Understanding Mental Health: A Conceptual Study

Dr. Raju Sha

Principal, Prasanta Dasgupta college of Education

shahmidnapore@gmail.com

Abstract: *Mental health is a state of equipoise where the individual is at peace with them self, is able to function effectively socially and is able to look after their own basic needs as well as higher function needs. To be functionally positive, one must be able to constructively handle change, relationships, and emotions. It is imperative that psychiatry actively participates in public health initiatives by including the maintenance and promotion of mental health into its practice, research, and education. In order to better understand mental health, mental disease types, and risk factors, the current research set out to investigate what makes a mentally healthy individual tick. A person in good mental health is able to build and sustain loving relationships with others, carry out the social roles expected of them in their culture, adapt to new situations, express their gratitude for good things that have happened, and control negative emotions like sadness. When a person's mental health is good, they have a sense of self-worth, mastery over their own life, and insight into how their mind and body work together.*

Keywords: *Mental Health, Community, Biological Factors, Disorders, Social, Economic.*

Introduction: A person's social, economic, and physical surroundings have a significant impact on their mental health (WHO, 2014). When one's mental health is considered "a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (WHO, 2004, p.11), it is meant to be a positive and all-encompassing concept. The idea of mental health now encompasses not only the absence of sickness but also mental health disorders, which may cause anguish, suffering, and impairment to functioning. These conditions can be moderate to severe, acute or chronic, and can vary from absence to illness. The United Nations (2015) noted that mental health had been overlooked as a fundamental concern for global development until the adoption of the Sustainable Development Goals (SDGs). These goals aim to promote mental health and wellness while also preventing non-communicable diseases and substance abuse. (Addis,et.al ,2011)

Every single male on this planet isn't in tip-top shape. Some of the most misunderstood diseases in modern culture are mental illnesses. Far from being a "weakness," most mental illness is misunderstood by many. Mental health is subjective, whereas these conditions are real. An individual's mental and physical capabilities should grow in harmony with one another for their health to be a good condition of wellbeing, according to the first five-year plan.

When a person's personality and emotional attitude grow naturally, allowing them to live in harmony with others, we say that person is mentally healthy. When this development becomes disrupted, and people begin to act strangely, we say that person is mentally ill. (Schacter ,et.al.,2007)

There is no such thing as mental wellness in a vacuum. It is a crucial component of good health, which can be described in three ways: first, as the lack of illness; second, as an internal equilibrium; and third, as a condition in which an individual is able to carry out all of their biological functions to their full potential (Sartorius, 2002). The degree to which fundamental health requirements are met determines which of these three meanings is used. Food, housing, safety, protection, community, social support, and the absence of pain, harmful substances, unneeded anxiety, and exploitation are all aspects of basic human needs (Maslow, 1968).

Significance of the Study: Many different communities may profit from the study's conclusions. The first is promoting mental health literacy in educational institutions by raising public awareness of the need of learning about and being able to identify mental disease. The groundwork for promoting healthy lifestyles among school-aged children would be laid here. This is doable because, although disciplinary action against students is necessary, it should be done with knowledge and with an eye towards improvement. The educational institution is another potential beneficiary. The school's faculty and staff would gain from the suggestions provided after the study on methods of child discipline, which would build upon the successful strategies now in use.

Objectives: The present study has been undertaken for the following purposes-

- ➢ To study characteristics of mentally healthy person.

- ➢ To know about the risk factors of the mental health.

- ➢ To know about the different mental disorders.

Characteristics of Mentally Healthy Person (Park, 2007)

According to Park and Park a mentally healthy person has three main characteristics:

1. **He Feels Comfortable about Himself**: He feels reasonably secure and adequate. He neither underestimates his own ability. He has self-respect.

2. **The Mentally Healthy Person Feels Right towards Others**: This means that he is interested in others and loves them. He has friendships that are satisfying and lasting. He is able to like and trust others.

3. **Able to Meet Demands of Life** As soon as issues emerge, he takes action. Independent thought and decision-making are within his capabilities. Every day, he takes it upon himself to get things done. His self-restraint is commendable. All of his feelings—anger, fear, love, and guilt—do not affect him.

Risk Factors of Mental Health Conditions

Every kid is special in their own way. A child's unique traits emerge from a complex interplay of hereditary, environmental, and social and cultural influences. Disruptions to children's emotions, behaviours, and relationships might hinder their ability to operate socially. When it comes to comprehending the effects of any difficulty on a person's mental health, the bio-psycho-social paradigm is quite credible.

