

UNDERSTANDING MENTAL HEALTH:

Perceptions about Illness and Wellness

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There is a lot of attention around the topic of mental health, and it seems to be one of growing popularity, concern and misunderstanding. These discussions about behaviors, emotions and cognitive state may include broad references to terms like “mood swings, mental health, psychiatric conditions” and more – all of which can be misunderstood and even polarizing. People question the state of one’s mental health in the context to egregious behaviors, violence and acts of criminality, and also regarding one’s mental wellness and ability to achieve success through a healthy work-life balance.



Nearly one out of every four people will experience diagnosable symptoms of a mental illness in their lifetime. This is just as common as seeing silver cars on the road.

The term “mental health” is actually one of subjective definition and relative ambiguity. Clinicians and researchers are astute in referencing mental health in the context of diagnosable disorders and conditions. Much of the general population is more inclined to casually discuss mental health in relation to one’s character, behavior or decision-making. These casual conversations may focus on perceivable symptomology, shared experiences and observations. In all cases, the accepted lexicon is an important yet often sensitive subject

(i.e. how you talk about mental health). There is an evolving set of buzzwords associated with mental health such as mindfulness, cognizance, distress and even anxiousness. The term mindfulness is adapted from the treatment method of dialectical behavioral therapy (DBT) while the term anxiousness is derived from an actual clinical diagnosis – both of which are commonly used in our daily language, to various levels of technical accurateness. There is also a stigma associated with mental illness that may make the conversation uncomfortable.

WHAT DO WE REALLY MEAN WHEN WE SAY “MENTAL HEALTH”?

In most areas of general health, we are comfortable discussing our understanding and observations of one’s wellness. Rarely are people scrutinized or chastised for naively misunderstanding conditions such as cystic fibrosis, muscular dystrophy or heart disease. However, conversations surrounding mental health are often had with a higher degree of apprehension for our fear or misunderstanding or offending others. In many cases, our perceived understanding of mental health actually imposes on judging one’s personality or character traits – which while not actually an attribute of one’s mental health, it certainly is an aspect that may shape one’s behavior.

The broadness of the topic of mental health may be best understood by placing it on a spectrum. On one far end you have mental wellness which is highlighted by resiliency, regulated emotions, healthy relationships and a thriving social life. On the other far end of the spectrum you have mental illness, which may include

dysregulated emotions, detrimental social functioning, and the need for treatments to function autonomously, or to function at all. It’s most important to acknowledge the vastness of the spectrum between those two far ends, where most of the population exists. Your mental health is impacted by the overall physical state of your body, your hormones, neurochemistry, nutrition and many more constantly changing and often misunderstood variables. The point is that the state of one’s mental health is a complicated topic that is interrelated with one’s overall physical health (after all, your brain is an organ just like your lungs and kidneys). Mental wellness may refer to one’s ability to thrive, adapt or grow resulting in a state of overall success and wellbeing. This includes general physical wellness and overall resiliency. Mental illness may refer to a diagnostic condition that may threaten one’s ability to function, cope or even to survive. Symptoms may qualify as an illness when the frequency, duration or severity of them are impacting your ability to function regularly on a consistent basis.

THE SPECTRUM OF WELLNESS

Does one have to be either mentally well or mentally ill? About 25% of our population will experience both mental wellness and mental illness in their lifetime. Most people are generally mentally well and won’t require clinical treatment. Unlike most physical health conditions, everybody will experience the symptoms of a mental illness. We will all feel sad, anxious and even question our own reality at times. In most cases these feelings won’t have the frequency, severity or duration to impact our ability

to function in daily life and are not diagnostic in nature. However, by virtue of understanding those feelings we may have a glimpse of what it may feel like to suffer from major depressive disorder or social anxiety. In contrast, most of us will never feel the symptoms of other chronic physical health conditions such as diabetes, chronic obstructive pulmonary disease (COPD) and asthma, unless we're actually diagnosed with that condition. This means that although it may be difficult to talk about, we all have a better understanding of these categorical symptoms than any other classification of physical condition. However, it is not that simple to distill mental illnesses into a commonly understood archetype. The reality is that mental health is a complicated dichotomy of feelings, behaviors, actions and more – some of which are healthy and some of which are unhealthy. The current diagnostic statistical manual (DSM-5) defines criteria for more than 300 mental disorders. This ranges from more common disorders such as depression and ADHD to the less known intermittent explosive disorder and kleptomania.

HOW DO WE DIAGNOSE AND TREAT MENTAL ILLNESS?

One dangerous fallacy is simply the belief that any psychiatrist or psychologist can help with any one of the DSM-5 defined conditions. In general medicine, a primary care provider (pediatrician, internist, etc.) has the ability to treat a wide variety of basic health conditions, and then relies on subspecialists for more complicated care. A child with an earache would first see their pediatrician for assessment, and then may be referred to an ear-nose-throat specialist for further assistance if the pediatrician is unable to adequately treat that condition. Similarly, in mental health many clinicians possess generalist knowledge of mental health conditions, but then need to rely on subspecialists

for more complicated cases. Only certain psychiatrists are trained to provide chemical dependency treatment, especially for those going through the stages of withdrawal. Similarly, a patient suffering from an acute eating disorder will need to work with a clinician who specializes in that area. In the same sense, only a subset of therapists have the training required to treat personality disorders through dialectical behavioral therapy (DBT). This is an important issue to understand, just as not all physical medicine doctors are created equally, neither are mental health practitioners. This amplifies the importance of creating a non-stigmatizing and balanced understanding of mental illnesses.

The promising news is that while mental health needs can be complicated and diverse, there are well-trained and wonderful practitioners in the field. An attribute of the mental health field that can also cause complications is the relative subjectivity of the diagnostic criteria in the DSM-5. While designed to allow for consistency, overall impressions of an individual's functioning and reported significance of symptoms is subject to the interpretation of that particular professional. Interpretations of an individual's body language, verbiage, hyperbolicism, transference and the overall relationship may influence a clinician's diagnosis. In many cases, health care providers can rely on certain lab tests, x-rays and scans to accurately and consistently diagnose medical conditions, and then follow evidence-based treatment protocols. Unfortunately, there are no reliable lab tests to diagnose mental illnesses such as DNA testing or lab draws. We can measure certain hormone levels and neurochemicals which can contribute to a diagnostician's evaluation. Ultimately, we rely on continual assessment, collaboration with providers and patient education to monitor conditions and effectiveness of treatments. There is

a vast amount of data compiled from studies proving the efficacy and therefore creating evidence-based protocols for most mental illnesses. Creating a non-judging and healthier understanding of mental health and reducing the stigma associated with mental illnesses will allow people to connect with clinicians to get the support they need.

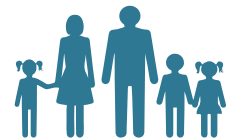
In summary, the subject of mental health is far too broad to address in a single article or discussion. As a society we have made significant progress on decreasing the stigma surrounding mental illnesses that can make the topic uncomfortable to discuss. We should encourage individuals to be open and transparent about their understanding on the topic, and help educate the public on the full spectrum of mental health (illness to wellness).

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