

# Unit 1 Understanding Mental Health

## About this unit

In this unit learners will gain an understanding of legal frameworks in order to ensure high quality care is provided for people with mental health issues.

## Learning Outcome 1

The learner will:

Know what is meant by mental health and mental ill-health.

The learner can:

- 1.1 Define what is meant by mental health and mental ill-health
- 1.2 Describe the components of mental well-being
- 1.3 Describe the risk factors associated with developing mental health problems
- 1.4 Identify examples of mental health problems

### 1.1 Defining mental health and mental ill-health

The World Health Organisation's (WHO) definition of **health** is as the following:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

They (The WHO) provide a further definition of **mental health** as:

"A state of well-being in which every individual realises his or her own potential, can cope with the stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community".

Positive mental health is identified as mental and emotional stability.

Mental ill-health can be defined as:

"The impairment of normal cognitive (how you think), emotional (how you feel) and/or behavioural functions (how we behave)".

The impairment of thinking, behaviour and emotions is very likely to impact negatively on the individual's activities of daily living, their relationships, productivity and their ability to function socially. It is very likely that this will adversely affect their ability to enjoy life in general.

### 1.2 The components of mental well-being

There are many parts or components of mental well-being, these include:

- Thinking (Cognition) – To be able to make appropriate decisions and think clearly. The ability to process information and to understand

- Perception – The ability to understand events/factors going on around us
- Emotions/Affect/Mood – To be able to understand and express your own feelings in an appropriate manner. This may include behavioural reaction/physical responses such as body language and facial expression
- Functionality in society – Being able to participate in society and the ability to make and sustain relationships.

### 1.3 Risk factors associated with developing mental health problems

There are many theories about what causes mental health problems and research continues. It is understood that there are **risk factors** which are not causes of mental ill health, but, if they are present, may make individuals more at risk of developing mental ill health. This said, the presence of risk factors in an individual's life does not mean that they will develop mental health problems. In addition, the reason why some individuals develop mental ill-health and others do not despite similar risk factors is not entirely understood.

Risk factors may include:

#### Biological factors

- Genetics – certain mental health problems are statistically more likely to occur if there is a family history of this illness
- Biochemical imbalance – some mental health problems, such as Bipolar Disorder, are thought to be associated with changes in the chemical balance of the brains of some individuals
- Hormone imbalance- for example after child birth, during the menopause, abnormalities in the level of thyroxin.

**Physical Factors** – may affect the individual's quality of life, and this may, in turn, adversely impact on their mental well-being. Independence may be difficult to maintain and the individual may become frustrated and despondent as they become dependent on others.

- Physical disability
- Physical illness-may cause the individual to become more dependent. Pain or other symptoms may cause mental anguish and distress. Certain illnesses may cause mental / emotional psychological / behavioural symptoms.

#### Social factors

- Poverty and deprivation
- Overprotection
- Domestic violence
- Abuse
- Neglect
- Isolation/loneliness
- Difficult family background

- Stressful life events
- Relationship difficulties
- Unemployment
- Bereavement.

## **Psychological Factors**

- Personality – the kind of person you are and the way you cope with life's demands will have a direct impact on your mental well-being. An individual may worry excessively, not cope well with pressure or over react to circumstances and situations. A person who is perceived as coping very well may, indeed, be at risk of mental ill-health as others become over reliant on them and they expect too much of themselves. Individuals may have low self- esteem, lack confidence or be very critical of themselves and/or others.

It is often difficult to separate psychological factors, such as personality and coping mechanisms, from social factors as they may be linked. Social factors, such as life experiences and family relationships, affect an individual psychologically. Factors such as abuse, trauma and loss may affect personality, coping mechanisms and self -esteem leading to the development of mental ill-health.

### **1.4 Examples of mental health problems**

In the following units of this programme a number of mental health problems will be covered, in detail. These units will provide information about the following:

- Stress
- Anxiety
- Phobias
- Depression
- Post-Natal Depression
- Bipolar Disorder
- Schizophrenia
- Dementia
- Eating Disorders.

