

Mental Health Awareness



Introduction

Mental health is a crucial aspect of our lives just as physical health is. It is a necessary resource for everyday life that influences how we feel and think of ourselves and others. It impacts the way we perceive, interpret and cope with everyday events, as well as the more difficult and/or traumatic of experiences; and influences our capacity to learn, to communicate and relate to others.

Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual:

- ***realizes his or her own potential,***
- ***can cope with the normal stresses of life,***
- ***can work productively and fruitfully, and***
- ***is able to make a contribution to her or his own community.***

— **World Health Organization (WHO), What is mental health? 2007**

Mental health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of wellbeing and an underlying belief in our own, and others', dignity and worth (HEA 1997).

Factors Influencing Wellbeing

- Work pressures (job or unemployment) _
- Stress Relationship pressures (Inc. bereavement & loss)
- Abuse (physical, sexual, emotional)
- Financial worries
- Homelessness / housing pressures
- Fear
- Drugs and alcohol
- Food
- Physical illness
- Being a carer
- Any others....

Mental health issues/ illness

Mental health issues are common and can affect anyone. They are characterized by psychological and/or behavioural patterns that cause distress and/or disability. People with mental health issues may experience an array of symptoms consisting of emotional, behavioural, physical, and cognitive components: affecting their daily lives and ability to function and build and maintain relationships. There are a number of diagnosable mental health conditions with people experiencing different symptoms that can vary in severity, intensity and form.

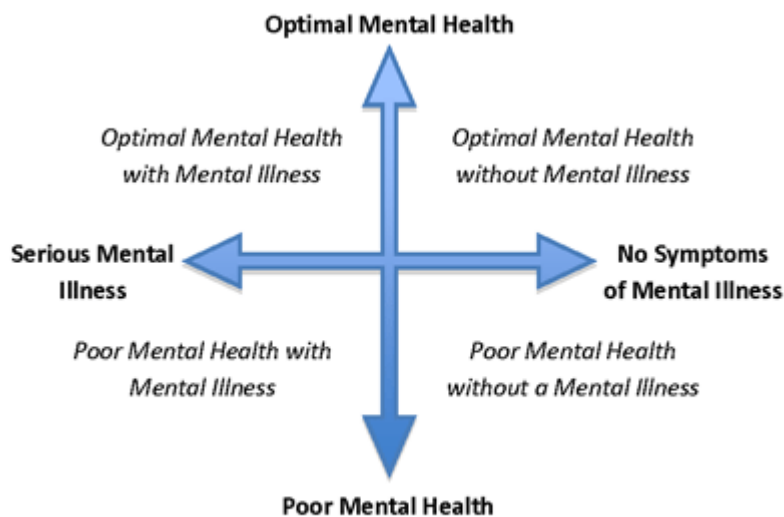


Figure 1: The Mental Health/Illness Continuum

Mental health on a continuum over the lifespan

Depending on a person's circumstances, at any given time, they can be said to be in good mental health or be in a less favourable situation whereby they are experiencing symptoms affecting their day to day lives and relationships. In just the same way that this is true for physical health. The changing nature of mental health means that there are no absolutes, and just as with physical health, mental health can vary throughout a person's life. A person with a diagnosed mental health condition can have positive mental health if they are receiving appropriate treatment, support and care, whilst a person with no disorder can have poor mental health.

Recovery

Recovery is a unique and individual experience. People can recover from mental health problems as well as physical health problems; and although the pattern of recovery may be similar, individual experiences of their recovery journey are different.

"Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process." Scottish Recovery Network

Recovery can help build a picture of a personal journey by empowering individuals to have hope and make the most of the opportunities that may arise to lead a satisfying and fulfilling life. Life style changes, accepting help and resilience are powerful qualities we all have and these are fundamental for any recovery journey.

Mental health: Myths and facts

Understanding mental health is key to people's recovery and well-being. Discrimination may stem from people's misconceptions and lack of understanding of mental health and mental illness.

MYTH	FACT
Mental health problems are rare.	One in four people will experience a mental health problem in the course of a year.
People with mental health problems never recover.	With the right support most people with mental health problems get better or learn to manage symptoms and lead a good quality life.
People with depression could just "snap out of it" if they wanted to.	People with depression have serious symptoms which aren't in their control
People with addictions are not sick, they are weak.	Over half of people with alcohol and substance misuse issues have mental health problems.

Mental health, language and stigma

Stigma is the disapproval or negative attitudes towards a person, group or community on the basis of their personal and/or physical characteristics, cultural background or membership to a specific religion. Stigma often leads to discrimination, which is the prejudicial treatment or actions towards an individual or group on the basis of these characteristics or affiliations.

Mental health problems can affect anyone, and people often report that stigma and discrimination hurts them more than the effects of the illness. There are growing concerns that the experience of stigma and discrimination leads to people with mental health illness receiving second-class physical healthcare. Individuals with mental health problems receive harsh stigmatisation, resulting in decreased life opportunities and a loss of independent functioning over and above the impairments related to mental health problems themselves.

"I've been a victim of stigma for most of my life, from a variety of sources from employers to total strangers and even to some degree from my own family. Mental health problems are seen in such a negative way that it should be a four-letter word with all the connotations they conjure up. I lost a job because of my mental ill health and the time I had to take off work because of it. I'm a capable person — even my references said so — but my mental ill health and the stigma attached to it got in the way" Maria.

