

# Module 1

## Introduction and Background

In Module 1 we explore what the phrase mental health literacy means, and further our understanding of the various components of what we understand to be the various dimensions of mental health. Successful completion of Module 1 provides a solid foundation for engaging with the rest of the modules in this resource.

## Section 1: What is Mental Health Literacy?

### Learning objective

In this section, you will:

- Get a better understanding of the definition of mental health literacy (MHL) and its four inter-related components.

**Activity 1:1.1:** Before we start, think about this question: What does mental health literacy mean to you? Write down your definitions.

**Activity 1:1.2:** Please watch the following video created by Dr. Kutcher that addresses the question “What’s mental health literacy”?

Mental health literacy (MHL) is composed of four separate but inter-related components:

- Understand how to obtain and maintain **good mental health**
- Understand and identify **mental illnesses and their treatments**
- Decrease **stigma**
- Enhance **help-seeking efficacy**: know where/when to go; know what to expect when you get there; know how to increase likelihood of “best available care” (skills and tools)

Based on additional work by the Canadian School Mental Health Literacy Roundtable and the School-Based Mental Health and Substance Abuse (SMHSA) Consortium, Mental Health Commission of Canada (2012) we can think about how this definition can be applied in schools.

The knowledge and competencies held by school personnel can help create conditions that enhance both staff and student capacity in improving mental health, knowledge about mental illnesses, reduction of stigma, improved help-seeking efficacy and the support needed to assist students along the Pathway Through Care\*.

## How is mental health literacy related to literacy and health literacy?

**Activity 1:1.3:** Here is another question for you to think about: based on what Dr. Kutcher talked about in the video, how do you think mental health literacy is related to literacy and health literacy? Consider the definition of literacy by the United Nations Educational, Scientific, and Cultural Organization (UNESCO) and the definition of health literacy by the World Health Organization (WHO); and compare their similarities and differences.

Please take a few minutes to Google the information you need.

\*See Deeper Dive: Pathway Through Care

Now, let’s review together how WHO defines health literacy

**Health literacy is a means and an outcome of actions aimed at promoting the empowerment and participation of people in their communities and of people in their health care (WHO, 2013)**



Mental health literacy is both a derivative from and component of health literacy. Similar to health literacy, MHL is an evolving construct. It has gone beyond its original concept of “illness identification” to include the various domains identified in the video blog you just viewed. Similar to health literacy, mental health literacy is understood to be a significant determinant of mental health and thus has the potential to improve both individual and population health. According to WHO, health literacy is:

**A stronger predictor of an individual’s health status than income, employment status, education and racial or ethnic group (WHO, 2013)**

Similarly, our understanding of mental health literacy is consistent with the literacy definition by UNESCO.

**Literacy is a fundamental human right and the foundation for lifelong learning. It is fully essential to social and human development in its abilities to transform lives. For individuals, families, and societies alike, it is an instrument of empowerment to improve one’s health, one’s income, and one’s relationship with the world. (UNESCO)**

## Section 2: The Inter-Relationship of Mental Health States

### Learning objectives

In this section, you will:

- Get a better understanding of the definitions of basic concepts: mental health, mental illness, mental distress, mental health problems;
- Be aware how different levels of mental health states inter-play with each other;
- Learn how mental health promotion, prevention and intervention/treatment can be applied to mental health states.

