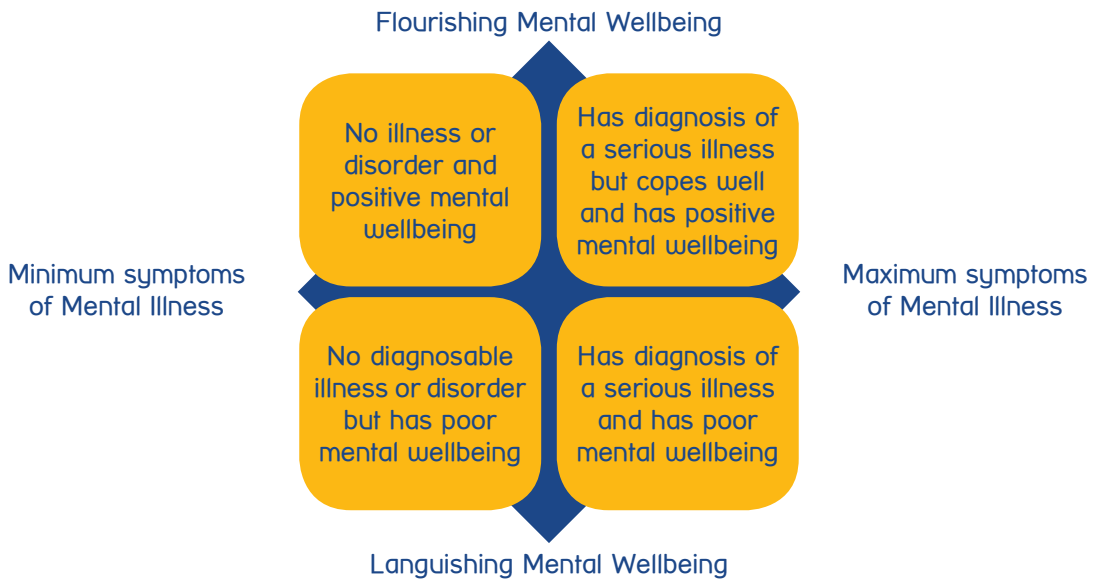
Mental Health Continuum

The Mental Health Continuum provides us with a useful model for understanding mental health and wellbeing and the interplay between them as distinct but connected concepts.



Horizontal axis: illness/wellness continuum

This describes either the absence or presence of illness as defined by a set criteria of symptoms. A widely agreed limitation of this aspect of the model is that achieving 'mental health' involves more than the absence of illness.

Vertical axis: wellbeing axis

On this axis, people who are feeling happy and are functioning well are described as 'flourishing'. People with poor mental wellbeing are described as 'languishing': they have no diagnosable illness but don't feel happy and aren't functioning well.

The four quadrants

Top left: aspirational state, but not one that many of us are likely to achieve.

Top right: this is encouraging and describes 'recovery'. A person can live with a diagnosis of a serious mental illness (e.g. schizophrenia or bipolar disorder) but be living well with their condition. A person may manage with medication, support networks, have good coping strategies, a full live and importantly, achieve flourishing wellbeing.

Bottom right: this represents how some people who are very unwell can feel. Living with a serious mental health problem can be stressful and cause damage to relationships, social networks, work and family life, making it difficult to attain good mental wellbeing.

Bottom left: many people sit here. A person may have no diagnosable mental health problem, but simultaneously have poor mental wellbeing. This person wouldn't reach the threshold for support from formal mental health services, as they don't have a diagnosable problem. Therefore, support has to be more holistic and could include social support, self help, volunteering, lifestyle changes or groups.

One in four people in Manchester report poor mental wellbeing

None of this is fixed! Depending on what's going on in our lives, our psychological and emotional state is always changing. We can't conveniently slot people into boxes: this is just a useful model for helping us to understand the terminology. ■

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Anxiety

There are several types of anxiety and panic disorders and people respond to anxiety and panic attacks in different ways.

