



Understanding mental health problems

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Scottish Action for Mental Health



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WHAT ARE MENTAL HEALTH PROBLEMS?

This section describes some different approaches to mental health and mental illness, and dispels some common misconceptions.

In many ways, mental health is just like physical health: everybody has it and we need to take care of it.

Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse.

You might be given a diagnosis of a particular type of mental health problem (see p.7). Or you might not have any particular diagnosis, but still be finding things very difficult. Everyone's experience is different and can change at different times.

Am I the only one who feels this way?

Experiencing a mental health problem is often upsetting, confusing and frightening – particularly at first. If you become unwell, you may feel that it's a sign of weakness, or that you are 'losing your mind'.

These fears are often reinforced by the negative (and often unrealistic) way that people experiencing mental health problems are shown on TV, in films and by the media. This may stop you from talking about your problems, or seeking help. This, in turn, is likely to increase your distress and sense of isolation.

However, in reality, mental health problems are a common human experience. Most people know someone who has experienced a mental health problem – they affect around one in four people in any given year. They can happen to all kinds of people from all walks of life.

And it's likely that, when you find a combination of self-care, treatment and support that works for you, you will get better.

“I now know that if I felt there was something wrong, it's because there was... mental health is a spectrum and you should feel able to decide where and when you are on that spectrum.”

Different approaches to mental health problems

There are various approaches to mental health and mental illness around the world. Most health professionals in the UK agree on a similar set of clinical diagnoses and treatments for mental health problems. We have chosen to reflect this approach in this booklet, as these are the terms and treatment models that you are most likely to come across if you seek help in Scotland.

However, not everyone finds it helpful to think about their mental health this way. Depending on your traditions and beliefs you might have different ideas about how best to cope. In many cultures, emotional wellbeing is closely associated with religious or spiritual life. And your difficult experiences may be just one part of how you understand your identity overall.

We use the phrase 'mental health problems', as many people have told us this feels helpful for them. But you might be more familiar with terms such as 'poor emotional health', 'overloaded', 'burnt out' or 'overwhelmed'. Or you may feel that terms such as 'mental illness' or 'mental health issues' describe your experiences better, or are easier to explain to other people in your life.

However you understand your own experiences, and whatever terms you prefer to use, we hope that you will find the information in this booklet useful when considering different options for care and support.



Are people with mental health problems dangerous?

Some people think there is an automatic link between mental health problems and being a danger to others. This is an idea that is reinforced by sensationalised stories in the media. However, the most common mental health problems have no significant link to violent behaviour.

The proportion of people living with a mental health problem who commit a violent crime is extremely small. There are lots of reasons someone might commit a violent crime, and factors such as drug and alcohol misuse are far more likely to be the cause of violent behaviour. But many people are still worried about talking about how they're feeling, or seeking help, because of the fear and stigma of being seen as dangerous.

It's important to remember that experiencing difficult thoughts, feelings and behaviours when you're unwell is common, and it's extremely unlikely to mean you may harm another person.

“The stigma of being violent and dangerous is the worst for me. I am a caring and empathetic soul who would do anything for the people I love.”



WHAT TYPES OF MENTAL HEALTH PROBLEM ARE THERE?

There are many different mental health diagnoses. Some have similar symptoms, so you may experience the symptoms of more than one mental health problem, or be given several diagnoses at once. This section provides a brief description of a few of the more common and often-discussed mental health problems.

Anxiety

Anxiety is what we feel when we are worried, tense or afraid – particularly about things that are about to happen, or which we think could happen in the future.

Occasional anxiety is a normal human experience. But if your feelings of anxiety are very strong, or last for a long time, they can be overwhelming. You might also experience unpleasant physical symptoms such as sleep problems, an upset stomach and panic attacks (see p.17).

Depending on your symptoms you might be diagnosed with a particular anxiety disorder. But it's also possible to experience problems with anxiety without having a diagnosis of a specific disorder.

Phobias

A phobia is an extreme form of fear or anxiety triggered by a particular situation (such as going outside) or object (such as spiders), even when it's very unlikely to be dangerous. A fear becomes a phobia if the fear is out of proportion to the danger, it lasts for more than six months, and has a significant impact on how you live your day-to-day life.

“Going out of the house is a challenge because I have a fear of panicking and feel that I’m being watched or judged.”

