**Defining Mental Health and Wellbeing**

**Mental health** is an umbrella term encompassing a range of mental health states, from diagnosable mental illness and mental health difficulties at one end of the spectrum, to mental wellbeing and a state of flourishing at the other. As indicated in Figure 1, flourishing or mental wellness signals greater access to psychological resources, which can be assessed at an individual or population level (see Huppert and So, 2011).

Figure 1: The mental health spectrum.
Adapted from Huppert, Wellbeing Institute, University of Cambridge, 2011.

Everyone has a state of mental health, just as everyone has a state of physical health. Thus the term ‘mental health’ does not, in itself, indicate whether a person is experiencing any psychological distress or mental health difficulties (indicative of mental ill-health).

A person’s state of mental health fluctuates over time, in response to many factors including physical health, life events and environmental conditions that increase protective or risk factors. Protective factors can promote positive mental health and wellbeing, whereas risk factors can exacerbate mental health difficulties (especially in the absence of protective factors).

**Mental wellbeing** refers to a positive state of psychological and emotional health; it indicates that a person is able to function cognitively and emotionally in a manner that is productive and fulfilling. Wellbeing is a multi-dimensional construct (Seligman, 2012) that involves more than just being in a good mood or feeling happy. In addition to positive emotions, wellbeing is achieved through optimal development, a ‘meaningful’ life, and satisfaction of basic human needs for autonomy, competence and relatedness (Ryan and Deci, 2000).
Mental illness refers to medically diagnosable mental disorders or impairments such as clinical depression, general anxiety disorder and bipolar disorder. Mental illnesses are generally treatable by specialist practitioners. Depending on how well a mental illness is being managed, a person with a mental illness may not experience any symptoms or mental health difficulties. Because ‘mental illness’ has a specific meaning within medical practice, it is generally not used in educational contexts.

Mental health difficulties refers to behaviours or experiences indicating that a person may have mental health problems or mental ill-health. In educational contexts, behaviours that teachers may observe which might indicate mental ill-health include a student being recurrently late or absent; disorganised, submitting work late; appearing worried, embarrassed, confused or lethargic and unable to concentrate or participate in class; being easily tearful, hyper-sensitive or appearing to over-react; appearing withdrawn, avoiding eye contact or being unable to speak; acting in inappropriate or disruptive ways; exhibiting aggression and disrespect. People may experience and exhibit mental health difficulties from time to time, independent of any diagnosis of mental illness.

Psychological distress refers to the presence of symptoms associated with negative psychological or emotional states such as depression (low motivation, loss of interest and pessimism), anxiety (fear, sweating, a disproportionate sense of panic, or worry about performance) or stress (irritability, impatience and over-arousal). Such symptoms are commonly measured in both clinical and research contexts by self-report instruments such as the Kessler-10 (K10) and the Depression, Anxiety and Stress Scales (DASS). While we all experience low mood from time to time, or worry unnecessarily about our performance, prolonged and severe symptoms (indicated by scores in the ‘very high’ or ‘severe’ ranges on these measures) have negative impacts on a person’s relationships, functioning and performance and so are associated with mental health difficulties (Lovibond and Lovibond, 1995; Stallman, 2010). In the higher education context, students experiencing mental health difficulties or high levels of psychological distress may have diminished attention, memory, planning, decision-making, impulse control and information processing capacities – all of which negatively impact learning (Stallman, 2010).

Stress refers to pressure, strain or tension – mental, emotional, psychological or physical. A degree of short-term stress can be productive and enabling, providing the adrenalin we need to perform well. However, prolonged high levels of stress are debilitating rather than motivating as we become overwhelmed and disorganised. These ‘unhealthy’ stress levels (measured in the Depression, Anxiety and Stress Scales (DASS), for example) make us irritable, impatient, insensitive and jumpy. Hence, we notice that someone is ‘stressed’ when they are in an overly-stressed state. Very high stress levels are associated with anxiety and depressive symptoms and, when prolonged, may cause an individual to experience mental health difficulties.

Figure 2: Optimal stress and performance.
Adapted from Yerkes and Dodson, 1908.