

CHAPTER 2

PSYCHOSOCIAL HEALTH

LEARNING OBJECTIVES

After studying the material in this chapter, students should be able to

- **identify** the four dimensions of psychosocial health—emotional, mental, social, and spiritual [Bloom’s Taxonomy: Remember]
- **discuss** the concepts of emotional and spiritual intelligence [Bloom’s Taxonomy: Understand]
- **describe** the relationship of needs, values, self-esteem, a sense of control, and relationships to psychosocial health [Bloom’s Taxonomy: Understand]
- **determine** ways in which you can live a fulfilling life [Bloom’s Taxonomy: Understand]
- **explain** the differences between mental health and mental illness, and **list** some effects of mental illness on psychological and physical health [Bloom’s Taxonomy: Understand and Remember]
- **describe** the major mental illnesses—anxiety disorders, depressive disorders, attention disorders, and schizophrenia—and the characteristic symptoms of each type [Bloom’s Taxonomy: Understand]
- **discuss** some of the factors that may lead to suicide as well as strategies for prevention [Bloom’s Taxonomy: Understand]
- **describe** the treatment options available for those with psychological problems [Bloom’s Taxonomy: Understand]

KEY TERMS

- **Altruism**—Acts of helping or giving to others without thought of self-benefit.
- **Antidepressant**—A drug used primarily to treat symptoms of depression.
- **Anxiety**—A feeling of apprehension and dread, with or without a known cause; may range from mild to severe and may be accompanied by physical symptoms.
- **Anxiety Disorders**—A group of psychological disorders involving episodes of apprehension, tension, or uneasiness, stemming from the anticipation of danger and sometimes accompanied by physical symptoms; causes significant distress and impairment to an individual.
- **Assertive**—Behaving in a non-hostile, confident manner to make your needs and desires clear to others.
- **Attention Deficit Disorder (ADD)**—A term often used interchangeably with attention deficit/hyperactivity disorder (ADHD).
- **Attention Deficit/Hyperactivity Disorder (ADHD)**—A spectrum of difficulties in controlling motion and sustaining attention, including hyperactivity, impulsivity, and distractibility.

- **Autonomy**—The ability to draw on internal resources; independence from familial and societal influences.
- **Behaviour Therapy**—Psychotherapy that emphasizes application of the principles of learning to substitute responses and behaviour patterns for undesirable ones.
- **Bipolar Disorder**—Severe depression alternating with periods of manic activity and elation.
- **Cognitive-Behavioural Therapy (CBT)**—A technique used to identify an individual’s belief and attitudes, recognize negative thought patterns, and educate in alternative ways of thinking.
- **Culture**—The set of shared attitudes, values, goals, and practices of a group that are internalized by an individual within the group.
- **Depression**—In general, feelings of unhappiness and despair; as a mental illness, also characterized by an inability to function normally.
- **Depressive Disorders**—A group of psychological disorders involving pervasive and sustained depression.
- **Emotional Health**—The ability to express and acknowledge one’s feelings and moods.
- **Emotional Intelligence**—A term used by some psychologists to evaluate the capacity of people to understand themselves and relate well with others.
- **Generalized Anxiety Disorder (GAD)**—An anxiety disorder characterized as chronic distress.
- **Happiness**—A feeling that is buildable and measurable, and directly connected to engagement with family, work, or a passionate pursuit and finding meaning from some higher purpose.
- **Homelessness**—Not having a home; includes absolute homelessness, being at risk for homelessness, and hidden homelessness.
- **Interpersonal therapy (IPT)**—A technique used to develop communication skills and relationships.
- **Learned Helplessness**—Blaming others for our failures and transferring our responsibility for adopting healthy lifestyle choices over to society.
- **Locus of Control**—An individual’s belief about the source of power and influence over his or her life.
- **Major Depression**—Sadness that does not end.
- **Mental Health**—The ability to perceive reality as it is, to respond to its challenges, and to develop rational strategies for living.

- **Mental Illness**—Behavioural or psychological syndrome associated with distress or a significantly increased risk of suffering pain, disability, loss of freedom, or death.
- **Mood**—A sustained emotional state that colours one’s view of the world for hours or days.
- **Obsessive Compulsive Disorder (OCD)**—An anxiety disorder characterized by obsessions and/or compulsions that impair one’s ability to function and form relationships.
- **Optimistic**—The tendency to seek out, remember, and expect pleasurable experiences.
- **Panic Attacks**—Short episodes characterized by physical sensations of light-headedness, dizziness, hyperventilation, and numbness of extremities, accompanied by an inexplicable terror, usually of a physical disaster such as death.
- **Panic Disorder**—An anxiety disorder in which the apprehension or experience of recurring panic attacks is so intense that normal functioning is impaired.
- **Phobias**—An anxiety disorder marked by an inordinate fear of an object, a class of objects, or a situation, resulting in extreme avoidance behaviours.
- **Post-traumatic Stress Disorder (PTSD)**—The repeated reliving of a trauma through nightmares or recollection.
- **Premenstrual Dysphoric Disorder (PMDD)**—A disorder, not related to PMS, that occurs in an estimated 3 to 5 percent of all menstruating women and is characterized by regular symptoms of psychological depression during the last week of a woman’s menstrual cycle.
- **Premenstrual Syndrome**—A disorder that causes bodily discomfort and emotional distress for up to two weeks, from ovulation until the onset of menstruation.
- **Psychiatric Drugs**—Medications that regulate a person’s mental, emotional, and physical functions to facilitate normal functioning.
- **Psychiatrists**—Licensed medical doctors (M.D.) with additional training in psychotherapy, psychopharmacology, and treatment of mental disorders.
- **Psychoanalyst**—Can be either a psychiatrist or psychologist who has taken special training in psychoanalysis. They assist clients in overcoming past traumas.
- **Psychodynamic Psychotherapy**—Interpreting behaviours in terms of early experiences and unconscious influences.
- **Psychologists**—Mental health professional who has completed a doctoral or graduate program in psychology and is trained in a variety of psychotherapeutic techniques, but who is not medically trained and does not prescribe medications.

