



Understanding mental health problems

This resource explains what mental health problems are, what may cause them, and the many different kinds of help, treatment and support that are available. Also provides guidance on where to find more information, and tips for friends and family.

If you require this information in Word document format for compatibility with screen readers, please email: publications@mind.org.uk

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What are mental health problems?

In many ways, mental health is just like physical health: everybody has it and we need to take care of it.

Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting become difficult, or even impossible, to cope with. This can feel just as bad as a physical illness, or even worse.

Mental health problems affect around one in four people in any given year. They range from common problems, such as [depression](#) and [anxiety](#), to rarer problems such as [schizophrenia](#) and [bipolar disorder](#).

"I now know that if I felt there was something wrong, it's because there was, but I didn't understand mental health fully... it's a spectrum and you should feel able to decide where and when you [are] on that spectrum."

Am I the only one who feels this way?

Experiencing a mental health problem is often upsetting, confusing and frightening – particularly at first. If you become unwell, you may feel that it's a sign of weakness, or that you are 'losing your mind'.

These fears are often reinforced by the negative (and often unrealistic) way that people experiencing mental health problems are shown on TV, in films and by the media. This may stop you from talking about your problems, or [seeking help](#). This, in turn, is likely to increase your distress and sense of isolation.

However, in reality, mental health problems are a common human experience.

Most people know someone who has experienced a mental health problem. They can happen to all kinds of people from all walks of life. And it's likely that, when you find a combination of [self-care](#), [treatment](#) and [support](#) that works for you, you will [get better](#).

"It wasn't until I had a breakdown that I felt my condition was 'serious enough' to qualify as an issue. I could have got help much earlier but I didn't because of this – it's never too early to seek advice."

Different perspectives on mental health and mental illness

There are various approaches to mental health and mental illness around the world. Most health professionals in the UK agree on a similar set of [clinical diagnoses](#) and [treatments](#) for mental health problems. We have chosen to reflect this approach in our information, as these are the terms and treatment models that you are most likely to come across if you seek help in England or Wales.

However, not everyone finds it helpful to think about their mental health this way. Depending on your traditions and beliefs you might have different ideas about how best to cope. In many cultures, emotional wellbeing is closely associated with religious or spiritual life. And your difficult experiences may be just one part of how you understand your identity overall.

We use the phrase 'mental health problems', as many people have told us this feels helpful for them. But you might be more familiar with terms such as 'poor emotional health', 'overloaded', 'burnt out' or 'overwhelmed'. Or you may feel that terms such as 'mental illness' or 'mental health issues' describe your experiences better, or are easier to explain to other people in your life.

However you understand your own experiences, and whatever terms you prefer to use, we hope that you will find the information in these pages useful when considering different options for care and support.

What types are there?

There are many different mental health problems. Some of them have similar symptoms, so you may experience the symptoms of more than one mental health problem, or be given several diagnoses at once. Or you might not have any particular diagnosis, but still be finding things very difficult. Everyone's experience is different and can change at different times.

This section provides a brief description of a few mental health problems, and explains where you can find more information on them. Our [A-Z of mental health](#) has information on many more topics not listed here.

Depression

Depression is a feeling of low mood that lasts for a long time and affects your everyday life. It can make you feel hopeless, despairing, guilty, worthless, unmotivated and exhausted. It can affect your [self-esteem](#), sleep, appetite, sex drive and your physical health.

In its mildest form, depression doesn't stop you leading a normal life, but it makes everything harder to do and seem less worthwhile. At its most severe, depression can make you feel [suicidal](#), and be life-threatening.

Some types occur during or after pregnancy (antenatal and postnatal depression), or may come back each year around the same time (seasonal affective disorder).

To find out more see our pages on: [depression](#)

- [depression](#)
- [postnatal depression \(PND\)](#)
- [seasonal affective disorder \(SAD\)](#)

Your stories: [read Eleanor's experience of depression.](#)

Anxiety problems

Anxiety is what we feel when we are worried, tense or afraid – particularly about things that are about to happen, or which we think could happen in the future.

Occasional anxiety is a normal human experience. But if your feelings of anxiety are very strong, or last for a long time, they can be overwhelming. You might also experience physical symptoms such as [sleep problems](#) and [panic attacks](#).

You might be diagnosed with a particular anxiety disorder, such as generalised anxiety disorder (GAD), social anxiety (social phobia), panic disorder or post-traumatic stress disorder (PTSD). But it's also possible to experience problems with anxiety without having a specific diagnosis.

To find out more see our pages on:

- [anxiety and panic attacks](#)
- [post-traumatic stress disorder \(PTSD\)](#)

Phobias

A phobia is an extreme form of fear or anxiety triggered by a particular situation (such as going outside) or object (such as spiders), even when it's very unlikely to be dangerous.

A fear becomes a phobia if the fear is out of proportion to the danger, it lasts for more than six months, and has a significant impact on how you live your day-to-day life.

