Issue
02
10.10.18

World Mental Health Day: Breaking the Stigma, Together

World Mental Health Day

The brain child and anti-social stigma initiative launched by the World Federation of Mental Health in 1992, World Mental Health Day (WMHD) is commemorated the 10th of October every year. WMHD is aimed at educating the public on psychological health and wellness issues and challenging the biases society holds against those battling mental illness.

As a mental health provider, **UPWARD** Counselling and Psychological Services firmly believes in this cause and is dedicating its second newsletter to raising awareness about OCD, Hoarding, and Eating Disorders.

#WMHD

#WorldMentalHealthDay

#MentalHealth

#WMHD2018

UPWARD
Counselling and Psychological Services

The Fight against Mental Health Stigma

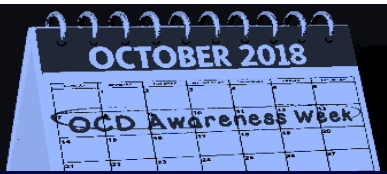
Whether we acknowledge it or not, our society – both national and global – holds generally negative opinions of psychological illness. Many think that those with mental disorders are "weak-minded" or "crazy." Others believe that psychological illness is not real. And some think the entire mental health profession is pseudoscience and poppycock. While everyone is entitled to their own ideas, these far from accurate representations blur the lines between fact and fiction, trivialise the experiences and deepen the shame of those suffering, and stymie positive shifts for creating better mental health infrastructure in T&T. If we want the cultural narrative around psychological health and wellness to improve, each of us has to take up the mantle to foster this change. Here are a few ways we can tackle this exploit:

Know the facts. There is a lot the general public does not know about the intricacies of psychological unwellness. Educating yourself in order to separate the truths from the myths about mental health issues is a great start! You can then help others understand how negative words and incorrect descriptions can further promote false ideas and reinforce societal stigma.

Be aware of your biases. Most of us were raised within a culture (familial, societal, etc.) that holds judgemental and prejudicial beliefs against those battling mental illness. To begin improving the societal narrative we need to challenge these beliefs; keeping in mind that individuals with mental health issues are human beings with strengths and other positive qualities who are deserving of our care. Avoid stereotyping, check your attitudes, and choose your words carefully when addressing others about their psychological health.

Be compassionate. Each of us reacts differently to adversity, and our resiliency in coping with these unpleasant situations is determined by a number of factors, including our upbringing, current support system, beliefs, body chemistry and genetics. Everyone needs to go through their own process and the best way to support others facing such difficulties is to be empathetic, treat them with dignity and respect, and offer genuine help – even if this means simply pointing them to the right resources.

Foster an atmosphere that allows men to feel comfortable seeking help. Let us give men, young and old, the assurance that they will not be ridiculed for speaking about their internal struggles openly. Let us praise and support them for having the guts to express their vulnerabilities and low moments rather than expecting them to put on a facade of strength 24/7.



#OCDWeek
October 7–13, 2018

Started in 2009 by the International OCD Foundation, OCD Awareness Week is observed the second week of October every year and raises awareness and understanding about Obsessive-Compulsive Disorder and related problems.

#OCDWeek

#OCDAwarenessWeek

#RealOCD

#OCDAwareness

What is Hoarding?

Yes. It is a real, diagnosable condition.

Hoarding, or more formally called **Hoarding Disorder (HD)**, is a mental health condition in which individuals have a great desire or *need* to hold on to most of their possessions, regardless of their value. Persons with HD feel significant distress at the mere thought of parting with their items which leads to clutter in their living space – sometimes to a hazardous extent that requires third party intervention.

In the same diagnostic spectrum as OCD (see below), Hoarding is frequently connected to a *compulsive* need to acquire items that are low cost, free, or considered one-of-a-kind, and *obsessive* thoughts and actions around running out of or losing particular items. Persons with HD keep their sought-after items because they become sentimentally attached to them, believe that items will be extremely valuable in the future; think that they were too much of a bargain to dispose of, or reckon that if they get rid of the item they will lose an important memory they associate with the item. According to the Anxiety and Depression Association of America, items commonly hoarded include newspapers, magazines, paper and plastic bags, cardboard boxes, photographs, household supplies, food, and clothing

At this point you are probably wondering what the difference is between regular collecting – like with individuals who amass stamps, figurines, and other collector's items – and hoarding. Well, the main disparities are the ways the individuals feel about and display the collected items. Typical collectors feel pride about their collection and have their accumulated items well organized and on full display. Persons that hoard often feel shame and embarrassment about their amassed possessions and don't want others to see them. Their living spaces are usually congested and they are afraid that others will judge them.

In addition to the clutter that impairs the use of one's living space, the quality of life of family members of individuals who hoard is also negatively impacted. Kin, particularly those living with the individual, may become ashamed of and resentful and angry toward the hoarding family member. Young children of hoarders may believe this to be normal behaviour and adopt a similar way of life. Unlivable home conditions can tear families apart through divorce and separation, and, when bad enough, affect the physical health of the home's dwellers.

The #RealOCD

It is no joke.

Have you ever made the casual joke that you are "so OCD" about something? I mean, who hasn't, right? And what you usually mean is that you are a tad anal-retentive about the way you organize things or that you may be slightly perfectionistic about particular tasks or details. Am I close? The truth is, however, when we make jokes like this about mental health issues we unknowingly contribute to social stigma and perceived stigma (the internalisation of discrimination by one battling psychological illness). So let's talk about what Obsessive-Compulsive Disorder (OCD) *really* is and how those suffering are affected.

