental health .[21] Another model is psychological well-being.

3.2   Prevention

Mental health can also be defined as an absence of a mental disorder. Focus is increasing on preventing mental disorders. Prevention is beginning to appear in mental health strategies, including the 2004 WHO report "Prevention of Mental Disorders", the 2008 EU "Pact for Mental Health" and the 2011 US National Prevention Strategy.[22][23] Prevention of a disorder at a young age may significantly decrease the chances that a child will suffer from a disorder later in life.

3.3   Cultural and religious considerations

Mental health is a socially constructed and socially defined concept; that is, different societies, groups, cultures, institutions and professions have very different ways of conceptualizing its nature and causes, determining what is mentally healthy, and deciding what interventions, if any, are appropriate.[24] Thus, different professionals will have different cultural, class, political and religious backgrounds, which will impact the methodology applied during treatment.

Research has shown that there is stigma attached to mental illness.[25] In the United Kingdom, the Royal College of Psychiatrists organized the campaign *Changing Minds* (1998–2003) to help reduce stigma.[26]

Many mental health professionals are beginning to, or already understand, the importance of competency in religious diversity and spirituality. The American Psychological Association explicitly states that religion must be respected. Education in spiritual and religious matters is also required by the American Psychiatric Association.[27]

4   Emotional issues around the world

Emotional mental disorders are a leading cause of disabilities worldwide. Investigating the degree and severity of untreated emotional mental disorders throughout the world is a top priority of the World Mental Health (WMH) survey initiative, which was created in 1998 by the World Health Organization (WHO).[28] "Neuropsychiatric disorders are the leading causes of disability worldwide, accounting for 37% of all healthy life years lost through disease.These disorders are most destructive to low and middle-income countries due to their inability to provide their citizens with proper aid. Despite modern treatment and rehabilitation for emotional mental health disorders, "even economically advantaged societies have competing priorities and budgetary constraints".

The World Mental Health survey initiative has suggested a plan for countries to redesign their mental health care systems to best allocate resources. "A first step is documentation of services being used and the extent and nature of unmet needs for treatment. A second step could be to do a cross-national comparison of service use and unmet needs in countries with different mental health care systems. Such comparisons can help to uncover optimum financing, national policies, and delivery systems for mental health care."

Knowledge of how to provide effective emotional mental health care has become imperative worldwide. Unfortunately, most countries have insufficient data to guide

decisions, absent or competing visions for resources, and near constant pressures to cut insurance and entitlements. WMH surveys were done in Africa (Nigeria, South Africa), the Americas (Colombia, Mexico, U.S.A), Asia and the Pacific (Japan, New Zealand, Beijing and Shanghai in the People's Republic of China), Europe (Belgium, France, Germany, Italy, Netherlands, Spain, Ukraine), and the middle east (Israel, Lebanon). Countries were classified with World Bank criteria as low-income (Nigeria), lower middle-income (China, Colombia, South Africa, Ukraine), higher middle-income (Lebanon, Mexico), and high-income.

The coordinated surveys on emotional mental health disorders, their severity, and treatments were implemented in the aforementioned countries. These surveys assessed the frequency, types, and adequacy of mental health service use in 17 countries in which WMH surveys are complete. The WMH also examined unmet needs for treatment in strata defined by the seriousness of mental disorders. Their research showed that "the number of respondents using any 12-month mental health service was generally lower in developing than in developed countries, and the proportion receiving services tended to correspond to countries' percentages of gross domestic product spent on health care". "High levels of unmet need worldwide are not surprising, since WHO Project ATLAS' findings of much lower mental health expenditures than was suggested by the magnitude of burdens from mental illnesses. Generally, unmet needs in low-income and middle-income countries might be attributable to these nations spending reduced amounts (usually <1%) of already diminished health budgets on mental health care, and they rely heavily on out-of-pocket spending by citizens who are ill equipped for it".

5 In Canada

According to statistics released by the Centre of Addiction and Mental Health one in five people in Ontario experience a mental health or addiction problem. Young people ages 15 to 25 are particularly vulnerable. Major depression is found to affect 8% and anxiety disorder 12% of the population. Women are 1.5 times more likely to suffer from mood and anxiety disorders. WHO points out that there are distinct gender differences in patterns of mental health and illness. The lack of power and control over their socioeconomic status, gender based violence; low social position and responsibility for the care of others render women vulnerable to mental health risks. Since more women than men seek help regarding a mental health problem, this has led to not only gender stereotyping but also reinforcing social stigma. WHO has found that this stereotyping has led doctors to diagnose depression more often in women than in men even when they display identical symptoms. Often communication between health care providers and women is authoritarian

leading to either the under-treatment or over-treatment of these women.[29]

Furthermore, today, most women suffer from depression, anxiety, bipolar disorder, and abuse. This means that more than ever today, women with these conditions will need to approach several organizations to find help. However, many women are not educated enough on several organizations that provide help from women ages 16 and older. Two major Canadian organizations, being Women's College Hospital (WCH) and the Centre for Addiction and Mental Health (CAMH) promote awareness and provide resources that can educate others about mental health pertaining to women.

