

Part B

Level 2 Certificate in **Awareness of Mental Health Problems**

Disclaimer:

This resource uses real life case studies where specifically stated and referenced. All other references to individuals, groups and companies contained within these resources are fictitious.

Level 2 Certificate in Awareness of Mental Health Problems

Welcome to this Level 2 Certificate in Awareness of Mental Health Problems

We hope you find all of the information contained in this resource pack interesting and informative. The content in this workbook and the further study you will carry out on your own should not only help you pass your assessments with ease, but also help you to improve your critical thinking and personal judgement regarding the topic in question. This will stand you in good stead for applying this knowledge throughout your personal and/or professional life. This learning resource and the assessment questions have been approved by TQUK as a great way to meet the learning outcomes for this qualification. (A complete list of the learning outcomes can be found on the last page of this resource.)

The course is made up of three parts (A, B and C). This is **Part B** which contains five units:

UNIT 5: Understanding depression

UNIT 6: Understanding postnatal depression

UNIT 7: Understanding bipolar disorder

UNIT 8: Understanding schizophrenia

UNIT 9: Understanding dementia

As you start to read through each page you will be able to make notes and comments on things you have learnt or may want to revisit at a later stage. At the end of each section, you will be asked to answer the relevant assessment questions.

Once you have answered the questions, go to the next section and continue studying until all of the assessment questions have been completed.

Please make sure that you set aside enough time to read each section carefully, making notes and completing all of the activities. This will allow you to gain a better understanding of the subject content, and will help you to answer all of the assessment questions accurately. You should also refer to the Further Reading at the end of this workbook, which you should use to help you answer the assessment questions.

Good luck with your study. Now let's begin!

Activity key

Throughout this book, you will be asked to complete activities to help with your English and maths skills and to allow you to stretch and challenge yourself in relation to awareness of mental health problems. These activities are designed to encourage your development throughout the course and to allow you to extend your key knowledge as you progress through the course.



English

Whenever you see this icon, there will be an activity which encourages you to demonstrate your English skills. Completing these activities will allow you to practise literacy components and may stretch you beyond your existing skills which will then improve your general abilities.



Maths

Whenever you see this icon, there will be an activity which encourages you to demonstrate your maths skills. Completing these activities will allow you to practise mathematical components and may stretch you beyond your existing skills which will then improve your general abilities.



Stretch and challenge yourself

Whenever you see this icon, there will be an activity which encourages you to stretch and challenge yourself in relation to awareness of mental health problems. These activities will help you with your personal and professional development and allow you to think about certain situations and scenarios in more detail.



Behaviour and attitudes

Whenever you see this icon, there will be an activity which encourages you to consider your own behaviours and attitudes in relation to awareness of mental health problems. These activities will help you with your personal and professional development and will help you to evaluate the skills you already have and think about how you approach various situations in the workplace.



British Values

You will also come across this British Values icon throughout the course. Whenever you see this, it represents an area of learning that emphasises British Values. Your understanding of these values is crucial as you look to grow and develop as an employee and member of your wider community.

Differentiation key



Remembering and recalling key learning

This involves recalling or remembering key information which you should have learnt up to this point of your journey.



Application

This provides you with an opportunity to practice or apply your new learning to work-related or life-related case studies and scenarios. This is about bringing your learning to life and getting you to think how you would use this learning in your current or future workplace.



Developing depth

This provides you with an opportunity to think harder about what you have learnt up to this point. Activities will require you to think critically about concepts and topics in the aim to form opinions and develop your capability to analyse, question and make informed judgements.



Unit 5: Understanding depression

Welcome to Unit Five.

This unit is split into **five** sections. These are:

Section 1: Understand the term 'depression'

Section 2: Understand the possible causes of depression

Section 3: Understand how depression affects the individual and others

Section 4: Understand how the demands of daily life can affect depression

Section 5: Understand how depression can be managed





What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to depression. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 5. You can then write out your answer in full for question 6.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

- 1 – Not confident at all** **2 – A little confident** **3 – Somewhat confident**
4 – Confident **5 – Very confident** **6 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of the term 'depression'?	
2.	How confident are you in your knowledge of the possible causes of depression?	
3.	How confident do you feel in your understanding of how depression affects the individual and others?	
4.	How confident do you feel in your understanding of how the demands of daily life can affect depression?	
5.	How confident are you in your knowledge of how depression can be managed?	
6.	What are you hoping to learn in this unit?	

Section 1: Understand the term 'depression'

Upon completion of this section, you will be able to:

- Define the term 'depression' (1.1)
- Differentiate between feeling low and clinical depression (1.2)
- Describe the factors associated with psychotic depression. (1.3)

A

Introductory activity



Do you know what the terms 'depression' mean? Have a go at writing a definition of each in your own words in the space below.

Defining the term 'depression'

Everyone will feel sad or unhappy at times. This could be due to an event in our lives – a death, an illness or the break-up of a relationship, for example. However, people who experience depression may reach a point where they feel that life is not worth living and they want to die.

D Definition: Depression

'Depression refers to a range of mental conditions characterised by persistent low mood, loss of interest and enjoyment in ordinary things and experiences, and a range of associated emotional, cognitive, physical and behavioural symptoms. Symptoms depend on its severity, and day-to-day functioning is often impaired.'

Source: NHS Clinical Knowledge <http://cks.nice.org.uk/depression#!topicsummary>



i Key fact

Depression is said to be chronic if it persists for more than two years.

Defining the term 'depression'

Many of us 'feel low' from time to time; however, there is a difference between this and clinical depression.

The symptoms of a low mood can include the following:

- General feelings of sadness
- Feeling anxious
- Feeling panicky
- Worrying
- Fatigue
- Frustration or anger
- Very low self-esteem.

Low moods will generally lift after a few days or weeks. However, low mood that doesn't go away can be a sign of clinical depression. The difference comes when the symptoms last longer than a few days or few weeks.

Low self-esteem and feeling anxious or worried can be symptoms of both low mood and depression, but there are also important differences that distinguish the two conditions.

If a person feels low, they can usually see some hope of things getting better in the future, whereas a depressed person will usually just feel despair and begin to withdraw from the world. Making small changes, such as resolving a difficult situation, talking about personal problems and getting more sleep, can improve a person's mood. Depression, on the other hand, may require medical interventions or treatments that vary according to the level of severity.

One of the main signs that distinguishes depression from low mood is when sleeping patterns are disrupted – for example:

- Not getting any enjoyment from life
- Feelings of hopelessness
- Lack of concentration
- Sleeping more or unable to fall asleep
- Comfort eating or losing appetite
- Suicidal thoughts
- A low mood lasting more than two weeks.

These signs occur when the chemicals in the brain that control sleep do not work properly in people who are depressed.

Remember

When depression persists, it is important to ask for help. It is not a sign of weakness to seek help – rather, it is a sign of someone's strength in recognising that they have a problem and are unable to cope.





Stop and think!



Remembering and recalling key learning

The difference between low mood and depression is that depression will have symptoms that last longer than a few weeks. True or false?

True

False



Application

Look at the following list, and see if you can identify which are symptoms of low mood and which are symptoms of depression.

- Sadness
- Feeling hopeless or helpless
- Difficulty in making decisions
- Tiredness
- Continuous low mood or sadness
- Feeling tearful
- Frustration
- Feeling irritable and intolerant of others
- Suicidal thoughts
- No enjoyment in life
- No motivation or interest in things.



Developing depth

Most people will experience some of the symptoms of low mood at some point in their life, and perhaps some of the symptoms of depression too. Findings from a 2017 study showed that 24% of 14 year old girls in the UK reported symptoms of depression. What fraction does this roughly equate to?

R Wider learning

Statistics reported by MHFA England state that 24% of women and 13% of men in England will be diagnosed with depression in their lifetime.

Source: <https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/>

Visit the MHFA England webpage above to look at some of the statistics surrounding mental health in more detail.

The factors associated with psychotic depression

Sometimes, people who have severe clinical depression experience hallucinations and delusions. These are symptoms of psychosis, so the individual is said to have psychotic depression.

Women are twice as likely as men to develop depression, so two-thirds of people who have severe clinical depression will be women. However, not all of these people experience the symptoms of psychosis.

Researchers do not know why some people develop hallucinations and delusions and others do not. They are therefore unable to predict which people who have severe clinical depression will experience the symptoms of psychosis. However, an estimated 10 to 15% of people diagnosed with severe clinical depression will at some stage go on to develop the symptoms of psychosis.

i Key fact

Roughly 25% of people admitted to hospital for depression experience psychotic depression.

Factors and symptoms commonly associated with psychotic depression

There are several factors particularly associated with psychotic depression.

Delusions and hallucinations

The delusions and hallucinations experienced by people with psychotic depression almost always reflect their deeply depressed mood. They are very negative, self-critical, self-punishing and self-blaming, and can make people feel even more anxious.

'Psychomotor agitation'

People with psychotic depression may experience 'psychomotor agitation' – an inability to relax or sit still. They may rock, fidget or move their legs a lot. Being acutely and severely anxious, often as a result of the symptoms of psychosis, contributes to the psychomotor movements.

Detachment from reality

A person with psychotic depression is detached from reality. Often, psychotically depressed people become paranoid or come to believe that their thoughts are being controlled, or that others are listening to their thoughts.

Common psychotic depression symptoms include:

- Anxiety
- Agitation
- Hypochondria – chronic anxiety about their state of health
- Insomnia – difficulty falling asleep and frequent waking during the night
- Physical immobility
- Constipation
- Disturbed thought patterns
- Suicide.



Stop and think!



Remembering and recalling key learning

Roughly 34% of people admitted to hospital for depression experience psychotic depression. True or false?

True

False



Application

Describe three factors that are associated with psychotic depression. Make notes in the space below.

1.

2.

3.



Developing depth

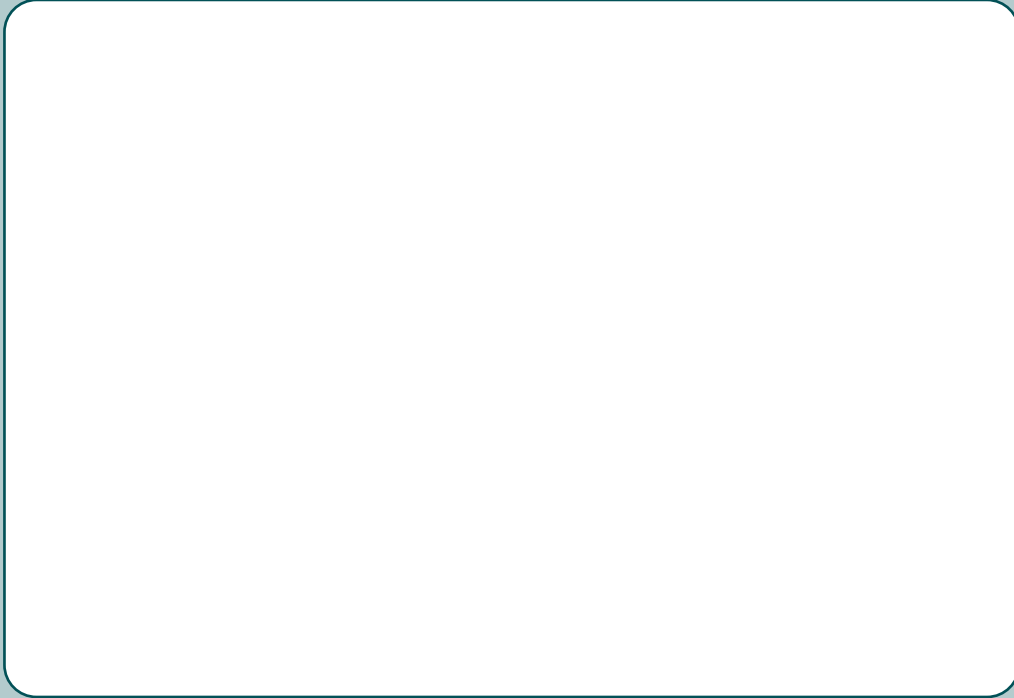
Have a discussion with a friend or colleague about psychotic depression. Do they understand the difference between this and depression, and the symptoms of it?

Make notes in the space below.

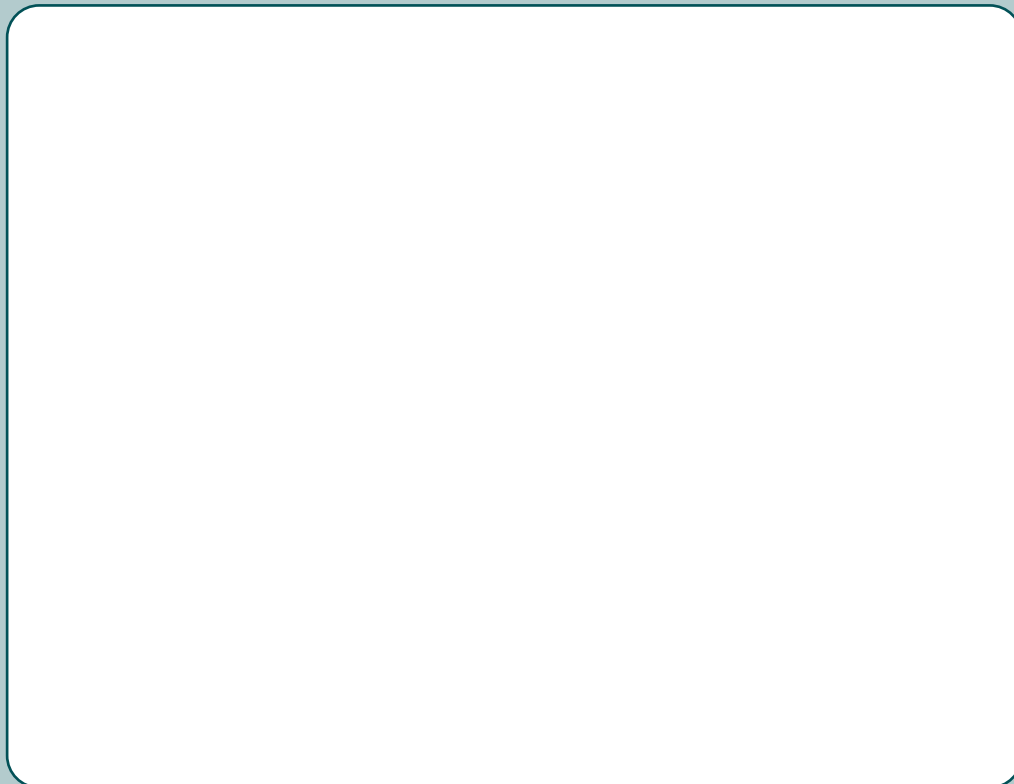
Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. What does the word 'depression' mean?



2. What is the difference between feeling low and clinical depression?



A

Extend your learning



Research more into psychotic depression by accessing this website.

<https://www.nhs.uk/mental-health/conditions/psychotic-depression/>

Make notes in the space below.



Congratulations, you have now completed Section 1.

Section 2: Understand the possible causes of depression

Upon completion of this section, you will be able to:

- Describe possible causes of depression. (2.1)



Introductory activity



What do you think causes people to develop depression? List any possible reasons you can think of, along with a brief explanation of how or why you think this may lead to depression.

Make notes in the space below.

Possible causes of depression

There is no known definite cause of depression. Experts think that it can be explained by a combination of brain chemistry, genetic and environmental or social factors.

Some of the possible causes are as follows:

- **Biochemical** – In people experiencing depression, there is a change in their brain messaging chemicals. These chemicals are important in regulating mood and various other important functions. When an imbalance of brain chemicals occurs, it is believed that depression can result, although it is also possible that the chemical change is the result of depression.
- **Genetic** – Some types of depression run in families, suggesting that depression may be inherited.
- **Hormonal** – Hormones are chemical messages that communicate within the body as a whole and are thought to contribute to mood.
- **Environmental/social** – Environmental causes such as family issues and adverse childhood experiences are considered to increase a person's chance of developing depression, which can lead to negative thought patterns and low self-esteem.
- **Bipolar disorder – formerly known as manic depression** – Someone with bipolar disorder will experience mood swings. During 'manic' episodes, they may display overexcited behaviour. At other times, they may go through long periods of being very depressed.
- **Lifestyle**
 - **Food** – There has been more attention in recent years to the effect that food and drink can have on our mental well-being. Certain foods contain 'essential fatty acids' which help keep the brain healthy and regulate mood. Other foods are known to have a detrimental effect on mood.
 - **Exercise** – As well as being essential to your physical health, exercise regulates blood sugar, improves mood stability and releases mood enhancing endorphins.
 - **Substance misuse** – Excessive substance abuse can affect the functioning of the brain, with some research suggesting this can have long-lasting results. Excessive alcohol consumption is thought to be linked with depression by depleting essential fatty acids in the brain.
- **Physical illness** – Mood change and depression are more common in people experiencing physical illnesses.

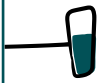


Stop and think!



Remembering and recalling key learning

What was bipolar disorder previously known as?



Application

Explain how lifestyle factors can be causes of depression.

Make notes in the space below.



Developing depth

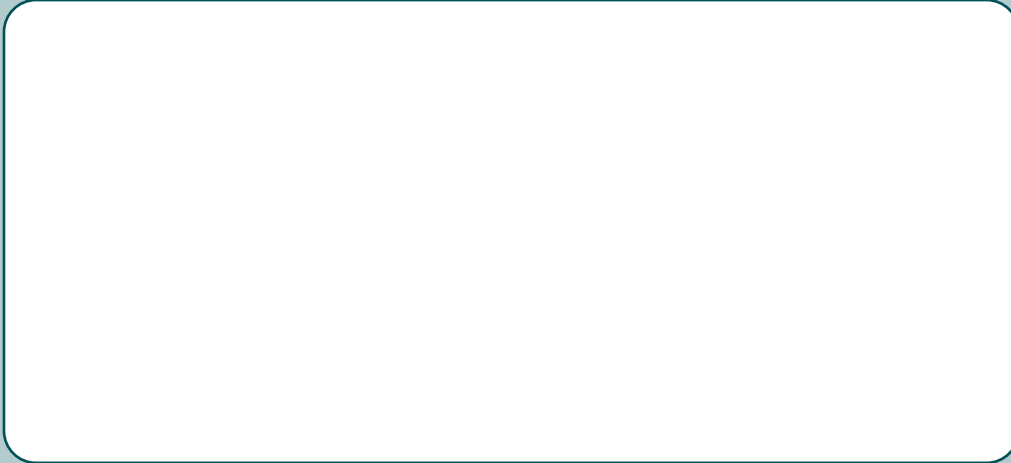
Have any recent events caused a spike in cases or diagnoses?

Undertake some research and make notes in the space below.

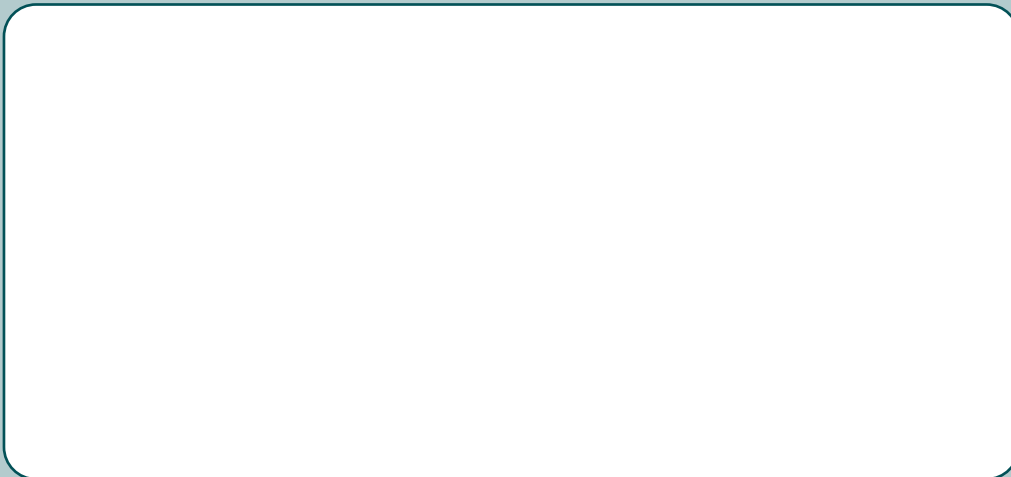
Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.


1. How could biochemical changes cause depression?



2. How can the environment cause depression?



3. What was bipolar disorder previously known as?





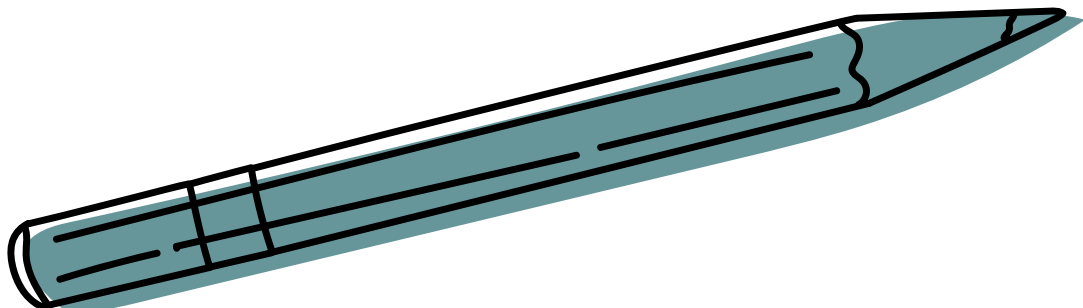
Extend your learning



Undertake some further research into this topic by accessing the following link.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/causes/>

Make notes in the space below.



Congratulations, you have now completed Section 2.

Section 3: Understand how depression affects the individual and others

Upon completion of this section, you will be able to:

- Describe the feelings an individual may have when experiencing depression (3.1)
- Describe examples of how depression may affect the individual and their life (3.2)
- Describe how an individual's depression may affect others. (3.3)

A

Introductory activity



Can you think of any feelings that people may experience if they have depression? Are these symptoms mostly psychological, physical, social or a combination of the three?

Make notes in the space below.

The feelings an individual may have when experiencing depression

What symptoms of clinical depression feel like

To understand more about clinical depression, you should understand what the symptoms of it feel like.

Psychological symptoms

People with depression may experience feelings of:

- Guilt
- Anxiety
- Continuous sadness
- Irritability with others
- Suicidal thoughts or self-harming.

Physical symptoms

Depression can also affect people physically, in such ways as:

- Moving and speaking more slowly than normal
- Increase or decrease in weight
- Constipation
- Unexplained aches and pains
- Lack of sex drive
- Changes to the menstrual cycle in women
- Disturbed sleep patterns.

Social symptoms

Social symptoms of depression include:

- Poor performance at work
- Avoiding social activities with friends and other people
- Lack of interest in hobbies and other leisure pursuits
- Relationship problems.



Case study: Amira

"It was really hard to get out of bed in the morning. I just wanted to stay under the duvet and hide from the world. I lost a lot of weight because I didn't feel like eating.

There was no enjoyment in my life anymore and I was tired all the time, although I couldn't be bothered to do anything active. I had to try and keep going to work because I had kids to support, but when I was there, I found it difficult to do my job because I couldn't concentrate or make decisions about things.

Everything felt hopeless and I couldn't see how it was going to get any better."



Case study: Kevin

"A total pervading darkness which feels like it's drowning me. It is living underwater, with everything which is going on around you being muffled and piercingly loud at the same time."



Stop and think!



Remembering and recalling key learning

Disturbed sleep patterns are an example of what kind of depression symptom?

- a) Social
- b) Physical
- c) Psychological



Application

Use the link below to visit the NHS website and scroll down to listen to Lawrence's story, explaining his experience of depression. Then, make your notes in the space below.

<https://www.nhs.uk/conditions/clinical-depression/>



Developing depth

In the video, what made Lawrence realise that he needed help?

Make notes in the space below.

How depression may affect the individual and their life

Depression could lead to:

- Problems at school or work due to poor performance
- Social isolation from friends due to lack of interest and motivation to take part in social activities
- Relationship problems with family and friends due to misunderstandings about the illness
- Physical health problems due to lack of attention to personal health and personal environment
- Relationship problems between the person and others that they have responsibility for, such as their children or other relatives
- Problems caused by turning to drugs or alcohol for self-medication when depressed, which make the symptoms worse
- Attempts at suicide.

How a person's depression may affect their friends and family

Depression doesn't just affect the depressed person, but also everyone around them.

The symptoms of depression can make people difficult to deal with, which can be exhausting for loved ones. For example:

- Depression is characterised by negative thinking, such as 'I'm rubbish', 'Nobody loves me', and 'There's no point going on'. This may result in arguments, or the person may become withdrawn and uncommunicative.
- Depression can make a person feel more irritable and therefore more difficult to communicate with.
- Depression can cause a lack of interest in things that used to be pleasurable or expected of them, such as leisure pursuits with friends or household chores.
- Family and friends may become upset at seeing the changes depression can cause, or annoyed with the person's moods.
- The symptoms may reach a point where others actively avoid having anything to do with them. This further contributes to low self-esteem and makes the person feel even more isolated, intensifying the depression.

Friends and relatives need to understand that it is not the person that is causing the problems, but the illness. The best way for them to be relieved of the stress is to help the person toward recovery. This means getting them into treatment and remaining supportive – no matter how difficult that may be.

How family and friends can support someone with depression

Family and friends can give support in the following ways:

- Encourage the person to seek treatment.
- Reassure them that it is possible to do something to improve their situation, but in a caring and sympathetic way.
- Encourage them to talk about how they are feeling and help them to work out what they can do, or what they need to change, in order to deal with their depression.
- Listen to them sympathetically.
- If they live alone and are keeping themselves isolated, leave a message so that they know you are concerned about them.
- Don't blame the person for being depressed or tell them to 'pull themselves together'. They are probably already blaming themselves, and criticism is likely to make them feel even worse.



Key fact

Even after someone has started treatment for depression, it still may be some time before they really start to feel better.



Stop and think!



Remembering and recalling key learning

Which one of these can family and friends NOT do to support someone with depression?

- a) Encourage the person to seek treatment
- b) Listen to them sympathetically
- c) Ignore them until it's too late
- d) Reassure them that it is possible to do something to improve their situation, but in a caring and sympathetic way



Application

Imagine that a friend or family member is experiencing depression. Think about what you have learnt so far and make notes on how this may be affecting their life and the feelings they may be experiencing. Then, consider how this might also affect their family and friends, including yourself.



Developing depth

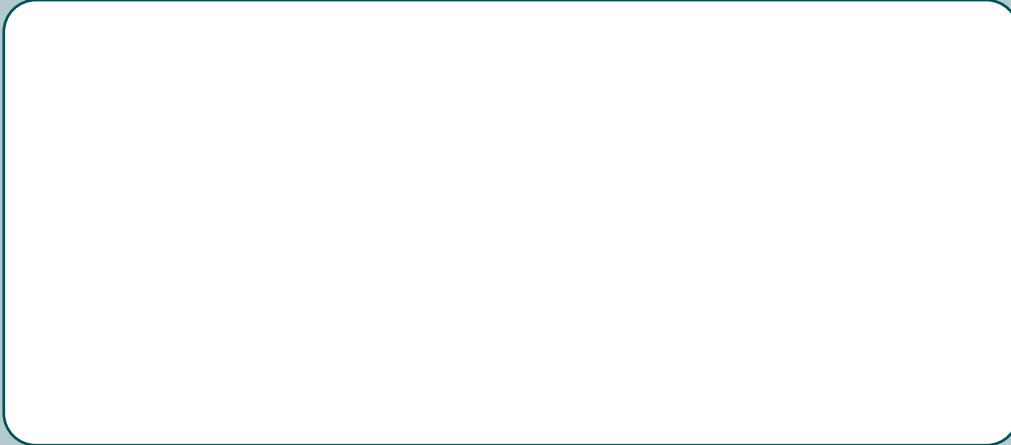
If the family member or friend opened up to you about how they were feeling, how would you try to support them? Can you think of any strategies you could encourage them to use in order to help manage their feelings?

Make notes in the space below.

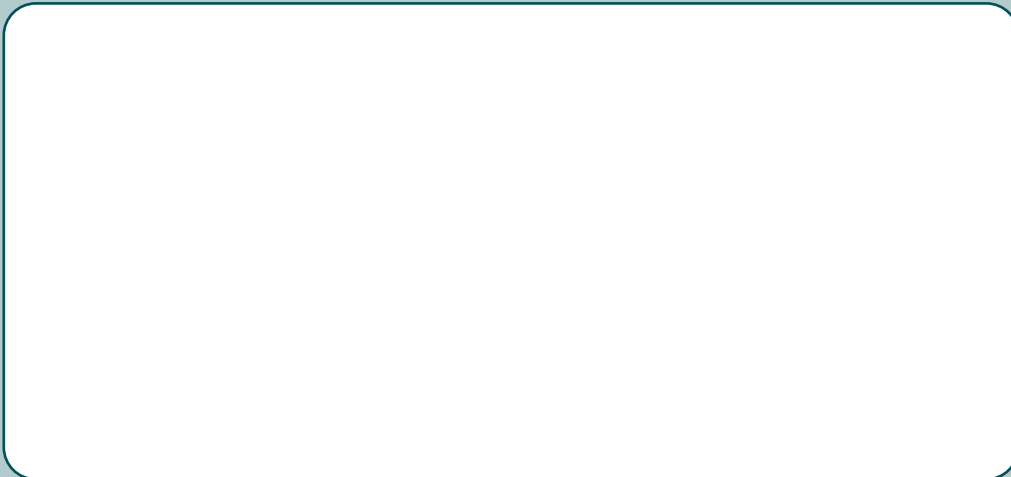
Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

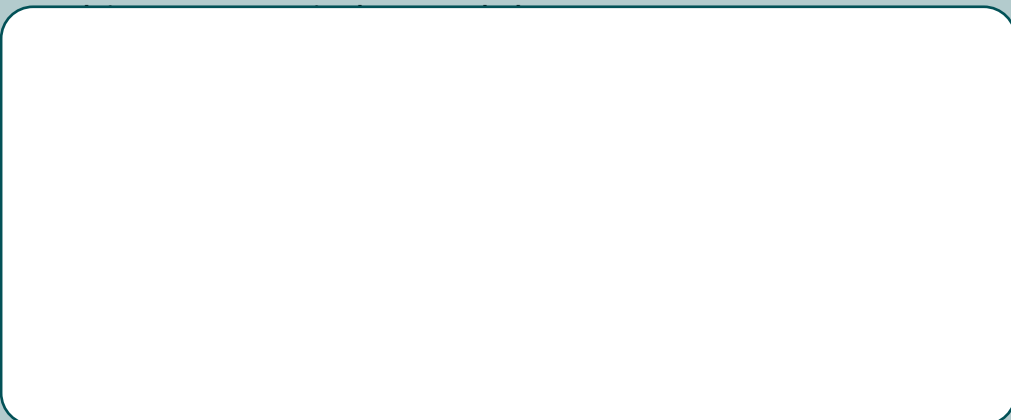
1. What could be some of the psychological symptoms that someone experiencing depression may feel?



