

Independent Methodist Churches Training

Mental Health and Mental Health Problems

What do they mean?



Mental Health Awareness

AIM

To give a basic understanding of mental health and mental illness.

Learning Outcomes

- Participants will have a basic understanding of mental health and mental illness.
- To be aware that mental health is something that affects all of us.
- To explore our own attitudes and perceptions towards mental health and mental illness.
- To look at some mental health diagnoses

Is this person mentally ill?

- Jackie is seen dancing and singing with her friends in a pub one Friday evening



Is this person mentally ill?

- One morning Jessica is seen dancing and singing whilst in the middle of the street. She was not under the influence of alcohol or drugs at the time



Is this person mentally ill?

- Mr Bailey is so depressed following the death of his wife two days ago that he no longer feels life is worth living. He has not slept well for the past two nights, is finding it difficult to eat and is quite clearly in utter despair



Is this person mentally ill?

- Mr Choudry's wife died seven years ago. Over the past three weeks he has become increasingly depressed. He is having problems sleeping and is losing weight because he cannot face his food.



Difficult to define

- The circumstances are important
- Is the behaviour understandable under the circumstances?
- How do we know if it is ‘unhealthy’ ?
- It’s not enough to say that mental health is ‘normal’ as we all have different ideas of what is normal.

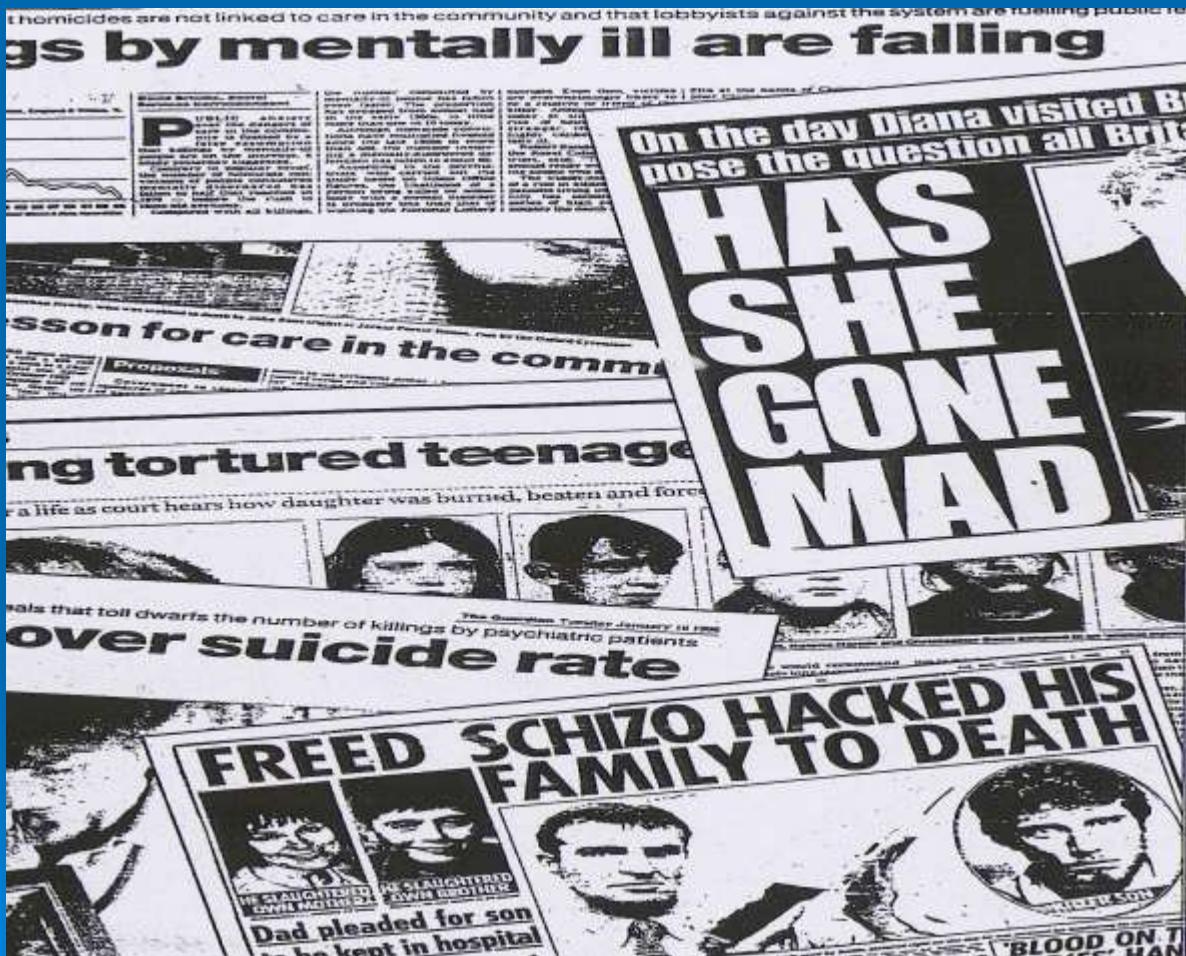
Normality

- What one person considers to be unusual, inappropriate or strange behaviour may seem acceptable and understandable to another person
- What we think of as normal depends on past experience, education, social expectations and cultural background

Where is the line?

- There is no clear dividing line between health and ill-health
- We all have periods of mental distress as we have periods of physical ill-health.
- Usually these periods are short and we recover without medical intervention
- Some people experience more frequent or severe periods of mental ill-health and a few have long-lasting problems

What does the press say ?



Food for Thought!

If we don't change the way we think,
someday one of us maybe on the
receiving end of this stigma.

Questions to help us recognise mental ill-health

- **Severity** – Is the individual's suffering severe and distressing, beyond what s/he feels able to bear? Note –some people may not realise that they are ‘suffering’
