

# Mental Health Awareness

Mental health problems are very common. As Ruby Wax has said, "One in five people have dandruff. One in four people have mental health problems. I've had both."

However, many if not most people experience recovery from their mental health conditions; if not fully and completely, then at least to an extent that enables them to lead a fulfilling life for extended periods of time.

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**Quick resources on [supporting people in the workplace](#).**

**Need a listening ear right now? Talk to [Samaritans](#) any time you like, in your own way, and off the record – about whatever's getting to you. You don't have to be suicidal.**

**Calls to the [Samaritans](#) are now free from both landlines and mobile phones. Call: 116 123**

## These pages

❓ If there are any problems with these pages or you have any queries, then email the [University Health, Safety & Environment Service](#).

✔ If you would like to be notified of updates to these pages, log in at the right hand end of the blue bar (above) using your usual University sign-in details, and then click on the 'watch' icon at the top of the page.

[Share your Story](#) has stories and comments about real life experiences from members of the University, both students and staff.

The [Maintaining good mental health](#) page provides resources to help individuals look after their own mental health in the workplace

- [Maintaining good mental health](#)
- [Share your story](#)
- [Tree of Life](#)

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## Simple ways you can support colleagues with a mental health problem

Many people are reluctant to talk about their mental health, and you may not know for sure that someone has a specific problem, such as depression or schizophrenia.

The most important thing is to continue to treat the person with the same respect and dignity you would wish to have shown to yourself.

Often the most valuable way to support is just to listen without judging. This means accepting the person as they are, trying to hear not just the spoken words but the intended meaning behind them, and allowing them to feel through your words, tone of voice, and your body language that you are genuinely trying to understand their situation.

If you work closely with someone you know has a mental health condition, you may find they have good days and bad days. It's important not to blame them if they are having an 'off' day even if it impinges on your work, as they will undoubtedly be doing their best even if it's not up to what you would usually expect. Blaming them is only likely to make matters worse, as a common experience in the workplace is to feel guilt at letting colleagues down, which can often spiral down into a worse state of mental health.

When your colleague wants to talk, let them share as much or as little as they want to. Try not to make assumptions about what is wrong or jump in too quickly with your solutions.

Reassure them that what they tell you is private. Ask them if they have discussed their situation with others and whether they want or don't want you to mention it to anyone else. Ask them how they would like you to help them.

You can ask questions to help you understand what they are going through, but make it clear that they don't have to answer any that make them feel uncomfortable. Keep your questions open-ended and try to keep your language neutral.

Talk about wellbeing and ways of de-stressing such as exercise, good diet and relaxation which can all help improve mental wellbeing. Ask if your colleague is in touch with any self-help groups or has supportive friends.

The [Mental Health First Aid](#) course run by Staff Development provides greater depth of information and practical skills for helping someone with a mental health problem.

## Common mental health problems

Common mental health problems are usually successfully treated in primary care settings like GP surgeries.

### Depression

Almost half of all adults will experience at least one episode of depression during their lifetime.<sup>1</sup> Depression is more than simply feeling unhappy or fed up for a few days. It is an illness, and not something you can "snap out of" by "pulling yourself together".

Depression affects people in different ways and can cause a wide variety of symptoms, ranging from lasting feelings of sadness and hopelessness, to losing interest in the things you used to enjoy and feeling very tearful.

## Other common issues

### Self-harming

Physical symptoms include feeling constantly tired, sleeping badly, having no appetite or sex drive, and various aches and pains. At its mildest, a person may simply feel persistently low in spirit, while at its most severe depression can make them feel suicidal.

More information from the [NHS](#) and from [Rethink](#)

Here's a super little animation about depression: [Black Dog](#)

## Dysthymia

**Dysthymia** is a kind of low-level version of depression that goes on and on, sometimes for many years. It can start at any period of a person's life and sufferers may say that they never feel as happy as others, even when life is going well. It can be treated with appropriate therapy, sometimes combined with medication.

## Anxiety

Generalised anxiety disorder (GAD) affects about 1 in 20 adults in Britain. It is a long-term condition which causes you to feel anxious about a range of situations and issues, rather than one specific thing.

Anxiety is the main symptom of other conditions such as panic disorder, phobias, and post-traumatic stress disorder (PTSD).

More information from the [NHS](#) and from [Rethink](#)

## Obsessive Compulsive Disorder

Obsessive Compulsive Disorder (OCD) causes severe anxiety in those affected. OCD involves both obsessions and compulsions that take up a lot of the person's time and get in the way of important activities the person values.

**OCD-UK** is a national charity led by people with personal experience of OCD. Its website offers a wealth of information and support to people struggling with OCD.