Social inequality can contribute to mental ill health, and mental ill health can lead to further inequality. When mental health services do not work, they can fail communities, and when individuals and communities make conditions difficult for

those with mental health problems, it is very unlikely that they will access appropriate support.

The additional hardship experienced by people with mental health support needs can have an impact on people's lives, affecting their relationships, day-to-day activities, including access to relevant services and seeking support. Social inclusion is a fundamental aspect of anyone's life, thus, feelings of isolation can have a detrimental effect on an individual's recovery journey.

The stigma associated with mental health, including negative attitudes and inappropriate language used to describe people with mental health conditions often results in people being reluctant to start a conversation about their experience, symptoms and/or distress, demonstrated below.

- Nearly 9 out of 10 people with mental health problems have been affected by stigma and discrimination. (Time to Change 2008)
- Nearly 3 in 5 employees in the UK say they would be uncomfortable talking to their line manager about a mental health problem. (Rethink 2010)
- Nearly 3 in 4 people say they have stopped doing things they wanted to do because of fear of stigma and discrimination. (Time to Change 2008)

Language

We may be unaware of the impact our words have on our attitudes as well as upon those around us. The words we choose reflect our attitudes; that we do (or do not) truly value people, believe in and genuinely respect them. None of us should be defined by our difficulties or diagnoses, or by any single aspect of who we are; we are people first and foremost.

Our language conveys thoughts, feelings, facts and information, but beyond that, we need to ask ourselves questions like: „ What else am I saying? „ How will someone else read/hear this? „ Do I give a sense of commitment, hope and present opportunity or a sense of pessimism? „ Do I convey an awareness and expectation of recovery?

Do's	Don'ts
put people first:	Say "he/she is mentally ill".
say "person with mental illness".	define the person by their struggle or distress.
"a person diagnosed with ...".	equate the person's identity with a diagnosis.
emphasise abilities.	emphasise limitations.
focus on what is strong. i.e., the person's strengths, skills & passions	focus on what is (in your mind) wrong.
use language that conveys hope and optimism that supports, and promotes a culture that supports, recovery.	use condescending, patronising, tokenistic, intimidating or discriminating language.
Use neutral language when talking about mental illness	sensationalise a mental illness. This means not using terms such as "afflicted with", "suffers from", or "is a victim of".

Very often there is no need to mention a diagnosis at all. It is sometimes helpful to use the term "a person diagnosed with", because it shifts the responsibility for the diagnosis to the person making it, leaving the individual the freedom to accept it or not.

Mental Health Conditions

Ruth Bradley - Independent Trainer ruthieb72@yahoo.com

There are a wide range of mental health issues, including conditions such as stress, depression and anxiety. Psychiatrists have classified mental health problems into different diagnoses, helping them to assess the needs of the individual, what treatment is needed, as well as predict what is likely to happen. One tool commonly used by psychiatrist to diagnose mental health problems is the DSM-IV (The Diagnostic and Statistical Manual of Mental Disorders) published by the American Psychiatric Association. 26 It provides a standard criterion for the classification of disorders. The last revision was the fourth edition published in 1994. Similarly, the ICD-10 (The International Statistical Classification of Diseases and Related Health Problems), 27 is a medical classification list for the coding of diseases, signs and symptoms. Maintained by the WHO, the ICD-10 is in its 10th revision, and it is used in countries other than the USA.

Mental health problems can take many forms and affect individuals differently. Recovery is possible, with many people able to lead independent and fulfilling lives with a diagnosis of a mental health problem. However, it is important to recognize that some individuals remain vulnerable and may relapse. Identifying needs and eliminating risk factors are ways of promoting recovery and improving quality of life.

Some of the most commonly diagnosed mental health problems are as follows:

- Depression
- Anxiety Disorders (including panic attacks)
- Obsessive compulsive disorders, phobias and posttraumatic stress disorders)
- Eating Disorders
- Bipolar Disorder
- Schizophrenia.

Depression

Depression is common and occurs in around 10% of the population at any one time. The word depression is widely used in our day to day language to describe feelings of sadness or low mood when faced with difficulties or when things don't work out for us. These feelings can be short lived and many people manage to cope without treatment. Support from family and friends is often enough, thus sad feelings and low mood subside without seriously affecting people's daily lives. However, in depression — more specifically, clinical depression - these feelings don't go away quickly and they are accompanied by an array of symptoms that interfere with a person's everyday life. Symptoms are much more unpleasant and may last for much longer. Most people with depression will have at least five or six of the following symptoms, lasting at least two weeks:

Psychological Symptoms	Marked loss of enjoyment of activities, loss of confidence, poor self-esteem, inability to cope, feelings like guilt shame, inadequacy, worthlessness, detachment, sadness.
Physical symptoms	Tired and lethargic, aches and pains, weight gain, loss of weight, oversleeping or difficulty sleeping or staying asleep, loss of libido,

	headaches, tension, restlessness or heaviness in limbs,
Cognitive symptoms	Difficulty making decisions, poor short-term recall, poor concentration, thinking about suicide, worry, confusion, self-criticism, pessimism
Effects on behaviour	Restlessness, agitation, avoiding usual activities, reduced responses, poor self-care, not behaving as usual, tearful and crying spells.

