

What are mental health difficulties?

Mental health difficulties are very common. In fact, most people at some point in their lives will struggle to manage their mental health. Data suggests that **1 in 4 of us** experience some kind of mental health difficulty each year in England. It is possible that this number is an underestimation of the true figure, because we know that sadly some people don't tell anyone about their difficulties.

There is still a lot of stigma and discrimination when it comes to mental health difficulties. People with mental health difficulties say that this social stigma and discrimination can actually make their difficulties worse, and make recovery more challenging.

There are also a lot of misconceptions and myths about mental health, with people sometimes being labelled as lazy, or weak, or even dangerous. Sadly the media often perpetuates these ideas.

The idea that people with mental health difficulties are dangerous is especially tragic. The truth is that people with mental health difficulties are much more likely to experience violence and aggression from others than they are to be violent or aggressive themselves.

It is obvious to see how these ideas within society can make it difficult for people to speak out or seek help if they are struggling. The Time to Change campaign in the UK has been working to raise awareness of mental health, and encourage more open and honest conversations about how we are coping.

You might want to pause now, and think about this question:

*Can you remember a time in your life when you were struggling with something?
(Maybe there had been a difficult experience in your life, a mental health difficulty, grief, stress, worry, anxiety....)*

How many times did you say "I'm fine" or similar, when someone asked you how you are?



I think most of us (if not all of us) can relate to this scenario. This is from the new campaign from Time to Change, called 'Ask Twice'.

Sometimes we say we're fine when we're not.

How are you?

I'm OK, thanks.

But, with 1 in 4 people experiencing a mental health problem this year alone, if a mate says he's fine, he might not be. To really find out, ask twice.

Are you really OK?

Well...

Ask twice. Be there for your mate.

For more information on mental health generally, these websites have some great resources:

<https://www.mentalhealth.org.uk/>

<https://www.mind.org.uk>

<https://www.time-to-change.org.uk>

Final note:

It is common to be given a diagnosis of one kind or another when we are struggling with emotions, thoughts and behaviour, and I have listed some descriptions of common diagnoses on the next page. However, this is not the only way of understanding our emotional distress.

The impact of trauma and adverse childhood experiences, and the interaction between our genetics, our environment and our social circumstances are being understood more and more. Many people now understand emotional distress as being a meaningful reaction or response to these biological, psychological and social factors.

This means that you might look for a more holistic understanding of your mental health, rather than a specific label.

An Index of Common Mental Health Difficulties

Anger

We all feel angry sometimes. Anger is a normal human emotion, and can be helpful. Anger only becomes a problem when it gets out of control and puts us or other people at risk of physical or emotional harm. Some people who struggle with anger show it outwardly towards the people around them (e.g. shouting, aggression). Other people show their anger inwardly towards themselves (e.g. self-harm)

Anxiety

Anxiety is the feeling we get when we are worried, tense or scared about things that are about to happen, or which we think could happen. It is a normal human emotion, and we all experience it sometimes, especially when life gets stressful. It becomes a problem when anxiety gets in the way of things that are important to us, for example, if you avoid certain situations because of anxiety, or find the feelings very difficult to control.

Sometimes our anxiety is a worry about something very specific. Some of these have descriptions in the list below.

'Mixed anxiety and depression' is the most common mental health diagnosis in the UK.

Bipolar Disorder

Those of us with a diagnosis of bipolar are likely to experience extreme mood swings, including times when you feel very 'high' and times when you feel very 'low'. Everyone experiences mood swings, but for people with bipolar these can have feel overwhelming and greatly impact on your life. Famously, the actor and author Stephen Fry has this diagnosis, showing it is absolutely possible to have a mental health difficulty and still live a successful and meaningful life. This diagnosis used to be called Manic Depression, and sadly can carry a lot of stigma and misunderstanding.

Body Dimorphic Disorder

This is a kind of anxiety, specifically related to body image. Those of us with this diagnosis usually have high levels of worry about physical appearance, and might develop unhelpful behaviours to try and cope with these worries (such as picking skin, or constantly checking yourself in a mirror).

Borderline Personality Disorder

This diagnosis is also known as 'emotionally unstable personality disorder' (EUPD), and is the most common Personality Disorder diagnosis. You might be given this diagnosis if you have struggled for a long time with very intense emotions, fear of

abandonment by others, impulsive behaviours, finding it hard to make and keep stable relationships with others, and self-harm or suicidal feelings.

It can be a controversial diagnosis, and many people disagree with its terminology. Imagine being told that your personality – the core part of who you are – is disordered? It can be an incredibly stigmatising diagnosis, and some people prefer not to understand their difficulties in this ‘medical’ way, and instead consider how abuse, neglect or other adverse childhood events might have contributed to their difficulties. This is referred to as understanding distress in a ‘trauma-informed way’.

Depression

We all have times when we feel very sad, low, and upset. These emotions are a normal part of being human. You might be given a diagnosis of depression if your very low mood lasts for a long period of time, and affects your day-to-day life. You might feel upset and tearful, guilty or worthless, hopeless about the future, ‘numb’, isolated from others, and suicidal.

