

MODULE 3

Information on specific mental illnesses

Overview

In this module, students will learn more about the most common forms of mental illness, paying special attention to those that generally affect adolescents.

Learning objectives

In this module, students will

- recognize that mental illnesses are associated with differences in brain activity
- gain a better understanding of the symptoms, causes, treatments and other supports for specific mental illnesses that are common among adolescents

Major concepts addressed

- A mental illness changes a person's thinking, feelings or behaviour (or all three) and causes that person distress and difficulty in functioning
- Mental illness describes a broad range of conditions. The type, intensity, and duration of symptoms vary from person to person
- The exact cause of mental disorders is not known, but most experts believe that a combination of biological, psychological and environmental factors are involved
- Like illnesses that affect other parts of the body, mental illnesses are treatable, and the sooner people get proper treatment and supports, the better the outcomes
- With a variety of supports, most people with mental illness recover and go on to lead fulfilling and productive lives

Teacher background and preparation

- Read through the information sheets for Activity 2 on mental illnesses prior to the class
- Preview the PowerPoint presentation.

MODULE 3

Preparation

Activities

Activity 1: PowerPoint presentation Part 2: (25 mins.)

What happens when the brain gets sick? The road to recovery

Activity 2: Specialist groups - Learning about specific mental illnesses (15 mins.)

Activity 3: Sharing the pieces (10 mins)

In advance

- Preview the PowerPoint presentation:
Part 2: What happens when the brain gets sick? The road to recovery
- Photocopy Activity 2 handouts and information sheets on specific mental illnesses (there are 6 illnesses covered) one per student in six different groups e.g. if the class has 24 students, then photocopy 4 of each sheet

Materials required

- PowerPoint presentation Part 2: What happens when the brain gets sick:
The road to recovery
- Handouts: Activity 2 Activity sheets

MODULE 3

Activity 1:

(25 mins.)

PowerPoint presentation

Part 2: What happens when the brain gets sick? The road to recovery

Purpose:

- To provide an overview of the major mental illnesses that affect adolescents
 - Group 1 Understanding Anxiety Disorders
 - Group 2 Understanding ADHD
 - Group 3 Understanding Bipolar Mood Disorder
 - Group 4 Understanding Depression
 - Group 5 Understanding Eating Disorders
 - Group 6 Understanding Schizophrenia
- To continue exploring the idea of stigma and examine the impact it can have on the lives of people with mental illness.
- To show that there are effective treatments for mental illness, and that with appropriate supports, most people recover and lead fulfilling lives

How to:

- If you're using the web version of the presentation, go to the CMHA website at www.cmha.ca/highschoolcurriculum and Module 3/Activity 1: What happens when the brain gets sick? The road to recovery
- If you're using the DVD version enclosed with the printed resource, insert the DVD into the computer and go to Module 3/Activity 1: What happens when the brain gets sick? The road to recovery
- Play the presentation, pausing if needed.

MODULE 3

Activity 2:

(15 mins.)

Specialist groups*

Purpose:

- To focus on some of the specific symptoms, treatments and supports for the major mental illnesses which affect adolescents
- To have students share information about the different disorders with other members of their class

How-to:

- 1) Explain to students that a jigsaw puzzle activity will be used during this lesson. This means that students will work in small groups and will become “experts” about one mental illness (one piece of the jigsaw). After completing the handout on their specific illness together, they will break up into mixed groups to share their information and learn more about the other illnesses from the other members of the group.
- 2) Give the 6 groups a few minutes to scan the information sheets. When they have finished reviewing, ask each group to discuss the nature of the mental illness they were assigned.
- 3) Have each group complete the handouts to share with others during the next activity. Remind them that they will each need to complete the activity sheets, as they will switch groups in the next activity.

* adapted from *MindMatters: Understanding Mental Illness*, pg 45

GROUP 1: Anxiety Disorders

What is anxiety?

Anxiety is a term which describes a normal feeling people experience when faced with threat or danger, or when stressed.

When people become anxious, they typically feel upset, uncomfortable and tense and may experience many physical symptoms such as stomach upset, shaking and headaches.

Feelings of anxiety are caused by experiences of life, such as a new relationship, a new job or school, illness or an accident. Feeling anxious is appropriate in these situations and usually we feel anxious for only a limited time. These feelings are not regarded as clinical anxiety, but are a part of everyday life.

What are anxiety disorders?

The anxiety disorders are a group of illnesses, each characterized by persistent feelings of intense anxiety. There are feelings of continual or extreme discomfort and tension, and may include panic attacks.

People are likely to be diagnosed with an anxiety disorder when their level of anxiety and feelings of panic are so extreme that they significantly interfere with daily life and stop them from doing what they want to do. This is what characterizes an anxiety disorder as more than normal feelings of anxiety.

Anxiety disorders affect the way the person thinks, feels and behaves and, if not treated, cause considerable suffering and distress. They often begin in adolescence or early adulthood and may sometimes be triggered by significant stress.

