



# What Influences Mental Wellbeing

Unit Four VCE Psychology AOS Two: Summary Pages

## Dot Point 1: Mental Health & Wellbeing, Resilience & SEWB

### Mental Wellbeing:

**Mental wellbeing** involves an individual's state of mind, enjoyment of life, and ability to cope with the normal stresses of everyday life and develop to their potential.

### Levels of Functioning:

**Levels of functioning:** The degree to which an individual can complete day-to-day tasks in an independent and effective manner.

- Evident through observable behaviour when meeting the demands of everyday life
- Vary in a number of ways
- Mental health is commonly described as a continuum

### Levels of Functioning: Mental Wellbeing as a Continuum

- **High functioning** - functioning very well
- **Moderate functioning** - may occur due to experience of a temporary mental health problem.
- **Low functioning** - associated with a mental health disorder.



Levels of functioning tends to correspond with how well or adaptively a person is meeting challenges of living in a range of areas such as: (All examples of **High Functioning**)

- |                            |                               |
|----------------------------|-------------------------------|
| • Daily living skills      | • Interpersonal relationships |
| • Emotion                  | • Cognitive skills            |
| • School and work settings | • Leisure activities          |

### Resilience:

**Resilience:** the ability to successfully cope with and manage change, uncertainty and adversity, and to 'bounce back' and restore positive functioning.

- People who are mentally healthy are described as 'resilient' because they tend to have a high level of resilience, whereas people who are mentally unwell tend to have a low level of resilience and may be described as 'not resilient'.
- Resilience is the product of a range of personal skills, especially coping strategies and how people view and engage with the world. Also significantly influenced by external factors, particularly the availability and quality of social resources

Characteristics that enable someone to be resilient:

- |  |  |
|--|--|
| • A strong belief in their abilities to accomplish tasks and succeed | • Approaching adversity with a sense of optimism, opportunity and hope |
| • High self-esteem   | • Being adaptable and flexible   |
| • Being organised  | • Having problem-solving skills  |
| • Having the ability to make realistic plans and carry them out.     |  |

Resilience is not a 'fixed' ability that cannot be developed or enhanced. It is possible to learn knowledge and skills that can promote or build resilience

### Social & Emotional Wellbeing:

**Social wellbeing:** Feeling connected, reciprocated, valued, and desired

**Emotional Wellbeing:** Feeling balanced, experiencing a normal range of emotions, having coping strategies, responding appropriately

### Social & Emotional Framework for Aboriginal & Torres Strait Peoples:

The term **social and emotional wellbeing (SEWB)** is used by Aboriginal and Torres Strait Islander people to describe the physical, social, emotional, spiritual and cultural wellbeing of a person.

The **Aboriginal Social and Emotional Wellbeing framework** is one approach to understanding all elements of being (and therefore wellbeing) for Aboriginal and Torres Strait Islander peoples. It is **multidimensional** and **holistic**.

**The Aboriginal SEWB(f):** A framework that includes all elements of being, and therefore wellbeing, for Aboriginal and Torres Strait Islander peoples.

## Dot Point 2: Mental Wellbeing as a Continuum

### Mental Wellbeing as a Continuum:

The **mental wellbeing continuum** is a tool used to track the fluctuations of mental wellbeing.



**Mentally Healthy:** a generally positive state of mental well being, seen by;

- Good ability to cope with life challenges
- Working productively
- Goal and potential directed behaviour
- A sense of connection to others

**Mental Health Problem:** a mental state that adversely affects the way a person thinks, feels and behaves

- Not as severe or long term as a mental disorder
- Symptoms: worry, irritability, poor sleep, poor concentration, reduced motivation, social withdrawal, poor appetite
- Everyone experiences these throughout life

**Mental Disorder (illness):** a mental state that involves thoughts, feelings &/or behaviours associated with distress and impaired functioning in everyday life

- **EG:** Clinically diagnosed disorder (depression, anxiety, etc.)
- Mental disorders are organised into categories
- Diagnosis is based on standardised criteria

### Factors Influencing Mental Wellbeing:

There are several **internal** and **external factors** that combine to **influence** the mental wellbeing of an individual at different points in time.