- **Psychosocial Health**—A complex interaction of processes or factors that are both psychological and social in nature and encompass our emotional, mental, social, and spiritual states.
- **Psychotherapy**—Treatment designed to produce a response by psychological rather than physical means, such as suggestion, persuasion, reassurance, and support.
- **Resilient**—A person's ability to figure things out and to ask for help when dealing with difficult situations or complex challenges.
- **Schizophrenia**—A general term for a group of mental disorders with characteristic psychotic symptoms, such as delusions, hallucinations, and disordered thought patterns during the active phase of the illness, and duration of at least six months.
- **Seasonal Affective Disorder (SAD)**—Severe bouts of feeling down all of the time, low energy, problems with sleep and appetite and have difficulty functioning at home and at work, during the fall and winter seasons.
- **Selective Serotonin Reuptake Inhibitor (SSRI)**—A class of compounds used as antidepressants in the treatment of depression, anxiety disorders, and some personality disorders.
- **Self-Actualization**—A state of wellness and fulfilment that can be achieved once certain human needs are satisfied; living to one's full potential.
- **Self-Efficacy**—Belief in one's ability to accomplish a goal or change a behaviour.
- **Self-Esteem**—Confidence and satisfaction in oneself.
- **Social Bonds**—The degree to which people are integrated into and attached to their families, communities, and society.
- **Social Health**—The ability to interact with the people around us as well as our capability to function as a contributing member of society while helping others to do the same.
- **Social Isolation**—A feeling of unconnectedness with others caused by and reinforced by infrequency of social contacts.
- **Social Phobia**—A severe form of social anxiety marked by extreme fears and avoidance of social situations.
- **Social Responsibility**—A principle or ethical theory that suggests governments, corporations, organizations, and individuals have a responsibility to contribute to the welfare of society.
- **Social Supports**—The care and security that family, friends, colleagues, and professionals provide us.
- **Spiritual Health**—The ability to identify one's basic purpose in life and to achieve one's full potential; the sense of connectedness to a greater power.

- **Spiritual Intelligence**—The capacity to sense, understand, and tap into the highest parts of ourselves and the world around us; also described at times as intuition.
- **Stigma**—A severe social disapproval; also a situation where people are discriminated against, subjected to violence and abuse, and not allowed to participate fully in society.
- **Suicide**—Taking one’s own life; a leading cause of death, usually the result of a tragic consequence of emotional and psychological problems.
- **Values**—The criteria by which one makes choices about one’s thoughts, actions, goals, and ideals.

CHAPTER OUTLINE

I. What Is Psychosocial Health?

1. Psychosocial health encompasses emotional, mental, social, and spiritual states.
 2. Emotional health generally refers to feelings and moods.
 3. Mental health describes our ability to perceive reality as it is, to respond to its challenges, and to develop rational strategies for living.
 4. Spiritual health involves our ability to identify our basic purpose in life and to experience the fulfillment of achieving our full potential.
 5. In Canada, we are entering a time when First Nations spirituality is being respected and embraced as a living faith tradition and a way of healing.
 6. Culture helps to define psychological health.
- A. Emotional Intelligence
1. Emotional intelligence has five components: self-awareness, altruism, personal motivation, empathy, and the ability to love and be loved by friends, partners, and family members.

II. How Can I Lead a Fulfilling Life?

1. Positive psychology is an approach that emphasizes building personal strengths rather than simply treating weaknesses.
2. A key belief is that young people who learn to be optimistic and resilient are less likely to suffer from mental disorders and more likely to lead happy, productive lives.

A. Know Your Needs

1. Maslow believed that human needs are the motivating factors in personality development.
2. First we must satisfy basic physiological needs (food, water, shelter, sleep, and sexual expression), then higher needs, although few individuals reach self-actualization—functioning at the highest possible level.
3. Erikson’s Theory of Psychosocial Development explores three aspects of identity—ego identity (self), personal identity (our peculiarities), and social/cultural identity (the roles we play)—and how social experience shapes an individual throughout his/her lifetime from birth to death.

B. Clarify Your Values

1. Values—the criteria by which you evaluate things, people, events, and yourself—represent what’s most important to you.
2. Milton Rokeach distinguished between two types of values:
 - a. Instrumental values represent ways of thinking and acting that we hold important.
 - b. Terminal values represent goals, achievements, or ideal states that we strive toward.
3. Values are more than ideals we’d like to attain; they should be reflected in the way we live day by day.

C. Strengthen Your Self-Esteem

1. Self-esteem—belief or pride in ourselves—gives us the confidence to achieve at school or work and to reach out to others.
2. Self-esteem is not based on external factors—it develops over time; the seeds of self-esteem are planted in childhood.
3. One of the most useful techniques for bolstering self-esteem and achieving your goals is developing the habit of positive thinking and talking.
4. Self-esteem has proven to be one of the best predictors of college and university adjustment.

D. Manage Your Moods

1. A mood is a sustained emotional state that colours our view of the world for hours or days.
2. The most effective way to banish a bad mood is to change what caused it in the first place.
3. Cognitive reappraisal or reframing helps you look at a setback in a new light.
4. Exercise consistently ranks as the single most effective strategy for banishing bad feelings.
5. Leisure activity and connecting with friends can also elevate mood.

