



UNDERSTANDING MENTAL HEALTH PROBLEMS

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This booklet is an introduction to the most common mental health problems, explaining what they are, their possible causes and what help is available. It is written for people who have a mental health problem, and their friends and family.

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WHAT ARE MENTAL HEALTH PROBLEMS?

Mental health problems can affect the way you think, feel and behave. Some mental health problems are described using words that are in everyday use, for example 'depression' or 'anxiety'. This can make them seem easier to understand, but can also mean people underestimate how serious they can be.

A mental health problem feels just as bad, or worse, than any other illness – only you cannot see it. Although mental health problems are very common – affecting around one in four people in Scotland – there is still stigma and discrimination towards people with mental health problems. There are also many myths about what different diagnoses mean.

There are also a lot of different ideas about the way mental health problems are diagnosed, what causes them and which treatments are most effective.

However, despite these challenges, it is possible to recover from a mental health problem and live a productive and fulfilling life. It is important to remember that, if you have a mental health problem, it is not a sign of weakness.

WHAT KINDS OF MENTAL HEALTH PROBLEMS ARE THERE?

There are many different mental health problems. You may experience symptoms that are common to two or more diagnoses, or you may experience the symptoms of more than one mental health problem at once.

Depression

Depression lowers your mood and can make you feel hopeless, worthless, unmotivated and exhausted. It can affect self-esteem, sleep, appetite and libido. It can also interfere with daily activities and, sometimes, your physical health. In its mildest form, depression can mean just being in low spirits. It doesn't stop you leading a normal life, but makes everything harder to do and seem less worthwhile.

At its most severe, major depression (clinical depression) can be life-threatening and make you feel suicidal. Depression can be related to certain experiences. One form is postnatal depression which can occur after childbirth. Anxiety often comes with depression. (See SAMH's booklet *Understanding depression*.)

Anxiety

Anxiety can mean constant and unrealistic worry about any aspect of daily life. If you are feeling anxious, you may feel restless, experience sleeping problems and possibly physical symptoms; for example, an increased heart beat, an upset stomach, muscle tension or feeling shaky. If you are highly anxious, you may also develop related problems, such as panic attacks, a phobia or obsessive-compulsive disorder (OCD). (See SAMH's booklet *Understanding anxiety and panic attacks*.)

Obsessive-compulsive disorder

Obsessive-compulsive disorder (OCD) has two main parts: obsessions and compulsions. Obsessions are unwelcome thoughts, ideas or urges that repeatedly appear in your mind; for example, thinking that you have been contaminated by dirt and germs, or worrying that you haven't turned off the oven. Compulsions are repetitive activities that you feel you have to do. This could be something like repeatedly checking a door to make sure it is locked or washing your hands a set number of times.

Phobias

A fear becomes a phobia when you have an exaggerated or unrealistic sense of danger about a situation (such as going outside) or object (such as buttons). You will often begin to organise your life around avoiding the thing that you fear. The symptoms of phobias are similar to anxiety, and in severe forms you might experience panic attacks.

Eating problems

If you have an eating problem, you may find yourself eating too much or too little. You may deny yourself anything to eat, even when you are very hungry, or you may eat constantly, or binge. The subject of food or how much you weigh is likely to be on your mind all the time. Anorexia, bulimia, bingeing and compulsive eating are some of the most common eating problems.

Bipolar disorder (manic depression)

If you have bipolar disorder, you will experience extreme swings in mood – from periods of overactive, excited behaviour, known as ‘mania’ or ‘manic episodes’ – to deep depression. Between these severe highs and lows, you may have stable times. (See SAMH’s booklet *Understanding bipolar disorder*.)

Schizophrenia

You may receive this diagnosis if you have symptoms such as confused thoughts, hearing voices or seeing and believing things that others don’t. This diagnosis can be controversial as not all people who experience such things believe they have a mental health problem or that the term ‘schizophrenia’ is the best way to describe their experiences. (See SAMH’s booklet *Understanding Psychosis*)

Personality disorders

You may receive this diagnosis if you find it difficult to change patterns of thinking, feeling and behaving. You may have a more limited range of emotions, attitudes and behaviours with which to cope with everyday life. This might make your life difficult or affect the people around you. (See SAMH’s booklet *Understanding personality disorders*.)

Common symptoms, feelings and behaviours

In addition to the more formal diagnoses listed, there are some symptoms, feelings and behaviours which are strongly associated with mental health problems.

