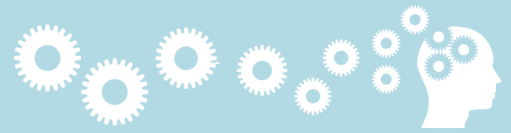# 3. Mental Health

A mental health illness is characterised by a significant disturbance of thought, mood, perception and memory. It is a health problem that affects how a person thinks, feels, behaves and interacts with others. About 1 in 5 people will suffer from a mental illness, however many people will suffer from a mental health problem at some stage in their lives. A mental health problem can also affect how a person thinks and behaves, but it is generally much less severe, and is in reaction to a stressful situation occurring in a person's life. A mental health problem is usually temporary, however if it is not dealt with, it can become a mental illness.

Mental illness' are of different types and severity. Some major types are: depression, anxiety, schizophrenia, bipolar mood disorders, personality disorders and eating disorders. The most common is anxiety or depression, where people feel such strong feelings of sadness, fear or tension; they have difficulty coping with day-to-day activities such as work, leisure activities and relationships.

Less common are mental illnesses that involve psychosis. These include schizophrenia and bi polar; and acute episodes of psychosis result in the person losing touch with reality and perceiving their world differently to normal.

Most mental illnesses can be effectively treated, and recognising the early signs and symptoms, and accessing treatment, can lead to better outcomes.

The stigma associated with mental illness, plus the discrimination and the sense of isolation can have a negative impact on the person, plus their family.

Mental Health
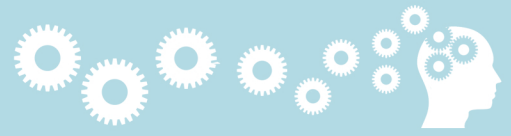
People who live with mental illness may show some of the following characteristics:

- Become upset or confused when routine is changed;

- Acute, excessive and seemingly illogical anxiety - being angry or crying when there is seemingly little or no reason;

- Poor communication skills;

- May suffer auditory or visual hallucinations - hearing voices and seeing people that don't exist;

- Paranoia - being suspicious and delusions of persecution;

- Poor concentration;

- Short-term memory loss – affecting ability to retrieve information from their memory; or

- May be at risk of alcohol and other harmful drug misuse.

Treatment for people with a mental illness includes medication, cognitive and behavioural psychological therapies, psych-social therapies and avoidance of alcohol and drugs. The medication may cause some side effects, including:

- Lethargy;

- Obesity;

- Tremor of hands and body;

- A slowing down of movement;

- Repetitive, involuntary movements.

It is very important for leaders to gather some history on the person and information about behaviour and condition. It is ideal to meet with the person before any program starts, so as to develop a rapport and gain some understanding of the impact the illness is having on the lifestyle of the individual involved.

Experiences gained from some sport and recreation programs indicate that it is more beneficial for volunteers to be calm and not 'too full on' with their energy and enthusiasm when working with people with mental illness. Staff who are more relaxed tend to help these individuals maintain lower levels of anxiety and stress.

Mental Health
Schizophrenia
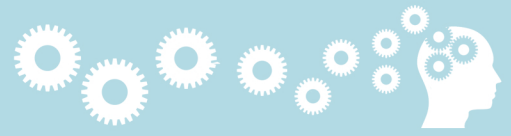
Schizophrenia is a mental illness that affects the normal functioning of the brain, interfering with a person's ability to think, feel and act. The brain is made up of nerve cells, called neurons, and chemicals, called neurotransmitters. An imbalance of one neurotransmitter, dopamine, is thought to cause the symptoms of schizophrenia.

Some do recover completely, and with time, most find that their symptoms improve. However, for many, it is a prolonged illness that can involve years of distressing symptoms and disability. Schizophrenia is treated with medication, therapy or a combination of the two. In severe cases, a hospital stay may be necessary.

Hallucinations

Hallucinations occur when a person senses things that aren't really there; however, they seem very real to the person experiencing them. The most commonly experienced hallucination is hearing voices, which no one else can hear. Often a person hears more than one voice at a time. Many times, the voices tell him/her what to do or comment on what s/he is doing. People also have hallucinations where they see, feel, smell or taste something that is not there.

Delusions

Delusions are untrue beliefs that are believed by the person experiencing them to be very real. Some people who experience delusions believe that they are being controlled by something besides themselves or believe that people are inserting or removing ideas, or listening to their thoughts.

Confused thinking

When acutely ill, people with psychotic symptoms experience disordered thinking. The everyday thoughts that let us live our daily lives become confused and don't join up properly.

Schizophrenia

Programming Considerations

- Beware of situations that cause stress and prevent the situation occurring if possible.

- Be realistic about what people can achieve.

- Give clear concise instructions and you may need to repeat them.

- Gain eye contact for directions.

Strategies for Inclusion

- Allow them to withdraw from situations that cause stress or tension.

Mental Health
Bipolar
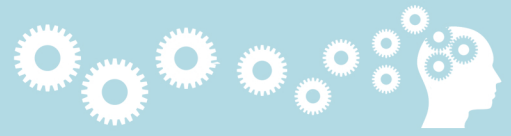
Bipolar disorder, also known as manic depression, is a mental illness characterised by wide mood swings from mania to depression. The person may be affected so much that he or she experiences the symptoms of psychosis, and is unable to distinguish what is real.

People with bi polar can become over excited and reckless. They can also experience feeling extremely low, helpless and depressed. Some people experience mainly one or the other, whilst other people experience both moods. The mood swings may be followed by irrational or risky behaviour.

Despite extensive investigation, the exact cause of bipolar disorder is still not known. Scientists have discovered a genetic predisposition to the disease, so hereditary and other factors are likely to be part of the cause.

Programming Considerations

- Encourage participation but do not push.

- Break tasks up into small, manageable pieces.
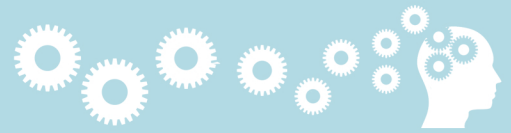
Strategies for Inclusion

- May need to start activity individually and work towards a group situation.

Behaviour Management Issues

- Be reassuring and keep the motivation in short bursts to build concentration.

- Treat any threats of self injurious behaviour as serious.

Mental Health
Obsessive Disorders

Obsessive Compulsive Disorder (OCD) is a mental illness characterised by the presence of recurrent, unwanted ideas or impulses (obsessions) and an urge or compulsion to do something to relieve the discomfort caused by the obsession.

Obsessions and compulsions are distressing, exhausting, take up a lot of time, and can significantly interfere with a person's relationships, daily routines and working life. Common obsessions include: fear of contamination from germs, dirt, etc.; fear of harm to self or others; intrusive sexual thoughts or images; concerns with symmetry, illness or religious issues; an intense fear of everyday objects and situations (phobia). Common compulsions include: washing, cleaning, touching, checking and repeating routine activities

The causes are not completely understood. Research indicates that the disorder may be related to chemical, structural and functional abnormalities in the brain. Genetic factors may also play a role. Each person's OCD is likely to be the result of several interacting factors, including stressful life events, hormonal changes and personality traits.

The three basic types of treatment for obsessive-compulsive disorder are medications, cognitive behaviour therapy and community support programs.

Programming Considerations

- Provide clear concise instructions.

- Design short bursts of activity to keep concentration levels up.

Behaviour Management Issues

May need to negotiate a certain amount of time free from obsessions, such as 10 minutes of an activity and then 10 minutes of free time.

(Source – sane Australia Fact sheet)