

Understanding & Dealing with Mental Health Issues

We all want to be happy, healthy and lively all the time. But when we have an illness we get concerned, try to find the reason, visit a Doctor, undergo investigations get treatment and finally get well again. We dislike being ill. In fact we also tend to live a healthy life by practicing preventive health strategies.

But have you ever thought that we take care of ourselves only when we are physically unwell? We all know, and the WHO (World Health organization) tells us that **"HEALTH is not only the absence of diseases but Physical, Mental, Social well being of a person"**

We have always been taught health in terms of Physical health. Nobody has ever taught us about mental and social health. We have however read articles and heard discussion about the ill effects of mental health problems. We have also read about the lovely techniques and treatments available to tide over mental health issues or deal with such problems. However, we have never been told how to identify or recognize our problems, when we suffer from any mental health issues. We could never decide when our problem is severe enough to seek professional help for "stress or depression".

I am making an attempt to give you some useful insight into mental and social health aspects of our lives and guide you to lead a more meaningful and happy life.

- The WHO says that about one in every 5 people suffer from some kind of mental health issues in a lifetime.
- Stress causes Personal distress; social impairment; dip in Vocational productivity; several chronic physical and mental ailments; reduces longevity and makes life miserable.
- Mental Illnesses are of various types. Some heal by itself, with the passage of time. Some are curable. Others are treatable. There are still others where almost no intervention techniques exist. In such cases we give the patients some medications that will only take away the pain and distress.

The counseling Process:

- **Counselling:** Is a process where a person with Psychological or emotional distress is helped by a professional (Counsellor) in enabling him/her to overcome, deal effectively or adapt to the life situations causing the distress.
- A **counsellor** is a professional who is trained to be **unbiased, to Accept and Respect** the Client. **Patiently Listen** to them without being **Judgmental** and maintain **absolute Confidentiality**.
- **Counsellor is ill equipped to 'Guide' or give 'Direction' to the Client:** Every individual is the product of the **a.** genetic endowment that he/she is born with

and **b.** All moment-by-moment cumulative experiences they have gathered through their life. Despite being a professionally trained expert, the counselor can never be able to completely step into the shoes of the client and perceive the world. Counsellors are human beings and have their own biases and rights to be judgmental. Thus, they are not qualified to control the client's decisions. Instead, counsellor's help the client to reach their own decisions on their own.

- **How does the Counsellor help?** The counselor is trained to help the Client to **a.** systematically analyze the problem, **b.** help him/her identify and define the causes responsible to produce the distress **c.** Recognize the 'individualized meanings' attributed to the situation (*We perceive the world not as it is but as we are) **d.** draw a solution minimize the losses and increase the gains **e.** Help him/her formulate a solution. **f.** Help the client to accept the solution and **g.** implement the solution with complete knowledge and acceptance of the Losses and gains.
- **The Client:** Everyone goes through difficult situations in life. Many such life events and circumstances may cause intense Psychological turmoil and Emotional distress. Sometimes, we are ashamed/ scared to admit our feelings to others; we often end up bottling up our feelings rather than dealing with them. The society around us makes us feel inadequate if we cannot deal with such 'petty' problems. Such a client needs Help!
- **Counselling Sessions:** It is mandatory for a counselor to be confidential. They take an oath to empathize with the client. Thereby making the client comfortable and talk about their problems freely, without any threat.
- **Number of Sesiions:** Each counseling session is of a 50-minute duration. The number of sessions required for a client, may vary from 'person to person' and 'Case to case'. Usually the number of sessions required for a client starts becoming apparent after 2 to 3 sessions. However several clients draw significant benefits in the first 2 or three sessions itself and may not need to continue to see the Counselor any more.
- **Catharsis (Talking out cure):** Every time we share our problems with someone, they end up advising us rather than listening; whereas when a counselor *intently listens* to our problems, they tend to disappear and relieve us of our emotional burden.

When do I need Help?:

SUDs (Subjective Unit of Distress scale) **the Meter** to decide **the Need for Professional help:** To decide whether your mental health symptoms are really severe and calls for professional help. **Process:** Take the most distressing emotion that you are presently suffering from. **Calibrate it:** Think of the moment in your life when you had the severest distress due to this emotion- **call it 10.** Think of a moment in life when you were very happy and had no trace of the said emotion – **call it 1.** Your scale is ready. Now decide how much distressed are you at the moment. If your score is more than 5 you should seek professional help.