III. Feeling in Control

1. Albert Bandura’s social cognitive theory of human functioning suggests that self-efficacy—our belief that we can produce an effect—is a foundation of human motivation, well-being, and personal accomplishments.

A. Developing Autonomy

1. One goal that many people strive for is autonomy or independence.
2. Autonomous individuals have an internal locus of control—that is, they view control as originating from themselves, rather than from others.

B. Asserting Yourself

1. Being assertive means recognizing your feelings and making your needs and desires clear to others.
2. Becoming assertive isn't always easy.
3. Assertiveness is a behaviour that respects your rights and the rights of other people, even when you disagree.

IV. Connecting with Others

1. At every age, people who feel connected to others tend to be healthier physically and psychologically.
2. Social isolation, the opposite of connectedness, is a major risk factor for illness and early death.

A. Social Responsibility

1. Altruism is unselfish regard for others.
2. Social responsibility is a principle or ethical theory that suggests governments, corporations, organizations, and individuals have a responsibility to contribute to the welfare of society.
3. Helping others enhances self-esteem, relieves physical and mental stress, and protects psychological well-being.
4. Giving helps those who give as well as those who receive.
5. Service learning helps students reflect on the health disparities evident in their own communities and assists them in making healthy lifestyle choices so they are better prepared to help others.
6. Many businesses across Canada and around the world have adopted social responsibility mandates.

B. Overcoming Loneliness

1. For some individuals, being alone and being lonely are two different things.
2. To combat loneliness, people may join groups or surround themselves with superficial acquaintances.
3. The Internet may actually make people feel lonelier.
4. Race and gender also affect the experience of loneliness.
5. The keys to overcoming loneliness are developing skills to fulfill our own potential and learning to reach out to others.

C. Facing Social Anxieties

1. Social anxieties often become a problem in late adolescence.
2. In a severe form of social anxiety, called social phobia, individuals typically fear and avoid various social situations.
3. Some shyness can be overcome by improving social skills.
4. Those with more disabling social anxiety may do best with professional guidance, which has proven highly effective.

V. Understanding Mental Health

1. Mentally healthy individuals value themselves, perceive reality as it is, accept their limitations and possibilities, establish and maintain close relationships, pursue work that suits their talent and training, and feel a sense of fulfillment that makes the efforts of daily living worthwhile.

A. What Is a Mental Illness?

1. *A Report on Mental Illness in Canada* defines mental illness as characterized by alterations in thinking, mood, or behaviour associated with significant distress and impaired functioning.
2. Mental illness includes mood disorders, schizophrenia, anxiety disorders, personality disorders, and eating disorders.

B. Does Mental Health Affect Physical Health?

1. Mental illness affects the mind and the body.
2. Depression has increasingly been recognized as a serious risk factor for physical illness.
3. Treating mental health problems leads not only to improved health but also to lower health-care costs.

C. Diversity and Mental Health

1. Mental illness affects people in all occupations, educational and income levels, and cultures; however, rates among women are higher than among men in all age groups.
2. Young people are also at risk.
3. Cultural assimilation plays a role in mental health too.
4. Loneliness, isolation, alien religious rituals, suppression of native language, ridicule, harsh punishment, and sexual abuse experienced at residential schools across Canada have been emotionally devastating to many Aboriginal children of First Nations, Inuit, and Métis descent.

VI. Anxiety Disorders

1. Anxiety disorders may involve inordinate fears of certain objects or situations (phobias), episodes of sudden, inexplicable terror (panic attacks), chronic distress (generalized anxiety disorder, or GAD), or persistent, disturbing thoughts and behaviours (obsessive compulsive disorder).
2. Generalized anxiety disorder (GAD), an excessive or unrealistic apprehension that causes physical symptoms, can last for six months or longer.
3. Many individuals do not seek treatment for their anxiety, yet most who do, even for severe and disabling problems, improve dramatically.

A. Phobias

1. Phobias, the most prevalent type of anxiety disorder, are out-of-the-ordinary, irrational, intense, or persistent fears of certain objects or situations.
2. No medication is effective by itself in relieving phobias.
3. The best approach is behaviour therapy, which consists of gradual, systematic exposure to the feared object (a process called systematic desensitization).
4. Characteristic symptoms of a phobia include
 - a. excessive or unreasonable fear of a specific object or situation;
 - b. immediate, invariable anxiety when exposed to the object or situation;
 - c. recognition that the fear is excessive or unreasonable;
 - d. avoidance of the feared object or situation, or enduring it only with intense anxiety or distress;
 - e. inability to function as usual at school or work or in social relationships because of the phobia.

B. Panic Attacks, Panic Disorder, and Post-traumatic Stress Disorder

1. Individuals who have had panic attacks describe them as the most frightening experiences of their lives.
2. Panic disorder develops when attacks recur or apprehension about them becomes so intense that individuals cannot function normally.
3. The two primary treatments for panic disorder are cognitive-behaviour therapy, which teaches specific strategies for coping with symptoms like rapid breathing, and medication.
4. In post-traumatic stress disorder (PTSD), individuals re-experience terror and helplessness they have experienced in the past again and again in their dreams or intrusive thoughts.
5. A variety of experiences can forever change the way in which people view themselves and their world (combat, captivity, fire, floods, car accidents, witness of assault, sexual abuse).
6. The sooner trauma survivors receive psychological help, the better they are likely to fare.
7. New therapies include guided imagery, and the use of images, symbols, metaphors, drawing, writing, conscious breathing, and movement.