Biological Factors

Evidence suggests a correlation between the health of one's nervous system and the efficiency of the brain's neural networks. It has been shown that many mental health issues may be linked to specific brain defects or

injuries. Here are a few biological elements that may contribute to the development of mental health issues, as mentioned in Mental Health and Wellbeing—A Perspective, CBSE:

Genetics (heredity): It is possible for genes to transmit the propensity for several mental health disorders from one generation to another. Many of these diseases are thought to have their roots in defective genes and the ways in which these genes interact with their surroundings. Possible influences or triggers include stress, trauma, or abuse.

Infections: brain damage and the development of mental health conditions may also be due to certain infections.

Brain defects or injury: Injury caused by physical damage to brain may also be linked to certain mental health conditions.

Prenatal damage: Disruption in the early stages of foetal development or trauma at the time of birth are also probable causes of mental health conditions like Autism Spectrum.

Other Factors like poor nutrition or exposure to toxins such as Lead may be linked as one of the leading causes of mental health conditions.
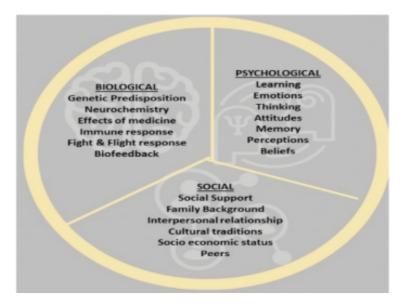
Psychological Factors

Psychological factors that may contribute to mental health conditions include:

- Traumatic events experienced in childhood may include abuse in any form

- Loss of a parent or a caregiver

  - Neglect by the caregiver

  - Insecure attachment between child and parent when governed by fear towards the parent is called insecure attachment in the primary development years.

Environmental Factors

Children may develop mental health issues in response to certain stresses. Events such as bereavement, parental separation or divorce, dysfunctional family dynamics, relocation, societal and cultural pressures, media portrayals of ideal behaviour, and drug misuse are among these stresses.

Theoretical Framework for Promoting Positive Mental Health: According to the framework, young people require a variety of skills in order to thrive and enjoy life, including strong morals and character, a positive outlook on life, a healthy sense of identity, and cognitive, emotional, and social skills (How I think, feel, and relate to others). The watching self (I am), or knowledge of oneself, one's thoughts, and emotions, is the central idea of these domains (Hayes et al., 2012; Zettle et al., 2018). The witnessing self does not transform; rather, it only becomes aware of what is going on within and around them without passing judgement. The basic goal of acceptance and commitment therapy (Hayes et al., 2012), mindfulness-based techniques (Grossmann et al., 2004), and reflective practice (Krueger, 2005) is to become aware of the witnessing self.

The framework centres on the cognitive, emotional, and social domains, which are fundamental to the good development of values, identities, and attitudes. These domains begin to emerge in infancy and early adolescence. Though various abilities take primacy at different periods, the development of competences under all of these categories is a continuous process that occurs throughout the life cycle. The areas are related; for instance, appreciating variety influences how we interact with others, and conversely, growing in social consciousness might encourage the formation of more prosocial attitudes.

CLASSIFICATION OF MENTAL ILLNESS

The Diagnostic and Statistical Manual of mental disorder (DSM-IV), produced by the American Psychiatric Association (APA), categorized mental disorder thus;

Anxiety Disorder: According to Lahey (2009), these psychiatric diseases are characterized by high levels of negative emotions, including trepidation, tension, concern, fear, and anxiety. If the individual responds in a way that is inappropriate for the circumstance, an anxiety disorder is identified. Generalized anxiety disorder, panic disorder, obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorders, and particular phobias are examples of anxiety disorders.

Mood Disorders: Persistent feelings of melancholy, times of excessive happiness, or oscillations from intense sadness to extreme happiness characterize these diseases, which are also known as effective disorders. Mania, bipolar disorder, and depression are the most prevalent mood disorders.

Psychotic disorders: Dwarf consciousness and thought patterns are hallmarks of psychotic diseases. Hallucinations (the perception of non-existent visual or auditory elements, such as voices) and delusions

(irrational ideas that the affected individual maintains as factual despite facts to the contrary) are two of the most prevalent symptoms of psychotic disease. One example of a psychotic condition is schizophrenia.

Eating Disorder: Here, thoughts, feelings, and actions pertaining to food and weight might reach extremes. Of all eating disorders, the three most frequent ones are anorexia, bulimia, and binge eating disorder.