Symptoms of depression can be manifested differently by people from different cultural backgrounds, with many people expressing more physical symptoms or through feelings of isolation shame and guilt.

Risk factors for depression

There are many risk factors associated with depression. These vary from person to person and often involve the interaction of many diverse biological and social factors. It is therefore always important to speak to a qualified professional before using this information for self-diagnosis or diagnosis of others.

Life events and circumstances;

People who experience stressful or traumatic life events such as bereavement, divorce or separation; physical or sexual abuse; loss of employment among many other stressful, life events may be at increased risk. However not every person who experiences difficulties will develop depression.

Medical conditions

Medical conditions leading to physical disability or ongoing pain may create extra pressures making people vulnerable and contributing to mental health problems. The strain of a physical illness often leads to changes in day to day functioning and activities affecting people's relationships and social lives, life structures, daily routine, work and often financial circumstances.

People may lose their confidence and self-esteem as a result of all the changes and feeling of helplessness and isolation.

Treatment for Depression

The NICE (National Institute for Clinical Excellence) guidelines for depression make recommendations for health professionals. The GP is usually the first professional people with mental ill health will contact. A GP will provide support by identifying possible causes, and depending on severity of the symptoms and needs of the individual, prescribe medication and/ or refer the person to a counsellor or community mental health team. The teams are multi-disciplinary team comprised of community psychiatric nurses, psychologists, social workers, occupational therapists and psychiatrists.

The GP may also sign post the person to self-help resources such as computer-based therapies, exercise, peer support groups and books.

Antidepressants work by elevating mood, so the person may feel less anxious and able to cope better with day to day activities. Their effects are noticed after a few weeks, so it is important not to stop taking them if the person does not notice any improvements straight away. GPs are responsible for assessing, prescribing and monitoring the effects of medication. It is therefore recommended to speak to your GP if you are experiencing any changes or side effects to the medication.

Like all medicines, antidepressants have some side effects, such as nausea, dry mouth and constipation. However, these side effects may wear off as the treatment goes on. Antidepressants are not addictive, in that they do not need continually increasing doses to work effectively. There may however be withdrawal effects, and people should not suddenly stop taking them, but taper the dose down gradually with professional advice.

Talking treatments or psychological therapies can also be helpful as they allow the person to talk about their feelings, relationships, general difficulties and problems. It is an opportunity for the person to be listened to, gain insight and understanding of the problem and learn ways or methods for overcoming some if not all the symptoms. There are many different approaches to psychotherapy including Cognitive Behavioural Therapy (CBT), Person Centred Therapy, Interpersonal Psychotherapy and counselling. Qualified psychotherapists and counsellors will be registered with the British Association for Counselling and Psychotherapy (BACP), which follows a framework for good practice.

Anxiety Disorders

Anxiety is a normal feeling experienced when faced with difficult or threatening situations. It can be a helpful response, especially when avoiding dangerous situations by making us more alert and responsive. Anxiety can also vary in severity. When feelings become severe and long lasting, they interfere with the person's life, affecting work, relationships and day to day activities.

The Office of National Statistics estimates that 1 in 6 adults in Great Britain will suffer from Generalised Anxiety Disorder.

Generalised Anxiety Disorder

General symptoms of anxiety can manifest in a variety of ways, having effects on physical, psychological and behavioural aspects of a person's life.

Examples of Physical Symptoms	palpitations, chest pains, sweating, headaches, rapid heart rate, shaking, hyperventilation or shortness of breath, faintness, dizziness and nausea, dry mouth, muscle aches and pains and diarrhoea
Examples of Psychological Symptoms	restlessness, irritability, difficulty concentrating, excessive worry and confusion, difficulty making decisions, feeling on edge.
Effects on Behaviour	include avoidance of situations, withdrawal, and repetitive compulsive behaviour.

Panic Disorder

Panic disorder is characterized by repeated panic attacks and the fear that a panic attack will reoccur. Panic attacks begin suddenly. Many of the symptoms are physical so the person may fear that they are having a heart or asthma attack. Fear of death is also common. Anxiety may also be experienced by the fear of being left alone or unable to escape a situation, more specifically, a crowded public place.

Symptoms	sweating, trembling, fast heart rate, palpitations and chest pain, shortness of breath, nausea, numbness, pins & needles, light headed and feelings of detachment and unreality. Many people having a 'panic attack' believe they are having a heart attack.
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Phobias

A person with a phobia has intense symptoms of anxiety resulting from a strong fear of specific objects and situations resulting in avoidance and restrictions in day to day activities. People with phobias usually know that there is no real or impending danger, however, they are unable to control their fear of the object or situation. Specific phobias are characterized by the fear of particular objects such as snakes, dogs, spiders, heights, enclosed spaces or water. Agoraphobia is characterized by the fear of having a panic attack in a public place or in certain situation. A person with agoraphobia therefore avoids leaving their home. Social phobia is the fear of being scrutinized by other people, and the fear of embarrassment and humiliation in public. A person with a social phobia will typically avoid social activities and gatherings.

