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Understanding Mental Health and Wellbeing

A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

World Health Organization

Defining Mental Health and Wellbeing

Our mental health affects the way we experience the world; how we think, feel, and behave towards ourselves and others. WHO defines mental health as a 'state of well-being' and just as physical health is intrinsic to wellbeing, so is mental health.

The mental health organization 'Mind' suggests that if you have good mental wellbeing you are able to:

- feel relatively confident in yourself and have positive self-esteem;
- feel and express a range of emotions;
- build and maintain good relationships with others;
- feel engaged with the world around you;
- live and work productively;
- deal with the stresses of daily life;
- adapt and manage in times of change and uncertainty.

Both Mind and the World Health Organization's definition of mental health refer to a person's wellbeing. But is wellbeing the same as wellness?

> When you think about wellness, think prevention and health. When you think about well-being, think happiness.
>
> *Susie Ellis. Chair of the Global Wellness Institute*

Certainly, happiness is important, but there is more to wellbeing than the positive feelings that come with happiness. Both WHO and Mind recognize that wellbeing involves not just happiness but, crucially, the ability to manage difficulties, problems, and challenges; the 'normal stresses'.

In 2012, Cardiff Metropolitan University professors Rachel Dodge and Annette P. Daly et al. published their

report *The Challenge of Defining Wellbeing*. Having reviewed and analysed past attempts by other researchers to define wellbeing, they concluded that 'it would be appropriate for a definition of wellbeing to centre on a state of equilibrium or balance that can be affected by life events or challenges'. Consequently, they define wellbeing as: 'the balance point between an individual's resource pool and the challenges faced'.

In other words, wellbeing occurs when a person is able to enjoy life *and* has the resources to draw on to manage life's ups and downs without feeling overly stressed. Therefore, an important component of wellbeing is resilience; the ability to cope with, as well as bounce back and recover from, difficulties and challenges.

Dimensions of Wellbeing: Social, Emotional, and Spiritual

> There is no health without mental health.
>
> *Dr Brock Chisholm, Psychiatrist and first Director General of the World Health Organization*

One of the key aspects of mental wellbeing is our emotional wellbeing. Emotional wellbeing refers to a person's ability to recognize, manage, and adapt to a range of emotions in a positive, constructive way. It involves self-awareness, understanding one's emotional limits, knowing when to seek support, and adapting to life's

challenges and changes. Good emotional wellbeing contributes to overall mental health and the ability to function effectively in daily life.

Our social wellbeing is important too. Social wellbeing is the ability to build and maintain good relationships with others. Social wellbeing is the extent to which you feel a sense of belonging and social inclusion. The UK Faculty of Public Health suggests that social wellbeing is 'the basis for social equality and the antidote to issues such as racism, stigma, violence and crime' and that it is dependent on, amongst other things, 'the norm with regard to interpersonal relationships in a group, community or society, including respect for others and their needs, compassion and empathy, and authentic interaction'.

Another feature of wellbeing – just as important as social, mental, and emotional wellbeing, but not so widely acknowledged – is spiritual wellbeing. Spirituality refers to a sense of being connected to something bigger and more everlasting than yourself.

> Spiritual wellbeing means the ability to experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature, or a power greater than oneself.
>
> Spiritual wellbeing is about our inner life and its relationship with the wider world . . . Spiritual wellbeing

does not just reflect religious belief although for people of a religious faith it is obviously a central feature.

Dr Ritika Srivastava

Physical and Mental Health and Wellbeing

Distinctions are often made between mind and body, but when it comes to mental health and wellbeing and physical health and wellbeing, we can't think of them as separate entities. Poor physical health can lead to a person developing mental health problems. And poor mental health can have a negative impact on our physical health and wellbeing.

A physical health problem can impact on our cognitive and emotional abilities; adversely affecting our daily lives, our work, and our relationships. Conversely, if our mental health is suffering as a result of, for example, stress, depression, or anxiety, we are less likely to eat and sleep well and may be less physically active which, in turn, can impact our immune system and so our ability to resist infections and illness can be depleted.

Just as when we neglect and ignore our physical health we can become physically unwell, it's also the case that if we ignore or suppress difficult feelings we can become physically unwell.

When we are exposed to stressful experiences or trauma, we can, without realizing it, banish the experience to the unconscious; it's too much to deal with and it's pushed down to the basement of our minds. Eventually – sometimes years later – the stressful/traumatic experience can present as a mental health problem, for example an anxiety disorder. But a stressful or traumatic experience can also manifest itself as a physical disorder.