Depression

Depression is a feeling of low mood that lasts for a long time and affects your everyday life. It can make you feel hopeless, despairing, guilty, worthless, unmotivated and exhausted. It can affect your self esteem, sleep, appetite, sex drive and your physical health.

In its mildest form, depression doesn't stop you leading a normal life, but it makes everything harder to do and seem less worthwhile. At its most severe depression can make you feel suicidal, and be life-threatening.

There are also some common specific forms of depression, such as:

- **Perinatal depression** – depression that occurs in pregnancy (antenatal depression) or up to two years after becoming a parent (postnatal depression).
- **Seasonal affective disorder (SAD)** – depression that is experienced at a particular time of year or during a particular season (usually winter).

Obsessive-compulsive disorder (OCD)

Obsessive-compulsive disorder is a type of anxiety disorder. The term is often misused in daily conversation – for example, you might hear people talk about being 'a bit OCD', if they like things to be neat and tidy. But the reality of this disorder is a lot more complex and serious.

OCD has two main parts:

- **Obsessions** – unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in your mind.
- **Compulsions** – activities that you feel you have to do to reduce the anxiety caused by the obsession. The process of repeating these compulsions is often distressing, and any relief you feel doesn't usually last long.



“The hardest thing to explain is the racing thoughts when I’m manic. It’s like I’ve got four brains and they’re all on overdrive... it can be scary but also euphoric at the same time.”

Eating problems

Eating problems are not just about food. They can be about difficult and painful feelings which you maybe finding hard to face or resolve. Lots of people think that if you have an eating problem you will be over- or underweight, and that being a certain weight is always associated with a specific eating problem—but this is a myth. Anyone, regardless of age, gender or weight, can be affected by eating problems.

The most common eating disorder diagnoses are anorexia, bulimia and binge eating disorder. But it’s also possible to have a very difficult relationship with food and not fit the criteria for any specific diagnosis. This can be just as hard to live with as a diagnosed eating disorder.

Bipolar disorder

Bipolar disorder (once called manic depression) mainly affects your mood. With this diagnosis you are likely to have times when you experience:

- manic or hypomanic episodes (feeling high)
- depressive episodes (feeling low)
- potentially some psychotic symptoms (see p.12).

Everyone has variations in their mood, but in bipolar disorder these changes can be very distressing and have a serious impact on your life. You may feel that your high and low moods are extreme, and that swings in your mood are overwhelming. In between, you might have stable times where you experience fewer symptoms.

Schizophrenia

Views on schizophrenia have changed over the years. Lots of people question whether it's really a distinct condition, or actually a few different conditions that overlap. But you may still be given this diagnosis if you experience symptoms such as:

- psychosis (see p.12)
- disorganised thinking and speech
- feeling disconnected from your feelings
- difficulty concentrating
- wanting to avoid people
- a lack of interesting things
- not wanting to look after yourself.

Because psychiatric experts disagree about what schizophrenia is, some people argue that this term shouldn't be used at all. Others think the name of the condition doesn't matter, and prefer to just focus on helping you manage your symptoms and meeting your individual needs.



Personality disorders

Personality disorder is a type of mental health problem where your attitudes, beliefs and behaviours cause you longstanding problems in your life. If you have this diagnosis it doesn't mean that you're fundamentally different from other people – but you may regularly experience difficulties with how you think about yourself and others, and find it very difficult to change these unwanted patterns.

There are several different categories and types of personality disorder. The two most commonly diagnosed are borderline personality disorder (BPD, sometimes also called 'emotionally unstable personality disorder') and antisocial personality disorder (ASPD). However, most people who are diagnosed with a particular personality disorder don't fit any single category very clearly or consistently.

Also, the term 'personality disorder' can sound very judgemental. Because of this it is a particularly controversial diagnosis. Some psychiatrists disagree with using it. And many people who are given this label find it more helpful to explain their experiences in other ways.

WHAT DIFFICULT FEELINGS AND BEHAVIOURS MIGHT I EXPERIENCE?

This section provides a brief overview of some difficult feelings and behaviours which are often associated with mental health problems.

Panic attacks

Panic attacks are a type of fear response. They're an exaggeration of your body's normal response to danger, stress or excitement.

