

# An introduction to mental illness

## 1.1 Mental health and mental illness

There is more to good health than just a physically healthy body: a healthy person should also have a healthy mind. A person with a healthy mind should be able to think clearly, should be able to solve the various problems faced in life, should enjoy good relations with friends, colleagues at work and family, and should feel spiritually at ease and bring happiness to others in the community. It is these aspects of health that can be considered as mental health.

Even though we talk about the mind and body as if they were separate, in reality they are like two sides of the same coin. They share a great deal with each other, but present a different face to the world around us. If one of the two is affected in any way, then the other will almost certainly also be affected. Just because we think about the mind and body separately, it does not mean that they are independent of each other.

Just as the physical body can fall ill, so too can the mind. This can be called mental illness. Mental illness is “any illness experienced by a person which affects their emotions, thoughts or behaviour, which is out of keeping with their cultural beliefs and personality, and is producing a negative effect on their lives or the lives of their families”.

There are two important points that form the basis of the material in this manual:

- There have been tremendous advances in our understanding of the causes and treatment of mental illnesses. Most of these treatments can be provided effectively by a general or community health worker.
- Mental illness includes a broad range of health problems. For most people, mental illness is thought of as an illness associated with severe behavioural disturbances such as violence, agitation and being sexually inappropriate. Such disturbances are usually associated with severe mental disorders. However, the vast majority of those with a mental illness behave and look no different from anyone else. These common mental health problems include depression, anxiety, sexual problems and addiction.

## 1.2 Why should you be concerned about mental illness?

There are many reasons why you need to be concerned about mental illnesses.

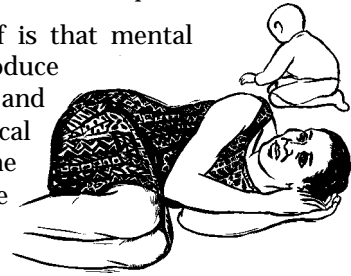
- *Because they affect us all.* It is estimated that one in five of all adults will experience a mental health problem in their lifetime. This shows how common mental health problems are. Anyone can suffer a mental health problem.
- *Because they are a major public health burden.* Studies from nearly every corner of the world show that as much as 40% of all adults attending general health care services are suffering



Mental illness is common: at least two of these people are likely to suffer from a mental illness at some time in their life.

from some kind of mental illness. Many of the people attending general or community health services seek help for vague physical health problems, which may be called 'psychosomatic' or something similar. Many of them are actually suffering from a mental health problem.

- *Because they are very disabling.* Even though the popular belief is that mental illnesses are less serious than physical illness, they do in fact produce severe disability. They can also cause death, as a result of suicide and accidents. Some people suffer from a mental illness and a physical illness; in such persons the mental illness can make the outcome of the physical illness worse. The World Health Report from the World Health Organization in 2001 found that four out of the ten most disabling conditions in the world were mental illnesses. Depression was the most disabling disorder, ahead of anaemia, malaria and all other health problems.
- *Because mental health services are very inadequate.* There is a severe shortage of psychiatrists, psychologists and other mental health professionals in most countries. These specialists spend most of their time caring for people who suffer from severe mental disorders ('psychoses'). These are quite rare, but are also the very diseases that the community associates with mental illness. Most people with the much commoner types of mental health problems, such as depression or alcohol problems, would not consult a mental health specialist. General health workers are ideally placed to treat these illnesses.
- *Because our societies are rapidly changing.* Many societies around the world are facing dramatic economic and social changes. The social fabric of the community is changing as a result of rapid development and the growth of cities, migration, widening income inequality, and rising levels of both unemployment and violence. These factors are all linked to poor mental health.
- *Because mental illness leads to stigma.* Most people with a mental health problem would never admit to it. Those with a mental illness are often discriminated against by the community and their family. They are often not treated sympathetically by health workers.
- *Because mental illness can be treated with simple, relatively inexpensive methods.* It is true that many mental illnesses cannot be 'cured'. However, many physical illnesses, such as cancers, diabetes, high blood pressure and rheumatoid arthritis, are also not curable. Yet, much can be done to improve the quality of life of those who suffer these conditions and the same applies to mental illness.



Mental illness can affect a person's ability to do things at home and at work.



Most mental illness can be treated.

### 1.3 The types of mental illness

To detect and diagnose a mental illness, you have to depend almost entirely on what people tell you. The main tool in diagnosis is an interview with the person (☛ Chapter 2). Mental illness produces symptoms that sufferers or those close to them notice. There are five major types of symptoms:

- *Physical – 'somatic' symptoms.* These affect the body and physical functions, and include aches, tiredness and sleep disturbance. It is important to remember that mental illnesses often produce physical symptoms.



A person can be worried about the future: a *thinking* complaint ...



which can make her feel scared: a *feeling* complaint ...



which can make it difficult for her to sleep: a *physical* complaint.

- *Feeling – emotional symptoms.* Typical examples are feeling sad or scared.
- *Thinking – ‘cognitive’ symptoms.* Typical examples are thinking of suicide, thinking that someone is going to harm you, difficulty in thinking clearly and forgetfulness.
- *Behaving – behavioural symptoms.* These symptoms are related to what a person is doing. Examples include behaving in an aggressive manner and attempting suicide.
- *Imagining – perceptual symptoms.* These arise from one of the sensory organs and include hearing voices or seeing things that others cannot (‘hallucinations’).

