

Something About Mental Health

CARL L. HANSON

I kind of like listening to country music occasionally. Some members of my family believe there are only two types of music: country and western. The other day I was cruising home from work, and a country song by Keith Urban called “Say Something” came on. Basically, the song reminds us that our words have power and encourages us to say something.

That song helped motivate me—a public health guy—to say something about mental health. My interest in mental health as a public health issue began when I was young. I grew up in a law enforcement family, and my late father was a captain in the Oregon State Police Department. Throughout his career, he responded to countless situations related to mental health issues, including substance abuse disorders. Even when he was off duty it was difficult for him to get away from these situations. While it may not have been in best practice, I have childhood memories of being in the back seat of the family station wagon as it took

off in hot pursuit of drivers under the influence. Experiences such as these later caused me to wonder about the root causes of mental health issues.

I tried my hand at law enforcement, but my attempt was short-lived. My six-foot-two, 150-pound frame didn’t quite match my father’s six-foot-four, 250-pound frame. I was pretty scrawny. So I chose to come to BYU after a mission, pursue my goals as a student athlete, and study psychology.

Now, getting a job with an undergraduate degree in psychology? That was a bit tougher. Since I still had athletic eligibility to compete another year after I had graduated, I consulted with beloved BYU mentor and track coach Sherald James, who was also teaching classes in the Department of Health Science at the time. As a consummate builder and lifter of people, he encouraged me to combine my interest in psychology with a master’s degree in health science while using my last year of athletic eligibility.

Carl L. Hanson, a professor in the BYU Department of Public Health, delivered this forum address on July 26, 2022.

Well, the rest is history. I worked through the BYU master’s program, completed a mental-health related thesis, published my first academic paper on mind/body health, and went on for a PhD.

My purpose today is to encourage us all to “say something” and “know something” more about mental health so that we can all “be something” more and achieve optimal mental health.

Say Something

To say something about mental health, we need to first say something about mental illness. The terms *mental illness* and *mental health* are often used interchangeably. *Mental illness*, also known as *mental disorder*, refers to “any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these.”¹ There aren’t medical tests for mental illnesses like there are for physical illnesses such as diabetes and cancer. Trained mental health professionals use the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD) to make a diagnosis. These tools identify various symptoms that, if experienced over time, indicate a mental disorder. Having open conversations about mental illness can help reduce the stigma or negative perceptions applied to individuals who struggle with mental illness.

Individuals with mental illness are not alone in their condition. Epidemiological data from public health statistics show that in the United States, one in five adults aged eighteen or older report having a mental illness, and more than 5 percent of adults in that age group report that it was serious enough to disrupt major life events.² Three-fourths of all lifetime cases of mental illness begin by the age of twenty-four,³ making the traditional college years a particularly vulnerable time—and the situation is getting worse. Symptoms of depression among college students in the U.S. increased 135 percent in the last nine years.⁴ Major depression—one of the most common mental disorders in the U.S.—is highest among young adults aged eighteen to twenty-five.⁵ Similarly, the number of U.S. college students with symptoms of anxiety increased by 110 percent.⁶

Are BYU students immune from these disorders? National data on young adult major depression closely aligns with the burden of this illness among BYU students. According to research conducted on campus by my colleagues and me, one out of five students (20 percent) reported experiencing clinical depression, with nearly one out of three (32 percent) experiencing moderately severe or severe anxiety.⁷

Individuals living with mental illness need treatment services. However, more than half of adults with mental illnesses in the U.S. receive no treatment.⁸ There are likely two reasons for this: (1) a lack of access to mental healthcare due to lack of insurance, fewer provider options, and cost of care⁹ and (2) a personal choice not to utilize available services because of the stigma related to obtaining treatment.¹⁰ We still have much to do to increase access to care and to reduce the stigma so that seeking treatment for these disorders is as normal as seeking treatment for physical health conditions. We must also be careful not to contribute to the stigma, especially since we tend to unfairly link violence with mental illness. While it is estimated that one in every five police calls involves some type of mental health or substance abuse crisis,¹¹ most violent crime in this country is not committed by individuals with mental illness.¹²

Although suicide itself is not a mental disorder, mental disorders are one of the most prevalent causes of suicide. A total of 60 percent of individuals who die by suicide have a mental illness such as major depression.¹³ Recent statistics found that Utah averages 657 suicides a year and had the sixth-highest suicide rate in the U.S. in 2019.¹⁴ Think about that for a minute. I recently flew on a regional passenger jet that held seventy-five people. The number of people who die from suicide each year in Utah is equivalent to nearly nine of those planes crashing every year in this state! That would make headlines. In Utah, suicide is the leading cause of death for adolescents and young adults.¹⁵ Suicidal ideation in college students has increased 64 percent since 2013.¹⁶

For those in suicidal crisis or emotional distress, help is immediately available through

several incredible resources. As of July 16 of this year, the National Suicide Prevention Lifeline can be accessed 24/7 in every U.S. state by dialing 988. Additionally, the state of Utah offers the SafeUT app, which provides real-time crisis intervention for students, parents, guardians, and educators through a live chat and confidential tip line. BYU Counseling and Psychological Services (CAPS) offers some of the best psychological services in the country, with more than thirty-two full-time counselors who stand ready to assist students in crisis with no appointment needed. You can walk in during business hours or reach a trained professional after hours. We can all do our part to prevent suicide by becoming QPR (Question, Persuade, Refer) trained. Offered on campus through CAPS, this hour-long best practice training helps you recognize the signs and symptoms of suicidal thoughts and understand how to help someone who is struggling.