To find out more see our pages on:

- [phobias](#)

Your stories: [read Vix's experience of living with an unusual phobia.](#)

“Going out of the house is a challenge because I [have a] fear of panicking and feel that I'm being watched or judged.”

Eating problems

Eating problems are not just about food. They can be about difficult things and painful feelings which you may be finding hard to face or resolve. Lots of people think that if you have an eating problem you will be over- or underweight, and that being a certain weight is always associated with a specific eating problem, but this is a myth. Anyone, regardless of age, gender or weight, can be affected by eating problems.

The most common eating disorder diagnoses are anorexia, bulimia, binge eating disorder, and other specified feeding or eating disorder (OSFED). But it's also possible to have a very difficult relationship with food and not fit the criteria for any specific diagnosis.

To find out more see our pages on:

- [eating problems](#)

Your stories: [read Dave's experience of living with eating problems.](#)

Schizophrenia

Views on schizophrenia have changed over the years. Lots of people question whether it's really a distinct condition, or actually a few different conditions that overlap. But you may still be given this diagnosis if you experience symptoms such as:

- psychosis (such as hallucinations or delusions)
- disorganised thinking and speech
- feeling disconnected from your feelings
- difficulty concentrating
- wanting to avoid people
- a lack of interest in things
- not wanting to look after yourself.

Because psychiatric experts disagree about what schizophrenia is, some people argue that this term shouldn't be used at all. Others think the name of the condition doesn't matter, and prefer to just focus on helping you manage your symptoms and meeting your individual needs.

To find out more see our pages on:

- [schizophrenia](#)
- [schizoaffective disorder](#)
- [psychosis](#)
- [paranoia](#)
- [hearing voices](#)

Obsessive-compulsive disorder (OCD)

Obsessive-compulsive disorder is a type of anxiety disorder. The term is often misused in daily conversation – for example, you might hear people talk about being 'a bit OCD', if they like things to be neat and tidy. But the reality of this disorder is a lot more complex and serious.

OCD has two main parts: obsessions (unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in your mind; and compulsions (repetitive activities that you feel you have to do to reduce the anxiety caused by the obsession).

To find out more see our pages on:

- [obsessive-compulsive disorder \(OCD\)](#)

Personality disorders

Personality disorder is a type of mental health problem where your attitudes, beliefs and behaviours cause you longstanding problems in your life. If you have this diagnosis it doesn't mean that you're fundamentally different from other people – but you may regularly experience difficulties with how you think about yourself and others, and find it very difficult to change these unwanted patterns.

There are several different categories and types of personality disorder, but most people who are diagnosed with a particular personality disorder don't fit any single category very clearly or consistently. Also, the term 'personality disorder' can sound very judgemental.

Because of this it is a particularly controversial diagnosis. Some psychiatrists disagree with using it. And many people who are given this label find it more helpful to explain their experiences in other ways.

To find out more see our pages on:

- [personality disorders](#)
- [borderline personality disorder \(BPD\)](#)

Your stories: [read Rebecca's story about receiving a BPD diagnosis.](#)

What else might I experience?

This section provides a brief overview of some difficult feelings and behaviours which are often associated with mental health problems, and explains where you can find more information on them.

Panic attacks

Panic attacks are a type of fear response. They're an exaggeration of your body's normal response to danger, stress or excitement.

During a panic attack physical symptoms can build up very quickly, including:

- a pounding heartbeat or chest pains
- sweating and nausea (feeling sick)
- feeling faint and unable to breathe
- shaky limbs, or feeling like your legs are turning to jelly
- feeling as if you aren't connected to your body.

It's easy to mistake these for the signs of a heart attack or another serious medical problem. You might feel very afraid that you're losing control, that you're going to faint or even going to die.

To find out more see our page on:

- [panic attacks](#)

Self-harm

Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. You may not know why you self-harm, but it can be a means of expressing feelings that you can't put into words or think clearly about.

After self-harming you may feel a short-term sense of release, but the cause of your distress is unlikely to have gone away.

Self-harm can also bring up very difficult emotions and could make you feel worse.

To find out more see our page on:

- [self-harm](#)

Your stories: [read Seaneen's blog about living with the scars of self harm.](#)

Psychosis

Psychosis (also called a psychotic experience or psychotic episode) is when you perceive or interpret reality in a very different way from people around you. The most common types of psychosis are:

- hallucinations, such as hearing voices or having visions
- delusions, such as paranoia or delusions of grandeur.

Psychosis affects people in different ways. You might experience it once, have short episodes throughout your life, or live with it most of the time. It's also possible to have a psychotic experience without ever being diagnosed with a particular mental health problem.

Some people have a positive experience of psychosis. You may find it comforting, or feel that it helps you understand the world or makes you more creative.

To find out more see our pages on:

- [psychosis](#)
- [paranoia](#)
- [hearing voices](#)

"[Psychosis] felt as though I was in wonderland. None of my family or friends understood why... I had a calling from a voice in sky. I was lost and lonely."