C. Obsessive-Compulsive Disorder (OCD)

1. Some individuals suffer only from an obsession—a recurring idea, thought, or image that they realize, at least initially, is senseless.
2. The most common obsessions are repetitive thoughts of violence, contamination, and doubt.
3. Most people with OCD also suffer from a compulsion, or repetitive behaviour performed according to certain rules or in a stereotyped fashion.
4. Individuals with OCD realize that their thoughts or behaviours are bizarre, but they cannot resist or control them.
5. OCD is believed to have biological roots; it may be the result of gene abnormalities, head injury, or even an autoimmune reaction after childhood infection with strep bacteria.
6. Treatment may consist of cognitive therapy, behavioural techniques, and medication.

VII. Attention Disorders

1. Attention deficit hyperactivity disorder (ADHD) is a psychiatric diagnosis to describe individuals who are hyperactive, impulsive, and may or may not have inattentive behaviours.
2. There are three types of ADHD: 1) Predominately Inattentive Type, 2) Predominately Hyperactive-Impulsive Type, and 3) Combined Type.
3. Causes are complex and include genetic and biological factors.
4. Between 40 to 70 percent of children with ADHD do not outgrow this condition.
5. Students with ADHD may find it hard to concentrate, read, make decisions, complete complex projects, and meet deadlines.

VIII. Depressive Disorders

1. Depression, the world's most common mental ailment, affects the brain, the mind, and the body in complex ways.
2. Approximately 8 percent of Canadian adults will experience major depression at some time in their lives, and the onset of depression usually occurs during adolescence.
3. Psychotherapy is remarkably effective for mild depression, and, in more serious cases, antidepressant medication can lead to dramatic improvement.
4. Exercise is also a good way to both prevent and treat psychological problems.

A. Major Depression

1. The simplest definition of major depression is sadness that does not end.
2. The incidence of major depression has soared over the past two decades, especially among young adults.
3. The characteristic symptoms of major depression include
 - a. feeling depressed, sad, empty, discouraged, tearful;
 - b. loss of interest or pleasure in once enjoyable activities;
 - c. eating more or less than usual and either gaining or losing weight;
 - d. having trouble sleeping or sleeping much more than usual;
 - e. feeling slowed down, or feeling restless and unable to sit still;
 - f. lack of energy
 - g. feeling helpless, hopeless, worthless, inadequate;
 - h. difficulty concentrating, forgetfulness, inability to think clearly or make decisions;
 - i. persistent thoughts of death or suicide
 - j. withdrawal from others, lack of interest in sex;
 - k. physical symptoms (headaches, digestive problems, aches and pains).
4. Most cases of major depression can be treated successfully, usually with psychotherapy, medication, or both.
5. Psychotherapy alone works in more than half of mild-to-moderate episodes of major depression.
6. Three of four patients treated for depression take antidepressant medications.
7. One study suggests that moderate exercise—30 minutes on a treadmill or stationary bicycle three times a week—has proven effective against major depression.
8. For individuals who cannot take antidepressant medications because of medical problems or who do not improve with psychotherapy or drugs, electroconvulsive

therapy, the administration of a controlled electrical current through electrodes attached to the scalp, remains the safest and most effective treatment.

B. Bipolar Disorder (Manic Depression)

1. Bipolar disorder, or manic depression, consists of mood swings that may take individuals from manic states of feeling euphoric and energetic to depressive states of utter despair.
2. The characteristic symptoms of manic depression include mood swings, changes in thinking, changes in behaviour, and changes in physical condition.
3. During manic periods, individuals may make grandiose plans or take dangerous risks. However, they often plunge from this highest of highs into a horrible low depressive episode.
4. Professional therapy is essential in treating bipolar disorders.
5. Mood-stabilizing medications are the keystone of treatment, although psychotherapy plays a critical role in helping individuals understand their illness and rebuild their lives.

C. Premenstrual Issues

1. Premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) refer to a wide range of physical and emotional symptoms that affect a woman about five to eleven days before she begins her monthly menstrual cycle.
2. Physical symptoms include bloating of the abdomen, breast tenderness, headache, fatigue, and less tolerance for noise and lights.
3. Emotional symptoms include feelings of sadness, anxiety, poor self-image, or tension.
4. Behavioural changes include irritability, hostility, and outbursts of anger toward others.
5. Exact cause of PMS or PMDD is not known.

C. Seasonal Affective Disorder (SAD)

1. Compared to clinical depression, people with SAD experience some of the common symptoms of depression only during the fall and winter seasons.
2. Some researchers suggest that SAD might result from shorter day lengths, where exposure to sunlight is limited.
3. Treatments for SAD include light therapy or phototherapy.
4. Other treatments for SAD include antidepressant medications, counselling, and spending more time outdoors during the winter months.

IX. Schizophrenia

1. Schizophrenia, one of the most debilitating mental disorders, profoundly impairs an individual's sense of reality.
2. The symptoms of schizophrenia include hallucinations, delusions, inability to think in a logical manner, talking or rambling in incoherent ways, making odd or purposeless movements, repeating others' words or gestures, showing few, if any, feelings, responding with inappropriate emotions, lacking will to complete a task, and functioning at a much lower level than in the past.

3. Schizophrenia might be the result of a failure in brain development that occurs very early in life; it has a strong genetic basis and is not the result of upbringing, social conditions, or traumatic experiences.
4. A comprehensive treatment program includes antipsychotic medication, education, family support, rehabilitation, cognitive therapy, and integrated addictions programs.