Obsessive Compulsive Disorder (OCD)

OCD is characterized by obsessive thoughts resulting in intense feelings of anxiety and compulsive behaviours to reduce the feelings of anxiety. Obsessions are recurrent unwanted thoughts that can manifest in different ways such as short phrases, images, and doubts about unpleasant, inappropriate events and/or causing an accident or misfortune. The most common obsessive thoughts are the fear of contamination (by germs, dirt or disease) or the fear of harm or death to another person because of carelessness.

Physical Symptoms	Muscle tension, increased heart rate, dizziness, as for anxiety and assuaged to some extent by carrying out rituals. See below.
Psychological symptoms	intense fear, worry, guilt and disgust
Effects on behaviour	Ritualistic: include checking that appliances are switched off or that doors and windows are locked; rituals such as washing hands frequently,

	cleaning and arranging things in a particular way; neutralizing thoughts by repeating words or phrases, counting and praying; and avoidance of objects, or of going to certain places to reduce the risk
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Post-Traumatic Stress Disorder (PTSD)

PTSD typically develops after a distressing or traumatic event. A traumatic event is one that is life threatening or where the person or others are injured or abused. Traumatic events could be a violent assault (sexual or physical), road accidents or serious accidents at work, natural disasters such as earthquakes or man-made disasters such as terrorist attacks, being in combat, and being diagnosed with a life-threatening illness.

Symptoms	re-experiencing the traumatic event through nightmares, flashbacks and intrusive memories; anxiety; headaches, aches and pains, feelings of panic and sleep disturbances.
Psychological/emotional symptoms	being constantly on guard and alert; irritability and emotional numbing; loss of interest in activities or
Effects on behaviour	avoidance of situations that remind the person of the event, being constantly on guard; keeping busy to distract from reliving the experience.

Risk factors for Anxiety Disorders

Stressful life events, sudden life changes or perceived threats in the environment often cause anxiety. People are particularly vulnerable when they are unable to cope with these feelings and/or the experience of stress and distress are extreme and prolonged. Physical conditions including seizures and heart conditions; brain changes, such as the chemical imbalance of the neurotransmitter serotonin in the brain; and the use of non-prescription drugs such as cocaine, cannabis, amphetamines, LSD and ecstasy. Caffeine often increases alertness by giving a boost and feelings of energy. However, in very high doses, it can have similar effects of anxiety, such as sleep disturbance and restlessness.

Treatments

Treatments that work for anxiety disorders include medication, psychological treatments and self-care. SSRI (Selective Serotonin Reuptake Inhibitors) antidepressant medication is used to reduce and relieve symptoms. These are prescribed by a GP and/or psychiatrist. Psychological treatments include Cognitive Behavioural Therapy (CBT) which helps the person to think differently by learning to overcome negative thinking patterns and change their reaction to objects or situations. CBT for PTSD focuses specifically on the traumatic experiences and for OCD on targeting the intrusive thoughts by enabling the person to reflect and see things from a different perspective.

PSYCHOSIS

A person with psychosis experiences a range of symptoms that affect their thinking, perception and mood, severely disrupting their life. They may be unable to distinguish between their reality and imagination, making it difficult to initiate and maintain relationships and work. Typically, people experience episodes of psychosis, interspersed with periods without psychotic symptoms. Psychosis can be a symptom of disorders such as schizophrenia, bipolar disorder and drug induced psychosis. Onset of psychosis occurs typically in adolescence, influencing changes in emotion and motivation:

- mood — anxiety, sadness, feeling detached
- perception — seeing and interpreting reality, unusual perceptual experiences
- cognition — odd ideas, confusion and changes in thinking processes
- behaviour — irritability, social withdrawal, suspiciousness
- physical — change in appetite, sleep disturbance, reduced energy and motivation

Schizophrenia

Schizophrenia refers to a psychotic illness in which the changes in behaviour or symptoms have been present for at least 6 months.

Affects 1% of the population, average age of onset is 18 for men and 25 for women.

Most people recover fully - it can happen to anyone & can be treated. It is often associated with violence and split personality. However, contrary to common belief, people with schizophrenia are usually more a threat to themselves than to others, and do not have a split personality, but experience episodes of severe changes in thinking and perception. Symptoms of schizophrenia can vary from person to person, in intensity and severity. People may have 'episodes' where they are particularly unwell and experience an increase in symptoms and from which they can recover each time.

Symptoms	
Delusions	false beliefs, such as believing that people are listening to your conversation or constantly watching you
Hallucinations	false perceptions such as hearing, seeing, smelling or tasting things, that other people do not perceive.
Cognitive and motivational	difficulty thinking, concentrating and making decisions loss of interest, energy and emotions
Effects on behaviour	Secretive or suspicious, laughing or responding inappropriately for the context, distracted, poor self-care, social withdrawal, difficulties in close relationships, behaving unusually for them,

Drug-Induced Psychosis

Drug induced psychosis is the result of the use of drugs such as ecstasy, cannabis, magic mushrooms and cocaine. Symptoms include visual hallucinations such as seeing and hearing things, memory loss and disorientation.

Bipolar Disorder

Bipolar Disorder is also known as manic depression, is characterized by extreme mood swings, lasting several weeks or months, cycling times vary widely. Often unrecognised or misdiagnosed as depression and affects 1% of the population, with an average age of onset of 25. The symptoms experienced are very low or depressive mood or feelings, and very high or manic feelings.

