Common Mental Health Disorders

- Recognition and Intervention

Dr. Brian MacLachlan

Common Mental Health Disorders

WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

Mental Health-----Mental Ill-Health------- Mental Illness.

World Health Organization

Characteristics of **good** mental health

- Feels good about themselves
- Feels comfortable with other people
- Able to meet the demands of life
- Expresses emotions in healthy ways
- Is optimistic (positive)
- Uses health skills
  - Stress management
  - Decision making
  - Conflict resolution
- Uses “I messages”
- Copes/adapts with change
- Assertive
- Active listener
- Can be part of a team/group

Characteristics of **poor** mental health

- Does NOT share feelings
- Emotions control behaviors
- Is pessimistic (negative)
- Ignores/denies problems
- Can not accept change
- Lets stress control life
- "You" messages (blame and escalate)
- Aggressive and passive
- Depressed
- Runs from conflict
- Close minded
- Needs to "run" the group

What is a **mental illness**?

Illness: a disease or period of sickness affecting the body or mind.)

Patterns of thinking or behavior, that cause a person significant emotional pain or prevents normal functioning.

Some myths about Mental Illness

- People with a mental illness are dangerous and violent
- The mentally ill cannot be trusted around children
- Mental illness is caused by a personal weakness
- People with a mental illness are poor and/or less intelligent

General Causes of Mental Illnesses

- Inherited traits
- Negative life experiences (traumatic)
- Environmental exposures before birth
  - Viruses, toxins, alcohol or drugs
- Brain chemistry
  - Hormonal imbalances

Signs and Symptoms of Mental Illness

- The problem with definitions: Wordy, unclear, and hard to remember.
- Defining Abnormality with regards to mental illness is challenging
- Normal vs Abnormal- Normality involves a range of behaviours and thoughts.
- Physical illness vs Mental Illness- in general physical illnesses are easier to define and demonstrate e.g. Look and See (lumps and rashes); equipment e.g. bp machines; glucometers; Other Blood Tests, Xrays, and Brain Scans etc.

Signs and Symptoms of Mental Illness

- Abnormality and Mental Illness: -

- Deviation from cultural norms- over time, and place: Cultural changes over time e.g. style of dress- hairstyles (uncombed look); earrings in men; women wearing pants; decrease in cigarette but increase in marijuana smoking.

Signs and Symptoms of Mental Illness

Unusualness-related to culture. Encouragement of people to be unique; not monolithic.

Signs and Symptoms of Mental Illness

- Maladaptive behaviour-prevents individual or social group from functioning well or causes negative and harmful behaviours. Maladaptive behaviours: excess fearfulness of going out or being around people so become housebound; alcohol and substance abuse ; paranoia, confrontation, and/ or aggression towards others.

- Personal Distress : when one feels that something is wrong and that they are not alright

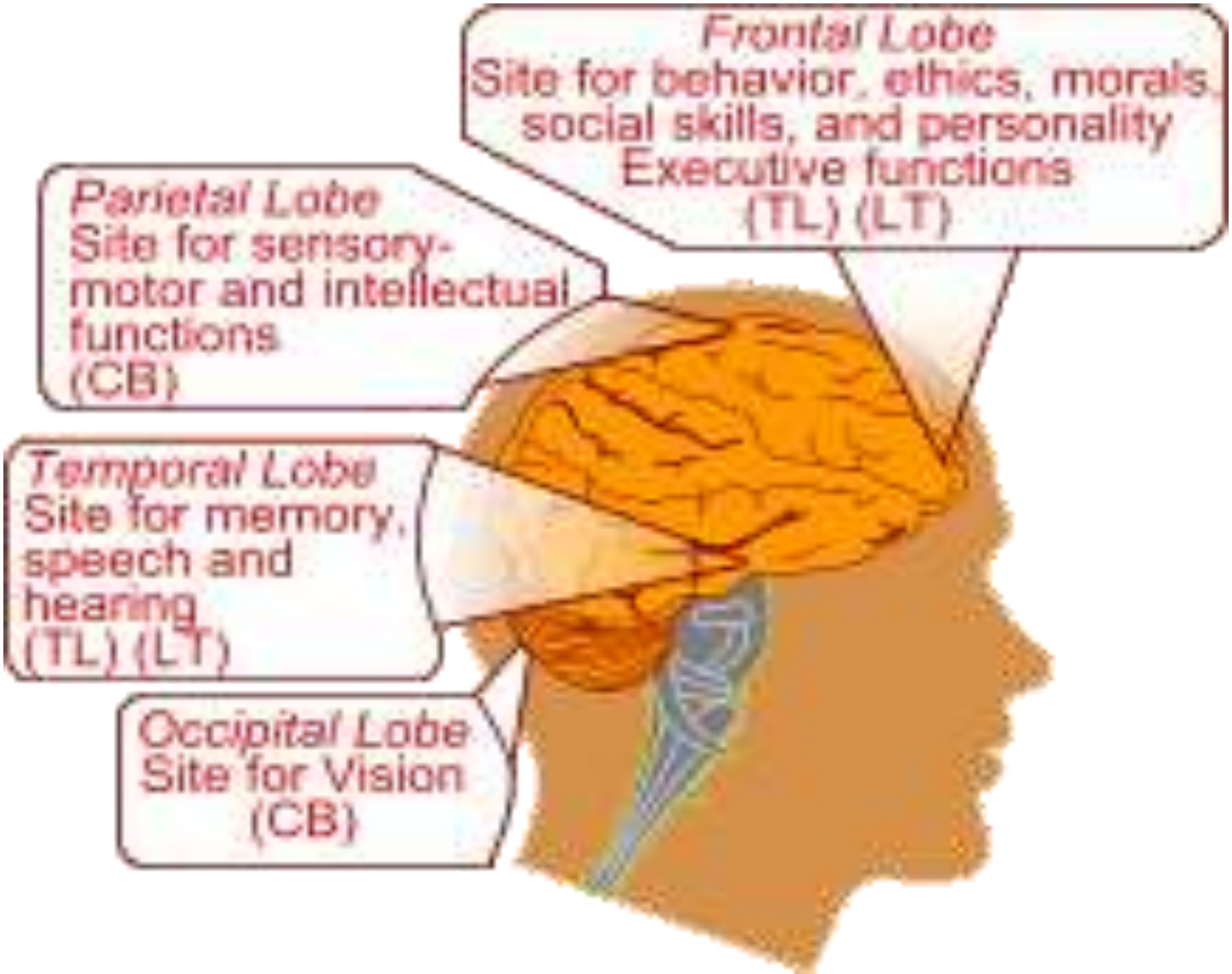
Mental Health Problems

- Organic or Medical: e.g . Alzheimers, dementia, thyroid problems, uncontrolled diabetes; women with menstrual issues or menopausal; seizures
- Substance use and abuse related-prescription drugs, alcohol, marijuana, cocaine, Ecstasy, heroin etc
- Major Mental Disorders-Schizophrenia and Bipolar
- Mood and Anxiety Disorder incld Depression and Stress
- Personality and Behavioural Disorders- lots of inter-personal difficulties; antisocial and criminal behaviours.
- Intellectual Disability and Developmental Disorders such as Autism
- Childhood Disorders: ADHD and Conduct Disorder.

Signs and Symptoms of Mental Illness

Mental health difficulties can and do occur at all stages of life, and how they present reflect those stages.

There is a ***chemical imbalance in the brain*** of a person with a mental health problems.



