

+ DISCOVERY HEALTH MATTERS

Mental
Health





Discovery Health Matters

Discovery Health Matters is a layman's guide to important, but often misunderstood topics in healthcare. The information contained in this document is for informational purposes only, and should not be used to replace professional medical advice, or be used to diagnose or treat a medical condition.



Mental health

One of the greatest challenges to living with a mental health condition today is people's attitude towards it. Misinformation fuels misunderstanding and stigma. Here we bring you the facts about some of the most common mental health issues of our time, and how to successfully manage them, to achieve acceptance, and a fuller and happier life.



DEPRESSION

What is depression?

Life is full of emotional ups and downs and everyone experiences the blues from time to time. But when periods of being down are long lasting or interfere with the ability to function at home or at work, you may be suffering from this common, yet serious illness.

A depressive disorder is a "whole-body" illness, involving your body, mood and thoughts: It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. A depressive disorder is not the same as a transient blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away; people with depression can't 'snap out' of it or 'pull themselves together' because it is a real and physical illness.

Without treatment, symptoms can last for weeks, months or years. Appropriate treatment, however, can help the majority of people who suffer from depression.

Who is affected by depression?

Research shows that about 20% of the population will develop a depressive disorder at some time during their lives, and nearly two thirds do not get the help they need. Depression affects all types of people. Reports show that depression is twice as common in women than it is in men.

By 2020, it's estimated that depression will be the second most debilitating health condition in the world.

Clinical depression affects mood, mind, body and behaviour. Treatment can alleviate the symptoms more than 80% of the time. Yet, because it often goes unrecognised, depression continues to cause unnecessary sufferings.



Symptoms of depression

Not everyone who is depressed experiences every symptom. Some people experience a few symptoms; some have many. The severity of symptoms can also vary from person to person.

SYMPTOMS OF DEPRESSION

1 **Persistent physical symptoms** that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

2 Feelings of **guilt, worthlessness, helplessness and self-reproach.**

3 **Deterioration** of social relationships.

4 Feelings of **hopelessness and pessimism.**

5 **Sleep disturbances** like insomnia, early-morning awakening, or oversleeping.

6 **Appetite and/or weight loss** or overeating and weight gain.

7 **Increased use of** alcohol and drugs (may be associated but not a criteria for diagnosis).

8 **Loss of interest or pleasure** in hobbies and activities that were once enjoyed, including sex.

9 Thoughts of death or suicide; **suicide attempts.**

10 **Restlessness, irritability, hostility.**

11 **Decreased energy,** fatigue and feeling exhausted or run down.

12 **Difficulty** concentrating, remembering, making decisions.





DEPRESSION CONTINUED

Depression in children

While depression is more common in adults, it occurs in at least two in every 100 children. Children are more likely to become depressed if they come from broken homes, have suffered abuse or neglect, or have lost a parent early in their life. Another contributing factor is childhood illness.

Signs of apathy or not caring often marks depression in children. Other signs of childhood depression include behavioural problems or eating disorders that lead to substantial weight loss or gain.

Families often notice changes in children as they become depressed. Schoolwork may deteriorate and previously boisterous and energetic children may become quiet and fatigued. If you think your child may be depressed, seek an evaluation by a doctor experienced in dealing with children and depression. Depression in children can manifest as severely as in adults; and children respond to similar treatments used to treat depression in adults.

Depression in adolescents

Because young people experience many emotional ups and downs as part of growing up, depression can affect them. Although many teenagers do experience depressed moods as a normal result of changing hormones, clinical depression affects five in every 100 teenagers.

Like 'adult' depression, it can interfere with daily activities, such as academic performance, friendships and result in decreased enjoyment in activities and hobbies. Depression makes this age group high risk for suicide.

Depressive illness in adolescents is often accompanied by tobacco, alcohol and drug abuse; promiscuous sexual behaviour and risk-taking behaviour.

Depression may also follow bereavement, particularly if there is a family history of depression. Other severe stressors include physical or sexual assault. Adolescent depression may present with irritability and behavioural disorders, while increased sleep is more common than insomnia, in some cases.

A close relationship with your child or teenager will help you identify any changes in behaviour or causes for concern. Contact the South African Depression and Anxiety Group if you have questions or concerns about your child.

