MENTAL WELLNESS AND POSTGRADUATE STUDIES
精神健康與研究及學習

Wellness and Counselling Centre
Office of Student Affairs, The Chinese University of Hong Kong
香港中文大學學生事務處心理健康及輔導中心

August 2022
MENTAL WELLNESS (MENTAL HEALTH)

• It matters
• What it is about?
• Self-understanding
• CU’s Support
MENTAL HEALTH MATTERS TO YOU
One in four students suffer from mental health problems

Stress and anxiety are making day to day life difficult for hundreds of thousands of students.

The extent of mental health problems in UK universities has been laid bare in a new survey of students which found a quarter of students (27%) report having a mental health problem in the last year.

Rising numbers of stressed students seek help

By Sean Coughlan
Education correspondent

30 September 2015 | Education & Family

Sir Anthony Seldon says universities are not accepting their responsibilities towards young people.
Ph.D. students face significant mental health challenges

By Elisabeth Pain | Apr. 4, 2017, 3:15 PM

Mental Health Issues Among Graduate Students

Mental health issues may be the biggest barriers to grad student success.

By Nash Turley // October 7, 2013
Under pressure:
Report on graduate student mental health at UC Berkeley

Stress, anxiety, and depression are the most common reasons graduate students seek mental health services.

Percentage of graduate students expressing the following emotions “frequently” or “all the time”:
- Suicidal: 0.7%
- Depressed: 8.5%
- Hopeless: 13%
- Sad: 18%
- Exhausted: 40%
- Overwhelmed: 46%

Women are up to 2X as likely as men to report these stressors.

45% of graduate students report having an emotional or stress-related problem over the past year.
COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide
MENTAL HEALTH MATTERS TO UNIVERSITIES

Well-being/ Wellness as a Common Focus
MENTAL HEALTH
精神健康

• a state of well-being in which every individual
  一種健康狀態，包括能夠
  realizes his or her own potential,
  發揮到自己的潛能
• can cope with the normal stresses of life,
  應付日常的生活壓力
• can work productively and fruitfully,
  有效率地做事
• and is able to make a contribution to her or his community.
  及對自己的社群作出貢獻

-- World Health Organization
  世界衛生組織
# FLOURISHING

---

### Table 1
Factors and 13 Dimensions Reflecting Mental Health as Flourishing

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive emotions (i.e., emotional well-being)</td>
<td>Regularly cheerful, interested in life, in good spirits, happy, calm and peaceful, full of life.</td>
</tr>
<tr>
<td>Positive affect</td>
<td>Mostly or highly satisfied with life overall or in domains of life.</td>
</tr>
<tr>
<td>Positive psychological functioning (i.e., psychological well-being)</td>
<td>Holds positive attitudes toward self, acknowledges, likes most parts of self, personality.</td>
</tr>
<tr>
<td>Self-acceptance</td>
<td>Seeks challenge, has insight into own potential, feels a sense of continued development.</td>
</tr>
<tr>
<td>Personal growth</td>
<td>Finds own life has a direction and meaning.</td>
</tr>
<tr>
<td>Purpose in life</td>
<td>Exercises ability to select, manage, and mold personal environs to suit needs.</td>
</tr>
<tr>
<td>Environmental mastery</td>
<td>Is guided by own, socially accepted, internal standards and values.</td>
</tr>
<tr>
<td>Autonomy</td>
<td>Has, or can form, warm, trusting personal relationships</td>
</tr>
<tr>
<td>Positive social functioning (i.e., social well-being)</td>
<td>Holds positive attitudes toward, acknowledges, and is accepting of human differences.</td>
</tr>
<tr>
<td>Social acceptance</td>
<td>Believes people, groups, and society have potential and can evolve or grow positively.</td>
</tr>
<tr>
<td>Social actualization</td>
<td>Sees own daily activities as useful to and valued by society and others.</td>
</tr>
<tr>
<td>Social contribution</td>
<td>Interested in society and social life and finds them meaningful and somewhat intelligible.</td>
</tr>
<tr>
<td>Social coherence</td>
<td>A sense of belonging to, and comfort and support from, a community.</td>
</tr>
</tbody>
</table>

Source: Keyes, 2007
MENTAL HEALTH IS MORE THAN THE ABSENCE OF MENTAL ILLNESS

Promoting and Protecting Mental Health as Flourishing

A Complementary Strategy for Improving National Mental Health

Corey L. M. Keyes
Emory University

This article summarizes the conception and diagnosis of the mental health continuum, the findings supporting the two continua model of mental health, illness, and the benefits of flourishing to individuals and society. Common mental health assets—individuals free of a 12-month mental disorder and flourishing—are among the fewest missed days of work, the fewest half-days or greater work cutbacks, the highest psychological functioning (i.e., low depression, anxiety, and stress), the lowest risk of heart disease, the lowest number of chronic physical illnesses with age, the fewest limitations on activities of daily living, and lower health care utilization. However, the prevalence of flourishing is barely 20% in the adult population. Indicating the need for a national program on mental health promotion to complement ongoing efforts to prevent and treat mental illness. Findings reveal a black advantage in mental health as flourishing and no gender disparity in flourishing among White.

