EDUCATION FOR MENTAL HEALTH

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Abstract: *In this article we want to depict aspects of mental health as integrating part of human and social health. We would also like to have an insight into the freshman students` knowledge so as to find out their level of knowledge, attitude and mentality towards mental disorders and people suffering from a mental condition. Stigmatization towards people with mental disorders is still common in the social mentality. These attitudes contradict social orientations towards human beings and their interests. Social distance brings about serious consequences upon the professional rehabilitation and reinsertion of this social category. They are regarded as a category facing serious restrictions in terms of human rights. In our study we are trying to identify the freshman students` opinion, attitude, mentality and orientation towards the understanding of such a complex issue like mental disorders. We wish that the future professionals in the field of psychology, psycho-pedagogy, social work and pedagogy became supporters of open and compassionate attitudes towards people with mental disorders. They should turn into*

advocates that would change the social perception and reduce stigmata.

Key words: *mental health, social distance, prevention, support, assistance;*

1.Introduction

Mental health has certain dimensions both for specialists in the field and for each individual. It represents not only the absence of a disorder but above all it involves the state of well-being, of inner peace, inner balance, harmony with the social environment and the existence of all mental dimensions required by social and professional integration. We ask ourselves what is the basis of a man`s well-being, more specifically, what are the traits of inner balance. Firstly, it`s the human being`s ability of handling reasonably and objectively inner and outer conflicts, the ability of controlling emotions properly so as not to cause an inner imbalance and lastly, the individuals` ability of making peace with themselves, of understanding and accepting experiences and interpreting them in a proper manner. When individuals are at peace with themselves, they accept the way they are, manage to control their personal lives, accept the others and fulfil the responsibilities of their personal, professional and social lives. Mental disorder is mainly about a disorder of the brain`s activity caused by an abnormal exchange of substances in neural cells and it is manifested as a disturbance of the individual`s behaviour. It can take different forms from depression to psychosis and other severe mental disorders. The aim of education for mental health is to maintain that well-being. The Canadian Mental Health Association Care has identified 10 tips for mental health:

1) Build a healthy self-esteem
2) Receive as well as give
3) Create positive parenting and family relationships
4) Make friends who count
5) Figure out your priorities
6) Get involved
7) Learn to manage stress effectively
8) Cope with changes that affect you
9) Deal with your emotions
10) Have a spirituality to call your own (Kutcher Stan and Yifeng Wei 2015, p.129)

2. What can we do?

2.1.Prevention

According to World Health Organization (WHO), one in four people suffers from a mental disorder and mental health is defined as *"a state of well-being in which the individual uses his abilities, faces normal stress factors, works productively and successfully and is capable of making a contribution to his society"*. (WHO) The best method of maintaining mental health is its prevention. Prevention is one of the methods mentioned by all researchers in this field. The question that arises is what can be done to prevent mental disorders. It is known that mental conditions can be developed at any age, even with babies. Prevention involves taking into consideration the determining causes of mental disorders. Family, close friends are the first to identify signs of mental imbalance. Each individual needs to be informed on the symptoms of mental disorders, in order to be able to identify such signs. Thus, observing one`s sight, mimicry, walk and body language can help us identify certain disorders in an individual. Such disorders involve:

-no need to socialize;

-no need to communicate, especially on more or less personal topics;

-inability to respond properly to events;

-lack of joy of living;

-the person`s inability of manifesting positive emotional experiences;

-inability to manage properly their own needs;

-detachment from events, the individuals become distant, cold;

2.2.Information

Insufficient information leads in most cases to situations where family or close friends do not take any measures when they notice certain misbehaviours in the patient's attitude. Sometimes, they even refuse to accept that the carer suffers from a mental disorder. They`d rather believe that these symptoms are moodiness, temporary hysterical moods, which cause such inappropriate behaviour. This aspect brings about pressure on the individual and deepens the consequences. The sick person feels mostly abandoned, neglected and misunderstood. It is said that once a problem is admitted, is half solved! Sustained family effort in handling such situations requires knowledge, information and specialized help. MihaelaMinulescu: "*A mentally healthy person shows a unitary personality structure, where all*

complementary components function in an integrated way, not disruptive; the person is aware of its limitations and can handle them; it also includes the ability to learn from one`s own life experience." (M. Minulescu, 2016)

2.3. Psychological counselling

The first step that needs to be taken by all families is addressing the general physician, if they notice anything unusual in the behaviour of a family member. The GP will send them to counselling, psychologist or psychiatrist. These are the specialists who are familiar with the mental pathology and can offer specialized help to anyone with an unstable mental condition. Behavioural changes, changes in the attitude and lower mental performance are obvious signs of mental disorders. The biggest mistake that can be done is to neglect the first symptoms, considering them minor and letting the sick person dealing with them alone. It is important to organize proactive campaigns in the mass mediaand help people understand better the mentally disordered ones.