OCD has two distinguishing features: **obsessions** and **compulsions**. Obsessions are recurrent and intrusive thoughts or, and/or urges that are perceived as disturbing and/or uncontrollable, are unwanted, cause distress and/or cause the individual to use strategies to suppress or counteract those thoughts/urges using other thoughts or actions Compulsions are repetitive behaviours the person believes they must perform in response to the obsessions, either to reduce the anxiety they feel about the obsessions or to prevent some unforeseen event, not realistically connected to the compulsive behaviour, from happening. For example, a person with a preoccupation about someone breaking into their home (the obsession) may feel driven to check the locks on their doors an excessive number of times before going to bed (the compulsion). Common obsessions in OCD are fears of: contamination (e.g. being overtaken by germs), not doing things perfectly, harm to self or others (e.g. causing a fire), committing atypical or forbidden sexual acts, and other superstitious or religious beliefs. While some obsessions, like a fear of offending God, may be considered culturally normative, it crosses over into being an OCD symptom when the person becomes so distressed about it that it affects their ability to function normally.

Those battling OCD have a diminished quality of life because the majority of their time is spent trying to neutralize their obsessions and reduce their anxiety to the point of impairing their ability to go to work, socialise, and attend to their basic needs. About half of OCD sufferers have contemplated suicide and a quarter have actually attempted.

Suicide Prevention Help Resources

***LIFELINE* (24hr Suicide hotline)**
Tel: 800-5588 (toll free)
Other Tel: 645-2800 and 220-3636

***ALIVE* (24hr Helpline)**
Tel: 688-8525 and 650-5270

International Association for Suicide Prevention
www.iasp.info

Eating Disorders: Diagnoses and Coping Skills

"Aye! Long time no see. Like yuh put on weight?" This question is no stranger to Trinbagonians reuniting with friends and family after a period of separation. Not only is it a presumptuous and nosy enquiry, but one 2012 study conducted at the University of the West Indies found that family acceptance was the *biggest* self-esteem predictor for eating disorders. To put it another way, persons who tie their self-esteem largely to what their family members think of them and their weight/appearance are more at risk for developing an eating disorder. And while eating disorders are not seen in T&T as often as other psychological problems like depression, this disorder category has one the highest mortality rates with Anorexia Nervosa being the deadliest of all mental disorders (Insel, 2012). It is also a growing problem in T&T, particularly for teenage girls, so let's talk about what these disorders look like and what treatments are available.

First up, **Anorexia Nervosa (AN).** Persons with AN usually have an intense fear of becoming fat and are unhealthily preoccupied with how their body looks or appears to others. Their self-esteem is often tied to the way they experience their weight or shape and they significantly restrict their energy intake which causes abnormally low weight for their age, sex, developmental trajectory and physical health. They also fail to realize the seriousness of having a low body weight. Individuals with AN may experience bodily dysfunctions including abnormally low blood pressure and the absence of menstruation in females.

Bulimia Nervosa (BN). Those with BN binge eat – that is, they either eat too much over a set period of time or feel a lack of control over how much they consume – and then engage compensatory behaviours to prevent weight gain, such as vomiting, fasting, over-exercising or using medications (e.g. laxatives) to purge their bodies. Like persons with AN, their self-evaluation is highly influenced by their body weight or shape. The severity of this disease is determined by the number of compensatory behaviours the individual engages over a one-week period. BN peaks in older adolescence and young adulthood and is more common in females than males (DSM-5).

Binge Eating Disorder (BED). BED involves recurrent episodes of binge eating in which the individual eats more rapidly than normal, eats until uncomfortably full; consumes large amounts when not physically hungry; eats alone due to feelings of embarrassment over how much is being eaten; and/or feels disgusted with him/herself or guilty afterward. The individual also feels marked distress over binge eating behaviours. Unlike BN, BED is not associated with compensatory behaviours. Triggers for binge eating episodes include feeling down or experiencing other negative emotions; interpersonal stressors, boredom, or dissatisfaction with one's weight or body shape. Binge eating can offer temporary relief from these difficulties, but the guilt, shame, and depression that often follow such episodes tend to exacerbate the problem.

If you are struggling with eating-related mental health issues, know that you are not alone and things will get better if you begin to take proactive measures to tackle your symptoms head on. Here are a few coping skills you can use to overcome your symptoms:

1: Visit a psychiatrist, mental health practitioner and/or dietitian. Psychiatrists and other mental health practitioners are trained to identify, diagnose, and treat eating disorder symptoms via medical intervention and psychotherapy respectively. Persons with eating disorders, particularly Anorexia and Bulimia Nervosa, often endure physiological problems due to the harm incurred by unhealthy eating and compensatory behaviours and would benefit from seeing a medical professional. Dietitians can also play a role in helping establish a healthy eating regimen and monitoring for issues that arise with compliance, meal planning, etc.

2: *Join a support group*. Support groups for persons with eating disorders or related problems are helpful for teaching coping skills, learning how to overcome symptoms, and getting support from others who better understand what you are going through.

3: *Consider family therapy*. Family Based Treatment (FBT) is one of the most effective interventions for eating disorders in adolescents and children. It actively incorporates the parents into the child's treatment by promoting healthy and open discourse in restoring the child to physical health, helping the child take control of their eating habits, and establishing a healthy adolescent lifestyle and identity.

Emergency Care Resources

St. Ann's Psychiatric Hospital
St. Ann's Rd, St. Ann's
Tel: 624-1151 (ext. 5)

Mental Health Unit, Eric Williams Medical Sciences Complex
Uriah Butler Hwy, Champs Fleurs
Tel: 624-3232 (ext. 2542)

San Fernando General Hospital, Ward One
Independence Ave, San Fernando
Tel: 652-3581 (ext. 3221)

Ambulance: 811

Police: 999