

Overview - Clinical depression

Depression is more than simply feeling unhappy or fed up for a few days.

Most people go through periods of feeling down, but when you're depressed you feel persistently sad for weeks or months, rather than just a few days.

Some people think depression is trivial and not a genuine health condition. They're wrong – it is a real illness with real symptoms. Depression is not a sign of weakness or something you can "snap out of" by "pulling yourself together".

The good news is that with the right treatment and support, most people with depression can make a full recovery.

How to tell if you have depression

Depression affects people in different ways and can cause a wide variety of symptoms.

They range from lasting feelings of unhappiness and hopelessness, to losing interest in the things you used to enjoy and feeling very tearful. Many people with depression also have symptoms of anxiety.

There can be physical symptoms too, such as feeling constantly tired, sleeping badly, having no appetite or sex drive, and various aches and pains.

The symptoms of depression range from mild to severe. At its mildest, you may simply feel persistently low in spirit, while severe depression can make you feel suicidal, that life is no longer worth living.

Most people experience feelings of stress, anxiety or low mood during difficult times. A low mood may improve after a short period of time, rather than being a sign of depression.

When to see a doctor

It's important to seek help from a psychiatrist if you think you may be depressed.

Many people wait a long time before seeking help for depression, but it's best not to delay. The sooner you see a doctor, the sooner you can be on the way to recovery.

What causes depression?

Sometimes there's a trigger for depression. Life-changing events, such as bereavement, losing your job or giving birth, can bring it on.

People with a family history of depression are more likely to experience it themselves. But you can also become depressed for no obvious reason.

Treating depression

Treatment for depression can involve a combination of lifestyle changes, talking therapies and medicine. Your recommended treatment will be based on whether you have mild, moderate or severe depression.

If you have mild depression, your doctor may suggest waiting to see whether it improves on its own, while monitoring your progress. This is known as "watchful waiting". They may also suggest lifestyle measures such as exercise and self-help groups.

Talking therapies, such as cognitive behavioural therapy (CBT), are often used for mild depression that is not improving, or moderate depression. Anti-depressants are also sometimes prescribed.

For moderate to severe depression, a combination of talking therapy and antidepressants is often recommended. If you have severe depression, you may be referred to a specialist mental health team for intensive specialist talking treatments and prescribed medicine.

Living with depression

Many people with depression benefit by making lifestyle changes, such as getting more exercise, cutting down on alcohol, giving up smoking and eating healthily.

Reading a self-help book or joining a support group are also worthwhile. They can help you gain a better understanding about what causes you to feel depressed. Sharing your experiences with others in a similar situation can also be very supportive.

Overview - Generalised anxiety disorder in adults

Anxiety is a feeling of unease, such as worry or fear, that can be mild or severe.

Everyone has feelings of anxiety at some point in their life. For example, you may feel worried and anxious about sitting an exam, or having a medical test or job interview.

During times like these, feeling anxious can be perfectly normal.

But some people find it hard to control their worries. Their feelings of anxiety are more constant and can often affect their daily lives.

Anxiety is the main symptom of several conditions, including:

- panic disorder
- phobias, such as agoraphobia or claustrophobia
- post-traumatic stress disorder (PTSD)
- social anxiety disorder (social phobia)

The information in this section is about a specific condition called generalised anxiety disorder (GAD).

GAD is a long-term condition that causes you to feel anxious about a wide range of situations and issues, rather than one specific event.

People with GAD feel anxious most days and often struggle to remember the last time they felt relaxed.

As soon as one anxious thought is resolved, another may appear about a different issue.

Symptoms of generalised anxiety disorder (GAD)

GAD can cause both psychological (mental) and physical symptoms.

These vary from person to person, but can include:

- feeling restless or worried
- having trouble concentrating or sleeping
- dizziness or abnormal awareness of one's heartbeat

When to get help for anxiety

Although feelings of anxiety at certain times are completely normal, see a psychiatrist if anxiety is affecting your daily life or causing you distress.

Your psychiatrist will ask about your symptoms and your worries, fears and emotions to find out if you could have GAD.

What causes generalised anxiety disorder (GAD)?