Anxiety disorders are common and may affect one in twenty people at any given time.

Anxiety Disorders - What are the main types of anxiety disorders?

All anxiety disorders are characterized by heightened anxiety or panic as well as significant problems in everyday life.

Generalized anxiety disorder

People with this disorder worry constantly about themselves or their loved ones, financial disaster, their health, work or personal relationships. These people experience continual apprehension and often suffer from many physical symptoms such as headache, diarrhea, stomach pains and heart palpitations.

Agoraphobia

Agoraphobia is fear of being in places or situations from which it may be difficult or embarrassing to get away, or a fear that help might be unavailable in the event of having a panic attack or panic symptoms.

People with agoraphobia most commonly experience fear in a cluster of situations: in supermarkets and department stores, crowded places of all kinds, confined spaces, public transport, elevators, highways and heights.

People experiencing agoraphobia may find comfort in the company of a safe person or object. This may be a spouse, friend, pet or medicine carried with them.

The onset of agoraphobia is common between the ages of 15 and 20, and is often associated with panic disorder or social phobia.

Panic disorder

(with or without agoraphobia)

People with this disorder experience panic attacks in situations where most people would not be afraid such as: at home, walking in the park or going to a movie. These attacks occur spontaneously, come on rapidly (over a few minutes) and go away slowly. Usually they last about 10-15 minutes.

The attacks are accompanied by all of the unpleasant physical symptoms of anxiety, with a fear that the attack may lead to death or a total loss of control.

It is because of this that some people start to experience a fear of going to places where panic attacks may occur and of being in places where help is not at hand. In addition to panic attacks and agoraphobia symptoms, people with panic disorder also worry about having another panic attack.

Specific phobias

Everyone has some mild irrational fears, but phobias are intense fears about particular objects or situations which interfere with our lives. These might include fear of heights, water, dogs, closed spaces snakes or spiders.

Someone with a specific phobia is fine when the feared object is not present. However, when faced with the feared object or situation, the person can become highly anxious and experience a panic attack.

People affected by phobias can go to great lengths to avoid situations which would force them to confront the object or situation which they fear.

Social phobia (also called Social anxiety disorder)

People with social phobia fear that others will judge everything they do in a negative way and they feel easily embarrassed in most social situations. They believe they may be considered to be flawed or worthless if any sign of poor performance is detected.

They cope by either trying to do everything perfectly, limiting what they are doing in front of others, especially eating, drinking, speaking or writing, or withdrawing gradually from contact with others. They will often experience panic symptoms in social situations and will avoid many situations where they feel observed by others (such as in stores, movie theatres, public speaking and social events).

Obsessive compulsive disorder

This disorder involves intrusive unwanted thoughts (obsessions) and the performance of elaborate rituals (compulsions) in an attempt to control or banish the persistent thoughts or to avoid feelings of unease.

The rituals are usually time consuming and seriously interfere with everyday life. For example, people may be constantly driven to wash their hands or continually return home to check that the door is locked or that the oven is turned off.

People with this disorder are often acutely embarrassed about their difficulties and keep it a secret, even from their families.

Anxiety Disorders

Post-traumatic stress disorder

Some people who have experienced major traumas such as war, torture, hurricanes, earthquakes, accidents or personal violence may continue to feel terror long after the event is over.

They may experience nightmares or flashbacks for years. The flashbacks are often brought about by triggers related to the experience.

What causes anxiety disorders?

The causes of each disorder may vary, and it is not always easy to determine the causes in every case. All anxiety disorders are associated with abnormalities in the brain signaling mechanisms that are involved in the creation and expression of “normal” anxiety.

Personality

People with certain personality characteristics may be more prone to anxiety disorders. Those who are easily upset, and are very sensitive, emotional or avoidant of others may be more likely to develop anxiety disorders, such as social phobia.

Learnt response

Some people exposed to situations, people or objects that are upsetting or anxiety-producing may develop an anxiety response when faced with the same situation, person or object again, or become anxious when thinking about the situation, person or object.

Heredity

The tendency to develop anxiety disorders runs in families and seems to have a genetic basis.

Biochemical processes

All anxiety disorders arise from disturbances in the different brain areas or processes that control anxiety.

How can anxiety disorders be addressed?

Anxiety disorders, if they are not effectively treated, may interfere significantly with a person’s thinking and behaviour, causing considerable suffering and distress. Some anxiety disorders may precede depression or substance abuse and in such cases, treatment may help to prevent these problems.

Many professionals such as family doctors, psychologists, social workers, counsellors or psychiatrists can help people deal with anxiety disorders.

Treatment will often include education and specific types of psychotherapy (such as cognitive behavioural therapy) to help the person understand their thoughts, emotions and behaviour. People develop new ways of thinking about their anxiety and how to deal more effectively with feelings of anxiety.