During a panic attack physical symptoms can build up very quickly, including:

- a pounding heart beat or chest pains
- sweating and nausea (feeling sick)
- feeling faint and unable to breathe
- shaky limbs, or feeling like your legs are turning to jelly
- feeling as if you aren't connected to your body.

It's easy to mistake these for the signs of a heart attack or another serious medical problem. You might feel very afraid that you're losing control, going to faint or even going to die.

Self harm

Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. You may not know why you self-harm, but it can be a means of expressing feelings that you can't put into words or think clearly about.

After self-harming you may feel a short-term sense of release, but the cause of your distress is unlikely to have gone away. Self-harm can also bring up very difficult emotions and could make you feel worse.

Psychosis

Psychosis (also called a psychotic experience or psychotic episode) is when you perceive or interpret reality in a very different way from people around you. The most common types of psychosis are:

- hallucinations, such as hearing voices or having visions
- delusions, such as paranoia.

Psychosis affects people in different ways. You might experience it once, have short episodes throughout your life, or live with it most of the time. It's also possible to have a psychotic experience without ever being diagnosed with a particular mental health problem.

Some people have a positive experience of psychosis. You may find it comforting, or feel that it helps you understand the world or makes you more creative.

Suicidal feelings

Many people experience suicidal thoughts and feelings at some point in their lifetime. They can be very unpleasant, intrusive and frightening, but having thoughts about suicide doesn't necessarily mean that you intend to act on them. Most people don't go on to attempt to take their own lives.

However, if you feel you may act on suicidal feelings and become unable to keep yourself safe then this is a mental health emergency. It's important to treat it as seriously as you would any physical health emergency, and seek urgent help – for example by dialling 999, going to your nearest A&E, or calling the Samaritans on 116 123 (*see p.30 for details of other helplines you could call*).

“Psychosis felt as though I was in wonderland. None of my family or friends understood why... I had a calling from a voice in [the] sky. I was lost and lonely.”

WHAT CAUSES MENTAL HEALTH PROBLEMS?

This section describes some possible factors involved in developing a mental health problem, and addresses some common misconceptions.

It's important to remember that just because we may not know exactly what causes someone to experience a mental health problem, this doesn't mean that it is any less serious than any other illness, any less deserving of recognition and treatment, or any easier to recover from.

Mental health problems can have a wide range of causes. It's likely that for many people there is a complicated combination of factors – although different people may be more deeply affected by certain things than others.

For example, the following factors could potentially result in a period of poor mental health:

- childhood abuse, trauma, or neglect
- domestic violence, bullying or other abuse as an adult
- social isolation or loneliness
- experiencing discrimination and stigma
- social disadvantage, poverty or debt
- bereavement (losing someone close to you)
- severe or long-term stress
- having a long-term physical health condition
- unemployment or losing your job
- homelessness or poor housing
- being a long-term carer for someone
- drug and alcohol misuse
- significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime
- physical causes – for example, a head injury or an neurological condition such as epilepsy can have an impact on your behaviour and mood. (It's important to rule out potential physical causes before seeking further treatment).

Although lifestyle factors including work, diet, drugs and lack of sleep can all affect your mental health, if you experience a mental health problem there are usually other factors as well.

“For me, it started when my mother died. After struggling and burying things deeper, I finally cracked.”

Do mental health problems run in families?

Research suggests that some mental health problems may run in families. For example, if you have a parent with schizophrenia, you are more likely to develop schizophrenia yourself. But no one knows if this is because of our genes or because of other factors, such as the environment we grow up in, or the ways of thinking, coping and behaving that we may learn from our parents.

Although the development of some mental health problems may be influenced by our genes, researchers haven't found any specific genes that definitely cause mental health problems. And many people who experience a mental health problem don't have any parents, children or other relatives with the same condition.

The human brain is extremely complicated. Some research suggests that mental health problems may be linked to a variation in certain brain chemicals (such as serotonin and dopamine), but no one really understands how or why.

Arguments that someone's brain chemistry is the cause of mental health problems are very weak.

But even though there's no strong evidence to say that any mental health problems are caused by a chemical imbalance in our brains, you might find some people still use brain chemistry to explain them.