X. Suicide

1. While not a psychiatric disorder, suicidal behaviour is highly correlated with mental illness and can be the tragic consequence of emotional and psychological problems.
2. According to a *Report of the Advisory Group on Suicide Prevention*, there is an unprecedented level of concern about First Nations youth suicide where it is estimated to be five to six times higher than that of non-Aboriginal youth.
3. Suicidal behaviour that does not result in death (attempted suicide) is a sign of serious distress.

A. What Leads to Suicide?

1. There are no conclusive answers or explanations for suicide.
2. A constellation of influences may combine in ways that lower an individual's threshold of vulnerability.
3. Some specific factors believed to be linked to suicide are
 - a. more than 95 percent of those who commit suicide may have a mental disorder;
 - b. many of those who commit suicide drink beforehand and their use of alcohol may lower their inhibitions;
 - c. drug abuse also can alter thinking and lower inhibitions against suicide;
 - d. hopelessness and helplessness may be the most common contributing factors in suicide;
 - e. one out of every four who attempts suicide has a family member who also tried to commit suicide;
 - f. investigators have found abnormalities in the brain chemistry of individuals who complete suicide, especially low levels of a metabolite of the neurotransmitter serotonin;
 - g. access to guns can add to the risk of suicide;
 - h. major life crises can increase the risk of suicide;
 - i. long-standing, intense conflict with family members or other significant people may add to the danger.

B. Gender Differences

1. In Canada, overall mortality rates from suicide among men are nearly four times higher than among women.
2. Rates among women show three peaks: the late teens (15 to 19), middle age (45 to 59), and older seniors (80 to 84).
3. Medical symptoms, having a friend attempt or complete suicide, illicit drug use, and a history of mental health problems also increase the risk for females.
4. For men, mortality rates rise dramatically in the late teens (15 to 19) and early 20s and continue to be high until middle age (40 to 44) when they start to decrease.

5. Among males, risk factors include carrying a weapon at school, same-sex romantic attraction, a family history of suicide or suicide attempts, and easy household access to guns.

C. Suicide Prevention

1. Feeling connected to parents and family can protect us from suicide.
2. For females, emotional well-being is also protective, and a high grade-point average can be an additional protective factor for males.
3. If someone you know might be at risk for suicide you can do the following: encourage your friend to talk, don't offer trite assurances, suggest alternative solutions, don't be afraid to ask if they are considering suicide, and don't think that people who talk about killing themselves never carry out the threat.
4. To help general physicians identify people at risk of suicide, researchers have developed a set of four crucial questions:
 - a. Have you ever had a period of two weeks or more when you had trouble falling asleep, staying asleep, waking up too early, or sleeping too much?
 - b. Have you ever had two weeks or more during which you felt sad, blue, or depressed, or when you lost interest and pleasure in things you usually cared about or enjoyed?
 - c. Has there ever been a period of two weeks or more when you felt worthless, sinful, or guilty?
 - d. Has there ever been a period of time when you felt that life was hopeless?
5. The Suicide Prevention Advisory Group has made four key recommendations to address specific factors affecting First Nations youth:
 - a. increasing knowledge about what works in suicide prevention
 - b. developing more integrated health-care services
 - c. supporting community-driven approaches
 - d. creating strategies for building youth identity, resilience, and culture

XI. Overcoming Problems of the Mind

1. Mental illness costs our society billions of dollars each year in lost work time and productivity, employee turnover, disability payments, and death.
2. Although in many cases mental illnesses can be treated effectively, the stigma attached presents a serious barrier not only to diagnosis and treatment but also to acceptance in our communities.

A. Where Can I Turn for Help?

1. As a student, your best source for identifying local services may be your college or university's health unit.
2. The document, *Your Education—Your Future, A Guide to College and University for Students with Psychiatric Disabilities*, from the Canadian Mental Health Association, focuses on particular aspects of college and university experience and how students who are faced with mood disorders and mental illness can improve their level of self-care while studying at academic institutions.
3. Within the community, you might find help through community mentalhealth centres, hospitals, service organizations, 12-step programs, psychiatric or psychological associations, your family doctor, and the phone directory (counselling services, shelters, drug treatment information, hotlines, etc.).

B. Types of Therapists

1. Psychiatrists are licensed medical doctors (M.D.s) trained in various forms of psychotherapy and psychopharmacology, and can prescribe medication.
2. Psychologists have completed a university graduate degree and require licensing; they cannot prescribe medication.
3. Social workers are university undergraduates and master's degree graduates. Certification or licensing depends on the province.
4. Other therapists include pastoral counsellors, stress-management counsellors, and alcohol and drug counsellors.

C. Options for Treatment

1. The term “psychotherapy” refers to any type of counselling based on the exchange of words, guided imagery, or healing work in the context of the unique relationship that develops between a mental health professional and a person seeking help.
2. Most mental health professionals are trained in a variety of psychotherapeutic techniques:
 - a. Psychodynamic psychotherapy takes into account the role of early experiences and unconscious influences in actively shaping behaviour.
 - b. Interpersonal therapy (IPT) focuses on relationships in order to help individuals deal with unrecognized feelings and needs and improve their communication skills.
 - c. Cognitive-behavioural therapy focuses on inappropriate or inaccurate thoughts or beliefs to help individuals break out of a distorted way of thinking.
 - d. Behaviour therapy strives to substitute healthier ways of behaving for maladaptive patterns used in the past.
 - e. Psychiatric drug therapy involves medications that alter brain chemistry and relieve psychiatric symptoms.

