PROMOTING MENTAL HEALTH AND WELLBEING NOTES

Week 1: introduction to promoting mental health & wellbeing

Determinants of positive health
- Genetic or biological indicators
- Healthy child development
- Positive social support networks
- Access to education/literacy
- Employment or meaningful activities, positive financial status
- Social environments, barriers to care, activity friendly community infrastructures
- Health practices, coping skills
- Access to health services, resources
- Cultural expression

Healthy living for all
- Healthy lifestyle: physically, mentally, emotionally
- Developing daily habits which promote positive health (i.e. nutrition, sleep, hygiene, managing stress)
- Reducing risks to health (prevention i.e. safe alcohol levels)
- Being aware of health concerns (assessment)
- Early action for review for health concerns (early intervention)

What is health?
Mental health has been defined as; "the capacity of individuals and groups to interact with one another and their environment in ways that promote subjective wellbeing, optimal personal development, and use of their abilities to achieve individual collective goals"

<div align="center">Mental health is not the mere absence of disease
It is more than merely being free from symptoms of mental illness</div>

Criteria for positive mental health
- Positive attitudes towards self and others (Include acceptance of self and self-awareness. A person must have some objectivity about the self and realistic aspirations that necessarily change with age. A healthy person must also have a sense of identity, wholeness, belongingness, security, and meaningfulness)
- Personal and social support which to respond to life challenges
- Meaningful relationships with others

"Human beings are social animals. We need each other. At the deepest level, we want to feel that we belong, that we are connected with others, and most of us seek relationships that nurture our mind, body and spirit"

Growth, development and self-actualisation. Maslow (1958) and Rogers (1961) developed theories on the realisation of human potential. Maslow describes the concept of self-actualisation, and Rogers emphasises the fully functioning person. Both theories focus on human adjustment. They describe a self as being engaged in a constant quest, always seeking

new growth, development and challenges, just like the ones you are taking on now by coming to University. These theories focus on the total person and whether the person has the following characteristics.
- Is adequately in touch with one's self to use the resources one has
- Has free access to personal feelings and can integrate them with thoughts and behaviour
- can interact freely and openly with the environment
- Can share with other people and grow from such experiences

Integration, Autonomy, Reality perception, Environmental mastery

A continuum of mental health
- Stressors can occur for all individuals
- Everyone can experience changes in mental health and wellbeing to the point that it can influence their overall health status and social functioning
- Resilience and individual coping skills can reduce the impact of stress
- "resilience is the ability to engage in competent, adaptive functioning despite the exposure to risk or adversity"

what is mental illness?
- Mental illness is a general term for a group if illnesses that affect the mind or brain: and then in turn effect, mood, behaviour and thought.
- These illnesses, which include bipolar disorder, depression, schizophrenia, anxiety and personality disorders affect the way a person thinks, feels and acts, causing a disruption/dysfunction in their psychological, social, occupational/financial life.

Historical background
- Mental illness- was viewed as punishment from God/s
- Superstition, magic, witchcraft- witch-hunting where witches were persecuted and hung witches were accused of night-flying, intercourse with the devil, transformation into animals and malicious spells (in 15th and 16th Centuries - 1692)
- Possession- belief that the devil might be at work when a person is experiencing hallucinations and delusions- exorcism
- Mental ill people were- Punished harshly, condemned, burned, restrained locked up and treated as criminals in detention with criminals, people with leprosy
- (18th Century)- They were confined in asylums or sent to jail. In the asylums, more male staff were employed due to their strength
- The de-institutionalisation movement- Started in the 1950's – with closure of some mental health hospitals/mental health beds, encouraging patients to move out of hospital towards integrating them into the community
- Mid 20th Century - The introduction of neuro-leptic drugs – typical traditional drugs – increased emphasis on professional education
- Specialised mental health nursing education- was not introduced not until after 1910 in Australia when Nurses Registration Board was formed to oversee and regulate training

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- United States – Dorothea Dix – successfully lobbied states in the US and Canada in the 1840's to improve mental health care and to develop state run hospitals.
- The first training for psychiatric nurses began in 1882 at the McLean Asylum in Boston.

Recent developments
- Fourth National Mental Health Plan 2009-2014 Priority Areas:
  - ➤ Promotes social inclusion and recovery
  - ➤ Prevention and early intervention
  - ➤ Services access and continuity of care
  - ➤ Service quality improvement
- The Roadmap for National Mental Health Reform 2012 - 2022:
- Promotes person centred approaches
- Improve mental health and social and emotional wellbeing of all
- Prevention of mental illness
- Early identification and intervention
- Quality services
- Social and economic participation for people with mental illness

Societal Attitudes
- People in society have concerning attitudes towards others experiencing mental illness:
  - Community members have a limited knowledge about mental illness and the impact of the media in the way they portray a person with mental illness (SANE Australia, 2015)
  - Language used to describe individuals with mental illness can be harmful, stigmatising and rejecting

Misconceptions about mental illness
- All people with mental illness are violent and aggressive
- People who with mental illness have an intellectual disability
- People with mental illness will never recover
- People with mental illness should be locked up and kept away from society

Misconceptions
- Stereotype—A depersonalized conception of individuals within a group
- Intolerance—Unwillingness to accept different opinions or beliefs from people of different backgrounds
- Stigma—An attribute or trait deemed as unfavorable
- Prejudice—A preconceived, unfavorable belief about individuals or groups that disregards knowledge, thought, or reason
- Discrimination—Differential treatment of individuals or groups that is not based on actual merit

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Theories on mental illness
- <u>Chemical imbalances-</u> serotonin, dopamine, acetylcholine, others
- <u>Anatomical abnormalities of brain-</u> e.g. enlarged ventricles in schizophrenia
- <u>Biological factors</u> – genetics/hereditary. When both parents are diagnosed with schizophrenia, 50% chance of having a child with schizophrenia)
- <u>Substance or drug abuse-</u> e.g., drug induced psychosis – drugs alter chemicals in brain
- <u>Sociocultural Stressors-</u> e.g. family, finance, employment, housing

<p align="center">Interrelationship between some or all of the above
factors can influence mental health</p>

- The Stress Vulnerability Model provides a conceptual framework for understanding the relationship between stress and vulnerability as an explanation for an individual vulnerability of developing a mental illness.

"It is assumed that exogenous and/or endogenous challengers elicit a crisis in all humans, but depending on the intensity of the elicited stress and the threshold for tolerating it, that is, one's vulnerability, the crisis will either be contained homeostatically or lead to an episode of disorder."

Mental health Nursing
A specialised field of nursing that focuses on <u>meeting the mental health needs</u> of the person, in partnership with family, significant others, and the community in any setting

- Supporting consumers to optimise their health status within the reality of their life situation.
- Encouraging consumers to take an active role in decisions about their health care.
- Involving family/significant others and consumers in the care and support of
- the person.

Role of mental health nurses
- Not only assisting the patient, family or community to prevent or cope with mental illness and sufferings but also, to find meaning in the experience
- Counselling role, Pt advocate, protecting patients' rights, Pt education/family,
- Co-ordinate care and support services to assist clients achieve their goals/potentials
- Working in teams – multidisciplinary team, MH nurses do not work in isolation – sharing information – do not make promises to patients if cannot keep the promise such as keeping secrets
- Safety – of patients, and others, Health promotion, prevention, treatment and rehabilitation, Primary nurse, case-manager, giving medication, documentation, hand-over