Reasons for this might include:

- Some psychiatric medications work by acting on chemicals in the brain, and there's lots of evidence to show that medication can be effective in treating some symptoms of mental health problems (although drugs don't work for everyone).
- Mental health problems can feel very personal and be hard to understand, so the idea that there could be a distinct physical cause for difficult thoughts, feelings and behaviours might make it feel easier to talk openly about your experiences and ask for help.

HOW ARE MENTAL HEALTH PROBLEMS DIAGNOSED?

This section addresses some common questions about getting a diagnosis.

To diagnose a mental health problem, doctors will look at:

- what you're experiencing (groupings of certain feelings, behaviours and physical symptoms may suggest different diagnoses)
- how long you've been experiencing these things
- the impact it's having on your life.

To do this they may ask you questions about your mood, thoughts and behaviours – sometimes by using questionnaires or forms. They will base your diagnosis on what you describe. For example, if you tell your doctor you've been experiencing low mood, low energy and a lack of interest in usual activities for more than two weeks, they may give you a diagnosis of depression. If your symptoms change you might find you are given different diagnoses over time.

Having a diagnosis does not necessarily mean that you are unwell right now.

You could have a diagnosis of a mental health problem but, at the moment, be able to manage it and function well at work and at home. Or you might not have a particular diagnosis, but still be struggling.

“Getting the diagnosis gave me something to work with and find the words to describe what was happening.”



Who can diagnose me?

For common problems such as depression and anxiety, your GP may be able to give you a diagnosis after one or two appointments. For less common problems you'll need to be referred to a mental health specialist (such as a psychiatrist), and they may want to see you over a longer period of time before making a diagnosis.

What if I don't find my diagnosis helpful?

Receiving a diagnosis can be a positive experience. You might feel relieved that you can put a name to what's wrong, and it can help you and your doctor discuss what kind of treatment might work best for you.

However, a lot of people, including some doctors and psychiatrists, feel the medical model of diagnosis and treatment is not enough. For example, you might feel that the diagnosis you're given doesn't fully fit your experiences, or that it's simplistic and puts you in a box.

Other factors – such as your background, lifestyle and other personal circumstances – may be just as important in understanding what you're experiencing and working out how best to help you feel better.

A diagnosis does not have to shape your entire life, and may come to be a relatively minor part of your identity.



WHAT CAN I DO TO HELP MYSELF COPE?

Self-care techniques and general lifestyle changes can help manage the symptoms of many mental health problems. They may also help prevent some problems from developing or getting worse.

This section provides some ideas for looking after yourself. These activities can be particularly valuable if you don't want to try medication or talking therapies, or you're having to wait a while for treatment on the NHS.

If these strategies work well for you then you may find you don't need any formal treatment. However, it's important to remember that there is unlikely to be an instant solution. Recovering from a mental health problem is likely to take time, energy and work.

Stay aware of your mental health

- **Tell people what helps.** If certain treatments have helped in the past, tell your doctor. Let your friends and family know how they can support you.
- **Spot your early warning signs.** Try to be aware of how you're feeling and watch out for any signs you might be becoming unwell, so you can get support as soon as possible.
- **Keep a mood diary.** Tracking your moods can help you to work out what makes you feel better or worse. You can then take steps to avoid, change or prepare for difficult situations. You can create your own mood diary or find one online.



Nourish your social life

Feeling connected to other people is important. It can help you to feel valued and confident about yourself, and can give you a different perspective on things. If you can, try to spend some time connecting with friends and family – even a text or phone call can make a difference.

If you don't have supportive friends and family around you and are feeling isolated, there are other ways you can make connections. For example, you could try going to community events where you might have some interests or experiences in common with other people there, or joining a group like a local book club or sports team.

Try peer support

When you experience a mental health problem it can feel like no one understands. Peer support brings together people who've had similar experiences to support each other. This can offer many benefits, such as:

- feeling accepted for who you are
- increased self-confidence
- meeting new people and using your experiences to help others
- finding out new information and places for support
- challenging stigma and discrimination.

Make time for therapeutic activities

There are various techniques and therapies you can safely practise on your own. For example:

- **Relaxation** – you may already know what helps you relax, like having a bath, listening to music or taking your dog for a walk. If you know that a certain activity helps you feel more relaxed, make sure you set aside time to do it.
- **Mindfulness** – mindfulness is a therapeutic technique that involves being more aware of the present moment. Practising mindfulness can help you become more aware of your own moods and reactions, but not everyone finds it helpful.
- **Getting into nature** – getting out into a green environment, such as a park or the countryside, is especially good for you. Even if you don't have a garden or aren't very mobile, caring for plants or animals indoors can still help you get some benefits from nature.