2.4. Social assistance

Significant steps have been taken in Romania in the past years in the care and assistance of the mentally disordered patients. The role played by the social workers is very important in the process of socio-professional reintegration of someone with a mental condition. The social worker will help the mentally disordered person to become autonomous, to regain independence and the ability of family reintegration. Social discrimination caused by distorted mentality leads to stigmatization and they are the most frequent cause of isolation. The social worker, who cares for the mentally disordered person will help her/him to regain self-confidence, will teach her/him how to regain independence and how to rebound with friends and family. Besides these aspects, the social worker will also care for the patients` social activity. The social worker will team with the specialist, the psychologist and the counsellor to help patients complete their social reinsertion.

3. Research Methodology

3.1. Awareness and education

The aim of our research is making the students of our faculty aware of issues related to mental health. But mostly importantly, we try to develop a proactive attitude concerning people with mental disorder issues. For this purpose, we have performed a quality and quantity research on identifying

the level of knowledge and understanding of attitudes, stereotypes, beliefs about mental health among the students of the *Faculty of Education Sciences, Psychology and Social Work* within *"AurelVlaicu"*University of Arad. We would also like to find out whether educational training influences the attitude of future professionals in the field of psychology, social work, Psychopedagogy and pedagogy towards mental disorders and the mentally disordered people. The study is part of an activity performed during ERASMUS+ Project, *Employability and Mental Health in Europe: urgent training, social integration and employability needs,* conducted by 5 countries: Luxemburg, Belgium-Liege, France-Lyon, Switzerland-Geneva, Romania-Arad between 2014 and 2017. The general objective of this project is *to increase access and provision of social services –basic and specialized for vulnerable groups consisting of people with mental disorders and their families.* (Kelemen Gabriela, Laurence Fond-Harmant, Michel Pluss, Jean Michel Stassen, CatalinNache, 2015).Our project aims *to highlight the factors that block the mentally disordered people`s access to the labour market and also to elaborate a model programme of cognitive and social rehabilitation for the social reintegration of the mentally disordered.* (Kelemen Gabriela, Laurence Fond-Harmant, Michel Pluss, Jean Michel Stassen, CatalinNache, 2015).

3.2.Data collection

We have used as model the study conducted by M.S. Stănculescu, D. Niţulescu, M. Preotesi, M. Ciumăgeanu, R. Sfetcuwithin the PHARE Project*Trust their minds!* in 2007. We developed a questionnaire that would help us in our investigational endeavour and we applied it on a sample of 200 students, 50 students for each field of study:Psychology, Special Psychopedagogy, Social Work, Pedagogy of Preschool and Primary School Education. We called the questionnaire *Mental Health, a Critical Response*, and structured it around 27open-answer items:

1. What do you know about mental disorders? How can a mental disorder affect a person`s life?
2. List the disorders that are ranked as mental disorders.
3. Have you encountered people suffering from mental disorders?
4. How have you found out about these disorders?
5. Did or do you have in your family someone suffering from a mental disorder?
6. If you suffered from such a disorder, would you tell your close acquaintances about it?

7. Whom would you ask for help, if you noticed that there is something wrong with you?

8. At what age can one develop a mental condition?

9. Can a mental disorder be cured?

10. What steps need to be taken in curing a mental disorder?

11. What are the most appropriate ways of caring for a mentally disordered person?

12. Which are the determinants of mental disorders?

13. How is a mentally disordered person viewed by the society?

14. What are the most common stigmata?

15. What other cases of stigmatization do you know?

16. How does stigmatization affect the lives of people with mental disorders?

17. How open are entrepreneurs towards hiring a person with mental disorder?

18. If you were an entrepreneur, would you hire a mentally disorder person at your form?

19. If you answered yes, what would your reasons be? If you answered no, what are the reasons of unemployment?

20. Do you consider mental disorders incurable? Bring arguments.

21. Do you think that the mentally disordered are a threat for the society?

22. What experts/professionals do you know in the field of mental health?

23. Who do you thinks notices first that a person suffers from a mental disorder?

24. What are the signs of a mental disorder?

25. Do you know what services are available to people suffering from a mental disorder?

26. What other factors can contribute to changing the stigmatizing attitude towards the mentally disordered?

27. How can the community be made aware of the possibility of helping the mentally disordered?

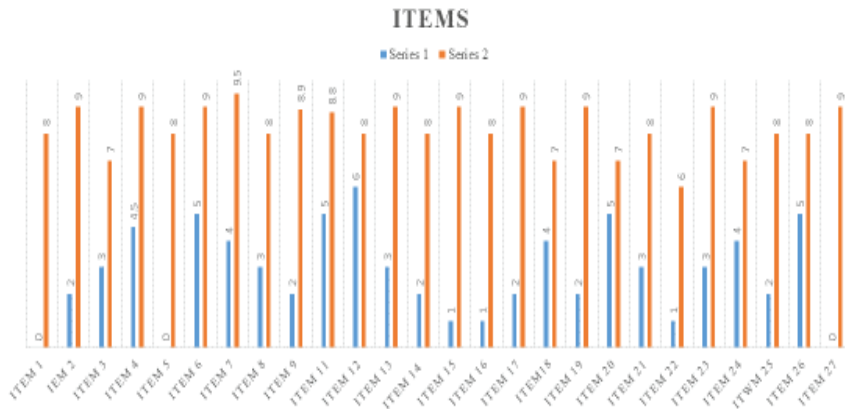## Questionaire *Mental Health, a Critical Response*

