



Mental Health

The care and treatment of people with a mental illness has been traditionally influenced by human beliefs about ourselves. But contemporary beliefs have historical foundations.

How mental illness is now labelled or diagnosed has largely been influenced by a society's historical beliefs concerning what is acceptable and unacceptable behaviour in communities.

For example, see Maude and Warlow (2011, p. 7) who provide an account of hysteria: *The concept of hysteria was first described by Hippocrates, who thought that mental illness arose in women who had not fulfilled their duty and purpose to have children. It was believed that the uterus would be too light and dry, and thus would wander up within the body, compressing the heart, lungs and diaphragm. Although the original meaning of hysteria has been lost to us, hysteria has historically been associated predominantly with women.*

Socrates (469-399 B.C.) and Aristotle (384-322 B.C.) were early "thinkers" who wrote about the brain and tried to understand what influence the brain had on 'the mind' and how people behaved. Aristotle believed that the heart, not the brain, was important for intelligence. Aristotle, building upon the work of the earlier philosophers and their studies into mind, reasoning and thought, wrote the first known text in the history of psychology, called *Para Psyche*, 'About the Mind.' In this landmark work, he laid out the first tenets of the study of reasoning that would determine the direction of the history of psychology; many of his proposals continue to influence modern psychologists. As much of the early Greek studies was written down, it has been seen as the basis for contemporary thought into mental health, however, other ancient civilisations also set out their ideas in different ways.

Hsün Tzu (ca. 312–230 BC) was a Chinese Confucian philosopher who lived during the Warring States period and ...was compared with Aristotle as a naturalist who emphasised the regularity and orderliness of nature. The Chinese described Yin and Yang as both opposite and complementary forces. Yang is associated with force, hardness, heat, dryness, and masculinity. Yin is associated with weakness, softness, cold, moistness, and

femininity. Equilibrium between Yin and Yang is essential to physical and psychological health. In this way, the Chinese opened the door to physiological psychology with their belief that mental processes are central and are associated with the physical body.

Egyptian psychology was deeply intertwined with the polytheistic Egyptian religions and the emphasis on immortality and life after death. Although the Egyptians appear to be the first to describe the brain, they most often viewed the heart as the seat of mental life.

Thinkers in India, as reflected in the Vedas and the Upanishads, investigated knowledge and desire, among many other topics. Hebrew philosophy must be understood in light of radical monotheism: 'Humans have two sides, a biological, self-serving side and a spiritual side capable of serving the larger community'. The Hebrews had well-developed notions of mental disorders that were attributed to the anger of God or human disobedience. Persia was the birthplace of the Zoroastrian religion based on the teachings of Zarathustra and the holy book Avesta. Zoroastrianism is the first monotheistic religion recorded in history; it flourished until the Muslim conquest of Persia. Human beings were the testing grounds of good and evil, and mental and physical disorders were viewed as the work of the devil; demonological diagnoses and treatments were common.

In contemporary practice, mental illnesses may no longer be understood or described as disorders of religion, a result of the weather, lunar cycles, or even gender, but these historical framings still impact contemporary community views of mental illness and also impact the delivery of treatments today.

Much of what occurred in the past, including the very recent past, influences the negative views and stigma that impact the delivery of care, and individuals' views of mental illness.

In the image below you can see a "Ship of Fools". The idea of a ship of fools was that people who were "mad" were put on a captain-less ship, and sent to sea. There is some debate about whether it occurred or not, but regardless, the themes of ostracism and segregation of people with mental illness are still pertinent today. think about the notion of 'othering'. Have a look at the seminal work of Irving Goffman.

Many people refer to the World Health Organisation when defining mental health. WHO states:

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. [It is] fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.

Mental health problems and mental illness

There are a lot of terms that can add confusion to discussions of mental health.

Mental health problem is a broad term used to describe experiences of mental health which may impact how a person feels, thinks, behaves, and interacts with other people, but may not be severe enough to warrant a diagnosis of mental illness. However, it can also include mental illness.