**Internal factors** are influences that originate from inside or within a person.

(*Biological & Psychological* Factors)

**Biological factors** involve physiologically based or determined influences.

- These are often not under our control.
  - Such as: Inherited genes, gender, balance of specific neurotransmitters, and NS functioning
- Some biological factors may be under our control
  - Such as, diet and sleep hygiene

**Psychological factors** involve influences associated with mental processes

Such as: Ways of thinking, perceptions about self, others and external environment, beliefs, attitudes, prior learning, and response to stress

**External factors** are influences that originate from outside of a person. (*Social Factors*)

**Social factors** involves influences that originate from outside of a person

These can include: Level of education, access to health care and community resources, interpersonal relationships, social supports, external stressors, level of income, risk to violence, exposure to social stigma, specific cultural background, values and traditions

### Variations for Individuals Experiencing Stress, Anxiety & Phobia:

The continuum can be applied to specific types of symptoms, mental illnesses, or any other type of human experience.

Illustrated by variations for individuals experiencing **stress**, **anxiety** and **phobia**.

### Stress:

**Stress** is a psychobiological response produced by internal and external stresses.

- Everyone experiences stress - considered a normal part of life.
- Potential stressors range from daily hassles through to traumatic events.
- Can be acute & short-lasting or chronic and long-lasting

### Anxiety:

**Anxiety** is a state of arousal involving feelings of apprehension or uneasiness that something is wrong or something unpleasant is about to happen

- Body often mobilises itself to meet perceived threat
- Short-term anxiety is an adaptive process.
- Mild to moderate can make us more alert and improve ability to cope.

- Severe or exaggerated anxiety that does not subside can be counterproductive and disabling.

Severe or exaggerate anxiety is generally accompanied by intense physiological sensations and responses such as: Shortness of breath, sweating, trembling, nausea, stomach cramps, feelings of suffocating, feelings of losing control and/or feelings of impending doom

Experiencing anxiety for a prolonged period of time can lead to an **Anxiety disorder** (a term used to describe a group of mental health disorders characterised by chronic feelings of worry, excessive apprehension or fear about the future, with overall negative effects on their lives).

### Phobia:

A **specific phobia** is a persistent, irrational and intense fear of a particular object, activity or situation, which is consistently avoided or endured with marked distress.

↳ Fear response for someone with a phobia is **typically out of proportion** to the actual danger posed by the stimulus.

**What causes the Phobia:** The specific object or situation producing the fear associated with a phobia is referred to as a phobic stimulus.

- Exposure to the phobic stimulus **triggers an involuntary anxiety response**
- There is variation between individuals in how they react to a phobic stimulus.
- An individual's reaction may also vary under different conditions.

Experience of a phobia typically involves both stress and anxiety at significant levels.

### Stress, Anxiety & Phobia:

- Distinction; **stress and anxiety** can independently or in combination **contribute** to the development of a mental health disorder, but are **not in themselves considered to be mental disorders**.
- In contrast, *any type of phobia is considered a mental health disorder*
- Stress and anxiety are **generally considered normal human responses** that are usually adaptive and beneficial (unless excessive and chronic).
  - Unlike phobias that **inevitably cause distress and interfere** with a person's day-to-day functioning through avoidance behaviours and fear responses.

### Dot Point 3: Influences on the Development of Specific Phobia

#### The Biopsychosocial Approach:

The **biopsychosocial approach** is a **holistic, interdisciplinary framework** for understanding the human experience in terms of the influence of **biological, psychological, and social factors**.

- **Biological factors** are internal, genetic, and/or **physiologically based factors**.
- **Psychological factors** are internal factors relating to an individual's **mental processes**, including their cognition, affect, thoughts, beliefs, and attitudes.
- **Social factors** are external factors relating to an individual's **interactions with others and their external environment**, including their relationships and community involvement.

#### The Four P Factor Model:

- 1. PREDISPOSING RISK FACTOR:** increases susceptibility to a specific mental disorder
  - Not a causal factor
  - **EG:** Family history of schizophrenia
- 2. PRECIPITATING RISK FACTOR:** increases susceptibility to and contributes to the occurrence of a specific mental disorder
  - **EG:** major stressor, acculturative stress, catastrophic event
  - They are the thing that has caused the symptoms 'now'
- 3. PERPETUATING RISK FACTOR:** maintains the occurrence of a specific mental disorder and inhibits recovery
  - Causes a person's symptoms to persist or worsen
  - **EG:** continuing to use a drug, unresolved predisposing or precipitating factors, ongoing bullying, abuse, illness, low resilience etc.
- 4. PROTECTIVE FACTOR:** reduces or prevents the occurrence or reoccurrence of a mental disorder
  - **EG:** social support, personal characteristics (ie: resilience), high self-esteem etc