Now, mental illness is not the same thing as mental health: “Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.”¹⁷ It is a state of well-being that allows for positive human development and for becoming our best selves. For Aristotle and the ancient Greeks, a state of well-being was referred to as “wisdom” and was rooted in the idea of eudaimonia—living life well and consistent with one’s values.¹⁸ Modern psychologists discuss well-being—or optimal mental health—slightly differently, depending on their perspectives. For example, humanist psychologists such as Abraham H. Maslow refer to this state of well-being as “self-actualization.”¹⁹ Positive psychologists such as researcher Corey L. M. Keyes refer to it as “flourishing.”²⁰ Flourishing is the notion that individuals achieve higher levels of well-being by focusing not only on eudaemonic components such as developing meaning, purpose, and strong relationships in life but also on hedonic components such as experiencing positive emotions. Flourishing is a state of optimal mental health, and “people who flourish not only feel good but also do good: they experience positive emotions regularly, excel in their daily

lives, and contribute to the world around them in constructive ways.”²¹

Interestingly, Dr. Keyes noticed that many individuals who were not flourishing lacked a mental illness diagnosis.²² He called this state of poor mental well-being without a mental illness diagnosis “languishing”²³ and found that these individuals tended to lack a sense of purpose and struggled to enjoy life’s simple pleasures or to be positive about life. They tended to experience a general feeling of “blah.” These findings helped change our assumption that mental health was simply the opposite or absence of mental illness. It is not! Mental health is *not* simply the opposite of mental illness. Dr. Keyes helped us realize that mental health exists on its own continuum, and we can flourish and achieve optimal mental health or languish in poor mental health whether we have been diagnosed with a mental disorder or not.²⁴ I would like to emphasize that: we can achieve optimal mental health and flourish whether we have been diagnosed with a mental disorder or not. This should be empowering to all of us.

The idea of languishing may sound a bit familiar and could explain many people’s personal experiences with the COVID-19 pandemic. During the pandemic we were exposed to endless sources of information and misinformation, which often heightened our anxieties. The World Health Organization (WHO) referred to this phenomenon as an “infodemic.”²⁵ In addition, our regular routines were impacted as we were socially distanced, isolated from each other, quarantined, and forced into online learning. Many of us also lost jobs or mourned for those who had died from the virus. Over time, the cumulative effects of the pandemic may have left you feeling emotionally fatigued or just blah! But why should we worry about languishing? Because individuals who languish are significantly more likely to develop a mental illness.²⁶

Know Something

Saying something isn’t always enough. Knowing something more about the root causes of mental health challenges is critical to developing solutions and achieving optimal mental health.

One thing to know at the outset is that mental illnesses are *not* the result of sin. During the Savior’s ministry, His disciples wondered about the affliction of a particular blind man. They asked:

Master, who did sin, this man, or his parents, that he was born blind?

*Jesus answered, Neither hath this man sinned, nor his parents: but that the works of God should be made manifest in him.*²⁷

It is a mistake to equate mental illness with sin.

Indeed, the root causes of mental health challenges, whether mental illness or languishing, are complex. In a 2015 study, Andrea K. Wittenborn and her colleagues reviewed the literature on the root causes of major depression and used a systems-thinking perspective to illustrate the complex interaction between the biological, environmental, behavioral, and social factors that contribute to the illness. Their causal loop diagram shows almost fifty different steps that loop around to different pathways and lead to different behaviors and effects. Their detailed diagram speaks to the complexity of mental health challenges.²⁸

To make sense of the complexity, root causes for mental health challenges are often organized into risk and protective factor frameworks that practitioners then use to address the challenges. *Risk factors* increase the likelihood of an individual experiencing the problem. *Protective factors* mitigate risk and are often simply the opposite of the risk factor. For example, if having very few friends is a risk factor, then having good peer relationships is a protective one. Risk and protective factors are distinct across ecological levels. This is because our thoughts, attitudes, feelings, and behaviors are influenced by the environments in which we associate. Ecological levels in which individuals are nested include peer groups, families, communities, and institutions such as school and work.

Some of the more common risk and protective factor frameworks have been developed by organizations such as the Centers for Disease Control and Prevention,²⁹ the Substance Abuse and Mental Health Services Administration,³⁰ and the American Mental Wellness Association.³¹

Using work my colleagues and I have done here at BYU, I would like to highlight a few of these risk factors, including perfectionism, life stressors, poor coping skills, adverse childhood experiences, and bullying.

