MENTAL HEALTH AWARENESS, ACCEPTANCE AND ACTION IN YOUR VETERINARY TEAM
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When we think of mental health, we tend to think of mental illness, mental problems, and mental disorders – the pathological side of it – but mental health also refers to states of mental wellness, emotional resilience and psychosocial wellbeing (1). Any of us can lie anywhere along the mental health continuum. For some, mental health may just be a passing thought, while for others it can be a daily challenge. Ever wonder why we’re all so different? Why some of us seem to coast through life while others seem to struggle? Whether coasting or struggling, the more you are aware of “who you are in your world,” the greater the chance that you can and will coast, creating the life that you want.

To consider mental health is important. Why? Nearly one in five North Americans live with a mental illness (2) or will experience a mental illness in any given year (3). Mental illness affects people of all ages, education, income levels, and cultures (3). No one is immune. The prevalence of mental illness is higher among women (22.3%) than men (15.1%), and by age 40, about 50% of people (1 in 2) will have or have had a mental illness (3). Beyond this, those in the veterinary profession appear to have increased susceptibility to mental illness (4-7). Several studies cite that veterinarians have higher rates of serious psychological distress, depression, and suicidal ideation than those in the general public (4, 8, 9), while others have found there to be little difference (10). Overall, there has been growing concern about veterinary mental health, along with compassion fatigue, burnout, and other forms of job stress which contribute to poor mental health.

Three common classes of mental disorders are anxiety disorders (e.g., generalized anxiety disorder (GAD), specific phobia, post-traumatic stress disorder (PTSD), panic disorder, agoraphobia, social phobia, obsessive-compulsive disorder, and separation anxiety disorder), depressive disorders (e.g., major depressive disorder (MDD), bipolar I-II disorders, and dysthymic disorder), and substance abuse disorders (alcohol abuse, alcohol dependence, drug abuse, and drug dependence) (11). Anxiety disorders are the most prevalent class, followed by depressive disorders and then substance abuse disorders. Of those people with a disorder, 55% have a single diagnosis, 22% have two diagnoses, and 23% have three or more, meaning that about 45% of people with a mental disorder struggle with comorbidity (11).

Nature and Nurture: The “Person-in-Environment” Perspective

Many mental disorders are caused by a combination of, and interaction between, genetic, psychological, biological, and environmental factors (12). The genetic, psychological, and biological factors refer to the person-related or “personal factors” that influence mental health – the nature part. The “environmental factors” refer to the contextual factors that influence mental health from conception onwards – the nurture part. Thus, to truly understand mental health – in you, me, or any one of us – we need to consider it within a “person-in-environment” perspective. This perspective recognizes the complex interplay between nature (the person) and nurture (the environment). Both personal and environmental factors influence mental health.

Personal Factors That Influence Mental Health

Hereditary Predisposition

Most mental disorders are due to some combination of inheritance and exposure – genes and environment or nature and nurture (13, 14). Although no simple genetic cause has been found (13), certain genes and gene variations are associated with mental disorders (12). Thus, certain mental disorders (such as schizophrenia, bipolar disorder, and depression) tend to run in families, posing an increased risk for you if a relative has a diagnosis (13). Even for those who don’t inherit any mental illness risk genes, genes can change after birth and contribute to mental illness through a process called de novo genetic change (13). In other words, how a person interacts with their environment along with their life choices can influence their risk for mental illness (15).

High IQ & Giftedness

The lived experience of those who are gifted may be profoundly different from that of their average peers – the majority (16). Gifted people have traits that set them apart from their average peers, such as complex intellectual ability, divergent thinking, high creativity, excitability, sensitivity, introversion, perceptivity, strong moral convictions, concern for justice, need for truth, and entelechy (i.e., having a goal) (17). Thus, many who are gifted
(1) lead their lives feeling different (nearly aberrant) from others, (2) feel they must hide who they really are to be accepted, and (3) engage in social coping strategies to not stand out, all of which, as stressors, could place them at a unique risk for developing mental disorders (16). There is little research, however, that has identified differences in the incidence of mental disorders between the gifted and non-gifted, with the exception of creatively gifted people (16). Creatively gifted people are at an increased risk for depression and suicide.

