



Mental Health Pack

Aligned with the
CAPS Life Orientation Curriculum

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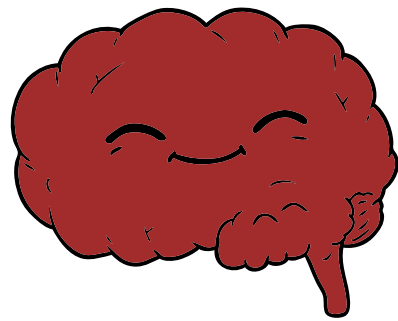
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Basics of Mental Health

Mental Health

'Mental Health' refers to an individual's emotional capacity to successfully adapt to the challenges and stressors caused by life. Negative and positive emotions are part of good mental health. In fact, it is normal to portray negative emotions. Just because we feel sad or angry does not always mean we have bad mental health. Instead, it is our ability to adapt to these emotions and behaviours that determine whether our minds are healthy. When understanding mental health, we need to grasp concepts related to it and the differences between these concepts.



Mental Distress

'Mental Distress' is the internal demonstration of stress that a person develops when reacting to their environment, such as when writing a test or giving a class presentation. Everybody experiences mental distress and it does not always represent bad mental health, a mental disorder, or the need for counselling. Most people are able to successfully adapt and cope with mental distress.

Mental Health Problems

'Mental Health Problems' is when an individual is experiencing a much bigger stressor than what usually causes mental distress, such as moving cities or the death of a loved one. The person experiencing mental health problems will also experience a change in functioning or changes in their behaviour – they might feel angrier than usually or have trouble sleeping. Often, this person would need assistance through counselling or social support.

Mental Disorders

This is very different from mental distress and mental health problems. It consists of a complex interplay between an individual's genes and the environment to which they have been exposed. Mental disorders are the results of changes that arise in brain functions. The same counselling given to someone with mental health problems can be given to someone with a mental disorder. However, someone with a mental disorder would need further care, such as evidence-based treatment or hospitalisation.

Common Misconceptions about Mental Disorders

1. People should work out their own mental illness.

This is incorrect. Similar to how a person with a physical illness would need medical assistance, someone with a mental illness does too. Medical assistance includes various forms of therapy and/or specific medication designed to help the brain function.

2. Once you have a mental illness, you have it for life.

Although most mental illnesses are lifelong, this does not mean they are death sentences. Often mental illnesses are episodic, meaning they occur in episodes and symptoms are not always present. Episodes are often triggered by stressful events. However, if a person can manage their stress and prevent episodes from reoccurring, they can live very productive and happy lives.

3. Medication should never be used to treat mental illness.

Medication can be a very effective part of treating mental illness. However, it is not the only source of treatment. There are other forms of treatment, including, counselling, support groups and self-help. A person with a mental disorder should always be encouraged to find the treatment that works for them and with which they are most comfortable.

4. You can tell that someone has a mental illness just by looking at them.

While there are instances where someone with a mental illness might have bizarre behaviour during a psychotic episode, you generally cannot tell if someone is mentally ill based on their appearance.

Stress & Trauma

Stress

What is stress?

We have already touched on mental distress, which is also known as 'stress'. It is important to note that stress is a healthy and normal response to the challenges we face in our environment. The situation causing stress triggers a fight-flight response which enables us to perform better and become more alert to the situation at hand. For example, when presenting an oral in front of the class, a student might begin to show symptoms, such as sweating, dry mouth and their heart rate might increase. This is all caused by the fight-flight response.

However, this response is only beneficial when it is short-lived. When someone who is experiencing stress does not deal with the situation in an appropriate manner, the stress can become abnormal. Being in constant fight-flight mode can lead to the development of symptoms that have a negative impact on physical and mental health.



Physical symptoms of stress:

- Headaches and muscle tension
- Pain
- Nausea and indigestion
- Dizziness
- Increased risk of heart attack or stroke

The fight-flight response is a bodily response to a threatening situation and this is known to be a survival mechanism.