One particularly concerning risk factor for college students, especially students here, is having a perfectionistic attitude. Perfectionism is refusing to accept any standard less than flawless. Using the multidimensional perfectionism scale,³² we asked BYU students how they felt about several statements, including “If someone does a task at school better than me, then I feel like I failed at the whole task”; “The fewer mistakes I make, the more people will like me”; and “Other people seem to accept lower standards from themselves than I do.” The highest possible score for perfectionism using this scale is 40, and our findings revealed that the average score for BYU students was 27! Furthermore, we found a significant correlation between perfectionism scores and mental health outcomes. For example, a perfectionism score of 30 was associated with symptoms of clinical depression and clinical anxiety among students, and we found that depression and anxiety increase as perfectionism scores increase.³³

An additional risk factor associated with mental health challenges is our exposure to stressors at each ecological level and our ability to deal with those stressors. “Stress,” as defined many years ago by Hans Selye, “is the nonspecific response of the body to any demand made upon it.”³⁴ Stressors are those demands that trigger an automatic physiological fight or flight response, which feels like someone just stepped on your internal gas pedal. Because our bodies strive for balance or homeostasis, a part of our nervous system acts as the brake pedal to bring our body systems back to normal when the threat subsides. However, what happens when exposure to stressors continues over time—or, maybe even worse, when we anticipate and worry about stressors even when there is no immediate danger? Robert M. Sapolsky, author of *Why Zebras Don’t Get Ulcers*, noted that “when we consider ourselves and our human propensity to worry ourselves sick, we have to expand on the notion of stressors merely being things that knock you out of homeostatic balance.”³⁵

The stressors we face are significantly different than those that zebras face. Not only do our stressors lead us to develop ulcers, but they are also the root cause of many other physical and mental disorders. A growing body of research is recognizing the power that chronic stressors have to disrupt the immune system, causing inflammation throughout the body that can lead to cardiovascular diseases, diabetes, cancers, and depression.³⁶ Chronic stressors include poverty, neighborhood violence, or environmental changes as well as everyday hassles. Stressors can also involve early life stressors such as adverse childhood experiences or trauma. While a certain level of stress can be beneficial, enhancing immune function³⁷ and improving performance,³⁸ the accumulation of chronic stressors and traumatic life events lead to what researchers refer to as *allostatic load*,³⁹ or wear and tear on the body and the mind.

My colleagues and I asked BYU students what stressful life events they have been exposed to during the past year. The options ranged from daily hassles such as getting a speeding ticket to more serious stressors such as the death of a parent or a close friend. In our analysis, more serious stressors were weighted higher than daily hassles. For BYU students, the most common stressors were an increase in workload at school, a change in social relationships, and a change in eating habits. Interestingly, BYU students with the highest number of stressful events were freshmen, married students, and students in committed relationships. These groups of students may need extra support in managing stressors. In our findings with perfectionism, there exists a correlation between a high number of stressful life events students were exposed to and elevated symptoms of clinical depression and anxiety.⁴⁰

We have also studied the impact of early life experiences on mental health outcomes among college students. Our results showed that the more adverse childhood experiences (ACEs) college students have been exposed to, the more likely students are to have difficulties coping with stress, to be languishing, and to experience depression and anxiety symptoms.⁴¹ ACEs include abuse, neglect, and household challenges such as substance

abuse, mental illness, suicidal thoughts and behavior, divorce, incarceration, and domestic violence. Being exposed to these stressors as children impacts our mental health and physical health later in life. As a result, we should do all in our power to prevent children's exposure to trauma. In a general conference address, Elder Patrick Kearon stated that "there is no place for any kind of abuse—physical, sexual, emotional, or verbal—in any home, any country, or any culture."⁴²

If you are now worrying about the ACEs in your life, there is more to this story. In our study we also found that students exposed to positive childhood experiences (PCEs) were protected against depression and anxiety symptoms later in life, even when they had also been exposed to ACEs. We found that PCEs lead to an increased ability to cope with stressors, increased flourishing, and ultimately better mental health. Positive childhood experiences include having one good childhood friend, having good neighbors, enjoying school, having regular family meals, and having beliefs that give comfort. Our study demonstrates that while ACEs can weaken college students' ability to cope, PCEs can increase resilience, promote flourishing, and ultimately reduce symptoms of mental illness.⁴³

Through the multidisciplinary Computational Health Science Research Lab at BYU, my colleagues and I recently explored the impact of hundreds of possible risk factors on adolescent mental health. Using a machine learning approach to analyze the risk-factor data of some 179,000 high school students in Utah across all ecological levels, we were able to predict with 91 percent accuracy suicidal thought and behavior among this adolescent population.⁴⁴ Our findings revealed that the most highly associated risk factors with suicidal thought and behavior were

- (1) being threatened or harassed through social media,
- (2) being bullied on school grounds,
- (3) being in a family that has serious arguments,
- (4) being in a family that argues regularly, and
- (5) being in a family that frequently insults and yells.⁴⁵

Additional interesting findings include the fact that suicidal thought and behavior increased with age (sixth grade through twelfth grade), was more common among females, and was 73 percent more likely if there was *not* a father in the home.⁴⁶ The major findings of this study speak not only to the incredible negative impact that our relationships can have on our mental health but also to the potential positive and protective impact our relationships can have on our mental health.

