

Mental Health Awareness and Support

Mental health can be defined as a state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.

Mental health conditions directly affect one in five Australians at some stage in their lives, it is even more common among young adults, affecting up to 25% of this age group.

Mental health conditions do not discriminate by age, race or ethnicity, and they often strike when a person is in the prime of his or her life. The spectrum of disorders runs from mild to severe and, like any medical condition, many factors can trigger illness, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma, workload, stress or abuse
- Family history of mental health issues

What causes a Mental Health Condition?

There is some evidence that mental health issues can be caused by a combination of biological factors that create a vulnerability. Genetics play a part, but people can develop a mental health issue with no family history at all. We know that chemical changes occur that affect functioning of the brain (both dopamine and serotonin are involved).

People who are vulnerable to mental health conditions may experience symptoms that escalate in response to stress, social change or drugs.

What are Mental Health Conditions?

Mental health conditions include a range of disorders that affect the way a person thinks, feels and acts. Some of the more prevalent include:

Anxiety disorders People with anxiety disorders respond to objects or situations with fear, as well as with physical signs of anxiety or panic, such as a rapid heartbeat and sweating. An anxiety disorder can be diagnosed if the person's response is not appropriate for the situation, if the person cannot control the response, or if the anxiety interferes with normal functioning. Anxiety disorders include generalised

anxiety disorder, panic disorder, social anxiety disorder, and specific phobias.

Mood disorders, also called affective disorders, involve persistent feelings of sadness or periods of feeling overly happy, or fluctuations from extreme happiness to extreme sadness. The most common mood disorders are depression, bipolar disorder, and cyclothymic disorder.

Psychotic disorders involve distorted awareness and thinking. Two of the most common symptoms of psychotic disorders are hallucinations -- the experience of images or sounds that are not real, such as hearing voices -- and delusions, which are false fixed beliefs that the person accepts as true, despite evidence to the contrary.

Eating disorders involve extreme emotions, attitudes, and behaviours involving weight and food, including anorexia nervosa, bulimia nervosa, and binge eating disorder.

Impulse control and addiction disorders People with impulse control disorders are unable to resist urges, or impulses, to perform acts that could be harmful to themselves or others. Examples include: pyromania (starting fires), kleptomania (stealing), and addictions such as compulsive gambling. Often, people with these disorders become so involved with the objects of their addiction that they begin to ignore responsibilities and relationships.

Personality disorders People with personality disorders have extreme and inflexible personality traits that are distressing to the person. In addition, the person's patterns of thinking and behaviour significantly differ from the expectations of society and are so rigid that they interfere with the person's normal functioning. Examples include antisocial personality disorder, obsessive-compulsive personality disorder, and paranoid personality disorder.

Obsessive-compulsive disorder (OCD) People with OCD are plagued by constant thoughts or fears that cause them to perform certain rituals or routines. The disturbing thoughts are called obsessions, and the rituals are called compulsions.

Post-traumatic stress disorder (PTSD) PTSD is a condition that can develop following a traumatic and/or terrifying event. People with PTSD often have lasting and frightening thoughts and memories of the event, and tend to be emotionally numb.



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What about Treatment and Recovery?

The good news is that there is a range of treatments, health professionals and services available to help address mental health conditions. There are also many things that people with these conditions can do to help themselves.

The reality is, depression and anxiety are unlikely to simply go away on their own. If ignored and left untreated, depression and anxiety can go on for months, sometimes years, and can have many negative effects on a person's life. Every person needs to find the treatment that's right for them.

It can take time, strength and patience to find a treatment that works. After seeking appropriate advice, try a treatment you're comfortable with that works for most people. If you do not recover quickly enough, or experience problems with the treatment, discuss this with your health professional and consider trying another approach.

How to know if someone is developing a Mental Health Condition?

Early warning signs differ from person to person, but some common signs are when a person's behaviour changes (either suddenly or gradually) and he or she becomes unusually suspicious, anxious, depressed, irritable or angry. The person may experience mood swings, sleeplessness, loss of motivation and energy, changes in eating patterns, and memory loss.

Family and friends will notice changes in a person's behaviour, often with a disruption to a person's work or study and to a person's energy levels and sociability. These symptoms can sometimes be a reaction to life events or changes, especially for people in adolescence, but if in doubt, seek advice from a health service, GP, BeyondBlue or other mental health support service. Early intervention is the key.

Supporting someone with a Mental Health Issue

Family and friends should not ignore signs and changes in mental health. Early treatment can lead to a better outcome. Encourage the person to see a doctor for an assessment. If a family member is affected, you should decide what level of support and care you are realistically able to provide.

- Encourage the person to see a doctor, EAP consultant or mental health practitioner or psychologist for an assessment
- Make an appointment with a GP, EAP consultant or mental health practitioner for yourself, to discuss your concerns and find out what can be done (if the person refuses to see a doctor).

Developing a positive attitude will help you to provide better support for a friend or family member with a mental health issue. It will help if you:

- Find out as much as you can about mental health, treatment and what services are available in your area
- Recognise and accept that symptoms may come and go, and may vary in severity. Varying levels of support will be required at different times
- Develop a sense of balance between your own needs and the needs of the person you are supporting

Limitations to dealing with Mental Health Concerns

You should decide what level of support you are realistically able to provide. Explain this to the friend or relative with the mental health concerns, as well as the health professionals involved in their care (for example, the psychiatrist or case manager). This will ensure that the type of support you are unable to provide can be arranged in another way.

Discuss options for support with health professionals and other family members and friends to ensure continuity of care when you are unable provide support.

Common reactions to Mental Health Concerns

The distress associated with having a mental health concern may lead to feelings of guilt, anger or shame. Acknowledging these feelings is the first step towards resolving them. It is important to understand that no one is to blame for it.

Planning to cope with a Mental Health Issue

It is important to encourage a sense of structure in the life of a person severely affected by mental health issues. You can develop plans to cope on a day-to-day basis, such as:

- Develop predictable routines – for example, regular times to get up and eat. Introduce gradual changes to prevent boredom
- Break tasks into small steps – for example, discuss with the person what steps would help them with daily self-care
- Try to overcome a lack of motivation – for example, encourage and include the person in activities
- Allow the person to make decisions – even though it can sometimes be difficult for them to do this and they may keep changing their mind. Try to resist the temptation to make the decision for them.

References:

Mental Illness Fellowship of Australia - www.mifa.org.au
 Mental Illness Fellowship Victoria - www.mifellowship.org
 Mental Health Services Website - www.health.vic.gov.au/mentalhealth
 Mental Health Council of Australia - www.mhca.com.au
 SANE Australia - www.sane.org
 BeyondBlue - www.beyondblue.org.au