Keywords: mental health, flourishing, mental illness, subjective well-being, race and ethnicity

The National Institute of Mental Health (NIMH) recently declared new teachings as a goal of its agenda. The most recent of research (Insel & Seibert, 2006). The assumption is that by reducing the number of cases of mental illness, either by preventing those at risk or by successfully treating more cases of mental illness, the American population will become more mentally healthy. This is an assumption, because it rests on one of the most simple and inexplicitly untapped empirical hypotheses: The absence of mental illness is the presence of mental health. Put in psychological terminology, the success of the current approach to mental health hinges on the hypothesis that measures of mental illness and measures of mental health belong to a single, bipolar latent continuum. There is mounting empirical evidence that the paradigm of mental health research and services in the United States must change in the 21st century. First, measures of mental illness and measures of mental health form two distinct continua in the U.S. population (Keyes, 2005a). Second, measures of mental health (i.e., well-being, functioning), and mental health care utilization reveal that anything less than flourishing is associated with increased impairment and burden to self and society. Third, only a small proportion of those otherwise free of a 12-month mental disorder are mentally healthy (i.e., flourishing). Put simply, the absence of mental illness is not the presence of mental health; flourishing individuals function markedly better than others, but barely one fifth of the U.S. adult population is flourishing (Keyes, 2002, 2003, 2004, 2005a, 2005b).

The two continua model (see also Tudor, 1996) calls for the adoption of a second, complementary national strategy, the promotion and maintenance of genuine mental health as flourishing. Curing or eradicating mental illness will not guarantee a mentally healthy population. Because mental health belongs to a separate continuum, and the absence of mental health—a condition described later as “frustrating in life” is as bad as major depressive episodes (MDE), the current national strategy of focusing solely on mental illness can, at best, reduce mental illness but not promote mental health. The U.S. strategy for mental health must simultaneously (a) continue to seek to prevent and treat cases of mental illness and (b) seek to understand how to promote flourishing in individuals otherwise free of mental illness but not mentally healthy. To paraphrase the famous Johnny Mercer song (Mercer & Arlen, 1944), if mental health is truly society’s national objective—and I would like to make a case in this article that it must be—then it has to “accompany the positive (i.e., flourishing), eliminate the negative (i.e., mental illness) . . . and don’t mess with me-in-between (i.e., languishing).

Stuck in the Past: The Meanings of Health

The U.S. national vision of health is rooted in a bygone era; recognizing this is the first step toward adopting a complementary approach to mental health. Throughout the history of human history, there have been three conceptions of health: physiological, psychological, and socio-cultural.

The pathogenic approach to health has justifiably dominated human history, because only a few nations have recently undergone the epidemiological transition. This transition refers to a historical change in the cause of death and illness from acute and infectious to chronic and more lifestyle factors (see, e.g., Gribble & Prout, 1995). Before this transition, life was, to paraphrase Thomas Hobbes (1651), “nasty, brutish, and short” because of acute and infectious diseases and illness. The United States and other industrialized countries have undergone the epidemiological transition in the 20th century, during which life expectancy at birth increased by an average of 30 years for Americans, which amounted to adding more years of life during the past 100 years than all prior centuries combined.

Clearly, Americans have shown themselves capable of modifying the conditions of life that hasten death and acute diseases, believing that reducing premature mortality is, increasing longevity—the gold standard of population health. America has been spared by the rise in a host of health-related problems (e.g., a threefold increase in teen suicide, more adults with anxiety and depression, and more obesity and stress-related chronic physical health conditions; see, e.g., Stiles, 2005). Increased life expectancy has increased the number of years spent living with chronic physical diseases and mental disorders rather than mental health.