[International OCD Foundation](#)

[A personal experience](#)

## Panic disorder

Panic disorder can be thought of as a severe type of anxiety disorder. A panic attack is a sudden intense fear which seems out of proportion to the circumstances, e.g. in a supermarket, walking in the street, or driving in normal traffic. The person may feel dizzy, sweating, nausea, shaking, hyperventilation, and increased heartbeat, and often reports it as "I thought I was having a heart attack."

Because some medical conditions have similar symptoms (e.g. heart arrhythmia or asthma attack), it is important for the person to have a medical assessment and a proper diagnosis.

About one person in 100 has panic disorder with repeated and frequent panic attacks, while about 1 in 10 people has an occasional attack usually triggered by a stressful event.

More information from the [NHS](#)

## Personality disorder

Around one in every 20 people in England has a personality disorder. Personality disorders may be mild, moderate or severe, and people may have periods of remission where they function well. Many people have only mild conditions so only need help at times of stress, when symptoms may get worse.

A person with a personality disorder differs significantly from an average person in terms of how they think, perceive, feel or relate to others. This can lead to behaviours which can be distressing to others.

People with personality disorders may have other mental health problems, especially depression or substance misuse.

More information from the [NHS](#), from [Rethink](#), and from the [Royal College of Psychiatrists](#)

People who self-harm may injure or poison themselves by scratching, cutting or burning their skin, by hitting themselves against objects, taking a drug overdose, or swallowing or putting other things inside themselves. People self-harm to cope with emotional distress or to attempt to communicate their distress to others. The majority of people who self-harm are not suicidal, but a small minority will intentionally attempt suicide. Some suicides resulting from self-harming behaviour may be accidental, occurring when someone has hurt themselves more than they intended to.

Because it can be hard to understand, people can mistakenly see self-harming behaviour as attention-seeking and manipulative, but actually the person may be using the only way they can to communicate their plight and to get the attention, care and comfort they need. Many people who self-harm try very hard to hide it from others, using it as a way of distracting themselves from the mental anguish they are experiencing.

More information from [MIND](#)

## Suicide and suicidal thoughts

The likelihood of a person taking, or attempting to take, their own life depends on several factors and for many people it is a combination of factors which is important, rather than any single factor. The most common potential causes for suicidal thoughts are grief, sexual abuse, financial problems, remorse, rejection, relationship breakup and unemployment.

The incidence of suicide attempts is similar in men and women, although men are more likely to complete suicide. Nearly all completed suicides are among people with a known mental illness.

More information from the [NHS](#)

Straightforward advice for dealing with suicidal thoughts: [Helpguide](#)

## Psychosis

Psychosis is a term used to describe mental health problems that stop the person from thinking clearly and telling the difference between reality and their imagination, and acting in a normal way.

The two main symptoms are hallucinations (hearing, seeing, or smelling things that are not really there); and delusions (where a person believes things that, when examined rationally, are obviously untrue). The combination of hallucinations and delusional thinking can cause an often severe disruption to perception, thinking, emotion and behaviour.

Psychosis is not a condition in itself – it is a symptom of other conditions such as schizophrenia, bipolar disorder, psychotic depression, schizoaffective disorder, and drug-induced psychosis. Incidence of psychosis is around 1 in 200.

More information from the [NHS](#)

## Bipolar disorder

Around one person in 100 is diagnosed with bipolar disorder.

Bipolar disorder affects moods, which can swing from one extreme to another. A person with bipolar disorder will have periods of depression – feeling very low and lethargic, and mania – feeling very high and over-active.

The pattern of mood swings varies widely between people. Some people will only have a couple of bipolar episodes in their lifetime and will be stable in between, while others may experience many episodes.

More information from the [NHS](#) and from [Rethink](#)

## Schizophrenia

About 1 in 100 people will experience schizophrenia in their lifetime, with many continuing to lead normal lives.

Schizophrenia is a long-term mental health condition that causes a range of different psychological symptoms, including:

- hallucinations and/or delusions;
- muddled thoughts based on the hallucinations or delusions;
- changes in behaviour.

More information from the [NHS](#) and from [Rethink](#)

## Resources

The [MIND](#) web site has a gateway into a wide range of supportive information pages.

[Discrimination and Mental Health](#)

[Free fact-sheets](#) on a wide range of mental health-related issues from Rethink.

Web sites:

[British Psychological Society](#)

[Royal College of Psychiatrists](#)

[British Association for Behavioural and Cognitive Psychotherapies](#)

[British Association for Counselling and Psychotherapies](#)

[More about the prevalence of mental health conditions](#)

<sup>1</sup>: Andrews, G. et al. (2005) Lifetime risk of depression: restricted to a minority or waiting for most? *British Journal of Psychiatry* 187: 495-496.