



LEAFLET 10B

## Mental Illness – General Information.

### SCHIZOAFFECTIVE DISORDER

Occasionally a person will have symptoms of both schizophrenia and manic depression. This is called schizoaffective disorder.

Each episode of illness is treated according to which symptoms the person is experiencing at that time.



## Drug Induced Psychosis

Most illicit drugs can induce psychotic symptoms. Some people appear to be more susceptible than others. Usually drug induced psychosis is short lived; when the person stops taking the drug their symptoms disappear. In addition drugs such as cannabis can exacerbate the symptoms of schizophrenia and other conditions.

## Psychosis

- Psychosis is the most serious form of mental distress
- Anyone can have an episode of psychosis
- Common symptoms include delusions, hallucinations and difficulty thinking properly
- It can be triggered by stress, bereavement, or a traumatic experience
- Psychosis can be treated with a range of psychological and medical therapies

## Personality Disorders

Psychiatrists will often use DISORDER to describe someone who, although not experiencing a specific mental illness, does have difficulty coping with life and whose behavioural persistently causes distress to themselves or others.

There are different types of personality disorders, but common problems include having difficulty in sustaining relationships and interpreting social cues. Although personality disorders are long standing and often resistant to

psychiatric treatment, people may be helped by long term support and changes to their social environment.

## Psychopaths

*Psychopath* is primarily a legal term, used more by the media than by psychiatrists. The Mental Health Act 1983 defines psychopathic disorder as '*a persistent disorder or disability of mind (whether or not including significant impairment of intelligence) which results in abnormally aggressive or seriously irresponsible conduct*'.

There are other factors, which would influence a diagnosis, including behaviour and the degree of insight a person has into the severity of their actions and their consequences.

Because of the controversy within psychiatry about the definition of psychopathic disorder, and its negative stereotype, most doctors now use the term *anti-social personality disorder*.

## Violence and Mental Illness

The stereotype of someone with mental illness is a person who is violent, dangerous and out of control. This is an inaccurate description, as only a fraction of people with mental illness are violent.

## Organic Disorders

These differ from the above disorders in that they are a *direct result of an identifiable malfunction*. The disorder may develop suddenly (eg brain damage caused by road traffic accidents) or over a prolonged

period (eg senile dementia). In some cases, total recovery is possible with treatment. If, however, the damage is irreversible, treatment is aimed at assisting the person to cope with his/her disability, and trying to prevent further deterioration.

## Neurosis

NEUROTIC CONDITIONS are far more common than psychotic conditions. Although generally they are less severe and disabling some people are seriously affected. The common neurotic conditions are DEPRESSION and ANXIETY. These are emotions that we all experience; they are only regarded as a mental illness when they become severe.

## Depression

The main features of depression were described previously. Depression is far more common than manic depression. The severity, duration and recurrence rate depends on the treatment that the person receives, their social situation and their personality. Although people with depression can usually be treated as outpatients, occasionally people will be admitted to hospital, especially if suicidal.

## Anxiety

Anxiety is a universal human emotion. It is only when it is severe and persistent that it is regarded as an illness or disorder. Some people have generalised anxiety which is not related to specific events, but is an





unpleasant feeling, which is with them all the time.

Alternatively, anxiety can be more episodic, occurring either spontaneously, or triggered by some external stimulus.

### Phobias

Phobias are a specific type of anxiety, defined as morbid, out of proportion fears. Common phobias include agoraphobia (fear of open spaces, crowds, Public transport), Social phobia (fear of meeting people) and animal phobia (fear of snakes or cats).

The person with a phobia will understandably try to avoid the feared situation, for example, a person with agoraphobia will stay inside their house. Treatment is focused on trying to gradually expose the person to their fear so that they become used to it, and therefore less anxious.

### Panic Attacks

Panic Attacks are associated with both phobias and other anxiety states, but they can occur spontaneously in people who have not previously experienced anxiety. They are characterised by a sudden and intense sensation of fear and impending doom, frequently the person will feel that they are going to die. The fear is accompanied by physical symptoms of breathlessness, tingling in the fingers, tremor, palpitations (irregular, fast heartbeat), giddiness and sweating.

### Obsessive Compulsive Disorder (OCD)

Severe OCD is uncommon, but people frequently complain of some features of the disorder. Some people have a combination of *obsessional thoughts* and *compulsive behaviour*. *Obsessional thoughts* are distressing, repetitive thoughts, that the person knows are his/her own (unlike hallucinations), but cannot ignore; some people describe the experience as being like a 'stuck record.' The individual cannot stop the thoughts, despite knowing that they are irrational, useless and distressing. They may be about contamination, violent acts towards other, embarrassing subjects or personal safety.

*Compulsions* are ritual actions or mental processes which a person feels compelled to repeat in order to relieve anxiety and temporarily stop obsessional thoughts. For example, the person may have an obsessional thought that their hands are dirty and repeatedly wash them over and over again (up to 100 times a day).

*NB* Although violent and sexual thoughts may be present in OCD, and be very distressing, it is extremely rare for people to act on them.

In its most severe form, OCD can prevent a person from completing even simple daily tasks, such as washing the dishes. It can take many hours just to get up in the morning if someone is compelled to perform

numerous rituals, such as washing their hands 50 times. Treatment involves behavioural therapy and/or cognitive training (see Psychological Treatments) and is usually at least partially successful in relieving the person's symptoms.

### Neurosis

- Neurosis is the most common form of mental illness
- Neuroses are 'normal,' common feelings which become seriously out of proportion
- In most severe forms, neuroses are as disabling as psychoses

### Substance Abuse

Substance abuse is the continual misuse of any mind altering substance which severely interferes with the individual's physical and mental health, social situation and responsibilities.

It is not commonly treated by specialist mental health services, but rather by specific substance abuse services. If a person with mental health problems also has a substance abuse problem, the specialist mental health team would usually encourage contact with a substance abuse service for help. There are many organisations in the public, private and voluntary sectors who specialise in this field.

*NB* Mental disorders can, and often do occur together, e.g. people with schizophrenia often get depressed, and people with anxiety may drink excessively to relieve their symptoms.





## Suicide

No discussion on mental health would be complete without some mention of suicide. Around 45,000 people kill themselves in England and Wales each year (1 in 100 deaths), and many more harm themselves. During recent years there has been a marked increase in the number of young men who commit suicide, whereas the rate for women has fallen. The reasons for these changes are not known. The majority of people who commit suicide have a mental illness at the time of their death, but it will often not have been noticed by those around them. People with long term severe mental illnesses are particularly at risk; 10% of people with schizophrenia kill themselves, and the proportion is even higher for people with severe or recurrent depression. Suicide is also more likely in people who are isolated, or who misuse alcohol and drugs.

If someone has previously made an unsuccessful suicide attempt, then they are also at particular risk.

If someone tells you that they feel suicidal, always take it seriously, make sure that you tell someone else and that they are offered professional help. If someone says that they are feeling desperate or hopeless don't be embarrassed to ask whether they have had any suicidal thoughts. It is possible to

raise the topic gently e.g. by asking, 'Do you ever go to bed at night and hope that you are not going to wake up in the morning?' or 'Have you recently wished you weren't here?' If someone is not suicidal raising the issue will not cause offence or put the idea into their head, but if they are, having the opportunity to talk about it will be an enormous relief and may save their life.

## Personal Notes

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