Behavioural and emotional symptoms of stress:

- Negative changes in behaviour, such as irrationality or aggressiveness
- Anxiety and constant worry
- Low self-esteem
- Eating more or less than usual

Trauma

What is psychological trauma?

Often when traumatic events happen to us, there is psychological damage to the mind. This is known as “trauma” and occurs after the event has happened. Trauma shocks and changes all cognitive, emotional, behavioural and physical systems within the body.

Cognitive symptoms of trauma:

- Mood swings
- Unwanted thoughts
- Flashbacks
- Loss of memory

Emotional symptoms of trauma:

- Disbelief and emotional shock
- Anger and irritability
- Anxiety and panic attacks
- Emotional numbing

Behavioural symptoms of trauma:

- Social withdrawal and isolation
- Lack of interest
- Avoidance of places in which the trauma occurred

Physical symptoms of trauma:

- Changes in sleeping and eating patterns
- Pain and aches
- Extreme alertness and nervousness



Three types of trauma:

- **Acute trauma:** caused by a single incident.
- **Chronic trauma:** repeated and prolonged experiences, such as domestic violence or abuse.
- **Complex trauma:** exposure to various and multiple events.



Responses to Stress and Trauma

How do we normally respond to stress and trauma?

It is common for many people to avoid dealing with their stress or trauma. This is often because they might not know how to or might find stress or trauma painful to confront. Not addressing or seeking help for stress or trauma may lead to negative and detrimental consequences. Two of the ways in which people avoid confronting stress or trauma is through substance abuse and self-harm.

Substance Abuse

Substance abuse refers to when a person uses substances, such as drug and alcohol, inappropriately. This can lead to negative outcomes, including addiction and death. Below are examples of the negative consequences of substance use:

Nicotine:

Smoking can increase feelings of anxiety, especially during periods for withdrawals and cravings.

Alcohol:

Drinking excessively can make mental health problems worse and may lead to people feeling anxious and depressed.

Prescription drugs:

Although tranquillisers and sleeping medication are prescribed to assist people with insomnia, they can also cause mental and physical health problems if abused.

Street drugs:

Ecstasy and Crystal Meth can cause extreme problems on both the mind and the body, especially when repeatedly using these drugs. Excessive use of these types of drugs can lead to the need for increased doses to maintain the same effect. However, this results in a lifelong addiction that people struggle with for many years.

Self-harm

Self-harm is a deliberate attempt to hurt oneself or cause damage to one's body. Self-harm can refer to physical harm, such as cutting, burning, scratching as well as emotional harm, such as substance abuse and unsafe sex practises.

Why do people self-harm?

Often people self-harm as a way to relieve emotional pain on the inside by hurting themselves on the outside. People who self-harm can be insecure, have low self-esteem and may want to punish themselves for their insecurities. However, this is not an effective way of dealing with emotions and can lead to additional internal and external pain.



Self-harm does not always suggest suicide intent (the intention of committing suicide) but that does not steer away from self-harming being a dangerous and unhealthy way to cope with emotions, stress and trauma.

What is Suicide?

Suicide refers to the act of ending one's life and is the outcome of behaviour, not a mental disorder. However, one of the causes of suicide is mental illness.

Suicidal behaviour has three components:

- Suicidal ideation: refers to thinking about death and dying.
- Suicidal intent: refers to consistent thinking about death and dying, and thoughts about committing suicide.
- Suicidal plans: this refers to planning the way in which the person will commit suicide. This constitutes a psychiatric emergency.

How should we cope with stress and trauma?

Substance abuse and self-harm are unhealthy ways to deal with stress and trauma. Below are some ways in which people can deal with their stress and trauma more effectively:

Coping with Stress

- Getting enough sleep, eating well and keeping a normal routine can help with the management of stress.
- Talking to parents, teachers, friends or family can allow for the processing of stress and may also lessen the intensity of it.
- Engaging in sports or going for walks can activate the mind and prevent stress. Meditation and yoga can also help process stress.
- News outlets and other sources of information can be strenuous on the mind, especially when these are negative. Taking breaks from being bombarded by information can help the mind regulate itself.