**Personality (The Big Five)**
The five-factor model of personality (18), commonly known as “the Big Five,” includes five broad personality domains: **conscientiousness** (work ethic; organization), **agreeableness** (kindness; empathy), emotional stability (i.e. **neuroticism**)(composure; flexibility), **openness** (curiosity; analytical thinking), and **extroversion** (sociability; assertiveness). Each domain represents a range between two extremes. For example, extroversion represents a continuum between extreme extroversion and extreme introversion, with ambiversion in the middle. Most people lie somewhere in between the polar ends of each domain (19). The Big Five are not only universal, characterizing people across the world; they are also inheritable (19). Genetics influences 40-55% of personality (20).

Personality significantly determines the existence, nature, and outcomes of mental disorders (21). Neuroticism is the strongest correlate with mental disorders (22). High neuroticism is associated with the development of anxiety disorders, depression, substance abuse, psychosis, and schizophrenia, as well as general mental distress (23). Low extroversion (i.e. introversion) is associated with all of the common mental disorders, but most especially with social phobia, dysthymic disorder, depression, and suicidality (21, 22). Low conscientiousness is associated with most of the common mental disorders (22). Agreeableness is negatively associated with substance abuse disorder (22). Openness is not associated with any disorders (22).

**Sensitivity**
Sensory processing sensitivity (SPS) is a personality trait involving “an increased sensitivity of the central nervous system and a deeper cognitive processing of physical, social and emotional stimuli” (24, 25). SPS is moderately inheritable, with 47% attributable to genetic factors (26). SPS is characterized by **Low Sensory Threshold** (i.e. sensitivity to subtle external stimuli), **Ease of Excitation** (i.e. being easily overwhelmed by internal and external stimuli), and **Aesthetic Sensitivity** (i.e. openness for, and pleasure of, aesthetic experiences and positive stimuli) (25). Roughly 20% of the population is thought to be **highly sensitive** (and 80% less sensitive) (24, 25). Highly sensitive people tend to be empathetic, artistically creative, intuitive, and highly aware of the needs of others, but they can also easily become overwhelmed, exhausted, and burned out, especially with sensing (“absorbing”) the emotional cues of those around them (27). Loud, crowded, or visually busy spaces can overwhelm sensitive people. SPS is associated with higher levels of stress, physical symptoms of ill-health, poor stress management, greater work displeasure (and need for recovery), anxiety, depression, alexithymia, and traits of autism spectrum disorders (25, 26).

**Perfectionism**
Perfectionism is understood as “a combination of excessively high personal standards and overly critical self-evaluations.” (28) There are 3 dimensions of perfectionism: self-oriented (expecting perfection of oneself), other-oriented (expecting perfection in others), and socially prescribed (expecting perfection of oneself in response to perceived expectations of society) (29). “As much as perfectionism is about the desire for perfection, its motive force is anxiety – the fear of failure, and the sense of never being good enough, of being somehow flawed.”(30) Perfectionism is different from high achievement in that high achievers pursue excellence via intrinsic motivation or a passion for what they’re doing, with no associated anxiety, while perfectionists suffer in the pursuit of excellence (16). Perfectionism can severely impact mental health. It can not only rob you of your peace of mind and enjoyment of life (31), it’s linked to feelings of failure, guilt, indecisiveness, procrastination, shame, and low self-esteem; workaholism; and many of the common mental disorders, including anxiety disorders, depression, bipolar disorder, obsessive compulsive disorder, personality disorders, eating disorders, body dysmorphic disorder, substance abuse, self-harm, and even suicide (28, 29, 32-34).

**Self-esteem**
In the broadest sense, self-esteem is how much value a person places on his or herself (35). Self-esteem is related to the ability to hold a favorable attitude towards the self, and to retain this in situations that are challenging, especially situations that include being evaluated by others. The beliefs people hold about themselves determine who they are, what they can do and what they can become (36). Self-esteem is an important part of psychological health. Those
with high self-esteem are more likely to have higher wellbeing (i.e. happiness) and quality of life, better social relations, greater job satisfaction, and more success in life in general than their counterparts (35, 36). Those with low self-esteem are at risk of an array of social problems (notably poor relationships (37)) and mental disorders, including anxiety disorders, depression, dysthymia, substance abuse, eating disorders, violence, high-risk behaviors, and suicide (35-38). Unfortunately, just as low self-esteem increases the susceptibility for psychiatric disorders, the presence of a psychiatric disorder, in turn, lowers self-esteem even further, creating a vicious downward spiral (38). When more than one psychiatric disorder is present, the effects on self-esteem are additive (38).