There are some specific diagnoses within this:

- Seasonal Affective Disorder: Depression that occurs at a particular time of year, or during a particular season.
- Pre Natal Depression: Depression during pregnancy.
- Post Natal Depression: Depression during the first year after giving birth.

Dissociative Disorders

Everyone dissociates. Have you ever been on a familiar journey, (e.g. driving your car or getting the bus home), and suddenly you reach your destination and realise you have no recollection of the journey itself? Almost like you have been on auto-pilot. This is a form of dissociation most people can relate to. Some religious and spiritual practices also involve purposeful dissociation as a way of calming the mind.

Dissociation can also be a way that our mind tries to protect us from the experience of traumatic events. It is a natural, built in response to trauma, almost like we can ‘zone out’ and not be present while something horrendous is happening. This is protective, and can be helpful during a time of incredible stress.

However, if dissociation happens over a long period of time, especially when you are a child, it can become your brain’s automatic way of dealing with little stresses too. Everyone describes dissociation differently, but some common experiences include feeling that the world around you is not real, having the experience of watching yourself from the outside, or feeling like you have lost your identity or even become someone else.

Hearing Voices

Hearing voices that other people cannot hear is another highly stigmatised experience, especially in how it is often portrayed within films and TV programs. This means that lots of people believe that if you hear voices you must have a mental

health difficulty. In fact, hearing voices is a very common experience. I wonder if you have ever heard someone call your name, only to realise that no one did?

Some people might hear a voice once and never hear one again; other people might hear voices constantly throughout the day. Lots of people don't mind their voices, or find them helpful, kind or supportive. Other people experience voices that are very frightening, or threatening. Some people say the voice sounds as if it is coming from inside their head, while to others voices sound as if they are external.

On it's own, hearing voices is not a mental health condition. The experience of hearing a voice is more common when you are very tired, or very hungry, after bereavement, and during some spiritual experiences. It is also more common after traumatic experiences.

Sometimes it can be part of a wider group of symptoms that might lead you to be given another diagnoses, such as psychosis, post traumatic stress disorder, schizophrenia, bipolar, or depression.

Hoarding

Hoarding is acquiring or saving lots of things. If you hoard you might have very strong positive feelings about getting more items. You might also feel very anxious or upset at the thought of getting rid of things. These emotions can make it very difficult to decide what to keep, and what to throw away.

Again, lots of us experience these feelings to some extent or another. Does anyone have boxes of special memories that you rarely look at but can't bear to throw out? Or a drawer full of old cables that might come in useful one day? These experiences are common and would not be considered 'hoarding'. Hoarding is when this need to keep things causes a lot of distress or interferes with your day-to-day life.

Obsessive Compulsive Disorder

Those of us with OCD experience *obsessions* (intrusive thoughts, images, urges or worries which appear repeatedly) and *compulsions* (repetitive activities you do to reduce the feelings of anxiety which are caused by the obsession).

Again, the media has been quite unhelpful in how society in general understand OCD. Some people believe that this diagnosis would apply to someone who just washes their hands a lot, or spends time keeping the house spotless and tidy, or that you can be "a little bit OCD" if you like things arranged in a certain way, etc. In fact, a diagnosis of OCD means that the obsessions and compulsions will be having a significant impact on how you live your life day to day.

Obsessions are often really frightening and disturbing thoughts and images that come in to your mind over and over again. These can leave people feeling anxious, disgusted, or ashamed. Types of obsessions include: violent thoughts or fear that you have already harmed someone, sexually intrusive thoughts related to children, family members or sexually aggressive behaviour, and fear of contamination from

dirt or germs. Obsessions are **not** a reflection of your personality or things you really want to do. People with OCD are incredibly unlikely to act on their thoughts. This is one reason why they are so distressing to experience.

Compulsions are the repetitive activities you feel you have to do to manage the distress related to the obsessions. Often people are aware that the compulsions done 'make sense', but it can often feel too scary not to do them. Types of compulsions include: physical actions (such as washing a lot, arranging things in certain ways, touching things in a particular order, checking doors are locked), mental rituals (such as repeating phrases in your head, checking how you feel, checking bodily sensations), or related to numbers (such as having to do something a certain number of times without interruption).

Panic Attacks

I'm sure we can all recall times when we have felt panic. Loosing sight of our child at the shops, being involved in a traffic accident, missing the bus you need to get to an important appointment... It is important to distinguish between this common emotion of panic and a 'panic attack'. Within society sometimes the words are used interchangeably when really they are not the same at all.

Panic attacks are an exaggeration of our body's normal 'panic' response to danger, stress or excitement. Physical symptoms build up very quickly including racing heart, temperature fluctuations, sweating, trembling, struggling to breathe, feeling shaky, and feeling disconnected from your mind or body. The intensity of these physical symptoms is so strong that, during a panic attack, most people have thoughts like "I'm having a heart attack", "I'm going to suffocate", or "I'm dying".

Panic attacks often last between 5 – 20 minutes. Some people have one and never experience another, or you might find that you experience frequent attacks, or several in a short space of time. The belief that you are going to die is often what keeps the panic attack going.

