



MINDFUL EMPLOYER[®]

What is Mental Ill Health? Introduction to Diagnoses, Treatments & Recovery

This information sheet is intended as a brief introductory guide only.
Further information and medical advice should be sought from a GP or qualified health professional.
Includes material produced by Rethink, MIND Exeter & East Devon and
Exeter University Disability Resource Centre.

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WHAT IS MENTAL ILL HEALTH?

Definition: Mental health is a state of well being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community. (*World Health Organisation*)

The definition of 'mental ill health' or 'mental health problems' covers a very wide spectrum, from the worries and grief we all experience as part of everyday life to the most bleak, suicidal depression or complete loss of touch with everyday reality.

Everybody responds differently to the stresses and strains of modern life and it is common to describe ourselves as 'depressed', 'stressed' or 'anxious' at times. For some, these feelings can become serious enough to make it difficult to carry on with everyday life. 1 in 4 people experience common mental health problems – harmful levels of stress, anxiety, depression.

The most common diagnosable mental health conditions are briefly described below.

Stress v Pressure

For some, the link between stress and mental ill health may be a new one. We all need and, to a degree, thrive on *pressure*: it gives us energy, helps with performance and inspires confidence. But excessive pressure can lead to *stress*. And when stress becomes harmful – perhaps due to too much (or too little) work, inadequate training to do the job, poor working relationships, family and personal pressures or other factors – this can lead to other mental health issues such as anxiety and depression.

Stress may become a problem when a person feels they don't have the resources to cope with the demands placed on them. Symptoms may be emotional (e.g. irritability, tearfulness) and physical (aches and pains, high blood pressure etc). The person may find it difficult to make decisions or perform tasks and may be unable to attend work.

Depression

Clinical depression is sometimes described as mild, moderate or severe. Symptoms include low mood and lack of energy. Motivation can be affected and people may experience thoughts of life not being worth living, which in extreme cases can lead to suicidal behaviour.

Anxiety

Anxiety becomes a problem when feelings of tension and fear prevent a person from carrying out everyday tasks. In extreme cases people may suffer panic attacks or phobias. Obsessive Compulsive Disorder (OCD) is a form of anxiety where people have recurrent, intrusive thoughts, which they may feel 'forced' to act on (e.g. fears of contamination leading to repetitive hand washing).

Psychosis & Schizophrenia

Psychosis is a term used when a person appears to lose touch with reality. Schizophrenia is the most common form but is *not* a 'split personality'. People may hear, see or believe things that aren't real to others (e.g. hearing voices, thinking that others are 'out to get them'). If the illness becomes chronic (long term) the person may withdraw from the outside world and neglect themselves.

Bi-Polar Disorder (Manic Depressive Illness)

Both these terms are used to describe this condition where a person may 'swing' between episodes of extreme low mood and depressive symptoms to being 'high' or elated. During a manic episode a person may have high energy levels, grand or unrealistic ideas and become reckless (e.g. taking risks, overspending). People may go through the mood cycles at different rates and times.

Personality Disorder

These are a range of long-term, inflexible attitudes and behaviours which make it difficult for people to maintain relationships and co-operate with others. People may find it difficult to control their emotions or behaviours or register their impact on others. There are up to ten different categories, including paranoid, antisocial and dependent.

Eating Disorders

These are extreme ways of controlling food intake and weight gain, usually as a way of coping with emotional difficulties. People with anorexia nervosa severely restrict their calorie intake, while those with bulimia nervosa may binge eat. Both conditions may lead to people using other techniques to lose weight including vomiting, use of laxatives and excessive exercising.

Self Harm and Suicide

People may hurt themselves deliberately in order to deal with problem emotions. Methods might include self-neglect, cutting, burning or overdosing. Suicidal behaviour may occur when a person feels they have no other options. It may be a cry for help, a mistake or a deliberate act.

Drug and Alcohol Misuse

Harmful use of drugs and/or alcohol may be caused by, or lead to mental health problems. People may become addicted to substances which become the main focus of their lives. Withdrawing from them can be traumatic or even dangerous without professional help.

TREATMENT, THERAPIES & RECOVERY

Up to one in four people may need to seek professional help for their mental health at some point in their lives. Some may benefit from access to self-help or non-statutory support and information. Others may need additional input, via their GP to other forms of treatment as outlined below.

Self Help & Non-Statutory Services

People may find useful information on the Internet or use the vast range of self-help literature available on any topic relating to mental health. There are many different voluntary or charity organisations offering help and support to people with mental health problems. The wide range of services on offer include telephone support lines, self help groups, advocacy services and accommodation.

Medication

Many people with mental health problems will be prescribed medication to help relieve their symptoms. Medication can be very effective especially if used alongside 'talking treatments', support from others and lifestyle changes. However, medication can also cause side effects or withdrawal symptoms and requires careful monitoring.

Psychological Therapies

There are many different types of therapies or 'talking treatments' which range from brief to long term. People can attend individually, with partners or families or in a group setting. Therapy can involve talking over difficulties and feelings, changing the way they communicate or behave, or make decisions that affect their lives. Some common talking treatments are counselling, cognitive behaviour therapy (CBT), and psychotherapy. Therapies can be offered through the NHS usually via GP referral or can be paid for privately.

Specialist Services

If a person's symptoms are severe enough they may be referred by their GP to specialist or 'secondary care' mental health services. Support can be provided by Community Psychiatric Nurses, Social Workers, Occupational Therapists and Community Support Workers (e.g. Community Mental Health Teams or Recovery & Independent Living Teams). They may also receive input from Psychiatrists and Psychologists.

Other services available may provide rapid, home based assessment and short term treatment for people in mental health crisis as an alternative to hospital admission (Crisis Resolution Teams); intensive support to people who may be difficult to engage with other services (Assertive Outreach Teams); A specialist service for people who may be experiencing early signs of psychotic illness (Early

Intervention Teams); specialist help and support to people with substance misuse/abuse problems and eating disorders.

Some people may require a stay in hospital for specialist treatment. Most people go in voluntarily but if a person is felt to be a risk to themselves or others and refuse admission, they may be detained ('sectioned') under the Mental Health Act (1983, England and Wales). Some general hospitals may have Liaison Psychiatry Teams for people admitted to them who are thought to have a mental health problem. There may also be specialist Vocational Services offering help to access training and employment or help in retaining existing work.

Recovery

Recovery from mental ill health is possible. The mental health charity, Rethink states 'Recovery can be defined as a personal process of tackling the adverse impact of experiencing mental health problems, despite their continuing or long-term presence. Used in this sense, recovery does not mean "cure".

'Recovery is about people seeing themselves as capable of recovery rather than as passive recipients of professional interventions. The personal accounts of recovery suggest that much personal recovery happens without (or in some cases in spite of) professional help. Recovery involves personal development and change, including acceptance there are problems to face, a sense of involvement and control over one's life, the cultivation of hope and using the support from others, including collaborating in solution-focused work with informal carers and professional workers.

'Some people recovering from mental illness claim that this "disability" has increased the depth and reach of their lives. Out of adversity has come change, personal development and growth. This is in stark contrast to the still predominant yet rarely spoken belief that people may never make a recovery.

'Recovery starts with the individual and works from the inside out. For this reason it is personalised. It challenges traditional approaches in mental health and to reorganise the way people are supported and involved in their own recovery. It is consistent with the recent drive towards mental well-being and the improvement necessary to affect the whole of a person's life, rather than only addressing individual problems in isolation.'

INCREASING AWARENESS OF MENTAL HEALTH

For details of mental health awareness sessions for managers, staff and workplace teams visit www.mindfulemployer.net