

# UNDERSTANDING COMMON MENTAL HEALTH PROBLEMS

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# What diagnosis do I have?

People are often keen to find out what their diagnosis is. This is often because mental health is seen as the same as physical health where each diagnosis describes a different, discrete, condition. Further research into diagnosis shows that this isn't always the case.

A diagnosis can give a label to what you are experiencing, however, a diagnosis will rarely help you to discover what factors led you to be vulnerable to whatever difficulties that you are experiencing.

It is also worth bearing in mind that many different diagnoses hold similar symptoms and so you may read through different mental health problem diagnoses and decide that you fall into the diagnosis for lots of different mental health problems. What might actually be happening is that the symptoms you experience are symptoms that can be found in different diagnostic categories.

This doesn't necessarily mean that you have all of these diagnoses, it just really points to one of the main arguments against diagnosis, which is that a lot of mental health problems share common symptoms and so maybe it's actually better to think about mental health problems as forms and patterns of distress, as opposed to separate, distinct diagnoses that don't overlap.

With this in mind, I suggest using a diagnosis lightly and paying more attention to what symptoms you are experiencing as opposed to what diagnosis you might fit into. The research suggests that regardless of the symptoms that you are experiencing there are some core factors that are indicated in the majority of mental health problems.

## Why am I experiencing emotional difficulties?

What if I told you that whatever you're experiencing is an understandable response to all the things that have happened to you in your life!

The truth is that normality is on a continuum that gets fuzzier as we start to get into all the variability of our very human experiences and perceptions.

For instance, did you know that some people hear voices that other people cannot hear? This is actually a very normal response to traumatic life experiences and only may require some sort of support if those voices become distressing. It is perfectly normal to have experiences like this and to live a life that you love and value.

Sometimes, it feels as if we've become so used to neatly packaging up and pathologising our everyday experiences that we start to fear any experience we have that appears to deviate from what we consider the norm!

And why wouldn't we?! Societal representations of mental health skew towards the negative and are so exaggerated. They are often stories full of drama, despair and hopelessness! We learn that these are narratives that we do not want to be a part of because success, worth, happiness is not here.

## When to seek extra support?

Whatever the experiences that have brought you here (thoughts, emotions, physical sensations, behaviours), it's important to consider three things: do they distress you or those around you? Are they impacting on your daily life? Does it feel as if these experiences are taking up a lot of your headspace?

If any of these resonate with you, this is often an indicator that something needs to change for you. If you are in doubt, it's a good idea to speak to your local general practitioner or mental health specialist. We sometimes need a human connection to be able to really figure out whether the experiences we have are actually a problem or whether they are just part of the natural ebb and flow of our emotional lives.

# Chronic Worrying

## (Generalised Anxiety Disorder)

We all experience some worries every day but if we are under constant stress we might find that we start to experience unmanageable worries all the time.

### What this may look like?

The main sign that we might notice when we experience chronic unmanageable worries is that the worries seem to be about everything rather than about one specific issue. We may notice that we experience physical symptoms such as tiredness, irritability, restlessness, tense muscles and insomnia due to the strain that extreme worries put on us.

It is often thought that when people experience unmanageable worries. It is because they have developed difficulties in tolerating uncertainty. This may be because of growing up in environments that were unsafe or that lacked consistent care and input.

When we find it hard to tolerate uncertainty, we naturally turn to strategies to try to create some kind of certainty. So for instance, we might find ourselves thinking a lot about and generating possible problems, 'what if' scenarios and worst case scenarios that reflect our vulnerabilities and fears of being alone, unsafe, abandoned. In response to these problems, we may find ourselves examining possible solutions, measuring those solutions, rejecting those solutions over and over again without taking any action. This cycle becomes endless as we continue to search for certainty in our minds through using worry without actually trying out any solutions. It's as if we become paralysed with worry.

### Myths and realities.

It can be easy to see unmanageable worries as a stand-alone mental health problem. The truth is that unmanageable worries tend to be a maintaining factor for many mental health problems. So what often tends to happen in real life is that people may find that they experience unmanageable worries and they may find that their distress also shows itself as other common mental health problems.

This doesn't mean that you are extremely unwell. It just shows how powerful clinical levels of worry are in terms of creating and maintaining mental health problems. If we are able to manage our worries effectively, we start to notice that the other ways we show distress become less of a problem.

## **Managing/coping with it.**

As with other mental health problems, relaxation exercises such as Slow Belly Breathing and Mindfulness exercises are useful in managing the stress that unmanageable worries cause. It is also useful to find ways of managing the physical stress that chronic worrying can cause through activities such as walking, exercise, dance, yoga.

It can also be useful to find ways to tell the difference between productive and unproductive worry. One way of starting this process is to just notice when you get caught up in worries, just noticing that you're in a worry scenario gives you some wriggle room to do something else apart from continuously play out a worst case scenario that may not even happen.

