

Wellbeing Through Faith Facilitator Manual

We are so thrilled that you have decided to become a Wellbeing Through Faith facilitator. We hope you find this manual a useful tool to guide and support you through the leading the course.

With in this facilitators manual, we have included some tips and guidance for running the groups, as well as the theory behind the psychological tools and the different mental health conditions you may come across but before we dig into that we would like to give you an Overview of Wellbeing Through Faith and the heart behind it.

Wellbeing Through Faith is a 6 week course written to help support the emotional health of people in churches, through providing both practical and evidenced based psychology tools combined with a biblical perspective of wellbeing. The course specifically looks at our identity in God and also asks what the bible says about emotional health.

Aims of the Group

- To gain practical tools that will help us build our daily life on biblical truths.
- To help us to see God, ourselves and our own life in a healthy perspective.
- To help reprogram our minds into positive ways of thinking and overcome negative attitudes and behaviours which may be detrimental to our wellbeing.

We would encourage people with the following characteristics to become Wellbeing Through Faith Facilitators:

A heart for Wellbeing

It is important for anyone who facilitates Wellbeing Through Faith to have a heart for wellbeing and a heart for people. This will help them to display a lot of the qualities listed below. Having a heart to see people well will also give the facilitator the passion needed to run the groups with enthusiasm which would hopefully come across to the participants of the course.

Empathy

It is essential when you are in a position where you are helping others show empathy by putting yourself in their shoes and imagining you are walking their walk. IF the Wellbeing Through Faith facilitators have empathy on the people who attend the group, this will help you them have compassion, show understanding and this will help the group participants to feel heard, understood and accepted when they share in the group setting.

Be Patient

It is important to also be patient with other people in the group. There may be challenging or difficult moments within the session and demonstrating patience and remaining calm during these moments is very important.

Be Open minded

You are likely to come across a variety of different people with different needs while you are running the groups. It would therefore be important to be open minded and accepting of the different opinions , approaches to situations and different ways of doing and looking at life.

Be Sensitive

It is an essential role of the group facilitator to be sensitive to what is happening in the room during the group. You should be aware of anyone who may be struggling in the group environment, struggling with the topics or not feeling ok. It is also important to pick up on any tensions between group members so you can intervene and challenge appropriately if needed.

Have Boundaries

We have said that it is important to show care, empathy and understanding while running the group but it is equally important to be able to assert boundaries if needed. Boundaries are sometimes the most effective way we can care for someone as lack of boundaries can be more damaging to them. Having appropriate boundaries is also important for our own wellbeing as ensure that we don't carry too much. You may need to assert boundaries in the group sessions in terms of how much sharing to allow within the group environment but also within the relationships that you build with the people attending the group. As the group has a defined start and finish, people may find the ending difficult if they develop an unhealthy attachment to the group or facilitator.

Be Reflective:

It will be very helpful for the facilitator of the group to be reflective about the group sessions both for the overall experience and how they feel they lead the group. We would encourage reflection and a debrief after the group between facilitators and would encourage the facilitators to keep a reflective log if needed. This log could include what went well, what didn't go as well, what they learnt and how they will apply what they have learnt in future sessions.

Tips for facilitating Wellbeing Through Faith:

- Mentally prepare yourself for the group by allowing yourself time to think and prepare for the session. It would be useful to read through each session before the group to feel familiar and ensure the theory is understood. We would encourage you to also set aside some time pray for the group if you get the opportunity. This might also include chatting or praying with your co-facilitator.
- Ensure that you create a warm and welcoming environment as people arrive for the group. Be aware that participants might feel awkward, nervous and unsure of what to expect, especially during the first session of the course.
- Establish expectations of the group in the first session. Find out what the participants would like to gain from attending the course. This will help you to adapt your approach as you go, for example if you have a number of people in the course struggling with anxiety you can be aware how important the first anxiety session may be for them.
- Be aware of the energy in the room and ready to attempt to help it rise or if the room needs to calm down. It would be particular important to notice anyone in the group who may be struggling with a louder environment.
- Manage participation. Notice who might be dominating the group or who might need gentle encouragement to share and get the most from the group.
- It also is helpful to set ground rules at the very beginning of the first session. This helps to establish expectations and encourage the group to interact in a healthy way throughout the course. It is also sometime useful to remind people of the ground rules as the course progresses.