### Biological Contributing Factors:

#### Gamma-aminobutyric Acid Dysfunction:

**GABA dysfunction** refers to the insufficient neural transmission or reception of GABA in the body.

- GABA is an inhibitory transmitter ➔ Without the inhibitory effect, activation of postsynaptic neurons may get out of control.
- Not enough GABA neurons are more likely to receive an anxious message and pass it on

Genetics, CNS damage, exposure to stress, nutritional deficiencies and high caffeine intake may all affect GABA levels

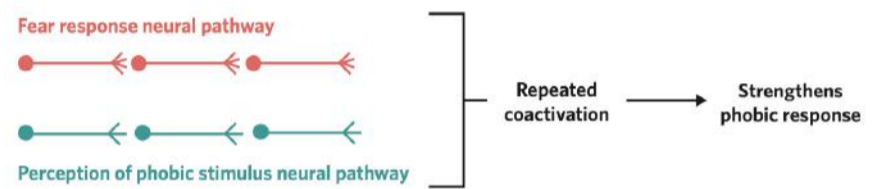
#### Effects Could Lead to:

- Inhibit GABA release
- Inhibit its ability to bind to receptor site on post synaptic neuron
- Stimulate overproduction of glutamate (excitatory neurotransmitter)

**LTP:** long lasting strengthening of synaptic connections, resulting in enhanced synaptic transmission within that pathway

**Meaning** there is a neurological strengthening of the association between the phobic stimulus and fear/anxiety

- This strengthening occurs with each encounter of the phobic stimulus and increases the efficiency of transferring fear information (decreasing likelihood of forgetting)



### Psychological Contributing Factor:

#### Behavioural Models:

Phobias are developed, maintained and modified by environmental consequences

Classical Conditioning	Operant Conditioning:
<b>Acquisition:</b> Developing to a CR to a CS	<b>Strengthening:</b> Avoidance of phobic stimulus through negative reinforcement <b>Acquisition:</b> Positive reinforcement from parents for avoiding (potential) phobic stimulus

#### Cognitive Models:

How an individual processes information about the phobic stimulus; memories; beliefs; attitudes; biases, etc

- People have one or more cognitive biases

**Cognitive bias:** tendency to think in a way that involves errors of judgement and faulty decision making

#### Memory Bias:

**Memory bias:** the distorting in influences of present knowledge, beliefs and feelings on the recollection of previous experiences

**Consistency Bias:** Memories of past experiences are distorted through reconstruction to fit in with what is presently known or believed

- **E.g:** Past memories of encounters with spiders reconstructed in an (incorrectly) fearful way

**Change Bias:** Whenever we recall a past experience we exaggerate the difference between what we knew or felt then and what we currently know or feel

- **E.g:** Past memories of spiders recounted far more fearfully to match current thinking

#### Catastrophic Thinking:

**Catastrophic thinking** is a thinking style involving overestimating, exaggerating or magnifying an object or situation and predicting the worst possible outcome

- People grossly underestimate their ability to cope

### Social Contributing Factors:

#### Specific Environmental Triggers:

Negative, traumatic past experience E.g, Dog attack; spider bite

- The more severe the trauma ➔ the more likely a phobia
- Not all people experiencing a negative event will develop a phobia
- Timely re-exposure to phobic stimuli may reduce long lasting effects

#### Stigma Around Seeking Treatment:

- People may ridicule; suggest overreaction or exaggeration

- Difficulty in understanding may arise from people's ability to function 'normally' aside from when confronting their phobic stimulus

#### Dot Point 4: Evidence Based Interventions & Use of Specific Phobia

##### Evidence Based Interventions:

**Evidence-based** interventions are treatments that have been *found* to be *effective* on the basis of *scientific evidence*.

##### Biological Interventions:

**Biological interventions** target the bodily mechanisms believed to be contributing to a phobia or its symptoms.

##### Use of Anti-Anxiety Benzodiazepine Agents:

**Benzodiazepines** are a group of drugs that work on the central nervous system, acting selectively on GABA receptors in the brain to *increase GABA's inhibitory effects* and make postsynaptic neurons resistant to excitation.

Drugs can either be:

- **Agonists** - stimulating neurotransmitters function
- **Antagonists** - Inhibit neurotransmitters function
- Benzodiazepines are **GABA agonists**, stimulating GABA receptors and mimicking its inhibitory effects.
- Benzodiazepines have both anti-anxiety and sleep-inducing properties.
  - Often referred to as sedatives, mild tranquilisers or depressants as they slow down CNS activity.
- Generally benzodiazepines relieve symptoms of anxiety by **reducing physiological arousal and promoting relaxation**.
  - Long-term use is not recommended.
- Amplifies the effects of GABA if present; has little effect if GABA is absent.
- Benzodiazepines are processed and eliminated at different rates
  - **Short Acting:** benzodiazepine remains in the bloodstream and is cleared from the body in a short period of time.
  - **Long-acting:** may accumulate in the bloodstream or take a longer period of time to leave the body

##### Breathing Retraining:

**Breathing retraining:** an anxiety management technique that involves teaching correct breathing habits to people with specific phobia.

