BAND

MENTAL HEALTH & THE BME COMMUNITIES

COMMON MENTAL HEALTH PROBLEMS & DEMOGRAPHIC PICTURE OF MENTAL HEALTH SERVICE USERS IN BOLTON

Researcher

YUNUS MOHAMED (Community development worker BAND)

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INTRODUCTION

What follows is a brief summary of terms with definitions of illnesses that fall under the banner of Mental Health. This research is mainly aimed at acquainting the general reader with the information of the very common types of Mental Health illnesses, along with statistical information of sufferers in the population of Bolton.

Hopefully this compilation will serve you well in eliminating the many misconceptions about different types of Mental Health issues, service users, service providers and carers.

COMMON MENTAL HEALTH PROBLEMS

There are **four** main categories of Mental Health disorders:

1. Psychotic disorders
2. Neurotic disorders
3. Organic disorders
4. Personality disorders

PSYCHOTIC DISORDERS

Psychotic disorders are characterised by a loss of contact with reality. Sufferers are unable to distinguish between delusions, hallucinations and the real world. At times they may have very little or even no insight in to their condition. This condition may lead to non recognition and cognition of when they are becoming ill.

AVAILABLE TREATMENTS

Medication

Most people diagnosed with a psychotic illness will be offered antipsychotic medication (major tranquillisers or neuroleptics). Some can have very unwelcome side effects (lethargy, a shuffling walk and uncontrollable movements), which can be reduced with the help of other medication. Newer '*atypical'* antipsychotics, which should be offered by doctors in preference to older drugs, have fewer side effects.

Talking treatments
There is good evidence that talking treatments, including *counselling, psychodynamic psychotherapy* can reduce distress and the intensity and frequency of the experiences. They provide a calm, supportive and non-judgmental atmosphere, with the aim of helping people to understand their experiences, to develop coping strategies, and to improve their relationships and quality of life. They can help to tackle depression and anxiety that may result from having psychotic experiences. Some approaches may suit some people more than others.

Family therapy
Family therapy can strengthen the family and enable them to identify what is helpful and what is unhelpful for individual members. This helps people with a psychotic condition to maintain their mental health, as well as providing support for all family members in a crisis.

Hospital admission
If an episode of psychosis becomes very serious, admission to hospital, either as a voluntary patient or under the terms of the Mental Health Act 1983 is very much a possibility. This gives medical staff a chance to assess the patient's needs and decide how to help.

MOST COMMON TYPES OF PSYCHOTIC DISORDERS

SCHIZOPHRENIA

Schizophrenia is a term widely used in the mental health context. Doctors may describe it as an illness in which a person can't distinguish their own intense thoughts, ideas, perceptions and imaginings from reality (the shared perceptions, sets of ideas and values that other people in that culture hold to be real).

Symptoms

Strange thinking
A person may be unable to follow a logical sequence of thought; their ideas may seem jumbled and make little sense to others. Conversation may be very difficult and this may contribute to a sense of loneliness and isolation.

Hallucinations
Some people hear voices that others around them don't hear. (Some people hear other sounds.) The voices may be familiar, friendly or critical. They might discuss the hearer's thoughts or behaviour, or they might issue orders.

Up to four per cent of the population hears voices, according to some research, and for most, they present no problem. But people who are diagnosed with *schizophrenia* seem to hear mostly critical or unfriendly voices. They may have heard voices all their lives, but a stressful life event might have made the voices harsher and more difficult to deal with.

Delusions
Delusions are beliefs or experiences that others don't share. For instance, someone

might believe secret agents are following them or that outside forces are controlling them or putting thoughts into their mind.

Negative symptoms
Other symptoms, such as being withdrawn, apathetic, and unable to concentrate, are described as *'negative'* rather than *'positive'*, because they are less clear-cut. It can be very difficult to tell whether they are part of the *schizophrenia*, or whether the person is reacting to other symptoms they find frightening and distressing. For instance, depending on what kind of experience they are having, someone might be quiet and immobile for hours, or move about constantly.