Signs and Symptoms of Mental Illness

- Changes in Sleep Patterns-too little or too much; broken; non-restful
- Changes in Appetite: too little or too much, :
- Changes in Appearance: hygiene, dressing, how persons carry themselves
- Changes in Mood and Affect:
- Changes in speech (amount and rate).
- Changes in thought content and beliefs: dark, negative, or bizarre
- Changes in Perceptions-illusions and hallucinations (auditory; visual; olfactory; tactile)

Signs and Symptoms of Mental Illness

- Changes in Cognition: memory (short and long:), orientation; ability to pay attention, concentrate, think and speak clearly, recognition of people
- Changes in insight: “I feel something is wrong” or “there is nothing wrong with me”

Signs and Symptoms of Mental Illness

Other Associated Issues:

Stigma: Definition: A mark of disgrace, or strong feeling of disapproval associated with a particular circumstance, quality, or person.

- Is associated with mental health issues and the Psych Hosp. in general
- Community-wide problem, and has historical roots.
- Reason for community care

Common Mental Health Conditions

- ❑ Grief
- ❑ Depression
- ❑ Anxiety
- ❑ Psychosis

GRIEF

Grief

Grief is the reaction to LOSS

Natural, internal response to loss

Universal, dynamic, invisible, genderless, ageless, non-linear, cumulative and endless

Experienced physically, mentally, emotionally, socially, and spiritually

Involves a continual process of adjustment

What Is Grief?

Grief is the emotion people feel when they experience a loss. There are many different types of loss, and not all of them are related to death. For example, a person can also grieve over the breakup of an intimate relationship or after a parent moves away from home

Types Of Loss

Loss is always personal. No one can decide what constitutes a loss to another person.

Significant Relationships

Possessions

Self

Developmental

History of Loss

Birth Today

_____/_____

Societal Views About Loss And Grief

We live in a “grief denying” culture

Grief is taboo, closeted subject

Pain and suffering are not acceptable states of being, and so are avoided and/or “treated”

Society is secularized; decrease in reliance on a religious framework to cope with loss and grief, decrease in rituals and community support

WHAT IS GRIEF

Grief is a natural reaction to the loss of someone or something important to you. Grief is also the name for the healing process that a person goes through after someone close has left The grieving process takes time, and the healing usually happens gradually.”

Grief

- Acute grief
  - Usually lasts 6 to 8 weeks
- The grief process
  - Is very individual --May last for many years
- The grief response is more difficult if:
  - The bereaved person was strongly dependent
  - The relationship was an ambivalent one
  - The individual has experienced a number of recent losses
  - The loss is that of a young person
  - The bereaved person's health is unstable
  - The bereaved person perceives some responsibility for the loss

GRIEF

- Loss is the experience of separation from something of personal importance.
- Loss is anything that is perceived as such by the individual.
- Examples of loss include:
  - A significant other (person or pet)
  - Illness or debilitating conditions
  - Developmental/maturational changes
  - Decrease in self-esteem
  - Personal possessions

GRIEF

- The grief response may be facilitated if:
  - **The individual has the support of significant others**
  - **The individual has the opportunity to prepare for the loss**

Grief can make us feel guilty.

Some people might blame themselves or think they could have done something to stop the death/loss.

GRIEF

One crucial difference between normal and maladaptive grieving

- The loss of self-esteem does not occur in uncomplicated grief
- The loss of self- esteem or sense ultimately precipitates depression

GRIEF

- Chronic or prolonged grieving
  - A prolonged grief process may be considered maladaptive when certain behaviors are exhibited
    - Behaviors aimed at keeping the lost loved one alive
    - Behaviors that prevent the bereaved from adaptively performing activities of daily living

GRIEF

Delayed or inhibited grief

- The absence of grief when it ordinarily would be expected
- Potentially pathological because the person is not dealing with the reality of the loss
- Remains fixed in the denial stage of the grief process
- Grief may be triggered much later in response to subsequent loss
- All the symptoms associated with normal grieving are exaggerated.

GRIEF

Delayed or inhibited grief (CONT.)

- The absence of grief when it ordinarily would be expected
- The individual becomes incapable of managing activities of daily living.
- The individual remains fixed in the anger stage of the grief process.
- Depressed mood disorder is a type of distorted grief response.

Typical Physical Symptoms of Grief

- difficulty going to sleep, or waking in the middle of the night
- weight loss or gain; over- or under-eating
- low energy or fatigue
- headaches, chest pain, or racing heart
- upset stomach or digestive problems
- hair loss

GRIEF (cont)

*Knowing someone is going to die can give us time to prepare.
*If they were suffering, it can mean a sense of relief.
*If the person that died was young, we may feel it was unfair

What are the Five Stages of Grief and Do They Always Occur in the Same Order?

Theoretical Perspectives

- **Elisabeth Kübler-Ross**
  - Stage I: Denial
  - Stage II: Anger
  - Stage III: Bargaining
  - Stage IV: Depression
  - Stage V: Acceptance
- **John Bowlby**
  - Stage I: Numbness or protest
  - Stage II: Disequilibrium
  - Stage III: Disorganization and despair
  - Stage IV: Reorganization

The five stages:

Denial
Anger
Bargaining
Depression
Acceptance

Elisabeth Kübler-Ross

What are the stages of Grief?

Denial (Isolation)

Anger

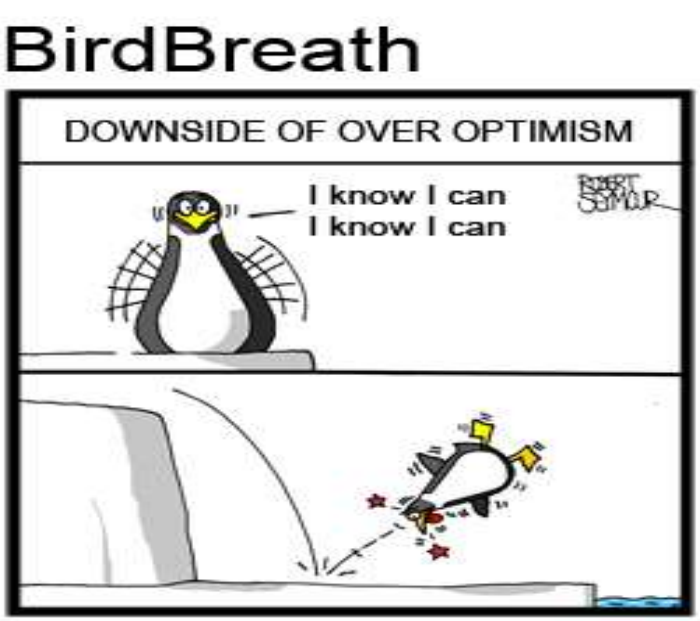
What are the stages of Grief?