Coping with Trauma

Immediately after the traumatic event

- Victims of trauma need to ensure they are with trustworthy people.
- They need to eat something substantial and avoid stimulants, such as coffee or sugar.
- Reminding themselves they are safe is important in reassuring the mind.
- For some people, talking about the incident can be helpful. However, not all victims of trauma need to talk about their experience or 'relive it' unless they feel comfortable.

Long-term

- Ensure healthy behaviours, such as getting plenty of sleep, avoiding substances, eating a balanced diet and reducing stress.
- Social support is important when dealing with traumatic events. This includes joining a trauma support group, developing a support system that consists of friends, family and professionals and participating in social activities.
- Receiving psychological treatment can often be a very important part of coping with trauma. Treatment consists of medication, such as antidepressants, as well as therapy, such as cognitive behavioural therapy.

Positive Mental Health

When we talk about “*Positive Mental Health*” we do not refer to being positive, but rather the act of having a healthy mental health. This is about feeling positive about ourselves, possessing an ability to form good relationships and being resilient.



Resilience means having the capacity to recover from situations quickly.

Someone who has positive mental health will likely be able to:

- Express and manage emotions, like happiness and sadness.
- Carry out everyday tasks and look after themselves including, eating, sleeping, socialising and learning.
- Build and manage healthy relationships with others.

Promoting Positive Mental Health

Developing and maintaining positive mental health:

Physical Health

Eating, sleeping and exercising are extremely important when developing and maintaining good mental health. Sleeping 8 - 10 hours at night and avoiding sugary meals can play a large role in mental health.

Social Connection

Connecting with friends and family can help improve mental health. This is because communication helps relieve stress and allows for a healthy way of releasing worrying thoughts.

Mindset

Finding a sense of purpose can help improve mental health functioning. Engaging in activities that benefit others, such as caregiving, volunteering and caring for animals, can help bring meaning to life.

Seeking Help and Helping Others

If someone experiences mental health problems or mental illness, it is important that they seek help. This can treat the issue at hand as well as prevent further issues.

Signs of needing help:

Emotional:

- Sad and sometimes crying
- Anger and irritability
- Hopeless, guilt and feeling bad about yourself
- Nervous or 'on edge'
- Feelings of being alone and isolated



Thoughts:

- 'I hate myself'
- 'I want to die or hurt myself'
- 'I can't focus on anything but my worries'
- 'I feel like I'm going crazy or that I am going to snap'

Behaviours:

- Lack of sleeping or sleeping more
- Eating more or eating less
- Struggling to concentrate, remember and focus.
- Sweating, rapid heartbeat and 'butterflies in stomach'
- Increased drinking and substance abuse.
- Changes in motivation and functioning.

It is important to note that everybody feels down, sad, angry, stressed and anxious at times. We all experience negative and difficult emotions, thoughts and behaviours. However if the signs mentioned above become longer than temporary or what is normal, then this indicates a need for help.

Someone may need help if the above signs and symptoms are:

- Noticeable and occur most of the time or constantly.
- Persist for two weeks or more.
- Make the person unable to function at school or work.

Getting Professional Help in South Africa

Someone with a mental health condition can go to their local clinic where a healthcare worker will assess and offer initial treatment. The Primary Healthcare (PHC) service offers mental health services that involve identifying, diagnosing and treating common mental health conditions. If a person needs to be admitted, the healthcare professional might refer them to another mental health care service, such as a psychiatric hospital or psychiatric clinic.

Once the initial assessment and referral is done, the patient will be admitted to a mental health service in the following way:

Out-Patient Follow-Up

If the patient does not present as a danger to anyone and they are able to attend out-patient therapy sessions, they can be referred to attend therapy sessions on an out-patient basis.