Symptoms – mania	
emotional	feelings of happiness and optimism. Irritability when people do not share their enthusiasm or if others disagree with their ideas or plans thinking — rapid thinking and speech. Moving from one idea to the next and grandiose delusions. For example: very high self-esteem and the belief that they can do everything or that they are more important than usual. This is often manifested in the person believing that they a very important public or religious figure., feeling invincible and unstoppable.
physical	increased energy and over activity. The person may be unable to stay still, affecting their sleep so they either get very lithe sleep or none at all. behaviour — the person may be less inhibited, with a general disregard for risk.
Effects on behaviour	Moving and talking very quickly, and making plans and decisions that are grandiose and unrealistic and that may involve usual levels of risk; i.e. mortgaging home for new business, increased disinhibition – i.e. being insulting, overly sexual, marked change in dress style.

. Episodes of mania can make it very difficult for the person to deal with day to day activities, and may affect their relationships. People often find it hard to understand what a person with mania is saying and/or comprehend their reasoning behind their decisions and behaviour. People with severe episodes of mania or depression may also develop psychotic symptoms, which tend to be grandiose beliefs if in a manic episode or feeling that you do not exist if in a depressive episode. Hallucinations are

also common during severe episodes and they take the form of smelling, tasting, hearing, seeing or feeling things, which others do not.

Risk Factors for Psychosis

A combination of different factors may cause the onset of psychosis and schizophrenia, including biochemical imbalances in neurotransmitters in the brain, brain damage at birth, viral infections during pregnancy, and genetic factors. Stressful life events and drugs may act as triggers, and/or make the symptoms worse.

Treatment for psychosis/schizophrenia

The NICE guidelines include medical and psychological treatments: Antipsychotic medication is commonly used to treat hallucinations and delusions. These are generally prescribed by psychiatrists once an assessment is carried out and a diagnosis is made. A healthcare professional should be able to give information about the medication and discuss possible side effects, whilst including family and carers in the process.

As well as medication, psychological treatments are also offered such as CBT, family therapy and counselling. These help the patient and families understand about the problem and learn skills to cope with the symptoms and manage difficulties as they arise. Physical activities and art therapies are often included as part of the treatment to prevent social isolation and motivation. _ Early intervention teams serve people between the ages of 14 to 35 and their families by providing links between adult mental health services and the community. They work closely with family members to help them understand the problem and increase their confidence in caring and coping with the symptoms.

Of great interest in recent years are more pioneering and less pharmacological treatments being researched such as 'Open dialogue' – which is a form of talking intervention and Mindfulness based Cognitive behavioural therapy which will increase treatment options for people who want an alternative to long term medication.

Treatment for bipolar disorder

Medication is often used to stabilize mood. A combination of drugs is sometimes needed depending on the frequency of the mood swings. A GP will sign post to a specialist Community Mental Health Team (CMHT) for an assessment with a psychiatrist, who will prescribe the medication depending on the diagnosis and the patient's needs. Psychological treatments are also helpful and include Cognitive Behavioural Therapy (CBT), psychoeducation, mood monitoring and strategies to help develop coping skills.

Self-Harm

Self-harm can take many different forms and can vary from individual to individual. It happens when someone takes deliberate action to self-injure or cause harm to themselves. Actions include cuffing, picking, scratching arms and legs, burning parts of the body, hitting or banging heads, inserting things in the body, or swallowing sharp objects. Self-harm is not a mental health problem, but can be a symptom. It is commonly a method for coping with distress, reducing overwhelming feelings and feeling in control. Although there is not a direct cause, people who self-harm may have been victims of abuse (sexual and/or physical), victims of bullying, and have low self-esteem.

Many people don't ask for help so self-harming can go on for years before anyone notices. People may go to great lengths to hide their scars and bruises, generally choosing to self-harm in areas that are easily concealed, such as breasts, thighs and feet. Anyone can self-harm regardless of their gender, age or ethnicity. About 1 in 3 people who self-harm for the first time will do so again during the following year. 34 Self-harm and suicide are not directly linked. However, people who feel suicidal may self-harm as a way of coping with their distress.

What helps?

It is often helpful when the person can talk to someone and know that they are not alone. Help can be given to address dysfunctional relationships and learn healthy coping strategies and problem-solving skills. Talking therapies such as CBT can help the person cope with other problems whilst having the opportunity to discuss and explore their reasons for self-harming, and find new ways of dealing with distress.

Eating Disorders

The term 'eating disorder' covers a wide range of problems with food, including starving (anorexia), bingeing and purging (bulimia) and binge eating. The reasons and causes are varied and complex. Some, particularly where starvation and/or vigorous exercise is involved, cause changes in body and brain chemistry that make it harder to break cycles of self-destructive behaviour.

Eating disorders are often, but not always, associated with negative body image and low self-esteem. Eating disorders can also be thought of as a class of anxiety disorder similar to obsessive—compulsive disorders.

Anorexia Nervosa is characterised by excessive worry about weight, resulting in restricting calorie intake to reduce weight and engaging in excessive amounts of exercise and other forms of weight reduction methods such as using laxatives.

Bulimia Nervosa is characterised by excessive eating, then purging or fasting afterwards. Purging can take the form of vomiting or taking laxatives.