Case Study

One evening, Catrice was reversing her car into the garage, when she heard a scream. She had reversed the car over her partner, Julie. Unknown to Catrice, Julie was sitting on the floor at the back of the garage, fixing her bike. Horrified and shocked, Catrice called an ambulance and Julie was taken to hospital. Although she had sustained serious injuries, they were not life threatening and in time, Julie recovered. However, a week after Julie's admission to hospital, Catrice developed a weakness in her lower limbs. Eventually she found that she was unable to stand; each time she tried, her legs gave way from underneath her.

Following weeks of tests, X-rays, physiotherapy assessments, and orthopaedic referral, Catrice's GP, believing that she was experiencing a 'somatic response' – a physical response to an emotional trauma – referred her to a psychotherapist.

Catrice had blocked the feelings – the trauma, stress, and guilt – she experienced as a result of Julie's suffering, but those blocked feelings had manifested themselves as physical symptoms. With support from a psychotherapist, Catrice recovered; she was able to forgive herself for the pain and suffering Julie had been through as a result of her actions.

People with mental health problems are more likely to develop physical health problems and vice versa. Furthermore, people with mental health problems can present to their GP or employer complaining of physical symptoms that have no physical cause. This can sometimes lead to missed or delayed detection of the underlying mental health problem. The interaction between physical and mental health is complex and it is often difficult to determine the direction of causal relationships.

Professor Dame Carol Black

In the same way that the repression of stressful experiences can become a physical problem, physical health can impact on our mental health.

Psoriasis – an auto-immune condition affecting a person's skin – is an example of a condition which can impact on mental as well as physical wellbeing. The 2023

study by Wang et al., 'Evidence for a causal association between psoriasis and psychiatric disorders' published in the *Journal of Affective Disorders*, found that 20–50% of patients with psoriasis have depression and anxiety.

The physical and psychological impacts can be cyclically linked: the condition can cause emotional distress which can trigger a psoriasis flare and, as a result, cause further distress.

Wellbeing Is Subjective

> A myriad of factors influence health and well-being, though many are familiar only to those who experience them.
>
> *Professor Dame Carol Black*

Although there are key aspects to wellbeing – physical, mental and emotional, social and spiritual – wellbeing *is* subjective; each and every one of us has our own individual thoughts and beliefs about what makes for wellbeing. Our thoughts, ideas, beliefs, and experiences are framed in a narrative – we each have our own story – our own explanation or account of our wellbeing and what may or may not influence it.

For example, one person's account of their experience of depression and anxiety – how they feel, how they manage, and the extent of the impact on their wellbeing – will be different from someone else's experience

and account. In another example, a person who is physically unwell or has a physical disability may feel that they have good levels of wellbeing *despite* illness or disability. Conversely, someone who is perceived as being well and 'able bodied' may believe and feel that they are *not* experiencing wellbeing to any great extent.

And, when it comes to traumatic experiences, Professor of Psychiatry at the University of North Carolina, Stephen Porges, suggests that the focus cannot be on the event, but on the individual reaction or response. 'Much of our society defines trauma by the event when the real critical issue is the individual's reaction. By not accepting that, we end up saying: "If I can survive this and do well, why can't you?" So we start blaming the survivors again.' Porges says that whatever the size or the intensity of the traumatic event 'when a person has a reaction or response to trauma, the body interprets the traumatic event as a life threat'.

Defining Mental Ill-health

Mental illness happens when the way a person thinks and behaves causes significant distress or impairs their ability to function. Mental disorders are usually defined by a combination of how a person thinks, feels, perceives, and behaves.

The WHO state that 'Mental health conditions include mental disorders and psychosocial disabilities as

well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm.'

Mental ill-health can develop gradually or be a sudden change in the way you approach your life and the way you think, feel, or react and this can create difficulties in your daily living. As a result, life can become very difficult to cope with. There can be periods where it is transitory, where the feelings, thoughts, and behaviours are not experienced for very long, or are intermittent. At other times it may be a prolonged and protracted episode and seem as if it will never pass.

Mental health problems can range from problems such as depression and anxiety, eating disorders, and addictive behaviours, to rarer problems such as schizophrenia and bipolar disorder, personality disorders, and PTSD.

On their website, Mind explain that 'we all have times when we struggle with our mental health, but when these difficult experiences or feelings go on for a long time and affect our ability to enjoy and live our lives in the way we want to, this is a mental health problem. You might receive a specific diagnosis from your doctor, or just feel more generally that you are experiencing poor mental health.'

Who Experiences Mental Ill-health and What Are the Causes?

'One in four' is widely cited as the number of people who suffer from a mental health problem.

