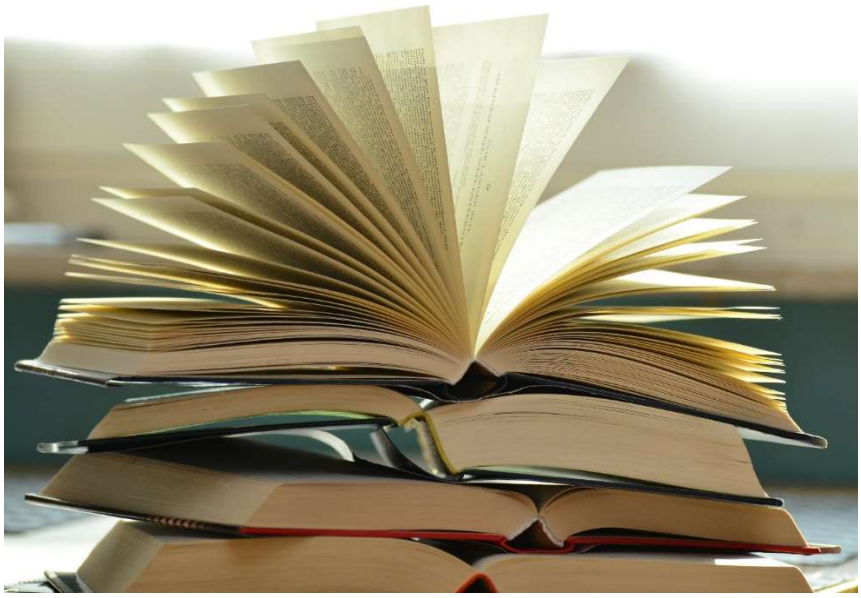
Mental Health Conditions – A Manager's guide



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This guide is not intended to be used for diagnosing any mental condition in the workplace or team. The intention is to assist managers in understanding the mental health conditions they may spot within their teams or from meetings with a team member who has disclosed they have a mental health condition.

This guide is not a comprehensive guide to mental health conditions. We have selected the most common mental health conditions as the basis of this guide. For further research, guidance and information kindly consider mental health professionals , your GP or ……

Recognising colleagues' difficulties at an early stage makes it easier to help them and provide appropriate support. Investing time and effort in promoting the mental and physical wellbeing (the two are linked) of your staff will be repaid many times over in terms of enhanced morale, engagement, loyalty, and productivity.

Be aware that the employee may not even recognise what is happening to them, pretend or deny it is not happening or feel anxious about seeking help.

The intention here is not try and make you an expert, a counsellor, therapist, prescribe treatment or to teach you how to make a diagnosis as line managers, those actions are for the professional medical teams.

However, having a better understanding of people in your teams will help you make the right call to keep them healthy, productive, and fruitful. Having a knowledge base or referral system when noticing changes in your team's behaviour may help you to take the right action quicker.

You can make a difference.

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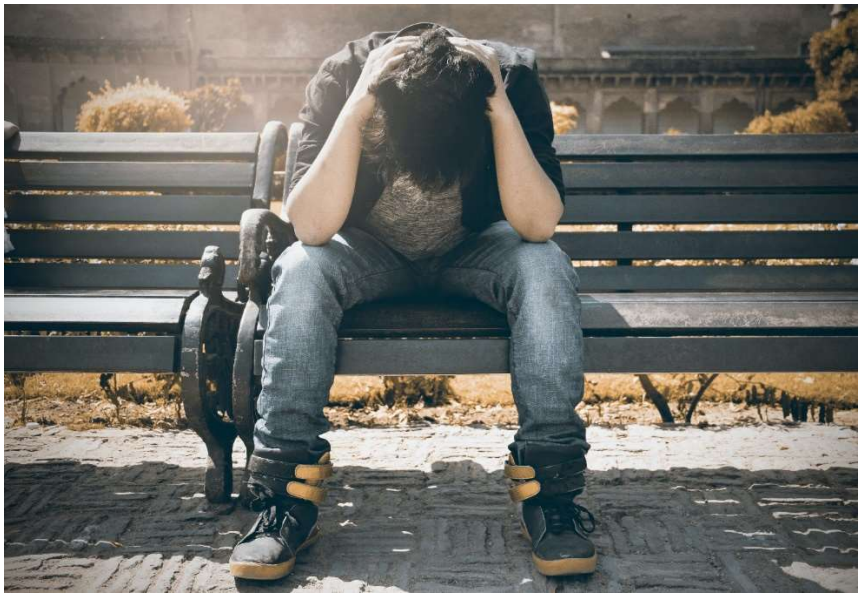
Depression



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We all have had times in our lives where we feel sad or unhappy and when we suffer a loss, an illness or a break-up, a normal reaction is to feel down. Although we may describe ourselves as being depressed in these situations, and whilst many of us can feel sad we often improve quickly, this is not depression in a clinical sense.

Depression in a clinical sense is about having a low mood, but one that continues and lasts for at least 2 weeks but a person with depression can remain in a state of extremely low mood for months even years.

It is also losing enjoyment about things they used to like – a general lack of energy or zest for life. It causes people to feel lonely and isolated and can stop them functioning in normal day to day situations. This is not always the case, it is always there but, at times, they can adequately function.

Sad Vs Depressed

Depression in a clinical sense is about having a low mood, but one that continues and lasts for at least 2 weeks but a person with depression can remain in a state of extremely low mood for months even years.

Depression can happen to anyone – and does happen to one in four of us over our lifetimes. Different factors that make it more likely to happen include biological make-up, upbringing, or reaction to life events. What keeps it going though, is how we deal with those things. The way we think and what we do affects the way we feel. Depression is often accompanied by other feelings such as guilt, shame, anger, and anxiety.

It is also losing enjoyment about things they used to like – a general lack of energy or zest for life. It causes people to feel lonely and isolated and can stop them functioning in normal day to day situations. This is not always the case, it is always there but, at times, they can adequately function. What do depressed people say, to watch video – Click here

"It is difficult to describe depression to someone who has never been there because it is not sadness. Sadness is to cry and feel. But it is that cold absence of feeling- that really hollowed out feeling – JK Rowling"

Understanding More About Depression

Depression is a rather large subject to cover in one article as there a number of significant factors at the base of depression. We have listed 2 of these areas
– ***Thoughts*** and ***Behaviours*** as we believe these are two areas that can bring significant change and healing in the short to long-term using Cognitive Behavioural Therapy.

Thoughts

People who are depressed tend to think very negatively about themselves, the future, and the world around them. It can be like seeing life through "gloomy specs". We can dwell on these thoughts repeatedly, mulling over things, asking ourselves why, thinking regretful things about the past, what we should or shouldn't have done.

- Everything is hopeless – nothing can change
- I am useless,
- I am worthless
- It is all my fault
- The world is a terrible place – everything goes wrong.

Behaviours

The impact of the Negative thinking begins to impact how we feel and behave. Because of these thoughts we can begin to experience these behavioural changes in our lives:

- Tiredness,
- Difficulty sleeping and eating,
- Negative style of thinking,
- We tend to do less and less,
- We stop doing the things we used to do and enjoy,
- It could get so bad that we cannot even go to work, or do things at home,
- We want to stay in bed,
- Stay at home doing truly little,
- We might isolate ourselves from friends and family.

Signs and Symptoms

Recognising colleagues' difficulties at an early stage makes it easier to help them and provide appropriate support. Investing time and effort in promoting the mental and physical wellbeing (the two are linked) of your staff will be repaid many times over in terms of enhanced morale, engagement, loyalty, and productivity. Be aware that the employee may not even recognise what is happening to them, pretend or deny it is not happening or feel anxious about seeking help.

Signs to be aware of

Most signs will initially be subtle unless you know the person well. This is not an exhaustive list and you may well discover additional signs in Books, Websites or YouTube. If you have experience in dealing with depression or a Mental Health First Aider – MHFA you will have learnt the ALGEE Method.

- Avoiding social connection.
- Avoiding things that you enjoy – takes too much effort.
- Gloomy facial expressions
- Sunken posture.
- Tearful.
- Expressing Negative thoughts, Expressing negative thoughts about themselves.
- Sadness and low mood.
- Withdrawal.
- Increased absence.
- Decreased performance.

- Self-harm thoughts and expressions.
- Suicidal thoughts, expressions, actions

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Photo by Milada Vigarove – Unsplash

Symptoms –

Not all symptoms are the same for all persons experiencing Depression

- Low mood, Low self-esteem.
- Negative thoughts, Negative interpretations of events.
- Tiredness and low energy,
- Poor concentration and memory sometimes lasting for weeks.
- Difficulty performing everyday tasks, Poor Sleep.
- Decreased appetite, Low sex drive,
- Irritability, Frustration, and anger.
- Physical aches and pain.
- Feeling like life is pointless, Feeling helpless.

"Everything – Standing, Sleeping, Stepping, Speaking, Moving, Pursuing a train of thought, gets hung up in that loop of Hesitation, that ends up feeling like paralysis"

Not a One Fix For All

It is important to understand that not all people with depression will respond to the same treatment because the causes are so complex and finding the right treatment might take some time. It can also be extremely hard for someone with depression to be able to motivate themselves to take positive steps.

"Someone living with depression cannot just snap out of it or man up."

Giving support and encouragement can really help a person living with depression find the motivation to make a change for the better. You cannot just switch it on or off. They might know what to do to recover, but they need support in achieving it.

Signs and Symptoms of Depression

It is low moods, feelings of worthlessness and not having anything to contribute, nothing good about me, lots of negative thoughts and feeling very tired.