Our findings from these studies and others are contributing to a growing body of literature on the many risk and protective factors related to mental health. Much of this work points to the powerful influence of our experiences and our interactions with others in settings such as home, school, and communities.

Be Something

Saying something and knowing something about mental health isn't always enough. To achieve optimal mental health—to be our best selves and to flourish—we must “be something” as well. Because many of the risk and protective factors associated with mental health are addressed by living a wellness lifestyle in an environmental context that supports wellness, I invite us all to be something more by being “wellness wise,”⁴⁷ personally and institutionally.

Being wellness wise is an idea hatched here at BYU. It means we recognize that wellness is a personal opportunity and an institutional responsibility. It also means we recognize that wellness is embedded in the very fabric of the mission of this institution. From our mission statement, you might recall that BYU exists “to assist individuals in their quest for perfection and eternal life” with the expectation that “all instruction, programs, and services at BYU, including a wide variety of extracurricular experiences, should make their own contribution toward the balanced development of the total person” in order that “such a broadly prepared individual will not only be capable of meeting personal challenge and change but will also bring strength to others in the tasks of home and family life, social relationships, civic duty, and service to mankind.”⁴⁸ If we

look at it closely, we see that our mission statement makes wellness—and thus optimal mental health—everyone's business!

Whole-Person Opportunity

Dr. Barbara D. Lockhart and Dr. Ronald L. Hager from the BYU Department of Exercise Science have defined wellness as “a dynamic state of *our* being characterized by the balance and integration of *our* whole physical, mental, emotional, spiritual, and social self.”⁴⁹ There are many other definitions of wellness, but Dr. Lockhart and Dr. Hager essentially speak to a personal, active pursuit of a balanced lifestyle. This is what makes wellness a personal or whole-person opportunity. The ideas of active pursuit and balance are referenced in two parts of the BYU mission: the “quest for perfection and eternal life” and “the balanced development of the total person.”

Focus on the Quest

When we consider the “quest for perfection and eternal life,” I know that sometimes the word *perfection* can freak us out a bit. We learned today that many students on campus are focused too much on perfection, which is associated with greater mental health challenges. Being wellness wise means that rather than focusing on achieving perfection in the here and now, we will focus on the quest for perfection and eternal life. The quest, the pursuit, or the journey toward perfection is about striving and growing to be our best possible selves. It is about knowing that during this quest, we are going to experience challenges, setbacks, and possibly even failure on occasion—no matter how righteous we think we are or how perfectly we live the gospel.

President Kevin J. Worthen has said:

*Failing is an essential part of the mortal phase of our quest for perfection. We don't often think of it that way, but that is only because we tend to focus too much on the word perfection and not enough on the word quest when we read the mission statement. Failure is an inevitable part of the quest. In our quest for perfection, how we respond when we fail will ultimately determine how well we will succeed.*⁵⁰

Being a runner, I love the recent success story of freshman Sebastian Fernandez, who came to BYU last fall after having some success as a middle-distance runner in high school. He tried out for the BYU track team in hopes of being a walk-on but ultimately didn't make the team. Sebastian didn't let this failure derail his goals. He continued to train with the so-called farm team, a group of other BYU track and field student athletes who weren't ready for the competition team.

Sebastian commented, "Having that experience of failure helped me realize that nothing is going to be given to me. I have to work hard to earn everything."⁵¹

By focusing on the quest and having a never-give-up attitude in the face of failure, Sebastian not only made the team this past spring but also broke the all-time facility record at the Robison Track and Field Complex by running the 800-meter race in one minute and forty-seven seconds. That mark ranked fifth on the all-time list here at BYU, propelling Sebastian into the regional meet, in which he qualified for nationals.

Did I mention that he was a freshman who didn't make the team last fall as a walk-on? Sebastian is a great example of one who stayed focused on the quest.

Focus on Balance and Growth

Consider the phrase "the balanced development of the total person" in BYU's mission statement. This refers to the even distribution of our efforts to grow in each of the areas that make up the total person. Several years ago, I lost one of the balancing weights on the wheel of my vehicle on my way into work. It made for a very bumpy ride that day. Similarly, if we neglect or exaggerate any of the important domain areas that make us whole and well, we will be out of balance, and our ride through life will be bumpier.