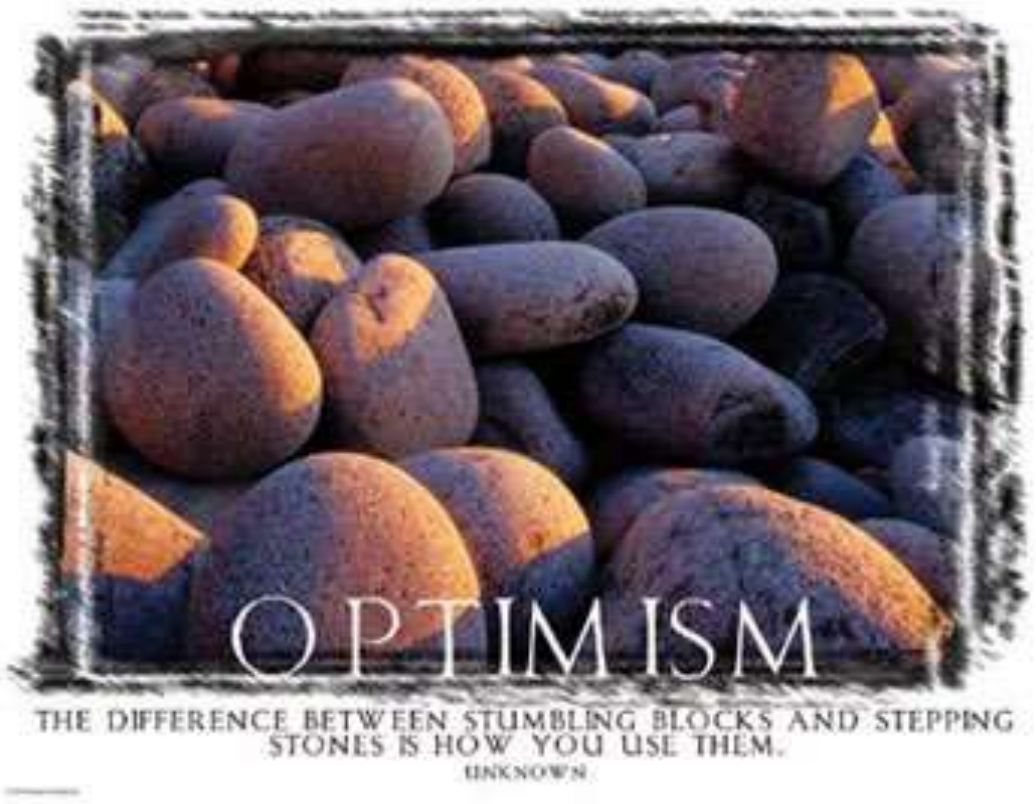
Bargaining

- Pleas
- Mood Swings
- Frustration

Depression

What are the stages of Grief?





Acceptance

"It is only when we truly know and understand that we have a limited time on Earth and that we have no way of knowing when our time is up that we will begin to live each day to the fullest, as if it were

Hope

"Optimism is a cheerful frame of mind that enables a tea kettle to sing though it's in hot water up to its nose."
---Unknown

Stages (cont.)

- The stages are tools to help us frame and identify what we may be feeling.
- Different for everyone.
- Doesn’t always happen in exact order, may revert before moving forward.

KESSLER

DENIAL

- Denial is the deliberate refusal to believe the death has occurred. The loss is so painful that we sometimes look for a "band-aid" to hold off the hurt. Some denial is natural and okay, but if there are extremes, and if denial begins to interfere with getting on with life, it needs to be re-examined. Examples of denial are:
- pretending the deceased is on a trip
- insisting on speaking of the deceased in the present tense
-

DENIAL

- refusing to talk about the deceased and the circumstances of the death
- leaving clothing and personal effects as they were before the death
- getting rid of all belongings immediately, as if this person never existed
- building an excessive shrine
- playing down the importance of the deceased
- using drugs or alcohol to forget

Stages of Grief

Components of Grief

One of the most influential researchers on grief and bereavement is Sidney Zisook (UC-San Diego). His work has shown that there are 4 major components of grief that show up in various forms depending on the person and the unique circumstances of the loss:

- 1. Separation Distress: this is a soup of feelings like sadness, anxiety, pain, helplessness, anger, shame, yearning, loneliness, etc
- 2. Traumatic Distress: this includes states of disbelief and shock, intrusions, and efforts to avoid intrusions and the spike of emotions they produce

Stages of Grief (continued)

3. Guilt, remorse, and regrets

4. Social withdrawal

People may also experience some symptoms that are similar to depression such as loss of interest in pleasurable activities, disruptions in sleep etc.

Gender Differences

Women

- express their feelings early after loss
- reach out for social support
- are seen to express more sorrow, depression, and guilt
- more willing to talk about the loss of a child

Men

- more likely to take on a managerial role
- intellectualize their emotions
- indicate that they feel more anger, fear, and loss of control
- use denial more
- more private about grief

Expressions Of Grief

Physical	Indigestion, headaches, sleep disturbance
Mental	Short-term memory loss, confusion
Emotional	Mood swings, short fuse, guilt
Social	Isolation
Spiritual	Anger at God, “Why” questions

Bereavement

Bereavement is the objective event of loss when it involves death specifically.

A relationship with someone or something that is valued

A loss occurs

A feeling of deprivation occurs

DSM IV V62.82 Bereavement

along w/diagnosis of Major Depressive Disorder

- "This category can be used when the focus of clinical attention is a reaction to the death of a loved one."
- Can be linked with a "Major Depressive Episode (e.g., feelings of sadness and associated symptoms such as insomnia, poor appetite, and weight loss)."
- Symptoms must still be present 2 months after loss.
- Can't be considered "normal" grief reactions.

DSM IV, p 740-741, V62.82

*Very limited information

Mourning

Mourning is the processes of coping with grief

External expression of grief

Defined by beliefs, attitudes, traditions, culture, religion, gender, age

Influenced by the relationship with the person or object, mode of loss, previous loss experience, personality and social variables, and concurrent stressors

Unique, visible process

Tasks of Mourning

- Task 1: accepting the reality of the loss
- Task 2: the suffering part of grief
- Task 3: adjusting to a different type of environment
- Task 4: withdrawing the emotional energy for reinvestment elsewhere

- Task I. Accepting the reality of the loss
- Task II. Working through the pain of grief
- Task III. Adjusting to an environment that has changed because of the loss
- Task IV. Emotionally relocating what has been lost and moving on with life

J. William Worden

Tasks of Mourning

- **The First Task of Mourning: *Accepting the Reality* of Loss**
- Shock
- In the shock of loss, we cannot believe that what has happened has happened. Shock can be mistaken for being all right. When we hear comments about "how well the family is doing," we can probably assume that the reality of the event hasn't set in. Common symptoms of shock include:
- numbness or a dream-like state
- feeling and acting like a robot
- feeling alone, vulnerable
- crazy thoughts
- inability to focus
-

Tasks of Mourning

Shock is a natural cushioning against the full impact of pain, and its reality will hit later. Shock can last for a couple of weeks or even many months, depending of the suddenness or cause of death.

Tasks of Mourning

Common symptoms of shock include:

- numbness or a dream-like state
- feeling and acting like a robot
- feeling alone, vulnerable
- crazy thoughts
- inability to focus

SECOND TASK OF MOURNING

- To Process the Pain of Grief
- Pain can be physical and /or emotional
- Degree of pain related to degree of attachment
- Society may not support the expression of pain (“ never shed a tear, stayed strong for them”)

Second Task of Mourning cont

- Avoiding of pain- idealising, avoiding reminders, using alcohol and drugs, moving to a different location
- Avoidance of this pain may lead to depression later on

THIRD TASK OF MOURNING

- To Adjust to a World Without the Lost Person

Third Task of Mourning cont

- Adjusting to External Circumstances
- Living alone, raising children alone, financial matters
- Loss of companion, house helper, baby-sitter, messenger, cook etc depending on relationship

Third Task of Mourning cont

- Adjusting to Internal Circumstances
- Loss of self
- Loss of self-esteem
- Loss of self-efficacy

Third Task of Mourning

- Adjusting to Spiritual Circumstances , th:at is the feeling of one's sense of the world
- Loss challenges one's fundamental life values and philosphical beliefs as to how the world works- its fairness, benovolence , and feelings of "where is God?" especially in sudden and untimely deaths..

Fourth Task of Mourning

- To Find an Enduring Connection with the Deceased in the Midst of Embarking on a New Life.
- This can occur by speaking to, thinking of , dreaming of, and feeling watch by the deceased loved one
- It is about finding a psychological place for the deceased in the new life the survivor is living

Dual-Process Model of Grieving

- Stroebe and Schut (1999-2005)
- Loss-Oriented Stressors and Restoration-Oriented Stressors
- Loss- Orientation- separation distress, loss appraisal, appreciation of a world without the deceased

Dual- Process Model of Grieving

- Restoration-Oriented Stressors
- Skill Mastery, Identity-change, psychological transitions and changes
- Identical to Third Task

Mediators of Mourning

- Grief may be an intense experience or it may be very mild

- Grief can be for a short period, or it may be very long

Mediators of Mourning

- First Mediator: Who the Person Who Died was i.e. what was the Relationship
- Second Mediator: Nature of the Attachment- how intense or strong; how consistent or secure; how ambivalent ; the presence of conflict or unresolved issues in the relationship; how dependent was the bereaved on the deceased.