Contact a specialist organisation

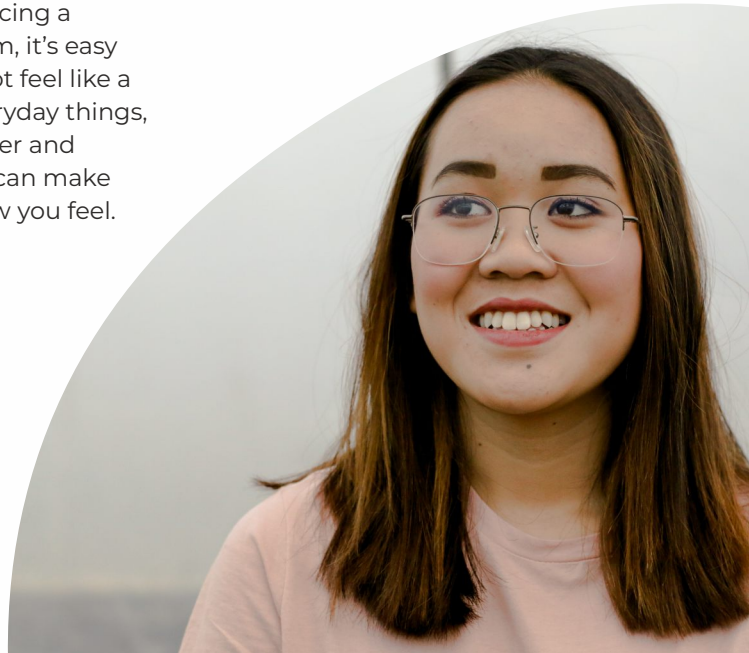
If you have a particular mental health diagnosis, or would like help in a specific aspect of your life, there may be specialist charities and organisations out there who can offer support.

“I really have to remember to be kind to myself and actually try to function when I’m unwell. Otherwise things spiral even faster.”

Look after your physical health

Taking steps to look after your physical health can help you manage your mental health too.

- **Get enough sleep.** Rest when you can. This can help you have the energy to cope with difficult feelings and experiences.
- **Avoid recreational drugs and alcohol.** While you might want to use recreational drugs or alcohol to cope with difficult feelings, in the long run they can make you feel a lot worse.
- **Make time for personal care.** When you’re experiencing a mental health problem, it’s easy for personal care to not feel like a priority. But small everyday things, such as taking a shower and getting fully dressed, can make a big difference to how you feel.
- **Eat healthily.** What you eat, and when you eat, can make a big difference to how well you feel.
- **Keep physically active.** Regular exercise doesn’t have to be very strenuous or sporty to be effective – to start with you could try gentle exercise like going for a short walk, yoga or swimming. The important thing is to pick something you enjoy doing, so you’re more likely to stick with it.



WHAT TREATMENTS ARE AVAILABLE?

The two most common forms of treatment offered though the NHS are talking therapies and psychiatric medication, although there are various alternative treatments you could also try. This section gives an overview.

Talking therapies

Talking therapies provide a regular time and space for you to talk about your thoughts and experiences and explore difficult feelings with a trained professional. This could help you to:

- deal with a specific problem
- cope with upsetting memories or experiences
- improve your relationships
- develop more helpful ways of living day-to-day.

You may hear various terms used to describe talking therapies, including counselling, psychotherapy or psychological therapy. These terms are all used to describe the same general style of treatment.

The most common type of talking therapy available through the NHS is cognitive behavioural therapy (CBT), but there are lots of others.

It's important to find a style and a therapist that you feel comfortable with. NHS waiting lists for therapy can be long, so some people choose to access therapy through the private sector – but this isn't an option for everyone because it usually involves paying a fee.

The counselling and therapy services listed on p.30 may be able to help you find a local service that suits you.



“Talking things through with a counsellor or therapist really helps me to see things more rationally and make connections between reality and inside my head.”

What is cognitive behavioural therapy (CBT)?