Depression in the elderly

Many of the factors associated with depression are bound to be more common in older people. For example, they may have physical illnesses, such as arthritis. This can prevent people from getting out and about, making them feel lonely and isolated. Also, as a person becomes older, the more likely they are to suffer bereavement. Other triggers or stressors can be retirement, financial problems, and the increasing certainty of their own demise. Despite all this, depression in the elderly is highly treatable, and should not go unchecked.

The elderly often present with anxiety as a dominant symptom of depression. Older people with symptoms of depression often worry that they are becoming 'senile'. For example, they may be worrying that they cannot seem to concentrate, or that their memory is not as good as it used to be. If they are actually aware of these changes (which are a normal part of ageing), it is more likely that they have depression rather than dementia. People with senile dementia do lose their faculties, but they don't usually realise that this is happening to them. Depression and dementia are completely separate conditions.



DEPRESSION CONTINUED

Postnatal depression

Feelings of sadness, anxiety, irritability, and fears of not being able to cope are common after giving birth and affect about 85% of all new mothers.

The 'baby blues' are a normal reaction to childbirth, and are driven mostly by fluctuating hormone levels. It is usually short-lived, starting a couple of days after birth and typically easing off by the end of the second week. The best form of help is support from family and friends and the opportunity to take regular rests.

Postnatal or post-partum depression, which affects about 20% of new mothers, is more than just baby blues. When the feelings of sadness do not go away after a few days or weeks they can develop into full depression. Postnatal depression can develop anytime during the baby's first year. A woman may experience some of the following feelings: a lack of energy, fatigue, difficulty concentrating, sleeping and eating disturbances, loss of interest, lowered sexual interest, suicidal ideas, mood swings, anxiety, restlessness, apathy, loss of positive feelings towards loved ones and guilt about 'not loving baby enough'. The best form of help involves support from family and friends, as well as from mental health professionals. Very often some form of medicine is needed and in certain cases the mother may need to be admitted to hospital. Support from family and friends is most important to enable the mother to know she is not at fault, and to help her to bond with her baby in any way she is able. This is important to the baby's own mental health.

Treatment options

Depression is one of the most treatable mental illnesses. Between 80% and 90% of all depressed people respond to treatment, and nearly all depressed people who receive treatment see some relief from their symptoms.

A complete evaluation is the first step in finding the right treatment. Depression is a complex illness, and there can be many contributing factors to the condition. An assessment will show whether any medicine could be contributing to the problem, whether anything in your medical or family history could be a factor, whether there has been a major life event to trigger depression, or whether changes in mood, thoughts, patterns of speech, and memory are manifesting depression. A psychiatrist may also do a physical examination to rule out any medical problems that might be related to depressive illness.

The treatment of depression is basically divided into two areas: Medicine and psychotherapy, which often work best together. It's important to seek treatment for depression as soon as possible; even people with severe depression can see rapid results.

Medicine

In most cases, a major depressive episode is treated with antidepressants. Never stop your medicine without discussing it with your doctor first.

Psychotherapy

Psychotherapy involves the verbal interaction between a trained professional (psychologist or psychiatrist) and a patient with emotional or behaviour problems. The therapist applies techniques based on established psychological principles to help the patient gain insights about him or herself and thus change the thoughts, feelings and behaviour that are preventing him or her moving forward.

An holistic approach to treatment

Other important aspects of wellness include exercise, healthy eating and proper relaxation. Be patient and kind to yourself while you recover.

You might find talking with other people who have experienced similar struggles helpful: Support groups can play an important role for both family members and people with depression. They provide education and advocate for those suffering from the disorder. Find out about depression: Understanding the illness enables you to manage it successfully, talk openly about it, and remove the stigma.

You are entitled to mental health

Peace of mind is a natural condition, and is available to everyone. Mental health supports our ability to have healthy relationships, make wise decisions about our personal and professional life, maintain physical health and well-being, handle the natural ups and downs of life and discover and grow towards our potential.



PANIC AND ANXIETY DISORDERS

Types of panic and anxiety disorders

Generalised anxiety disorder

People who suffer from generalised anxiety disorder experience an exaggerated sort of tension and extreme worry without an obvious cause. People with generalised anxiety disorder often seem unable to relax or fall asleep and may also experience lightheadedness, shortness of breath, nausea, trembling, muscle tension, headaches, irritability, or sweating.

Everyone feels anxiety at some stage as a normal reaction to threatening, dangerous, uncertain, or important situations. Some anxiety can even enhance people's function, motivation, and productivity; such as those who work well under pressure. But, when someone has severe anxiety, which is excessive, chronic, and typically interferes with their ability to function in normal daily activities, they may have generalised anxiety disorder. Generalised anxiety is different from phobia because it is not triggered by a specific object or situation.