Mediators of Mourning

- Third Mediator: How the Person Died:
- Geographical place of death
- Suddeness or Unexpectedness
- Violent or Traumatic
- Multiple losses in a single event or over a short period of time
- Preventable deaths

Mediators of Mourning

- Ambiguous deaths- where there is no physical body

- Stigmatized deaths- eg HIV/AIDS. There is less social support for the bereaved in these circumstances.

Mediators of Mourning

Fourth: History

- How were previous losses grieved
- Past history of depression or other mental health

Mediators of Mournig

Fifth :Personality Variables

- Age and Gender
- Coping Styles- problem solving or active emotional- venting, humor, reframing to consider the positive, accepting support

Mediators of Mourning

Sixth: Social Variables

- Perceived emotional and social support within and without the family
- Disappears soon after the funeral and support changes to encouragement to move on

Mediators of Mourning

- Concurrent Stresses

When Is Mourning Finished

- Mourning is finished when the tasks of mourning have been finished
- Benchmark would be thinking of the person without pain Thoughts of the person are not accompanied by physical feelings
- Another benchmark is the using of emotions in pursuing life and living
- Process may take 1-2 years in case of widows

H0W TO HELP

- ***HOW TO HELP OTHERS***
- **Practical help**
- Make phone calls.
- Get the house cleaned and organized.
- Cook meals and snacks.

H0W TO HELP

- • **Getting details**
- Help the family get details about what happened, if they want to know.
- • **Viewing the body**
- Inquire if the family would like some time alone with the body. Stay close to help with overwhelming emotions, especially if the death was sudden or violent.
- Let the family do what they need to do; people who are discouraged from seeing the bodies of loved ones often regret it later and are angry that they were kept from doing this.
- If the body has been damaged, consider viewing the body first to assess its condition and offer a description to lessen the shock to the family.
- Consider showing a photo first to desensitize the family to what they are about to see. Or a good, trusted friend or co-worker might view the body and confirm to the family that, indeed, it is their loved one.
-

H0W TO HELP

Funeral arrangements

- Keep expenses within the family's budget.

- Help make the funeral meaningful to the family (letters, music, poetry, etc.).

"For some people, it may help to talk about the loss with others. Some do this naturally and easily with friends and family, others talk to a professional therapist."

- http://www.kidshealth.org/teen/your_mind/emotions/someone_died.html

"Others might think if only they had been better people, than their loved ones might not have died. These things aren't true, of course - but sometimes feelings and ideas like this are just a way of trying to make sense of something that's difficult to understand."

- http://www.kidshealth.org/teen/your_mind/emotions/someone_died.html

Grief or Depression?

Grief

- Experienced in waves
- Diminishes in intensity over time
- Healthy self-image
- Hopelessness
- Response to support
- Overt expression of anger
- Preoccupation with deceased

Depression

- Moods and feelings are static
- Consistent sense of depletion
- Sense of worthlessness and disturbed self-image
- Pervasive hopelessness
- Unresponsive to support
- Anger not as pronounced
- Preoccupation with self

* Excerpts from Therese A. Rando (1993). Treatment of Complicated Mourning. Research Press, Champaign, IL.

Coping With Grief

"The grieving process is very personal and individual - each person goes through his or her grief differently. Some people reach out for support from others and find comfort in good memories."

- http://www.kidshealth.org/teen/your_mind/emotions/someone_died.html

How Do We Deal With Grief?

"Blessed are those who grieve quickly and efficiently for they meet the criteria for managed care."

Minimize the grief

Shame

Avoid

Cliches

There are many ways people who are grieving can help themselves:

- Attending support groups
- Therapy with a psychologist or other licensed mental health professional
- Journaling
- Eating Well
- Exercising
- Getting enough rest
- Antidepressants such as Zoloft, Paxil, Wellbutrin, Lexapro, Celexa, Prozac and can be very effective to those who become clinically depressed

(continued)

- Reading and learning about death-related grief responses
- Seeking comforting rituals
- Avoiding major changes in residence, jobs, or marital status
- Allowing emotions
- Seeking solace in the faith community

Coping cont.

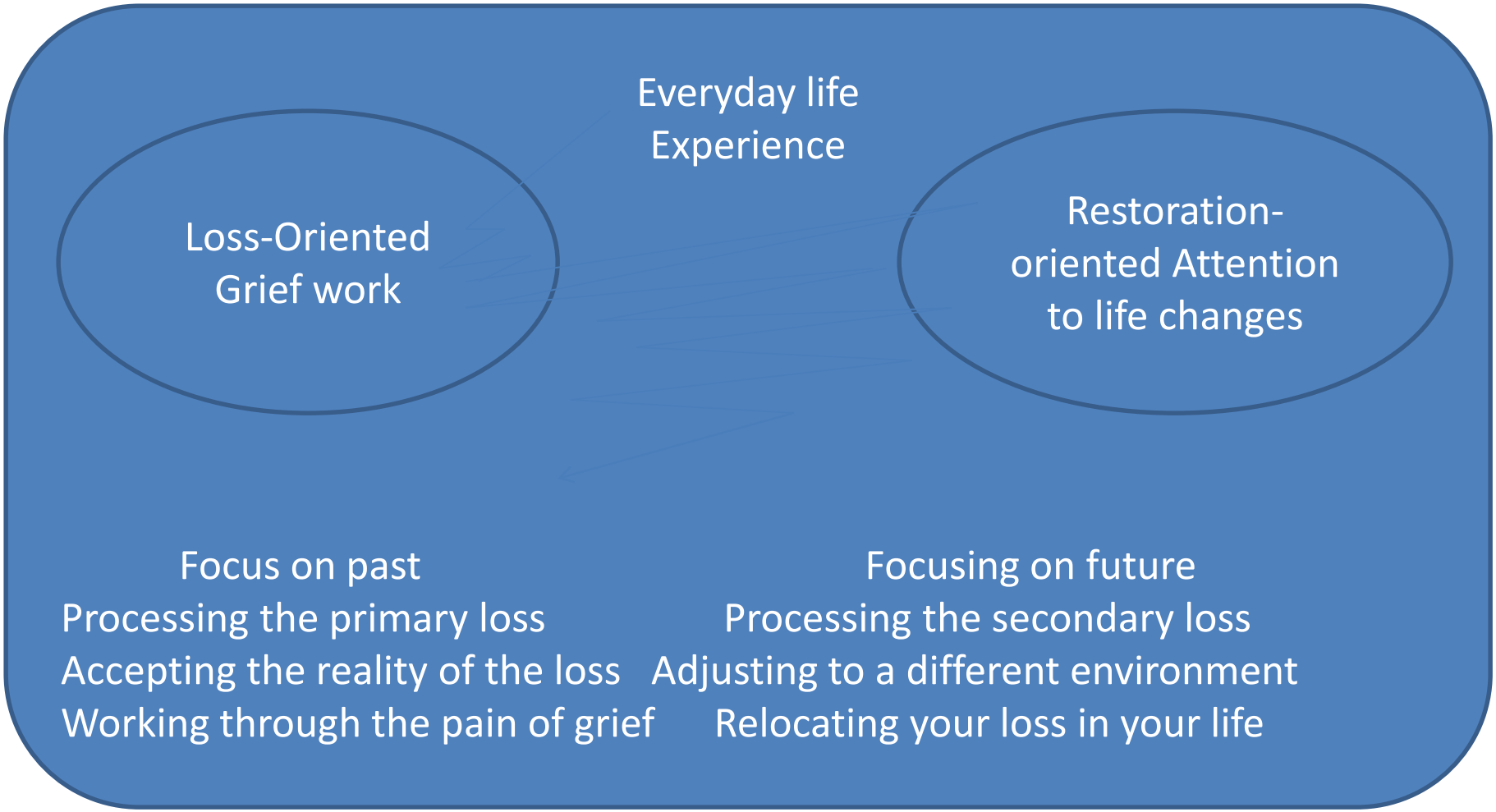
*Throw selves into activities to take mind off loss.