Some of the areas that make up the total person should be familiar to you, as they are the foundation of the Children and Youth program of The Church of Jesus Christ of Latter-day Saints and are based on the scriptural statement "Jesus increased in wisdom and stature, and in favour with God and man."⁵² Surely these important areas of intellectual, physical, spiritual, and social

growth should be pursued throughout our lives, not just during our youth. Being wellness wise as individuals means we continue striving for balanced growth and development in these important areas throughout our lives. Because they are very important to college student wellness, emotional and financial wellness are also considered part of being wellness wise at BYU. These six wellness-wise domain areas are *not* mutually exclusive; they overlap as important parts of the whole person. But viewing and discussing them separately provides a way for each of us to evaluate how balanced we are and where we might need to improve. Let's consider each of these six important domain areas and what BYU Wellness Wise professionals recommend:

1. Spiritual. Spiritual wellness means we believe in Heavenly Father, connect with Him, and live our lives in a way that bring us closer to Him. W. Justin Dyer, a BYU associate professor of Church history and doctrine and wellness-wise pro, reminds us that the Lord has said, "Be still, and know that I am God" and "The Lord of hosts is with us."⁵³

First, Dr. Dyer recommends that you believe God loves you and can lift you higher. Dr. Dyer also encourages you to remember that God loves you through your struggles and will help you take steps forward.

Second, find moments and methods to feel God's love. Our busy schedules tend to push us away from quiet moments, but Dr. Dyer notes that quiet moments are essential for us to feel connected with God. If you are struggling to feel the connection, try something new, such as searching the scriptures and words of the prophets for ways that allow you to better feel God's love.

Third, dive into your religious community in order to show your love for God and for your neighbor as well as to receive and give much-needed support. If you are struggling to connect in your ward, Dr. Dyer pleads that you do not give up. Seek ways to uplift others in your ward; your unique gifts are needed.

2. Social. Social wellness means we establish positive relationships with others. Having

a strong social support system is important for emotional wellness because it can help us cope with and bounce back from challenges. Angela Blomquist, director of the Student Connection and Leadership Center and wellness-wise pro, notes that we are all social by nature.

First, she recommends that you create lasting connections by participating in events, activities, and programs in the campus community. She notes that volunteering is also a great way to gain a higher sense of purpose, build social skills, and increase self-esteem.

Second, foster belonging by embracing diversity, ensuring equity, and practicing inclusion. Angela promises that as you do so, hearts and minds will be enriched.

Third, cultivate communication skills to become a better friend, student, employee, and leader. This may require limiting digital communication and prioritizing face-to-face conversation in which effective communication and active listening can be practiced.

3. Physical. Physical wellness means we balance sleep, physical activity, and nutrition and also practice safe behaviors. Nathan M. Ormsby, director of BYU Student Wellness and wellness-wise pro, loves this President Ezra Taft Benson quote: “With good health, all other activities of life are greatly enhanced.”⁵⁴

First, Nathan recommends that you exercise routinely. The benefits of exercise are indisputable, and he says the key to sticking to an exercise routine is simply finding an activity you like to do.

Second, prioritize sleep. Your body craves a regular routine when it comes to sleep. Striving for eight hours of sleep a night is a good goal—but staying up until 3 a.m. and sleeping until noon will leave the body unprepared for bed by 10 p.m. the next night. Routine sleep is necessary for mental function and mental health.

Third, eat well. The body likes regularly eating healthy foods such as vegetables, fruits, lean meats, and whole grains. Healthy foods support brain function, body function, and mental health.

4. Intellectual. Intellectual wellness means we expand our knowledge, skills, and creative

abilities. Chip Oscarson, associate dean of undergraduate education and wellness-wise pro, believes that the more we learn, the more we see the connections between the sacred and the secular. Dr. Oscarson has several tips for intellectual wellness.

First, be curious. Do not limit your education by memorizing facts and solely focusing on a profession or material gain. Curiosity is the active part of our learning that demands our agency.

Second, be a good listener and humbly withhold judgment. Truth may be more expansive than what we currently imagine.

Third, ask good questions. Good questions can help you understand truth in more than one dimension.

Fourth, Dr. Oscarson recommends that you discern with the Spirit. The Spirit is given to help us stay balanced and understand how all truth fits together.

5. Financial. Financial wellness means we properly manage our monetary assets. Failure to manage these assets can be a large source of stress. Paul R. Conrad, manager of the BYU Financial Fitness Center and wellness-wise pro, has warned that sustained financial distress may cause us to feel anxious, helpless, and vulnerable. Learning to wisely manage financial resources creates feelings of confidence and peace. Paul has several tips for financial wellness.

First, consider your blessings. You can make yourself miserable when you compare your life with the lives of others. Considering your blessings can help you avoid the feelings of envy, jealousy, and bitterness that lead to discouragement and hopelessness.

Second, find a budgeting method that works for you. Using time while at the university to test, adopt, and refine a budgeting method will help you be more intentional and confident in your spending.

Third, find ways to meet your needs less expensively by aligning your spending with your values and goals. Doing so will help you gain a greater sense of purpose and control.

Fourth, plan for the unexpected. Even small, unexpected problems can be disruptive and

stressful. Planning can help you prevent stress and avoid expensive credit-card charges.