**Optimism and Pessimism**
Optimism and pessimism are also personality traits (39). Optimism is the tendency to anticipate favorable outcomes (40-42). Optimistic people tend to have more positive thoughts, be more hopeful, and view the future in a positive light. When a situation is neutral, an optimist will be more likely to see it as positive, while a pessimist will likely see it as negative. Optimists are people who expect good things to happen to them; pessimists are people who expect bad things to happen to them. Genetics accounts for about 25% of a person’s likelihood of being an optimist or pessimist (39).

The ways in which optimists and pessimists differ in their approach to the world have substantial impact on their lives. People who dispositionally hold positive expectations for the future respond to difficulty and adversity in more adaptive ways than people who hold negative expectations. People who expect good things to happen take active steps to make sure good things do happen. Optimism is associated with taking proactive steps to protect one's health and welfare; pessimism is associated with behaviors that are damaging to one’s health and welfare. As such, pessimists are more at risk for reduced quality of life and life satisfaction, anxiety disorders, depressive disorders, and suicide (39, 42, 43).

**Minority Group**
A minority group refers to a category of people who experience relative disadvantage as compared to members of a dominant group (44). Minority group membership is typically based on differences in observable characteristics or practices, such as: ethnicity (ethnic minority), race (racial minority), religion (religious minority), sexual orientation (sexual minority), or ability (disabled minority). A person may simultaneously hold membership in many minority groups (e.g. both a racial and religious minority) or be part of a minority group with some characteristics, but part of a dominant group with others. Minority group members often face discrimination, often related to housing, employment, healthcare, and education. Discrimination may be experienced through interactions with others or through structural inequalities, in which rights and opportunities are not equally accessible to all.

Minority group members are at risk for mental health problems because they face unique, chronic stressors as a result of their disadvantaged status in society (45, 46). These stressors are experienced in addition to the usual stressors encountered by nonminority individuals. For example, sexual minority groups are more likely to experience anxiety disorders, depressive disorders, eating disorders, substance abuse, self-harm, and suicidality (45-47). Minority group members may also be at increased risk because of a lack of awareness about mental health, cultural stigma surrounding mental health care, and inaccessibility of high quality mental health care services (48, 49).

**Physical Health**
A clear distinction is often made between ‘mind’ and ‘body,’ but mental health and physical health are inextricably linked. Physical health problems can lead to mental health problems, and vice versa. Those with chronic physical health conditions (e.g. diabetes, heart disease, cancer, arthritis and asthma) are especially at risk of developing mental health problems (50, 51). They experience anxiety and depression at twice the rate of the general population (52). Co-existing mental and physical health conditions can reduce quality of life and lead to longer illness duration and worse health outcomes (52).

**Environmental Factors That Influence Mental Health**

**Adverse Childhood Experiences**
The experiences we have in childhood, good and bad, are influential in determining our life outcomes. Adverse childhood experiences (i.e. ACEs) are traumatic experiences that occur before the age of 18 (53). They fall into three domains: (1) abuse (physical, emotional, and sexual); (2) neglect (emotional and physical); and (3) household
dysfunction (substance abuse, violence, divorce, mental illness, and incarceration among caregivers) (53, 54). Approximately 63% of people in the United States have been exposed to at least one ACE (53, 55, 56). Women have higher overall ACE scores than men (57).

People who have experienced abuse, neglect and household dysfunction during their childhood are at much greater risk of mental illness throughout life (54). There is a dose effect: the more categories of exposure a person experiences, the more likely he or she is to experience poor mental health outcomes (54, 58), and alongside this, poor physical health outcomes, increased at-risk behaviors, and early death (17, 59). These outcomes are thought to be associated with the effects of “toxic stress” on healthy brain development, impacting the development of socio-cognitive skills, which in turn, leads to poor choices in health habits and life decisions (53). Those with ACEs have an increased risk for anxiety disorders, depression, substance abuse (60, 61) and suicidality (61).

Ordinary to Extraordinary Experiences
The experiences we have throughout life impact our lives, for better or worse. It has long been recognized that stress plays a significant role in the development of mental disorders (62). A stressor can be thought of as a life event or series of events that disrupts psychological equilibrium, and in so doing, may catalyze the development of a mental disorder (63). Stressors can take the form of discrete events, such as relationship breakups, car accidents, complications during pregnancy, a death in the family, or the loss of a job. Stressors can also be more chronic circumstances, such as having a long-term illness, ongoing marital problems, perpetual workplace troubles, or unending financial difficulties (64). Stressors can also be the daily hassles, like keeping up with the chores or meeting deadlines. Stressors as discrete events, chronic circumstances, and daily hassles can take their toll, causing stress that can culminate in a mental disorder.

