

## Common Mental Disorders

### 1. Anxiety and Phobic Disorders

- 1.1 Generalised Anxiety Disorder** occurs when an individual feels anxious all the time and when there's no obvious reason for concern. Anxiety in certain situations is quite normal and the feeling passes. With **Generalised Anxiety Disorder**, the individual is left debilitated by the anxiety, and normal functioning is severely restricted.
- 1.2 Panic Disorder** is an anxiety disorder characterised mostly by panic attacks. A panic attack is a frightening experience of feeling totally out of control, and is often accompanied by unpleasant physical symptoms. It can be linked to depression or substance misuse, and can lead to phobias.
- 1.3** A **Phobia** is a marked and persistent fear that is caused by the presence of an object or a situation. **Phobias** are irrational in that the fear caused by them is not associated with a real danger. A person who has a **phobia** is overwhelmed by anxiety and avoids the feared object or situation, as well as people and events associated with the source of fear.

There are three categories of **phobias**: agoraphobia, specific phobias, and social phobias.

- (1) **Agoraphobia** is a fear of being alone in any place or situation from which the person thinks that escape is impossible or difficult. An extreme example is the person is afraid to leave their home.
- (2) **Specific phobias** are those directed at specific objects or situations, such as dogs or spiders, open spaces, flying, injections, or heights.
- (3) **Social phobia** is the fear of being in a situation where others are watching the individual, with the result being embarrassment or humiliation. This can make socialising, taking part in seminars, interviews, etc. very difficult.

### 2. Depression and Bipolar Disorders

- 2.1 Depression** is a widely misused self diagnosis. It is more than a temporary feeling of sadness, being fed up, feeling negative about relationships or job prospects, and it is more than the feelings we all get after a bereavement, or a personal disaster. A major **depressive disorder** often exists without any obvious reason or stress, or it can be triggered by life events, and it often lasts for long periods and becomes pervasive, affecting every aspect of individual functioning. The individual is left feeling unmotivated, sad, listless, and emotionally

drained, and unable to gain pleasure from the usual things such as entertainment, holidays, personal relationships, hobbies, etc. It can interfere with work, play, eating, sleeping, and most social interaction.

**2.2 Bipolar Disorder (manic depression)** is characterised by periods of **depression** alternating with high levels of elation, excitability, extreme physical activity, and grandiose ideas. It is probably caused by a major imbalance in the neurochemistry of the brain, and has a possible genetic link. The imbalance can be exacerbated by stressful life events.

### 3. **Obsessive-Compulsive Disorder (O.C.D.)**

A condition characterised by intrusive and unwanted thoughts-**obsessions**, and repetitive behaviour-**compulsions**. The anxiety created by the **obsession** is usually relieved through acting out the **compulsive** behaviour, creating a cycle of behaviour that can totally disrupt everyday functioning. The patient knows that the thoughts are not normal, but cannot control them, and is often too embarrassed to seek help, or may keep it secret and learn to live with it.

### 4. **Post-traumatic Stress Disorder**

**Post-traumatic stress disorder** is an anxiety disorder, wherein the sufferer relives the **traumatic** experience, as flashbacks, nightmares, or intrusive thoughts; or finds the **trauma** dominating their thoughts, behaviour and actions. Any event that involves actual or threatened physical harm, and leaves the individual feeling frightened and helpless, can trigger the disorder. The event can be natural (flood, earthquake), manmade (train crash, terrorist attack), or personal (physical or sexual assault).

### 5. **Eating Disorders**

#### 5.1 **Anorexia Nervosa**

**Anorexia** is characterised by such a severe reduction in food intake over a long period that the individual's health and life are threatened. It is different from dieting, or deliberate starvation, in that the sufferer usually thinks their diet is adequate, and often has a very distorted image of what they look like, i.e. their body weight falls to a level where their ribcage and pelvic bones are visible through their skin, but still they believe they are fat.