Suicidal feelings

Many people experience suicidal thoughts and feelings at some point in their lifetime. They can be very unpleasant, intrusive and frightening, but having thoughts about suicide doesn't necessarily mean that you intend to act on them. Most people don't go on to attempt to take their own lives.

However, if you feel you may act on suicidal feelings and become unable to keep yourself safe then this is a mental health emergency. It's important to treat it as seriously as you would any physical health emergency, and seek urgent help – for example by dialling 999, going to your nearest A&E, or calling the Samaritans on 116 123.

To find out more see our pages on:

- [coping with suicidal feelings](#)
- [supporting someone who feels suicidal](#)

Your stories: [read Stephen's experience of depression and suicidal feelings](#).

What causes them?

Mental health problems can have a wide range of causes. It's likely that for many people there is a complicated combination of factors – although different people may be more deeply affected by certain things than others.

For example, the following factors could potentially result in a period of poor mental health:

- childhood abuse, trauma, or neglect
- social isolation or [loneliness](#)
- experiencing discrimination and stigma
- social disadvantage, poverty or debt
- [bereavement](#) (losing someone close to you)
- severe or long-term [stress](#)
- having a long-term physical health condition
- unemployment or losing your job
- [homelessness or poor housing](#)
- being a [long-term carer](#) for someone
- [drug and alcohol misuse](#)
- domestic violence, bullying or other [abuse](#) as an adult
- significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime
- physical causes – for example, a head injury or a neurological condition such as epilepsy can have an impact on your behaviour and mood. (It's important to rule

out potential physical causes before seeking further treatment for a mental health problem).

Although lifestyle factors including work, diet, drugs and lack of sleep can all affect your mental health, if you experience a mental health problem there are usually other factors as well.

"[My depression seems to flare up during times when I am stressed and isolated from other people.]"

Do mental health problems run in families?

Research suggests that some mental health problems may run in families. For example, if you have a parent with [schizophrenia](#), you are more likely to develop schizophrenia yourself. But no one knows if this is because of our genes or because of other factors, such as the environment we grow up in, or the ways of thinking, coping and behaving that we may learn from our parents.

Although the development of some mental health problems may be influenced by our genes, researchers haven't found any specific genes that definitely cause mental health problems.

And many people who experience a mental health problem don't have any parents, children or other relatives with the same condition.

Is brain chemistry a factor?

The human brain is extremely complicated. Some research suggests that mental health problems may be linked to a variation in certain brain chemicals (such as serotonin and dopamine), but no one really understands how or why. Arguments that someone's brain chemistry is the cause of mental health problems are very weak.

But even though there's no strong evidence to say that any mental health problems are caused by a chemical imbalance in our brains, you might find some people still use brain chemistry to explain them.

Reasons for this might include:

- Some [psychiatric medications](#) work by acting on chemicals in the brain, and there's lots of evidence to show that medication can be effective in treating some symptoms of mental health problems (although drugs don't work the same way for everyone).
- Mental health problems can feel very personal and be hard to understand, so the idea that there could be a distinct physical cause for difficult thoughts, feelings and behaviours might make it feel easier to talk openly about your experiences and ask for help.

It's important to remember that just because we may not know exactly what causes someone to experience a mental health problem, this doesn't mean that it is any less
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serious than any other illness, any less deserving of recognition and treatment, or any easier to recover from.

"I have recently realised that I spend money when anxious, which in turn makes me feel anxious about how much I'm spending."

How are they diagnosed?

To diagnose a mental health problem, doctors will look at:

- your experiences (groupings of certain feelings, behaviours and physical symptoms may suggest different diagnoses)
- how long you've been experiencing these things
- the impact it's having on your life.

To do this they may ask you questions about your mood, thoughts and behaviours – sometimes by using questionnaires or forms. They will base your diagnosis on what you describe. For example, if you tell your doctor you've been experiencing low mood, low energy and a lack of interest in usual activities for more than two weeks, they may give you a diagnosis of [depression](#). If your symptoms change you might find you are given different diagnoses over time.

Having a diagnosis does not necessarily mean that you are unwell right now. You could have a diagnosis of a mental health problem but, at the moment, be able to manage it and function well at work and at home. Equally, you might not have a particular diagnosis, but still be finding things very difficult. Everyone's experience is different and can change at different times.

"Getting the PTSD diagnosis gave me something to work with and find the words to describe what was happening."

Who can diagnose me?

For common problems such as [depression](#) and [anxiety](#), your GP may be able to give you a diagnosis after one or two appointments. For less common problems you'll need to be referred to a mental health specialist (such as a psychiatrist), and they may want to see you over a longer period of time before making a diagnosis.

For information on how to seek help and what you might say to your doctor, see our pages on [seeking help for a mental health problem](#).

"After overcoming the initial shock of the diagnosis, it is actually a blessing because now I know what I need to do to get better."

What if I don't find my diagnosis helpful?