Voluntary Admission

This is offered to a patient if they voluntarily want to attend a mental health intervention.

Assisted Admission

This refers to the mental health care given to people who are unable to make a decision due to their mental health status. They need mental health care assistance but do not refuse admission. Here, the patient is admitted to the involuntary ward for a 72-hour assessment and psychiatric evaluation. Two mental health practitioners will complete an assessment to recommend assisted care.

Involuntary Admission

This refers to the mental health care given to people who are unable to make a decision due to their mental health status. They refuse admission but need mental health care assistance. The patient is admitted to the involuntary ward for a 72-hour assessment and psychiatric evaluation. An independent medical practitioner and nurse will complete the necessary documentation.



Treatment

Treatment for a mental disorder may include medication as well as short-term individual or group counselling and support. The mental health nurse may consult with the psychologist or psychiatrist (or other members of the mental health team) when additional expertise is needed. If necessary, the mental health nurse may set up an appointment with one of these specialists for further assessment.

Types of treatment for a mental illness:

Psychological therapy

This is provided by a psychologist, counsellor or social worker. It includes talking with the person about their symptoms and involves discussing new ways of thinking and learning methods of healthy behaviour. The discussion can vary depending on the type of therapy, such as Cognitive-Behavioural Therapy or Psychodynamic Therapy.

Medication

Medications, such as antidepressants and antipsychotics, are prescribed to others based on their mental illness and needs. Taking medication can be chronic or temporary. Medications help treat the mental illness by changing the chemical imbalances in the brain which helps reduce the symptoms of mental illness.

It is important to note that not everyone with a mental illness or mental health problems needs to take medication and/or attend therapy. Some may choose to attend therapy but not take medication and vice versa. This depends largely on what the person feels comfortable with and on the advice of the psychiatrist, psychologist or healthcare professional.



Psychiatrist or Psychologist: What's the difference?

A psychiatrist is a specialised medical doctor who diagnoses and treats people with mental illness while a psychologist is trained to diagnose and provide therapy to people with mental illness or mental health problems. The main difference is that while a psychiatrist can diagnose and prescribe medication, a psychologist cannot prescribe medication but can diagnose and treat a patient through therapy.

Activity 1: True or False

Read each statement and identify which is true or false.

Medication is the best treatment for mental illness

You cannot tell by looking at someone whether they have a mental illness

Mental illness can happen to anybody

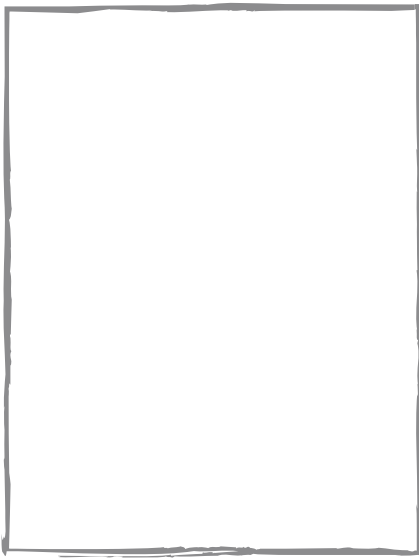
People with a mental illness are generally shy and quiet

Most mental illnesses will never occur before age 25

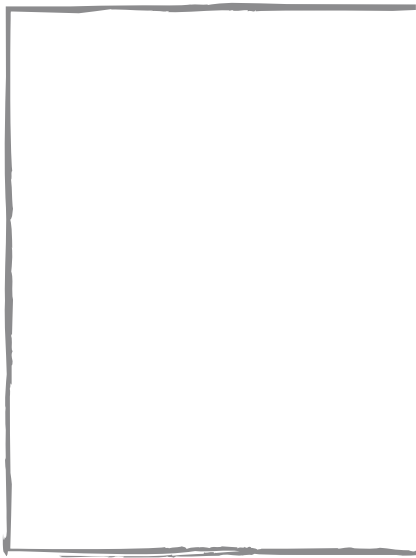
Activity 2: Impactful Words

Read this list of emotional states and decide if they represent *mental illness*, *mental health problem* or *mental distress*. Associate the words in the appropriate box.