- Poor breathing patterns are common for people with specific phobias.
- Over-breathing can result in **lower CO2 levels**.
  - Causing dizziness, lightheadedness, pins and needles and blurred vision.
- Slowing the respiration rate is also an effective method of inhibiting the fight-flight-freeze reaction and returning to a normal state following activation.
- Breathing retraining involves teaching the individual how to quickly restore the level of carbon dioxide if they start over-breathing.
  - Individuals are taught strategies to increase carbon dioxide levels by taking in less oxygen.
- Can be **used by itself or in combination** with other treatments.

##### Psychological Interventions:

**Psychological Interventions** focus on changing the cognition and emotional reactions to phobic stimuli.

**CBT:** is a type of psychotherapy that intends to change the thoughts and behaviours that perpetuate mental disorders and to improve coping skills.

- Utilised cognitive and behavioural therapies to treat phobias and other mental disorders.
- Mental health professionals work with individuals to **identify** unhelpful thoughts, emotions and behaviours and challenge them facts & statistics that **replace** them with positive, adaptive ones.
- The **cognitive therapy** aspect of CBT is based on the theory that **distressing emotions and maladaptive behaviours** are the result of **faulty patterns of thinking**.
- The **behavioural therapy** aspect of CBT is based on the theory that **behaviour is learned** and therefore can be **changed**.

##### Systematic Desensitisation:

**Systematic desensitisation** is a kind of behaviour therapy that aims to replace an anxiety response with a relaxation response when an individual with a specific phobia encounters the phobic stimulus.

- The technique applies **classical conditioning** principles in a process that involves **unlearning** the connection between anxiety and a specific object by **reassociating** feelings of relaxation (and safety) with the stimuli.
- Systematic desensitisation involves a **three-step process** that requires the individual to learn to relax while **gradually facing increasing anxiety-producing phobic stimuli**.
  - Over time the individual associates being relaxed with the phobic stimulus instead of anxiety.

<b>Step 1:</b>	Teaching the individual a <b>relaxation technique</b>
<b>Step 2:</b>	Individual creates a <b>fear hierarchy</b> - a list of feared objects or situations ranked from least to most anxiety-producing. Ideally this should consist of 10-15 specific situations (often ranked on 100 point scale).
<b>Step 3:</b>	Involves systematic <b>exposure</b> to each step of the fear hierarchy one at a time. Ensuring that the individual achieves relaxation before moving to the next situation.

##### Social Interventions:

**Social interventions:** used to complement one or more biological and psychological interventions.

##### Psychoeducation for Families & Supporters:

**Psychoeducation:** the provision and explanation of information to individuals about their phobia to assist their understanding of its characteristics and treatment.

- In some cases psychoeducation may be broadened to include family members and others supporters to educate them about the **importance of challenging inappropriate thoughts and not encouraging avoidance behaviours**.
- Based on the assumption that understanding symptoms, treatment options, services available and recovery patterns enable individuals to cope more effectively.

##### Challenging Unrealistic & Anxious Thoughts:

- People with a specific phobia typically have anxious thoughts about their phobic stimulus.
  - These anxious thoughts that trigger and fuel phobias are usually negative and unrealistic.
  - Leads to overestimation of severity of exposure and underestimation of ability to cope.
- Family and supporters play an important role in helping a person to cope with or overcome a phobia by encouraging them to recognise and challenge unrealistic thoughts.

##### Not Encouraging Avoidance Behaviours:

- While avoidance behaviours can make an individual feel better in the short term, it prevents them from learning that their phobia may not be as frightening as they think or how to cope with their fears, perpetuating their phobia.
  - It is important that family and supporters understand what avoidance behaviours are
    - Doesn't mean family and supporters should deliberately force a person with a phobia to be exposed to phobic stimulus.
  - Family and supporters may learn about the importance of gently and calmly encouraging and supporting the individual to not engage in avoidance behaviours.

## Dot Point 5: Maintaining Mental Wellbeing

### Protective Factors:

**Protective factors:** influences that enable an individual to promote and maintain high levels of mental wellbeing.

1. Reducing the risk of low levels of mental wellbeing or developing a mental health disorder
2. Increasing the likelihood of high levels of mental wellbeing.

