



Understanding & Dealing with Mental Health Issues

While mental and emotional health is an integral aspect of the one's health and well-being, it has been a long journey to acknowledge the importance talking about the said aspect of well-being, and there is still a long way to go.

We mostly take care of ourselves only in case of physical wellness. Hardly is it taught, told or discussed with us, that health or being healthy means much more than absence of diseases. It is about physical, mental and social well-being of a person.

Mental health is fundamental to our ability to think, feel, learn, work, build meaningful relationships and contribute to the world. Mental health means more than just an absence of mental disorders. It is an important part and foundation of everyone's overall health and well-being.^[1]

As the times have changed, many of us have read or heard discussion about the ill effects of mental health problems. We have also read about some of the helpful techniques and treatments available to support one cope with and address mental health related struggles. However, in terms of being equipped and accepting to realize one's own issues, problems and most importantly to be able to acknowledge and identify the need of professional support still largely remain areas of struggle. How many of us remember 'being taught or told', how to do any of these?

What are deciding factors in shaping one's mental health?

As World Health Organization aptly puts^[2],

1. Individual psychological and biological factors such as emotional skills (ability to manage one's own thoughts, emotions, behavior, interactions etc), substance use and genetics can make people more vulnerable to mental health problems.
2. Exposure to unfavorable social, economic, geopolitical and environmental circumstances – including poverty, violence, inequality and environmental deprivation – also increases people's risk of experiencing mental health conditions.
3. Risks can manifest themselves at all stages of life, but those that occur during developmentally sensitive periods, especially early childhood, are particularly detrimental. For example, harsh parenting and physical punishment is known to undermine child health and bullying is a leading risk factor for mental health conditions.

4. Absence or unstable presence of protective factors such as positive social interactions, safe neighborhoods, community cohesion among many others.

5. Local and global risk factors such as, economic downturns, disease outbreaks, humanitarian emergencies and forced displacement and the growing climate crisis.

However, what is also crucial to know is that each single risk and protective factor has only limited predictive strength. Many people may not develop a mental health condition despite exposure to a risk factor and many people with no known risk factor may still develop a mental health condition.

The counseling process:

· **Counseling** is a process where a person with Psychological or emotional distress is helped, supported by a professional (Counselor) in enabling them to overcome, deal effectively with or adapt to the life situations causing the distress. Sometimes the term "counseling" is used to refer to talking therapies in general, but counseling is also a type of therapy in its own right.

· It's a **therapy** that involves a trained therapist listening to you and helping you find ways to deal with emotional issues.

· A **counselor** is a professional who is trained to be unbiased, to Accept and Respect the care-seeker (or the individual in need of support). Patiently Listen to them without being Judgmental and maintain absolute Confidentiality.

· A counselor is **not a guide or someone giving directions** to the care-seeker. Each individual being a unique product of their genetic endowment and life experiences, the counselors can never be able to completely step into the shoes of the respective care-seekers, despite being trained professionals. Thus, they are **not qualified to control decisions of their care-seekers**. They **can help you gain a better understanding of your feelings and thought processes, find your own solutions** to problems and reach decisions on your own. But they will not usually give advice or tell you what to do.

· **How does the Counselor help?** The counselor is trained to help the Client to;

a. Systematically analyze the problem,

b. Help them identify and define the causes responsible to produce the distress

c. Recognize the 'individualized meanings' attributed to the situation (*We perceive the world not as it is but as we are).

d. Draw a solution minimize the losses and increase the gains

e. Help them formulate a solution.

f. Help the them to accept the solution and

g. Implement the solution with complete knowledge and acceptance of the Losses and gains.

· **The Care seeker:** Everyone goes through difficult situations in life. Many such life events and circumstances may cause intense Psychological turmoil and Emotional distress. Sometimes, we are ashamed/ scared to admit our feelings to others; we often end up bottling up our feelings rather than dealing with them. The society around us makes us feel inadequate if we cannot deal with such 'petty' problems. Such a client needs Help!

· **Confidentiality and Empathy:** It is legally mandatory for a counselor to be confidential. By the mandate of the profession, they are to provide an empathized ear to the care-seeker. Thereby making those approaching them feel comfortable and talk about their problems freely, without any threat.

· **Number of Sessions:** Each counseling session is of a 50-minute duration. The number of sessions required for a client, may vary from 'person to person' and 'Case to case'. Usually, the number of sessions required for a client starts becoming apparent after 2 to 3 sessions. The number of sessions differ for everyone based on the kind and extent of the concerns as well as the care seeker's process of mental healing. It ranges from 2 to 10. It is the decision of all parties involved on how many sessions are enough. The minimum average is 2 or 3 sessions.

