

Topic 6 Healthy minds

Worksheet 26 What is a healthy mind?

These ten questions introduce you to some of the important ideas in this chapter. You are encouraged to discuss your answers with others in your class.

1. Has the widespread use of mobile phones made us more connected with people or less connected?
2. Why are eating disorders most common in societies where food is most readily available?
3. How would you describe the mental health of people in detention centres?
4. Would you expect people living in families or people living alone to have the best mental health?
5. Are males or females the most mentally healthy in Australia, in general?
6. At what ages are we most likely to have a mental disorder?
7. At what age in your life do you expect to be the most mentally healthy?
8. Is it possible to inherit a mental disorder?
9. What are the most common mental disorders in Australia?
10. Is it possible to learn to be mentally unwell?

In the three tables below, some further examples have been provided. Many more ideas can be added, and the information you include depends on where you are drawing your information from – reading, websites, videos, discussions. As we have said before, the value in this exercise is not in finding out what are ‘the answers’, but in what you learn in your own search for the information. Discussions in class will be invaluable here.

Summary of information about MENTAL DISORDERS

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| <p>Biological Level Of Explanation</p> <p>* Some mental disorders appear to have a genetic component.</p> | <p>Basic Process Level Of Explanation</p> <p>* Some psychologists believe that mental disorders are related to the ways we perceive events in our lives</p> |
| <p>Person Level Of Explanation</p> <p>* Age has an important effect on mental disorders.</p> | <p>Socio-Cultural Level Of Explanation</p> <p>* Access to support services helps reduce mental health problems</p> |

Summary of information about ANXIETY DISORDERS

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| <p>Biological Level Of Explanation</p> <p>* Genetic factors are believed to contribute to anxiety disorders by creating an over-reactive autonomic nervous system</p> | <p>Basic Process Level Of Explanation</p> <p>* In some anxiety disorders the person catastrophises events, expecting the very worse outcomes even when they are very unlikely to happen</p> |
| <p>Person Level Of Explanation</p> <p>* More women than men develop anxiety disorders</p> | <p>Socio-cultural level of explanation</p> <p>* Childhood experiences can lead to phobias</p> <p>* Social support is important in managing anxiety disorders</p> |

Summary of information about DEPRESSION

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| <p>Biological Level Of Explanation</p> <p>* There seems to be a strong genetic component in depression</p> <p>* Antidepressant drugs work by altering brain chemistry</p> | <p>Basic process level of explanation</p> <p>* Fear of the unknown appears to be involved in depression</p> <p>* Negative thought processes are often involved (self-hate, helplessness, etc)</p> |
| <p>Person Level Of Explanation</p> <p>* Pessimistic people are more prone to depression</p> <p>* A lack of self-confidence is often associated with depression</p> | <p>Socio-Cultural Level Of Explanation</p> <p>* Research indicates that poor parenting can contribute to depression</p> <p>* Social changes and a lack of social support can contribute to depression</p> |

Resilience

Clearly the process by which a person becomes resilient is a complex one. These factors seem to be involved:

Heredity: We appear to inherit (at least in part) such traits as being optimistic and positive. These not only give us a measure of resilience themselves, but also draw care from others which in turn makes us feel better about ourselves, further developing our positive outlook.

Learning: Observing and learning the social skills from a caregiver can have positive results, such as becoming popular.

Social support: This is important in contributing to resilience in children.

Thinking style: The way we think about both the situation itself and our ability to deal with it can affect our resilience.

Success: This can lead to optimism, which in turn promotes resilience.

(Because many of these factors affect each other – success leads to optimistic thinking, for example – you might consider constructing a *concept map* to show how the factors are interrelated.)