Wellbeing Through Faith Ground Rules:

Respect Each Other:

To listen respect and value each others opinion even if it is different from your own.

Confidentiality:

It is important to ensure the people within the group are aware not to share anything discussed with people outside of the group.

It is also important for the group leader to explain to the group that if something is shared within the sessions that indicates that someone is not safe, action would need to be taken and this information would need to be shared with the designated safeguarding lead for the church.

Addressing Strong Emotions:

To encourage the participants to speak to the group facilitator after the session if they are experiencing strong feelings or emotions during the session. If participants are finding it difficult to manage their emotions during the sessions and this is disrupting the group or causing them harm we encourage one of the facilitators to leave the session to help the person to de-escalate.

Encourage an Appropriate Level of Sharing:

We would advise that you communicate to the group that there is no pressure to share in the group discussions if they do not feel comfortable to do so. It is also advisable to encourage any very difficult event such as a trauma to be discussed with the group facilitator after the group rather than during the session, if they feel this needs to be shared. They can then be supported and directed to the appropriate ongoing support if needed.

Psychological Approaches Used Within Wellbeing Through Faith

We have chosen to bring together a collection of different psychological approaches within Wellbeing Through Faith, in order to holistically address the broad needs and difficulties that are faced both within the church congregation and the wider community. All of the psychological tools used are evidence based and widely used within the psychiatry field in the UK.

The psychological tools we have brought together within Wellbeing Through Faith are Cognitive behavioural therapy, Positive Psychology, Compassion Focussed Therapy and Occupational Therapy.

Please see a brief explanation of each of the tools below, which we hope will help you to understand the theory behind Wellbeing Through Faith.

Cognitive Behavioural Therapy:

Cognitive behavioural therapy (CBT) is a type of talking therapy mainly used for helping people who are experiencing anxiety or depression. CBT recognises that anxiety or depression can often be caused or made worse by unhelpful thinking styles which have an impact on how we feel and on our behaviour.

CBT recognises that our thoughts, feelings, physical symptoms and behaviour are all linked in a cycle and suggests that if we improve part of the cycle i.e our thoughts, we can then improve other parts of the cycle i.e. our feelings or our behaviour.

CBT also recognises that if we change our behaviour this can have a positive impact on our thoughts and our feelings.

When someone is first referred for CBT, the therapist will often start the therapy by providing some psycho-education to ensure the person understands what depression and anxiety is and how this may be impacting them.

In CBT for anxiety the therapist may then help the person to recognise some of the physical symptoms they experience due to the fight, flight and freeze response.

In the first session of Wellbeing Through Faith ,we provide some psycho education of the physical symptoms of anxiety during the body map activity. We also look at how anxiety affects the mind as well as some tips to manage anxiety which is also often covered within CBT intervention.

Cognitive restructuring is part of CBT which looks at improving our thinking patterns in order to improve how we feel and make positive changes to our behaviour.

CBT recognises that we all have difficult thoughts which often lead to strong or negative emotions which in turn lead to unhelpful behaviours.

CBT acknowledges that if we challenge these thoughts and take them to court by looking at evidence for and against them to produce a more balanced alternative thought, it can have a positive impact on our behaviour and how we feel.

Cognitive restructuring takes part in the thought session of Wellbeing Through Faith. We introduce cognitive restructuring by looking at the link between the thoughts we have with our feelings, physical symptoms and behaviour.

We then encourage the participants to find evidence for and against the thought that they believe brings them the most distress. As Wellbeing Through Faith is all about joining our Faith with psychology, we use evidence from the bible as our evidence for who we are in God which can be particularly useful for people with a negative view of themselves.

Behavioural Activation is part of CBT which suggests that sometimes our behaviour can have a detrimental impact on our thoughts and our feelings. Behavioural activation suggests that if we change our behaviour and create more positive habits that this can help improve our thoughts and our feelings. A common

example of how behavioural activation could work could be encouraging someone with depression to engage in more purposeful activities when they are low in mood which can help to lift their mood.