Protective factors do not guarantee high levels of mental wellbeing, but rather they may help to improve an individual's mental wellbeing.

### Biological Protective Factors:

**Biological Protective Factors:** stem from brains or bodies and help to maintain or promote mental wellbeing.

#### Adequate Nutritional Intake and Hydration:

- Having *adequate nutritional intake* and *hydration* means eating a good amount of a variety of different foods and ensuring we drink enough water to maintain good physical health and feel mentally well as a result.
- An adequate diet needs to be 'balanced', with minimal amounts of food high in fat, salt and sugar and more vegetables, fruit, grains and plenty of water.

#### Adequate Sleep:

**Adequate Sleep:** waking feeling refreshed, ready for the day and feeling positive about ourselves and our abilities

- Sleep needs vary → adequate sleep is not dependent on getting a certain amount of sleep
- Thoughts, feelings and behaviours are impacted by what happens when an individual sleeps

### Psychological Protective Factors:

**Psychological protective factors:** mental processes that can maintain and promote mental wellbeing.

#### Cognitive Behavioural Strategies:

**Cognitive Behavioural Strategies:** techniques drawn from CBT to identify, assess and correct faulty patterns of thinking or problem behaviours that may be affecting mental health and wellbeing

Cognitive Component:	Behavioural Component:
<ul style="list-style-type: none"><li>• Identifying dysfunctional feelings and thoughts (cognitions) about the issue.</li><li>• Replacing these dysfunctional feelings and thoughts with more functional ones.</li></ul>	<ul style="list-style-type: none"><li>• Identifying dysfunctional behaviours relating to the issue.</li><li>• Developing and maintaining more functional behaviours relating to the issue</li></ul>

These techniques can be used to address...

**Dysfunctional thoughts (cognitive distortions):** habitual ways of thinking that adversely impact on mental health.

#### Meditation:

**Meditation:** practice of sitting for a period of time in quiet stillness, attention turned inward and focused on something specific.

Meditation can improve:

- Improve emotional reactivity
- Reduce the likelihood of rumination (repeatedly considering negative thoughts)
- Reduce stress and improve memory

### Social Protective Factors:

**Social protective factors:** influences that exist in an individual's social environment that can maintain and promote mental wellbeing.

#### Social Support:

**Social Support:** the assistance, care or comfort provided by people to each other, typically to help them cope with a stressor or mental health issue.

- These people may not be professionals, but rather, anyone that provides stable, on-going relationship

## Dot Point 6: Cultural Determinants of Wellbeing of Aboriginal & Torres Strait Islander Peoples

### Cultural Determinants for Wellbeing of Aboriginal & Torres Strait Islander Peoples:

**Culture:** refers to the way of life of a particular group, society or community that sets it apart from other groups, communities and societies.

- Includes language, knowledge systems, customs, beliefs, values, attitudes, norms about what is right and wrong, food, art, dance and music, and any other features which distinguish it from other groups, societies or communities.

#### Cultural Determinants:

Cultural determinants of mental wellbeing are protective factors that help maintain strong connections to culture, strengthen cultural identity, enhance resilience and contribute to the maintenance of good mental wellbeing.

*'Culture is about the life-giving values from which individuals, families, and communities can draw strength, resilience, and empowerment, thus contributing to health and wellbeing' it is a way of life that is shared and learned'.*

#### Cultural Continuity:

**Cultural continuity:** preservation of all things to do with Aboriginal and Torres Strait Islander peoples' culture over time, and the sense of history, identity and belonging this provides.

- Involves intergenerational maintenance and transmission of cultural knowledge and practices, including language, self-determination, and connections to Country, family and kinships, community, spirit, spirituality and ancestors.
- The importance of cultural continuity for mental wellbeing has been shown to protect against serious mental health issues.

#### Self-Determination:

**Self-determination:** the right to freely determine or control their political status and freely pursue their cultural, social and economic development.

- It's a basic human right and crucial to overcoming disadvantage and ensuring future generations survive and thrive.
- Aboriginal community control ensures that mental health services are tailored to each community's particular priorities and goals, and deliver culturally appropriate solutions driven by the local community.

Self-determination specifically means that rather than Aboriginal and Torres Strait Islander people merely being 'engaged' or 'consulted' as 'advisors' or 'co-designers' of mental health services and policies, they are authorised to take ownership and responsibility for *designing, delivering* and *evaluating* policy and services.