2. How might someone's depression affect other people?



3. Why might someone's depression cause them to avoid social activities with friends and family?



A **Extend your learning**



For more of an understanding of how it feels to have depression, visit the following website.

<https://www.verywellmind.com/what-depression-feels-like-5088793>

Make notes in the space below.



Congratulations, you have now completed Section 3.

Section 4: Understand how the demands of daily life can affect depression

Upon completion of this section, you will be able to:

- Describe how the demands of daily life may contribute towards depression for some individuals. (4.1)

The demands of daily life that may contribute towards maintaining depression

A

Introductory activity



Think about the demands that young people may face in daily life. If someone is experiencing depression, how might these demands maintain their condition, or even make it worse? Then, consider the demands that adults and elderly people may face, and answer the same question.

Make notes in the space below.

Awareness of Mental Health Problems

The demands of everyday life affect all of us, but some people are less able to cope than others and may experience depression as a result.

Daily life can contain the following pressures:

Relationship problems, such as:

- Conflict and abuse
- Divorce
- Insecurity
- Bereavement
- Bullying.

Work problems, such as:

- Stress
- Conflict
- Low status
- Unemployment.

Domestic problems, such as:

- Overcrowding
- Poor conditions
- Stress of child rearing
- Caring for ageing parents
- Moving house.

Changes in role and status, such as:

- Puberty and forming an independent identity and sexuality
- Retirement and the loss of routine and status associated with work.

Money problems, such as:

- Debt
- Poverty.



Key fact

People who are already depressed will find it very difficult to manage additional daily pressures and tasks because of their condition. Being unable to manage these demands will make the depressed person feel even less able to cope and even more hopeless.



Stop and think!



Remembering and recalling key learning

Money problems such as debt can impact someone who has depression. True or false?

True

False



Application

Describe three demands of daily life that may contribute towards maintaining depression.

Make notes in the space below.

1.

2.

3.



Developing depth

Chat to a friend or colleague about scenarios that might impact upon someone who has depression.

Make notes in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Why might someone with depression be affected more by relationship problems?

2. Why might someone with depression be affected more by moving house?

3. Why might someone with depression be affected more by puberty?



Extend your learning



Access the following link to read a real life story of how the stresses of daily life can affect somebody living with depression.

<https://www.mind.org.uk/information-support/your-stories/the-stresses-of-everyday-life/>

Make notes on the key points in the space below.



Congratulations, you have now completed Section 4.

Section 5: Understand how depression can be managed

Upon completion of this section, you will be able to:

- Describe local resources and treatments available to an individual experiencing depression (5.1)
- Identify the resources and treatments required to manage a person with psychotic depression. (5.2)



A

Introductory activity



Are you aware of any treatments, resources or strategies that are available to help manage depression? These could include strategies an individual could implement themselves, or any external treatment methods you may have heard of.

Make notes in the space below.

Local resources and treatments that would be available to an individual experiencing depression

Treatment for depression can involve a variety of different approaches, and often people find that a combination of these work best. For example:

- Self-help options, such as attending a self-help group.
- Making changes to your diet or using relaxation techniques.
- Antidepressants prescribed by a GP that work by normalising the activity levels of brain chemicals which affect our mood.
- Regular exercise to lift a person's mood and increase energy levels. This is also likely to improve appetite and sleep. Physical activity stimulates chemicals in the brain called endorphins, which can help a person to feel better.
- A Community Mental Health Team (CMHT) can provide support in the home, and may include a psychiatrist, Community Psychiatric Nurses (CPNs), social workers and peer support workers.
- Crisis resolution services – teams of doctors and nurses who provide intensive support to enable a person to stay at home if they are in crisis, rather than going into hospital.
- Sessions with a counsellor.
- Hospital admission if the person is severely depressed, enabling psychiatrists to monitor the effects of different treatments.



Resources and treatments required to manage a person with psychotic depression

Psychotic depression often requires treatment in hospital and close follow-up by a mental health professional.

As an alternative to hospital care, people may be placed under the care of a CMHT.

Combinations of antidepressants and antipsychotic medications are usually the most effective in easing symptoms when delusions and hallucinations develop.

The National Institute for Health and Care Excellence (NICE) recommends that, in addition to medication, psychological therapies should be part of a package of treatment for severe clinical depression.

Psychotic depression is one of the few illnesses where Electroconvulsive Therapy (ECT) may still be used as a treatment. The NICE guidance on depression says ECT should only be used if urgent treatment is needed, or if other treatments have not helped the depression. ECT – where an electric current is passed through the brain – is always given in hospital, and under general anaesthetic. People have to give their consent before ECT is administered.

Psychotic depression treatment is very effective, and people are able to recover, usually within a year, but continual medical follow-ups may be necessary.

i Key fact

In Britain, complete social equality has not yet been achieved. Nevertheless, the pursuit of a more equal society has been the aim of successive British governments and other organisations that support equality and diversity. This aim is supported by laws to promote equality and outlaw discrimination, such as the Equality Act 2010. The Equality Act 2010 is one important law that underpins British Values. As such, individuals should be able to access treatment and resources regardless of their racial background, gender, or any other protected characteristic.

i Key fact

It is important that a person experiencing psychotic depression symptoms is properly diagnosed, as treatment for psychotic depression is different to that for other depressive illnesses.

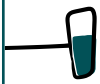


Stop and think!



Remembering and recalling key learning

What does the acronym ECT stand for?



Application

Statistics show that the numbers of people receiving some kind of treatment for a common mental health condition had increased from 24.4% in 2007 to 37.3% in 2014.

What is the difference between these two percentages?



Developing depth

The National Institute for Health and Care Excellence (NICE) issues clinical guidelines to advise the NHS on caring for people with depression and the treatments they should receive. The information applies to people using the NHS in England and Wales.

Use the following NICE webpage to read more about the treatments available for depression:

<https://www.nice.org.uk/guidance/gid-cgwave0725/documents/final-scope>

Make notes in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. Disruption to sleeping patterns is a key distinguisher between low mood and depression. True or false?

True

False

2. People with psychotic depression are not usually at risk of suicidal thoughts. True or false?

True

False

3. How many principles are underpinned by the Mental Capacity Act 2005?

a) Poor work performance

b) Relationship problems

c) Suicidal thoughts

d) Constipation

4. ECT stands for Electroconvulsive Therapy. True or false?

True

False

5. Crisis resolution services consist of doctors and nurses who provide intensive support to enable a person to stay at home if they are in crisis, rather than going into hospital. True or false?

True

False



What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to depression.

Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first five questions and then type your answer out for question 6.

- | | | |
|---------------------------------|-------------------------------|---|
| 1 – Not confident at all | 2 – A little confident | 3 – Somewhat confident |
| 4 – Confident | 5 – Very confident | 6 – Confident enough to share my knowledge with others |

1.	How confident do you feel in your understanding of the term 'depression'?	
2.	How confident are you in your knowledge of the possible causes of depression?	
3.	How confident do you feel in your understanding of how depression affects the individual and others?	
4.	How confident do you feel in your understanding of how the demands of daily life can affect depression?	
5.	How confident are you in your knowledge of how depression can be managed?	
6.	How do you feel your knowledge has improved since starting this unit?	



Extend your learning



Research into the resources and treatments that would be available to an individual experiencing depression within your local area.

Make notes in the space below.



Congratulations, you have now completed Section 5 and Unit 5. Please now go to your assessment and answer Q1 to Q10.

Unit 6: Understanding postnatal depression

Welcome to Unit Six.

This unit is split into **seven** sections. These are:

Section 1: Understand the term 'postnatal depression'

Section 2: Understand the causes of postnatal depression

Section 3: Understand puerperal psychosis

Section 4: Understand how postnatal depression can affect the mother and others

Section 5: Understand how preparation for the birth can help reduce the risk of postnatal depression

Section 6: Understand how postnatal depression may be managed

Section 7: Understand how puerperal psychosis may be managed





What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to postnatal depression. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 7. You can then write out your answer in full for question 8.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

- 1 – Not confident at all** **2 – A little confident** **3 – Somewhat confident**
4 – Confident **5 – Very confident** **6 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of the term 'postnatal depression'?	
2.	How confident are you in your knowledge of the causes of postnatal depression?	
3.	How confident are you in your understanding of puerperal psychosis?	
4.	How confident do you feel in your understanding of how postnatal depression can affect the mother and others?	
5.	How confident are you in your knowledge of how preparation for the birth can help reduce the risk of postnatal depression?	
6.	How confident do you feel in your understanding of how postnatal depression may be managed?	
7.	How confident are you in your understanding of how puerperal psychosis may be managed?	
8.	What are you hoping to learn in this unit?	

Section 1: Understand the term 'postnatal depression'

Upon completion of this section, you will be able to:

- Define the term 'postnatal depression' (1.1)
- Differentiate between the terms 'baby blues' and 'postnatal depression'. (1.2)

A

Introductory activity



What do you understand by the term 'postnatal depression'? How do you think this differs to depression as a mental health condition? Write a definition and brief explanation in your own words in the space below.

Defining 'postnatal depression'

D Definition: Postnatal depression

"Postnatal depression is a type of depression some women experience after they have had a baby."

Source: www.nhs.uk/conditions/Postnataldepression

Some mothers may go through a short period of feeling emotional and tearful – which may be brief and manageable – known as the 'baby blues', or they may develop deeper and longer-term postnatal depression. On rare occasions, a person may experience an extremely severe form of depression, known as puerperal psychosis. This can also be known as postpartum psychosis.

The difference between 'baby blues' and postnatal depression

The 'baby blues'

80% of new mothers experience the baby blues two to four days after the birth. This is so common that it is regarded as normal. The symptoms include:

- Feeling very emotional and liable to burst into tears for no apparent reason, or for reasons that may seem quite trivial to other people
- Difficulty sleeping
- Loss of appetite
- Feeling anxious, sad, guilty and afraid that you are not up to being a mother.

The baby blues may be down to changes in hormone levels that happen after the birth, or the experience of being in hospital.

The baby blues usually only lasts for three to four days. If the depression goes on for longer, or gets worse, it may turn into postnatal depression.

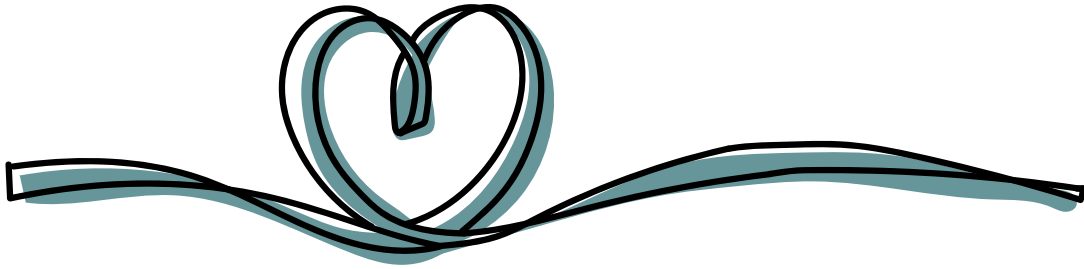
Postnatal depression

At least one new mother in 10 goes through postnatal depression, often when the baby is between four and six months old, although it can emerge at any time in the first year.

It can come on gradually or all of a sudden, and can range from being relatively mild to quite severe, with symptoms including:

- Confusion
- Anxiety
- Depression.

There is evidence to suggest that around half of these women are afraid to tell health visitors about the way they are feeling, because they are afraid it will lead to social services taking away their children, or that they will be seen as bad mothers.



Case study: Mrs R

"I had the baby blues after my daughter was born, but it was nothing compared to the crippling depression I had after the birth of my son. I cried constantly and didn't want to know my kids, husband or friends. I wasn't sleeping and was obsessed with housework."

R

Wider learning

Decide whether each of the following symptoms relates to postnatal depression or the baby blues.

Confusion

Extreme low mood

Unexplainable teary moments

Loss of appetite

Depression

Difficulty sleeping

Brief experience of low moods

Anxiety

Postnatal depression in men

Postnatal depression can affect men too. The birth of a new baby can be stressful for both parents and some fathers feel unable to cope, or feel they are not giving their partner the support she needs.

If a man is affected in this way, they should contact their GP. The treatment for men is much the same as for women.



Stop and think!



Remembering and recalling key learning

What percentage of new mothers experience the baby blues two to four days after the birth of their child?

- a) 60%
- b) 70%
- c) 80%
- d) 40%



Application

Why do you think men might also be at risk of postnatal depression? Can you think of any reasons why male postnatal depression is not as commonly spoken about as the female equivalent?

Make notes in the space below.



Developing depth

Approximately 1 in 10 men are said to experience depression after the birth of their child. What percentage is this equivalent to?

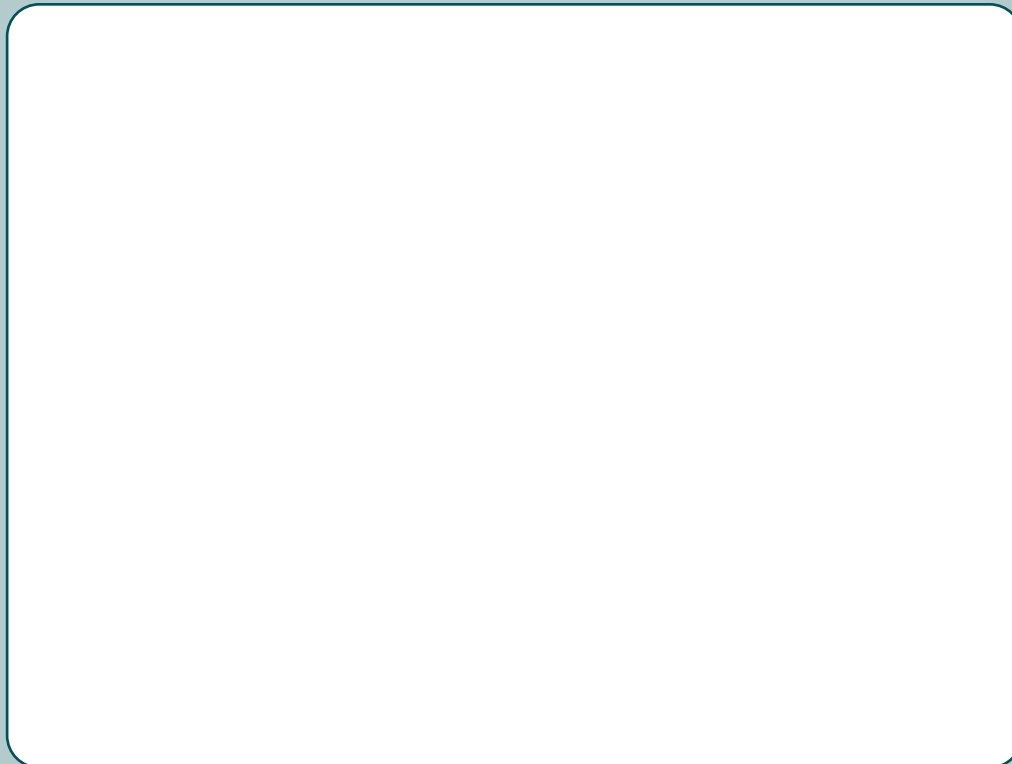
Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. What does the term 'postnatal depression' mean?



2. What is the difference between 'postnatal depression' and 'baby blues'?





Extend your learning



To learn more about postnatal depression in men, access the following link:

<https://www.nct.org.uk/life-parent/emotions/postnatal-depression-dads-10-things-you-should-know>

Make notes in the space below.



Congratulations, you have now completed Section 1.

Section 2: Understand the causes of postnatal depression

Upon completion of this section, you will be able to:

- Describe possible risk factors for developing postnatal depression. (2.1)



A

Introductory activity



Can you think of any possible risk factors that may contribute towards the development of depression? List any risk factors you can think of in the space below, along with a brief explanation of why they might contribute towards postnatal depression.

Risk factors for postnatal depression

A risk factor is something in a person's genes, personality or life experience that makes them more likely to experience the illness than someone else.

There are many possible risk factors for postnatal depression and, as with other forms of mental illness, it is usually a combination of them that contributes to the illness.

Risk factors include:

- Previous history of depression
- Loss of a mother relationship before the age of 11 – not necessarily through death, but loss of the emotional relationship
- Having a mother or sister who has experienced postnatal depression
- High expectations of parenthood
- Abuse in childhood or young adulthood
- Domestic violence or other relationship problems with a partner
- Social and economic problems
- A traumatic or premature birth, multiple births, a previous miscarriage or stillbirth termination
- Bereavement.



Key fact

Postnatal depression can occur in any family circumstances, regardless of whether it is the parents' first baby.

A range of factors are involved in the risk of developing postnatal depression, including:

- Previous medical history
- Individual social and psychological circumstances
- Current relationships
- Complications during labour.

Possible causes of postnatal depression

There is no single cause for postnatal depression, but a number of possibilities have been suggested.

The shock of becoming a mother

Women are often unprepared for the physical impact of childbirth. There are new skills to learn, and they are suddenly responsible, 24 hours a day, for a helpless human being. Some new mothers become overwhelmed by the responsibility of looking after their child.

Loss of independence and identity

The new mother finds that their own freedom to come and go has disappeared. Buses and shops are suddenly hard to use. All too often, becoming a mother may involve the loss of freedom, income, independence and their sense of identity.

Changed relationships

Becoming a mother can be a huge change of role. It alters the relationship between two adults, who may have had few joint responsibilities previously and are suddenly parents.

Even when the baby is a second or third one, there are still adjustments to be made, because each new baby changes the family as a whole.

Lack of support

In the past, women often used to spend a week recovering in hospital following the birth of their baby, being fed and supported while they learnt to feed and care for the infant; nowadays, they often go home on the day of the birth, with little or no professional support.

In the past, women could expect to call upon the help of their female relatives, young and old. Nowadays, many new mothers have to cope on their own, with or without the help of their partner. Often, neither of them has any previous experience.

Other stresses to cope with

If the person is under additional stress for any reason, they are more likely to become depressed. The cause could be an illness or death in the family, moving house or job, being unemployed, on a low income or in poor housing.



Changes to the body

The person may feel upset for a number of reasons, such as the appearance of their body after childbirth, how long it takes for their body to return to its normal size and shape, and the presence of stretch marks or scars.

Diet

Evidence suggests that a lack of nutrients during pregnancy can lead to depression. Poorly controlled blood sugar levels caused by irregular eating or omitting the right types of food can also have the same effect.

Childhood experiences

Sometimes, long-buried issues can surface due to the shock of giving birth. In particular, separation from the person's own mother for any length of time before the age of 11 makes people vulnerable to postnatal depression. The separation could be because of illness, death or war, being sent away to relatives or to boarding school, or any other reason.



Stop and think!



Remembering and recalling key learning

Which of these is NOT a possible cause of postnatal depression?

- a) Diet
- b) Childhood experiences
- c) Fear of motherhood
- d) Pressures during maternity leave



Application

How could the fear of motherhood contribute to postnatal depression?

Make notes in the space below.



Developing depth

Watch the following video and make notes on the key points in the space below.

<https://www.youtube.com/watch?v=KBIVBOP7TGc>

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. Name some of the risk factors that may contribute to postnatal depression.

2. Previous medical history of depression may mean someone is at risk of postnatal depression. True or false?

True

False

3. Postnatal depression can occur in any family circumstances, regardless of whether it is the parents' first baby. True or false?

True

False



Extend your learning



To find out more about the risk factors of postnatal depression, access the following link.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/causes/>

Make notes in the space below.



Congratulations, you have now completed Section 2.

Section 3: Understanding puerperal psychosis

Upon completion of this section, you will be able to:

- Describe the features of puerperal psychosis. (3.1)

A

Introductory activity



Have a go at writing a definition of the term 'puerperal psychosis' in your own words.

Make notes in the space below.



The features of puerperal psychosis

Puerperal psychosis is a severe mental illness with symptoms of psychosis, which starts in the first few weeks following childbirth. Over 1,300 women experience the illness each year in the UK – that equates to one to two in every 1,000 deliveries. The experience of this illness can be very frightening for women, as well as their partners, friends and family.

The special features or symptoms of this illness include:

- Irrational acts
- Unable to tell the difference between reality
- Behavioural disturbances – agitation
- Mood disturbances – elation, tension
- Perceptual disturbances – hallucinations
- Depression
- Being over-demanding
- Threats of violence
- Suspicion and paranoia
- Thought disturbances – delusions about the baby
- Rejection of the baby.



Stop and think!



Remembering and recalling key learning

Over 1,300 women experience puerperal psychosis each year in the UK. True or false?

True

False



Application

What is the difference between postnatal depression and puerperal psychosis?

Make notes in the space below.



Developing depth

Research further into puerperal psychosis (also known as postpartum psychosis) by accessing the following link.

<https://www.nhs.uk/mental-health/conditions/post-partum-psychosis/>

Make notes in the space below.

R

Further research

Use the following link to watch a short video made by a group of women who have recovered from puerperal psychosis, also known as postpartum psychosis. In it, they discuss their experience of the illness.

<http://youtu.be/2sq8JouV2RI>

Make notes in the space below.



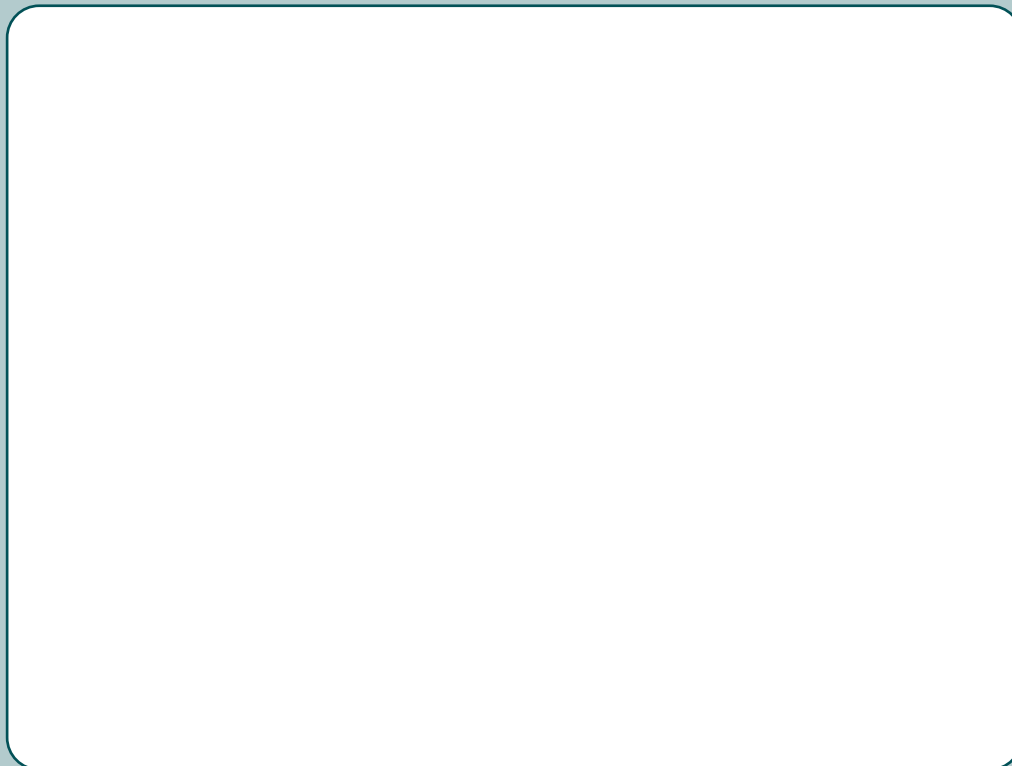
Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. What is puerperal psychosis?



2. What are some of the features or symptoms of puerperal psychosis?





Extend your learning



Research puerperal psychosis further by accessing the following link.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/postpartum-psychosis/>

Make notes in the space below.



Congratulations, you have now completed Section 3.

Section 4: Understand how postnatal depression can affect the mother and others

Upon completion of this section, you will be able to:

- Describe the feelings an individual may have when experiencing postnatal depression (4.1)
- Describe the ways postnatal depression can affect: (4.2)
 - The mother
 - Bonding with the baby
 - Others.



The feelings an individual may have when experiencing postnatal depression

A

Introductory activity



What kind of feelings do you think someone with postnatal depression might experience?

Make a list of these in the space below.

Do any of these overlap with the feelings associated with other mental health conditions you have learnt about? Are there any feelings that you think would be unique to postnatal depression?

Make notes in the space below.

What postnatal depression feels like

Women with postnatal depression may feel any of the following symptoms:

- Feeling despondent, thinking negative thoughts about life
- Feeling tired and very lethargic, or even quite numb
- Not wanting to do anything or take an interest in the outside world
- Feeling unable to cope and guilty about not coping, or about not loving the baby enough
- Loss of appetite, which may go with feeling hungry all the time, but being unable to eat
- Disturbed sleep patterns and tearfulness.

Other symptoms may include:

- Being hostile or indifferent to their partner or baby
- Loss of sex drive
- Having panic attacks and an overpowering feeling of anxiety
- Difficulty concentrating or making decisions
- Obsessive fears about the baby's health or well-being, or about themselves and other members of the family
- Thoughts about death.





Case study: Parveen

"Late one afternoon, I stood washing up at the kitchen sink. The water was hot. The next thing I remember is that the water was cold, and it was dark outside. I was glad that we lived near Waterloo Station because there were lots of trains and I wanted to walk under one.

When I had Rav, I had a difficult birth, but I enjoyed the whole experience. With Yasmeen, it was different. Although I recall the experience of her birth and her first years of life, I have the feeling that I don't want to remember it. It's like I was robbed of those early years.

When the baby was born, I went into autopilot – I did it all, but there was no heart or enjoyment in it. I knew I had a beautiful baby, but I just didn't want to live. It was like I was in a bubble and I could see everyone, but they couldn't see me. I knew something was desperately wrong with me, but I didn't know what."



Case study: Juliet

"I started suffering from insomnia. I felt strange in myself – quite detached, like I was there but not involved in what was going on. My GP gave me some Temazepam and tips for getting a good night's sleep, but I still couldn't.

My GP put me on antidepressants, but no one knew how bad I was feeling. I couldn't sleep or eat, I was depressed, tearful and having awful panic attacks. My main symptom was anxiety.

When Gemma was six months old, I started seeing a psychotherapist who helped me understand some of the reasons why I was so anxious. With their help, I began to recover very slowly and gradually.

It took three years for me to feel myself again. There were good days and bad days, and sometimes it felt like I was going backwards. Some women get better a lot quicker than I did, but this illness affects everyone differently."

R**Further research**

Access the Mind website below to read about the first-hand experiences of some individuals who have experienced postnatal depression. You should select 'postnatal depression' from the dropdown menu on the left-hand side of the page to filter the blogs that appear.

<https://www.mind.org.uk/information-support/your-stories/>

Make notes in the space below.

**Postnatal depression and fathers**

In recent years, it has increasingly been recognised that new fathers also become depressed. It has been suggested that as many as **1 in 25** new fathers are affected. The causes include:

- The increased responsibility of fatherhood
- The expense of having children and the change in lifestyle that it brings
- The changed relationship with their partners
- Lack of sleep and increased workload at home
- Feeling left out while their partner is receiving increased attention.

Few services exist for men, although awareness and understanding of this problem is slowly improving .



Stop and think!



Remembering and recalling key learning

1 in 30 new fathers are affected by postnatal depression.
True or false?

True

False



Application

Explain why fathers may also become depressed during the birth of their baby.

Make notes in the space below.



