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Mental health

As important as your physical health



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Mental health

Chapter Nine

We will cover:

- Mental health facts
- Depression
- Anxiety
- Causes
- Common treatments
- Suicide
- Resources



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Percentage of Australians aged 16-85 with a mental disorder in the last 12 months

Source: National Survey Mental Health Wellbeing (NSMHWB), 2007

Type of common mental disorder	Male %	Female %	Persons %
Anxiety disorder <i>e.g. post traumatic stress disorder, social phobia</i>	10.8	17.9	14.4
Affective disorder <i>e.g. depression, bi-polar disorder</i>	5.3	7.1	6.2
Substance use disorder <i>Harmful use of alcohol or any other drug</i>	7.0	3.3	5.1
Any common mental disorder	17.6	22.3	20.0

Another 1% of the Australian population will have the low prevalence mental disorder of Psychosis in one year.



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In your table groups

Discuss the following question

- Why people with a mental health illness may not seek assistance or treatment?

Document your answers page 9.2 in your resource kit



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The facts – mental health

- 30 – 60 % of people will not report
- Stigma in the media discourages people from seeking help
 - affects the way we think of ourselves and how others think of us
 - affects ones reputation
 - works as a social sanction
 - stops people seeking help, ashamed, name calling
“psycho, nut case, round the bend”
 - also true about reporting domestic violence



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Stigma - makes people sick

- Discourages help seeking
- Makes recovery harder
 - Shy away from mixing with people - fear ridicule
- Promotes discrimination
- Affects family and friends
- Affects society
 - Makes us all less humane and less civilised



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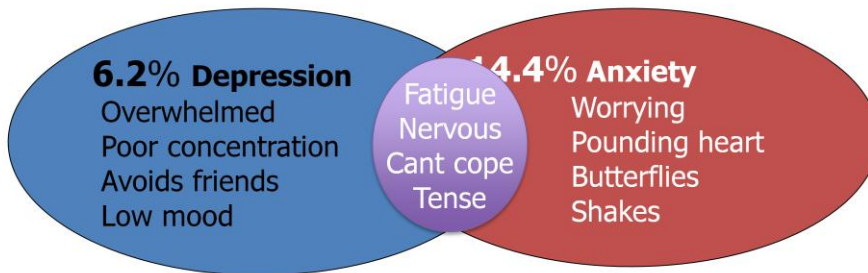
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Mental health disorders

Depression and Anxiety often occur together



How many people are aware of the high prevalence of anxiety?



Depression

- A clinical term
 - For a group of conditions
 - Ranging from understandable reactions e.g. stress to serious depressive illness
- Not simply sadness or being moody
- Both physical and psychological symptoms
- Leading cause of suicide (Hickie, 2000)



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Depression

Very common each year

- One million Australian adults
- 100,000 young people live with depression
- 1:4 women and 1:6 men will suffer depression during lifetime
- 1:5 Australians will experience depression
- Men less likely to get treatment - alcohol or drugs
- Domestic violence - contributing factor for women
- Serious and treatable (www.beyondblue.org.au)



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Features of depression

1. Feeling extremely miserable
2. Less interest and less pleasure
3. Loss of, or increased, appetite for food
4. Less interest in sexual thoughts and activities
5. Insomnia/ or more sleep than usual
6. Thoughts are slowed down- difficulty concentrating
7. Constant worrying thoughts
8. Less energy (even when not active)
9. Recurring unpleasant thoughts
10. Activity and slowed speech
11. Fearfulness (people, places and things)



Features of depression

- 4 or more symptoms on a daily basis for 2 weeks
- Not accounted for by bereavement
- Can occur suddenly
- Can be triggered by stressful event
- May have only 1 episode in lifetime
- Average episode of major depression
 - With treatment for 6 months
 - Without treatment for 18 months



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What causes depression?

Biological factors (brain and body chemistry)

- Common in certain families
- Neurotransmitters – noradrenaline and serotonin
- Hypo-activation left frontal region brain (Henriques and Davidson, 1991)

Psychological factors

- Early life experiences
- Reaction to stressors, substance abuse
- Cognitive patterns (how people view things)



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What can cause depression?

Social factors

- Loss – death, job, separation,
- Cultural – aboriginal, farms, refugees
- Poverty, social isolation, domestic violence
- Illness/treatments, chronic pain
- Substance abuse
- Constant high level of stress can be a risk factor



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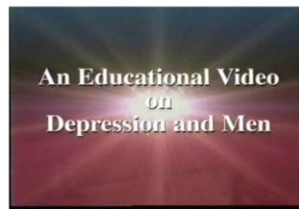
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Video presentation

- Depression and men
- Relevant to all people and all families
- You may wish to jot down some points



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Treatment of depression

- General medical check – up (depression can be caused by other medical disorders)
- Psychological Treatments
 - Cognitive behaviour therapy (CBT)
 - Coping Strategies
- Antidepressant Medication (Chemical systems)
- Interpersonal Therapy