BI-POLAR

Someone diagnosed with *bipolar* disorder (formerly known as *manic depression*) may swing from moods of deep depression to periods of overactive, excited behaviour known as *mania.* Between these severe *highs* and *lows* can be stable times. Some people also see or hear things that others around them don't (known as having visual or auditory hallucinations or delusions).

Everybody has their ups and downs in daily life, but with *bipolar* disorder these changes are extreme. During the *manic* phase, people may feel euphoric, full of a sense of their own importance and brimming with ambitious schemes and ideas. They may spend money extravagantly, and build up debts. They may eat and sleep very little, and talk so quickly that it's difficult to understand them. They may be easily irritable and angry. Their libido can go into overdrive.

A person may be quite unaware of these changes in their attitude or behaviour. After a manic phase is over, they may be quite shocked at what they've done and the effect that it has had. People can be very creative during *mania,* and may feel that it's a very valuable experience.

Mania may flare up periodically, but *depression* is the most consistent symptom. People may feel overwhelming despair, guilt and worthlessness. They may feel chronic fatigue and gain weight, or have difficulty sleeping. They lose interest in everything. Problems concentrating and remembering things can make life very difficult and undermine the simplest tasks. The experience of *bipolar* disorder may provoke suicidal feelings.

The current diagnoses in the UK in 2006 are likely to be:

- Bipolar I or II, depending on the severity and the duration of the episodes of mania and/or depression.
- Cyclothymic disorder - with short periods of mild depression and short periods of hypomania.
- Rapid cycling - four or more episodes a year.
- Mixed states - periods of depression and elation at the same time.

Some people have very few *bipolar* disorder episodes, with years of stability in between them. They may experience a couple of cycles (episodes) in their whole lifetime. Others have more frequent cycles.

About one to two per cent of the general population is diagnosed with *bipolar* disorder (a roughly equal number of men and women) usually in their 20s or 30s, although some teenagers are affected.

DEPRESSION

We often use the expression *"I'm feeling depressed"* when we're feeling sad or miserable about life. Usually, these feelings pass in due course. But, if the feelings are interfering with life and don't go away after a couple of weeks, or if they come back, over and over again, for a few days at a time, it could be a sign of *depression* in the medical sense of the term.

In its mildest form, *depression* can mean just being in low spirits. It doesn't stop the sufferer from leading their normal life, but makes everything harder to do and seem less worthwhile. At its most severe, major *depression* (*clinical depression*) can be life-threatening, because it can make people suicidal or simply give up the will to live.

There are also various specific forms of *depression*:

Seasonal affective disorder (SAD)
If a person usually becomes depressed only during the autumn and winter, it could be due to not getting enough daylight. They may benefit from spending time sitting in front of a special light box.

Postnatal depression
Many mothers have '*the baby blues*' soon after the birth of their baby, but it usually passes after a few days. *Postnatal depression* is a more serious problem and can appear any time between two weeks and two years after the birth.

Symptoms

Depression shows up in many different ways. People don't always realise what's going on, because their problems seem to be *physical*, not *mental*. They tell themselves they're simply under the weather or feeling tired. **But, five or more of the following symptoms, is a major sign of *depression*.**

- being restless and agitated
- waking up early, having difficulty sleeping, or sleeping more
- feeling tired and lacking energy; doing less and less
- using more tobacco, alcohol or other drugs than usual
- not eating properly and losing or putting on weight
- crying a lot
- difficulty remembering things
- physical aches and pains with no physical cause
- feeling low-spirited for much of the time, every day
- being unusually irritable or impatient
- getting no pleasure out of life or what you usually enjoy
- losing interest in your sex life
- finding it hard to concentrate or make decisions
- blaming yourself and feeling unnecessarily guilty about things
- lacking self-confidence and self-esteem

- being preoccupied with negative thoughts
- feeling numb, empty and despairing
- feeling helpless
- distancing yourself from others; not asking for support
- taking a bleak, pessimistic view of the future
- experiencing a sense of unreality
- self-harming (by cutting yourself, for example)
- thinking about suicide.