Receiving a diagnosis can be a positive experience. You might feel relieved that you can put a name to what's wrong, and it can help you and your doctor discuss what kind of treatment might work best for you.

However, a lot of people, including some doctors and psychiatrists, feel this medical model of diagnosis and treatment is not enough. For example, you might feel that the diagnosis you're given doesn't fully fit your experiences, or that it's simplistic and puts you in a box. Other factors – such as your background, lifestyle and other personal circumstances – may be just as important in understanding what you're experiencing and working out how best to help you feel better.

A diagnosis does not have to shape your entire life, and may come to be a relatively minor part of your identity.

[Read Imani's experience of having her diagnosis changed from bipolar disorder to BPD.](#)

“Initially I took this diagnosis of BDP as an insult, a criticism of my whole being, but then I began to understand that it is just a diagnosis, an explanation of why I feel as I do.”

How can I deal with stigma?

Unfortunately, not everyone understands mental health problems. Some people may have misconceptions about what certain diagnoses mean. They may also use language you find dismissive, offensive or hurtful. This can be very upsetting – especially if someone who feels this way is a family member, colleague or a healthcare professional.

But it's important to remember that you aren't alone, and you don't have to put up with people treating you badly. Here are some options for you to think about:

- **Show people reliable information** to help them understand more about what your diagnosis really means. You can find reliable information in our pages on [types of mental health problems](#).
- **Get more involved in your treatment.** See our pages on [seeking help for a mental health problem](#) for guidance on having your say in your treatment, making your voice heard, and steps you can take if you're not happy with your care.
- **Contact an advocate.** An advocate is someone who can support your choices and help you make your voice heard (see our pages on [advocacy](#) for more information).
- **Know your rights.** Our pages on [your legal rights](#) provide information on your rights in a wide range of situations.
- **Talk about your experience.** Sharing your story can help improve people's understanding and change their attitudes (see our [blogs pages](#) to read about other people's experiences, and find out how to blog for Mind).
- **Get involved in a campaign.** [Time to Change](#) and [Time to Change Wales](#) organise national campaigns to end stigma and discrimination towards mental health problems. You can also look at our [campaigns page](#) for details of the different ways you can get involved with Mind.

[Read about how Violet experienced and challenged stigma.](#)

"I don't choose or want to be psychotic any more than people choose or want any other types of ill health."

Are people with mental health problems dangerous?

Some people think there is an automatic link between mental health problems and being a danger to others. This is an idea that is reinforced by sensationalised stories in the media. However, **the most common mental health problems have no significant link to violent behaviour.**

The proportion of people living with a mental health problem who commit a violent crime is extremely small. There are lots of reasons someone might commit a violent crime, and factors such as drug and alcohol misuse are far more likely to be the cause of violent behaviour. But many people are still worried about talking about how they're feeling, or seeking help, because of the fear and stigma of being seen as dangerous.

It's important to remember that experiencing [difficult thoughts, feelings and behaviours](#) when you're unwell is common, and it's **extremely unlikely** to mean you may harm another person.

"The stigma of being violent and dangerous is the worst for me. I am a caring and empathetic soul who would do anything for the people I love."

How can I help myself?

Self-care techniques and general lifestyle changes can help manage the symptoms of many mental health problems. They may also help prevent some problems from developing or getting worse. Here are some tips for looking after yourself that you might find helpful:

- stay aware of your mental health
- nourish your social life
- try peer support
- make time for therapeutic activities
- look after your physical health
- contact a specialist organisation

If these work well for you then you may find you don't need any formal [treatment](#). However, it's important to remember that there is unlikely to be an instant solution. [Recovering from a mental health problem](#) is likely to take time, energy and work.

Our pages on [improving and maintaining your mental wellbeing](#) have more self-care suggestions and tips.

Stay aware of your mental health

- **Tell people what helps.** If certain treatments have helped in the past, tell your doctor. Let your friends and family know how they can support you, whether it's listening to you when you're having a bad day, helping you keep on top of your commitments, or being aware of your triggers (things that set off your difficult feelings or behaviours, or make them worse).
- **Spot your early warning signs.** If you can, try to be aware of how you're feeling, and watch out for any signs you might be becoming unwell. These will be individual to you, but it can be useful to reflect on what these may be so you can get support as soon as possible.
- **Keep a mood diary.** Tracking your moods can help you to work out what makes you feel better or worse. You can then take steps to avoid, change or prepare for difficult situations. You can create your own mood diary or find one online – there are many freely available on the internet and as apps for your phone.
- **Build your self-esteem.** Taking steps to increase your self-esteem can help you to feel more confident and able to cope (see our pages on [how to increase your self-esteem](#) for more information).

[Read Beth's blog about how to cope when low self-esteem sneaks up on you.](#)

"I really have to remember to be kind to myself and actually try to function when I'm unwell. Otherwise things spiral even faster."

Nourish your social life

Feeling connected to other people is important. It can help you to feel valued and confident about yourself, and can give you a different perspective on things. If you can, try to spend some time connecting with friends and family – even a text or phone call can make a difference.