During the Wellbeing Through Faith course, we use the concept of behavioural activation in the purpose session when we describe the cycle of low mood and activity and encourage people to build in a range of activities into their weekly timetable if possible.

Graded exposure is another part of CBT which looks at changing our behaviour by exposing ourselves to anxiety provoking situations with the view of learning to manage this anxiety. If we avoid situations that make us anxious, we never learn to manage this anxiety and can then feel a lot more anxious if we are faced with a situation we can't avoid. We do not carry out any specific graded exposure work within Wellbeing Through Faith, however we speak about the negative impact that avoiding activities can have on our wellbeing and quality of life, which we also explain later when looking at anxiety.

Problem solving is a part of CBT which involves providing step by step advice and guidance to solving problems. The problem solving approach helps the person to identify the problems, write down possible solutions, make a plan and carry out this plan. Problem solving can really help if people are overwhelmed by their problems and do not know where to start when it comes to solving them. We do not cover the theory of problem solving within the course however if a person discusses a problem within the group session we would encourage the person to engage in a problem solving approach and seek support to do this if needed.

Positive Psychology

Positive psychology is a field of psychology which encourages people to focus on the positive aspects of life in order to help them to flourish. Positive psychology was founded by Martin Sledgerman who became the president of the American psychological association in 1998. Sledgerman had become frustrated with the tendency for psychological treatment to focus on negative events such as trauma or problems rather than strengths or the positive aspects of life. It was this frustration which led Sledgerman to research and develop the field of positive psychology.

Positive psychology continued to develop further and has since been defined as *"the scientific study of what makes life most worth living"* (Peterson 2008).

Positive psychology is the scientific approach to studying human thoughts, feelings and behaviour, with a focus on strengths instead of weaknesses, building the good in life instead of repairing the bad, and taking the lives of average people up to "great" instead of focusing solely on moving those who are struggling up to "normal" (Peterson, 2008).

Positive psychology is therefore about enhancing our lives and our wellbeing by focusing on strengths and good character traits as well as good experiences, rather than focusing on what the problem is or what our weaknesses may be.

Positive psychological is a broad and developing area, however within Wellbeing Through Faith we have decided to focus on two specific areas of positive psychology: gratitude and forgiveness.

Two concepts which underpin positive psychology are "flourishing in life" and "finding your flow". We are going to expand on these concepts before we look at the specific topics gratitude and forgiveness as both flourishing and flow are associated with improved overall wellbeing. During the final session of the course, on purpose we look at building our lives and the activities within our lives on purpose and meaning which is also very similar to the concepts of flourishing and flow.

What is Flourishing in positive psychology?

We flourish when we cultivate our talents and strengths, develop deep and meaningful relationships, feel pleasure and enjoyment, and make a meaningful contribution to the world.

We flourish when we find fulfilment in life along with achieving more traditional objectives related to success when we are truly living the “good life” (Seligman, 2011).

Positive psychologist and professor Dr. Lynn Soots (n.d.) describes flourishing as the following:

“Flourishing is the product of the pursuit and engagement of an authentic life that brings inner joy and happiness through meeting goals, being connected with life passions, and relishing in accomplishments through the peaks and valleys of life.”

In the purpose session of Wellbeing Through Faith, we encourage people to find activities that give their life meaning and to work towards goals that are important to them. One of the aims of this session is to help the person to flourish by finding meaning to their life.

What is flow in positive psychology?

The second founder of positive psychology who also developed the concept of “flow” is Mihaly Csikszentmihalyi. He studied artists, musicians and athletes and noticed that at times they enter into a state where they are totally immersed in what they’re doing. This immersion was defined as their “flow”. Csikszentmihalyi recognised that this immersion or flow arises when the challenges of the activity in front of them were significant and roughly equal to their skill in this activity. Csikszentmihalyi stated that entering into flow is intrinsically rewarding and often an enjoyable experience; flow also seems to link to greater happiness and wellbeing, more academic success, and more positive and healthy relationships (Csikszentmihalyi & Csikszentmihalyi, 1988).