Panic attacks

These are bouts of intense, often very frightening symptoms, usually lasting between five and twenty minutes. If you experience a panic attack, you may find it hard to breathe and feel your heart beating hard. You may have a choking sensation, chest pain, begin to tremble or feel faint. It’s easy to mistake these for the signs of a heart attack or another serious medical problem. Panic attacks can occur at any time, and this is what makes them different from a natural response to real danger. (See SAMH’s booklet *Understanding anxiety and panic attacks*)

Self-harm

Self-harm is a way of expressing very deep distress where you take actions to cause yourself physical pain. You may not know why you self-harm, but it can be a means of communicating what you can’t put into words or think clearly about. After self-harming, you may feel better able to cope with life again, for a while, but the cause of your distress is unlikely to have gone away. (See SAMH’s booklet *Understanding self-harm*)

Suicidal feelings

Many people experience suicidal feelings as part of a mental health problem. Suicidal thoughts can be unpleasant, intrusive and scary. However, thinking about suicide does not necessarily mean that you actually intend to take your own life. Lots of people think about suicide and the vast majority do not go on to take their own lives. (See SAMH’s booklet *Suicide ...Living with your feelings*).

COULD I BE 'GOING MAD'?

Experiencing mental health problems is often upsetting and frightening, particularly at first. However, mental health problems are a common human experience. They can happen to anyone, at any time. For most people, these experiences will only last for a short period.

If you are unwell, you may worry that your mental health problem is only going to get worse or that you are going mad. You may feel that you are losing your normal personality and are no longer yourself. You may also be afraid of becoming a danger to others or of being detained in hospital.

These fears are often reinforced by the negative way that people experiencing mental health problems are shown on TV, in books and by the media. You may also be scared of being seen as 'mad', and of losing your friends, family and independence. These fears may stop you from talking about your problems. This, in turn, is likely to increase your distress and sense of isolation.

I was hiding in my flat. I didn't answer the front door or the phone. I felt nobody in the whole world was in as much pain as me, that no one would understand.

In reality, most people know someone who has experienced a mental health problem. Talking to a family member or friend about how you are feeling is often a first step to getting the support you need. You may also find that discussing your problems with someone else who has experienced something similar helps you.

WHAT CAUSES MENTAL HEALTH PROBLEMS?

Mental health problems can have a wide range of causes. In most cases, no one is sure precisely what the cause of a particular problem is. We can often point to things that trigger a period of poor mental health but some people tend to be more deeply affected by these things than others.

The following factors could potentially trigger a period of poor mental health:

- childhood abuse, trauma, violence or neglect
- social isolation, loneliness or discrimination
- the death of someone close to you
- stress
- homelessness or poor housing
- social disadvantage, poverty or debt
- unemployment
- caring for a family member or friend
- a long-term physical health condition
- significant trauma as an adult, such as military combat, being involved in a serious accident or being the victim of a violent crime
- physical causes – for example, a head injury or a condition such as epilepsy can have an impact on behaviour and mood (it is important to rule out causes such as this before seeking further treatment for a mental health problem)
- genetic factors – there are genes that cause physical illnesses, so there may be genes that play a role in the development of mental health problems.

HOW ARE MENTAL HEALTH PROBLEMS DIAGNOSED?

To diagnose a mental health problem, doctors look for groupings of certain symptoms.

For example, if you have symptoms such as low mood and a lack of interest and pleasure in usual activities for more than two weeks, you are likely to be diagnosed with depression.

For more common mental health problems, particularly depression and anxiety, a doctor, usually your GP, will normally give you a short questionnaire about your symptoms to help with this. Less common mental health problems may mean you need to be referred to a specialist before you can be given a diagnosis.

Many diagnoses have some of the same symptoms. For example, a change in sleeping pattern is a feature of both depression and anxiety. Your doctor will base your diagnosis on more than one symptom. If your symptoms change, you may receive more than one diagnosis over a period of time.

Different ways of understanding mental health problems

Making a diagnosis helps a doctor assess what treatment you need and predict how your condition is likely to develop. But there are different ways of understanding mental health problems. A lot of people, including some doctors, feel this medical model of diagnosis and treatment is not enough. Psychological and social factors – your background, lifestyle and other personal circumstances – may be just as important in diagnosing and treating you.

Labelling

If you receive a diagnosis, you might feel relieved and be glad that you can put a name to what is wrong. However, if a diagnosis becomes a cause of stigma it can be very damaging. For example, instead of being seen as a parent, writer, mechanic or student who has schizophrenia, you may be seen as ‘a schizophrenic’, as though this diagnosis is all that you are. Remember, a diagnosis does not have to shape your entire life, and may come to be a relatively minor part of your identity or history.