*Become depressed and withdraw from activities, peers, family.

*Everyone handles grief in different ways.

- http://www.kidshealth.org/teen/your_mind/emotions/someone_died.html

Dual Process Model Of Coping With Loss



Factors that may hinder the healing process

- Avoiding or minimizing emotions
- Using alcohol or drugs to self-medicate
- Using work to avoid feelings

What to Do

- Act natural
- Show genuine care and concern
- Make it clear that you are there to **listen**
- Talk openly and directly about the person who died
- Keep in mind that evenings, weekends, anniversaries, and holidays can be extra challenging times

Do children experience grief?

"Yes, if children are old enough to love, they are old enough to grieve. Many times in our society children are the forgotten grievers. For instance, when a parent dies, whom do we expect to help the child with their grief? The surviving parent. That parent not only has their own grief to deal with but they are learning for the first time how to be a single parent. They, like their child, can use support in their grieving."

Excerpt from David Kessler's website "On Grief & Grieving"
By Elisabeth Kübler-Ross & David Kessler
http://www.davidkessler.org/html/qa_grief.html#9

Why grief counseling?

As Baker and Gerler (2004) state:

> "because they lack experience and their cognitive development is incomplete, children and adolescents often respond to the death of loved ones and contemporaries maladaptively and may manifest inappropriate responses in school" .

Signs that Bereavement in Young People Needs Outside Intervention

- If news of a death or other significant loss was kept from the young person for a long time or if the young person was told lies about the death
- If a young person frequently physically assaults others or is cruel to animals
- If a young person had a difficult relationship with the deceased or behaves poorly with family members
- If the young person is unwilling or unable to socialize with other young people

Signs that Bereavement in Young People Needs Outside Intervention

- If a young person pretends that absolutely nothing has happened
- If school work takes a dramatic decline or the student develops a school phobia
- If a young person threatens suicide
- If a young person panics frequently
- If a young person becomes involved with alcohol or drugs
- If a young person begins committing serious socially delinquent acts

What to Do

- Find a way to help children symbolize and represent the death
- Pay attention to the way a child plays; this is one of the main ways that children communicate
- Say that you are sorry about the loss
- Sit next to a child that wants closeness

Grief Groups

By sharing feelings with one another, children find out that they are not alone and that others are also struggling to rebuild shattered lives. Grief groups help children feel understood, accepted, and supported.

What NOT to Do

- Try to shelter children from the reality of death; it can be a learning experience
- Give false or confusing messages (“Grandma is sleeping now.”)
- Tell a child to stop crying because others might get upset
- Try to cheer the person up or distract from the emotional intensity (“At least he’s no longer in pain.” “She’s in a better place now.”)

What NOT to Do

- Offer advice or quick solutions (“I know how you feel.” “Time heals all wounds.”)
- Pry into personal matters
- Ask questions about the circumstances of the death

Role Changes

Roles that a loved one fulfilled in one's life

Roles that one specifically fulfilled in a loved one's life

Personal role changes

Relationship role changes

The Hidden Annual Cost Of Grief In America's Workplace

Death of a Loved One	$37.5 billion
Family Crisis	$ 9.02 billion
Death of a Close Friend, Colleague, or Extended Family	$7.04 billion
Pet Loss	$2.4 billion
Major Lifestyle Alterations	$2.4 billion

The Grief Recovery Institute Educational Foundation, Inc. -- 2003

Expressions Of Grief In The Workplace

Physical Issues:	Absenteeism, lack of motivation
Mental Issues:	Inability to concentrate, errors, confusion, accidents
Emotional Issues:	Mood swings, “grief attacks”
Social:	Isolation, substance use on the job
Spiritual:	Resentful

Effects of Grief in the Workplace

Decrease in productivity
Decrease in morale
Decrease in safety
Loss of employee
Re-training of new personnel
Increased staff load

Significant financial cost to business

DEPRESSION

Depression

Depression is a common illness worldwide, with more than 300 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Close to 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds.

(World Health Organisation 2017)

Depression

- Although there are known, effective treatments for depression, fewer than half of those affected in the world (in many countries, fewer than 10%) receive such treatments. Barriers to effective care include a lack of resources, lack of trained health-care providers, and social stigma associated with mental disorders. Another barrier to effective care is inaccurate assessment. In countries of all income levels, people who are depressed are often not correctly diagnosed, and others who do not have the disorder are too often misdiagnosed and prescribed antidepressants.

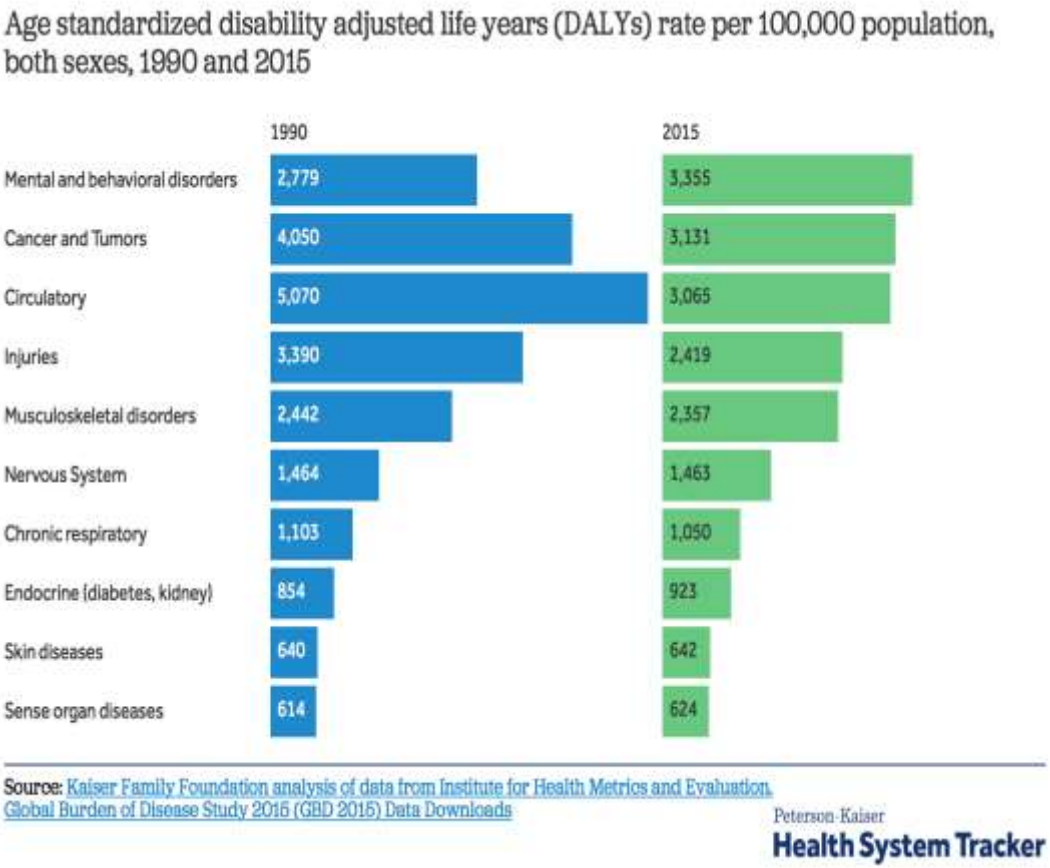
Depression

Table 2. Global DALYs Caused by the 25 Leading Diseases and Injuries in 1990 and 2010.