NEUROTIC DISORDERS

Neurotic disorders are generally related to stress and emotional problems and although they are sometimes deemed less serious than *psychotic* disorders, the impact on the sufferer can be severe and disabling.

Neurotic disorders can include:

Anxiety

Anxiety is something we all experience from time to time. Most people can relate to feeling tense, uncertain and, perhaps, fearful at the thought of sitting an exam, going into hospital, attending an interview or starting a new job. People may worry about feeling uncomfortable, appearing foolish or how successful they will be. In turn, these worries can affect sleep, appetite, stomach disorders, palpitations and ability to concentrate. If everything goes well, the *anxiety* will go away.

Panic attacks

Panic attacks are very frightening, and can seem to happen for no reason, but they are actually fear of fear. The panic is a reaction to physical sensations in the body, connected to being afraid, to which the person has become sensitised. These natural responses are triggered by adrenalin, and set up a feedback loop.

- **One in three people** can expect to have a panic attack at some stage. It's common for healthy, young adults to have occasional panic attacks.
- Attacks may be unpredictable and frightening, but they are not harmful or dangerous.
- An attack comes on quickly and usually lasts for between five to 20 minutes, although this may vary.
- Some people may be more prone to *panic attacks* if they suffer from *depression* or *anxiety*, *asthma*, *diabetes*, or are taking stimulants (such as *amphetamine* or *caffeine*) or even withdrawing from tranquillisers.

What happens during a panic attack?

How the body may react

- breathlessness or breathing fast
- very rapid heartbeat
- pains in the chest
- irregular heartbeat
- ringing in the ears
- feeling faint or dizzy
- tingling or numbness
- hot or cold flushes
- feeling sick
- needing to use the toilet
- perspiring
- choking feeling

Phobias

A *phobia* is an intense fear of a situation or an object that wouldn't normally worry other people (unless they, too, suffered from the same *phobia*). It severely restricts the quality of life, and may force the sufferer to take extreme measures to avoid whatever triggers it. A *phobia* is known as an *anxiety disorder* (like *obsessive-compulsive disorder* and *panic attacks*), which means it centres on our natural reaction to fear. *Anxiety* is about fear, and we all get anxious at some time. It's a natural reaction in all of us, and keeps us safe.

As we grow up, we learn what is dangerous, and how to avoid it. We know what it's like to be afraid in certain situations, and many of us have particular fears, whether it's of going up ladders, of water or of dogs, for instance. These are understandable responses to something that might do us harm.

Almost all *phobias* feature places, situations, animals or objects that aren't necessarily at all threatening, but which people react to, out of all proportion. Those who suffer from *phobias* aren't really frightened of particular situations or places, but of the feelings of terror they experience when in them. While they know they are not in real physical danger, they can't convince themselves this is the case.

A *phobia* is not a *psychosis*. When someone is diagnosed with a *psychosis*, such as *schizophrenia*, they may have hallucinations and delusions, which are experiences that other people don't share because they can't hear or see them. They may feel as if thoughts are being placed in their heads by an external source. But someone with a *phobia* knows that it's their own thoughts troubling them.

Obsessions

An *obsessive-compulsive disorder* (OCD) sufferer may feel they have no control over certain thoughts, idea or urges, which seem to force themselves into their mind, like a stuck record. These thoughts, obsessions are often frightening or distressing, or seem so

unacceptable that they can't be shared with others. Contained within the obsession is an underlying belief that they themselves, or other people, may come to harm. However absurd or unrealistic this belief, you can't dismiss it or reason it away. It creates unbearable anxiety, and makes the sufferer feel helpless to do anything except perform the particular ritual which can neutralise the devastating thought.