If you don't have supportive friends and family around you and are feeling isolated, there are other ways you can make connections. For example, you could try going to community events where you might have some interests or experiences in common with other people there, or joining a group like a local book club or sports team.

[Read Joanna's blog about overcoming loneliness.](#)

I really have to remember to be kind to myself and actually try to function when I'm unwell. Otherwise things spiral even faster.

Try peer support

When you experience a mental health problem it can feel like no one understands. Peer support brings together people who've had similar experiences to support each other. This can offer many benefits, such as:

- feeling accepted for who you are
- increased self-confidence
- meeting new people and using your experiences to help others

- finding out new information and places for support
- challenging stigma and discrimination.

You can contact [Mind's Infoline](#) for details of local support groups near you, or try online peer support like [Mind's Elefriends community](#) (see our pages on [peer support](#) for more information).

[Read Craig's experience of how online support groups helped him when no one else was there.](#)

"Things I was ashamed of and felt guilt for were common in the group. It was a profound and powerful experience."

Make time for therapeutic activities

There are various techniques and therapies you can safely practise on your own. For example:

- **Relaxation** – you may already know what helps you relax, like having a bath, listening to music or taking your dog for a walk. If you know that a certain activity helps you feel more relaxed, make sure you set aside time to do it. (See our pages on [relaxation](#) for more information.)
- **Mindfulness** – mindfulness is a therapeutic technique that involves being more aware of the present moment. This can mean both outside, in the world around you, and inside, in your feelings and thoughts. Practising mindfulness can help you become more aware of your own moods and reactions, but not everyone finds mindfulness helpful. (See our pages on [mindfulness](#) for more information, including guidance on whether mindfulness might be right for you.)
- **Getting into nature** – getting out into a green environment, such as a park or the countryside, is especially good for you. Even if you don't have a garden or aren't very mobile, caring for plants or animals indoors can still help you get some benefits from nature. (See our pages on [ecotherapy](#) for more information.)

These activities can be particularly valuable if you don't want to try [medication](#) or [talking treatments](#), or you're having to wait a while for treatment on the NHS.

"I do ecotherapy to get sunlight onto my skin and into my mind. It shines light through the dark fog of depression."

Look after your physical health

Get enough sleep

Rest when you can. This can help you have the energy to cope with difficult feelings and experiences.

[>See our info on coping with sleep problems](#)

Keep physically active

Regular exercise doesn't have to be very strenuous or sporty to be effective – to start with you could try gentle exercise like going for a short walk, yoga or swimming. The important thing is to pick something you enjoy doing, so you're more likely to stick with it. If you're physically disabled, [Disability Rights UK](#) provides information about exercises you might be able to do. Alternatively, ask your doctor for advice.

[>See our info on physical activity and exercise](#)

Avoid drugs and alcohol

While you might want to use drugs or alcohol to cope with difficult feelings, in the long run they can make you feel a lot worse.

You can contact [Turning Point](#) for information and support to stop using drugs and alcohol.

Make time for personal care

When you're experiencing a mental health problem, it's easy for personal care to not feel like a priority.

But small everyday things, such as taking a shower and getting fully dressed, can make a big difference to how you feel.

Eat healthily

What you eat, and when you eat, can make a big difference to how well you feel.

[>See our info on food and mood](#)

[Read Shalini's blog about how dancing helped her cope.](#)

"I'm not the sporty type, but I love walking. It really lifts my mood."

Contact a specialist organisation

If you have a diagnosis, or would like support in a specific area, try contacting a specialist organisation for help. For example:

- [Anxiety UK](#) offers advice and support for people living with anxiety.
- [B-eat](#) provides information and support for people affected by eating disorders.
- [Campaign Against Living Miserably \(CALM\)](#) supports men's mental health.
- [FRANK](#) provides confidential drugs advice and information.

- [Hearing Voices Network](#) runs an online forum and local groups across the country.
- [Mind Out](#) offers mental health advice and support for anyone who identifies as LGBTQ+.
- [No Panic](#) offers help and advice about anxiety disorders, including a helpline and recovery groups.
- [StudentMinds](#) supports students with their mental health.
- [YoungMinds](#) supports children and young people with their mental health.

What treatments are available?

This section gives an overview of the two most common forms of treatment offered through the NHS: [talking treatments](#) and [psychiatric medication](#). It also explains some available alternatives, such as [arts and creative therapies](#) and [complementary and alternative therapies](#), and explains where you can find out more.

The NICE guidelines

Any treatment your doctor offers you will ideally follow what the [National Institute for Health and Care Excellence \(NICE\)](#) recommends for your condition. NICE is the organisation that produces official clinical guidelines on best practice in healthcare. These guidelines are based on published evidence, expert contributions and real life experiences. They are officially for use in England, but may be used in Wales and other parts of the UK too.

