

# Mental Health Resource Pack

Activities for disc



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## **Introduction to the activities**

These activities have been 'tried and tested' with young people, and will provide young people with an opportunity to explore mental health through discussion. They are designed to be flexible and could be delivered as part of a lesson / session. The activities work best when delivered in the order outlined below but you might prefer to pick and choose the activities you use depending on the group you are working with or the focus of the lesson / session.

### **The activities include:**

#### **1. Sam Activity**

This activity introduces young people to mental health and explores their perceptions and understanding.

#### **2. Celebrity Activity**

This activity highlights the prevalence of mental health issues amongst famous people as a way of raising awareness amongst young people and challenging their stereotypes and perceptions of mental health.

#### **3. What is Mental Health Activity?**

This activity allows young people to explore their understanding of mental health and provides them with a common definition.

#### **4. True or False Quiz**

This activity explores some common misconceptions about mental health and provides young people with the opportunity to test out what they know and understand about the issues.

#### **5. Case Study Activity**

This activity introduces young people to specific mental health issues using scenarios which can be discussed and used to answer a set of questions. The questions allow young people to consider people's perceptions of mental health and what support is available for people with mental health issues.

## **Sam Activity**

**Time:** 10 – 20 minutes

**Resources:** Copies of Sam template (see overleaf) and pens

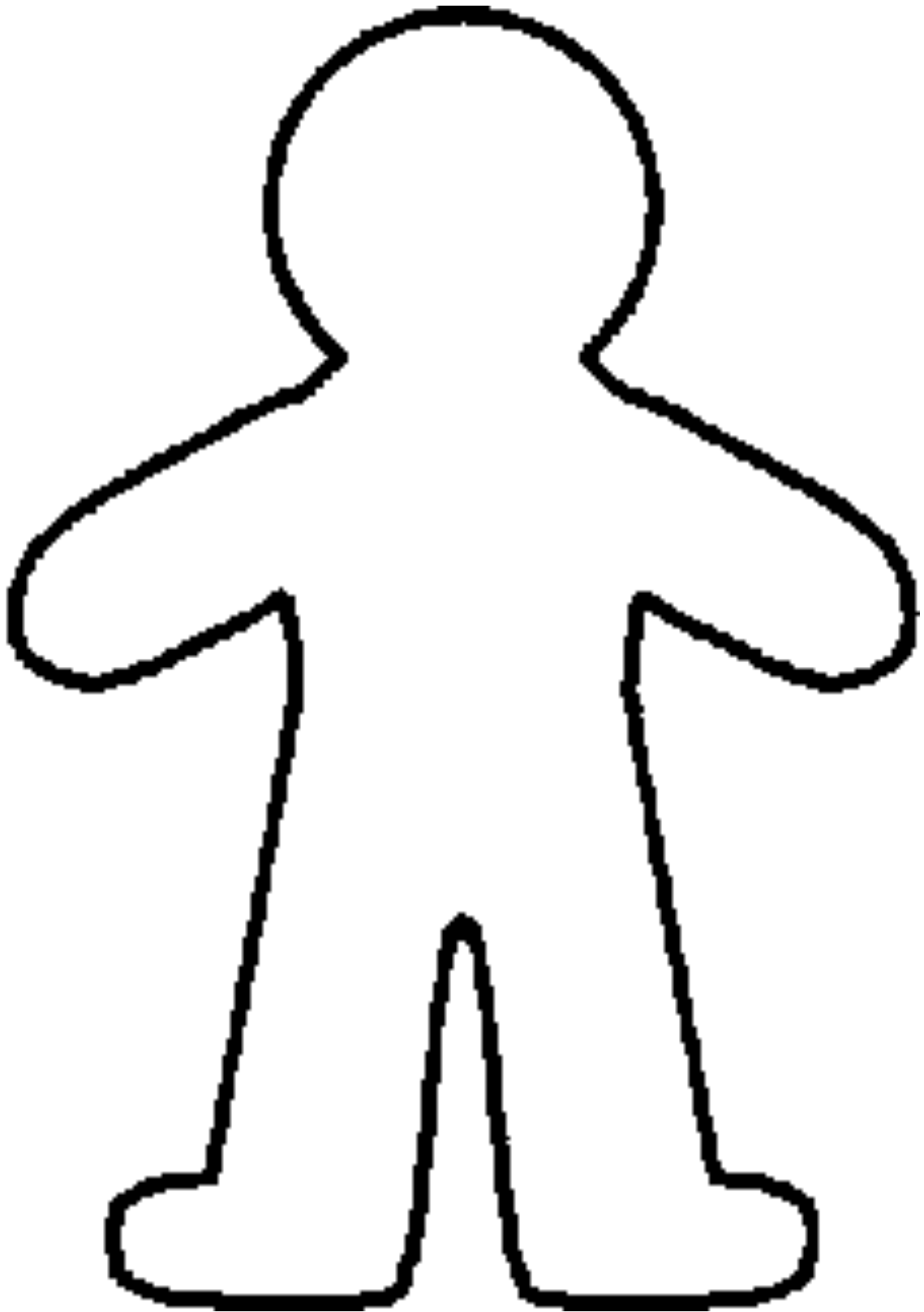
### **Instructions**

1. Give each young person a copy of 'Sam'
2. Explain to the group that they should use the template to show what they think a person with a mental health issue would be like. Young people may write or draw or both.
3. When everyone has finished collect in the 'Sams'. At this point you may choose to:
  - Display them so that everyone can see what others have put
  - Ask young people to feedback some of their ideas
  - Discuss some of the responses as a group
  - Revisit young peoples thoughts at the end of a more in-depth session to see if their opinions have changed / been challenged

### **Note:**

This activity requires young people to feel comfortable and able to be honest about their perceptions so it is important to reinforce that the activity is anonymous and that people do not have to share what they have put if they do not wish. However, any very negative responses or stereotypes should be challenged and discussed in a sensitive manner.

This is Sam. Sam has a mental illness. Draw and write on Sam to show how he feels, acts, behaves and looks...



## **Celebrity Activity**

**Time:** 5 – 10 minutes

**Resources:** Copies of the celebrity templates (see overleaf)

\*You may wish to print off pictures of celebrities instead of using the template provided

### **Instructions**

1. Give out copies of the templates / pictures to pairs or small groups or create a display that everyone can see.
2. Ask the group to look at the names / pictures of the celebrities and say what they have in common.
3. If no one responds with 'has / had experienced a mental health issue' you can either prompt the group with clues or reveal the answer.
4. Give the group some examples of what celebrities have experienced / have.
5. You may wish to have a discussion about young people's reaction to the fact that all of the celebrities shown have or have experienced a mental health issue.

### **Follow up**

Young people could research other celebrities or look at how mental health is portrayed in TV programmes and soaps.

Jim Carrey David Beckham

Catherine Zeta Jones Cameron Diaz

Oprah Winfrey Leonardo DiCaprio

Russell Brand Ben Stiller

Kerry Katona Jessica Alba

Lily Allen Sharon Osbourne  
Ruby Wax

Victoria Beckham

J.K Rowling

Lindsey Lohan

Stephen Fry

Johnny Depp

Angelia Jolie

Winston Churchill

**What do all of these celebrities have in common?**

All of these celebrities have either experienced or live with a mental illness.

Victoria Beckham	Anorexia
Oprah Winfrey	Anxiety
Johnny Depp	Anxiety
Ruby Wax	Anxiety
Kerry Katona	Bipolar Disorder
Stephen Fry	Bipolar Disorder
Ben Stiller	Bipolar Disorder
Catherine Zeta Jones	Bipolar Disorder
Lily Allen	Bulimia
Sharon Osbourne	Bulimia
J.K Rowling	Depression
Winston Churchill	Depression
Jim Carrey	Depression
David Beckham	OCD
Leonardo DiCaprio	OCD
Jessica Alba	OCD
Cameron Diaz	OCD
Angelina Jolie	Self Harm
Russell Brand	Self Harm
Lindsey Lohan	Self Harm



## **What is Mental Health? Activity**

**Time: 10 minutes**

**Resources:** Copy of the mental health definition (overleaf), paper, pens

**Instructions:**

1. Split the group into small groups and give each group a pen and some paper.
2. Ask each group the question 'what is mental health' and get them to write down on their paper what they think (keywords, sentences, definitions).
3. Invite groups to feedback what they have put and then read out the mental health definition.

## **Mental Health Definition**

How you think and feel about yourself and your life affects how you behave and how well you cope when times are tough. It affects your ability to make the most of the opportunities that come your way and play a full part in your family, workplace, community and among friends. It's also closely linked with your physical health.