5.1 Organizations

Firstly, Women's College Hospital is specifically dedicated to women's health in Canada. This hospital is located at the heart of downtown, Toronto where there are several locations available for specific medical conditions. WCH is a great organization that helps educate women on mental illness due to its specialization with women and mental health. Women's College Hospital helps women who have symptoms of mental illnesses such as depression, anxiety, menstruation, pregnancy, childbirth, and menopause. They also focus on psychological issues, abuse, neglect and mental health issues from various medications.[30]

The countless aspect about this organization is that WCH is open to women of all ages, including pregnant women that experience poor mental health. WCH not only provides care for good mental health, but they also have a program called the "Women's Mental Health Program" where doctors and nurses help treat and educate women regarding mental health collaboratively, individually, and online by answering questions from the public.[30]

The second organization is the Centre for Addiction and Mental Health. CAMH is one of Canada's largest and most well-known health and addiction facilities. They practice in doing research in areas of addiction and mental health in both men and women. In order to help both men and women, CAMH provides "clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues."(CAMH: Who We Are, 2012). As a public hospital, CAMH is known throughout the world as an "Pan American Health Organization and World Health Organization Collaborating Centre"(CAMH: Who We Are, 2012). CAMH is different from Women's College Hospital due to its widely known rehab centre for women who have minor addiction issues, to severe ones. This organization provides care for mental health issues by assessments, interventions, residential programs, treatments, and doctor and family support.[31]

6   Emotional mental health in the United States

According to the World Health Organization in 2004, depression is the leading cause of disability in the United States of America for individuals ages 15 to 44.[32] Absence from work in the U.S. due to depression is estimated to be in excess of $31 billion per year. Depression frequently co-occurs with a variety of medical illnesses such as heart disease, cancer, and chronic pain and is associated with poorer health status and prognosis.[33] Each year, roughly 30,000 Americans take their lives, while hundreds of thousands make suicide attempts (Centers for Disease Control and Prevention).[34] In 2004, suicide was the 11th leading cause of death in the United States of America (Centers for Disease Control and Prevention), third among individuals ages 15–24. Despite the increasingly availability of effectual depression treatment, the level of unmet need for treatment remains high. By way of comparison, a study conducted in Australia during 2006 to 2007 reported that one-third (34.9%) of patients diagnosed with a mental health disorder had presented to medical health services for treatment.[35]

There are many factors that influence mental health including:

- Mental illness, disability, and suicide are ultimately the result of a combination of biology, environment, and access to and utilization of mental health treatment.

- Public health policies can influence access and utilization, which subsequently may improve mental health and help to progress the negative consequences of depression and its associated disability.

Emotional mental illnesses should be a particular concern in the United States of America since the U.S.A has the highest annual prevalence rates (26 percent) for mental illnesses among a comparison of 14 developing and developed countries.[36] While approximately 80 percent of all people in the United States with a mental disorder eventually receive some form of treatment, on the average persons do not access care until nearly a decade following the development of their illness, and less than one-third of people who seek help receive minimally adequate care.[37]

6.1   Mental health policies in the United States

The mental health policies in the United States have experienced four major reforms: the American asylum movement led by Dorothea Dix in 1843; the "mental hygiene" movement inspired by Clifford Beers in 1908; the deinstitutionalization started by Action for Mental Health in 1961; and the community support movement called for by The CMCH Act Amendments of 1975.[38]

In 1843, Dorothea Dix submitted a Memorial to the Legislature of Massachusetts, describing the abusive treatment and horrible conditions received by the mentally ill patients in jails, cages, and almshouses. She revealed in her Memorial: "I proceed, gentlemen, briefly to call your attention to the present state of insane persons confined within this Commonwealth, in cages, closets, cellars, stalls, pens! Chained, naked, beaten with rods, and lashed into obedience. . . ."[39] Many asylums were built in that period, with high fences or walls separating the patients from other community members and strict rules regarding the entrance and exit. In those asylums, traditional treatments were well implemented: drugs were not used as a cure for a disease, but a way to reset equilibrium in a person's body, along with other essential elements such as healthy diets, fresh air, middle class culture, and the visits by their neighboring residents. In 1866, a recommendation came to the New York State Legislature to establish a separate asylum for chronic mentally ill patients. Some hospitals placed the chronic patients into separate wings or wards, or different buildings.[40]