Signs

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- Avoiding things that you enjoy – takes too much effort.
- Gloomy facial expressions
- Sunken posture.
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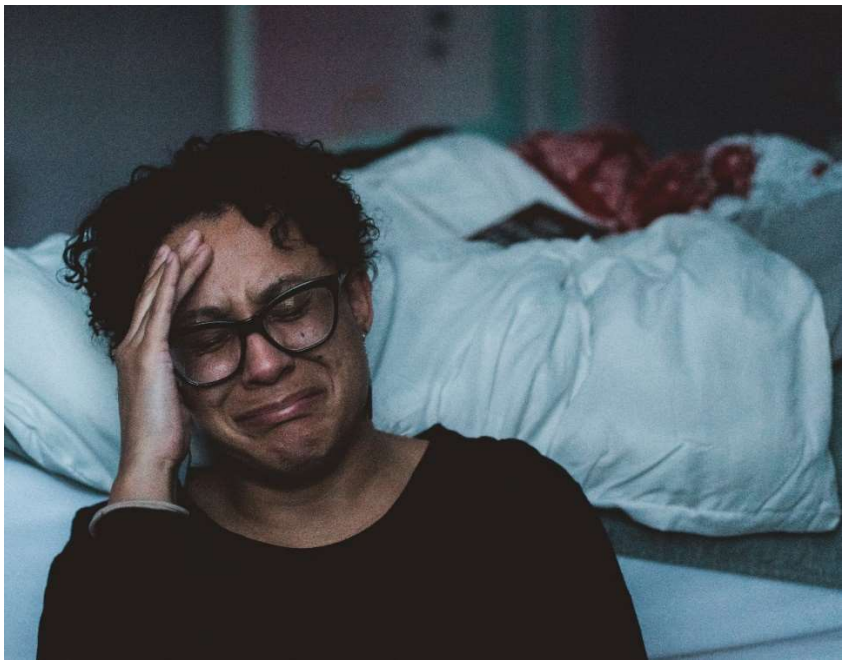
Post Natal Depression



"Feedback from a person who had postnatal depression says it went undiagnosed from a long period for 8 years always felt like something hanging over me. I thought it was normal to get anxious over things and to cry and feel low. When her second child was born, she went back to work after 6 months but within 2 months was off again. The doctor diagnosed severe postnatal depression and she felt like she was outside herself".

After having a baby 1 in 10 women can experience a type of depression also known as postnatal depression or postpartum depression. Whilst many may think that this can only affect mothers it can also affect men as well. It is quite common for a new mother to experience a sense of being very emotional, feeling tearful and thinking they will not be a good mother.

This is known as the baby blues and usually lasts 3 – 4 days and might be caused because of hormonal changes having the baby, it could also be exhaustion or just being away from home and in a hospital. If it last longer though it might be the start of postnatal depression.

The symptoms include those of depression, but also anxiety and confusion, if left untreated it can continue for many months and possibly a long-term problem.

Many mothers do not want to seek professional treatment as they think health professionals will see them as bad mothers, as such they may be worried that their children will be taken away from them.

Although postnatal depression could be severe a less common but an even more severe illness following childbirth is puerperal psychosis also called postpartum psychosis. The symptoms of psychosis will be covered later.

Anxiety

Anxiety vs Stress

At the outset we need to clarify what is Anxiety and what is Stress. These two terms can sometimes be used to mean or identify a situation where the coping mechanism is under threat. One may hear a person say, “I am stressed” or “I cannot cope” or “I am anxious about …” perhaps even “I am feeling overwhelmed”.

Anxiety and stress, however, are quite different. Both Stress and Anxiety can be managed with Cognitive Behavioural Therapy (CBT).

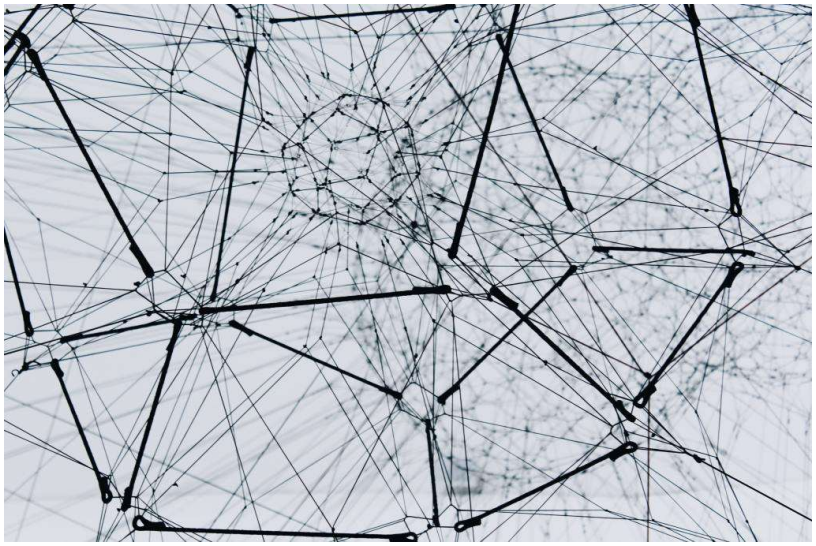
Anxiety and Stress Defined

Anxiety – is a person’s specific reaction to an **INTERNAL** source and does not subside even after a concern has passed. These can escalate into anxiety disorders. Occasional anxiety is common, but chronic feelings of worry, fear or dread are NOT common, and need to be addressed. Anxiety is a treatable and recoverable condition.

Stress – is a response from an **EXTERNAL** source and subsides once the situation has been resolved. It is a nonspecific response but varies in degrees as it is about the context and perception of the situation by the individual. Stress is a treatable and recoverable condition.

We all experience Anxiety at various levels and times as it is part of our Autonomic Nervous System (ANS) response – It’s our fight or flight response – an innate human quality for self-preservation. When this happens, our brains release chemicals of Adrenaline and Cortisol to assist the body to react to the perceived or real threat.

When the adrenaline courses through our body, we can experience some very real physical responses as well as psychological and emotional responses.



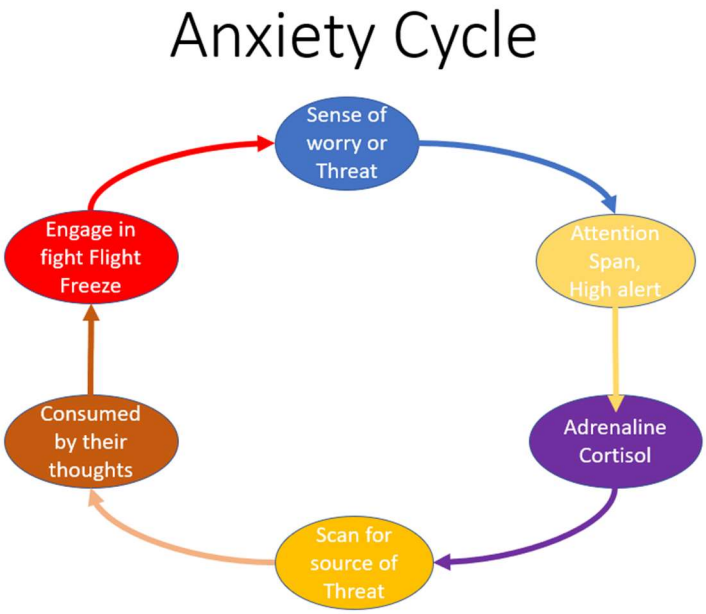
With Thanks to Alina Grubnyak – Unsplash

Sustained high levels of Anxiety will affect our Physical bodies as well as our mental health. It is therefore important for us to manage our levels of anxiety for our own well-being.

Anxiety Cycle

The exact cause of anxiety disorders is unknown, but anxiety disorders, like other forms of mental illness, are not the result of personal weakness, a character flaw, or poor upbringing. Anxiety disorders may be caused by environmental factors, medical factors, genetics, brain chemistry, substance abuse, or a combination of these.

"Although they may not consciously realise it at first, those suffering from Anxiety Disorders assume, on some level that their Anxiety is keeping them safe. This is a core belief that must be Identified, Challenged and then Replaced with Empowering Beliefs and Thoughts"



The cycle of anxiety works as follows:

An individual will feel a sense of worry or threat. As a result, their attention span narrows and they become highly attuned to their environment. Believing that they are at risk of harm, they begin “scanning” places (and people) in an attempt to locate the source of the perceived danger. At this stage, the individual is consumed by their thoughts. They then engage in avoidance or safety behaviours, which may yield short-term relief.

However, over the long term, they will experience more worry, more distress about the fact that their avoidance behaviours are having a negative impact on their life and more physical symptoms of anxiety. The individual may well become depressed. Sometimes, avoidance is not obvious – it may be harder to spot, a behaviour known as “subtle avoidance”. Classic avoidance behaviour entails eliminating all exposure to a feared situation.

There are several different types of anxiety, including generalised anxiety disorder (GAD), phobic disorder and post-traumatic stress disorder (PTSD).

GAD – Generalised Anxiety Disorder

Living with GAD affects all aspects of your life, meeting with new people, brings on anxiety, around new situations and at work new people, teams, or groups. Everyone is likely to have experienced anxiety at some point, taking an exam, giving a speech, or having a job interview are just a few examples of typical, anxiety inducing situations. It is normal to feel anxious in these times.

Anxiety disorder is a feeling of fear and worry that is severe and long-lasting. Sometimes people try and normalise it and say “oh I know what it is like to be anxious before a job interview” but it is not the same as having an anxiety disorder, it is something different every day, it is a constant worry and fear, a dread every day for no specific reason.

It is brought on by what a person perceives as threatening or from an environment where you feel like you do not have any control. This feeling of fear is part of the "fight or flight" response this response prepares our body to either run from danger or to fight it. We breathe faster, our heart rate increases, blood pressure goes up and we are on high alert.

It is a useful thing to have to keep us safe, but not if it is triggered at the wrong times. So, a certain amount of anxiety is normal but someone with anxiety disorder might experience levels of disorder that are disproportionate to non-threatening situation. High levels of anxiety are not sustainable.

Imagine you have a meeting to attend a few miles away and, on the drive there you take a wrong turn, well most people would be annoyed and accept that they will be a little late, but for someone living with an anxiety disorder might experience a chain of negative thoughts. These could be about how they have failed, how they always make mistakes, how they will probably lose their job.