Medication is sometimes used to help the person control their high anxiety levels, panic attacks or depression.

The benzodiazepines (like diazepam or valium) are used for the temporary relief of anxiety, but care has to be taken as these medications may occasionally cause dependence in some people.

Antidepressants play an important role in the treatment of some anxiety disorders, as well as associated or underlying depression. Contrary to common belief, antidepressants are not addictive.

Group 1: Understanding Anxiety Disorders

What are anxiety disorders?

Who gets anxiety disorders and how common are they?

Describe some of the symptoms of anxiety disorders:

List and briefly explain some of the main types of anxiety disorders:

What type of treatment is available for people experiencing anxiety disorders?

What other kinds of support can help people with anxiety disorders recover?

GROUP 2: Attention Deficit Hyperactivity Disorder (ADHD)

What is Attention deficit hyperactivity disorder?

Attention deficit hyperactivity disorder is the most commonly diagnosed behavioural disorder of childhood. In any six-month period, ADHD affects an estimated 4 -6 % of young people between the ages of 9 and 17. Boys are two to three times more likely than girls to develop ADHD. Although ADHD is usually associated with children, the disorder can persist into adulthood. Children and adults with ADHD are easily distracted by sights and sounds and other features of their environment, cannot concentrate for long periods of time, are restless and impulsive, or have a tendency to daydream and be slow to complete tasks.

Symptoms

The three predominant symptoms of ADHD are 1) inability to regulate activity level (hyperactivity); 2) inability to attend to tasks (inattention); and 3) impulsivity, or inability to inhibit behaviour.

Common symptoms include varying degrees of the following. All must occur with greater frequency and intensity than “normal” and must lead to functional impairment as a result of the symptoms in order to be considered ADHD:

- Poor concentration and brief attention span
- Increased activity - always on the go
- Impulsive - doesn't stop to think
- Social and relationship problems
- Fearless and takes undue risks
- Poor coordination
- Sleep problems
- Normal or high intelligence but under-performing at school

What causes ADHD?

While no one really knows what causes ADHD, it is generally agreed by the medical and scientific community that ADHD is due to problems in the brain's control of systems that regulate concentration, motivation and attention.

Much of today's research suggests that genetics plays a major role in ADHD. The possibility of a genetic cause to ADHD is supported by the fact that ADHD runs in families. Between 10 and 35 percent of children with ADHD have a first-degree relative with past or present ADHD. Approximately half of parents who have been diagnosed with ADHD themselves, will have a child with the disorder.

It has been generally considered that approximately 50% of ADHD cases can be explained by genetics. It is obvious that not every case of ADHD can be explained by genetics; it would seem that there are other causes.

Researchers have suggested that some of the following could also be responsible for ADHD symptoms:

- exposure to toxins (such as lead)
- injuries to the brain
- delayed brain maturation

However, all of these possibilities need further research.

Attention Deficit Hyperactivity Disorder (ADHD)

Myths, misunderstandings and facts

According to the National Institutes of Mental Health, ADHD is not caused by:

- Too much TV
- Sugar
- Caffeine
- Food colourings
- Poor home life
- Poor schools
- Damage to the brain from complications during birth
- Food allergies

How can ADHD be addressed?

A variety of medications and behavioural interventions are used to treat ADHD. The most effective treatments are medications. The most widely used medications are stimulants such as Ritalin. Nine out of ten children improve when taking one of these medications. When used as prescribed by qualified physicians, these medications are considered quite safe. Some common side effects are decreased appetite and insomnia. These side effects generally occur early in treatment and often decrease over time. Some studies have shown that the stimulants used to treat ADHD slow growth rate, but ultimate height is not affected.

Interventions used to help treat ADHD include several forms of psychotherapy, such as cognitive-behavioural therapy, social skills training, support groups, and parent and educator skills training. A combination of medication and psychotherapy may be more effective than medication treatment alone in improving social skills, parent-child relations, reading achievement and aggressive symptoms.

MODULE 3

Activity 2

ACTIVITY SHEET

Group 2: Understanding Attention Deficit Hyperactivity Disorder (ADHD)

What is ADHD?

Who gets ADHD and how common is it?

Describe some of the symptoms of ADHD:

What type of treatment is available for people experiencing ADHD?

What other kinds of support can help people with ADHD recover?

MODULE 3

Activity 2

HANDOUT

GROUP 3: Bipolar mood disorder

Bipolar mood disorder is the new name for what was called manic depressive illness. The new name is used as it better describes the extreme mood swings - from depression and sadness to elation and excitement – that people with this illness experience.

People with bipolar mood disorder experience recurrent episodes of depressed and elated moods. Both can be mild to severe.

The term ‘mania’ is used to describe elation and overactivity.

Some people with bipolar disorder only have episodes of elation and excitement.

What are the symptoms of bipolar mood disorder?

