



“Mental Health  
Awareness”

# Introduction.

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- Look at the frequency of mental health difficulties in the general population.
- Explore the differing mental health difficulties that people may experience, and consider the impact.
- Consider the “patients” experience.
- The quality of interactions.

Lets get to know each  
other



# Mental Health Statistics.

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- ❑ All mental disorders—
- ❑ 20% of adults at any time suffer from mental health problems.
- ❑ 40% of general practice consultations involve mental health problems.
- ❑ 55% of all adults have been depressed at some time.

# Mental health statistics.

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- ❑ 3-6% of adults have anxiety disorders.
- ❑ 1 in 600 people harm themselves sufficiently to require admission.
- ❑ Each person has a 1% risk of developing schizophrenia.
- ❑ Each person has a 1% risk of developing bi-polar disorder.

# Mental health statistics.

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- ❑ 5-10% of young adults have disorders of personality.
- ❑ 4.7% of adults show alcohol dependence.
- ❑ 2.2% of adults living at home show drug dependence.

# Stark statistics

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- ❑ Someone attempts to take their life in the world every 3 seconds.
- ❑ There are one million deaths in the world.
- ❑ 1% of individuals whom self harm go on to kill themselves.
- ❑ In the UK and Ireland there were 6003 deaths in 2003, approx 120 per year in NI, with concerns re young men.

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- ❑ Mental illness can happen to anyone at any time, however there remains a lack of public awareness.
  - ❑ Fears remain around the subject ...“it could happen to me”, “there’s no cure”, that a person with an illness is a “nutter” or dangerous.

# What is a mental illness

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- ❑ This is very difficult to answer, it means different things to different people, at different times and in different cultures.
- ❑ Broadly mental illness is a term used to describe difficulties which people have in connection to the way that they think, feel and behave.

## Some thoughts on mental illness.

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- ▣ As defined by the Mental Health Order (1986), mental illness means “a state of mind which affects a persons thinking, perceiving, emotion or judgement to the extent that he/she requires care or medical treatment in his/her own interests or the interests of other person”.

# Mentally healthy and mentally ill

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- ❑ Just like other types of illness, mental illness can be very mild to very severe, and can last for very short or very long periods.
- ❑ The word illness implies a state of health that fluctuates, mental illness can impact on anyone & at any time.

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- ❑ Many people who have a mental illness manage to continue to lead a relatively normal life.
  - ❑ Some of these individuals will not have a formal diagnosis, often it is only diagnosed at the point the illness prevents or limits the individuals ability to cope.

# Mental Health Diagnosis.

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- Anxiety
- Depression
- Bi-polar affective disorder
- Organic disorders
- Schizophrenia
- Personality disorder
- Eating Disorders

# Anxiety

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- ❑ Anxiety is a normal human emotion that we all can experience at some stage in our lives.
- ❑ It becomes abnormal when it interferes with the usual course of our lives, it can occur both in acute and chronic episodes.

# The symptoms of anxiety.

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## □ PHYSICAL

- Disturbed sleep
- Muscle tension
- Sweating
- Dizziness
- Palpitations
- Tremor
- Digestive problems

## □ PSYCHOLOGICAL

- Worry
- On edge
- Anxious foreboding
- Poor concentration
- Over alertness

# Treatment options

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- Cognitive approaches
- Relaxation techniques
- Medication

# Depression

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- ❑ What is depression?
- ❑ Depression is one of the most common forms of mental illness. We all may experience it at some times in our lives and mostly these feelings will be short lived and transitory, and are a normal response to the traumas of life and reflect our changing moods.

# Depression

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- ❑ Depression which is prolonged has a debilitating effect upon the sufferer and is generally referred to as an illness.
- ❑ It can occur for a variety of reasons, it may be reactive to a distressing major life event.
- ❑ In many cases depression is a result of a number of factors.

# Symptoms of Depression

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- ❑ The symptoms of depression vary according to the type of depression individuals may experience.
- ❑ Sufferers may experience a range of feelings, experience physical effects and behavioural changes, causing a person to feel miserable in many ways.

# symptoms

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## □ Physical.