Anorexia and bulimia can have serious consequences to health, affecting the person physically and psychologically:

Physical symptoms	feeling tired or weak, stomach cramps, constipation, interrupted menstrual cycle, and damaged liver. People who vomit regularly may lose enamel on their teeth.
Psychological symptoms	sleep disturbance, difficulty concentrating and making decisions, feeling sad, losing interest in activities and people.

Binge eating disorder: Eating to excess but with no compensating behaviour. Binge eating disorder was added to the Diagnostic and Statistical Manual of Mental Disorders in 1994.

What helps?

A GP will often refer to a specialist such as a psychiatrist or psychologist. Talking therapies are recommended to help the person explore and understand how the

problem began, challenging thoughts and feelings, and work out better and healthier eating habits. In extreme cases of anorexia, where there is weight loss that is harmful to the person's health, hospital treatment is necessary to control food intake and engage the person in therapy in a more structured setting.

Personality Disorders

Personality disorders are patterns of behaviour and thinking which are usually challenging and unhelpful.

Psychological Symptoms	fear, anger and guilt often leading to impulsive behaviours which are difficult to control and change, Intense emotions.
Effects on behaviour	Frequent personal problems, difficulties having or maintaining personal relationships, high levels of emotional distress and difficulty managing emotions independently, coping with everyday activities. Typically, behaviours are unusual and different to other people's, making the person feel insecure and isolated. People with personality disorders may engage in self-harming and substance misuse as a way of dealing with the distress caused by their symptoms.

There are many types of personality disorders, which fall under one of three groups: (a) suspicious, (b) emotional & impulsive, (c) anxious. Group A includes paranoid and schizoid personality disorder; group b includes antisocial, borderline and narcissistic personality disorder, and group c includes avoidant and obsessive-compulsive personality disorder. Each of these is characterised by a number of different symptoms, and are often also experienced with diagnosable mental health problems. Possible causes of personality disorders include genetics and inheritance, traumatic and stressful life events, and family circumstances such as lack of bonding and intimacy with parents, and lack of discipline and consistency in the home.

Treatment for Personality Disorder

Medication:

Antipsychotic medication is commonly suing to reduce symptoms of anxiety, suspiciousness and paranoia. Antidepressants are used to regulate mood and emotional difficulties, whilst mood stabilisers may help to reduce impulsiveness. They are prescribed by a psychiatrist and are monitored regularly.

Individual therapies: incudes counselling, CBT and Dialectical Behaviour Therapy. The latter combines cognitive behavioural techniques and mindful awareness aiming to bring balance and acceptance to contradictory ideas.

Therapeutic communities are used within the NHS where staff and patients work together to learn from each other. Most activities including therapy are done in groups.

Skills training; teaches people skills to manage emotions and life situations and is often included as part of therapy sessions although there are educative rather than therapeutic.

Dementia

Dementia is a neurologically degenerative disease which affects the normal working of the brain. Approximately 700,000 people in the UK have some kind of dementia. Currently there is no known cure and so it is different to the other mental illnesses as it will decline over time, rather than be resolved or appear episodically. Common types are Alzheimer and vascular dementia.

It generally affects people over 65 but can occur earlier. Symptoms include confusion, restlessness, anxiety, depression, agitation. Long term memories stay clear recent events may be forgotten.

People with dementia may also have mental health issues such as anxiety and depression and these can and should be treated. Depression is often overlooked in the elderly as assumptions are made that it is 'normal' to be depressed as you get older a frailer, isolated etc.

What helps?

Medication is often prescribed to reduce or regulate symptoms. Because the causes of dementia are unknown and symptoms can affect someone's functioning, engagement in activities, and relationships. It is important therefore for their family, friends and carers to engage with the person and support them to take part in social activities that are meaningful and enjoyable. These can be anything from listening to music, art, and stimulation social stimuli such as going through photo albums and talking about significant life events and people.

Supporting People in distress

What should I say?

People often fear of saying the wrong thing. However, encouraging people to talk, and listening in a non-judgmental way can make a difference. Silence can be very supportive and enhance feelings of safety and comfort.

Asking what you can do to help gives the person an opportunity to reflect about their own needs and resources available to them, thus, empowering them to find practical solutions and ask for help. Try to be positive. If possible help the person feel good about themselves, by reassuring them that help is available and offering praise. Encouraging the person to help themselves by adopting self-help techniques and/or encouraging them to seek help from other agencies and professionals. Do not label or stereotype. People often have negative attitudes towards their own experiences of mental health problems through lack of understanding or the social stigma associated to mental health. Saying to them that their symptoms are common and

that help is available may reduce their fears of being labelled. Offer support rather than solutions. There is no right or wrong solution, however, people are different and their experiences and needs may be different from yours. Offering support such as attending a GP appointment with them, going for a walk and/or simply listening is invaluable.

Retain realistic expectations of your role. You can offer support, but remember to be specific and clear as to your availability and capacity to help, whether over the phone or in person, different times of the day or week etc. Remember talking and listening is supportive

Talking about suicide

Suicide is a serious public health problem. About 2000 people die on the roads in UK each year 43 and we take road safety very seriously, quite rightly. However, more people take their own lives each year than die on the roads.