The exact cause of GAD is not fully understood, although it's likely that a combination of several factors plays a role.

Research has suggested that these may include:

- overactivity in areas of the brain involved in emotions and behaviour
- an imbalance of the brain chemicals serotonin and noradrenaline, which are involved in the control and regulation of mood
- the genes you inherit from your parents – you're estimated to be five times more likely to develop GAD if you have a close relative with the condition
- having a history of stressful or traumatic experiences, such as domestic violence, child abuse or bullying
- having a painful long-term health condition, such as arthritis
- having a history of drug or alcohol misuse

But many people develop GAD for no apparent reason.

Who's affected

GAD is a common condition, estimated to affect up to 5% of the Indian population.

Slightly more women are affected than men, and the condition is more common in people from the ages of 35 to 59.

How generalised anxiety disorder (GAD) is treated

GAD can have a significant effect on your daily life, but several different treatments are available that can ease your symptoms.

These include:

- psychological therapies – you can get psychological therapies like cognitive behavioural therapy (CBT)
- medicine – such as a type of antidepressant called selective serotonin reuptake inhibitors (SSRIs)

With treatment, many people are able to control their anxiety levels. But some treatments may need to be continued for a long time and there may be periods when your symptoms worsen.

Self-help for generalised anxiety disorder (GAD)

There are also many things you can do yourself to help reduce your anxiety, such as:

- going on a self-help course
- exercising regularly
- stopping smoking
- cutting down on the amount of alcohol and caffeine you drink

BIPOLAR DISORDER

Bipolar disorder is a mental health condition that affects your moods, which can swing from one extreme to another. It used to be known as manic depression previously.

Symptoms of bipolar disorder

People with bipolar disorder have episodes of:

- depression – feeling very low and lethargic
- mania – feeling very high and overactive
- The symptoms of bipolar disorder depend on which mood you're experiencing.

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

Depression

You may initially be diagnosed with clinical depression before you have a manic episode (sometimes years later), after which you may be diagnosed with bipolar disorder.

During an episode of depression, you may have overwhelming feelings of worthlessness, which can potentially lead to thoughts of suicide.

If you're feeling suicidal, urgently seek help from a psychiatrist.

If you're feeling very depressed, contact a mental health professional at the earliest.

Mania

During a manic phase of bipolar disorder, you may:

- feel very happy
- have lots of energy, ambitious plans and ideas

- spend large amounts of money on things you cannot afford and would not normally want

It's also common to:

- not feel like eating or sleeping
- talk quickly
- become annoyed easily

You may feel very creative and view the manic phase of bipolar as a positive experience.

You may also experience symptoms of psychosis, where you see or hear things that are not there or become convinced of things that are not true.

Treatments for bipolar disorder

The high and low phases of bipolar disorder are often so extreme that they interfere with everyday life.

But there are several options for treating bipolar disorder that can make a difference.

They aim to control the effects of an episode and help someone with bipolar disorder live life as normally as possible.

The following treatment options are available:

- medicine to prevent episodes of mania and depression – these are known as mood stabilisers, and you take them every day on a long-term basis
- medicine to treat the main symptoms of depression and mania when they happen
- learning to recognise the triggers and signs of an episode of depression or mania
- psychological treatment – such as talking therapy, which can help you deal with depression, and provides advice about how to improve your relationships
- lifestyle advice – such as doing regular exercise, planning activities you enjoy that give you a sense of achievement, as well as advice on improving your diet, and getting adequate sleep.

It's thought using a combination of different treatment methods is the best way to control bipolar disorder.

Help and advice for people with a long-term condition or their carers is also available from charities, support groups and associations.

This includes self-help and learning to deal with the practical aspects of a long-term condition.

What causes bipolar disorder?

The exact cause of bipolar disorder is unknown, although it's believed a number of things can trigger an episode.

These include:

- extreme stress
- overwhelming problems
- life-changing events
- genetic and chemical factors

Who's affected

Bipolar disorder is fairly common, and 1 in every 100 people will be diagnosed with it at some point in their life.

Bipolar disorder can occur at any age, although it often develops between the ages of 15 and 19 and rarely develops after 40.