Social Media
Social media is computer-based technology that facilitates the sharing of ideas, thoughts, and information through the building of virtual networks and communities (65). By design, it gives users quick electronic communication of personal information, documents, videos, and photos. It typically features personalized profiles and user-generated content. Examples include Facebook, Twitter, Snapchat, YouTube, and Instagram. The power of social media is the ability to connect and share information with anyone on Earth or with many people simultaneously. Globally, there are more than 3 billion social media users, and they tend to be younger, better educated, and relatively wealthy. Although social media offers many benefits, it can also adversely affect mental health, inciting FOMO and unhealthy social comparison (66). Multiple studies have found a strong link between heavy social media and an increased risk for anxiety, depression, eating disorders, loneliness, self-harm, and even suicidal thoughts (66).

Climate Change
Climate change is one of the great challenges of our time – arguably the greatest. Since 2000, the frequency of climate change-related weather disasters has increased by 46% (67). Rising temperatures, heat waves, floods, tornadoes, hurricanes, droughts, fires, loss of forest, and glaciers, along with disappearance of rivers and desertification, can directly and indirectly impact mental as well as physical health (68). The number of people that experience psychological as compared to physical trauma can be as high as 40 to 1 with disasters (69). Reactions to extreme events that involve life disruption – such as loss of life, resources, social support and social networks, and extensive relocation – include anxiety, depression, posttraumatic stress disorder (PTSD), decreased substance use or misuse, and suicidal ideation (1, 68). These mental health problems can also be caused by reactions to slow change of the environment, like changes in usual weather or rising sea levels (68). Those who are at greatest risk to the effects of climate change are the most marginalized, based on factors such as socioeconomic status, culture, gender, race, employment, and education (1, 68).

For many people, climate change is experienced not as a direct threat, but as a global or existential threat to civilisation and our very way of life (1, 70). Awareness of the looming threats and current risks and impacts of climate change on the current and future wellbeing of the earth and its inhabitants can impact emotional and social wellbeing (70). This awareness can contribute to several psychoterratic syndromes, coined only recently: 

- ecoanxiety
- ecoparalysis
- solastalgia
- biospheric concern

Ecoanxiety refers to the anxiety people face from constantly being surrounded by the ‘wicked’ and threatening problems associated with a changing climate. Ecoparalysis refers to the complex feelings of not being able to take effective action to significantly mitigate climate change risks. Solastalgia refers to the distress and isolation caused by the gradual removal of solace from the present...
state of one’s home environment (1). *Biospheric concern* refers to a type of stress that people feel when they see vulnerable nature such as plants or animals and the environment (68).

**COVID-19 Global Pandemic**

The world is faced with the COVID-19 pandemic with a novel corona virus, SARS-CoV-2, initially observed in Wuhan, Hubei, China in the end of 2019 (71). COVID-19 has profoundly affected people around the globe. The pandemic has caused high levels of stress, distress, fear, and anxiety, especially with the uncertainties that inherently accompany a new disease (72). Public health measures, with social distancing and school, workplace and community center closures, can make people feel isolated and lonely, and increase the stress, distress, fear, and anxiety, especially with job loss, financial insecurity, and the triggering of a long period of economic instability (72). Both the pandemic and the public health response have the potential to threaten mental health, and according to some experts, may lead to a national mental health crisis (73).

As it relates to quarantine, the psychological sequelae include stress, depression, irritability, insomnia, fear, confusion, anger, frustration, boredom, and stigma, some of which persists even after the quarantine is lifted (74). The general psychological sequelae with COVID include trouble eating or sleeping, frequent headaches or stomach aches, increased use of tobacco and/or alcohol and other substances, shorter tempers, domestic violence, child abuse, and other problems, including the worsening of chronic physical health conditions and pre-existing psychiatric disorders (71-73, 75). Calls have flooded the phone lines at the nation’s crisis and suicide hotlines to talk about health fears, job losses, relationship strains, and lonely days in isolation (73). COVID infection, which can be life-threatening, can lead to post-traumatic stress symptoms, anxiety disorders, and depressive disorders (71, 74). One report predicts a growing epidemic of “deaths of despair” related to drug and alcohol misuse and suicide due to unemployment, social isolation, and fears about the virus (76).

