



# Where's the 'Health' in Mental Health?

We lack balance in our current approach to mental health care.

Several months ago I was preparing to lead a class for women incarcerated in the Philadelphia prison system. The topic of the class was mental health, yet as I searched the Internet for information to share with them, I soon found that the phrase “mental health” had few positive definitions. Instead, it called forth a number of unhealthy and negative associations: disorder, dysfunction, diagnosis, and illness. It was as if “mental health” was synonymous with “mental disorder”—as if the two were one and the same. This is troubling, as it suggests that our discourse on this topic has become skewed toward dysfunction.

I was reminded of a homeless woman I had worked with when I was a mobile mental health nurse in Philadelphia. Arlyn (not her real name) was pleasant, sociable, intelligent, and respected by her peers at the drop-in center she attended on a regular basis. She had a good sense of humor and was kind and generous. She was a passionate Phillies fan. She had the skills to survive living on the streets, where she took care of herself in situations most of us would find unimaginable. But when speaking of her children, she became paranoid; she believed they had been kidnapped and murdered. When I arranged for Arlyn to speak with her children (who were in the custody of her family), she insisted they were imposters.

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While Arlyn undoubtedly had problems with reality where her children were concerned, it was clear that she was so much more than the paranoid schizophrenia she was diagnosed with. Yet there was little official recognition in the system of her strengths, of

the many healthy components of her mental state. Arlyn's situation is not unique and this is unfortunate, because putting the focus on our deficits sets the stage for doing less than we can and being less than we are. How much more encouraging would it be to be seen as half full rather than half empty?

The goal of this column is to illuminate the idea that even in mental illness there can be mental health. It will provide a brief overview of what it means to be mentally healthy, describe the primary source of diagnosing mental disorders in the United States and the controversy that surrounds it, and illustrate the importance of acknowledging the continuum of health and illness so we can better realize the shades of gray that characterize us all.

### WHAT IS MENTAL HEALTH?

A dictionary entry defines mental health as “a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.”<sup>1</sup> The World Health Organization (WHO) provides a more comprehensive, nuanced description<sup>2</sup>:

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

According to a 2000 report by the U.S. surgeon general, mental health “refers to the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity.”<sup>3</sup> Of note is the report's observation that

while it's possible to identify various components of mental health, it's not easy to define what mental health is and that "the ideal of a uniformly acceptable definition of the construct is illusory . . . subject to many different interpretations."<sup>3</sup>

We all have bad days, occasionally feel anxious or depressed, or have trouble coping, but that doesn't mean we are mentally ill. In a recent commentary in the *Guardian*, psychiatrists Bentall and Craddock point out that just because someone is lethargic, loses weight, or becomes disinterested in life, it doesn't mean that psychiatric remedies are required. Some symptoms of depression can also be normal responses to difficult or abnormal situations.<sup>4</sup> In such cases, it might be considered abnormal *not* to feel sad or anxious. Recognizing that people need not be the picture of mental perfection at all times, we can point to a number of characteristics that are indicative of being mentally healthy.

**One of the best descriptions of mental health** that I found during my Web searches comes from the South African Federation for Mental Health. It divides 24 characteristics of mentally healthy people into these three categories: feeling good about yourself, feeling comfortable around other people, and being able to meet life's demands.<sup>5</sup> Feeling good about yourself includes having self-respect, accepting your shortcomings, and being able to laugh at yourself. Feeling comfortable with others means that you are able to give love, like and trust others, and feel you can be part of a group. Meeting life's demands means that you are able to set realistic goals, welcome new experiences and challenges, and plan ahead without fearing the future.

Part of being mentally healthy also includes being in touch with reality, being reasonably resilient, and being able to make your own decisions. In a 1958 examination of what is "normal," Jahoda surveyed mental health professionals on what constitutes mental health and came up with six categories<sup>6</sup>:

- positive self-esteem and a strong sense of identity
- satisfactory personal growth and development
- the ability to cope with life's stressful situations
- autonomy and a level of independence
- an accurate perception of reality
- the ability to successfully manage relationships and one's environment

While the above sources provide valuable insight into the healthy mind, there remains a paucity of information and literature on this issue. Instead, the need for a standardized language of diagnosis—motivated in part by insurance companies' requirements for defining coverage parameters as well as the need for clinicians to have clear guidelines regarding



Serenity in Chaos by Jade Galois.

diagnosis—has resulted in extended definitions and categorizations of mental illness.

**The Diagnostic and Statistical Manual of Mental Disorders (DSM)**, the main source of these classifications, is responsible for the way we perceive mental health and mental illness in the United States. Published by the American Psychiatric Association (APA), the *DSM* contains the criteria required for diagnosis of a particular disorder or disorders. In other words, it provides the standard classification of mental disorders for use by those working in the mental health field, such as psychiatrists, psychiatric NPs, social workers, and psychologists.