ARE PEOPLE WITH MENTAL HEALTH PROBLEMS DANGEROUS?

Some people think that there is a link between mental health problems and being a danger to others. This is an idea that is largely reinforced by stories about this in the media. However, the most common mental health problems have no significant link to violent behaviour.

People with serious mental health problems, including those most often linked to violence in the media, are more likely to be the victim of a violent crime than to commit one. For example, those diagnosed with psychosis are fourteen times more likely to be a victim of a crime rather than to perpetrate one.

Serious acts of violence committed by people with mental health problems are rare. Someone with a mental health problem is actually more likely to harm themselves than someone else; although, the majority of people with mental health problems do not harm themselves at all.



HOW CAN I HELP MYSELF?

Self-help techniques can be effective in managing the symptoms of many mental health problems and for some people mean that no other treatment is needed. Making changes to your general lifestyle may also help to prevent some problems from developing or getting worse.

However, it's important to remember that there is unlikely to be an instant solution. Recovering from a mental health problem is likely to take time, energy and work.

Here are some suggestions for self-help techniques that you might find helpful. You can also find more ideas in SAMH's booklet *Five ways to better mental health & wellbeing*.

Maintain your social life

Feeling connected to other people is important. It can help you to feel valued and confident about yourself, and can give you a different perspective on things. Think about the interactions you have every day with family, friends, colleagues, neighbours or people you haven't met before. Spending a little more time on relationships you're interested in can really give you a boost.

Use peer support

Talking to people who have had a similar experience or share similar feelings can be a massive support. Peer support offers many benefits, such as feeling accepted for who you are, increased self-confidence, the value of helping others, information and signposting, and challenging stigma and discrimination.

Be active

Doing regular physical activity can be very effective in lifting your mood and increasing your energy levels, and it is also likely to improve your appetite and sleep. Physical activity stimulates chemicals in the brain called endorphins, which can help you to feel better.

Although you may not feel like it to start with, try to do twenty minutes of physical activity a day. It does not have to be very strenuous or sporty to be effective.

Walking at a reasonable speed and taking notice of what is around you is a good start. See SAMH's booklet *Get Active*.

If you are physically disabled, you may want to contact a local disability group for information about exercises you might be able to do, or ask your doctor for advice. See Disability Rights UK in *Useful Contacts* on p.22.

Try ecotherapy

Getting out into a green environment, such as the park or the countryside, is especially helpful. If you have a garden, you may want to spend more time there. If you like gardening, there may be a Therapeutic Horticulture group near you.

Practise mindfulness

Mindfulness is a therapeutic technique that involves being more aware of the present moment. This can mean both outside, in the world around you, and inside, in your feelings and thoughts. Notice the flavours in your evening meal, or the way the sun sets as you leave work. When you slow down and observe, you can catch sight of amazing things, and you can become better at understanding your own reactions and moods.

WHAT TREATMENTS ARE AVAILABLE?

The two most common forms of treatment offered though the NHS are talking treatments and medication. These treatments aim to relieve and help you cope with distressing symptoms.

There are clinical guidelines issued by the National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidance Network (SIGN) which medical professionals are expected to follow (see NICE and SIGN in *Useful Contacts* on p.21). These guidelines are based on published evidence, expert contributions and real life experiences.

Talking treatments

Talking treatments provide a regular time and space for you to talk about your troubles and explore difficult feelings with a trained professional.

This can help you to deal with specific problems, cope with a crisis, improve your relationships, or develop better ways of living.

You may hear the terms ‘talking treatment’, ‘talking therapy’ or ‘psychological therapy’. These terms have the same meaning and cover treatments that you may know as:

- Psychotherapy.
- Counselling.
- Therapy.

There are many different types of therapy available in the UK and it is important to find a style and a therapist that you can trust and feel comfortable with.

In Scotland, there is a government target that nobody should wait longer than eighteen weeks between being referred for a talking treatment and starting their treatment.

Medication

The most common type of treatment given by doctors and psychiatrists is prescription medication. These drugs don’t cure mental health problems, but aim to ease the most distressing symptoms.

The drug you are offered will depend on your diagnosis. For example:

- **Antidepressants** to lift depression.
- **Minor tranquillisers or sleeping pills** to help someone calm down or sleep.
- **Antipsychotics** to reduce distressing symptoms of psychosis.
- **Mood stabilisers** to control extremes of mood.

Many people find these drugs helpful, as they can lessen symptoms and allow them to function at work, look after their families or take part in normal activities.

