

Lecture 1: Introducing Mental Health and Illness

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Office hours: Mon 230-520pm

KTH 230

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Course Information

- Online discussions: 10% (4 questions, 200 words each) – due last day of lecture.
- Midterm: 25% (both MC and long answer – cumulative, lectures and readings). Held Oct 16 and 19th.
- Essay: 32% (5-6 pages, 6 peer reviewed sources, bibliography). Due Nov 16th.
- Final Exam: 33% (both MC and long answer – cumulative, lectures and readings).

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Other Notes

- All readings available on Avenue to Learn.
- Office hours: Mondays 2:30-5:20 (no app't necessary!) in KTH 230.
- An additional TA will be available for office hours as well.
- Please email only via McMaster email address.
- Grades will be posted as soon as available.
- Slides will be posted in full (minus pictures/video) at the end of each week.
- 2G03? You should drop this class.
- Wednesdays...

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Why “Mental” Health?

- Line between physical and mental not as clear as dualists would assume, e.g. cause, experience, symptom expression.
- Despite links between body and mind, physical state cannot necessarily give an indication of mental health.
 - Whether tense shoulders or shortness of breath, myriad explanations.
 - Thus, mental health is almost entirely self reported – great importance of self-perception.
- When we say “mental health,” we’re referring to feelings, thoughts, cognition, and self-concept.

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What Does Good Mental Health Mean?

- No generally accepted definition – contested.
- Minimalist: absence of mental disorders.
- Broader considerations:
 - The ability to get on in every day life
 - The ability to connect with other people
 - The ability to enjoy oneself
 - The ability to handle stress, discomfort, and change
 - The ability to pursue goals and interests
 - Sense of psychological and emotional wellbeing
 - Sense of capability
 - Flexibility
- Thus, mental health is not entirely personal – linked to others. We must consider mental health in a social context.

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Poor Mental Health - Disorder Model

- Assumes mental illnesses exist as discrete categories, one “has it” or one does not.
- Based on disease model – specific causes, specific treatments.
- Although some symptoms might result components of normality, collections of symptoms form syndromes that are discrete and unique.
- Dominant.

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Poor Mental Health - Distress Model

- Distress model (dimensional)
 - Mental illnesses do not exist as independent entities, rather, all people score on a continuum of psychological distress, part of everyday life.
 - Those who experience substantial amounts of these negative phenomena may be considered unwell or distressed, but “disease” may be a misnomer.
- Everyday life is naturally full of some degree of negative affect, stress, worry, concern, etc. What defines “poor mental health” is just as contested as “good mental health.”

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This Course...

- Approaches mental health and mental illness broadly, focusing more on these concepts as broad spectrums of experience, rather than binary states.
- What factors shape development of good mental health? Poor mental health?
- How can we explain dramatic increase of interest in mental health and illness?
- Key tension: are mental health troubles the result of individual problems or broader social issues? Should we try to “fix” the individual? Can we “fix” society?

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The DSM

- The “official” list of mental disorders -> gateway to treatment.
- Produced by the APA, disorders drawn up on by committees.
- What it doesn't do: cause, treatment.
- Where do day to day experiences fit into the DSM?
 - Are disorders simply extensions or more intense versions of common experiences like stress, sadness, worry, distraction?
 - Even more severe experiences, like psychosis, are not entirely atypical.
- Criticisms:
 - Lacks validity
 - Reduces highly personal experience to simple checklist
 - Measures whether a person matches particular types of disorder, does little to consider broader notion of mental health

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How a Diagnosis is Formed

- Diagnosis a result of interview more so than physical exam.
- Includes history taking and record of person's current psychopathology.
- Thus, diagnosis primarily made by self reporting. Observations of friends and family can figure into equation.
- Results checked against DSM criteria, use of scales, clinical experience, etc.
- What emerges is not objective fact, but rather an interpretation grounded in value judgments on BOTH sides of the clinician's desk.

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Factors that Drive Mental Health & Illness

- Social determinants
- Individual experiences
- Biological factors

- Socially, we have constructed labels to describe these experiences as healthy/unhealthy, dangerous/safe, normal/abnormal.
- As social constructions, our understanding of these issues differs according to time and place. We should not assume universal portability to concepts.

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The Individual and Society

- Mental health not merely experienced by the individual – as social beings, it describes relationships and connection to others.
- Abnormality requires the presence of another person to deem it as such.
- What might be signs of good societal mental health?
 - Stability
 - Social cohesion
 - Productivity

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Bhutan and Gross National Happiness

- GNH rather than GDP.
- Gauges the “spiritual, physical, social, and environmental health of citizens and natural environment” via national survey.
- “How would you rate the quality of your life?” “Do you feel you are playing a useful part in things?” “What are your main sources of stress?” and “How much do you trust your neighbours?”
- Widespread social measures to improve happiness.
- Despite poverty, one of the happiest countries on earth.

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Poor Societal Mental Health

- Can societies be “mentally ill?”
- Indicators might include: lack of cohesion, fear, paranoia, high rates of aggression, etc.
- Potential examples of poor societal mental health?
 - Moral panics?
 - Mass psychogenic event?
 - Trump’s America?
 - Civil war?
- Labelling these phenomena as mental illness may also be dangerous – denies responsibility, suggests spontaneous development.

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Improving Mental Health

- Individual activities
 - Diet, meditation, yoga, exercise, art, music, positive thinking, etc.
- Therapist-assisted individual interventions
 - Psychotherapies (CBT, DBT, psychodynamic, etc.)
 - Psychopharmaceuticals
 - Mental healthcare professionals include psychiatrists, psychologists, social workers, nurses (licensed).
 - Unlicensed counsellors, life coaches, etc.
- Alternative individual therapies
 - Light therapy, play therapy, animal-assisted therapy.
- Systems and other group therapies
- What about the social level?

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Conclusions

- Defining mental health and mental illness is complex – they are both contested and immeasurable.
- While clear that individuals have their own personal experience, defining mental health and mental states themselves are fundamentally social experiences.
 - Can we speak of society's mental health?
- No shortage of strategies to improve mental health – why then are we thought to be living in a period of acute mental health crisis?

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