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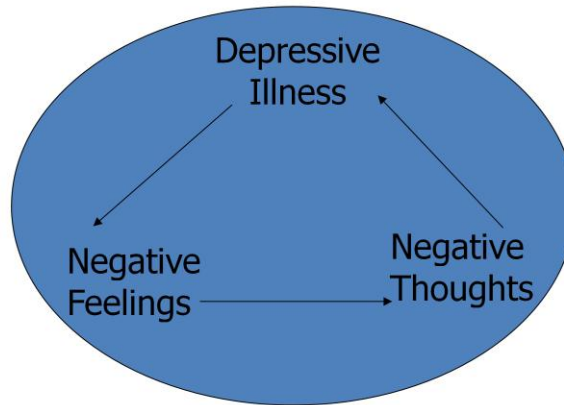
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Treatment of depression

Antidepressant drugs





Treatment of depression

Mild

- Coping strategies
- Cognitive behaviour therapy (CBT)
- Support and lifestyle assistance

Moderate

- Antidepressant medication and usually CBT with a trained person
- Antianxiety, antidepressant, and antipsychotic [medications](#) focus on changing the levels of neurotransmitters in the brain

Severe

- Antidepressant medication and continuing support

Very Severe

- Medication and Electro Convulsive Therapy (ECT)



Neurotransmitters

Neurotransmitters

- have a normal level in the brain
- can be “low” or “high” depending upon certain situations

Serotonin - low level of serotonin can produce depression

Noradrenaline (see 9.13) high levels produce physical [anxiety](#) symptoms

Endorphins - kill pain or produce a feeling of well-being
Released after exercise

Dopamine - abnormally high levels produce paranoia, excitement, hallucinations

- abnormally low levels produce motor or movement disorders such as Parkinson's Disease



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Medication for depression

- When depressed, changes occur in chemicals in the brain
- Medication corrects the imbalance of chemical messages between nerve cells (neurones) in the brain
- Allows people to address thinking patterns and activity management
- 3 most common types prescribed
 - Selective Serotonin Reuptake Inhibitors (Prozac, Aropax),
 - Serotonin and Noradrenaline Reuptake Inhibitors (Efexor)
 - Tricyclic antidepressants (TCAs) (Prothiaden Tofranil)
- 60 – 80% of people respond to medication for depression



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Depression summary



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BREAK



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Anxiety

- Most common mental disorder in Australia
- Nearly 1:10 people will experience some type of anxiety disorder in any one year
- 1:4 people will experience an anxiety disorder at some stage of their lives
- Small amounts of anxiety/worry are normal (similar to stress last year)
- Also linked to domestic violence



Anxiety

- All experience some anxiety
- Hard to know how much is too much
- Sometimes ignored - develops gradually over time

Symptoms

- Can't stop worrying? Difficult to do day to day activities
- Restless, inability to sleep, difficulty concentrating, on edge, muscle pain
- Unrealistic or excessive anxiety - 2 or more life circumstances



Job control and job demand

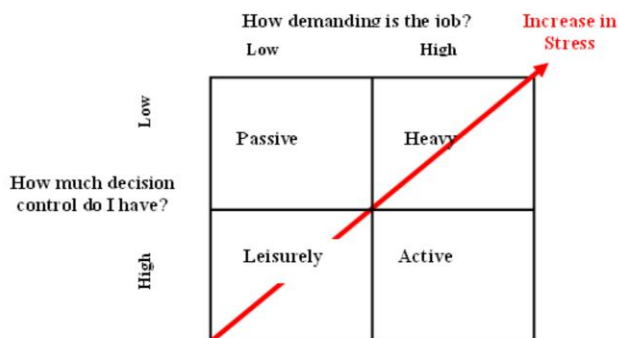


Figure 1 illustrates the likelihood of stress occurring. The more one moves from low demand / high control (leisurely), toward higher demand/low control (heavy) the more the signs and symptoms of stress will present (Gardell, B 1981).



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Anxiety / worry /stress

When anxious or stressed adrenaline is released

- Motor tensions
 - trembling, shaky, restless, easily fatigued
- Hyperactivity
 - Short of Breath, palpations, nausea, frequent urination, dizzy
- Vigilance/scanning
 - Keyed up, on edge
 - Irritable, mind goes blank due to anxiety
 - Difficulty concentrating