Mental Illnesses: Let me Classify Mental illnesses and try to give you a broad understanding about them-

1. NEUROSIS:

These are 'Minor Mental illnesses' generally caused as reactions in response to frustrations and conflicts in life.

Symptoms: Patients have high anxiety in all neurotic conditions along with inordinate worries and preoccupation with 'fictitious fears'.

Some other major symptoms may be Sadness, disturbed sleep, disturbed food habits, palpitation, tremors of the hands, dryness of mouth, recurrent need to visit the washroom, acidity, aches and pains, feeling weak and fatigued.

Patient is often preoccupied by the symptoms and has a tendency to discuss the problems with others. Feels self-conscious and less confident, has difficulty in concentration, is easily irritated, looks worked-up and hassled most of the times. Shows less concern about family and relatives

Some illnesses in this Category: *Generalized Anxiety Disorder (GAD); *Agoraphobia; *Phobia of other things; *Hysterical Conversion reaction; *Dissociative disorder; *Somatoform Disorder; *Obsessive Compulsive Disorder * Reactive Depression etc.

Diagnosis: Diagnosed by Psychiatrist or Clinical Psychologist, mostly by Clinical Interview and Mental Status Examination (MSE); Psychodiagnostic tests and establishing severity of the Condition is done by Clinical Psychologist.

Prognosis (Prediction of chances of getting well): Generally has good chances of responding well to treatment. However in some cases symptoms may persist and become long standing or chronic.

Treatment: Mostly Psychotherapies and counselling helps. Psychotherapy aims at *developing better coping techniques, *Deal effectively with debilitating thoughts and positively influence emotions *deal with high anxiety with effective Relaxation techniques.

Psychiatrist supports patients by prescribing medication to relieve their distress by alleviating anxiety and depressive emotions.

2. Psychosomatic Disorders:

Poor Psycho social coping skills cause such patients to feel stressed in their day to day activities which manifest as Physical Illness.

Symptoms: Low energy, Headaches, Upset stomach, including diarrhea, constipation, and nausea, Aches, pains, and tense muscles, Chest pain and rapid heartbeat, Insomnia, Frequent colds and infections, Loss of sexual desire and/or ability, Nervousness and shaking, ringing in the ear, cold or sweaty hands and feet, Dry mouth and difficulty swallowing, Clenched jaw and grinding teeth etc.

Some illnesses in this Category:

*Cardiovascular disease, including heart disease, high blood pressure, abnormal heart rhythms, heart attacks, and stroke

*Obesity and other eating disorders

*Menstrual problems

*Sexual dysfunction, such as impotence and premature ejaculation in men and loss of sexual desire in both men and women

*Skin and hair problems, such as acne, psoriasis, and eczema, and permanent hair loss

*Gastrointestinal problems, such as acid belching, gastritis, ulcerative colitis, irritable colon, Diarrhea or constipation

*Respiratory disorders like recurrent chronic bronchitis, asthma, recurrent cold and cough *Others like Diabetes, arthritis including cancers etc.

Diagnosis: Diagnosed by General Physician, Neurologist, Orthopaedician, Gynaecologist, Dermatologist etc.. The Psychological Basis is ascertained by Psychiatrist or Clinical Psychologist. Psychometry By Clinical Psychologist helps to understand the 'Psychodynamics' of the illness, which helps in planning and implementation of Psychotherapy.

Prognosis (*Prediction of chances of getting well*): prognosis of Patients with Psychosomatic disorders depends on how effectively the patient has dealt with the stress, through psychotherapy.

Treatment: Psychosomatic Disorders need Multi Specialist's treatment, most of which removes active symptoms. Psychotherapies helps patients toward off symptoms.

3. Personality Disorders:

These are pervasive, maladaptive patterns of behavior deviating markedly from those accepted norms, causing considerable personal, social, and occupational disruption. These are caused by faulty upbringing. Several studies have reported genetic cause for personality disorders.

Symptoms: All people with personality disorders are very self-centered. They are always thinking about themselves. Their enduring maladaptive ways become a concern and distress to the persons who live with the personality disorder patients. They have emotional distress in the form of anxiety, depression and frustration often disrupting the personal, social and occupational life.