In reality, these different types of symptoms are closely associated with one another. See the figures, for example, of how different types of symptoms can occur in the same person.



A person can hear people talking about him: a complaint of *imagination* ...



which makes him think that his life is in danger: a *thinking* complaint ...



which makes him attack others to protect himself: a *‘doing’* complaint.

There are six broad categories of mental illness:

- common mental disorders (depression and anxiety);
- 'bad habits', such as alcohol dependence and drug misuse;
- severe mental disorders (the psychoses);
- mental retardation;
- mental health problems in the elderly;
- mental health problems in children.

### 1.3.1 Common mental disorders (depression and anxiety)

#### Case 1.1

Lucy was 23 when she had her first baby. During the first few days after the baby was born, she had been feeling tearful and mixed up. The midwife reassured her that she was only passing through a brief phase of emotional distress, as experienced by many mothers. She suggested that Lucy and her husband spend a lot of time together and care for the baby and said that her mood would improve. As expected, Lucy felt better within a couple of days. Everything seemed fine for the next month or so. Then, quite gradually, Lucy began to feel tired and weak. Her sleep became disturbed. She would wake very early in the morning, even though she felt tired. Her mind was filled with negative thoughts about herself and, to her fright, about her baby. She began to lose interest in her home responsibilities. Lucy's husband was becoming irritated with what he saw as her lazy and uncaring behaviour. It was only when the community nurse visited for a routine baby check that Lucy's depression was correctly diagnosed.

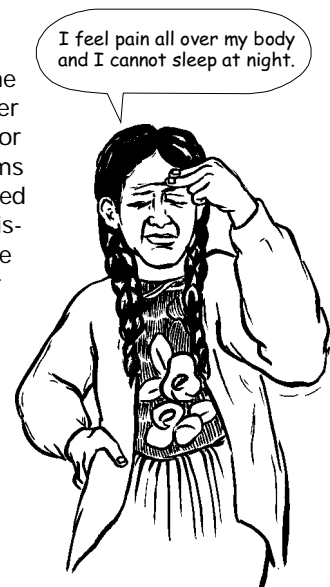
*What's the problem?* Lucy was suffering from a kind of depression that can occur in mothers after childbirth. It is called postnatal depression.



#### Case 1.2

Rita was a 58-year-old woman whose husband had suddenly died the previous year. Her children had all grown up and left the village for better employment opportunities in a big city. She had started experiencing poor sleep and loss of appetite soon after her husband died. The symptoms worsened once her children left the village after the funeral. She started experiencing headaches, backaches, stomachaches and other physical discomforts, which led her to consult the local clinic. There she was told she was well, but was prescribed sleeping pills and vitamins. She felt better immediately, particularly because her sleep improved. However, within two weeks her sleep got worse again and she went back to the clinic. She was given more sleeping pills and injections. This went on for months, until she could no longer sleep without the sleeping pills.

*What's the problem?* Rita had a 'physical' presentation of depression resulting from the death of her husband and loneliness because her children were no longer living with her. The clinic doctor had not asked about her emotions and gave her sleeping pills. This led to Rita becoming dependent on sleeping pills.





### Case 1.3

Ravi was 30 when he had a serious road accident. He was riding his motorcycle with a close friend on the pillion seat. The bike was hit by a bus from behind, and Ravi and his friend were thrown off the bike. To Ravi's horror, his friend fell under the wheels of the bus and died instantly. After a few days of deep sadness and shock, Ravi began to experience spells of fear. These started when he had been shopping in the market. Ravi suddenly experienced a choking sensation and felt his heart beating hard. His father had a heart complaint and Ravi became worried that he had a heart problem too. This made him scared and fearful. The doctor sent him for tests which showed that he had a healthy heart. Ravi also started getting nightmares, when he would see the whole accident played out. Sometimes, even when he was awake, he would get images of the accident in his mind and he would feel scared and tense. His sleep began to suffer and soon he began to feel suicidal.

*What's the problem?* Ravi was suffering from an anxiety illness that may occur after a person has been involved in a traumatic event. This is sometimes called 'post-traumatic stress disorder.'

#### Box 1.1. The key features of depression

A person with depression will experience some of the following symptoms:

##### *Physical*

- tiredness and a feeling of fatigue and weakness
- vague aches and pains all over the body

##### *Feeling*

- feeling sad and miserable
- a loss of interest in life, social interactions, work, etc.
- guilty feelings

##### *Thinking*

- hopelessness about the future
- difficulty making decisions
- thoughts that he is not as good as others (low self-esteem)
- thoughts that it would be better if he were not alive
- suicidal ideas and plans
- difficulty in concentrating

##### *Behaving*

- disturbed sleep (usually reduced sleep, but occasionally too much sleep)
- poor appetite (sometimes increased appetite)
- reduced sex drive

Common mental disorders consist of two types of emotional problems: depression and anxiety. Depression means feeling low, sad, fed up or miserable. It is an emotion that almost everyone suffers from at some time in their life. To some extent it can be thought of as 'normal'. But there are times when depression starts to interfere with life and then it becomes a problem. For example, everyone gets spells of feeling sad but most people manage to carry on with life and the spell goes away. Sometimes, however, the depression lasts for long periods, even more than a month. It is associated with disabling symptoms such as tiredness and difficulty concentrating. The feeling starts to affect daily life and makes it difficult to work or to look after small children at home. If depression starts to get in the way of life and lasts for a long period of time, then we can assume that the person is suffering from an illness. The key features of depression are shown in Box 1.1.