However, although healthcare professionals are all encouraged to follow the NICE guidelines, unfortunately access to recommended treatments still varies enormously across the NHS.

For information on accessing treatment, see our pages on [seeking help for a mental health problem](#).

"I didn't realise I was experiencing issues for a long time, and then put off seeing someone about it – just knowing you are actually finally getting help is such a relief."

Talking treatments

Talking treatments provide a regular time and space for you to talk about your thoughts and experiences and explore difficult feelings with a trained professional. This could help you to:

- deal with a specific problem
- cope with upsetting memories or experiences
- improve your relationships
- develop more helpful ways of living day-to-day.

You may hear various terms used to describe talking treatments, including counselling, psychotherapy, therapy, talking therapy or psychological therapy. These terms are all used to describe the same general style of treatment.

There are lots of different kinds of therapy available in the UK and it's important to find a style and a therapist that you feel comfortable with.

(See our pages on [talking treatments](#) for more information, including how to access them.)

Cognitive behavioural therapy (CBT)

If you're referred for therapy through the NHS, you're likely to be offered a type of talking treatment called cognitive behavioural therapy (CBT). CBT is a relatively short-term treatment which aims to identify connections between your thoughts, feelings and behaviours, and to help you develop practical skills to manage any negative patterns that may be causing you difficulties.

Evidence suggests that CBT can be an effective treatment for a range of mental health problems. However, although many people can benefit from CBT, not everyone finds it helpful. You might find that it just doesn't suit you, or doesn't meet your needs.

(See our pages on [CBT](#) for more information.)

"Talking things through with a counsellor or therapist really helps me to see things more rationally and make connections between reality and inside my head."

Medication

The most common type of treatment available is psychiatric medication. These drugs don't cure mental health problems, but they can ease many symptoms. Which type of drug you are offered will depend on your diagnosis. For example:

Antidepressants

These are mostly prescribed for people experiencing [depression](#), though you might also be offered an antidepressant if you're experiencing [anxiety](#), [obsessive-compulsive disorder \(OCD\)](#), [eating problems](#), or depression as part of another mental health problem.

[>See our info on antidepressants](#)

[>See our A-Z of antidepressants](#)

Antipsychotics

These may be prescribed to reduce distressing symptoms of [psychosis](#), [schizophrenia](#), [schizoaffective disorder](#) and sometimes severe [anxiety](#).

They are sometimes also prescribed for people experiencing bipolar disorder as they can help control [hypomania and mania](#).

[>See our info on antipsychotics](#)

[>See our A–Z of antipsychotics](#)

Sleeping pills and minor tranquillisers

These can help you sleep if you experience severe [sleep problems](#), or calm you down if you experience severe [anxiety](#) (sometimes called anti-anxiety medication).

[>See our info on sleeping pills and minor tranquillisers](#)

[>See our A–Z of sleeping pills and minor tranquillisers](#)

Mood stabilisers (including lithium)

These can help stabilise your mood if you experience extreme mood swings, for example if you have a diagnosis of [bipolar disorder](#). They may also be prescribed for [hypomania and mania](#) and sometimes recurrent severe [depression](#).

[>See our info on mood stabilisers](#)

Many people find these drugs helpful, as they can lessen your symptoms and allow you to cope at work and at home. However, drugs can sometimes have unpleasant side effects that may make you feel worse rather than better. They can also be difficult to withdraw from, or cause you physical harm if taken in too high a dose.

What support is available?

If your mental health problems are severe or longer lasting, or the treatment your doctor has offered you isn't working, they can refer you to specialist mental health services. This section provides a brief overview of the following services, and explains where you can find more information:

- [community mental health teams \(CMHTs\)](#)
- [social \(or community\) care](#)
- [residential care](#)
- [crisis intervention](#)
- [hospital treatment](#)

Community mental health teams (CMHTs)

CMHTs support people with mental health problems living in the community, and also their carers. The team may include a community psychiatric nurse (CPN), a psychologist, an occupational therapist, a counsellor and a community support worker, as well as a social worker.

Often, a member of the team will be appointed as your care coordinator, to keep in regular contact with you and help plan your care.

Social (or community) care

Social care is any care or support you need to carry out day-to-day tasks which you're finding difficult. This could include help with managing money or improving relationships, transport to attend appointments or services, or assistance with benefits and housing applications. You can ask your doctor or CMHT to refer you to social services, or you can contact them directly to ask for an assessment.

(See our legal pages about [health and social care](#) for more information on your rights to social care, and how to access these services.)

[Read Marian's blog about how a day centre has helped her.](#)

Residential care

If you aren't able to cope on your own at home, there are other options for housing. You can talk through your options with your support worker(s), carers and mental health team. You might be able to access:

- **hostels** – these are short-term accommodation, with supervision, to help you until you can live more independently.
- **residential care homes** – these offer a much higher level of support for people with severe mental health problems.
- **therapeutic communities** – these are for short stays, with group or individual therapy as part of their rehabilitation programmes.
- **supported housing schemes** – these enable you to live independently, in furnished accommodation, with the back-up of a mental health support worker in case you need extra help.

