The Importance of Health

Introduction

Care of a person's health is significant in determining his length of existence as a human being. Research increasingly suggests a strong link between how people think, feel, and behave and how well they withstand illness and poor health. Stress provides one model for understanding and predicting the impact of more specific emotional arousal and distress. The unique interactions of nonspecific stress responses and more specific emotional changes associated with anger, sadness, uncertainty, or other psychological states are not known. However, the behavioral implications of mood are well recognized and behaviors tied to these states, including self-medication with food, alcohol, or drugs, are important aspects of health. Interest has gradually shifted from confirmation of links between psychosocial or behavioral factors and health outcomes to investigation of mechanisms by which health benefits or harm are conveyed. Whether the negative influences of emotional arousal, health-impairing behaviors, and ineffective or disrupted illness behaviors can be managed or minimized is a major question that will be addressed next, and the continued integration of this knowledge into health care practice and prevention/treatment of disease should contribute to better medical outcomes. Stress management, enhanced coping, and reduction of modifiable risk for disease associated with harmful behaviors have already been targeted. A broad approach--one that

considers these factors in the context of genetic variables, environmental constraints, and health-protective resources and behaviors--seems most likely to succeed.

This study will be providing a discussion on the national standard framework (NSF) for mental health. Mental health frequently is portrayed in pessimistic conditions as the nonexistence of objective signs of mental disease or in terms of "ordinariness" reflecting the established standards in the society. Positive mental health, on the other hand, can be considered as genuine and existing in itself. A distinguished illustration is Freud's examination that a hale and hearty person is an individual who is capable to work and love. Jahoda's classic work (1958) continues a significant and oft-cited input on this topic, in examining the literature, Jahoda created six diverse methods to mental health. These includes the attitudes of an individual toward self; growth, development, or self-actualization; integration; autonomy; perception of reality; and the ability to cope with one's environment. In a theoretical examination of positive mental health, Tengland (1998) developed the notion of "acceptable mental health," which includes the capability to implement practical level-headedness and to collaborate. The study will be divided into three parts. The first part will discuss the existence of the NSF for mental health. The second part of the study will be discussing the possible effects of the implementation of the NSF to society. And lastly, the study will be discussing the health promotion model espoused by the NSF and link its principles to the health practitioner.

The National Standard Framework (NSF) for Mental Health

In recent studies, it has been projected that 15 percent to 60 percent of patients generally in medical settings have a mental sickness (Kiesler et al., 1979; Regier, Goldberg, & Taube, 1978) and that 50 percent of psychiatric patients have a medical sickness (Hall, Beresford, Gardner, & Popkin, 1982). In an evaluation of eleven studies of the consequence of psychotherapy on use of medical care found a twenty percent decrease in utilization (Jones & Vischi, 1979). Another review of thirty four controlled analysis of psychiatric interventions on the recuperation of people who had newly experienced a heart attack or who were facing surgery discovered large effects on smoothening the progress of recovery, diminishing the need for analgesic and sleeping medicine, and reduction in hospital confinement (Mumford, Schlesinger, & Glass, 1982). In another study, Schlesinger, Mumford, Glass, Patrick, and Sharfstein (1983) found that psychotherapy impart to patients with medical status led to fifty six percent less medical service consumption than utilized by a control group that acquired no psychotherapy. This study has shown that these savings are obtained mainly with fewer in-patient episodes for patients older than age 55.

The introduction of managed mental health care into community mental health has instigated an upheaval in the practice community (Acuff et al., 1999, p. 563) and has brought about intense sentiment among counselors and other mental health professionals. Research has revealed that a good number of

mental health professionals observe the requirements of managed care organizations (MCOs) a considerably negative pressure on their procedure (Murphy, DeBernardo, & Shoemaker, 1998; Phelps, Eisman, & Kohout, 1998; Russell et al., 2000; Sank, 1997) and a confront to conformity with professional ethical standards (Bilynsky & Vernaglia, 1998; Phelps et al., 1998; Murphy et al., 1998; Rothbaum, Bernstein, Haller, Phelps, & Kohout, 1998; Watt & Kallmann, 1998; Wineburgh, 1998). While a number of practitioners are circumventing managed care and evading managed care methods of granting clients with efficient and cost efficient mental health services (Bittner, Bialek, Nathiel, Ringwald, & Tupper, 1999), the majority are attempting to recognize ways to practice conscientiously within a managed care system. For the reason of its dominance in the marketplace, abstaining from managed care is not an alternative for the majority of mental health counselors in the anticipated future (Acuff et al., 1999; Corcoran & Vandiver, 1996; Richardson & Austad, 1991). A mounting body of literature has acknowledged the abundant ethical challenges that managed care presents to mental health professionals (Acuff et al, 1999, Cooper & Gottlieb, 2000; Glosoff, 1998). These opposition fall into two expansive categories. These include the complicatedness in supporting the client's entitlement to quality care as a main concern over the professional's relationship with the reimburser and issues in protecting the privacy of client disclosures. Managed care provides mental health professionals with conflicts-of-interest and a sentiment of alienated loyalties (Strom-Gottfried, 1998; Watt & Kallmann, 1998) as they attempt to endorse the welfare of clients.

