Textbook: *Psychosocial Health*

**The Problem**

The numbers surrounding mental health disorders and mental illness are staggering. One in four adults (57 million) experiences a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression, or bipolar disorder. One in 10 children live with a serious mental or emotional disorder.

Never in our history have we known so much about mental health and how to enable people with mental illnesses to live, work, learn, and participate fully in society. Recovery from mental illness is now a realistic hope. Yet, much of what we know is not accessible to the people who need it most. “Simply put, treatment works, if you can get it. But in America today, it is clear that many people living with mental illness are not provided with the essential treatment they need”, says Michael J. Fitzpatrick, executive director of the National Alliance on Mental Illness.

Lack of treatment is often caused by several factors. Budget cuts causing the reduction or elimination of programs, mental health not being a public priority, stigma of mental disorders, lack of knowledge of signs and risk factors.

A survey released by the American Psychiatric Association (APA) found a significant lack of consumer knowledge concerning the warning signs, causes, and effective treatments for mental illnesses. 44 percent reported knowing almost nothing about mental illnesses. But asked whether they would benefit from knowing more about the warning signs of mental illness, 84 percent said yes.

**Know the Terms:**

1. **Anxiety Disorders**: Mental illness or disorder characterized by persistent feelings of anxiety, threat, and worry in dealing with everyday situations.
2. **Chronic Mood Disorder**: An ongoing disturbance in person's mood such as major depressive disorder (MDD), or bipolar disorder (BD); persistent emotional states.
3. **Dysfunctional Families**: Negative family interactions.
4. **Emotional Health**: Dimension of health involving the thought process; includes personal attitudes, values, and beliefs.
5. **Emotions**: Patterns of feelings associated with mood, temperament, personality, disposition, and motivation; linked to hormones such as dopamine, noradrenaline, and serotonin.
6. **Generalized Anxiety Disorder (GSD)**: Anxiety disorder characterized by persistent, excessive, uncontrollable and often unrealistic worry about everyday things.
7. **Learned Helplessness**: A developed “defeatist” approach; pattern of responding to situations by giving up; the result of repeated failure in the past.
8. **Major Depressive Disorder**: Also referred to as clinical depression; a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or longer.
9. **Mental Health**: Dimension of health involving the thought process; includes personal attitudes, values, and beliefs.
10. **Obsessive-Compulsive Disorder (OCD)**: Anxiety disorder characterized by recurrent, unwanted thoughts (obsessions), and repetitive behaviors (compulsions) to try and ease the anxiety.
11. **Personality Disorders**: Class of mental disorders characterized by deeply ingrained patterns of thought and behavior that are inflexible, which generally leads to impaired relationships with others, both personal and professional.
12. **Phobia**: Greek word for “fear”; an intense fear of something that, in reality, poses little or no actual danger.
13. **Post-Traumatic Stress Disorder (PTSD)**: A disorder surrounding the delayed response to a serious trauma.
14. **Psychoneuroimmunology (PNI)**: Field of study linking psychological processes and immune system function; the science linking mental and physical.
15. **Psychosocial Health**: Dealing with the mental, emotional, social, and spiritual dimensions of health.
16. **Self-Efficacy**: Belief or confidence in one’s own ability to perform or accomplish a task successfully.
17. **Self-Esteem**: Also referred to as self-image; a person’s overall evaluation or appraisal of his or her own worth; what one thinks about self.
18. **Social Bonds**: The degree to which an individual is integrated into the society.
19. **Social Health**: Dimension of health that includes interactions with others and the ability to adapt to various social situations.
20. **Social Support**: Network or group of people/services with whom you share aspects of your life; and from whom you get support or assistance.
21. **Spiritual Health**: Dimension of health associated with a person’s sense of “meaning or purpose in life”.

