

Mental Health in the Community – Sample

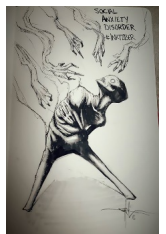
Introduction to Mental Health, Illness and Wellbeing

Mental Health and Mental Well-Being

- Mental health is defined as 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 her or his community
- The positive dimension of mental health is stressed in WHO's (World Health Organisation, 2013) definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"
 - The overall well-being of an individual or group of individuals
 - Looking at the person as the person
- 'Mental health' or 'mental wellbeing' is a positive concept and it is about more than the absence of mental illness. It refers to resilience and good functioning, but also incorporates flourishing, happiness and getting the most out of life' (Mental Health Association NSW)

What is Mental Disorder?

A mental disorder is a syndrome characterised by clinically significant disturbances in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behaviour (e.g. political, religious or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above (DSM 5 – the manual used in terms of diagnosing mental health [will look at this in week 5], looking at the signs and symptoms of an individual in terms of presentation, and the diagnosis comes from the professionals). Not everyone fits into the boxes provided by this – not everyone is the same; it is not nice and neat.



Or in General Terms ...

- 'Mental illness is a term used to describe a wide range of disorders that are considered to be related to the mind or brain in some way'
- 'Mental' illness refers to a diagnosed clinical condition. Common examples are depression, anxiety, schizophrenia and bipolar disorders' (Mental Health Association NSW, 2008)

Mental Ill-Health in Australia

- Mental ill-health is the single largest cause of disability in Australia
- Almost half the total population (45.5%) will experience a mental health disorder at some point in their lifetime (national survey of mental health and wellbeing, Australian Bureau of Statistics, 2007)
- One in five, or 20% of the Australian population aged 16-85 years, experienced mental disorders in the previous 12 months (national survey of mental health and wellbeing, Australian Bureau of Statistics, 2007)
- There is strong evidence to support that people with a mental illness are also at increased risk of physical illnesses

Myths about Mental Illness

What are some of the myths or stereotypes about people with mental illness?

- Violent – seen in the media quite often. In reality, the majority of people with mental illnesses are victims to violence (not the other way around)
- A life sentence
- All the same

Social and Community Welfare Work in Mental Health

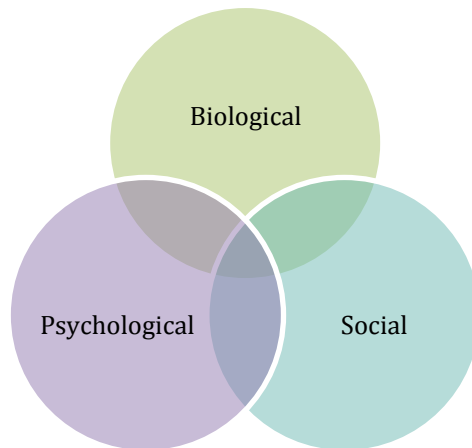
- Agency types and roles
- Multidisciplinary teamwork
- What is our unique perspective?
- What are the principles that inform our practice?

Biomedical Approach

- Looks at the physical
- Expert or health professional assesses the patients' symptoms (psychiatrists, GP's, mental health nurses etc.)
- Expert makes a diagnosis and devises a treatment based on scientific knowledge
- The patient follows treatment to achieve reduction in severity of symptoms

Biopsychosocial Approach

- How the biological will impact on the persons mental health, along with the impact of the social
- Biopsychosocial approach addresses the biological, psychological and social dimensions of a person's experience – looking at them as an individual with a holistic perspective
- Biopsychosocial is a term used to understand and incorporate the complexity of personhood
- Biopsychosocial approach supports the idea that no aspect of personhood can be assessed in isolation



Person-Centred Approach

- The aim is to support the person to achieve their full potential, to empower them to identify and address their individual needs
- It values the individual and promotes their rights, treats each person uniquely, engages the person appropriately and understands the social nature of what it means to be human
- Not just looking at them as a schizophrenic

The Power of Language

- Language plays a crucial role in framing, informing, developing and maintaining social relations
- Language shapes and interprets the world; defines and describes our experiences
- Language has the power to persuade, control and manipulate thoughts, actions and reactions
- Be aware of your language and consider your choice of words
- Stigma, stereotyping and labelling can lead to very negative consequences
- Acknowledge the person first
 - E.g. **Person with** mental illness, **NOT** schizophrenic



Mental Health Services in Australia

Social Construction of Mental Illness

- Throughout time and across different cultures people with mental illness have had particular meaning attributed to them through ongoing social dynamics (**Foucault** 1965; **Barnes et al.** 1999)
- In seeking to understand or explain mental illness, many societies have attributed specific meanings and causes to different types of illness. For example, 'the insane' were believed to be the result of a curse or involvement with sorcery
- These attributions had a significant impact on how people with mental illness were perceived and treated. 'The mad' were seen as wild beasts in

need of taming and physical constraint. People were considered possessed and thus required purging or bleeding

- Because people with a mental illness were constructed as being wild or an animal like, the social policy response (or the care and treatment response), followed this understanding – certain treatment options such as purging or bleeding were introduced
- Relationship between a person's social role and value, and 'care' and 'treatment' responses (Foucault 1965)

The Great Confinement

The Great Confinement was the introduction of institutions. This happened around the late 17th century, but there were examples of this earlier on. In the 14th or 15th century, people with mental disabilities, and even homeless people, were literally taken from the land and contained out at sea in ships ('ship of fools') – this would apparently enable people to get well again and be let back into the community. Around 1550, there were lots of examples of houses of correction, for example, where people were detained, and work houses as well. "For the first time, purely negative measures of exclusion were replaced by a measure of confinement; the unemployed person was no longer driven away or punished; he was taken in charge, at the expense of the nation but at the cost of his individual liberty. Between him and society, an implicit system of obligation was established: he had the right to be fed, but he must accept the physical and moral constraint of confinement" (Foucault 1965, 48).