Anxiety is the sensation of feeling fearful and nervous. Like depression, this is normal in certain situations. For example, an actor before going on stage or a student before an examination will feel anxious and tense. Some people seem to be always anxious but still seem to cope. Like depression, anxiety becomes an illness if it lasts long (generally more than two weeks), is interfering with the person's daily life or is causing severe symptoms. The key features of anxiety are shown in Box 1.2.

Most people with a common mental disorder have a mixture of symptoms of depression and anxiety. Most never complain of feeling or thinking symptoms as their main problem but instead experience physical and behavioural symptoms (as in Case 1.2). This could be for many reasons. For example, they may feel that

psychological symptoms will lead to them being labelled as 'mental' cases (← 5.1.1).

Three varieties of common mental disorders may present with specific or unusual complaints:

- Panic is when anxiety occurs in severe attacks, usually lasting only a few minutes. Panic attacks typically start suddenly. They are associated with severe physical symptoms of anxiety and make sufferers feel terrified that something terrible is going to happen or that they are going to die. Panic attacks occur because people who are fearful breathe much faster than usual. This leads to changes in the blood chemistry which cause physical symptoms.
- Phobias are when a person feels scared (and often has a panic attack) only in specific situations. Common situations are crowded places such as markets and buses (as in the case 1.3), closed spaces like small rooms or lifts, and in social situations such as meeting people. The person with a phobia often begins to avoid the situation that causes the anxiety, so that, in severe cases, the person may even stop going out of the house altogether.
- Obsessive–compulsive disorders are conditions where a person gets repeated thoughts (obsessions) or does things repeatedly (compulsions) even though the person knows these are unnecessary or stupid. The obsessions and compulsions can become so frequent that they affect the person's concentration and lead to depression.

Advice on the various ways depression and anxiety present in health care settings and how to manage these problems is given in Chapters 5 and 7.

### 1.3.2 'Bad habits'

#### Case 1.4

Michael was a 44-year-old man who had been attending the clinic for several months with various physical complaints. His main complaints were that his sleep was not good, that he often felt like vomiting in the mornings and that he was generally not feeling well. One day, he came to the clinic with a severe burning pain in the stomach area. Antacids were not as much help as they had been before. He was seen by the doctor, who prescribed more antacids and ranitidine, a medicine to help stomach ulcers heal. When he was about to leave the clinic, the doctor noticed that Michael was sweating profusely and his hands appeared to be shaking. The doctor asked Michael if he had any other problems. Michael sat down and started crying. He admitted that his main problem was that he had been drinking increasing amounts of alcohol in the previous few months as a way of coping with stress at work. However, now the drinking itself had become a problem. He could not pass even a few hours without having to have a drink.

#### Box 1.2. The key features of anxiety

A person with anxiety will experience some of the following symptoms:

##### *Physical*

- feeling her heart is beating fast (palpitations)
- a feeling of suffocation
- dizziness
- trembling, shaking all over
- headaches
- pins and needles (or sensation of ants crawling) on her limbs or face

##### *Feeling*

- feeling as if something terrible is going to happen to her
- feeling scared

##### *Thinking*

- worrying too much about her problems or her health
- thoughts that she is going to die, lose control or go mad (these thoughts are often associated with severe physical symptoms and extreme fear)
- repeatedly thinking the same distressing thought again and again despite efforts to stop thinking them

##### *Behaving*

- avoiding situations that she is scared of, such as marketplaces or public transport
- poor sleep



*What's the problem?* Michael was dependent on alcohol. Many of his complaints were due to the direct damage caused by alcohol to his body. Some symptoms were caused by the distress he felt because of withdrawal symptoms.

### Case 1.5

Li was an 18-year-old high school student. He had always been an average student, hardworking and honest. Recently, however, his mother had noticed that Li had been staying out till late at night, his school grades had been falling, and he was spending more money. The previous week, his mother noticed that some money was missing from her purse. She was worried that Li might have stolen it. She had also noticed that Li was spending less time with his old friends and family, and seemed to be hanging around with a new group of friends, whom he did not introduce to his parents. His mother had suggested to him that he should see a counsellor, but he refused. The health worker decided to visit Li at home. Li was very reluctant to discuss anything at first. However, as he became more trusting of the health worker, he admitted that he had been using heroin regularly for several months, and now he was 'hooked'. He had tried to stop on many occasions, but each time he felt so sick that he just went back to the drug. He said he wanted help but did not know where to turn.



*What's the problem?* Li had become dependent on heroin. Because of his dependence, his school performance had suffered and he had been seeing new friends who also use drugs. He had been stealing things to pay for the drug.

A person is said to be dependent on alcohol or drugs when their use harms the person's physical, mental or social health. Typically, it becomes difficult for people to stop using these substances because they may develop physical discomfort and an extreme desire to consume the substance ('withdrawal syndrome'). Dependence problems cause great damage to sufferers, their families and ultimately to the community. Alcohol, for example, not only harms the drinker through its physical effects, but is also associated with high suicide rates, marriage problems and domestic violence, road traffic accidents and increased poverty. For most heavy drinkers, alcohol misuse is rarely the main reason for seeking health care. Instead, you have to be alert and ask people about their drinking habits, particularly when the clinical presentation suggests that the illness may be related to drinking. The key features of alcohol dependence are shown in Box 1.3.