Mental illness is a diagnosable illness that significantly affects how a person feels, thinks, behaves, and interacts with other people (sometimes the term mental disorder is also used to refer to mental illness). A mental illness is **diagnosed according to standardised criteria**.

There are a number of different sources that detail standardised diagnostic criteria. In Australia, the classification and diagnosis of mental illnesses is mostly done according to the Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DSM-5).

The DSM-5 details the criteria for certain mental illnesses (not just broad mental illness). For example, people diagnosed with depression, are usually diagnosed with something actually called Major Depressive Disorder. This means they have displayed certain signs and symptoms over a certain period of time, and the DSM-5 details these signs and symptoms.

How many Australians have experienced mental illness?

The following estimates are derived from the 2020-2022 National Study of Mental Health and Wellbeing (NSMHWB). This study involved in-person interviews utilising the World Health Organization's Composite International Diagnostic Interview.

According to the NSMHWB, among Australians aged 16–85:

- Approximately 8.5 million people have experienced a mental illness at some point in their lives (43% of the population).
- About 4.3 million had experienced a mental illness in the previous 12 months (22% of the population).

The most common mental illnesses in Australia in the 12 months preceding the study were:

- Anxiety disorders (affecting 3.4 million people, or 17% of the population)
- Affective disorders (affecting 1.5 million people, or 8%)
- Substance Use Disorders (affecting 650,000 people, or 3%).

Nurses' work in mental health

Mental Health Nurses work in all facets of mental health care. They work with people with good mental health, with people with mental health problems, with people with mental illness and disorders, and with people in mental health crisis. They also work with families and significant others.

When you look at the range of mental health work in the image below you start to get a good idea of the different types of work. Mental Health Nursing work includes designing universal mental health promotion and awareness campaigns, consultation liaison, emergency department, and delivering certain care like early interventions, acute care, and longer-term care.

Personal recovery V clinical recovery

Mental health policy and services internationally are increasingly using the word '**recovery**' to describe their principles, programs and practices. Mental health services and practice are sometimes referred to as 'recovery-oriented'. But what does 'recovery' mean? What does it mean in the context of mental health? The concept of recovery was conceived by, and for, people living with mental health issues to describe their own experiences and journeys and to affirm personal identity beyond the constraints of their diagnoses. Anthony's (1993) conceptualization of recovery is now considered to be a seminal understanding of the concept:

[Recovery is] a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

Recovery

is not

recovering from, or rehabilitation from mental illness. It

does not

mean the elimination of illness, disorder, or symptoms. Recovery to many means redefining or rediscovering a positive sense of self and being

with

mental illness. This is personal recovery.

The Department of Health (2013) describes recovery as:

The concept of recovery was conceived by, and for, people with mental health issues to describe their own experiences and journeys and to affirm personal identity beyond the constraints of diagnosis... Recovery approaches are viewed by the consumer movement (people with an experience of mental illness) as an alternative to the medical model with its emphasis on pathology, deficits and dependency. There is no single description or definition of recovery because recovery is different for everyone. However, central to all recovery paradigms are hope, self-determination, self-management, empowerment and advocacy. Also key is a person's right to full inclusion and to a meaningful life of their own choosing, free of stigma and discrimination

So personal recovery in mental health refers to the process of developing a meaningful and satisfying life, as defined by the individual, whether or not there are ongoing or recurring symptoms or problems. Unlike clinical recovery, which focuses on symptom reduction and return to premorbid functioning, personal recovery emphasises hope, control, and the opportunity to live a life beyond illness.

Hope: Hope is central to recovery. It involves believing in the possibility of a better future and that recovery is possible. This hope can be inspired by the support of family, friends, and mental health professionals, as well as by stories of others who have experienced recovery.

Self-Direction: Recovery is self-directed, meaning that individuals take charge of their own recovery journey. They set their own goals and decide what is meaningful and valuable to them. This autonomy helps build a sense of empowerment and self-efficacy.

Individualised and Person-Centered: Recovery recognises that each person's path is unique. What works for one individual may not work for another. Recovery plans should be tailored to the individual's needs, preferences, and values.