Symptoms of generalised anxiety disorder

- Excessive anxiety and worry for a large portion of the day
 - Difficulty controlling worry
 - Restlessness or feeling on edge
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).
- The anxiety, worry, or physical symptoms cause significant distress or impairment in social, work, or other important areas of functioning.

Panic disorder

In panic disorder, which is probably the most common of the anxiety disorders, brief episodes of intense fear are accompanied by physical symptoms such as heart palpitations, dizziness, nausea, tingling, feeling out of breath and chest pains. They can occur repeatedly and unexpectedly in the absence of any external threat. These 'panic attacks' are believed to occur when the brain's normal mechanism for reacting to a threat – the so-called fight or flight response – becomes faulty. Most people with panic disorder also feel anxious about the possibility of having another attacks and avoid situations in which they believe these attacks could happen.

Further, some person may develop intense irrational fears, called phobias, about situations where a panic attack happened before. For example, someone who had a panic attack while driving may be afraid to get behind the wheel again, even to drive to the local supermarket. People who develop phobias may find their lives become very limited as a result.

Panic disorder affects one out of every 75 people and usually starts during the teen years or in early adulthood. Panic attacks are often triggered by a stressful event along with a physiological response. Depression or alcoholism often accompanies panic disorder.



PANIC AND ANXIETY DISORDERS CONTINUED

What are the symptoms of panic disorder?

Panic attacks

Typically, the first panic attack seems to come 'out of the blue', often while a person is engaged in some ordinary activity like driving a car or walking to work. Suddenly, the person is struck by severe frightening and uncomfortable symptoms. These symptoms often include terror, a sense of unreality, and the fear of losing control.

These symptoms usually last several seconds, but may continue for several minutes. The symptoms gradually fade over the course of about an hour. People who have experienced a panic attack say they feel extreme discomfort, fear that they are dying, or that they're 'going crazy'. Often, people who are having a panic attack seek help at a hospital casualty department.

Initial panic attacks may happen when people are under a lot of stress, from an overload of work, for example, or from the loss of a family member or close friend. The attacks may also follow surgery, a serious accident, illness or childbirth. Too much caffeine or the use of cocaine or other stimulant drugs can also trigger panic attacks. Nevertheless, panic attacks usually take a person by complete surprise. This unpredictability is one of the reasons they are so confusing and devastating.

Panic attack symptoms

A panic attack is a sudden and strong feeling of overwhelming fear and apprehension.

During a panic attack, some or all of the following symptoms occur:

- A sense of being overwhelmed by fright and terror, with accompanying physical distress for between four and six minutes
- Racing or pounding heartbeat
- Chest pains
- Dizziness
- Light-headedness
- Nausea
- Difficulty breathing
- Tingling or numbness in the hands
- Flushes or chills
- Sense of unreality
- Fear of losing control, going 'crazy', or doing something embarrassing
- Fear of dying

Who suffers from panic disorder?

The disorder typically begins in young adulthood, but older people and children can be affected. Women are affected twice as often as men. While people of all races and social classes can have panic disorder, there appears to be cultural differences in how symptoms are expressed. The disorder can also be inherited.

Strategies for coping with panic

Remember that although your feelings and symptoms are very frightening, they are not dangerous or harmful. Understand that what you are experiencing is only an exaggeration of your body's normal reaction to stress.

Do not fight your feelings or try to wish them away. The more you are willing to face them, the less intense they will become. Do not add to your panic by thinking about what might happen. If you find yourself asking "What if?" tell yourself "So what!"

Remain focused on the present. Notice what is really happening to you as opposed to what you think might happen. Label your fear level from zero to ten and watch it fluctuate. Notice that it does not stay at a very high level for more than a few seconds

When you find yourself thinking about the fear, change your 'what if' thinking. Focus on and carry out a simple and manageable task such as counting backwards from 100 in three's or snapping a rubber band on your wrist.

Notice that when you stop adding frightening thoughts to your fear, it begins to fade. When the fear comes, expect and accept it. Wait and give it time to pass without running away from it.