In *A Mind That Found Itself* (1908) Clifford Whittingham Beers described the humiliating treatment he received and the deplorable conditions in the mental hospital.[41] One year later, the National Committee for Mental Hygiene (NCMH) was founded by a small group of reform-minded scholars and scientists – including Beer himself – which marked the beginning of the "mental hygiene" movement. The movement emphasized the importance of childhood prevention. World War I catalyzed this idea with an additional emphasis on the impact of maladjustment, which convinced the hygienists that prevention was the only practical approach to handle mental health issues.[42] However, prevention was not successful, especially for chronic illness; the condemnable conditions in the hospitals were even more prevalent, especially under the pressure of the increasing number of chronically ill and the influence of the Depression.[38]

In 1961, the Joint Commission on Mental Health published a report called Action for Mental Health, whose goal was for community clinic care to take on the burden of prevention and early intervention of the mental illness, therefore to leave space in the hospitals for severe and chronic patients. The court started to rule in favor of the patients' will on whether they should be forced to treatment. By 1977, 650 community mental health centers were built to cover 43 percent of the population and serve 1.9 million individuals a year, and the lengths of treatment decreased from 6 months to only 23 days.[43] However, issues still existed. Due to inflation, especially in the 1970s, the community nursing homes received less money to support the care and treatment provided. Fewer than half of the planned centers were created, and new methods did not fully replace the old approaches to carry out its full capacity of treating power.[43] Besides, the

community helping system was not fully established to support the patients' housing, vocational opportunities, income supports, and other benefits.[38] Many patients returned to welfare and criminal justice institutions, and more became homeless. The movement of deinstitutionalization was facing great challenges.

After realizing that simply changing the location of mental health care from the state hospitals to nursing houses was insufficient to implement the idea of deinstitutionalization, the National Institute of Mental Health in 1975 created the Community Support Program (CSP) to provide funds for communities to set up a comprehensive mental health service and supports to help the mentally ill patients integrate successfully in the society. The program stressed the importance of other supports in addition to medical care, including housing, living expenses, employment, transportation, and education; and set up new national priority for people with serious mental disorders. In addition, the Congress enacted the Mental Health Systems Act to prioritize the service to the mentally ill and emphasize the expansion of services beyond just clinical care alone.[44] Later in the 1980s, under the influence from the Congress and the Supreme Court, many programs started to help the patients regain their benefits. A new Medicaid service was also established to serve people who were suffering from a "chronic mental illness." People who were temporally hospitalized were also provided aid and care and a pre-release program was created to enable people to apply for reinstatement prior to discharge.[43] Not until 1990, around 35 years after the start of the deinstitutionalization, did the first state hospital begin to close. The number of hospitals dropped from around 300 by over 40 in the 1990s, and finally a Report on Mental Health showed the efficacy of mental health treatment, giving a range of treatments available for patients to choose.[44]

The 2011 National Prevention Strategy included mental and emotional well-being, with recommendations including better parenting and early intervention programs, which increase the likelihood of prevention programs being included in future US mental health policies.[45][46] The NIMH is researching only suicide and HIV/AIDS prevention, but the National Prevention Strategy could lead to it focusing more broadly on longitudinal prevention studies.[47]

7   Emotional improvement

Being mentally and emotionally healthy does not preclude the experiences of life which we cannot control. As humans we are going to face emotions and events that are a part of life. According to Smith and Segal, "People who are emotionally and mentally healthy have the tools for coping with difficult situations and maintaining a positive outlook in which they also remain focused, flexible, and creative in bad times as well as good"[48] (2011). In

addition unemployment has been shown to have a negative impact on an individual's emotional well-being, self-esteem and more broadly their mental health. Increasing unemployment has been show to have a significant impact on mental health, predominantly depressive disorders. This is an important consideration when reviewing the triggers for mental health disorders in any population survey.[49] In order to improve your emotional mental health, the root of the issue has to be resolved. "Prevention emphasizes the avoidance of risk factors; promotion aims to enhance an individual's ability to achieve a positive sense of self-esteem, mastery, well-being, and social inclusion"[50] (Power, 2010). It is very important to improve your emotional mental health by surrounding yourself with positive relationships. We as humans, feed off companionships and interaction with other people. Another way to improve your emotional mental health is participating in activities that can allow you to relax and take time for yourself. Yoga is a great example of an activity that calms your entire body and nerves. According to a study on well-being by Richards, Campania and Muse-Burke, "mindfulness is considered to be a purposeful state, it may be that those who practice it believe in its importance and value being mindful, so that valuing of self-care activities may influence the intentional component of mindfulness"[51] (2010).

