"An Empirical Multidisciplinary Analysis of Integrative Approaches for Mental Health and Well Being"

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ABSTRACT

High index of psychological wellbeing is desirable to all people for good mental health. Good Mental Health and Psychological Well Being help individuals to motivate and inspire the others. Recent years have evinced growing concern about the psychological factors that improve and impair the health status of a person. This has led to the emergence of health psychology which is practically an multidisciplinary venture involving mind-body interaction. This paper tries to offer an overview of the salient developments in this area by critically examining the concepts and research evidence. Research paper emphasis on what factors in a context help everyone to be more effective, to experience emotional and social well-being, and to feel part of that context. These factors include starting any programmes or interventions early, being clear about what outcomes are preferred, active listening, counseling, building warm relationships, setting clear boundaries, and participation. Interestingly, exactly the same factors have been shown to be especially helpful in helping those seen as having emotional and behavioural problems. Finally research issues demanding attention are identified. The focus is on a multidisciplinary team approach to providing mental health and wellbeing care as its ethos of equal relationships and interdependent collaboration is more encompassing of social and emotional wellbeing values. Identification of the issues and limitations of multidisciplinary practice and the means to addressing them are explored within the context of how multidisciplinary analysis of integrative approaches for mental health and well being care fits into best practice and human rights.

1. INTRODUCTION

The field of health psychology emerged in the context of realization that biological mechanisms alone are insufficient to maintain and promote mental health and well being. To alleviate the physical pain, one has to examine the attitudes, expectations, beliefs and emotional support which the patient has, not just his or her response to the drug treatment. The patients are not mere passive recipients of certain treatment regimen, they should be considered as equal partners acting jointly in achieving the common goal of (better) mental health. These issues were not attended to by scientific psychology. Clinical psychologists were confined to the study of classification of mental illnesses, etiology, diagnosis and treatment of the afflicted patients. However, their role remained subsidiary to those of the psychiatrists. The domain of health was dominated by mind-body dualism. The clinical psychologists, who were traditionally concerned with health related issues, were largely ill equipped to understand the psychological aspects of physical and mental health problems. Mental Health psychology grew with the realization and research evidence that psychological knowledge can make important contribution in the wide range of health-related domains. It got recognition only in 1970s and the first journal in this area was started in 1982. Since then it has been one of the most rapidly growing fields of psychology.

In the last two decades, psychological factors have come to be identified as the major causes of a wide range of mental diseases and disabilities. Also, psychological factors have been found important in the recovery from the physical ailments. The role of psychologists is now well recognized in the treatment of organic diseases. Patient compliance, doctor-patient communication, attitude change, self-care, etc., are some of the potential areas to which health psychologists are making important contributions. Mental health psychology is now encompassing the strategies for health promotion and making preventive health measures more effective.

Interestingly the idea that psychological state influences the health of a person has a long history in the Indian thought systems. The ancient Vedic texts proposed an essential unity of the mind and the body and delineated theories and practices to deal with a large number of health related problems. For instance the *Atharvaveda* and the *Yajurveda*, provide ample descriptions of a variety of mental disorders, and their remedial measures (**Mondal, 1996**). In **Ayurveda** (*the science of life*), psychological treatment was integral to the entire treatment process. In modern times too India had taken an early initiative to promote social science research in the field of mental health and well being. It is an irony that, in spite of rich heritage, India's health care system is primarily based on Western medicine which treats a person just as a body, ignoring his or her psychological wellbeing factors such as feelings, beliefs and cultural background.

Concepts of Health and Well Being

The most acceptable definition of health is given by the **WHO (1978):** *Health is the state of complete physical, mental, social and spiritual well-being, and not merely an absence of disease or infirmity.* It is a significant departure from the medical model. It is a definition of positive health and goes beyond the mere absence of a disease: the focus being on maintaining good health, rather than on the treatment of different diseases. ***This also makes health a multidimensional concept having four dimensions i.e. physical, mental, social, and spiritual. The spiritual dimension of health was added much later in the WHO definition***. The WHO's revised view recognizes the various levels of human existence. A human being is not merely a physical body. We are also located in the social and moral space and consider spiritual living too as a genuine part of our existence. This view of health is more inclusive and non-body centered. It goes well with the notion of human existence in terms of five sheaths (*koshas*). A related aspect is the emphasis on balance (*sama*) or

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Page | 43

equilibrium. Health is like a dynamic field in which different elements operate in communion and harmony.