Mania - Common symptoms include varying degrees of the following:

- **Elevated mood** – The person feels extremely high, happy and full of energy. The experience is often described as feeling on top of the world and being invincible.
- **Increased energy and overactivity**
- **Reduced need for sleep**

- **Irritability** – The person may easily and frequently get angry and irritable with people who disagree or dismiss their sometimes unrealistic plans of ideas.
- **Rapid thinking and speech** – Thoughts are more rapid than usual. This can lead to the person speaking quickly and jumping from subject to subject.
- **Lack of inhibitions** – This can be the result of the person’s reduced ability to foresee the consequences of their actions, for example, spending large amounts of money buying things they don’t really need.
- **Grandiose plans and beliefs** – It is common for people experiencing mania to believe that they are unusually talented or gifted or are kings, movie stars or political leaders. It is common for religious beliefs to intensify or for people with this illness to believe they are an important religious figure.
- **Lack of insight** – A person experiencing mania may understand that other people see their ideas and actions as inappropriate, reckless or irrational. However, they are unlikely to recognize the behaviour as inappropriate in themselves.
- **Psychosis** – Some people with mania or depression experience psychotic symptoms such as hallucinations and delusions.

Depression

- Many people with bipolar mood disorder experience depressive episodes. This type of depression can be triggered by a stressful event, but more commonly occurs without obvious cause.
- The person loses interest and pleasure in activities they previously enjoyed. They may withdraw and stop seeing friends, avoid social activities and cease simple tasks such as shopping and showering.
- They may become overwhelmed by a deep depression, lose their appetite, lose weight, become unable to concentrate, and may experience feelings of guilt or hopelessness.

Bipolar mood disorder (cont.)

Depression (cont.)

- Some attempt suicide because they believe life has become meaningless or they feel too guilty to go on.
- Others develop false beliefs (delusions) of persecution or guilt, or think that they are evil.
- For more information on depression and its treatment, please see the information sheets called “What is depression?”

Normal moods

Most people who have episodes of mania and depression experience normal moods in between. They are able to live productive lives, manage household and business commitments and hold down a job.

Everyone experiences mood swings from time to time. It is when these moods become extreme and lead to a failure to cope with life that medical attention is necessary.

What causes bipolar mood disorder?

Bipolar mood disorder affects one to two people in every hundred in the Canadian population. Men and women have an equal chance of developing the disorder. It usually appears when people are in their twenties, but often begins in the teen years.

It is believed that bipolar mood disorder is caused by a combination of factors including genetics, biochemistry, stress and its onset may even be related to the seasons.

Genetic factors

Studies on close relations, identical twins and adopted children whose natural parents have bipolar mood disorder strongly suggest that the illness may be genetically transmitted, and that children of parents with bipolar mood disorder have a greater risk of developing the disorder.

Biochemical factors

Mania, like major depression, is believed to be associated with chemical changes or other problems in the brain which can often be corrected with medication.

Stress

Stress may play an important role in triggering symptoms, but not always. Sometimes the illness itself may cause the stressful event (such as divorce or a failed business), which may then be blamed for causing the illness. Drugs or other physical stressors (such as jet lag) may bring on an episode.

Seasons

Mania is more common in the spring, and depression in the early winter. The reason for this is not clear, but it is thought to be associated with the light/dark cycle.

How can bipolar disorder be addressed?

- Effective treatments are available for depressive and manic episodes of bipolar mood disorder. Medications called thymoleptics (such as lithium) are an essential treatment for the entire course of the illness.
- For the depressive phase of the illness, antidepressant medications are effective. Bright light therapy and some psychological treatments may also help.
- Antidepressants are not addictive. They slowly return the balance of neurotransmitters in the brain, taking one to four weeks to achieve their positive effects.
- Medication should be adjusted only under medical supervision, as some people may experience a switch to a manic phase if given an antidepressant.
- During acute or severe attacks of mania, several different medications may be used. Some are specifically used to calm the person's manic excitement: others are used to help stabilize the person's mood. Medications such as lithium are also used as preventive measures, as they help to control mood swings and reduce the frequency and severity of both depressive and manic phases.
- It may be necessary to admit a person with severe depression or mania to a hospital for a time.
- When people are in a manic phase, it can often be difficult to persuade them that they need treatment.
- Psychotherapy and counseling are used with medication to help the person understand the illness and better manage its effects on their life.
- With access to appropriate treatment and support, most people with bipolar mood disorder lead full and productive lives.

MODULE 3

Activity 2

ACTIVITY SHEET

Group 3: Understanding Bipolar Mood Disorder

What is bipolar mood disorder?

Who gets bipolar mood disorder and how common is it?

Describe some of the symptoms of bipolar mood disorder:

What combination of factors is believed to cause bipolar mood disorder?

What type of treatment is available for people experiencing bipolar mood disorder?

What other kinds of support can help a person with bipolar mood disorder recover?

