

The main mental illnesses

The following summaries of the most common mental illnesses provide a brief insight into the main features of each one and is not intended to be viewed as a comprehensive source of information. For more details on a particular illness, please refer to the section on useful contacts.

Schizophrenia

In people experiencing an episode of schizophrenia, the mental processes of thinking become distorted, making it hard for them to distinguish reality from what is imagined. When severe, this can lead to immense panic, anger, depression, elation or over activity, perhaps punctuated by periods of withdrawal. The symptoms of schizophrenia are divided into two groups, called 'positive' (for example, hallucinations and delusions) and 'negative' (for example, slowness to move, think, speak or react). These may occur separately, together or alternately.

It is a relatively common condition with approximately one in one hundred people worldwide experiencing an episode of schizophrenia at some time during their lives although highest incidence is in the late teens and early twenties. In about one quarter of cases, there is eventually a full recovery. The majority continue to have problems, but usually they also have long periods of good functioning.

Treatment: Effective treatment involves a number of different approaches. Ideally it is most effective when given in the early stages of the illness. Some form of medication is essential for most people, however, this should be given in combination with education about the disorder, emotional support and help with learning how to manage any continuing symptoms.

For more information: Contact Rethink (see Useful Contacts).

Depression

Anyone can get depressed; about 1 in 20 will suffer from severe depression. Men and women suffer depression the same. When people are severely depressed, they feel that life has little to offer them and that things will never get better. This low mood is more than being fed up or unhappy: it is persistent and coincides with disturbed sleep, appetite and libido and markedly affects daily functioning.

Depression is an illness that can be treated and should not be ignored. People who are depressed may be pre-occupied with negative thoughts and become socially withdrawn. People can become depressed as a result of external events (e.g. the death of someone close, loss of job, etc.). However, sometimes there is no obvious cause.

Treatment: Anti-depressant medication is a common treatment for depression. They work on chemicals in the brain to lift the mood. These are usually used in conjunction with giving people the opportunity to talk about their feelings and any possible causes of the depression.

It can also be useful for people who have depression to meet others who have experienced the illness, so attending a support group might be beneficial. It can help to break down the feelings of isolation and it can help to hear how other people have coped.

For further information: Contact The Depression Alliance (see Useful Contacts)

Bi-Polar Disorder (Manic Depressive Illness)

This is a mental health problem that is characterised by periods of deep depression and of very excited behaviour known as mania. About one in a hundred people are diagnosed as having manic depression. Around 15% of people who have a first episode of manic depression never experience another one. Changes in mood are a daily occurrence for everyone but for people who suffer from manic depression the moods are extreme.

During the manic or 'high' phase, people are very overactive. They may see things or hear things that other people can't. They may be unable to sleep, feel extravagant and spend large amounts of money that they may or may not have. During these periods people are liable to be irritable or over talkative, sometimes to the point of being incoherent. During the 'low' phase of the illness, people may feel overwhelmed by despair, guilt and feelings of unworthiness. They may be very apathetic and totally unable to do the simplest task. Episodes of highs and lows may occur directly after each other or there may be periods of stability.

Treatment: Medication is often effective in managing manic depression but learning to self manage the mood swings is also an invaluable part of stabilising the condition and can work alongside medical treatment.

For further information: Contact the Manic Depression Fellowship (see Useful Contacts).

Anxiety and Phobias

Anxiety disorders are quite common, affecting about 5% of the population at any one time but many people do not seek help. Anxiety and fear are normal human emotions and are often found as reactions to stress. However, normal anxiety becomes abnormal when the symptoms are so intense that people are stopped from coping well with day-to-day activities because they are so painful and distressing. Abnormal fears, sometimes called phobias, are intense fears of things which would not make the average person frightened.

People who suffer from abnormal anxiety find it difficult to concentrate, tend to sleep badly and get tired easily. The body shows the effects of anxiety by increased heart rates, tension and pain in muscles, inability to relax, sweating, over breathing, dizziness, faintness and bowel disturbances. Sudden unexpected surges of anxiety are called panic attacks. Someone who has a phobia has symptoms of intense anxiety or panic but only in particular situations. Phobias lead to avoidance of the things which are feared.

Treatment: Talking about the problem to trusted friends and relatives often helps and may give a sense of perspective. Most of us tend to avoid stressful situations, but in the case of anxiety disorders it tends to make the situation worse due to the fear it induces. However, more intensive talking treatments may be required such as Cognitive Behaviour Therapy (CBT). This helps people to recognise, understand and manage anxiety. Learning to relax with advice from professionals or by using tape cassettes or books can help to bring tensions and anxieties under control. Medication such as tranquilizers or anti-depressants may be used to help ease anxiety during the day or help sleep at night.