Gratitude:

Within the Gratitude session of Wellbeing Through Faith, we look at how when people start to focus on what they are grateful for, even in small amounts they can create a much more positive outlook on life and overtime improve their wellbeing, through lifting their mood and sometimes even reducing anxiety. People who practice gratitude build a sense of hope, happiness and wellbeing and are often able to maintain a more optimistic outlook on their life even in challenging situations. We look at the theory behind this in the gratitude session as well as some activities which helps people to apply gratitude to their lives.

We encouraging group participants to think of a negative situation and then think about something good that has come out of that situation. We also encourage the participants to think 3 things they are grateful for in their life and to continue to identify what they are grateful for daily.

Forgiveness:

Forgiveness is part of positive psychology that looks at how practicing forgiveness can alleviate feelings of anger, avoidance and vengefulness that lead to negative consequences in one's emotional and physical health as well as relationships (Brown, 2003; McCullough et al., 1998).

Luskin in 2003, stated that forgiveness is not just good for the soul, but that it also has positive benefits both mental and physical wellbeing. He specifically reported that when somebody forgives another, anger, stress, cardiovascular problems and pain are reduced and that hope, compassion, self confidence all increase.

During the forgiveness session of Wellbeing Through Faith, we take people through Everett Worthington's step by step approach to forgiveness which is referred to as the REACH approach. Within this approach we encourage the forgiver to Recall the hurt, Empathise, give forgiveness as an Altruistic gift, Commit and Hold onto forgiveness. We aim to help the participants to understand why forgiveness important in the context of positive psychology, whilst recognising that this can be very difficult and often a process. The REACH model, gives a step by step approach which can make the journey of forgiveness feel easier.

Compassion Focussed Therapy:

Compassion Focussed Therapy (CFT) is a type of talking therapy aimed at helping people who suffer from shame and self criticism to replace these feelings with more helpful ways of relating to themselves.

Compassion Focussed Therapy was founded by professor Paul Gilbert who is a clinical psychologist based in the United Kingdom. Gilbert describes compassion as having a sensitivity to our own distress and having the motivation to alleviate this distress.

Within compassion focussed therapy you are encouraged to be compassionate to yourself by recognising and engaging with the suffering you are experiencing as well as doing something about it.

Compassion focussed therapy is sometimes described as “third wave” CBT as it also incorporates a lot of CBT techniques but also uses several techniques from other therapies that have been found to be beneficial.

Within CFT compassion involves kindness and warmth but it is also recognised that compassion takes a lot of courage and strength. It is often about having a balanced view of ourselves and accepting ourselves and the situations we find ourselves in.

Within Wellbeing Through Faith we give the message that having compassion for ourselves is often about recognising our weaknesses and mistakes we may make but is also about applying grace to yourself. We recognise that the grace of God is the root of compassion and that whilst it is important to recognise our mistakes it is equally important to apply this grace to ourselves.

The 3 Emotion Regulation Systems

During the Self Compassion session of the course, we first want to encourage people to develop self awareness and understand why they might find it very hard to apply compassion upon themselves and equally why compassion is so important.

We therefore present some theory within the session which looks at how our brains regulate our emotions by moving between 3 emotion regulation systems.

The 3 emotional regulation systems are: The threat system, the drive system and the soothing system and they are all very important and necessary for the different situations we might find ourselves in.

In short, the threat system protects us from danger and is activated during the fight or flight response. The drive systems help us to achieve, move forward and work towards our goals and the soothing system is activated when we feel we have achieved what we need to and when we feel safe. When we activate the soothing system, the threat and the drive system are switched off; therefore a major purpose for the soothing system is to regulate our other systems.

Sometimes, if people have been through many difficult events such as childhood trauma, they can sometimes learn to operate more in the threat system than the other systems. For everyone certain parts of life such as a difficult relationships or a stressful job can continually activate the threat system and also lead to imbalance between the systems.

Learning to apply compassion to yourself and to others as well as learning to receive compassion can help to tap into the soothing system and therefore regulate your emotions. During the self compassion session we talk about the different ways you can activate your soothing system and one of the most significant is through our bonds and relationships with others.

We can also activate our soothing system by doing activities for self care or doing something we enjoy. During the self compassion session we emphasise the

importance of giving compassion to yourself through being kind to yourself. This can through self care, positive self talk and treating yourself how you would treat a friend. During the self compassion session we ask the participants to think about a mistake they have made and consider how they treated and spoke to themselves following this. We then ask the participants to think about how they would treat a friend who made the same mistake. This can be very eye opening as people often realise they would treat a friend much better than themselves.