Another important aspect of mental health care is the elimination of stigma among the patients who survived mental illnesses. One of the inquisitive features of literature with reference to stigma is the changeability that subsists in the definition of the concept (Stafford & Scott 1986). In a lot of conditions investigators supply no unambiguous definition and seem to refer to something like the dictionary description ("a mark of disgrace") or to some associated features like stereotyping or rejection (e.g., a social distance scale). When stigma is unequivocally defined, a lot of authors cite Goffman's definition of stigma as an "attribute that is deeply discrediting" and that demotes the bearer "from a whole and usual person to a tainted, discounted one" (Goffman 1963, p. 3). Since Goffman, alternative or detailed definitions have modified significantly. For instance, Stafford & Scott (1986, p. 80) recommend that stigma "is a characteristic of persons that is contrary to a norm of a social unit" where a "norm" is characterized as a "shared belief that a person ought to behave in a certain way at a certain time" (p. 81). Crocker et al (1998, p. 505) specified that "stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context." A principally prominent explanation is that of Jones et al (1984), who made use of Goffman's (1963, p. 4) examination that stigma can be perceived as an association involving an "attribute and a stereotype" to create a definition of stigma as a "mark" that associate a person to disagreeable distinctiveness (stereotypes).

The concepts discussed above served as an impetus to create the National Standard Framework (NSF) for mental health. The NSF is a government policy enacted in 1999. The said act serves as a guiding principle to improve the services in mental health for the succeeding decade. The act provides significance on the provision of empathy on the patients. This means that the patients get the utmost care that they require to improve their mental state and commence on being a productive member of society once again. The act also provides importance on the role of the environment of the patient on his/her recovery. More importantly, it realizes the worth of external factors in eliminating the stigma and prejudice that has been labeled on the patient. The word stigma came from Ancient Greece and is a derivative of a word meaning to mark someone. The American Heritage College Dictionary (Berube et al., 1993) describes stigma as an indication of shame or censure. Stigma is not simply the use of negative labels or wrong words; it is disrespectful to the individual who has mental illness. It further dissuades the individual from looking for the help needed for fear of bigotry. Furthermore, stigma eggs on trepidation, doubt, and aggression against people with mental illness.

Implication of the NSF to Individuals

The NSF is composed of seven standards that served as guidelines for mental health. These standards provides significant effects on the individuals who are directly involved in mental health care in the country. The first standard

seeks to encourage health promotion of mental care. With this principle, ignorance among individuals regarding mental illnesses and other psychological ailments will be significantly dissolved. In terms of those individuals who have experienced medical problems and have been discharged from medical custody, this principle will be able to help them adapt to their environment with minimal amount of prejudice. With the education of other individuals on the specifics of mental health, less people will generalize regarding the individuals who have been inflicted with mental problems.

The second and third standards are concerned with primary care and services for mental illnesses. This part of the Act denotes the proper professional conduct that is required of general physicians regarding the detection of any form of mental problems. The inclusion of these standards ensures any individual who potentially have mental problems to be treated justly by the attending medical practitioner using his/her full professional skills to help cure the patient.

The fourth and fifth principles in the NSF denote the effective services for people with severe mental illnesses. These principles seek to promote the welfare of individuals who have been manifesting serious mental illnesses which inevitably poses undue danger for both the mental patient and the individuals surrounding him/her. It is in these standards that the services for this kind of situation are made accessible by employing community mental health teams. With the employment of this standard, both the mental patient and society are provided with the safety which they require.

The sixth principle denotes the requirement of providing care for the care givers of the mental patient. A mental patient regardless of the severity of the mental illness that he/she experiences is cared for by a member of his family. It is this group of people that the standard seeks to support.

The seventh principle seeks to prevent suicide from mental patients. This standard seeks to reduce the incidence of self-harm. With the mental patients having altered perceptions of reality, the fact that they could hurt themselves is not far. With the implementation of this standard, lives of probable productive citizens are saved.

The Health Promotion Model and the Practitioner

Health promotion is emerging as a strong focus in the current health care system, both as a way to reduce the costs of medical treatment and as a way to increase community health. As science has advanced, the risk factors for many medical problems have become known and the focus of health promotion and disease prevention is often on particular high-risk groups. These efforts typically target decreasing behaviors associated with contracting a disease or increasing the use of screening practices or healthy lifestyles.

Although health promotion programs usually concern particular medical problems, there are several factors that have an overarching effect on health promotion and disease prevention for the general population. Some factors are economic and structural (such as improved access to health care and the need

for universal health insurance) and are beyond the ability of social workers to change; however, others, such as social support, can be incorporated fairly easily into health promotion efforts and can improve their effectiveness.

Research has shown that social support is influential in maintaining health and preventing disease for men and women, as well as in helping them cope with a variety of medical problems (Glass et al., 2000). Health promotion and support have been correlated with increased longevity in both general community populations and in people with various diseases and with improved coping with medical problems and use of preventive health practices (Berkman & Syme, 1979; Glass et al., 2000; Kang, Bloom, & Romano, 1994; Shumaker & Hill, 1991).

Health promotion can be carried out in groups, where people can confirm and make each other visible as people. In the group, time can be devoted not only to reflection and focusing but also to educational and positive elements of importance to the group members (e.g., to study nutritional or economical issues, to perform social activities together such as making a theatre visit). This presupposes that there is a group leader, a psychiatric nurse, who can use the potentials of the group while at the same time being attentive to and confronting the unique experiences, wishes, and resources of each individual.

According to Lindstrom (1987), mental health promotion is directed toward preserving the resource-bearing components of the individual, as well as regarding each person as a unique human being. Hummelvoll and Barbosa da Silva (1994) argue that the task for the nurse is to form models that provide

opportunities for clients to experience a spirit of community and social support. The ultimate goal is that such experiences can be transferred into daily living outside the therapeutic setting (p. 9). This perspective opens up completely new opportunities compared to the comprehensive campaigns directed toward behavioral changes that often are connected with health promotion. To reach this goal, a life-world perspective is as necessary in mental health promotion as it is in caring in general (Dalberg & Drew, 1997; Drew & Dalberg, 1995; Gillis, 1995; Kock, Webb, & Williams, 1995).

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