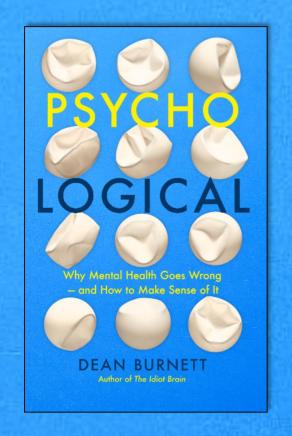


PSYCHO LOGICAL

The Science Of Mental Health

Dr Dean Burnett



Some quick disclaimers



- Neuroscientist, and all things come down to the brain. Sort of.
- Not a specialist, but a 'jack of all trades' approach is a potentially more useful one.
- Not from a 'classically academic' background. Can be helpful.
- Mental health, and any problem with it, is an intensely subjective thing.
- Talking here about the underlying science, methods, perceptions etc. of mental health. The problems with mental healthcare are a separate thing.

The famous 'headclutcher'









A persistent trope that says so much (largely by accident)

- The 'intangibility' of many mental health problems.
- The desire for easy categorisations and understanding, which oversimplifies. Particularly in the media (wistful looks, messy rooms etc.)
- The questionable comparison of mental and physical health.

"Stop stressing, or you'll give yourself an ulcer!"





Highlights the actually-very-complex relationship between mental and physical ailments

- There's much co-morbidity, it's not a binary system. The brain's an organ, after all.
- The prioritising of physical over mental issues? Risks and dangers of treating them "the same".
 Expect a 'fix' etc.
- Also has implications for the viable treatment options. Alt-med... works?

"Let's get you off those pills"





A lot of stigma, 'pill shaming' around medical interventions

- Mental health issues are still seen as easily fixed, or signs of weaknesses. "Snap out of it", "Get some exercise" etc. Leads to medication being viewed as unnecessary.
- Stopping medication is a helpful goal, but a dangerous default.
- Other interventions may be safer/better, but context doesn't always make them viable

Antidepressants

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- The go-to treatment for depression, often unfairly stigmatised.
- Typically, they work by increasing the levels of neurotransmitters that are reduced in the depressed brain, hence 'chemical imbalance' model.



- Take several weeks to have therapeutic effects despite acting right away.
- Many side effects.
- Never sure how well they're going to work, might not work at all, or even make things worse.



Antidepressants

Neuroplasticity mechanism can help explain this.



Most go-to antidepressants work on neurotransmitters that are part of the monoamine class, and associated neurons.

Very important (dopamine, serotonin, noradrenaline etc.)

But, relatively small component of the brain.

- Gradual increase of neurotransmitters slowly coaxing the exhausted mood neurons back to life, possibly indirectly.
- Explains how/why newer approaches (Ketamine, psychotropics) seem more potent and more effective.
- Can also explain how talking therapies work and complement antidepressants New pathways, new networks being stimulated, reorganising reactivated neurons etc.

Overmedicalisation





Labelling 'normal' expressions of humanity as medical problems

- Similar concern to pill shaming, in some ways (i.e. "there's nothing wrong"), but usually more justified.
- Genuine concerns involved. Negative emotions are necessary. Constant happiness is unhealthy. Corporate involvement often isn't 100% benign ('Big pharma' etc.)
- However, some assumptions are ideologically motivated, overlooking wider context (e.g. grief, tantrums). Also leads to a more fundamental question...

At what point is someone officially 'mentally unwell'

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- Exactly when someone goes from being mentally 'well' to 'unwell' is a surprisingly tricky thing to pin down. Easier with physical ailments, mental issues are usually less tangible.
- A number of criteria can be used
 - Is the individual 'statistically abnormal'?
 - Are they experiencing stress/discomfort/pain?
 - Are they behaving/thinking in ways that are maladaptive? I.e. objectively harmful, to themselves or society? Or both?
- Makes sense, right?



Homosexuality: a mental disorder?

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No, of course it isn't. But for a long time, it officially was

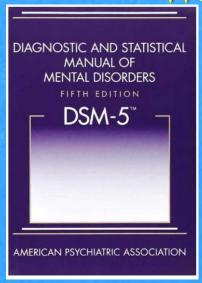
- Until the 1970s, homosexuality was listed as an official mental disorder. 50 years later, legal same-sex marriage is increasingly common.
- Technically, homosexuality did meet the criteria for mental disorders... but then it didn't any more?



Homosexuality never changed. Society did. And our benchmarks for normal changed with it. Huge implications for diagnosis etc. that are still an issue today

Mental health problems, and where to find them







The Diagnostic and Statistical Manual of Mental Disorders (DSM V)

- The American Psychiatric Association (APA)
- Solely Mental Health Issues
- Outlines criteria and treatment options
- Costs money, for practitioners specifically
- Questionable influences, solely a US endeavour Non-profit, mult-national endeavour

The International classification of diseases (ICD 11)

- The World Health Organisation
- Covers all health problems, with mental health section
- Focuses largely on criteria and classification
- Free to use. Can be/is adapted by many countries

The ideology and prejudice in Mental Health





Gender/race/diagnosis/role can easily impact on the healthcare received

- Women were historically deemed more mentally unstable. Hysteria, nymphomania, more lobotomies etc. Very negative consequences for men too.
- Race, culture and background also have negative impact on what happens.
- Professional disputes and disagreements (Psychiatrists vs Psychologists).
- Not strictly a mental health thing, but a human thing. Happens a lot.

Mental health and affluence/poverty







Mental health is deemed to work differently depending on social status/wealth

- Those from wealthier backgrounds often viewed far more kindly (e.g. 'eccentric' rather than 'mad).
- Can work the other way too. "What do you have to be depressed about?" Not how the brain works.
- A lot of it is down to the instinctive self-preservation biases of the brain.

"A little bit OCD" (The downside of too much 'awareness')





Increased awareness is great, but not without negative consequences

- "A little bit OCD" Adopting of important MH terms to justify unhelpful behaviour or tendencies. Diminishes and stigmatises.
- Armchair diagnosis muddies the waters considerably. So do overgeneralisations (e.g. "We've all been depressed)
- Co-opting for cynical ends Mindfulness products, 'resilience training', toxic positivity, bandwagons, and so on.





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