**Moving From Awareness to Acceptance**

So who are you in your world? What is it about you, personally, and your world (i.e. environment), past and present, that influences your mental health? What are your strengths, meaning what’s protecting you? What are your vulnerabilities, meaning what’s putting you at risk? The more you are aware of the factors that influence your mental health, the more you can optimize your health and create the life you want.

Awareness alone, though, will not put you on the path to better mental health. *Awareness needs to be allied with acceptance.* In every moment you have the choice to lean in and accept, or to retreat into denial and avoidance.

Acceptance means being authentic, willing to acknowledge “what is” openly and fully. Acceptance takes conscious effort. And it takes courage. It’s only when you really see... reality… that you will be able to see... the realistic opportunities for change, and then choose to improve your mental health – and life.

**Improving Your Mental Health: Taking Action**

As mental health is determined by a combination of, and interaction between, genetic, psychological, biological, and environmental factors, you may look at this and think that there are some things that you just can’t do anything about – like the hereditary predispositions and personality traits that you were born with, and the life experiences that have shaped you. These simply “are,” right? After all, you can’t trade in your brain for a different model! You can’t rewrite history! So what can you do? This is your take-home message:

> “It’s not just what you were born with or what you’ve experienced. It’s what you do with these. It’s how you live your life.”

And *how you live your life* is a matter of choice. Most people think it’s the big decisions they’ve made over the course of their lives that have shaped them into who they are today – what school you went to, what line of work you chose, who you married, launching your career, and having the courage to make a major shift in a new direction. But in truth, in many ways, it’s just the opposite. It’s all the thousands, if not tens of thousands of microdecisions you make every day, which you are often unaware of, that shape the course of your life most strongly (77). These are the seemingly inconsequential decisions made all the time that in truth radically influence the course of our lives. In fact, it’s the millions of microdecisions that pave the way for those macrodecisions.
All the decisions that you make add up to define how you live. To maximize your health and wellbeing begins with accepting that decisions matter, even – and especially – the microdecisions that you make every moment of every day. How do you live your life? Do you maximize your mental health potential? What can you do to maximize it? The answer: Develop a mental fitness plan! A mental fitness plan will help you attain the resilience needed to be able to push through life’s challenges and bounce back whenever the going gets rough. From the list below

Your Personal Mental Fitness Plan

✓ **Maintain a healthy lifestyle.** Strive to improve your physical health through a healthy diet, exercise, and good sleeping habits. The better you feel, the brighter your outlook will be (78). So eat appropriate portions of nutritious foods and watch your weight. It’s easier to not gain weight than to lose it. Find a form of exercise that you enjoy. Exercise elevates endorphins, serotonin and other pleasurable brain chemicals, which promotes a sense of well-being. It also reduces cortisol, the stress hormone, and serves to discharge negative emotions (80). Be sure to practice good sleep hygiene and habits. Good quality of sleep is known to mitigate the negative effect of ACEs on mental health (79).

✓ **Seek medical attention for your health concerns.** While doing so, remember that mental illnesses and chronic physical health conditions share many of the same symptoms (e.g., fatigue), which can prevent the recognition of co-existing conditions, and receiving proper treatment (52).

✓ **Seek genetic counseling.** Genetic counseling can give you information about how genetic conditions might affect you or your family (12). If you have mental illness in your family, you may want to consult with a mental health professional who can help you understand the risk and preventive factors.

✓ **Engage in activities that you enjoy.** Are you taking time for the things that bring you joy? (15)

✓ **Engage in activities that boost your self-confidence.** It will make you feel good about yourself and your place in the world (15). And when you feel worthy, you naturally take better care of yourself (81).

✓ **Challenge yourself to learn something new every day.** Exercise your mind and stretch your perspective, including learning more about yourself and your family to better understand “you in your world” (15).

✓ **Challenge yourself to do at least one kind thing each day.** Acts of kindness increase the production of the feel-good neurotransmitter dopamine. Even something as simple as giving someone a smile or a compliment can leave you both happier (80).

✓ **Laugh!** Laughter induces serotonin production, which calms the amygdala (the brain’s stress center) (80).

