HEALTH BASICS

Mental health

Mental health is your emotional, psychological, and social well-being.

WHAT IT IS
Emotional, psychological, and social well-being

WHERE IT COMES UP
Daily life, healthcare, school, work, and relationships

WHY IT MATTERS
Influences coping, decision-making, relationships, and daily functioning

WHAT IT IS NOT
Not a disease or a diagnosis

WHO TO ASK
Primary care or a mental health professional

HOW IT IS CHECKED
Conversation and, when useful, validated screening questionnaires

Overview

Mental health is the part of health that involves emotions, thoughts, behaviour, relationships, and coping. It affects how you respond to stress, make decisions, connect with other people, and manage daily life.

Mental health is not a disease or diagnosis. It is also not a constant state of happiness. Difficult emotions such as sadness, fear, anger, or grief can be normal responses to life events.

Mental health can change over time. You may feel well in one part of life but struggle in another. Changes may relate to relationships, work, school, physical health, finances, discrimination, loss, trauma, or other pressures.

A mental health condition is different from mental health itself. Conditions such as depression, anxiety disorders, bipolar disorder, eating disorders, and schizophrenia have specific patterns that clinicians assess. A person with a diagnosed condition can still experience periods of good mental well-being. Someone without a diagnosis can still feel distressed or need support.

Culture, family, faith, identity, and community can shape how people describe mental health. They may also affect where someone seeks help and what type of support feels acceptable.

How it works

Mental health reflects several connected systems rather than one simple process.

Your brain helps regulate emotion, attention, memory, motivation, and responses to threats. The nervous system and hormones take part in the stress response. Short-term stress can help you react to a challenge. Ongoing or overwhelming stress may interfere with sleep, concentration, mood, and physical comfort.

Physical health also matters. Pain, illness, hormonal changes, sleep problems, medicines, alcohol, and other drugs can affect thoughts or emotions. Mental strain can, in turn, make it harder to manage appointments, medicines, meals, activity, or rest.

Relationships and surroundings have an important role. Safety, stable housing, supportive relationships, income, education, and access to healthcare can strengthen well-being. Violence, isolation, discrimination, insecure housing, or financial strain can place added pressure on it.

Genes may affect a person's likelihood of developing some mental health conditions, but genes do not act alone. Experiences, physical health, development, and the environment also contribute. Mental health problems should not be reduced to a personal weakness or a simple "chemical imbalance."

There is no single normal way to think, feel, or cope. What matters clinically is often the pattern: how intense a change is, how long it lasts, whether it is unusual for you, and how much it affects daily life.

Why it matters for your health

Mental health affects daily functioning. It can influence sleep, concentration, appetite, relationships, work, learning, and the ability to care for yourself or others.

It is also connected with physical health. For example, ongoing distress may make pain or fatigue harder to manage. A physical illness may bring fear, grief, uncertainty, or changes in independence. These links do not mean that physical symptoms are "all in your head." Both physical and mental factors deserve proper assessment.

Mental health can affect healthcare decisions. When you feel overwhelmed, it may be harder to understand information, attend appointments, or follow a treatment plan. Telling a clinician about emotional or practical barriers can help them adapt your care.

Support does not have to wait until a crisis. Routine conversations can help identify whether you need information, practical assistance, counselling, medical assessment, or another form

of care.

What can go wrong

Periods of distress can follow loss, conflict, illness, childbirth, trauma, or major change. Distress does not always mean that someone has a mental health condition. However, support may still be useful, especially when the situation is persistent or disrupts daily life.

Mental health conditions involve patterns of thoughts, emotions, or behaviour that cause significant distress or difficulty functioning. They include:

Several physical conditions can resemble or worsen mental health problems. Examples include thyroid disorders, sleep disorders, infections, medication effects, neurological conditions, and substance withdrawal. A healthcare assessment may therefore include questions about physical health, medicines, sleep, and substance use.

Arrange routine follow-up with primary care or a mental health professional if changes in mood, thinking, sleep, behaviour, or coping continue, keep returning, or interfere with work, school, relationships, or self-care. You do not need to decide which diagnosis, if any, explains the change before asking for help.

Seek urgent professional help if someone is becoming unable to care for basic needs, is severely confused, is hearing or seeing things others do not, has rapidly worsening agitation, or is behaving in a way that may place them or others at risk.

Call local emergency services or go to an emergency department if there is an immediate danger of suicide, serious self-harm, violence, or inability to remain safe. In the United States, you can also call or text 988 for the Suicide & Crisis Lifeline. In other countries, use the local crisis service or emergency number. Stay with the person when it is safe to do so, and move away from weapons, large amounts of medicine, or other immediate hazards.

- Depression and anxiety disorders
- Trauma-related conditions
- Bipolar disorder and psychotic disorders
- Eating disorders
- Alcohol or other substance use disorders
- Conditions affecting behaviour, attention, or development

What you can do

There is no universal blood test, scan, or score that measures overall mental health. If you feel well and are functioning as usual, there may be nothing specific you need to check.

If you have concerns, you can make them easier to discuss by keeping a brief record. Note:

You can ask a primary care clinician whether a mental health screening questionnaire is appropriate. Tools such as the Patient Health Questionnaire-9 for depression or the Generalized Anxiety Disorder-7 questionnaire can identify concerns that need further assessment. A screening score alone does not confirm or rule out a diagnosis.

Ask what else could explain the change. Depending on your history, a clinician may review medicines, substance use, sleep, and physical health. Tests are ordered when there is a specific reason; there is no standard laboratory panel for mental health.

You can also ask what type of support fits your needs. Options may include counselling, psychotherapy, peer support, practical social services, substance use treatment, medication assessment, or a combination. A primary care service, school or college health service, workplace assistance programme, or community mental health service may be a starting point.

Regular sleep routines, movement, meals, social contact, and time away from ongoing stress can support well-being. These steps are not cures for mental health conditions and should not replace professional care when it is needed.

- What has changed and when it began
- How often it happens and how long it lasts
- Effects on sleep, work, school, relationships, or self-care
- Recent stress, loss, illness, medicine changes, alcohol, or drug use
- What helps and what makes the situation harder

Common questions

Does having difficult emotions mean I have a mental illness?

Not necessarily. Sadness, worry, anger, and grief can be expected responses to events. A clinician looks at their intensity, duration, context, and effect on daily life before considering a diagnosis.

Can a questionnaire diagnose me?

No. Screening questionnaires estimate the likelihood of a particular concern. A diagnosis requires a fuller assessment, which may include your history, current circumstances, physical

health, medicines, and substance use.

Who is a mental health professional?

The term may include psychiatrists, psychologists, psychiatric nurses, counsellors, psychotherapists, and clinical social workers. Training and prescribing rights differ by profession and location.

Can physical illness affect mental health?

Yes. Pain, sleep loss, hormonal changes, neurological illness, medication effects, and other physical problems can affect mood, thinking, or behaviour. Emotional strain can also affect how physical illness is experienced and managed.

Is seeking help only for severe problems?

No. Routine support may be useful when a concern is persistent, recurring, or interfering with life. Emergency services are for immediate danger or an inability to stay safe.

How can I support someone else?

Listen without forcing them to explain or accept a label. Ask what practical help they want, such as company while arranging an appointment. If they may be in immediate danger, contact emergency or crisis services rather than trying to manage the situation alone.

Sources

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