- Reduced energy
- Decreased sex drive
- Sleep disturbance
- Weight changes
- Appetite changes

## □ Psychological

- Low mood
- Loss of interest
- Poor concentration
- Difficulty making decisions
- Thoughts of life not worth living.

# Symptoms of depression.

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- ❑ There are a range of physical symptoms that a sufferer may experience.
- ❑ The individual may feel continually tired, may experience sleep disturbance, changes to appetite and sex drive, and a range of anxiety related symptoms, i.e. headaches, nausea, palpitations, sweating, and blurred vision

# Possible behaviours.

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- Negative attitude
- Emotionally blunted
- Express feelings of hopelessness
- Self loathing
- Expression of thoughts of self harm or suicidal thoughts
- Tearfulness

Loss of weight

Self neglect

Insomnia

Slow speech

Low energy level

Poor concentration

# Possible social consequences.

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- ❑ Lack of energy to participate in social activity or take responsibility in relationships.
- ❑ Loss of confidence in social life
- ❑ Breakdown of family and relationship ties
- ❑ Withdrawal and its consequence of deeper depression.

# Treatment options.

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- ❑ Various treatment and management options are available. Most frequently used options are anti-depressants, mainly SSRI medications.
- ❑ Anxiety management training.
- ❑ Group work.
- ❑ Cognitive behavioural therapy.

# Bi-polar affective disorder (Manic depression)

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- ❑ Bi-polar affective disorder or manic depressive psychosis is a recurrent illness which causes severe and often dramatic mood swings.
- ❑ Mania or the elated state is associated with unusual over-activity, enthusiasm, delusions of grandeur and an impairment of judgement which can lead to impulsive behaviour.

# Bi-polar affective disorder.

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- ❑ During a depressive state the sufferer may experience fatigue, apathy loss of appetite, disturbance to the sleeping pattern, anxiety poor concentration and may experience suicidal ideation.
- ❑ Some sufferers may experience an interaction of mania and depression, they may also present with rapid cycling episodes.

# Possible behaviours

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- ❑ Manic behaviour
- ❑ Rapid speech
- ❑ Restlessness
- ❑ Insomnia
- ❑ Loss/increase in appetite
- ❑ Weight loss
- ❑ Short tempered
- ❑ Lack of inhibition and increased sexual vulnerability.
- ❑ Excessive energy
- ❑ Impulsiveness
- ❑ Excessive spending
- ❑ May believe they are invulnerable, grand and all powerful
- ❑ Poor insight into illness
- ❑ Rapid flow of ideas and inflated self esteem.

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- Depressive behaviour

- Similar symptoms as depression
- Considerably slowed speech, behaviour and activity in contrast with the manic swing.
- Suicidal thoughts and suicide attempts.

- Social consequences.

- Loss of employment
- Loss of friends/family ties
- Unable to trust self, insecure socially
- Disturbance to people sharing there home.

# Treatment options

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- Medication.

- Mood stabilisers
- Anti depressants

- Psychosocial interventions.

- Electro Convulsive Therapy

# Eating disorders

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- Anorexia nervosa

- Bulimia nervosa.

# Anorexia Nervosa.

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An emotional disorder, characterised by a distorted perception of shape and weight, which leads to an obsessive control of food intake, exercise and body weight.

The sufferer strives to be an abnormally low weight because of a fear of normal weight.

# Physical effects.

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- ❑ Physical symptoms should be considered in relation to behaviour and psychological attitude.
- ❑ Weight control methods.
  - ❑ Exercise
  - ❑ Laxatives
  - ❑ Vomiting
  - ❑ Restriction

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- Physical effects:

Loss of libido and sexual functioning

Loss of menstrual cycle

All biological systems compromised

Electrolyte imbalance

Oedema and damage to the GI tract

# Effects of starvation

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- ❑ Over-activity
- ❑ Poor sleep
- ❑ Obsessive preoccupation with food
- ❑ Flattening of emotions
- ❑ Changes in thinking and personality
- ❑ Binging

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- The disorder prevents sufferers from fully engaging in life and taking on the demands and responsibilities of adulthood; instead they regress biologically, needing to be “fed” while refusing to “feed”. It is often difficult to engage the sufferer in treatment, and they may maintain there is nothing wrong.