Different types of drugs may be abused. Other than alcohol, the commonest drugs of misuse are: cannabis, opium and related drugs such as heroin; cocaine and other stimulants, such as 'speed'; and sedative medicines. The key features are shown in Box 1.4.

There are other habits that can damage people's health. These include smoking cigarettes, dependence on sleeping pills, and gambling.

Advice on how to identify and help people with habit problems is given in Chapter 6.

### 1.3.3 Severe mental disorders (psychoses)

This group of mental disorders consists of three main types of illness: schizophrenia, manic-depressive disorder (also called bipolar disorder) and brief psychoses. These illnesses are rare. However, they are characterised by marked behavioural problems and strange or unusual thinking. This is why these are the disorders most typically associated with mental illness. The majority of patients in psychiatric hospitals suffer from psychoses.

**Box 1.3. The key features of alcohol dependence**

A person with alcohol dependence will experience some of the following symptoms:

*Physical*

- stomach problems, such as gastritis and ulcers
- liver disease and jaundice
- vomiting blood
- vomiting or sickness in the mornings
- tremors, especially in the mornings
- accidents and injuries
- withdrawal reactions, such as seizures (fits), sweating, confusion

*Feeling*

- feeling helpless and out of control
- feeling guilty about his drinking behaviour

*Thinking*

- a strong desire for alcohol
- continuous thoughts about the next drink
- thoughts of suicide

*Behaving*

- sleep difficulties
- the need to have a drink in the daytime
- the need to have a drink early in the morning, to relieve physical discomfort

**Box 1.4. The key features of drug misuse**

A person who misuses drugs will experience some of the following symptoms:

*Physical*

- breathing problems, such as asthma
- skin infections and ulcers if she injects drugs
- withdrawal reactions if the drug is not taken, such as nausea, anxiety, tremors, diarrhoea, stomach cramps, sweating

*Feeling*

- feeling helpless and out of control
- feeling guilty about taking drugs
- feeling sad and depressed

*Thinking*

- a strong desire to take the drug
- continuous thoughts about the next occasion of drug use
- thoughts of suicide

*Behaving*

- sleep difficulties
- irritability, such as becoming short-tempered
- stealing money to buy drugs; getting in trouble with the police

**Case 1.6**

Ismail was a 25-year-old college student who was brought by past year and had started locking himself in his room. Ismail used to be a good student but had failed his last exams. His mother said that he would often spend hours staring into space. Sometimes he muttered to himself as if he were talking to an imaginary person. Ismail had to be forced to come to the clinic by his parents. At first, he refused to talk to the nurse. After a while he admitted that he believed that his parents and neighbours were plotting to kill him and that the Devil was interfering with his mind. He said he could hear his neighbours talk about him and say nasty things outside his door. He said he felt as if he had been possessed, but did not see why he should come to the clinic since he was not ill.

*What's the problem?* Ismail was suffering from a severe mental disorder called schizophrenia. This made him hear voices and imagine things that were not true.



**Box 1.5. The key features of schizophrenia**

A person with schizophrenia will experience some of the following symptoms:

*Physical*

- strange complaints, such as the sensation that an animal or unusual objects are inside his body

*Feeling*

- depression
- a loss of interest and motivation in daily activities
- feeling scared of being harmed

*Thinking*

- difficulty thinking clearly
- strange thoughts, such as believing that others are trying to harm him or that his mind is being controlled by external forces (such thoughts are also called 'delusions')

*Behaving*

- withdrawal from usual activities
- restlessness, pacing about
- aggressive behaviour
- bizarre behaviour such as hoarding rubbish
- poor self-care and hygiene
- answering questions with irrelevant answers

*Imagining*

- hearing voices that talk about him, particularly nasty voices (hallucinations)
- seeing things that others cannot (hallucinations)

**Box 1.6. The key features of mania**

A person with mania will experience some of the following symptoms:

*Feeling*

- feeling on top of the world
- feeling happy without any reason
- irritability

*Thinking*

- believing that she has special powers or is a special person
- believing that others are trying to harm her
- denying that there is any illness at all

*Behaving*

- rapid speech
- being socially irresponsible, such as being sexually inappropriate
- being unable to relax or sit still
- sleeping less
- trying to do many things but not managing to complete anything
- refusing treatment

*Imagining*

- hearing voices that others cannot (often, these voices tell her that she is an important person who can do great things)

Schizophrenia is a severe mental disorder which usually begins before the age of 30. Sufferers may become aggressive or withdrawn, may talk in an irrelevant manner and may talk to themselves. They may feel suspicious of others and believe unusual things, such as that their thoughts are being interfered with. They may experience hallucinations, such as hearing voices that others cannot. Unfortunately, many people with schizophrenia do not recognise that they are suffering from an illness and refuse to seek treatment voluntarily. Schizophrenia is often a long-term illness, lasting several months or years, and may require long-term treatment. The key features of schizophrenia are shown in Box 1.5.

