**What is Mental Illness?**

There are many types of mental illness and, depending on how mental illness is described, 10 or 25% of people living in the United Kingdom can be considered to have had a mental illness at some point in their lives. Like many other illnesses it is common and can occur at any time and happen to any one of us.

Severe mental illness is a term used for longstanding conditions and affects only about 1% of the population. There are many types of mental illness but the easiest way of defining them is as either psychotic or neurotic. Most conditions fit into either of these categories.

**Neurotic Conditions**

Neurotic conditions are related to ‘normal’ emotions and are the most common type of mental illness. Many of us feel depressed for example and whilst it occurs is unpleasant. However if you have clinical depression it is a far deeper experience than ‘feeling depressed’. Having clinical depression is an illness that has a marked effect on one's life, preventing people from being able to work or look after themselves properly and in extreme cases, leads to suicide. Other examples of neurotic illnesses are Phobias, Obsessive Compulsive Disorder and Anxiety.

**Psychotic Conditions**

These conditions are different from neuroses being unrelated to normal emotions. Psychosis is a word used to describe symptoms or experiences that happen together. These symptoms cause the patient to not experience reality like most people. Someone with psychotic symptoms may:

* Hear, smell, feel or see things which others do not – hallucinations
* Have strange thoughts or beliefs that can make the person feel they are being persecuted or controlled – delusions
* Have muddled or blocked thinking – thought disorder
* Appear unusually excited or withdrawn and avoid contact with people
* Not recognise that they are unwell – lack of insight

These symptoms can occur with a number of psychotic illnesses including schizophrenia. People suffering from Bipolar Disorder (also known as Manic–Depression) and psychotic depression, which are mood disorders, can also experience these symptoms.

**More information**

Useful websites for further information:

* Royal College of Psychiatrists [**www.rcpsych.ac.uk**](http://www.rcpsych.ac.uk/)
* Mind [**www.mind.org.uk**](http://www.mind.org.uk/)
* Centre for Mental Health [**www.centreformentalhealth.org.uk**](https://www.centreformentalhealth.org.uk/)
* Rethink [**www.rethink.org**](http://www.rethink.org/)

**Frequently Occurring Diagnoses** – \*(this is a link that takes you to another page)

**What is Schizophrenia?**

This is a mental illness that affects 1% of the population. Both men and women are equally affected and it is rare in people under 15. If a member of the family is diagnosed with schizophrenia it does not mean that the others will also get this illness. People are usually diagnosed between the ages of 15 and 35. The cause of schizophrenia is yet to be found. It is thought likely that combinations of different factors cause it and these will be unique in each case. Research has shown that genes account for about half the risk of developing the illness. The particular combinations of genes that are responsible are, as yet, unknown.

Symptoms can be started or aggravated by major stressful events such as:

* Major life changes such as going to university
* Bereavement
* Break up of a relationship
* Losing a job
* There is good evidence to indicate that the use of cannabis doubles the risk of schizophrenia

The symptoms of this illness are commonly categorised into two groups called positive and negative symptoms.

Positive symptoms are the more obvious symptoms of this type of mental illness. Positive symptoms include:

* Hallucinations
* Delusions
* Thought disorder
* Feelings of being controlled

With negative symptoms it is important to recognise that these symptoms are part of the illness too and can be frustrating for carers.

Negative symptoms include:

* Poor ability to 'keep going' and neglecting personal care
* Diminished ability to concentrate
* Apathy, including emotional withdrawal and blunting of emotions
* Finding it hard to be around or take an interest in others

Looking into the future of someone who is diagnosed with this condition:

* 1 in 5 will get better within 5 years of their first episode of the illness
* In 3 out of 5 cases will improve but will have episodes when their symptoms are worse than others.
* 1 in 5 people diagnosed with schizophrenia will continue to have problematic symptoms.

If diagnosis is made promptly, and treatment is begun as soon as possible,the need for admission to hospital is reduced and the patient is more likely to be able live at home and hold down a job.

**[What does depression feel like?](https://www.rcpsych.ac.uk/mental-health/problems-disorders/depression" \l "faq-accoridon-collapsedf77b42e-fcf7-486c-b9cb-ea31da9f8e9a)**

We all feel fed up, miserable or sad at times.  
  
These feelings don't usually last longer than a week or two, and they don't interfere too much with our lives.  
  