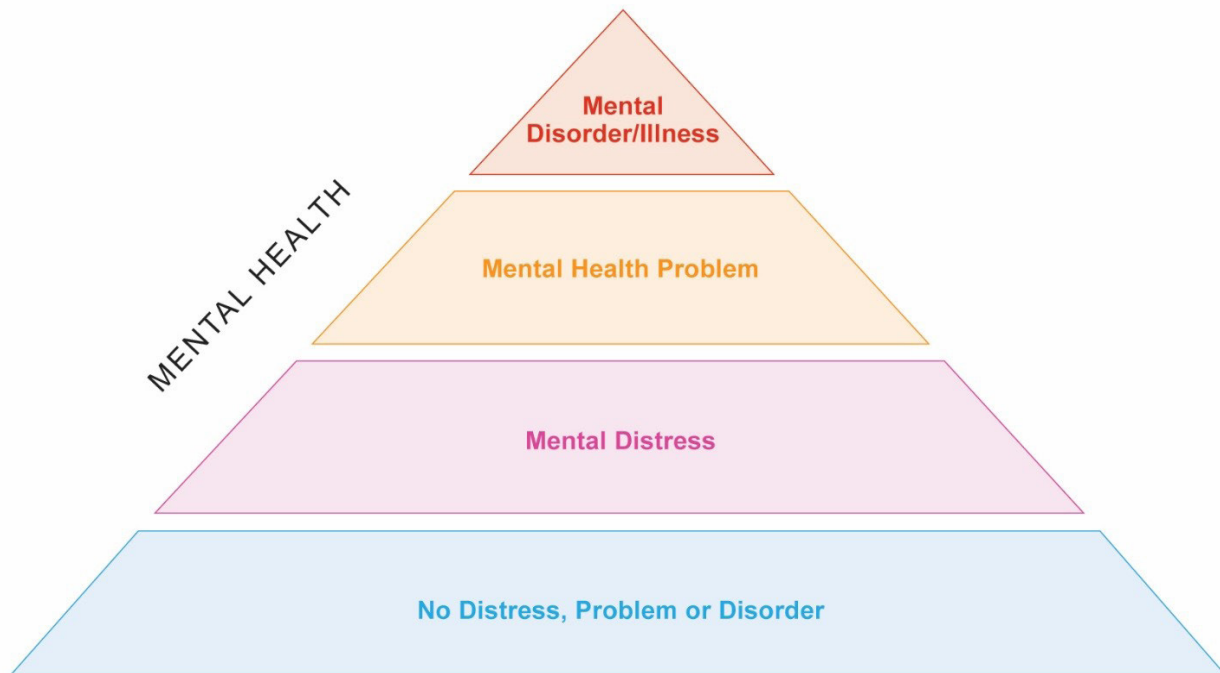
**Activity 1:2.1:** Please reflect on the following questions:

- Have you felt distressed in the last 24 hours? If so, what has happened to cause those feelings?
- What is a mental health problem? What challenges in your life could be connected to a mental health problem? Can you give some examples of how these (events and states) may be experienced?
- Is there a time when you have experienced both mental health distress and mental health problems? Can you think of examples?

We, as human beings, possess multiple and complex mental health states, and experience various emotions and cognitions and exhibit various behaviours at different points of our life. These emotions, cognitions and behaviours are influenced by the complex interactions that are continuously occurring between our brain and the environment. The environment (everything that exists outside the brain) influences how the brain functions and the brain influences and changes its environment (more about this complex interaction in an upcoming module).

**Activity 1:2.2:** The following diagram describes the interrelationship of mental health states using a triangle figure (mental distress, mental health problems, mental disorder/illness).

## What Do These Words Mean?



These states are not mutually exclusive. Any person can experience some or all of these mental health states within a short period of time (such as an hour), or over a longer period of time (weeks, months or even years).

Every person in Canada will experience three of these mental health states (no distress problem or illness; mental distress; mental health problem) over the period of their lifetime. These three states are all part of usual life and together constitute mental health. Worldwide, about 20% of people will additionally experience a mental illness. They will also experience each of the other three states. A person can have mental health and mental illness concurrently.

Note:

- Mental health states are not a continuum.
- People DO NOT progress from mental distress to developing a mental illness. Otherwise, everyone will end up with a mental illness.
- People can experience one or more states at the same time. Different mental health states should be addressed differently.

## What is mental health and what are mental illnesses?

**World Health Organization (WHO) defines mental health as “a state of wellbeing 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.”** [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)

**The Surgeon General of the USA provided a clearer definition of mental health (1999): “Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people and the ability to change and cope with adversity”**

Compare the two definitions. Note how the second one may be considered to be more empowering and it focuses on applying competencies to challenge the demands of life.

Which definition is more in keeping with the concept of resilience? Which definition is more closely aligned with the WHO definition of health literacy?