This epidemiological paradox has happened for at least three reasons. First, with age, biological, cellular (e.g., free radicals and oxidative stress), and genetic (e.g., telomere shortening) stressors to stress and the normal adaptation to life’s demands produce both wear and tear on organ systems (see, e.g., Epel et al., 2004; McEwen, 1998). Thus, with time, all individuals will experience some physical, physiological, or neurological disorder or disease. Second, although risk of physical disease is rather low in youth and younger adults, some chronic problems such as obesity, asthma, and even cardiovascular diseases (CVD) are now occurring at younger ages (Oussouede, van der Velden, Vos, & White, 1998; Gribble & Prout, 1995). The third factor is the natural aging process which accelerates the pathogenic stress on health leading to the physical, mental, and psychological problems that increased life expectancy has not ushered in a paradigm shift toward a pathogenic approach to complement the health care system that was built to address the pathogenic crisis when life was “rather, brutish, and short.”

Before the epidemiological, biomedical, and public health practices of pursuing health by creating and implementing prevention and panacea for illness and disease, and discovering cures for every ailment that defines lifelong health expectancy. The continued attempt to improve population health solely by disease and illness prevention and treatment after the epidemiological transition has proven extremely costly and largely ineffective. The United States is among three nations worldwide that now spend over 10% of its gross domestic product on health care (Reinhardt, Hussey, & Anderson, 2004), and health-care expenditures constitute the largest percentage of the U.S. gross national product, more than housing, food, or defense spending (BlueCross & BlueShield, 2006). For the average American family, the cost of health care has increased to the point of rivaling the purchase of a home, which historically has been a family’s greatest expenditure (Lamm & McQuire, 2002). In 1994, diabetes, for example, resulted in a combined cost (i.e., direct costs due to health care and indirect costs due to lost productivity) of $13.1 billion. In 2000, diabetes cost $17.6 billion. In 2004, the costs of diabetes were estimated at $18.5 billion.
My research centers on illuminating the “two continua” model of health and illness, showing how the absence of mental illness does not translate into the presence of mental health, and revealing that the causes of true health are often distinct processes from those now understood as the risks for mental illness.
Mental Health
精神健康

Presence of Mental Illness
有精神病

Good Mental Health
良好精神健康

Flourishing/Thriving with mental illness
心盛及有精神病

Flourishing/Thriving without mental illness
心盛而沒有精神病

Languishing/surviving with mental illness
心衰及有精神病

Languishing/surviving without mental illness
心衰而沒有精神病

Poor Mental Health
不良精神健康

No Mental Illness
沒有精神病
The Role of Primary Care in Promoting Mental Health
Marianne Kobus-Matthews
Figure 1: Two-Continuum Model of Mental Health
Do I have mental disorder?

Just stress reactions?
## LOW MOOD VS. DEPRESSION

<table>
<thead>
<tr>
<th>Low Mood</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duration &amp; Frequency</strong></td>
<td></td>
</tr>
<tr>
<td>several hours to days; making some small changes in your life, getting more sleep might usually improve the mood</td>
<td>2 weeks persistent low mood; probably lasts for years; does not go away easily</td>
</tr>
<tr>
<td><strong>Intensity</strong></td>
<td></td>
</tr>
<tr>
<td>self esteem may be affected temporarily but still hopeful for the future; concentration, sleep &amp; appetite may be affected, yet generally be able to maintain daily routine</td>
<td>Feeling of worthlessness, hopelessness and helplessness; not getting any enjoyment in life; concentration difficulties, sleep &amp; appetite disturbances; daily routine may be affected; suicidal thoughts</td>
</tr>
<tr>
<td><strong>Impairment on daily function</strong></td>
<td></td>
</tr>
<tr>
<td>minimal impairment</td>
<td>may affect interpersonal relationship &amp; performance</td>
</tr>
</tbody>
</table>

Clinically significant distress
Everyone experiences stress at times. A little bit of stress is not a problem.

But very high stress often affects the body. Many people get unpleasant feelings.

- Headaches
- Neck and shoulder pain
- Back pain
- Not feeling hungry
- Lump in the throat
- Heavy chest
- Upset stomach
- Tight muscles

Other people find their body gets sick – skin rashes, infections, illnesses or bowel problems.

Source: Doing what matters in time of stress – an illustrated guide (WHO)
MENTAL HEALTH CHECK-UP!
精神健康檢測

MENTAL HEALTH
精神健康

Good Mental Health
良好精神健康

Flourishing/Thriving with mental illness
心靈及有精神疾病

Flourishing/Thriving without mental illness
心靈而沒有精神疾病

Languishing/surviving with mental illness
心靈及有精神疾病

Languishing/surviving without mental illness
心靈而沒有精神疾病

Poor Mental Health
不良精神健康

Presence of Mental Illness
有精神疾病

No Mental Illness
沒有精神疾病
MEASURE YOUR MENTAL HEALTH,
SCREEN FOR DEPRESSION & ANXIETY