Cause	2010		1990	
	Rank	DALYs (95% UI) in thousands	Rank	DALYs (95% UI) in thousands
Ischemic heart disease	1	129,795 (119,218–137,398)	4	100,455 (96,669–108,702)
Lower respiratory tract infections	2	115,227 (102,255–126,972)	1	206,461 (183,354–222,979)
Stroke	3	102,239 (90,472–108,003)	5	86,012 (81,033–94,802)
Diarrhea	4	89,524 (77,595–99,193)	2	183,543 (168,791–197,655)
HIV–AIDS	5	81,549 (74,698–88,371)	33	18,118 (14,996–22,269)
Malaria	6	82,689 (63,465–109,846)	7	69,141 (54,547–85,589)
Low back pain	7	80,667 (56,066–108,723)	12	56,384 (38,773–76,233)
Preterm birth complications	8	76,980 (66,210–88,132)	3	105,965 (88,144–120,894)
Chronic obstructive pulmonary disease	9	76,779 (66,000–89,147)	6	78,298 (70,407–86,849)
Road-traffic injury	10	75,487 (61,555–94,777)	11	56,651 (49,633–68,046)
Major depressive disorder	11	63,239 (47,894–80,784)	15	46,177 (34,524–58,436)
Neonatal encephalopathy*	12	50,163 (40,351–59,810)	10	60,604 (50,209–74,826)
Tuberculosis	13	49,399 (40,027–56,009)	8	61,256 (55,465–71,083)
Diabetes mellitus	14	46,857 (40,212–55,252)	21	27,719 (23,668–32,925)
Iron-deficiency anemia	15	45,350 (31,046–64,616)	14	46,803 (32,604–66,097)
Sepsis and other infectious disorders in newborns	16	44,236 (27,349–72,418)	17	46,029 (25,147–70,357)
Congenital anomalies	17	38,890 (31,891–45,739)	13	54,245 (45,491–69,057)
Self-harm	18	36,655 (26,894–44,652)	19	29,605 (23,039–37,333)
Falls	19	35,406 (28,583–44,052)	22	25,900 (21,252–31,656)
Protein-energy malnutrition	20	34,874 (27,957–41,662)	9	60,542 (50,378–71,639)
Neck pain	21	32,651 (22,783–44,857)	25	23,107 (16,031–31,890)
Cancer of the trachea, bronchus, or lung	22	32,405 (24,401–38,327)	24	23,850 (18,839–29,837)
Other musculoskeletal disorders	23	30,877 (25,858–34,650)	29	20,596 (17,025–23,262)
Cirrhosis of the liver	24	31,026 (25,951–34,629)	23	24,325 (20,653–27,184)
Meningitis	25	29,407 (25,578–33,442)	18	37,822 (33,817–44,962)

* The category of neonatal encephalopathy includes birth asphyxia and birth trauma.

Depression


Age standardized disability adjusted life years (DALYs) rate per 100,000 population, both sexes, 1990 and 2015
1990
2015
Mental and behavioral disorders
2,779
3,355
Cancer and Tumors
4,050
3,131
Circulatory
5,070
3,065
Injuries
3,390
2,419
Musculoskeletal disorders
2,442
2,357
Nervous System
1,464
1,463
Chronic respiratory
1,103
1,050
Endocrine (diabetes, kidney)
854
923
Skin diseases
640
642
Sense organ diseases
614
624
Source: Kaiser Family Foundation analysis of data from Institute for Health Metrics and Evaluation, Global Burden of Disease Study 2016 (GBD 2016) Data Downloads
Peterson-Kaiser
Health System Tracker

Typical Depressive Symptoms

- Depressed Mood
- Loss of interest or pleasure
- Physical agitation
- Slowed speech or movements
- Sleep changes
- Appetite changes
- Weight changes
- Concentration difficulties

Typical Depressive Symptoms (cont)

- Indecisiveness
- Fatigue
- Loss of energy
- Feelings of worthlessness
- Feelings of guilt
- Suicidal thoughts, plans, attempts

Atypical Depression Features

- Hypersomnia
- Hyperphagia
- Leaden paralysis
- Long-term personal rejection sensitivity
- Psychomotor retardation
- Psychotic features
- Pathological guilt
- Mood lability

Is Depression different for men?

Depression in Men

- There is no evidence for a completely separate
- type of ‘male depression’.

Depression in Men

- There is no evidence for a completely separate type of ‘male depression’.

- However, there is evidence that some symptoms of depression are more common in men than in women.

Depression in Men

These symptoms include:

- irritability
- sudden anger
- increased loss of control
- greater risk-taking
- aggression

Men are also more likely to commit suicide.


Help
I'm fine!

Anxiety

- Someone experiencing anxiety suffers from severe panic attacks and fear in high stress events.

Anxiety Disorders

- Experiencing occasional anxiety is a normal part of life. However, people with anxiety disorders frequently have intense, excessive and persistent worry and fear about everyday situations. Often, anxiety disorders involve repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a peak within minutes (panic attacks).

Anxiety Disorder

- Examples of anxiety disorders include generalized anxiety disorder, social anxiety disorder (social phobia), specific phobias and separation anxiety disorder. You can have more than one anxiety disorder. Sometimes anxiety results from a medical condition that needs treatment.

Symptoms of Anxiety

- Common anxiety signs and symptoms include:
- Feeling nervous, restless or tense
- Having a sense of impending danger, panic or doom
- Having an increased heart rate
- Breathing rapidly (hyperventilation)
- Sweating
- Trembling
- Feeling weak or tired
- Trouble concentrating or thinking about anything other than the present worry
- Having trouble sleeping
- Experiencing gastrointestinal (GI) problems

- Having difficulty controlling worry
- Having the urge to avoid things that trigger anxiety

- Agoraphobia (ag-uh-ruh-FOE-be-uh) is a type of anxiety disorder in which you fear and often avoid places or situations that might cause you to panic and make you feel trapped, helpless or embarrassed.
- Anxiety disorder due to a medical condition includes symptoms of intense anxiety or panic that are directly caused by a physical health problem.

Generalized anxiety disorder includes persistent and excessive anxiety and worry about activities or events — even ordinary, routine issues. The worry is out of proportion to the actual circumstance, is difficult to control and affects how you feel physically. It often occurs along with other anxiety disorders or depression. from drugs.

- Panic disorder involves repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a peak within minutes (panic attacks). You may have feelings of impending doom, shortness of breath, chest pain, or a rapid, fluttering or pounding heart (heart palpitations). These panic attacks may lead to worrying about them happening again or avoiding situations in which they've occurred.

- Selective mutism is a consistent failure of children to speak in certain situations, such as school, even when they can speak in other situations, such as at home with close family members. This can interfere with school, work and social functioning.

- Separation anxiety disorder is a childhood disorder characterized by anxiety that's excessive for the child's developmental level and related to separation from parents or others who have parental roles.

- Social anxiety disorder (social phobia) involves high levels of anxiety, fear and avoidance of social situations due to feelings of embarrassment, self-consciousness and concern about being judged or viewed negatively by others.

- Specific phobias are characterized by major anxiety when you're exposed to a specific object or situation and a desire to avoid it. Phobias provoke panic attacks in some people.

- Substance-induced anxiety disorder is characterized by symptoms of intense anxiety or panic that are a direct result of misusing drugs, taking medications, being exposed to a toxic substance or withdrawal from drugs.