For more information: Contact the National Phobic Society (see Useful Contacts).

Obsessional Compulsive Disorder (OCD)

OCD is a disorder characterized by obsessions and/or compulsions. OCD is common, affecting approximately 1 in 30 people. It usually appears in childhood or adolescence but continues into adulthood. It is an exaggeration of normal thoughts and actions which happen in nearly everyone.

Most people find that from time to time, they have worrying thoughts which they cannot get out of their head or they carry out repetitive actions which are not really necessary. Obsessions are recurrent, persistent thoughts or ideas that they person may feel are senseless but is unable to ignore them. Compulsions are repetitive, ritualistic behaviour which the person feels driven to perform. Obsessions and compulsions in OCD can cause a lot of distress to the individual and their family. They can be very time consuming, interfering with people's daily lives.

Treatment: Cognitive Behaviour Therapy has been shown to be very helpful in treating OCD. It involves learning to manage the situations which would normally provoke compulsive actions. Sufferers may learn to resist the compulsions and to tolerate the discomfort they experience as a result which gradually lessens with time. It also aims to change the way sufferers think about the situations associated with their OCD. Sufferers of OCD can benefit from self-help techniques, either individually or within a group.

For further information: Contact Obsessive Action (see Useful Contacts).

Personality Disorders

This is one of the most controversial psychiatric diagnoses. There are a number of categories of personality disorder which cover a wide range of attitudes and behaviour. The word 'personality' refers to the enduring patterns of thoughts, feelings and outward behaviour which are characteristic of an individual. Most people are flexible enough to be able to learn from past experiences and change their behaviour in order to cope more effectively. However, personality disorders are characterized by long lasting, inflexible and limited ranges of attitudes and behaviours which are expressed in a wide variety of settings and deviate from the expectations of that person's culture, causing distress to themselves and others.

Having a personality disorder can make it difficult for sufferers to develop friendships, maintain stable partnerships and work co-operatively with others. Personality disorders differ in the degree to which they disrupt the person's life or the lives of others and in the extent to which they can be treated. They often begin or become noticeable during adolescence or early adulthood. This inflexibility is often related to having suffered severe trauma in childhood and the sufferer should not be blamed for their condition.

Treatment: Personality disorders are difficult to treat because they involve long-term pervasive patterns of thoughts, feelings and ways of relating to other people.

More positive outcomes tend to be associated with personality disorders which are comparatively mild. However, research focusing on more severe personality disorders also suggests that over a period of years some people are capable of modifying and changing their outlook.

Eating Disorders

Anorexia Nervosa and Bulimia Nervosa are the two main eating disorders. People with anorexia nervosa can have extreme weight loss as a result of very strict dieting. Some people may also make themselves sick, abuse laxatives or do excessive exercise to try and control their weight. In spite of their low weight, people with anorexia nervosa believe that they are fat. It starts most commonly in the mid-teens. About one in one hundred 16-18 year olds have the illness and it is commonly found in girls.

People with bulimia nervosa crave food and eat in binges, afterwards making themselves sick or misusing laxatives to get the food out of their bodies. Unlike anorexia nervosa, the distress experienced by those suffering from bulimia may go unnoticed. The person may be any weight or size and not look ill. They may appear to be in control of their external lives, coping fairly successfully on a day-to-day basis, but they are likely to be tormented by an unpredictable cycle of chaotic eating, ranging from periods of starvation to eating thousands of calories.

Bulimia nervosa is usually more common in girls and is more common than anorexia nervosa although people who have this condition do not always ask for treatment.

Treatment: In both anorexia nervosa and bulimia nervosa, self help strategies can be very helpful. Eating problems can be very isolating. Support and self help groups provide an opportunity to meet regularly with others who have had similar experiences. If self-help is not enough, health professionals may suggest a course of psychotherapy to help the individual and the family to understand why the illness developed and how to overcome it. The aim will be to help that person change their attitude, behaviour and ways of thinking to enable them to cope with the strains of life without the eating disorder as a protection. However, if someone has lost a dangerous amount of weight, the first step will be to help the person start to regain that weight in order to survive and this may involve being admitted to hospital in order to support the individual.

For further information: Contact the Eating Disorders Association (see Useful Contacts).

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