



# Mental Wellbeing



# Mental Illness

- Mental illness affects one's thinking, feeling or mood. It may affect one's ability to relate to others and function at work
  - Genetics, the environment, life stressors and **traumatic events** can contribute to mental illness
  - ~ 1 in 4 adults experience some form of mental distress
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# Mental Wellness

- Mental wellbeing is not the lack of or absence of mental illness
- Mental Health, according to the World Health Organization (WHO), is defined as *“a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”*



# Promoting Mental Wellbeing

- Promoting mental wellness is an integral part of a balanced life. It also promotes physical health, self worth and sense of positive contribution to your community
- Try to make time for quality, restful and restorative SLEEP. Your brain needs time to rejuvenate itself through sleep
- Try to EXERCISE regularly
- Try to promote positive SOCIAL TIES.  
*Research has shown a strong correlation between social interaction and health*



# Promoting Mental Wellbeing

- Try to FIND YOU PASSION
- Try to FOSTER MINDFULNESS. The practice of mindfulness is shown to reduce stress, improve social relationships, and strengthen the immune system
- Try to eat a BALANCED DIET
- AVOID ILLEGAL DRUGS and MINIMIZE ALCOHOL USE

# Impact of War on Mental Health



# Insomnia

- Insomnia: persistent sleep difficulty and associated daytime dysfunction
  - Short-term insomnia: lasts a few days or weeks and occurs in response to an identifiable stressor
  - Symptoms usually resolve when the stressor is eliminated or resolved or when the individual adapts to the stressor
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# Sleep Hygiene

- Try to get up at the same time every day
- Try to go to bed when you are sleepy, not just tired. It may be helpful to sit down with a pen and paper in the evening and write down the things that worry you, or perform some relaxation techniques, such as slow breathing or yoga
- Try to put away ALL electronics two hours before bedtime. If you must use your device, use a program that reduces blue light exposure. *Night Shift in Apple products or f.lux for Android devices*
- Try to create a comfortable sleep environment: a place that is cool, dark, and quiet
- Try to use your bed for sleep and sex only

<https://www.health.harvard.edu/blog/no-more-counting-sheep-proven-behaviors-to-help-you-sleep-2018110515313>





# Sleep Hygiene continued

- Try to avoid or limit caffeine
- Try to avoid or limit alcohol
- Try to exercise during the day can help improve your sleep quality at night
- Try to treat medical problems that may interfere with sleep
- Try to stop smoking

<https://www.health.harvard.edu/blog/no-more-counting-sheep-proven-behaviors-to-help-you-sleep-2018110515313>



# Adjustment Disorders

- Impaired social or occupational functioning
  - Low mood, tearfulness, or feelings of hopelessness
  - Panic symptoms: pounding heart, sweating, shaking, chest pain, numbness or tingling sensations, fear of losing control or of dying, etc.
  - Feeling jittery, excessive worry, nervousness, etc.
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# Mental Illness





# PTSD

- Directly or witnessing experiencing the event
  - You learned about an event where a close relative or friend experienced an event
  - Experiencing repeated exposure to distressing details of an event.
  - Prior exposure to an event which is reactivated by one of the above
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# PTSD

- Upsetting memories, dreams, and/or flashbacks
- Distress either mentally or physically to reminder of the traumatic event
- Avoidance of thoughts, feelings, people, places, conversations, activities, objects, or situations that bring up memories of the traumatic event
- Negative thoughts about yourself, others, or the world
- Self-blame
- A pervasive negative emotional state
- Feeling detached from others
- Irritability, on guard, easily startled, poor focus, and poor sleep




# Major Depressive Disorder

- Depressed mood
  - Lack of interest
  - Change in sleep
  - Change in appetite or weight
  - Low energy
  - Poor concentration
  - Guilt
  - **Suicide**
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# Suicide- risk factors

- Prior suicide attempt(s)
  - Misuse and abuse of alcohol or other drugs
  - Mental disorders, particularly depression and other mood disorders
  - Access to lethal means
  - Knowing someone who died by suicide, particularly a family member
  - Social isolation
  - Chronic disease and disability
  - Lack of access to behavioral health care
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# Suicide- protective factors

- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide
- Effective behavior health care





# Suicide

- To be on the safe side make sure you have an address and/or access to family members'/friends' information incase they refuse to obtain help.
- National Suicide Hotline 1-800-273-8255
- Community Mental Health Clinic- almost all will have a crisis line/number
- If person agreeable encourage them to go to emergency room. ER should not ask for immigration status
- Call local police department for a Wellness Check as last resort



# Where can I get help?

- Talk to your primary care provider
- Community Mental Health Center
- Call insurance company and ask for list of mental health provider (therapist and/or psychiatrist)
- <http://finder.psychiatry.org/>
- Call 211 for local services for support or go on 211.org

## Adult suicide safety plan

Type of strategy	Intervention
Know warning signs and precipitants	<ul style="list-style-type: none"><li>▪ Avoid situations that might precipitate suicidal ideation and behavior. As an example, establish a truce with spouse about issues that lead to substantial discord.</li><li>▪ Anticipate the need to cope with stressors and problematic situations (eg, interpersonal conflicts, being alone, or feeling down).</li></ul>
Secure or remove lethal agents	<ul style="list-style-type: none"><li>▪ Complete an inventory of firearms, household poisons, medications, and sharps; assess access to lethal agents.</li><li>▪ Talk through and agree to specific plan to restrict access either by removal or securing of lethal means.</li></ul>
Individual coping	<ul style="list-style-type: none"><li>▪ Review reasons for living.</li><li>▪ Distraction activities (eg, singing with loud music or walking briskly outside with a friend).</li><li>▪ Distress tolerance.</li><li>▪ Relaxation (eg, progressive muscle relaxation).</li><li>▪ Exercise.</li></ul>
Interpersonal coping	<ul style="list-style-type: none"><li>▪ Identify friends who can be contacted to help distract or lift mood.</li><li>▪ Identify trusted individuals to approach when trying to cope with suicidal thoughts (eg, family or friends).</li></ul>
Professionals who can help	<p><b>Call my therapist:</b> Phone # _____</p> <p><b>Call crisis line:</b> Phone # _____</p> <p><b>If acutely suicidal, call police or mental health emergency line to go to emergency department:</b> Phone # _____</p>

Adapted from:

1. Patient safety plan template. Available at: [http://www.sprc.org/sites/default/files/Brown\\_StanleySafetyPlanTemplate.pdf](http://www.sprc.org/sites/default/files/Brown_StanleySafetyPlanTemplate.pdf) (Accessed on January 3, 2018).
2. Samra J, Bilsker D. Coping with suicidal thoughts. Consortium for Organizational Mental Health 2007. Available at: [http://www.comh.ca/publications/resources/pub\\_cwst/cwst.pdf](http://www.comh.ca/publications/resources/pub_cwst/cwst.pdf) (Accessed on November 16, 2016).
3. Stanley B, Brown G, Brent DA, et al. Cognitive-behavioral therapy for suicide prevention (CBT-SP): treatment model, feasibility, and acceptability. *J Am Acad Child Adolesc Psychiatry* 2009; 48:1005.