In 2024, the first ever *Big Mental Health Report* produced by Mind, supported by the Centre for Mental Health, was published. It aims to be an annual research report on the state of our mental health across England and Wales, mental health services, and mental health support and to show the most comprehensive evidence and updates regarding mental health and mental health services for the next eight years. The data and evidence are being collated by YouGov, on behalf of Mind, and will assist in identifying progress and what needs to change to improve the 'mental health crisis' that we have seen in the UK in recent years.

According to the *Big Mental Health Report*, the UK has seen a significant impact on mental ill health since the Covid 19 crisis. And in the US, the National Institute of Mental Health has reported that both the Covid 19 and SARS pandemic significantly affected the mental health of adults and children.

Reports of heightened anxiety and depression were widespread during the pandemic and we are still seeing the fall-out from this in Long Covid – or protracted symptoms.

The findings from Mind's 2024 report suggest people are feeling lonelier, with adults and young people saying things are getting worse: 7.8% of adults in the UK felt lonely 'always or often'.

As with so much of what it means to be human, our levels of mental health and wellbeing are a result of both genetic (nature) and environmental factors (nurture).

> Researchers have not found a specific gene that causes depression. But research has shown that if you have a close family member with depression, you're more likely to experience depression yourself. This might be caused by our biology. But it could also be because we usually learn behaviour and ways of coping from the people around us as we grow up .It's likely that our genes, and the environment we grow up in, can both affect whether we develop depression.
>
> *Mind*

Many factors can contribute to the onset of a mental illness. These include prenatal stress; adverse childhood experiences (ACE), including childhood neglect, abuse, and trauma; stress; bereavement; relationship breakdown; physical and sexual abuse; experiencing stigma or discrimination; unemployment; social isolation and loneliness; poverty, debt, homelessness or poor housing; physical illness or disability.

Mental ill-health can affect anyone, regardless of gender, age, race, ethnicity, religion, geography, sexual

orientation, or other aspects of cultural background or identity. But some people are more vulnerable than others.

For example, 7.7 million adults aged 55+ say they have experienced depression and 7.3 million have suffered with anxiety, according to 2017 YouGov research for the charity Age UK. For people over 55, the death of loved ones, their own ill-health, and financial worries are the most common triggers for mental health problems.

In their 2016 report *Mental Health Problems in People with Learning Disabilities*, The National Institute for Health and Care Excellence (NICE) state that mental health problems in people with learning disabilities are more common than in the general population, with a point prevalence of about 30%.

The UK Mental Health Foundation report that people from a Black, Asian, and Minority Ethnic (BAME) backgrounds are generally at higher risk of mental ill-health. They also report that Post Traumatic Stress Disorder (PTSD) is more common in women of Black ethnic origin.

Note: Writing here about the MHF's report, we are using the BAME acronym as it refers to studies already published.

However, in 2021, the UK government stopped using the term BAME because it emphasizes certain ethnic minority groups (Asian and Black) and excludes others (Mixed, Other, and White ethnic minority groups).

The terms can also mask disparities between different ethnic groups and create misleading interpretations of data.

It is recommended that instead of using 'Black, Asian and Minority Ethnic' or 'BAME', precise terminology is used to describe the specific ethnicity of a person or group. If it is absolutely necessary to use a broad term, use 'minority ethnic group'.

The Mental Health Foundation reports that evidence suggests people identifying as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual (LGBTIQA), are at higher risk of experiencing poor mental health – such as depression, suicidal thoughts, self-harm, and alcohol and substance misuse – compared to heterosexual people, due to a range of factors, including discrimination, isolation, and homophobia.

Diaspora Communities, Refugees, and Asylum Seekers

The term 'diaspora', which comes from an ancient Greek word meaning 'to scatter about', refers to individuals or large groups of people who share a cultural and/or religious origin but find themselves living away from their traditional homeland.

Diasporas occur as a result of global and political issues. People become refugees; they feel they have no choice but to flee their country due to a well-founded fear of persecution for reasons of race, religion, nationality,

membership of a particular social group, or political opinion. Natural disasters such as failed crops, earthquakes, and floods, etc. and economic hardship can also precipitate the forced movement and immigration of people from their original communities.

Asylum seekers and refugees face unique and complex challenges related to their mental health. The mental Health Foundations 2025 report '*The Mental Health of Asylum seekers in the UK' states that asylum seekers* and refugees are more likely to experience poor mental health than the local population including higher rates of depression, PTSD and other anxiety disorders. The increased vulnerability to mental health problems that refugees and asylum seekers face is linked to pre-migration experiences (such as war trauma) and post-migration conditions (such as separation from family, difficulties with asylum procedures and poor housing).'