Whether you call it well-being, emotional welfare or mental health, it's key to living a fulfilling life. Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. Being mentally healthy doesn't just mean that you don't have a mental health problem. Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions.

Taken from [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

## **True or False Quiz**

**Time:** 20 – 30 minutes

**Resources:** Copies of the quiz (see overleaf), pens and answer sheet

### **Instructions:**

1. Give each person a copy of the quiz.
2. Tell the group they have 15 minutes to answer the questions.
3. When time is up go through each answer by asking young people for their answers. Make sure you give / reinforce the correct answer.
4. If there is time, ask young people to comment on their reactions to the answers (were they shocked, surprised?)

### **Alternative Delivery**

As an alternative to a pen and paper activity this could be done using an active teaching and learning technique.

1. Place the words True, False and Not Sure around the room
2. The person leading the session asks the young people to respond to the statement by moving to stand by the word that they think applies to the statement (true, false, not sure).

This is used as an opportunity to create discussion and offers a not sure option whereby young people can explore their own understanding.

### True or False?

For each statement tick true or false

	TRUE	FALSE
1) Alzheimer's is a mental illness.		
2) People with mental health problems never recover.		
3) All people with mental health issues are ugly.		
4) People with mental health issues wear baggy clothes.		
5) People with mental health issues look the same as everyone else.		
6) 1 in 4 people will experience a mental health issue at some point in their lives.		
7) Mixed anxiety and depression is the most common mental disorder in Britain.		
8) Women are more likely to have been treated for mental health problems than men.		
9) The UK has one of the highest self harm rates in Europe.		
10) Everyone who has a mental health issue is shy.		
11) All people with mental health issues are violent.		
12) All people with mental health issues are disabled.		
13) All people with mental health issues have few friends.		
14) People with mental health issues can lead fulfilling lives.		
15) Dyslexia is a mental illness.		
16) People with mental health issues are badly behaved.		
17) Everyone that has a mental health issue has learning difficulties.		
18) Everyone has mental health.		
19) Mental health problems are found in people of all ages, countries and societies.		
20) 20% of children have a mental health problem in any given year.		
21) 1 in 10 young people suffers with a mental health issue.		
22) Everyone has worries, occasionally feels down and gets anxious.		
23) Mental health issues are uncommon.		
24) People with schizophrenia have a split personality.		
25) People with mental health problems carry out unprovoked attacks on strangers.		

## True or False? Answersheet

	TRUE	FALSE
1) Alzheimer's is a mental illness		<b>x</b>
2) People with mental health problems never recover		<b>x</b>
3) All people with mental health issues are ugly		<b>x</b>
4) People with mental health issues wear baggy clothes		<b>x</b>
5) People with mental health issues look the same as everyone else	<b>x</b>	
6) 1 in 4 people will experience a mental health issue at some point in their lives	<b>x</b>	
7) Mixed anxiety and depression is the most common mental disorder in Britain	<b>x</b>	
8) Women are more likely to have been treated for mental health problems than men	<b>x</b>	
9) The UK has one of the highest self harm rates in Europe	<b>x</b>	
10) Everyone who has a mental health issue is shy		<b>x</b>
11) People with mental health issues are violent		<b>x</b>
12) People with mental health issues are disabled		<b>x</b>
13) People with mental health issues have few friends		<b>x</b>
14) People with mental health issues can lead fulfilling lives	<b>x</b>	
15) Dyslexia is a mental illness		<b>x</b>
16) Most people with mental health issues are well behaved	<b>x</b>	
17) Everyone that has a mental health issue has learning difficulties		<b>x</b>
18) Everyone has mental health	<b>x</b>	
19) Mental health problems are found in people of all ages, countries and societies	<b>x</b>	
20) 20% of children have a mental health problem in any given year	<b>x</b>	
21) 1 in 10 young people suffers with a mental health issue	<b>x</b>	
22) Everyone has worries, occasionally feels down and gets anxious	<b>x</b>	
23) Mental health issues are uncommon		<b>x</b>
24) People with schizophrenia have a split personality		<b>x</b>
25) People with mental health problems carry out unprovoked attacks on strangers		<b>x</b>

## **Case Studies Activity**

**Time:** 20 – 30 minutes

**Resources:** Case Study cards or copies of the case studies (overleaf), paper and pens

### **Instructions**

1. Split the group into pairs or small groups (depending on group size)
2. Give each group one or two case studies to look at. Groups should:
  - a) either discuss the case studies or
  - b) look at the case studies and answer the questions  
(all groups should do the same).
3. After each group has read and discussed / answered the questions invite groups to feedback their thoughts / answers.

## **Mental Health**

### **What is it?**

How you think and feel about yourself, and your life, affects how you behave and how well you cope when times are tough. It affects your ability to make the most of the opportunities that come your way and play a full part in your family, workplace, community and among friends. It's also closely linked with your physical health.

Whether you call it well-being, emotional welfare or mental health, it's key to living a fulfilling life.

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. Being mentally healthy doesn't just mean that you don't have a mental health problem. Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions.

*(Definition taken from [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk))*

### **Mental health amongst young people...**

1 in 4 people will experience some kind of mental health problem in the course of a year

1 in 10 children (aged 1 – 15 years) has a mental health disorder

Rates of mental health problems among children increase as they reach adolescence

11.5% (about 510, 000) young people aged between 11-16 years have a mental disorder

4.4% (about 195,000) young people have an anxiety disorder

1.4% (about 62,000) aged 11-16 year-olds are seriously depressed

Self-harm statistics for the UK show one of the highest rates in Europe (about 400 people in every 100,000 self harms)

*(Statistics taken from [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk) and [www.youngminds.org](http://www.youngminds.org))*

### **What mental health issues are there?**

This set of cards introduces you to some of the main mental health issues and includes information and case studies with questions about:

- Anorexia
- Anxiety and panic attacks
- Bipolar Disorder
- Obsessive Compulsive Disorder (OCD)
- Depression
- Self Harm
- Social Anxiety
- Post Traumatic Stress disorder (PTSD)
- Psychosis

## **Anorexia Nervosa**

Anorexia nervosa is an eating disorder and a serious mental health condition. People with anorexia have problems with eating. They are very anxious about their weight and keep it as low as possible by strictly controlling and limiting what they eat. Many people with anorexia will also exercise excessively to lose weight. Even when a person with anorexia becomes extremely underweight, they still feel compelled to lose more weight. Some people with anorexia will also binge eat, i.e. they eat a lot of food in a short space of time. They then try to get rid of the food from their body by vomiting or using laxatives (medication that causes the bowels to empty; normally used for the treatment of constipation.)

Susie, who is 13 years old, has been very worried about her weight and has the idea that she is fat (even though she is not). This is causing her to strictly control and limit what she eats and also exercise excessively. She has also started to count the number of calories in things even when she has no intention of eating them.

### Questions

- 1) What support may be available for Susie?
- 2) What should she do in order to help manage her condition?
- 3) What might be the barriers in stopping Susie from looking for help?

Famous people that have suffered from eating disorders-Mary-Kate Olsen, Victoria Beckham, Karen Carpenter, Elton John (Bulimia\*), Lily Allen (Bulimia\*)

**\*Bulimia nervosa** is an eating disorder and mental health condition. People who have bulimia try to control their weight by binge eating and then purging (getting rid of) the food from their body by being sick or using laxatives. As with other eating disorders, bulimia has a number of different causes, including depression, low self-esteem and stress. People with bulimia tend to alternate between eating excessive amounts of food (bingeing), and then making themselves sick or using laxatives (purging) to maintain a chosen weight. This is usually done in secret. People with bulimia purge themselves because they feel guilty about the binge eating, but the bingeing is a compulsive act that they feel they cannot control.



## Anxiety and Panic attacks

Anxiety is a feeling of unease, such as worry or fear. Feeling anxious is sometimes perfectly normal but some people can find it hard to control their worries. Their feelings of anxiety are more constant and often affect their daily life.

A panic attack occurs when your body experiences a rush of intense psychological (mental) and physical symptoms. You may feel an overwhelming sense of fear, apprehension and anxiety. As well as these feelings, you may also experience physical symptoms such as:

- nausea
- sweating
- trembling
- a sensation that your heart is beating irregularly (palpitations)

Panic attacks can be very frightening and intense, but they are not dangerous. A panic attack will not cause you any physical harm and it is unlikely that you will be admitted to hospital if you have had a panic attack.