Worksheet 27 Experiences, events and interventions

**Case Study 1
COLIN**

**Case Study 2
GEORGE**

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| <p>Describe to each of these people the condition he is experiencing. What are the usual symptoms? What can each of them expect to experience while they have this condition? Are these common conditions?</p> | <p>Colin is suffering from panic attacks, a form of anxiety disorder. His symptoms are typical, including the episodes of sudden, intense anxiety, with physiological symptoms, feeling a loss of control, and a fear that something serious is happening to them. He will probably continue to experience these unexpected attacks, though some people experience just one event. Anxiety disorders are common – at any given time as many as one in fifteen adults is suffering from some type, about half of these involve panic attacks.</p> | <p>George is suffering from depression, a form of mood disorder. While he has this condition, he can expect to experience symptoms affecting his mood (sadness, hopelessness), his thinking (helplessness, worthlessness), his motivation (loss of interest and drive), and his physical condition (loss of appetite and energy, sleep problems). This is a common condition – about one in six people can expect to suffer major depression in their lifetime, and it affects all age groups.</p> |
| <p>Explain to each of them where the condition stems from. Why did each of them develop a mental disorder after years of being mentally healthy? And why at this time of their life?</p> | <p>Anxiety disorders seem to have a genetic basis, the person being more vulnerable to them perhaps through the development of an over-reactive autonomic nervous system. Panic attacks generally develop in late adolescence or early adulthood, so the timing for Colin is typical.</p> | <p>Many factors are involved in the development of depression. These include genetics, brain chemistry, personality types, thinking styles, learning, environmental factors such as loss and stress, and social factors such as support. It is likely that for George his wife's death and his loneliness since has been a major contributing factor.</p> |
| <p>Each of them wonders why close friends, in exactly the same position as them, have not experienced the same condition. How can you explain why they have the condition and not others?</p> | <p>The reason is partly genetic, and the person's thinking style is also involved. For example, people who tend to magnify or exaggerate events might be more vulnerable. Social support is also important. Stress in the month or two before the panic attack has been shown to be an important factor. It is a complex situation, and cannot be explained simply by one or two factors.</p> | <p>If George has friends his age who have lost partners recently but who have not developed depression, the most likely explanation is that those people are genetically different to him, they have different personality traits and thinking styles to him, and may have more or different social support to him.</p> |

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| <p>Each of them is keen to know whether this is something they will have to endure for the rest of their life, or whether it can be treated. What information can you give them about this?</p> | <p>Panic attacks do not typically last for life. They may last for a year or more, but usually subside and disappear. Because there is an aspect of unrealistic thinking involved – ‘I’m going to die’ – cognitive therapy can be useful in their treatment. This can help because for a sufferer simply the fear of having another panic attack in a certain situation can be enough to bring one on.</p> | <p>Depression, if not treated, will generally dissipate over a year or less, but can last for extended periods of time. George should consult a doctor and/or clinical psychologist. Several forms of treatment are available including counselling, antidepressant drugs, and (for extreme cases) electroconvulsive therapy.</p> |
| <p>Each of them wants to know whether he could have prevented this condition. Is there anything he could do, or could have done, to cope with life’s events better and avoid this condition?</p> | <p>He cannot change his inherited qualities or his age, but some aspects of his life – such as stress and social support – could be modified to make a panic attack less likely. It would be possible to have cognitive therapy earlier to correct inappropriate thinking patterns (such as magnifying events), but these are unlikely to be seen as significant until the attacks begin.</p> | <p>As with Colin, there are some things George cannot and could not have changed – his genetics, his wife’s death, and (to some extent) his personality. It is possible for him to change things such as his thinking style and his social support, and these are the factors that a psychologist would probably focus on in a course of therapy for him.</p> |

How mental illness has been viewed in history and in the media

* This section has been answered in general terms that can be applied to either of Colin or George. Check that your answers are consistent with these comments.

Select either Colin or George. Describe how his behaviour might have been regarded at another time in history (you nominate the era you wish to refer to), and then how his behaviour might be portrayed to create a successful book or movie.

Person selected: **These comments can be applied to either Colin or George.**

How might his behaviour have been regarded at another time in history? How would they have explained it? How would he have been treated as a person? Would they have treated his condition? How?

Your answer, in relation to either Colin or George, should refer to at least some of these ideas:

- Mental illness has been considered, at different times, as being caused by external forces – revenge of God, the work of the devil, and so on.
- People suffering mental illness have been locked away in ‘mad houses’ and/or punished for their behaviours rather than being treated.
- Early treatments included putting poisons into the body to rid it of evil, or rituals such as exorcism.
- Mentally ill people were not considered as normal people with abnormal behaviour, but rather as abnormal people.
- Institutions for the mentally ill promoted and rewarded passive behaviour.
- For a long time little was done to investigate the causes and nature of the various conditions, or to develop suitable treatment.
- It has only been in fairly recent times that mental illness has been viewed compassionately, and treated in ways that promote recovery.