(See our pages on [housing and mental health](#) for more information about the link between your mental health and your housing situation.)

Crisis intervention

In most areas, you should have access to a crisis resolution and home treatment team (CRHT). These teams can support you through a crisis at home.

If you do not have access to a local crisis service, you could:

- get an emergency appointment with your doctor
- call the [Samaritans](#)
- contact your CMHT if you have been referred to it previously
- go to the Accident and Emergency (A&E) department at a local hospital or call 999 if you are at immediate risk.

(See our page on [CRHTs](#) for more information about how they can help. Our pages on [crisis services](#) have more information about your options for support during a mental health crisis.)

"I did take myself to the crisis team at A&E and got some help, [although I was] left to sit on my own for two hours. [After waiting] I was put in touch with the right people – they came to see me while I was there and I had a psych evaluation."

Campaigning for excellent crisis care

While we know that excellent crisis services do exist, unfortunately they're not consistently available across the UK. We know how frustrating and difficult it can be to cope with services that don't provide the precise help you need, exactly when you need it. That's why we're campaigning to improve crisis care across the country.

See our [campaigns page](#) to find out more.

Hospital treatment

Hospital inpatient services support people with severe mental health problems, or people who are experiencing a crisis. Most hospital admissions are voluntary, but if you are assessed and judged to be at risk of harming yourself or others, you can be detained under a section of the [Mental Health Act 1983](#) (in England and Wales). This is often called being sectioned. How long you stay in hospital will depend on your personal situation.

Being treated in hospital can mean you have faster access to treatment, round-the-clock support and are kept safe during a crisis. Some people find hospital a positive experience, while others find it unpleasant as you might be far away from your support network, in an unfamiliar place or admitted against your will.

If you are treated in hospital, it's important to know your rights. Our legal pages on [sectioning](#), [voluntary patients](#) and [leaving hospital](#) have more information.

[Read Karl's experience of crisis care and treatment in hospital.](#)

"It began changing for me when one hospital suggested that there was a way forward... they were able to offer me far more time than individuals had."

Will I recover?

It is possible to recover from mental health problems, and many people do – especially after accessing support. Your symptoms may return from time to time, but when you've discovered which [self-care techniques](#) and [treatments](#) and work best for you, you're more likely to feel confident in managing them.

If you're experiencing a more serious mental health problem, it's still possible to find ways to manage your symptoms. For many people, recovery doesn't necessarily mean going back to how your life was before, but learning new ways to live your life the way you

want to, and gaining control over areas of your life that might have felt out of control before.

However, it's important to remember that **recovery is a journey** and it won't always be straightforward. You might find it more helpful to focus on learning more about yourself and developing ways to cope, rather than trying to get rid of every symptom of your mental health problem. What recovery means to you will be personal, but for most people, the most important thing is to find ways to live the kind of life you want.

[Read Alex-Marie's experience of how volunteering helped her recovery.](#)

"With time you do learn to cope... I have struggled for 15 years with [my mental health problem], but every year I seem to get stronger and better at coping with it!"

How can other people help?

This section is for friends and family who would like to support someone who is experiencing a mental health problem.

It can be very difficult to see someone who you care about becoming unwell, but you don't need to be an expert on mental health to offer support. Often small, everyday actions can make the biggest difference.

Show your support

If you know someone has been unwell, don't be afraid to ask how they are. They might want to talk about it, or they might not. But just letting them know they don't have to avoid the issue with you is important. Spending time with your loved one lets them know you care, and can help you understand what they're going through.

[Read Lynn's blog about supporting her daughter through crisis.](#)

"Sometimes all you need is a hug and for someone to tell you that you're going to get there."

Ask how you can help

Everyone will want support at different times and in different ways, so ask how you can help. It might be useful to help keep track of medication, or give support at a doctor's appointment. If your friend wants to get more exercise, you could do this together, or if your partner is affected by lack of sleep, you could help them get into a regular sleeping pattern.

Be open-minded

Phrases like 'cheer up', 'I'm sure it'll pass' and 'pull yourself together' definitely don't help. Try to be non-judgemental and listen. Someone experiencing a mental health problem often knows best what's helpful for them.

"Leave out the 'cheer up' comments, they don't help and force my low moods lower as my condition is being made a joke of."

Don't just talk about mental health

Keep in mind that having a mental health problem is just one aspect of your friend or family member's life. Most people don't want to be defined by their mental health problem, so keep talking about the things you've always talked about together.

"For me, it is good to have them there to talk to me about other things, and take my mind off negative thoughts."

Show trust and respect

Trust and respect between you and your friend or family member are very important – they help to rebuild and maintain a sense of self-esteem, which a mental health problem can seriously damage. This can also help you to cope a bit better if you can see your support having a positive impact on the person you care about.