The irresistible urge to carry out such rituals is known as a '*compulsion*'. This could be something like repeatedly opening and closing a door, washing hands, repeating a litany, or counting.

ORGANIC DISORDERS

There are many physical illnesses which can affect mental health either temporarily (*Delirium*) or permanently (*Dementia*), such as:

Alzheimer’s disease

This is the most common cause of *dementia* and affects up to **ten per cent of the population aged over 65.** It can also occur, much more rarely, in people as young as 35, when there's often a family history of the illness. In most instances, however, it doesn’t seem to be an inherited disorder.

Alzheimer’s comes on gradually to begin with. The first noticeable sign is usually short-term memory problems – forgetting something that’s happened very recently, such as having eaten a few minutes earlier. Scientists have recently proved that head injuries may also contribute to the development of *Alzheimer's disease*.

Vascular dementia (multi-infarct dementia)

This is the second most common form of *dementia* and is triggered by a series of small strokes that destroy brain cells. It usually has less effect on the personality than *Alzheimer’s*, and those who have this problem are generally more aware of their limitations. *Vascular dementia* may come on gradually or quite suddenly. There’s usually a settled period, or even an improvement, after each episode of decline. People may experience acute confusion, depression and epileptic fits.

PERSONALITY DISORDERS

The word ‘*personality’* refers to the pattern of thoughts, feelings and behaviour that makes each person the individual that they are. People don’t always think, feel and behave in exactly the same way. It depends on the situation they are in, the people with them, and many other things. But people do tend to behave in fairly predictable ways, and can be described, accordingly, as shy, selfish or lively, and so on. Each person has a set of these patterns, and this set makes up their personality.

Generally speaking, personality doesn’t change very much. Yet it does develop as people go through different experiences in life, and as their circumstances change. A person will mature with time, and their thinking, feelings and behaviour all adapt to fit their circumstances. People are usually flexible enough to learn from past experiences and to

change their behaviour to cope with life more effectively. But, if someone suffers a *personality disorder*, they are likely to find this more difficult. Their patterns of thinking, feeling and behaving are much more stubborn, and they will have a much more limited range of emotions, attitudes and behaviours with which to cope with everyday life.

Personality disorders usually become noticeable in adolescence or early adulthood, but sometimes start in childhood. They can make it difficult for the sufferer to start and keep friendships or other relationships, and they will find it hard to work effectively with others. The risk of suicide in someone with a personality disorder is about three times higher than average.

DEMOGRAPHIC PICTURE OF BOLTON

Bolton has a population of 265,000. Parts of Bolton are amongst the most deprived in England. **The Majority of the population is white (89%). The ethnic population (11%) is concentrated in a small number of wards, all of which are in the most deprived areas of Bolton.** The population profile of Bolton is younger than England as a whole. This is partly explained by the younger profile of Black & Minority Ethnic groups.

It is estimated that one in six adults will experience a common mental health difficulty, such as; anxiety or depression at some point in their life. In general, ratios are higher among women than men with these difficulties peaking in the middle years of life. Also, people tend to experience more mental health disorders in areas of high unemployment and lower social classes.

National prevalence figures when applied to Bolton's population show that there could be between 44,000 and 53,000 people in the 16-65 year age group experiencing mild to moderate form of mental health difficulties. Unfortunately only a fraction of these seek help. The number of people who consult their GP with physical symptoms, not realising they have a mental health disorder is estimated to be around 40,000 people each year.

The number of people with a recognised mental health illness in Bolton, treated at the Primary Care is approximately 17,000 each year. Some 970 are admitted to psychiatric wards with a complex or severe mental health illness.

If you require further information or require the above information in a different language please contact me through the following contact details:

Yunus Mohamed

Community Development worker

BAND (Bolton Association and Network of Drop Ins)

The Bolton Hub

Bold Street, Bolton, BL1 1LS

Tel: 01204 546079 email:yunus@band.org.uk

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