GROUP 4: Depression

What is depression?

The word depression is often used to describe the feelings of sadness which all of us experience at some times in our lives. It is also a term used to describe a form of mental illness called clinical depression. Clinical depression is not sadness.

Because depression is so common, it is important to understand the difference between unhappiness or sadness in daily life and the symptoms of clinical depression.

When faced with stress, such as the loss of a loved one, relationship breakdown or great disappointment or frustration, most people will feel unhappy or sad. These are emotional reactions which are appropriate to the situation and will usually last only a limited time. These reactions are not a clinical depression, but are a part of everyday life.

The term clinical depression describes not just one illness, but a group of illnesses characterized by excessive or long-term depressed mood which affects the person's life. Clinical depression is often accompanied by feelings of anxiety. Whatever the symptoms and causes of clinical depression, there are many therapeutic interventions which are effective.

What are the main types of depressive illness?

Adjustment disorders with depressed mood

People with this problem are reacting to distressing situations in their lives (for example, the failure of a close relationship or loss of a job) but to a greater degree than usual.

This depression is more intense than the unhappiness experienced in daily life. It lasts longer and the symptoms often include anxiety, poor sleep and a loss of appetite. This form of depression may last longer than a few weeks.

It usually goes away when the cause is removed or the person finds a new way to cope with the stress. Occasionally people require professional help to overcome this type of depression.

“Baby Blues” and postpartum depression

The so-called “baby blues” affect about half of all new mothers. They feel mildly depressed, anxious, tense or unwell, and may have difficulty sleeping even though they are tired and lethargic most of the time. These feelings may last only hours or a few days, then disappear. Professional help is not usually needed.

However, in up to ten percent of mothers this feeling of sadness develops into a serious disorder called postpartum depression. Mothers with this illness find it increasingly difficult to cope with the demands of everyday life.

They can experience anxiety, fear, despondency and sadness. Some mothers may have panic attacks or become tense and irritable. There may be a change in appetite and sleep patterns. Because of these symptoms they may have difficulties in their daily lives, including trouble in caring for their child.

A severe, but rare form of postpartum depression is called puerperal psychosis. The woman is unable to cope with her everyday life and is disturbed in her thinking and behaviour. Professional help is needed for both postpartum depression and puerperal psychosis.

Major depressive disorder

This is the most common form of clinical depression. It can come on without apparent cause, although in some cases a severely distressing event might trigger the condition.

The cause is not well understood but is believed to be associated with a chemical imbalance or other problem in the parts of the brain that control mood. Genetic predisposition is common.

A depressive episode can develop in people who have coped well with life, who are good at their work, and happy in family and social relationships.

For no apparent reason, they can become low-spirited, lose their enjoyment of life and suffer disturbed sleep patterns. People experiencing a depressive episode lose their appetite, lack concentration and energy, and may lose weight. Feelings of guilt, hopelessness and loss of pleasure are also common.

Depression (cont.)

Major depressive disorder (cont.)

Sometimes the feelings of hopelessness and despair can lead to thoughts of suicide. Suicide is a tragic outcome of depression in some people.

The most serious form of this type of depression is called psychotic depression. During this illness, the person loses touch with reality, may stop eating and drinking and may hear voices saying they are wicked or worthless or deserve to be punished.

Others develop false beliefs (delusions) that they have committed bad deeds in the past and deserve to be punished, or falsely believe that they have a terminal illness such as cancer, despite there being no medical evidence.

A depressive episode or psychotic depression are serious illnesses which present risks to the person's life and well-being. Professional assessment and treatment is always necessary and, in severe cases, hospitalization may be required for a period of time.

Bipolar mood disorder (previously called Manic Depression)

A person with bipolar mood disorder experiences depressive episodes (as described above) with periods of mania which involve extreme happiness, overactivity, rapid speech, a lack of inhibition and in more serious instances, psychotic symptoms including hearing voices and delusions of grandeur.

Sometimes only periods of mania occur, without depressive episodes, but this is rare. More information about this mood disorder is found in the section called "What is bipolar mood disorder?"

What causes depression?

Often there are many interrelated factors associated with depression.

Heredity: It is well established that the tendency to develop depression runs in families. This is similar to a predisposition to other illnesses, such as heart disease and high blood pressure.

Biochemical imbalance: Depressive episodes are thought to be due in part to a chemical imbalance or other problems in the brain. This can be corrected with anti-depressant medication or with psychotherapy.

Stress: Depression may also be associated with stress after personal tragedies or disasters.

It is more common at certain stages of life, such as at childbirth. It may also occur with some physical illnesses.

Personality: People with certain personality characteristics may be more prone to depression.

Some people have a low grade depressive disorder called dysthymia which may become difficult to distinguish from their personality.

How can depression be addressed?