Jamal, who is 14 years old, often feels anxious especially when he is around lots of people or in a big crowd. School Assemblies are a particular problem for Jamal as there are lots of people in a confined space and he doesn't feel comfortable in leaving the assembly as he is worried that people are going to look at him and after, ask him why he left. Because of these panic attacks, Jamal is worried about leaving the house as he is scared that he is going to have one on the way to school. Jamal's panic attacks cause his heart to beat irregularly, his palms to become sweaty and feelings of breathlessness. His anxiety and panic attacks are causing him to feel tired all the time and have irregular sleeping patterns.

### Questions

- 1) Why do you think Jamal is worried about telling people about his panic attacks?
- 2) How do you think Jamal should go about getting support for his condition?
- 3) What can Jamal's school do, in order for him to feel more at ease in assemblies?

Famous people with anxiety- Johnny Depp, Oprah Winfrey.

## Bipolar Disorder

The condition includes phases of feeling very high or being manic, and phases where you feel very down or depressed. These mood swings are much more extreme than the mood changes that most of us feel from time to time. They can last from days to weeks at a time. You can feel elated or high when you are in the manic phase. It can make you feel really confident and on top of the world. This feeling is the complete opposite to how you feel when the depressive phase kicks in, which can make you feel in utter despair.

The depression and mania that are associated with bipolar disorder are characterised as follows:

- depression: where you feel very low, and
- mania: where you feel very high; slightly less severe mania is known as hypomania.

Lisa, who is 18 years old, is feeling very happy and has lots of ambitions and plans. This may seem good but Lisa is also feeling very irritable and often doesn't feel like eating or sleeping. Lisa has also been spending a lot of money on clothes and shoes that she can't afford. A few weeks ago, it was a very different story, Lisa felt very low and depressed and had feelings of worthlessness.

### Questions

- 1) What would people's perceptions of Lisa be?
- 2) In general, how could these perceptions be combated?
- 3) What do you think Lisa should do in order to get support for her condition?

Famous people with Bipolar Disorder – Catherine Zeta Jones, Ben Stiller, Stephen Fry, Kurt Cobain, Kerry Katona,.

## **Obsessive Compulsive Disorder (OCD)**

An obsession is an unwanted, unpleasant thought, image or urge that repeatedly enters a person's mind. This can involve thoughts that the person is going to do something 'awful' and results in anxiety. A compulsion is a repetitive behaviour or mental act that a person feels compelled to perform to try to avert or undo the effect of the obsession- in other words, not because they *want to* behave that way, but because they feel they *have to* do so.

Amy is 15 years old and has unpleasant repetitive thoughts that she is going to harm her family. Amy has never harmed a member of her family and it must be stressed that she doesn't want to, but these unwanted thoughts keep entering her mind, causing her to be very anxious. To try and stop these thoughts, Amy stays away from any possible harmful objects in the thought that she could pick it up and hurt someone. To attempt to make it go away she checks everything 8 times- such as making sure that the light is switched off and when these thoughts enter her head she touches wood or if there is no wood, her head to prevent the bad thing from happening. The obsessions and compulsions are starting to take over her life with more unwanted thoughts entering her head such as her becoming seriously ill, causing more compulsions. It is affecting her sleep and her school work as she is unable to concentrate in lessons.

### Questions

- 1) For someone that doesn't know Amy, what do you think their perceptions would be of her?
- 2) What do you think Amy should do in order to manage her condition?
- 3) What do you think might stop Amy from seeking for help?

Famous people with OCD- David Beckham, Cameron Diaz, Jessica Alba, Leonardo DiCaprio, Penelope Cruz, Justin Timberlake

## Depression

Depression is very different from the common experience of feeling unhappy, miserable or fed up for a short period of time. When you are depressed, you may have feelings of extreme sadness that can last for a long time. These feelings are severe enough to interfere with your daily life, and can last for weeks or months, rather than days.

Elliot is 16 years old and recently he has been feeling extremely sad. His parents, school and friends have also noticed this but can't seem to pin point what has caused it. At first they thought it was just because he was growing up but it seems to be more serious and has lasted longer than expected. Elliot is not socialising as much, doesn't join in with activities at school and doesn't seem to have any interest in the things that he used to enjoy doing.

### Questions

- 1) What should Elliot's parents, school and friends do to help support Elliot?
- 2) What might people's perceptions be of Elliot?
- 3) What might be stopping Elliot from telling people how he really feels and admitting that he has a problem?

Famous people with depression- J.K Rowling, Jim Carrey, Princess Diana, Winston Churchill, John Lennon.

## Self Harm

Self-harm, or self-injury, describes a wide range of things people deliberately do to themselves that appear to be harmful but usually do not kill them. Self-harm is not usually a failed attempt at suicide, but it can still be very hard for parents or carers.

Cutting the arms or the back of the legs with a razor or knife is the most common form of self-harm, but self-harm can take many forms, including burning, biting, hitting or taking overdoses.

A young person may self-harm to help them cope with negative feelings, to feel more in control or to punish themselves. It can be a way of relieving overwhelming feelings that build up inside, when they feel isolated, angry, guilty or desperate.

Though self-harm is rarely a failed suicide attempt, it can lead to infection, permanent damage and even accidental death.

About 1 in 10 young people harm themselves deliberately at some stage- so it's more common than you think.

Parvinder, who is 12, has extreme feelings of sadness and neglect. Throughout her life, Parvinder has felt neglected by her parents and has lived in a care home since the age of 3. She has started to self harm by cutting the backs of her arms and legs with a knife as she feels that this is a way of getting the pain out and releasing it through her body where it can be seen and dealt with. Parvinder feels that it is her fault that her parents neglected her because she thinks that she is not good enough, so self harm is also her way of punishing herself.

### Questions

- 1) What should Parvinder do?
- 2) What should the people that know Parvinder do to help her?
- 3) What do you think peoples perceptions of Parvinder would be?

Famous people who have self harmed- Princess Diana, Johnny Depp, Angelina Jolie, Lindsey Lohan, Russell Brand.

## **Social Anxiety**

Social phobia is a fear of social situations, such as weddings, or performing in social situations, such as public speaking. People with a social phobia have a fear of embarrassing themselves or of being humiliated in public.

Sophie is 12 years old and finds it hard to talk to people, especially in large groups at lunchtime. She is worried that she is going to say the wrong thing and embarrass herself and doesn't know when it is the right time to speak. The group that she hangs around with have started to run away from her and told her that she is boring and that they do not want to hang around with her anymore. This has made her feel very sad and has affected her self-esteem.

### Questions

- 1) What should Sophie do?
- 2) What should the school do to help Sophie?
- 3) What might people's perceptions be of Sophie?

Famous people with social anxiety; Barbara Streisand, Donny Osmond.

## Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a psychological and physical condition that is caused by very frightening or distressing events. It occurs in up to 30% of people who experience traumatic events. PTSD can occur after experiencing or witnessing traumatic events such as:

- Military combat
- Serious road accidents
- Terrorist attacks
- Natural or Man-made disasters
- Being held hostage
- Violent deaths
- Violent personal assault such as sexual assault, mugging and robbery.

PTSD may also occur in any other situation where a person feels extreme fear, horror or helplessness. However, it does not usually develop after situations that are upsetting such as divorces, job losses or failing exams. Someone with PTSD often relives the traumatic event through nightmares and flashbacks. They may also have problems concentrating and sleeping, and feel isolated and detached. These symptoms are often persistent and severe enough to have a significant impact on a person's day-to-day life.

Anton, who is 15 years old, has started to have nightmares about a car crash that he was involved in one month before. The collision occurred on the motor way and involved a car and a HGV lorry which then resulted in other cars being involved such as the car that Anton was a passenger in. Lots of people were injured included Anton's mother and Anton, who came out with minor injuries. After this event, Anton keeps reliving the incident through his nightmares and occasionally has flashbacks. This has caused Anton to have trouble getting to sleep and staying asleep as he often wakes up in a hot sweat after a nightmare. Anton now avoids travelling by any means of transport through the fear of something like the crash happening again. He now only goes to places where he can get to in walking distance. This has caused him to turn down going out with his friends to places where it is too far to walk and has stopped going to his youth club that he enjoyed.

### Questions

- 1) What should Anton do in this situation?
- 2) What might Anton's friends think of him?
- 3) What could the people that know Anton do to help him?

## Psychosis

Psychosis is the term given to a condition where a person experiences symptoms that include:

- Hallucinations - hearing or seeing things that do not exist
- Delusions - unusual beliefs that are not based on reality and often contradict the evidence
- Muddled thoughts based on the hallucinations or delusions
- Changes in behaviour

This means that sometimes a person may not be able to distinguish their own thoughts and ideas from reality.

You may have heard the term 'Schizophrenia' which is a diagnosis given when a person has experienced two or more psychotic episodes and there are accompanying depressive symptoms. However, people can also experience psychosis as a result of a stressful life event, using illegal drugs, or if they are experiencing mania.

