

Ulster: a picture of our

Mental illness: the facts

■ It is believed that a variety of factors can contribute to the onset of a mental illness

■ These can include physical causes i.e. our genetic make-up, if we suffer a trauma to the brain (this can lead to changes in personality and 'trigger' symptoms of an illness), if we misuse substances, or if we are deficient in certain vitamins and minerals

■ There are also social and environmental causes, such as our family and community support networks, our employment status, and standard of living

■ Our mental health can be influenced by our psychological state i.e. if we are coping with past or current traumatic experiences such as bereavement or abuse

■ There is also some evidence to suggest that heredity can play some part in the development of some forms of mental illness. However, just because one person is diagnosed with a mental health issue does not mean that all genetic family members will experience the same one condition

■ Michael McGimpsey has named mental health as one of his top priorities and invested in it in recent years. Last year a new adolescent unit with 18 beds was opened at Forster Green Hospital in Belfast, and a replacement of the 15-place child and family centre was also opened. He has also said that the construction of the first phase of a new Mental Health Inpatient Unit in the Belfast area, to rationalise the three existing and outdated in-patient psychiatric units and replace them with a modern fit-for-purpose facility, is a priority in the incoming budget period.

One in four adults will experience mental health difficulties at some stage of their lives, and one in 100 will be affected by a severe mental illness. In the first of our Mental Health Focus series, **LAURA MURPHY** asks how this issue affects people in Northern Ireland

IN 1948, the World Health Organisation said that health "is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity."

In today's pressured, fast-paced society, the state of our mental health is more important than ever.

At the end of last year, Health Minister Michael McGimpsey said that mental health problems are among the most common forms of ill health and disability in our society.

"It is estimated that approximately 280,000 people in Northern Ireland are affected," he revealed.

"In Northern Ireland, we have a 25 per cent greater need for mental health services, however, we spend 25 per cent less on such services. Given the economic deficit we are currently experiencing, our spend on mental health services will still be less compared to the rest of the UK."

Whilst mental illness can affect any age group, from children and adolescents through to the elderly, women are more likely to show signs of a possible mental health issue than men.

In Northern Ireland, inpatient treatment is provided in Forster Green Hospital, Windsor House, the Mater Hospital, and Knockbracken Healthcare Park in Belfast, Holywell Hospital in Antrim, the Ross Thompson Unit in Coleraine, the Ulster Hospital, the Downshire Hospital in Downpatrick, Lagan Valley Hospital in Lisburn, St Luke's Hospital in Armagh, the Bluestone Unit in Craigavon, Gransha Hospital in Londonderry, and the Tyrone and Fermanagh Hospital in Omagh.

A range of other facilities providing residential care and other service provision



Dr Philip McGarry, chairman of the Royal College of Psychiatrists in Northern Ireland

through statutory, voluntary and community sectors are also available, and each Health and Social Care Trust has community mental health teams providing home treatment and crisis response services.

Dr Philip McGarry, who is chairman of the Royal College of Psychiatrists in Northern Ireland, says whilst there is "no definitive answer" as to why mental illness is higher here than in the rest of the UK, there is "a clear association between social and economic deprivation and psychological morbidity."

And he says whilst it's hard to "quantify it exactly", the troubles also have played their part in leading to an increased incidence of mental health difficulties here.

Of course, efforts have been made to address the issue of mental health in Northern Ireland, and perhaps the most significant of these was the Bamford Review of Mental

Health and Learning Disability.

It made a number of recommendations in relation to changes needed to be made to the law and policies on, and provisions for, mental health here.

"It was a really great document which laid the way for a vision for the next 20 years," says Dr McGarry.

"The difficulty has been that there hasn't been the funding to implement that.

"One major recommendation was that we move away from providing care in hospital and institutional settings."

He explains that the review found that 60 per cent of mental health funding was invested in hospital care and 40 per cent in community care.

"Bamford said we should reverse that." But Dr McGarry adds: "Unfortunately, Bamford has come out at a time when the economy is moving into recession."

Why we must tackle taboo around mental health

IT is uncomfortable to admit, but there is still a certain stigma attached to mental health.

Bill Halliday, who is chief executive of Northern Ireland based charity MindWise, believes a false public perception is why lots of people have difficulty in admitting they are affected by a mental health issue. That perception could be that it is 'all in their head', or that people with such issues are a 'danger to society' – or that basically, mental health is just too much of a taboo topic to even talk about.

Bill believes this stance needs to be broken down. His organisation currently provides support to over 1,000 individuals, in the form of residential facilities, resource centres, and advocacy and other services.

It focuses mainly on people affected by "severe mental illness", but Bill stresses that it also "covers the whole spectrum" of such conditions – and a very wide spectrum it is.

"For example, you would have the whole area of depression, from people who are feeling a bit down at the start of a new year and after Christmas, and things like that, through to clinical depressions,

where people have a depression that reflects a mental illness and it's not just that they're feeling a bit low or down in spirit, but do need treatment for a particular depression."

Then there are those people with a psychosis, which can take the form of a type of schizophrenia, bipolar disorder or a personality disorder, he says.