**Psychosocial Health: Basic Training**

1. **The Basics Defined**:
   - **Psychosocial Health**: A multidimensional term that encompasses the mental, emotional, social, and spiritual dimensions of health.
   - Each dimension of Psychosocial Health is a part of who we are. Influencing factors include:
     - **External Factors**:
       - Family and friends
       - Personal experience
     - **Internal Factors**:
       - Heredity
       - Hormonal function
       - Physical fitness
     - **Self-Efficacy and Self-Esteem**:
       - Self-Efficacy: Belief in one’s own ability
       - Self-Esteem: Sense of self-respect
     - **Learned Helplessness vs. Optimism (Seligman)**
       - Learned helplessness:
         - A behavioral state and personality trait of a person who believes that he or she is ineffectual, or his or her responses are futile.
         - A response to continued failure where people give up and fail to take action to help themselves.
       - Learned optimism:
         - The idea that an optimistic approach can be cultivated, developed, or learned.
         - Learning optimism is done by consciously challenging negative thoughts, and talking oneself through personal setbacks or defeat.
     - **Personality**:
       - Unique set of characteristics developed by a person's heredity, culture, and environment.
     - **Psychosocially healthy people**:
       - Feel good about themselves and have a sense of contentment.
       - Feel comfortable with other people.
       - Have the ability to deal with stress and bounce back from adversity.
       - Are able to meet the demands of life.
       - Manage personal feelings and deal with difficulties in a positive manner.
       - Enrich the lives of others.
       - Cherish the things that make them happy.
       - Maintain a balance between work and play, rest and activity, etc.
       - Appreciate and respect nature.
       - Have the ability to build and maintain fulfilling relationships.
   - **Mental Health**:
     - Describes the "thinking" part of psychosocial health.
       - The ability to reason, interpret, and remember from a unique and personal perspective.
       - To intellectually process information, attach meaning, and make decisions.
       - To think rationally with fairly accurate perceptions of events; learn from setbacks
o Emotional Health:
  ▪ Describes the "feeling" part of psychosocial health. (*Emotions are intensified feelings or complex patterns of feelings that we all experience.*)
    ▪ To maintain control of emotions and their behavior.
    ▪ To handle life’s challenges, build strong relationships, and recover from setbacks.
    ▪ To respond in a stable and appropriate manner to upsetting events

o Social Health:
  ▪ Describes our interactions with others and the ability to adapt to various social situations.
    ▪ The ability to interact in a positive manner the with people around us, either personally or in a group setting.
    ▪ The ability to make friends easily and work with people in a friendly manner.
    ▪ The ability to:
      ▪ Listen and express oneself when appropriate
      ▪ Form healthy relationships
      ▪ Act in a socially acceptable and responsible way.
      ▪ Find a best fit for themselves in society.

o Spiritual Health:
  ▪ Describes an individual's sense of peace, purpose, connection to others, and beliefs about the meaning of life.
    ▪ Refers to the sense of belonging to something greater than the purely physical or personal dimensions of existence.
    ▪ Behaviors often associated with wellness are key components of a healthy spiritual life. Examples include
      ▪ Volunteerism
      ▪ Social responsibility
      ▪ Optimism
      ▪ Contributing to society
      ▪ Connectedness with others
      ▪ Feeling of belonging/being part of a group
      ▪ A reason to care for self.

2. Psychosocial Disorders and Illness:
   o Mood Disorders:
     o Depression:
       ▪ Defined:
         ▪ Depression is a common but serious mental illness typically marked by prolonged periods of sad or anxious feelings.
         ▪ Most college students occasionally feel sad or anxious, but these emotions usually pass quickly—within a couple of days.
         ▪ Untreated depression lasts for a long time, interferes with day-to-day activities and is much more than just being “a little down” or “feeling blue.”
         ▪ Women are 70% more likely than men to experience depression during their lifetime. (NIMH)
       ▪ Cause(s) of Depression:
         ▪ Depression does not have a single cause, however, there are factors can lead to depression, including:
           ▪ Genetics
           ▪ Environment:
             ▪ Surroundings and life experiences, such as stress, also affect the risk for depression.
             ▪ Stresses of college may include:
               ▪ Living away from family for the first time
               ▪ Missing family or friends
               ▪ Feeling alone or isolated
               ▪ Experiencing conflict in relationships
               ▪ Facing new and sometimes difficult school work
               ▪ Worrying about finances.
       ▪ Types of Depression:
         ▪ Major Depressive Disorder or Major Depression:
           ▪ Characterized by the inability to enjoy life and experience pleasure.
- The symptoms are constant, ranging from moderate to severe. Left untreated, major depression typically lasts for about six months.
- People with this disorder may have only one episode of major depression in their lifetimes. But more often, depression comes back repeatedly.
- There are many things you can do to support your mood and reduce the risk of recurrence.