Some illnesses in this Category: All personality disorders may be classified into 3 major types-

- Personality Disorder Cluster A- exhibits ODD and Eccentric behaviours and include conditions called 1. Paranoid PD; Schizoid PD and Schizotypal PD.
- Personality Disorder Cluster B – exhibit dramatic, emotional or erratic behaviours and include conditions called - 1. Antisocial PD; Borderline PD; Histrionic PD and Narcissistic PD.
- Personality Disorder Cluster C – exhibit anxious and fearful behaviours and include conditions called - 1. Avoidant PD; ; Dependent PD and Obsessive Compulsive PD.

Diagnosis: Diagnosed by Psychiatrist or Clinical Psychologist, mostly by Clinical Interview and Mental Status Examination (MSE); Psychodiagnostic tests are done by Clinical Psychologist.

Prognosis (*Prediction of chances of getting well*): Poor. Personality disorders are most intractable forms of psychiatric diagnosis.

Treatment: Psychiatric treatment by medication is directed towards relieving some associated distress in such conditions. Psychotherapy by Clinical psychologist aims at changing coping techniques and acquiring adaptive skills.

4. Psychosexual Disorders:

The sexual problems that are psychological in origin, rather than physiological, are called psychosexual disorders. It may arise due to guilty conscience, stress, anxiety, nervousness, worry, fear, depression, physical or emotional trauma, abuse, rape and so on. The other factors causing sexual problems are based on psychosocial and cultural aspects. Ignorance or improper sex education can be a reason.

Types: All Psychosexual disorders may be classified into 3 major types:

1. **Gender Identity Disorders:** A strong and persistent cross-gender identification characterized by:

- a. desire to be the opposite sex
- b. discomfort with his or her sex
(the criteria however differ by age)

2. **Paraphilias** -sexual attraction to an unusual object or activity, like

- Fetishism and Transvestic fetishism (sexual attraction to objects, situations, or body parts not viewed as sexual)
- Pedophiles (Primary or exclusive sexual Attraction for children)
- Voyeurism (looking at sexual objects or acts, secretly)
- Exhibitionists (Exhibiting sexual organs in the public)
- Frotteurism (usually one's pelvic area against a non-consenting person)
- Sexual sadism (experiencing **sexual** pleasure by inflicting extreme pain, suffering or humiliation of others)
- Sexual masochism (**sexual** pleasure by inflicting physical pain, suffering or humiliation)

3. **Sexual dysfunctions-** Sexual arousal or performance difficulties due to inhibitions in the normal sexual response cycle, leading to persistent and recurrent distress and interpersonal problems. Some types are:

(1) Sexual desire Disorder- Persistently or recurrently deficient (or absent) sexual fantasies and desire for sexual activity,

(2) Sexual arousal Disorder- **a. Female:** Persistent or recurrent inability to attain or to maintain an adequate lubrication-swelling response of sexual excitement, until completion of the sexual activity. **b. Male:**

Persistent or recurrent inability to attain, or to maintain an adequate erection until completion of the sexual activity

(3) Orgasmic Disorder- a. Female: Persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase **b.**

Male: (i): Persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase **(ii) Premature Ejaculation:** Persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it.

(4) Sexual Pain Disorder: a.(Dyspareunia): Recurrent or persistent genital pain associated with sexual intercourse in either a male or a female. **b.Female:(Vaginismus):** Recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse.

Diagnosis: Diagnosed by Psychiatrist or Clinical Psychologist, mostly by Clinical Interview and discussion with the partner. Ruling out Physiological reasons is essential; Psychodiagnostic tests and rating scales help to assess the anxiety, depression and interpersonal difficulties- done by Clinical Psychologist.

Prognosis (*Prediction of chances of getting well*): Varies depending on the cause, duration, severity and other Psychological co existing conditions.

Treatment: Psychotherapy, Counselling of interpersonal issues, Behaviour therapies for correction along with medication by Psychiatrists if required.

5. PSYCHOSIS:

These are Major Mental illnesses generally caused by Biochemical Imbalances in the brain.

Symptoms: Patients behave quite abnormally and may show Violence, aggression, self injurious behavior, socially inappropriate behaviour, suicidal attempts, absconding tendencies etc.

They may talk much, get excited, socialize extensively, avoid sleep, spend a lot and may say "I am much important and have supreme powers and can control others. Some Governments or underworld agencies are looking for me. They may assassinate me".