## Learning Outcome 2

The learner will:

Understand the impact of mental health care becoming more community based

The learner can:

2.1 Describe how mental health care has changed with the move towards community care

2.2 Explain the impacts of the changes in mental health care

2.3 Explain the difficulties individuals with mental health problems may face in day to day living

### **2.1 How mental health care has changed with the move towards community care**

A brief history:

Prior to the 1950's and 1960's people who were considered mentally ill were housed in Victorian asylums, where effective and humane treatment was limited, rights and choices severely restricted and where, in some cases, people spent their lives, effectively imprisoned.

Considerable social and political changes occurred following the end of World War II in 1945 and the establishment of the National Health Service (NHS) in 1948. The latter half of the twentieth century saw a change in attitudes towards the treatment and care of those with mental illness. In the 1950's and 1960's a rise in the patients' rights movement, linked to the civil rights movement, created pressure towards care in the community. In addition, the Mental Health Act 1959 abolished the distinction between psychiatric and other hospitals and also encouraged the development of community care.

By the 1970's District General Hospitals with their own psychiatric units or wards were opening and community care was developing. Victorian asylums were beginning to close and the number of beds decreasing. By 1975 beds had reduced to 80,000 from the mid-fifties level of 150,000.

The Mental Health Act 1983 addressed the assessment, treatment and rights of individuals and also dealt with compulsory detention and treatment in hospital.

The Report 'Community Care- Agenda for Action' was the forerunner of The Community Care Act 1990 and the Mental Health (Patients in the Community) Act 1995.

***Further information relating to mental health legislation will be covered in Learning Outcome 4 of this unit.***

## UNIT 1 – UNDERSTANDING MENTAL HEALTH

### Self-Assessment Questionnaire

Please complete the following self-assessment exercises.

1. Define what is meant by the following:

(i) Mental health

---

---

---

(ii) Mental ill-health

---

---

---

2. Describe the components of mental well-being.

---

---

---

---

3. Describe the risk factors associated with developing mental health problems.

---

---

4. List at least 6 mental health problems.

---

---

---

---

---

5. Describe, briefly, how mental health care has changed with the move towards community care

---

---

---

---

---

6. Give at least 2 examples of social and cultural attitudes to mental illness

Example 1: \_\_\_\_\_

---

---

Example 2: \_\_\_\_\_

---

---

7. Explain the aims of the Mental Capacity Act 2005.

---

---

---

---

8a. Describe the main purposes of the 1983 Mental Health Act.

---

---

---

---

8b. Identify the most common civil sections of the Mental Health Act 1983 under which patients may be compulsory admitted to hospital.

---

---

---

8c. Describe how the Human Rights Act 1998 was partly responsible for the introduction of the Mental Health Act 2007.

---

---

---

---

---

---

9. Describe the aims of the Health and Social Care Act 2008.

---

---

---

10a. Explain the aims of the Mental Capacity Act 2005.

---

---

---

10b. What are the five statutory core principles of the Mental Capacity Act 2005?

---

---

---

---

**When you have completed this self-assessment, make an appointment with your tutor to check your answers and sign off below. Then move on to complete the Activities for Unit 1.**

**Tutor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SAMPLE



## UNIT 1 – UNDERSTANDING MENTAL HEALTH

### ACTIVITY 1

Alice is 23 years old and has recently been diagnosed as having a mental health problem. She is employed as a primary school teacher and lives with her partner in a house they have purchased 6 months ago.

Explain how the changes in mental health care may impact on Alice (consider employment prospects; living independently etc.)

---

---

---

---

### ACTIVITY 2

Linda is 44 years old and has a history of mental health problems. She is married, has 2 children under 10 and a part time job.

Explain the difficulties Linda may face in day to day living including:

- (i) Family relationships

---

---

---

- (ii) Parental responsibilities

---

---

---

- (iii) Employment

---

---

---