6. Emotional. Emotional wellness means we can cope with both positive and negative emotions while learning and growing from emotional experiences. Klint Hobbs, counselor for CAPS and wellness-wise pro, reminds us that “emotions are interwoven with every aspect of wellness, and managing our emotions effectively enables us to be healthy, kind, and compassionate.”

First, be compassionate with yourself, see yourself as a work in progress, and resist the urge to feel threatened when you don’t do as well as you wanted to in school or in other activities. Dr. Hobbs recommends giving yourself the same grace you would give to a good friend who might be struggling.

Second, avoid putting off difficult tasks or things that make you anxious. For example, you may have a tendency to avoid responsibilities by binge-watching episodes of your favorite TV series. This avoidant behavior may bring temporary relief, but leaning into whatever is making you anxious can cause anxiety to go away.

Third, connect with others. This social well-being skill can reduce mental health challenges and improve self-esteem. Sacrificing social time, even for academics, puts mental health at risk.

Fourth, seek balance and avoid going to extremes, even in positive activities. Dr. Hobbs points out that salad is good for you, but if you only ever ate salad, your body would be missing out on vital nutrients from other foods. Similarly, if all you ever do is study with no breaks for other activities you enjoy, you are headed for burnout.

Truthfully, it may be difficult to balance these domains every single day. There will be times when we need to focus on one domain at the exclusion of another—such as during finals week, when we are highly focused on the intellectual domain; during the Sabbath, when we have more church obligations; or during a challenging time in the family, when we are focused on the social and emotional areas. Our goal should be to seek balance over the long haul.

Being wellness wise means we focus on the quest for perfection rather than on perfection itself. It also means we focus on balance and growth in each of the wellness-wise domain areas. As we become wellness wise by embracing wellness as a whole-person opportunity, we “will not only be capable of meeting personal challenge and change but will also bring strength to others in the tasks of home and family life, social relationships, civic duty, and service to mankind.” The phrase “meeting personal challenge and change” speaks to our ability to be resilient when facing the difficulties that will surely come our way in life, and the phrase “bring strength to others” speaks to our becoming self-actualized, becoming our best self, achieving optimal mental health, and even flourishing.

Whole-Campus Responsibility

Finally, being wellness wise means we not only recognize wellness as a whole-person opportunity but also as a whole-campus responsibility. Because we “know something” about the powerful influence that our experiences and environment can have on us individually, we recognize the need for BYU as an institution to focus on a system-wide approach that will influence the conditions in which all may flourish and achieve optimal mental health. Consider the part of the BYU mission that states, “All instruction, programs, and services at BYU, including a wide variety of extracurricular experiences, should make their own contribution toward the balanced development of the total person.” This means that no BYU faculty member, staff member, administrator, or student is excluded from the responsibility of assisting individuals in their balanced development.

Taking this responsibility seriously, a group of BYU staff, administrators, faculty, and students have joined together under the leadership of former CAPS director Steve Smith and Student Life vice president Julie Franklin. Known as the BYU Wellness Wise Coalition, this group exists to break down campus silos and cultivate campus-wide collaborations and initiatives that advance wellness for all campus community members. The

word *silo* is commonly used on farms to describe large storage containers for grain or cattle food. In public health and healthcare, the term *silo* is often used as a metaphor for teams of people that just don't work together. The BYU Wellness Wise Coalition exists to ensure that we are a whole campus and that we collaborate to advance wellness for all.

Conclusion

We have such wonderful opportunities and responsibilities before us. It is time for us to “say something” and “know something” more about mental health so that we can “be something” more and achieve optimal mental health. Saying something more can help reduce the mental health stigma and promote the idea that optimal mental health and flourishing is accessible to everyone. Knowing something more can help us understand the risk and protective factors for mental health challenges that can be addressed both personally and institutionally. Being something more by being wellness wise both personally and institutionally provides a framework for taking the actions that will move us all toward optimal mental health. Saying something, knowing something, and being something more—that is “something about mental health.” Thank you.