**Case 1.7**

Maria was a 31-year-old who has been brought to the clinic by her husband because she had started behaving in an unusual manner a week previously. She was sleeping much less than usual and was constantly on the move. Maria had stopped looking after the house and children as efficiently as before. She was talking much more than normal and often said things that were unreal and grand. For example, she had been saying that she could heal other people and that she came from a very wealthy family (even though her husband was a factory worker). She had also been spending more money on clothes and cosmetics than was normal for her. When Maria's husband tried to bring her to the clinic, she became very angry and tried to hit him. Finally, his neighbours had helped him to force her to come.

*What's the problem?* Maria was suffering from a severe mental disorder called mania. This made her believe grand things and made her irritable when her husband tried to bring her to the clinic.

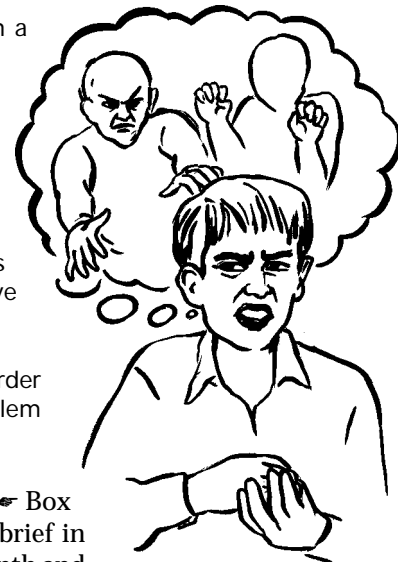


Manic-depressive illness or bipolar disorder is typically associated with two poles (or extremes) of mood: 'high' mood (or mania) and 'low' mood (or depression). The illness usually begins in adulthood and mostly comes to the notice of the health worker because of the manic phase (Box 1.6 lists the key features). The depressed phase is similar to depression in common mental disorders except that it is usually more serious. A typical feature of this condition is that it is episodic. This means that there are periods during which sufferers are completely well, even if they are not taking treatment. This is in contrast to people with schizophrenia, who may, in the absence of medication, often remain ill.

**Case 1.8**

Ricard was a 34-year-old man who suddenly started behaving in a bizarre manner three days earlier. He became very restless, started talking nonsense and behaved in a shameless manner, taking his clothes off in public. He had no history of a mental illness. The only medical history was that he had been suffering from fever and headaches for a few days before the abnormal behaviour began. When he was brought to the clinic, he appeared confused and did not know where he was or what day it was. He was seeing things that others could not and could not answer the health worker's questions sensibly. He also had high fever. He was found to have cerebral malaria.

*What's the problem?* Ricard was suffering from a severe mental disorder called delirium, confusion or acute psychosis. In his case, the problem had been caused by the infection of his brain by malaria.



An acute or brief psychosis appears similar to schizophrenia (← Box 1.7), but is different in that it usually starts suddenly and is brief in duration. Thus, most sufferers recover completely within a month and do not need long-term treatment. Brief psychoses are typically caused by a sudden severe stressful event, such as the death of a loved person. Sometimes, a severe medical or brain illness can cause the psychosis; when this happens, the condition is also called 'delirium' (← Box 1.8). Delirium often needs urgent medical treatment.

**Box 1.7. The key features of acute or brief psychoses**

The symptoms are similar to those of schizophrenia and mania (see Boxes 1.5 and 1.6). The key is that the symptoms begin suddenly and last less than a month. The typical symptoms seen are:

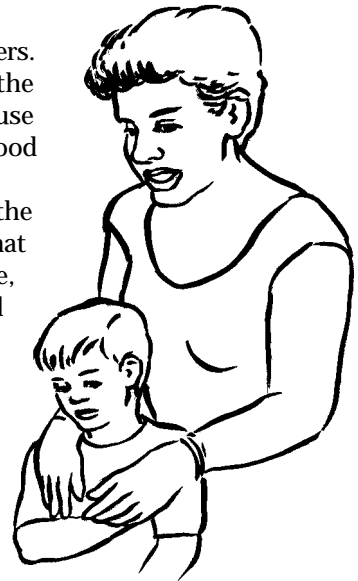
- severe behavioural disturbance such as restlessness and aggression
- hearing voices or seeing things others cannot
- bizarre beliefs
- talking nonsense
- fearful emotional state or rapidly changing emotions (from tears to laughter)

Advice on how to deal with severe mental disorders can be found in Chapter 4.

**1.3.4 Mental retardation**

The term ‘mental retardation’ is being dropped by many health workers. This is because it is often used in a discriminatory way. Instead, the term ‘learning disability’ is preferred. In this manual, we will use ‘mental retardation’ because it is the most widely used and understood term to describe the condition of delayed mental development.

Mental retardation is not a mental illness in the strict sense of the term. This is because an illness usually refers to a health problem that begins and ends. Mental retardation, on the other hand, is a state, i.e. a condition that is present from very early childhood, and remains present for the rest of the person’s life. Mental retardation means that the brain development (and thus mental abilities) of the child is slower or delayed compared with that in other children. People with mental retardation are often brought to health workers by concerned relatives for many reasons such as self-care, school difficulties and behavioural problems such as aggression (← Box 1.9).