They might associate driving to any future meetings with this bad experience and avoid driving to meetings in the future. In this case, the flight response is causing this person to avoid future situations that they perceive as threatening.

Signs and Symptoms of Anxiety

A person living with anxiety had this comment ***"some of the symptoms could be like a tightness in the chest, feeling sick, like trying to just run away from this, the adrenaline is kicking in and you experience racing thoughts, cannot seem to calm down, just thoughts of not being able to cope and of worry constantly".***

Signs

What might you observe then for someone who has anxiety:

- Nervy, twitchy movements.
- Tense posture.
- Shaking Sweating Blushing.
- Difficulty in speaking.
- Difficulty in performing day to day actions.
- Irritable.
- Make moans or screams.
- Avoidance.
- Withdrawal.

Managers can notice an employee's mental health with changes to the norm by the employee, avoiding activities or presentations, or being withdrawn from colleagues, working longer hours but no real increase in productivity.

Symptoms include:

- Fear or panic.
- Butterflies in the stomach feeling.
- A strong desire to just escape.
- Trembling.
- Sweating.
- Shortness of breath.
- Poor coordination.
- Reddening of the skin.
- Increased heart rate.
- Increased breathing rate.
- Aggressiveness.
- Poor concentration.
- Poor memory.
- Dizziness.

They might also experience Depersonalisation – (feeling detached from your body or thoughts) or Derealisation (feeling like that the outside world seems unreal)

"where it felt like I was just looking down at my empty shell and going through the motions of cooking, washing and ironing".

Adele the pop star singer has this to say "I have anxiety attacks, constant panicking on stage, my heart feels like it is going to explode because I never feel like I am going to deliver, ever"

Causes and Care

There is a genetic influence on anxiety and some people may be at a disposition to have anxiety. The biopsychosocial model fits into the biological category, but that is not the whole story. Past experiences where the person has had to deal with a stressful situation can cause anxiety for similar future situations. A fear of losing control of your life can also start anxiety symptoms.

A poor diet with excessive stimulants like caffeine can exacerbate anxiety, you may notice that if you drink lots of coffee and tea that you are more alert, almost on edge, but if you have anxiety that is the last thing you need.

Treatments

Self-help strategies such as:

- Mindfulness.
- Relaxation.
- Joining support groups.
- Researching the condition.

These are good first steps but sometimes it requires professional support

- Cognitive-behavioural therapy (CBT) with the help of a therapist they will help you see that the fears and thoughts are irrational and no evidence of them being true. They will guide you through steps on how to deal with anxiety.
- Graded Exposure therapy where support therapy will help them to confront some of their fears.
- Medication – such as Anti-Depressants or Benzodiazepines Diazepam / Valium.

As with depression finding the right the solution or medication takes time and there is not an immediate relief. Some things that you can do to support with anxiety include knowing their triggers. If you know that someone has specific triggers for their anxiety (driving to meetings) then be aware that these things may cause them anxiety. Do not force people with anxiety to do things that makes them anxious.

Although it is a good thing for those with anxiety to confront fear in order to overcome them, no one should force them to do it. However, discussing ways of how you will support them may lead them to attempt the task and realise that they can overcome the situation, but they should not be made to do it, even if you think, it is for their benefit.

Do not compare their fears to yours, to someone dealing with anxiety the fear feels very real to them even if it is non- threatening to most others. So, even if you think it is unreasonable to feel anxious about whatever that person finds threatening, you should show understanding that for the other person it is very real and therefore do not make a judgement about the legitimacy of their anxiety.

What can managers do to help? There are different ways to support people in the workplace with anxiety perhaps a change in their role, part time working, flexible working or reassigning things they do to another colleague. This could be on a temporary or permanent basis, asking how can I support you in this, can I work with you for this presentation and practice?

Suicide

Photo with thanks to Julia Mourão Missagia- Pexels

Suicide is the most serious crisis associated with Mental Ill Health, we need to consider this as the highest priority, when we discuss mental health conditions in the workplace and in society. The exact cause of suicide is complex but there are signs and symptoms we can spot.

As such we will focus a bit deeper on this condition.

Depression is linked to suicide but not all people who are depressed consider suicide. In many instances it is only when we talk to someone who is showing some sign of mental health that we discover the thoughts of suicide and the extent of the condition. The seriousness of the topic may make you want to shy away from it but please do not. There is no need to fear of doing something wrong or thinking there is nothing you can do. You can make a difference.

Approaching someone who is suicidal or displays signs of suicide

Preparing yourself before approaching a person with suicidal expressions.

Ensure your own personal safety, do not get involved physically with the person.

Be aware of your own attitude and beliefs about suicide and the impact it can have on helping someone. They may be from a different culture to you and have different beliefs about suicide.

Be calm and patient, listen without interruption or expressing your opinions or solutions. Ask open ended questions to engage in a dialogue, remember the person is trying to cope. Show that you are listening by summarising what they have said giving them feedback. Ask if you have understood what they have said after the summary.

Avoid feeling panic or shock when they disclose their thoughts, issues, or suicidal plan. Avoid any negative reactions . Do your best to appear calm confident and empathetic in the face of the suicidal crisis.

Act promptly if you see any of the warning signs and symptoms listed here or on the websites about suicide. If you are unable to talk to them find someone who can. Call a helpline if necessary. Tell the person you are concerned about them, describing their behaviours you have noticed. They may not want to talk to you, so be patient. Listen non judgementally, give them your full attention.

If a person says that they are hearing voices, ask what the voices are saying and telling them to do. The highest risk of a person completing suicide are those who have a

- Plan,
- Means,
- Time Set,
- Intention.

Be sure to identify where they are at this stage.

Try and discover if there are any previous attempts in the past. People who have attempted this in the past are at high risk to complete suicide. Ask if anyone in their family or friends have every considered or attempted suicide. Ask if they are on any medication currently or if they have treatment plan or undergoing any therapy at present.

Engage them in a serious discussion, not trivial things, ask them how they are feeling, what are they thinking, what has happened to them, how did they get to this point, let them describe these to you. it is important to get them to talk about what is happening to them at the minute. Thank the person for sharing their feelings and being honest and open.

Keeping them safe

It is important to keep the person safe once you have established is at risk of suicide completion. They should not be left alone. Work in partnership with them to ensure their safety rather than implementing your safety plan. The fact that you are talking to them about their feelings means they are not sure about completing suicide.

Remind them that suicidal thoughts are common, but we do not need to act on them. Focus on the things that will keep them safe for now. Involve the suicidal person in what you are deciding to do to help and support them. Be clear outlining what will be done, who will be doing it and when it will be done. Focus on the positive aspects.

Remember feelings are temporary, they come and go, and you can learn how to cope with life's stresses by gaining a new perspective.

Refer to – writing what they feel, expressing themselves, phoning a friend, finding and activity that will distract them, exercise our section about help them to help themselves. There are no one plan fits all or a solution that can be applied. Trust yourself, encourage them to seek professional help. Provide them support group details, charities, and organisations like Samaritans, NHS, Talking Therapies etc.

Signs and symptoms

- Any of the signs covered in the next section on depression, Phobias, Psychosis.
- **Excessive sadness or moodiness:** Long-lasting sadness, mood swings, and unexpected rage. Feeling trapped in a situation.
- **Hopelessness:** Feeling a deep sense of hopelessness about the future, with little expectation that circumstances can improve. No reason for living, no sense of purpose in life.
- **Sudden unexplained recovery:** Suddenly becoming calm after a period of depression or moodiness can be a sign that the person has made a decision to end his or her life.
- **Withdrawal:** Choosing to be alone and avoiding friends or social activities also are possible symptoms of depression, a leading cause of suicide. This includes the loss of interest or pleasure in activities the person previously enjoyed.
- **Changes in personality and/or appearance:** A person who is considering suicide might exhibit a change in attitude or behaviour, such as speaking or moving with unusual speed or slowness. In addition, the person might suddenly become less concerned about his or her personal appearance.

- **Giving away belongings** or getting affairs in order when there is no other logical explanation for doing this.
- **Talking about dying or wanting to die,** talking about feeling empty, hopeless, or having no way out of problems, mentioning strong feelings of guilt and shame, Talking about not having a reason to live or that others would be better off without them, Social withdrawal and isolation, Giving away personal items and wrapping up loose ends, Saying goodbye to friends and family.

YOU CAN DO THIS - YOU CAN MAKE A DIFFERENCE

Facts and Myths of Suicide

The table below is not exhaustive, but we have selected these 6 Myths as the more common ones that you could be exposed to.

MYTH	FACT
It is dangerous to ask a depressed person if they are considering suicide.	You may be afraid of approaching the subject with a vulnerable person for fear of mentioning it could inspire them to harm themselves. The reality is those struggling with depression may be relieved to have the opportunity to share their disturbing thoughts. You should ask them if they plan to harm themselves and how.
Once a person is seriously considering suicide there is nothing you can do	Most suicidal crises are time limited and based on unclear thinking or limited beliefs. People considering suicide want to escape their problems. People who have suicidal thoughts can recover and go on to lead fruitful and whole lives.
If a person really wants to kill themselves no one has the right to stop them or interfere.	Just because suicide implies voluntary action it does not mean that the person wants to die. They just want to escape the issues and pain. Death is not the only answer.
People take their lives –"out of the blue"	There are almost always warning signs, including telling others they want their lives to end, giving away their possessions, dramatic mood swings, abusing substances, withdrawing from society, and behaving recklessly or aggressively.
Only people with mental health conditions are suicidal	Suicidal behaviour indicates a deep unhappiness and not necessarily a mental condition. Many people living with mental conditions are not affected by suicidal behaviour and not all people who take their own lives have a mental disorder.
Talking about suicide is a bad idea and can be interpreted as encouragement.	Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour talking openly can give an individual other options or the time to rethink their decision thereby preventing suicide.

Panic Disorder

Photo with thanks to Andrea - Pexels

So, we have had a look at depression and anxiety but let us take a look deeper. We are going to look at a specific type of anxiety disorder known as Panic Disorder. Panis Disorder is something that someone with anxiety disorder may experience in the form of a panic attack.