People experiencing symptoms of depression which have persisted for a long time, or which are affecting their life to a great extent, should contact their family doctor or community health centre. Modern methods for dealing with depression can help the person return to more normal feelings and to enjoy life. The approach depends on each person's symptoms and circumstances, but will generally take one or more of the following forms:

- Psychological interventions help individuals understand their thoughts, behaviours and interpersonal relationships.
- Antidepressant medications relieve depressed feelings, restore normal sleep patterns and appetite, and reduce anxiety. Antidepressant medications are not addictive. They slowly return the balance of neurotransmitters in the brain, taking one to four weeks to achieve their positive effects.
- Specific medications help to manage mood swings for people with bipolar illness.
- General supportive counseling assists people in sorting out practical problems and conflicts, and helps them understand how to cope with their depression.
- Lifestyle changes such as physical exercise may help people who suffer from depression.
- For some severe forms of depression, electroconvulsive therapy (ECT) is a safe and effective treatment. While it is still considered by some to be controversial, it may be lifesaving for people who are psychotic, at high risk of suicide, or who, because of the severity of their illness, have stopped eating or drinking and may die as a result.

MODULE 3

Activity 2

ACTIVITY SHEET

Group 4: Understanding Depression

What is depression?

Who gets depression and how common is it?

Describe some of the symptoms of depression:

List and briefly describe some of the main types of depression:

What type of treatment is available for people experiencing depression?

What other kinds of support can help a person with depression recover?

GROUP 5: Eating Disorders

What are Eating disorders?

Anorexia nervosa (AN) and Bulimia nervosa (BN) are the two most common serious eating disorders. Each illness involves a preoccupation with control over body weight, eating and food. Sometimes they occur together.

- People with anorexia are determined to control the amounts of food they eat
- People with bulimia tend to feel out of control about food

Anorexia nervosa may affect up to one in every two hundred teenage girls, although the illness can be experienced earlier and later in life. Most people who have Anorexia nervosa are female, but males can also develop the disorder.

Bulimia nervosa may affect up to two in every hundred teenage girls. More females than males develop bulimia.

While these rates show that few people meet the criteria for eating disorders, it is far more common for people to have unrealistic attitudes about body size and shape. These attitudes may contribute to inappropriate eating or dieting practices, such as fad dieting, which is not the same as having an eating disorder.

Both illnesses can be overcome and it is important for the person to seek advice about treatment for either condition as early as possible.

What are the symptoms of Anorexia nervosa? (AN)

Anorexia nervosa is characterized by:

- A loss of at least 15% of body weight resulting from refusal to eat enough food
- Refusal to maintain minimally normal body weight
- An intense fear of becoming 'fat' even though the person is underweight
- Cessation of menstrual periods
- Misperception of body image, so that people see themselves as fat when they're really very thin
- A preoccupation with the preparation of food

- Unusual rituals and activities pertaining to food, such as making lists of 'good' and 'bad' food and hiding food.

Usually Anorexia nervosa begins with a weight loss, resulting from dieting. It is not known why some people go on to develop AN while others do not. As weight decreases, the person's ability to appropriately judge their body size and make proper decisions about their eating also decreases. About 40% of people with Anorexia nervosa will later develop Bulimia nervosa.

Eating Disorders

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What are the symptoms of Bulimia nervosa? (BN)

Bulimia nervosa is characterized by:

- Eating binges, which involve consumption of large amounts of calorie-rich food, during which the person feels a loss of personal control and following which the person feels self disgust
- Attempts to compensate for binges and to avoid weight gain by self-induced vomiting, and/or abuse of laxatives and diuretics
- Strong concerns about body shape and weight

A person with BN is usually average or slightly above average weight for height, so it is often less recognizable than the person with AN.

BN often starts with rigid weight reduction dieting in an attempt to reach 'thinness'. Inadequate nutrition causes tiredness and the person develops powerful urges to binge eat.

Vomiting after a binge seems to bring a sense of relief, but this is temporary and soon turns to distress and guilt. Some people use laxatives, apparently unaware that laxatives do not reduce calorie or fat content, and serve only to eliminate nutritionally vital trace elements and to dehydrate the body.

The person can make frantic efforts to break from the pattern, but the vicious binge/purge/exercise cycle, and the feelings associated with it, may have become compulsive and uncontrollable.

A person with bulimia may experience chemical imbalances in the body which bring about lethargy, depression and clouded thinking.

What causes Anorexia nervosa and Bulimia nervosa?

The causes of AN and BN remain unclear. Biological, psychological and social factors may be involved. While there are many hypotheses about various social and psychological factors involved in AN, there is no good scientific evidence which shows causality for one particular pathway.

What are the effects of Anorexia nervosa and Bulimia nervosa?

Physical effects

The physical effects can be serious, but are often reversible if the illnesses are tackled early. If left untreated, severe AN and BN can be life-threatening. Responding to early warning signs and obtaining early treatment is essential.

Eating Disorders (cont.)

