

Myths about mental health

Highlighted in the 2018 Beyond Blue 'Answering the Call' survey our staff said that when it comes to mental health, while they believe inroads have been made and attitudes are changing, there is still much to do to reduce stigma and promote health seeking behaviour. In fact over half of our emergency services staff felt people would be hesitant to disclose they are suffering from a mental health issue.

It is important to discuss the myths and facts about mental illness and suicide, as myths and misinformation can increase the stigma, shame and guilt experienced by those that have a mental health condition, or who have suicidal thinking/behaviour.

Myth-busting helps improve people's knowledge about mental health, thereby reducing stigma and improving awareness and help-seeking.

Myth: Mental illnesses are incurable and life-long

While some people do deal with recurrent mental health conditions, with early and appropriate treatment, many people recover and experience no further episodes of mental ill-health. Like many other long-term health conditions, mental illness can be managed so that individuals live life to the fullest.

For those experiencing mental health conditions, effective treatments for mental illness can include medication, psychological therapies, psycho-social support, avoidance of risk factors, and learning self-management skills.

Myth: Only weak people develop a mental illness

While we are still learning about mental illness, we can say this: having

Panic attacks and anxiety are the same thing!

Anxiety affects around one in 20 people, and is when our feelings become **overwhelming**. If left untreated, anxiety can have a huge impact on daily life. Panic attacks can be a symptom of anxiety. They can happen when our bodies feel under attack *right now*. They are sudden and unpredictable, and can last from a few minutes to several hours. If you're having lots of panic attacks and there doesn't appear to be a cause, you might be given a diagnosis of panic disorder.



Alcohol takes the 'edge' off anxiety

In the short-term, alcohol may put you at ease in social situations. These effects soon wear off, and over time you could develop a **tolerance**, meaning you will need to drink more to experience the same feelings. Self-medicating with alcohol fails to address underlying anxiety, and in the long term may lead to dependency and addiction.

Depression is a choice



Nobody chooses to have depression, just like no one chooses to have a physical illness. Depression is a condition that can affect anyone. We have **no control** over this. Asking our doctor and/or other qualified professionals for help can be an important first step.

Bad parenting is to blame

Mental illness is seldom caused by any one factor. The latest research suggests mental health conditions can result from both biological and environmental causes. Our genes, and cumulative life experience, affect how predisposed we are to mental illness, but it's important to know that environment can have a huge **positive influence** when support and nurturing are available, for children and for adults too.

People with a mental illness can't hold down a job

If someone has a mental illness, then it may stop them from working. However, the majority of people with mental health problems are able to work just as well as their colleagues. However, there is still **discrimination** when it comes to employing people with mental health issues.



People should snap out of it!

You wouldn't expect someone with a physical health condition to just "snap out of it", and the same goes for people with mental health problems. However, with the **correct treatment or medication**, a lot of people can recover.



a mental health condition or illness is not a character flaw. It is not a result of laziness, attention-seeking, a bad diet, mental, physical or spiritual weakness or a failure of character. It is an illness like diabetes and heart disease and is caused by a complex interplay of genetic, biological, social and environmental factors.

Myth: People with a mental illness can 'pull' themselves out of it

Mental illness cannot be treated or cured by someone "pulling themselves together" or having a "mind over matter" attitude. It is not cured by personal strength and to suggest that it is, is not helpful in any way.

Myth: You need a diagnosis before you can do anything about your mental health

Many people experience mental health challenges and symptoms that never result in a diagnosis. Like most things, mental health exists on a continuum where people can find themselves at extremes, or somewhere in the middle. No matter where you are, there are actions you can take to support and promote positive mental health.

Myth: Post traumatic stress is the most common mental health problem amongst emergency services

While PTSD receives a lot of attention, other mental health conditions are just as common, if not more so, than PTSD. In their national *Answering the Call* survey, Beyond Blue found that 39% of employees reported having been diagnosed with a mental health condition, while only 10% of employees had probable PTSD (with rates ranging from 6% in the state emergency services sector, to 8% in ambulance, 9% in fire and rescue, and 11% in police).

Myth: Everyone in emergency services will end up with a mental health condition - it is inevitable

While it is true that emergency services workers may be more vulnerable to mental health risks due to their work, this does not mean there is a causal pathway to mental illness. The *Answering the Call* survey found that 39% of employees reported having been diagnosed with a mental health condition, but that many also experienced good levels of wellbeing. Mental health conditions are caused by a complex interplay of genetic, biological, social and

environmental factors, and there tends to not be one single cause.

Myth: Employees and volunteers only develop mental health problems because of their emergency services experience

Some mental health problems are directly influenced by emergency services work. However emergency services workers share the same general risks of developing mental health issues as others in the community, and experience workplace stressors that are not unique to the emergency services (such as conflict, high workload, time pressure, poor support). For example as well as operational incidents, a number of workers will also experience traumatic events that are not related to their occupation. Mental health conditions are caused by a complex interplay of genetic, biological, social and environmental factors, and there tends to not be one single cause.

Myth: People with mental health issues can't manage the stress of holding down a job

While having a mental health condition, by its very nature, affects the way people think, feel and behave, this

Depression is brought on by traumatic events

Depression can affect anyone at any time. For some people, a sad or traumatic event can trigger an episode of depression. For others, the symptoms of depression can **come out of seemingly nowhere**. In both instances, if symptoms last for a prolonged period of time, a doctor is likely to diagnose you with depression.