1 in 100 people will experience psychosis. It is believed that 5% of the population 'hear voices'- which is actually very common. Hearing voices only becomes a problem when it causes you distress.

Jake, who is 14, has started to hear voices and also feels confused and frightened but doesn't know why. He feels very paranoid and thinks that everyone is talking about him and laughing at him. These voices are scaring him so much that he can't sleep and he doesn't want to tell anyone because the voices have told him not to. Jake has realised that his feelings are worse when he goes out, so now avoids leaving the house.

- 1) What might people's perceptions be of Jake?
- 2) How can people that know Jake, support him?
- 3) What should Jake do?

Famous People- John Nash (film about his life- A Beautiful Mind)



## **Example answers to the case studies**

Example answers are included for each case study:

- Anorexia
- Anxiety and panic attacks
- Bipolar Disorder
- Depression
- Obsessive Compulsive Disorder (OCD)
- Post Traumatic Stress disorder (PTSD)
- Psychosis
- Self Harm
- Social Anxiety

## **Anorexia Nervosa**

Susie, who is 13 years old, has been very worried about her weight and has the idea that she is fat (even though she is a healthy weight). This is causing her to strictly control and limit what she eats and also exercise excessively. She has also started to count the number of calories in things even when she has no intention of eating them.

### **1. What support may be available for Susie?**

Support that may be available:

- Someone to talk to (Parents/Guardians, friends, trusted adults)
- Help lines for advice and support, for example Young Minds
- Support from GP
- Therapy and counselling through Child and Adolescent Mental Health Service (CAMHS)
- Advice from a dietician, especially if her weight gets too low.

### **2. What should she do in order to help manage her condition?**

With the support available, Susie should try to realise that controlling and limiting what she eats and exercising excessively is not good for her. She should take small steps that include stopping counting calories and talking through her problem with a professional to help understand it better.

### **3. What might be the barriers in stopping Susie from looking for help?**

As said in the case study, Susie believes she fat, so the way that she is behaving may seem normal to her and she may not realise that she needs help. On the other hand, she may admit to having a problem but may be too scared to look for help from fear of being judged and she may not want people to see how skinny she is.

(See Anorexia Nervosa additional information sheet, also see Bulimia Nervosa additional information sheet - another eating disorder)

## **Anxiety and Panic Attacks**

Jamal, who is 14 years old, often feels anxious especially when he is around lots of people or in a big crowd. School assemblies are a particular problem for Jamal as there are lots of people in a confined space and he doesn't feel comfortable in leaving the assembly as he is worried that people are going to look at him and after ask him why he has left. Because of these panic attacks Jamal is worried about leaving the house as he scared that he is going to have one on the way to school. Jamal's panic attacks cause his heart to beat irregularly, his palms to become sweaty and feelings of breathlessness. His anxiety and panic attacks are causing him to feel tired all the time and have irregular sleeping patterns.

### **1. Why do you think Jamal is worried about telling people about his panic attacks?**

Jamal may not want to admit that he has a problem and be embarrassed at the fact that he often feels anxious. He might think that asking for help is 'uncool' and that seeking help will mean that he is giving up and will affect his masculinity. He may also feel that he is alone and that telling someone will only make it worse as they will not understand.

### **2. How do you think Jamal should go about getting support for his condition?**

In order to get support for his condition, Jamal should discuss his problems with a trusted friend or adult. He could also call a trusted and reliable helpline if he wants to stay anonymous. Jamal will need help to understand that his anxiety won't just go away 'like that' and will need support to help him manage his condition. Jamal should go and see his GP where he will be offered the appropriate support. This may mean being directed to the Child and Adolescent Mental Health Service (CAMHS) and possibly some support groups where people with the same problem go to get support and help each other, if Jamal feels comfortable with it.

### **3. What can Jamal's school do, in order for him to feel more at ease in assemblies?**

The school could support Jamal by asking him what it is about assemblies that make him anxious so that they know how best to help him. It could be that Jamal does not attend assemblies at first. Whilst receiving support for his condition Jamal could start gradually going to assemblies and could sit at the back so that he can leave if he needs to. Jamal could also be let out of assembly early to avoid the big crowds leaving the assembly hall, as this could lead to Jamal feeling more anxious.

(See Anxiety and Panic Attacks additional information sheet)

## **Bipolar Disorder**

Lisa, who is 18 years old, is feeling very happy and has lots of ambitions and plans; this may seem good but Lisa is also feeling very irritable and often doesn't feel like eating or sleeping. Lisa has also been spending a lot of money on clothes and shoes that she cannot afford. A few weeks ago, it was a very different story. Lisa felt very low and depressed and had feelings of worthlessness.

### **1. What would people's perceptions of Lisa be?**

People may think that Lisa is spoilt and is attention seeking when she is in the manic phase. They may also think that she is 'crazy' or weird. People might perceive that Lisa is a 'party animal' as she doesn't feel like sleeping and spends lots of money on clothes and shoes. Whilst in the depression phase, people may think that she is very sad and lonely. They may also think that she is boring, feels sorry for herself or is unsociable.

### **2. In general, how could these perceptions be combated?**

To combat mental health stigma and any misconceptions surrounding mental health more information should be available on mental health issues. Mental health should also be taught in schools; posters on mental health issues and support information should be available for people to look at. Talking about mental health can also help to reduce stigma and may make people more comfortable to look for help if they need it. There could also be more correct portrayals of mental health issues in television soaps.

### **3. What do you think Lisa should do in order to get support for her condition?**

Lisa should talk to a trusted adult or friend about her condition. This may help her realise that she needs support. Lisa should also go to her GP, where she may be directed to Adult Mental Health Services (AMHS) or any other service that may help her.

(See Bipolar Disorder additional information sheet)

## **Depression**

Elliot is 16 years old and recently he had been feeling extremely sad. His parents, school and friends have also noticed this but can't seem to pin point what has caused it. At first they thought they it was just because he was growing up but it seems to be more serious and has lasted longer than expected. Elliot is not socialising as much, doesn't join in with activities at school and doesn't seem to have any interest in the things that he used to enjoy doing.

### **1. What should Elliot's parents, school and friends do to help support Elliot?**

They should talk to Elliot and find out how he feels and discuss the problems that he is having. They should support Elliot and advise him to go and see his GP with his parents if he feels comfortable in doing so. He may then be directed to the Child and Adolescent Mental Health Service (CAMHS).

### **2. What might people's perceptions be of Elliot?**

People may think that Elliot is boring, miserable or lonely. They may use words such as 'weirdo' and 'nutter' to describe him.

### **3. What might be stopping Elliot from telling people how he really feels and admitting that he has a problem?**

Elliot might think that these feelings will go away if he just leaves them as he is embarrassed and ashamed in looking for help. He may feel that looking for help will make it worse because of fear of being judged and that they (parents, school, friends, and mental health worker) won't understand what he is going through anyway.

(See Depression additional information sheet)

## **Obsessive Compulsive Disorder**

Amy is 15 years old and has unpleasant repetitive thoughts that she is going to harm her family. Amy has never harmed a member of her family and it must be stressed that she doesn't want to, but these unwanted thoughts keep entering her mind, causing her to be very anxious. To try and stop these thoughts Amy stays away from possible harmful objects because she believes that she could pick it up and hurt someone. To attempt to make it go away she checks everything 8 times – such as making sure that the light is switched off and when these thoughts enter her head she touches wood or if there is no wood, her head to prevent the bad thing from happening. The obsessions and compulsions are starting to take over her life with more unwanted thoughts entering her head such as her becoming seriously ill, causing more compulsions. It is affecting her sleep and her school work as she is unable to concentrate in lessons.

### **1. For someone that doesn't know Amy, what do you think their perceptions would be of her?**

People may think that Amy is strange, 'mental', weird or 'evil' as they may perceive her to actually want to harm her family.

### **2. What do you think Amy should do in order to manage her condition?**

Amy should talk to a trusted adult or friend about her problems or phone a trusted and reliable helpline if she wants to stay anonymous. They should then advise her to see her GP, where she may then be directed to the Child and Adolescent Mental Health Service (CAMHS). Amy may need to work with professionals to understand her thoughts and feelings and help her break the cycle with the obsessions and compulsions and try to make her realise that when she doesn't do the compulsions, the anxiety will still reduce after time.

### **3. What do you think might stop Amy from seeking for help?**

Amy may think that her behaviour is normal and that her compulsions must be done in order to stop anything bad happening. She may feel that if she tells someone, that will cause something bad to happen or that they won't understand anyway. Also Amy might not want to believe that something is wrong and her feeling ashamed might stand in the way of her seeking support.