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

The pattern of mood swings in bipolar disorder varies widely. For example, some people only have a couple of bipolar episodes in their lifetime and are stable in between, while others have many episodes.

SCHIZOPHRENIA

Schizophrenia is a severe long-term mental health condition. It causes a range of different psychological symptoms.

Doctors often describe schizophrenia as a type of psychosis. This means the person may not always be able to distinguish their own thoughts and ideas from reality.

Symptoms of schizophrenia include:

- hallucinations – hearing or seeing things that do not exist outside of the mind
- delusions – unusual beliefs not based on reality
- muddled thoughts based on hallucinations or delusions
- losing interest in everyday activities
- not caring about your personal hygiene
- wanting to avoid people, including friends

Schizophrenia does not cause someone to be violent and people with schizophrenia do not have a split personality.

When to get medical advice

If you're experiencing symptoms of schizophrenia, see a psychiatrist as soon as possible. The earlier schizophrenia is treated, the better.

There's no single test for schizophrenia. It's usually diagnosed after an assessment by a mental health care professional, such as a psychiatrist.

Causes of schizophrenia

The exact cause of schizophrenia is unknown. But most experts believe the condition is caused by a combination of genetic and environmental factors.

It's thought that some people are more vulnerable to developing schizophrenia, and certain situations can trigger the condition such as a stressful life event or drug misuse.

Treating schizophrenia

Schizophrenia is usually treated with a combination of medicine and therapy tailored to each individual.

In most cases, this will be antipsychotic medicines and professional counselling.

People with schizophrenia usually receive help from a community mental health team, which offers day-to-day support and treatment.

Many people recover from schizophrenia, although they may have periods when symptoms return (relapses).

Support and treatment can help reduce the impact the condition has on daily life.

Living with schizophrenia

If schizophrenia is well managed, it's possible to reduce the chance of severe relapses.

This can include:

- recognising the signs of an acute episode
- taking medicine as prescribed
- talking to others about the condition

There are many charities and support groups offering help and advice on living with schizophrenia.

Most people find it comforting talking to others with a similar condition.

ALCOHOL MISUSE

Alcohol misuse is when you drink in a way that's harmful, or when you're dependent on alcohol. To keep health risks from alcohol to a low level, both men and women are advised not to regularly drink more than 14 units a week.

A unit of alcohol is 8g or 10ml of pure alcohol, which is about:

- half a pint of lower to normal-strength lager/beer/cider (ABV 3.6%)
- a single small shot measure (25ml) of spirits (25ml, ABV 40%)

A small glass (125ml, ABV 12%) of wine contains about 1.5 units of alcohol.

Low-risk drinking advice

To keep your risk of alcohol-related harm low:

- men and women are advised not to drink more than 14 units of alcohol a week on a regular basis
- if you drink as much as 14 units a week, it's best to spread this evenly over 3 or more days
- if you're trying to reduce the amount of alcohol you drink, it's a good idea to have several alcohol-free days each week
- if you're pregnant or trying to become pregnant, the safest approach is to not drink alcohol at all to keep risks to your baby to a minimum

Regular or frequent drinking means drinking alcohol most days and weeks. The risk to your health is increased by drinking any amount of alcohol on a regular basis.

Risks of alcohol misuse

Short term

The short-term risks of alcohol misuse include:

- accidents and injuries requiring hospital treatment, such as a head injury
- violent behaviour and being a victim of violence

- unprotected sex that could potentially lead to unplanned pregnancy or sexually transmitted infections (STIs)
- loss of personal possessions, such as wallets, keys or mobile phones
- alcohol poisoning – this may lead to vomiting, fits (seizures) and falling unconscious

People who binge drink (drink heavily over a short period of time) are more likely to behave recklessly and are at greater risk of being in an accident.

Long term

Persistent alcohol misuse increases your risk of serious health conditions, including:

- heart disease
- stroke
- liver disease
- liver cancer
- bowel cancer
- mouth cancer
- breast cancer
- pancreatitis

As well as causing serious health problems, long-term alcohol misuse can lead to social problems for some people, such as unemployment, divorce, domestic abuse and homelessness.

If someone loses control over their drinking and has an excessive desire to drink, it's known as dependent drinking (alcoholism).