Impulse control and addiction disorder: The inability to control one's impulses, including those that lead to potentially dangerous behaviours, is a hallmark of impulse control disorder. Irresistible urges to cause fires, steal from others, or gamble excessively are all symptoms of impulse control disorder. Substance abuse often involves alcohol and narcotics. Addicts often lose touch with reality, neglecting their duties and relationships in favour of their drug of choice.

Personality disorder: The faulty development of personalities throughout childhood is thought to be the root cause of several mental diseases. People who suffer from personality disorders often exhibit strong and rigid characteristics that impact their daily lives, whether at work, in the classroom, or in their interactions with others. According to Lenzenweger (2004) cited in Lahey (2009), personality disorders might be either short-lived or long-term. Schizoid personality disorder is defined by numbing one's emotions, distancing one from others, and living a reclusive life; anti-social personality disorder is defined by an outgoing personality, excellent social skills, and an absence of shame when one breaks the law or takes advantage of others (Lahey, 2009).

TREATMENT SERVICES FOR MENTAL ILLNESS

Traditional mental health care, as described by Schacter, Gilbert, and Wegner (2010), is available in a variety of settings, including hospitals, clinics, and community organizations. Psychotherapy, medicine, and other methods (electro-convulsive therapy, psychosurgery, etc.) make up the bulk of treatment plans.

Psychotherapy: "There are several main types; cognitive behavioural therapy (CBT) is widely used and is based on modifying the patterns of thought and behaviour associated with a particular disorder". (Schacter et al, 2010)

Systematic therapy or family therapy: "is sometimes used, addressing a network of significant others as well as an individual" (Schacter et al, 2010).

Psychiatric Medication: comprises a number of primary classes, including, but not limited to, stimulants, antipsychotics, mood stabilisers, antidepressants, and anxiolytics. Many mental health issues, including clinical depression, anxiety, and others, may be alleviated with the use of anti-depressants. Insomnia and other anxiety disorders are treated with benzodiazepines and other sedatives. Bipolar disorder is the main indication for the use of mood stabilisers. Various psychotic diseases, including positive syndromes in schizophrenia and an expanding list of others, are treated with anti-psychotics.

Electroconvulsive Therapy: (ECT), psychosurgery, counselling, psycho-education; electroconvulsive therapy (ECT) is sometimes used in severe cases when other interventions for severe intractable depression have failed.

Psychosurgery: is considered experimental but it's advocated by certain neurologist in certain rare cases (Mind disorders encyclopedia, 2014).

Counseling: (Professional) and co-counseling (between peers) may be used.

Psycho education and Creative therapies: "Psycho education programmes may provide people with the information to understand and manage their problems. Creative therapies are sometimes used including music therapy, art therapy and drama therapy".

Life style adjustments and supportive measures: "are often used including, peer supports, self help groups for mental health and supported housing or supported employment (including social firms)" (Schacter et al, 2010).

Conclusion: In order to lessen the negative impact of mental health issues, early intervention programmes are developed with consideration for the elements that impact mental health in mind. As well as providing continuous support to their kids and families, teachers work in tandem with mental health experts, families, and students to develop and execute interventions for specific student populations. In addition, they may identify children at risk and work to improve protective factors for all children so that they can develop psychological resilience and overall wellness. One way to lessen the likelihood of getting a mental condition is to strengthen the abilities linked to psychological resilience.

References:

Addis DR, Cheng T, Roberts RP, Schacter DL. (2011) Hippocampus contributions to the episodic simulation of specific and general future events. *Hippocampus.* 2011a;21:1045–1052.

Brown AD, Root JC, Romano TA, Chang LJ, Bryant RA, Hirst W. Over generalized autobiographical memory and future thinking in combat veterans with posttraumatic stress disorder. *J Behav Ther Exp Psychiatry* in press.

Schacter DL, Addis DR, Buckner RL. (2007) The prospective brain: Remembering the past to imaging the future. *Nat Rev Neurosci.* a;8:657–661.

Schacter, D.K., Addis, D.R., Hassabis, D., Martin, V.C., Spreng, R.N., & Szpunar, K.K. (2012). *The future of memory: Remembering, imagining, and the brain. Neuron,* 76, 677-694.

Taylor SE, Pham LB, Rivkin ID, Armor DA. (1998) Harnessing the imagination: Mental simulation, self-regulation, and coping. *Am Psychol.*;53:429–439.

Williams JMG, Ellis NC, Tyers C, Healy H, Rose G, MacLeod AK. (1996) The specificity of autobiographical memory and imaginability of the future. *Mem Cognit.*;24:116–125.