

Understanding Mental Health

Snapshot

- Mental health is the ability to feel, think and act in ways that help us enjoy life and deal with difficulties.
- Mental health problems can occur when a person experiences a lot of distress.
- There are many reasons why a person can experience mental distress. Often, it is related to events in their environment and/or how the person understands them.
- Understanding is unique and can affect well-being.
- A person can experience the positive and negative sides to mental health at the same time.

Just like everyone has various states of physical health throughout their lives, everyone also experiences different mental health states. **Mental health, just like physical health, has positive and negative aspects.** People can have good mental health in some ways and at the same time struggle with certain aspects.

There are many words used to describe mental health. Some words can be more hurtful than others. Terms like “mental disorders,” “mental illness,” “mental health difficulties” and “mental health problems,” are historically stigmatizing and can be pathologizing, suggesting the experiences are “abnormal.” These terms, when used on their own, may not really show the full range of what mental health means or reflect mental health as part of the human experience. In this section, we try to describe a broad way of defining mental health and its different aspects, to reflect lived experience.

It is also important to understand the effect of context on a person’s mental health, and to debunk myths that surround it. Context means the environments and situations people find themselves in. It is a myth that everything about mental health has to do only with the person experiencing that mental health state; that a person’s state of mental health is because of something only within them. **Mental health is also about the interactions between a person and their many environments** (such as sensory inputs, family, school, workplace, support systems, etc.).

The state of a person’s mental health often depends on the resources they can access outside of themselves, such as services, safe housing, social support, healthy food, literature about mental health, or meaningful activities. These help people grow and be healthy and enables them to be confident to reach out. Everyone also has strengths that come from inside themselves (e.g., their emotions, thoughts, attitude, perspective and behaviours) that can contribute to good mental health.

A person’s mental health may vary day to day, as mental health is not a fixed state and is not “all or nothing”—it is dimensional. A person may feel better or worse one day to the next. It depends on what is going on in their life.

Mental health depends on the person, their contexts and their response to their contexts.

Defining mental health

There are many definitions of mental health. The Public Health Agency of Canada (2006)¹ takes a broad definition of **mental health** as “the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”

Mental health is the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

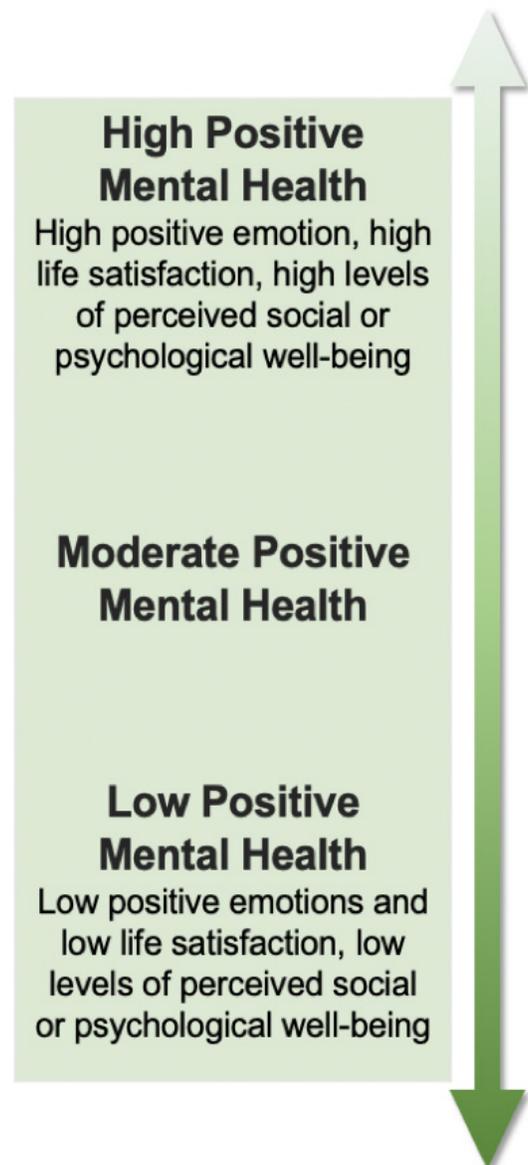
Positive mental health: from low to high

Mental health has positive parts to it. Mental health is not just about the absence of problems. **Positive mental health** is often described as spanning a continuum from low positive mental health (sometimes described as “languishing”) to high positive mental health (sometimes described as “flourishing”).² This is illustrated in the diagram on the next page.