Developing depth

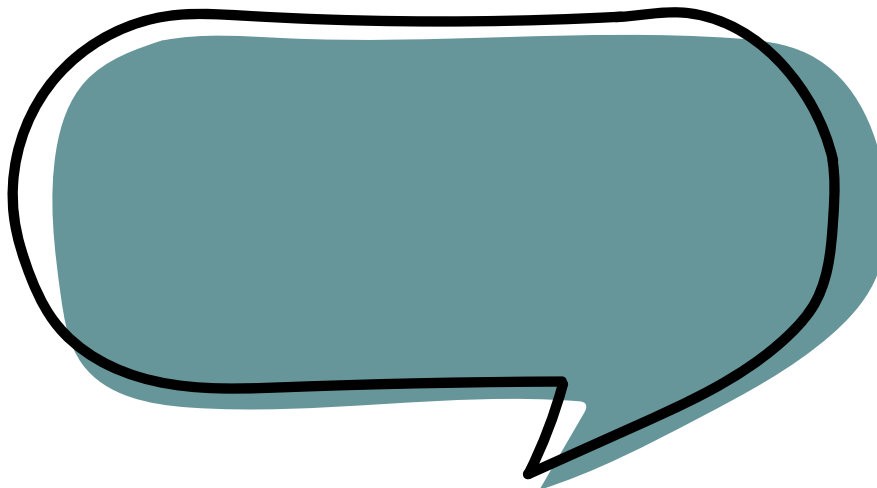
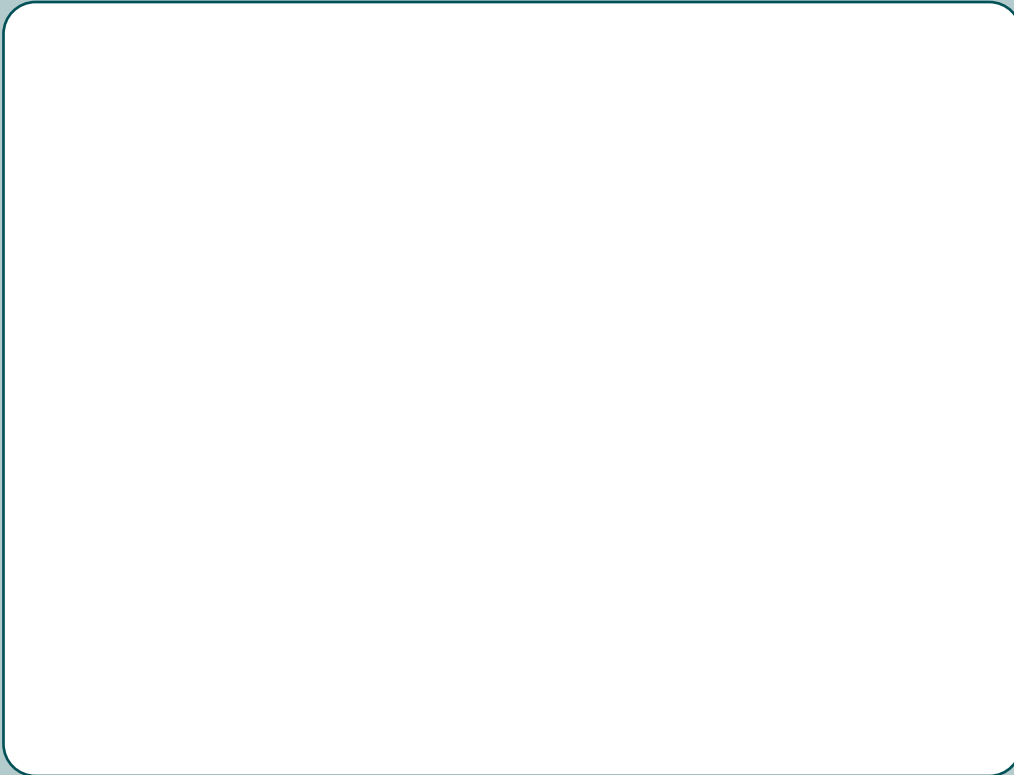
Watch the following video about fathers experiencing postnatal depression, and make notes on the video in the space below.

https://www.youtube.com/watch?v=uihF7_oLgo4

R **Wider learning**

Reflecting on what you have learnt about postnatal depression so far, how do you think this might affect the mother and their ability to bond with the baby?

Make notes in the space below.



How postnatal depression can affect the mother, bonding with the baby and others

How postnatal depression can affect the mother

The effects of postnatal depression on the mother would depend on the severity of the illness, but as well as feeling depressed, they may include:

- Lack of motivation – so that the individual neglects herself, the child and others in the family
- Feelings of isolation and despair
- Difficulty sleeping – so that the mother is tired and unable to do things
- Reduced or increased appetite
- Physical ailments such as headaches, indigestion, muscle aches and pains
- Possible panic attacks caused by anxiety
- Reduced sex drive
- Feelings of guilt caused by the above feeling, producing a negative cycle of thoughts.

How postnatal depression can affect bonding with the baby

In addition to the mother being affected directly, postnatal depression can also affect how she bonds with the baby.

Bonding is the natural process of developing a strong interpersonal attachment between parent and child.

The bond a mother has with her baby is paramount in providing her baby with a feeling of security and emotional safety.



Stop and think!



Remembering and recalling key learning

Which of these are effects of postnatal depression? Choose two of the following options.

- a) Possible panic attacks caused by anxiety
- b) Reduced sex drive
- c) Psychosis
- d) Hallucinations



Application

A survey carried out in 2016 by the National Childbirth Trust (NCT) found that 32% of new mothers struggled to bond with her baby.

Source: <https://www.theguardian.com/lifeandstyle/2016/jun/06/one-third-of-new-mothers-struggle-to-bond-with-their-baby-research-shows>

Roughly what fraction does this equate to?



Developing depth

Given what you now know about the effects of postnatal depression on the mother, how do you think it could affect the way that she bonds with her baby?

Make notes in the space below.

Postnatal depression can affect bonding because:

- Babies learn to interact with the world by reading facial expressions – when a mother is chronically anxious or depressed, her facial expressions change, which can affect healthy attachment
- It may cause the mother to feel unable or reluctant to look after the baby
- In some cases, the mother may even have thoughts about harming the baby
- Feelings of failure and being detached may cause bonding problems a mother with postnatal depression tends to withdraw from everyone, including her baby
- The mother may not want physical contact with the baby
- It may cause problems with breastfeeding, which normally helps to reinforce the bond between mother and baby.



How postnatal depression can affect friends and family

In addition to the effects on mother and baby, family and friends can also be affected by postnatal depression.

Family and friends may feel:

- Unsure of how to react
- Resentful that this has happened to someone close
- Depressed
- Tired through taking on additional chores
- Rejected – because the mother feels detached and unable to relate to other people.



Stop and think!



Remembering and recalling key learning

Family and friends of the mother can also be affected by postnatal depression. True or false?

True

False



Application

How might the family and friends of someone with postnatal depression be affected by the condition? Consider what you have already learnt about the effects of other mental health conditions on friends and family of the individual and make notes in the space below.



Developing depth

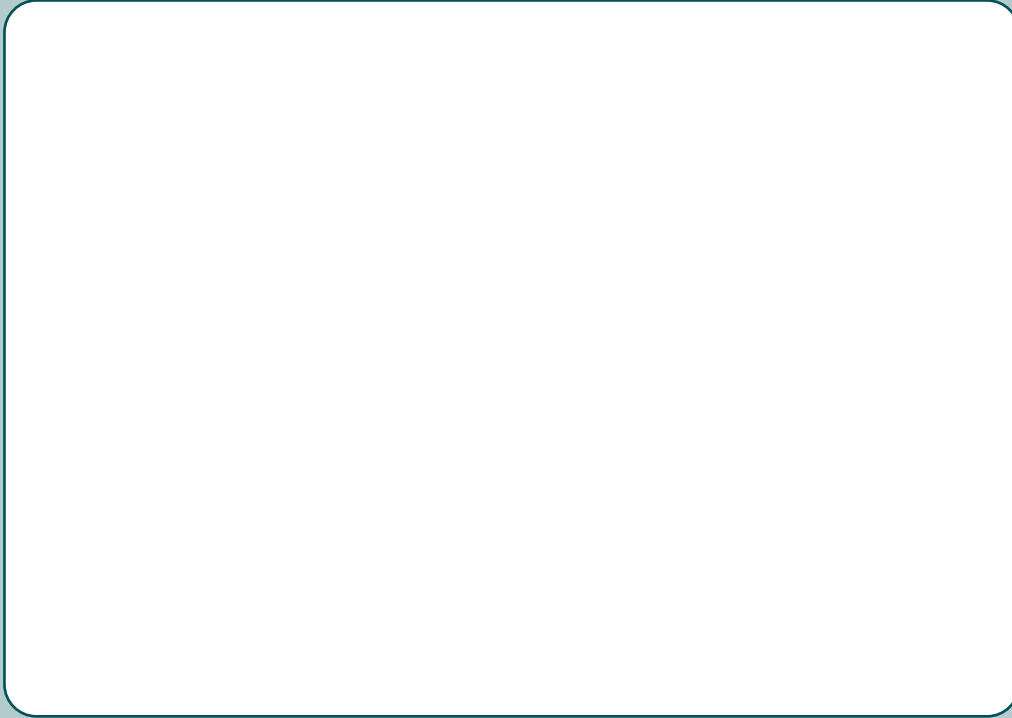
Chat to a friend, family member or colleague about postnatal depression. How do they think they would feel if they knew a loved one had this? Remember to be sensitive and discreet when speaking about this as this may be a subject someone is uncomfortable talking about.

Make notes in the space below.

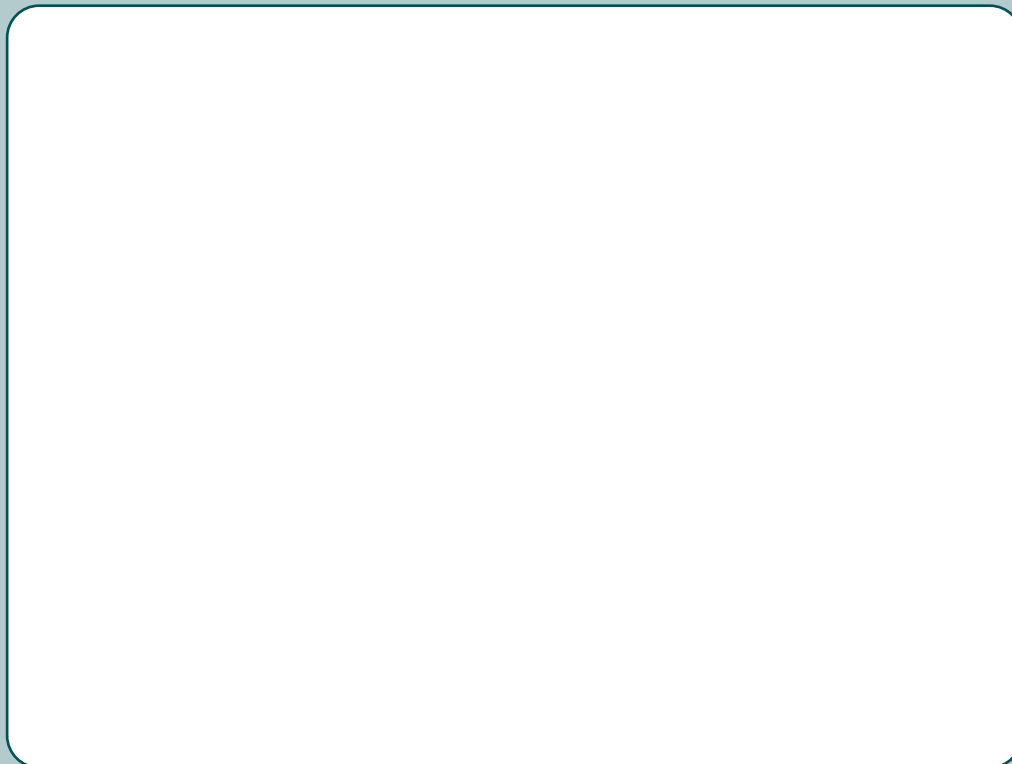
Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. What might postnatal depression feel like for a mother?



2. How might postnatal depression impact on the father?





Extend your learning



Consider how postnatal depression might impact on the child. Do you think it could affect them? Do you think it could affect their development and well-being, and how?

Make notes in the space below.



Congratulations, you have now completed Section 4.

Section 5: Understand how preparation for the birth can help reduce the risk of postnatal depression

Upon completion of this section, you will be able to:

- Describe the preparations for birth that may reduce the risk of postnatal depression. (5.1)



Introductory activity



Can you think of any ways an individual could prepare for the birth which might reduce the risks of postnatal depression occurring?

Make notes on any ideas you have and explain why these may help reduce the risks in the space below.

Preparations for the birth that may reduce the risk of postnatal depression

The risk of postnatal depression can be reduced by being proactive before the birth, and the mother making preparations in the following ways:

- Avoiding getting over-tired, eating regular meals and avoiding major stress during pregnancy
- Making friends with other women who are expecting
- Going to antenatal classes with a partner and keeping in touch with the GP and health visitor
- Examining their own birth and early childhood and having counselling if there is a history of postnatal depression
- Making sure they have plenty of emotional support from their partner, friends and family
- Involving any partners as much as possible in the pregnancy and birth process so that they can be there to support.



Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. What preparations could a mother make that may reduce the risk of postnatal depression?





Extend your learning



Research how peer support could help to reduce the risk of postnatal depression and puerperal psychosis.

<https://www.app-network.org/peer-support/>

Make notes in the space below.



Congratulations, you have now completed Section 5.

Section 6: Understand how postnatal depression may be managed

Upon completion of this section, you will be able to:

- Describe self-help measures for postnatal depression (6.1)
- Describe possible treatments for postnatal depression (6.2)
- Describe local resources and treatments available to an individual experiencing postnatal depression. (6.3)

Self-help measures for postnatal depression

A

Introductory activity



Can you think of any measures, treatments or resources available for those with postnatal depression?

Make a list of ideas for each category in the space below.

The following self-help measures can be useful in combating postnatal depression:

- Get as much rest and relaxation as possible – sleep deprivation will make the depression feel worse. Sleep when the baby sleeps.
- Take regular gentle exercise – a short walk each day will aid recovery.
- Don't go for long periods without food, because low blood sugar levels can make a person feel much worse. Eating a healthy, balanced diet will keep your blood sugar levels stable. When blood sugar levels drop, your mood and anxiety levels can be affected.
- Avoid alcohol, because heavy drinking can make the feelings worse.
- Set realistic goals to help manage the routine with the new baby.
- Talk about worries and anxieties with partners, close family and friends – it can be very helpful to talk through feelings with someone trusted and non-judgemental.
- Contact local support groups or national helplines for advice and support to reduce the sense of isolation. Support groups also help to normalise feelings and give a focus from week to week.
- Avoid extra challenges both during pregnancy and in the first year after the baby is born.

i

Key fact

The most important first step in managing postnatal depression is recognising the problem and taking action to deal with it. The support and understanding of partners, family and friends plays a big part in a person's recovery.

R

Further research

Read the information on the following Mind webpage to learn how individuals experiencing postnatal depression can take care of themselves in order to better manage their condition.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/self-care/>

Possible treatments for postnatal depression

Possible treatments include:

- **Guided self-help** – Guided self-help is based on the principle that a GP can help you to help yourself by providing self-help manuals. They will provide practical advice on how to deal with the types of issues the person is facing.
- **Talking therapies** – Talking therapies encourage the person to talk through problems, either one-to-one with a counsellor or with a group.

Two widely used talking therapies used in the treatment of postnatal depression are Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT).

- **Cognitive Behavioural Therapy (CBT)** – This is a type of therapy based on the idea that unhelpful and unrealistic thinking leads to negative behaviour. CBT aims to break this cycle and find new ways of thinking that can help people behave in a more positive way. For example, all mothers are human and humans make mistakes. It is neither necessary nor helpful to try and be 'supermum'.
- **Interpersonal Therapy (IPT)** – This aims to identify whether your relationships with others may be contributing towards feelings of depression.
- **Antidepressants** - The use of antidepressants may be recommended if the person:
 - Has moderate postnatal depression and a previous history of depression
 - Has severe postnatal depression
 - Has not responded to counselling or CBT.

Antidepressants help to ease symptoms, allowing the person to function normally and cope better with the new baby.

Local resources and treatments for postnatal depression

Treatments available

Just as the symptoms of postnatal depression vary from one person to another, so does the treatment. Psychological therapies such as CPT and IPT are usually recommended as the first line of treatment for mild to moderate postnatal depression in women with no previous history of mental health conditions.

Local resources for help with postnatal depression include:

- **GP** – A GP can give medication and/or referral to a health visitor, Community Mental Health Team (CMHT), counsellor or support group.
- **Health visitor** – A health visitor can visit the home on a regular basis and make a referral to a support group if there's one available.
- **Midwife** – The midwife should be made aware if there is previous history of postnatal depression.
- **Community Mental Health Team (CMHT)** – The person may need to see a psychiatrist or a Community Psychiatric Nurse (CPN), and can be referred to the CMHT.
- **Counsellor** – It can be very helpful to talk to a counsellor because they can be impartial and objective about how the person is feeling. It may also be helpful to talk to someone who has experience of postnatal depression. A GP or health visitor may be able to make a referral.





Stop and think!



Remembering and recalling key learning

Identify three self-help measures that can be useful in managing postnatal depression.

1.

2.

3.



Application

Consider what you have learnt so far about postnatal depression and the measures and treatments available. If you noticed that a family member or friend appeared to be experiencing postnatal depression, how would you react and what advice could you take to help them with this?

Make notes in the space below.



Developing depth

Why is it important for people to access services when they are experiencing postnatal depression?

Reflect on this and make notes in the space below.



Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. What could some of the medical treatments for postnatal depression be?



2. Name some local resources and treatments available for individuals experiencing postnatal depression.



A **Extend your learning**



Research further into treatments available within your local area for supporting people who are experiencing postnatal depression and postpartum psychosis. These could be treatments/support groups for mothers, fathers or other family members.

Make notes in the space below.



Congratulations, you have now completed Section 6.

Section 7: Understand how puerperal psychosis may be managed

Upon completion of this section, you will be able to:

- Describe the resources a person with puerperal psychosis would require (7.1)
- Describe the treatments a person with puerperal psychosis would require. (7.2)



Introductory activity



Think back to the term 'puerperal psychosis', also known as postpartum psychosis, which you learnt about earlier in this unit. Can you remember what this means? Have a go at writing a definition without looking at your notes.

Make notes in the space below.

Resources for someone experiencing puerperal psychosis

Puerperal, or postpartum, psychosis is treated as an acute psychiatric emergency. Usually, the mother requires admission to psychiatric hospital, where an assessment will be made regarding:

- The risk of harm to the baby by the mother through neglect or physical abuse
- The risk to the mother by suicide or recklessness.

Resources for someone experiencing puerperal psychosis include:

- **Referral to a CMHT** – Referral to a Community Mental Health Team (CMHT) can take place if the postnatal depression is severe, or the person does not respond to treatment. These teams are usually made up of a range of specialists, including psychologists, psychiatrists, specialist nurses and occupational therapists, and can also provide psychotherapy.
- **Admission to hospital** – If the postnatal depression is so severe that there is deemed to be a risk of self-harm, or harm to the baby, a person may be admitted to hospital or referred to a mental health clinic. If support is available from a partner or family, it may be recommended that they care for the baby until the person is well enough to return home.
- **'Mother and baby' mental health clinic** – If there is no support available to care for the baby, or the mental health team feels that separation from the baby would adversely affect recovery, transfer to a specialised 'mother and baby' mental health clinic may be recommended.

R

Wider learning

What does the acronym CMHT stand for?

Treatments for someone experiencing puerperal psychosis

Treatments

Treatments for someone experiencing puerperal psychosis include the following.

Medication

Medication for postpartum psychosis is a combination of:

- Mood stabilising medications, such as lithium or an anti-epileptic drug
- An antipsychotic to combat symptoms of psychosis
- A tranquiliser, such as a benzodiazepine to help relaxation.

Breastfeeding cannot take place whilst taking these types of medications, so the baby has to be bottle-fed.

Electroconvulsive Therapy (ECT)

ECT may be used in exceptional circumstances, and only when antidepressants and other treatments have not worked.

ECT involves having a general anaesthetic and medication to relax the muscles. Electrodes are placed on the head and a pulse of electricity passed through the brain.

It is unclear how ECT works, but it is thought that electricity decreases the number of connections in the brain to levels seen in people without puerperal psychosis.

Reducing the risk of puerperal psychosis

If a person is at a higher risk of developing postpartum psychosis, they should have specialist care during their full pregnancy and be seen by specialist mental health professionals, particularly someone like a perinatal psychiatrist.

During their pregnancy, a person should have a 32-week pre-birth planning meeting with everyone who is involved with the care of them. This could be the partner, baby's father, family/friends, mental health professionals, midwife, health visitor, GP and obstetrician. This is to make everyone aware of the risk of puerperal psychosis.

During this meeting, a care plan will be put into place explaining what the procedures will be if the mother becomes ill, as well as the strategies that will be put into place to reduce the risk of illness.

In the first few weeks after the baby's birth, the mother will have regular home visits from various professionals. This includes midwives, health visitors and mental health nurses.



Stop and think!



Remembering and recalling key learning

Puerperal psychosis is treated as an acute psychiatric emergency. True or false?

True

False



Application

Why do you think it's important to have lots of individuals involved when it comes to supporting someone who is at risk of postpartum psychosis? Why do you think it's important for family and friends to understand how to reduce risks?

Make notes in the space below.



Developing depth

Why do you think medical professionals would prefer mothers to seek other forms of help before going onto certain medications first? Make notes in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. The loss of a mother relationship before what age can be a risk factor in the development of postnatal depression?

a) 8

b) 11

c) 16

2. A woman's diet during her pregnancy is thought to be a factor in the development of postnatal depression. True or false?

True

False

3. Which of the following are symptoms of postnatal depression?

a) Disturbed sleep patterns

b) Feeling energetic

c) Feeling relaxed

d) Having panic attacks



What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to postnatal depression.

Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first seven questions and then type your answer out for question 8.

- 1 – Not confident at all** **2 – A little confident** **3 – Somewhat confident**
4 – Confident **5 – Very confident** **6 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of the term 'postnatal depression'?	
2.	How confident are you in your knowledge of the causes of postnatal depression?	
3.	How confident are you in your understanding of puerperal psychosis?	
4.	How confident do you feel in your understanding of how postnatal depression can affect the mother and others?	
5.	How confident are you in your knowledge of how preparation for the birth can help reduce the risk of postnatal depression?	
6.	How confident do you feel in your understanding of how postnatal depression may be managed?	
7.	How confident are you in your understanding of how puerperal psychosis may be managed?	
8.	How do you feel your knowledge has improved since starting this unit?	

A

Extend your learning



Read more about the treatments available for those with puerperal psychosis by accessing the following website.

<https://www.nhs.uk/mental-health/conditions/post-partum-psychosis/#:~:text=antipsychotics%20%E2%80%93%20to%20help%20with%20manic,mood%20and%20prevent%20symptoms%20recurring>

Make notes in the space below.



Congratulations, you have now completed Section 7 and Unit 6. Please now go to your assessment and answer Q1 to Q10b.

Unit 7: Understanding bipolar disorder

Welcome to Unit Seven.

This unit is split into six sections. These are:

Section 1: Understand the term 'bipolar disorder'

Section 2: Understand the causes of bipolar disorder

Section 3: Understand how bipolar disorder can affect the individual and others

Section 4: Understand how the demands of daily life can influence the presentation of symptoms of bipolar disorder

Section 5: Understand how to recognise the symptoms of bipolar disorder

Section 6: Understand how bipolar disorder may be managed





What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to bipolar disorder. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 6. You can then write out your answer in full for question 7.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

- 1 – Not confident at all** **2 – A little confident** **3 – Somewhat confident**
4 – Confident **5 – Very confident** **6 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of the term 'bipolar disorder'?	
2.	How confident are you in your knowledge of the causes of bipolar disorder?	
3.	How confident are you in your understanding of how bipolar disorder can affect the individual and others?	
4.	How confident do you feel in your understanding of how the demands of daily life can influence the presentation of symptoms of bipolar disorder?	
5.	How confident are you in your knowledge of how to recognise the symptoms of bipolar disorder?	
6.	How confident are you in your knowledge of how bipolar disorder can be managed?	
7.	What are you hoping to learn in this unit?	

Section 1: Understand the term 'bipolar disorder'

Upon completion of this section, you will be able to:

- Define the term 'bipolar disorder'. (1.1)



Introductory activity



Do you know what the term 'bipolar disorder' means? Have a go at writing a definition in your own words.

Make notes in the space below.

What is bipolar disorder?

Bipolar disorder was formerly known as 'manic depression'. It is relatively common – around 1 person in 100 is diagnosed with the condition.

Bipolar disorder can occur at any age, although it often develops between the ages of 18 and 24.

Men and women from all backgrounds are equally likely to develop bipolar disorder.

The pattern of mood swings identified in bipolar disorder varies widely between people. Some people will only have a couple of bipolar episodes in their lifetime and will have long periods of stability in between, while others may experience many bipolar episodes more frequently.

D

Definition: Bipolar disorder

'Bipolar disorder is a mental health problem that mainly affects your mood. If you have bipolar disorder, you are likely to have times where you experience:

- *Manic or hypomanic episodes (feeling high)*
- *Depressive episodes (feeling low)*
- *Potentially some psychotic symptoms during manic or depressed episodes.'*

Source: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/bipolar-disorder/#.W-V4dtX7SUI>





Stop and think!



Remembering and recalling key learning

Hypomanic or manic episodes can cause someone to experience:

- a) Feeling low
- b) Feeling high
- c) Psychotic symptoms
- d) Feeling hungry



Application

Look at the following statement.

'Bipolar disorder can occur at any age, although it often develops between the ages of 18 and 24.'

How do you feel about it? Are you surprised at it? Write a short reflection below. You should use complete sentences.



Developing depth

Visit the YouTube link below to watch an expert talking about bipolar disorder, then make notes in the space below.

<https://www.youtube.com/watch?v=Su62OXAhTew>

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. What does the term 'bipolar disorder' mean?



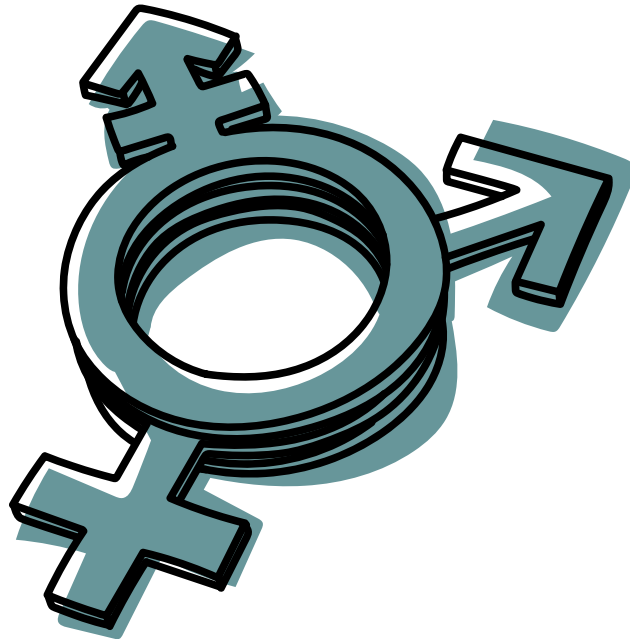
A

Extend your learning



Research further into the ways that bipolar disorder can affect people of all genders.

Make notes in the space below.



Congratulations, you have now completed Section 1.

Section 2: Understand the causes of bipolar disorder

Upon completion of this section, you will be able to:

- Describe possible causes of bipolar disorder. (2.1)

Possible causes of bipolar disorder

A

Introductory activity



Can you think of any factors that may lead to the development of bipolar disorder? Write down your ideas, along with a brief explanation of how you think each of these may cause the condition.

Make notes in the space below.

The exact cause of bipolar disorder is not fully understood. However, a number of different factors combined are thought to make an individual more likely than others to develop the condition. This includes a complex mix of physical, environmental and social factors, as explored below.

Chemical imbalance in the brain

Bipolar disorder is widely believed to be the result of chemical imbalances in the brain. The chemicals responsible for controlling the functions of the brain are called neurotransmitters, examples of which include norepinephrine, serotonin and dopamine.

If there is an imbalance in the levels of one or more of these, it may cause bipolar disorder. For example, episodes of mania may occur when levels of norepinephrine are too high, and episodes of depression may occur when levels become too low.

Genetics

Bipolar disorder is also thought to be linked to genetics. Bipolar disorder seems to run in families, and the family members of a person with the condition have an increased risk of developing it themselves.

However, no single gene is responsible for bipolar disorder. Instead, it is thought that genetic and environmental factors combine together to trigger the condition.

Life events or 'triggers'

A stressful event often triggers the symptoms of bipolar disorder. Examples of triggers include:

- Physical, sexual or emotional abuse
- The breakdown of a relationship
- The death of a close family member or loved one
- Physical illness
- Overwhelming problems in everyday life with money, work or relationships.



B I P O L A R



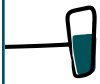
Stop and think!



Remembering and recalling key learning

Which of these can be a life event or 'trigger'?

- a) Abuse
- b) Illness
- c) Breakdown of a relationship
- d) All of the above



Application

Explain how bipolar disorder can sometimes be linked to genetics.



Developing depth

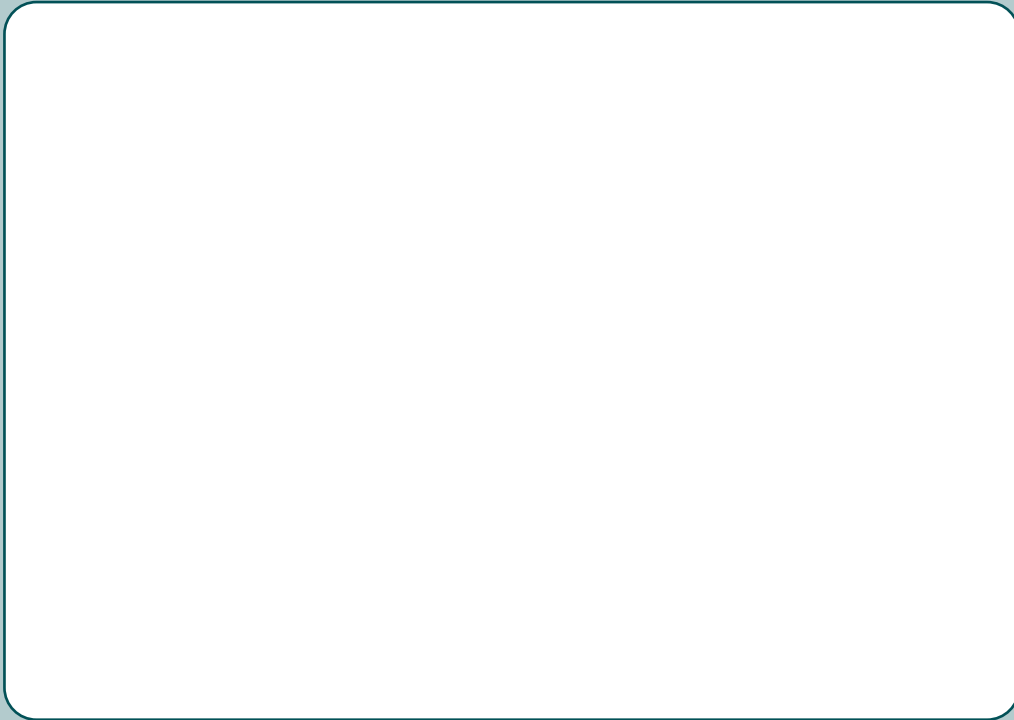
Do some further research on triggers that someone who experiences bipolar disorder may have.