PANIC AND ANXIETY DISORDERS CONTINUED

Post-Traumatic Stress Disorder

Is a type of anxiety disorder that can happen after a traumatic event (such as violent crime, assault, war or an accident), causing someone to have disturbing thoughts and memories. Anniversaries of the incident can be difficult and ordinary events can trigger flashbacks or intrusive images. People with post-traumatic stress disorder can become easily irritated or have violent outbursts. Depression, substance abuse, or anxiety sometimes accompanies post-traumatic stress disorder.

Post-traumatic stress disorder is often misunderstood and misdiagnosed, even though the condition carries with it very specific symptoms that comprise a definite psychiatric disorder. The illness can be triggered not only by experiencing a traumatic event, but also by witnessing one.

Symptoms of post-traumatic stress disorder

Post-traumatic stress disorder symptoms are generally grouped into three types: 1. Intrusive memories; 2. Avoidance and numbing; and 3. Increased anxiety or emotional arousal.

Symptoms of intrusive memories include:

1. Flashbacks, or reliving the traumatic event for minutes or even days at a time
2. Upsetting dreams about the traumatic event

Symptoms of avoidance and emotional numbing include:

1. Trying to avoid thinking or talking about the traumatic event
2. Feeling emotionally numb
3. Avoiding activities you once enjoyed
4. Hopelessness about the future
5. Memory problems
6. Trouble concentrating
7. Difficulty maintaining close relationships

Symptoms of anxiety and increased emotional arousal may include:

1. Irritability or anger
2. Overwhelming guilt or shame
3. Self-destructive behavior, such as drinking too much
4. Trouble sleeping
5. Being easily startled or frightened
6. Hearing or seeing things that aren't there



BIPOLAR DISORDER

What is bipolar?

Bipolar disorder, also known as manic depression, is a physical illness marked by extreme changes in mood, energy and behaviour. It's a chronic illness and treatment is usually life-long but it can be managed with the right medicine, psychotherapy, and support from friends and family.

Who gets bipolar?

Manic depression is common – affecting about 1% of the population. Men and women are equally affected. While the disorder has been seen in children, the usual age of onset is late adolescence and early adulthood (the man age of onset is 25). Mania when it appears for the first time in the elderly is often related to another medical disorder. Although an equal number of men and women develop the illness, men tend to have more manic episodes. Women experience more depressive episodes. Bipolar disorder need not hold you back, some people with bipolar have won Academy Awards, others have created literary and fine-art masterpieces, or led their nations in critical times of history.

Symptoms of bipolar disorder

Two types of extreme moods happen when you are bipolar; there are manic and depressive episodes.

Manic episodes

Manic episodes are characterised by high energy. People in this phase need very little sleep, they have racing thoughts and talk so fast that other people can't follow their thinking. They are easily distracted and sometimes don't focus on any one thing for more than a few minutes. In this phase bipolar people aren't just happy; they're euphoric, overly optimistic and enthusiastic. People in this phase feel 'on top of the world' and may spend money excessively or behave recklessly; good judgment and caution seem to vanish.

Mania comes in degrees of severity and, while a very little amount may be pleasant and productive, even the less severe form known as hypomania can be problematic and cause social and occupational difficulties.

Depressive episodes

A great burst of energy can be followed by a severe low - the depressive phase of the illness. Depressive episodes are as extreme, but opposite to manic episodes. People in this phase feel sad, hopeless, down or blue, they lose interest in things they usually enjoy and they battle to sleep, or sleep too much. They sometimes feel slowed down, or too agitated to sit still.

The shift between these extreme and contrasting sets of emotions can be sudden and dramatic, or there may be a period of fairly normal mood between cycles. These cycles are different for different people. They can last for days, weeks, or even months.

Mixed episodes

It is also possible for both mania and depressive feelings to occur together.

Perhaps the most disabling episodes are those that involve symptoms of both mania and depression at the same time or frequently during the day. A person may be excitable, or agitated but simultaneously feel irritable and depressed.

Mixed episodes sometimes known as dysphoric mania, occur in up to 40% of people with manic depression and can be challenging, as they are more difficult to treat.

What causes bipolar disorder?

The exact cause of manic depression is not known, but it is believed to be a combination of biochemical, genetic and psychological factors.

- **Biochemistry**
Research has shown that this disorder is associated with a chemical imbalance in the brain, which can be corrected with appropriate medicine.
- **Genetics**
Bipolar disorder tends to run in families. However, if you have bipolar disorder and your spouse does not, there is only a one in seven chance that your child will develop it. The chance may be greater if you have a number of relatives with bipolar disorder or depression.
- **Psychological stress**
People who are genetically susceptible may have a faulty 'switch-off' point – emotional excitement may keep escalating into mania: setbacks may worsen into profound depression. Sometimes a stressful life event such as a loss of a job, marital difficulties, or a death in the family may trigger an episode of mania or depression. At other times, episodes occur for no apparent reason.