Cognitive behavioural therapy (CBT) is a relatively short-term treatment which aims to identify connections between your thoughts, feelings and behaviours, and to help you develop practical skills to manage any negative patterns that may be causing you difficulties.

Evidence suggests that CBT can be an effective treatment for a range of mental health problems. However, although many people can benefit from CBT, not everyone finds it helpful. You might find that it just doesn't suit you, or doesn't meet your needs.

The SIGN guidelines

The Scottish Intercollegiate Guidelines Network (SIGN) is the organisation that produces official clinical guidelines on best practice in healthcare in Scotland.

Any treatment your doctor offers you will ideally follow what SIGN recommends for your diagnosis. These guidelines are based on published evidence, expert contributions and real life experiences.



Medication

Depending on your diagnosis and your medical history, your doctor might offer to prescribe you some psychiatric medication. This might be:

- **Antidepressants** – mainly prescribed for depression, but also sometimes anxiety, obsessive-compulsive disorder (OCD) and eating problems.
- **Sleeping pills and minor tranquilisers** – these can help you sleep if you experience severe sleep problems, or calm you down if you experience severe anxiety.
- **Antipsychotics** – these can reduce distressing symptoms of psychosis and schizophrenia. They can also sometimes help control severe anxiety, and experiences of mania or hypomania (feeling high).
- **Mood stabilisers** (including lithium) – these can help stabilise your mood if you experience extreme mood swings, for example if you have a diagnosis of bipolar disorder. They're also sometimes prescribed for severe depression.

Medication can't cure mental health problems, but it can ease many symptoms and help you to cope at work and at home, which many people find helpful.

However, drugs can sometimes have unpleasant side effects that may make you feel worse rather than better. They can also be difficult to withdraw from, or be harmful if you take too much. And it's important to remember that drugs don't work the same way for everyone. If you don't get on with one drug you've been prescribed, your doctor may be able to recommend a different one you could try.

Before prescribing you any medication, your doctor should clearly explain what it's for and explain any possible risks and benefits, so you can make an informed decision about whether or not you want to take it.



Arts and creative therapies

Arts and creative therapies are a way of using the arts (music, painting, dance or drama) to express and understand yourself in a therapeutic environment, with a trained therapist. This can be especially helpful if you find it difficult to talk about your problems and how you are feeling.

Complementary and alternative therapies

Some people find complementary and alternative therapies helpful to manage stress and other common symptoms of mental health problems. These can include things like yoga, meditation, aromatherapy, hypnotherapy, herbal remedies and acupuncture.

The clinical evidence for these options is not as robust as it is for other treatments, but you may find they work for you.



WHAT SUPPORT SERVICES ARE AVAILABLE?

If your mental health problems are severe or longer lasting, or the treatment your doctor has offered you isn't working, they can refer you to specialist mental health services. This section provides a brief overview of various services which are available to support you in the community and in times of crisis.

Community mental health teams (CMHTs)

CMHTs support people with mental health problems living in the community, and also their carers. The team may include a community psychiatric nurse (CPN), a psychologist, an occupational therapist, a counsellor and a community support worker, as well as a social worker.

Often, a member of the team will be appointed as your care coordinator, to keep in regular contact with you and help plan your care.

Social (or community) care

Social care is any care or support you need to carry out day-to-day tasks which you're finding difficult. This could include help with managing money or improving relationships, transport to attend appointments or services, or assistance with benefits and housing applications.

You can ask your doctor or community mental health team (CMHT) to refer you to social services, or you can contact your Local Authority directly to ask for a needs assessment (*find their details online at [gov.uk/find-local-council](https://www.gov.uk/find-local-council)*).

“My crisis team have been with me on three separate occasions for two months at a time, sometimes visiting twice a day to keep me out of hospital.”

Residential care

If you aren't able to cope on your own at home, there are other options for housing. You might be able to access:

- **Hostels** – these are short-term accommodation, with supervision, to help you until you can live more independently.
- **Residential care homes** – these offer a much higher level of support for people with severe mental health problems.
- **Therapeutic communities** – these are for short stays, with group or individual therapy as part of their rehabilitation programmes.
- **Supported housing schemes** – these help you to live independently, in furnished accommodation, with the back-up of a mental health support worker in case you need extra help.