Symptoms of anxiety – common to several types of anxiety

- Overwhelming fear of unease
- Dizziness
- Sweating
- Panicky
- Racing heart/palpitations
- Trembling or shaking
- Dry mouth
- Shortness of breath
- Tearful
- Wanting to escape

Types of anxiety disorders

Specific anxiety

This is usually related to a specific event, e.g. fear of flying. It is not uncommon and usually after the event the anxiety goes. However it could develop into a phobia.

Phobias

Phobia is about irrational fear. With phobias, anxiety will be triggered by very specific situations or objects such as spiders, heights, flying or crowded places, even when there is no real danger. For example, a person may know that it is safe to go out on a balcony in a high-rise block, yet feel terrified to do so.

Generalised anxiety disorder (GAD)

GAD may be diagnosed if a person has felt anxious for a long time and often feels fearful, but is not anxious about anything in particular. The strength of symptoms can vary.

Obsessive Compulsive Disorder (OCD)

Obsessive thoughts and compulsive behaviour are typical for this disorder. A person may have obsessive thoughts about being contaminated with germs, or feel compelled to do things in a particular order.

Panic disorder

Panic attacks may sometimes occur for no clear reason. A person may feel as if their mind has gone totally out of control. When a person experiences unpredictable panic attacks with no identifiable trigger, he or she may experience panic disorder. Because the onset of panic seems unpredictable, a person may live in fear of having another panic attack. This fear can become so intense it can trigger another panic attack.

Acute Stress Disorder (ASD)

ASD is characterised by the development of severe anxiety, dissociation, and other symptoms which occur within one month after exposure to an extreme and traumatic stressor. As a response, the individual develops dissociative symptoms. Individuals with ASD have a decrease in emotional responsiveness, often finding it difficult to experience pleasure in previously enjoyable activities, and frequently feel guilty about pursuing usual life tasks. ASD usually lasts a minimum of three days and a maximum of four weeks, and occurs within four weeks of the traumatic event. People with ASD have been found to be at greater risk for eventually developing PTSD.

Post-traumatic stress disorder (PTSD)

If a person has experienced or witnessed a very stressful or threatening event, e.g. war, serious accident, violent death or rape, they may later develop post-traumatic stress disorder. They are likely to experience flashbacks and have dreams about the event, and these are likely to trigger strong anxiety and feelings experienced during the actual event. PTSD can last for several years. ■

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Bipolar

Bipolar (previously known as manic depression) is diagnosed when a person experiences extreme mood swings. Some people also experience visual or auditory hallucinations, and delusions.

There are two 'phases' to bipolar: mania and depression. Mania usually starts suddenly and lasts between two weeks and four/five months. Depression often lasts longer, on average around six months but usually no longer than a year. People can have several years of stability between episodes.

Bipolar disorder low phase (depression)

- May have feelings of sadness and hopeless
- Difficulty concentrating and remembering things
- Loss of interest in everyday activities
- Difficulty sleeping/waking up early
- Feelings of emptiness or worthlessness
- Being delusional, experiencing hallucinations, showing illogical thinking
- May have thoughts of harming self or suicide

Bipolar disorder high phase (mania)

- May feel extremely happy or elated
- Talking very quickly, restless
- Feeling full of energy/not sleeping/eating
- Being easily irritated or agitated
- Being delusional, experiencing hallucinations, showing illogical thinking
- Doing enjoyable things with disastrous consequences such as spending large sums of money

Impact of a manic episode

A person may not be aware of the changes in their attitude or behaviour during a manic episode. Concerns from family, friends or colleagues will often not make any sense. However, after a manic phase is over, a person may be shocked at what they have done and the effect that it has had.

Hypomania

An individual may experience a milder form of mania known as hypomania. This is less severe and lasts for shorter periods. During these periods a person can become very productive and creative and so may see these experiences as positive and valuable. However, left untreated, it may develop into more serious mania and could be followed by an episode of depression.