- **Dysthymic Disorder or Dysthymia:**
  - Dysthymia is mild, chronic depression. The symptoms of dysthymia last for a long time, often 2 years or more.
  - Dysthymia is less severe than major depression, but it can still interfere with everyday activities.
  - People with dysthymia may also experience one or more episodes of major depression during their lifetimes.

- **Seasonal Affective Disorder (SAD):**
  - Characterized by the onset of depression during the winter months, when there is less natural sunlight, and lifts during spring and summer.
  - SAD may be effectively treated with light therapy, antidepressant medication, or psychotherapy.

- **Common Signs and Symptoms:**
  - The symptoms of depression vary. If you are depressed, you may feel:
    - Sad or Anxious
    - Empty or Hopeless
    - Guilty
    - Worthless or Helpless
    - Irritable or Restless.
  - You may also experience one or more of the following:
    - Loss of interest in activities you used to enjoy
    - Lack of energy
    - Problems concentrating, remembering information, or making decisions
    - Problems falling sleep, staying asleep, or sleeping too much
    - Loss of appetite or eating too much
    - Aches, pains, headaches, cramps, or digestive problems that do not go away.
    - Thoughts of suicide or suicide attempts.

- **Types of Treatment:**
  - **Medication:**
    - Antidepressants primarily work on brain chemicals called neurotransmitters, especially serotonin and norepinephrine.
    - Other antidepressants work on the neurotransmitter dopamine.
    - Scientists have found that these particular chemicals are involved in regulating mood, but they are unsure of the exact ways that they work.
    - The latest information on medications for treating depression is available on the [U.S. Food and Drug Administration (FDA) website](https://www.fda.gov).
  - **Psychotherapy:**
    - Often referred to as "talk therapy", the two main types of psychotherapies include:
      - Cognitive-behavioral therapy (CBT): therapy based on the idea that thoughts guide feelings and behaviors; by changing the way we think will, in turn, change the way we feel and/or act.
      - Interpersonal therapy (IPT): short-term supportive psychotherapy that focuses on a person's psychiatric symptom in a social, relationship context, and the improvement of interpersonal functioning.
  - **Electroconvulsive therapy and other brain stimulation therapies:**
    - Also known as "shock therapy," it is used with cases of severe depression when other treatments have not worked.
Attention Deficit Hyperactivity Disorder (ADHD):
- ADHD is one of the most common childhood disorders and can continue through adolescence and adulthood.
- Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity (over-activity).

Three Subtypes of ADHD:
- Predominantly Hyperactive-Impulsive:
  - Most symptoms (six or more) are in the hyperactivity-impulsivity categories.
  - Fewer than six symptoms of inattention are present, although inattention may still be present to some degree.
- Predominantly Inattentive:
  - The majority of symptoms (six or more) are in the inattention category and fewer than six symptoms of hyperactivity-impulsivity are present, although hyperactivity-impulsivity may still be present to some degree.
  - Children with this subtype are less likely to act out or have difficulties getting along with other children. They may sit quietly, but they are not paying attention to what they are doing. Therefore, the child may be overlooked, and parents and teachers may not notice that he or she has ADHD.
- Combined Hyperactive-Impulsive and Inattentive:
  - Six or more symptoms of inattention and six or more symptoms of hyperactivity-impulsivity are present.
  - Most children have the combined type of ADHD.

Treatments can relieve many of the disorder's symptoms, but there is no cure. With treatment, most people with ADHD can be successful in school and lead productive lives. Researchers are developing more effective treatments and interventions, and using new tools such as brain imaging, to better understand ADHD and to find more effective ways to treat and prevent it.