High positive mental health involves:

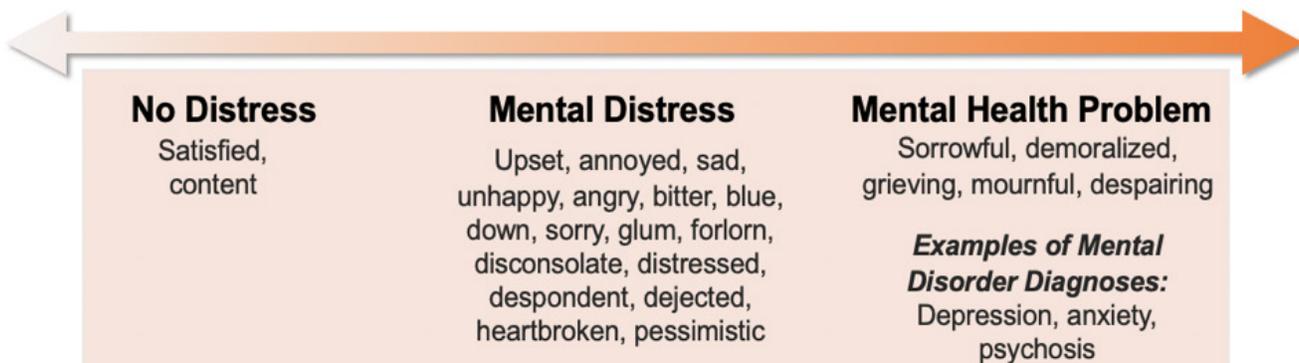
- Regularly feeling positive emotions
 - Examples: in good spirits, happy, cheerful, calm and peaceful
- Being generally satisfied with life
- Experiencing psychological well-being
 - Examples: growing as a person, feeling a sense of purpose, accepting oneself
- Experiencing social well-being
 - Examples: feeling included by others, feeling accepted by others and society.

On the other end, **low positive mental health** means rarely experiencing positive emotions and life satisfaction, and not regularly experiencing psychological and social well-being. **Just because a person has low positive mental health does not mean they have lots of distress.** It just means that they are not experiencing a positive state very often. Many people experience what is defined as moderate levels of mental health.



Negative mental health: from no distress to mental health problems

Mental health can also span from having no distress to serious mental health problems. This is illustrated in the diagram below:



What is mental distress?

When a person's situation becomes challenging (e.g., due to being excluded, writing a test, going to a job interview, speaking to a new person), a person can experience an inner signal of stress—a “stress response.” This stress is also known as **mental distress**.

Mental distress isn't necessarily a bad thing.

It can get a person ready to do something. For example, it can help prompt a person to access resources—the supports that can help a person deal with challenges. Mental distress can also prompt a person to engage in certain behaviours or actions that may help to lower the stress.

Mental distress is an experience of negative feelings that is often a signal of stress.

Distress can have many positive and negative components, including:

- feelings (e.g., energized, motivated versus drained, frustrated)
- thoughts (e.g., positive thoughts: “This is new, but I will try,” versus negative thoughts: “What will they think of me?”)
- body responses (e.g., stomach or muscle aches, fast heart rate, shaking)
- behaviours (e.g., accessing supports or creating a plan, versus avoiding or yelling).

Mental distress is part of mental health, and people experience it in many ways. **Distress can be a part of good mental health.** The feelings that come in times of distress (e.g., feeling sad, annoyed, panicked, or angry) are often very appropriate responses to life's challenges. They are ways that a person's body and mind tell them that something hard or upsetting is happening in their lives. Just because a person may feel stressed or overwhelmed sometimes does not mean that they do not have positive mental health. Noticing when you are stressed, and experiencing it in a way that does not lead to more distress, is important for good mental health.

When people experience mental distress, they are not “sick” or “disordered.” Patience and support are needed. People should have the chance to develop skills and experience distress in a healthy way. It could also be that the environment needs to adapt, not the person.