Different types of bipolar disorder

Mania with psychotic symptoms. A person is likely to experience many of the symptoms listed under mania above. Symptoms might be severe and a sense of their own importance may develop into delusions. Suspicions may turn into delusions of persecution and a person may feel convinced that others are out to get them.

Depression with psychotic symptoms. A person may start hearing or seeing things that others don't (hallucinations) and/or have beliefs that others don't share (delusions). This can be very distressing. People may, for example, hear voices accusing them of being nasty and bad. Or they may be convinced that some terrible disaster is about to happen and that they are responsible for it.

Bipolar I. Characterised by manic episodes – most people will experience depressive periods as well, but not all do.

Bipolar II. Characterised by severe depressive episodes alternating with episodes of hypomania.

Rapid cycling. Four or more episodes a year. These can be manic, hypomanic, depressive or mixed episodes.

Mixed states. Periods of depression and elation at the same time. ■

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Depression

We often use the expression 'I feel depressed' when we are feeling sad or miserable. Usually, these feelings pass. However, feelings that interfere with an individual's life and do not go away after a couple of weeks, or come back repeatedly for a few days at a time, could be a sign of depression.

Mild depression

- Being in low spirits/sad/tearful.
- Mild insomnia or wanting to sleep more.
- Feeling everything is harder to do and seems less worthwhile.
- BUT mild depression does not stop an individual leading a normal life.

Severe depression (clinical depression)

- Significantly reduced interest or feeling no pleasure in all or most activities
- Insomnia or increased desire to sleep
- Feelings of worthlessness, or excessive or inappropriate guilt
- Trouble making decisions, or trouble thinking or concentrating
- May start to have experiences or thoughts that others do not share: auditory and visual hallucinations, and delusions
- Suicidal thoughts or suicide attempts

Seasonal affective disorder (SAD)

SAD is thought to be linked to reduced exposure to sunlight during the shorter days of the year. SAD is less common in countries near to the equator where the hours of sunlight are more constant and bright throughout the year.

Postnatal depression

`Baby blues' is common but usually passes after a day or two. Postnatal depression is a much more serious problem and can occur any time between two weeks and two years after the birth. It can develop within the first six weeks of giving birth, but is often not apparent until around six months. It affects around one in 10 women after having a baby.

Bipolar disorder (manic depression)

Some people have major mood swings, when periods of depression alternate with periods of mania. When manic, they are in a state of high excitement, and may plan and may try to carry out over-ambitious schemes and ideas. They often then have periods of severe depression. ■

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Obsessive Compulsive Disorder (OCD)

OCD is described as an anxiety disorder and has two main parts:

- Obsessions: unwelcome thoughts, images, urges or doubts that repeatedly appear in a person's mind.
- Compulsions: repetitive activities that a person feels compelled to do. The aim of a compulsion is to try and deal with the distress caused by obsessive thoughts, and relieve feelings of anxiety. The process of repeating these compulsions is often distressing and any relief a person feels tends to be short-lived.

Minor obsessions and rituals are common, for example worrying that we have left the gas on not walking under ladders. They don't significantly interfere with our daily lives, or are short-lived. However, for a person experiencing OCD, obsessions and compulsions will often cause considerable fear and distress. They will also take up a significant amount of time and disrupt a person's ability to carry on with day-to-day to life.

Many people with OCD experience feelings of shame and loneliness which can stop them from seeking help.

Obsessions

Examples of obsessions include:

- Imagining doing harm e.g. thinking that you are going to push someone in front of a train.
- Religious or blasphemous thoughts e.g. having thoughts that are against your religious beliefs.
- Fear of contamination e.g. from dirt and germs in a toilet.
- An excessive concern with order or symmetry e.g. worrying if objects are not in order.
- Illness or physical symptoms e.g. thinking that you have cancer when you have no symptoms.