How might an author or movie director create a story out of this person’s case that is interesting enough to market? How might the person be portrayed?

Your answer, for either Colin or George, should refer to some of these ideas:

- Mental illness is often portrayed in the popular media – many films have used it as a central theme.
- Some of the conditions that have been illustrated in movies have been schizophrenia, multiple personalities, and obsessive compulsive disorder. These can be used to illustrate some fairly spectacular examples of abnormal behaviour.
- It is more difficult to find examples of the conditions we are referring to here – anxiety disorders and depression. This may be because they are more common, or less sensational.
- To make either of these into an interesting and successful movie the behaviour would need to be enhanced or dramatised by the producer. This might not reflect the true details of an ‘everyday’ story like Colin’s or George’s.

Worksheet 28 Social issues and personal growth

These are some of the important factors associated with the development of resilience:

Resilience
The factors that make us more resilient and less likely to experience any mental disorder

- Heredity – the personality traits we inherit
- Learning – through observation of others
- Social support
- Thinking style
- Success

Some of the factors associated with mental health disorders are shown here – you will probably have identified others as well.

| | Mental health disorders (in general) | Anxiety disorders | Depression |
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| <p>Risk Factors Factors that increase the likelihood of experiencing a disorder</p> | <ul style="list-style-type: none"> * child factors – premature birth, low birth weight, birth injury, etc * family factors – teenage mothers, substance abuse, family violence, etc * school factors – school failure, bullying, etc * life events – divorce, death of a family member, etc * community events – neighbourhood violence, social disadvantage, etc | <ul style="list-style-type: none"> * heredity * maladaptive thought processes * misinterpretation of normal anxiety symptoms * observation of others with anxiety symptoms * stress * negative childhood and life experiences * gender – more common in females * lack of social power and control | <ul style="list-style-type: none"> * heredity * stress * negative thinking style, including self-thoughts * parenting style of parents * neglect/abuse in childhood * social changes * lack of social support * previous history of depression * lack of self-confidence |
| <p>Protective Factors Factors that decrease the likelihood of experiencing a disorder</p> | <ul style="list-style-type: none"> * child factors – attachment to family, optimism, social skills, etc * family factors – supportive parents, small family size, stable family, etc * school factors – sense of belonging, positive environment * life events – good physical health, opportunities, etc | <p>(see ‘resilience’ above, and list for ‘mental health disorders’)</p> | <p>(see ‘resilience’ above’, and list for ‘mental health disorders’)</p> |
| <p>Coping Strategies Strategies or techniques we can use to assist us to cope with stresses and be less likely to experience a disorder</p> | <ul style="list-style-type: none"> * change your thinking about the problem * get physical exercise * eat well * plan structured daily activities * education and learning * be socially involved | <p>(see list for ‘mental health disorders’)</p> | <p>(see list for ‘mental health disorders’)</p> |

Some risk and protective factors illustrated in the articles:

| Risk factors | Protective factors |
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| Traumatic experiences such as war, siege, tsunami, or imprisonment in detention centres. | Support groups (social support), for sufferers and for their partners. |
| Sexual abuse of children. | Efforts to make sufferers' lives happier. |
| Placement of mentally ill in prison. | Friendship. |
| Treatment through strict, impersonal routines. | Care of a trusted person (parent, friend, mentor). |
| Thinking badly of yourself. | |
| Use of drugs to alleviate or help deal with problems. | |
| Inappropriate responses from health care system. | |

(Refer page 202)

| | 'The depression debate' (Case of Ingrid Ozols) | 'A bitter pill' (Case of Merrilee Bentley) |
|--|--|---|
| How does each person explain her attempt to suicide? | 'It wasn't a cry for help. That night I wanted to die.' | 'I was thinking, No-one cares. No-one's there. I'd be better off dead.' |
| When did the depression begin for her? | Has had it for most of her life. | As a child. |
| What seemed to cause or trigger her depression? | Family crises, trauma and loss. | Her mother left home on Christmas day, resulting in a fear of rejection in Merrilee. Now it recurs after stress, health problems, rejection or relationship problems. |
| Did her depression affect her thinking, or her feelings, or her behaviour? Or all 3? | All three – for example, wants to die, feels suicidal, cries, can't see any beauty. | All three. |
| How long did her depression last? | Most of her life – in bouts. | Most of her life since it began in childhood. |
| How did she feel when depressed? | Sad – self-destructive – empty - emotional | Lethargic, suicidal and 'that I was nothing'. |
| How common is depression? | One in 5 Australians will have it at least once in their life. 4% will be clinically depressed in any one year. | |
| What are the costs (or effects) of depression to our society? | Financial. Social. Personal. | |
| Does depression finish or can it recur? | Tends to recur. | |