A panic attack is experiencing a sudden and intense rush of anxiety. They are very frightening because they appear suddenly and escalate in intensity. The experience of having a panic attack is frightening, for someone having a panic attack this can become a vicious circle because they are scared it will happen again. That fear produces anxiety and panic attacks. So, it is understandable that people living with the condition are fearful of the attacks occurring again.

They might avoid situations similar to where the panic attack occurred and activities where some of the physical symptoms are replicated, such as exercise. Where you can experience an increase in heart rate, breathing rate are similar to a panic attack and may avoid exercise in the future.

Not all episodes of a panic attack mean that person has panic disorder, sometimes there are understandable reasons that someone would have this experience. Somebody experiencing a break-in, or a road traffic accident might understandably have a panic attack. However, panic attacks are seen as a disorder if they happen frequently and without any obvious reasons and they would have an impact on whether a person could live a “normal” life.

That is panic disorder is a sudden and intense feeling accompanied by intense physical symptoms. What are these symptoms and what might be experienced? There are similarities between asthma attacks and heart attacks in terms of the physical symptoms.

Physical Symptoms include:

- Heart racing.
- Feeling dizzy.
- Feeling breathless.
- Shaking.
- Sweating.
- Hyperventilating.
- Feels of impending doom or death.

Signs to look out for:

- Difficulty breathing.
- Sweating.
- Expressing feelings of fear.
- Shaking.

If you think someone is having a panic attack you should

- **If you are in doubt -** Because the symptoms of a Panic Attack and Heart Attack are similar call 999 and get an ambulance dispatched to your location.
- **Ask them how they are feeling** – try to find out if they know it is a panic attack and if it has happened before. Because there are similarities to asthma and heart attacks you should try find out which one it is. If they think they are having a panic attack, ask them what you can do to help. If they have never had a panic attack and do not think they are having one now, then you should quickly seek help from a medical professional as it could be a serious physical problem.
- **Breathe** – At this time, their breathing will be short and possibly even hyperventilating, which in itself adds to the attack experience. Take control and calmly get them to follow your breathing at a slower rate. This will calm them and get the oxygen into the brain to get the panic to subside.
- **Reassure them that it will pass** – calmly and confidently tell them - (change the pace of your speech -slow down, check your tonality – calm and in control and assure them that this experience will stop. Acknowledge how they are feeling right now but let them know it will end. Panic attacks usually reach their peak within 10 minutes so they will begin to calm down in a relatively short space of time. Make sure that you do not trivialise their situation or experience, let them know you understand that their experience is very real to them but that you know it is not life threatening and that it will soon improve.
- **Calmly and confidently ask them what will help**, let them know that you are there to help them. Ask what was helpful in the past and try to do it if you can and it seems appropriate.
- **Control yourself** – It can be a frightening experience to see someone have a panic attack, but you need to stay calm focused and in control. If you think you would find it difficult to stay calm in this type of situation, try running through a situation where someone has a panic attack. Practice what you would say and do and see yourself acting calmly. Although it may seem a little silly doing this, imaginary rehearsals like this can be useful in preparing you should the situation ever arise.

Bipolar – overview

Photo with thanks to Rafael -Pexels

Photo thanks to Elijah Hiett - Unsplash

Think back to the section on Depression. Depression can be seen as one extreme of emotion in this case, feelings of hopelessness and, in some cases not wanting to live anymore, this is a unipolar experience. This means that there is just one side to it. When trying to understand Bipolar try and imagine it as a seesaw, at one end is depression and the other, the opposite and this other side is mania.

As we have already looked at depression this section will focus on mania. The amount of time spent in either the manic or depressive phase, depends on each individual. There are individual differences in how long it takes to move between each extreme and how much time is spent in the middle, where a typical range of emotions is experienced.

Because the timings of each side vary, bipolar disorder can be difficult to diagnose because both sides must be present. It might take a long time for a professional to realise that a person they think has depression, actually has Bipolar.

Let us take a closer look at the signs and symptoms of Bipolar.

Signs

What signs might we be able to observe. When in the manic state you feel like nothing is wrong with you, you are on top of the world and people around you notice the changes before you do most times.

- Become louder than normal.
- Obnoxious.
- Talk over people.
- Do not want to hear their opinions.
- Cannot keep still.
- Fidgeting.
- Twitching.
- Anti-social.

Symptoms

In the manic / mania phase it feels like any environment is sedative and you have this massive amount of energy that just needs to get out, need attention, need to be the most entertaining, it is a need.

Mania is a sense of intense joy and having an overwhelming amount of energy, a person's ideas feel like they are cascading into their minds without much logical connection. They might sleep extraordinarily little and spend a lot of time appearing intensely engaged in activities but achieving very little.

They might experience a sense of freedom even a sense of invincibility and spend large sums of money in shopping sprees. Bipolar disorder can also produce psychotic symptoms in the manic phase they can have delusions of grandeur about themselves that focus on having increased abilities, or other enhanced characteristics such as increased strength or intelligence.

It is also possible for a person in the manic phase to experience hallucinations.

Causes

You can probably guess by now that that I am going say that the causes of Bipolar are unclear, as with depression we need to think in Biopsychosocial terms to have the best chance of finding a reason why someone has developed the disorder. Remember it is a combination of all three factors that affects someone's mental health.

Treatments

Medication is one of the most effective ways to treat Bipolar disorder and the type of medication will depend upon which specific phase the person is in. Lithium is frequently used to stabilise a person's mood, and anticonvulsant medications can be used in treating the manic episodes.

If you meet someone with bipolar, you should be aware that they may experience extreme mood swings. It is important to accept that this is part of the condition and that they are not faking either extremes of emotion of the condition. We generally expect people to be more or less the same each day, so seeing someone's personality change quite so quickly can be difficult to accept.

We need to know that it is part of the condition and not a person's choice, knowing this will allow you to see the person in a more sympathetic and understanding way. This is important to their recovery as a supportive environment can be a great source of stability.

Managers can really help, here is a good example of a manager approaching someone with this condition. ***"The manager remained professional but did not have the corporate or business tone and that they had my health and wellbeing as their main objective. Their whole demeanour changed when we started talking and it felt like I was talking to an outsider".***

"They asked if they could take notes, so they do not forget anything. They were very calm, they asked questions about, what is happening your life, hobbies, general interests, I could see they felt completely at ease talking to me and made it easy for me to open up about how to help me. They spoke about reasonable adjustments to make work a lot easier".

Psychosis

Photos with thanks to Andrea - Pexels

Overview

Of all the mental health conditions psychosis possibly carries the largest stigma, this may be because people hear the psychosis and link it to the slang word “psycho”, which actually an abbreviation of Psychopathy, which is when a person has reduced care and concern for others, lacks remorse and has increased criminal tendencies.

So, referring to someone with psychosis as “a psycho” is not only hurtful but actually inaccurate as well. We will see what psychosis really is in this section. Psychosis is not a single disorder but a more general term to describe conditions where a person’s perception of reality is different to what is agreed upon by others.

For example, a symptom of psychosis can be having auditory hallucinations (hearing voices), for the individual with psychosis the voices are very real, but most of the people will know that the voices do not exist. So, psychosis is losing touch with reality in some way.

Mental health conditions such as bipolar disorder, psychotic depression, substance abuse and schizoaffective disorder, can all be seen as conditions that can have symptoms of psychosis. In order to better understand psychosis, we will focus on schizophrenia in this session.

The first we need to know is that schizophrenia is not having a split personality. The word schizophrenia does come from the Greek for “split mind” which does suggest separate identities, perhaps but it is best understood in the sense of having “split from reality”.

There are various forms of schizophrenia such as paranoid schizophrenia and catatonic schizophrenia, but they all share the idea that the person is not connected with reality anymore. Let us explore the signs and symptoms.

Signs

So, what signs may you observe in someone with psychosis:

- Thought process disorder – is being unable to stay on topic, speaking in jumbled and rhyming ways, making new words and unable to complete sentences. Sometimes referred to as “Word Salad”.
- Disturbance of emotions – is losing appropriate emotional responses to situations, lacking emotions altogether, or changing emotions suddenly and unexpectedly.
- Psychomotor disorders – include an inability to move (Stuporous Catatonia), grimacing, twitching and repetitive movements.
- Lack of volition – is the loss of drive or willpower leading to the inability or desire to make decisions and a loss of care for situations or people.

Symptoms

Symptoms include:

- ***Thought disturbances*** – come in various forms –
    - Thought insertion, this the belief that your thoughts are not your own and have been placed there by outside forces.
    - Thought withdrawal, this is the belief that your thoughts are being taken from you by outside forces.
    - Thought broadcasting, this is the thinking that your thoughts are being made know to others.
    - These other forces could be – the government, Martians, Communists, or any other culturally relevant organizations.
- ***Auditory hallucinations***, this is the experience of hearing voices that no one else can. They are usually giving a negative, hurtful running commentary of a person's life using obscene and upsetting language. They might try to convince someone to undertake violent or criminal acts. It is important to realise that for the individual, these voices do not seem to come from within but from they have heard.
- ***Delusions*** – they often relate to a delusion that the person is currently experiencing, reinforcing the "reality" of their faulty belief. Delusions are another symptom, they are false beliefs that a person with psychosis can believe to be true, despite any evidence to the contrary. These delusions can be varied and there are several categories they can fall into:
    - Someone with psychosis could have delusions of grandeur – where they believe themselves to be an important or famous person or that they have increased abilities and intelligence or they may believe that they are omnipotent leading them into dangerous situations they believe will not harm them.
    - A person with paranoid delusions – they believe that they are being persecuted in some way, they could believe that they are being followed by government agents or that aliens are watching them or they believe a persecutor deliberately tricks, torments and ridicules them.
    - A person could have Erotomania which is a belief that a person (often famous but completely a stranger) is in love with them. This is also known as (De Clerambault syndrome) .
    - A person could also have Somatic delusions – where these delusions lead a person to believe there is something wrong with their physical health. These delusions are not as simple as showing the person facts to the contrary, the delusions continue to be real for the person, even when they are shown incontrovertible evidence that they are wrong.