But Bill believes that wrongly, people are prone to lumping all forms of mental health issues together – and the media, particularly certain TV programmes, plays a significant part in this.

He says some of them "do absolutely nothing to help the public appreciate what mental illness really is about.

"They just reinforce the public stereotype – that people with mental health problems are dangerous, they are violent, and so on.

"It's quite the reverse; people with mental health difficulties are more likely to be discriminated against by others or be under threat from others in society than the other way around.



Bill Halliday, chief executive of MindWise

"There is very, very little evidence of people even with severe mental illnesses becoming violent against others, either within their families or others in society generally." He continues: "I think there's a huge distance still to go in terms of

public attitudes and an acceptance of people openly talking about a mental health issue which they have or which someone in their family has.

"It's not so long ago that people would not talk about cancer, for example. It was one of those taboo words. And equally, people never talked about their financial matters publicly.

"Sadly, we would certainly find that people are very, very reluctant to talk about a mental health problem because very often, there is a 'kick back' – for example, if you're in employment, you may be very frightened that you might lose your job if you disclosed to your employer the fact that you were receiving treatment for a mental illness."

Shockingly, Bill reveals, a report found that one in five employers said they would be reluctant to hire anyone who claimed that they had been affected by a mental health issue, a reality he describes as "dreadful".

A lack of general knowledge about mental health is another reason for the stigma associated with the issue, says Bill.

"As an organisation, we do tend to focus on the fact that individuals may experience an episode of mental ill health, but there's a very strong chance that they'll recover very fully from that," he says. "But if the general perception is that you're mentally ill, that will never change for you, and I suppose that reinforces the fact that you would be very reluctant ever to discuss it or talk to people about it." However, Bill wholeheartedly welcomes the efforts of those in the public eye to raise awareness of mental health.

"I think that Lynda Bryans, Stephen Fry and so on do a really terrific job, because for public figures to actually quite openly say 'I've had mental health problems or mental health issues', makes people suddenly think 'well hold on, they're very capable and competent in their job'.

"But that's not enough in itself – it needs to be reinforced with information taught in schools and higher and further education, and to employers."

■ For more information on MindWise, click on www.mindwisenv.org

poor state of mind



Mental health issues can affect people of all ages

‘I had never even heard of depression’

WHEN broadcaster Lynda Bryans was affected by clinical depression 16 years ago, its grip on her was so tight that even the simplest of tasks became problematic.

She couldn't remember how to work the dials on her washing machine. Choosing a pizza from a menu whilst out with her husband suddenly became overwhelming.

“I was a total mess all those years ago – I just couldn't function. I couldn't do my job, I couldn't look at a camera,” says the popular TV presenter, who is now, mercifully, back to her effervescent self. Indeed, Lynda's story is a classic example of how mental illness can strike suddenly on seemingly the most capable, ‘together’ people we know. The onslaught of her experience set in when she was three months pregnant with her eldest son, PJ, back in the 1990s, when the stigma surrounding depression was even greater than it is now, yet less about it was actually known.

“One of the drawbacks for me and my family was that we didn't recognise what I had,” she says.

“I had never heard of depression – I had no concept at all of what it was.” She compares her experience of the condition not to being “sad and crying all the time”, but rather, just a

“completely empty” feeling.

“The first symptom that I recognised was that I just had no concentration,” she says, recalling one occasion when she was trying to research a story and found it impossible to absorb any of the information.

“I was reading the notes, and it was an easy story, and I just couldn't remember what I had read.”

At first, her forgetfulness made her question if it was something to do with being pregnant, but as her symptoms got worse, she began to realise “that this wasn't normal.”

“My head was all over the place,” she admits.

She goes on: “At my worst I was paranoid. The obstetrician alerted my GP and he came out to the house to see me. I wouldn't open the door, I pretended not to be in.”

“I had basically cut myself off from everybody and everything, I wouldn't answer the phone, I didn't want to see anybody and I didn't even feel safe in my own home.”

“It was really quite debilitating and at this stage I still didn't know what was going on. I thought I was going mad.” Her GP “eventually” succeeded in seeing her and diagnosed her with clinical depression.

“To me that was a major step because

once you have identified something then I think you're on the way to getting better,” she says.

The pretty presenter is a household name in Northern Ireland, and few may be able to associate the professional, cool and collected exterior of the person we have seen on our TV screens, with a woman battling depression.

And it is for that precise reason that Lynda decided to speak out about her experience.

“When you are on screen and you're looking very confident and controlled, people who are maybe just at the end of their tether, who are just a mess, look at you and think, ‘well, she got better, hopefully I can too’.

“When I spoke out, it was like a weight lifted off my shoulders,” she says.

Lynda believes the unfortunate stigma associated with mental health partly stems from the fact that “we don't understand the mind.”

“The analogy has been made many times – with a broken arm you can see it, and you know it is only going to be like that for six weeks, and then that person is going to be fine again.

“With the mind you can't see it, and also, it is such an amazing and deep part of the body that we still don't know the power of it. The depth of it is just immeasurable.”



Broadcaster Lynda Bryans

Next week: we take an in-depth look at some of the kinds of mental health issues affecting people