

BRIEF DESCRIPTIONS OF SOME MENTAL HEALTH PROBLEMS

- **Anxiety and mood disorders**

- **Stress**

Stress is common in modern day life.

Signs and symptoms of stress overload include: problems with memory and concentration, and racing thoughts; moodiness, irritability and inability to relax; aches, pains and bowel upsets; difficulties with sleep and eating, self isolation, nervous habits.

- **Anxiety**

Generalized anxiety disorder (GAD) is a common, chronic disorder characterized by long-lasting anxiety that is not focused on any one object or situation. Those suffering from generalized anxiety disorder experience non-specific persistent fear and worry, and become overly concerned with everyday matters. People with generalized anxiety disorder often also complain of physical symptoms. These may include restlessness, fatigue, problems with concentration, irritability, muscle tension and sleep difficulties.

With **Panic disorder**, a person suffers from brief attacks of intense terror and apprehension, often marked by trembling, shaking, confusion, dizziness, nausea, and/or difficulty breathing. These panic attacks can seem abrupt and produce high levels of feelings of fear, and may sometimes be prolonged. Attacks can be triggered by stress, fear, or even exercise; the specific cause is not always apparent.

- **Obsessive-compulsive disorder**

Obsessive-compulsive disorder (OCD) is a type of anxiety disorder primarily characterized by repetitive *obsessions* (distressing, persistent, and intrusive thoughts or images) and *compulsions* (urges to perform specific acts or rituals). It affects roughly around 3% of the population worldwide. Often the process is entirely illogical but may be related to a persistent sense of dread with or without a basis in reality. In many cases, the compulsion is entirely inexplicable, and is experienced simply as a powerful urge to complete a *ritual* in reaction to a persistent sense of nervousness.

- **Post traumatic stress disorder (PTSD)**

Post-traumatic stress disorder (PTSD) is an anxiety disorder which results from a traumatic experience. Post-traumatic stress can result from an extreme situation, such as combat, or a natural disaster. It can also result from long term repeated exposure to a severe stressor. Common symptoms include hypervigilance (constant

checks for signs of danger), flashbacks, avoidant behaviors (e.g. avoiding any situation and anything else that may trigger memory of the original trauma event or flashbacks), anxiety, anger and depression.

- Depression

A person having a **major depressive episode** usually suffers from a very low mood, which pervades all aspects of life, and an inability to experience pleasure in activities that were formerly enjoyed. The person may be preoccupied with, or ruminate over, thoughts and feelings of worthlessness, inappropriate guilt or regret, helplessness, hopelessness, and self-hatred. Other symptoms of depression include poor concentration and memory, withdrawal from social situations and activities, reduced sex drive, and thoughts of death or suicide. Insomnia is common among depressed people. Hypersomnia, or oversleeping, can also be problematic in some cases.

A depressed person may report multiple physical symptoms such as fatigue, headaches, or digestive problems; physical complaints are the most common reasons that depressed people present for help. Appetite often decreases, with resulting weight loss, although increased appetite and weight gain occasionally occurs. Family and friends may notice that the person's behavior is either highly agitated or lethargic.

• Psychosis

People with psychosis may have one or more of the following: *hallucinations* that are not directly attributable to chemicals (e.g. drugs); *delusions* (e.g. strong paranoid ideas about other people); *catatonia* (the person does not move or interact with the world in any way while awake, or displays excessive and purposeless motor behaviour); or a *thought disorder*. Impairments in social reasoning also occur.

With thought disorder, affected persons show loosening of associations, that is, a disconnection and disorganization of the content of speech and writing. In the severe form of thought disorder, speech becomes incomprehensible; for example speech becomes like a 'word salad'.

• Bipolar disorder

In bipolar disorder, people experience abnormally elevated (manic or hypomanic) mood states which interfere with the functions of ordinary life. Many people with bipolar disorder also experience periods of depressed mood, but this is not universal.

Mania is the defining feature of bipolar disorder. Mania is a distinct period of elevated or irritable mood, which can take the form of euphoria, and lasts for at least a week (less if hospitalization occurs and active treatment is started). People with mania commonly experience an increase in energy and a decreased need for sleep, with many often getting as little as three or four hours of sleep per night. Some can go days without sleeping. A manic person may exhibit pressured speech, with thoughts experienced as 'racing'. Attention span is low, and a person in a manic state may be easily distracted. Judgment may be impaired, and sufferers may go on spending sprees or engage in risky behaviour that is not normal for them.

- **Eating disorders**

Eating disorders are conditions defined by abnormal eating habits that may involve either insufficient, or excessive, food intake to the detriment of an individual's physical and mental health.

Bulimia nervosa and **anorexia nervosa** are the most common known forms amongst the general public. Other types of eating disorders include **binge eating disorder**. Bulimia nervosa is a disorder characterized by binge eating and purging. Purging can include self-induced vomiting, over-exercising, and the usage of diuretics, enemas, and laxatives. Anorexia nervosa is characterized by extreme food restriction to the point of self-starvation and excessive weight loss.

- **Borderline personality disorder**

The most distinguishing symptoms of BPD are marked sensitivity to rejection and thinking about and feeling afraid of possible abandonment. Overall, the features of BPD include unusually intense sensitivity in relationships with others, difficulty regulating emotions, and impulsivity. Other symptoms can include feeling unsure of one's personal identity and values, having paranoid thoughts when feeling stressed, and severe dissociation (e.g. feeling 'out of it' or 'mentally absent').

- **Sexual dysfunction, marital/relationship problems**

These include disturbances to sex drive, loss of intimacy in marriage, increases in marital conflict. The causes are many and varied, and may be due to external causes (e.g. financial and work stresses), or important transitional life changes (e.g. children, retirement), or difficulties being experienced by one's partner.

- **Occupational/work related issues affecting mental health**

Symptoms here may resemble those described under 'Stress'.

- **Substance misuse and other addictive behaviours**

Individuals with a substance misuse problem (e.g. alcohol, street drugs, and repetitive abuse of prescribed medications) will often complain of difficulty with interpersonal relationships, problems at work or school, and legal problems; additionally patients often complain of irritability and insomnia. Alcohol abuse is also an important cause of chronic fatigue.

Other common addictive behaviours include gambling and compulsive spending.

- **Adult attention deficit and hyperactivity (ADD/ ADHD)**

Inattention, hyperactivity (restlessness in adults), disruptive behavior, and impulsivity are common in **ADHD**. Academic/work difficulties are frequent as are problems with relationships. The symptoms can be difficult to define as it is hard to draw a line at where normal levels of inattention, hyperactivity, and impulsivity end and significant levels requiring interventions begin. To be diagnosed, symptoms must be observed in two different settings for six months or more and to a degree that is greater than other persons of the same age.

ADHD-Predominantly Inattentive (**ADD**) is an Attention Concentration Deficit that has everything in common with ADHD except that it has less hyperactivity or impulsivity symptoms and has more *directed attention fatigue* symptoms.

People who were either untreated in childhood or whose treatment was only partially successful often suffer additional psychological 'legacies' as adults e.g. problems with self esteem and confidence, negative self image, lost opportunities for acquiring skills essential to successful social function as an adult.