EU Workers in Post-Brexit Britain

As well as political instability, persecution, and natural disasters, another factor prompting the mass movement of people from their traditional homeland is economic hardship. Good working opportunities have always drawn people to other countries. In the UK, people whose countries are members of the European Economic Union were previously easily able to work. However, Brexit (the term used to describe the UK's departure in 2020 from the European Union), has made working in the UK more complex for EU citizens, requiring them to obtain work visas, which were previously not needed.

Brexit has also had an impact on the mental health of EU migrant workers in the UK. Some studies indicate a rise in discrimination and anxiety, particularly in areas with high 'Leave' vote shares. Uncertainty, rejection, and feelings of exclusion have been linked to negative mental health outcomes like anxiety and sadness among EU citizens.

Case Study

Sofija had been working in the hospitality industry for a long time. She moved to the UK from Lithuania and after many years of hard work she eventually succeeded in securing a managerial role in a large successful hotel. She had lots of good friends, some from the UK and others from Europe and other countries. Sofija and her partner, Lukas, who was also Lithuanian, had been in a relationship for several years when, due to Brexit, employment rules changed. Sofija met the criteria for EU settlement and 'Right to Work Checks' but Lukas did not – his employer didn't have a visa sponsorship license. This meant he could no longer work in the UK. The couple faced difficult decisions and, rather than return to Lithuania, Sofija decided to stay.

Sofija learnt that, like her partner Lukas, a number of her friends also had to leave the UK and go to other countries to find work or return home. Fortunately, her remaining friends and work colleagues

understood the sense of disorientation and loss that Sofija was experiencing. They knew the importance of being connected and of relationships, and were hugely supportive.

Whoever we are, whatever our circumstances, and whatever the statistics, what's most important is to recognize that we *all* have mental health. The spectrum ranges from a positive, healthy state to a poor or extremely poor state of mental health with severe symptoms or conditions. It's also important to know that our mental health can fluctuate depending on how we manage it and our life situations.

Recognizing and Understanding Specific Mental Health Problems

Stigma and lack of awareness surrounding the spectrum of mental health problems can mean that people are often not aware of the symptoms of even some of the most common disorders like depression and anxiety. A person can be struggling but they, their friends, family, colleagues etc. may not recognize that they have a mental health problem. This can mean the issue doesn't get talked about, support and treatment are not sought, and things can go from bad to worse.

Of course, just as one person can experience a physical health problem differently from the next person, one person can experience a mental health problem

differently from someone else with a mental health problem. There are, however, some common signs and symptoms. They include any number of the following.

- Out-of-character behaviour/unusual reactions.
- Being overly sensitive, often upset or tearful, perhaps unable to stop crying.
- Sudden mood changes.
- Aggressive behaviour, irrational, angry outbursts.
- Withdrawing from others.
- Persistent tiredness or exhaustion.
- Sleep problems.
- Difficulty communicating, thinking clearly, concentrating, remembering, or making decisions.
- Changes in appetite and eating habits.
- Using alcohol or drugs as a coping strategy.
- Losing interest in sex or being dependent on it.
- Neglecting appearance and personal hygiene.
- Taking less interest in things that used to be enjoyable.
- Reluctance to make plans.
- Physical aches and pains, nausea, tremors.
- Self-harm, suicidal thinking or behaviour.

Although these are common indicators of a mental health problem (and/or could also be symptoms of a physical illness) each mental health problem will have its own specific signs and symptoms.

Stress

Stress isn't a psychiatric diagnosis, but, say the mental health charity Mind, 'it's closely linked to your mental health in two important ways:

- Stress can cause mental health problems, and make existing problems worse. For example, if you often struggle to manage feelings of stress, you might develop a mental health problem like anxiety or depression.
- Mental health problems can cause stress. You might find coping with the day-to-day symptoms of your mental health problem, as well as potentially needing to manage medication, healthcare appointments or treatments, can become extra sources of stress.

This can start to feel like a vicious circle, and it might be hard to see where stress ends and your mental health problem begins.'

Emotional and physical responses:

- overwhelmed, worried;
- a sense of dread;
- racing thoughts that won't switch off;
- unable to concentrate, indecisive;
- being wound up, irritable, impatient, aggressive;
- muscle tension;
- headaches;

- chest pains;
- indigestion or heartburn;
- constipation or diarrhoea;
- feeling sick, dizzy, or faint.

How you might behave:

- avoiding situations that are overwhelming you;
- being tearful, snapping at people;
- being unable to sit still;
- eating more or less than usual;
- smoking, drinking, or taking drugs 'to cope';
- sleep problems.