**Scale 1:**
Measure for *Mental Wellness* (adapted from the *Mental Health Continuum-Short Form [MHC-SF]*)

**Scale 2:**
Measure for *Depression* (adapted from the *Patient Health Questionnaire – 9 [PHQ-9]*)

**Scale 3:**
Measure for *Anxiety* (adapted from the *generalized anxiety disorder 7-item scale [GAD-7]*)

---

**Mental Health Check-up 2019-2020**

1. Personal Information
2. MHC-SF
3. PHQ-9
4. GAD-7
QR CODE

ENGLISH


CHINESE

SUPPORT IN CUHK  校園支援

Graduate School  
研究院

Professors / Academic Advisors  
教職員

University Health Service  
大學保健處

Hostel Warden & Tutors  
宿舍舍監及導師

Office of Student Affairs  
學生事務處

And, your Family & Friends!  
還有你的親友！
KNOW MORE ABOUT US & MENTAL HEALTH RELATED INFORMATION

想知道更多心理健康的資訊及我們的服務
Pommerenke Student Centre (PSC) is the largest student amenities centre in CUHK. The Centre offers various student facilities, including Multi-purpose Hall, Fitness Room, Piano Rooms, Meeting Rooms, Band Room and Snooker Room, etc. The OSA Service Counter on 1/F PSC, provides loan of facilities services.
The hotline service is operated by trained counsellors which offers telephone counselling.

本熱線由專業輔導員接聽，並提供即時情緒支援。
A one-stop online platform for students to access handy self-help mental health information

- Mental Health materials include:
  - Mindfulness videos
  - Self-help tips and articles
  - Indepth mental health information
  - Self assessment tools
  - Online community resources, etc.

---

Sunshine At CUHK

More self-care tips on Sunshine@CUHK Mobile App

---

下載中大有晴手機應用程式
隨時隨地照料你的心靈！

More self-care tips on Sunshine@CUHK Mobile App

---

 crianças, 高中, 大學, 高等教育, 學生, 學習, 生活, 禮拜, 日常, 週, 週末, 週一, 週二, 週三, 週四, 週五, 週六, 週日

 crianças, 高中, 大學, 高等教育, 學生, 學習, 生活, 禮拜, 日常, 週, 週末, 週一, 週二, 週三, 週四, 週五, 週六, 週日

 crianças, 高中, 大學, 高等教育, 學生, 學習, 生活, 禮拜, 日常, 週, 週末, 週一, 週二, 週三, 週四, 週五, 週六, 週日

 crianças, 高中, 大學, 高等教育, 學生, 學習, 生活, 禮拜, 日常, 週, 週末, 週一, 週二, 週三, 週四, 週五, 週六, 週日

 crianças, 高中, 大學, 高等教育, 學生, 學習, 生活, 禮拜, 日常, 週, 週末, 週一, 週二, 週三, 週四, 週五, 週六, 週日

 crianças, 高中, 大學, 高等教育, 學生, 學習, 生活, 禮拜, 日常, 週, 週末, 週一, 週二, 週三, 週四, 週五, 週六, 週日

 crianças, 高中, 大學, 高等教育, 學生, 學習, 生活, 禮拜, 日常, 週, 週末, 週一, 週二, 週三, 週四, 週五, 週六, 週日

 crianças, 高中, 大學, 高等教育, 學生, 學習, 生活, 禮拜, 日常, 週, 週末, 週一, 週二, 週三, 週四, 週五, 週六, 週日

 crianças, 高中, 大學, 高等教育, 學生, 學習, 生活, 禮拜, 日常, 週, 週末, 週一, 週二, 週三, 週四, 週五, 週六, 週日
Sunshine At CUHK at-a-glance

01 WEBSITE
https://www.sunshine.cuhk.edu.hk

02 MOBILE APP

03 FB
https://www.facebook.com/SunshineatCUHK

04 IG
https://www.instagram.com/sunshineatcuhk/

05 Campus Wide Wellness Initiatives
Lamp Post Revamp
Exercise / Welcoming Events etc.

06 Workshop
Mindful Walk / Shinrin Yoku
Sunshine At CUHK Mobile App Development

New features in Sunshine At CUHK Mobile App!

**Touch**

**Hearing**

**Sight**

Please stay tuned!!

Join our Social Media Challenges and win fantastic gifts!
Stay tuned for Sunshine At CUHK’s Facebook and Instagram.

- **Press & Relax** Outlet for Emotions
  - Challenge date: 27/7 - 9/8

- **Mix & Listen** Create unique mix of sounds
  - Challenge date: 10/8 - 23/8

- **Plant the Plant** Write in Diary to plant growth
  - Challenge date: 24/8 - 6/9