

WHO Definition of Health

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Mental health is an integral part of this definition.

(Keyword = well-being)

Mental Health

There is an overlap with normative views of what constitutes proper mental health and / or subjective views on what is acceptable social behaviour



Mental health and well-being is more than the absence of mental disorders

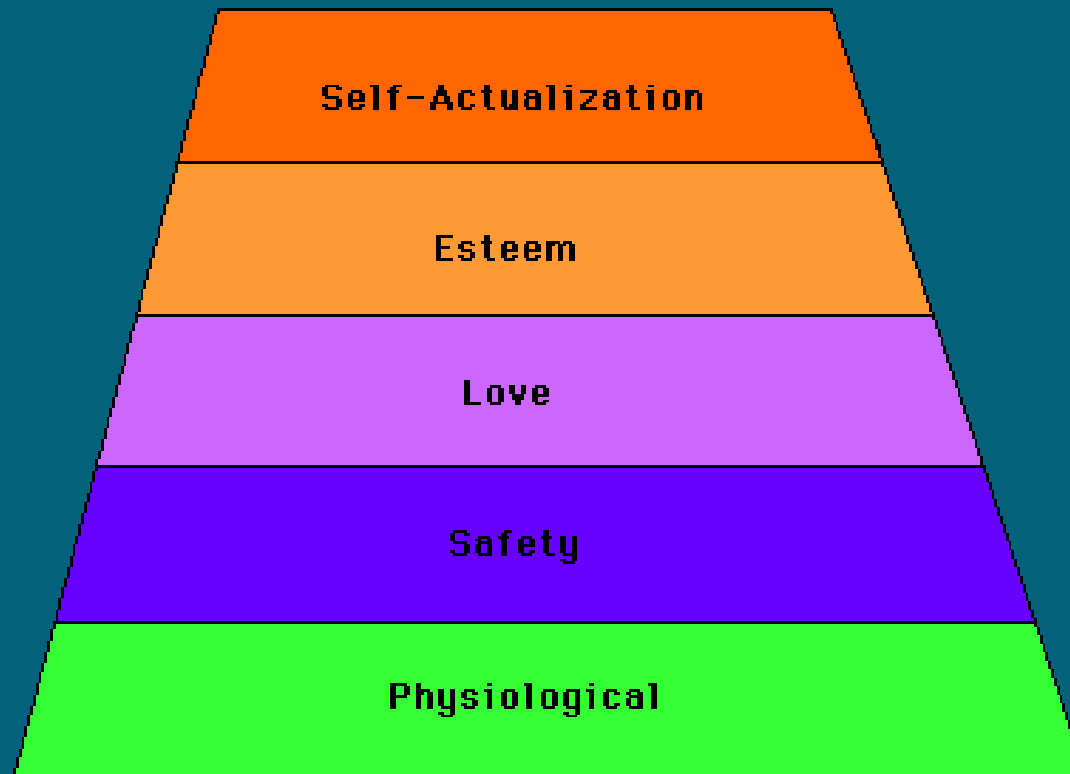
- Mental health can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community
- In this positive sense, mental health is the foundation for well-being and effective functioning for an individual and for a community. This core concept of mental health is consistent with its wide and varied interpretation across cultures

(Key word = *effective* functioning)

Mental Health and Mental State

- Broad term and descriptive of the spectrum of possible states of mind of any individual
- Changes over time and context
- Environmental triggers
- Genetic predisposition- temperament. Combination of mental, physical and emotional traits of a person – natural predisposition
- Physical illness
- Biochemical factors
- Other idiosyncratic factors

Maslow's Hierarchy of Needs



Mental Illness



- Specific term
- Applied to disorders of mind that are formally identified by a set of symptoms, documented and accepted by international medical authorities
- Prominent feature of some of these disorders is the reduction / loss of insight into everyday reality
- Behaviour patterns directed by the demands of the disorder
- Does not include cognitive or intellectual impairment and neurological disorders, but they may co-exist
- **Clinical diagnosis is imperative and must be the basis on which any support is predicated**

Behaviour – Look for Change

- Change in usual functioning e.g. doing considerably more or less work than usual
- Change in attendance patterns at work or inability to function in his or her role
- Falling grades / work performance
- Agitation
- Over intense interaction / withdrawal
- Uninhibited/disruptive / disturbing behaviour
- Disrupted eating patterns
- Reduced concentration
- Changes in motivation
- Self harm
- Suicidal thoughts and activity
- Avoidance of everyday activity