What are mental health problems?

When the causes of distress are intense for a person or do not go away, and these stresses outweigh resources, the person's mental distress can become a **mental health problem**. Mental health problems can have combinations of internal (e.g., physical conditions, genetics) and external causes (e.g., environment, traumatizing events).

Mental health problems happen when the causes of distress outweigh a person's resources.

According to the *Australian Mental Health First Aid Intellectual Disability Guidelines*³: “A mental health problem is when there is a major change in a person's normal way of thinking, feeling or behaving. It affects the person's ability to get on with life. It does not go away quickly or lasts longer than normal emotions or reactions would be expected to. It might involve a diagnosed mental illness, a worsening of mental health or an undiagnosed problem, or a drug or alcohol problem.”

A mental health problem can mean that a person may need support beyond the strategies and resources that they already have access to. **Mental distress and mental health problems can happen at the same time**. Mental health problems can affect a person's employment, academic experiences and achievement of personal and relationship goals. This state may make them feel unwell and make it difficult to perform well in different parts of their lives that are important to them.

A person with mental health problems may experience:

- emotional suffering
- loss of control over emotions
- immense sadness and/or anger
- exhaustion
- isolation
- consistent negative social interactions
- inconsistent cognitive function (e.g., poor concentration; memory lapse)
- suicidal thoughts.

Traditionally, mental health literacy guides make a distinction between a mental health problem and a mental disorder/illness. The term “mental disorder/illness” is often used to reflect “a diagnosable illness that affects a person’s thinking, emotional state and behaviour, and disrupts the person’s ability to work and carry out other daily activities and engage in satisfying personal relationships.”⁴

“**Diagnosable**” means that a person’s patterns of thoughts, feelings and behaviours fit with a description found in a classification system, and that this pattern is having a negative effect in that person’s life. Because diagnoses are part of the medical disease model, they can be very stigmatizing and shaming and can make mental health problems worse for some people. That said, other people feel that there is value in a mental health problem diagnosis, as it can provide a common label and the language to help explain experiences, or it may help getting supports (e.g., health and social service systems may need a diagnosis to access resources). Some classification systems that you may come across are the ***Diagnostic and Statistical Manual of Mental Disorders*** published by the American Psychiatric Association or the ***International Statistical Classification of Diseases and Related Health Problems*** published by the World Health Organization.