The Diagnostic and Statistical Manual, 5th edition, of the American Psychiatric Association (DSM-5) defines mental illnesses or mental disorders as dysregulation of mood, thought and/or behaviour (<http://www.cdc.gov/mentalhealth/basics/mental-illness.htm>)

**Activity 1:2.3:** What do you think is the answer to these questions?

1. What percent of Canadians aged 12-19 rate their mental health as good or excellent?
2. What percent of Canadians aged 15-24 rate their mental health as fair or poor?
3. What percent of Canadian teenagers report that they are usually happy and interested in life?

Write down your answers to the questions above. We will come back to them later.

## What is mental distress?

**Mental distress is the common, expected and normal response to the stresses of everyday life, for example: writing an exam, going to a job interview, etc. It is a signal to you, from your brain, telling you that you need to adapt to the environment and it is the basis for adaptation and resilience.**

Consider this example of distress: You are leaving a movie theatre by yourself late at night, and you take a short-cut through a dark and deserted alley on your way to your parked car. As you make your way, you hear footsteps behind you. Your heart starts to race, you begin to sweat, your hearing becomes attuned for more sounds (is someone following you?). You recall a news story about a person who was assaulted in this part of town a few months ago and you inwardly curse yourself for taking the short-cut. You begin to run, not stopping until you reach your car. As soon as you get to your car, you get in and very quickly lock all the doors, even though that isn't your usual practice. You start the engine and drive away. All of these responses are normal and expected responses to the situation you have been in. You made a decision regarding your route and as a result of that decision, you felt a threat, your body reacted, you felt frightened and you enacted a number of behaviours in response to that physical sensation. To the extent that these new behaviours were successful (i.e. you avoided being assaulted), you learned from this experience, making it likely that you will not take a short-cut down a deserted alley at night again. In this way, you decrease your future risk of being assaulted, you have learned how to adapt to your environment better, and in the process, have developed greater resilience (and, perhaps, wisdom).

## How do we deal with mental distress?

Mental distress should not be addressed using professional intervention. On the contrary: people are able to adapt by themselves naturally, or with usual support and advice from the family or community. For example, a student is distressed because they are going to be late for school. Then they may get up earlier the next day for school. Learning the skills needed to be able to deal with life's challenges is an important component of prevention. These skills can be used to learn how to cope with and decrease the impact of future life challenges.

**A parallel:** A parallel to this is that of the body's immune system. Every day our bodies are invaded by a multitude of germs (bacteria and viruses) but most of the time our bodies shrug them off. We may feel a bit off at times, cough or sneeze or get a mild stomach-ache, but these are merely symptoms that tell us our bodies



are doing exactly what they have evolved to do. We don't need to go and see a health provider for help. And we can help ourselves by doing a few useful things – such as washing our hands before eating, but the key component here is that our body handles all these stressors on its own, naturally.

**Activity 1:2.3:** Can you come up with examples of mental distress in your everyday life?

## What are mental health problems?

Mental health problems are indicators of adaptation being challenged by the magnitude of the stressor. They are characterized by negative emotions, challenging cognitions and various difficulties with behaviour that can be severe at times and of either short or long durations (for example: death of a loved one, loss of a job, etc.) Almost everyone will experience these states many times during their life.

## How to deal with mental health problems?

People with mental health problems, such as grief, may need extra professional help, such as counseling, in addition to family and community support.

### A parallel:

A parallel to this is when there is a powerful new germ (bacteria or virus) that the immune system has not encountered before or perhaps the body is in a weakened state due to another illness (for example: cancer). In this setting the immune system can become temporarily overcome by the invader and you experience some significant and substantial symptoms (for example: fever, sore throat, fatigue, muscle aches and pains, etc.). However, most of the time with the proper interventions (usually sleep, fluids and some medications to dry up secretions and/or help with too much coughing) you bounce back and within a few days to a week you are back to your usual self. Medical treatment is not usually necessary unless complications, such as pneumonia, develop.

## What are mental illnesses?

People who experience mental illnesses (diagnosed according to internationally agreed upon criteria) on the other hand require best available evidence-based treatments/interventions from properly trained health care providers. These treatments/interventions are provided in addition to the supports often given to people who experience mental distress or a mental health problem. Treatments can improve symptoms and functioning, they may prevent the illness from recurring as well as preventing the negative impact of the illness on life success (e.g., early effective treatment of Depression may prevent job loss or relationship breakdown).