(See OCD additional information sheet).

## **Post Traumatic Stress Disorder**

Anton, who is 15 years old, has started to have nightmares about a car crash that he was involved in one month before. The collision occurred on the motor way and involved a car and a HGV lorry which then resulted in other cars being involved including the car that Anton was passenger in. Lots of people were injured included Anton's mother and Anton, who came out with minor injuries. After this event, Anton keeps reliving the incident through his nightmares and occasionally has flashbacks. This has caused Anton to have trouble getting to sleep and staying asleep as he often wakes up in a hot sweat after a nightmare. Anton now avoids travelling by any means of transport because he fears something like the crash happening again. He now only goes to places where he can get to in walking distance. This has caused him to turn down going out with his friends to places where it is too far to walk and has stopped going to his youth club that he enjoyed.

### **1. What should Anton do in this situation?**

Anton should tell a trusted friend or adult about the problems he is having as it is severely impacting on his life. He could also call a trusted and reliable helpline; although he might not want to go into all the details to someone he is only going to talk to once as this could make him feel worse. The helpline should only give him advice on what to do next. Anton should go and see his GP where he may be referred to Child and Adolescent Mental Health Service.

### **2. What might Anton's friends think of him?**

Anton's friends may think Anton is being 'weird' or 'offish'. They may think that he has new friends or simply doesn't want to be their friend anymore. They may also notice that something is wrong with him as he has stopped going out with them and to his youth club.

### **3. What could the people that know Anton do to help him?**

The people that know Anton should approach him with understanding. They should be there for Anton if he needs to talk and should support him. They should suggest to Anton that he needs help and advise him to go and see his GP.

(See PTSD additional information sheet)

## **Psychosis**

Jake, who is 14, has started to hear voices and also feels confused and frightened but doesn't know why. He feels very paranoid and thinks that everyone is talking about him and laughing at him. These voices are scaring him so much that he can't sleep and he doesn't want to tell anyone because the voices have told him not to. Jake has realised that his feelings are worse when he goes out, so now he avoids leaving the house.

### **1. What might people's perceptions of Jake be?**

People might think that Jake is crazy, agitated, disturbed, lonely or strange. People may stereotype Jake and discriminate against him.

### **2. How can people that know Jake support him?**

People that know Jake should approach him with understanding. They should not discriminate against him or make fun of him. They should support Jake and suggest that seeking help will be the most beneficial thing for him. They could either take Jake to a GP or get a doctor to come and see him at his house. His GP may then refer him to the Child and Adolescent Mental Health Service.

### **3. What should Jake do?**

Jake might find it useful to tell a friend or trusted adult about his problems. He should be encouraged to seek help and see his GP.

(See psychosis additional information sheet)



## **Self Harm**

Parvinder, who is 12, has extreme feelings of sadness and neglect. Throughout her life, Parvinder has felt neglected by her parents and has lived in a care home since the age of 3. She has started to self harm by cutting the backs of her arms and legs with a knife as she feels that this is a way of getting the pain out and releasing it through her body where it can be seen and dealt with. Parvinder feels that it is her fault her parents neglected her because she thinks that she is not good enough, so self harm is also her way of punishing herself.

### **1. What should Parvinder do?**

Parvinder should talk to a trusted adult or friend about what she is going through, she can then hopefully be supported and they should then be able to help her go and seek help. She could also phone a trusted and reliable mental health helpline if she wants it to be anonymous. Parvinder should seek help in the form of going to her GP, who would know which service is best to direct her to.

### **2. What should the people that know Parvinder do to help her?**

People that know Parvinder should approach her with understanding. They should listen to her and not judge her or the situation. The care workers or trusted adult that she has spoken to should talk to her and go through what they should do next so that Parvinder doesn't feel like she is being forced to go anywhere. They should then take her to her GP, where she may be directed to the Child and Adolescent Mental Health Service or another service that could help Parvinder.

### **3. What do you think peoples perceptions of Parvinder would be?**

People may think that Parvinder is self harming because she is attention seeking. They may also think that she is crazy or perverted to be harming herself.

An argument against these perceptions would be that, there are plenty of ways to look for attention, why would she cause harm to herself? Also self harm is a serious mental health issue and some people use it to cope with their extreme negative feelings (See self harm additional information sheet.).

## **Social Anxiety**

Sophie is 12 years old and finds it hard to talk to people, especially in large groups at lunchtime. She is worried that she is going to say the wrong thing and embarrass herself and doesn't know when it is the right time to speak. The group that she hangs around with have started to run away from her and told her that she is boring and that they do not want to hang around with her anymore. This has made her feel very sad and affected her self-esteem.

### **1. What should Sophie do?**

Sophie should talk to a trusted adult about how she feels in social situations. Sophie could also go and see the school counsellor to go through why she feels anxious in social situations and to build up her confidence. Sophie should try and talk to the people she hangs around with and tell them about her difficulties and try to sort the situation out. Otherwise she can try and find some new friends that are similar to Sophie and that understand her. She may decide that she does not want to hang around with people that make her feel so sad. If the social anxiety is severely impacting on her life then she should go and see her GP who may direct her to the Child and Adolescent Mental Health Service (CAMHS) or another service that could help Sophie.

### **2. What should the school do to help Sophie?**

The school should recognise what is going on and arrange a time to talk with Sophie on her own to discuss the problems that she is having. They should also talk to the group that Sophie hangs around with (with or without Sophie) and tell them to be more supportive of her and try to build up her confidence by being nice to her. If the group do not agree to do that, the school could ask another group of girls whether Sophie can hang around with them or advise Sophie that another group of friends may be better. In the mean time, the school should refer her to the school counsellor so that she can talk through her problems. The school could also involve Sophie in more group activities in lessons and after school.

### **3. What might people's perceptions be of Sophie?**

People might think that Sophie is weird, boring and unsociable. They might think that Sophie feels as if she is better than the group that she is hanging around with and doesn't want to be with them which is why she is not talking to them or joining in with activities.

An argument against these perceptions would be that it is not her fault that she feels anxious in social situations and might be down to her confidence or a previous bad social experience. (See social anxiety/phobia additional information sheet).

## **Additional Information**

This information can be used to support the case study activity or a follow up activity. Additional information is included for:

- Anxiety
- Anorexia Nervosa
- Bipolar Disorder
- Bulimia
- Depression
- Obsessive Compulsive Disorder (OCD)
- Post Traumatic Stress disorder (PTSD)
- Psychosis
- Self Harm
- Social Anxiety

## **Understanding Anxiety**

Everyone experiences anxiety such as before taking an exam or before doing a public speech or presentation but people with General Anxiety Disorder (GAD) find it hard to control their worries and it causes physical symptoms that interfere with their day to day life.

### **Fight or Flight Response**

Our brains have a built in 'programme' that prepares our bodies for fight or flight when we feel threatened. When we feel like this, there is an adrenaline response and blood is diverted to the big muscles to help us escape or fight the threat and blood is therefore taken away from other body systems. This then causes physical symptoms to occur such as:

- Increased heart rate
- Breathlessness
- Choking feeling
- Hot, sweating
- Nausea
- Butterflies in tummy, urge to go to the toilet
- Muscle tension, aching ,shaking
- More alert- scanning for danger
- Tingling in body- when anxious, this can cause you to breathe differently causing you to have less carbon dioxide in your blood causing your body to tingle (like pins and needles). This is why it is good for some people with anxiety to breathe into a paper bag as they breathe back in the carbon dioxide that has just been breathed out.
- Irritability
- Sleeping problems
- Light-headed, blurred vision

Please note that someone with anxiety may not necessarily experience all of these symptoms.

### **Psychological symptoms**

Psychological symptoms of anxiety include:

- Restlessness
- A sense of dread
- Feeling constantly on edge
- Difficulty concentrating
- Impatience
- Being easily distracted
- Worrying that the worst will happen

This may cause the person to avoid certain situations that make them feel anxious including going out with friends or going to school or college if it is too stressful. This can have a negative effect on self-esteem.

### **Possible causes of anxiety:**

Only about 30% of the causes of General Anxiety Disorder are inherited and there are certain traits that may make people more likely to develop this problem. These include:

- General nervousness
- Depression
- Inability to tolerate frustration
- Feeling inhibited

Researchers believe that GAD is caused by a combination of factors including:

- Your body's biological processes
- Genetics (the genes that you inherit from your parents)
- Your environment
- Your life experiences

Resources used:

<http://www.nhs.uk/Conditions/Anxiety/Pages/Introduction.aspx>

Treatment plans and interventions for depression and anxiety disorders by Robert L. Leahy and Stephen J. Holland.