D. Alternative Mind-Mood Medicine

1. Increasingly consumers are trying natural products, such as herbs and enzymes that claim to have psychological effects.
2. Because they are not classified as drugs, they have not undergone rigorous scientific testing required of psychiatric medications; “natural” doesn't mean risk-free.
3. St. John's wort has been used to treat anxiety and depression in Europe for many years.
4. Because of possible side effects from drug interaction, St. John's wort should not be taken in combination with other prescription antidepressants.

STUDENT MOTIVATION

- Enjoying a high level of psychosocial health can make the difference between facing life's challenges with optimism and confidence or feeling overwhelmed by expectations and responsibilities.
- Recognize how much potential each person has and how to express it in everyday life (see Human Potential story on Christopher Bratseth on pages 42 to 43).

- Many students may be experiencing psychosocial difficulties themselves or know of a friend or family member who is, and the information contained within this chapter will help identify warning signs and strategies for addressing said difficulties.

BARRIERS TO LEARNING

- difference between psychological and psychosocial health (see page 30)
- difference between psychiatrists, psychologists, and psychoanalysts in terms of their training and also in terms of their role in psychosocial health (see page 48)
- comparing the difference between self-responsibility and social responsibility and how having an appreciation for self-responsibility will allow students to better take care of others as well

DISCUSSION QUESTIONS

Psychological Health: Discuss the concept of psychological health as it relates to the other five dimensions of health. Can psychological health be separate and distinct from the other components without affecting them? How so? How does or doesn't it contribute to the holistic model? How do the other dimensions affect one's psychological health?

Self-Love: Ask students what it means to love and accept oneself. Can one accept and love another without first loving oneself? How? Or why? How does this relate to Maslow's Hierarchy of Needs?

Individuality vs. Benefit of Group: Discuss how organizational development in Canada has changed from focusing on the group to focusing on the individual. What are the advantages and disadvantages of each approach? In what scenarios would a group focus be better than an individual focus and vice versa? Why?

Goal Setting: Discuss goal-setting as it relates to students' lives. What factors have contributed to and hindered their ability to set goals? How do objectives play into this? What are the differences between short- and long-term goals? What role does self-esteem play in the ability to set and establish goals? Self-efficacy? Are there other experiences you can think of that could contribute to one's ability to set goals? Could this thought process be altered? How? By what methods?

Emotional Intelligence: Ask students what this term means to them. Looking at the five components of emotional intelligence (self-awareness, altruism, personal motivation, empathy, and the ability to love and be loved by friends, partners, and family members), discuss with students how they might go about developing and strengthening each of these. What role does an individual's EQ play in his or her everyday life or career? Ask students which they would rather have, a high IQ or a high EQ.

Predictors of Happiness: Ask students what factors contribute to happiness. Compare these to the characteristics of those cited for good psychological health. Ask students to make a list of the things that make them happy. Do they think of the things on the list when they make choices or decisions that may or may not affect their happiness? Why?

Assertive vs. Aggressive: Define and differentiate between assertiveness and aggressiveness. Ask for volunteers to role-play each approach to a situation (e.g., turning down a date or asking for a

hamburger that is more well-done). Solicit reactions and responses from the class. Ask them for personal examples.

Social Isolation: Define social isolation and discuss its connection to loneliness and social anxiety. Ask students how new situations (e.g., entering college or university, joining a sorority/fraternity, moving into residence, walking into a party consisting of mostly strangers) contribute to these feelings. What can students do in order to help overcome these negative feelings? What about older students that feel isolated from the younger crowd? What are some steps to break down negative feelings and feel in control again?

Something to Think About: Discuss with the class the following quotation by psychologist Carl Jung: “Every problem brings the possibility of a widening of consciousness.” Ask students whether they look at problems as opportunities for personal growth or as obstacles to self-fulfillment and success.

Mental Wellness vs. Mental Illness: Provide definitions for mental well-being and mental illness. Have students brainstorm characteristics and symptoms for each. Because a number of symptoms listed in the mental illness column may be experienced by many of us, ask students how they might recognize when a problem truly exists. Also work through the stereotypes of mental illness and attempt to explain how generally mentally healthy people can become so overwhelmed by life that depression or other illnesses can affect their mental well-being.

Anxiety: Before discussing the concept of anxiety, tell your students that you are about to give them a pop quiz. Have them turn inward to observe the symptoms associated with your announcement (check pulse, skin temperature, breathing, muscle tension, etc.). Now tell them to relax; this was only an exercise. Discuss the pathological responses to stress. Further detail panic attacks and the feelings and emotions associated with a panic attack.

Depression: Compare and contrast the everyday blues to depressive disorder. What characteristics differentiate the two? When might one seek professional counselling? How and where can they get it? What is available on campus? Describe the services available and who to contact.

Suicide: After reviewing the statistics related to suicide among the young, ask students why they believe this occurs. Display their responses. Ask them to examine what society, the family, and they personally, can do to help prevent suicide.

Choosing a Therapist: Ask students how they might go about finding a mental health therapist. What questions might they ask in order to ascertain qualifications, experience, and a good personality fit (have them note that a similar list can be used to select any type of health practitioner)? Formulate and share with them a list of low or no-cost counselling services available on your campus and within the community. Discuss the differences in psychiatrists, psychologists, social workers, and other mental health-care professionals.

Psychiatric Drugs: Discuss the number of psychiatric drugs that are available and the differences between them. Also discuss how other drugs, such as alcohol, interact with psychiatric drugs and the dangers of such interactions.

GUEST SPEAKERS AND PANEL PRESENTATIONS

Assign the class to participate in two to three hours of volunteer work and then have them report back to the class on what they did. Have them share with the class their experiences, as well as the personal functions they served. Discuss how it affected the people they were around. How did it make them feel?