We also encourage people in the session to think about 3 positive things about themselves in order to encourage them to begin to apply compassion to themselves and encourage this further by ask participants to write a self compassion letter for homework.

Occupational Therapy

Occupational Therapy is a type of therapy found in both physical and mental health settings which helps people to regain their independence in all areas of their lives through participation in activities.

Occupational therapists believe that occupations or activities may be used for health promotion, wellness, restoration and recovery, health maintenance, disease and injury prevention but also recognises that sometimes there are barriers to engagement in these activities.

Occupational therapists help with barriers that may affect a person's emotional, social, and physical needs in order for them to become as independent as possible in every day activities despite the difficulties they might have.

An Occupational Therapist will empower people to carry out everyday tasks or occupations with more confidence and independence in order to improve their health, quality of life and wellbeing.

There are a number of different models used within Occupational Therapy one of the most commonly used model within mental health in the UK is Kielhofner's Model of Human Occupation (MOHO). This model contains a lot of standardised assessments which Occupational Therapists can use to gain information about the person's current level of functioning and can help the therapist to put together an appropriate treatment plan for the person which helps them to work towards their goals.

The model of human Occupation looks at the different activities we engage in and the different influences on our engagement of activities. Three of the main internal influences to engagement in activities is a person's volition, capacity or skills and the habits that they have built into their daily life. External factors include environment, relationships or resources.

Occupational Therapists believe that a person can function at their best and live the most meaningful and fulfilled life possible if they engage in a range of different activities that support their wellbeing, help feed their identity and give their life purpose.

Activities within Occupational Therapy can be broken down into 3 domains which include: self-care, productivity or leisure. Self care activities include; personal care, sleep, exercise or relaxation. Leisure activities are anything that a person enjoys doing or chooses to do with their time, this can be socialising, a hobby such as art or craft or playing sport. Productivity is anything you do to fulfil roles in your life, this could be work, voluntary work, housework or looking after your children.

Within the purpose session of Wellbeing Through Faith, we introduce the importance of meaningful activities in our every day life by completing a task within the group, where we encourage the participants to think of 5 activities they enjoy carrying out at present and identify what these activities mean to them. We then ask the participants to imagine that those activities are no longer possible and encourage them to think about what life would then be like.

It is important to help the participants think of the meaning of activities they engage in, as it is the activities that we enjoy and bring value to our lives that form our Occupational identity.

Sometimes in reality, our Occupational Participation (what we actually do day to day) or our Occupational Competence (our ability to complete these activities) does not match our Occupational identity (what we enjoy, value and makes our life worth living.)

This gap can be due to several reasons including illness, lack of resources or lack of opportunity however we can engage in Occupational Adaptation which closes the gap between Occupational identity and Occupational participation or competence and we can then try to achieve a meaningful and fulfilling life.

One of the ways that we can adapt Occupationally is to engage in a variety of activities that fall into the 3 different domains of activity in Occupational Therapy: self care, leisure and productive activities.

During the purpose session we help people recognise the importance of activity and encourage them to recognise that it is very normal for our activities to become out of balance especially when life is busy, we have been physically poorly or if we have been low in mood or anxious for some time.

We encourage participants to think about their current day to day activities using an activity wheel. To complete an activity wheel they think about how they spend their week and then break the activities into the 3 domains.

This is a very visual way of looking at activity and people often find this very valuable and they often go on to make changes to their routine or set new goals to move forward in Occupational Adaptation.

Common mental health conditions

We thought it would be helpful to give some information about the most common mental health conditions that you are likely to come across within the Wellbeing Through Faith Groups, which are discussed below.

Although we have a criteria of who we think the group might be the most helpful for which is discussed later in the booklet, all people with any diagnosis are welcome to join the course, provided they are able to engage in the group environment and the facilitators believe that the groups will not be detrimental for them. Please read the criteria section for most information. The mental health conditions that you are most likely to come across when running the groups are anxiety and depression which we will look at further in this next section.