Notes

1. *APA Dictionary of Psychology*, American Psychological Association, s.v. “mental disorder,” dictionary.apa.org/mental-disorder.
2. See *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (Rockville, Maryland: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration [SAMHSA], 2021), 32.
3. See Ronald C. Kessler, Patricia Berglund, Olga Demler, Robert Jin, Kathleen R. Merikangas, and Ellen E. Walters, “Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication,” *Archives of General Psychiatry* 62, no. 6 (June 2005): 593.
4. See Sarah Ketchen Lipson, Sasha Zhou, Sara Abelson, Justin Heinze, Matthew Jirsa, Jasmine Morigney, Akilah Patterson, Meghna Singh, and Daniel Eisenberg, “Trends in College Student Mental Health and Help-Seeking by Race/Ethnicity: Findings from the National Healthy Minds Study, 2013–2021,” *Journal of Affective Disorders* 306 (1 June 2022): 143.
5. See *Key Substance Use and Mental Health Indicators*, 31.
6. See Lipson et al., “Trends in College Student Mental Health,” 143.
7. See Carl L. Hanson, Brianna M. Magnusson, Alice Ann Crandall, and Michael D. Barnes, “The Mental Health of BYU Students: A University Report,” BYU Department of Public Health, 2020, 4.
8. See Maddy Reinert, Danielle Fritze, and Theresa Nguyen, *The State of Mental Health in America 2023* (Alexandria, Virginia: Mental Health America [MHA], 2022), 8, 21.
9. See Reinert, Fritze, and Nguyen, *State of Mental Health in America 2023*, 8, 22, 27, 29.
10. See Nathaniel Beers and Shashank V. Joshi, “Increasing Access to Mental Health Services Through Reduction of Stigma,” *Commentaries, Pediatrics* 145, no. 6 (June 2020), publications.aap.org/pediatrics/article/145/6/e20200127/76911.
11. See Ashley Abramson, “Building Mental Health into Emergency Responses,” *News, Monitor on Psychology* 52, no. 5 (July/August 2021): 30, apa.org/monitor/2021/07/emergency-responses; see also Eric Westervelt, “Mental Health and Police Violence: How Crisis Intervention Teams Are Failing,” National Public Radio (NPR), 18 September 2020, npr.org/2020/09/18/913229469/mental-health-and-police-violence-how-crisis-intervention-teams-are-failing; see also audio and transcript from *All Things Considered*, NPR, 18 September 2020, npr.org/transcripts/913229469.
12. See Jeffrey W. Swanson, “Introduction: Violence and Mental Illness,” *Harvard Review of Psychiatry* 29, no. 1 (January/February 2021): 1; see also *Mass Violence in America: Causes, Impacts, and Solutions*, ed. Joe Parks, Donald Bechtold, Frank Shelp, Jeffery Lieberman, and Sara Coffey (Washington, DC: National Council for Mental Wellbeing [NCMW] and Medical Director Institute [MDI], August 2019), v–vi, 12–14.
13. See “Does Depression Increase the Risk for Suicide?” U.S. Department of Health and Human

Services (HHS), Mental Health and Substance Abuse, [hhs.gov/answers/mental-health-and-substance-abuse/does-depression-increase-risk-of-suicide/index.html](https://www.hhs.gov/answers/mental-health-and-substance-abuse/does-depression-increase-risk-of-suicide/index.html).

14. See “Complete Health Indicator Report of Suicide,” Utah Department of Health, Indicator-Based Information System (IBIS) for Public Health, 2021, ibis.health.utah.gov/ibisph-view/indicator/complete_profile/SuicDth.html.

15. See “Complete Health Indicator Report of Suicide.”

16. See Lipson et al., “Trends in College Student Mental Health,” 141.

17. “Mental Health,” World Health Organization (WHO), fact sheet, 17 June 2022, [who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response](https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response).

18. See Daniel N. Robinson, “Wisdom Through the Ages,” in *Wisdom: Its Nature, Origins, and Development*, ed. Robert J. Sternberg (Cambridge; New York: Cambridge University Press, 1990), 16–17.

19. See Abraham H. Maslow, “A Theory of Human Motivation,” *Psychological Review* 50, no. 4 (July 1943): 382–83.

20. See Corey L. M. Keyes, “The Mental Health Continuum: From Languishing to Flourishing in Life,” *Journal of Health and Social Behavior* 43, no. 2 (June 2002): 207–22.

21. Lahnna I. Catalino and Barbara L. Fredrickson, “A Tuesday in the Life of a Flourisher: The Role of Positive Emotional Reactivity in Optimal Mental Health,” *Emotion* 11, no. 4 (August 2011): 938; citing Corey L. M. Keyes, “Promoting and Protecting Mental Health as Flourishing: A Complementary Strategy for Improving National Mental Health,” *American Psychologist* 62, no. 2 (February–March 2007): 95–108.

22. See Corey L. M. Keyes, “Mental Illness and/or Mental Health? Investigating Axioms of the Complete State Model of Health,” *Journal of Consulting and Clinical Psychology* 73, no. 3 (June 2005): 539–48.

23. See Keyes, “The Mental Health Continuum” (2002); Keyes, “Mental Illness and/or Mental Health?” (2005); “Promoting and Protecting Mental Health as Flourishing” (2007).

24. See Keyes, “The Mental Health Continuum” (2002); Keyes, “Mental Illness and/or Mental Health?” (2005).

25. See “Infodemic,” World Health Organization (WHO), Health Topics, [who.int/health-topics/infodemic](https://www.who.int/health-topics/infodemic).

26. See Corey L. M. Keyes, Satvinder S. Dhingra, and Eduardo J. Simoes, “Change in Level of Positive Mental Health as a Predictor of Future Risk of Mental Illness,” *Mental Health Promotion and Protection, American Journal of Public Health* 100, no. 12 (December 2010): 2369.