### A parallel:

The parallel is that of a disease such as HIV/AIDS or Tuberculosis, where the invading organism overwhelms the body's defenses. In these cases, you will get many of the same kinds of symptoms that characterize a bad cold or the flu. However, unlike a cold, without the proper medical interventions (rapid access to evidence-based treatment), the outcomes are not very good. In this case, professional help is both needed and necessary.

**Activity 1:2.4:** The following video reviews each of the above described states. Take a few minutes to listen and think about what you hear. **Video link:** <https://www.youtube.com/watch?v=LsowyMnqCRs&t=26s>

## Mental health promotion for all

Regardless of the status of someone's mental health, mental health promotion for all can be helpful.

**Mental health promotion refers to the enhancement of capacities of**



**individuals, families, groups and communities to promote positive mental health, which is one of the desired outcomes of health promotion.  
(WHO, 2002)**

Positive mental health means being able to successfully adapt to life, not having only positive emotions. Negative emotions are often normal and a necessary part of positive mental health.

### **Mental health primary prevention**

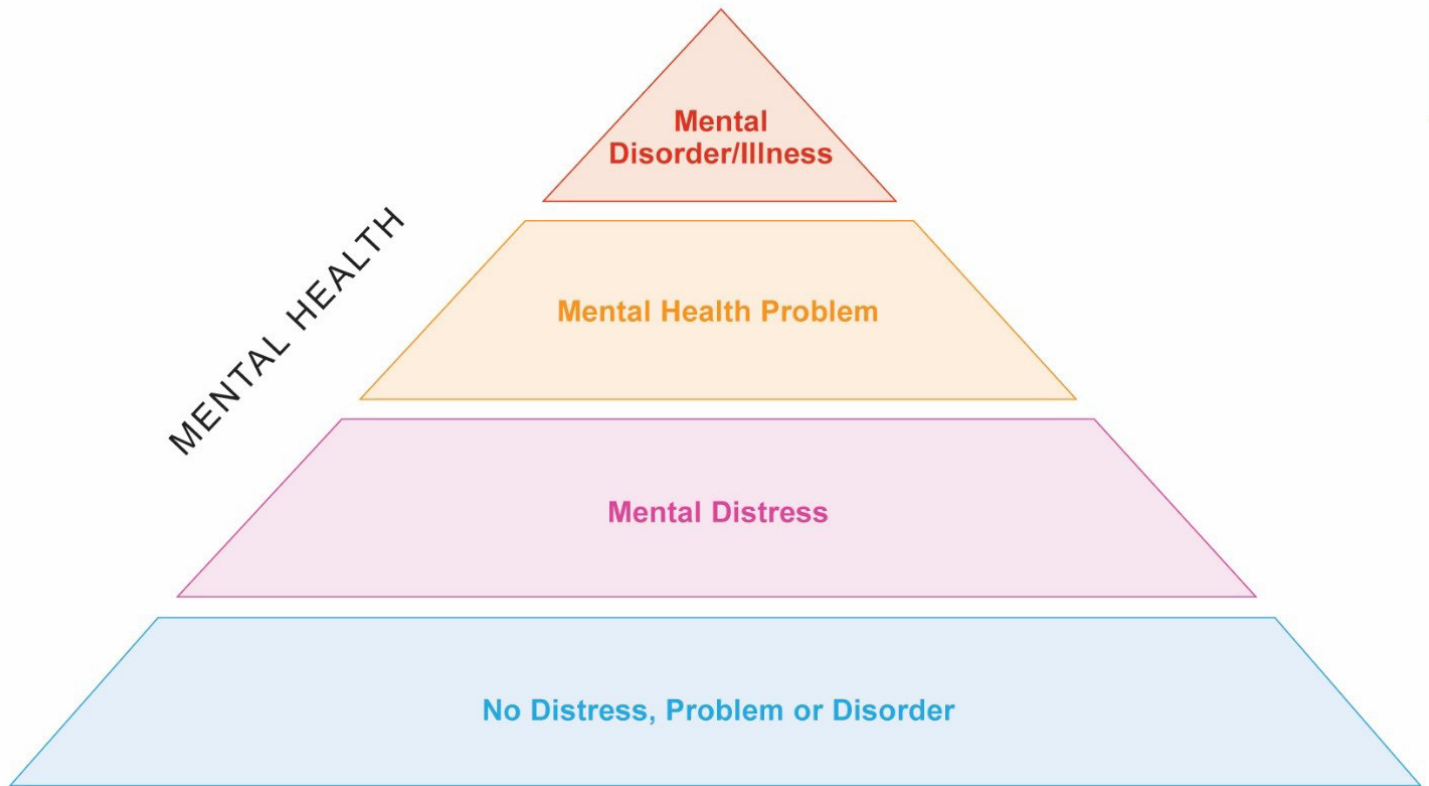
Primary prevention is related to preventing disease from ever occurring. However, it not only involves targeting risk factors and early symptoms of the disease, but can also involve promoting associated activities that improve the overall quality of life of people and improving various social factors such as reduction of poverty, gender equality and the rule of law, that can increase risk for mental disorders or poor outcomes for those who experience them.