**Case 1.9**

Baby Rudo was born after a very difficult labour. Her mother was in labour for more than two days and the baby was getting stuck in her birth passage. After the village midwife said that the mother needed medical help, she was put in a taxi and taken to the hospital, about three hours away. At the hospital they had to do an operation to remove the baby. The baby did not breathe for many minutes after being born

**Box 1.8. The key features of delirium (acute psychosis caused by a brain or medical illness)**

A person with delirium will experience some of the following symptoms:

- disorientation (he does not know where he is or what time it is)
- fever, excess sweating, raised pulse rate and other physical signs
- poor memory
- disturbed sleep pattern
- visual hallucinations (seeing things others cannot)
- symptoms that vary from hour to hour, with periods of apparent recovery alternating with periods of severe symptoms

**Box 1.9. Key features of mental retardation**

A person with mental retardation will experience some of the following symptoms:

- delays in achieving milestones such as sitting up, walking and speaking
- difficulties in school, especially coping with studies and repeated failures
- difficulties in relating to others, especially other children of the same age
- in adolescence, inappropriate sexual behaviour
- in adulthood, problems in everyday activities such as cooking, managing money, finding and staying on in a job, etc.

and it was only because of the doctor's treatment that she lived at all. She was a very precious baby indeed! Both parents took great care of Rudo, who seemed quite normal for the first few months. However, they later noticed that Rudo took longer to learn to sit up by herself and to walk than had their son, Thabo. For example, whereas Thabo had been able to walk by the time he was just one year old, Rudo began walking when she was nearly two. Even her speaking seemed much delayed. She could not call her mother even when she was two years old. It was then that they realised something was not right. They took Rudo to a children's doctor, who asked them many questions about Rudo's few years of life.

*What's the problem?* The doctor carefully explained that Rudo was suffering from mental retardation. This had probably happened because Rudo's brain had been damaged as a result of the great delay in getting her mother to a hospital during her difficult labour.

There can be various degrees of mental retardation:

- mild retardation may lead only to difficulty in schooling but no other problems;
- moderate retardation may lead to failure to stay in the school system and difficulties in self-care such as bathing;
- severe retardation often means the person needs help even for simple activities such as eating.

Whereas persons with mild retardation may spend their entire lives without being referred to health workers, those at the severe end are diagnosed in early childhood because of the obvious severity of the disability. Whereas those in the mild category may be able to live alone and work in certain types of jobs, those in the severe category will almost always need close supervision and care.

Advice on how to help children with mental retardation is given in section 8.1, and information on how to prevent mental retardation is given in section 10.2.

### 1.3.5 Mental health problems in the elderly

#### Case 1.10

Raman was a 70-year-old retired postman who was living with his son and daughter-in-law. His wife had died some 10 years previously. Over the past few years, Raman had become increasingly forgetful, something his family passed off as 'just growing old'. However, the forgetfulness kept getting worse, until one day he lost his way around his own home. He started forgetting the names of his relatives, including his favourite grandchildren. His behaviour became unpredictable; on some days, he would be irritable and easily lose his temper, while on others he would sit for hours without saying a thing. Raman's physical health began to deteriorate and one day he had a fit. Raman's son brought him to hospital, where a special scan of the brain was done; this showed changes in the structure of the brain which confirmed that Raman had dementia.

**Box 1.10. Key features of dementia**

A person with dementia (who will rarely be under the age of 60) will have some of the following symptoms:

- forgetting important things like names of friends or relatives
- losing her way in familiar areas such as in the village or home
- becoming irritable or losing her temper easily
- becoming withdrawn or appearing depressed
- laughing and crying for no reason
- having difficulty following conversations
- not knowing what day it is or where she is (disorientation)
- talking inappropriately or irrationally

*What's the problem?* Raman was suffering from a kind of brain disease typically found in older people, called dementia. This illness begins with forgetfulness. It continues to get worse as time passes and leads to behaviour problems.

The elderly suffer from two main types of mental illness. One is depression, which is often associated with loneliness, physical ill health, disability and poverty. This is similar to depression in other age groups. The other mental health problem in the elderly is dementia (Box 1.10). This is typically a disease of older people only.

The clinical problems associated with dementia are discussed in section 4.7. Integrating mental health in health care for the elderly is discussed in section 9.9.

**1.3.6 Mental health problems in children**

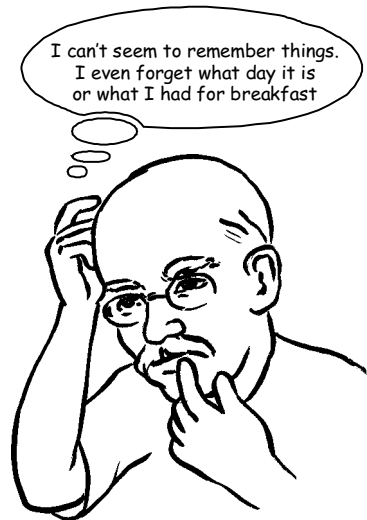
Certain types of mental health problems that typically occur in childhood:

- dyslexia, which affects learning abilities;
- hyperactivity, where children are overactive;
- conduct disorders, in which children misbehave much more than is normal;
- depression, in which children become sad and unhappy;
- bed-wetting, in which children wet the bed at an age when they should not.

Children will also come to your attention when they have been the victims of abuse.

The main thing to remember is that these child mental health problems (Box 1.11), unlike mental retardation, often improve, and some children completely recover. Thus, it is important not to assume that any child with a behaviour problem is mentally retarded.

For more information on these topics ← Chapter 8, and also sections 9.6, 9.7, 10.3.