✓ **Stay connected.** Social support is crucial in coping with stress (82). Having a positive network of friends, family, coworkers or even a formal support group is important to help boost your mood during difficult times (80). This is especially important for those with a minority group status. Group affiliation and identity, with the establishment of community, can offer the social and emotional support and coping resources needed to counteract the effects of minority stress (46, 47). Social and emotional support also mitigates the negative effects of ACEs on mental health (79). Commit to resolving disagreements and conflict quickly (15).

✓ **Choose your people.** Hang around with people you trust and know care about you. Engaging with those we care about and who care about us is vital to sustain self-esteem. If you don’t have any close friends or family then consider volunteering or joining a support group (37).

✓ **Volunteer.** Helping others not only enriches your community and benefits a cause that’s important to you, but also increases self-esteem, makes you happier, and makes you more grateful (66). Helping others is a great way to help yourself (37).

✓ **Stay true to yourself.** Don’t let yourself be held back in a relationship that invalidates who you are or minimizes what you’re capable of. Find a partner – and a community – that will support you for who you are (81). This is especially important for your self-esteem.
Stop comparing yourself to others. Comparing yourself to others is a dead-end. It makes you feel undervalued and ‘less than’ (81, 83). Connect rather than compare. Each person has unique and special talents to be valued.

Take stock of your characteristics and accomplishments. Make a list to fully appreciate who you are (81). This will support a healthy sense of self-esteem, vital to authentically connect with others.

Love yourself. Unconditional love means loving yourself no matter what. It means knowing without a doubt that you have unconditional worth. You are enough (81). You don’t have to prove yourself and earn love from yourself or anyone else. You are not loved for what you do; you are loved for who you are. Having good personal boundaries is an effective way of loving and taking care of yourself.

Be compassionate with yourself. You may think that self-compassion is something that you either have or you don’t, but self-compassion can be taught (33). Mindful Self-Compassion Training and yoga, for example, have both been shown to boost self-kindness and help quell the self-criticizing inner voice, especially important for perfectionists (33). It’s helpful to remind yourself that whatever goals you set out to achieve in life will be difficult. Budget for the difficulties and sacrifices that any achievement will entail rather than blame yourself for self-perceived inadequacies. Be your own best friend.

Choose your response. Of course, there are times when you can’t control what happens to you, as one player among all in your world, but you can control how it affects you. In other words, you can choose what affects you and construct your response – your thoughts, feelings, and behaviors (84).

Focus on the positive. Especially for perfectionists, soften your tendency to notice the bad by making a conscious effort to notice the good (31). Especially for the pessimist, try to find the good in every situation, even at difficult moments (78). When facing a challenge, focus on achieving a positive outcome, rather than expecting a defeat. Instead of focusing on all of the things that could go wrong, find the things that are going right. If it feels like everything is going wrong, notice even the smallest thing that is going right (83). Shifting to look at the positive rather than being drawn to the negative is especially helpful with the pandemic (73).

Challenge negative thoughts. Catch and redirect your negative thoughts to create more helpful interpretations (84). Negative thoughts can perpetuate unhealthy behaviors and wreak havoc on your self-esteem (80). When you notice yourself thinking negatively, ask yourself whether the thought is helpful or not. If it’s not helpful, notice it and stop it, even if you cut yourself off in mid-thought (83). This is especially important for perfectionists, pessimists, and those who lean towards neuroticism.

Choose self-empowering language. When you tell yourself that you “should,” “ought,” “must,” or “have to”… do, be, or feel something… you are oppressing yourself. Instead, choose to do “what you want to” do. It’s much more empowering, supporting self-esteem and self-efficacy. You feel the freedom that choice gives you (81).

Write, display, and say positive affirmations. If you want a boost, and want to stay optimistic, keep some positive affirmations around. Get in the habit of saying a meaningful affirmation as you start your day or before attempting a challenging task. This can help you to approach life more positively (81, 83).

Express gratitude. Write out three things you’re grateful for before going to sleep every night. Keep track of the great memories and good things in your life as well as those things and people you’d miss if they were suddenly absent from your life. Gratitude motivates healthy behaviors; reduces the lifetime risk for anxiety, depression, and substance abuse disorders; and enhances overall happiness (80, 85). And the more often you focus on gratitude, the more optimistic your brain will become.