### **Mental health secondary prevention and treatment as prevention**

In recent years, the concept of treatment as prevention has gained solid scientific ground – mostly from evidence related to the prevention of HIV/AIDS. For example, antiretroviral treatment (ART) of HIV/AIDS has been successfully used to decrease the risk of HIV transmission. This potential awaits study with regards to mental disorders. Secondary prevention of mental illness is more established. For example, effective early treatment of an Anxiety Disorder may prevent the occurrence of Depression or Substance Use Disorder. This is yet another reason to provide early effective treatments to young people who have a mental illness. Overall, mental health promotion, prevention and treatment/intervention are all related activities that are used to promote good mental health, treat illness effectively with evidence-based treatments/interventions, prevent associated morbidity and perhaps secondarily prevent illness from occurring.

**Activity 1:2.5:** This following exercise (adapted from [www.teenmentalhealth.org/curriculum](http://www.teenmentalhealth.org/curriculum)) requires you to match the words in the box to various mental health states of the triangle. What do you think could be the consequences of using the word “depressed” to describe each of the different mental health states?

## What Do These Words Mean?



Pensive, sad, unhappy, disappointed, happy, disgusted, angry, bitter, blue, down, sorry, glum, forlorn, serene, disconsolate, thoughtful, satisfied, distressed, despondent, depressed, content, dejected, pessimistic, heartbroken, sorrowful, peaceful, demoralized, grieving, mournful, despairing, calm, delighted, upset, annoyed

## Section 3: Facts About Mental Illness

### Learning objectives

In this section, you will:

- Get a better understanding of the importance of talking about mental illness in the school setting;
- Be exposed to basic epidemiology of mental illness;
- Understand the impacts of mental illness and related issues.

We have discussed the concept of mental health literacy and we have been exposed to a consideration of various levels of mental health states. Now it's time to examine why we talk about mental illness in schools. Reports by the WHO have demonstrated that about 1 in 5 (20%) people will develop a mental illness (such as: Depression; Panic Disorder; Attention Deficit Disorder; etc.) and about 70% of these mental illnesses can be diagnosed before the age of 25. Since most children and youth go to school, teachers can play an important role in understanding how to identify and support young people who may be developing or who are living with a mental illness.

**Activity 1:3.1:** The Module 1 PowerPoint “Facts About Mental Health and Mental Illness” provides some important facts about mental health and mental illnesses, discussing how common they are and the impact they can have. Please take this time to review both presentations. Write down one fact you learned that was surprising to you\*

\*Source: Canadian Institute for Health Information (May 2015) Public Health Agency of Canada. Positive Mental Health Surveillance (2017)

## Section 4: Schools: An Important Venue in Which to Address Mental Health Literacy

### Learning objectives

In this section, you will:

- Recognize why it is important to address mental health literacy in schools;
- Be exposed to historical school health models and how mental health literacy is missing in these models;
- Realize that teachers can play a fundamental role in improving student mental health literacy and helping them succeed.

### Why is school mental health literacy important?

The Canadian Council on Learning (2009) pointed out that schools are important sites to address student mental health because untreated mental health problems and mental illnesses may lead to:

- Learning difficulties;
- Poorer academic achievements;
- Dropping out of school;
- Substance abuse;
- Negative relationships with peers and teachers;
- Greater risk of suicide.