Causes

As with other disorders no one has the answer to what the precise thing is that causes psychosis, current thinking is that it is a genetic thing but no more than for other illnesses like diabetes or cancer, so it is not entirely genetic (Lilienfeld 1995), but it might make a person more predisposed.

There are changes in brain shape and chemistry in people with schizophrenia, but it is not clear if this is a cause or consequence of the disorder.

Symptoms of psychosis could be as a result of drug use , but not always. After the father of the beach boys, Brian Wilson, died he spent 2 years abusing alcohol, drugs and overeating. At one time he demanded that he be buried in a grave he had dug in the backyard. He also admitted to auditory hallucinations and it is possible that these psychotic conditions were brought on by drug use but most likely it is a combination of the factors within the Biopsychosocial model.

Although there are some psychologists who actually see it, not as an illness, just a label society uses for people who do not fit in. Interestingly in some cultures, psychotic episodes are actually desired. Auditory hallucinations may sound like something only someone who is unwell could experience, but in many religions, they would celebrate a person hearing voices if they were apparently those of their god. So social factors (such as acceptance of what is normal) can play a part to.

Treatment

Treatment of psychosis focusses on prevention, so referral to a specialist when signs of psychosis first arise is especially important, as the length of time that psychosis goes untreated, has an impact on how severe it becomes. The longer it is not treated, the worse the symptoms and chance of recovery becomes.

Treatments that focus on prevention are:

- Cognitive Behavioural therapy.
- Treatment of other conditions at the same time as depression and anxiety.

Ideally, these preventative measures will stop psychosis becoming developed. Treatment of developed psychotic symptoms relies on anti-psychotic medication and cognitive behavioural therapy.

To help someone you may meet with psychosis it is important to be non-judgemental, the symptoms of psychosis can appear highly unusual to someone not experiencing them. Specific delusions and behaviours can appear ridiculous to an outside observer, but it is crucial that you do not pass judgement about their specific symptoms.

Clinical lycanthropy, for example is a psychotic condition where a person believes they are an animal usually a werewolf and may hallucinate that they have the features of the animal. To hear this from someone is clearly an unusual and surprising experience, but for the individual it is very real and you should always show empathy and understanding, even if someone is telling you something that is hard to accept.

Laughing or showing horror and disbelief at a person's hallucinations, delusions or behaviours will not help them at all. If they are telling you about their delusions or hallucinations it is important that you do not agree with them, you should not agree that their beliefs are true or that you can experience the things they do as well. This is because you do not want to encourage or validate their beliefs.

Instead, your response should be to show you are empathetic, you can say things like – That must be extremely hard for you or I can see how much it is affecting you. Phrases like these show that you care but that neither agree nor disagree with a person's beliefs.

Psychotic Depression

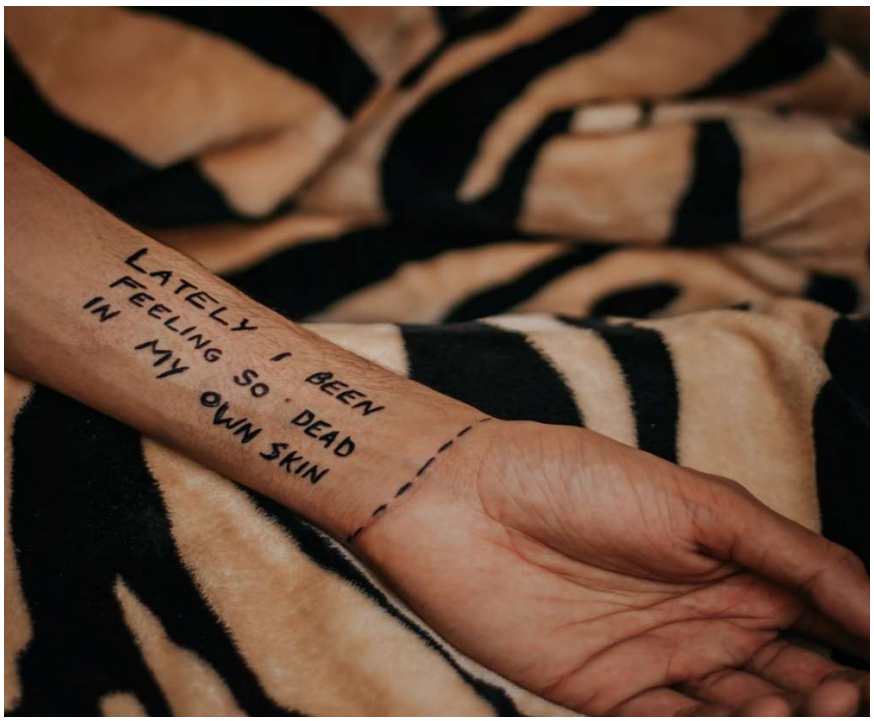


Photo with thanks to Dollar Gill - Unsplash

Psychotic depression as you learned in the previous session on psychosis symptoms can include hallucinations and delusions and sometimes in severe cases of depression a person can experience these psychotic symptoms – this is psychotic depression. Nearly 20% of those with severe depression will experience these symptoms but it is difficult for professionals to predict which individuals will develop them.

A person with psychotic depression may neglect appearance by not bathing or changing clothes. Or that person may be hard to talk to. Perhaps they barely talk or else says things that make no sense. Those with psychotic depression usually have delusions or hallucinations that are consistent with themes about depression (such as worthlessness or failure). People with psychotic depression also may be humiliated or ashamed of their thoughts and try to hide them. Doing so makes this type of depression exceedingly difficult to diagnose.

The delusions and hallucinations experienced tend to focus on negativity about the self, they are usually self-punishing, self-criticizing, and self-blaming. For example, they may hear voices that criticise and blame them, their effect is to make the person feel more depressed and anxious. The anxiety produced by the psychotic symptoms can lead to physical movements such as – rocking, fidgeting and other repetitive motions that are the body's attempts to self-soothe.

As with psychosis the person has split from reality, they may have beliefs that their thoughts are being controlled by others and can hear what they are thinking or that they are being persecuted in some way (paranoia).

The delusions are quite common and are of a depressing, nihilistic nature, for instance, the person may say they are dying of cancer, or that they lost all their money, or that they did something bad, like not pay their taxes.

Other symptoms include:

- Loss of energy and motivation,
- Feelings of hopelessness, helplessness, emptiness, and despair,
- Intellectual impairment,
- Agitation,
- Delusions, Hallucinations,
- Being unable to sleep properly,
- Having suicidal thoughts,
- Continually worrying about their health,
- Inability to move (Stuporous catatonia).

Communication and Support

Approaching

A person developing psychosis may not reach out for help. If you are concerned about someone, approach them in a caring and non-judgemental manner. You should approach them for a one-on-one conversation, rather than a group discussion. Do this in an environment that is likely to be safe, comforting, and free of distractions. Allow adequate time to have a conversation with the person.

Try to be calm, regardless of the person's emotional state. Do not approach the person in a confrontational manner. If you are concerned about how the person will react to your approach, consider having a support person nearby. Tailor your approach and interaction to the way the person is behaving, - if they are suspicious and avoiding eye contact, you should be sensitive to this and give the person the space they need.

If the person approaches you because they want to talk about what they are experiencing but you do not have time to give them your full attention, you should explain this to them and offer to meet when you can give them your full attention.

Support

When supporting someone experiencing psychosis you should:

- talk clearly and use short sentences, in a calm and non-threatening voice,
- be empathetic with how the person feels about their beliefs and experiences,
- validate the person's own experience of frustration or distress, as well as the positives of their experience,
- listen to the way that the person explains and understands their experiences,
- not state any judgements about the content of the person's beliefs and experiences,
- not argue, confront, or challenge someone about their beliefs or experiences,
- accept if they do not want to talk to you, but be available if they change their mind,
- treat the person with respect,
- be mindful that the person may be fearful of what they are experiencing.

Ask the person if, and how, they would like you to support them. Reassure them that you are there to help and want to keep them safe. Also ask them if there are any current stressors that may be contributing to their symptoms, and whether they would like practical support, e.g., arranging childcare or assisting them with medical appointments.

However, do not try to immediately provide the person with solutions. You should make it clear to the person what you are willing and able to do to support them.

Treatments for psychotic depression

Treatment for psychotic depression is amazingly effective. People are able to recover, usually within several months. But continual medical follow-up may be necessary.

Treatment for psychotic depression is usually given in a hospital setting. That way, the patient has close monitoring by mental health professionals. Different medications are used to stabilize the person's mood, typically including combinations of antidepressants and antipsychotic medications.

Focus not only on medication, but also on psychotherapy such as Cognitive Behavioural Therapy (CBT), Electro Convulsive Therapy (ECT) can also be administered under appropriate conditions if the individual agrees usually with sedatives and muscle relaxants.

To be a support you should follow the same advice as above for psychosis.

