

**Keywords used:** common behavioral health conditions

**Problem:** Mental disorders are not like broken bones. They are difficult to recognize during a short office visit.

**Solution:** This article equips clinicians with an overview of four behavioral health conditions. It also provides questions to ask and ways to recognize these illnesses.

## How to Recognize and Respond to Common Mental Disorders

*Anxiety, mood disorders and post-traumatic stress disorder (PTSD) are some of the most common mental illnesses. According to the World Health Organization (WHO), one in eight individuals lives with a mental disorder, accounting for more than 900 million people globally. These conditions impact not only adults but also children. Approximately 60 million children and adolescents have anxiety disorders.*

*Help is available. However, recognizing the symptoms is not always easy. Behavioral health conditions are not like a broken bone. They are challenging to identify and assess during a short office visit. This article briefly overviews common mental disorders and provides ways to foster conversation.*

### Key Takeaways

- Mental disorders affect one out of eight individuals. Anxiety, bipolar disorder, depression and PTSD are some of the most common mental illnesses.
- Practicing positive nonverbal communication, starting the conversation, and following up on screening tools are essential for clinicians.
- Depressive and bipolar disorder are mood illnesses that increase a person's suicide risk. They cause significant changes in mood, energy and concentration.
- Life-altering worry, fear or dread characterizes anxiety disorders. Though the inducing situations vary, symptoms of anxiety disorders are similar.
- PTSD affects more than those who fought in combat. Anyone who has experienced or observed a traumatic event is at risk of PTSD.

### Depressive disorder

Depression, or depressive disorder, is different from short-term mood fluctuations. A person experiencing depression feels **overwhelming sadness, loss of pleasure, hopelessness or irritability every day for at least two weeks**. Some physical signs of depression are the following:

- Sleeping too much or too little
- Increased or decreased appetite
- Changes in weight
- Lethargy
- Inability to concentrate or communicate

Cancer diagnosis, loss of a loved one, and employment changes arouse extreme emotions. These troubling situations cause temporary sadness that can lead to long-term depression. People with depression are at higher risk for suicide.

## Bipolar disorder

Family or friends are often the first to notice symptoms of bipolar disorder. **Significant shifts in a person's mood, energy and concentration** can cause relational strain. These regular mood changes make it difficult for people to perform daily activities. Patients with bipolar disorder often experience other conditions like:

- Anxiety disorder
- Attention-deficit-hyperactivity disorder (ADHD)
- Substance use disorder (SUD)
- Eating disorder

Mood disorders place people at risk for self-harm or suicide. By taking time to care and converse, clinicians can slow the downward spiral of mood disorders.

## Anxiety disorder

Nerves are a natural part of life. However, excessive worry, fear or dread can significantly impact a person's behavior or ability to function. Anxiety disorder often results and can cause one of the following conditions:

- Generalized anxiety disorder
- Panic disorder
- Phobias
- Social anxiety disorder
- Separation anxiety disorder

Though the inducing situations vary, symptoms of anxiety disorders are similar:

- Anxiousness or restlessness that interrupts daily life
- Tachycardia
- Dizziness
- Shortness of breath
- Unexplained pains

- Behavior changes

Many people with anxiety disorder feel embarrassed. They often recognize that the fear is unmerited but **feel like the emotions are out of their control**.

## Post-traumatic stress disorder (PTSD)

People often associate post-traumatic stress disorder with soldiers who have fought in combat. Though PTSD affects many in the military, it can also **impact anyone who has experienced or observed a traumatic event**. These events may or may not be life-threatening. Some examples of a traumatic event are a natural disaster, accident, sexual assault or sudden loss.

Traumatic stress and fear trigger a person's natural fight-or-flight response. Hormone changes cause elevated blood pressure, heart rate, breathing and alertness. Typically, the body returns to normal over time. However, people with PTSD experience symptoms long after the event passes:

- Flashbacks
- Nightmares
- Frightening daydreams
- Avoiding similar situations
- Feeling tense or easily startled
- Anger outbursts
- Difficulty sleeping
- Trouble concentrating or remembering events

Talk therapy, or psychotherapy, trains people to recognize triggers and respond to symptoms. Patients can walk the road to recovery with self-care, authentic conversations, and a provider's help.

## Conversations that encourage cure

"Are you ever depressed or anxious?" This is a standard question used to screen patients at risk for mental disorders. However, **without a relational touch, the question falls short**.

What patient is going to report overwhelming anxiety to a healthcare provider typing at the computer? What patient is going to talk about debilitating sadness to a clinician who does not make eye contact? What patient is going to accept therapy recommendations from a provider who does not ask questions about mental health? Not many.

Physicians can quickly communicate empathy and compassion with a few easy-to-use techniques.

## #1: Practice positive nonverbal communication

Experts claim that more than 90% of communication is nonverbal or tonal. Posture and tone matter when talking about sensitive subjects like mental health. Sitting down, making eye contact, and speaking calmly foster trust and help build patient-provider relationships.

## #2: Start the conversation

Doctors can be intimidating, so look for common ground. Bridge the gap by acknowledging the patient's difficulty and normalizing emotions. Physical needs are often apparent, overshadowing mental health concerns. Therefore, take the time to ask mental health questions. "How are you feeling today?" "I know that you recently lost your mom; how are you doing with that?" Ask questions not only to check a box but to understand the patient. Starting the conversation is often the most difficult part. However, conversations like these foster authentic communication.

## #3: Follow-up on screening tools

Screening is a valuable mental health tool. Physicians should remind patients that there is no right or wrong answer. The initial evaluation is a starting point for later conversations. The questionnaire helps providers better understand their patients. Clinicians demonstrate care by commenting, "Help me understand your response to this question?"

## Supporting the mind and body with accessible services

One out of eight people have a mental disorder, but eight out of eight individuals experience challenging times that impact mental health. Empathetic and compassionate conversations pave the way to improving everyone's mental wellness.

<Facility Name> supports patients' minds and bodies with quality behavioral health services. We are here to assist you as your partner in care. Click the "Refer" button to access our services.

## Resources

"Mental disorders." World Health Organization (WHO), 2022, Mental disorders.

"Post-Traumatic Stress Disorder." MedlinePlus, 2023, Post-Traumatic Stress Disorder: MedlinePlus.