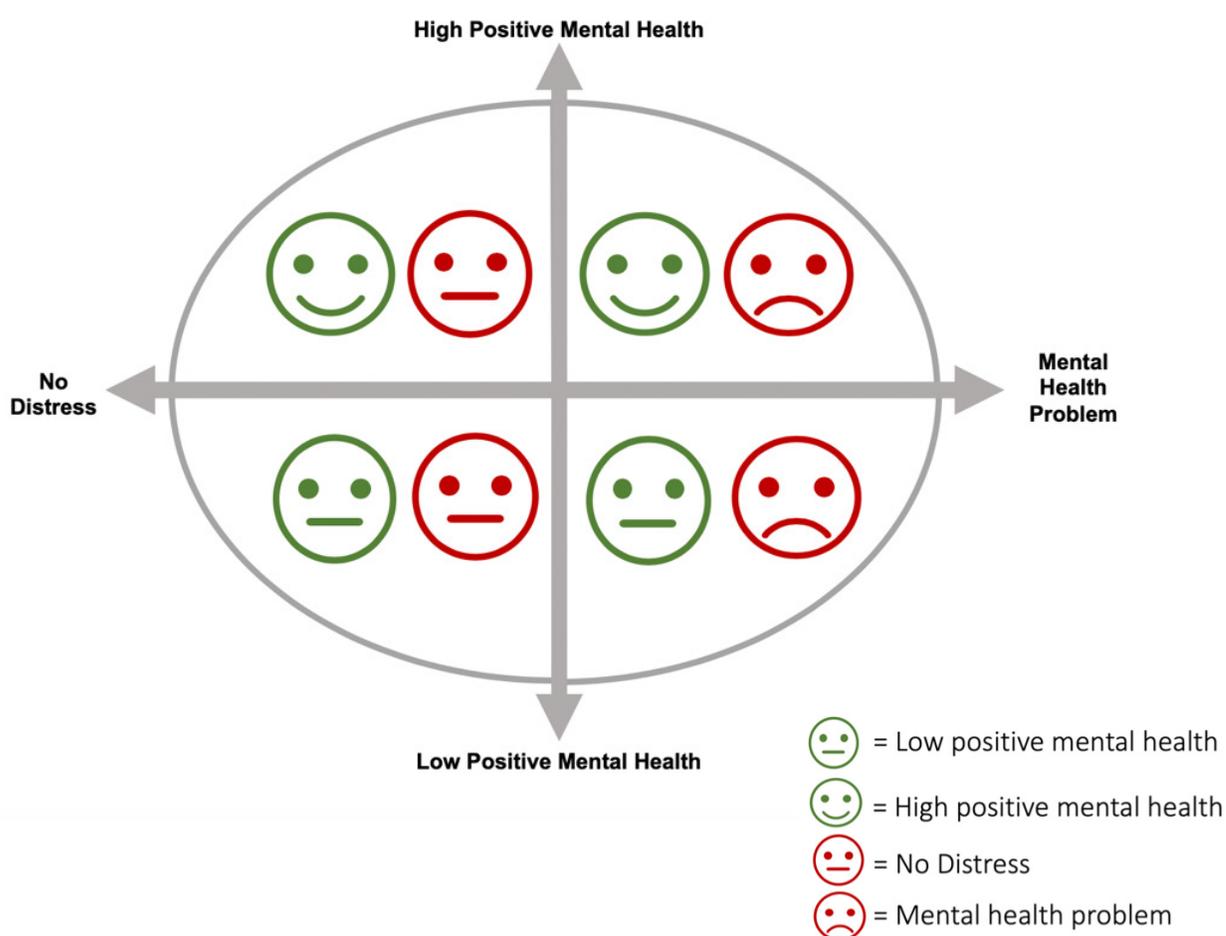
Diagnosable means:

1. a person’s patterns of thoughts, feelings and behaviours fit with a description found in a classification system
2. the pattern is having a negative effect in the person’s life.

These labels are based on a person’s (usually a clinician’s) judgment and may not always be completely accurate. In some cases, gender bias and racism can affect diagnosis. Some mental health services may turn away Autistic people because they have an autism diagnosis. It is possible that professionals may not notice or see difficulties as mental health problems when a person has an autism label, or they may not listen to what Autistic people are telling them. This can greatly affect mental health.

Mental health along two dimensions

These two dimensions (the positive mental health continuum and the mental distress continuum) are related, but not the same thing.⁵ **A person can find themselves in different combinations of distress and positive mental health.** For instance, people can have states of positive mental health and experience mental distress. They can experience low positive mental health but not experience lots of mental distress. Others can have low positive mental health and have mental health problems. This is displayed in the diagram below.



The important take-home message here is that a person’s state of mental health can be positive and negative. When a person thinks about being “mentally healthy,” it can mean thinking about what needs to happen so they can experience positive mental health and less negative mental health. If an Autistic person is experiencing a lot of mental distress, or mental health problems, they may want more support. **Section 6** and **Section 7** of this guide are about different kinds of supports.

References

1. Government of Canada. (2006). *The human face of mental health and mental illness in Canada 2006*. Retrieved from: www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf.
2. Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207-222. <https://doi.org/10.2307/3090197>.
3. Mental Health First Aid Australia. (2019). *MHFA Intellectual Disability Guidelines*. Retrieved from: https://mhfa.com.au/sites/default/files/mhfa_id-guidelines_sept_2019.pdf.
4. Kitchener, BA, Jorm, A. F., Kelly, C.M., Pappas, R., & Frize, M. (2010). *Mental health First Aid Manual* (2nd Ed.). Melbourne: Mental Health First Aid Australia.
5. Keyes, C.L.M. (2014). Chapter 11 – Mental health as a complete state: How the salutogenic perspective completes the picture. In G.F. Bauer & O. Hammig (Eds.), *Bridging Occupational, Organizational and Public Health: A Transdisciplinary Approach* (pp. 179-192). New York: Springer.