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| What are the general causes of depression? | Interaction between physical, psychological and social factors. |
| Which people are most likely to experience depression? | 60% of cases are female. In general terms, those with poor coping skills and a lack of social support. People who have experienced depression before are more likely to suffer it again. |
| Is there a genetic component in the cause of depression? | Yes – it runs in families. |
| What are the risk factors (the things that make you more likely to experience it)? | Self-destructive tendencies. Poor coping skills. Smoking. High blood pressure or cholesterol. Poor general health. Alcohol and drug abuse. Social disconnection. |
| Is the cause mainly biological, or mainly psychological? | Both – closely linked. For example, moods and hormones and immune system affect each other. |
| What things help young people, in particular, cope with it? | Adult role models. Social support. Exercise. Good health. Not abusing drugs. |
| Is the incidence of depression increasing or decreasing in our society? | Has been increasing since the 1940s. Rates are down in the elderly, but up in the young. |
| What treatments are available for depression? | Psychological therapy. Drugs. Interactions with others. Exercise. |
| Is it possible depression is being over-diagnosed? | Some believe it is. |

(Refer page 204)

What negatives or concerns are there associated with drug treatment for depression?

They don't provide social support or coping skills.

Clinical trials show that they have negative effects on some people, including one that appears to increase the risk of suicidal behaviour in minors.

They can have side-effects such as nausea.

Do anti-depressant drugs work well for everyone?

They do for most, but 5 – 10% become more anxious.

Is there a role for governments in addressing the issue of depression?

Raise awareness and availability of other therapies beside drugs - such as counselling and CBT.

Provide financial support for therapies such as exercise.

How are neurotransmitters involved in depression and its treatment?

The levels of some neurotransmitters are reduced in depression, affecting moods, and antidepressants work on these.

How is depression related to general health?

Depression is more likely if general health is poor.

Can depression be 'cured'?

Not completely – the risk of an episode always remains.

How common is the use of antidepressant drugs now?

Very.

Some examples of Seligman's concepts can be identified – those below refer to the case of Merrilee Bentley. You might be able to find other examples also:

Learned helplessness: learning from experience that 'nothing I do will help anyway'

Merrilee Bentley had tried several things – drugs, counselling, suicide – and nothing had resolved her depression. She probably learned to feel helpless. The last two paragraphs of the article suggest she might be feeling it again now.

Pessimism: viewing life's events in a negative way

There were certainly aspects of pessimism in her thinking style – such as the thought that it would be better for her children to die (with her) than to have to be with another mother.

Explanatory style: viewing negative events as 'my fault, likely to keep happening, and likely to affect other areas of my life'

It is not clear whether she saw things as 'her fault', but she seemed to think that they were likely to keep happening and to affect other areas of her life.

Optimism: learning to view life's events more optimistically

Her thinking is more positive at the end of the article, despite not having her children and the challenges ahead of her.

Cognitive therapy: deliberately working on learning to think about life's events differently

It is not clear that she has set out to deliberately change her thinking – the article suggests that it has been getting off the antidepressants that has cleared her thinking. She has longed for a 'psychiatrist to work with me on the issues I was dealing with', and it is likely that CBT would be part of such a treatment.

How can we use this information for social and personal good?

In answering these three questions, general comments are made which are applicable to whichever of the three scenarios you chose. Make sure your answers are consistent with these comments, and again, compare your answers with those of others if you can.

What are the most important things that a person (your friend, your child, teenagers in general) can do to maintain a healthy mind and avoid developing a mental disorder?