Well-being comprises people's evaluations, both affective and cognitive of their lives (Diener & Suh, 1997). It is an outcome of a complex array of biological, socio-cultural, psychological, economic and spiritual factors. Analyzing the discourse on health Nandy (2000) calls for attending to the plurality of the notion of health and emphasizes on the need to bring to our psychological inquiry "*something of the sagacity, insights and cumulative wisdom of the people with whom we live*" (p.111). The conceptualization of the state of well-being is closer to the concept of mental health and happiness, life satisfaction and actualization of one's full potential.

Psychological research in the area of health has gradually accumulated to provide overwhelming evidence to argue that the mental states do affect the physical health in substantial degree. Some of the main trends are as follows. Personal Dispositions, Health and well being. It has been found that the experience of control and positive attitude are important in the success of surgery.

This has led to the emergence of health psychology which is practically an interdisciplinary venture involving mind-body interaction. This paper tries to offer an overview of the salient developments in this area by critically examining the concepts and research evidence. Research paper emphasis on what factors in a context help everyone to be more effective, to experience emotional and social well-being, and to feel part of that context. These factors include starting any programmes or interventions early, being clear about what outcomes are preferred, active listening, counseling, building warm relationships, setting clear boundaries, and participation. Interestingly, exactly the same factors have been shown to be especially helpful in helping those seen as having emotional and behavioural problems.

Finally research issues demanding attention are identified. The focus is on a multidisciplinary team approach to providing health and wellbeing care as its ethos of equal relationships and interdependent collaboration is more encompassing of social and emotional wellbeing values. Identification of the issues and limitations of multidisciplinary practice and the means to addressing them are explored within the context of how multidisciplinary analysis of integrative approaches for mental health and well being care fits into best practice and human rights.

2. REVEIW OF LITERATURE
2.1 REVIEW OF LITERATURE RELATED WITH MENTAL HEALTH

Mental health is defined as the successful performance of mental function, which results in productive activities, fulfilling relationships with other people and the capacity to adjust to changes and cope with difficulties and hardships. From early childhood until late life, mental health is considered the spring board of thinking and communication skills, learning, emotional growth, resilience for recovering quick and self esteem. A person's mental health is subject to any variety of changes in life, either from genetic causes, to environmental stressors, or physical changes that may occur during their life time (Holmes, 2006). Mental Health is the balanced development of the total personality which enables one to interact creatively and harmoniously with society (WHO, 1962). Mental Health as a state of mind characterized by emotional well-being, relative freedom from anxiety and disabling symptoms and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life (Goldenson, 1984). Yong and Yue (2007) in various studies show that teachers have one of the most stressful occupations. Long-term work stress may lead to burnout, which gravely affects teachers' physical and mental health, lowers the quality of their work, and, in turn, impairs their students' physical and mental health and development and imperils the sound development of education. Walley, Grothaus and

Craigen (2009) found that with the array of challenges facing today's youth, school counselors are in a unique position to recognize and respond to the diverse mental health needs of students.