Both illnesses, when severe, can cause:

- harm to kidneys
- urinary tract infections and damage to the colon
- dehydration, constipation and diarrhea
- seizures, muscle spasms or cramps
- chronic indigestion
- loss of menstruation or irregular periods
- heart palpitations

Many of the effects of anorexia are related to malnutrition, including:

- absence of menstrual periods
- severe sensitivity to cold
- growth of down-like hair all over the body
- inability to think rationally and to concentrate

Severe bulimia is likely to cause:

- erosion of dental enamel from vomiting
- swollen salivary glands
- the possibility of a ruptured stomach
- chronic sore throat

Emotional and psychological effects:

These are likely to include

- Difficulty with activities which involve food
- Loneliness, due to self-imposed isolation and a reluctance to develop personal relationships
- Deceptive behaviours related to food
- Fear of the disapproval of others if the illness becomes known, mixed with the hope that family and friends might intervene and offer help
- Mood swings, changes in personality, emotional outbursts or depression

How can eating disorders be addressed?

Changes in eating behaviour may be caused by several illnesses other than AN or BN, so a thorough medical examination by a medical practitioner is the first step.

Once the illness has been diagnosed, a range of health practitioners can be involved in treatment, because the illness affects people both physically and mentally. Professionals involved in treatment may include psychiatrists, psychologists, physicians, dietitians, social workers, occupational therapists and nurses.

Outpatient treatment and attendance in special programs are the preferred method of treatment for people with AN. Hospitalization may be necessary for those who are severely malnourished.

Treatment can include medication to assist severe depression and to correct hormonal and chemical imbalances. BN may respond to specific antidepressant medications.

Dietary education assists with retraining in healthy eating habits.

Counselling and specific therapies such as (cognitivebehavioural therapy) are used to help change unhealthy thoughts about eating, The ongoing support of family and friends is essential.

MODULE 3

Activity 2

ACTIVITY SHEET

Group 5: Understanding Eating Disorders

What are eating disorders?

Who gets eating disorders and how common are they?

Describe some of the symptoms of Anorexia Nervosa (AN) and Bulimia Nervosa (BN):

What are the physical, emotional and psychological effects of AN and BN?

What type of treatment is available for people experiencing AN and BN?

What other kinds of support can help people with eating disorders recover?

GROUP 6: Schizophrenia

What is schizophrenia?

Schizophrenia is a mental illness which affects one person in every hundred. Schizophrenia interferes with a person's mental functioning and behaviour, and in the long term may cause changes to their personality.

The first onset of schizophrenia is usually in adolescence or early adulthood. Some people may experience only one or more brief episodes of psychosis in their lives, and it may not develop into schizophrenia. For others, it may remain a recurrent or life-long condition.

The onset of the illness may be rapid, with acute symptoms developing over several weeks, or more commonly, it may be slow, developing over months or even years.

During onset, the person often withdraws from others, gets depressed and anxious, and develops unusual fears or obsessions.

Schizophrenia is characterized by two different sets of symptoms. Positive symptoms refers to symptoms that appear - like delusions (thinking things that aren't true), or hallucinations (seeing or hearing things that aren't there).

Negative symptoms refer to things that are taken away by the illness, so that a person has less energy, less pleasure and interest in normal life activities, spending less time with friends, being less able to think clearly.

What are the symptoms of schizophrenia?

Positive symptoms of schizophrenia include:

Delusions – false beliefs of persecution, guilt or grandeur, or being under outside control. These beliefs will not change regardless of the evidence against them. People with schizophrenia may describe outside plots against them or think they have special powers or gifts. Sometimes they withdraw from people or hide to avoid imagined persecution.

Hallucinations – most commonly involving hearing voices. Other less common experiences can include seeing, feeling, tasting or smelling things, which to the person are real but which are not actually there.

Thought disorder – where the speech may be difficult to follow, for example, jumping from one subject to another with no logical connection. Thoughts and speech may be jumbled and disjointed. The person may think someone is interfering with their mind.

Other symptoms of schizophrenia include:

Loss of drive – when the ability to engage in everyday activities such as washing and cooking is lost. This lack of drive, initiative or motivation is part of the illness and is not laziness.

Blunted expression of emotions – where the ability to express emotion is greatly reduced and is often accompanied by a lack of response or an inappropriate response to external events such as happy or sad occasions.

Social withdrawal – this may be caused by a number of factors including the fear that someone is going to harm them, or a fear of interacting with others because of a loss of social skills.

Lack of insight or awareness of other conditions – because some experiences such as delusions or hallucinations are so real, it is common for people with schizophrenia to be unaware they are ill. For this and other reasons, such as medication side-effects, they may refuse to accept treatment which could be essential for their well being.

Thinking difficulties – a person's concentration, memory and ability to plan and organize may be affected, making it more difficult to reason, communicate, and complete daily tasks.

What causes schizophrenia?

No single cause has been identified, but several factors are believed to contribute to the onset of schizophrenia.