Look at diagram in your resource kit on page 9.13



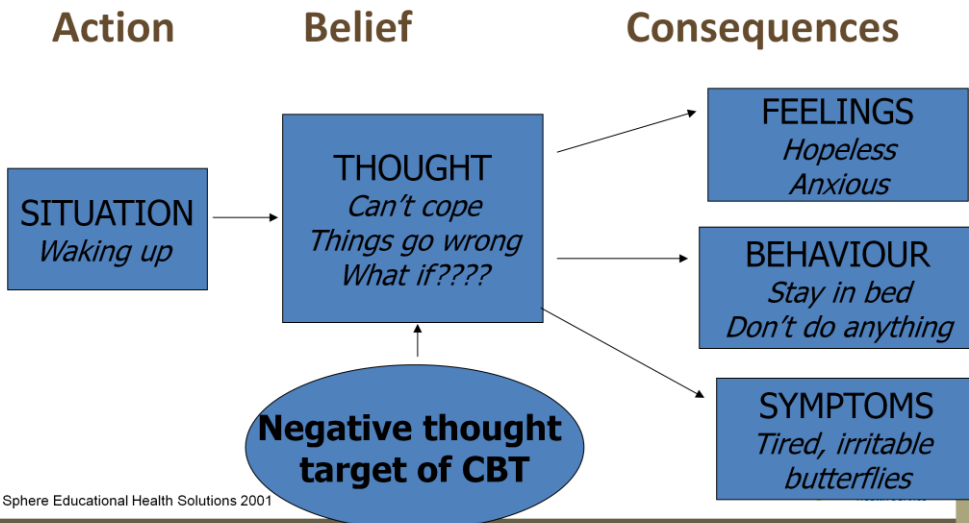
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The ABC of thinking



Sphere Educational Health Solutions 2001

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In your table groups

Discuss the following

1. What are some of the negative and positive expressions that you use in your life?

Here are some examples

- *"Troubles come in threes"*
- *"What if you fall and break your hip - hurt yourself"*
- *My life has been filled with terrible misfortune; most of which never happened*

2. How do they make you feel?

Document your answers page 9.15 in your resource kit



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Your mind is powerful

- Disturbed mood is caused by distorted, negative thinking
- Cognitive Behaviour Therapy (CBT) – based on premise *‘you think you feel’* & *‘you feel you think’*
- Looks at changing Automatic Negative Thoughts (ANTS)
 - *“Nothing I ever do seems to go right”*
 - *“Things will never get better”*
 - *“If I do this I may get hurt”*
 - *“I’m so stupid its all because of me”*
- CBT – teaches people to change negative, irrational thought into more rational ones



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Cognitive behaviour therapy

- You can use the techniques in a range of life situations

'I use some of the techniques from cognitive therapy myself in planning how I'm going to carry out activities or if things go wrong for me I use the techniques routinely to prevent myself from getting depressed. And that's the good thing about cognitive therapy. Once you know how to do it you can actually prevent getting episodes of depression when something goes wrong. That's something drugs don't do.' -

Professor Philip Boyce, Professor Psychiatry, Uni Sydney



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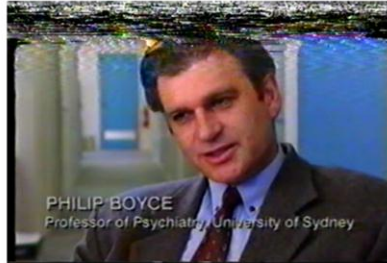
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Video Presentation



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Treatment – anxiety and also depression

- Psychological treatments generally first choice
- Cognitive Behaviour Therapy
- Regulated breathing
 - (see Chapter 6 Stress Less Appendix)
- Progressive Muscle Relaxation
 - (see Chapter 6 Stress Less Appendix)
- Mindfulness – turning down the doom and gloom
- Use resources ADAVIC, Beyondblue
- See your GP – medication



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Suicide

- Not caused by one single event
- Most people communicate warning signs
- 70% no contact with psychiatric services in the year preceding death
- Completed suicides are more common in men
- If people have a specific plan – take seriously



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Suicide

- Rate of mental illness no higher in rural areas

(Caldwell et al, 2004)

- Level of suicide is higher in rural areas
 - men
 - women aged 35 – 44
- Men do not seek mental health help
 - Use more violent means
 - Depression is the major cause

See information in your resource kit page 9.19

<http://www.beyondblue.org.au/> Rural page

Beating the Blues, A Self-Help Approach to Overcoming Depression Tanner, S, Ball J.



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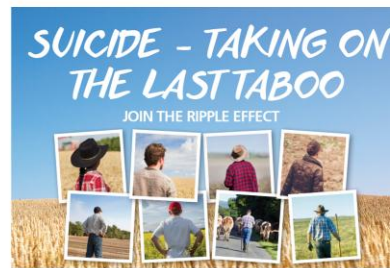


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The Ripple Effect: a way for you to support rural people affected by suicide

- Suicide affects us all
- We need your insights
- Give a couple of hours of your time to help reduce suicide risk

www.therippleeffect.com.au



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Video presentation

Me depressed? Don't make me laugh

A guide for overcoming depression (Monkey See Productions 1996)

Section on Suicide



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Remember

- People with depression/anxiety don't get better on their own
- Get professional help GP or health professional
- Follow them up – how are they going?
- Encourage to undertake activities physical and social
- If on medication encourage to continue taking



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In your table groups

- Identify 3 things you, your family or community can do to help support people with depression or anxiety?
- Identify specific areas of mental wellness that you would like to address

Document your answers on page 9.22 in your resource kit



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Help others and ourselves

- Encourage healthy thinking (ANTS – PETS)
- Recognise and prevent stress
- Plan positive and happy events
- Practice calm breathing if anxious
- Exercise!!!! You know how much
- Calm down strong emotions
- Eat healthily and well
- Get help - assist in getting help,

Resources - many on the web and in your resource kit refer to
page 9.23



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