2.2 REVIEW OF LITERATURE RELATED WITH PSYCHOLOGICAL WELL-BEING

Optimistic psychology literature accepts that there are two basic perspectives regarding well-being. First is the concept of the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the eudemonics approach, which focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning (Keyes et al., 2002 ; Ryan and Deci, 2001). Subjective well-being and psychological well-being emerged respectively as a result of the scientific conceptualization of these different paradigms. Subjective well-being is the equivalent of hedonic point of view, while psychological well-being equals to eudemonic perspective. Subjective well-being generally refers to happiness, relief, and relatively lack of problems. On the other hand, psychological well-being is defined as challenge, making effort, personal development and striving to grow (Waterman, 1993). According to psychological well-being theory, individual's psychological health depends on his positive functioning in certain aspects of his life. Individual should have in positive relationship with others, be dominant over the environment, accept himself and his past, have a goal and meaning in his life, have personal development and the ability to make his own decisions (Özen, 2005). Psychological well-being takes an important part in personality and development theories both theoretically and practically. Psychological well-being, which guides clinical studies that will help advisors to make their advisees reach their goals, informs about the goals and purposes regarding psychology consulting (Christopher, 1999). Psychological well-being includes individual's relationship with life goals, if he is aware of his potential, the quality of his relationship with others, and what he feels about his own life (Ryff and Keyes, 1995). Falkman, Cheney, Collete, Boccellare and Cooke (1996) discovered that finding positive meaning also produce significant therapeutic effects, such as, recovery from depressed mood and improvement in health and Well-Being. Laine (1999) analyzed the effect of stress on the Well-Being of vocational teachers in a south-eastern state of Georgia. The results revealed that stress has negative influence on over all teaching performance of the physical and emotional Well-Being of students and teachers.

2.3 REVIEW OF LITERATURE RELATED WITH MULTIDISCIPLINARY INTEGRATIVE APPROACHES FOR MENTAL HEALTH AND WELL BEING

The literature on multidisciplinary, transdisciplinary, interdisciplinary and interprofessional team work suggests that, in order for these teams of professionals, paraprofessionals and community members to work together effectively, there needs to be a clear understanding of each member's role, responsibility limitations, skills and flexibility to work in a setting with role overlap.

Interdisciplinary collaboration requires teamwork. To function well ... members need to share a common vision and goals (clear definitions related to interdisciplinary collaboration in primary health care will help), communicate clearly with the other members of their team, understand each other's roles, trust one another, and make decisions as a group.24(piii)

To be effective, multidisciplinary, transdisciplinary and interdisciplinary teams need to:

- Have shared goals and values;
- Share a team culture;
- Openly communicate;
- Understand and respect the competencies of other team members (as well as understanding how and why they practice as they do);

- Equally value and regard each member's contribution to current team practices;
- Be willing to learn from other disciplines and respect their different views and perspectives;
- Maintain clarity on individual professional and legal accountability within a context of shared responsibility towards the client.

Effective processes in interdisciplinary care require all mental health practitioners to accept, acknowledge and respect the different skills and valuable experiences that Aboriginal health and mental health workers bring to the team. The diversity of roles and disciplines can add to effective team work by enabling members to draw on different experiences, understandings and disciplines to problem solve.26 The heterogeneous nature of interdisciplinary teams can also be problematic if members are not able to reconcile their differences and work together. Effective interdisciplinary teams require team members to listen and accept each other as meaningful and equal partners in contributing to the care process of clients. Interdisciplinary team meetings where these different perspectives are openly discussed strengthen the professional working relationships of the interdisciplinary team members.

Verma and Verma (1989) have defined *general well-being* as the subjective feeling of contentment, happiness, satisfaction with life"s experiences and of one"s role in the world of work, sense of achievement, utility, belongingness, and no distress, dissatisfaction or worry, etc.

The text of Taittiriya Upnishada has elaborated that happiness; joy and well-being are the moments when there is an unobstructed manifestation of *ananda* (bliss) which is our original or true nature. It is the opaqueness of our mental faculties that obstructs the manifestation and experience of *ananda*. The principle that is responsible for opaqueness, inertia, dullness, darkness, depression, etc. is called *tamas*. The principle that is responsible for brightness, illumination, transparency, etc. is called *sattva*. Greater is the transparency of the mental faculties, i.e., *sattva*, greater is the experience of *ananda* (see Kiran Kumar, 2002). Thus an ideal state of human functioning and constitutes health and well-being as a state of mind (somewhat equivalent to the concept of subjective well-being) which is peaceful, quiet, serene, and free from the conflicts and desires. Accordingly a healthy person is of an auto locus person (*Swastha*) who flourishes on the recognition of life force derived from the material reality (*Panch Mahabhutas*) and, therefore, offers remedies for being healthy by opening a dialogue with its environment and recognition of order and cohesion (*Dharma*) in the entire life world (*Sristi*). The nutrition (*ahar*), world of leisure (*vihar*) and thoughts (*vichar*) need to be synchronized in 5

proper order. Health and well-being are both personal as well as social. The desire for the well being of everyone (*Kamaye duhkhtaptanam praninamartinshanam*) has been a core Indian concern that has panhuman relevance. Undoubtedly such a conceptualization of health and well-being is significant in its own right (Sharma & Misra, in press).