[www.getselfhelp.co.uk/anxiety.htm](http://www.getselfhelp.co.uk/anxiety.htm)

## **Understanding Anorexia Nervosa**

Anorexia Nervosa is an eating disorder and a serious mental health condition. People with Anorexia Nervosa have an extreme fear of gaining weight. They are very anxious about their weight and keep it as low as possible by strictly controlling and limiting what they eat.

People with anorexia become so preoccupied with their weight and shape, and so distorted in their thinking about food, that it is very difficult for them to accept the need to eat a proper diet. Though people with anorexia avoid eating food whenever they can, they also develop an obsession with eating and diet. For example, they may obsessively count the calories in different types of foods even though they have no intention of eating it.

Nevertheless, they remain fascinated with food and often enjoy cooking for others. Sometimes they may pretend to have eaten when they have not. Some behaviours may include exercising vigorously, using laxatives or making themselves sick in order to lose more weight. A girl's periods may stop or never even start.

### **Symptoms**

The main symptom of anorexia is losing a lot of weight deliberately. For example, by:

- eating as little as possible
- making yourself vomit
- doing too much exercise

These can show themselves in different ways. Such as:

- Telling lies about eating or what they have eaten
- Giving excuses about why they are not eating
- Pretending they have eaten earlier
- Telling lies about how much weight they have lost
- Find it difficult to think about anything other than food
- Spend lots of time reading cookery books and recipes

Someone with anorexia nervosa strictly controls what they eat. For example, by:

- Strict dieting
- Counting the calories in food excessively
- Avoiding food they think is fattening
- Eating only low calorie food
- Missing meals
- Avoiding eating with other people
- Hiding food
- Cutting food into tiny pieces- to make it less obvious that they have eaten very little and to make the food easier to swallow
- Taking appetite suppressants- such as slimming pills or diet pills.

They may also drink lots of fluids that contain caffeine, such as coffee, tea and low-calorie fizzy drinks, as these can provide a low-calorie, short-term burst of energy.

Some people with anorexia also begin to use illegal stimulant drugs that can induce weight loss, such as cocaine or amphetamines.

## **Causes**

People with anorexia often believe that their value as a person is related to their weight and how they look. They think other people will like them more if they are thinner, seeing their weight loss in a positive way.

There is no single cause for anorexia. Most experts have argued that the condition is caused by a combination of psychological, environmental and biological factors, which lead to a destructive cycle of behaviour.

A widely accepted model based on these factors is that some people have distinct personality traits that make them more vulnerable to anorexia.

An environmental factor, such as going through puberty or living in a culture where thinness is an ideal, then causes the person to begin a pattern of long-term dieting and weight loss.

The lack of a normal diet has a biological effect on the brain, which helps reinforce the obsessive thinking and behaviour associated with anorexia.

A cycle then begins. The more the person diets, the greater its effect on the brain and the greater desire to lose weight. This means that symptoms gradually and then rapidly get worse.

## **Understanding Bipolar Disorder**

Bipolar disorder, previously called manic depression, is a serious mental illness. The condition includes phases of feeling very high or being manic, and phases where you feel very down or depressed. These mood swings are much more extreme than the mood changes that most of us feel from time to time. They can last from days to weeks at a time. You can feel elated or high when you are in the manic phase. It can make you feel really confident and on top of the world. This feeling is the complete opposite to how you feel when the depressive phase kicks, which can make you feel in utter despair. Unlike simple mood swings, each extreme of bipolar disorder can last for several weeks or longer. The high and low phases of the illness are often so extreme that they interfere with everyday life. This condition is quite rare, and is really rare in children. The illness often starts when people are between 15-19 years, but it can start at any age

### **Depression phase**

The depression phase of bipolar disorder often comes first. Initially, you may be diagnosed with clinical depression before having a manic episode some time later (sometimes years later), after which your diagnosis might change.

During a depressive phase, you may:

- Lose interest in activities-such as eating, going out with friends
- Feel down all the time
- Feel tired all the time and have difficulty sleeping or staying awake
- Have feelings of worthlessness and suicidal thoughts.

### **Manic phase**

During a manic phase of bipolar disorder, you may feel very happy and have lots of ambitious plans and ideas. You may spend large amounts of money on things that you cannot afford. During the manic phase, you may feel very creative and view mania as a positive experience. However, during the manic phase of bipolar disorder, you may also have symptoms of psychosis (explained on a separate sheet).

During a manic phase, you may:

- Be over familiar and outspoken
- Be inappropriately dressed
- Talk incessantly and faster and louder than normal
- Find it difficult to concentrate and finish tasks
- Not feel the need for sleep
- Have an increase in appetite
- Do dangerous or reckless things such as drinking too much, or binging on recreational drugs.



## **Causes of bipolar disorder**

The exact cause of bipolar disorder is not fully understood; however, there are factors which may act together to cause the condition.

### **Chemical imbalance in the brain**

Bipolar disorder is widely believed to be the result of chemical imbalances in the brain.

### **Genetics**

As well as being linked to chemical imbalances in the brain, bipolar disorder is also thought to have a significant genetic factor. Bipolar disorder seems to run in families with the family members of a person with the condition having an increased risk of developing it themselves.

However, there is no single gene that is responsible for bipolar disorder. Instead, it is thought that a number of genetic and environmental factors act as triggers for the condition.

A stressful circumstance or life event is usually required to trigger the onset of bipolar disorder. Examples include:

- Physical, sexual or emotional abuse
- The breakdown of a relationship
- The death of a close family member or loved one

Resources used:

<http://www.youngminds.org.uk/my-head-hurts/treatments/mental-health-difficulties/bipolar-disorder>

<http://www.nhs.uk/Conditions/Bipolar-disorder/Pages/Introduction.aspx>

## **Understanding Bulimia Nervosa**

Bulimia Nervosa is an eating disorder and a mental health condition. People with Bulimia Nervosa eat large amounts of food in 'binges' and then make themselves sick or use laxatives to get rid of the food called 'purging'. They may not look overweight or underweight and because of this, their eating problems are often difficult to detect. Continuous bingeing and vomiting can eventually do serious harm to their bodies.

### **Symptoms**

#### **Binge eating**

Binge eating is repeatedly eating vast quantities of high-calorie food, without necessarily feeling hungry or needing to eat. The urge to eat can begin as an attempt to deal with emotional problems i.e. comfort eating, but can quickly become obsessive and out of control.

Binge eating is usually a quick process and you may feel physically uncomfortable afterwards. When binge eating is a symptom of bulimia, it happens regularly, not just once or twice.

#### **Purging**

Purging is a response to bingeing. After you have eaten lots of food in a short space of time, you may feel physically bloated and unattractive. You may also feel guilty, regretful and full of self-hatred.

However, the main impulse to purge is a powerful, overriding fear of putting on weight.

The most common methods of purging involve making yourself sick or using laxatives to encourage your body to pass the food quickly.

### **Causes**

There is no simple answer to the cause of bulimia but there are some common factors that may lead to bulimia. Such as:

#### **Low self esteem**

If you have an eating disorder, you may have a low opinion of yourself and see losing weight as a way of gaining self-worth.

#### **Depression**

You may use bingeing as a way of coping with unhappiness. People with bulimia often feel depressed, so they binge regularly. However, purging does not relieve this depression and the cycle continues.

## **Stress**

Bulimia can sometimes occur following stressful situations or life events. For example, you may develop the condition after dealing with a traumatic experience, such as a death.

### **Others include:**

Cultural and social pressure  
Other mental health problems  
Puberty  
Genetics

### **Resources used:**

<http://www.youngminds.org.uk/parents/im-concerned-about/bulimia-and-anorexia>

<http://www.nhs.uk/Conditions/Anorexia-nervosa/Pages/Introduction.aspx>

<http://www.nhs.uk/Conditions/Bulimia/Pages/Causes.aspx>

## Understanding Depression

Everyone has 'off' days and feels blue now and again but depression is different. Depression is a serious illness that can make you have feelings of extreme sadness that can last a long time (weeks or months rather than days). These feelings can interfere with your day-to-day life and cause you to not enjoy doing the things that you used to enjoy doing.

### Psychological symptoms

- Continuous low mood or sadness
- Feelings of hopelessness or helplessness
- Low self esteem
- Tearfulness
- Feelings of guilt
- Feeling irritable and intolerant to others
- Lack of motivation and little interest in things
- Difficulty making decisions
- Lack of enjoyment
- Suicidal thoughts or thoughts of harming yourself
- Feeling anxious or worried
- Reduced sex drive

### Physical symptoms

- Slowed movement or speech
- Change in appetite or weight (increased or decreased)
- Constipation
- Unexplained aches and pains
- Lack of energy
- Lack of interest in sex.
- Changes to the menstrual cycle
- Disturbed sleep patterns (problems getting to sleep, waking up in the middle of the night)

### Social symptoms

- Not doing well at school
- Taking part in fewer social activities and avoiding contact with friends
- Reduced hobbies and interests
- Difficulties in home and family life.

