Key concepts: mental health and mental ill-health

Mental health

Mental health is a positive concept related to the social and emotional wellbeing of individuals and communities. The concept is culturally defined, but generally relates to the enjoyment of life, ability to cope with stresses and sadness, the fulfilment of goals and potential, and a sense of connection to others.

The term ‘mental health’ is often misunderstood and interpreted as referring to mental ill-health. This can be confusing, especially since our ‘mental health services’ have been mostly concerned with the treatment of mental illness, rather than mental health per se.

Mental health is a desirable quality in its own right and is more than the absence of mental ill-health. It is relevant to all people, regardless of whether they are currently experiencing, or recovering from, a mental illness.

The term ‘social and emotional wellbeing’ is generally preferred by Aboriginal and Torres Strait Islander people, as it reflects a more holistic view of health. It is also more appropriate for people from culturally and linguistically diverse backgrounds, who may have differing views of concepts such as mental health and mental illness.

In NSW, the term ‘mental health and wellbeing’ is used to be inclusive of both concepts.

Mental ill-health

The term ‘mental ill-health’ is used when referring to a spectrum of problems that interfere with an individual’s cognitive, social and emotional abilities. This term encompasses both ‘mental health problems’ and ‘mental illnesses’ as further described below.

Mental illness or mental disorder is a clinically diagnosable illness that significantly interferes with an individual’s cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification system of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). There are different types of mental illnesses and each of these can occur with a varying degree of severity. Mental illnesses include mood disorders (such as depression, anxiety and bipolar disorder), psychotic disorders (such as schizophrenia), eating disorders and personality disorders.

A mental health problem also interferes with a person’s cognitive, emotional or social abilities, but may not meet the criteria for a diagnosed mental illness. Mental health problems often occur as a result of life stressors, and are usually less severe and of shorter duration than mental illnesses. These will often resolve with time or when the life stressor changes. However, if mental health problems persist or increase in severity they may develop into a mental illness. Examples of mental health problems would be the sadness and despair associated with grief and loss, symptoms associated with stress and reactive distress.
3.3 Relationship between mental health and mental ill-health

Mental health and mental ill-health are influenced by one another but are not polar opposites. That means, the absence of mental health does not necessarily mean the presence of mental ill-health, any more than the presence of mental ill-health implies a complete absence of mental health.

While it does not reflect the interplay between mental health and mental ill-health, the Dual Continua Model of Mental Health (outlined in Figure 1 below) shows how mental health and mental ill-health belong to two interconnected but separate continua. According to this view, a person may still have good mental health and wellbeing while living with a diagnosed mental illness. In the same way, a person may have significant problems with their mental health but not meet the criteria for a diagnosed mental illness. This approach is being adopted in promotion and prevention policy in a number of countries, including Scotland, Wales, England and Canada.

**Figure 1. Dual Continua Model of Mental Health (Adapted) (Tudor, 1996)**

**Influences on mental health**

**Social determinants of mental health**

Mental health is influenced by multiple biological, psychological, social and environmental factors which interact in complex ways. The factors that determine, or influence, mental health have been clustered into three key areas:

- **Structural level factors** include social, economic and cultural factors that are supportive of positive mental health, such as safe living environments, employment, and education;
- **Community level factors** include a positive sense of belonging, activities to highlight and embrace diversity, social support and participation in society;
• **Individual level factors** such as the ability to manage thoughts and cope with stressors.

**Risk and protective factors**

The determinants of mental health can be expressed as risk and protective factors that are associated with the mental health of individuals and population groups:

• **Risk factors** increase the likelihood that mental health problems and illnesses will develop, or increase in duration or severity when a mental illness occurs. Some risk factors play a causal role in mental illness (e.g. exposure to a traumatic event is liked to the development of post-traumatic stress disorder) while other risk factors may be indicators that an individual is at higher risk (e.g. the higher risk of depression generally in the postnatal period).

• **Protective factors** enhance and protect mental health and reduce the likelihood an illness will develop. Protective factors enhance an individual’s ability to cope with stressors and enjoy life. Some protective factors are internal, such as a person’s temperament, while others are external, related to social, economic and environmental supports.

*Interventions aimed at risk and protective factors should consider differences across cultures. For example, connection to culture and land would be classified as a protective factor for Aboriginal communities, while people from culturally and linguistically diverse backgrounds may come from societies where a focus on collective wellbeing is seen as protective for the individual.*
Interventions to promote mental health and wellbeing and to prevent mental ill-health are delivered in different ways across a variety of services and settings, including the health sector. This complexity can make it difficult to plan, prioritise, implement and measure outcomes.