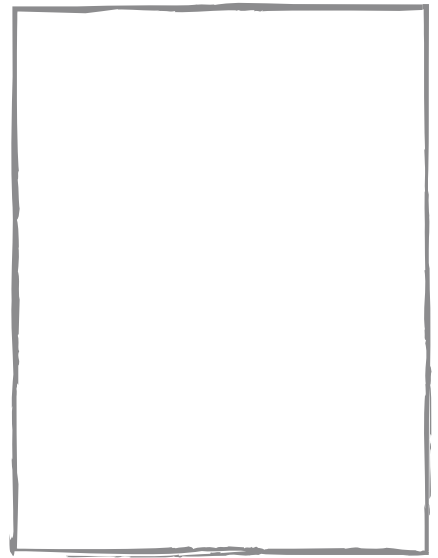
Mental Illness



Mental Health Problem



Mental Distress



Blue

Anxious

Nervous

Happy

Manic

Guilty

Depression

Sad

Heartbroken

Grieving

Mournful

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Resources

Lifeline Southern Africa

Phone: 0861 322 322

Emergency Services: 10 177

South African Depression and Anxiety Group

Website: www.sadag.org

Phone: 011 234 4837 / 0800 20 50 26

Email: zane@sada.org

SA Federation for Mental Health

Website: www.safmh.org.za/

Phone: +27 (11) 781 1852

Email: info@safmh.org

Cape Mental Health

Website: www.capementalhealth.co.za

Phone: +27 (0) 21 447 9040

Email: info@cmh.co.za

Helplines:

Destiny Helpline for Youth & Students

0800 41 42 43

ADHD Helpline

0800 55 44 33

Department of Social Development Substance Abuse Line

0800 12 13 14

SMS 32312

Periods For Hope

ABOUT

Periods For Hope (PFH) is a registered non-profit organisation that aims to empower high school learners by running sexual health workshops. These workshops include intimate discussions about menstruation, gender, self-esteem and gender-based violence (GBV). PFH aims to educate about sexual and reproductive health as well as empower girls and young women to be agents of their bodies. In addition, it also aims to educate young male learners on gender-based violence practices, the importance of supporting their female counterparts and ending the stigma of menstruation.

FIND PERIODS FOR HOPE ONLINE:



www.periodsforhope.org



info@periodsforhope.org



[@periodsforhope](https://www.facebook.com/periodsforhope)



[@periodsforhope](https://www.instagram.com/periodsforhope)



[@periodsforhope](https://twitter.com/periodsforhope)



Answers to Activity 1

1. You cannot tell that someone has a mental illness just by looking at them.

True. While there are instances where someone with a mental illness might have bizarre behaviour during a psychotic episode, you generally cannot tell if someone is mentally ill based on their appearance.

2. Medication is the best treatment for mental illness.

False. Medication can be a very effective part of treating mental illness. However, it is not the only source of treatment. There are other forms of treatment, including, counselling, support groups and self-help. A person with a mental disorder should always be encouraged to find the treatment that works for them and with which they are most comfortable.

3. Mental illness can happen to anybody

True. Although genetics do play a large role in the development of mental illness, it is still very likely that you, a family member or someone you're close to will experience a mental illness at some point in their lives.

4. People with a mental illness are generally shy and quiet

False. There is no causal relationship between personality characteristics and tendency to develop mental illness.

5. Most mental illnesses can be diagnosed before age 25

False. Many of the major mental illnesses begin to appear during adolescence and early adulthood. About 70% of all mental illness can be diagnosed by age 25.

Answers to Activity 2

1. Mental Illness

- Anxious
- Depressed
- Manic

2. Mental Health Problem

- Heartbroken
- Mournful
- Grieving
- Guilty

3. Mental Distress

- Nervous
- Blue
- Happy
- Sad