Crisis intervention

In some areas, you should have access to a crisis resolution and home treatment team (CRHT), often just called the 'crisis team'. These teams can support you through a crisis at home. If you don't have access to a local crisis service, you could:

- get an emergency appointment with your doctor

- call a helpline (see p.30 for details)
- go to the Accident and Emergency (A&E) department at a local hospital or call 999 if you are at immediate risk.

Hospital treatment

Hospital inpatient services support people with severe mental health problems, or people who are experiencing a crisis. Most hospital admissions are voluntary, but if you are assessed and judged to be at risk of harming yourself or others, you can be detained under the Mental Health (Scotland) Act 2015. This is often called being sectioned.

How long you stay in hospital will depend on your personal situation. Being treated in hospital can mean you have faster access to treatment, round-the-clock support and are kept safe during a crisis. Some people find hospital a positive experience, while others find it unpleasant, as you might be far away from your support network, in an unfamiliar place or be there against your will.

WILL I RECOVER?

It is possible to recover from mental health problems, and many people do – especially after accessing support.

Your symptoms may return from time to time, but when you've discovered which self-care techniques and treatments work best for you, you're more likely to feel confident in managing them.

If you're experiencing a more serious mental health problem, it's still possible to find ways to manage your symptoms. For many people, recovery doesn't necessarily mean going back to how your life was before, but learning new ways to live your life the way you want to, and gaining control over areas of your life that might have felt out of control before.

However, it's important to remember that recovery is a journey and it won't always be straightforward. You might find it more helpful to focus on learning more about yourself and developing ways to cope, rather than trying to get rid of every symptom of your mental health problem.

What recovery means to you will be personal, but for most people, the most important thing is to find ways to live the kind of life you want.

“With time you do learn to cope... I have struggled for 15 years with my mental health problem, but every year I seem to get stronger and better at coping with it!”

HOW CAN I DEAL WITH STIGMA?

Unfortunately, not everyone understands mental health problems. Some people may have misconceptions about what certain diagnoses mean.

They may also use language you find dismissive, offensive or hurtful. This can be very upsetting – especially if someone who feels this way is a family member, colleague or a healthcare professional.

But it's important to remember that you aren't alone, and you don't have to put up with people treating you badly.

Here are some options for you to think about:

- **Show people reliable information** (such as this booklet or the information on SAMH's website) to help them understand more about what your diagnosis really means.
- **Get more involved in your treatment.** Do your own research, ask questions, and get support from friends and family if you can.
- **Contact an advocate.** If you're struggling to access the help you deserve, consider contacting an advocate to help make your voice heard. The organisations listed on p.30 may be able to help you find a local advocacy service.
- **Know your rights.** Visit samh.org.uk/about-mental-health/know-your-rights for information on your legal rights in Scotland.



HOW CAN FRIENDS AND FAMILY HELP?

It can be very difficult to see someone who you care about becoming unwell, but you don't need to be an expert on mental health to offer support. Small, everyday actions can make a big difference. This section is for friends and family who would like to support someone who is experiencing a mental health problem.

Show your support

If you know someone has been unwell, don't be afraid to ask how they are. They might want to talk about it, or they might not. But just letting them know they don't have to avoid the issue with you is important. Spending time together lets them know you care, and can help you understand what they're going through.

Ask how you can help

Everyone will want support at different times and in different ways, so ask how you can help. It might be useful to help keep track of medication, or give support at a doctor's appointment. If your friend wants to get more exercise, you could do this together, or if your partner is affected by lack of sleep, you could help them get into a regular sleeping pattern.

Be open-minded

Phrases like 'cheer up' and 'pull yourself together' definitely don't help. Try to be non-judgemental and listen. Someone experiencing a mental health problem often knows best what's helpful for them.

Don't just talk about mental health

Keep in mind that having a mental health problem is just one aspect of your friend or family member's life. Most people don't want to be defined by their mental health problem, so keep talking about the things you've always talked about together.

Show trust and respect

Trust and respect between you and your friend or family member are very important – they help to rebuild and maintain a sense of self-esteem, which a mental health problem can seriously damage. It can also help you to cope a bit better if you can see your support having a positive impact on the person you care about.