Obsessions can often appear closely linked to a person's individual situation. For example, a loving parent may fear doing harm to their child. Obsessions are often frightening or seem so horrible that a person feels unable to share them with others. The obsession can interrupt other thoughts and make a person feel very anxious.

Compulsions

Some examples of compulsions include:

- Repeating actions e.g. touching every light switch when leaving or entering the house.
- Focusing on a number e.g. having to buy three of everything.
- Washing or cleaning e.g. having to wash hands very frequently in order to feel clean.
- Touching e.g. only buying things in the supermarket that you have touched with both hands.
- Praying e.g. repeating a prayer again and again whenever you hear about an accident.
- Counteracting or neutralising a negative thought with a positive one e.g. replacing a bad word with a good one.

Avoidance

A person might find that some objects or experiences make the obsessions or compulsions worse, and try to avoid them as a result. Avoiding things can have a major impact on your life.

Depression

OCD is also known to have a close association with depression, and some people find obsessions appear or get worse when they are depressed. ■

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Psychosis

Psychosis affects a person's mind and causes changes to the way that they think, feel and behave. They may be unable to distinguish between reality and their imagination.

Psychosis (also called a psychotic experience or episode) is when a person perceives or interprets events differently from people around them. This could include experiencing hallucinations, delusions or flight of ideas.

Common forms of psychosis include:

- Drug induced – triggered by drugs such cannabis, amphetamines or alcohol
- Head injury
- Dementia or epilepsy
- Brief reactive psychosis, after a life event like birth, bereavement, or a relationship break up
- Schizophrenia
- Bipolar disorder

Hallucinations

Hallucinations can occur in any of the five senses:

Auditory hallucinations

Among the most common. An individual might hear someone speaking to them or telling them to do certain things. The voice may be angry, neutral, or warm. An individual may hear one voice or many different voices: these could be voices of people they know or complete strangers. Other examples include hearing sounds or repeated clicking or tapping noises.

Visual hallucinations

Involve seeing things that aren't there. These may be of objects, visual patterns, people, and/or lights e.g. an individual might see a person who is not in the room.

Olfactory hallucinations

Involve sense of smell e.g. a person might feel that their body smells bad when it doesn't.

Tactile hallucinations

Involve the feeling of touch or movement in or on the body e.g. a person might feel that bugs are crawling on their skin.

Gustatory hallucinations

The sensation of tasting something that isn't really there, typically an unpleasant flavour.

Delusions

A delusion is having a belief in something that is very unlikely, bizarre or obviously untrue. An individual's elusions can range from everyday 'normal' delusions (e.g. being convinced that a friend wants to hurt them), to more unusual delusions (e.g. believing that the government is plotting to kill them).

A common delusion is to start attaching undue significance to everyday events e.g. an individual starting to think that songs being played on the radio are actually about them.

A person may also experience delusions of grandeur e.g. person may wrongly believe that they are related to royalty.

Some delusions can be extremely frightening and make a person feel mistrustful or threatened. For example, a person may feel that something or someone is trying to control or kill them. These ideas are called paranoid delusions.

Flight of ideas

Flight of ideas is when a person's thought move very quickly from idea to idea, making links between things that other people don't. Doctors may also call this 'word salad' or 'thought disorder'.

A person might:

- Lose control of words – speak very quickly so that other people notice and find it difficult to follow.
- Link words together because of the way they sound rather than what they mean. ■

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Schizophrenia

A diagnosis of schizophrenia may be given when a person experiences several of the following symptoms:

- A lack of interest in things
- Feeling disconnected from their feelings
- Difficulty concentrating
- Upset, anxious confused and suspicious of others
- Wanting to avoid people
- Hallucinations
- Delusions

Up to four per cent of the population hear voices and for most people the voices they hear present no problems and are not associated with schizophrenia.

'Positive' and 'negative' symptoms

Schizophrenia is divided into `positive` and `negative` symptoms.