Genetic factors – A predisposition to schizophrenia can run in families. In the general population, only one percent of people develop it over their lifetime. If one parent suffers from schizophrenia, the children have a ten percent chance of developing the condition – and a ninety percent chance of not developing it.

Biochemical factors – Certain biochemical substances in the brain are involved in this condition, especially a neurotransmitter called dopamine. One likely cause of this chemical disturbance is the person's genetic predisposition to the illness.

Psychotic Disorders / Schizophrenia (cont.)

Family relationships – No evidence has been found to support the suggestion that family relationships cause the illness. However, some people with schizophrenia are sensitive to family tensions which, for them, may be associated with relapses.

Environment – It is well-recognized that stressful incidents often precede the diagnosis of schizophrenia; they can act as precipitating events in vulnerable people. People with schizophrenia often become anxious, irritable and unable to concentrate before any acute symptoms are evident. This can cause relationships to deteriorate, possibly leading to divorce or unemployment. Often these factors are blamed for the onset of the illness when, in fact, the illness itself has caused the crisis. There is some evidence that environmental factors that damage brain development (such as a viral illness in utero) may lead to schizophrenia later in life.

Drug use – The use of some drugs, such as cannabis (marijuana), LSD, Crack and crystal meth is likely to cause a relapse in schizophrenia. Occasionally, severe drug use may lead to or “unmask” schizophrenia.

Myths, misunderstandings and facts

Myths, misunderstandings, negative stereotypes and attitudes surround the issue of mental illness in general, and in particular, schizophrenia. They result in stigma, discrimination and isolation.

Do people with schizophrenia have a split personality?

No. Schizophrenia refers to the change in the person’s mental function, where the thoughts and perceptions become disordered.

Are people with schizophrenia intellectually disabled?

No. The illness is not an intellectual disability.

Are people with schizophrenia dangerous?

No, people with schizophrenia are generally not dangerous when receiving appropriate treatment. However, a minority of people with the illness may become aggressive when experiencing an untreated acute episode, or if they are taking illicit drugs. This is usually expressed to family and friends, rarely to strangers.

Is schizophrenia a life-long mental disorder?

Like many mental illnesses, schizophrenia is usually lifelong. However, most people, with professional help and social support, learn to manage their symptoms and have a satisfactory quality of life. About 20-30 percent of people with schizophrenia have only one or two psychotic episodes in their lives.

How can schizophrenia and psychosis be addressed?

The most effective treatment for schizophrenia involves medication, psychological counseling and help with managing its impact on everyday life.

The sooner that schizophrenia is treated, the better the long-term prognosis or outcome. The opposite is also true: the longer schizophrenia is left untreated, and the more psychotic breaks are experienced by someone with the illness, the lower the level of eventual recovery. Early intervention is key to helping people recover.

The development of antipsychotic medications has revolutionized the treatment of schizophrenia. Now, most people can be treated and remain in the community instead of in hospital.

Antipsychotic medications work by correcting the brain chemistry associated with the illness. New but well-tested medications are emerging which may promote a more complete recovery with fewer side effects than the older versions.

Schizophrenia is an illness, like many physical illnesses. Just as insulin is a lifeline for people with diabetes, antipsychotic medications can be a lifeline for a person with schizophrenia.

Just as with diabetes, some people will need to take medication indefinitely to prevent a relapse and keep symptoms under control.

Though there is no known cure for schizophrenia, regular contact with a doctor or psychiatrist and other mental health professionals such as nurses, occupational therapists and psychologists can help a person with schizophrenia recover and get on with their lives. Informal supports such as self-help and social support are also very important to recovery. Meaningful activity or employment, and adequate housing and income are all essential to keeping people healthy.

Sometimes specific therapies directed toward symptoms such as delusions may also be useful.

Counselling and social support can help people with schizophrenia overcome problems with finances, housing, work, socializing and interpersonal relationships.

With effective treatment and support, most people with schizophrenia can lead fulfilling and productive lives.

MODULE 3

Activity 2

ACTIVITY SHEET

Group 6: Understanding Schizophrenia

What is schizophrenia?

Who gets schizophrenia and how common is it?

Describe some of the symptoms of schizophrenia:

List and briefly explain some of the factors that contribute to the onset of schizophrenia:

What type of treatment is available for people with schizophrenia?

What other kinds of support can help people with schizophrenia recover?

MODULE 3

Activity 3:

(10 mins.)

Sharing the pieces

Purpose:

In this activity, the “student experts” will share their new knowledge about their mental illness with others in the class. In this way, each student will gain an increased understanding of the mental illnesses covered in the unit.

How to:

- 1) Form new, mixed groups which include at least one member from each of the illness-specific groups.
- 2) Give each student two minutes to report to the newly-formed group about their specific area of mental illness, highlighting important points about how common the illness is, symptoms and effective supports and treatments.