7.1   Care Navigation

Main article: Mental Health Care Navigator

Mental health care navigation helps to guide patients and families through the fragmented, often confusing mental health industries. Care navigators work closely with patients and families through discussion and collaboration to provide information on best therapies as well as referrals to practitioners and facilities specializing in particular forms of emotional improvement. The difference between therapy and care navigation is that the care navigation process provides information and directs patients to therapy rather than providing therapy. Still, care navigators may offer diagnosis and treatment planning. Though many care navigators are also trained therapists and doctors. Care navigation is the link between the patient and the below therapies. A clear recognition that mental health requires medical intervention was demonstrated in a study by Kessler et al. of the prevalence and treatment of mental disorders from 1990 to 2003 in the U. S. A. Despite the prevalence of mental health disorders remaining unchanged during this period, the number of patients seeking treatment for mental disorders increased threefold.[52]

7.2   Therapy

7.2.1   Activity therapies

Activity therapies, also called recreation therapy and occupational therapy, promote healing through active engagement. Making crafts can be a part of occupational therapy. Walks can be a part of recreation therapy.

7.2.2   Expressive therapies

Expressive therapies are a form of psychotherapy that involves the arts or art-making. These therapies include music therapy, art therapy, dance therapy, drama therapy, and poetry therapy.

7.2.3   Alternative therapies

Alternative therapy is a branch of alternative medicine, which includes a large number of therapies imported from other cultures. It also includes a number of new medicines that have not yet passed through the process of scientific review. Alternative therapies include traditional medicine, prayer, yoga, traditional Chinese medicine, Ayurvedic medicine, homeopathy, hypnotherapy, and more.

Meditation   Main article: Meditation

Increased awareness of mental processes can influence emotional behavior and mental health. A 2011 study incorporating three types of meditative practice (concentration meditation, mindfulness meditation and compassion toward others) revealed that meditation provides an enhanced ability to recognize emotions in others and their own emotional patterns, so they could better resolve difficult problems in their relationships.[53] Additional studies show that the practice of mindfulness meditation has several mental health benefits, such as bringing about reductions in depression, anxiety and stress.[54][55][56][57] Mindfulness meditation may also be effective in treating substance use disorders.[58][59] Further, mindfulness meditation appears to bring about favorable structural changes in the brain.[60][61][62]

Biofeedback   Biofeedback is a process of gaining control of physical processes and brainwaves. It can be used to decrease anxiety, increase well-being, increase relaxation, and other methods of mind-over-body control.

7.2.4   Group therapy

Group therapy involves any type of therapy that takes place in a setting involving multiple people. It can include psychodynamic groups, activity groups for expressive therapy, support groups (including the Twelve-step program), problem-solving and psychoeducation groups.

7.2.5   Pastoral counselling

Pastoral counseling is the merging of psychological and religious therapies and carried out by religious leaders or others trained in linking the two.

7.2.6   Psychotherapy

Psychotherapy is the general term for scientific based treatment of mental health issues based on modern medicine. It includes a number of schools, such as gestalt therapy, psychoanalysis, cognitive behavioral therapy and dialectical behavioral therapy.

8   See also

- Global Mental Health
- Health
- Infant mental health
- Mental health law
- Public health
- Self-help groups for mental health
- Mental health first aid
- Homelessness and mental health

8.1   Related concepts

- Dissociation
- Mental disorder
- Mental environment
- Mental health professional
- Mental Illness
- Reason
- Sanity
- Structured Clinical Interview for DSM-IV
- Technology and mental health issues

8.2   Related disciplines and specialties

- DSM-5 Codes
- Positive psychology
- Psychiatric nurse
- Psychiatry

- Psychology

- Social work

- Youth Health

- Mental Health of Refugee Children

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10 External links

- WHO Mental health and substance abuse

- History of Camarillo State Mental Hospital, open 1936 – 1997, housing 7,000 patients at a time, and leader in psychiatric experimentation

- International Mental Health

- Mental Health Department of Health (United Kingdom)

- NHS Confederation Mental Health Network

- UK Mental Health Resource

- National Institute of Mental Health (United States)

- Australian Network for Promotion, Prevention and Early Intervention for Mental Health

- The National Mental Health Development Unit (NMHDU), England

- Health-EU Portal Mental Health in the EU

- Technology to Help Treat People with Mental Health Problems

- World Mental Health Day, 10 October

British Columbia Centre of Excellence for Women's Health http://www.bccewh.bc.ca/publications Centre for Addiction and Mental Health http://www.camh.ca/en/hospital/about-camh/newsroom/for-reporters/pages WHO http://www.who.int/mediacentre/factsheets/fs220/en http://www.who.int/mental.health/prevention/genderwomen/en Women's College Hospital http://www.womenscollegehospiral.ca/programs-and-services Strohschein, Lisa and Weitz, Rose The Sociology of Health, Illness and Health Care in Canada: a critical approach, "Women's College Hospital - Home." Women's College Hospital - Home. N.p., n.d. Web. 26 Sept. 2013. <http://www.womenscollegehospital.ca/>. Hospital." CAMH: Home. N.p., n.d. Web. 26 Sept. 2013. <http://www.camh.ca/en/hospital/>.

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