Dependent drinking usually affects a person's quality of life and relationships, but they may not always find it easy to see or accept this.

Severely dependent drinkers are often able to tolerate very high levels of alcohol in amounts that would dangerously affect or even kill some people.

A dependent drinker usually experiences physical and psychological withdrawal symptoms if they suddenly cut down or stop drinking, including:

- hand tremors – "the shakes"
- sweating
- seeing things that are not real (visual hallucinations)
- depression
- anxiety
- difficulty sleeping (insomnia)

This often leads to "relief drinking" to avoid withdrawal symptoms.

Am I drinking too much alcohol?

You could be misusing alcohol if:

- you feel you should cut down on your drinking
- other people have been criticising your drinking
- you feel guilty or bad about your drinking
- you need a drink first thing in the morning to steady your nerves or get rid of a hangover

Someone you know may be misusing alcohol if:

- they regularly drink more than 14 units of alcohol a week
- they're sometimes unable to remember what happened the night before because of their drinking
- they fail to do what was expected of them as a result of their drinking (for example, missing an appointment or work because they're drunk or hungover)

Getting help

If you're concerned about your drinking or someone else's, a good first step is to see a psychiatrist. They'll be able to discuss the services and treatments available.

Your alcohol intake may be assessed using tests, such as the:

- Alcohol use disorders identification test (AUDIT) – a widely used screening test that can help determine whether you need to change your drinking habits
- Alcohol use disorders identification test consumption – a simpler test to check whether your drinking has reached dangerous levels

Treating alcohol misuse

How alcohol misuse is treated depends on how much alcohol a person is drinking.

Treatment options include:

- counselling – including self-help groups and talking therapies, such as cognitive behavioural therapy (CBT)
- medicines
- detoxification – this involves a nurse or doctor supporting you to safely stop drinking; this can be done by helping you slowly cut down over time or by giving you medicines to prevent withdrawal symptoms

There are 2 main types of medicines to help people stop drinking.

The first is to help stop withdrawal symptoms and is given in reducing doses over a short period of time. The most common of these medicines is chlordiazapoxide (Librium).

The second is a medicine to reduce any urge you may have to drink. The most common medicines used for this are acamprosate and naltrexone.

These are both given at a fixed dose, and you'll usually be on them for 6 to 12 months.

Overview - Obsessive compulsive disorder (OCD)

Obsessive compulsive disorder (OCD) is a common mental health condition where a person has obsessive thoughts and compulsive behaviours.

OCD can affect men, women and children. Some people start having symptoms early, often around puberty, but it usually starts during early adulthood.

OCD can be distressing and significantly interfere with your life, but treatment can help you keep it under control.

Symptoms of obsessive compulsive disorder (OCD)

If you have OCD, you'll usually experience frequent obsessive thoughts and compulsive behaviours.

- An obsession is an unwanted and unpleasant thought, image or urge that repeatedly enters your mind, causing feelings of anxiety, disgust or unease.
- A compulsion is a repetitive behaviour or mental act that you feel you need to do to temporarily relieve the unpleasant feelings brought on by the obsessive thought.

For example, someone with an obsessive fear of being burgled may feel they need to check all the windows and doors are locked several times before they can leave their house.

Women can sometimes have OCD during pregnancy or after their baby is born. Obsessions may include worrying about harming the baby or not sterilising feeding bottles properly. Compulsions could be things such as repeatedly checking the baby is breathing.

Getting help for obsessive compulsive disorder (OCD)

People with OCD are often reluctant to seek help because they feel ashamed or embarrassed.

OCD is a health condition like any other, so there's nothing to feel ashamed or embarrassed about. Having OCD does not mean you're 'abnormal' and it's not your fault you have it.

If you think a friend or family member may have OCD, try talking to them about your concerns and suggest they get help. It's unlikely OCD will get better without proper treatment and support.

Treatments for obsessive compulsive disorder (OCD)

There are some effective treatments for OCD that can help reduce the impact it has on your life.