Please note that the symptoms of depression can be complex and these are not necessarily all of the symptoms of depression.

Even though grief and depression can be seen as similar, there is a big difference between their causes. Grief is a natural response to loss whereas depression is an illness.

## **Causes**

### **Stressful life events**

When stressful events happen like bereavement or relationship breakdown you will have a higher risk of developing depression.

### **Illness**

You may have a higher risk of depression if you are diagnosed with chronic or life threatening diseases such as coronary heart disease or cancer.

### **Personality traits**

You may be vulnerable to depression due to certain personality traits such as low self esteem or being overly self critical.

### **Family history of depression**

Research shows that some genes increase the risk of depression after a stressful life event.

### **Social isolation**

Being cut off from family and friends may increase the risk of depression.

### **Alcohol and drugs**

Substance abuse can be a cause of depression. Use of drugs such as cannabis and cocaine can also lead to feelings of depression. Some people try to cope by drinking too much alcohol or taking drugs. This can result in a spiral of depression. The isolation of alcohol or drugs make you feel worse about yourself and in response, you isolate yourself and drink or take drugs even more.

Resource used:

<http://www.nhs.uk/Conditions/Depression/Pages/Causes.aspx>

## **Understanding Obsessive Compulsive Disorder (OCD)**

**Have you ever had ideas that you thought were weird?**

**Such as:**

Have I just locked the front door?

Did I leave the oven on?

Standing in a high place and wondering- What if I jumped off?

What if I caused a public scene?

What if I insulted a stranger?

**Or**

**Have you ever done things that you knew didn't really make sense?**

**Such as:**

Avoiding walking under ladders.

Avoiding the number 13.

Avoiding crossing on the stairs.

Touching wood when you have thought or said things like- That would never happen to me?

**For most people, thoughts like these come and go but for others the ideas do not go away and can take a hold of them and their lives.**

**An obsession** is something that makes you feel very anxious. It is usually a thought but can be a picture or image or sometimes they can be impulses or urges- sudden feelings that you might go and do something, usually something you believe is terrible.

**A compulsion** is usually something that you do that makes you feel like the thing that you fear is not going to happen. Compulsions can be obvious behaviours but can also be things that people do in their heads in order to make sure that everything is alright.

**There may be a number of causes why some people get OCD. They are:**

### **Biological Factors**

It is possible that people may inherit genes that make it more likely for some people to develop OCD. It is also possible that there are differences in the brain chemistry of people who develop OCD that make them more likely to develop the disorder.

### **Psychological factors**

We live in an often stressful world and want ourselves and the people that we care about to stay safe. For example if you were worried that you had not locked the doors to the house even though you are sure that you have, the compulsion would be to go back and check. The compulsion makes you feel better and you convince yourself that you really needed to go back and check

that the house is locked as you believe that an intruder could have got in and burgled the house. As this action makes you feel better you keep on doing it. Although compulsions may make you feel better in the short term, they do not work in the long term. The more you act on compulsions, the more you need to. These compulsions can be things that you do in your mind or in the outside world.

Resource used:

An introduction to coping with Obsessive Compulsive Disorder by Lee Brosnan

## **Understanding Post Traumatic Stress Disorder (PTSD)**

Post-traumatic stress disorder (PTSD) is a psychological and physical condition that is caused by very frightening or distressing events. It occurs in up to 30% of people who experience traumatic events.

PTSD can occur after experiencing or witnessing traumatic events such as:

- Military combat
- Serious road accidents
- Terrorist attacks
- Natural or man-made disasters
- Being held hostage
- Violent deaths
- Violent personal assaults such as sexual assault, mugging or robbery

PTSD may also occur in any other situation where a person feels extreme fear, horror or helplessness.

Someone with PTSD often relives the traumatic event through nightmares and flashbacks. Younger children can also have PTSD but instead of vividly remembering the event and having flashbacks, they might re-enact the experience through play, have unpleasant dreams or have problems sleeping. Someone with PTSD may start to feel and behave differently for example, they might start to feel more irritable and angry, be more anxious, feel detached or isolated, seem withdrawn, have difficulty sleeping and even give up activities that they used to enjoy. This can cause them to start avoiding places, people or situations that remind them of the traumatic event. These symptoms are often persistent and severe enough to impact on a person's day to day life.

These problems can start to happen quite soon after the traumatic event, or they might only start to happen a while after the event.

### **Causes**

It is not fully understood why some people develop post-traumatic stress disorder (PTSD) after experiencing a traumatic event, while others do not. However, there are a number of risk factors that seem to make certain people more likely to develop the condition.

If you have had depression or anxiety in the past, or you do not receive much support from family or friends, you are more susceptible to PTSD.

Being abused during childhood is thought to be another risk factor for PTSD.

Studies have shown that people with PTSD have abnormal levels of stress hormones such as adrenaline. Adrenaline helps to deaden the senses and dulls pain. This may be responsible for their numbed emotions and feelings of detachment.



If high amounts of stress hormones such as adrenaline are produced, part of the brain (the hippocampus) can stop working properly which causes flashbacks and nightmares to be continually repeated. This occurs because the malfunctioning part of the brain prevents flashbacks and nightmares from being processed properly.

Resources used:

<http://www.nhs.uk/Conditions/Post-traumatic-stress-disorder/Pages/Introduction.aspx>

<http://www.youngminds.org.uk/my-head-hurts/treatments/mental-health-difficulties/post-traumatic-stress-disorder-ptsd>

## **Understanding Psychosis**

A person with psychosis may be unable to distinguish between what is in their mind and reality. They may feel paranoid, hallucinate (see, smell or hear things that are not there), have delusions (where you believe things that are untrue) or feel very high or very low.

An affected person will often have their first episode of psychosis in young adulthood. It can be triggered by a stressful life event, drug use (including cannabis and cocaine) or can arise 'out of the blue'.

Although psychosis can be very frightening for the person and their family, it can be successfully controlled through medication and other treatments.

### **Symptoms of Psychosis in more detail**

#### **Hallucinations**

A hallucination is when you perceive something that does not exist in reality. Hallucinations can occur in all five of the senses:

- Sight- someone with psychosis may see colours and shapes or imaginary people or animals.
- Sounds- Someone with psychosis may hear voices that are angry, unpleasant or sarcastic.
- Touch- A common psychotic hallucination is that insects are crawling on the skin.
- Smell- Usually a strange or unpleasant smell.
- Taste- Some people with psychosis have complained of having a constant unpleasant taste in their mouth.

#### **Delusions**

A delusion is where you have an unshakeable belief in something that is implausible, bizarre or obviously untrue. There are two common types of psychotic delusion:

- Paranoid delusion
- Delusions of grandeur

#### **Paranoid delusions**

A person with psychosis will often believe that an individual or organisation is making plans to hurt or kill them. This can lead to unusual behaviour. For example, a person with psychosis may refuse to be in the same room as a mobile phone because they believe they are mind-control devices.

## Delusions of grandeur

A person with psychosis may have delusions of grandeur where they believe that they have some imaginary power or authority. For example, they may think they are president of a country, or that they have the power to bring people back from the dead.

## Confusion of thought

People with psychosis often have disturbed, confused and disrupted patterns of thought. Signs of this include:

- Their speech may be rapid and constant
- The content of their speech may appear random. For example, they may switch from one topic to another mid-sentence.
- Their train of thought may suddenly stop, resulting in an abrupt pause in conversation or activity.

## Lack of insight

People who are experiencing a psychotic episode are often totally unaware that their behaviour is in any way strange, or that their delusions or hallucinations could be imaginary.

They may be capable of recognising delusional or bizarre behaviour in others, but lack the self-awareness to recognise it in themselves. For example, a person with psychosis who is being treated in a psychiatric ward may believe that all of their fellow patients are mentally unwell while they are perfectly mentally healthy.

## Psychological causes

The following conditions have been known to trigger psychotic episodes in some people:

- Schizophrenia- a chronic (long term) mental health condition that causes hallucinations and delusions.
- Bipolar disorder (explained on a separate sheet)
- Severe stress or anxiety.
- Severe depression (explained on a separate sheet)
- Lack of sleep

The underlying psychological cause will often influence the type of psychotic episode that someone experiences. For example, a person with bipolar disorder is more likely to have delusions of grandeur, whereas someone with depression or schizophrenia is more likely to develop paranoid delusions.