In the UK primary care services such as your GP and Improving access to Psychological Therapies (IAPT) services provide support for mild and moderate anxiety. They will be able to provide assessment, treatment and further signposting if needed.

# DEPRESSION

## **Definition.**

When experiencing depression. People are more likely to have a depressed mood or sadness. They may also notice that they have less pleasure or interest in doing most things.

## **What this may look like?**

The most common symptoms of depression are depressed mood or chronic sadness as well as a lack of pleasure or interest in most activities. Other symptoms such as feelings of guilt or worthlessness are common. Additionally, people who are depressed may experience difficulties with sleep as well as changes to their appetite which may lead to weight loss or gain. In some cases, people with depression may experience recurrent thoughts of ending their life.

## **Myths and realities.**

Depression can look different for different people. Some people may be depressed and find that it is difficult to get out of bed and to be involved in activities of their daily life. Whereas other people are able to carry out day to day activities and self care but may still be experiencing depression. For some people a depressed mood occurs fairly regularly and for other people it may occur once in a while. Whatever the pattern of the depression is, it is useful to bear in mind that as well as with other mental health problems, depression is a very understandable reaction to stressful life events. We can all feel low at times, this does not mean that you are experiencing depression. The best way to find out is to speak with your GP or a mental health professional.

## **Managing/coping with it.**

One key way of managing a depressed mood is to make sure that you're engaging in life activities that you find enjoyable. The research shows that supporting yourself to engage in rewarding activities that are in line with your values can be a factor in recovering from depression.

It's often thought that avoidance is a key factor in maintaining depression and so it can be useful to start to think about the different ways that you might avoid. This can be on different levels. For example, some people find that they avoid distressing thoughts whilst some people find that they might avoid particular emotions. Some people might find they avoid particular situations. All of these different factors may be a part of what is maintaining a depressed mood.

In the UK primary care services such as your GP and Improving access to Psychological Therapies (IAPT) services provide support for mild and moderate Depression. They will be able to provide assessment, treatment and further signposting if needed.

# STRESS

## **Definition.**

Stress is a catch all term for when we feel under pressure.

## **What this may look like?**

The symptoms that we might experience when we are under long term stress is really similar to the body's natural fight, flight, freeze and fawn responses.

The symptoms of long term stress can look like withdrawing from people and activities you used to enjoy, becoming snappy and irritable, feeling anxious, feeling low in mood, misusing substances and sleeping difficulties.

We may also show symptoms of long term stress in our body. For instance we might notice frequent headaches, tingling sensations in the body, bowel and stomach problems, tense muscles. It is also possible to experience feeling dizzy, faint as well as tired and exhausted.

## **Myths and realities.**

Stress isn't always a bad thing, especially if it's in the short term. Short term stress can be motivating and can help us to get things done.

The problem arises when we are under long term stress, this depletes our bodies and our minds because we don't get time to rest and to recuperate.

We may get so used to being under long term stress that we fail to recognise when our mental health is affected negatively by it.

## **Managing/coping with it.**

It's really important to learn ways to cope with unmanageable stress. This can look like breathing exercises, mindfulness exercises, taking part in recreational activities you enjoy, connecting and talking through problems with friends.

It's also really important to try to identify the potential sources of your stress. The stress may be due to work, it may be due to a relationship or it may be due to other factors that you are not aware of yet. If we're able to identify the patterns that lead to our stress, this can put us in a much better position to manage stress. It may be that it's really difficult to figure out where the sources of stress are coming from. That's okay.

Another key way of managing stress is to regularly schedule time in your day where you rest and do nothing. Rest is so important as it gives us a chance to recuperate as opposed to being overwhelmed and on the go all the time.

In the UK primary care services such as your GP and Improving access to Psychological Therapies (IAPT) services provide support for mild and moderate stress. They will be able to provide assessment, treatment and further signposting if needed.

# GRIEF

## **Definition.**

Grief is a normal human reaction to loss. It may be the loss of a person, an ideal or a way of life.

## **What this may look like?**

The symptoms of grief can vary from person to person and people may display different symptoms at different times. There is no set order that symptoms are experienced in and there is no right or wrong way to have or to feel these symptoms. Some people might find that they are very, very calm, and they can continue with practical tasks surrounding the bereavement. Some people find that they feel very numb, weepy and panicky. These can all be signs of shock.

Some people may find it difficult to sleep due to grief and some people may notice that they are experiencing some symptoms of anxiety as a response to the bereavement. This can look like feeling really panicky or feeling a sense of dread or doom.

There might be lots of guilt as we think about the circumstances of the bereavement and as we consider the relationship with the person who passed away. It is perfectly normal to have a mixture of positive and negative feelings whilst grieving.