Bipolar Disorder:
- Also known as manic depression, bipolar disorder causes serious shifts in mood, energy, thinking, and behavior—from the highs of mania on one extreme, to the lows of depression on the other.

Anxiety Disorders:
- The persistent feelings of threat and anxiety about everyday problems of living. They include:
  - Generalized Anxiety Disorder:
    - Involves excessive worry and anxiety that interferes with normal living.
  - Obsessive-Compulsive Disorder:
    - Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by uncontrollable, unwanted thoughts and repetitive, ritualized behaviors you feel compelled to perform.
    - Obsessions are involuntary, seemingly uncontrollable thoughts, images, or impulses that occur over and over again in your mind.
    - Compulsions are behaviors or rituals that you feel driven to act out again and again.
  - Phobias:
    - Deep persistent fears of objects, activities, or situations.
  - Panic Attacks:
    - Sudden onsets of disabling terror.
    - Symptoms can often mimic those of a heart attack
  - Post-traumatic stress disorders:
    - Affects people who have experiences severe traumas.

Personality Disorders:
- Personality disorders are a group of psychiatric conditions in which a person's long-term (chronic) behaviors, emotions, and thoughts are very different from their culture's expectations and cause serious problems with relationships and work.
- Common types of personality disorders include:
  - Paranoid Personality Disorder: pervasive, unfounded suspicion and mistrust of other people, irrational jealousy, and secretiveness.
- Narcissistic Personality Disorder: exaggerated sense of self-importance and self-absorption.
- Borderline Personality Disorder: impulsiveness and engaging in risky behaviors
  - **Schizophrenia:**
    - Schizophrenia is a biological disease of the brain, characterized by the alteration of senses; the inability to sort out incoming stimuli and to make appropriate responses; an altered sense of self; and radical changes in emotions, movements, and behaviors.
    - Victims of this disease may not be able to function in society.
    - It is treatable, but not curable.
    - Treatments include hospitalization, medication, and supportive therapy.

3. **Suicide:**
   - More than 36,000 people in the United States die by suicide every year; our country's 10th leading cause of death.
     - It is often characterized as a response to a single event or set of circumstances.
     - The factors that contribute to any particular suicide are diverse and complex.
   - While some suicides occur without any outward warning, most people who are suicidal do give warnings:
     - Prevent the suicide of loved ones by learning to recognize the signs of someone at risk, taking those signs seriously and knowing how to respond to them. Fifty to 75 percent of all suicides give some warning of their intentions to a friend or family member.
     - Warning signs of suicide from the AFSP include:
       - Observable signs of serious depression:
         - Unrelenting low mood
         - Pessimism
         - Hopelessness
         - Desperation
         - Anxiety, psychic pain and inner tension
         - Withdrawal
         - Sleep problems
       - Increased alcohol and/or other drug use
       - Recent impulsiveness and taking unnecessary risks
       - Threatening suicide or expressing a strong wish to die
       - Making a plan:
         - Giving away prized possessions
         - Sudden or impulsive purchase of a firearm
         - Obtaining other means of killing oneself such as poisons or medications
       - Unexpected rage or anger
   - **How to Help:**
     - Take imminent signs seriously.
     - Show care and concern, but be direct, ask if they are considering suicide
   - **Be Willing to Listen:**
     - Ask if they are taking any medications or seeing a therapist.
     - Offer hope, never argument.
   - **Seek Professional Help:**
     - Help the individual seek out a mental health professional.
   - **In an Acute Crisis Situation:**
     - The primary sign of a suicide crisis situation surrounds an individual who is talking about, or threatening suicide.
     - Call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) immediately.
   - The important thing to understand is that feeling suicidal is not a character defect, and it doesn't mean that a person is crazy, weak, or flawed. It only means that the person has more pain than they feel capable of coping with.
   - But help is out there. Talking openly about suicidal thoughts and feelings can save a life. So don't wait: reach out.
4. Mental Health Professionals:
   - **Psychiatrist:**
     - A medical doctor who spends up to 12 years studying psychosocial health and disease.
     - A psychiatrist is able to write prescriptions.
   - **Psychoanalyst:**
     - Usually a psychiatrist or a clinical psychologist, who is trained in the psychoanalysis method of treating emotional disorders.
   - **Psychologist:**
     - Usually is a Ph.D. trained in various types of therapy, including behavior and insight therapy.
   - **Clinical/Psychiatric Social Worker:**
     - Holds a master's degree and has at least 2 years of experience in a clinical setting.
   - **Licensed Mental Health Therapist or Counselor:**
     - Usually holds a master’s degree in counseling, or psychology, they often specialize in one type of counseling such as family, marital, relationship, children, etc.
   - **Psychiatric Nurse Specialist:**
     - Certified by the American Nursing Association in adult, child, or adolescent psychiatric nursing.

