A lifespan perspective of mental health

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1. Introduction: Mental health across the life span

Mental health is a fluid state which varies throughout one’s life.

Each stage of life has its own challenges and rewards.

Meeting the challenges of a stage of life is in part dependent on how successfully the previous stages were managed.

Supportive structures are important.

Early intervention can help to get things back on track.
2. Definitions: WHO definition of mental health

- The World Health Organisation (WHO, 2005) has defined mental health as ‘a state of well-being in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community’.

- The three core components of this definition are:
  - a) well-being
  - b) effective functioning of the individual
  - c) effective functioning for the community
2. Definitions: What is the lifespan approach?

- Lifespan is a developmental approach which focuses on patterns of growth, change and stability in behaviour that occur throughout the entire human lifespan.

- Mental health is enhanced by:
  - successful negotiation of life changes and developmental tasks across the lifespan.
  - living in a community which supports different life choices and opportunities.
3. The developmental tasks across the lifespan

- **Infancy (ages 0-12 months)**
  - learning to cope with primitive anxieties
  - developing a holding capacity

- **Early childhood (ages 2-5 years)**
  - weaning and separation
  - evidence showing that the quality of nurturing in the early years has far-reaching effects.
  - early childhood experiences lay the foundation for mental health later in life

- **Latency (ages 5 to 11)**
  - develop a strong sense of inner identity through creative and imaginative play
  - to lay down emotional resources in anticipation of the turbulent conflicts of adolescence
3. Developmental tasks across the lifespan

• Puberty, early & mid adolescence (age 12/13 onwards)
  • a highly important phase in development when crucial aspects of personality become shaped and organised into a coherent sense of self
  • the main undertaking of adolescence is establishing a mind of one’s own.
  • The individual's mind is rooted in, yet distinct from, family, school and the community.

• Late adolescence and early adulthood
  • separation from parents
  • the establishment of an independent individual identity
  • critical educational and vocational decisions are made
  • negotiating changes in peer group affiliations
  • intimate relationships are formed
  • preparing to leave home
3. Developmental tasks across the lifespan

• **The adult world**
  - choosing a vocation & pursuing further training and education
  - finding a partner, having children, parenting and caring for elderly parents
  - central to the adult state and maturity is to integrate unhelpful impulses and to recognise them for what they are and to manage them appropriately

• **The later years**
  - the capacity to sustain a mature state of mind is often tested in the last decades of life
  - becoming a grandparent
  - external losses – elderly parents may be ill or dying, and perhaps friends too, children leaving home
  - retirement or redundancy
3. Developmental tasks across the lifespan

- **The last years**
  - coping with illness, disability and death of peers or a partner
  - The onset of organic impairment – vascular trauma (strokes) or of Alzheimer’s disease, or of age related confusional states
  - as a person physically deteriorates, often earlier unresolved psychological problems are often re-played, and child-like unmet needs can resurface
  - dying – preparation for one’s own death
3. Developmental tasks across the life span

Pillars which can support different life stages:

- family
- community
- social relationships
- workforce
- health care
4. Implications for the health service
4. Implications for the health service

• Every patient has a psychological context

• This can influence
  • The reasons for presentation
  • The frequency of presentations
    • some patients can be heavy users of health services
    • Unscheduled contact
      • Suboptimal care
  • Adherence to treatments and medications
  • Recovery
  • Relationships with others
    • Downstream consequences
      • E.g. employment issues
4. Implications for mental health services

- **Most mental health disorders develop slowly over time**
  - other disorders can be episodic in nature e.g. affective disorders
  - some develop very quickly following a major trigger event e.g. trauma (PTSD)

- **Experiences in childhood lay the foundation for mental health later in life***

- **Many first episodes of mental disorder occur in mid-to-late adolescence and early adulthood***
  - this is a critical developmental period in the lifespan as behaviours are formed which are carried into adulthood.

*(Rutter & Smith, 1995)*
4. Implications for the mental health service

Promoting prevention, early detection and self-care

- We need a range of interventions across the spectrum to increase emotional well-being and mental health
- Ideally, mental health promotion should occur before the onset of a disorder
- Early intervention must occur at the point where there are signs and symptoms
- Evidence-based and cost-effective health interventions should be offered
- Low intensity/high throughput interventions should occur in primary care
- **Funding and training to support staff and services**
Level 4
Severe/complex mental health issues
Co-morbidity
Risk to self/others
Significant impairment of functioning

Level 3
Persistent/complex mental health issues
Likely long standing and recurrent
Significant impairment of quality of life

Level 2
Mild to Moderate
Unlikely to improve without intervention
However, does not impede day to day functioning

Level 1
Subclinical problems
Distress but limited effect on functioning

Level 0
Mental health promotion and community wellbeing

SERVICE EXAMPLES
- Specialist/Inpatient
  - Highly specialised multidisciplinary team approach
  - Ongoing care as required
- Community Mental Health Team
  - Evidenced based individual psychological therapies +/- medication
  - Inter agency liaison
- Primary Mental Health Care
  - Evidence based PT
  - Short to medium term
  - Computerised CBT
- Community Based
  - Social prescribing
  - Bibliotherapy
  - Befriending
- Mental Health Promotion
  - Empowerment & self-help

CLINICAL EXAMPLES
- Acute psychosis
- Severe/treatment resistant mood disorders
- Anorexia
- Borderline personality disorder with high risk
- Persistent OCD, Depressive Disorders
- Stable psychosis
- Other personality disorders
- Bulimia, PTSD
- Depression and anxiety
- Disordered eating behaviours
- Panic/Phobias
- Adjustment issues
- Situational crisis
- Simple grief reaction
- Relationship difficulties
- Awareness raising and tackling stigma & discrimination
5. Key learning points

- Mental health is a continuum
- Growth and development are supported by family, the community, social relationships, the workforce and health care
- Good links need to be established with the independent and voluntary sectors
  - Social care context
- Early interventions for children and young people can prevent issues escalating and promote mental wellbeing and resilience as they develop
- Interventions should be based on a ‘stepped care’ model
  - be evidence-based
  - cost-effective
  - at the appropriate level
  - person centred
References


Thank you
Case examples for discussion

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<th>Potential mental health issues</th>
<th>Intervention required</th>
<th>Services available</th>
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<tr>
<td><strong>Example from Infancy &amp; Early Childhood:</strong> Congenital/Developmental Attachment issues Social issues Parental stress</td>
<td>Assessment Family support</td>
<td>Community paediatrics Specialist physical health checks Health visitor, GP Parenting classes Mother &amp; baby groups</td>
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<tr>
<td><strong>Latency</strong> Neurodevelopment issues affecting academic and social functioning e.g. learning difficulties ADHD Anxiety disorders OCD Oppositional defiant disorder</td>
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<td>Potential mental health issues</td>
<td>Intervention required</td>
<td>Services available</td>
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<tr>
<td><strong>Puberty, early &amp; mid adolescence</strong></td>
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<td>Self harming, suicidal thoughts</td>
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<td><strong>Late adolescence/early adulthood</strong></td>
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<td>Transition school to work difficult for neurodevelopment disorders</td>
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