Paranoia

Paranoia is a symptom of some mental health difficulties, but is not a diagnosis in itself. Paranoia can be mild (I'm sure many of us can think of times when we have felt a little paranoid about something), or it can be incredibly intense and severe. This depends on how much you believe your paranoid thoughts, how much you think about these thoughts, and how much they upset you and interfere with day to day life.

Paranoid thoughts are usually related to your ideas about other people, what they might do, and what they might think. Sometimes it can be difficult to work out whether a suspicious thought is a paranoid one. For example, if you have been mugged it would be helpful and completely normal to become more vigilant and suspicious when you are out and about. Over time, those feelings become less intense as you realise you are safe.

A thought is more likely to be paranoid if there's no evidence for it, if it is based on something ambiguous, if other people don't share your thought, and you still have the thought despite lots of reassurance from others.

Everyone will have a different experience of paranoid thoughts, but common ones are: you are being talked about or watched, you are at risk of being killed or harmed, people are using double meanings to secretly threaten you, people are trying to steal from you, your thoughts are being controlled, or the government is targeting you.

Phobia

A phobia is a kind of anxiety. It is an intense fear about something specific, such as a situation (like going outside) or an object (like spiders), even when there is no danger.

Many of us have fears like this, and generally they are perfectly normal, and part of our brain's way of trying to keep us safe. These fears only really become a problem if they have a significant impact on your day-to-day life. For example:

- stopping you from doing the things you enjoy most
- the fear you experience is intense and unbearable
- stopping you from getting support for other health problems
- you have to avoid certain places or situations, with a significant impact on your normal routine

Post Traumatic Stress Disorder

A traumatic experience is any event where you fear for your life, or someone else's life. This could include being violently attacked, being abused, traumatic childbirth, a terrorist attack, a natural disaster, being diagnosed with a life-threatening condition, and many, many more. After you experience or witness something traumatic, it is normal and understandable to have symptoms such as feeling numb, having nightmares or trouble sleeping, feeling very fearful or anxious, or experiencing vivid memories of the event. This is described as 'acute' stress and usually gets better within a month.

You might be given a diagnosis of PTSD if symptoms like this continue for longer than a month. Having PTSD doesn't mean you are 'weak' or have been unable to 'move on'. It happens because the trauma experience stops your brain from processing memories in its usual way. Common symptoms fall in to 4 categories:

- reliving parts of the trauma (e.g. flashbacks, intrusive memories, nightmares)
- feeling alert or on-edge
- avoiding reminders of the trauma (including avoiding your own feelings or memories)
- having difficult beliefs (e.g. "I can't trust anyone", "I'm not safe", "it was my fault")

PTSD following repeated traumas, for example trauma throughout childhood, are sometimes called 'complex trauma' because of the greater impact that on-going trauma can have on the symptoms you experience.

Psychosis

Psychosis is when you perceive or interpret reality in a very different way to the people around you. This might include hallucinations (seeing, hearing or physically feeling things that other people don't), beliefs which are not true (called delusions), and disorganised thinking or speech.

Psychosis affects people differently. You might have it once, have short episodes throughout your life, or live with it most of the time. Some people have very positive experiences of psychosis – for example if you see the faces of loved ones or hearing their voices you might find this comforting. Some people say it helps them to understand the world, or helps them to be more creative.

For other people, psychosis can be really difficult or frightening. It can be especially difficult when people dismiss your experiences as untrue, when they feel and seem so real to you. This can leave people feeling incredibly misunderstood and isolated.

Schizophrenia

Schizophrenia may be one of the most stigmatised mental health diagnoses. Misconceptions about schizophrenia often come from the media, often wrongly presenting people as violent or dangerous. Views on schizophrenia have changed over the years, for example some people question whether this is one condition, or a few different conditions that overlap. Experts struggle to agree on an exact definition but you might be given this diagnosis if you experience things like:

- disconnection from your feelings
- lack of interest in things
- difficulty concentrating
- wanting to avoid people
- psychosis (see box above)
- not wanting to look after yourself

Theories about the cause of schizophrenia are developing all the time. Currently we know that there are a combination of things that can increase your risk. These include a genetic vulnerability, stressful life events, cannabis use, and the balance of chemicals in your brain.

Self Harm

Self harm is when you hurt yourself as a way to deal with very difficult feelings, painful memories, or overwhelming experiences. People who self harm describe lots of different reasons for doing so, including:

- expressing something that is hard to put into words
- change emotional pain into physical pain
- reduce overwhelming thoughts or feelings
- sense of being in control
- punishment to yourself
- to stop feeling numb, disconnected or dissociated
- create a reason to physically care for yourself, or have someone else care for

you

Although there are lots of reasons why people self-harm, it can be very risky and for some people is their only way of coping, which means they can become reliant on self harm. It can also be linked to an increased risk of suicide, though most people who self harm do not want to kill themselves.

If you do self harm, it is important to know how to look after your injuries and have access to the first aid equipment you need. The website lifeSIGNS have information about first aid for self harm.

For more details this website has some fantastic information and resources:

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/>