· **Catharsis (Talking out cure):** Every time we share our problems with someone, they end up advising us rather than listening; whereas when a counselor intently listens to our problems, they tend to disappear and relieve us of our emotional burden.

A simplified answer to how do I know if I am in need of help:

Sadness, fear, anger, frustration, anxiousness, worry and other emotions are all a natural part of our lives. But if we experience intense negative emotions for long periods of time or with a relative regular frequency and it's impacting our own personal, social, family and work/academic life, it may mean that we could use some professional help.

Another (simplified) indicator could also be our own difficulty or inability to cope with these emotions and their aftermaths.

Yet another (and yes, simplified) indicator could be a frequent and intense negative feeling directed towards self, including that of worthlessness, constant self-doubt and questioning etc.

An important thing to remember is, each of us is unique and so would be our experiences of a mental health issue/s if any. The ones mentioned above may very well only be a few of many.

Subjective Unit of distress scale: It is the Meter to decide the need for Professional help and whether one's mental health symptoms are severe and calls for professional help.

Process: Take the most distressing emotion that you are presently suffering from.

Calibrate it: Think of the moment in your life when you had the severest distress due to this emotion call it 10. Think of a moment in life when you were very happy and had no trace of the said emotion – call it 1. Similarly ask yourself how frequently you have been experiencing the distress, is it two times a week, four times a week, seven times a week and how long have you been experiencing it; for past week, two weeks, a month? Your scale is ready. Now decide how

much distressed are you at the moment. If your score is more than 5 on all you should seek professional help.

A short introduction to mental illnesses*:

Anxiety Disorders

Anxiety disorders are characterized by excessive and persistent fear, worry, anxiety and related behavioural disturbances. Fear involves an emotional response to a threat, whether that threat is real or perceived. Anxiety involves the anticipation that a future threat may arise. Types of anxiety disorders include:

Generalized Anxiety Disorder (GAD)

This disorder is marked by excessive worry about everyday events. While some stress and worry are a common part of life, GAD involves worry that is so excessive that it interferes with a person's well-being and functioning.

Social Anxiety Disorder

Social anxiety disorder is a fairly common psychological disorder that involves an irrational fear of being watched, judged, humiliated, and/or embarrassed. The anxiety caused by this disorder can have a major impact on an individual's life and make it difficult to function at school, work, and other social settings.

Specific Phobias

These phobias involve an extreme fear of a specific object or situation in the environment. Some examples of common specific phobias include fear of spiders, fear of heights, or fear of snakes.

The four main types of specific phobias involve natural events (thunder, lightning, tornadoes), medical (medical procedures, dental procedures, medical equipment), animals (dogs, snakes, bugs), and situational (small spaces, leaving home, driving). When confronted by the feared object or situation, people with phobias may experience nausea, trembling, rapid heart rate, and even a fear of dying.

Panic Disorder

This psychiatric disorder is characterized by panic attacks that may seem to strike out of the blue and for no reason at all. Because of this, people with panic disorder often experience anxiety and preoccupation over the possibility of having another panic attack.

People may begin to avoid situations and settings where attacks have occurred in the past or where they might occur in the future. This can create significant impairments in many areas of everyday life and make it difficult to carry out everyday routines.

Separation Anxiety Disorder

This condition is a type of anxiety disorder involving an excessive amount of fear or anxiety related to being separated from attachment figures. People are often familiar with the idea of separation anxiety

as it relates to young children's fear of being apart from their parents, but older children and adults can experience it as well.

The person experiencing these symptoms may avoid moving away from home, going to school, or getting married in order to remain in close proximity to the attachment figure.

Trauma- and Stressor-Related Disorders

Trauma- and stressor-related disorders involve exposure to a stressful or traumatic event. These were previously grouped with anxiety disorders but are now considered a distinct category of disorders. Disorders included in this category include:

Acute Stress Disorder

Acute stress disorder is characterized by the emergence of severe anxiety for up to one month after exposure to a traumatic event. Some examples of traumatic events include natural disasters, war, accidents, and witnessing a death.

As a result, the individual may experience dissociative symptoms such as a sense of altered reality, an inability to remember important aspects of the event, and vivid flashbacks as if the event were reoccurring. Other symptoms can include reduced emotional responsiveness, distressing memories of the trauma, and difficulty experiencing positive emotions.

Adjustment Disorders

Adjustment disorders can occur as a response to a sudden change such as divorce, job loss, end of a close relationship, a move, or some other loss or disappointment. This type of psychological disorder can affect both children and adults and is characterized by symptoms such as anxiety, irritability, depressed mood, worry, anger, hopelessness, and feelings of isolation.