- **Changes or loss of function** – Are the symptoms making it impossible for them to carry on as normal? Is the condition affecting how they live their life? These may be personal e.g. poor sleep or social e.g. inability to work or form relationships

World Health Organisation Definition

- ‘A term used by doctors and other health professionals to describe clinically recognisable patterns of psychological symptoms or behaviour causing acute or chronic ill-health, personal distress or distress to others’



Types of Mental Illness

- Organic – there is a clear biological cause like dementia
- Functional – no definite biological cause has yet been found

Types

- **Neuroses** – severe forms of normal experiences like anxiety and depression Examples are depressive illness, generalised anxiety disorder, phobia and panic disorder
- **Psychoses** – not common experiences –some psychotic illness leads to hallucinations (someone senses something that is not there but that they experience as real) and delusions (mistaken beliefs that are firmly held despite logical argument to the contrary) Examples are schizophrenia and bi-polar disorder

Types

- **Personality Disorder**
- These are present throughout life and are diagnosed when patterns of thinking and behaviour such as shyness or impulsive actions or anti-social behaviour cause difficulties for a person
- (Some people believe that this category is given when diagnosis is uncertain or people are difficult to engage in treatment)

Schizophrenia

- Condition characterised by features like ‘hearing voices’ that are not there but that seem real to the person experiencing them and having strange, tormenting and often paranoid ideas
- Please note that not all people find their ‘voices’ unpleasant
- Symptoms may last weeks or months or sometimes more frequently
- It can make it hard to hold down a job
- It is often misunderstood

Mood (Affective) Disorders

- Depression
- Bi-Polar disorder
- Anxiety related conditions

Depression

- Key Features of Depression
- Changes in mood, thoughts and feelings
- Changes in general appearance and behaviour
- Physical changes
- Intellectual changes

Changes in mood, thoughts and feelings

- Mood is persistently miserable, anxious or irritable
- Person becomes pre-occupied with pessimistic and self-critical thoughts, brooding about current life, past and future
- Person feels life has been worthless and surrounded by failure
- Strong feelings of guilt and hopelessness