Negative symptoms are a reduction in thought or function. Negative symptoms include lack of interest in things, emotional flatness, being unable to concentrate or wanting to avoid people.

Positive symptoms are symptoms that most people don't experience, such as thought disorder (where thoughts and ideas are jumbled and make little sense to others), hallucinations and delusions. For some people the positive symptoms can start happening quite suddenly, but for others they can occur more gradually.

Causes

There is no complete answer but it is generally agreed that there are a combination of factors which can include:

- Genetic makeup including family inheritance.
- Stressful events or life experiences.
- Some evidence shows that too much dopamine (a brain chemical) can be involved in the development of schizophrenia.
- Drug abuse: some people who might have a predisposition to mental health problems may find that drug use can trigger symptoms.

Hallucinations

Hallucinations can occur in any of the five senses but the most common hallucination is hearing voices.

- Seeing things that other people don't. This can include images or visions, such as animals or religious figures. Objects may appear distorted, or that move in ways they normally wouldn't.
- Experiencing tastes, smells and sensations that have no apparent cause such as an individual feeling insects crawling on their skin.
- Hearing voices that other people don't. These could be positive and helpful, or hostile and nasty. It may be one voice or many different voices. They could be voices of people an individual knows or be complete strangers.

Diagnoses related to schizophrenia

There are several diagnoses that share many of the same symptoms such as schizoaffective disorder, schizotypal personality disorder or schizoid personality disorder. ■

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Self-harm

Self-harm is when a person hurts themself as a way of dealing with very difficult feelings, old memories, or overwhelming situations and experiences.

The ways in which people can hurt themselves can be physical, such as cutting, or less obvious ways, such as putting themselves in risky situations, or not looking after their own physical or emotional needs.

Self-harm is not a failed suicide attempt. Instead, it can be about trying to stay alive: a coping mechanism for survival.

Ways of self-harming can include:

- cutting
- poisoning
- over-eating or under-eating
- burning skin
- inserting objects into the body
- hitting yourself or walls
- overdosing
- exercising excessively
- scratching and hair pulling.

After self-harming, a person might feel better and more able to cope for a while. However, self-harm can bring up very difficult feelings and can make a person feel worse.

A person may feel embarrassed, ashamed, or worried that others will judge them or pressurise them to stop if they disclose their behaviour. As a result it is common for a person to keep their self-harming a secret.

Why do people harm themselves?

There are no fixed rules. For some people it can be linked to specific experiences and be a way of dealing with something that is happening now, or that happened in the past. For others, it is less clear. Indeed, a person might not understand the reasons for their self-harm.

Any difficult experience can cause someone to self-harm. Common causes include:

- pressures at school or work
- bullying
- money worries
- sexual, physical or emotional abuse
- bereavement
- confusion about sexuality
- breakdown of relationships
- an illness or health problem
- difficult feelings, such as depression, anxiety, anger or numbness, experienced as part of a mental health problem.

Some people have also described self-harm as a way to:

- express something that is hard to put into words
- make experiences, thoughts or feelings that feel invisible into something visible
- change emotional pain into physical pain
- reduce overwhelming emotional feelings or thoughts
- have a sense of being in control
- escape traumatic memories
- stop feeling numb, disconnected or dissociated
- create a reason to physically care for themselves
- express suicidal feelings and thoughts without committing suicide
- communicate to other people that you are experiencing severe distress.

Sometimes people talk about self-harm as ‘attention-seeking’. Making comments like this can leave a person feeling judged and alienated. In reality, most people keep their self-harm private, and it can feel very painful for a person to have their behaviour misunderstood in this way. If a person does self-harm as a way of bringing attention to themselves, they still deserve a respectful response from those around them, including medical professionals. ■

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Suicide and Suicidal Thoughts

It's OK to talk about it!