[Read Kate's blog about caring for her husband who has bipolar disorder.](#)

Look after yourself

Supporting someone else can sometimes be stressful. Making sure that you look after your own wellbeing can mean that you have the energy, time and distance you need to be able to help. For example:

- **Set boundaries and don't take too much on.** If you become unwell yourself you won't be able to offer as much support. (See our pages on [how to manage stress](#) for more information.)
- **Share your caring role with others,** if you can. It's often easier to support someone if you're not doing it alone.
- **Talk to someone about how you're feeling.** You may want to be careful about how much information you share about the person you're supporting, but talking about your own feelings with someone you trust can help you feel supported too.

Get support

You may be entitled to social care support from your Local Authority to help you care for your friend or family member. You can contact them directly and ask for a carers assessment (see our pages on [carers' social care rights](#) and [how to cope when](#)

[supporting someone else](#) for more information).

The charity [Carers UK](#) also provide more information and support for carers.

Find more information on helping someone else:

- **Specific diagnosis.** For information on how you can support someone with a specific diagnosis, you can look up that diagnosis in our [A–Z of mental health](#) and visit the 'for friends and family' page within that information.
- **Suicidal feelings.** If your friend or family member is experiencing suicidal feelings, see our pages on [supporting someone who feels suicidal](#).
- **Helping someone seek help.** For information on how you can support someone to seek help, including what you can do if they don't want any help, see our page on [supporting someone else to seek help for a mental health problem](#).

Useful contacts

Mind's services

- **Helplines** – all our helplines provide information and support by phone and email. Our Blue Light Infoline is just for emergency service staff, volunteers and their families.
 - Mind's Infoline – 0300 123 3393, info@mind
 - Mind's Legal Line – 0300 466 6463, legal@mind
 - Blue Light Infoline – 0300 303 5999, bluelightinfo@mind
- **Local Minds** – there are over 140 local Minds across England and Wales which provide services such as [talking treatments](#), [peer support](#), and [advocacy](#). [Find your local Mind here](#), and contact them directly to see how they can help.
- **Elefriends** is a supportive online community for anyone experiencing a mental health problem. See our [Elefriends page](#) for details.

Anxiety UK

anxietyuk.org.uk

08444 775 774

Advice and support for people living with anxiety.

b-eat

b-eat.co.uk

Adult helpline: 0808 801 0677

Youthline: 0808 801 0711

Supporting people affected by eating disorders

British Association of Counselling and Psychotherapy

itsgoodtotalk.org.uk

01455 883 300

Information and details of accredited practitioners.

Campaign Against Living Miserably (CALM)

thecalmzone.net

0800 58 58 58

Information and support for men.

Carers UK

carersuk.org

0808 808 7777

Independent information and support for carers.

Disability Rights UK

disabilityrightsuk.org

Information and support for people living with a disability, including contact details of local disability groups.

FRANK

talktofrank.com

0300 123 5600

Confidential drugs advice and information.

Hafal

hafal.org

Welsh charity for people with serious mental illness and their carers. Provides information and recovery support services all around Wales.

Hearing Voices Network

hearing-voices.org

01142 718 210

Information and support for people who hear voices or have other unshared perceptions.

MindOut

mindout.org.uk

Brighton-based mental health charity, offering information and support for anyone who identifies as LGBTQ. Offers online chat and peer support.

The National Institute for Health and Care Excellence (NICE)

nice.org.uk

Evidence-based guidelines on treatments.

NHS Choices

nhs.uk

Provides information on a wide range of health and social care topics. Also provides an [online search tool](#) to find NHS services near you.

No Panic

nopanic.org.uk

helpline: 0844 967 4848 (10am–10pm)

Provides a helpline, step-by-step programmes, and support for people with anxiety disorders.

Papyrus

0800 058 4141 (weekdays 10am–10pm, weekends 2pm–10pm and bank holidays 2pm–10pm)

papyrus-uk.org

Provides information and support for anyone under 35 who is struggling with suicidal feelings, or anyone concerned about a young person who might be struggling.

Samaritans

samaritans.org

24-hour helpline: 116 123 (freephone)

jo@samaritans.org

Freepost: RSRB-KKBY-CYJK, PO Box 90 90, Stirling FK8 2SA

Emotional support for anyone feeling down, experiencing distress or struggling to cope.

Sane

sane.org.uk

SANEline: 0300 304 7000 (4.30pm–10.30pm)

Offers emotional support and information to anyone affected by mental health problems.

Student Minds

studentminds.org.uk

Mental health support for students.

Time to Change

England: time-to-change.org.uk

Wales: timetochangewales.org.uk

020 8215 2356

National campaign to end stigma and discrimination against people with mental health problems in England (Time to Change) and Wales (Time to Change Wales). Run by Mind and [Rethink Mental Illness](#).

Turning Point

turning-point.co.uk

02074 817 600

Provides services for people with drug, alcohol and mental health problems.

YoungMinds

youngminds.org.uk

parent helpline: 0808 802 5544

Information for both parents and young people.