OCD – Obsessive Compulsive Disorder

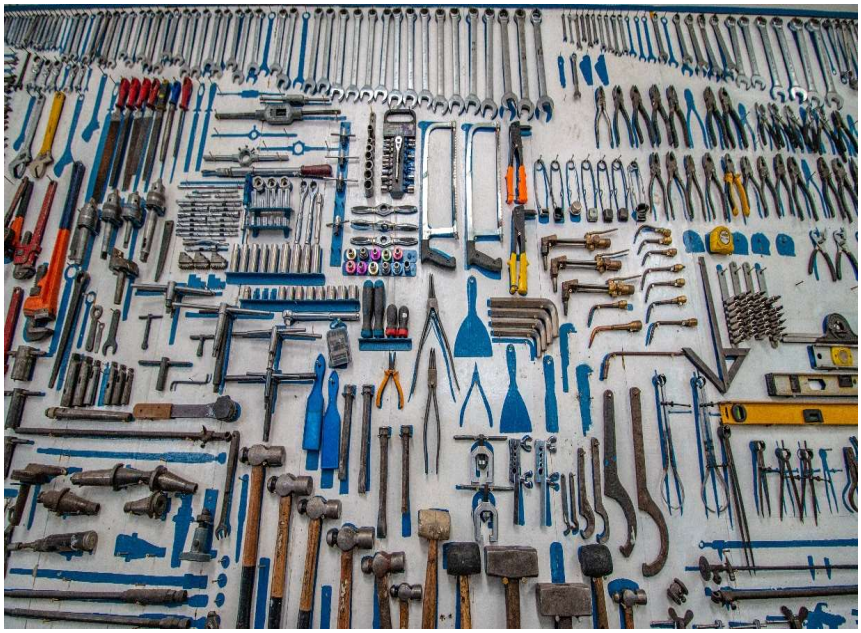


Photo with thanks to Cesar Carlevarino Aragon - Unsplash

Overview

This session we will deal with OCD, it has become common for people to say that they are a bit OCD about something and what they really mean is that they like things a certain way and they do not like it if is different. This is not obsessive-compulsive disorder in a clinical sense.

OCD is a condition that becomes disruptive to a person's enjoyment of life and be quite debilitating in some cases. It is far more than being a bit particular about certain things. OCD is comprised of two elements:

- **An obsession** – obsessions are intrusive, unwanted, and upsetting thoughts that appear in a person's mind repeatedly. The thoughts are often horrifying in some way or morally disturbing. For example, they could be thoughts about ones' children, or carrying out some other harmful act against others.
  For religious people, obsessions might take the form of repeated forms that their god does not exist, or obsessions could be about a horrible event happening like your house burning down or a plane crashing.
  These obsessions have to be ignored or supressed by the individual , they do not want to think these things and they have to make efforts to neutralise them in some way. Attempting to neutralise the obsession (to stop something bad happening) is how a compulsion develops.

- **A compulsive behaviour** – a compulsion is an action that someone feels that, if performed correctly, it will prevent the bad event happening. Compulsive behaviours adhere to strict rules and it is often the case that if a person thinks they done it wrong, that they must start again.
  For example , a person who has an obsession that they have germs on their hands that may lead to them contracting an illness, may develop a compulsion to wash their hands in a certain, ritualised way.
  If they do not get it right, then they will need to start from the beginning and whilst washing your hands seems innocuous, the repetition of this can lead to skin damage. Furthermore, a person may become so caught up in this activity that they are unable to move on to what they need to do next.
  Imagine needing to take your children to school, but being unable to, because you have not gotten the handwashing routine exactly right.

It may seem amusing to an outsider or observer , but it is actually easy to see how OCD can easily become a dominating force in a person's life. The person performing the compulsive act might agree that it is unnecessary, but the action is purposeful and appears to help them and every time that the action is performed the terrible event of the obsession does not occur, the individual has a reason to think performing the compulsive action worked.

So, they keep doing it and become trapped in a vicious cycle. It is possible to have an obsession but no compulsion, but an alarming example is, the thought some people have is that they could be a paedophile. This intrusive, unwanted, and incorrect thought is extremely damaging, particularly if the person has small children.

Although they might not perform a compulsion to negate this obsession, they may avoid their own children and be unable to provide a reason to their partner. After all, how could you explain this to a loved one without causing them understandable anguish, both for their children and themselves.

OCD is far more severe that we express in our everyday use of the term. It is not that we cannot use the term, but you should be mindful that being diagnosed with OCD is more than being picky or fastidious.

Signs

You might see these signs

- A person performing repetitive action.
- Nervy or twitchy movements.
- Tense posture.
- Tense facial expressions.
- Shaking.
- Sweating.
- Blushing.
- Irritability.
- Avoidance.
- Withdrawn.

Symptoms

To explore the signs and symptoms of OCD here is feedback from a sufferer, ***"I suffer with OCD symptoms, I have itchy palms, I must have a new brush everyday otherwise my hands itch, as soon as I have bought any kind of brush it stops, kitchen utensils must be in the right place otherwise I will shout around the house who has done it".***

Leonardo DiCaprio has OCD and this is his comment "I remember my makeup artist and assistant walking me to the set and going, Oh God, we are going to need 10 minutes to get him there because he has to walk back and step on that thing, touch the door and walk in and out again"

clearly demonstrating someone suffering from OCD and having to perform the ritual exactly right.

- Having obsessive thoughts.
- Compulsive behaviours.
- Usually accompanied by anxiety and depression.

Causes

What are the potential causes of OCD and how we can support someone who has it? How a person develops OCD is difficult to know, but genetics, life events and personality seem to play a part. So, we are back to the biopsychosocial model and the importance of considering all the factors.

Treatment

Treatments usually focus on using cognitive behavioural therapy to help someone face their fears, and medication such as selective serotonin reuptake inhibitors (SSRIs) normally used to treat depression can help.

A person who has told you they have OCD will be hoping you will show understanding. Now that you know how severe OCD can be , ensure that you react appropriately. You do not need to show shock or let them know how awful OCD is, you just need to demonstrate that you are taking it seriously.

Remember that some obsessions and compulsions can seem very strange and unjustified, but they have a very real impact on a person dealing with them. Equally, some obsessions can seem very shocking, and you should refrain from reacting in an emotional way. Show you take it seriously by responding in a calm, controlled manner listening carefully, remember you do not have to try and cure them and that the most important thing now is for them to feel respected and understood.

Someone with OCD might hope that those around them will make life a bit easier for them where possible. For example, if they have an obsessive belief about germs they might want to be near a bathroom or kitchen in the workplace or in other environments outside of their home. Rather than comment on this, a person with OCD would most likely prefer others to accept that it is something that helps them and not comment on it.

Sometimes the rituals someone with OCD has to perform can take a long time, they be concerned they will be in trouble at work because they are late, or friends will be annoyed at them. If you know that they may need time to complete a routine for a compulsive behaviour, then understand if they are late.

They do not want to be late and it is not laziness and they feel highly embarrassed, so ensure that you show that you understand and that you support them. Being angry at them is not going to help them recover.

Phobias

Photo with thanks to Milada Vigerova - Unsplash

Overview

Phobias fall into the category of Anxiety disorders. Anxiety disorder is having a fear of something that is not justified by the situation. Whereas anxiety disorder can be generalised, phobias are cases of anxiety in more specific circumstances. There are three generally accepted categories:

- **Specific Phobias** – Usually focus on one thing that is the source of anxiety for example having a fear of dogs (Cynophobia), fear of enclosed spaces (claustrophobia). There are far too many phobias to list, and almost anything has the potential to cause a phobic reaction.

  Sometimes the source of a phobia can seem reasonable to other, such as pathophobia (a fear of disease), but sometimes it is hard for others to understand why a specific phobia is so powerful when it seems entirely irrational.

  For example, trypophobia (a fear of objects with small holes clustered together like honeycomb or coral), but it is important to remember that the feeling of fear is very real for the individual experiencing it, even though they might agree that the phobia is irrational.

  In fact, part of the definition of phobia is that it is irrational. So, just trying to convince someone that the thing they fear is not really dangerous or frightening is not an easy process, trying to avoid the source of fear can become a dominating force in a person's life. It can become disruptive to everyday functioning and reduce their quality of life.

  The phobias usually develop in childhood but can also appear later in life. Thanatophobia (fear of death) is one such condition appearing in older people, this seems to make some rational sense though.

- **Social Phobias –** also known as complex phobias where the source of fear in these cases is feeling that you will be embarrassed or humiliate yourself in front of others. This is a reasonable thing to think in some high-pressure social situations (such as giving a speech at a wedding), but social phobia can make people experience the high level of anxiety in situations that most others would not find threatening.

  So, just talking to others, eating, or drinking in front of other people or having to write when someone is watching, are just a few examples of when phobia could manifest itself. The problems usually start in adolescence and as with a specific phobia, avoiding social situations can be time consuming and a life disrupting activity.

Someone with a social phobia could find it exceedingly difficult working with someone, not because they cannot get on with people, but because they are experiencing a fear of being humiliated or embarrassed.

- **Agoraphobia –** is a fear of being in a situation where help is not nearby if something happens, it is being away from a safe place such as home, because having anxiety and phobias can produce very frightening panic attacks, many of those dealing with the condition worry about experiencing an attack and being away from a safe place if they do.

  As a result, they may be afraid to leave their home in case it does happen, it is also a fear of being unable to escape a dangerous situation and accounts for 60% of all phobic patients (Gross 2001). As with all mental health conditions there is a STIGMA attached and a quite common experience is for people with a phobia to try to hide the fact that they have it.

  This becomes a further source of anxiety and general feelings of shame and guilt.

Symptoms

The symptoms produced by phobias are similar to panic attacks, having a panic attack causes the same symptoms as a heart attack, so when a person has an anxious response to their phobia it can be very frightening. These symptoms contribute to the feeling of anxiety and create a vicious circle that can lead to a full-blown panic attack.

This only serves to confirm the power that the phobias have over a person because they associate it even more closely with the negative physical experience. You can refer back to the symptoms of a panic attack but for ease of reference here are some.

- A choking feeling.
- Feeing faint.
- Increased heart rate.
- Difficulty breathing.
- Disorientation.
- Nausea.
- Feeling like you are outside of your body.
- A sense of losing control.
- Fear of dying.

Treatment

Understanding what causes someone to develop a phobia is difficult, it is based more on individuals and their experiences rather than one general factor that causes phobias in everyone. So, whilst the Biopsychosocial model applies the focus is on social factors. Childhood trauma is thought to be the cause of phobias.

For example, if you were trapped in a small space as a child, it is possible that this could lead to claustrophobia or if you were bitten by a dog you could develop cynophobia (fear of dogs). Other theories suggest that we learn to be afraid of certain situations or objects because we associate them with something negative happening, other theories suggest that we have an evolutionary disposition to learn to find things fearful as this will keep us safe.

