

# Intro to mental health

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Mental health and mental ill health are distinctly different concepts that are frequently used as de facto descriptions for each other.

Mental health and mental ill health are NOT two ends of the same continua, but rather, are considered to be two distinctly different trajectories.

A state of mental health has been defined by the World Health Organisation (2005) as;

"A state of wellbeing in which the individual realises his or her own abilities, 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."

The key concepts of WHO's definition of a state of mental health are:

- Emotional well being (feelings of happiness and satisfaction with life)
- Psychological well-being and
- Social well-being

## Psychological Well-being

Has six elements;

1. Self acceptance
2. Purpose in life
3. Autonomy
4. Positive relations with others
5. Environmental mastery
6. Personal growth

## Social Well-being

Is define as having 5 dimensions of:

1. Social coherence
2. Social acceptance
3. Social actualisation
4. Social contribution
5. Social integration

# Antecedents for Mental Health Conditions

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Major mental health conditions do not randomly occur. The risk for developing a major mental health condition starts at conception and does respond to intervention at any point in a persons life from conception forwards.

## What causes mental health conditions?

- Hereditary may be one cause
  - Parent with a mental health condition = strongest predictor for risk of mental ill health (assumed to be genetic).
- Chance of inheritance
- Chemical imbalance in the brain
- Structural abnormalities in the brain
- Emotional trauma
- Social environment in which one is raised
- Interpersonal problems
- Substance abuse
- Combination of any of the above

## When does the risk start?

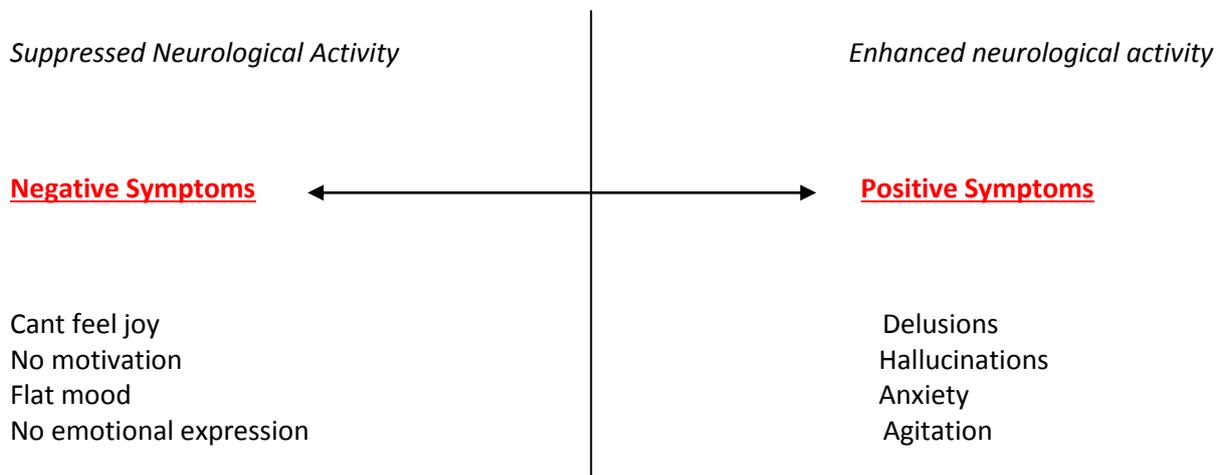
The risk of developing a mental health condition starts at conception.

- A mother with a mental health condition is the strongest predictor of a child having the same – mother has inheritable sequence variations across particular genes
- The child may not inherit these gene sequence variations
- The child may inherit them but may be protected by other factors against expression of the vulnerability

### Three phases of first onset psychosis

- ✓ prodrome 'something not quite right' phase (2yrs)
  - prior to psychotic disturbance
  - prior to first deviation from normal thinking, feeling or behaviour (identified retrospectively)
- ✓ Acute phase
  - Psychotic features present (delusions, hallucinations and formal thought disorder)
- ✓ Recovery phase
  - Symptoms remit
  - Regained biopsychosocial functioning

### Assessment of Symptoms



### Hallucinations

Hallucinations occur in any sensory modality. Such as hearing, sight, taste, touch, smell – hearing voices, seeing things, tasting poison, things crawling on skin, smelling poisonous gas.

Hallucination occur in absence of any appropriate external stimulus and they are real to the person and not open to challenge or reality testing.

### Delusiosn

- ✓ Are false fixed beliefs
- ✓ Real to the person and are not open to challenge
- ✓ Being invalidating and not believing the person will destroy the therapeutic relationship
- ✓ Our role is to understand the impact and consequences of the beliefs on the person and their behaviour, rather than to change them

### *Risks during an episode*

- Risk for permanent alteration to some areas of brain function related to the duration of symptoms
- Episodes of negative symptoms can be life-threatening;
  - o Command hallucinations advocating suicide
  - o Command hallucinations advocating harm to others
  - o Suicide related to distress at diagnosis and perception of poor prognosis and outcome.
- Fear based (fight or flight) aggression or violence towards others (strongly correlated with poor therapeutic engagement).

# - Psychopharmacology & Antipsychotic Medications

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- Psychotropic medications are serious and dangerous medications. There are valid reasons why people chose not to take them. Some are addictive, advocate for your patient.
- **Terminology**
- **Psychotropic** - capable of affecting the mind, emotions, and behaviour, denoting drugs used in the treatment of mental illness.
- **Psychopharmacology** – breath, life, soul. The scientific study of the effects drugs have on mood, sensation, thinking and behaviour
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- **Psychopharmacology**
- **Agonist:** a drug that binds to the receptor and stimulates the receptors function
- **Antagonist:** a drug that blocks and inhibits the receptor
- **Neurotransmitters:** dopamine (DA), Serotonin (SHT), Noradrenaline
- **Neuroreceptors:** are also known as neurotransmitter receptors