

# Signs & Symptoms of Commonly Discussed Mental Health Concerns A Toolkit for you...

Compiled for the  
Strengthening Mental Health in Cultural-  
Linguistic Communities Project



Compiled by: Ruby Chung  
Intercultural Mental Health Navigator -  
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# THE PROJECT

Strengthening Mental Health in Cultural-Linguistic Communities was a project of the Kitchener Downtown Community Health Centre in partnership with the Canadian Mental Health Association (CMHA) – Grand River Branch, KW Counselling Services, MOSAIC Counselling and Family Services, Grand River Hospital, St. Mary’s Counselling Service, Waterloo Regional Homes for Mental Health, and the Kitchener-Waterloo Multicultural Centre. The project was implemented from 2010 to 2012.

## **The project was funded by:**

- The Ontario Ministry of Health Promotion
- The Ontario Trillium Foundation
- The Kitchener & Waterloo Community Foundation

## **The project’s aims were to:**

- Provide support to culturally diverse communities to help them navigate and access support in mental health and substance use systems through information, education, support, and referrals to community resources; and
- Increase the skill set of mental health and addiction service providers in the area of cultural competencies through cultural competency training.

# INTRODUCTION TO THE BOOKLET

This toolkit is to provide individuals, community leaders and service providers with basic information on the signs and symptoms of eight selected and most commonly discussed mental health concerns.

This booklet is NOT comprehensive and should not be used for diagnosis purposes and/or label individuals based on the signs and symptoms. The information provided will only serve to answer a few questions or concerns and encourage those who need help, to consult with a mental health professional.

The toolkit is compiled from the references listed on page 24 and 25. If you are interested in obtaining more information related to mental health, we encourage you to look through the reference material and/or consult with a mental health professional.

This booklet is written as a source of information only. The information contained in this booklet should not, by any means, be considered as a substitute for the opinion of a mental health professional. However, all efforts have been made to ensure the accuracy of the information provided.

The Kitchener Downtown Community Health Centre and partner organizations expressly disclaim responsibility for any adverse effects from the use of the information contained herein.

# What is Mental Health?

“Mental health is the capacity of each and all of us to **feel, think, and act** in ways that **enhance our ability to enjoy life and deal with the challenges we face**. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”

## Do You Know?

***1 in 5 Canadians will experience a mental illness in their lifetime.”***

*(Health Canada, a Report on Mental Illness in Canada, 2002)*



# Seeking Mental Health Help

When trying to help a family member or friend suffering from mental illness, it is important to remember that mental illness is not the person's fault and that they cannot recover by willpower alone. We often focus only on physical health problems, even though mental health is an important part of overall health. When mental health problems are ignored or we assume those with mental illness are weak, it becomes difficult for people to get professional help. We need to be aware that anyone who is stressed or in a difficult or frightening situation can be at risk of mental health problems and that there are many services and treatments available. Mental illnesses usually occur because of the interaction among three factors:

1. **Biological:** mental illness can be hereditary (passed down in families).
2. **Psychological:** mental illness can stem from painful experiences, including trauma, war, torture or loss of a loved one.
3. **Social:** mental illness can follow life events like migration, family trauma such as divorce or separation, and/or loneliness.

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# Anxiety Disorders

Disorders associated with feelings of intense fear or discomfort, combined with physiological symptoms that interfere with everyday activities. The anxiety is unreasonable and uncontrollable.



**Some examples of anxiety disorders are:**

- Phobia
- Panic Disorder
- SAD (Social Anxiety Disorder)
- OCD (Obsessive-Compulsive Disorder)
- ASD (Acute Stress Disorder)
- PTSD (Post-Traumatic Stress Disorder)

# Phobia

An extreme, persistent and often disabling fear of objects or situations.

Examples are:

- Fear of mice, spiders
- Fear of storms or heights
- Fear of seeing blood
- Fear of enclosed space
- Fear of choking or vomiting



# Social Anxiety Disorder

Marked and persistent fear of social interaction or performance situations.

Examples include:

- “People will think I am weird or stupid.”
- Blushing
- Sweating
- Avoidance of social gatherings
- Butterfly in the stomach



# Panic Disorder

Recurrent and/or unexpected severe fearful period with a feeling that something bad is going to happen.

Examples are:

- Fear of dying
- Fearing of losing control
- Increased heart rate
- Chest pain
- Dizziness
- Shortness of breath/hyperventilating
- Shaking/pins & needles in extremities



# Obsessive-Compulsive Disorder

Obsessions are disturbing, intrusive thoughts, ideas, urges or images that cause anxiety or distress.