## **General medical condition causes**

The following medical conditions have been known to trigger psychotic episodes in some people:

- HIV and AIDS- a virus that attacks the body's immune system.
- Malaria- a tropical disease that is spread by infected mosquitoes.
- Syphilis- a bacterial infection that is usually passed on through sexual contact.
- Alzheimer's disease- the most common form of dementia that causes a decline of mental abilities such as memory and reasoning.
- Parkinson's disease- a chronic condition that affects the way the brain coordinates body movements such as walking, talking and writing.
- Hypoglycaemia- an abnormally low level of sugar (glucose) in the blood.
- Lupus- a condition where your immune system attacks healthy tissue.
- Lyme disease- a bacterial infection that is spread to humans by infected ticks.
- Multiple sclerosis- a condition of the central nervous system (the brain and spinal cord).
- Brain tumour- a growth of cells in the brain that multiply in an abnormal and uncontrollable way.

## **Substances**

Drug misuse can trigger a psychotic episode. A psychotic episode can also be triggered if you suddenly stop taking a drug after using it for a long time. This is known as drug withdrawal. Drugs that are known to trigger psychotic episodes include:

- Alcohol
- Cocaine
- Amphetamine (speed)
- Methamphetamine (crystal meth)
- MDMA (ecstasy)
- Cannabis
- LSD (acid)
- Psilocybin's (magic mushrooms)
- Ketamine

Evidence suggests that someone is 40% more likely to experience psychosis if they are a cannabis user.

Resources used:

<http://www.youngminds.org.uk/parents/im-concerned-about/psychosis-1>

<http://www.nhs.uk/Conditions/Psychosis/Pages/Introduction.aspx>

## **Understanding Self Harm**

### **‘A physical expression of emotional distress’**

We all get stressed and feel low at times. When we feel like that, we have to find ways to cope with our feelings.

It is good to try to cope with stress and other difficult emotions in positive ways. Sometimes people don't know how to do this, so they use self-harm as a way of coping with the difficult feelings that get bottled up over time.

### **Self harm can include:**

- Scratching
- Cutting
- Burning
- Hitting themselves against objects
- Taking a drug overdose
- Swallowing or putting other things inside themselves

It may also take less obvious forms, including taking unnecessary risks, staying in an abusive relationship, developing an eating problem (such as anorexia or bulimia), abusing alcohol or drugs or someone simply not looking after their own emotional or physical needs.

### **Often people don't know why they self harm. A person may self harm:**

- To cope with feelings and painful emotions that threaten to overwhelm them such as rage, sadness, emptiness, grief, self-hatred, fear, loneliness, feeling unclean, unworthy, trapped or silenced and guilt. These can be released through the body, where they can be seen and dealt with.
- To attempt to get the pain out physically
- To be distracted from negative emotions
- To communicate feelings to somebody else
- To find comfort
- To punish themselves
- To attempt to take some control over life

The majority of people who self harm are not suicidal, but a small minority will intentionally attempt suicide. Some suicides resulting from self harming behaviour may be accidental, occurring when someone has hurt themselves more than they intended to. It is important to note that many people who commit suicide have self harmed in the past, which is one of the many reasons that self harm must be taken very seriously.

People who self-harm usually try to keep it a secret from their friends and family. They often injure themselves in places that can be easily hidden by clothing, and they are very careful to hide the damage and scars.

## **Causes**

There are many reasons why someone could self-harm. If they self-harm more than once, it may be for a different reason each time. The causes usually stem from unhappy emotions.

### **Social factors**

People may self harm because of:

- Difficult relationships with family, friends or partners.
- Difficulties at school or college, such as not doing well academically
- Being bullied, either at home, school, college or work
- Worries about money
- Alcohol or drug use
- Being gay, lesbian, bisexual or transgender and coming to terms with it
- Cultural expectations such as arranged marriage

### **Trauma**

Self harm could also sometimes be a way of coping with a traumatic experience. For example:

- Sexual, physical or emotional abuse including domestic abuse and rape
- The death of a close family member or friend
- Having a miscarriage

### **Emotional distress (as explained earlier)**

Resources used:

<http://www.nhs.uk/Conditions/Self-injury/Pages/Causes.aspx>

<http://www.youngminds.org.uk/young-people/how-are-you-feeling/mental-illness/self-harm>

Powerpoint on depression and self harm by Emily Holden and Laura Bates, Solihull Child and Adolescent Mental Health Service (CAMHS)

## **Understanding Social Anxiety / Phobia**

You may get a bit worried before meeting new people but find that, once you are with them, you can cope and even enjoy the situation. A fear becomes a phobia when it stops you from enjoying things or doing them easily. Someone with social anxiety/phobia would feel very anxious when with other people usually from fear of them being critical of them or that they may do something embarrassing.

**There are two main types of social anxiety/phobia:**

### **General social anxiety/phobia**

People with social anxiety/phobia may:

- Worry that people are looking at them and noticing what they are doing
- Dislike being introduced to new people
- Find it hard to go into shops or restaurants
- Worry about eating or drinking in public
- Feel embarrassed about undressing in public, so cant face going to the beach
- Be unable to be assertive with people, even when they know they need to be

### **Specific social anxiety/phobia**

This can affect people who have to be the centre of attention as part of their way of life such as salesmen, actors, musicians, teachers or public speakers. People with specific social anxiety/phobia may find that they can mix and socialise with other people without any problems. However, when it gets to performing or speaking in public they may get very anxious and muddle up words or even not be able to speak at all.

The worries and anxieties are similar for both types of social anxiety/phobia, they may:

- Worry a lot about making a fool of themselves in public
- Feel very anxious before going into a social situation
- Go through all the embarrassing things that could happen to them
- Be unable to say or do things they want to
- After an event, worry about how they handled the situation. They may go over it again and again wondering how they could have behaved differently or said things differently.

Physical symptoms include many of the same as general anxiety disorder (see separate sheet).

## **Causes**

The exact causes of complex phobias such as social anxiety/phobia are unknown. However, it is thought that genetics, brain chemistry and life experiences may all play a part in the development of social anxiety/phobia.

Social phobias may be caused by a previous intense or anxious experience in a social situation. Alternatively, a person's social confidence may not have had the chance to fully develop past the normal stage of shyness as a young child.

Resources used:

<http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/anxietyphobias/shynessandsocialphobia.aspx>

<http://www.nhs.uk/Conditions/Phobias/Pages/Causes.aspx>



## Further Information and Support

### Websites

#### **Young Minds**

[www.youngminds.org.uk](http://www.youngminds.org.uk)

Young Minds is a leading charity committed to improving the emotional wellbeing and mental health of children and young people. Its website has information for children, young people, parents and professionals including lots of online and downloadable resources.

#### **Mental Health Foundation**

[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

The Mental Health Foundation is the UK's leading mental health research, policy and service improvement charity. The website has an 'a – z' section which includes information about specific mental health issues.

#### **Emotional Health – BBC**

[http://www.bbc.co.uk/health/emotional\\_health/](http://www.bbc.co.uk/health/emotional_health/)

This section of the BBC website includes various resources to help you stay emotionally healthy and information on mental health issues.

#### **Emotional Health – NHS**

<http://www.nhs.uk/Livewell/emotionalhealth/Pages/Emotionalhealthhome.aspx>

This section of the NHS website includes various resources to help you stay emotionally healthy and information on mental health issues.

#### **Am I normal?**

[www.aminormal.org](http://www.aminormal.org)

Am I normal is a website for young people worried who have or are worried about someone who has been experiencing psychosis. Psychosis can include: hearing voices, seeing things others don't or feeling very paranoid that people are out to get you.

## **Helplines**

### **Anxiety Alliance**

0845 296 7877 opening hours: 10am-10pm everyday  
Helpline for people with anxiety disorders

### **Childline**

0800 11 11  
Free national 24 hours counselling service for all children and young people in trouble.

### **NHS Direct**

0845 4647  
Operate 24/7 and should be able to provide details of local crisis support services or advise on accessing local A&E

### **No Panic**

0808 808 0545 opening hours: 10am-10pm everyday  
Helpline for people with anxiety disorders. Also has telephone recovery group for members

### **Mood Swings**

0845 123 6050 opening hours: 10am-4pm, Mon-Fri  
Helpline providing advice, info and support to people with severe mood disorder

### **Samaritans**

0345 909 090  
Offers free emotional support to anyone going through a crisis. 24 hours a day, 7 days a week.

### **Saneline**

0345 678 000  
SANEline is a national out-of-hours telephone helpline offering emotional support and information for people affected by mental health problems