Invite a psychologist, psychiatrist, relationship and family counsellor, and/or social worker to speak about psychological health. What makes for a happy person? How does self-esteem contribute towards mental well-being?

Invite a holistic health practitioner to share his or her philosophy about what contributes to mental well-being.

Invite a humorist/comedian to discuss the role humour plays in psychological health. If you don't know of any, bring in a video or compact disc and play it for the class to discuss afterwards.

Invite a psychologist or psychiatrist to address some of the more common psychological problems and treatment modalities. Ask them to describe the different types of therapists, their training, and advantages and disadvantages of each type.

Invite a representative from a local suicide prevention program or a crisis counsellor from your local hospital to address the topic of suicide and suicide prevention.

CLASS ACTIVITIES

Activity #1 ***A Beautiful Mind***

Purpose:

1. To understand the significance of mental disorders and how they play a role in the life of an individual

Time:

Two and a half class periods

Method:

1. View the movie *A Beautiful Mind*, and then answer the following questions.
 - a. What was the disorder that John Nash was diagnosed with?
 - b. How did it affect his everyday life?
 - c. How did it affect his family?
 - d. In what ways did they try to treat him? Are there other ways they should have attempted to treat him? What advances have been made since his situation?
 - e. How would John Nash's lifestyle have been different if he had a different mental disorder (i.e., depression, general anxiety disorder, post-traumatic stress disorder)?
 - f. What do you know about electroconvulsive therapy? Is this treatment still used? What is the success rate?

Activity #2

Trust Circle

Purpose:

To identify the contribution each person makes

Time:

30 minutes

Introduction:

Every person plays a special role in our world. None of us are the same and if any one of us was missing, then someone's life would be affected. We all need to realize our own contribution to the world around us before we can truly feel good about ourselves. Each person affects the lives of others.

Method:

1. Have your class stand in a circle.
2. Each person hold hands and then moves the circle back until everyone is about an arm's length away from each other.
3. Have the group count off by twos.
4. Now, while holding hands tightly, all of the number ones will begin to lean into the circle while at the same time the number twos will begin to lean backwards out of the circle.
5. Do this slowly so that everyone will have a chance to pick up pressure on their arms from the people on either side of them.
6. If the entire circle leans at the same time, the pressure is spread throughout the circle and no one person feels much of the weight.
7. Hold this position for a few seconds.
8. Once you have accomplished this goal, begin to have the number ones lean back up and the number twos lean into the circle.

Discussion:

Ask the students the following questions.

1. How did you feel when you were leaning into the circle?
2. How did you feel when you were leaning out of the circle?
3. What would happen if one person did not take his or her responsibilities seriously?
4. What would have happened to the circle if one person had decided to leave just when the leaning began?
5. How important was each person in this activity?
6. Describe other situations where one person is important to the group.
7. Describe a situation you have been in where others would be affected if you left the group or situation.

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FILMS (DVDS/VIDEOCASSETTES)

Anger: The Turbulent Emotion

(Can pent-up anger lead to health problems? A look at anger and its causes.)

Human Relations Media
175 Tompkins Avenue
Pleasantville, NY 10570

A Beautiful Mind

(the story of John Nash, Nobel Prize Winner who suffered from schizophrenia)

Available at most video stores.

Cipher in the Snow

(Mental health authorities discuss anxiety and anxiety-producing situations.)

The Edge Series
Pennsylvania State University
Audio-Visual Services
University Park, PA 16802

Clarifying Your Values: Guidelines for Living

(Students are given opportunities to define their value systems and analyze advantages and disadvantages to acting on their beliefs.)

The Center for Humanities, Inc.
White Plains, NY 10602

Depression: Moving On

(Comprehensive film spells out the details of clinical depression in seven concise segments.)

Films for Humanities & Sciences
P.O. Box 2053
Princeton, NJ 08543-2053

The Emotions of Life

(an examination of aggression, depression, and addiction)

Mastervision Incorporated
969 Park Avenue
New York, NY 10028

A Family of Winners

(Overemphasis on winning and obsessive competitiveness is examined in the context of a father's "winning-is-everything" personality and its effect on his sons.)

Paul Communications
17575 Pacific Coast Highway
P.O. Box 1057
Pacific Palisades, CA 90272

Girl Interrupted

(excellent movie about a young woman who is in a mental institution and the friendship and relationships endured)

Available at most video stores.

Look at Schizophrenia

(A psychiatrist presents ways in which the schizophrenic uses feelings and language.)

Hogg Foundation Library

P.O. Box 7998

University of Texas

Austin, Texas 78712

Mental Health

(the importance of expressing emotions, being the person you are, and accepting yourself)

Michigan Media

University of Michigan

400 Fourth Street

Ann Arbor, MI 48109

Myths about Madness: Challenging Stigma and Changing Attitudes

(exposed myths surrounding afflictions of the mentally ill and the challenges and discrimination they face)

Films for Humanities & Sciences

P.O. Box 2053

Princeton, NJ 08543-2053

New Strides in Mental Health

(Attitudes towards mental health are discussed by the former president of the National Mental Health Association.)

HOGG Foundation Library

P.O. Box 7998

University of Texas

Austin, TX 78712

Productivity and the Self-Fulfilling Prophecy

(shows the strength of expectations and how they influence our behaviour)

McGraw-Hill Training Systems

674 Via del la Valle

Solana Beach, CA 92075

Suicide: The Warning Signs

(discussion of the common warning signs of suicide and how others can deal with them)

Centron Films

65 East South Water Street

Chicago, IL 60607

What Is Mental Health?