The *DSM* has three major components<sup>7</sup>:

- *diagnostic classifications*: a list of mental disorders that can be used in making a diagnosis
- *diagnostic criteria*: symptoms and conditions a person must have to be diagnosed with a particular disorder or disorders
- *descriptive text*: background information about a given disorder, including subtype, prevalence, and differential diagnosis

The *DSM* was first published in 1952. Subsequent publications and revisions were released in 1968, 1980, 1994, and 2000. Decisions regarding what to include in a given edition are made by a majority vote among APA members. None of the current, past, or present editions of the *DSM* has been free from



criticism. Some question their validity, reliability, medicalization, and cultural bias; others challenge possible financial conflicts of interest, the foundation of revisions, and the APA's right to determine what mental illness is or is not.<sup>8-12</sup> And disorders do change with time. For example, homosexuality, considered a mental disorder in earlier versions, was removed from the *DSM* in 1973. This change was the result of the evolving viewpoint that homosexuality was a "normal sexual variant" and not a form of psychopathology.<sup>13</sup>

Others also support the validity of a strengths-and-empowerment approach, believing it can be particularly useful in working with those (such as the homeless, elderly, and mentally or physically challenged) who are viewed as powerless.<sup>16,17</sup> This approach asserts that by empowering people, we give them the ability to shape their own destinies. Still others challenge the assumption that mental illnesses are fact-based disorders that can be classified in discrete categories.<sup>18</sup> They see such classifications as both

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Diagnosis of a given disorder requires that a patient meets specific criteria, including relevant symptoms and their cause, time frame, duration, and level. A diagnosis serves several functions, including communicating to others information regarding a patient's illness, pulling together what might otherwise appear to be a list of disconnected symptoms, and providing information to insurance and managed care companies. Guidelines and standards regarding what constitutes a certain mental disorder or illness are important, especially since diagnoses can be subjective. However, there are those who argue for another perspective—they want to move away from the "norm" of the *DSM*, which "decrees that an expanding range of behaviors, internal emotional and mental states, and human conditions come to be labeled as deficiencies requiring medication, sequestering, treatment and, in some cases, imprisonment."<sup>14</sup>

Indeed, the *DSM* is based on a medical model that understands human behavior through a pathological and deficit lens.<sup>15</sup> A number of those working in the fields of psychology, social work, and psychiatry, while acknowledging the merits of the *DSM*, take exception to a diagnostic process that focuses exclusively on a person's weaknesses, limitations, and pathology. Some argue that a process that identifies a person's strengths can be of equal value—and provide more encouragement to those who are suffering. For example, Saleebey argues for more consideration of a person's "assets, talents, capacities, [and] personal virtues" when making a psychiatric diagnosis. He goes so far as to offer suggestions for personal qualities, such as trustworthiness, patience, initiative, and insight, that could be included in a "Diagnostic Strengths Manual."<sup>14</sup>

arbitrary and limiting to professional efficacy, arguing that this practice confines the scope of exploration, leading "scientists and practitioners to carefully gather [only the] information [that will] determine a person's 'goodness of fit' in a particular category."<sup>18</sup>

The controversy has a long history and continues to this day. And it's not centered solely on the merits or faults of the *DSM*. There are many who question the concept of mental illness, chief among them the late Thomas Szasz, whose work addressed what he believed to be the myth of mental illness.<sup>19</sup> Other mental health professionals and nonprofessionals alike (including those experiencing mental illness) question the value of psychiatry, its views of what constitutes mental illness and its approaches to diagnosis and treatment.<sup>20-23</sup>

#### NURSING IMPLICATIONS

So what can we do to recognize and foster the mental health of our patients and clients? While psychiatry operates within the framework of a medical model, nursing has the advantage of being able to consider other ways of seeing and doing, including moving from a disease to a wellness orientation. We are trained to look at patients within a holistic framework—to see the entire picture—not just one aspect of it, such as illness. Furthermore, the relationship between nurses and patients is at its best when both work together as equals. Seeing patients only as "illness" prevents us from meeting that obligation. Understanding our patients requires that we know more than just their disease; recognizing their strengths, capacities, skills, and talents enables us to help them use these qualities to achieve their best. This balanced view is especially important when working with patients experiencing

emotional difficulties or diagnosed with a mental illness. This approach is, in fact, built into the foundation of nursing practice, as evidenced by the kind, respectful, and humanizing care provided to the mentally ill by the Daughters of Charity well over a century ago.<sup>24</sup>

When encountering patients who exhibit signs or symptoms of behavioral problems or mental distress, it may be useful to keep the following in mind.

- Don't blindly believe every psychiatric diagnosis. Respond to the patient based on the assessment you perform in the moment.
- Each person is greater than the sum of her or his psychiatric diagnosis. Work to discover the other aspects of the patient and recognize that while one part may have a problem, other parts may be doing well and be quite healthy. For example, someone who has bipolar disorder can still be productive at work; be intelligent; have a wonderful sense of humor; be a wonderful parent; and be involved in a long-term, loving relationship.
- Above all, a patient with behavioral issues is a person first. Seek to engage the humanity that exists within us all.
- Recognize that today's psychiatric disorder may not be considered a disorder in the next edition of the *DSM*.
- Just as nurses can capitalize on patient strengths when working with those with medical needs, so we can do the same when working with those with mental health challenges.
- Whenever possible and appropriate, involve the patient's family and significant others in all stages of care and treatment.
- Acknowledge and respect the various roles patients have in their personal and professional lives.

Clearly there are benefits to giving equal voice to the positive and functional aspects of a patient's life; to acknowledging that health, both physical and mental, exists on a continuum, with many degrees of both wellness and illness. As mental health professionals ready for the arrival of the next edition of the *DSM*, the *DSM-5*, in May, we can continue to do our part by shifting the discourse toward recognition of the strengths and virtues of the Arlyns of our world. And as I address various disorders and conditions in future columns, let's bear in mind that in mental illness there is always mental health. ▼

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