#1: Obsessive/Compulsive Disorder (OCD)

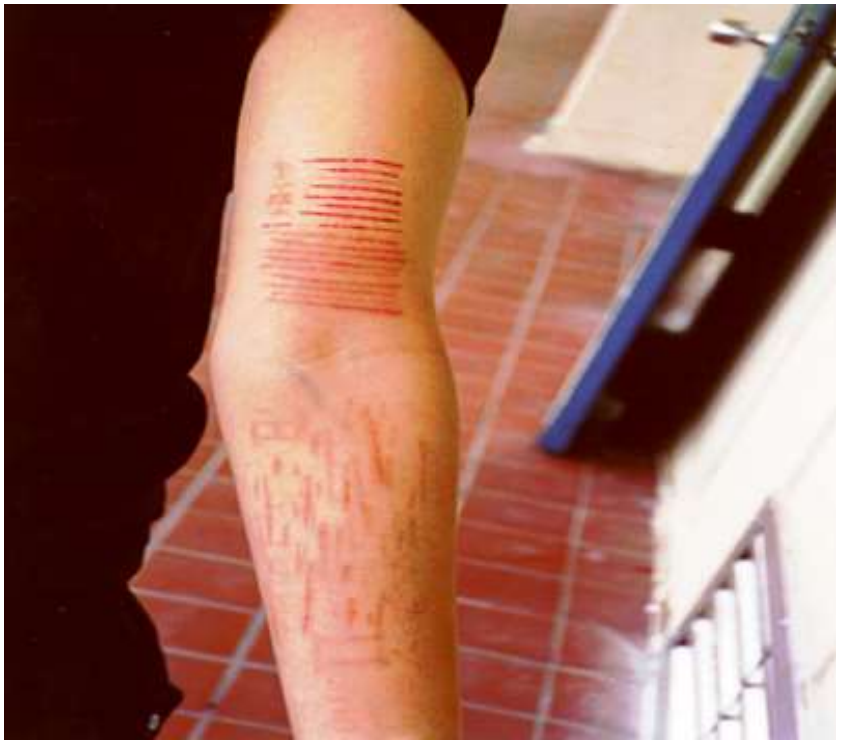
- An uncontrollable need to perform repetitive acts; compulsions are urgent, repeated rituals
- The person may not lead a normal life because compulsions become so repetitive.

Phobia

– An extreme, irrational fear of an object or situation.

Self-Harm

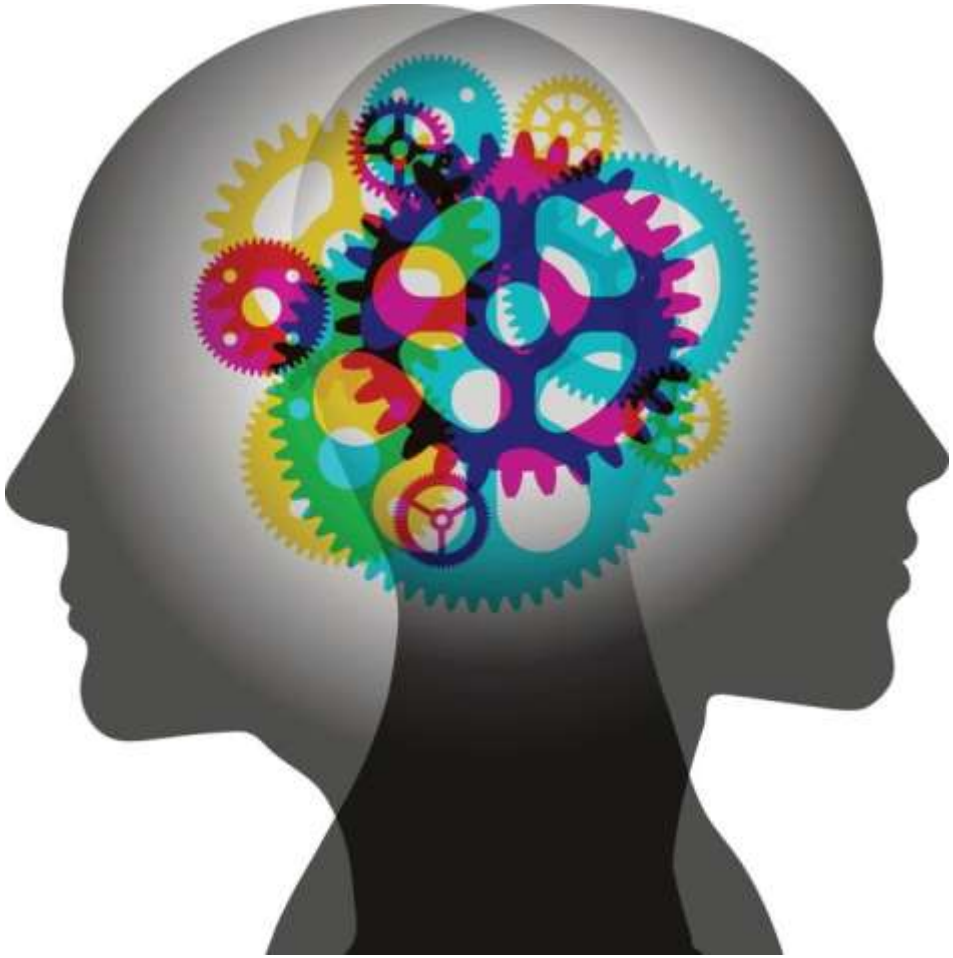
The act of attempting to alter a mood state by inflicting physical harm that is serious enough to cause tissue damage to one's body



Common Behaviors

- Cutting
- Burning
- Head-banging
- Carving
- Scratching
- Bruising or hitting
- Biting
- Picking of skin
- Pulling of hair
- Bone-breaking

Psychosis



Psychosis

Psychosis is a mental disorder in which the thoughts, affective response, ability to recognise reality, and the ability to communicate and relate to others is impaired.

Psychosis

Characteristics of psychosis are:

Hallucinations

Delusions

Schizophrenia

A condition of losing touch with reality accompanied by reduced ability to function.

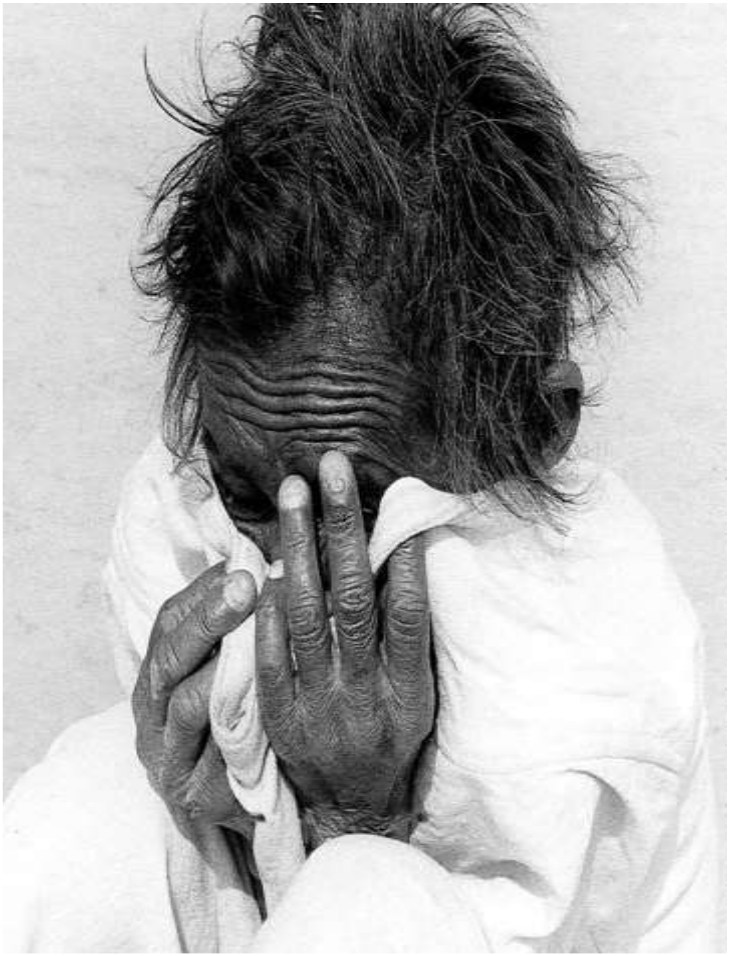
- -loses ability to distinguish fantasy from reality
- -signs of tissue shrinkage in brain
- -Some individuals inherit a potential of developing schizophrenia
- -Early psychological trauma : Violence, sexual abuse, death, divorce, separation, or other stressors of childhood