But some people may more predisposed that others and develop a fear too easily

Self-help techniques can be beneficial like:

- Relation.
- Graded Exposure – gradually facing a specific phobia (in a graded way).
- Discussing the fears with others.

Professional help can include:

- Cognitive behavioural therapy.
- Counselling.
- Desensitisation.
- Clinical hypnotherapy.
- Medication can also be prescribed.

Some phobias can seem to be bizarre to others and unjustified, phrases “like that must be really hard to deal with” are useful to express your concern, without passing judgement on the nature of the phobia.

Because having a phobia could lead to a panic attack it is useful to know what to do in case it happens. You can refer back to the advice concerning panic disorder as it is possible that facing a phobia could produce a panic attack.

Remember how important it is for YOU to be calm and in control, ask them what is happening, let them know it will pass. Specifically, with social phobias the longer it is left without any professional treatment, the harder it is to overcome. You should encourage them to seek professional help if they are not already, and that you will support their decision to do so.

Substance misuse

Photo with thanks to Sharon McCutcheon - Unsplash

Overview

Many people use substances that are not healthy for them, drinking alcohol for example is not particularly good for your body or mind but a lot of people consume alcohol, and just because it is bad for you, it does not mean that you have a mental health condition or that you are misusing a substance.

What counts as misuse can be defined in two ways:

- Having a dependence on a substance.
- Using a substance in a harmful way.

The problem occurs when a person uses a substance in a way that is causing them harm, or they cannot stop using it. It can be in the short-term or long-term. Having a hangover is not enough to qualify as short-term harm (unpleasant as they are), there needs to be a pattern that develops.

It is not just about the amount a person uses that defines the problem it is about how it affects them and others around them.

Signs

Symptoms a person might experience include:

- A compulsion to take the substance is a feeling that they have to do it.
- A range of physical and mental symptoms.
- Withdrawal symptoms such as shaking, sweating, nausea, anxiety, and hallucinations.

So, what might we observe form a person using / abusing a substance?

Daniel Radcliffe from Harry Potter says – "I was living in constant fear of who I would meet, what I might have said to them, what I might have done with them, so I would stay in my apartment for days and drink alone. I am a fun, polite person and alcohol turned me into a rude bore."

It is one sign when you see people withdraw themselves or avoid contact. Person's misusing substances include:

- Poor concentration.
- Unexplained absences.
- Poor physical appearance.
- Poor relationships with others.
- Physical illnesses.
- Unexplained expenditures of money to fund the purchase of the substance.
- May get involved with criminal activity.

Other signs will vary according to the substance being misused, but could include needle marks, bruising.

Symptoms

Harmful substances include drugs such as:

- Cannabis.
- Opioids (like heroin).
- Cocaine.
- Amphetamines.
- Ecstasy.
- Hallucinogens (LSD).

Drugs we do not even consider or see as drugs like :

- Tobacco.
- Caffeine.
- Alcohol.

Also, drugs used to be called "legal highs" can be misused in the UK, they were legal as a result of having enough of changed chemical structure to avoid the law not because they are safe or non-addictive, as a result, they are now legal.

Treatment

A person who is suffering from mental health conditions might use illegal substances to help themselves feel more normal. like actress Carrie Fisher who says ***"I used to feel like a drug addict, pure and simple – just someone who could not stop taking drugs wilfully. And I was that. But it turns out that that I am severely manic depressive (Bipolar)"***

Some people can be quick to place blame on individuals for making bad choices but, there are research, suggesting that some people are predisposed to substance misuse (NIAA, 2012), but environmental factors such as stress at work or in relationships are what lead to a person misusing a substance.

There might be many other environmental factors involved that have a cumulative impact. It is important to consider the possibility that a person might be dependent on a substance, not because they just enjoy the feeling that it gives them, but because it has been precipitated by other events and it is a coping strategy or form of self-medication.

It can seem difficult to have sympathy for the person but sometimes sympathy may be justified in a large number of cases.

So what treatments are available? Substance misuse can be treated effectively by interventions from a professional, these interventions are short and focus on addressing how much of the substance a person is using and help them cut down. They are encouraged to think about the positives of stopping and the emphasis is put on the individual to take control.

This is done in a positive, understanding way rather than taking a forceful approach. Another option is for a person to undergo withdrawal management, with the supervision of a professional the individual stops taking a substance so other treatments can start. The supervision is necessary as the effects of withdrawal can be severe in some cases. As

mentioned previously , it can cause symptoms such as anxiety and hallucinations so professional support is crucial.

There are other psychological therapies available that focus on helping the person break the cycle they are in, cope with cravings and withdrawal, and increase motivation and self-confidence to help a person make a change. Medication is an option in some cases to help prevent the craving and medication such as methadone can be used for people addicted to opioid drugs like heroin.

Early intervention with treatment is essential

This helps prevent the long-term negative impact of substance abuse. To be supportive you can:

- **Be non-judgemental** – many people find it easy to blame an individual for their addiction and as a result, we think it should just be up to them to sort it out. However, we rarely know the full story about why they have an addiction or misuse of a substance. As such you should hold off your judgement and treat the person with dignity and respect.
- **Guide them towards professional support** – Given that there are severe long-term effects, it is essential they seek professional help and support as soon as possible. Whilst you cannot force this upon them you should make it clear to them that people do recover and beat addiction with professional support.

  You should also let them know that there is nothing to be embarrassed about to seek help, in fact it is the most courageous thing they can do. Support can come from their GP, Psychologist, or charitable organisations.

  There are also self-help support groups:
- Alcoholics Anonymous.
- Narcotics anonymous.
- other local support groups in their area.
  Searching online for sources of support near you could be a useful way of guiding them in the right direction. Let them know that you will support their search for help as much as you reasonably can.

Remember blaming them for their addiction is not useful and the thing they need more than anything is support from those around them

EATING DISORDERS

With thanks to Jake Ryan – pexels

Not Only About Food

Eating disorder is a growing mental health condition that is treatable and can be recovered from. The media plays a major role in promoting well-being and healthy eating whilst, vilifying those who are of a different shape or size. Diet promotion, latest fads, image projection and social media play a part in this condition.

It is a complex condition, very personal and varying in each person's reality of the need for food and can be difficult to pinpoint. Sharing your concerns with someone who may show common signs of this disorder will make a significant difference in their wellbeing.

What is it exactly?

Whilst on the surface it may appear to be about the type of food, body image, weight management, it is usually more complex than that as it is deeply associated with other mental health conditions. In many cases it could be about , low self-esteem, emotional stress, anxiety and also can be viewed as self-harm.

There are significant articles on the web – (symptoms, diagnosis, treatment) and wonderful charities and organizations that are here to help those suffering with this condition. Our purpose is to help those who are suffering by exposing some of the issues related to the underlying conditions and how you can make a difference to those who display some of these symptoms.

Eating is part of our way of life and existence and could be categorized into healthy and unhealthy eating stages. It is an area of personal preferences, tastes, smells, flavours, recipes, and presentations to name a few aspects. There are 4 basic eating stages that we want to focus on here in this page. They are (healthy) Energize, Enjoy, (Unhealthy) Munch and Scoff (not official scientific categories but easily identifiable)

"Being able to spot some of the signs of these disorders and help those who suffer from them, is to get help and intervention as early as possible for them to achieve full recovery and to live a fruitful, healthy Productive life."

The Big Four

It would be remiss of us to not consider the impact of cultural considerations, tastes, perceptions, historical or heritage as we outline the Big Four stages below.

Energize – This eating stage is all about energy replenishment, nutrition, and nourishment that the body needs to sustain a healthy lifestyle and well-being. Ideally these foods should make up the largest portion of our daily intake. Natural foods, vegetables, animal and plant proteins, nuts, seeds, and fresh fruit. Avoid highly processed foods. These will keep up our energy levels without adding sugar.

Enjoy – Aha we all need to enjoy our food and, in this category, its ok to have some "fun" foods that are a small percentage of our diet. This category does not provide real benefit but are nice to have occasionally. Cakes, Biscuits, Sweets, Potato Crisps, Chips, Chocolates, and Ice cream. They need more monitoring as to the quantity ingested and each morsel should be savoured and enjoyed. If they are being used as fillers for meals, then apply caution here as their value is marginal in nutrition and high in sugars. More of desert than a food.

Munch – At some stage we have all watched a movie or TV series that gets us really engaged and find ourselves digging into the Potato Crisps, popcorn, peanuts etc almost automatically as we cope with the intrigue, thrilling or action of the program or movie. This is munching – no thought is given to what we devour at this point as we feed ourselves with no awareness, purpose of enjoyment. No real savouring of the taste, smell, texture just consuming unconsciously. Stop, Think, Breathe become aware of yourself and your actions. Make a point of minimizing this type of valueless eating.

Scoff – aka "to eat Voraciously" – it is the eat whatever I can see or get my hands on and it is not as far away from us all as one might think. It is the time in the day – aka – *" the mid-afternoon trough"* when we have a craving for food, with no meal prepared and we just unconsciously consume what we have access to. However, the shame and guilt quickly appear, and we think – hmm I should not have had all that food, it is almost Lunch time or Dinner time- note it is mostly done in our private worlds. Caution – take action here and apply self-control, be aware of what you are doing, eating, and thinking as you approach this time period.

With thanks to Spencer Davis – Unsplash

The Mental Health Aspect

The food we eat and the supplements we take, all have an impact on how we feel and see ourselves and our energy levels. Mental health conditions like chronic anxiety, depression, stress, low self-esteem, cognitive functions, and a number of other conditions can significantly be aggravated by fluctuating levels of blood sugars.

The brain is the Energy manager and requires at least one third of our energy levels for cell health maintenance of our bodies. Our brains require a constant source of energy and as such does not dispense energy unnecessarily. It assigns energy to our neurons, brain cells, sending and receiving signals, movement, thinking etc. So, what we ingest as our energy source has a direct effect on our mental health well-being.