3. RESEARCH OBJECTIVES

1. To overview multidisciplinary approaches for Mental Health and Well Being.
2. To give some mounting evidence to suggest that collaborative interdisciplinary Integrative Approaches for Mental Health and Well Being

4. RESEARCH METHODOLOGY

In general term research is known as search for knowledge; the main aim of any research is to generate measurable and testable data, gradually adding to the accumulation of human knowledge for welfare of human mankind in one or other way. Research Methodology is a way to systematically solve the research problem. It may be understood as the science of studying how the research is done scientifically. This present research article is

based on descriptive research methodology and Secondary data is collected with the help of various data published in online and print journals, news papers, etc related with collaborative interdisciplinary Integrative Approaches for Mental Health and Well Being.
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5. RESEARCH FINDINGS

Within health care, definitions around collaborative health care teams and collaboration are ambiguous, with the terms multidisciplinary, interdisciplinary and transdisciplinary used interchangeably. While there are differences in the meanings of each of these concepts, they reflect common goals or values essential to providing effective, holistic, culturally sensitive care. Furthermore, the context for care varies and may range from acute care service provision through to sustained care within a community setting. In line with an Aboriginal SEWB perspective and building on previous explanations of interdisciplinary care and care teams, we define effective interdisciplinary care as:

care offered by a group of health professionals, paraprofessionals, social and other community service providers including Aboriginal and Torres Strait Islander community members who work together to provide social and emotional wellbeing care at the individual, family and community level

Table 1: Characteristics of Multidisciplinary, Interdisciplinary and Transdisciplinary Teams for multidisciplinary approaches for Mental Health and Well Being

Team model	Characteristics	Limitations
Multidisciplinary team	• Doctor controls team • Team meets to coordinate client care • Clients are not included in decision-making processes.	• Clients not involved • Services may be omitted, fragmented or duplicated • Team members expertise may not be used effectively.
Interdisciplinary team	• The team is not necessarily led by the doctor. They work within their areas of expertise and coordinate the work of others. Leadership is provided by the person with the most expertise in the given situation? • Reports of functional progress, decision making and care plans are informed by case conferences • The client is the centre of the team's focus and plays an important role in goal setting • Ideas are exchanged that lead to changes in clients' treatments.	• Team meetings require time • Team members may need to be trained in team processes • Individual team members need to cede some control to the team so that client care is driven by the team processes • The doctor needs to allow team decision making yet take medico-legal responsibility for outcomes.

Transdisciplinary team	• Communication and shared treatment among team members
	• All team members have the opportunity to work on all areas of function
	• Team meetings are more oriented to clients' function than to disciplines
	• In the case of discrepancies, leadership may be provided by the most relevant discipline.
		• Team meetings require time
		• Team members may need to:
		  – be trained in team processes
		  – cede some control to the team so that client care is driven by the team processes.

Benefits of Interdisciplinary Team Care

The benefits of receiving interdisciplinary team care are significantly greater for those individuals with complex chronic health issues and needs. Clients with complex health care needs including chronic medical conditions, mental health conditions and social disadvantage are assisted through culturally appropriate interdisciplinary care. The advantages for each of the respective groups are listed in Table 2.