Stress can lead to either or both of the two most common mental health problems: anxiety and depression.

Depression

Depression is a low mood that lasts for a long time and affects your everyday life. In its mildest form, depression can mean feeling sad, lacking enthusiasm, feeling that you have little control, and being generally in low spirits.

We all feel down or sad at times. Sadness is the normal reaction caused by a loss or failure that we experience. When you lose something or someone you love, when you fail to achieve something – your hopes fail to materialize, or a good situation comes to an end – this experience of loss can be felt and expressed as sadness.

Depression doesn't necessarily stop you leading your normal life but it does make everything harder to do – to

function well at work, to focus on tasks and complete them, for example – and outside of work, feeling depressed makes things seem less worthwhile. At its most severe, depression can result in feelings of despair and worthlessness and that you have no control over situations. It can lead to thoughts of harming oneself or others, or can lead to feeling suicidal.

Some common signs of depression may include:

Emotional and physical responses:

- feeling restless, agitated, or irritable;
- feelings of guilt and worthlessness;
- little self-confidence or self-esteem;
- feeling down; a flat mood that doesn't shift; apathetic; empty and numb;
- feeling detached; a sense of unreality;
- little or no pleasure in life or things; unable to see fun or humour in any situation;
- unable to relate to other people, feeling isolated from them;
- finding no pleasure in life or things you used to enjoy;
- not looking forward to anything or planning anything;
- feelings of hopelessness and despair.

How you might behave:

- distancing yourself from family and friends;
- avoiding social events and activities you used to enjoy;
- moving slowly or, unable to rest, always on the move.

Anxiety

Anxiety is the anticipation of trouble, misfortune or adversity, difficulties or disaster. Anyone can feel stressed and anxious from time to time; to feel fearful at the thought of, for example, an upcoming medical test, a presentation at work, a job interview, or an exam. It is a normal response to a stressful, or perceived stressful, situation. Whatever it is that you may be anxious about, you may feel that you've no control over what could happen; how events might turn out and how you'll cope if things do go wrong.

But, like all emotions, anxiety can have a positive effect; it serves as your internal alarm and prompts you to take necessary measures to prevent the worst-case scenario from happening. Most of the time, once the stressful situation is over, anxious feelings subside. There are, though, times when feelings of anxiety are more permanent and entrenched and adversely affect your mental health. Being anxious about how to cope can lead to being depressed because you feel you have little or no control over what's happening.

Just as the symptoms of depression will vary from person to person, so will the symptoms of anxiety. Anxiety may be experienced in some of the following ways.

Emotional and physical responses:

- racing thoughts;
- fretting and ruminating;

- being jumpy and on edge, feeling 'wired', tense, irritable, impatient, angry;
- distrusting of and/or aggressive with others;
- irrational fears;
- feelings of impending doom;
- sensations of nausea, choking, or being unable to breathe or hyperventilating;
- feeling panicky; pounding heart/increased heart rate, chest pain (sweating/muscle tension/shaky);
- fear of losing control;
- IBS, headaches, migraines.

How you might behave:

- becoming agitated, speedy; unable to rest;
- seeking constant approval or reassurance;
- needing to avoid or escape certain situations – social gatherings, for example, or being at work – any situation perceived as a threat;
- displaying obsessive and controlling behaviour;
- taking a long time to calm down following upsets.

Burnout

Excessive or prolonged stress can, when left unchecked, gradually build up and eventually result in burnout; a state of emotional, mental, and physical exhaustion which, although not applying to experiences outside the workplace, can still affect all areas of a person's life.

Burn-out is included in the WHO's 11th Revision of the International Classification of Diseases (ICD-11) as an

occupational phenomenon. It is **not** classified as a medical condition. Burn-out is defined in ICD-11 as follows:

> 'a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:
>
> - feelings of energy depletion or exhaustion;
> - increased mental distance from one's job, or feelings of negativism or cynicism related to one's job;
> - reduced professional efficacy.
>
> Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.'

In 2024, Mental Health UK published their first annual *Burnout Report*. It found that in 2023, 9 in 10 adults in the UK had experienced high to extreme levels of stress at various frequencies: 34% reported feeling this level of stress occasionally, 29% frequently, 22% on rare occasions, and 5% constantly. Almost a quarter (24%) of UK adults felt unable to manage their daily stress levels, and this was true for 1 in 5 workers (20%) who had to take mental health leave from work.