**Talk’n Stats:**

- 30 percent of college students reported feeling “so depressed that it was difficult to function.
- Anxiety disorders affect between 20 and 30 million people.
- Military Veteran Statistics from the JED Foundation:
  - Estimated 300,000 veterans and their dependents are currently enrolled in American institutions of higher education, representing 4 percent of the total undergraduate population.
  - Military undergraduates tend to be younger than veterans in general, but older than traditional undergraduates. In 2007–08, some 85 percent of military undergraduates were aged 24 or older.
  - Women represented 27 percent of all military undergraduates in 2007–08, although they made up just 7 percent of all U.S. veterans in 2006.
  - 43 percent of military undergraduates in 2007–08 attended public two-year institutions. Twenty-one percent attended public four-year colleges. Private for-profit and private not-for-profit four-year institutions each enrolled about one-eighth of all military undergraduates.
  - Nearly 20 percent of U.S. service members returning from combat will report symptoms of PTSD or major depression (RAND – rand.org).
  - Only 53% of those with PTSD or depression sought help in the past year. (RAND – rand.org).
  - More than half of the estimated 300,000 military service members who are suffering from depression, post-traumatic stress disorders, and traumatic brain injury are going without treatment because of the gaps in mental health care and stigma issues. (RAND – rand.org).
  - Over half of surveyed soldiers who met criteria for a psychological health problem thought they would be perceived as weak, treated differently, or blamed for their problem if they sought help (DOD Task Force on MH).
  - 90% of today’s seriously wounded U.S. military service members are surviving (VA).
- Suicide Statistics from the American Foundation for Suicide Prevention:
  - The latest data available from the Centers for Disease Control and Prevention indicates that 36,909 suicide deaths were reported in the U.S. in 2009.
    - This latest rise places suicide again as the tenth leading cause of death in the U.S.
    - Nationally, the suicide rate increased 2.4 percent over 2008 to equal approximately 12.0 suicides per 100,000 people.
    - The rate of suicide has been increasing since 2000. This is the highest rate of suicide in fifteen years.
  - Every 14.2 minutes someone in the United States dies by suicide.
  - Nearly 1,000,000 people make a suicide attempt every year.
  - 90% of people who die by suicide have a diagnosable and treatable psychiatric disorder at the time of their death.
  - Most people with mental illness do not die by suicide.
  - Recent data puts yearly medical costs for suicide at nearly $100 million (2005).
  - Men are nearly 4 times more likely to die by suicide than women. Women attempt suicide 3 times as often as men.
  - Suicide rates are highest for people between the ages of 40 and 59.
White individuals are most likely to die by suicide, followed by Native American peoples.

Fifty to 75 percent of all suicides give some warning of their intentions to a friend or family member.

In a national survey by the McKinsey Global Institute and International Data Corp concerning email:

- The average employee spends 28 percent of a normal work day reading, writing or responding to email, which amounts to:
  - 2 hours and 14 minutes daily
  - 13 hours in an average workweek
  - 78 days of work in the average year

The average monthly time a person spends on a Facebook per month.