Make notes in the space below.

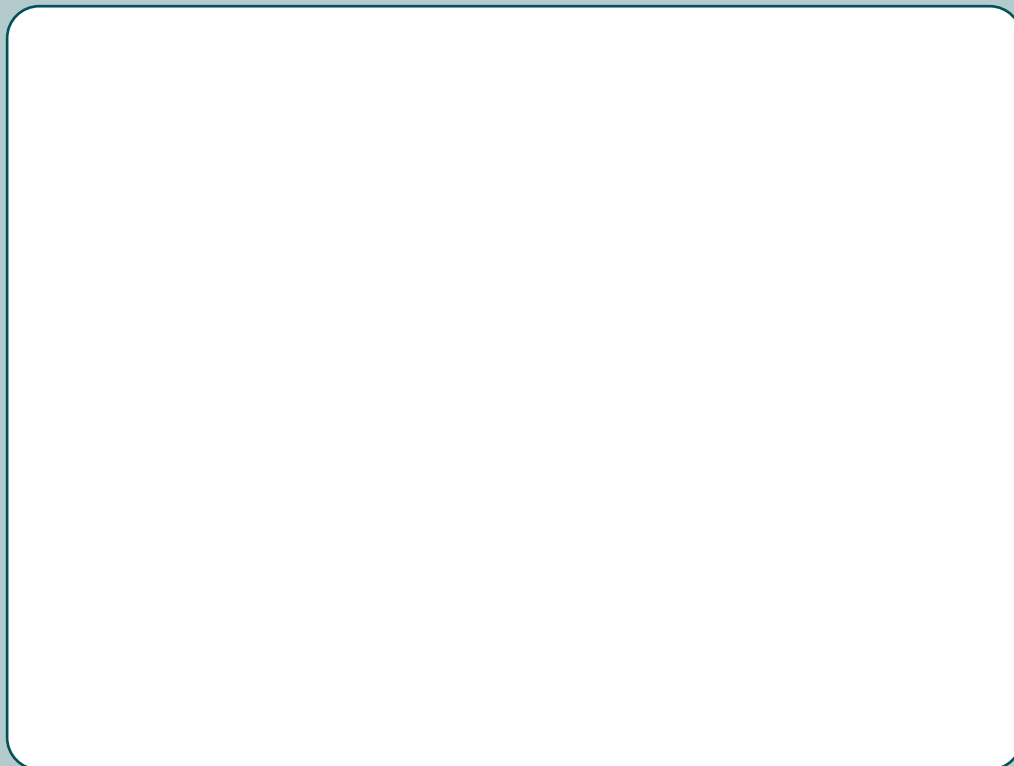
Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. What life events could possibly cause bipolar disorder?



2. How is bipolar disorder linked to genetics?



A

Extend your learning



Do different genders have particular triggers that affect their experience of bipolar disorder? Do different triggers affect people of different ages? Undertake some further research into this.

Make notes in the space below.



Congratulations, you have now completed Section 2.

Section 3: Understand how bipolar disorder can affect the individual and others

Upon completion of this section, you will be able to:

- Describe the feelings an individual may have when experiencing bipolar disorder (3.1)
- Describe the ways bipolar disorder affects the individual and their life (3.2)
- Explain how an individual's bipolar disorder may affect others. (3.3)



Introductory activity



How do you think someone feels when they have bipolar disorder?

Make notes in the space below.

The feelings an individual may have when experiencing bipolar disorder

If a person has bipolar disorder, they will experience periods, or 'episodes', of:

- **Depression** – where they feel very low and lethargic
- **Mania** – where they feel very high and overactive.

Unlike simple mood swings, each extreme episode of depression or mania can last for several weeks or longer, meaning that the feelings associated with bipolar disorder are not always the same.

Depression

The depression phase of bipolar disorder is often diagnosed first. A person may initially be diagnosed with clinical depression before having a manic episode later, after which the diagnosis may be changed to bipolar disorder. During an episode of depression, a person may have overwhelming feelings of worthlessness, which can potentially lead to thoughts of suicide.

Mania

During a manic phase of bipolar disorder, a person may feel very happy and have lots of ambitious plans and ideas. They may spend large amounts of money on things that they cannot afford and would not normally want. They may not feel like eating or sleeping, and may talk quickly and become annoyed easily.

People may feel very creative and view mania as a positive experience. However, sometimes they may experience psychotic symptoms such as sensory and auditory hallucinations, where they see or hear things that are not there, or have delusions, where they become convinced of things that are not true.



Case study: Mat

"I was diagnosed with bipolar disorder when I was 14. I remember wondering what was wrong with me. I remember my parents watching as my moods shifted by the hour, even the minute. We were all terrified.

Unsure of what to do, my parents brought me to doctors, psychiatrists, therapists and even nutritionists. The therapist asked me to draw pictures that they thought would explain my moods. I refused to use any crayon that was not black, threw the toys that were carefully placed around the brightly lit room, and tore up the paper. I was unable to control myself.

I fall into a severe and crippling depression each winter. Each time it occurs I am, somehow, surprised. When I am ill, I feel certain I will never be well again."





Stop and think!



Remembering and recalling key learning

How old was Mat when he was first diagnosed with bipolar disorder?

- a) 12
- b) 13
- c) 14
- d) 15



Application

How did Mat's therapist tell him to explain his moods? How do you think this would help? Make notes in the space below.



Developing depth

Mat describes how his moods are worse over the winter months. Do some further research into how seasons can affect someone's mood.

Make notes in the space below.

R

Wider learning

Use the following Soundcloud link to listen to Heart FM DJ Matt Wilkinson talking to Siobhan O'Neill about her experience of living with bipolar.

<https://soundcloud.com/mindcharity/mindcast-bipolar>

There is also a transcript of this interview available here if you prefer:

<https://www.mind.org.uk/information-support/your-stories/mind-podcast-living-with-bipolar/>

The ways bipolar disorder affects the individual and their life

The difference between bipolar and regular emotional changes

An important distinction between bipolar disorder and the emotions many people experience in daily life is that bipolar disorder sometimes results in an inability to handle daily activities. The person is often unable to work or communicate effectively and may have a distorted sense of reality – for example, an unrealistically high or low opinion of their skills.

People with bipolar disorder often describe their experience as being on an emotional rollercoaster. Alternating between such extreme emotions can keep a person from having anything resembling a 'normal' life. Their emotions, thoughts and behaviour are often beyond their control.

Manic episodes can lead to family conflict or financial problems, especially when the person with bipolar disorder appears to behave erratically and irresponsibly without reason.

During the manic phase, people often become impulsive and act aggressively, which can result in high-risk behaviour such as:

- Repeated intoxication
- Extravagant spending
- Risky sexual behaviour.

C**Case study: Mat (continued)**

"During a manic episode I was reckless with my relationships and life choices. I dropped out of university because I wasn't learning anything. Without money, I tried to buy a new car. I seductively tried to encourage a salesman to give me the car for free. I didn't need sleep. My sexuality was beyond impulsive, I declared my desire to everyone I knew."

Bipolar symptoms

During severe manic or depressed episodes, some people with bipolar disorder may experience symptoms that overwhelm their ability to deal with everyday life, and even reality.

Their inability to distinguish reality from unreality may result in psychotic symptoms such as hearing voices, paranoia, visual hallucinations and false beliefs of special powers or identity.

They may experience distressing periods of great sadness, alternating with euphoric optimism and anger that is not usually typical of the person. The person affected may be completely unaware that they need help.





Stop and think!

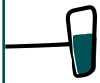


Remembering and recalling key learning

During severe episodes, someone's inability to distinguish reality from unreality may result in psychotic symptoms, such as hearing voices. True or false?

True

False



Application

Can you think of any other ways that bipolar disorder might affect someone's day-to-day life? Consider relationships and employment when answering this.

Make notes in the space below.



Developing depth

Access the Guardian interview below to learn how bipolar disorder affected the singer Sinead O'Connor and her ability to tour and perform in 2012.

www.guardian.co.uk/music/2012/apr/24/sinead-o-connor-cancels-tour

Make notes in the space below.



Key fact

"I wasn't able to see that I was ill until I saw the terror on a friend's face as I drove 80mph down a city street without noticing it. He had me pull over and get in the passenger seat, drove me home and told my family."

Bipolar disorder and driving

If you have bipolar disorder, it may have implications for driving. You must inform the Driver and Vehicle Licensing Agency (DVLA) about any medical condition that could affect your ability to drive. Read more at: <https://www.gov.uk/bipolar-disorder-and-driving>

How an individual's bipolar disorder may affect others

The impact of bipolar disorder on friends and family

Bipolar disorder not only affects the individual, but their family and friends too. It can be terrifying and exhausting, both for the person diagnosed and those who stand beside them throughout the recovery process. Depending on the nature of the illness depends on how it is managed and the family and friends of a person can be impacted in a variety of ways. These include:

- **Emotional distress** – Family and friends could feel worried about the individual or feel guilty about not being able to help them enough. They might also feel a sense of grief and stress.
- **Change in role and routines** – Family and friends might have more responsibilities when it comes to caring for an individual and their routines might change because of this. Because of the change, it might cause some strained relationships.
- **Stress** – Family or friends might become stressed because of situations. They might have to deal with unusual behaviours and this unpredictability might cause stress. There might be financial stresses too, possibly from accessing private/specialist healthcare.
- **Health problems** – Due to stress, family members or friends might develop health problems.

Family and friends must educate themselves about the illness and access support to help them further understand bipolar disorder. Accessing support services might also give some relief to the family members or friends who might be affected.



Case study: Benny

"The years before my diagnosis were painful and affected our family immensely. My two sisters watched me fall apart; they watched their parents trying to catch me as I fell into blackness. My illness was quickly making my family ill.

The health of those who support the mentally ill person often gets ignored. When I first became ill, my entire family suffered. My parents, while working full-time and taking care of my two younger sisters, spent years focused on my illness and recovery. In the process, they became unwell themselves. My mother slipped into a depression and my father worked to keep our family functioning. It was not easy.

Without the support of my family, friends and a support team, I would not be here."



R

Wider learning

Given what you have learnt about the effects of bipolar disorder, how do you think it would affect the family and friends of a person who is experiencing it? Think about the case study you have just read and imagine yourself in the same position as Benny's sisters. Make notes on how you think you might be affected in the space below.

Resistance to help

Seeing someone going through the symptoms of bipolar disorder can be very distressing for family and friends.

During a manic phase, they may not accept that there is anything unusual about their behaviour and may become hostile towards others who are trying to help them. This can cause carers and others around the individual to feel frightened and helpless – however, they can be vital in providing support and helping a person to get practical assistance.



Stop and think!



Remembering and recalling key learning

If left untreated, bipolar disorder can seriously affect nearly every aspect of a person's life. True or false?

True

False



Application

Why might seeing someone going through the symptoms of manic depression be very distressing for family and friends?

Make notes in the space below.



Developing depth

Research into help and organisations where families and friends can seek support. This might be for themselves or for the person they know who experiences bipolar disorder.

Make notes in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. How can someone's bipolar disorder affect their friends and family?



2. Complete the following sentence. If a person has bipolar disorder, they will experience periods, or 'episodes', of depression and _____.



A

Extend your learning



Research more on this topic by visiting the following website.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/bipolar-disorder/for-friends-family/>

Make notes on anything you think is important in the space below.



Congratulations, you have now completed Section 3.

Section 4: Understand how the demands of daily life can influence the presentation of symptoms of bipolar disorder

Upon completion of this section, you will be able to:

- Describe the demands of daily life that may influence symptoms of bipolar disorder (4.1)
- Describe how these demands of daily life may influence symptoms of bipolar disorder. (4.2)

Demands of daily life that may influence symptoms of bipolar disorder

A Introductory activity



Think about the demands that people may face in their daily lives. If someone is bipolar, what kind of demands or external pressures are likely to influence their symptoms or make them worse?

Make notes in the space below.

Awareness of Mental Health Problems

The demands of daily life that most people can cope with are difficult for those with bipolar disorder because their mood swings make it difficult to manage their lives.

The following demands of daily life on people with bipolar disorder can influence their symptoms and make them worse:

Relationship problems, such as:

- Conflict and abuse
- Divorce
- Insecurity
- Bereavement.

Work problems, such as:

- Stress
- Conflict
- Low status
- Unemployment.

Domestic problems, such as:

- Overcrowding
- Poor conditions
- Stress of child rearing
- Caring for ageing parents
- Moving house.

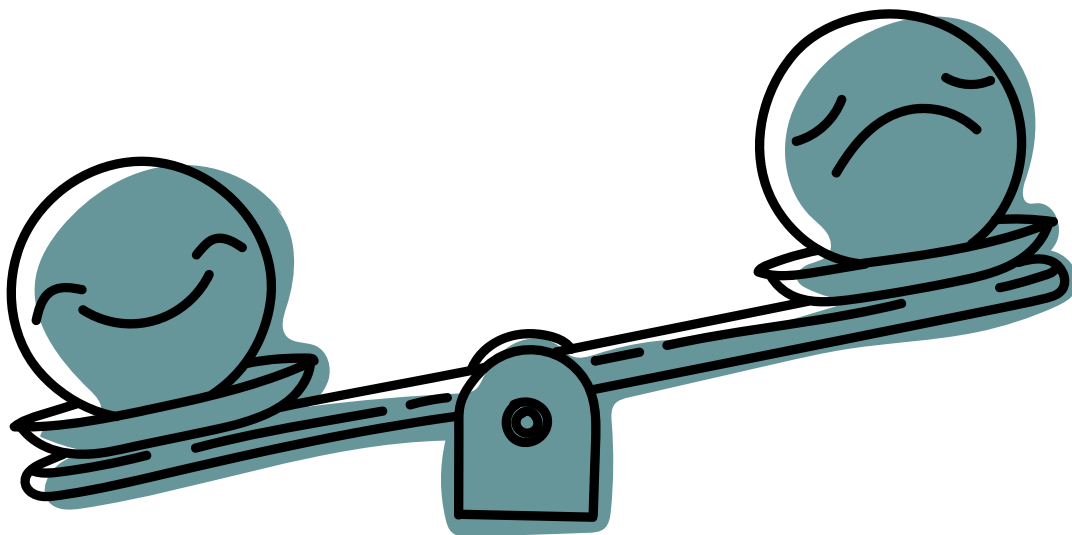
Money problems such as:

- Debt
- Poverty.

How an individual's bipolar disorder may affect others

Many demands that are a common feature of daily life may give rise to manic or depressive episodes in people who have bipolar, for example:

- Relationship problems such as conflict or divorce may cause a person in a depressive episode to blame themselves even more and add to their lack of self-worth.
- During a manic episode, they may spend large amounts of money on things that they cannot afford and would not normally want. If they already have money problems, this will only make the situation worse.
- Additional pressures will make it even more difficult for people with bipolar disorder to manage daily life and may create feelings of despair.





Stop and think!



Remembering and recalling key learning

Which of these is a domestic demand that might impact someone who has bipolar disorder?

- a) Overcrowding
- b) Divorce
- c) Debt
- d) Bereavement



Application

What are some of the daily demands that might have an impact on someone who has bipolar disorder?

Make notes in the space below.



Developing depth

Can you think of any other daily demands? You might want to have a discussion with a friend or significant other about their opinions or ideas on this subject.

Make notes in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Name three demands of daily life that may influence symptoms of bipolar disorder.

1.

2.

3.

2. How would the demands you noted above affect someone who has bipolar disorder?

A

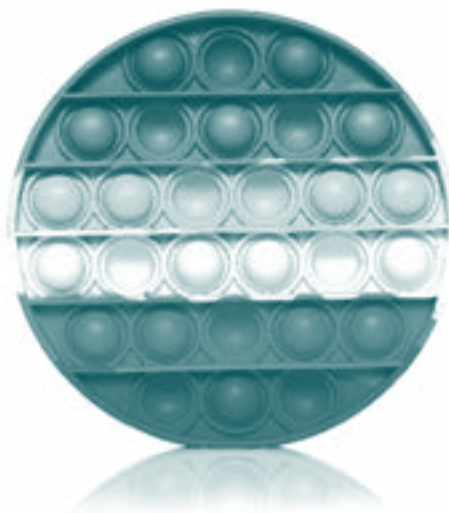
Extend your learning



Read the blog post below, about how bipolar disorder can affect an individual.

<https://www.mentalhealth.org.uk/blog/what-its-have-bipolar-people-who-have-bipolar>

Make notes in the space below.



Congratulations, you have now completed Section 4.

Section 5: Understand how to recognise the symptoms of bipolar disorder

Upon completion of this section, you will be able to:

- Give examples of symptoms which may occur in a manic and depressive episode. (5.1)



Introductory activity



What kind of symptoms would you expect to see in each of the following?

Make notes in the spaces below.

A manic episode:

A depressive episode:

Recognising symptoms

If the symptoms from the onset of a depressive or manic episode are recognised before they become full-blown, the effects of the disorder can be stabilised, and the person can be given appropriate support. If you think about everything you have learnt about bipolar disorder so far, you should be able to identify symptoms that suggest the onset of a depressive or manic episode before it becomes full-blown.

Recap

Earlier in the course, you learnt the difference between depression and mania. To recap, these are:

Depression: The depression phase of bipolar disorder is often diagnosed first. A person may initially be diagnosed with clinical depression before having a manic episode later, after which the diagnosis may be changed to bipolar disorder.

Mania: This is characterised by a period of abnormally high or low mood. It can often involve exaggerated behaviours too.

Examples of symptoms that may occur during a depressive episode include:

- Overwhelming feelings of worthlessness
- Suicidal thoughts
- Sadness
- Withdrawing from things they love
- No interest in doing things they are passionate about.

Examples of symptoms that may occur during a manic episode include:

- Feeling very happy
- Having lots of ambitious plans and ideas
- Wanting to spend large amounts of money on things that they cannot afford and would not normally want
- May not feeling like eating or sleeping, and may talk quickly and become annoyed easily
- Irritable or angry outbursts.

People may feel very creative and view mania as a positive experience. However, sometimes they may experience psychotic symptoms such as sensory and auditory hallucinations, where they see or hear things that are not there, or delusions, where they become convinced of things that are not true.



Stop and think!



Remembering and recalling key learning

Mania is categorised by high moods only. True or false?

True

False



Application

Look at the following list of feelings that people may experience when they have bipolar disorder. Decide which are symptoms of mania and which are symptoms of depression.

- Significantly decreased need for sleep
- Negative thoughts about the future
- Feelings of sadness or hopelessness
- Poor financial choices, rash spending sprees
- Racing speech, flight of ideas, impulsiveness
- Sense of guilt or low self-esteem
- Excessive involvement in pleasurable activities
- Thoughts of suicide



Developing depth

Have a discussion with a peer or significant other about the symptoms that some people may experience during an episode.

Make notes of the discussion in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Name three examples of symptoms that may occur during a manic episode.

1.

2.

3.

2. Name three examples of symptoms that may occur during a depressive episode.

1.

2.

3.



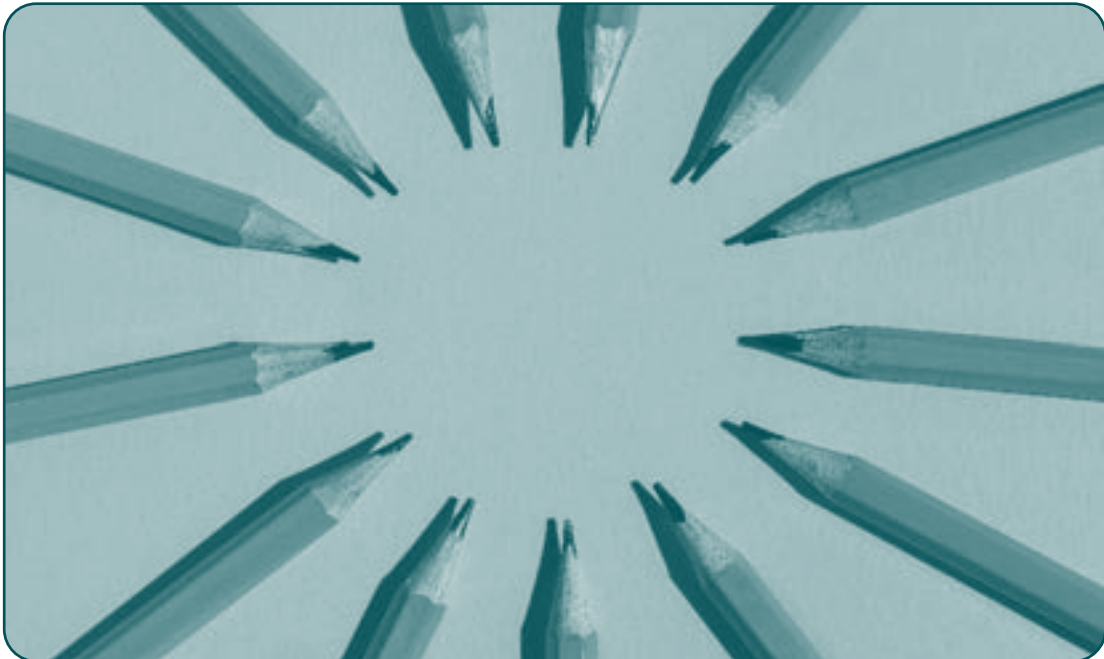
Extend your learning



Undertake some further research into symptoms using the following link.

<https://www.helpguide.org/articles/bipolar-disorder/bipolar-disorder-signs-and-symptoms.htm>

Make notes in the space below.



Congratulations, you have now completed Section 5.

Section 6: Understand how bipolar disorder may be managed

Upon completion of this section, you will be able to:

- Give examples of medical intervention for bipolar disorder (6.1)
- Describe ways in which an individual with bipolar disorder can help to manage their illness when entering a manic and depressive episode (6.2)
- Describe ways in which others can help the individual with bipolar disorder to manage their illness (6.3)
- Describe local resources and treatments available to an individual experiencing bipolar disorder. (6.4)

A

Introductory activity



Are you already aware of any treatments or interventions for bipolar disorder?

Make a list of these in the space below.

Medical interventions for bipolar disorder

Examples of medical intervention for bipolar disorder include the following:

Almost everyone who is diagnosed with bipolar disorder will be offered medication. Although drugs cannot cure bipolar disorder, many people find that they help to manage the symptoms as part of a wider treatment that takes account of individual needs. The medication used includes:

- **Lithium**
- **Anticonvulsants** – some of which have antidepressant effects for the prevention of depressive episodes
- **Antipsychotics.**

Hospital admission

People who are very distressed during a bipolar episode may be referred to hospital, in order to make an assessment and provide some relief for those supporting the person.

Most admissions are voluntary, but if the person refuses to go, they may be admitted compulsorily under the Mental Health Act 1983.

Electroconvulsive Therapy (ECT)

ECT is given under general anaesthetic and involves passing an electric current through the brain in order to cause a seizure. It is given for severe depression and may also be used for severe mania. It is used less commonly now than in the past, but some people find it very effective when nothing else has helped.

Talking treatments

An example of an alternative, non-medical method of intervention is talking treatments.

Counselling, psychotherapy or sessions with a psychologist can help people understand why they feel like they do and change the way they think and feel. It may help people to overcome relationship difficulties associated with their condition and offers an opportunity to talk about the experience of bipolar disorder, helping people to cope better with it.

One example of a talking treatment is Cognitive Behavioural Therapy (CBT), which aims to help people identify problems and overcome emotional difficulties by changing negative thought patterns associated with depression.

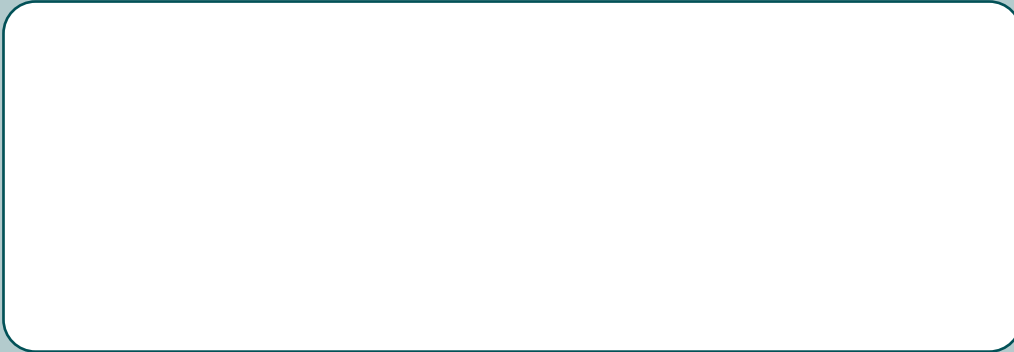
R

Wider learning

To further your research into NHS treatments for people who have bipolar disorder, you will want to visit the following link.

<https://www.nhs.uk/mental-health/conditions/bipolar-disorder/treatment/>

Make notes on your research in the space below.



Ways in which an individual with bipolar disorder can help to manage their illness when entering a manic and depressive episode

Managing manic and depressive episodes

There are a number of ways in which a person can manage their own illness and minimise bad effects when entering a manic or depressive episode:

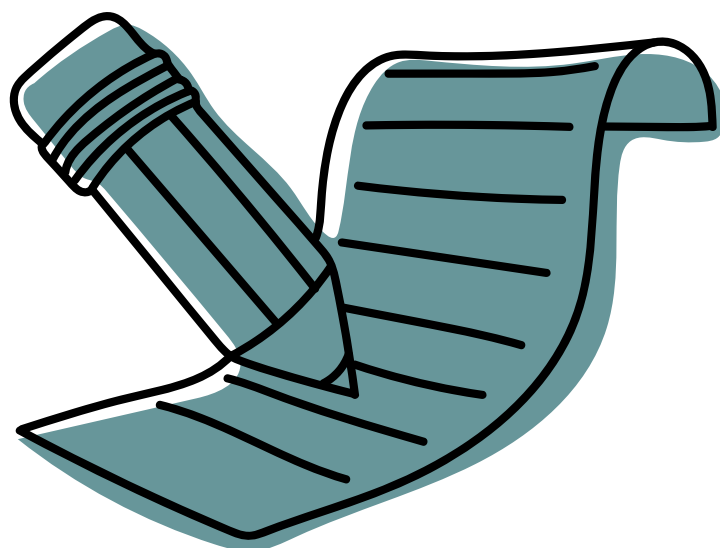
- Meet with others who have bipolar disorder
- Recognise mood changes
- Ask for support
- Defer important decisions
- Take gentle exercise
- Eat and sleep regularly
- Take care of themselves
- Keep in touch with friends and family
- Ask their partner or a loved one to take care of finances during manic periods, to limit excessive spending.

R Wider learning

Undertake some research of your own into tips for managing bipolar disorder using the following webpage:

<https://www.nhs.uk/mental-health/conditions/bipolar-disorder/living-with/>

Make notes in the space below.



Ways in which others can help the individual with bipolar disorder to manage their illness

Helping a person manage bipolar disorder

Friends and family may help a person to manage their illness by:

- Being patient and understanding
- Offering encouragement to manage their own condition safely and to talk about their feelings
- Being prepared to give back responsibility to the person when they are well
- Finding information on local support groups
- Trying to make sure they have support in coping with theirs and the carer's own feelings
- Learning as much as possible about bipolar disorder, in order to cope better with their caring role
- Giving respite care to the person being cared for if needed, to allow the carer to take a break
- Contacting a support organisation if the person is having suicidal thoughts
- Giving practical support – being organised can be a problem for people with bipolar disorder, so they may need help getting enough food and sleep, and with their finances
- Respecting their wishes regarding care as far as possible – if they are in agreement, approaching agencies for help
- Seeking compulsory admission to hospital – particularly if the person is a risk to themselves or to other people.



Stop and think!



Remembering and recalling key learning

Family and friends should always respect the wishes of an individual as much as they can. True or false?

True

False



Application

How can family and friends help with supporting individuals experiencing a manic or depressive episode? How do you think this support might make the individual feel?

Make notes in the space below.



Developing depth

Undertake some further research into the topic by accessing the following website.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/bipolar-disorder/supporting-someone-with-bipolar/>

Make notes in the space below.

Local resources and treatments for bipolar disorder

Local resources and treatments for bipolar disorder include:

- **Community care services** – Social services can make an assessment of your needs for community care services. This covers everything from daycare services to housing needs, with the aim of providing services in a person's own home or appropriate accommodation.
- **Community Mental Health Team (CMHT)** – Care assessments may be made by Community Mental Health Teams (CMHTs). Their aim is to enable a person to live independently. They can help with practical issues, such as sorting out welfare benefits and housing, and services, such as day centres, back-to-work schemes or drop-in centres. They can also arrange for a Community Psychiatric Nurse (CPN) to visit the home.
- **Accommodation** – There are hostels where people in need of support can live for a limited length of time and be helped by staff to gain the confidence to live independently again. Sheltered housing schemes offer less intensive support to a group of residents who can live there for as long as they want or need.
- **Day centres** – Day centres, day hospitals and drop-in centres can vary widely. Services may include therapy groups, counselling, information or advice. Some offer a chance to learn new skills such as music, cooking or crafts; some organise day trips, or simply provide the opportunity for a cup of tea, a good lunch and a chat. A social worker or psychiatrist may need to make the referral.
- **Crisis services** – Crisis services have been developed in some areas as alternatives to hospital. They can offer accommodation such as crisis houses or support in the home, with the idea of avoiding admission to hospital. Crisis services rely less on drug treatments and more on talking treatments and informal support.





Stop and think!