Suicide is difficult to talk about. It continues to be a taboo subject, with people being afraid to ask about suicidal feelings, thoughts or plans directly. Don't be afraid to ask if someone you are worried about is feeling suicidal — you won't put thoughts into their head which aren't there already. Self-harm is an indication of deep distress, but is not necessarily a suicidal action. Indeed, it may be a way of controlling extreme emotions, and therefore a way of staying alive. However, if the person's needs are left unaddressed, self-harm can become more and more dangerous. Suicide is serious enough in itself, but it can also be seen as the tip of an iceberg of mental distress. For each person who dies by suicide, approx. 10-20 make serious suicide attempts, and another 40-100 harm themselves in various ways. About 5% of the population have thoughts of suicide every year. 44

- ***It is a MYTH that if someone talks of suicide they are less likely to attempt suicide.***
- ***4390 suicides in England in 2009 - 3330 men and 1060 women 45 _***
- ***Increasing trend in self-harm 400 per 100,000 in the UK 46***
- ***Don't be afraid to ask about suicide — you won't do any harm by listening.***
- ***Seek support from supervisors Samaritans 24/7 tel. no is 08457 90 90***

The powerful value of listening -How to create a safe and welcoming space for others to talk.

Listening to a person's experience is valuable gift that we can offer and often all people really want or need.

Active listening is a skill that can be acquired and developed with practice. However, active listening can be difficult to master and will, therefore, take time and patience to develop.

'Active listening' means, as its name suggests, actively listening. That is fully concentrating on what is being said rather than just passively 'hearing' the message of the speaker.

Active listening involves listening with all senses. As well as giving full attention to the speaker, it is important that the 'active listener' is also 'seen' to be listening - otherwise the speaker may conclude that what they are talking about is uninteresting to the listener.

Interest can be conveyed to the speaker by using both verbal and non-verbal messages such as maintaining eye contact, nodding your head and smiling, agreeing by saying 'Yes' or simply 'Mm hmm' to encourage them to continue. By providing this 'feedback' the person speaking will usually feel more at ease and therefore communicate more easily, openly and honestly.

Non-Verbal Signs of Attentive or Active Listening

This is a generic list of non-verbal signs of listening, in other words people who are listening are more likely to display at least some of these signs.

Smile

Small smiles can be used to show that the listener is paying attention to what is being said or as a way of agreeing or being happy about the messages being received. Combined with nods of the head, smiles can be powerful in affirming that messages are being listened to and understood.

Eye Contact

It is normal and usually encouraging for the listener to look at the speaker. Eye contact can however be intimidating, especially for more shy speakers – gauge how much eye contact is appropriate for any given situation. Combine eye contact with smiles and other non-verbal messages to encourage the speaker.

Posture

The attentive listener tends to lean slightly forward or sideways whilst sitting. Other signs of active listening may include a slight slant of the head or resting the head on one hand.

Mirroring

Automatic reflection/mirroring of any facial expressions used by the speaker can be a sign of attentive listening. These reflective expressions can help to show sympathy and empathy in more emotional situations. Attempting to consciously mimic facial expressions (i.e. not automatic reflection of expressions) can be a sign of inattention.

Distraction

The active listener will not be distracted and therefore will refrain from fidgeting, looking at a clock or watch, doodling, playing with their hair or picking their fingernails.

Verbal Signs of Attentive or Active Listening

Positive Reinforcement

Although a strong signal of attentiveness, caution should be used when using positive verbal reinforcement.

Although some positive words of encouragement may be beneficial to the speaker the listener should use them sparingly so as not to distract from what is being said or place unnecessary emphasis on parts of the message.

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Remembering

The human mind is notoriously bad at remembering details, especially for any length of time.

However, remembering a few key points, or even the name of the speaker, can help to reinforce that the messages sent have been received and understood.

Questioning

The listener can demonstrate that they have been paying attention by asking relevant questions and/or making statements that build or help to clarify what the speaker has said.

Reflection

Reflecting is closely repeating or paraphrasing what the speaker has said in order to show comprehension. Reflection is a powerful skill that can reinforce the message of the speaker and demonstrate understanding.

Clarification

Clarifying involves asking questions of the speaker to ensure that the correct message has been received. Clarification usually involves the use of open questions which enables the speaker to expand on certain points as necessary.

Summarisation

Repeating a summary of what has been said back to the speaker is a technique used by the listener to repeat what has been said in their own words. Summarising involves taking the main points of the received message and reiterating them in a logical and clear way, giving the speaker chance to correct if necessary.

What are 'Closed' and 'Open Questions' and how to use them?

If your question can only be answered with a "yes" or "no" response, then you are asking a closed-ended type of question.

Examples of closed-ended questions are:

- Are you feeling better today?
- Can I help you with that?
- Would you like me to do that for you?
- Did you feel.(insert feeling)?

Closed questions can be helpful when people are very confused, distressed and having difficulty making decisions. However, they can prevent people from thinking about the issue in more detail and having a free space to think for themselves.

Open-Ended Questions

Open-ended questions are ones that require more than one-word answers. Important human growth can happen when we ask other's open questions as it forces them to really think about their answer and it avoids us making assumptions of what would be helpful and encourages people to think about this for themselves. This puts them in a stronger position to find their own answers and can be very empowering.