Table 2: Benefits of Interdisciplinary Team Care for multidisciplinary approaches for Mental Health and Well Being

For Clients	
Improves care by increasing coordination of services, especially for complex problems	Can serve clients of diverse cultural backgrounds
Integrates health care for a wide range of problems and needs	Uses time more efficiently
Empowers clients as active partners in care and enhances satisfaction and outcomes	

For Carers and Families	
Provides the best possible outcome for the physical and psychosocial carers (as well as clients with mental illness)	Involves carers with a range of professionals in the process of developing a mental health plan
Addresses the needs of carers, siblings and the children of those with mental health problems	Considers everyone's concerns and identifies resources for supporting someone with mental health issues
Assists with broader social, cultural and health issues experienced by families	

For Health Care Professionals	
Increases professional satisfaction	Encourages innovation
Facilitates shift in emphasis from acute, episodic care to long-term preventive care	Allows providers to focus on individual areas of expertise
Enables the practitioner to learn new skills and approaches	

For Educators and Students	
Offers multiple health care approaches to study	Promotes student participation
Fosters appreciation and understanding of other disciplines	Challenges norms and values of each discipline
Models strategies for future practice	Develops an understanding of the reality of working in a collaborative interdisciplinary team

For the Health Care Delivery System	
Holds potential for more efficient delivery of care	Facilitates continuous quality improvement efforts
Maximizes resources and facilities	Reduces health expenditure
Decreases burden on acute care facilities as a result of increased preventive care	Facilitates seamless transition between care sectors (such as acute and community care)

The Relevance of multidisciplinary approaches for Mental Health and Well Being Framework

A culturally responsive, client-centred, holistic model of care is in accordance with the psychosocial-cultural model, first proposed by Engel in 1961, which includes the psychosocial–cultural dimensions (personal, emotional, family, community) in addition to biological aspects (diseases) of clients. True to Engel's initial conception, bio-psycho-social models have evolved to include cultural and spiritual aspects of health and mental health and encourage mental health practitioners to consider the social and emotional wellbeing of individuals within a broader fabric of their family and community).

The bio-psycho-socio-cultural-spiritual model depicted in Figure 1 is a useful model for mental health practitioners, as it provides a context for the problems presented by the client to gain a better understanding of the issues faced by the client and their families. It enables practitioners to explore the five domains of a client's life. This model recognises that professional practitioners need to address a wide range of social, cultural, psychological and physical needs of individuals and their carers/families. Emphasis is also placed on a solution-focused approach to assessment and management, with consideration as to what has previously worked for a client and could work again.

FIGURE 1: INTERDISCIPLINARY CARE USING A MULTIDISCIPLINARY APPROACHES FOR MENTAL HEALTH AND WELL BEING
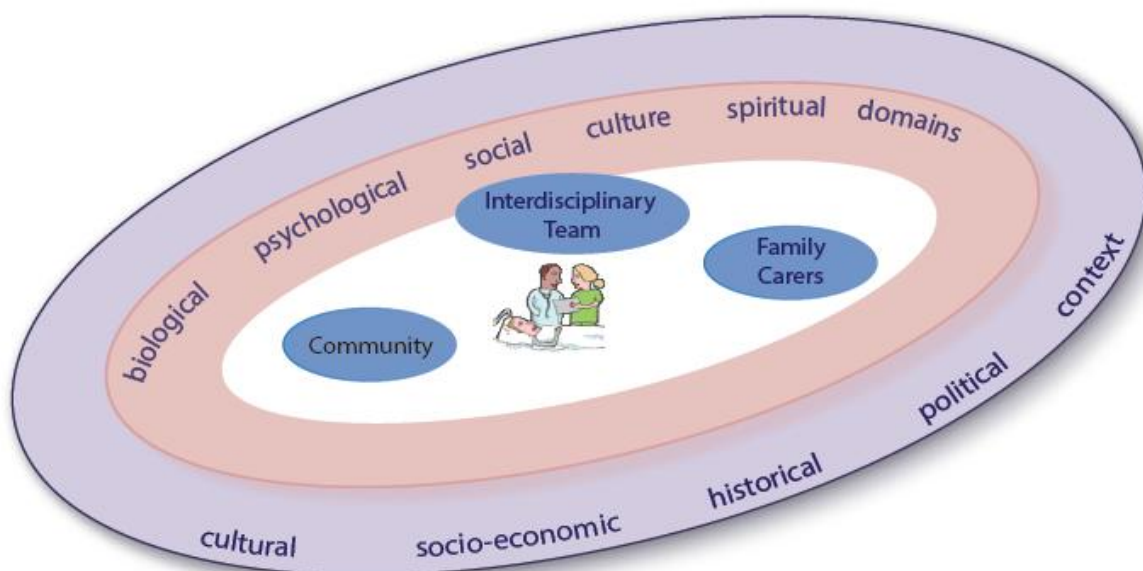
A multidisciplinary approaches for Mental Health and Well Being framework integrates the multiple, interacting biological, psychological, social, cultural and spiritual domains within a broader historical socio-political and cultural context to more fully understand all of the factors impacting on what is happening for the client.