Appearance

- Lack of attention to appearance and poor personal hygiene
- Marked weight loss or increase
- Particularly drawn/tired looking
- Noticeable smell of alcohol, cannabis
- Bizarre, unusual and out of character dress

Other Indicators

- Something of what the person says or does makes you feel very concerned or uneasy (observable change or behaviour)
- History of mental health difficulties
- Recent disruptive / traumatic events
- Significant loss in their lives (past / present)
- Debt / financial worries
- Lack of other supports / isolated
- Significant pressure and stress
- Difficulties in the home environment (family / flatmates)



Late Adolescence

(a time of rapid change)

- Cognitive and intellectual development
- Impact of everyday experiences
- Environment
- Risk period – onset of mental illness

Brain Changes in Adolescence and Young Adulthood

- Grey matter increases
- Myelination progresses-speed of transmission
- Synaptic pruning- fine-tuning of functions
- This pruning occurs on the “use it or lose it” principle
- The frequency and intensity of experience determines the likelihood of particular synapses surviving this period of pruning

Adolescent Development

- Biological
- Neurological
- Psychological
- Emotional
- Interpersonal
- Intellectual
- Social
- Cultural

Emotional Functioning in Adolescence

- Mismatch between emotional and cognitive regulatory modes in adolescence
- Powerful emotional urges for sexual behaviour, independence and formation of social bonds
- Maturation of frontal brain structures that underpin cognitive control lag behind
- Poor regulation, control, contextualisation

Psychological Development

- Making the distinction between first-person perspective and third-person perspective
- Perspective taking capacity dips during puberty
- Prospective memory-the ability to hold in mind an intention to carry out an action at a future time also dips during this period

Risks - Challenges and Change Without Adequate Guidance

- Consumerism
- Alcohol and drugs
- Stress
- Social media
- Relationships
- Sexual freedom
- Academic pressure
- Financial pressure

Implications and Challenges

- Neuroplasticity of the brain – experience dependent
- Rapidly changing psychosocial needs of the adolescent – increased vulnerability to negative experiences and enhanced receptivity to positive life experiences
- Specific needs of this age group – to realise their full potential

Stress

- Stress occurs when the demands being placed upon a person tax or exceed available resources as appraised by the individual involved.

Lazarus R, Folkman S, Stress, Appraisal and Coping (New York Springer Publishing Co. 1984)

Depressive States

Reactive

Clinical –

- Self harm
- Suicidality

Mood –

- Loss of interest in most things / exaggerated interest
- Significant mood swings
- Excitable / restless / fidgety
- Extremely angry
- Extremely sad
- Flat
- Isolated and withdrawn
- Feelings of disorientation
- Altered states of perception
- Persecutory ideas
- Feeling of acute loneliness



If you are concerned about a student or client...

- Approach them first
- Seek permission to liaise and get advice
- Encourage them to get help
- Approach the student in an understanding way. Inform the student privately and tactfully about your concern, basing your comments on observable behaviour, and trying not to be alarmist in your language, as the student is probably worried already. Gently explore the sources of support within the community
- Clarify your role and its boundaries. It will help you to avoid offering assistance beyond the parameters of your role
- Everyone has something to offer. With appropriate support and careful planning it is possible to help them reach their full potential

Ask yourself the following...

- Has the student told you they have a problem?
- Have there been any significant changes in the student's appearance?
- Has the mood of the student recently changed a lot from your previous experience with them? (moods very up and down, miserable, tired a lot)
- Have there been recent changes in the student's behaviour, college work and or sociability? (doing too much work, not socialising as much as usual, withdrawn, not attending class, work or meeting deadlines)
- How long has the student been feeling or behaving like this? (everyone can have bad days, but when days turn into weeks and months then there may be a problem)
- Does the student smell any different? (can you smell alcohol or cannabis)
- How does the student sound? (flat, agitated, very quiet, very loud)
- If the answers to any of the above questions are yes, do not avoid the situation or pretend nothing is wrong, as the problem may persist for longer. Consider giving the person information about sources of help, and helping them take steps to access it