27. John 9:2–3.

28. See figure 4 (causal loop diagram of cognitive, social, environmental, and biological dimensions) in Andrea K. Wittenborn, Hazhir Rahmandad, Jennifer L. Rick, and Niyousha Hosseinichimeh, “Depression as a Systemic Syndrome: Mapping the Feedback Loops of Major Depressive Disorder,” *Psychological Medicine* 46, no. 3 (February 2016): 557.

29. See “Risk and Protective Factors,” Suicide Prevention, Centers for Disease Control and Prevention (CDC), [cdc.gov/suicide/factors/index.html](https://www.cdc.gov/suicide/factors/index.html).

30. See “Risk and Protective Factors,” Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, 2019, [samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf](https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf).

31. See “Risk and Protective Factors,” American Mental Wellness Association, [americanmentalwellness.org/prevention/risk-and-protective-factors](https://www.americanmentalwellness.org/prevention/risk-and-protective-factors).

32. See Alexandra M. Burgess, Randy O. Frost, and Patricia Marten DiBartolo, “Development and Validation of the Frost Multidimensional Perfectionism Scale—Brief,” in “Advances in the Assessment of Perfectionism,” ed. Gordon L. Flett and Paul L. Hewitt, special issue, *Journal of Psychoeducational Assessment* 34, no. 7 (October 2016): 620–33.

33. See Hanson et al., “The Mental Health of BYU Students,” 11; see also Carl L. Hanson, Brianna M. Magnusson, Alice Ann Crandall, Michael D. Barnes, Emily McFarland, and McKaylee Smith, “Life Experience Pathways to College Student Emotional and Mental Health:

A Structural Equation Model,” *Journal of American College Health* (April 2022), doi.org/10.1080/07448481.2022.2058328.

34. Hans Selye, “The Evolution of the Stress Concept: The Originator of the Concept Traces Its Development from the Discovery in 1936 of the Alarm Reaction to Modern Therapeutic Applications of Syntoxic and Catatonic Hormones,” *American Scientist* 61, no. 6 (November–December 1973): 692.

35. Robert M. Sapolsky, *Why Zebras Don’t Get Ulcers*, 3rd ed. (New York: St. Martin’s Griffin, 2004), 6.

36. See Yun-Zi Liu, Yun-Xia Wang, and Chun-Lei Jiang, “Inflammation: The Common Pathway of Stress-Related Diseases,” *Frontiers in Human Neuroscience* 11 (June 2017), doi.org/10.3389/fnhum.2017.00316.

37. See Liu, Wang, and Jiang, “Inflammation.”

38. See Charlotte Nickerson, “The Yerkes-Dodson Law and Performance,” *Social Psychology, Simply Psychology* (15 November 2021), simplypsychology.org/what-is-the-yerkes-dodson-law.html.

39. See Bruce S. McEwen and Eliot Stellar, “Stress and the Individual: Mechanisms Leading to Disease,” *Archives of Internal Medicine* 153, no. 18 (27 September 1993): 2093–2101.

40. See Hanson et al., “The Mental Health of BYU Students,” 18.

41. See Hanson et al., “Life Experience Pathways”; see also Hanson et al., “The Mental Health of BYU Students,” 12–14.

42. Patrick Kearon, “He Is Risen with Healing in His Wings: We Can Be More Than Conquerors,” *Liahona*, May 2022.

43. See Hanson et al., “Life Experience Pathways”; see also Hanson et al., “The Mental Health of BYU Students,” 15–16.

44. See Orion Weller, Luke Sagers, Carl Hanson, Michael Barnes, Quinn Snell, and E. Shannon Tass, “Predicting Suicidal Thoughts and Behavior Among Adolescents Using the Risk and Protective Factor Framework: A Large-Scale Machine Learning Approach,” *PLOS ONE* 16, no. 11 (3 November 2021): 1, doi.org/10.1371/journal.pone.0258535.

45. See Weller et al., “Predicting Suicidal Thoughts and Behavior,” 6.

46. See Weller et al., “Predicting Suicidal Thoughts and Behavior,” 6.

47. For more information on this university-wide wellness education program, see Wellness Wise, Brigham Young University, wellnesswise.byu.edu.

48. The Mission of Brigham Young University (4 November 1981).

49. Barbara Lockhart and Ron Hager, *21st Century Wellness: The Science of the Whole Individual*, 2nd ed. (Bearface Instructional Technologies, 2018), 19; emphasis added.

50. Kevin J Worthen, “Successfully Failing: Pursuing Our Quest for Perfection,” BYU devotional address, 6 January 2015; emphasis in original.

51. Sebastian Fernandez, quoted in Sean Walker, “Walk-On to Running for a Title: BYU’s Fernandez Among 21 Bids at NCAA Championships,” *ksl.com*, 7 June 2022, *ksl.com*/article/50419089.

52. Luke 2:52.

53. Psalm 46:10, 11.

54. Ezra Taft Benson, address delivered at President Dwight D. Eisenhower’s second annual Council on Youth Fitness at Fort Ritchie, Cascade, Maryland, 8 September 1958; quoted in Clarence F. Robison, “Keeping Physically Fit,” *Ensign*, September 1972.