The main treatments are:

- psychological therapy – usually cognitive behavioural therapy (CBT), which helps you face your fears and obsessive thoughts without "putting them right" through compulsions
- medicine – usually a type of antidepressant medicine called selective serotonin reuptake inhibitors (SSRIs), which can help by altering the balance of chemicals in your brain

CBT will usually have an effect quite quickly. It can take several months before you notice the effects of treatment with SSRIs, but most people will eventually benefit.

If these treatments do not help, you may be offered an alternative SSRI or be given a combination of an SSRI and CBT.

Some people may be referred to a specialist mental health service for further treatment.

Causes of obsessive compulsive disorder (OCD)

It's not clear what causes OCD. A number of different factors may play a part, including:

- family history – you're more likely to develop OCD if a family member has it, possibly because of your genes
- differences in the brain – some people with OCD have areas of unusually high activity in their brain or low levels of a chemical called serotonin
- life events – OCD may be more common in people who have been bullied, abused or neglected, and it sometimes starts after an important life event, such as childbirth or a bereavement

- personality – neat, meticulous, methodical people with high personal standards may be more likely to develop OCD, also people who are generally quite anxious or have a very strong sense of responsibility for themselves and others

Symptoms - Obsessive compulsive disorder (OCD)

Obsessive compulsive disorder (OCD) affects people differently, but usually causes a particular pattern of thoughts and behaviours.

OCD has 3 main elements:

- obsessions – where an unwanted, intrusive and often distressing thought, image or urge repeatedly enters your mind
- emotions – the obsession causes a feeling of intense anxiety or distress
- compulsions – repetitive behaviours or mental acts that a person with OCD feels driven to perform as a result of the anxiety and distress caused by the obsession

The compulsive behaviour temporarily relieves the anxiety, but the obsession and anxiety soon return, causing the cycle to begin again.

It's possible to just have obsessive thoughts or just have compulsions, but most people with OCD experience both.

Obsessive thoughts

Almost everyone has unpleasant or unwanted thoughts at some point, such as thinking they may have forgotten to lock the door of the house, or even sudden unwelcome violent or offensive mental images.

But if you have a persistent, unpleasant thought that dominates your thinking to the extent it interrupts other thoughts, you may have an obsession.

Some common obsessions that affect people with OCD include:

- fear of deliberately harming yourself or others – for example, fear you may attack someone else, such as your children
- fear of harming yourself or others by mistake – for example, fear you may set the house on fire by leaving the cooker on

- fear of contamination by disease, infection or an unpleasant substance
- a need for symmetry or orderliness – for example, you may feel the need to ensure all the labels on the tins in your cupboard face the same way

You may have obsessive thoughts of a violent or sexual nature that you find repulsive or frightening. But they're just thoughts and having them does not mean you'll act on them.

Compulsive behaviour

Compulsions starts as a way of trying to reduce or prevent anxiety caused by the obsessive thought, although in reality this behaviour is either excessive or not realistically connected.

For example, a person who fears contamination with germs may wash their hands repeatedly, or someone with a fear of harming their family may have the urge to repeat an action multiple times to "neutralise" the thought.

Most people with OCD realise that such compulsive behaviour is irrational and makes no logical sense, but they cannot stop acting on it and feel they need to do it "just in case".

Common types of compulsive behaviour in people with OCD include:

- cleaning and hand washing
- checking – such as checking doors are locked or that the gas is off
- counting
- ordering and arranging
- hoarding
- asking for reassurance
- repeating words in their head
- thinking "neutralising" thoughts to counter the obsessive thoughts
- avoiding places and situations that could trigger obsessive thoughts

Related problems

Some people with OCD may also have or develop other serious mental health problems, including:

- depression – a condition that typically causes lasting feelings of sadness and hopelessness, or a loss of interest in the things you used to enjoy
- eating disorders – conditions characterised by an abnormal attitude towards food that cause you to change your eating habits and behaviour
- generalised anxiety disorder – a condition that causes you to feel anxious about a wide range of situations and issues, rather than one specific event
- a hoarding disorder – a condition that involves excessively acquiring items and not being able to throw them away, resulting in unmanageable amounts of clutter

People with OCD and severe depression may also have suicidal ideas.

Treatment - Obsessive compulsive disorder (OCD)

Obsessive compulsive disorder (OCD) can be treated. The treatment recommended will depend on how much it's affecting your life.