Recognition and Intervention

Goals

- How to recognise features and signs suggestive of someone having mental health difficulties

- What steps to take if a mental health issue is suspected



General Description

- Appearance and Dress
- Movement
- Speech/ Pattern of Speaking
- Attitudes

General Description

- Motor Behavior
  - Gait- way of walking
  - Freedom of movement
  - Firmness and strength of handshake, including sweaty palms
  - Any involuntary or abnormal movements of the limbs or body
  - Pace of movements
  - Purposefulness of movements
  - Degrees of agitation-hands or head shaking

General Description

- Speech/Pattern of Speaking
  - Rate
  - Spontaneity
  - Intonation
  - Volume
  - Defects

General Description

- Attitudes
  - How the patient related to me
  - "degree of cooperativeness“
  - Evaluator’s attitude- how does this person make me feel

Emotions

- Mood
- Affect/Facial expression

Mood

- Euthymic
- Angry
- Euphoric
- Apathetic
- Dysphoric
- Apprehensive

Thought

- Process- how the thoughts are put together
- Content- what is being said or expressed

Is it Dementia?....

- Consciousness
- Orientation
- Concentration and attention
- Calculations
- Memory
- Intelligence

Possible Problems

- Drugs/alcohol- smell on breath, flushed face,
- Dementia/cognitive problems
- Psychosis
- Severe mood problems
- Somatoform disorders- person has lots of physical complaints

Depression and Suicide Risk

Suicide Risk

- The prevention of suicidal behaviour (both attempted and completed suicide) poses a series of particular challenges.
- Subjects at risk of suicidal behaviour cover a wide age range, from early adolescence to later life.
- The risk of suicidal behaviour varies greatly according to

several sociocultural factors (among which age, gender, religion, socioeconomic status), and mental status.

Suicide Risk

- It is also influenced by the availability of methods used for that behaviour, that is attempting suicide

- This diversity calls for an integration of different approaches at the population level in order to achieve significant results.

Suicide Risk

- According to the best evidence available(WHO, 1998), the following interventions have demonstrated efficacy in preventing some forms of suicidal behaviour:
- Control of availability of toxic substances particularly pesticides.
- Monitoring of domestic gas, and car exhaust.
- Treatment of people with mental disorders (particularly depression,
  alcoholism and schizophrenia);
- Reduction of access to firearms and knives
- Toning down of press reports about suicides.


Success
Power
Achieve
Win
Strength

Suicide: Warning Signs

- Giving away prized possessions
- Feelings of despair, hopelessness
- Threats to hurt oneself
- Preoccupation with death

How to Help

1. Remain calm, unemotional and factually honest in speaking to the person about your concerns

2. Encourage your friend to seek help

3. Do not cover up or avoid the situation and confront the person with your concerns

Interventions

Asking the tough questions ……

- “Are you depressed?....”
- “Why are you not eating?….”
- “Why are you so angry?.....”
- “ Why are you so upset?….”

Interventions

Using the Language:

- “ I Care/Love…..”
- **“**I see…”
- “I understand…..”
- “I feel…..”
- “I would like….”

Interventions (cont.)

- Compassion Presence
- Active Listening
- Don’t Push for Information too much at the start
- Use stress management techniques (deep, slow breathing) for you and the other person
- Comfort, calm, and console

Active Listening

- Body language
  - eye contact
  - facial expression
  - tone of voice
- Gentle prompts
- Label, summarize, and mirror
- Compassionate presence

Active Understanding

- Avoid Why/Why not?
- Don’t judge
- Avoid “I know how you feel.”
- Avoid evaluation of their experience and their reactions
- Silence is O.K.

Be Careful When You say ……

- “Let’s talk about something else”
- “You should work toward getting over this”
- “You are strong enough to deal with this”
- “You’ll feel better soon”
- “You did everything you could”
- “You need to relax”
- “It’s good that you are alive”

Active Understanding

- Try not to interrupt until story ended
- Do ask questions to clarify
- Occasionally restate part of the story in your own words to make sure you understand

When to Refer

- Harm to self or others
- Inability to make simple decisions
- Significant withdrawal
- Ritualistic behavior
- Hallucinations/paranoia
- Disorientation to time and place
- Unable to care for self

Make time for therapeutic activities

R**elaxation** – you may already know what helps you relax, like having a bath, listening to music or taking a walk.

Mindfulness – mindfulness is a therapeutic technique that involves being more aware of the present moment. This can mean both outside, in the world around you, and inside, in your feelings and thoughts. Practising mindfulness can help you become more aware of your own moods and reactions.

Make time for therapeutic activities

Ecotherapy – getting out into a green environment, such as the park or the countryside, is especially helpful. If you have a garden

Make time for therapeutic activities

- ✓ **Look after your physical health:** Taking steps to look after your physical health can help you manage your mental health too.

- ✓ **Get enough sleep** – this can help you have the energy to cope with difficult feelings and experiences.

- ✓ **Eat healthily** – what you eat, and when you eat, can make a big difference to how well you feel.

Complementary and alternative therapies

Some people find complementary and alternative therapies helpful to manage stress and other common symptoms of mental health problems:

These can include:

hypnotherapy

massage

acupuncture.

Complementary and alternative therapies

The clinical evidence for these therapies is not as robust as it is for other treatments, but you may find they work for you

Looking After Yourself

Supporting someone else can sometimes be stressful. Making sure that you look after your own wellbeing can mean that you have the energy, time and distance you need to be able to help.

Looking After Yourself

- Set boundaries and don’t take too much on
- Share your caring role with others so as to not get overwhelmed
- Talk to someone trusted if you start to feel overwhelmed

Treatment Services in Barbados

Treatment Services-Options for Intervention

- GP Services at Polyclinic
- Private GP; Private family medicine practitioner; private psychiatrist; psychologist
- Accident and Emergency Services, QEH/Psychiatry Department /Ward C4
- Assessment Unit, Psychiatric Hospital
- Community Mental Health Nurse/ Community Mental Health Clinics in the Polyclinics

Treatment Services

- GP services at Polyclinic
- Rule out physical causes of presentation
- Get a referral to community mental health clinic, or QEH,

Treatment Services

- Private doctors and clinicians
- Fee- paying services

Treatment Services

- Queen Elizabeth Hospital
- Clearance and referral through Accident and Emergency
- Suicidal/ Parasuicidal Behaviour
- Medical Clearance
- Referral to psychiatrist at QEH
- Ward C4/ Outpatient Clinic at QEH/ Other specialities

Treatment Services

- Assessment Unit, Psychiatric Hospital (536-3091)
- 24 hours, 7 days a week
- Reporting of suspected mental health difficulties
- Triaging nurse, and medical doctor
- Referral process to hospital's counselling services; social work; QEH; community mental health services

Treatment Services

- Psychiatric Hospital
- Admission to Hospital either voluntarily or involuntarily

Treatment Services

- Community mental health clinics
- At all Polyclinics and outpatient community medical clinics- St. Joseph, 1 or 2 days a week
- Staffed by community mental health nurses and psychiatrists
- Psychiatric services, counselling, and social work services
- Home visits for treatment and assessment

Treatment Services

- Child Guidance Clinic
- 5 days a week at Branford Taitt Polyclinic in Black Rock
- Referral directly to clinic, or through Assessment Unit

Treatment Services

- In-patient treatment

Counselling Services:

- Clinical Psychology
- Occupational Therapy and Anger Management
- Social Work
- Drug Rehabilitation
- Recreational Therapy

Treatment Services

- Thrive Family Centre
- In-patient Adolescent Unit
- Access through Assessment Unit

THANK YOU!

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