Anxiety

We all experience anxiety at times throughout our lives. Anxiety is a normal response to a threat or a perceived threat. When we feel we are in danger, part of the brain called the amygdala sends a message to our body to fight the threat, run away from the threat or to freeze. This is a natural response known as the fight, flight or freeze response.

When this response occurs, there are a lot of physical changes which take place in our bodies. Our breathing rate and heart rate increases, we might sweat, shake, get butterflies in our tummy or need to go to the toilet more often.

Different situations will trigger this physical reactions for each of us. For some people it might be going on a ride at a theme park, for others it might be going on a first date or doing an exam.

When the fight, flight or freeze response happens, there are also lots of changes that occur in the mind.

Our thoughts often become quicker. This is our brains trying to protect us from the danger we feel we are in. We often predict the worse case scenario which prepares us to fight or run away.

Sometimes anxiety might cause us to have racing thoughts, difficulty sleeping or difficulty concentrating.

Anxiety in itself is not a bad thing and a small amount of anxiety can actually help us to perform better in some situations for example if we are anxious about an exam, we are more likely to work for it and may think more clearly during the exam. However if we have a high level of anxiety it may prevent us from actually attending the exam or cause our mind to go blank through difficulty concentrating so too much anxiety is a bad thing.

Anxiety becomes a mental health problem when....

- The Fears and worries are out of proportion to the situation.
- We avoid anxiety provoking situations.
- The anxiety has an affect on our every day functioning such as going to work or doing activities we enjoy.
- Anxiety lasts for a long time.
- We experience severe physical symptoms, known as panic attacks.

Examples of common anxiety disorders are:

GAD (Generalised Anxiety disorder) : constant and excessive anxiety or worry often about a number of different situations such as personal health, work, social interactions, and everyday routine life circumstances. People with generalised anxiety disorder often feel on edge a lot of the time.

Panic disorder: People with panic disorder have recurrent unexpected panic attacks. These panic attacks are intense physical responses to a trigger. Panic attacks are sudden periods of intense anxiety that come on quickly and reach their peak within minutes. Attacks can occur unexpectedly or can be brought on by a trigger, such as a feared object or situation.

Social Anxiety or Social phobia: People with social anxiety disorder anxiety associated with social events or situations where they have to perform in front of others.

People with social anxiety often worry that their actions or the behaviours associated with their anxiety will be noticed by others and this can lead them to feel embarrassed. This worry often causes people with social anxiety to avoid social situations.

Post Traumatic Stress Disorder (PTSD): PTSD is an anxiety disorder which is caused by a reaction to a traumatic event. Symptoms of PTSD can involve reliving the **traumatic** event through nightmares and flashbacks. People with PTSD may experience feelings of isolation, irritability and guilt following the traumatic event. They may also have problems sleeping and find concentrating difficult.

OCD: is a type of anxiety disorder in which a person has repetitive thoughts known as obsessions, alongside the urge to perform certain routines repeatedly, known as compulsions. People with OCD often feel that they have to perform the routine in order to prevent something bad from happening, examples can be flicking the light switch or checking the door is locked repetitively before they can leave the house.

Religious OCD: There is a sub type of OCD, known as scrupulosity or religious OCD. People with scrupulosity often have intrusive thoughts around their religion and this occurs in all religions. These thoughts are usually about offending God, committing a sin or worry they have prayed incorrectly. People with scrupulosity can become obsessed with God, reading their bible, feel very guilty easily and often pray excessively.

Phobia's: A phobia is an overwhelming and debilitating fear of an object, place, situation, feeling or animal. **Phobias** are more pronounced than fears. They develop when a person has an exaggerated or unrealistic sense of danger about a situation or object. A common type of phobia is agoraphobia, which is fear of leaving the house.

Case Study: Anxiety

Jenny has a diagnosis of generalised anxiety disorder and social phobia. Jenny's started began when she was in a very stressful job which she really didn't enjoy. She was in a small office with 2 woman much younger then her. These would talk about her , make fun and criticise her work. Jenny started to get the physical symptoms of anxiety whenever she was in the office and eventually her concentration and performance at work deteriorated. Jenny's boss noticed her work wasn't its usual standard which made Jenny more anxious. Jenny went off on the sick as began to get the physical symptom of anxiety when getting ready for work. As time went on and Jenny stayed off work she started to get more and more physical symptoms of anxiety even if she had to leave the house to go to the shop. Jenny's described constant racing thoughts, lack of sleep and anxiety about all different kind of things such as money, worry about her children and about her health. Jenny has now lost touch with most of her friends and she stop responding to text or going out to meet with them and is now very isolated.

