Mental Health and Connections

United Way of Olmsted County

903 W. Center Street, Suite 100

Rochester, MN 55902

507-287-2000

Introduction

The following report is an exploration of a narrow field within the broad context of health and human services work. It is not an exhaustive treatment of all effective programs or approaches within the field, but rather a narrow investigation of a topic of interest.

The subject matter of this paper does not necessarily represent an area of financial investment, grant funding, or other programmatic pursuit for United Way of Olmsted County. Rather, this report reflects on a specific type of intervention that allows individuals to reach their full potential, and presents related research.

There may be a wide variety of programs or services that address individual and community needs, and this report is not designed to enumerate all possibilities. United Way of Olmsted County hopes that readers will think creatively about the ways in which the ideas and experiences contained within the report might inform programs, services, and community changes in Olmsted County.

The Difference between Mental Health and Mental Illness

Broadly speaking, mental illness refers to a recognized and medically diagnosable illness that significantly impairs someone's ability to lead a rewarding life and function well. Mental illness results from biological, developmental, or social factors and can be treated or managed using a variety of approaches comparable to those found in physical medicine. Approaches to treating mental illness focus on prevention, diagnosis, treatment, and rehabilitation. Reputable approaches are evidence-based and experimentally demonstrable, with different approaches recommended for different illnesses (Canadian Centre for Occupational Health and Safety).

Mental health, on the other hand, includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood (Health and Human Services, 2017).

Mental health and mental illness are not mutually exclusive of one another. An individual can have a mental illness and good mental health (i.e., lack or remission of symptoms), or a lack of mental illness and poor mental health (i.e., no diagnosable disorder but faces significant challenges maintaining relationships and career) ("Together to Live," 2016). The first scenario may come about when proper supports and treatment are available, while the second may occur due to external stressors such as career and relationship changes, illness, or bereavement.

Determinants of Mental Health

While it is difficult to identify all the factors that contribute to mental health, three of the largest factors are social inclusion, freedom from discrimination and violence, and access to economic resources. Should any of these factors be lacking, an individual will often suffer from poor mental health despite being free of mental illness (World Health Organization, 2004).

Three key elements make up social inclusion – the relationships between individuals, how strong those relationships are, and how involved people are in their broader community. At the individual level, the relationships we have with others often have the greatest influence on our mental health. The social ties that we have with family, friends, and peers help us feel a sense of belonging and an enhanced sense of purpose. When we have a network of people that care about us, we are better equipped to cope with the stress and challenges that come up in our lives. Our friends and family can provide emotional support and help us work through problems, or redirect us to other resources in the community that can. When someone is socially isolated, this support does not exist and their mental health often suffers (Canadian Mental Health Association, Centre for Addiction and Mental Health, & Ophea and Ontario Lunch Association).

Why Connections Matter for Mental Health

Lack of social connectedness has been correlated to poor mental and physical health, especially for vulnerable populations such as seniors, teenagers, and individuals of color. For seniors, the aging process often reduces mobility, resulting in increased isolation from family, friends, and the wider community (York Cornwell & Waite, 2009). Teenagers will often self-isolate while sorting through an identity crisis, removing them from their emotional support system (Matthews et al., 2016). Individuals of color may feel socially isolated from the wider community due to identity differences, despite being active employees, citizens, and family members (World Health Organization, 2012).

Social isolation is also considered a threat to physical health and in many studies is considered a risk factor comparable to smoking or obesity. This is particularly true for health outcomes affected by the stress response, such as coronary heart disease, stroke, high blood pressure, cognitive decline, and dementia (Holt-Lunstad, Smith, & Layton, 2010). The relationship between physical health and social isolation can also be cyclical, with a physical health challenge resulting in a lack of social connectedness due to decreased mobility, which often leads to mental health challenges and exacerbates physical health challenges (Osborn, 2001).

Patients suffering from a number of mental health challenges and addictions encounter improved outcomes when treatment is undertaken in a group setting or through a peer support model.   By building personal connections between clients and care providers, participants experience increased optimism, learn from one another's experience, enjoy an increased sense of self, improved quality of life, and (for the peer support), a greater

sense of purpose. All of these intangibles stemming from social connectedness lead to improved mental health and longer, more sustainable recovery ("Mental Health America," 2017).

Attachment disorders are less-than-healthy ways of maintaining interpersonal connections with others, and are common in children (and the adults they grow into) who have suffered trauma, whether it was abuse, neglect, or loss of a trusted adult. Attachment disorders go by many names, including reactive attachment disorder and disinhibited social engagement disorder, and are often found alongside oppositional defiance disorder, attention deficit disorder, bipolar, and borderline personality disorder (Attachment & Trauma Network). Individuals with attachment disorder find it challenging to maintain healthy relationships with others, and often face social isolation as a result of their behavior, which further exacerbates their mental illness in a negative feedback loop. Addressing attachment disorders allows patients to begin to maintain healthy connections with others and reintegrate into the community (Mikulincer & Shaver, 2012).

Successful Models

Attachment-based family therapy is a 16-week course of therapy for children and youth who have been through trauma. The goal is to strengthen or repair the parent-child relationship and improve family communication, allowing parents to become a trusted resource to their child. This allows the child to improve their ability to cope with stress and learn to explore their own autonomy. This course begins with the child alone, eventually adding the parents. All parties work together to provide a secure relationship in which the child can address factors adding to their emotional distress and work towards developmentally appropriate autonomy both inside and outside the home (SAMHSA, 2017).