The Burnout Report found the following to be the leading causes of stress that may have led to burnout:

- having an increased amount of unpaid workload (54%);
- working unpaid overtime more regularly (45%);
- feeling isolated at work (42%);
- concerns over job security (40%);
- taking on additional paid work to cover rising costs (38%);
- workplace bullying or intimidation by co-workers (31%).

With burnout, problems seem insurmountable, everything looks bleak, and it's difficult to muster up the energy to care – let alone do something to help yourself. You probably feel that you're in over your head or have little control over the situation; you don't see any hope of positive change in your situation. Caring seems like a total waste of energy. You've run out of resources to cope. Pretty much every day is a bad day.

Emotional and physical responses:

- lack of energy, exhaustion/extreme tiredness, mental fatigue;
- being unable to concentrate, increased emotional and cognitive distance from one's job;
- low mood, depressed, negative, anxious, irritable, tearful;
- frustrated, angry with work, workplace, and colleagues;
- disillusionment, resentment, bitterness, embitterment/cynicism related to one's job; feeling unable to continue in the job;
- feeling traumatized, trapped, broken;
- dissociative feelings; emotionally cut off, empty, numb;
- hopelessness, helplessness, beyond caring, giving up, feeling at rock bottom.

How you might behave:

- reduced performance at work;
- neglecting your own needs, either because you're too busy or you don't care anymore;

- little or no compassion for others, dismissive of others;
- inability to relate to others emotionally, distancing yourself from them;
- lack of energy or enthusiasm for interests outside of work.

Being super busy overloads us with stress and anxiety – Excessive 'busy-ness' is usually a sign that all is not well. When I'm reaching burnout I start fixing too many dates and writing too many e-mails. I become so uber-busy that things don't make sense anymore.

Ruby Wax

Trauma

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM -5)*, trauma is defined as 'exposure to actual or threatened death, serious injury, or sexual violence; either directly, as a witness or by learning it happened to a loved one or friend'.

Trauma does not just happen to other people – it happens to us, our friends and family and our neighbours. While humans are an extremely resilient species, able to rebound from relentless wars, family violence and manmade disasters, experiences like these inevitably leave traces: on our minds, our emotions and even on our biology and immune systems. This matters not just to those who are directly affected, but to the people around them.

Bessel van der Kolk

There can be varying levels of trauma and traumatic stress. Whilst many individuals who are exposed to trauma can move on from it, for others it's not that simple. Trauma can leave ongoing symptoms that need professional support and psychotherapeutic intervention. Part of our brain can be good at denying the trauma has happened; however, the brain and the symptoms associated with the original trauma can be reactivated by a slight sense of danger.

Emotional and physical responses:

- ruminating and replaying on a loop the memories in your mind;
- intrusive flashbacks and disturbing images and thoughts;
- feeling trapped in the past events;
- nightmares, waking in terror;
- anxiety and feeling on edge, fearful and constantly 'on guard', seeing danger everywhere;
- feeling out of control, vulnerable, hopeless, and helpless;
- feelings of despair and bleakness, sadness, depression, grief;
- survivors guilt, self-blame, and self-criticism;
- angry, violent outbursts;
- numbness and feeling empty.

How you might behave:

- withdrawing from family/friends/loved ones/colleagues;
- avoiding things/people related to the traumatic event;

- difficulty trusting people;
- panic and being easily startled;
- inability to rest or relax;
- impulsive behaviour;
- panic attacks.

Life Changes and the Impact on Mental Health and Wellbeing

Our mental health and wellbeing can change not just from day to day, month to month, and year to year, but at key stages and changes in our lives. Childhood, adolescence, going into further or higher education, starting work, being in a relationship, becoming a parent, midlife, retirement etc. all have particular relevance and can impact on our wellbeing and mental health. Here we describe how some key life stages can adversely impact on mental health and we list common emotional and behavioural responses.

Menstruation and Mental Health

With menstruation comes hormonal changes that can cause emotional and physical symptoms each month. For some women these symptoms are mild and for others, distressing and difficult to manage.

Emotional responses:

- mood swings, irritability, anxiety, frustration, anger;
- depression, sadness, crying;
- low confidence and self-esteem.

How you might behave:

- inability to focus and concentrate or achieve as much as usual;
- withdrawing from groups and social activities;
- being irrational and impulsive;
- abandoning normal physical activity;
- greater inclination to conflict with others; easily offended.

Periods can be a problem for female tennis players. I often lose if I'm on my period. I suffer when I have it. I always have one bad day when I'm tired, I have no energy and all I want is sugar. Playing at Wimbledon, with its all-white dress code, makes things even more difficult. You're in short skirts and tiny shorts. It's the worst thing – and so distracting.