Remembering and recalling key learning

Which of these is NOT a resource or treatment for individuals experiencing bipolar disorder?

- a) Crisis services
- b) Medication
- c) Diet/exercise regime
- d) Day centres



Application

The National Institute for Health and Care Excellence (NICE) issues clinical guidelines to advise the NHS on caring for people with bipolar disorder and the treatments they should receive. The information applies to people using the NHS in England and Wales.

Use the following NICE webpage to read about the treatment for bipolar disorder and make notes in the space below:

<http://www.nice.org.uk/guidance/cg185/chapter/1-recommendations>



Developing depth

Undertake some research into any support groups or services available in your local area for those experiencing bipolar disorder.

Make notes in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessment questions.

1. Bipolar disorder was also known as manic depression. True or false?

True

False

2. The death of a close family member may trigger bipolar disorder. True or false?

True

False

3. ECT can be used to help relieve any form of depression. True or false?

True

False

4. Some day centres simply provide the facility to have a cup of tea and a chat, which can help someone experiencing bipolar disorder. True or false?

True

False

5. Bipolar disorder can be managed to a certain extent by eating and sleeping regularly. True or false?

True

False



What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to bipolar disorder.

Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first six questions and then type your answer out for question 7.

- 1 – Not confident at all** **2 – A little confident** **3 – Somewhat confident**
4 – Confident **5 – Very confident** **6 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of the term 'bipolar disorder'?	
2.	How confident are you in your knowledge of the causes of bipolar disorder?	
3.	How confident are you in your understanding of how bipolar disorder can affect the individual and others?	
4.	How confident do you feel in your understanding of how the demands of daily life can influence the presentation of symptoms of bipolar disorder?	
5.	How confident are you in your knowledge of how to recognise the symptoms of bipolar disorder?	
6.	How confident are you in your knowledge of how bipolar disorder can be managed?	
7.	How do you feel your knowledge has improved since starting this unit?	



Extend your learning



Research into local charities or organisations that can assist individuals who have bipolar disorder and their families.

Make notes in the space below.



Congratulations, you have now completed Section 6 and Unit 7. Please now go to your assessment and answer Q1 to Q11.

Unit 8: Understanding schizophrenia

Welcome to Unit Eight.

This unit is split into **five** sections. These are:

Section 1: Understand the term 'schizophrenia'

Section 2: Understand how the media representation of schizophrenia can create confusion about the illness

Section 3: Understand the causes of schizophrenia

Section 4: How schizophrenia can affect the individual and others

Section 5: Understand how schizophrenia may be managed





What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to schizophrenia. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 5. You can then write out your answer in full for question 6.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

- 1 – Not confident at all** **2 – A little confident** **3 – Somewhat confident**
4 – Confident **5 – Very confident** **6 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of the term 'schizophrenia'?	
2.	How confident are you in your understanding of how media representation of schizophrenia can create confusion about the illness?	
3.	How confident are you in your knowledge of the causes of schizophrenia?	
4.	How confident do you feel in your understanding of how schizophrenia can affect the individual and others?	
5.	How confident do you feel in your knowledge of how schizophrenia may be managed?	
6.	What are you hoping to learn in this unit?	

Section 1: Understand the term 'schizophrenia'

Upon completion of this section, you will be able to:

- Define the term 'schizophrenia'. (1.1)

A

Introductory activity



Have you heard of the term 'schizophrenia' before, and do you know what it means? Have a go at writing a definition in your own words.

Make notes in the space below.



Defining schizophrenia

Schizophrenia is a serious and long-term mental health condition. Medical professionals often describe the condition as being a type of psychosis, meaning the person concerned is not able to tell the difference between what is real and what is imaginary.

Symptoms of schizophrenia can include:

- **Hallucinations**
- **Delusions**
- **Muddled thoughts** based on delusions or hallucinations
- **Changes in behaviour** – avoiding people, self-neglect etc
- **Losing interest** in everyday activities.

It is important to note that schizophrenia does not cause someone to be a violent person and someone who has schizophrenia does not have a split personality.

The usual age of diagnosis is 15 to 35 years old in men and slightly older for women. Men and women are equally affected by schizophrenia.

Source: <https://www.nhs.uk/conditions/schizophrenia/>



Key fact

Individuals who experience schizophrenia may have enhanced perceptions of sounds, colours and other features of their environment. Most people, if untreated, gradually withdraw from interactions with other people, and lose their ability to take care of personal needs and grooming.



Stop and think!



Remembering and recalling key learning

Finish the sentence. 'Medical professionals often describe the condition as being a type of _____'.



Application

How do you think someone who is not able to tell the difference between what is real and what is imaginary would feel on a daily basis?

Make notes in the space below.



Developing depth

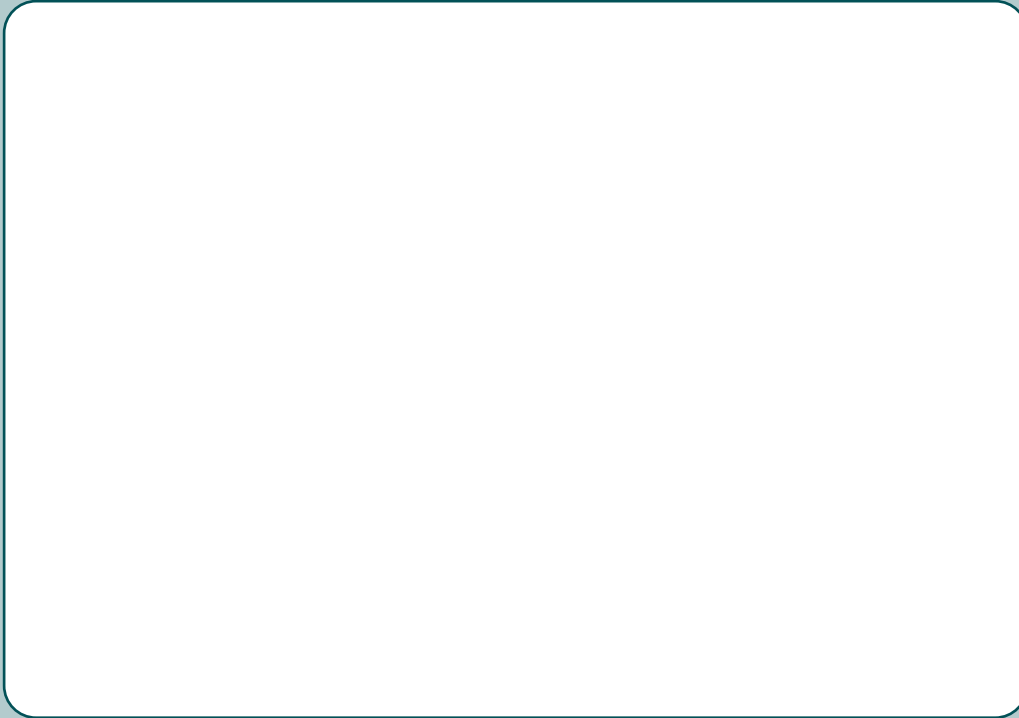
Undertake some further research into schizophrenia, particularly around the myths and misconceptions of the condition.

Make notes in the space below.

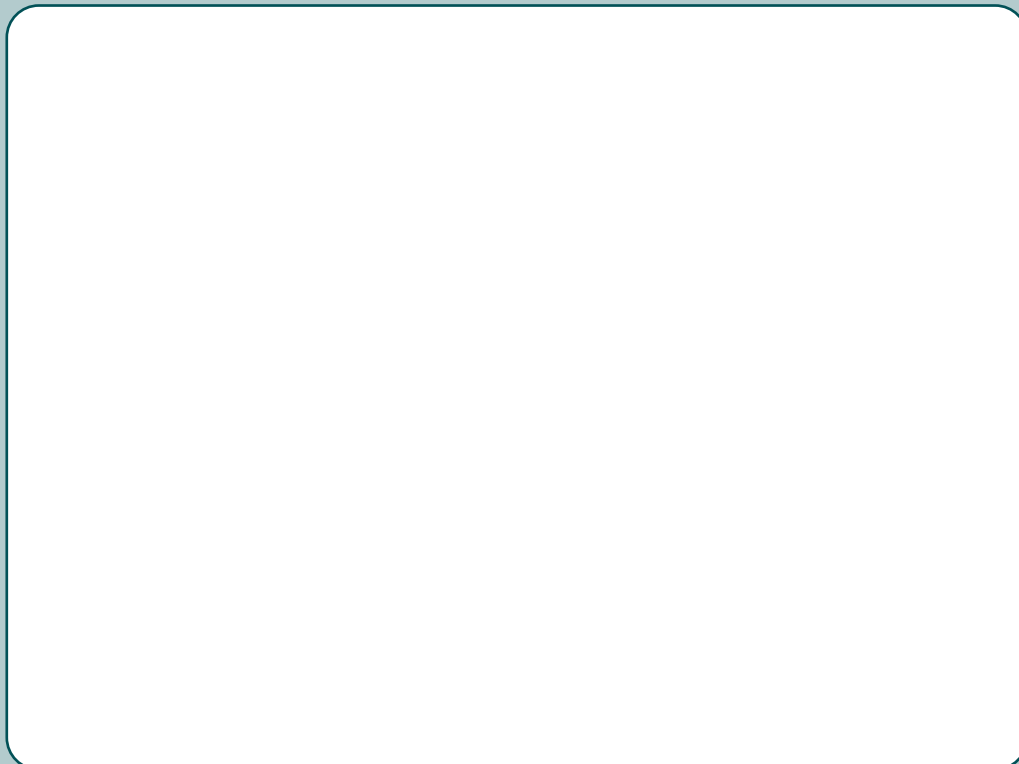
Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. What does the term 'schizophrenia' mean?



2. What are some of the symptoms of schizophrenia?



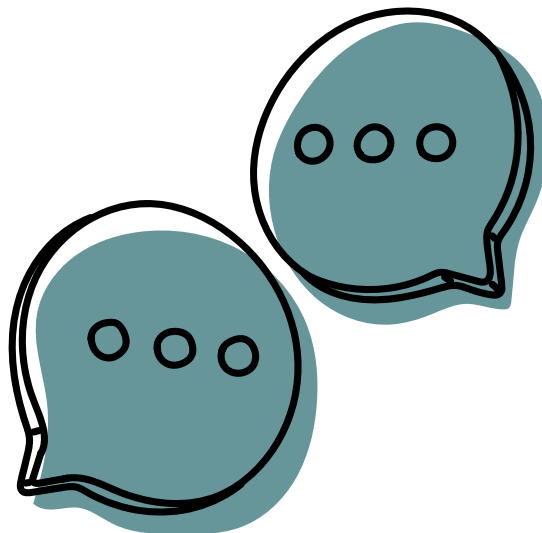
A **Extend your learning**



Watch the following video to hear a psychiatrist talking about schizophrenia and its symptoms in more detail.

<https://www.youtube.com/watch?v=ZU1stzIHfR0>

Make notes in the space below.



Congratulations, you have now completed Section 1.

Section 2: Understand how media representation of schizophrenia can create confusion about the illness

Upon completion of this section, you will be able to:

- Describe how newspaper and TV coverage may cause fear and misunderstanding with regard to schizophrenia. (2.1)

A

Introductory activity



Think about what you already know in relation to media coverage of mental health in general and how this can affect public perceptions. Are you aware of the ways in which schizophrenia is often portrayed in the media? How might this affect people's understanding of the condition?

Make notes in the space below.

How newspaper and TV coverage may cause fear and misunderstanding around schizophrenia

There is more misinformation present in the media about schizophrenia than any other mental health condition. For example, schizophrenia does not mean 'split personality' or indicate that someone will swing wildly from being calm to being out of control, although this is often how it is portrayed in the media.

Newspaper and TV coverage also increasingly uses the medical term 'schizophrenia' to describe everyday personality traits – for example, in December 2010, the Observer newspaper apologised for describing a well-known TV presenter's dress sense as 'schizophrenic'.

Research suggests that this type of usage is common. A 2007 study of the terms 'schizophrenia' and 'schizophrenic' in the UK national press found that 11% of references were inappropriate. Some psychiatrists believe that this can be harmful and have a negative impact on the treatment of patients.

They argue that using terms in such a way contributes to public misunderstanding – for instance, reinforcing the false notions that schizophrenia is a 'Jekyll and Hyde' illness related to split personalities, and that there is a link between mental illness and violence.

Echoing this notion, the 2012 independent 'Inquiry into the 'schizophrenia' label' found that 88% of people living with schizophrenia said they thought the public associated the term with violence.

Source: https://www.huffingtonpost.co.uk/cal-strode/schizophrenia-media-mental-health_b_10049042.html



C Case study: Media portrayal

A 2007 study looked at whether there are differences in the portrayal of schizophrenia in local newspapers. It analysed 98 newspaper articles – 55 from Nottingham and 43 from Dorset – and found that, overall, 36.1% of articles were negative in tone, 56.7% were neutral, and only 7.2% were positive.

The conclusions drawn by the researchers were that the public continues to associate schizophrenia with dangerous behaviour and receives a distorted image of people living with schizophrenia.

Source: *Crime rates and local newspaper coverage of schizophrenia*, Chopra. A, and Doody. G, *The Psychiatrist* (2007)

R Wider learning

Research into films or television programmes that have depicted characters to have schizophrenia. What sort of portrayal do they offer? You should write about at least three examples.

Make notes in the space below.

1.

2.

3.

Sensationalism in the media

The media reports sensational stories, and these tend to depict those affected by schizophrenia as dangerous unless kept under medication in institutions. The reality is that the number of homicides committed by people with any mental illness is very low. Most people diagnosed with schizophrenia don't commit violent crimes. People with drug or alcohol problems are twice as likely to commit a violent crime as someone diagnosed with schizophrenia.

It is also a commonly held belief that people who hear voices are dangerous to others. This is largely untrue. People with schizophrenia are more likely to be violent to themselves than to other people. Voices are more likely to suggest that they harm themselves than someone else. In the instances where people with schizophrenia are violent, it is when someone is experiencing acute untreated symptoms.

These kinds of stories perpetuate public fears and misconceptions related to mental illnesses. Those fears turn the public against the concept of community care and can also prevent people coming forward to seek help.

Effects of media coverage on individuals with schizophrenia

Constantly linking schizophrenia with violence perpetuates the stigma which can prevent people with mental illness from coming forward and getting the help they need. It can also be deeply upsetting for patients and their families.



Case study: Damon

Damon was diagnosed with schizophrenia when he was 20.

"Much of the pain that I suffered from schizophrenia resulted not from the illness itself, but from the fear that I felt once I was diagnosed. I was afraid to tell people what I was dealing with because I was scared of being painted with the same brush as those I saw in the media.

It was this fear of being an outcast, of being labelled, and of being seen as a psychopath, that stopped me from seeking the help that I needed.

The media plays a pivotal role in improving the lives of those experiencing a mental illness, and holds the key to changing community attitudes. If the media will take the initiative and tell the real stories, present the real people, and show the community that people living with mental illness are just like everyone else, then the change we seek is not far away."



Stop and think!



Remembering and recalling key learning

Misinformation in the media may affect individuals living with schizophrenia negatively. True or false?

True

False



Application

What is the difference between the percentage of articles in the 2007 study that were negative (36.1%) and the percentage that were positive (7.2%)?

Write your answer in the space below.



Developing depth

Read the following article to learn more about the negative effects of the media's portrayal of schizophrenia.

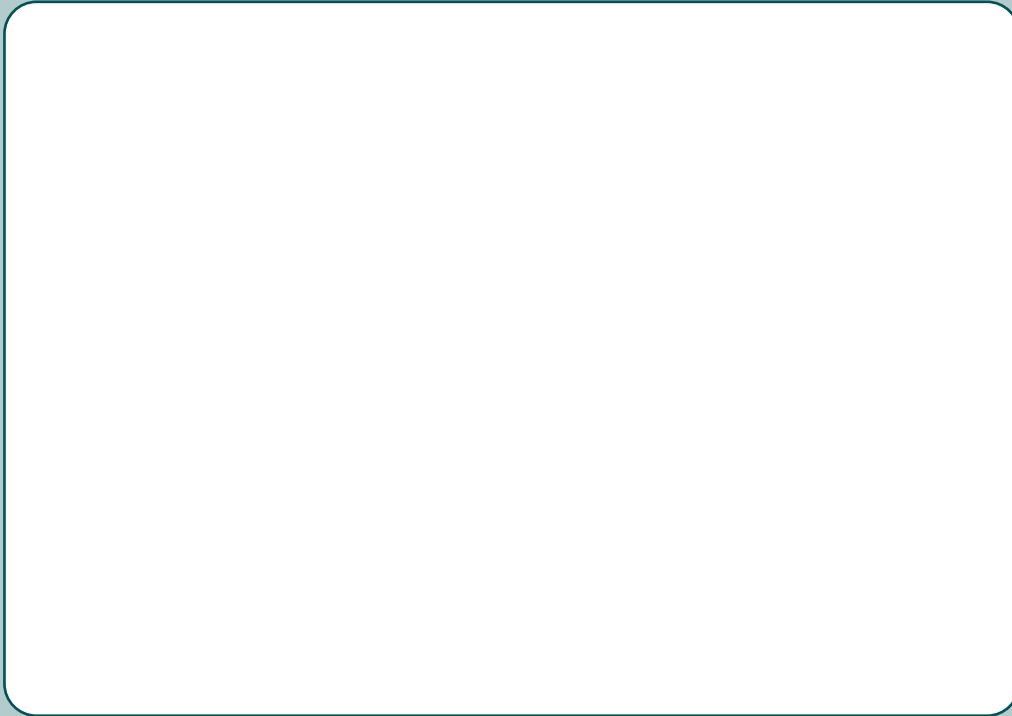
https://www.huffingtonpost.co.uk/cal-strode/schizophrenia-media-mental-health_b_10049042.html

Make notes in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. How could negative media portrayals affect individuals with schizophrenia?



2. What does the term 'sensationalism' mean?





Extend your learning



Research how the media impacts stigma of schizophrenia by accessing the following article.

<https://www.verywellmind.com/mental-health-stigmas-in-mass-media-4153888>

Make notes in the space below.



Congratulations, you have now completed Section 2.

Section 3: Understand the causes of schizophrenia

Upon completion of this section, you will be able to:

- Describe possible causes of schizophrenia. (3.1)

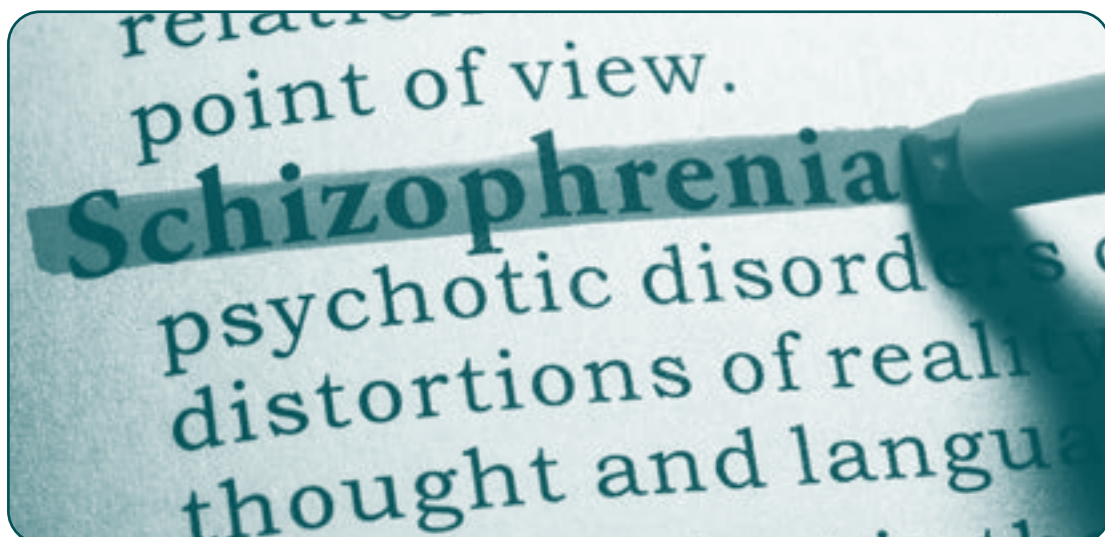
A

Introductory activity



Can you think of any possible reasons why schizophrenia may develop? Make a list of any possible causes you are aware of, along with a brief explanation of why this is.

Make notes in the space below.



Possible causes of schizophrenia

There is no simple answer as to why some people develop symptoms of schizophrenia and others do not. Due to differences of opinion about the definition of schizophrenia and its symptoms, it is also not easy to identify what might cause it. However, it is generally agreed that schizophrenia is probably caused by a combination of factors:

- Someone's genetic inheritance could make them more vulnerable
- Stressful events or life experiences could trigger the onset of symptoms.

Your chances of being diagnosed as schizophrenic therefore depend on the factors in your life that could put you at risk.

Risk factors that may cause schizophrenia

Some of the risk factors that may cause schizophrenia include:

- **Excess dopamine** – Dopamine is one of the chemicals that carry messages between brain cells. Too much dopamine may be involved in the development of schizophrenia, but it is not known why this happens or whether everyone diagnosed with schizophrenia has too much dopamine.
- **Stressful life events** – Very stressful or life-changing events may trigger schizophrenia. Being homeless, living in poverty, having no job, losing someone close to you, or being physically or verbally abused may all be factors.
- **Drug abuse** – Some people may develop symptoms of schizophrenia as a result of using cannabis or other street drugs. Heavy cannabis users are six times more likely to develop schizophrenia than non-users. If you have schizophrenia, using drugs like cannabis, LSD, ketamine, cocaine and amphetamines can make the symptoms worse.
- **Brain damage** – Physical differences in, or injury to the brain may be linked to schizophrenia. This can be due to a lack of oxygen to the brain during birth, or a viral infection during pregnancy.
- **Genetic inheritance** – Some families seem to be prone to schizophrenia, suggesting a genetic component to its development. It is thought that having certain genes might make some people more vulnerable, but this does not mean they will necessarily develop schizophrenia. People who have a parent with schizophrenia are more likely to develop it themselves.



Stop and think!



Remembering and recalling key learning

Medical professionals have a clear understanding as to what causes schizophrenia. True or false?

True

False



Application

Explain how stressful life events could be a trigger for schizophrenia.
Make notes in the space below.



Developing depth

Research further into the causes of schizophrenia by accessing the following link and make notes in the space below.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/schizophrenia/causes/>

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. How can excessive dopamine cause someone to experience schizophrenia?



2. People who have a parent with schizophrenia are more likely to develop it themselves. True or false?

True

False



Extend your learning



Research further about the causes of schizophrenia by accessing the following link.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/schizophrenia/causes/>

Make notes in the space below.



Congratulations, you have now completed Section 3.

Section 4: Understand how schizophrenia can affect the individual and others

Upon completion of this section, you will be able to:

- Describe the feelings an individual with schizophrenia may experience (4.1)
- Describe the ways schizophrenia affects the individual and their life (4.2)
- Describe how an individual's schizophrenia may affect others. (4.3)

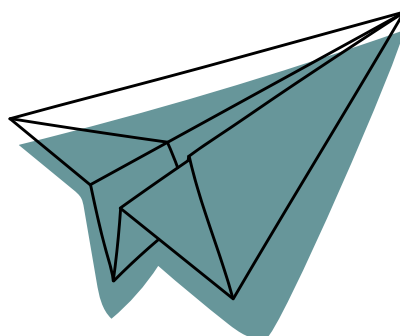
A

Introductory activity



What do you think it feels like to experience schizophrenia? Consider any symptoms that you are aware of or that you think might occur with the condition.

Make notes on how these may make the person feel in the space below.



The feelings an individual with schizophrenia may experience

What schizophrenia feels like

One way to get an idea about how it feels to experience schizophrenia is to look at the symptoms that people with the condition display.

Symptoms are often described as 'positive' and 'negative'.

Positive symptoms of schizophrenia

In this case, the word positive does not mean 'good'. It refers to obvious symptoms that are not present in people without schizophrenia. Positive symptoms are those that show abnormal mental functions, such as the following.

Delusions

These are false beliefs that a person has, which most people from the same culture would agree are wrong. Even when the wrongness of the belief is explained, a person with schizophrenia is convinced that they are true. For example, a person with schizophrenia may believe that people are spying on them, or a famous person is in love with them, or that people are plotting to kill them. These delusions can be about anything.

Hallucinations

This means hearing, seeing, feeling, smelling or tasting things that are not real. Hearing voices is the most common. Some people with schizophrenia hear voices that provide a running commentary on their actions, argue with them, or repeat their thoughts. The voices often say things that are rude, aggressive, unpleasant, or give orders that must be followed. People with schizophrenia believe that the hallucinations are real.

Disordered thoughts

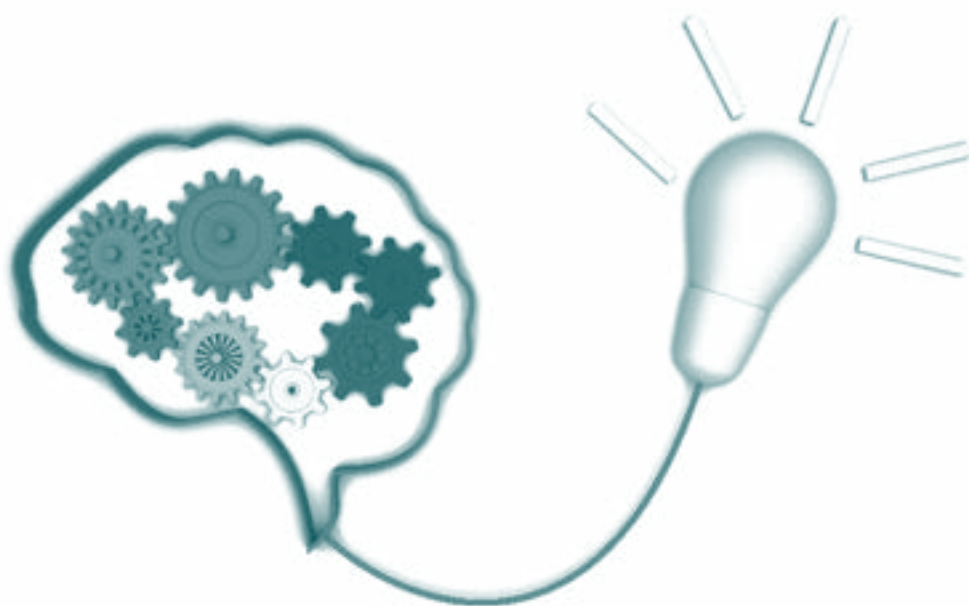
Thoughts may become jumbled or blocked. Thought and speech may not follow a normal logical pattern. Examples of this include:

- **Thought echo** – where the person hears his or her own thoughts as if they were being spoken aloud.
- **Knight's-move thinking** – this term comes from the way the knight moves in a game of chess. The person moves from one train of thought to another that has no apparent connection to the first.
- **Word invention** – the person may invent new words, repeat a single word or phrase out of context or use ordinary words that they give a different, special meaning to.

Thought possession

There are a number of different aspects to this symptom:

- **Thought insertion** – when someone believes that the thoughts in their mind are not their own, and that they are being put there by someone else.
- **Thought withdrawal** – when someone believes that thoughts are being removed from their mind by an outside agency.
- **Thought broadcasting** – when someone believes that their thoughts are being read or heard by others.
- **Thought blocking** – when there is a sudden interruption of the train of thought before it is completed, leaving a blank. The person suddenly stops talking and cannot recall what they have been saying.



Negative symptoms of schizophrenia

Negative symptoms are those that show the absence of a mental function that should normally be present.

Lack of motivation

Everything seems like an effort. For example, tasks may not be finished, concentration is poor, interest in social activities is lost, and the person often wants to be alone. Few spontaneous movements and much time spent doing nothing. Facial expressions do not change much, and the voice may sound monotonous.

Changed feelings

Emotions may become flat. Sometimes, the emotions may be odd, such as laughing at something sad.

Negative symptoms can make some people neglect themselves. They may not care to do anything and appear to be wrapped up in their own thoughts. Negative symptoms can also lead to difficulty with education, which can contribute to difficulties with employment. For families and carers, the negative symptoms are often the most difficult to deal with.

Other symptoms that occur in some cases include:

- Difficulty in planning and organising
- Memory problems
- Obsessive compulsive behaviour.



Key fact

People may only realise with hindsight that someone's behaviour has been gradually changing. Recognising these changes can be difficult if the illness develops during the teenage years, when it is normal for some changes in behaviour to occur.



Stop and think!



Remembering and recalling key learning

Finish the following sentence. 'Symptoms of schizophrenia can be separated into two categories: positive and _____.'



Application

What are the differences between the two categories of symptoms?

Make notes in the space below.



Developing depth

Watch the following video to find out more about what it is like to live with schizophrenia.

<https://www.youtube.com/watch?v=A-H7ijMo4fc>

Make notes in the space below.

R

Wider learning

Given what you have learnt so far about schizophrenia, how do you think this might affect the individual in daily life?

Make notes in the space below.



How schizophrenia affects an individual's life

Schizophrenia can have a huge negative impact on an individual's life. Below are some examples of this:

- Difficulty concentrating
- Can't finish a newspaper or a TV programme
- Feelings of being controlled by outside forces
- Losing interest in life
- Hallucinations disrupting daily living activities
- Can't be bothered to wash
- Thoughts of suicide.

More negative impacts of schizophrenia on an individual's life include:

- Relationship problems
- Not wanting to get out of bed
- Problems at work
- Can't remember what they were just thinking about
- Drug and alcohol problems
- Feeling uncomfortable with people
- Thinking that people are out to get them.