Research shows that asking someone if they feel suicidal isn't going to make them act on it: you will not be giving them any ideas that they hadn't already thought of. People who feel suicidal can often want others to understand how they feel, and want to be helped. It will never be an easy discussion, but it can save someone's life.

Why a person might feel suicidal

The reasons can be numerous and complex. Sometimes people may feel that their future is so bleak and hopeless they can no longer see why they should go on living. They may feel desperately overwhelmed and helpless and believe that suicide is their only option. Feelings of powerlessness and/or not being able to change a situation can mean that the idea of suicide gives them a sense of being in control again.

Experiencing a growing sense of hopelessness and worthlessness over a period of time can make people feel more vulnerable to suicidal thoughts and feelings.

Suicide indicators

Other indicators may include: previous suicide attempts; drug and alcohol misuse; significant life events (bereavement, family breakdown including breakdown of an important relationship); being bullied at work; home or school; work problems; unemployment; debt problems and poverty; a history of sexual or physical abuse; physically disabling or painful illness; terminal illness; social isolation; homelessness; being in prison; doubts about sexual or gender identity; and mental health problems.

Indicators can vary for young people: bullying, family turmoil, mental health problems, unemployment, a family history of suicide, social media and/or pro-suicide websites can play a part.

Indicators can also vary for older people: poverty, poor quality housing, social isolation, depression and physical health problems can be a problem.

High-risk groups

- Male suicides are three times more common than female.
- The highest suicide rate is between 40-44 years in males.
- For females the highest rate is between 50-54 years.
- Suicide rates for males aged over 70 have increased.

Warning signs of suicide

Sometimes, there may be obvious signs that someone is at risk of attempting suicide, but not always.

- Feelings of hopelessness, and bleakness about the future, believing that things will never get better.
- Actively looking for ways to commit suicide, such as stockpiling tablets.
- Starting to abuse drugs or alcohol, or use more than usual.
- Acting recklessly and engaging in risky activities with an apparent lack of concern about the consequences.
- Talking about feeling trapped, feeling that there is no way out of the current situation.
- Become increasingly withdrawn from friends, family and society in general.
- A sudden `recovery` following a period of depression could indicate that a person has made the decision to attempt suicide.
- Suddenly putting affairs in order, such as sorting out possessions or making a will. ■

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Supporting someone who is feeling suicidal

Accepting that someone has such feelings can be very difficult and traumatic. Some people may make repeated suicide attempts and appear to express a strong wish for death.

You may feel upset or angry with the person who wants to end their life.

But however you feel about the situation, their thoughts of suicide remain life-threatening.

- Provide a safe environment where they can talk.
- Try not to act shocked as this creates distance.
- Don't play down the intensity of their feelings.
- Don't analyse a person's reasons.
- Don't argue or lecture.
- Don't use guilt to prevent suicide.
- Help the person to feel hope and that help is available.

Listen to the person and show that you are listening: "It sounds like this is really painful for you."

Don't dismiss their feelings: "I'm listening to you and it sounds like you really mean what you are saying."

People need to feel respected and listened to, not judged.

Get professional help

Check if they have contact with mental health services and if you can, contact the services on their behalf. Get the person to seek help from their GP as soon as possible.

If you feel their life is at imminent risk get them to A&E or ring 999.

Recovery from a suicide attempt

The attitudes we hold toward people who attempt to take their lives can influence the course of their recovery. The isolation that suicidal people feel can be reinforced by a judgmental approach in which their behaviour is viewed as manipulative or selfish. By stepping beyond our personal beliefs and thoughts and showing care and respect for people, we can help them talk about their feelings and help prevent suicide taking place.

The impact on your own health

Supporting a suicidal person is shocking and stressful and accepting your own feelings about that person can be difficult: don`t under-estimate the effect on your own well-being. Don`t be afraid to ask for help to deal with the emotions you may be experiencing. If you feel that you need support, it is important that you find someone to talk to. ■

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