- *The social domain* includes family background, social support, interpersonal relationships, cultural traditions, socioeconomic status, poverty, physical exercise.
- *The psychological domain* includes cognition, intellect, learning, emotions, memory, thinking, attitudes, beliefs, values, coping strategies and perceptions.
- *The biological domain* includes physical factors that may impact on a client's overall functioning wellbeing and involve health related effects of such things as harmful substance use, genetic predisposition, neurochemistry, effect of medications, immune response, hypothalamic pituitary axis, fight-flight response, physiological responses.

- *The cultural domain* includes a person's sense of their culture, their response to and beliefs about mental illness/stress, as well as the impact of the majority culture on their cultural values and beliefs.
- *The spiritual domain* includes practices and beliefs that support a sense of spiritual connection with country, ancestors, community, prayer, dance, meditation and music.
- To provide effective inclusive health care to Aboriginal and Torres Strait Islander peoples, service providers need to incorporate the physical, social, cultural, spiritual and emotional wellbeing aspects of care; and consider the health beliefs of the client, their families and community.

Similarly, an effective interdisciplinary health team addresses the community need for client-centred and culturally appropriate health care. Suitable and effective care in mental health settings is dependent on the ability of the health team to work effectively together and to consider the needs and priorities of the client and their family and community.

6. CONCLUSION

This paper has outlined the critical importance of adopting an interdisciplinary approach to addressing the higher incidence mental health. Interdisciplinary care to support key strength of mental health multidisciplinary and interdisciplinary teams is that the combined expertise of a range of mental health professionals is integrated to deliver seamless, comprehensive care within a context that is culturally sound and secure for the client and family. An interdisciplinary approach has been shown to be beneficial to practitioners, clients, students and organisations. Successful management of interdisciplinary teams include effective communication, managing team emotions and stability, maintaining trust and respect, incorporating humour, addressing conflict constructively and facilitating team building.

An multidisciplinary approach /interprofessional practice requires practitioners to acknowledge the traditional power differentiations that exist within their disciplines and positions and to relinquish some control to workers from other fields.

This paper tries to offer an overview of the salient developments in this area by critically examining the concepts and research evidence. Research paper emphasis on what factors in a context help everyone to be more effective, to experience emotional and social well-being, and to feel part of that context. These factors include starting any programmes or interventions early, being clear about what outcomes are preferred, active listening, counseling, building warm relationships, setting clear boundaries, and participation. Interestingly, exactly the same factors have been shown to be especially helpful in helping those seen as having emotional and behavioural problems. Finally research issues demanding attention are identified. The focus is on a multidisciplinary team approach to providing health and wellbeing care as its ethos of equal relationships and interdependent collaboration is more encompassing of social and emotional wellbeing values. Identification of the issues and limitations of multidisciplinary practice and the means to addressing them are explored within the context of how multidisciplinary analysis of integrative approaches for mental health and well being care fits into best practice and human rights.

In this context it is important to note that culture is not a static category or phenomenon. It is dynamic in nature and operates as a process. In a world where several cultures are clashing and synthesizing at the same time health practices and beliefs are also subject to change and reconfiguration. The processes of globalization, migration and communication revolution are restructuring the world of experience. This scenario is posing new challenges and giving opportunities for health psychologists. It is through innovative

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Page | 50

research, teaching and training that the emerging issues in the area of health psychology can be scientifically dealt with.

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Page | 52