Low Mood and Depression

Everyone experiences low mood at times, especially after an upsetting or stressful event such as the loss of a loved one or a relationship breakdown. During these times you might feel down, have difficulty concentrating and withdraw from the people around you.

Low mood usually passes after two weeks or after the situation that triggered the low mood has resolved, however if low mood persists for longer than 2 weeks then it may be depression which is caused by a chemical imbalance in the brain.

Depression is very different from feeling sad or down and it can sometimes be very unhelpful if people around the depressed person show lack of understanding or tell them to 'snap out of it' as this can feed into feelings of guilt or low self worth which are often associated with depression.

At its most severe, depression can be life threatening because it can make the person feel suicidal or give up the will to live.

Symptoms of depression include:

- Lost of interest or pleasure
- Negative thoughts- thought can become very critical of self and other and sometimes of a paranoid nature feeling like other people are against them.
- Feelings of guilt or low self worth
- Low energy or fatigue
- Poor concentration
- Isolation and withdrawal from others

- Difficulty sleeping or sleep too much
- Lack of appetite or increased appetite

There are different types of depression which include major depression, seasonal affective disorder, bipolar disorder and post natal depression.

Major depression: Major depression or clinical depression is characterised by a constant sense of hopelessness and despair which affects the person's ability to work, study, sleep, eat and enjoy time with their friends.

Seasonal Affective Disorder: Seasonal affective disorder (SAD) is a type of depression that comes and goes in a seasonal pattern. People with SAD often feel worse in the winter and it is thought to be associated with lack of vitamin D and sunlight.

Bipolar Disorder: People with bipolar disorder have episodes where they experience both depression and manic episodes.

Unlike simple mood swings, each extreme episode of bipolar disorder can last for several weeks, or even longer.

During the manic episodes the person will often feel very happy. They will have lots of energy, make ambitious plans and sometimes spend large amounts of money on items they cannot afford and may not usually want. They sometimes engage in risky behaviour such as taking drugs or at times sexually risky behaviour. It is also common to not feel like eating or sleeping, talk quickly and become irritable.

Post Natal Depression: Depression experienced after having a baby

Case Study: Major Depressive Disorder.

Jacob has noticed that his mood and motivation has become increasingly low over the last 6 months. He has started isolating himself in his bedroom and spends the day either sleeping or playing on his x box. He is missing most of his colleague lessons as feels unable to get out of bed. He has lost interest in seeing his friends or spending time with his family downstairs. Jacob has lost weight as has not felt like eating and is struggling with very low self esteem and is ruminating a lot on past mistakes. These difficult thoughts are preventing him from sleeping during the night which is why he is so tired in the day. These guilty thoughts have also led Jacob to want to end his life as he feels like he is a burden on other people.

Psychosis

Psychosis is a mental illness which occurs when people lose the ability to distinguish between what is real and not real and this is caused by an abnormal reaction between brain chemicals.

People with psychosis might see or hear things that other people cannot see or hear, which are known as hallucinations or they may believe things that are not actually true which are known as delusions.

People with psychosis often have confused or disturbed thoughts and disordered speech.

Psychosis can be experienced as one off episode, that gets treated and recovered from with no further episodes, or it can become a recurring disorder. Someone with psychosis often has disorganised speech or behaviour such as going off topic and answering in a way that does not fit the conversation.

Someone who has psychosis also often has disturbed and mixed up thoughts which affect engagement in every day activities.

The most severe form of psychotic disorder is Schizophrenia, which is a severe and enduring illness, often causing significant cognitive impairment over time.

Schizophrenia

Schizophrenia is a psychotic illness categorised by both positive and negative symptoms.

Positive symptoms: (Things that might start happening due to the illness)

Hallucinations: The person hears, sees, feels, smells or tastes things that are not perceived by others.