Sometimes there's a reason, sometimes not. We usually cope - we may talk to a friend but don't otherwise need any help.

However, in depression:

* your feelings don't lift after a few days – they carry on for weeks or months
* are so bad that they interfere with your life.

Most people with depression will not have all the symptoms listed below, but most will have at least five or six.

You:

* feel unhappy most of the time (but may feel a little better in the evenings)
* lose interest in life and can't enjoy anything
* find it harder to make decisions
* can't cope with things that you used to
* feel utterly tired
* feel restless and agitated
* lose appetite and weight (some people find they do the reverse and put on weight)
* take 1-2 hours to get off to sleep, and then wake up earlier than usual
* lose interest in sex
* lose your self-confidence
* feel useless, inadequate and hopeless
* avoid other people
* feel irritable
* feel worse at a particular time each day, usually in the morning
* think of suicide.

You may not realise how depressed you are for a while, especially if it has come on gradually.  
  
You try to struggle on and may even start to blame yourself for being lazy or lacking willpower.  
  
It sometimes takes a friend or a partner to persuade you that there really is a problem which can be helped.

You may start to notice pains, constant headaches or sleeplessness. Physical symptoms like this can be the first sign of depression.

[**When should I seek help for depression?**](https://www.rcpsych.ac.uk/mental-health/problems-disorders/depression#faq-accoridon-collapsec30a3ded-c13c-4ac6-918c-2c5840c23a4e)

* When your feelings of depression are worse than usual and don't seem to get any better.
* When your feelings of depression affect your work, interests and feelings towards your family and friends.
* If you find yourself feeling that life is not worth living, or that other people would be better off without you.

It may be enough to talk things over with a relative or friend.  
  
If this doesn't help, you probably need to talk it over with your GP. You may find that your friends and family have noticed a difference in you and have been worried about you.

When you are low, it can be difficult to work out what you should do. Talk it over with friends or family or people you trust. They might be able to help you decide what services are available for you.

Most people with depression are treated by their GP. Depending on your symptoms, the severity of the depression and the circumstances, your doctor may suggest:

* self-help
* talking treatments
* antidepressant tablets

**See**[**Royal College of Psychiatrists**](http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/depression/depression.aspx)

**What is Bipolar Affective Disorder/Manic Depression?**

Bipolar Disorder used to be called Manic Depression. It is a relatively common illness affecting 1% of the population. This condition causes extremes of mood far beyond those normally experienced. These extremes are called episodes. They characterise the disease and are far beyond what most people experience in life. It can be diagnosed during or after the teenage years but rarely after the age of forty, affecting both sexes equally. The illness has a unique identity for each person, some affected more by depressive episodes and for others it is the other way around. These extremes can happen only occasionally. If they are experienced frequently, the illness may have entered a phase called 'rapid cycling'.

These episodes affect thoughts and behaviour as well as mood.

* **Low episodes**: these engender feelings of intense depression. The patient can feel desperate, hopeless, useless and even suicidal. It can make people unable to think properly, have poor concentration, finding it hard to make even simple decisions. They can also feel restless and agitated. These feelings can make the patient wish to avoid contact with others and feel very tearful, though not always being able to cry. I can blunt the appetite and cause constipation. Sleep can become difficult, with problems getting off to sleep and waking earlier than usual.
* **High episodes**: called mania, it causes patients to feel more optimistic and important than usual and irritated with others who cannot view the world through their perspective. They can become over familiar and hypercritical of others. They become full of ideas that are unrealistic and speech becomes faster. They can make decisions on the spur of the moment spending money far beyond their means. This condition makes people feel invincible and insulted if someone suggests that they may be unwell.

If an episode of depression or mania becomes very severe patients can loose contact with reality. Extreme mania makes them feel extremely important or that they have special powers. Severe low mood can cause feelings of guilt and even the feeling that you do not exist at all.

Between these extremes of depression and mania it is now accepted that people with this illness continue to experience low levels of depression even though they appear to others to be well.

Useful websites for further information:

* Royal College of Psychiatrists [**www.rcpsych.ac.uk**](http://www.rcpsych.ac.uk/)
* Mind [**www.mind.org.uk**](http://www.mind.org.uk/)
* Sainsbury's Centre for Mental Health [**www.scmh.org.uk**](http://www.scmh.org.uk/)
* Rethink [**www.rethink.org**](http://www.rethink.org/)

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