There are many different approaches to describing the focus of interventions and the way interventions are delivered. Most commonly, people classify them as promotion, prevention and early intervention, while others talk about primary, secondary and tertiary prevention without clarifying the distinct components of each and how they relate to or differ from each other.

The following sections define and then further explain some of the concepts and describe how they fit with current and future practise within the health service. They are based on extensive consultation throughout NSW.

**Promotion of mental health and wellbeing**

Promotion of mental health and wellbeing is about enhancing social, emotional and mental wellbeing and quality of life. Initiatives can occur with whole populations, selected groups or individuals, and can occur in any setting. It is applicable to all people, including those people currently experiencing or recovering from a diagnosed mental illness.

Much of the mental health promotion work internationally has been conducted within the framework of the Ottawa Charter for Health Promotion, which provides a good summary of the range of relevant activity. Within each of the five platforms of the Ottawa Charter there are strategies which are relevant for the whole community and specifically for people living with a diagnosed mental illness. Some examples of strategies include:

1. **Building healthy public policy** – e.g. stigma reduction, social inclusion, human rights, access to transport, crime prevention.
2. **Creating supportive environments** – e.g. anti-bullying programs in schools and workplaces, strengthening families, mentoring and peer support for young people, supported accommodation, peer support for people with mental illness, supporting people with mental illness to return to school or the workforce.
3. **Strengthening communities to take action** – e.g. community based suicide prevention, drought support in rural areas, consumer-led initiatives and consumer advocacy.
4. **Developing personal skills** – e.g. life skills training, mental health and illness literacy, parenting skills, management of emotions, workplace training.
5. **Reorienting services** to a promotion and prevention approach – e.g. services that can respond in a timely, age appropriate and culturally appropriate way.

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**Recovery** from mental illness is best described as a process, sometimes lifelong, defined and led by the person with the illness, through which they achieve independence, self-esteem and a meaningful life in the community. Wellbeing, quality of life, a sense of control over one’s health, and the ability to bounce back from adversity are key components of recovery approaches and are consistent with the promotion of mental health and wellbeing.
**Prevention of mental ill-health**

Prevention interventions work by focussing on reducing risk factors and enhancing protective factors associated with mental ill-health. These risk and protective factors occur within the context of everyday life. They are found in: perinatal influences; family relationships and the home; schools and workplaces; interpersonal relationships of all types; sports, art and recreation activities; media influences; social and cultural activities; the physical health of individuals; and the physical, social and economic health of communities.

Prevention initiatives are relevant to all people, regardless of their mental health status, similar to the promotion of mental health and wellbeing. The focus, however, of the intervention changes depending on whether it occurs before the onset of illness (primary prevention), during an episode of illness (secondary prevention) or after an episode of illness (tertiary prevention).

<table>
<thead>
<tr>
<th><strong>Primary prevention:</strong></th>
<th>Initiatives and strategies to prevent the onset or development of mental ill-health, which may:</th>
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<tr>
<td></td>
<td>• Target the whole community (<em>universal</em>);</td>
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<td></td>
<td>• Target groups known to be at higher risk (<em>selected</em>); or</td>
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<tr>
<td></td>
<td>• Target individuals at very high risk who may be showing early signs of mental ill-health (<em>indicated</em>).</td>
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| **Secondary prevention:** | Initiatives and strategies to lower the severity and duration of an illness through *early intervention*, including early detection and early treatment. These interventions can occur at any stage of life, from childhood to older age. The distinguishing feature is that intervention occurs early in the pathway to mental ill-health. |

| **Tertiary prevention:** | Interventions and strategies to reduce the impact of mental ill-health on a person’s life through approaches such as rehabilitation and relapse prevention. It also includes actions to ensure people have access to supports within the community, such as housing, employment and social interactions. |

*Early intervention* comprises interventions that are appropriate for, and specifically target, people displaying the early signs and symptoms of mental ill-health. By definition, early intervention is a form of prevention activity and overlaps both primary and secondary prevention. Interventions can be:

1. Prevention focussed - targeting individuals beginning to show the early signs and symptoms of a problem (*indicated primary prevention*); and
2. Treatment focussed - targeting individuals experiencing a first episode of mental illness (*secondary prevention*).

**Healing** is a concept that considers the issues that may impact on Indigenous peoples’ social and emotional wellbeing in a way that recognises the impact of history. It is consistent with the promotion of mental health and wellbeing and the prevention of mental ill-health and includes: preventative strategies to halt the inter-generational transmission of trauma and grief which look to foster resilience; activities that seek to help people recover from different manifestations of trauma and grief; crisis response services; and activities that build stronger communities.