Negative aspects of schizophrenia on an individual's life can include:

- **Relationships** – Schizophrenia will cause an individual to withdraw and isolate themselves, affecting relationships with family and friends. In cases of paranoid schizophrenia, the person may become suspicious or even hostile towards those they are close to.
- **Risk of suicide attempts** – People with schizophrenia are more likely to attempt suicide. Any mention of suicide must be taken seriously, and help should be sought.
- **Problems with drug abuse and alcohol** – Individuals who experience schizophrenia tend to turn to drugs or alcohol to relieve their symptoms and self-medicate. Heavy smokers with schizophrenia who turn to smoking for the same purpose will in fact reduce the ability of their medication to work, as cigarette smoke is known to reduce the effectiveness of such medication.
- **Normal day-to-day activities** – Normal daily activities become hard or near impossible for the individual. Delusions and hallucinations often prevent the individual from activities like taking care of personal hygiene, preparing or eating meals, driving the car or shopping.





Case study: Sam

Sam is 19 years old. Six months ago, they were doing well in college and holding down a part-time job at a local electronics store. But then they began to change, becoming increasingly paranoid and acting in bizarre ways.

First, they became convinced that their tutors were 'out to get them' since they didn't appreciate their confusing, off-topic classroom rants. Then they told their friend that the other students were 'in on the conspiracy'. Soon after, they dropped out of college.

From there, things just got worse. Sam stopped bathing, shaving and washing their clothes. At work, they became convinced that their boss was watching them through surveillance bugs planted in the store's television sets. Then they started hearing voices telling them to find the bugs and deactivate them.

Things came to a head when they acted on the voices, smashing several TVs and screaming that they weren't going to put up with the 'illegal spying' anymore. Their boss called the police, and Sam was hospitalised before receiving treatment.



Stop and think!



Remembering and recalling key learning

Identify three examples of ways in which schizophrenia can impact daily life.

1.

2.

3.



Application

Consider the case study you have just read and imagine that you were one of Sam's colleagues. How would you have reacted if you had noticed them acting strangely at work? How might you have tried to understand the thoughts and feelings they were experiencing? Can you think of anything you could have said to try to encourage them to seek help?

Make notes in the space provided.



Developing depth

Access the websites below to listen to and read personal stories of how schizophrenia affects people's lives and the stigma that they experience.

<https://www.time-to-change.org.uk/personal-stories/what-its-really-to-experience-schizophrenia>

www.mind.org.uk/information-support/your-stories/ (Select 'Schizophrenia' from the dropdown list)

Make notes in the space below.

How an individual's schizophrenia may affect others

How schizophrenia might affect friends and family

The family and friends of an individual with schizophrenia may be affected as follows:

- Family members and friends often try and cope with someone who has schizophrenia for a period of time, but can become frustrated by what may appear to be a lack of progress in recovery.
- A family's emotional support may wane, and sometimes families may cut off all contact with their schizophrenic son, daughter or sibling.
- Relationships with friends and family suffer because people with schizophrenia often withdraw and isolate themselves. Paranoia can also cause a person with schizophrenia to be suspicious of friends and family.
- Schizophrenia causes significant disruptions to daily functioning. A person's delusions, hallucinations and disorganised thoughts typically prevent them from doing normal things like bathing, eating or running errands. This can lead to frustration and anger on the part of family and friends.
- People with schizophrenia frequently develop problems with alcohol or drugs, which are often used in an attempt to self-medicate or relieve symptoms. This in turn can create difficulties with other family members.
- Friends may find it difficult to understand a person's schizophrenic experiences, and quickly lose interest in continuing the friendship when the person deteriorates or drops out of treatment.



Key fact

A common complaint amongst friends and family of a person with schizophrenia is not understanding how to help them or give them continued, long-term support to keep them from becoming homeless or unemployed.



Stop and think!



Remembering and recalling key learning

Family and friends will not be affected if they know someone with schizophrenia. True or false?

True

False



Application

Now you have learnt about the symptoms and feelings associated with schizophrenia, how do you think that schizophrenia might affect the individual's family and friends?

Make notes in the space below.



Developing depth

Use the following link to find out more about how family and friends of those with schizophrenia might be affected and the kind of support they may be able to access.

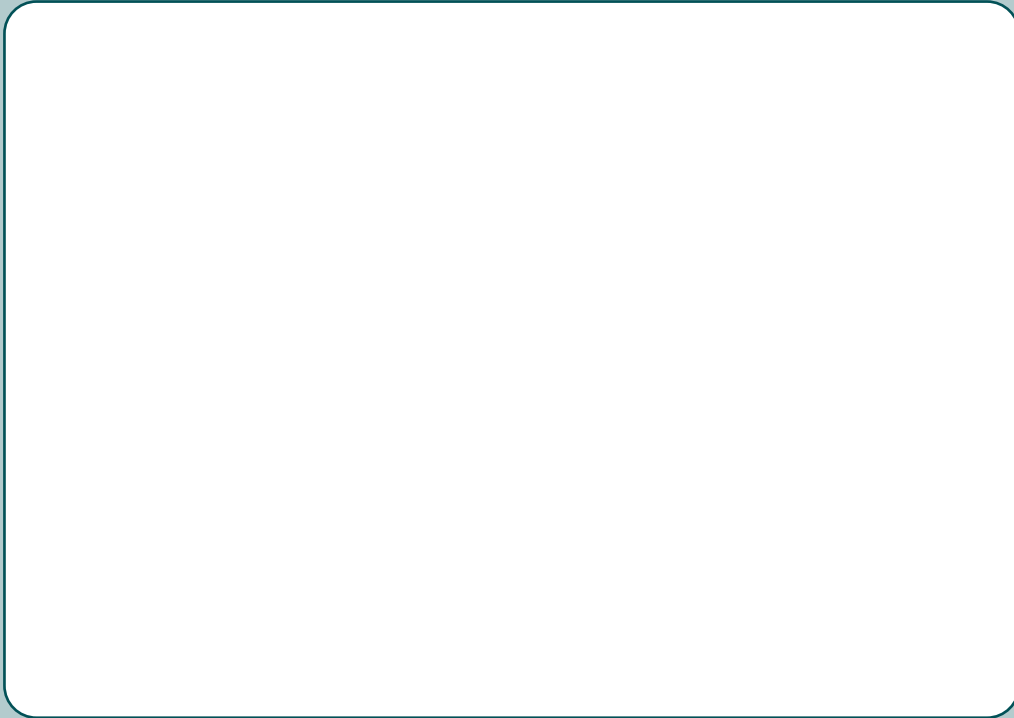
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/schizophrenia/for-friends-and-family>

Make notes in the space below.

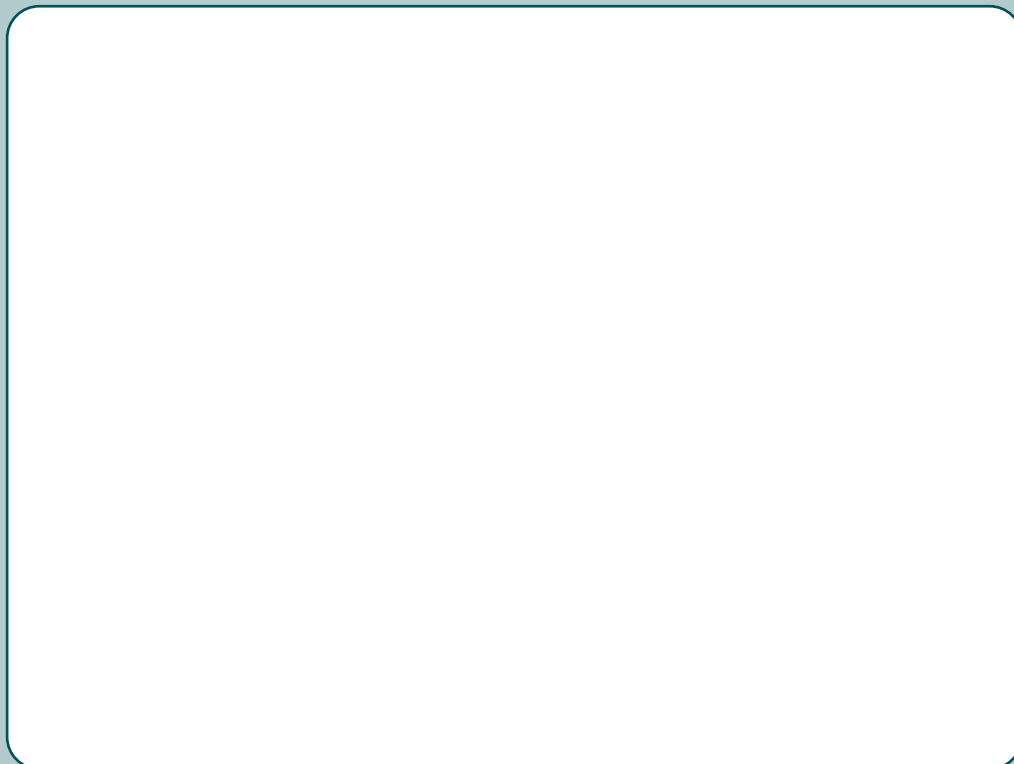
Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. How can someone's schizophrenia affect their friends and family?



2. What feelings might someone experience if they are living with schizophrenia?





Extend your learning



Read the following case study about someone experiencing schizophrenia.

<https://livingwithschizophreniauk.org/information-sheets/case-study-schizophrenia-and-work-martins-story/>

Make notes in the space below.



Congratulations, you have now completed Section 4.

Section 5: Understand how schizophrenia may be managed

Upon completion of this section, you will be able to:

- Give examples of possible interventions for schizophrenia (5.1)
- Describe ways in which the individual with schizophrenia can help manage their illness (5.2)
- Describe ways in which others can help the individual with schizophrenia to manage their illness (5.3)
- Describe local resources and treatments available to an individual experiencing schizophrenia. (5.4)

A

Introductory activity



Do you know of any ways in which schizophrenia can be managed? Make a list of these, along with everything you know about each type of intervention.

Make notes in the space below.

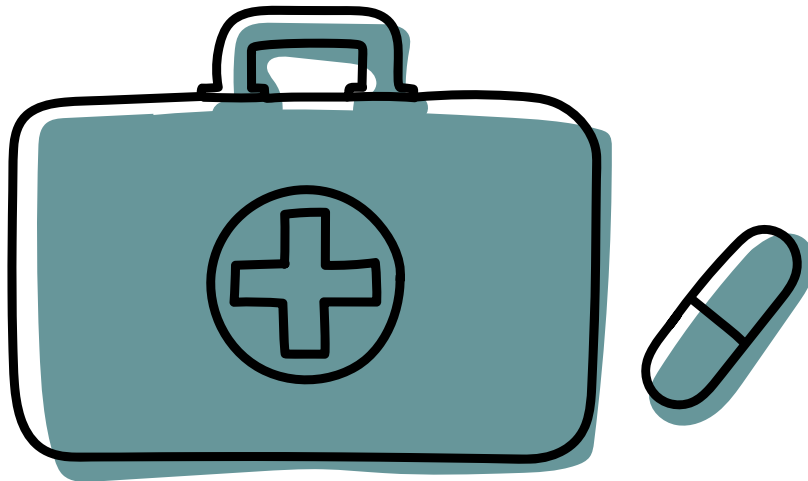
Examples of possible interventions for schizophrenia

Medical interventions for schizophrenia

There are several possible ways of managing schizophrenia, starting with medical intervention. The aim of medical intervention is to reduce the symptoms and chances of a relapse or return of symptoms. Examples of medical intervention may include.

Antipsychotic medication

These drugs do not cure schizophrenia but help relieve the most troubling symptoms, such as delusions, hallucinations and thinking problems.



Hospitalisation

Most people with schizophrenia are treated as outpatients. However, people with particularly severe symptoms, or those in danger of hurting themselves or others, may require hospitalisation to stabilise their condition.

Electroconvulsive Therapy (ECT)

This is a procedure in which electrodes are attached to the person's head and a series of electric shocks are delivered to the brain. The shocks induce seizures, causing the release of neurotransmitters in the brain. ECT is rarely used today in the treatment of schizophrenia.

Psychological treatments for schizophrenia

An example of an alternative intervention which is not medical is psychological treatment.

Psychological treatments can help with the behavioural, psychological, social and occupational problems associated with schizophrenia. Through therapy, patients can also learn to control their symptoms, identify early warning signs of relapse and develop a relapse prevention plan.

Psychological therapies include:

- Rehabilitation that focuses on social skills and job training, to help people with schizophrenia function in the community and live as independently as possible
- Individual psychotherapy, to help the person better understand their illness and learn coping and problem solving skills
- Family therapy, to help families deal cope better and more effectively with a loved one who has schizophrenia
- Group therapy/support groups to provide continuing mutual support.

R

Wider learning

Choose one of the interventions covered so far in this section and research more into it.

Make notes in the space below.

Ways in which the individual with schizophrenia can help manage their illness

Managing schizophrenia

People with schizophrenia can help manage their illness in the following ways:

- **Self-help** – Self-help groups provide an important opportunity for individuals and carers to share experiences and ways of coping, to campaign for better services, or simply to support each other.
- **Avoiding undue stress** – It is important to avoid too much stress if possible. If the individual has a job, they may be able to work shorter hours, or to work in a more flexible way. Under the Equality Act 2010, all employers must make 'reasonable adjustments' to facilitate the employment of disabled people, including those with a diagnosis of mental ill health.
- **Looking after yourself** – Recent studies have looked at the possible advantages of improved nutrition for those diagnosed with schizophrenia. Due to the high risk to physical health posed by antipsychotic medication, a generally healthy lifestyle is advisable – for example, avoiding too much stress, eating well, and getting sufficient exercise and sleep.

Ways in which others can help the individual with schizophrenia to manage their illness

Friends, relatives and partners can play a vital role in helping someone to recover and reducing the likelihood of them having a relapse.

Most people who are ill want to feel cared about, not to feel alone, and to have someone they can discuss their feelings and options with.

Some ways in which family and friends can help the person to manage their illness are as follows.

Focus on feelings rather than experiences

It can be difficult to know how to respond when someone else sees something or believes something that you don't. Rather than confirming or denying their experience, it may help to say something like, 'I accept that you hear voices or see things in that way, but it's not like that for me'. It's usually more helpful to focus on how the person is feeling, rather than what they are experiencing.

Find out about the reality of schizophrenia

This could include learning about the different coping strategies that the individual might find useful. Friends and family can also learn about other people's experiences by reading personal stories, joining support groups or speaking to others in the same situation as themselves.

Ask the individual if they would like practical support from you

This might include helping them find accommodation or accessing particular services.

Provide help in an emergency

If the individual is at risk of hurting themselves or others, 'The Nearest Relative', as defined under the Mental Health Act 2007, can request that the person be given a mental health assessment. This assessment involves considering treatment options and deciding whether the person should be detained in hospital.

Ensure continuation with treatment

Ensuring that a person with schizophrenia continues to get treatment after hospitalisation is important. Without support, a person may discontinue medications or stop going for follow-up treatment, often leading to a return of psychotic symptoms.

Offer emotional encouragement and support

Encouraging the person to continue treatment and assisting them in the treatment process can positively influence recovery. Without treatment, some people with schizophrenia become so psychotic and disorganised that they cannot care for their basic needs, such as food, clothing and shelter.

Keep a record

It may also be useful for those who know the person with schizophrenia well to keep a record of what types of symptoms have appeared, what medications have been taken, and what effects various treatments have had. By knowing what symptoms have been present before, family and friends may know what to look for in future. The return of psychosis may be detected early and treatment may prevent a full-blown relapse.



Stop and think!



Remembering and recalling key learning

Identify two different interventions that may help individuals with schizophrenia to manage their illness.

1.

2.



Application

Imagine that a loved one has been diagnosed with schizophrenia. How would you go about supporting them to ensure that their daily life is as manageable as possible?

Make notes in the space below.



Developing depth

Take a look at the following webpage to learn more about living with and supporting those living with schizophrenia. Then, watch the video to hear about this topic first-hand and make notes in the space below.

<https://www.nhs.uk/mental-health/conditions/schizophrenia/living-with/>

<https://www.youtube.com/watch?v=hJeXtaKVeQU>



Local resources and treatments for schizophrenia

Local resources and treatments for schizophrenia include:

- GPs and health centres
- Referral to a psychiatrist or a Community Mental Health Team (CMHT)
- Antipsychotic medication
- Talking therapies, such as psychotherapy, counselling and Cognitive Behavioural Therapy (CBT)
- Contact with a Community Psychiatric Nurse (CPN), occupational therapist, social worker or support worker
- Support groups
- Hospital care
- Advocates to help the person to communicate their needs or wishes, access impartial information, and represent their views to others.

R Wider learning

Using the following link, research into local resources and treatments available within your area. You should find at least three examples.

<https://www.nhs.uk/mental-health/conditions/schizophrenia/treatment/>

Make notes in the space below.

1.

2.

3.

Community Mental Health Teams (CMHTs)

Most people with schizophrenia are treated by Community Mental Health Teams (CMHTs).

This aims to provide day-to-day support and treatment while giving the individual as much independence as possible.

A CMHT usually includes:

- Psychologists and psychiatrists – the psychiatrist is usually the senior clinician in the team
- Community mental health nurses – who have specialist training in mental health conditions
- Counsellors and psychotherapists
- Social workers
- Occupational therapists
- Pharmacists.

Following the first episode of schizophrenia, the individual should initially be referred to an early intervention team. These specialist teams provide treatment and support, and are usually made up of psychiatrists, psychologists, mental health nurses, social workers and support workers.

Source: <https://www.nhs.uk/mental-health/conditions/schizophrenia/treatment/>



Antipsychotic medication

Antipsychotics block the effects of dopamine on the brain, and are usually recommended as the initial treatment for the symptoms of an acute schizophrenic episode.

If recommended, it is vital that the doctor and individual with schizophrenia work together to find the right antipsychotics to work effectively, and that the individual is physically examined before beginning medication.

Antipsychotics may only be required until the acute schizophrenic episode has passed. However, most people take medication for a couple of years after their first episode to prevent further episodes from occurring, and for longer if the illness is recurrent.

They can reduce feelings of anxiety or aggression within a few hours of use, but may take several days or weeks to reduce other symptoms, such as hallucinations or delusional thoughts.

Antipsychotics can be taken orally as a pill, or be given as an injection known as a depot. Several slow-release antipsychotics are available, which take the form of an injection every two to four weeks.

The **two** main types of antipsychotics are:

1. **Typical antipsychotics** – the first generation of antipsychotics developed in the 1950s
2. **Atypical antipsychotics** – newer-generation antipsychotics developed in the 1990s.

A conversation between the individual and their psychiatrist about the likely benefits and side effects should occur before any decision is made on which to take.

Side effects of antipsychotics

Both types of antipsychotics can cause side effects. However, not everyone will experience them and the severity will differ from person to person.

The side effects of typical antipsychotics can include:

- Shaking
- Trembling
- Muscle twitches
- Muscle spasms.

Side effects of both typical and atypical antipsychotics can include:

- Drowsiness
- Weight gain, particularly with some atypical antipsychotics
- Blurred vision
- Constipation
- Lack of sex drive
- Dry mouth.



Key fact

Individuals should not stop taking antipsychotics without the prior approval of their care co-ordinator, psychiatrist or GP, as this could lead to a relapse of symptoms. The individual's medication should be reviewed at least once a year.

Source: <https://www.nhs.uk/mental-health/conditions/schizophrenia/treatment/>

Talking therapies

Psychological treatment can be useful to treat the negative symptoms of schizophrenia, such as apathy or a lack of enjoyment and interest in things you used to enjoy. They may also help the individual to cope better with hallucinations or delusions.

When combined with antipsychotic medication, they can be particularly effective.

Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy (CBT) helps individuals to identify thinking patterns of unwanted feelings and behaviour, and aims to replace these with more useful, realistic thoughts.

For example, individuals may learn to identify examples of delusional thinking, and be given help and advice on how to avoid acting on these thoughts.

Most people require a series of CBT sessions over several months, lasting for roughly an hour each time. GPs and care co-ordinators should be able to arrange CBT referrals if necessary.

Source: <https://www.nhs.uk/mental-health/conditions/schizophrenia/treatment/>



Stop and think!



Remembering and recalling key learning

What does the acronym CBT stand for?



Application

Explain the different types of medication available to individuals with schizophrenia.



Developing depth

Why is it important for people to seek support and assistance if they are living with schizophrenia?

Make notes in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. Which of the following is a correct definition of schizophrenia?

- a) A long-term mental health condition. Symptoms include hallucinations, delusions, muddled thoughts and changes in behaviour.
- b) A short-term mental health condition. Episodes of schizophrenia can last between 3 and 10 weeks, and cause the person to become severely depressed.
- c) A long-term mental health condition. Those with schizophrenia are not aware of what is going on around them and, as a result, live sheltered lives.

2. People who hear voices are generally dangerous. True or false?

True

False

3. In some people, the condition may be triggered by:

- a) Drug abuse
- b) Physical or sexual abuse as a child
- c) Both of the above

4. Which of the following are ways in which schizophrenia can affect the individual?

- a) May attempt suicide
- b) May develop a drinking or drug habit
- c) May become more focused at work
- d) May isolate themselves



What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to schizophrenia.

Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first five questions and then type your answer out for question 6.

- | | | |
|---------------------------------|-------------------------------|---|
| 1 – Not confident at all | 2 – A little confident | 3 – Somewhat confident |
| 4 – Confident | 5 – Very confident | 6 – Confident enough to share my knowledge with others |

1.	How confident do you feel in your understanding of the term 'schizophrenia'?	
2.	How confident are you in your understanding of how media representation of schizophrenia can create confusion about the illness?	
3.	How confident are you in your knowledge of the causes of schizophrenia?	
4.	How confident do you feel in your understanding of how schizophrenia can affect the individual and others?	
5.	How confident do you feel in your knowledge of how schizophrenia may be managed?	
6.	How do you feel your knowledge has improved since starting this unit?	



Extend your learning



Follow the link to the Health Talk Online website, where you can listen to Pete talking about his experience of attending a 'Hearing Voices Network' support group.

<https://healthtalk.org/experiences-psychosis/pete-interview-05>

Make notes in the space below.



Congratulations, you have now completed Section 5 and Unit 8. Please now go to your assessment and answer Q1 to Q9.

Unit 9: Understanding dementia

Welcome to Unit Nine.

This unit is split into **five** sections. These are:

Section 1: Understand the term 'dementia'

Section 2: Understand the causes of dementia

Section 3: Understand how dementia can affect the individual and others

Section 4: Understand how dementia may be managed

Section 5: Understand factors which may adversely affect a person with dementia





What do you know?

Before you start this unit, it is important that you take some time to think about what you already know in relation to dementia. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 5. You can then write out your answer in full for question 6.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

- 1 – Not confident at all** **2 – A little confident** **3 – Somewhat confident**
4 – Confident **5 – Very confident** **6 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of the term 'dementia'?	
2.	How confident are you in your understanding of the causes of dementia?	
3.	How confident are you in your knowledge of how dementia can affect the individual and others?	
4.	How confident do you feel in your understanding of how dementia may be managed	
5.	How confident do you feel in your understanding of factors which may adversely affect a person with dementia?	
6.	What are you hoping to learn in this unit?	

Section 1: Understand the term 'dementia'

Upon completion of this section, you will be able to:

- Define the term 'dementia' (1.1)
- Identify the most common types of dementia (1.2)
- Describe the functions of the brain that are affected by dementia. (1.3)

A

Introductory activity



What do you already understand by the term 'dementia'? Have a go at writing a definition in your own words in the space below.

What is dementia?

Dementia is a condition where the brain becomes progressively less able to function. It can be defined as follows:

D Definition: Dementia

"Dementia is a gradual decline in the brain's functioning. It causes a number of symptoms that interfere with a person's ability to carry out the normal tasks of daily living."

Source: The NICE-SCIE guideline on supporting people with dementia and their carers in health and social care. The Royal College of Psychiatrists and the British Psychological Society (2007)

Some facts about dementia

Dementia is a progressive condition that gets worse over a period of time. The condition becomes more prevalent in older people – so as people live longer, there will be more and more cases of dementia.

According to the Alzheimer's Research Trust, there were over 850,000 people with dementia in the UK in 2019, a figure which will continue to rise as the population ages.

It rarely occurs in people aged less than 40, but according to the research, 1 in 14 people over the age of 65 in the UK have dementia. At the current rate of prevalence, over 1.5 million people in the UK will be living with dementia in 2040.

Source: <https://www.alzheimers.org.uk/about-us/policy-and-influencing/what-we-think/demography>

Research published in 2012 stated that by the end of their lives, 1 in 3 people in the UK will have experienced some form of dementia. This means that all of us will know somebody who is affected by the condition, and may even be affected ourselves.–

Source: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf

i Key fact

There is no cure for dementia at the moment. However, there are different kinds of treatments that can help manage the symptoms of dementia, which you will look at in more detail later.

Learn about these here: <https://www.alzheimers.org.uk/about-dementia/treatments>



Stop and think!



Remembering and recalling key learning

Dementia is not a progressive disease. True or false?

True

False



Application

If the figures listed on the previous page are correct, roughly what percentage of those over 65 in the UK have dementia?



Developing depth

Imagine that somebody you know has recently been diagnosed with dementia. How would you react? Consider the appropriateness of your tone and language and the kind of things you might say to reassure and support them.

You will learn more about the role of others in supporting people with dementia later in the unit, but it is useful to bear in mind as you work through the content.

Make notes in the space below.

The most common types of dementia

Types of dementia

There are many different types of dementia, but the most common types are explored across the following pages.

Alzheimer's disease

Alzheimer's disease is the most common type of dementia. Damaged tissue builds up in the brain as a result of protein deposits. These deposits cause the cells around them to die. The chemicals that carry messages in the brain are also affected.

Vascular dementia

Vascular dementia occurs when the arteries that supply blood to the brain become blocked. The brain is starved of oxygen and tiny areas of the brain are damaged.



Dementia with Lewy bodies (DLB)

DLB accounts for about 10% of cases of dementia and is the third most common type. Lewy bodies are tiny round protein deposits in nerve cells that disrupt their functioning.

Frontotemporal dementia (FTD)

Frontotemporal dementia – originally called Pick's disease – is a common cause of dementia in people under the age of 65. This is caused by damage to the front areas of the brain and creates issues with personality and behaviour.

R

Wider learning

Use this link to watch a short film made by the Alzheimer's Society that explains and defines what dementia is, and how it affects the brain.

<https://www.youtube.com/watch?v=fmaEql66gB0>

Make notes in the space below.



The functions of the brain affected by dementia

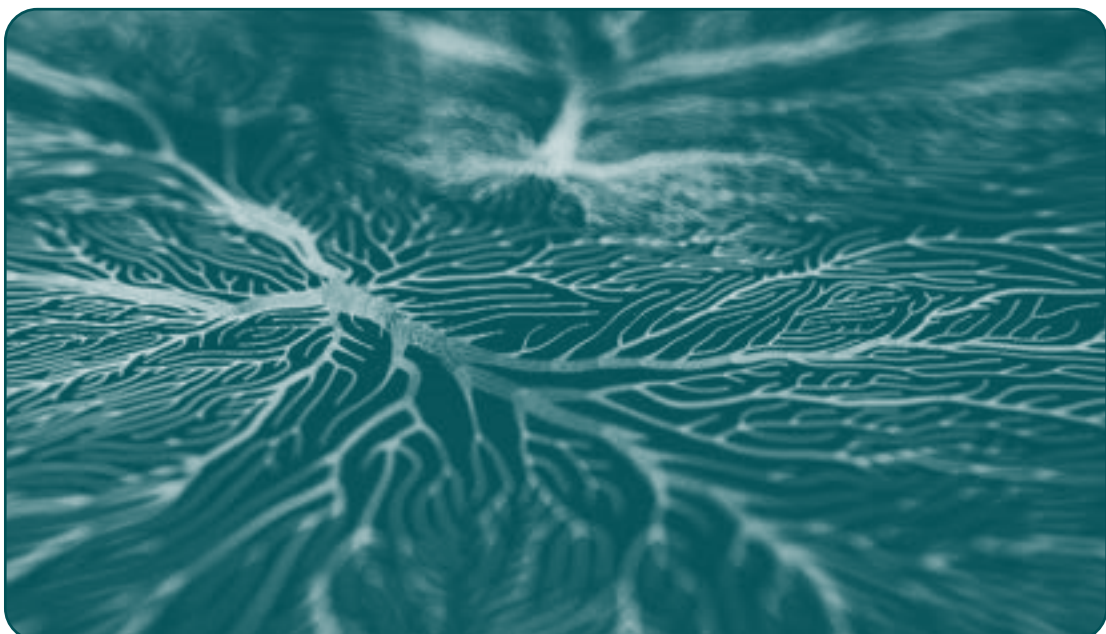
There are many different areas of the brain and key functions that can be affected by dementia. These are explored here, along with the possible effects of damage to that area of the brain.

Frontal lobe

Key functions: Behaviour, personality, interpretation, and movement and feeling.

Damage to this area can lead to:

- Inability to plan a sequence of complex movements
- Loss of spontaneity in interacting with others
- Loss of flexibility in thinking
- Persistence of a single thought
- Inability to focus on a task
- Mood changes
- Changes in social behaviour
- Changes in personality
- Difficulty with problem solving
- Inability to express language.



Parietal lobe

Key functions: Language, spatial awareness and recognition.

Damage to this area can lead to:

- Inability to attend to more than one object at a time
- Inability to name an object
- Problems with reading, writing and drawing
- Difficulty in distinguishing left from right
- Difficulty with doing mathematics
- Lack of awareness of certain body parts and/or surrounding space that can lead to difficulties in self-care
- Difficulties with eye and hand coordination.

Temporal lobe

Key functions: Memory, speech and hearing.

Damage to this area can lead to:

- Difficulty in recognising familiar faces
- Difficulty in understanding spoken words
- Difficulty with identification of, and verbalisation about, objects
- Short-term memory loss
- Interference with long-term memory
- Increased and decreased interest in sexual behaviour
- Inability to categorise objects
- Right lobe damage can cause persistent talking
- Increased aggressive behaviour.

Occipital lobe

Key functions: Vision.