Look after yourself

Supporting someone else can sometimes be stressful. Making sure that you look after your own wellbeing can mean that you have the energy, time and distance you need to be able to help. For example:

- Set boundaries and don't take too much on. If you become unwell yourself you won't be able to offer as much support.
- Share your caring role with others, if you can. It's often easier to support someone if you're not doing it alone.
- Talk to someone about how you're feeling. You may want to be careful about how much information you share about the person you're supporting, but talking about your own feelings with someone you trust can help you feel supported too.

Get support

You may be entitled to social care support from your Local Authority to help you care for your friend or family member. You can contact them directly and ask for a carers assessment (*see p.24 for more about social care*).

The charity Carers Scotland provide more information and support for carers (*See 'Useful contacts' on p.30*).

“Sometimes all you need is a hug and for someone to tell you that you're going to get there.”



USEFUL CONTACTS

Be Mindful

W: bemindful.co.uk

Information on mindfulness, and details of local mindfulness courses and therapists.

Breathing Space

T: 0800 83 85 87

W: breathingspace.scot

A confidential out of hours telephone line for people experiencing low mood, anxiety or depression.

British Association for Counselling and Psychotherapy (BACP)

T: 01455 883 300

W: bacp.co.uk

Information about counselling and psychotherapy, and details of local therapists.

Campaign Against Living Miserably (CALM)

T: 0800 58 58 58

W: thecalmzone.net

Provides listening services, information and support for men at risk of suicide.

Carers Trust Scotland

T: 0300 772 7701

W: carersuk.org/scotland

Information and support for anyone who is a regular carer for another person.

COSCA (Counselling and Psychotherapy in Scotland)

T: 01786 475 140

W: cosca.org.uk

To find a counsellor or psychotherapist.

Cruse Bereavement Care Scotland

T: 0845 600 2227

W: crusescotland.org.uk

Support for anyone affected by the death of someone close.

Disability Rights UK

W: disabilityrightsuk.org

Information and support for people living with a disability, including contact details of local disability groups.

Give Us A Shout

T: 85258 (text only)

W: giveusashout.org

24/7 crisis text line.

Hearing Voices Network

W: hearing-voices.org/area/scotland
Information and support for people who hear voices, and local support groups.

Mental Welfare Commission Scotland

T: 0800 389 6809
Service users and carers line
W: mwscot.org.uk
Offers advice and guidance on mental health care and treatment.

Money Advice Scotland

T: 0800 731 4722
W: moneyadvicescotland.org.uk
Offer confidential advice concerning debts.

NHS Choices

W: nhs.uk
Provides information on a wide range of health and social care topics. Can help you find NHS services near you.

PAPYRUS

T: 0800 068 41 41
W: papyrus-uk.org
Runs a helpline for people under 35 who are experiencing suicidal feelings.

Samaritans

T: 116 123 (freephone)
W: samaritans.org
E: jo@samaritans.org
Freepost:
RSRB-KKBY-CYJK,
Chris,
PO Box 90 90,
Stirling,
FK8 2SA
A free 24-hour telephone helpline for anyone struggling to cope.

Sane

T: 0300 304 7000
W: sane.org.uk
Support and information about mental health problems.

Scottish Independent Advocacy Alliance (SIAA)

W: www.siaa.org.uk
Provides information on advocacy services across Scotland.

See Me

W: seemescotland.org
National programme to tackle mental health stigma and discrimination.

The Silver Line

T: 08004 708 090 (freephone)

W: thesilverline.org.uk

Provides support, information, advice and friendship to older people (over the age of 55) who feel lonely or isolated.

YoungMinds

T: 0808 802 5544

(parent helpline)

W: youngminds.org.uk

Information for both parents and young people.

Survivors of Bereavement by Suicide

T: 0300 111 5065

W: uksobs.org

Provides information and support groups for adults who have lost someone to suicide.





This booklet is for anyone who experiences problems with their mental health. It explains what mental health problems are, what may cause them, and the many different kinds of treatment and services that are available. It also addresses some common misconceptions, provides guidance on what friends and family can do to help, and gives details of where to find more information and support.

Since 1923, SAMH has represented the voice of people affected by mental health problems in Scotland. We are here to provide help, information and support.



@SAMHtweets



SAMHmentalhealth



@samhscotland

To read or print SAMH's information booklets visit **samh.org.uk**. If you require this information in word document format for compatibility with screen readers, please email **communications@samh.org.uk**

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