Compulsions are repeated behaviors or mental acts intended to reduce anxiety.

Examples are:

- “Did I lock the door?”
- “I am going to catch germs.”
- Recurrent habits or compulsions
- Rituals checking, i.e. washing hands
- Everything has to be in a particular order



# Acute Stress Disorder

Extreme disabling stress experienced shortly after a traumatic event, usually within four weeks. It often results in intense fear, horror or helplessness.

Examples include:

- “I have escaped being killed once – I won’t be so lucky a second time!”
- “I’m going to be trapped and die in a car crash.”



# Post- Traumatic Stress Disorder

The re-experiencing or flashback of a very traumatic past event, accompanied by feelings of extreme anxiety. The trauma could be related to such incidents as military combat, sexual assault, physical attack, robbery, car accident or natural disaster.

- Following exposure to an extreme traumatic stressor, horror
- Symptoms begin within 3 months of the trauma, could be a delay
- Reliving the trauma through intrusive memories, distressing dreams, nightmares and flashbacks frequently
- “People aren’t to be trusted.”



# Bipolar Disorder

Known in the past as manic-depressive disorder; a condition in which people have alternating episodes of extreme mood swings. Examples include:

- Mania: excessive happiness, excitement, irritability, restlessness, increased energy, less sleep, racing thoughts, high sex drive, make grand and unattainable plans, use money inappropriately
- Depression: sadness, anxiety, irritability, loss of energy, crying, weight loss/gain, sleep more/less, difficulty making decisions, suicidal thoughts



# Concurrent Disorders

An individual who is experiencing both a mental illness and a substance abuse problem. Examples include:

- Alcoholic and depression
- Schizophrenia and cannabis user
- Substance use and gambling



# Depression

A state characterized by a pessimistic sense of inadequacy and a despondent lack of activity, being unable to actually experience happiness for a long period of time; no matter how hard you try. Examples include:

- Loss of interest/pleasure in all activities
- Prolonged sadness
- Changes in sleep patterns and appetite
- Angry and irritable
- Anxiety
- Loss of energy/chronic fatigue
- Feelings of worthlessness & hopelessness
- Trouble focusing
- Difficulties with memory/in making decisions
- Chronic pain and headache, body aches
- Suicidal

# Postpartum Depression (PPD)

Depression suffered by a mother following childbirth, typically arising from the combination of hormonal changes, psychological adjustment to motherhood, and fatigue. PPD can happen to any mother within a year after child birth. The content of the symptoms of PPD often focuses on motherhood or infant care topics, such as:

- Sadness
- Hopeless
- Panicky
- Feeling Alone
- Overwhelmed
- Angry
- Guilty
- Lack of concentration
- Thoughts of harming self and/or the baby
- Affects 10-20% of new mothers
- Lasts more than 2 weeks
- Onset anytime in the first year of baby's birth/adoption
- Symptoms do not disappear on their own



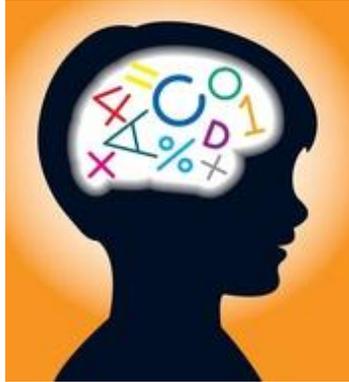
# Postpartum Psychosis

It is a severe form of Postpartum Depression. It affects 1 to 2 women in 1000. At this stage the person needs medical intervention. Examples include:

- Loss of contact with reality
- Delusions and/or hallucinations
- Have thoughts of harming self and the baby



# Developmental Disorders



Disorders present at birth or appear in early infancy, childhood or adolescence, and are considered to substantially affect normal functioning.

## Autism Spectrum Disorders

A group of pervasive developmental disorders; diagnostic criteria include communication problems, ritualistic behaviors and inappropriate social interaction.