Post-Traumatic Stress Disorder (PTSD)

PTSD can develop after an individual has experienced exposure to actual or threatened death, serious injury, or sexual violence. Symptoms of PTSD include episodes of reliving or re-experiencing the event, avoiding things that remind the individual about the event, feeling on edge, and having negative thoughts. Nightmares, flashbacks, bursts of anger, difficulty concentrating, exaggerated startle response, and difficulty remembering aspects of the event are just a few possible symptoms that people with PTSD might experience.

Reactive Attachment Disorder

Reactive attachment disorder can result when children do not form healthy relationships and attachments with adult caregivers during the first few years of childhood. Symptoms of the disorder include being withdrawn from adult caregivers and social and emotional disturbances that result from patterns of insufficient care and neglect.

Dissociative Disorders

Dissociative disorders are psychological disorders that involve a dissociation or interruption in aspects of consciousness, including identity and memory. Dissociative disorders include: Dissociative Amnesia (involves a temporary loss of memory as a result of dissociation), Dissociative Identity Disorder (involves the presence of two or more different identities or personalities in one person),

Depersonalization/Derealization Disorder (characterized by experiencing a sense of being outside of one's own body or depersonalization and being disconnected from reality or derealization).

Somatic Symptom Disorders

Somatic symptom disorders are a class of psychological disorders that involve prominent physical symptoms that may not have a diagnosable physical cause. Disorders included in this category are: Somatic Symptom Disorder (involves a preoccupation with physical symptoms that make it difficult to function), Illness Anxiety Disorder (characterized by excessive concern about having an undiagnosed medical condition), Conversion Disorder (involves experiencing motor or sensory symptoms that lack a compatible neurological or medical explanation), Factitious Disorder (when an individual intentionally creates, fakes, or exaggerates symptoms of illness).

Feeding and Eating Disorders

Eating disorders are characterized by obsessive concerns with weight and disruptive eating patterns that negatively impact physical and mental health. Types of eating disorders include: Anorexia Nervosa (restricted food consumption that can lead to weight loss and a distorted view of one's own appearance and behavior), Bulimia Nervosa (binge-eating followed by extreme compensatory measures), Rumination Disorder (regurgitating previously chewed or swallowed food in order to either spit it out or re-swallow it), Pica (involves craving and consuming non-food substances such as dirt, paint, or soap), Binge Eating Disorder

Sleep-Wake Disorders

Sleep disorders involve an interruption in sleep patterns that leads to distress and affects daytime functioning. This includes irrepensible need to sleep, insomnia, excessive sleepiness despite adequate main sleep, sleep-walking / talking/eating, sleep terrors, breathing-related sleep issues

Disruptive, Impulse Control and Conduct Disorders

Disruptive, impulse control and conduct disorders are those that involve an inability to control emotions and behaviors, resulting in harm to oneself or others. These challenges with emotional and behavioral regulation are characterized by actions that violate the rights of others such as destroying property or physical aggression and/or those that conflict with societal norms, authority figures, and laws.

Depressive Disorders

The category of depressive disorders includes a number of conditions. They are all characterized by the presence of sad, empty, or irritable moods accompanied by physical and cognitive symptoms. They differ in terms of duration, timing, and causes.

Depressive disorders are all characterized by feelings of sadness and low mood that are persistent and severe enough to affect how a person functions. Some of them include:

Disruptive mood dysregulation disorder

A childhood condition characterized by extreme anger and irritability. Children display frequent and intense outbursts of temper.

Major depressive disorder

A condition characterized by loss of interest in activities and depressed mood which leads to significant impairments in how a person is able to function.

Persistent depressive disorder

This is a type of ongoing, chronic depression that is characterized by other symptoms of depression. While the symptoms are often less severe, they are longer lasting. Diagnosis requires experiencing a depressed mood on most days for a period of at least two years.

Other specified depressive disorder

This diagnosis is for cases when symptoms do not meet the criteria for the diagnosis of another depressive disorder, but they still create problems with an individual's life and functioning.

Premenstrual dysphoric disorder

This condition is a form of premenstrual syndrome (PMS) characterized by significant depression, irritability, and anxiety that begins a week or two before menstruation begins. Symptoms usually go away within a few days following bleeding.

Substance/medication-induced depressive disorder

This condition occurs when an individual experiences symptoms of a depressive disorder either while using alcohol or other substances or while going through withdrawal from a substance.

Depressive disorder due to another medical condition

This condition is diagnosed when a person's medical history suggests that their depressive symptoms may be the result of a medical condition. Medical conditions that may contribute to or cause depression include diabetes, stroke, Parkinson's disease, autoimmune conditions, chronic pain conditions, cancer, infections and HIV/AIDS.

The diagnostic criteria vary for each specific condition. For major depressive disorder, diagnosis requires an individual to experience five or more of the following symptoms over the same two-week period.