Antidepressants change your personality

Antidepressants work by boosting or prolonging the activity of particular brain chemicals in order to lift your mood. It's important to have all the facts to make an **informed choice**. Sometimes it can take a while to find the right medication, so it's important to be honest with your doctor about how you are feeling. If you experience any concerning side-effects, it is essential to seek medical advice.



Talking about depression only makes it worse

It can be incredibly isolating to cope with depression on your own, and keeping these thoughts and feelings to yourself can often make us feel so much worse. New scientific evidence suggests **talking to a qualified counsellor** can help you make sense of your feelings, and start to deal with them in a positive way.



is different to someone's ability to manage stress. Having a mental illness does not equate to poor stress management. It also does not reflect their intelligence. Having employment is good for mental health, and those with mental health conditions need to be supported to participate in work to their fullest ability. Despite the presence of a mental health condition, many people will be high functioning in the workplace, while others might need extra support or adjustments.

Myth: Only people with mental health problems become suicidal

Suicidal thinking and behaviour indicate distress, deep unhappiness, and tend to reflect a sense of hopelessness and belief that things will not get better (or alternatively will be better once they are gone). It does not necessarily indicate a mental health issue. We sometimes believe this because we can't relate to feelings of suicidality, and therefore assume one must be "ill" to think that way. While having a mental illness is a risk factor for suicide, many people living with mental health conditions are not suicidal, and not all those who take their lives have a mental health condition.

Myth: Self-harm or threatening suicide is attention seeking

People often conflate and confuse self-harm and suicidal behaviour, which can lead to misunderstanding about both.

Self-harm is sometimes seen as a quasi-attempt at suicide by those who don't understand it, and can raise connotations of drama and manipulation. This is inaccurate. For most, self-harm is about trying to cope with psychological pain, and distressing thoughts and feelings. Engaging in self-injurious behaviours (such as burning and cutting) provide temporary relief for emotional distress, and some people even describe it as a way of staying alive and avoiding becoming suicidal. Those who self-harm are usually not intending to end their life.

Even for those who are suicidal, they often do not want to die, but want to end pain or suffering, and see no other solution to their problems. Many who experience these do not talk to anyone about what they are going through, and it can be very difficult to talk to anyone about what they are experiencing.

Myth: Talking about suicide is a bad idea and could encourage someone to take their life

There is no evidence that talking to someone about suicide is harmful, and in fact asking and talking about it can be a good way to help prevent suicide. By talking about suicide openly and honestly, you give the person permission to talk about it, the chance to take steps towards help seeking, and time to rethink their decision or see another alternative.

Myth: Suicide is an act of selfishness

Typically people experiencing suicidal thinking do not want to die, rather they want to end significant pain and suffering. Someone thinking about suicide is experiencing intense and overwhelming negative emotions and feels hopeless and helpless, therefore cannot see another solution. Instead of "thinking about themselves", they frequently feel as though they are a burden to others, and believe that suicide will relieve that burden as their loved ones will actually be better off without them - suicide is often a gesture to relieve their loved ones of this burden.

The mental health stats are exaggerated

Thankfully, people today are able to talk about their experiences more than in the past. Until very recently, the World Health Organisation estimated one in four people will experience a mental health problem. However, a 2017 survey by the Mental Health Foundation found **two-thirds of British adults** had experienced a mental health problem.



You can get better through willpower

Willpower isn't a magic bullet. You can't beat cancer simply by being wilful and you need more than willpower to deal with mental health. **Accessing a range of treatments** such as therapy, medication, and support groups are the best routes to recovery. Researching what helps different conditions can also be useful – sometimes there is a lot you can do to help your recovery along while in treatment.

Therapy is for people who don't have good friends

There's a **huge difference** between talking to a friend and talking to a counsellor. Counsellors receive specialist training to help you work through your problems in a suitable way. They also give you space to be open about things that you may not be able to talk about with your loved ones.

Some important facts

Fact: Anyone can develop a mental illness

Mental illness is caused by a complex interplay of factors including biological, genetic, social, psychological and environmental. Whilst there are risk factors (that make developing a mental health condition more likely) and protective factors (that reduce the chances or buffer against mental illness), there is no way to immunise against it, and anyone can develop a mental health condition.

Fact: At least 45% of us will experience a mental illness during our lives

That is almost half. Mental illness is common, and all around us. Therefore we need to get better at understanding, identifying and responding to it.

Fact: Approximately 20% of adults are affected by mental illness in any given year

That is 1 in 5. In emergency services it is approximately 1 in 3. This illustrates that mental health impacts are common, and experienced by many people that we know.

Fact: Some Australians are more likely to develop a mental illness

While anyone can develop a mental illness, there are some populations that are more vulnerable. These include Aboriginal and Torres Strait Islander people, LGBTIQ+ communities, and refugees and immigrants, for example.

Want further help or resources?

For more information on mental health and wellbeing check out other posts and resources available through MyPulse www.mypulse.com.au.

SOURCES:

- Beyond Blue
- Sane
- Black Dog Institute
- Australian Government, Department of Health
- Department of Veteran's Affairs
- UK Mental Health Foundation
- www.happiful.com/50-mental-health-myths-debunked
- Images sourced from www.happiful.com/50-mental-health-myths-debunked

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Wellbeing Support Psychological Services

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Wellbeing Support Officers:

South 0429 453 689 or 0436 800 604 **North** 0436 812 038 **North West** 0419 126 551

Further general information is available at mypulse.com.au

Printed fact sheets are available from wellbeing@dpfem.tas.gov.au