Appearance and Behaviour

- Fatigue makes the person seem weary and inactive
- They appear to lose interest in everything including their appearance
- Person looks miserable, tearful, and troubled and may react with anxiety or irritability
- Walking may be slower
- They may sit in a hunched position avoiding eye contact
- May be agitated and restless
- Speech may be monotonous, quiet or reduced in amount

Physical Changes

- Sleep is disturbed -difficulty falling asleep, restlessness at night or early morning waking – several hours earlier
- Disruption of sleep patterns may make them feel more fatigued
- Loss of appetite may lead to weight loss, or some people gain weight as a result of comfort eating
- Constipation or diarrhoea may occur
- Loss of sex drive frequent

Intellectual Changes

- Depression makes it difficult to think clearly
- Thoughts are slowed down
- Concentration is poor
- Person may complain of forgetfulness

Disguised Depression

- Half people who visit a GP with depression do not have the condition recognised
- Symptoms may be masked
- People hide their difficulty e.g. using alcohol to ‘treat’ themselves
- Symptoms masked by physical symptoms – this may be an unconscious avoidance of expressing distress

Who is affected by Depression

- 5% of population have depression at any one time
- Women are twice as likely to be diagnosed with depression than men – genetic, hormonal and social factors e.g. childcare and domestic chores – women also more likely to reveal how they are feeling
- Older people at higher risk of developing depression 5% have severe depression 15% have mild to moderate depression

Bi-polar mood disorder

- Extremes of severe depression and elation (mania or hypomania)
- Sometimes depression and hypomania occur in the same period of illness
- Episodes may last from a few days to several months

Hypomania

- Changes in mood, thoughts and feelings
- Changes in general appearance and behaviour
- Physical changes

Changes in mood, thoughts and feelings

- Thoughts increase in rate
- Mood is elated or ‘high’ or irritable and changeable
- Conversation may jump around from topic to topic – person tries to keep pace with abundance of exciting ideas entering their mind (Flight of ideas)
- Person is self-important and over-confident of abilities
- Nothing is too big a task – but person hasn’t patience to complete tasks
- May be extravagant, spending money they don’t have
- Disinhibited behaviour – problems at work, home or with the law

Changes in General Appearance and Behaviour

- Person's appearance reflects their mood
 - they may dress flamboyantly or in sexually provocative clothing
- Make-up may be garish and bright

Physical Changes

- Person is restless and may become exhausted
- Sleep frequently disturbed – person is full of energy and seems not to need sleep – early rising can cause disturbance to household or neighbours
- Appetite increased – though person may not have time to eat
- Alcohol intake increases – adding to other problems
- Increase in sexual desire and activity – may fail to take precautions against pregnancy or STD – some may start affairs

Anxiety Related Conditions

- Generalised anxiety disorder
- Panic disorder
- Phobic disorder
- Obsessive-compulsive disorder

Physical symptoms

- A sickly feeling –butterflies or diarrhoea
- Need to pass urine more frequently
- Dry mouth
- Sweating or hot flushes or chilly feelings
- Shaking, trembling – legs like jelly
- Heart pumping hard or fast
- General body tension and muscular aches

Psychological symptoms

- Worry
- Apprehension
- Inability to think about anything else
- Inability to concentrate
- Restlessness
- Fear

Symptoms

- These are acceptable in response to a stressor (e.g. being followed down a dark alley)
- They become an anxiety disorder when they increase in severity or are less understandable

Types of Interventions

- Drug Treatments
- Psychological Interventions



Types of Medication

- Antidepressants
- Anxiolytics
- Hypnotics
- Antipsychotics
- Lithium



Psychological Therapies

- Counselling
- Supportive therapy
- Psychodynamic therapy
- Family therapy
- Group therapy
- Behaviour therapy
- Cognitive therapy



Final Thought!

- For centuries people with mental health illness were kept away from the rest of society, sometimes locked up, often in poor conditions, with little or no say in running their lives.
- Today, negative attitudes lock them out of society more subtly but just as effectively.

So Remember!

Labels are for

not people

mental health problems can affect anyone
don't believe the labels
change your mindset at www.mindout.net

mind OUT
for mental health