

## COMMON MENTAL HEALTH DISORDERS

As with physical health injuries and illnesses or disorders, mental health disorders can occur to anyone at any time. Some of the more common mental health conditions you may hear about are shown below.

<b>MENTAL HEALTH DISORDER</b>	<b>Principal Presentations</b>
<b>MOOD DISORDERS                      Distortions from normal mood</b>	
<b>Depression</b>	A persistent and unusually low mood; Loss of enjoyment in normal activities; Lack of energy and tiredness; Low self-esteem and, if prolonged, possible Suicidal Ideation.
<b>Bi-Polar Disorder</b>	Extreme and normally cyclical mood swings between periods of Mania (elated mood, hyperactivity, rapid thinking and delusions) and Depression (As Above).
<b>ANXIETY DISORDERS                      Excessive or Unrealistic Fears</b>	
<b>Obsessive-Compulsive Disorder</b>	Obsessional, repetitive and intrusive thoughts, impulses or images that cannot be dispelled, frequently about contamination or harm.
<b>Panic Disorders</b>	Sudden onset of intense apprehension, fear or terror for no obvious reason. Symptoms akin to heart attack (dizziness, sweating, rapid heartbeat, hyperventilation).
<b>Phobias</b>	Persistent and excessive fear of places, events, things or animals for no reasonable reason. Likely to involve avoiding scenarios relating to the phobia.
<b>Acute Stress Disorder (ASD)</b>	Normal Stress Reaction after involvement in or witnessing of a distressing or catastrophic event. May involve re-experiencing of the event, increased anxiety levels, emotional numbing and increased irritability. Normally dissipates within 6-8 weeks of the trigger event.
<b>Post-Traumatic Stress Disorder (PTSD)</b>	If exposure to traumatic event involves fear, horror or helplessness, ASD symptoms (as above) may become more persistent and prevalent. Typified by feelings of anger, constant anxiety, intrusive memories and flashbacks of the event. Frequently accompanied by Depression symptoms.
<b>General Anxiety Disorder</b>	Overwhelming anxiety and worry about things that may go wrong or about ability to cope even when there are no indications of trouble ahead.
<b>PSYCHOTIC DISORDERS                      Distortions from Reality</b>	
<b>Hallucinations</b>	False perceptions based on hearing, seeing, smelling, tasting or physically feeling things that are not actually present. Very real, and frightening, to the person.
<b>Delusions</b>	False beliefs which can include beliefs of persecution, guilt, having a special mission or being under outside control when this is not the case.

<b>Disordered Thinking (Knights Move)</b>	Difficulties with concentration, memory, ability to plan (cognitive impairments) and inability to follow a train of thought. Sense of alteration of the outside world.
<b>Schizophrenia</b>	Contrary to popular belief, schizophrenia has nothing to do with a “split personality”. Instead, it refers simply to psychotic symptoms being present for at least 6 months.
<b>EATING DISORDERS</b>	
<b>Obsessive behaviour related to food intake</b>	
<b>Anorexia Nervosa</b>	Intentional self-starvation and excessive weight loss, usually triggered by a traumatic event, stress and/or perceptions of loss of control, and accompanied by low self-esteem.
<b>Bulimia Nervosa</b>	Episodes of excessive eating (food binges) followed by intentional behaviour to prevent weight gain (vomiting, use of laxatives, excessive exercise or fasting).
<b>Binge-Eating Disorder</b>	Repeated and compulsive episodes of binge eating (at least once a week for 3 months) and no compensatory activity (resulting in weight gain).
<b>Orthorexia Nervosa</b>	Unhealthy obsession with only eating healthy foods; fixation on purity of food, rather than quantity. Can lead to self-imposed self-isolation, distrust and nutritional imbalance..
<b>Other Specified Food or Eating Disorder (OSFED)</b>	Refers to disordered eating where there are cycles of normal food intake patterns broken by episodes of anorexic or bulimic type eating behaviour.
<b>SELF HARM</b>	
<b>Intentional Infliction of Physical Pain to Self</b>	
<b>Self-Harm</b>	Self-Harm is a behaviour used to relieve or communicate feelings of overwhelming distress; not a disorder in itself (but often co-morbid). Intentional non-suicidal physical harm to body and/or risk-taking activity.
<b>DEMENTIA</b>	
<b>Cognitive Impairment</b>	
<b>Dementia</b>	Umbrella term for a loss of cognitive ability, frequently linked with older age people. Usually impacts on memory, thinking, language, judgement and/or behaviour. Likely to impact on ability to accept change.