However, drugs can have side effects that may make people feel worse rather than better. They can also be addictive, difficult to withdraw from or cause physical damage if taken in too high a dose. It is therefore important to make sure you have all the information about a drug before you start taking it. Ensure you are aware of all the positive benefits and drawbacks, and what to do if you experience side effects.

Complementary and alternative therapies

Some people find complementary and alternative therapies such as hypnotherapy, massage and acupuncture helpful to manage stress and other common symptoms of mental health problems. The clinical evidence for these therapies is not always as robust as it is for other treatments. A body called the Complementary and Natural Healthcare Council (CNHC) exists to provide regulation for complementary therapists. Their website holds details of therapists who have met nationally agreed standards. (See *Useful Contacts* on p.21.)

Arts therapies

Arts therapies are a way of using the arts – music, painting, dance, voice or drama – to express and understand yourself in a therapeutic environment with a trained therapist. Arts therapies can be especially helpful if you find it difficult to talk about your problems and how you are feeling.

WHAT SUPPORT SERVICES ARE AVAILABLE?



A range of support is available from the NHS, other health professionals and your local community health partnership.

If your mental health problems are severe or longer-lasting or you have not felt better after treatment by your doctor, he or she can refer you to specialist mental health services. You may be referred to a consultant psychiatrist attached to a hospital or to a community mental health team (CMHT).

Community mental health teams

CMHTs support people with mental health problems living in the community, and also their carers. The team may include a community psychiatric nurse (CPN), a psychologist, an occupational therapist, a counsellor and a community support worker, as well as a social worker. Often, a member of the team will be appointed as your care coordinator, to keep in regular contact with you and plan your care.

Social care

Social care is any care or support you need to carry out day-to-day tasks that you are finding difficult. This could include help with managing money or improving relationships, transport to attend appointments or services, or assistance with benefits and housing applications. You can ask your doctor or CMHT to refer you to social services, or you can contact them directly to ask for an assessment.

Residential care

If you aren't able to cope on your own at home, there are other options. You would usually discuss any decision to move away from home with your support worker(s), carers and mental health team. Residential care may include:

- **Respite care**

Short-term accommodation, with supervision, to help people until they can live more independently.

- **Residential care homes**

Offer a much higher level of input for people with severe mental health problems.

- **Therapeutic communities**

For short stays, with group or individual therapy as part of their rehabilitation programmes.

- **Supported housing schemes**

Enable people to live independently, in furnished accommodation, with the back-up of a mental health support worker.

Hospital treatment

Hospital inpatient services exist for people with severe mental health problems, or people who are experiencing a crisis. The majority of hospital admissions are voluntary, but if you are assessed and judged to be at risk of harming yourself or others, you can be detained under a section of the Mental Health Act. For more information and advice see the Mental Welfare Commission for Scotland in *Useful Contacts* p.22.

Crisis intervention

In a growing number of areas, there is special crisis intervention, or rapid response teams. These are able to support someone through a major crisis at home, without going into hospital.

If you do not have access to a local crisis service, you could:

- Get an emergency appointment with your doctor.
- Contact your CMHT if you have been referred to it previously.
- Go to the Accident and Emergency (A&E) department at a local hospital – in most cases this will not mean that you will be admitted under the Mental Health Act (detained).
- Call 999 if you are at immediate risk.

WILL I RECOVER?

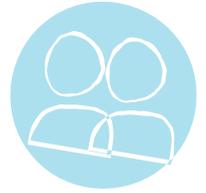
It is possible to recover from mental health problems and many people do. Most people experiencing a common mental health problem see their symptoms pass quite quickly. Symptoms may return from time to time but people are often more able to manage them after the first experience.

With more serious mental health problems, people also usually find a way of managing their condition. For many people, getting better does not mean going back to a previous life, but might mean making choices to live differently and having power over areas of life that seemed out of control before. Some people emerge from the experience feeling stronger and wiser and having learnt more about themselves.

Deciding what it means to feel better varies from individual to individual and also depends on your life circumstances. It may also depend on what diagnosis you have received. Further information about living with particular diagnoses is available in SAMH's *Understanding* booklets.

The first step was making cups of tea. Admitting that at the time I couldn't solve my problems or manage much more. But holding on to the idea that one day I would. And I did... I am now married, working full time and looking ahead.

WHAT CAN FRIENDS AND FAMILY DO TO HELP?



This section is for friends and relatives who would like to support someone they know with a mental health problem. For further information see SAMH's Friends & Family Factsheet.

It can be very difficult to see someone who you care about becoming distressed and unwell but you don't need to be an expert on mental health to offer support. Often, small everyday actions can make the biggest difference.

