



UNDERSTANDING MENTAL HEALTH

WHAT IS MENTAL HEALTH?

Our mental health directly influences how we think, feel and act: it also affects our physical health. Work, in fact, is actually one of the best things for protecting our mental health, but it can also adversely affect it.

Good mental health and well-being is not an on-off experience. We can all have days, weeks or months where we feel resilient, strong and optimistic, regardless of events or situations. Often that can be mixed with or shift to a very different set of thoughts, feelings and behaviours; or not feeling resilient and optimistic in just one or two areas of our life. For about twenty-five per cent of us, that may shift to having a significant impact on how we think, feel and act in many parts of our lives, including relationships, experiences at work, sense of connection to peer groups and our personal sense of worth, physical health and motivation. This could lead to us developing a mental health condition such as anxiety, depression, substance misuse.

Mental health is a positive concept related to the social and emotional wellbeing of people and communities.

The concept relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others. Mental health is about wellness rather than illness and is not merely the absence of a mental health condition.

Like physical health, mental health is not fixed. Mental health exists on a continuum, or range: from positive, healthy functioning at one end through to severe symptoms of mental health conditions at the other.

A person's mental health moves back and forth along this range during their lifetime, in response to different stressors and circumstances. At the green end of the continuum, people are well; showing resilience and high levels of wellbeing. Moving into the yellow area, people may start to have difficulty coping. In the orange area, people have more difficulty coping and symptoms may increase in severity and frequency. At the red end of the continuum, people are likely to be experiencing severe symptoms and may be at risk of self-harm or suicide.



Positive, healthy functioning

Severe impact on everyday functioning

Risk factors and protective factors influence mental health and can nudge people back and forth along the continuum. They can be individual or related to family, work or other life circumstances.

Risk factors may increase the strain on our mental health, while protective factors can counteract these by helping us to stay or become well. With much of people's time each day spent at work, the workplace is a very influential environment when it comes to mental health and wellbeing. A positive and supportive workplace can mean the difference between being 'in the green' or 'in the orange'.
(Source Beyondblue).



COMMON MENTAL HEALTH CONDITIONS

The purpose of this information is to give you greater understanding of these issues. If you are concerned about yourself or a colleague, professional assistance is recommended.

Remember, it is not your job to diagnose yourself or someone else.

Visit these videos on:

[ANXIETY](#)

[DEPRESSION](#)

[SUBSTANCE MISUSE](#)

[REACTIONS TO CRITICAL INCIDENTS AND TRAUMA](#)

THE LANGUAGE WE USE

- can include or exclude someone and says a lot about our own approach to and inclusion of mental illness.
- What words and phrases have you heard?
- What words and phrases have you used?
- Please take a few moments to write them down and then read the table below to learn about the impact of words and how to use different words to be more inclusive.
- What will you use next time you speak about mental health conditions?

ISSUE	PROBLEMATIC	PREFERRED
Certain language sensationalises mental ill-health and reinforces stigma	Terms such as 'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'	A person is 'living with' or 'has a diagnosis of' a mental illness
Terminology that suggests a lack of quality of life for people with mental ill-health	Referring to someone with a mental illness as a 'victim', 'suffering from' or 'afflicted with' a mental illness	A person is 'being treated for' or 'someone with' a mental illness
Labelling a person by their mental illness	A person is a 'schizophrenic', 'an anorexic'	A person 'has a diagnosis of' or 'is being treated for' schizophrenia.
Descriptions of behaviour that imply existence of mental ill-health or are inaccurate	Using words such as 'crazed', 'deranged', 'mad', 'psychotic'	The person's behaviour was unusual or erratic



ISSUE	PROBLEMATIC	PREFERRED
Colloquialisms about treatment can undermine people's willingness to seek help	Using words such as 'happy pills', 'shrinks', 'mental institution'	Accurate terminology for treatments e.g. antidepressants, psychiatrists or psychologists, mental health hospital
Terminology used out of context adds to misunderstanding and trivialises mental ill-health	Terms like 'psychotic dog', using 'schizophrenic' to denote duality such as 'schizophrenic economy'	Reword any sentence that uses psychiatric or medical terminology incorrectly or out of context

(Source: Time-to-change)

For more information:

<https://www.time-to-change.org.uk/media-centre/responsible-reporting/mind-your-language>

<https://mindframe.org.au/mental-health/communicating-about-mental-ill-health>



United Nations