- 441 minutes monthly on Facebook mobile app
- 391 minutes monthly on the Facebook classic website

Know Your Numbers:

What is Your Emotional Intelligence?

Emotional intelligence (EQ) is the ability to identify, use, understand, and manage emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges, and diffuse conflict. Emotional intelligence impacts many different aspects of your daily life, such as the way you behave and the way you interact with others. If you have a high emotional intelligence you are able to recognize your own emotional state and the emotional states of others and engage with people in a way that draws them to you. You can use this understanding of emotions to relate better to other people, form healthier relationships, achieve greater success at work, and lead a more fulfilling life.

Attributes of Emotional Intelligence:

1. Self-Awareness:
   - Do you recognize your own emotions and how they affect your thoughts and behavior?
   - Do you know your strengths and weaknesses?
   - Do you have self-confidence?

2. Self-Management:
   - Are you able to control impulsive feelings and behaviors?
   - Can you manage your emotions in healthy ways?
   - Do you take initiative?
   - Do you follow through on commitments?
   - Do you adapt to changing circumstances?

3. Social Awareness:
   - Can you understand the emotions, needs, and concerns of other people?
   - Do you pick up on emotional cues?
   - Do you feel comfortable socially?
   - Can you recognize the power dynamics in a group or organization?

4. Relationship Management:
   - Do you know how to develop and maintain good relationships?
   - Can you communicate clearly?
   - Do you inspire and influence others?
   - Can you work well in a team?
   - Can you manage conflict?

Thoughts for Living:

Studies show that positive emotions can cancel out stress-related risks associated with heart disease, cancer, and the aging process. So how do you get happy? Consider the following:

- Understand that Physical Health is Tied to Psychosocial Health:
  - Focus on Sleep, 7 to 8 hours nightly.
  - Learn about good nutrition and eat for wellness.
  - Exercise to relieve stress, enhance mood, and build a stronger sense of self.
- Sunlight daily, 10 to 15 minutes daily, when possible.
- Eliminate life’s hazards (alcohol, tobacco, drugs)

- **Do Things that Positively Impact Others.**
  - Being useful to others and being valued for what you do can help build self-esteem.

- **Thank You Letters for Wellness:**
  - When Psychology students at the University of Michigan wrote a series of one-page thank-you letters every 2 weeks for 6 total weeks, measurements showed a significant *mood-boost* in the writers.
  - After the assignment the instructor says his students feel happier “100 percent of the time.”
  - Every month, try writing a couple of thank-you notes to people who did something nice for you.
  - Seeing the world through the rose-colored lenses of appreciation and thankfulness can help boost feelings of life satisfaction and overall well-being, and that is great for your health.

- **Practice Self-discipline:**
  - Self-control naturally leads to a sense of hopefulness and can help you overcome despair, helplessness, and other negative thoughts.

- **Enjoy the Beauty Around You:**
  - Studies show that simply walking through a garden can lower blood pressure and reduce stress.
  - The same goes for strolling through a park or an art gallery, hiking, admiring architecture, or sitting on a beach.

- **Manage Your Stress Levels:**
  - Stress takes a heavy toll on mental and emotional health, so it’s important to keep it under control.
  - While not all stressors can be avoided, stress management strategies can help you bring things back into balance.
  - Meditate. It eases stress, strengthens immunity, and ups happiness.

- **Limit Negative Thoughts:**
  - Avoid being absorbed by repetitive mental habits.
  - Negative thoughts about yourself, other people, or the world around you suck up time, drain your energy, and trigger feelings of anxiety, fear, and depression.

- **Understand Unhappiness:**
  - When it happens, why it happens, and if it was in your control.
  - Learn from it, it’s a chance for you to make positive changes.

- **Make Leisure Time a Priority.**
  - Do things for no other reason than that it feels good to do them.
  - Go to a funny movie, take a walk on the beach, listen to music, read a good book, or talk to a friend.
  - Doing things just because they are fun is no indulgence, play is an emotional and mental health necessity.

- **Stop and Look Around:**
  - True happiness often shows itself when a person takes an honest look at the gifts that they posses, and the people in their lives.