BIPOLAR DISORDER CONTINUED

Treatment

Although manic-depressive illness can be disabling it also responds well to treatment. Since many other diseases can masquerade as manic-depression, it is important that someone who may be bipolar receives a competent medical evaluation as soon as possible.

Bipolar disorder typically begins in adolescence or early adulthood and continues throughout life. The earlier treatment is started, the more effective it may be in preventing future episodes.

If you or someone you know could have bipolar disorder, don't delay – seek help from a mental healthcare expert.

Treatment in the form of medicine and counselling is effective for most people with manic depression. Bipolar disorder is similar to other lifelong illnesses – such as high blood pressure and diabetes – in that it cannot be cured, but it can be managed successfully with proper ongoing treatment, which allows most people to return to productive lives.

Untreated, manic depression can be devastating with great personal suffering, disruptive relationships, derailing careers, increased risk of death from suicide and accident, and enormous financial cost to the individual and society. Proper treatment, however, can be effective in returning people to more healthy and productive lives.

Today, the outlook for people with bipolar disorder is very positive. Many new and promising treatment options are being developed and with the right treatment most people should be able to lead full and productive lives.



YOU ARE ENTITLED TO MENTAL HEALTH

Getting help for depression, panic and anxiety disorders and bipolar disorder

If you suspect that you, a family member, or a friend has depression, an anxiety disorder or manic depression, you should consult a mental health professional. This can be done directly or through your family physician or your community mental health centre. You can also call the South African Depression and Anxiety Group for telephone counselling, support or referral on 0800 567 567 or 011 262 6396, or visit <http://www.sadag.org/>

Don't be afraid to speak up or seek a second opinion. Since proper diagnosis is essential for effective treatment, see someone who is knowledgeable about your specific condition and who you can form a comfortable partnership with.

Which mental health professional?

Psychiatrists are medical doctors who specialise in the diagnosis and treatment of mental illness. In addition to providing counselling, they can also prescribe medicine.

Your GP can also diagnose and prescribe medicine for most of your mental health conditions.

Clinical and Counselling psychologists use talk therapy to help with underlying unresolved problems and to change thoughts and behaviour. A psychologist does not prescribe medicine like a psychiatrist, but can recommend it if they feel it is necessary, in which case they will refer the client to a GP or psychiatrist.

Clinical social workers and nurse specialists can also provide counselling and social support.

Mental health counsellors can provide counselling, support and education.

The best treatment is often a combined approach provided by a team of qualified professionals working together to address a person's various needs.



YOU ARE ENTITLED TO **MENTAL HEALTH** CONTINUED

How Discovery Health Medical Scheme covers treatment for mental health conditions

The Allied, Therapeutic and Psychology Benefit is available on the Executive, Comprehensive Priority and Saver Plans. Cover is subject to the available funds in the Medical Savings Account, and Above Threshold Benefit where applicable.

We pay for out-of-hospital allied, therapeutic and psychology services from your day-to-day benefits. We pay out-of-hospital allied, therapeutic and psychology healthcare services from your Medical Savings Account. When the money in your Medical Savings Account is used up and you have reached your Annual Threshold, you have cover from your Above Threshold Benefit. The Classic Comprehensive Zero MSA Plan does not have a Medical Savings Account and so there is no benefit for day-to-day medical expenses until you reach the Annual Threshold. After this, we pay claims from the Above Threshold Benefit. We pay for allied, therapeutic and psychology healthcare services up to an annual limit on the Executive, Comprehensive and Priority Plans.

Out-of-hospital allied, therapeutic and psychology healthcare services are covered up to an overall annual limit, which varies according to family size and plan type. We pay for certain allied, therapeutic and psychology healthcare professionals. Cover from the Allied, Therapeutic and Psychology Benefit includes services from the following allied healthcare professionals who treat mental health conditions:

- Psychologists (clinical, counselling, educational)
- Counsellors
- Social workers

Consultations with a psychiatrist are paid from your available day-to-day benefits and have no limit.

Some mental health conditions qualify for funding from the Chronic Illness Benefit (CIB). You and your doctor need to complete a form to apply for cover. You can call us on 0860 99 88 77 to request a form.



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