Delusions: Strong beliefs that aren't shared with others.

Important to note that delusions and hallucinations are often spiritual in nature.

Disordered thoughts

Negative Symptoms: (Things that are taken away due to the illness)

People with schizophrenia may also withdraw from others and lose interest in activities or people. They may isolate themselves, neglect self care and stop eating or drinking. They might also have difficulty showing emotions or communicating verbally.

Case Study: Schizophrenia:

Nigel was diagnosed with schizophrenia in his late teens when he started to experience some hallucinations and delusional beliefs. Nigel would hear voices daily that would tell him to do things and one time the voices told him to hurt his housemate. Nigel didn't hurt his housemate but became very distressed at the voices and decided to move out to live with his parents. Nigel has since become more stable in his mental health and although he still hears voices, he no longer becomes as distressed by them. Whilst living with his housemate Nigel had some persecutory delusions, one of these delusions was that's colleague was conspiring against him in order to get him to loose his job. Nigel manages to hold down a job in a factory but has some difficult processing information and coordinating tasks so is therefore given repetitive tasks.

Personality Disorders

Personality disorders are mental health conditions that affect how people manage their feelings, how they think and how they relate to other people. There are a lot of different types of personality disorders which fall into 3 different categories emotional, suspicious or anxious personality disorders.

The most commonly diagnosed personality disorder with in mental health service in the UK is Emotionally Unstable Personality Disorder. (EUPD)

Symptoms of emotionally unstable personality disorder include:

- Difficulty regulating emotions and experiencing intense feelings of anger.
- Inability to self soothe in a positive way
- Impulsive behaviour which often includes self harming, drug/alcohol use or reckless behaviour.
- Fear of being abandoned which can lead to unhealthy attachments to others.
- Long term feelings of emptiness and loneliness.
- Common to feel suicidal with despair and feel reasonably ok just hours later.
- Find it very hard to maintain relationships or trust other people.
- Self harm or thoughts of harming self

A high proportion of people detained under the mental health act on mental health wards have a diagnosis of personality disorder due to the risk to themselves when struggling with their emotions.

Case Study: Personality Disorder

Brenda has a diagnosis of emotionally unstable personality disorder. She is currently on an acute ward after taking an overdose whilst drinking following an argument with her boyfriend. Brenda has a history of self harm through cutting her wrists and her legs and has taken several overdose before. Brenda often expresses that she wants to end her life as she doesn't believe that anyone will miss her.

Self harm

Self harm is when a person intentionally damages or injures their body. It can be a way of coping or expressing overwhelming emotional distress.

After engaging in self harm, people might feel a short term sense of release but the cause of the distress is unlikely to have gone away.

People can sometimes feel very guilty after self harming and seeing the impact on others and it can also bring up some very difficult emotions.

Different ways of self harming include cutting, taking an overdose, over or under eating, exercising excessively, burning picking or scratching skin inserting objects into the body or hitting yourself or banging your head.

Suicidal Ideation

Is the act of taking your own life. People who are depressed or having difficulty managing their emotions can sometimes experience suicidal thoughts. These thoughts can be so severe that the person acts upon them and makes a suicide attempt.

Not everyone who has suicidal thoughts or has a sense that they do not want to be alive is at risk of acting upon the thoughts, however if someone is expressing

suicidal thoughts and you uncertain about the risk we encourage you to contact local mental health crisis services so an assessment can be carried out.

Signs that someone may be suicidal:

- Expressing they don't want to be alive
- Numb and Cut off
- Hopelessness, can't think about the future
- Expressing that they are useless, not needed or a burden on others

Risk is very dynamic and sometimes people will give no indication. They may have showed no signs there were low or down.

Sometimes people who have "cried wolf" a thousand times may be actually be at risk this time. Risk can actually increase as people start to get better, because motivation starts to return. At times a persons mood may also pick up just before they take their life as they feel in control and know that there is going to be a way out of their suffering.

Supporting those who self harm or those who express suicidal ideation can be very difficult and distressing. Signposting them to the appropriate services which can help them is very important as well as ensuring that you also have the right support to support them. We have put a list of services at the end of this booklet in case you or anyone that you are supporting might benefit from accessing them.