Damage to this area can lead to:

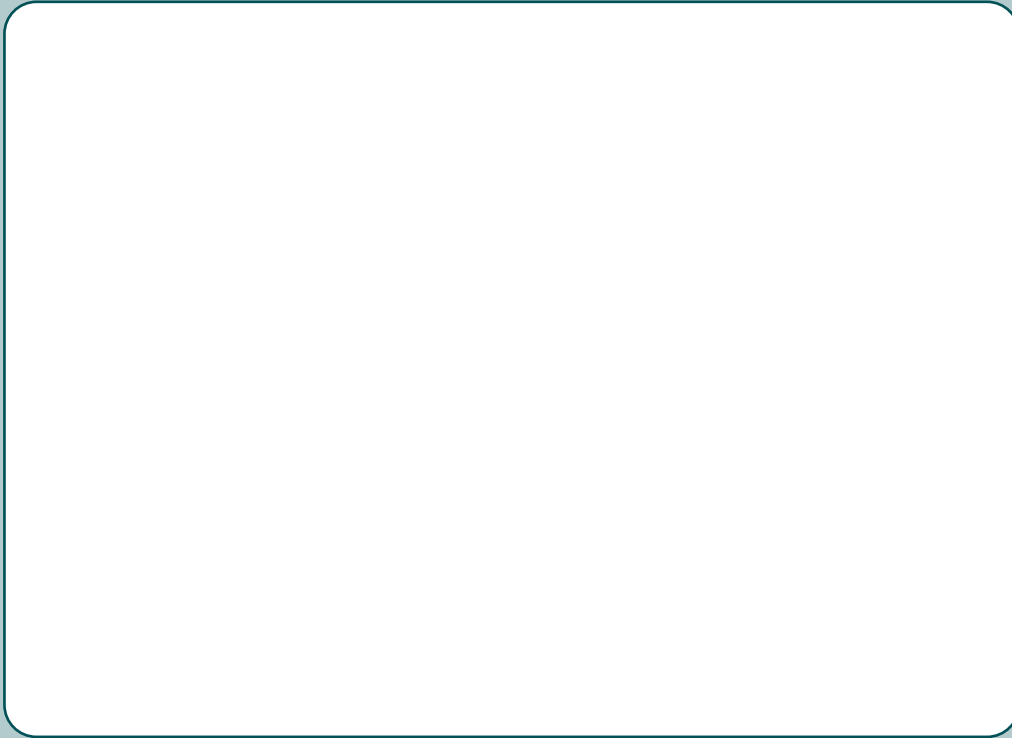
- Loss of ability to coordinate fine movements
- Loss of ability to walk
- Inability to reach out and grab objects
- Tremors
- Vertigo
- Slurred speech.



Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

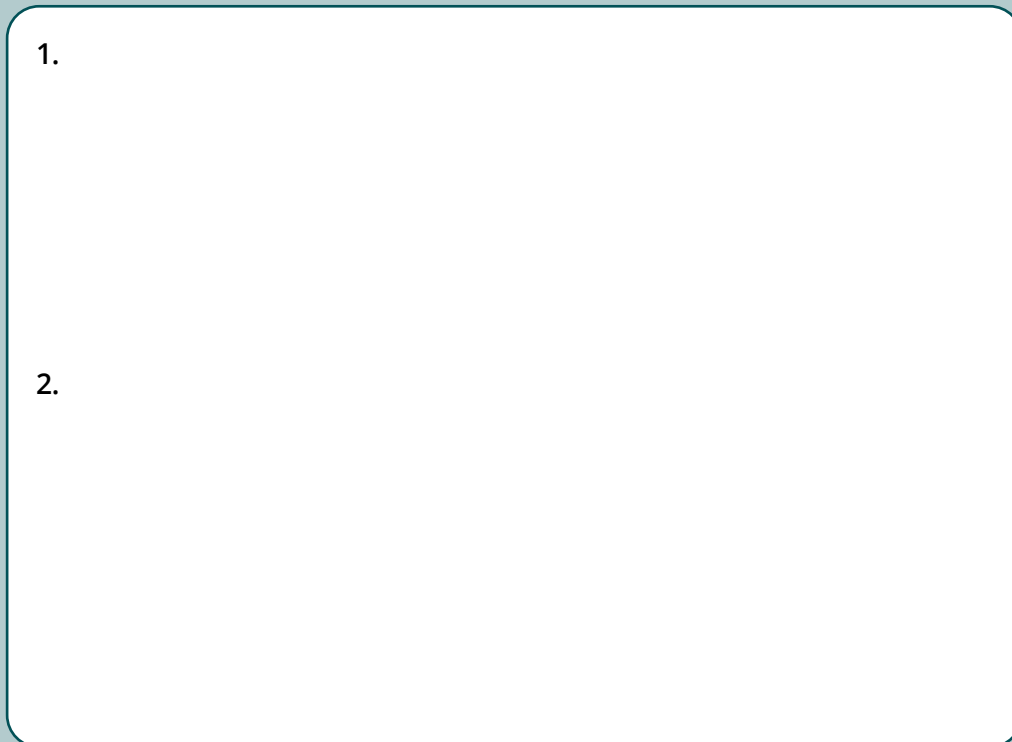
1. What does the term dementia mean?



2. Name two common types of dementia.

1.

2.



A

Extend your learning



Undertake some further research into the different types of dementia using the following links:

<https://www.dementiauk.org/about-dementia/types-of-dementia/>

<https://www.alzheimers.org.uk/about-dementia/types-dementia>

Make notes in the space below.



Congratulations, you have now completed Section 1.

Section 2: Understand the causes of dementia

Upon completion of this section, you will be able to:

- Describe possible causes of dementia. (2.1)



Introductory activity



Reflect on the different types of dementia you learnt about in the previous section. What do you think might cause each of these?

Make notes in the space below.

Causes of Alzheimer's disease

Although the root cause of Alzheimer's disease and other dementias has yet to be established, researchers have discovered that when people experience Alzheimer's, two abnormal proteins build up in the brain. They form clumps called either 'plaques' or 'tangles'. These plaques and tangles interfere with how brain cells work and communicate with each other.

The plaques are usually first seen in the area of the brain that makes new memories. It is not known what causes the build-up of these proteins.

Vascular dementia

Vascular dementia is caused by a reduction of blood flow to the brain, causing blood vessels in the brain to become damaged. There are a number of ways that damage can occur:

- **A stroke:** When blood supply to a part of the brain is suddenly cut off. If a stroke causes memory loss and problems with attention, a person may be diagnosed with dementia.
- **A series of small changes to blood vessels deep inside the brain:** The person usually does not notice these changes, but they can, over time, damage parts of the brain that are important for attention, memory and language. The smaller blood vessels in the brain gradually clog up, depriving the brain of blood. Blood carries oxygen to the brain and without it, brain cells die.

Dementia with Lewy Bodies (DLB)

DLB is caused by small round clumps of a protein that build up inside nerve cells in the brain. The spheres it forms are called Lewy bodies, after Dr Frederick Lewy who first found them. The clumps damage the way nerve cells in areas of the brain that control thinking, memory and movement work and communicate.

Frontotemporal dementia

FTD is caused by damage to cells in areas of the brain called the frontal and temporal lobes. The frontal lobes regulate our personality, emotions and behaviour, as well as reasoning, planning and decision making. The temporal lobes are involved in the understanding and production of language.

There is also a build-up of proteins that become toxic to brain cells, causing them to die. The reason for their build-up is not yet understood. However, in an estimated 20% of cases, people have inherited an altered gene from their parents.

There are also other conditions that can give rise to dementia, including:

- Creutzfeldt-Jakob disease (CJD)
- Chronic alcohol consumption
- Multiple sclerosis (MS)
- Motor neurone disease (MND).



Stop and think!



Remembering and recalling key learning

Alcohol can cause dementia. True or false?

True

False



Application

Name three causes of dementia that are similar within most of the types that have been listed.

1.

2.

3.



Developing depth

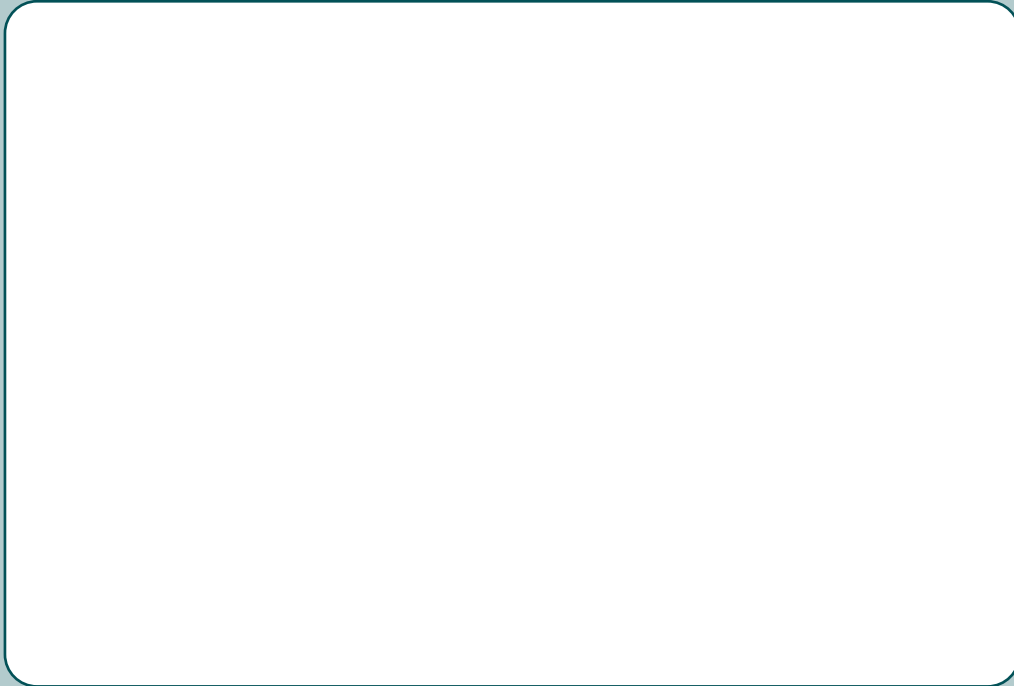
Research more into what can cause dementia.

Make notes in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. What could be a possible cause of Alzheimer's disease?



2. Multiple sclerosis can cause someone to experience dementia in later life.
True or false?

True

False

A

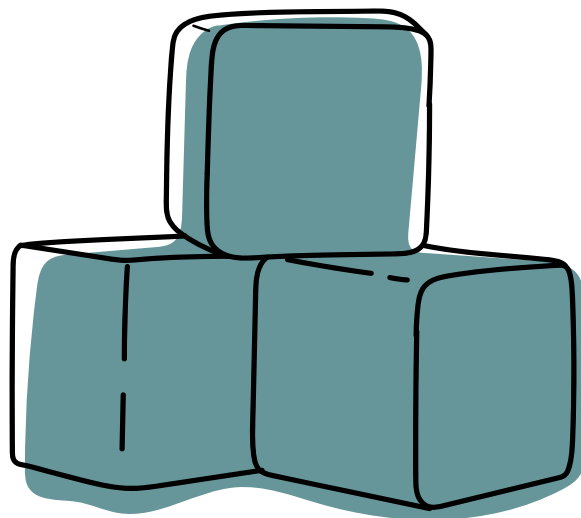
Extend your learning



Research more into the causes of dementia by accessing the following website link:

<https://www.nhs.uk/conditions/dementia/causes/>

Make notes in the space below.



Congratulations, you have now completed Section 2.

Section 3: Understand how dementia can affect the individual and others

Upon completion of this section, you will be able to:

- Describe the likely signs and symptoms of the most common causes of dementia (3.1)
- Explain the difficulties individuals with dementia may face in day-to-day living (3.2)
- Describe how an individual's dementia may affect others. (3.3)

Likely signs and symptoms of the most common causes of dementia

A

Introductory activity



Consider the symptoms an individual with Alzheimer's disease might experience, using the link below as a starting point. If you wish to, you could research another type of dementia.

<https://www.nhs.uk/conditions/alzheimers-disease/symptoms/>

Make notes in the space below.

Symptoms of Alzheimer's disease

No two cases of Alzheimer's disease are the same, because different people react in different ways to the condition. Usually there are **three** stages to the condition.

1. Mild Alzheimer's disease

Common signs and symptoms of mild Alzheimer's disease include:

- Confusion
- Forgetfulness and poor memory – usually the first symptom of the condition
- Getting lost
- Difficulty in selecting the correct word for things.

2. Moderate Alzheimer's disease

As Alzheimer's disease progresses, there is a gradual further decline in memory and thinking. A person may also start to lose their ability to function independently.

3. Severe Alzheimer's disease

Someone with severe Alzheimer's disease may:

- Appear very confused and disorientated
- Experience hallucinations and delusions
- Become violent, demanding and suspicious of those around them.



Key fact

Alzheimer's disease develops very gradually, so the symptoms may not be immediately apparent. The symptoms tend to progress slowly over many years, although the rate at which they progress will differ for each individual.

Symptoms of vascular dementia

The symptoms of vascular dementia can sometimes develop suddenly and quickly get worse, or they can develop gradually over many months. They include:

- Slow thinking – it will become increasingly difficult to complete tasks and activities that require concentration and planning
- Memory loss
- Depression and other changes in personality and mood
- Periods of mental confusion
- Low attention span
- Urinary incontinence
- Stroke-like symptoms, such as muscle weakness or paralysis on one side of the body
- Wandering during the night
- Mobility problems, such as a slow and unsteady walk.

Symptoms of Dementia with Lewy Bodies (DLB)

The symptoms of DLB usually develop gradually and become more severe over the course of many years. They include:

- Memory loss
- Low attention span
- Fluctuating confusion
- Loss of sense of smell
- Hallucinations and delusions
- Slowness of movement/shuffling while walking
- Shaking and trembling of the arms and legs
- Sleep disturbance
- Loss of facial expression.



Key fact

People with dementia are sometimes unaware that they have any symptoms at all – particularly those that affect behaviour.



Wider learning

Research more into Dementia with Lewy Bodies by accessing the link below.

<https://www.nhs.uk/conditions/dementia-with-lewy-bodies/>

Make notes in the space below.

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Symptoms of frontotemporal dementia

Many of the initial symptoms of frontotemporal dementia involve changes in emotion, personality and behaviour. They include:

- **Changes in emotion, personality and behaviour** – for example, they may become less sensitive to other people's emotions, making them seem cold and unfeeling
- Loss of their inhibitions, leading to behaviour that is out of character, such as being rude to others or making tactless or inappropriate comments, or childlike behaviour
- Being aggressive or easily distracted
- Having difficulty planning and understanding concepts
- Obsessive and compulsive behaviour
- Lack of interest in personal hygiene
- **Changes in eating habits** – such as overeating or developing a 'sweet tooth'
- **Personality changes** – for example, a person who was previously withdrawn may become very outgoing or vice versa
- **Language problems** – such as not speaking, speaking less than usual, or having problems finding the right words to express themselves or to describe something.





Stop and think!



Remembering and recalling key learning

Frontotemporal dementia can cause individuals to display childlike behaviour. True or false?

True

False



Application

What do you think dementia feels like for the individual? Use five words to describe this, and explain why you chose those words.

1.

2.

3.

4.

5.



Developing depth

Do you know someone who has dementia? How does it affect them, and how do you think they feel on a daily basis?

Make notes in the space below.

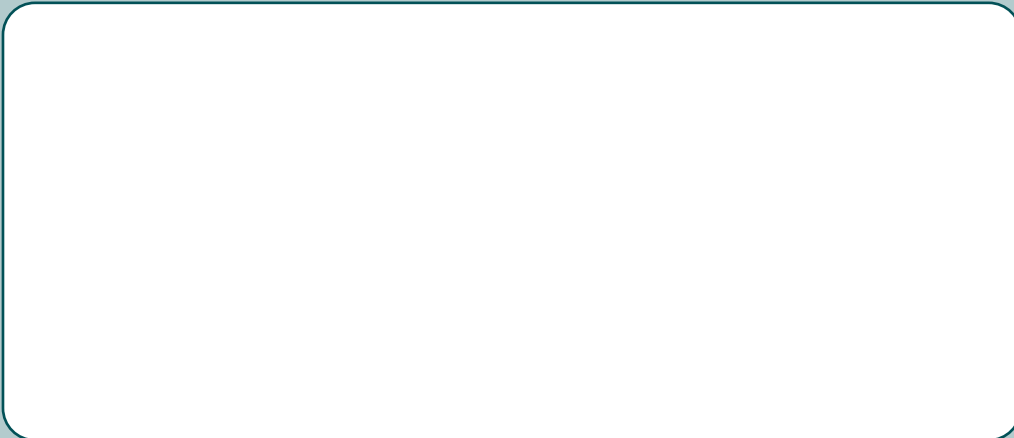
R

Further research

Research further into how someone feels when they have dementia. You can do this by accessing the link below.

<https://www.alzheimers.org.uk/get-support/help-dementia-care/understanding-supporting-person-dementia-psychological-emotional-impact#:~:text=Someone%20recently%20diagnosed%20with%20dementia,between%20emotions%20as%20they%20adjust>

Make notes in the space below.



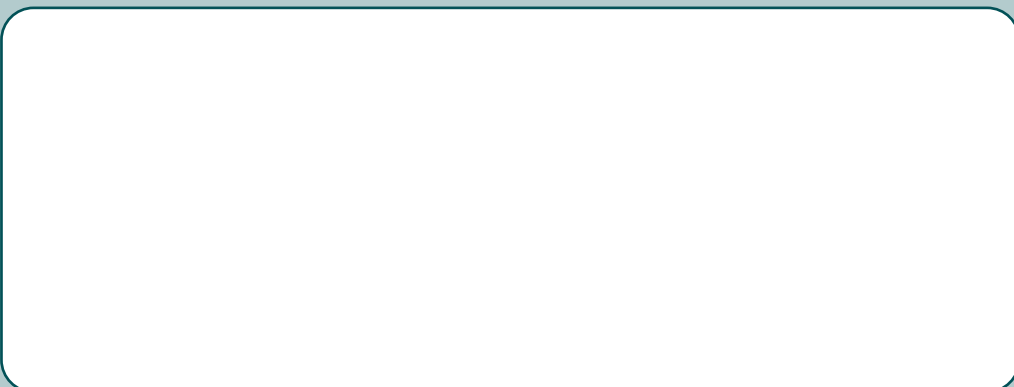
R

Wider learning

People with dementia experience general memory loss, an inability to recognise familiar objects or people, loss of a sense of place or time, loss of language and changes in behaviour.

Imagine yourself in this position. How would you sum up the main feelings you might have as a result of this? What consequences could these feelings have on your quality of life?

Make notes in the space below.



Difficulties an individual with dementia may face in daily life

A person with dementia may face the following difficulties in daily living:

- Difficulty expressing thoughts
- Difficulty understanding what others are saying
- Memory loss
- Aggression
- Feeling frightened
- Disorientation
- Difficulty looking after themselves
- Difficulty making decisions
- Changes in behaviour.



Case study: Mr G

"In the early to mid stages of dementia, my father tried to throw things through the window to attract attention from passers-by because he felt that he was being imprisoned. We removed ornaments and tried to distract him.

In another period, he was keen to wander outside. We watched from a window or followed close behind. We live on a main road and his walking was unstable. Sometimes we had difficulty in persuading him to come back inside.

If we locked the door, he became angry and this reinforced his impression that he was being kept prisoner, so we gave him a key and gambled on the hope that poor eyesight would probably prevent him working the lock.

We had calming drugs but used these very infrequently as we found that with regular mood swings, bad situations would pass. We put some medication in food, as swallowing became a problem as the illness progressed."

Key symptoms of dementia

The following symptoms of dementia can have a dramatic effect on the individual, causing them to feel confused, frightened and isolated. The effects of such symptoms mean that individuals with dementia cease to be able to look after themselves, their finances and all other aspects of their daily life.

Loss of memory

As the person with dementia struggles to recall people, places and events, they believe that vital information is being withheld from them, which results in a feeling of isolation.

Loss of memory is the key to confusion, as the place where they live is no longer recognised as home and they cease to recognise family and friends.

Although the person may be able to use their immediate memory to have a reasonable conversation, they may not remember the details of the conversation, or that any of the conversation took place, even just a few minutes later.

Paranoia

The person with dementia is frightened and suspicious. They become obsessive about money and possessions, such as jewellery and handbags, and hide valuable items.

They are often afraid of people and unwilling to allow strangers into the house. They are also suspicious of close family, suspecting their motives and accusing them of stealing.

Communication difficulties

Speech can become unclear and mumbled – the person's conversation may make no sense at all, or they may use the wrong words. Sometimes words cannot be recalled – for example, names of family members.

Short-term memory

Short-term memory is the process that allows people to do a number of things at once. For example, when you are cooking breakfast, you can remember how long the eggs have been boiling, when to turn on the kettle and start the toast. A person with dementia and short-term memory loss can concentrate on only one thing at a time. If a second thing distracts them, the first may be completely forgotten.

C

Case study: Mr A

Mrs A set dinner on the table and she and her husband, who had Alzheimer's disease, sat down to eat. During the conversation, she asked her husband if he would weed the garden at the side of the house.

Leaving his hot meal on the table, her husband got up, went out the side door and started to weed the garden. When she went out to ask him to come in again, she discovered that he had completely forgotten that he was in the middle of eating a meal, after he started to think about the garden.

He also began to stay in bed all day because he couldn't remember where his clothes were and was too embarrassed to say so.



i

Key fact

During the severe stages of dementia, a person will need full-time care because they will be able to do very little on their own.

How dementia may affect others

Dementia not only affects the individual – it also has dramatic effects on other people, such as family and friends.

There are many ways in which dementia can affect the family and friends of the individual, for example:

- Family and friends will need to provide support.
- Giving support can be demanding and stressful.
- Family and friends may experience feelings of guilt, exhaustion and isolation.
- Family and friends may reduce contact with the individual due to lack of understanding of the condition and its effects on behaviour and personality.
- Lack of understanding of the condition may cause family conflict – for example: 'I thought my husband was going deaf because he kept saying that he couldn't understand what was being said when watching the TV. I kept on at him to get a hearing aid, but later realised that he couldn't understand the meaning of the words due to the onset of dementia.'

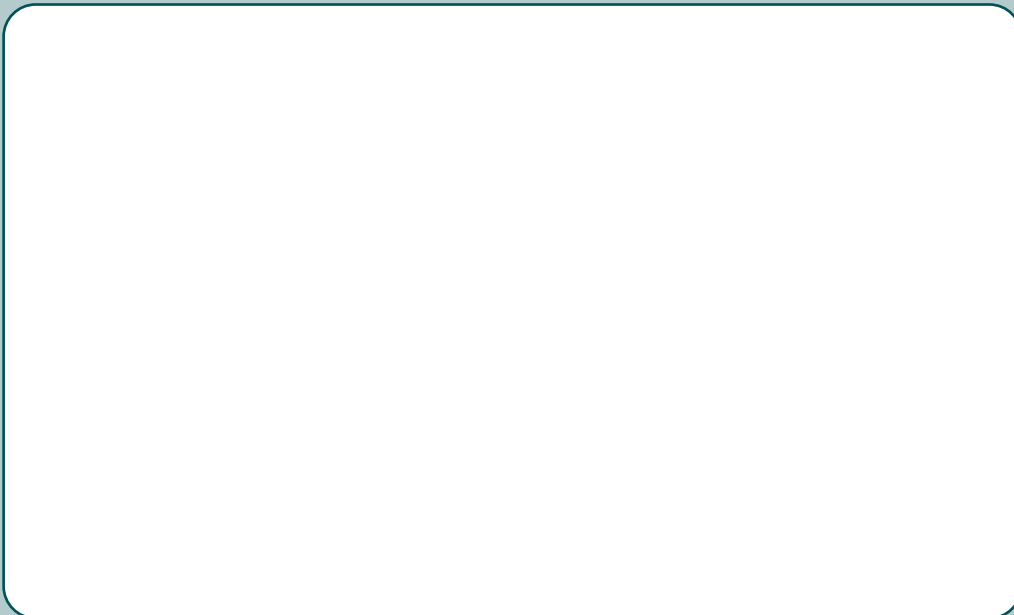
R

Wider learning

Watch this YouTube video to find out more about a family's perspective after a relative is diagnosed with dementia.

https://www.youtube.com/watch?v=S1-82T_ZAjk

Make notes in the space below.



C Case study: Dan

"I was 52 when Dan was diagnosed. He'd been having problems with his memory for a bit, and was lacking in motivation after taking early retirement.

His behaviour began to be a bit odd at times, so when I was seeing our GP, I mentioned it. The GP suggested that Dan go for an appointment, and after tests, Dan was diagnosed with Alzheimer's.

It was a devastating shock, but also good in a way because at least we knew what we were dealing with. It had been horrible not knowing what was causing his weird behaviour.

For the first few years, we carried on with normal life. He continued to drive and we went on lots of holidays. But, as the Alzheimer's took over, he just decided he wasn't going to do things anymore.

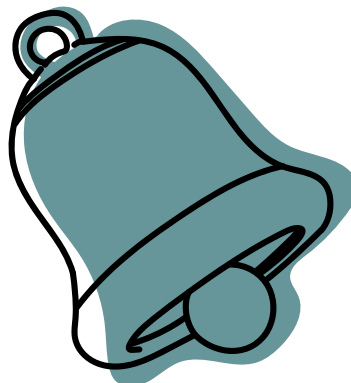
Every time there has been a big change with Dan, I have to stop and take stock. He needs full-time care now. He's in a wheelchair and needs to be fed. He doesn't speak any more and I'm not sure that he understands what I'm saying. I have some outside help during the week, but mostly it's down to me.

At the moment, we still go away. I have a hoist for getting him around indoors and a transporter with a hydraulic tail lift to go out in. We still like going to see my relatives, and visiting various places in the UK.

The only thing we don't do is fly anywhere, but I don't feel a prisoner because I've made sure that I can be independent and that we can get away."

i Key fact

The person with dementia and the carer both need support.





Stop and think!



Remembering and recalling key learning

It is only the person with dementia who is affected by the diagnosis. True or false?

True

False



Application

Imagine that a member of your family or one of your friends has dementia. In view of what you now know about the symptoms and feelings associated with dementia, how do you think this would affect you, as well as other family and friends of the individual?

Make notes in the space below.



Developing depth

Use the following link on the NHS website to learn more about how caring for a loved one with dementia can affect individuals, including the support they may need themselves.

<https://www.nhs.uk/conditions/dementia/carers/>

Make notes in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. What could be a sign of dementia? You should give two examples.

1.

2.

2. How could the signs you have detailed have an effect on someone's daily life?

A

Extend your learning



Watch the following video for further information about someone gaining a diagnosis for their relative.

<https://www.youtube.com/watch?v=uAAuegOcGQ0>

Make notes in the space below.



Congratulations, you have now completed Section 3.

Section 4: Understand how dementia may be managed

Upon completion of this section, you will be able to:

- Describe possible interventions for dementia (4.1)
- Describe ways in which others can help the individual with dementia to manage their illness (4.2)
- Describe the local resources and treatments that would be available to an individual experiencing dementia. (4.3)

A

Introductory activity



Do you know of any possible interventions that can help manage the symptoms and effects of dementia? Write down any that you are already aware of, along with an explanation of how you think this might work.

Make notes in the space below.

Possible interventions for dementia

Possible interventions for dementia include the following:

- Keeping in general health as far as possible and tackling any other illnesses as quickly as possible will help a person to cope with dementia. It is also important to stop smoking and to eat healthily and take exercise, in order to stay as healthy as possible. This may include vaccination against infections, such as the flu and pneumonia.
- Cognitive enhancers or anti-dementia drugs may be used. These drugs do not offer a cure, but may slow the progression of certain types of dementia. Sometimes, they help people to keep on functioning in their own homes or make distressing behaviour easier to manage.
- In vascular dementia and possibly Alzheimer's, other drugs may be used to slow the damage to brain cells, including:
 - Aspirin
 - Medication to control high blood pressure
 - Statins to lower cholesterol.
- Antidepressants can be used to tackle anxiety or depression, which are common in dementia.

Psychological treatments include:

- Cognitive Behavioural Therapy (CBT) to address negative thought processes
- Life review strategies to improve memory
- Cognitive stimulation through music, arts and crafts.



R

Wider learning

Watch the following video about how art therapy can help the well-being of someone who has dementia.

https://www.youtube.com/watch?v=Ro_xTd-Ugzw

Make notes in the space below.

Ways in which others can help the individual with dementia to manage their illness

The role of family and friends in managing dementia

Family and friends can play an important role in helping the individual manage their condition.

In addition to helping with housework, you might have thought of other types of support that family and friends could provide to enable the individual to remain in their own home for as long as possible. This could include:

- Getting them in and out of bed
- Washing, bathing, toileting
- Ensuring adequate diet and fluids
- Financial support and dealing with the individual's affairs when they are no longer able
- Representing the individual's needs, wishes and rights
- Psychological support, such as love, affection and companionship
- Encouraging them to maintain links with their history and identity
- Encouraging them to be as involved in tasks as they can be
- Encouraging them to still complete tasks around the house independently if they have the ability to do so, to promote their independence.



Stop and think!



Remembering and recalling key learning

Medication can be used to help relieve the symptoms of dementia.
True or false?

True

False



Application

How do you think family and friends could help someone with dementia?

Make notes in the space below.



Developing depth

Using your notes on the previous page, have a go at creating a schedule which you could use if you were helping a loved one to manage the condition. This should be in full sentences and include times for each activity, for example, your first line could be '8am: Help the person out of bed.'

Local resources and treatments available for individuals with dementia

It is important that the person and their family are given help to understand what is happening to them, what sort of local resources they are likely to need and how they can access them. This help and information can come from:

- The person's GP and the local social services department, who will allocate a case manager to work with the person
- An occupational therapist to assess the person's home environment and help them to continue to cope in their own home
- A trained carer to call in several times a day to help the person with some of their daily activities, from toileting to eating.