**Box 1.11. Key features of mental illness in children**

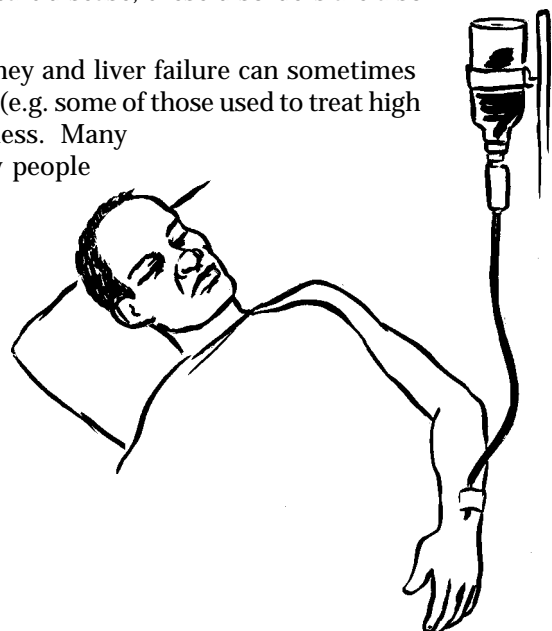
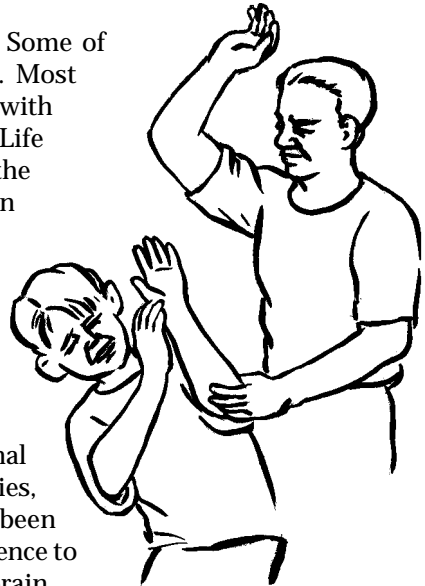
The key signs that suggest mental illness in children are:

- a child who is doing badly in studies even though she has normal intelligence
- a child who is always restless and cannot pay attention
- a child who is constantly getting in trouble or fights with other children
- a child who is withdrawn and does not play or interact with other children
- a child who refuses to go to school

### 1.4 The causes of mental illness

In many cultures, both medical and traditional explanations are used to understand the causes of ill health. Traditional models are often related to spiritual or supernatural causes, such as bad spirits or witchcraft. You should be aware of the beliefs in your culture. However, you should also be aware of the medical theories and use these to explain mental illness to the people who consult you. It is useful to keep in mind the following main factors that can lead to mental illness:

- *Stressful life events.* Life is full of experiences and events. Some of these may make a person feel worried and under stress. Most people will learn how to deal with such events and carry on with life. However, sometimes they can lead to mental illness. Life events that cause great stress include unemployment, the death of a loved one, economic problems such as being in debt, loneliness, infertility, marital conflict, violence and trauma.
- *Difficult family background.* People who have had an unhappy childhood because of violence or emotional neglect are more likely to suffer mental illnesses such as depression and anxiety later in life.
- *Brain diseases.* Mental retardation, dementias and emotional problems can result from brain infections, AIDS, head injuries, epilepsy and strokes. No definite brain pathology has yet been identified for many mental illnesses. However, there is evidence to show that many illnesses are associated with changes in brain chemicals such as neurotransmitters.
- *Heredity or genes.* Heredity is an important factor for severe mental disorders. However, if one parent has a mental illness, the risk that the children will suffer from a mental illness is very small. This is because, like diabetes and heart disease, these disorders are also influenced by environmental factors.
- *Medical problems.* Physical illnesses such as kidney and liver failure can sometimes cause a severe mental disorder. Some medicines (e.g. some of those used to treat high blood pressure) can cause a depressive illness. Many medicines when used in large doses in elderly people can cause a delirium.



## 1.5 Culture and mental illness

There are many ways in which culture can influence mental health issues.

- *What is a mental illness?* Concepts about what a mental illness is differ from one culture to another. The group of disorders most often associated with mental illness is the severe mental disorders, such as schizophrenia and mania. The commonest mental health problems in general or community health care are the common mental disorders (depression and anxiety) and problems associated with alcohol and drug dependence. These disorders are rarely viewed as being mental illnesses. Although you should be aware of these mental illnesses, you need not add to the sufferer's problems by using labels with a potential stigma attached to them. Instead, you can use locally appropriate words to describe stress or emotional upset as a way of communicating the diagnosis. (For more on the main mental health problems in a primary care clinic ← section 9.1.)
- *Words used to describe emotional distress.* The descriptions of human emotions and illness are not easy to translate into different languages. Consider the word 'depression'. This word means sadness and is used to describe both a feeling ('I feel depressed') and an illness ('the patient is suffering from depression'). In many languages, however, while there are words to describe the feeling of sadness, there are no words that describe depression as an illness. Thus, it is important to try to understand the words in the local language that best describe depression as a feeling and as an illness. Sometimes, different words may be found for these two meanings. Sometimes, a phrase or series of words will need to be used to convey the meaning of depression as an illness. The Glossary in this manual provides the words in English to describe various mental health problems and symptoms. Space is provided next to each word and its meaning for readers to write down the term in their local language.
- *Beliefs about witchcraft and evil spirits.* People in many societies feel that their illness has been caused by witchcraft or evil spirits or is the result of some supernatural cause. There is little to gain from challenging such views (which are often shared by the community). Such an approach will only make the person feel uncomfortable. Instead, it would be better to understand these beliefs and explain the medical theory in simple language.
- *Priests, prophets and psychiatrists: what do people do when in distress?* Sick people seek help from a variety of alternative, religious and traditional health care providers. Examples include: homoeopathy, Ayurveda, traditional Chinese medicine, spiritual healers, shamans, priests, pastors and prophets. This is for several reasons. First, medical health care does not have the answers for all health problems, and this is especially true for mental illness. Second, many



People with mental illness seek help from different sources.