(A well-known psychologist discusses mental health and “normal” behaviour, and how they are measured.)

HOGG Foundation Library
P.O. Box 7998
University of Texas
Austin, TX 78712

INTERNET RESOURCES

Canadian Association of Social Workers (CASW)

Find out about social work in Canada and abroad and information about social work regulation.

www.casw-acts.ca

Canadian Institute of Stress (CIS)

The site for the Canadian Institute of Stress, founded in 1979 by Drs. Hans Selye and Richard Earle, offers programs, consultation, and tools for workplaces and individuals, and certification training and distance education for professionals.

www.stresscanada.org

Canadian Mental Health Association

This site has numerous and current reports on mental illness and mental health as well as links to other sites that provide mental health information.

www.cmha.ca

Canadian Mental Health Association: Your Education, Your Future: A Guide to College and University for Students with Psychiatric Disabilities

This site provides college and university students with a valuable resource—information gathered from colleges and universities across Canada and from students with psychiatric disabilities. The guide, organized into sections, can help students and families who are interested in finding out more about the rewards and challenges of higher education.

www.chma.ca/youreducation/

Canadian Psychological Association

From “Need a Psychologist?” to “Psychology Quick Facts” and “Psychology Works Fact Sheets,” you can browse for information about psychology and mental health. There is also information for individuals wanting to discover how to become a psychologist in Canada.

www.cpa.ca

Centre for Addiction and Mental Health (CAMH)

The Centre for Addiction and Mental Health is Canada’s leading addiction and mental health teaching hospital. This site provides you with information about clinical practice, health promotion, education, and research.

www.camh.net

Public Health Agency of Canada—Mental Health

This site provides access to a range of online materials that relate to mental health. Selected links to other sites are also provided.

<http://www.phac-aspc.gc.ca/mh-sm/>

University of British Columbia Mood Disorders Centre

The UBC Hospital Mood Disorders Centre (MDC) is affiliated with the Department of Psychiatry at the University of British Columbia and the Vancouver Hospital and Health Services Centre. At this site you can learn about the activities of the MDC, which is educating health professionals and the public about mood disorders. You can also learn about new clinical research in this field.

www.vch.ca/mood

CHAPTER 2

PSYCHOSOCIAL HEALTH

Build Your Future

Taking Care of Your Psychosocial Health

Like physical health, psychological well-being is not a fixed state of being, but a process. The way you live every day affects how you feel about yourself and your world. Here are some basic guidelines that you can rely on to make the most of the process of living. Check those that you commit to making part of your mental and psychological self-care:

___ **Accept yourself.** As a human being, you are, by definition, imperfect. Come to terms with the fact that you are a worthwhile person despite your mistakes.

___ **Respect yourself.** Recognize your abilities and talents. Acknowledge your competence and achievements, and take pride in them.

___ **Trust yourself.** Learn to listen to the voice within you, and let your intuition be your guide.

___ **Love yourself.** Be happy to spend time by yourself. Learn to appreciate your own company and to be glad you're you.

___ **Stretch yourself.** Be willing to change and grow, to try something new and dare to be vulnerable.

___ **Look at challenges as opportunities for personal growth.** "Every problem brings the possibility of a widening of consciousness," psychologist Carl Jung once noted. Put his words to the test.

___ **When your internal critic**—the negative inner voice we all have—starts putting you down, force yourself to think of a situation that you handled well.

___ **Set a limit on self-pity.** Tell yourself, "I'm going to feel sorry for myself this morning, but this afternoon, I've got to get on with my life."

___ **Think of not only where but also who you want to be a decade from now.** The goals you set, the decisions you make, the values you adopt now will determine how you feel about yourself and your life in the future.

Self Survey

Recognizing Depression

Depression comes in different forms, just like other illnesses such as heart disease. Not everyone with a depressive disorder experiences every symptom. The number and severity of symptoms may vary among individuals and also over time.

Read through the following list, and check all the descriptions that apply.

- I am often restless and irritable.
- I am having irregular sleep patterns—either too much or not enough.
- I don't enjoy hobbies, my friends, family, or leisure activities any more.
- I am having trouble managing my diabetes, hypertension, or other chronic illness.
- I have nagging aches and pains that do not get better no matter what I do.
- Specifically, I often experience:
 - Digestive problems
 - Headache or backache
 - Vague aches and pains like joint or muscle pains
 - Chest pains
 - Dizziness
- I have trouble concentrating or making simple decisions.
- Others have commented on my mood or attitude lately.
- My weight has changed a considerable amount.
- I have had several of the symptoms I checked above for more than two weeks.
- I feel that my functioning in my everyday life (work, family, friends) is suffering because of these problems.
- I have a family history of depression.
- I have thought about suicide.*

Checking several items on this list does not mean that you have a depressive disorder because many conditions can cause similar symptoms. However, you should take this list with you to discuss with your health-care provider or mental health therapist. Even though it can be difficult to talk about certain things, your health-care provider is knowledgeable, trained, and committed to helping you.

If you can't think of what to say, try these conversation starters:

“I just don't feel like myself lately.”

“My friend (parent, roommate, spouse) thinks I might be depressed.”

“I haven't been sleeping well lately.”

“Everything seems harder than before.”

“Nothing's fun anymore.”

If you are diagnosed with depression, remember that it is a common and highly treatable illness with medical causes. Your habits or personality did not cause your depression, and you do not have to face it alone.

*University of Michigan Depression Center, 800-475-MICH, www.med.umich.edu/depression