Causes include: low self-esteem, a need to maintain some control over one's life, body, perfectionism, a fear of growing up, society's obsession with weight, poor female role models in the entertainment and fashion industry, and childhood sexual or emotional trauma. As with all eating disorders, there is thought to be some genetic link.

#### 5.2 **Bulimia Nervosa**

**Bulimia** is characterised by periods of uncontrolled, and usually secretive, binge eating, followed by purging-self induced vomiting, or

the use of laxatives or diuretics. **Bulimia** affects the same group of **Symptoms** people as **anorexia**, i.e. young women. The causes are much the same, but the symptoms are different. Also, because the sufferer often looks quite healthy, it is easier to deny, and can be kept secret. **Bulimia** is ten times more common than **anorexia**, and can occur in middle aged women.

## 6. Schizophrenia

**Schizophrenia** is the most disabling of all the major mental disorders. It affects the individual's ability to think clearly, distinguish reality from fantasy, react in an emotionally appropriate way, and interact with others. It affects about 1% of the population, with onset for men usually between 18 to 24 years, and for women between 24 and 28 years. This means that the sufferer is less likely to complete higher education or job training and social and interpersonal skills suffer.

Stress factors include unrealistic role expectations, major life events which require considerable adjustment, unhappy personal relationships, inappropriate career choices and triggers such as substance misuse.

### Symptoms

- **Delusions:** Ideas and personal beliefs that are unrelated to reality, e.g. a person believes he is being persecuted by a dead rock singer, or that he has supernatural powers, or he is the reincarnation of someone famous.
- **Hallucinations:** Hearing and seeing people and things that are not there, and sometimes responding to the hallucinations by obeying commands, or talking to the "voices".
- Disorganised thinking and speech. Unable to hold a coherent conversation, and appearing to be struggling with a flood of ideas and thoughts.
- Inappropriate emotional expression such as laughing uncontrollably while talking about someone's death.
- Lacking energy and motivation, flat emotions, poor self-care, and little interest in everyday things.

Some patients will be able to control the symptoms by taking medication, while others, even though they are taking medication, will relapse. All medication has side effects, and patients often see little point in taking it when they are feeling well, and so stop and then start to relapse again.

## 7. Personality Disorder

A personality disorder exists when a personality characteristic significantly impedes social, educational, or occupational functioning and distresses the sufferer. Many of the symptoms are present in all of us but these are temporary, and not extreme, and just part of our personality. With a

personality disorder, the symptoms are extreme, and significantly disrupt everyday life. Many of the characteristics are also present in other illnesses, e.g. in one study 40% of bulimia sufferers also had a diagnosis of personality disorder. Many sufferers will get through life without engaging in therapy or treatment, and will just be regarded as odd, difficult, antisocial, obsessional, or inadequate, or if they are rich or powerful, they may just be seen as eccentric. They are also as likely to end up in prison.

## **8. Deliberate Self-Harm**

Deliberate self-harm includes taking overdoses of medication and drugs; cutting; jumping from high places, or in front of cars and trains; burning with cigarettes; shooting; and drowning. Some people will intend to kill themselves, but many will not. The distinction between suicide and deliberate self-harm is not absolute. Some people who take overdoses with the intention of drawing attention to their problems, and getting help, will die from the effects, while others who take overdoses, intending to kill themselves, will be revived.

### **8.1 Drug Overdoses**

In the U.K. 90% of self-harm cases admitted to hospital involve a drug overdose. The most commonly used drugs are aspirin and paracetamol.

### **8.2 Self-Laceration**

Self-laceration, or cutting, can be the means of suicide, or an indication of serious suicidal intent, but the majority of cases result in superficial wounds that do not endanger life.

For further information see the Mental Health Advisor's guidance to "Categories of Common Mental Illnesses" [www.sussex.ac.uk/equalities](http://www.sussex.ac.uk/equalities).