Heather Watson. Tennis player

Menopause and Mental Health

When a woman experiences menopause, her ovaries stop producing the hormones – oestrogen and progesterone – that contribute to the reproductive system's normal cycle. This can result in distressing and uncomfortable physical, psychological, and emotional symptoms. (Some individuals who have transitioned from female to male may still have their ovaries, and so may also experience menopausal symptoms.)

Some women see menopause as a positive experience, no longer having to be concerned about periods or

pregnancy, and see middle age as a time to think of themselves rather than dependents. But for others, menopause can be felt as a loss; a woman may feel that a part of their life is over; that she doesn't compare so well with younger family members and colleagues.

Emotional responses:

- mood swings – anger, sadness, irritability;
- anxiety, depression;
- low self-esteem/confidence;
- feelings of hopelessness;
- nervousness;
- panic/feeling trapped;
- loss of identity – 'I don't know who I am anymore';
- suicidal thoughts/feelings.

How you might behave:

- inability to concentrate at work;
- feeling confused and unable to prioritize;
- lack of interest in usual social activities;
- being argumentative and irritable, less patient with self and others;
- brain fog: memory lapses in conversation with others;
- eating more – comfort eating;
- reduced or increased sex drive;
- may want to leave everything – partner, job, family, country – without thinking through the consequences.

Male Midlife and Mental Health

People joke about the male 'midlife crisis' and of men they know who have left their partners for someone much younger than themselves or bought themselves a motorbike or a sports car. For some men, middle age makes them acutely aware that part of their life is over; they may feel they don't compare so well with younger family members and colleagues. They may either attempt to regain their youth or sink into a depression.

Although, as with any life stage, there are positive aspects to middle age, men, too, struggle, just as women do, with changes and challenges in life; mental health statistics and suicide rates for men certainly reflect this. (And some individuals who have transitioned from male to female may still experience difficulties specific to their gender identity, or original birth identity.)

You spend the first 20 years of your life running, running, running. You reach a point where you question if you can keep running like this for another 20 years.

Paolo Gallo

Emotional responses:

- depression and anxiety;
- negativity, pessimism, and hopelessness;
- irritability;
- sadness for life that has passed;

- a sense of needing to cram more into life – time is running out;
- suicidal thoughts/feelings.

How you might behave:

- becoming withdrawn from friends and family;
- may want to leave everything – partner, job, family, country – without thinking through the consequences;
- increased or reduced sex drive;
- disengagement from work;
- spending more time at work as a displaced behaviour/ anxiously avoiding relationships;
- becoming more selfish and self-centred;
- becoming more erratic and unable to think clearly;
- increased alcohol or recreational drug intake;
- eating more/less.

Grief and Mental Health

Grief is a normal human response to loss. As well as being a response to the death or loss of loved ones – people or pets – grief can be a response to the loss of anyone or anything that we have had an emotional attachment to. Grief – profound feelings of loss – can be a response to a range of life changes – to divorce, family moving away, the loss of a job, or loss of a social group. It can also be a response to the diagnosis of a health problem, which results in a change in autonomy, identity, and/or physical appearance.

How we each manage and cope with grief is influenced by gender, cultural, philosophical, and spiritual beliefs. As well as being a cognitive and emotional response, grief is also experienced physically. Physical aches and pains such as chest pain or aching are common, as are feelings of being unable to breathe. Feelings can vary in intensity over time.

Emotional responses:

- deep despair that is triggered easily by reminders;
- fearing harm to oneself and others, fearing a repeat of a similar loss;
- fear of being left alone;
- fear of breaking down, or losing control;
- anxiety;
- intense sadness, crying and sobbing;
- anger;
- mood swings;
- helplessness/powerlessness;
- shock, numbness, a sense of things being 'unreal' or 'surreal';
- sense of longing;
- feeling let down and abandoned;
- guilt or shame;
- spiritual beliefs may be challenged;
- sense of 'what's the point', meaninglessness of life;
- feeling suicidal, sometimes wanting to join the person who has died;
- loss of perspective on other life issues.

How you might behave:

- withdrawing from close family and friends;
- being aggressive to others/argumentative;
- impulsiveness;
- inability to talk about other subjects, constantly returning to issues of loss;
- inability to concentrate on daily tasks;
- 'ignoring grief' and 'pushing through it';
- refusal to get up from bed;
- impatience with self and others;
- using or increase in use of alcohol, recreational drugs, cigarettes.

In terms of that horrific pain and inability to see that life will ever be the same again – yes grief does end. Do you get over grief? Absolutely you do – with love. Is there joy? Absolutely. But in those early days I never thought grief would end. In my case, it took quite a period of time. Those first 5 years. . .grief is very shocking. I miss her every single day.