# Treatment options

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- ❑ If body mass index rated below 14, admission to medical ward.
- ❑ Motivational interviewing.
- ❑ Family therapy (nice, 2004 guidelines)
- ❑ Specialist inpatient services.

# Schizophrenia

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- ❑ Most people associate schizophrenia with the Jekyll and Hyde character as depicted in popular culture, calm one moment, dangerously violent the next.
- ❑ Schizophrenia is a mental illness which causes dramatic disturbances in the thoughts, feelings and consequently the normal behaviour of the individual.

# schizophrenia

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- ❑ Schizophrenia is a relatively common form of severe mental illness, it is a syndrome with various presentations and a variable, often relapsing long term course.
- ❑ The symptoms are characterised usually as positive and negative, however most sufferers will have a combination

# stigma

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□ The

# The symptoms

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- ❑ Thought disturbances
- ❑ Emotional disturbances
- ❑ Hallucinations
- ❑ Delusions
- ❑ Functional impairment

# The causes.

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- Genetic factors
- Chemical imbalance/Drug induced
- Major life events
- Trauma in early life

# treatment

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- ❑ Psycho-social interventions
- ❑ medications
- ❑ Family therapy
- ❑ Cognitive behavioural therapy
- ❑ Psycho-education

# Disorders of personality.

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- The WHO defines these conditions as comprising “deeply ingrained and enduring behaviour patterns, manifesting themselves as inflexible responses to a broad range of personal and social situations”

# Disorders of personality

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- ❑ The disorders are associated with ways of thinking, perceiving and responding emotionally that differ substantially from those generally accepted within their culture.
- ❑ These patterns are usually evident during late childhood or adolescence

# classification

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- Paranoid
- Schizoid
- Schizotypal
- Antisocial
- borderline
- Histrionic
- Narcissistic
- Avoidant
- Dependent
- Obsessive compulsive

# Treatment options

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- Dialectic behaviour therapy
  - Family therapy
  - Medication
  - Psychotherapy
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- Due to be recognised under the new mental health legislation

# Mental health awareness.



The patients perspective.

# Stigma

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- ❑ The WHO identify stigma as one of the most important problems encountered by people with severe mental health needs.
- ❑ It lowers self esteem, contributes to disrupted family relationships, and adversely effects their ability to socialise, obtain housing and employment.
- ❑ This discrimination often prevents people seeking help for fear of being labelled.

# The hospital experience

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- The admission.
- The environment.
- The medical model.
- Treatments.
- The professionals.
- The discharge.

# Levels of listening

- **Level 5: Reflective listening**
- **Level 4: Active listening**
- **Level 3: Judgemental listening**
- **Level 2: Aggressive listening**
- **Level 1: Defensive listening**
- **Level 0: Non-Listening**

# Levels of listening

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Level 5: At this level I want to understand not only the content of your message but also how you feel about it. I listen to a person rather than to the message as such. This could be called '**Reflective listening**'.

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- Level 4: At this level I listen carefully to the content of your message. I will ask you to clarify or elaborate when I do not understand. I also summarize and paraphrase what you say. This is '**active listening**'.

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- Level 3: At this level, I only listen for what is 'right' or 'wrong'. I tend to interrupt your speaking in order to convince you that you are wrong in what you are saying – since I am right. This could be called '**judgemental listening**'.

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- Level 2: At this level, I dislike what I am hearing, I dislike the feelings that appear in my own body when you speak, so I will begin to attack you in a subtle manner as I seek to discredit you. I listen to you only to pick out points that I can distort a bit. This might be called '**aggressive listening**'.

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- Level 1: At this level I anticipate being attacked and blamed. So I listen to you only enough to deny what you say. This is **'defensive listening'**.

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Level 0: At this level, I do not listen to you since I do not want to hear anything you have to say. This is obviously '**non-listening**'.

# Mental health and wellbeing.

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- ❑ Mature, responsible, creative, confident, purposeful, impacting on society
- ❑ I feel comfortable about myself.
- ❑ I feel right about other people.
- ❑ I can meet the demands made by life.