The mental wellbeing of young people is affected by many things. Some or most of these factors will be relevant to your answer – others are possible too:

- Learning through observation of positive models (parents, friends, mentors)
- Social support – including attachment within the family, having a stable family and positive environment, and being socially involved.
- Thinking style – having an optimistic view of the world and things that happen
- Experiencing success
- Having a sense of belonging – family, friends, school, clubs.
- Good physical health, including good diet
- Exercise

How you put these into practice in the scenario you chose can involve ideas such as belonging to a sport club – which would achieve learning through observation, social support, a sense of belonging, a positive environment, good physical health, exercise and being socially involved.

What attitude should we take towards people who do develop mental disorders, so as to reduce prejudice against them (and maybe even assist in their recovery)?

Mental disorders can be viewed as:

- having a cause - they don't just happen, and they can happen to anyone
- able to be treatable – many approaches to their treatment are possible
- abnormal behaviour, not abnormal people
- dependant on social support for their resolution

If mental health does ever become an issue for a person (your friend, your child, teenagers in general) how can they access community services that might help?

Access to services is via:

- doctor
- psychologist/counselor
- websites
- local council
- student counselor at school
- phone services such as Lifeline

Support can also be gained from friends and family, but it is important to distinguish between support and professional help.

Worksheet 29 Methods of Investigation

It is not possible here to give very much direction to indicate whether your answer to this worksheet is an accurate/good/comprehensive one or not.

A few comments will provide some guidance though:

1. Refer back to the introduction to this task in the workbook, and read point 1. Have you considered at least some of these areas in your answer (risk and protective factors, coping strategies, etc)? Remember that the point of this task is to direct you to re-examine some of the important ideas in this part of our course, and not simply to come up with some general thoughts of your own.
2. You will probably need a range of tasks in what you propose to do with the 8 hours. It is not possible to explore a person's mental health in one simple task.
3. There are many ideas in Chapter 29 of the Essentials textbook.
4. Remember that you will learn a lot more from this task if you share it – either work in a group to develop your plan, and/or share your ideas with others after it is ready. You might be able to arrange for each group to present their ideas to the class for discussion. Remember to challenge other people's ideas, and be prepared to defend your own.
5. One further reminder: This task is not meant to suggest to you that you are now capable of exploring another person's state of mental health. We have learnt some important information about mental wellbeing in this section of the course, but it is still a job for the trained professionals to make accurate analyses of people's mental health. (You might consider whether this is something you might like to do as a career though.)

Worksheet 30 Ethical Issues

Again here it is not possible to give details of exactly how you should have answered each of these five sets of questions. This depends on what you set out in worksheet 29.

The same comments are relevant here:

1. Follow the suggestions in the questions in the workbook.
2. Read the relevant sections in the textbook, chapter 30.
3. Discuss and share your ideas if possible.

The questions are repeated here with **key ideas highlighted**. Make sure you have referred to at least most of these in your answers.

Informed consent

- Did you plan to give the subject a **full explanation** of what you planned to do?
- Would you explain the **costs and benefits** to them if they participated?
- Would the participant be asked to **consent** to participate?
- Would any details be **concealed from the subject**? If so, is this **unavoidable**?
- Did you plan to **deceive or deliberately misinform** the subject in any way?
- If deception or concealment was necessary, did you plan to give the subject a **full explanation** as soon as possible?

Confidentiality

- Did you take steps to ensure that the subject's **identity would be kept confidential** during the study and in data analysis after? How?
- Is it clear that you will not **invade their privacy**?
- Did you plan to seek the subject's **consent if you sought information from other sources**, including family and friends?
- Did you plan to **respect the privacy of other family members** if family history was explored?

Voluntary participation

- Would you ensure that the subject's **participation was voluntary**?
- Was any **coercion** to be used to get them to participate?
- Would it be made clear to the subject that they would be **free to withdraw their consent and discontinue their participation** at any time?
- Would there be any **implications, penalties or loss** for the subject if they withdrew?

Debriefing

- Did you plan to **explain to the subject the outcome** of the study after completion?
- Would there be a chance for them to **ask questions** about what happened or what the outcomes were?
- Did any **concealment or deception** need to be explained after completion?
- Did you plan to advise the subject about **appropriate course of action if you found evidence of a mental illness**?

Possible harm

- Have you ensured that the subject will suffer **no lasting harm** (physical or psychological)?
- Will you avoid them feeling **embarrassment, guilt or other unreasonable discomfort**?
- Does your approach **respect their dignity**?