Examples include:

- Impairments of social communication & interaction
- Restricted & repetitive activities

# Opposition Defiant Disorder

Pattern of behavior, persisting into middle childhood, marked by negativity, hostility, and defiance. Examples include:

- Ongoing pattern of disobedience
- Hostile & defiant behavior toward authority
- Excessive & persistent anger outbursts
- Frequent temper tantrums
- Blame others for their mistakes



# Conduct Disorder

A psychiatric category marked by a pattern of repetitive behaviors wherein the rights of others or social norms are violated. Examples include:

- Verbal & physical aggression
- Cruel behavior to people or animals
- Destructive behavior
- Lying, truancy, vandalism, stealing
- Great risk of incarceration, injury, substance abuse, death by homicide & suicide



# Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is the most commonly diagnosed psychiatric disorder in children. A diagnosis with symptoms that may include inattentiveness, hyperactivity and impulsive behavior and increased activities unrelated to the current task or situation.



# Dissociative Identity Disorder

Also known as Multiple Personality Disorder. A psychiatric diagnosis that describes a condition in which a person displays multiple distinct identities or personalities (known as alter egos or alters), each with its own pattern of perceiving and interacting ability with the environment. Typical symptoms are:

- At least 2 personalities routinely take control of the individual's behavior
- Usually have history of abuse or trauma
- Memory loss



# Eating Disorders

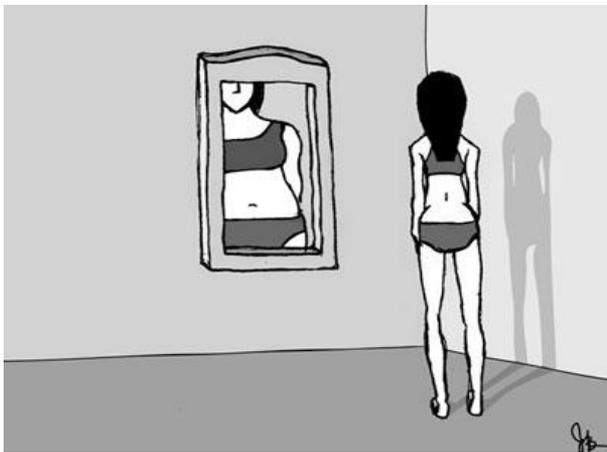
A group of disorders characterized by physiological and psychological disturbances in appetite or food intake.

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder



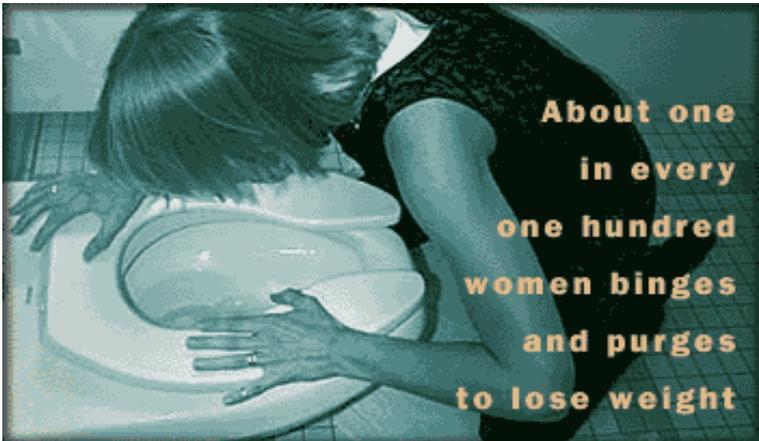
# Anorexia Nervosa

An eating disorder primarily of young women in their teens and early twenties that is characterized especially by a pathological fear of weight gain, leading to faulty eating patterns, malnutrition, and excessive weight loss.



## **Bulimia Nervosa**

An eating disorder characterized by compulsive overeating usually followed by self-induced vomiting or laxative or diuretic abuse, and is often accompanied by guilt and depression.



# Binge Eating Disorder

## Definition:

An eating disorder characterized by recurring episodes of excessive eating, without intervening periods of compensatory behavior (as self-induced vomiting, purging by laxatives, fasting, or prolonged exercise). Disorder is also accompanied by a sense of lack of control and negative feelings about oneself.



# Schizophrenia

A psychotic disorder characterized by loss of contact with the reality, by noticeable deterioration in the level of functioning in everyday life, and by disintegration of personality expressed as disorder of feeling, thought (as in delusions), perception (as in hallucinations), and behavior. Symptoms include:

- Distorted belief, language use and perception
- Psychotic symptoms
- Loss of contact with reality
- Hallucinations (Seeing things and hearing voices which are not real)
- Delusions (Unusual or bizarre thoughts and ideas)
- Paranoia (Ideas that people are out to get them, and or talking about them)
- Withdrawal, social isolation
- Lack of emotional expression
- Argumentativeness



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