We are wonderful and unique individuals and should take a holistic view of our well-being, our Mental Health is key to achieving all we can be and food, exercise, and awareness of who we are, all play their part in that wellbeing we desire. Our Mental Health has a number of aspects to consider, it is impacted by our unique blend of Biological, Sociological and Psychological factors and are discussed in more detail in our BIOPSYCHOSOCIAL model.

Possible causation could be :

- Conflict at home – Physical, verbal, or sexual abuse, Neglect, Financial,
- Persisting criticism from others about eating habits, body shape, or weight,
- Family history of obesity, dieting, eating disorders,
- Pressure to be slim due to occupation, Gymnastics, Jockey Athlete, Model etc,

- Inflexible thinking, negative or all or nothing thinking, limiting beliefs,
- A strong need to be in control, perfectionism,
- Difficulty expressing feelings and needs, being a people pleaser, conflict avoidance.

"Our Mental Health has a number od aspects to consider it is impacted by our unique blend of Biological, Psychological and Sociological factors"

The Main Disorders

The Eating Disorders that have received much attention are **Anorexia, Bulimia** and **BED** – Binge Eating disorder and there are exceptionally helpful websites, Charities, Helplines, and support groups for these significantly serious conditions. We will touch on them briefly and provide some contacts for further reading, support, or contact.

Our aim here is to identify them and also focus on 2 other eating disorders, ARFID and OSFED. By doing so we trust that you will be able to spot some of the signs of these disorders and help those who suffer from them to get help and intervention as early as possible for them to achieve full recovery, and to live a fruitful, healthy, and productive life.

Anorexia

This an attempt by a person to reduce their body weight, this achieved by taking in an inadequate amount of food and also by purging behaviours such as vomiting and taking laxatives and excessive exercise.

Bulimia

This may have some root causes as anorexia but present differently. A person with bulimia may engage in periods of binge eating and consume far more than they need to be full, afterwards they might try to find a way to remove this excess food from their system to avoid gaining weight. This might include excessive exercising, vomiting taking laxatives and not eating for long periods afterwards.

People can cycle between bulimia and anorexia and one condition could lead to the other the medical difference between them is defined by body weight. Anorexia is characterised by having a low body weight (at least 15% below expected weight), whereas a person with bulimia may have a normal body weight. Both conditions can cause serious harm to a person and can lead to severe illness and potentially death.

ARFID – *Avoidant Restrictive Food Intake Disorder* – where certain foods are avoided due to Tastes, Smells, Textures, Appearance, Temperature or Colour, resulting in an overall restricted intake of food.

OSFED – *Other Specified Feeding Eating Disorder* – where symptoms may not match any of the criteria of the other specific disorders and could be a combination of the above in varying degrees. Making it much harder to recognize.

Some Symptoms

We have provided some of the more common symptoms and signs to assist you in helping to identify and help someone or yourself who may be experiencing these disorders. They are by no means finite merely to be used as a quick reference guide.

Please take note this is not intended to Stigmatize, Label or Discriminate against any person or persons who may display some of the below symptoms and signs. Early identification can help them recover. You can make a difference to someone's life by being aware of the subtle changes that are taking place in them.

Anorexia – Life Threatening – more than 15% weight loss below average, Starvation, Distorted body image. *Signs may include* – Brittle Bones, Dry Skin and Hair, Fainting, Fatigue, Severe Dehydration, Unable to focus.

Bulimia – Episodes of eating exceptionally large amounts of food followed by purging (induced vomiting, excessive use of laxatives, Excess exercising, fasting long terms) could be a

follow on from Anorexia. *Signs may include* – repeated episodes of eating exceptionally large amounts of food, Throat irritation, Hoarseness, Disappearance after meals to the toilets, Appetite suppressants, Sleeplessness, Brittle hair and nails, Discoloured teeth.

BED – Binge Eating Disorder – Eating rapidly, eating until uncomfortably full, eating large amounts of food even when not hungry, eating alone to avoid being seen as out of control of their food intake. *Signs may include* – Tiredness, Fatigue, Weight Gain, Anxiety , Stress, Withdrawn Socially, Poor Skin condition, Mood Swings, Irritability, Obesity, Sleep Apnoea.

ARFID – (as previously listed) – *Signs may include* – Eating a range of food but smaller portions, Very slow eating, Picky, Only specific foods, Missing meals, Anxious at mealtimes, Weight loss, Anaemic, Feeling full after a few mouthfuls.

OSFED – (as previously listed) – *Signs may include* – Low self-confidence, Low self-esteem, Preoccupation with food, Being Secretive around food, Mood Swings, Withdrawn, Poor Body Image, Fatigue.

With Thanks to Beat

With thanks to Ingo Joseph – Pexels

Approaching Someone

The fact that you are reading this section is fantastic in that you want to be aware and help others. Well done for being persistent!

Observing the above signs and symptoms is not intended to make you a food detective or for you to be hyper vigilant when enjoying your meals with family, friends, colleagues and being socially active. They are intended to raise your level of awareness.

Approaching someone could be an awkward or difficult experience but it does not have to be so here are a few tips / guidelines to consider. Find the ones that best suit you and the situation soon you will develop your own style and success in helping others help themselves.

"The fact that are showing you care about them by talking about the issue will be a relief for them to know someone cares"

It would be helpful to you to learn more about Eating disorders other than what we have presented here. By using the MHFA ENGLAND - ALGEE system as a baseline, we have adapted its use for this article.

Approaching someone – Try to pick a time and place where it is bit more private and comfortable. Avoid approaching them during mealtimes or around food as that could lead to distressing them and expressing unwanted help. You may feel nervous about approaching someone regarding a very personal issue of eating, that would be quite normal. It should not

impede you from talking to them about it. Often the fact that you are showing you care about them by talking about the issue will be a relief for them to know someone cares. It will provide an opportunity for them to express their difficulties and what they are experiencing.

Once they are ready use open ended questions that will not give you a Yes or No answer. Typically : I have noticed you have been a bit fatigued lately / I have noticed that you are rather selective in the food you eat tell me more about that /

Listening – We have 2 ears and 1 mouth to remind us of the importance of being a Non-Judgmental listener. Avoid giving your perspective, bias, Frame of Reference, or advice at this point, all they want ids for someone to listen. Let them talk encourage them to tell you more. Silence at time could be scary but resist the urge to fill the gap. Allow them and yourself, time to process things.

Communicate in an empathetic way, discuss your concerns with them in an open an honest, transparent manner, using I statements – I am worried about you / I have noticed that you / I am here for you tell me about it. Be mindful of your own feelings when they open up and divulge things that may contrary to your beliefs or perspectives. Remember you are not there to solve their problems but to be a listener. They may deny there is a problem or even become a little aggressive. Stay calm the person my just need time to absorb your comments and concerns. Do not give up.

Give Support – providing support is important at this stage however do not make any promises you are not able to fulfil. Reassure the person of your concern for them and that you are proud of them talking about their issue. It is not being patronizing in any way just giving them hope that they are not stuck with the issue on their own. Be patient with them they are not likely just to accept any assistance for fear of losing control of their lives.

Ask them if they have sought help before or have visited their local GP, as how do they want you to help them and support them. Reassure them of your care and concern for their health and well-being.

Encourage them – to seek professional help even offer to assist them in finding that help. As we stated before diagnosis could take time due to the complexity of the condition being accurately diagnosed. Your support would be invaluable to them in this period of unknown.

Support and Resources

Family therapy can also be used to educate close family members on ways to best support the individual, to be supportive you should:

- Be mindful of the language you use – even if you suspect that they have a problem not to say "you look really thin" or "there is nothing on you ", they may already be extremely sensitive about their body weight. If you have a concern, try to focus on a specific behaviour you have noticed.
- You could say things like "I have noticed you have not been eating much have you been feeling ok".

Sharing your concerns about things that you have observed helps show that you care about them and not just their weight.

Eating disorders are often long-term problems and you would do well to get advice from organisations specializing in eating disorders.

- https://www.anorexiabulimiacare.org.uk Tel – 0300 011 1213
- https://www.beateatingdisorders.org.uk Tel – 0808 801 0677
- https://www.b-eat.co.uk Tel – 0345 634 1414,
- https://www.nationaleatingdisorders.org
- https://www.headtalks.com

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About the Author

Mike Scott is a skilled and effective CBT Practitioner and Trauma Clinician, combining lifelong study and personal experience to help individuals reach their full potential. He has a background in Control Systems and Project management and successful history in highly technical and pressurised environments, working alongside and managing interdisciplinary project teams and individuals. He not only applies an academic approach, but also uses his extensive personal experience to build healthy mindsets and provides tools for stress management at work and in life. He has a warm and open style of Cognitive Behavioural Therapy providing a holistic approach for his clients.

Using his well-earned experience, he is equipped to implement processes, procedures, application of business well-being in the form of onsite risk assessments for mental health, workplace stress, developing strategies and techniques tailored for your business needs and employee well-being. Mike has facilitated conflict resolution in business environments and teams, as well as mentored teams, co-workers, and individuals to achieve their goals for their personal and professional progression.

His qualifications – amongst others (Engineering, Technical, Project Management, Business Management)- include:

Leadership Qualifications

Life Coaching, Agile Leadership, People Leadership, Emotional Intelligence, Psychology

Mental Health Qualifications

MHFA England Instructor, Workplace Health and Safety, Workplace Mental Health Manager, Workplace Stress Management, Workplace First Aider, Mental Health First Aider, Genome Sequencing, What is a Mind? Understanding the Brain, Understanding Adolescent Depression and low Mood.

CBT and Trauma Qualifications

Cognitive Behavioural Therapy, Certified Clinical Trauma Specialist – CCTS-1, Trauma and PTSD Rewind Technique, CBT Practitioner, NLP Practitioner, Human Givens – A Better Therapist.

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The Author is the Founder of Micksco Training Consultants Ltd.

The company was founded after his first - hand experience of Burnout, Anxiety, Stress and Depression having worked for 30 years in exceptionally high pressurised project management roles internationally.

His desire is to mentor and train Employees and Managers to reach their full potential and make a difference in their Workplace Environment and Lives.

YOU ARE NOT ALONE