Other local resources for support and care of people with dementia include:

- Referral to a psychiatrist or a Community Mental Health Team (CMHT)
- Contact with a Community Psychiatric Nurse (CPN), occupational therapist, social worker or support worker
- Daycare services
- Respite care for the carers
- Sheltered accommodation
- Residential or nursing care if the symptoms get more severe
- Support from voluntary and charitable organisations including:
 - Mental Health Foundation
 - Age UK
 - Anchor Trust
 - The Alzheimer's Society.

As covered earlier in the section, possible treatments for dementia include the following:

- Cognitive enhancers or anti-dementia drugs may be used.
- In vascular dementia and possibly Alzheimer's, other drugs may be used to slow the damage to brain cells, including Aspirin, medication to control high blood pressure, and statins to lower cholesterol.
- Antidepressants can be used to tackle anxiety or depression, which are common in dementia.

Psychological treatments include:

- Cognitive Behavioural Therapy (CBT) to address negative thought processes
- Life review strategies to improve memory
- Cognitive stimulation through music, arts and crafts.



Stop and think!



Remembering and recalling key learning

What does the acronym CBT stand for?



Application

Imagine that one of your loved ones has been diagnosed with dementia. Take some time to research the services, help and support groups available in your local area.

Make notes in the space below on anything you think might be useful.

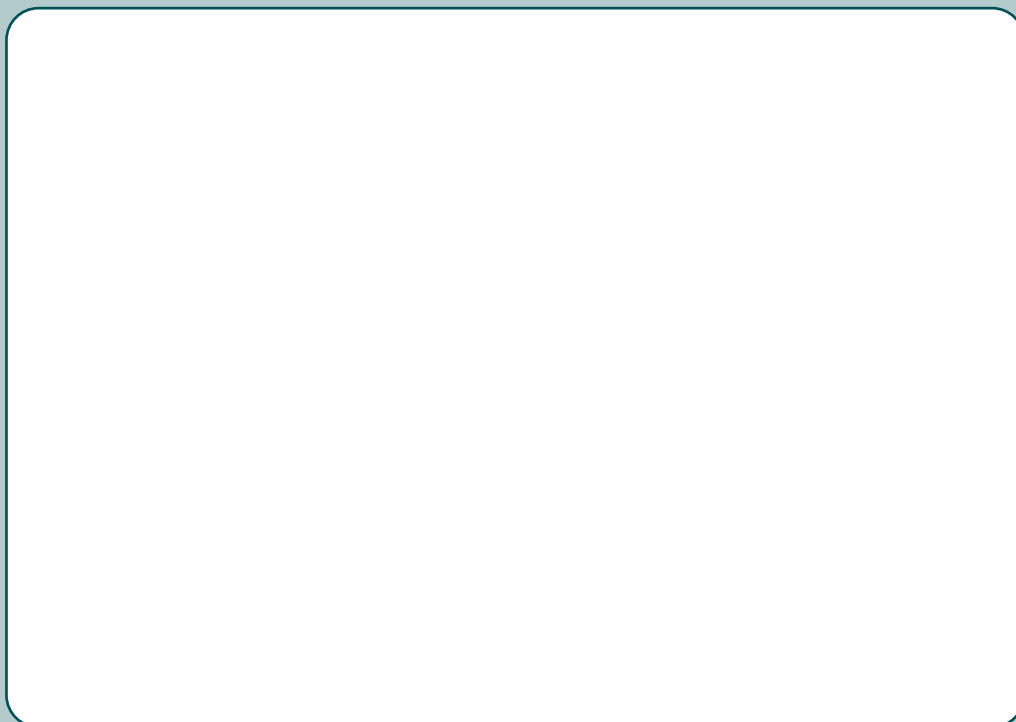
Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Explain what resources or treatments are available for individuals who are experiencing dementia.



2. Explain how friends and family can offer support to an individual experiencing dementia.



A

Extend your learning



Undertake some further research into caring for individuals with dementia and the support available to help you with this.

<https://www.alzheimers.org.uk/get-support/help-dementia-care/understanding-supporting-person-dementia>

Make notes in the space below.



Congratulations, you have now completed Section 4.

Section 5: Understand factors which may adversely affect a person with dementia

Upon completion of this section, you will be able to:

- Describe why a person with dementia may be adversely affected by unconsidered actions or words of others. (5.1)

Why a person with dementia may be adversely affected by unconsidered actions or words of others

A

Introductory activity



Considering everything you have learnt about dementia so far, why do you think that a carer's unconsidered actions or words could have an adverse effect on an individual with dementia?

Make notes in the space below.

The effects of ill-considered words or actions

A person with dementia will experience the same kind of feelings as anyone else. Ill-considered words or actions may therefore upset them and lead to agitated or aggressive behaviour. Try the next activity to think about actions and words that would have an adverse effect on someone with dementia.

R

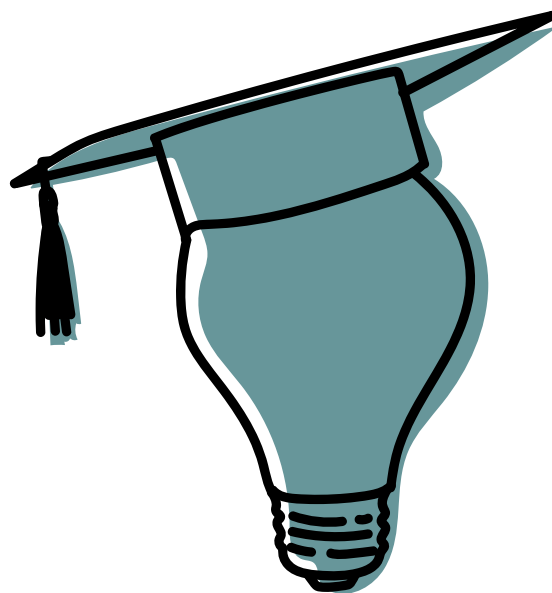
Wider learning

Decide whether each of these actions would have a positive or negative effect on someone with dementia.

1. Making time to listen to the individual.
2. Not calling them by their preferred form of address.
3. Ignoring their cultural customs or traditions.
4. Making a life history book with the individual.
5. Talking about them as if they were not there.
6. Entering their bedroom without knocking.
7. Giving them every opportunity to make their own choices.
8. Always correcting what the person is trying to say.
9. Brushing their worries aside and jollyng them along.
10. Doing things with them rather than for them.

To avoid doing or saying things that will have an adverse effect, family, friends, carers and health professionals should keep in mind the following:

- **Help the person to feel valued** – they need to feel respected and valued for who they are now, as well as for who they were in the past.
- **Use their preferred form of address** – our sense of who we are is closely connected to the names we call ourselves – so address the person in a way that they recognise and prefer.
- **Respect cultural values** – be aware of the person's cultural or religious background, and any rules and customs, and behave accordingly.
- **Act with courtesy** – people with dementia have a fragile sense of self-worth, so it is important that people continue to treat them with courtesy.
- **Respect privacy** – make sure that the person's right to privacy is respected.
- **Help the person to feel good about themselves** – it is important to take account of their abilities, interests and preferences.
- **Support the person to express their feelings** – dementia affects people's thinking, reasoning and memory, but their feelings remain intact.
- **Offer simple choices** – whenever possible, inform and consult the person about matters that concern them. Give them every opportunity to make their own choices.
- **Maintaining respect** – avoid situations in which the person is bound to fail, as this can be humiliating. Try not to correct what the person says – the accuracy of the information is not as important as what the person is trying to express.





Stop and think!



Remembering and recalling key learning

Family and friends should help someone with dementia to feel valued and respect their values. True or false?

True

False



Application

Why do you think a person with dementia may be adversely affected by unconsidered actions or words of a carer, family member or friend?

Make notes in the space below.



Developing depth

Think of a time when you were affected by the actions of someone else. Maybe this was them saying unkind words to you or hurting you in some way. What was the situation and how did it make you feel? How can you relate this to how someone with dementia might feel? Write a small reflection in the space below.

Let's summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer your assessment questions.

1. Dementia occurs mainly in younger people. True or false?

True

False

2. Vascular dementia is caused by what?

- a) Clumps of protein that build up inside nerve cells in the brain
- b) A build-up of proteins into plaques and tangles
- c) Damage to cells within the frontal and temporal lobes of the brain
- d) Reduced blood flow can occur following a stroke

3. People with dementia can become paranoid. True or false?

True

False

4. Possible interventions and treatments for dementia include:

- a) Keeping in good health
- b) CBT to address negative thought processes
- c) Cognitive enhancers
- d) Life review strategies
- e) All of the above

5. Dementia only affects the individual, not those around them. True or false?

True

False



What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt in relation to dementia.

Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first five questions and then type your answer out for question 6.

- 1 – Not confident at all** **2 – A little confident** **3 – Somewhat confident**
4 – Confident **5 – Very confident** **6 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of the term 'dementia'?	
2.	How confident are you in your understanding of the causes of dementia?	
3.	How confident are you in your knowledge of how dementia can affect the individual and others?	
4.	How confident do you feel in your understanding of how dementia may be managed?	
5.	How confident do you feel in your understanding of factors which may adversely affect a person with dementia?	
6.	How do you feel your knowledge has improved since starting this unit?	



Extend your learning



Look at the following link to research more about how someone with dementia might be affected by others and their attitudes.

<https://www.dementiastatistics.org/attitudes/>

Make notes in the space below.



Congratulations, you have now completed Section 5 and Unit 9. Please now go to your assessment and answer Q1 to Q11.

Further reading

Please take your time to visit the links listed below. These will help you widen your reading for answering the assessment questions. You will need to type out the links in full into a browser in order to access them.

<https://www.nhs.uk/mental-health/conditions/clinical-depression/overview/>

<https://www.who.int/news-room/fact-sheets/detail/depression>

Spark – the revolutionary new science of exercise and the brain. By John J Ratley MD and Eric Hagerman

Black Milk: On the Conflicting Demands of Writing, Creativity, and Motherhood by Elif Shafak

This Isn't What I Expected: Overcoming Postpartum Depression by Karen Kleiman
Postnatal Depression by Heather Welford

<https://www.bupa.co.uk/health-information/mental-health/bipolar-affective-disorder>

<https://www.mentalhealth.org.uk/a-to-z/b/bipolar-disorder>

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/bipolar-disorder/types-of-bipolar/>

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/bipolar-disorder/useful-contacts/>

<https://www.rethink.org/advice-and-information/about-mental-illness/learn-more-about-conditions/bipolar-disorder/>

<https://www.helpguide.org/articles/bipolar-disorder/living-with-bipolar-disorder.htm>

<https://www.heretohelp.bc.ca/infosheet/bipolar-disorder-effects-on-the-family>

https://div12.org/case_study/gary-bipolar-disorder/

<https://www.bipolaruk.org/Pages/FAQs/Category/medical-treatment>

<https://mentalhealth-uk.org/help-and-information/conditions/bipolar-disorder/treatment/>

https://www.huffingtonpost.co.uk/cal-strode/schizophrenia-media-mental-health_b_10049042.html

<https://www.mind.org.uk/information-support/your-stories/>

<https://www.youtube.com/watch?v=ESNpR8jgRSU>

<https://www.mentalhealth.org.uk/>

<https://www.ageuk.org.uk/>

<https://www.anchor.org.uk/>

<https://www.alzheimers.org.uk/>

<https://www.alzheimers.org.uk/get-support/your-support-services>

What I Wish People Knew About Dementia: The Sunday Times Bestseller by Wendy Mitchell

Dementia: The One-Stop Guide by June Andrews

Answers to Activities Unit 5

Stop and think: Remembering and recalling key learning – Page 10

The difference between low mood and depression is that depression will have symptoms that last longer than a few weeks. True or false?

Stop and think: Application – Page 10

Look at the following list, and see if you can identify which are symptoms of low mood and which are symptoms of depression.

Low mood

Sadness

Feeling tearful

Tiredness

Frustration

Feeling irritable and intolerant of others

Depression

Difficulty in making decisions

Continuous low mood or sadness

Feeling hopeless or helpless

Suicidal thoughts

No enjoyment in life

No motivation or interest in things.

Stop and think: Developing depth – Page 11

Most people will experience some of the symptoms of low mood at some point in their life, and perhaps some of the symptoms of depression too. Findings from a 2017 study showed that 24% of 14 year old girls in the UK reported symptoms of depression. What fraction does this roughly equate to?

$\frac{1}{4}$

Stop and think: Remembering and recalling key learning – Page 14

Roughly 34% of people admitted to hospital for depression experience psychotic depression. True or false?

Stop and think: Remembering and recalling key learning – Page 20

What was bipolar disorder previously known as?

Manic depression

Stop and think: Remembering and recalling key learning – Page 26

'Disturbed sleep patterns' is an example of what kind of depression symptom?

- a) Social
- b) Physical**
- c) Psychological

Stop and think: Remembering and recalling key learning – Page 30

Which one of these can family and friends NOT do to support someone with depression?

- a) Encourage the person to seek treatment
- b) Listen to them sympathetically
- c) Ignore them until it's too late**
- d) Reassure them that it is possible to do something to improve their situation, but in a caring and sympathetic way

Stop and think: Remembering and recalling key learning – Page 36

Money problems such as debt can impact someone who has depression. True or false?

Stop and think: Remembering and recalling key learning – Page 42

What does the acronym ECT stand for?

Electro convulsive therapy

Stop and think: Application – Page 42

Statistics show that the numbers of people receiving some kind of treatment for a common mental health condition had increased from 24.4% in 2007 to 37.3% in 2014.

What is the difference between these two percentages?

12.9%

Let's summarise – Page 43

1. Disruption to sleeping patterns is a key distinguisher between low mood and depression. **True** or false?

2. People with psychotic depression are not usually at risk of suicidal thoughts. True or **false**?

3. Identify which of the following symptoms of depression is psychological.
 - a) Poor work performance
 - b) Relationship problems
 - c) **Suicidal thoughts**
 - d) Constipation

4. ECT stands for Electroconvulsive Therapy. **True** or false?

5. Crisis resolution services consist of doctors and nurses who provide intensive support to enable a person to stay at home if they are in crisis, rather than going into hospital. **True** or false?

Answers to Activities Unit 6

Wider learning – Page 51

Decide whether each of the following symptoms relates to postnatal depression or the baby blues.

- Confusion (Postnatal depression)
- Extreme low mood (Postnatal depression)
- Unexplainable teary moments (Baby blues)
- Loss of appetite (Baby blues)
- Depression (Postnatal depression)
- Difficulty sleeping (Baby blues)
- Brief experience of low moods (Baby blues)
- Anxiety (Postnatal depression)

Stop and think: Remembering and recalling key learning – Page 52

What percentage of new mothers experience the baby blues two to four days after the birth of their child?

- a) 60%
- b) 70%
- c) 80%**
- d) 40%

Stop and think: Developing depth – Page 52

Approximately 1 in 10 men are said to experience depression after the birth of their child. What percentage is this equivalent to?

10%

Stop and think: Remembering and recalling key learning – Page 59

Which of these is NOT a possible cause of postnatal depression?

- a) Diet
- b) Childhood experiences
- c) Fear of motherhood
- d) Pressures during maternity leave**

Let's summarise – Page 60

2. Previous medical history of depression may mean someone is at risk of postnatal depression. **True** or false?
3. Postnatal depression can occur in any family circumstances, regardless of whether it is the parents' first baby. **True** or false?

Stop and think: Remembering and recalling key learning – Page 64

Over 1,300 women experience puerperal psychosis each year in the UK.
True or false?

Stop and think: Remembering and recalling key learning – Page 73

1 in 30 new fathers are affected by postnatal depression. **True** or **false**?

Stop and think: Remembering and recalling key learning – Page 76

Which of these are effects of postnatal depression? Choose two of the following options.

- a) Possible panic attacks caused by anxiety
- b) Reduced sex drive
- c) Psychosis
- d) Hallucinations

Stop and think: Application – Page 76

A survey carried out in 2016 by the National Childbirth Trust (NCT) found that 32% of new mothers struggled to bond with her baby.

(Source: <https://www.theguardian.com/lifeandstyle/2016/jun/06/one-third-of-new-mothers-struggle-to-bond-with-their-baby-research-shows>).

Roughly what fraction does this equate

1/3

Stop and think: Remembering and recalling key learning – Page 79

Family and friends of the mother can also be affected by postnatal depression.
True or **false**?

Wider learning – Page 95

What does the acronym CMHT stand for?

Community Mental Health Team

Stop and think: Remembering and recalling key learning – Page 97

Puerperal psychosis is treated as an acute psychiatric emergency.
True or **false**?

Let's summarise – Page 98

1. The loss of a mother relationship before what age can be a risk factor in the development of postnatal depression?
 - a) 8
 - b) 11**
 - c) 16

2. A woman's diet during her pregnancy is thought to be a factor in the development of postnatal depression. **True** or false?

3. Which of the following are symptoms of postnatal depression?
 - a) Disturbed sleep patterns**
 - b) Feeling energetic
 - c) Feeling relaxed
 - d) Having panic attacks**

Answers to Activities Unit 7

Stop and think: Remembering and recalling key learning – Page 105

Hypomanic or manic episodes can cause someone to experience:

- a) Feeling low
- b) Feeling high**
- c) Psychotic symptoms
- d) Feeling hungry

Stop and think: Remembering and recalling key learning – Page 110

Which of these can be a life event or 'trigger'?

- a) Abuse
- b) Illness
- c) Breakdown of a relationship
- d) All of the above**

Stop and think: Remembering and recalling key learning – Page 116

How old was Mat when he was first diagnosed with bipolar disorder?

- a) 12
- b) 13
- c) 14**
- d) 15

Stop and think: Remembering and recalling key learning – Page 119

During severe episodes, someone's inability to distinguish reality from unreality may result in psychotic symptoms, such as hearing voices. **True** or false?

Stop and think: Remembering and recalling key learning – Page 123

If left untreated, bipolar disorder can seriously affect nearly every aspect of a person's life. **True** or false?

Stop and think: Remembering and recalling key learning – Page 129

Which of these is a domestic demand that might impact someone who has bipolar disorder?

- a) Overcrowding**
- b) Divorce
- c) Debt
- d) Bereavement

Stop and think: Remembering and recalling key learning – Page 134

Mania is categorised by high moods only. True or false?

Stop and think: Application – Page 134

Look at the following list of feelings that people may experience when they have bipolar disorder. Decide which are symptoms of mania and which are symptoms of depression.

- Significantly decreased need for sleep (Mania)
- Negative thoughts about the future (Depression)
- Feelings of sadness or hopelessness (Depression)
- Poor financial choices, rash spending sprees (Mania)
- Racing speech, flight of ideas, impulsiveness (Mania)
- Sense of guilt or low self-esteem (Depression)
- Excessive involvement in pleasurable activities (Mania)
- Thoughts of suicide (Depression)

Stop and think: Remembering and recalling key learning – Page 143

Family and friends should always respect the wishes of an individual as much as they can. **True** or false?

Stop and think: Remembering and recalling key learning – Page 146

Which of these is NOT a resource or treatment for individuals experiencing bipolar disorder?

- a) Crisis services
- b) Medication
- c) Diet/exercise regime**
- d) Day centres

Let's summarise – Page 147

1. Bipolar disorder was also known as manic depression. **True** or false?
2. The death of a close family member may trigger bipolar disorder. **True** or false?
3. ECT can be used to help relieve any form of depression. True or **false**?
4. Some day centres simply provide the facility to have a cup of tea and a chat, which can help someone experiencing bipolar disorder. **True** or false?
5. Bipolar disorder can be managed to a certain extent by eating and sleeping regularly. **True** or false?

Answers to Activities Unit 8

Stop and think: Remembering and recalling key learning – Page 154

Finish the sentence. 'Medical professionals often describe the condition as being a type of _____'.

psychosis

Stop and think: Remembering and recalling key learning – Page 161

Misinformation in the media may affect individuals living with schizophrenia negatively. True or false?

Stop and think: Application – Page 161

What is the difference between the percentage of articles in the 2007 study that were negative (36.1%) and the percentage that were positive (7.2%)?

28.9

Stop and think: Remembering and recalling key learning – Page 166

Medical professionals have a clear understanding as to what causes schizophrenia. True or false?

Let's summarise – Page 167

2. People who have a parent with schizophrenia are more likely to develop it themselves. True or false?

Stop and think: Remembering and recalling key learning – Page 173

Finish the following sentence. 'Symptoms of schizophrenia can be separated into two categories: positive and _____.'

negative

Stop and think: Remembering and recalling key learning – Page 180

Family and friends will not be affected if they know someone with schizophrenia. True or false?

Stop and think: Remembering and recalling key learning – Page 195

What does the acronym CBT stand for?

Cognitive Behavioural Therapy

Let's summarise – Page 196

1. Which of the following is a correct definition of schizophrenia?
 - a) **A long-term mental health condition. Symptoms include hallucinations, delusions, muddled thoughts and changes in behaviour.**
 - b) A short-term mental health condition. Episodes of schizophrenia can last between 3 and 10 weeks, and cause the person to become severely depressed.
 - c) A long-term mental health condition. Those with schizophrenia are not aware of what is going on around them and, as a result, live sheltered lives.

2. People who hear voices are generally dangerous. True or **false**?

3. In some people, the condition may be triggered by:
 - a) Drug abuse
 - b) Physical or sexual abuse as a child
 - c) **Both of the above**

4. Which of the following are ways in which schizophrenia can affect the individual?
 - a) **May attempt suicide**
 - b) **May develop a drinking or drug habit**
 - c) May become more focused at work
 - d) May isolate themselves

Answers to Activities Unit 9

Stop and think: Remembering and recalling key learning – Page 203

Dementia is not a progressive disease. True or false?

Stop and think: Application – Page 203

If the figures listed on the previous page are correct, roughly what percentage of those over 65 in the UK have dementia?

7%

Stop and think: Remembering and recalling key learning – Page 213

Alcohol can cause dementia. True or false?

Let's summarise – Page 214

Multiple sclerosis can cause someone to experience dementia in later life. True or false?

Stop and think: Remembering and recalling key learning – Page 221

Frontotemporal dementia can cause individuals to display childlike behaviour. True or false?

Stop and think: Remembering and recalling key learning – Page 229

It is only the person with dementia who is affected by the diagnosis. True or false?

Stop and think: Remembering and recalling key learning – Page 235

Medication can be used to help relieve the symptoms of dementia. True or false?

Stop and think: Remembering and recalling key learning – Page 238

What does the acronym CBT stand for?

Cognitive Behavioural Therapy

Wider learning – Page 242

Decide whether each of these actions would have a positive or negative effect on someone with dementia.

1. Making time to listen to the individual. **Positive**
2. Not calling them by their preferred form of address. **Negative**
3. Ignoring their cultural customs or traditions. **Negative**
4. Making a life history book with the individual. **Positive**
5. Talking about them as if they were not there. **Negative**
6. Entering their bedroom without knocking. **Negative**
7. Giving them every opportunity to make their own choices. **Positive**
8. Always correcting what the person is trying to say. **Negative**
9. Brushing their worries aside and jollyng them along. **Negative**
10. Doing things with them rather than for them. **Positive**

Stop and think: Remembering and recalling key learning – Page 244

Family and friends should help someone with dementia to feel valued and respect their values. **True** or false?

Let's summarise – Page 245

1. Dementia occurs mainly in younger people. **True** or false?
2. Vascular dementia is caused by what?
 - a) Clumps of protein that build up inside nerve cells in the brain
 - b) A build-up of proteins into plaques and tangles**
 - c) Damage to cells within the frontal and temporal lobes of the brain
 - d) Reduced blood flow can occur following a stroke
3. People with dementia can become paranoid. **True** or false?
4. Possible interventions and treatments for dementia include:
 - a) Keeping in good health
 - b) CBT to address negative thought processes
 - c) Cognitive enhancers
 - d) Life review strategies
 - e) All of the above**
5. Dementia only affects the individual, not those around them. **True** or **false**?

Learning outcomes Unit 5

1. Understand the term 'depression'

- 1.1 Define the term 'depression'
- 1.2 Differentiate between feeling low and clinical depression
- 1.3 Describe the factors associated with psychotic depression.

2. Understand the possible causes of depression

- 2.1 Describe possible causes of depression.

3. Understand how depression affects the individual and others

- 3.1 Describe the feelings an individual may have when experiencing depression
- 3.2 Describe examples of how depression may affect the individual and their life
- 3.3 Describe how an individual's depression may affect others.

4. Understand how the demands of daily life can affect depression

- 4.1 Describe how the demands of daily life may contribute towards depression for some individuals.

5. Understand how depression can be managed

- 5.1 Describe local resources and treatments available to an individual experiencing depression
- 5.2 Identify the resources and treatment required to manage a person with psychotic depression.

Learning outcomes Unit 6

1. Understand the term 'postnatal depression'

1.1 Define the term 'postnatal depression'

1.2 Differentiate between the terms 'baby blues' and 'postnatal depression'.

2. Understand the causes of postnatal depression

2.1 Describe possible risk factors for developing postnatal depression.

3. Understand puerperal psychosis

3.1 Describe the features of puerperal psychosis.

4. Understand how postnatal depression can affect the mother and others

4.1 Describe the feelings an individual may have when experiencing postnatal depression

4.2 Describe the ways postnatal depression can affect:

- The mother
- Bonding with the baby
- Others.

5. Understand how preparation for the birth can help reduce the risk of postnatal depression

5.1 Describe the preparations for birth that may reduce the risk of postnatal depression.

6. Understand how postnatal depression may be managed

6.1 Describe self-help measures for postnatal depression

6.2 Describe possible treatments for postnatal depression

6.3 Describe local resources and treatments available to an individual experiencing postnatal depression.

7. Understand how puerperal psychosis may be managed

7.1 Describe the resources a person with puerperal psychosis would require

7.2 Describe the treatments a person with puerperal psychosis would require.

Learning outcomes Unit 7

1. Understand the term 'bipolar disorder'

1.1 Define the term 'bipolar disorder'.

2. Understand the causes of bipolar disorder

2.1 Describe possible causes of bipolar disorder.

3. Understand how bipolar disorder can affect the individual and others

3.1 Describe the feelings an individual may have when experiencing bipolar disorder

3.2 Describe the ways bipolar disorder affects the individual and their life

3.3 Explain how an individual's bipolar disorder may affect others.

4. Understand how the demands of daily life can influence the presentation of symptoms of bipolar disorder

4.1 Describe the demands of daily life that may influence symptoms of bipolar disorder

4.2 Describe how these demands of daily life may influence symptoms of bipolar disorder.

5. Understand how to recognise the symptoms of bipolar disorder

5.1 Give examples of symptoms which may occur in a manic and depressive episode.

6. Understand how bipolar disorder may be managed

6.1 Give examples of medical intervention for bipolar disorder

6.2 Describe ways in which an individual with bipolar disorder can help to manage their illness when entering a manic and depressive episode

6.3 Describe ways in which others can help the individual with bipolar disorder to manage their illness

6.4 Describe local resources and treatments available to an individual experiencing bipolar disorder.

Learning outcomes Unit 8

1. Understand the term 'schizophrenia'

1.1 Define the term 'schizophrenia'.

2. Understand how the media representation of schizophrenia can create confusion about the illness

2.1 Describe how media coverage may cause fear and misunderstanding with regard to schizophrenia.

3. Understand the causes of schizophrenia

3.1 Describe possible causes of schizophrenia.

4. Understand how schizophrenia can affect the individual and others

4.1 Describe the feelings an individual with schizophrenia may experience

4.2 Describe the ways schizophrenia affects the individual and their life

4.3 Describe how an individual's schizophrenia may affect others.

4. Understand how schizophrenia may be managed

5.1 Give examples of possible interventions for schizophrenia

5.2 Describe ways in which the individual with schizophrenia can help manage their illness

5.3 Describe ways in which others can help the individual with schizophrenia to manage their illness

5.4 Describe local resources and treatments available to an individual experiencing schizophrenia.

Learning outcomes Unit 9

1. Understand the term 'dementia'

- 1.1 Define the term 'dementia'
- 1.2 Identify the most common types of dementia
- 1.3 Describe the functions of the brain that are affected by dementia.

2. Understand the causes of dementia

- 2.1 Describe possible causes of dementia.

3. Understand how dementia can affect the individual and others

- 3.1 Describe the likely signs and symptoms of the most common causes of dementia
- 3.2 Explain the difficulties individuals with dementia may face in day-to-day living
- 3.3 Describe how an individual's dementia may affect others.

4. Understand how dementia may be managed

- 4.1 Describe possible interventions for dementia
- 4.2 Describe ways in which others can help the individual with dementia to manage their illness
- 4.3 Describe the local resources and treatments that would be available to an individual experiencing dementia.

5. Understand factors which may adversely affect a person with dementia

- 5.1 Describe why a person with dementia may be adversely affected by unconsidered actions or words of others.

Upon successful completion of this qualification, learners will be awarded the TQUK Level 2 Certificate in Awareness of Mental Health Problems (RQF) (603/2958/0).

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The Skills Network Ltd.

T: 0845 1770047 / 01757 210 522

www.theskillsnetwork.com





Level 2 Certificate in **Awareness of Mental Health Problems**

Individuals who work with people with mental health conditions need to understand each condition fully. Likewise, anyone who has seen someone experience mental ill health would benefit from understanding the meaning, causes, effects, symptoms and management of mental health conditions. This nationally recognised qualification covers all of these aspects and is the perfect place to start if you wish to increase your awareness of various mental health conditions.

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Unit 3: Understanding Anxiety

Unit 4: Understanding Phobias

Part B: Unit 5: Understanding Depression

Unit 6: Understanding Postnatal Depression

Unit 7: Understanding Bipolar Disorder

Unit 8: Understanding Schizophrenia

Unit 9: Understanding Dementia

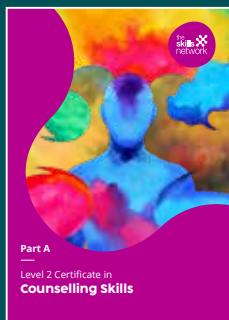
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