Health promotion has been integrated into Canadian schools for decades but mental health has been historically separated from overall health. However, the brain is a fully integrated part of the body, there is no



separation between physical health and mental health. What is good for your bicep is good for your brain and vice versa. Changes in our understanding of this relationship are just starting, and teachers are placed in a unique position to make and push this change.

\*See Deeper Dive section

## Schools can be...

- Schools can be sites where both teachers and students can enhance their mental health literacy.
- Schools can be community hubs where mental health literacy activities are made available to parents and interested members of the community.
- Schools can be sites where young people who may have a mental illness or mental health problem can be identified, referred for care and supported.
- Schools can be sites where mental health care can be delivered – such as through school health clinics/ youth health centres or school-based mental health care providers.

**Activity 1:4.1:** Here are the answers to the questions in Activity 1:2.3. Compare the answers to your answers. How close did you come to the answer? If you were really off, why do you think that might have been?

1. What percent of Canadians aged 12-19 rate their mental health as good or excellent? **ANSWER: 75%**
2. What percent of Canadians aged 15-24 rate their mental health as fair or poor? **ANSWER: 8%**
3. What percent of Canadian teenagers report that they are usually happy and interested in life? **ANSWER: 77%**

## Conclusion

The introduction and background has included much complex and important information. We have addressed why it is important to create this mental health literacy resource for pre-service teachers and we provided basic information about mental health and mental illness. As you now should understand, health, including mental health, and education are inextricably related and together, they play a fundamental role in the development of children and youth. As teachers, you may start thinking about how and what you can contribute to improving mental and physical health outcomes for your students.

You may apply the information in this module in your future teaching career to advocate for improvements in the delivery of mental health literacy in your schools and community or you may adapt it to be used in your future classroom to educate students about mental health.

## Supplementary Materials

Want to learn more about mental health literacy? Check these out:

World Health Organization. Health Literacy: the solid facts.

WHO Regional Office for Europe, Copenhagen. 2013

[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/190655/e96854.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf)

Public Health Agency of Canada: Health Literacy

[www.phac-aspc.gc.ca/cd-mc/hl-ls/index-eng.php](http://www.phac-aspc.gc.ca/cd-mc/hl-ls/index-eng.php)

The Canadian Journal of Psychiatry. Mental Health Literacy: Past Present and Future. [www.ncbi.nlm.nih.gov/pmc/articles/pmc4813415/](http://www.ncbi.nlm.nih.gov/pmc/articles/pmc4813415/)

European Child and Adolescent Psychiatry: Enhancing Mental Health Literacy in Young People. [www.ncbi.nlm.nih.gov/pubmed/27236662](http://www.ncbi.nlm.nih.gov/pubmed/27236662)

Mental Health Literacy in Secondary Schools: A Canadian Approach  
[www.ncbi.nlm.nih.gov/pubmed/25773321](http://www.ncbi.nlm.nih.gov/pubmed/25773321)

Mental Illness and Addictions: Facts and Statistics. CAMH [www.camh.ca/en/hospital/about\\_camh/newsroom/for\\_reporters/Pages/addictionmentalhealthstatistics.aspx](http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx)

Health at a Glance. Statistics Canada. Mental and Substance Use Disorders in Canada [www.statcan.gc.ca/pub/82-624x/2013001/article/11855-eng.htm](http://www.statcan.gc.ca/pub/82-624x/2013001/article/11855-eng.htm)

## Self-Assessment

1. Mental health literacy includes being knowledgeable about why schools are not health providers.
2. Mental distress should be treated by psychotherapy as soon as possible, to limit negative mental health outcomes.
3. Effective treatment for Social Anxiety Disorder that decreases risk for substance abuse is an example of secondary prevention.
4. Untreated mental disorders independently increase risk for physical illnesses such as diabetes and heart disease.
5. In Canada, mental illnesses contribute about 15% of the burden of disease.
6. Schools can be sites to BOTH advance mental health literacy and provide mental health care for students.

Self-Assessment Answer Key  
1) F 2) F 3) T 4) T 5) T 6) T