Anger is a common emotion when grieving. Anger usually shows up when things feel unjust or unfair and so it makes sense that in times of bereavement this is one of the emotions that people may experience. There may be anger at how unfair everything feels. There may be anger at the person for not being around anymore. There may be anger due to the circumstances that led to the bereavement.

## **Myths and realities.**

One reality of grieving that doesn't get talked about a lot is the experience of seeing, hearing or feeling the person who passed away around you. This is nothing to be alarmed about and can form part of the natural, grieving process.

A myth about grieving is that there is one correct way to grieve. This isn't true as we all process the impact and meaning of grief in different ways. What may get in the way of grieving properly are expectations that grief must be performed quickly, dealt with and then sealed away never to be felt again.

The truth about grief is that there is no timeline for it and it can feel like a lot. Our society isn't very good at teaching us about grief and how to manage it so it makes sense that we are unprepared when it happens to us. It is possible to still live a life that you enjoy and value alongside grieving. It appears that time and accepting you are grieving whilst taking care of yourself help with this.

## **Managing/coping with it.**

Grief isn't a mental health problem and so the ways to cope with it are about making sure that you put yourself in the best position to process it in the best way you know how.

With that in mind, take care of your basic needs such as regular meals, rest, some form of physical activity. It is important to allow yourself to feel whatever you are feeling, ignoring grief will not allow its sharp edges to mould into something that is more workable in your day to day life. If you get annoyed with yourself or you feel overwhelmed, remind yourself that there is no time limit for grief and it's not something that you can make go away. It can also be useful to connect with people who have your back and will be supportive in this time.

In the UK primary care services such as your GP and Improving access to Psychological Therapies (IAPT) services provide support for Grief that is particularly distressing and longlasting. They will be able to provide further signposting if needed.

# PSYCHOSIS

## **Definition.**

Psychosis is an umbrella term that is used to describe a range of experiences where someone loses touch with our shared reality.

## **What this may look like?**

The experiences that we call psychosis can vary in what they look like. Some people may hear, see, taste, smell or feel things that other people cannot sense.

Some people may hold unusual beliefs that other people around them do not share. This may appear as feeling paranoid, more so than the suspiciousness that it is normal for us to experience in our day to day lives.

Symptoms of Psychosis may also look like having difficulties in thinking properly, feeling as if you have too many thoughts or the opposite experiencing a blank mind for long periods of time. This may appear as talking excessively about things and in ways that appear to make no sense or the opposite, not speaking at all and becoming unresponsive.

In addition, Psychosis can also look like having very little energy, lacking motivation and experiencing sleep difficulties due to psychotic symptoms.

## **Myths and realities.**

It can be easy to dismiss symptoms of Psychosis as nonsensical. When we look closer at symptoms of psychosis, it becomes apparent that the symptoms do make sense.

For example, the content of distressing voices can often reflect how we've been treated in life, or can reflect how we currently feel about ourselves.

The themes in paranoia and in other unusual ideas often reflect our attempts to make sense of the distressing experiences that we've had. The feelings of being watched, scrutinised or of being placed in a special position are often our way of managing the discomfort and worry of repeated unusual experiences and our own negative self beliefs.

In the past, it was unclear about what factors may contribute to the emergence of Psychosis. More recently, the role of trauma and adversity in causing mental health problems such as Psychosis is coming to the forefront. This is because people who happen to experience psychosis the most tend to come from sections of the population who experience a lot of trauma and adversity.

## **Managing/coping with it.**

In the UK, Early Intervention in Psychosis teams offer support to people who are experiencing a First Episode of Psychosis. These teams may be accessed through self referral, through your GP or through your local single point of access (SPA) for mental health team.

The best treatment for psychosis tackles it at different levels and takes a whole person approach. In practice this would look like:

Support for vocational, educational and community activities.

This is important because when psychosis is experienced, it can often halt the social trajectory of the person who experiences it. In order for recovery to happen, the person will need support to continue life in the valued direction that they would like.

## **Psychological Therapy.**

Currently in NHS services ,Cognitive behavioural therapy for psychosis (CBTp) is offered to individuals. This can support people to manage the symptoms of psychosis and to address the anxiety, depression and trauma reactions that are maintaining the psychosis.

When working with relatives of people who experience psychosis, a specialist Carer Wellbeing Intervention (CWI) can also be offered to support family members.

In addition, Family Intervention for Psychosis (FI) can be offered. The aim of FI is to increase knowledge of psychosis, problem solve difficulties that arise due to psychosis and increase communication in the family. This is routinely offered because the research shows lower relapse rates of psychosis for people in families who have had this intervention.

## **Medication.**

This is usually led by a Psychiatrist who will review your symptoms and advise on medication to support you.

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