Journal. Get closer to who you are in your world through expressive writing. Expressive writing can be especially helpful to heal from ACEs (86, 87). Become more aware of your feelings, thoughts, and behaviors, and the patterns therein. Insight can be the fuel for positive change.

Experience life deeply. Take moments each day to connect with your senses. Intentionally notice, listen, smell, touch and taste (15).
✓ **Practice mindfulness.** Make the distinction of whether your thoughts are in the past, present or future and bring them back into the moment (80). By practicing mindfulness, you can learn to live more in the moment (66). Most negative thoughts are about the past and future, which can't be addressed. The point of power is the present, so try to address what is right in front of you in the most adaptive, constructive way (80). Slow your mind. Clear your mind. Bring your mind to the now and use your mental energy toward things that benefit you (84). Mindfulness can be found in activities such as meditation, yoga, gardening, a coffee on the front porch, or a relaxed walk. Mindfulness is especially beneficial for those who have a tendency toward neuroticism, are highly sensitive, are pessimistic, and who have experienced ACEs. Mindfulness-based approaches are effective in the reduction of stress, anxiety, depression, and substance use (26).

✓ **Access spiritual strength.** Find ways to connect with your spiritual self. This can help you get centered and find a sense of balance in the broader scheme of life. It can also help train your brain to be more optimistic (80).

✓ **Enjoy the process.** One important way to recover from perfectionism is to begin focusing more on the process of reaching toward a goal, rather than just on the goal itself (31).

✓ **Limit your use of social media.** One study found that reducing social media use to 30 minutes a day resulted in a significant reduction in levels of anxiety, depression, loneliness, sleep problems, and FOMO (66). At its best, social media is a great tool for facilitating the face-to-face real-life connections that we all need to be happy and healthy (66). But when you can’t be face-to-face, it’s one of the ways to stay connected. Social support, even at a distance, is helpful to buffer the effects of physical distancing (73). Likewise, limit your exposure to pandemic-related news. You need to be in the know, but not at the expense of your mental health. Media reports can be emotionally disturbing and over time disrupt your equilibrium (73, 74).

✓ **Root yourself in hope for the future.** It’s the only way to tackle the problem of climate change in a holistic manner (1). Hope goes hand-in-hand with psychological adaptation, which necessitates (1) acknowledgement of the grave threats posed by climate change, (2) use of coping strategies to manage the feelings and thoughts that arise, and (3) adjustment of behaviour and lifestyle to reduce the threat and protect ourselves (1).

✓ **Ask for help.** Professional help can change your life for the better. Psychotherapy can be helpful for those who are gifted, who face relatively unique issues compared with their average peers (17). It can also be helpful for those with high levels of SPS, to address emotion regulation and cognitive reactivity (26). Cognitive-behavioral therapy (CBT) is helpful for those with perfectionism, to let go of negative self-talk, identify thinking errors, and develop a healthy mindset, making life easier and more rewarding (31, 32). Acceptance-based therapy (ABBT) is also helpful with perfectionism (88). For those with low self-esteem, CBT is helpful to identify the underlying reasons behind the negative thoughts and adjust these thoughts into more positive ones (37). CBT can also be helpful for those who wish to become more optimistic (42). When the negative schemas about the self and world are changed, and one can deal more effectively with stress, there is a natural gravitation to a more optimistic view of life (41). Minority-affirmative psychotherapy is helpful for those in minority groups, especially for those of sexual and gender minority status (46, 89). Trauma-informed approaches can be helpful to build resilience for those who have experienced ACEs (90). Ask for help. Life is short.

**Summary**

For some, mental health is just a passing thought, while for others it can be a daily challenge… but it doesn’t have to be. Each of us is *one of a kind* with our own strengths and vulnerabilities. We can build on our strengths and build from our vulnerabilities. Based on an “awareness, acceptance, and action” model, ask yourself the following:

1. Are you aware that these aspects of yourself can impact your mental health?
2. Do you accept you as you are, with your natural and acquired strengths and vulnerabilities?
3. Knowing what you do and accepting yourself as you are, how can you improve your mental health?

Life is a journey. As CS Lewis said, “You can’t go back and change the beginning, but you can start where you are and change the ending.” Start where you are… and make your tomorrows all that you hope for. Lean into awareness and acceptance, and then take action. Make choices in your favour. Life is a journey to be lived to the fullest, and to become the very best version of “you” that you can. It’s not easy, but it’s yours.

– References available on request from the author –