Holistic: Recovery considers the whole person, including their physical, emotional, social, and spiritual needs. It acknowledges that recovery involves more than just managing symptoms; it encompasses improving overall well-being and quality of life.

Non-Linear: Recovery is not a straight line. It often involves progress, setbacks, and learning from experiences. Understanding this helps individuals and caregivers remain resilient and persistent, even when challenges arise.

Strengths-Based: Focusing on strengths rather than deficits is a key aspect of personal recovery. Recognising and building on an individual's strengths and resources fosters a sense of competence and resilience.

Peer Support: Support from others who have lived experience with mental illness is invaluable. Peer support provides understanding, validation, and practical advice, and can significantly enhance the recovery journey.

Respect: Personal recovery requires respect for the individual's experiences, rights, and choices. This includes combating stigma and discrimination and promoting dignity and inclusion.

Personal recovery and clinical recovery differ significantly in their focus, goals, and approaches. Personal recovery emphasises living a fulfilling life despite the presence of symptoms, finding purpose, and meaning, whereas clinical recovery centres on symptom reduction and returning to a state of health as defined by clinical measures.

The goals of personal recovery are self-defined and may include improving quality of life, building relationships, and pursuing personal interests. In contrast, clinical recovery goals are often defined by healthcare providers and focus on achieving symptom remission and functional improvement. The approach to personal recovery is holistic and strengths-based, involving the individual actively in their own care. On the other hand, clinical recovery is medical and deficit-focused, typically involving treatment plans created by healthcare professionals.

Emphasising personal recovery aligns mental health care with broader humanistic values and principles. It shifts the focus from what is "wrong" with a person to what is "right" with them, recognising their potential for growth and self-determination. This approach not only enhances the well-being of individuals but also fosters a more inclusive and compassionate mental health system.

Building Therapeutic Relationships

Nurses play a critical role in supporting recovery through the development of therapeutic relationships. Establishing a therapeutic relationship is fundamental to effective mental health nursing and involves several key components.

Active listening is essential, as it allows nurses to fully understand the individual's concerns, experiences, and aspirations. By listening attentively, nurses can provide validation and support, making individuals feel heard and understood.

Empathy is another crucial element, as it enables nurses to connect with individuals on an emotional level, demonstrating genuine care and concern for their well-being.

Respect for the individual's experience and perspective is equally important, as it fosters a sense of dignity and acknowledges the person's unique journey.

These components help build trust and rapport, creating a safe and supportive environment where individuals feel comfortable sharing their thoughts and feelings. A strong therapeutic relationship not only enhances the effectiveness of interventions but also promotes a sense of hope and motivation in individuals, facilitating their recovery journey.

Strength-Based Approaches

Nursing practice should focus on the strengths and resources of the individual, rather than just addressing deficits. This strength-based approach is vital in empowering individuals and fostering a sense of agency and competence. By identifying and building on existing strengths, nurses can help individuals recognise their abilities and potential, boosting their confidence and self-esteem.

This approach involves collaborating with individuals to set realistic and achievable goals that align with their values and aspirations. It also encourages individuals to take an active role in their recovery, promoting autonomy and self-determination. Overall, a strength-based approach shifts the focus from what is wrong to what is right, fostering a more positive and empowering recovery experience.

Advocacy and Empowerment

Nurses can advocate for the rights and needs of individuals, helping them navigate the complex healthcare system and access the necessary resources to support their recovery. Advocacy is a crucial aspect of nursing practice, as it

involves standing up for individuals' rights and ensuring they receive the care and support they need in their recovery.

Empowerment involves encouraging individuals to take an active role in their recovery process. This can be achieved by providing education and information about their condition, treatment options, and self-care strategies. Empowered individuals are more likely to engage in their care, make informed decisions, and advocate for themselves.

Nurses can also facilitate empowerment by creating opportunities for individuals to participate in decision-making processes and by supporting their involvement in peer support groups and community activities. Through advocacy and empowerment, nurses can help individuals build a sense of control and ownership over their recovery, leading to improved outcomes and a greater sense of well-being.