Joely Richardson. Actor

Although Joely says that, for her, 'grief does end', many people experience the death of a loved one and subsequent feelings of grief differently. Their description is that they learn to live without their loved one and find a 'new kind of normal' in their lives. It has been described by some as a 'slow healing quarry of grief'.

The grief is not always present for them, but there are times that, as one person has said, 'I drop into my grief, with the same intensity, as if it happened yesterday'.

Understanding Mental Health and Wellbeing: Key Points

Defining Mental Health and Wellbeing

- Wellbeing involves not just being able to enjoy life but, crucially, the ability to manage difficulties, problems, and challenges; the 'normal stresses'. An important part of wellbeing is, then, resilience: the ability to cope with, as well as bounce back and recover from, difficulties and challenges.

Dimensions of Wellbeing: Social, Emotional, Spiritual, Physical, and Mental Health

- One of the key aspects of mental wellbeing is our emotional wellbeing; our ability to recognize, manage, and adapt to a range of emotions in a positive, constructive way.
- Our social wellbeing – the ability to build and maintain good relationships with others and feel that you are included and belong – is important too.

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- Another feature of wellbeing is spiritual wellbeing. Spirituality refers to a sense of being connected to something bigger and more everlasting than yourself.
- Physical health wellbeing affects mental health and wellbeing. They are inextricably linked. Poor physical health can lead to a person developing mental health problems. And poor mental health can have a negative impact on physical health and wellbeing.

Wellbeing is Subjective

- *We each* have our own individual thoughts and beliefs about what makes for wellbeing.
- With traumatic experiences, for example, the issue is not so much what happened, but the individual reaction or response.

Defining Mental Ill-health

- The World Health Organization states that: 'Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others.'

Who Experiences Mental Ill-health and What Are the Causes?

- 'One in four' is widely cited as the number of people who suffer from a mental health problem.

- Levels of mental health and wellbeing are a result of both genetic (nature) and environmental factors (nurture).
- Mental ill-health can affect anyone, regardless of gender, age, race, ethnicity, religion, geography, sexual orientation, or other aspects of cultural background or identity.
- Some people are more vulnerable than others. Older people, for example; people with a physical health problem; minority ethnic groups, refugees and asylum seekers; people identifying as Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual (LGBTIQA) are all groups reported to be at higher risk of experiencing poor mental health.
- The spectrum of mental health ranges from a positive, healthy state to a poor or extremely poor state of mental health with severe symptoms or conditions.
- Our mental health can fluctuate, depending on life situations and the resources we have to help us manage our mental health.
- Mental ill-health can develop gradually or be a sudden change in the way you approach your life and the way you think, feel, or react and this can create difficulties in your daily living.

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- Mental health problems can range from problems such as depression and anxiety, eating disorders, and addictive behaviours, to rarer problems such as schizophrenia and bipolar disorder, personality disorders, and PTSD.

Recognizing and Understanding Specific Mental Health Problems

- Stigma and lack of awareness surrounding the spectrum of mental health problems can mean that people are often not aware of the symptoms of even some of the most common disorders like depression and anxiety.
- Although these are common indicators of a mental health problem (and/or could also be symptoms of a physical illness) each mental health problem will have its own specific signs and symptoms.
- **Stress.** Stress can cause mental health problems and make existing problems worse. In turn, mental health problems can cause stress.
- **Depression.** Depression is a low mood that lasts for a long time and affects daily life. Depression can leave you feeling sad, negative, and lacking enthusiasm. At its most severe, depression can result in feelings of despair and worthlessness and that you have no control over situations.
- **Anxiety.** Anxiety – the anticipation of trouble, misfortune or adversity, difficulties or disaster – can

have a positive purpose; it serves as your internal alarm and prompts you to take necessary measures to prevent the worst-case scenario from happening. However, feelings of anxiety can overwhelm you and adversely affect your mental health.

- **Burnout.** Excessive or prolonged stress at work can, when left unchecked, gradually build up and eventually result in burnout; a state of emotional, mental, and physical exhaustion.
- **Trauma.** Trauma is defined as 'exposure to actual or threatened death, serious injury, or sexual violence; either directly, as a witness or by learning it happened to a loved one or friend'.

Life Changes and the Impact on Mental Health and Wellbeing

- Our mental health and wellbeing can change at key stages in our lives. Childhood, adolescence, menstruation, going on to higher education, starting work, being in a relationship, becoming a parent, midlife, the menopause, retirement, bereavement, etc. All can impact on our wellbeing and mental health.