Show your support

If you know someone has been unwell, don't be afraid to ask how they are. They might want to talk about it, or they might not. But just letting them know they don't have to avoid the issue with you is important. Just spending time with the person lets them know you care and can help you understand what they're going through.

Ask how you can help

People will want support at different times in different ways, so ask how you can help. It might be useful to help keep track of medication, or give support at a doctor's appointment. If your friend wants to get more exercise, you could do this together, or if your partner is affected by lack of sleep, you could help them get into a regular sleeping pattern.

Be open-minded

Phrases like 'Cheer up', 'I'm sure it'll pass' and 'Pull yourself together' definitely won't help. Be non-judgemental and listen. The person experiencing a mental health problem often knows best what is helpful for them.

Don't just talk about mental health

Keep in mind that having a mental health problem is just one part of the person. People don't want to be defined by their mental health problem, so keep talking about the things you always talked about.

Show trust and respect

Trust and respect between you and the person experiencing a mental health problem are very important – they help to rebuild and maintain a sense of self-esteem, which mental health problems can seriously damage. This will also help you to cope, as you will hopefully see your support having a positive impact on the person you care about.

Look after yourself

It is often easier to support someone well if the caring role is shared with others. Finding someone to talk to about the situation is also very helpful. It is important to set boundaries and maintain your own mental wellbeing – if you become unwell you will be less able to offer support. If your friend or relative has been given an assessment, you may be entitled to have your needs as a carer assessed and taken into account. See SAMH's booklet *How to cope as a carer*.

USEFUL CONTACTS

SAMH (Scottish Association for Mental Health)

t: 0141 530 1000

e: enquire@samh.org.uk

w: samh.org.uk

Details of local SAMH services and information and sign-posting for people concerned about mental health. Office hours 9am to 5pm, Monday to Friday.

Anxiety UK

t: 0844 477 5774

w: anxietyuk.org.uk

Information and counselling. Offers a helpline and online support for those suffering from anxiety disorders.

Be Mindful

w: bemindful.co.uk

Information on mindfulness, and details of local mindfulness courses and therapists.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

t: 0161 705 4304

w: babcp.com

Online directory of psychotherapists.

British Association for Counselling and Psychotherapy (BACP)

t: 01455 883 300

w: bacp.co.uk

Information about counselling and therapy. See sister website, itsgoodtotalk.org.uk for details of local practitioners.

Carers Trust Scotland

t: 0300 123 2008

w: carers.org/country/carers-trust-scotland

Information, support and advice on all aspects of being a carer.

Complementary and Natural Healthcare Council (CNHC)

t: 020 3668 0406

w: cnhc.org.uk

Regulatory body with a register of complementary therapy practitioners.

Action on Depression

t: 0131 226 8152

w: actionondepression.org

Information, support and self-help groups.

Disability Rights UK

t: 020 7250 8181

w: disabilityrightsuk.org

Hearing Voices Network

t: 0114 271 8210**w: hearing-voices.org**

Local support groups for people who hear voices.

National Institute for Health and Care Excellence (NICE)

t: 0300 323 0140**w: nice.org.uk**

Evidence-based guidelines on treatments.

SIGN (The Scottish Intercollegiate Guidelines Network)

t: 0131 623 4720**w: sign.ac.uk**

National guidelines for the treatment of conditions for health professionals and the public.

Breathing Space

t: 0800 83 85 87**w: breathingspace.scot**

Confidential out of office hours telephone line for people experiencing low mood, anxiety or depression.

Scottish Independent Advocacy Alliance

t: 0131 524 1975**w: siaa.org.uk**

Provide assistance to access independent advocacy support.

Samaritans

Freepost RSRB-KKBY-CYJK**Chris PO Box 90 90****Stirling FK8 2SA****24-hour helpline: 116 123****e: jo@samaritans.org****w: samaritans.org**

Emotional support for anyone feeling down, distressed or struggling to cope.

See Me

t: 0141 530 1111**w: seemescotland.org**

National programme to tackle mental health stigma and discrimination.

Mental Welfare Commission Scotland

Service Users & Carers Advice**Line: 0800 389 6809****w: mwscot.org.uk**

They protect and promote the human rights of people with mental health problems, learning disabilities, dementia and related conditions.

Money Advice Scotland

t: 0141 572 0237**w: moneyadvicescotland.org.uk**

Offer confidential advice concerning debts.



SAMH is Scotland's largest mental health charity and is dedicated to mental health and well-being for all. We are here to provide help, information and support to people affected by mental health problems.

samh.org.uk

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