There are others who may feel extremely sad and depressed with not even have an iota of hope, they are miserable, lonely, helpless, worthless beings mostly waiting to commit suicide.

Most psychotic patients, over the years show deterioration in their personalities; cognitive (higher mental) functions; Personal Care; Social skills; livelihood functions and meaningful engagements.

Some illnesses in this Category: *Schizophrenias; *Bipolar Disorders; *Major Depression; *Delusional (Paranoid) Disorders etc.

Diagnosis: Diagnosed by Psychiatrist or Clinical Psychologist, mostly by Clinical Interview and Mental Status Examination (MSE); In cases of Atypical or confusing symptoms may need Psychodiagnostic Assessment by Clinical Psychologist.

Prognosis (*Prediction of chances of getting well*): Generally poor chances of cure. Mostly, have to be on medication all their lives, in cases where recovery is good, there are high chances of recurrence or relapse of illness.

Treatment: Mostly Medications prescribed by Psychiatrist. Counselling of care givers is an essential part of the treatment offered by Clinical Psychologist. To improve quality of life, Rehabilitation services are essential and offered by Psychiatric Social Worker or Clinical Psychologist.

1. **Childhood Disorders:** There are numerous mental health conditions seen in children. It is estimated that one in every 25 children has some Mental health related problem.

Most common conditions are Anxiety, Depression, Mental Retardation, Attention Deficit Hyperactive disorder, Autism, Interpersonal difficulties, Academic problems including Specific Learning Disabilities (Dyslexia).

Some common Disorders in Childhood:

1. **Childhood Anxiety disorders:**
 - a. **Fears and Phobias-** Extreme fear of (Nouns.. Name, place, person or things).
 - b. **Panic anxiety disorder** also called *Generalized Anxiety Disorder* – Extreme fear of abstract things, situations or 'for no apparent reason'
 - c. **Social Anxiety-** Extreme fear of social or performing situations and activities.
 - d. **Separation Anxiety Disorder:** Severe anxiety and insecurity in children caused by the feeling that they have lost their parents or care givers forever.
 - e. **School Refusal** children avoid going to school due to extreme anxiety and threat
2. **Childhood Depression:** severe sadness in children seen in about 5% of children. Four Major signs of Depression in children are–
 - i. Excessive tearfulness, irritability and anger;
 - ii. Aches and Pains;
 - iii. Withdrawal from Family, friends and favorite activity;
 - iv. Mentions of Guilt, shame, regret, sorrow and worthlessness.
3. **Attention-deficit/hyperactivity disorder (ADHD).** This condition typically includes symptoms in three categories:
 - i. difficulty paying attention,
 - ii. Hyperactivity and
 - iii. Impulsive behavior. Children with ADHD may have all these symptoms or only one. 10 to 11% of children have ADHD with more Males being affected than females.
4. **Autism spectrum disorder (ASD).** Autism spectrum disorder is a serious developmental disorder that appears before age 3. 1-2% of children develop Autism with a Male :female ratio of 3:1. ASD children typically keep engrossed in their own world, and have poor ability to communicate and interact with others. Symptoms and severity vary from child to child.
5. **Learning Difficulties:** There are some conditions like **Mental Retardation and Learning Disabilities (Dyslexia)** which interferes with education and learning. About 10 to 16% of school-going children suffer from such conditions. Early Identification, appropriate intervention and training generally help such children to adapt well to their environments.
6. **Behaviour Problems:** The most common problems seen in children are behaviour problems. Behaviour problems are generally caused by faulty child rearing practices followed by the parents and families of such children.

Sypmtoms: Symptoms may be in any or all the Dimensions viz. Cognitive (higher mental functions), Affective (Emotional), Behavioural, Personal or Social. They may range from minimum to the maximum.

Diagnosis: Most Childhood mental health diagnoses are carried out by Psychiatrist or Clinical Psychologist using Clinical Interview and Mental status examinations and Interview of Parents, teachers and significant others. Psychometric Assessment is required to assess different parameters of the problem in child.

Prognosis (*Prediction of chances of getting well*): prognosis of Childhood psychiatric varies a lot. There are disorders which promises very good prognosis while there are conditions which have very poor prognosis.

Treatment: Psychiatrists treat children with mental illness by prescribing medications. Clinical Psychologist use Psychotherapy, Behaviour therapy, Parents counseling, parent's Training etc.

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