One of these symptoms must include either depressed mood or loss of interest or pleasure in previously enjoyed activities. Other symptoms can include:

- Significant weight loss or gain
- Decreased or increased appetite
- Sleep disturbances (insomnia or hypersomnia)
- Feelings of slowed physical activity or [restlessness](#)
- Lack of energy or fatigue that lasts most or all of the day
- Feelings of guilt or worthlessness
- Difficulty thinking or concentrating
- Preoccupation with death or thoughts of suicide

Treatments for depressive disorders often involve a combination of psychotherapy and medications.

Personality Disorders

Personality disorders are characterized by an enduring pattern of maladaptive thoughts, feelings, and behaviors that can cause serious detriments to relationships and other life areas. Types of personality disorders include:

Antisocial Personality Disorder

Antisocial personality disorder is characterized by a long-standing disregard for rules, social norms, and the rights of others. People with this disorder typically begin displaying symptoms during childhood, have difficulty feeling empathy for others, and lack remorse for their destructive behaviors.

Avoidant Personality Disorder

Avoidant personality disorder involves severe social inhibition and sensitivity to rejection. Such feelings of insecurity lead to significant problems with the individual's daily life and functioning.

Borderline Personality Disorder

Borderline personality disorder is associated with symptoms including emotional instability, unstable and intense interpersonal relationships, unstable self-image, and impulsive behaviors.

Dependent Personality Disorder

Dependent personality disorder involves a chronic pattern of fearing separation and an excessive need to be taken care of. People with this disorder will often engage in behaviors that are designed to produce care-giving actions in others.

Histrionic Personality Disorder

Histrionic personality disorder is associated with patterns of extreme emotionality and attention-seeking behaviors. People with this condition feel uncomfortable in settings where they are not the center of attention, have rapidly changing emotions, and may engage in socially inappropriate behaviors designed to attract attention from others.

Narcissistic Personality Disorder

Narcissistic personality disorder is associated with a lasting pattern of exaggerated self-image, self-centeredness, and low empathy. People with this condition tend to be more interested in themselves than in others.

Obsessive-Compulsive Personality Disorder

Obsessive-compulsive personality disorder is a pervasive pattern of preoccupation with orderliness, perfectionism, inflexibility, and mental and interpersonal control. This is a different condition than obsessive compulsive disorder (OCD).

Paranoid Personality Disorder

Paranoid personality disorder is characterized by a distrust of others, even family, friends, and romantic partners. People with this disorder perceive others' intentions as malevolent, even without any evidence or justification.

Schizoid Personality Disorder

Schizoid personality disorder involves symptoms that include being detached from social relationships. People with this disorder are directed toward their inner lives and are often indifferent to relationships. They generally display a lack of emotional expression and can appear cold and aloof.

Schizotypal Personality Disorder

Schizotypal personality disorder features eccentricities in speech, behaviors, appearance, and thought. People with this condition may experience odd beliefs or magical thinking as well as difficulty forming relationships.

Bipolar and Related Disorders

BPD is characterized by shifts in mood as well as changes in activity and energy levels. The disorder often involves experiencing shifts between elevated moods and periods of depression. Such elevated moods can be pronounced and are referred to either as mania (a distinct period of elevated, expansive, or irritable mood accompanied by increased activity and energy), Hypomania (characterized by elevated, expansive, or irritable moods like manic episodes. However, hypomania is less severe and generally shorter in duration than mania). Depressive episodes (characterized by feelings of a depressed or sad mood along with a lack of interest in activities. They may also involve feelings of [guilt](#), [fatigue](#), and [irritability](#)). During a depressive period, people with bipolar disorder may lose interest in activities that they previously enjoyed, experience sleeping difficulties, and even have [thoughts of suicide](#)).

Neuro-developmental Disorders

Neurodevelopmental disorders are those that are typically diagnosed during infancy, childhood, or adolescence. These psychological disorders include, Intellectual Development Disorder (limitations in both intellectual functioning and adaptive behaviors), Global Developmental Delay (developmental disabilities in children under the age of five, including delays relate to [cognition](#), social functioning, speech, language, and motor skills), Communication Disorders (speech-sound disorder, stuttering, social communication disorder,) Autism Spectrum Disorder, Attention-Deficit Hyperactivity Disorder (ADHD is characterized by a persistent pattern of hyperactivity and impulsivity and/or inattention that interferes with functioning and presents itself in two or more settings such as at home, work, school, and social situations).

[1] <https://www.unicef.org/parenting/mental-health/explained>. Accessed on 2nd October'23 at 11:16am.

[2] <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>. Accessed on 2nd October'23 at 12:22pm.

*Base source: <https://www.verywellmind.com/a-list-of-psychological-disorders-2794776#toc-bipolar-and-related-disorders>