Alcoholics Anonymous is one of the oldest and most well-known peer support programs active in the United States and is the prototype for 12-step programs across the country. It is built on the helper-therapy principle, meaning each member is both a care provider and patient. The primary purpose is for alcoholics to stay sober and to help other alcoholics achieve sobriety. While research does not indicate that the program is more effective than others at helping alcoholics achieve initial sobriety, it has been demonstrated that members who attend consistently are far more successful in maintaining sobriety over the long term (Kaskutas, 2009).

Senior Reach is a program in which community members are trained to identify, provide outreach, and refer older adults facing challenges with poor mental health, social isolation, chemical dependency, and abuse or neglect. The senior is referred to appropriate serves and works with a navigator to address needs and mental health issues. The senior is an active partner in developing and following through on the treatment plan, which typically includes trainings, in-home assessments, and therapy. By providing this one-on-one connection, clients experience a number of positive behavioral health outcomes, including decreased social isolation, depression, and anxiety, and increased hopefulness, self-care, and social support (SAMHSA, 2012.

Ways Social Connectedness Affects Mental Health

1. Protects children against attachment disorders and helps adults heal
2. Builds resiliency, leading to quicker recovery from stress and trauma
3. Longer and stronger recoveries from poor mental health and mental illness

Populations at Risk of Social Isolation and Poor Mental Health

1. Living with Mental Illness
2. Seniors
3. Teenagers
4. Minorities
5. LGBTQ Persons
6. Homeless
7. Chemically Dependent
8. Victims of Domestic Violence
9. Disabled
10. Recently Bereaved or Divorced
11. Unemployed
12. Living Alone

Sources

"Attachment & Trauma Network." What Are Attachment Disorders. Accessed September 11, 2017. https://www.attachmenttraumanetwork.org/understanding-attachment/attachment-disorders/.

"Mental Health America." Peer Services, 2017. http://www.mentalhealthamerica.net/peer-services.

"NREPP (National Registry of Evidence-Based Programs and Practices) Report on Senior Reach." Program Brief. SAMHSA (Substance Abuse and Mental Health Services Administration), September 2012. http://www.seniorreach.org/wp-content/uploads/2015/04/Senior-Reach-NREPP-Report.pdf.

"Promoting Mental Health: Concepts, Emerging Evidence, Practice" Summary. Geneva: World Health Organization, 2004.

"SAMHSA (Substance Abuse and Mental Health Services Administration)'s National Registry of Evidence-Based Programs and Practices (NREPP)." Attachment-Based Family Therapy (ABFT). Accessed September 11, 2017. http://nrepp.samhsa.gov/ProgramProfile.aspx?id=208.

"Together to Live." Mental Health Continuum, 2016. http://www.togethertolive.ca/mental-health-continuum.

Canadian Centre for Occupational Health and Safety. "OSH Answers Fact Sheets." Mental Health - Introduction. Accessed September 13, 2017. https://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_intro.html?=undefined&wbdisable=true.

Canadian Mental Health Association, Centre for Addiction and Mental Health, and Ophea and Ontario Lunch Association. "YouThrive.ca." Determinants of Mental Health. Accessed September 11, 2017. http://www.youthrive.ca/make-links/determinants-mental-health.

Health and Human Services. "Mentalhealth.gov." What Is Mental Health? Accessed October 3, 2017. https://www.mentalhealth.gov/basics/what-is-mental-health/index.html.

Holt-Lunstad, Julianne, Timothy B. Smith, and J. Bradley Layton. "Social Relationships and Mortality Risk: A Meta-Analytic Review." PLOS Medicine 7, no. 7 (July 2010). doi:10.1371/journal.pmed.1000316.

House, James S. "Social Isolation Kills, But How and Why?" Psychosomatic Medicine 63 (2001): 273–74. doi:0033-3174/01/6302-0273.

Kaskutas, Lee Ann. "Alcoholics Anonymous Effectiveness: Faith Meets Science." Journal of Addictive Diseases 28, no. 2 (2009): 145–57. doi:10.1080/10550880902772464.

Keyes, C.L. "The Mental Health Continuum: From Languishing to Flourishing in Life." Journal of Health and Behavior Research 43 (2002): 207–22.

Matthews, Timothy, Andrea Danese, Jasmin Wertz, Candice L. Odgers, Antony Ambler, Terrie E. Moffitt, and Louise Arseneault. "Social Isolation, Loneliness and Depression in Young Adulthood: A Behavioural Genetic Analysis." Social Psychiatry and Psychiatric Epidemiology 51 (2016): 339–48. doi:10.1007/s00127-016-1178-7.

Mikulincer, Mario, and Phillip R. Shaver. "An Attachment Perspective on Psychopathology." World Psychiatry 11, no. 1 (February 2012): 11–15.

Osborn, David P. J. "The Poor Physical Health of People with Mental Illness." The Western Journal of Medicine 175, no. 5 (November 2001): 329–32.

York Cornwell, Erin, and Linda J. Waite. "Social Disconnectedness, Perceived Isolation, and Health among Older Adults." Journal of Health and Social Behavior 50, no. 1 (March 2009): 31–48.

Thanks and Appreciation

Courtney Lawson