Fig no 1.: *Questionaire Mental Health, a Critical Response*
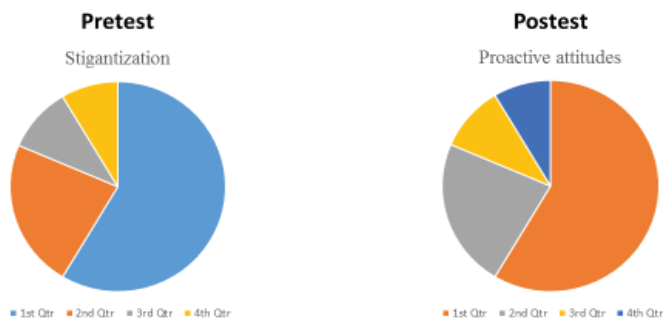
Changes in attitudes

Fig no 2.: students` attitudes

3.3.Participants

The participants in our investigation are students, mostly female students (80%) and male students (20%). Their age ranges from 18 to 25 years. Their training level is differentiated by the type of courses they attend. 50% are Bachelor students and 50% are freshman year master students. The responders have been selected on a voluntary basis. The study was applied in October 2014. The post-testing stage took place at the end of 2015.

3.4.Procedure

After the volunteers` selection, we have applied the questionnaires. The students have been asked to answer the questions honestly, without prior research and without revealing their identity.

3.5.Vocational/educational attainment

In the next stage of our research, the st
udents attended 10 courses, conducted for this purpose by the student circle of our faculty *A plus for your education!*

The course covered the following topics:

1. Mental health, mental hygiene and the concept of sanogenesis.
2. The bio-psycho-social parameters of mental health.
3. The group of somatoforms disorders – risk factors.
4. Stigmatization and mental health-functions of social support.
5. Mental health, adaptation, coping,resilience –rules of mental hygiene.
6. The evaluation of patient oriented needs - rehabilitation methods for mentally disabled people.
7. Multidisciplinary teams in specialized community services– rehabilitation programmes
8. Life-age-health relationship.
9. Good practices– Work procedures–the model of affirmative community therapy. .
10. Legislation in the field of mental health and protection of people with mental disorders.

Besides the courses attended by the students, they were also asked to go through the following bibliography in their spare time:

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• Daniel Goleman, (2013), *Emotiiledistructive*, Ediţiaa III-a, Editura: CurteaVeche.

• Minulescu Mihaela, *Manual-Psihologie-Clinica*

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• Minulescu Mihaela, (2006), *Teorie şi practică în psihodiagnoză. Fundamente în măsurarea psihologică. Testarea intelectului*, Ediţia a III-a, Bucureşti, Editura Fundaţiei România de Mâine. https://www.academia.edu

• *** (2013), *Tulburările de sănătate mintală la copii şi adolescenţi, Screening şi intervenţie,* Editura: Liga Română pentru sănătate mintală, Bucureşti.

3.6.Data collection and interpretation

After the formative stage, the questionnaire entitled *Mental Health, a Critical Response*was applied again. We interpreted the data by comparison. Our findings were the following:

-in the first stage, many questions remained unanswered; 59% of the respondents stated that they don`t know what to answer in most questions. After the experimental stage, no question remained unanswered;

-in the first stage, many answers contained gaps, were incomplete and showed the students` inability of providing viable answers. After the formative stage, we observed a serious improvement of students` answers; 89% of the students provided predictable answers;

- in terms of students`attitude and mentality towards the stigmatization of the mentally disordered,we notice that they gave contradictory answers in terms of social distance; 28% state that mental disorders are incurable, and they consider the mentally disordered incapable of professional and social reinsertion. After the formative stage, the students` attitude changed significantly. 90% have now a proactive attitude towards the mentally disordered people, considering them capable of professional and social reinsertion.

4.Conclusions

After concluding the study we can state that the distorted interpretations of mental disorders and mentally disordered people are the consequence of insufficient information and educational gaps. The findings reveal that stigmatizing attitudes are still common in our society, and that education is the path to reformed attitudes, stereotypes and beliefs in mental health issues and people suffering from a mental condition. Moreover, a properly informed person can become a good advocate for promoting proactive and anti-stigmatizing attitudes in a society.

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