They start with 'What?' 'How?' 'When?' and 'Why?' (use this last one carefully as it may appear that you are judging their actions)

Be careful of offering advice dressed up as a question

- Have you thought of doing ...?



And finallyKeeping well

Five Ways to Wellbeing

Evidence suggests there are five steps we can all take to improve our mental wellbeing.

If you give them a try, you may feel happier, more positive and able to get the most from life and they are a useful starting point for anyone. Changes can be small and incremental and still be enormously beneficial.

- Connect – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.
- Be active – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life
- Keep learning – learning new skills can give you a sense of achievement and a new confidence. So why not sign up for that cooking course, start learning to play a musical instrument, or figure out how to fix your bike?
- Give to others – even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community

centre, can improve your mental wellbeing and help you build new social networks

- Be mindful – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges. National Economics Foundation

Useful References

Local mental health services

Urgent Mental Health Help for Adults

Brighton & Hove Mental Health Rapid Response Service

Call [03003 040078](tel:03003040078), 24 hours a day, 7 days a week.

Available 24/7, Brighton & Hove CCG's Mental Health Rapid Response Service offers support from a mental health professional anytime, day or night, as well as face-to-face appointments.

The service offers mental health support for people who feel at risk to themselves and/or others or if someone feels concerned that a person is at risk to themselves and/or others due to their mental health. Face-to-face assessments for all agreed urgent referrals will be delivered within four hours, either at a patient's home, in a GP surgery or at one of the local service clinics.

Non-urgent care

The Sussex Mental Healthline

Call [03005 000101](tel:03005000101) , 5.00pm to 9.00am (Monday to Friday) and 24 hours during weekends and Bank Holidays.

The Sussex Mental Healthline is a telephone service offering support and information to anyone experiencing mental health problems, including stress, anxiety and depression. The service is also available to carers and healthcare professionals. You do not need an appointment.

Brighton and Hove Wellbeing Service

Brighton and Hove Wellbeing Service offers a range of support if you are experiencing emotional difficulties such as feeling anxious, low, or depressed. It is an NHS community-based service supporting people from age 4 years upwards in Brighton and Hove. It is also a triage point for Specialist CAMHS service. You can find more information on the Wellbeing Service Website

You can find more information on the Wellbeing Service Website.

Samaritans of Brighton & Hove Helpline

Call [116 123](tel:116123) (free number) or [01273 772277](tel:01273772277) , 24 hours a day, 7 days a week. Provides confidential support for a range of problems, including:

- thoughts of suicide or self-harm
- relationship and family problems

Ruth Bradley - Independent Trainer ruthieb72@yahoo.com

- bereavement, including loss of a friend or a family member
- financial worries
- job-related stress
- college or study-related stress
- loneliness and isolation
- depression
- painful and/or disabling physical illness
- heavy use of or dependency on alcohol or other drugs

More information is available on the [Brighton and Hove Samaritans website](#).

Samaritans of Brighton & Hove Walk-In Service

Open to anyone, 10.00am to 10.00pm, 7 days a week. Call [01273 772277](tel:01273772277)

Address: Dubarry House, Newtown Road, Hove BN3 6AE

Wellbeing Service for Children and Young People

Call: 03000 020060 from 9:00-13:00 Monday-Friday

Email: BICS.brighton-and-hove-wellbeing@nhs.net

Website: <https://www.brightonandhovewellbeing.org/children-and-young-people>

You can refer yourself to the Wellbeing Service if you are a child or young person aged up to 25. You can make a referral to the Wellbeing Service if you are a parent, carer, or a professional working with a child.

You can contact them to request a referral form, or speak to somebody if you have any queries or need further information before making a referral.

The Wellbeing service can direct you to the Community Wellbeing Service for children and young people, or to specialist Child and Adolescent Mental Health services (CAMHS), depending what you need.

The service will contact you if they need further information. If you are referring a child or young person, they may also contact them or their family to make sure they refer them to the right service.

Sussex Family Eating Disorder Service

This service works with children, young people and families affected by eating disorders. The young person's physical health and mental health is supported by the team with the aim of helping them to effectively manage their eating disorder, restore a healthy weight and improve their wellbeing and self-esteem.

You can find more information on this service at <http://www.sussexpartnership.nhs.uk/eatingdisorder>

Useful web links

www.mind.org.uk

national and local mental health charity- accessible and practical information about a range of mental illnesses, treatments and legal rights.

www.rethink.org

similar to above

<http://www.mentalhealthmatters-cofe.org/>

This website contains information and resources for parishes, dioceses, chaplaincies and church community groups - and anyone else who's interested - to help improve work with people experiencing mental illness.

<https://www.time-to-change.org.uk/>

Ruth Bradley - Independent Trainer ruthieb72@yahoo.com

We are a growing movement of people **changing** how we all think and act about mental health problems. Have your conversation today - About mental health. Learning a bit about mental health might make it easier to be there for someone who needs your help.

www.getselfhelp.com

useful and practical tools to support recovery and insight into anxiety and depression based illnesses.

<https://web.nrw.nhs.uk/selfhelp/>

really useful range of information leaflets and tools/workbooks to support people in their recovery.

Notes

What will you do differently?

What can you do differently as a group?