**Box 1.12. Things to remember about mental illness**

- There are a number of different types of mental illness. Mental illness can produce severe disability and can lead to death.
- The commonest types of mental illness in the community or general health care settings are the common mental disorders, and disorders related to alcohol dependence; however, many patients and health workers may not consider these conditions as mental disorders.
- Schizophrenia, manic-depressive illness and acute psychoses are conditions that are most often recognised by the community and health workers as mental illnesses, because of the disturbed behaviour associated with them.
- Stressful events, changes in brain function and medical factors such as brain infections are the main causes of mental illness.
- Some people may believe that spirits or supernatural factors cause mental illness. You should not challenge these beliefs but try to put forward the medical explanations for these problems.
- It is not essential that you label a person with a mental illness diagnosis. What matters is that you recognise the existence of a mental health problem, attempt to identify the type of mental illness and then offer appropriate treatment.

persons associate their emotional upset with spiritual or social factors and thus seek help from non-medical persons. Traditional treatment may help some people get better quicker than would medical treatments.

- *Counselling people with mental health problems.* In many Western societies, counselling to help people with emotional problems is based on psychological theories which have evolved from within their cultures. These theories are foreign to the cultural beliefs in many non-Western cultures. This does not mean that counselling therapies will not be useful in these cultures. You will need to search for resources and methods that have evolved in your own culture because these are likely to prove more acceptable. Only a simple form of counselling that can be applied in most cultures is described in this manual (☛ section 3.2).

**Box 1.13. Voices from the edge**

"It was so frightening when it first happened. I was sitting on a bus, when all of a sudden my heart started beating so fast that I felt I was having a heart attack. I had difficulty breathing, and then I started feeling as if ants were crawling on my hands and feet. My heart started pounding even faster, my body felt hot and I was trembling all over. I just had to get off the bus, but it was moving fast and I began to choke. My biggest fear was that I might collapse or go mad. Then the bus came to a stop and I rushed to get off even though I was still far from home. Since then, I have never been able to get on a bus ... just the thought of using a bus makes me feel sick. For the past two years, I have stopped going out of the house because of this fear and now I have few friends and almost no social life ... I didn't know what to do and I was too scared to see a psychiatrist ... after all, I am not a mental case."

*A 24-year-old woman with panic attacks and phobia*



"I was only 17 when I first started hearing the voices. At first, I wasn't sure whether they were in my mind or real. But later, I used to hear strangers talking about me, saying nasty things. Once I heard a voice telling me to jump into a well and for days I would stand near the well feeling that I should obey the voice. I used to feel that my thoughts were being controlled by the TV and, sometimes, I was sure that my food was being poisoned and that gangsters were out to kill me. I used to get angry and it was when I lost my temper so badly and hit my neighbour that I was taken to the hospital."

*A 23-year-old man with schizophrenia*

"It started quite gradually, but before I knew it I had lost all interest in life. Even my children and family didn't make me feel happy. I was tired all the time. I could not sleep ... I used to wake up at 2 or 3 in the morning and then just toss and turn. I lost the taste for food which I used to love and I lost weight. I even lost interest in reading because I just could not concentrate. My head ached. I felt so lousy about myself, that I was a burden on the family and so on. The worst thing was that I felt embarrassed about the way I felt and could not tell anyone ... my mother-in-law used to complain that I had become lazy. Once I felt like ending my life and it was then that I got so scared that I told my husband ... that was two months after I started feeling ill."

*A 43-year-old woman with depression*



"I used to feel as if I had so much energy that I did not need to sleep at all. In fact, I hardly slept in those days. I would rush about with all my schemes and plans, but never really managed to finish any of them properly. I used to lose my temper if anyone tried to stop me. Once I got into a big fight with my business partners over one of my crazy schemes. But when I was high, I never realised how wrong I was. I even felt sometimes that I had special powers to heal others. The worst thing about my illness was how I would spend so much money that I almost bankrupted the family."

*A 38-year-old man with mania*

"I don't know what's happening. I seem to forget things so easily. The other day, my wife came to give me my morning tea and, for a moment, I did not know who she was. And then, I was walking home from the market and, even though I was in my village, I suddenly found I had no idea where I was. I always thought I was getting absent minded as I grew older, but this is too much ... and then I remember my father who died after years of losing his memory and now I am scared that I may have the same problem."

*A 68-year-old man with dementia*



"My problems started at work when I started taking too much sick leave. I kept getting stomach upsets and, recently, I had jaundice. It was then that I started worrying about my drinking. What frightens me is that I wake up feeling terrible. It's like I must have a drink to get myself going in the day. These days I am starting to drink even before lunch. I don't know exactly how much I am drinking but it never seems to be enough."

*A 44-year-old man with a drinking problem*