The 2 main treatments are:

- psychological therapy – usually a type of therapy that helps you face your fears and obsessive thoughts without "putting them right" with compulsions
- medicine – usually a type of antidepressant medicine that can help by altering the balance of chemicals in your brain

A short course of therapy is usually recommended for relatively mild OCD. If you have more severe OCD, you may need a longer course of therapy and/or medicine.

These treatments can be very effective, but it's important to be aware that it can take several months before you notice the benefit.

Panic disorder

Panic disorder is an anxiety disorder where you regularly have sudden attacks of panic or fear.

Everyone experiences feelings of anxiety and panic at certain times. It's a natural response to stressful or dangerous situations.

But someone with panic disorder has feelings of anxiety, stress and panic regularly and at any time, often for no apparent reason.

Symptoms of panic disorder

Anxiety

Anxiety is a feeling of unease. It can range from mild to severe, and can include feelings of worry and fear. Panic is the most severe form of anxiety.

You may start to avoid certain situations because you fear they'll trigger another attack.

This can create a cycle of living "in fear of fear". It can add to your sense of panic and may cause you to have more attacks.

Panic attacks

During a panic attack you get a rush of intense mental and physical symptoms. It can come on very quickly and for no apparent reason.

A panic attack can be very frightening and distressing.

Symptoms include:

- a racing heartbeat
- feeling faint
- sweating
- nausea
- chest pain

- shortness of breath
- trembling
- hot flushes
- chills
- shaky limbs
- a choking sensation
- dizziness
- numbness or pins and needles
- dry mouth
- a need to go to the toilet
- ringing in your ears
- a feeling of dread or a fear of dying
- a churning stomach
- a tingling in your fingers
- feeling like you're not connected to your body

Most panic attacks last between 5 and 20 minutes. Some have been reported to last up to an hour.

The number of attacks you have will depend on how severe your condition is. Some people have attacks once or twice a month, while others have them several times a week.

Although panic attacks are frightening, they're not dangerous. An attack will not cause you any physical harm, and it's unlikely you'll be admitted to hospital if you have one.

Be aware that most of these symptoms can also be symptoms of other conditions or problems, so you may not always be experiencing a panic attack.

For example, you may have a racing heartbeat if you have very low blood pressure.

When to get help

See a psychiatrist if you've been experiencing symptoms of panic disorder.

They'll ask you to describe your symptoms, how often you get them, and how long you have had them.

They may also carry out a physical examination to rule out other conditions that could be causing your symptoms.

It can sometimes be difficult to talk about your feelings, emotions and personal life, but try not to feel anxious or embarrassed.

You may be diagnosed with panic disorder if you have regular and unexpected panic attacks followed by at least a month of continuous worry or concern about having further attacks.

Treatments for panic disorder

Treatment aims to reduce the number of panic attacks you have and ease your symptoms.

Talking therapies and medicine are the main treatments for panic disorder. Your treatment will depend on your symptoms.

Psychological therapies

You can refer yourself directly to a psychological therapies service for treatment based on cognitive behavioural therapy (CBT).

Your therapist may discuss with you how you react when you have a panic attack and what you think about.

They can teach you ways of changing your behaviour to help you keep calm during an attack.

You may need to see your psychiatrist regularly while you're having CBT so they can assess your progress.

Medicine

If you and your doctor think it might be helpful, you may be prescribed:

- a type of antidepressant called a selective serotonin reuptake inhibitor (SSRI) or, if SSRIs are not suitable, a tricyclic antidepressant (usually imipramine or clomipramine)
- an anti-epilepsy medicine such as pregabalin or, if your anxiety is severe, clonazepam (these medicines are also beneficial for treating anxiety)

Antidepressants can take 2 to 4 weeks before they start to work, and up to 8 weeks to work fully. Keep taking your medicines, even if you feel they're not working, and only stop taking them when your psychiatrist advises you to do so.

Insomnia

Insomnia means you regularly have problems sleeping. It usually gets better by changing your sleeping habits.

Check if you have insomnia

You have insomnia if you regularly:

- find it hard to go to sleep
- wake up several times during the night
- lie awake at night
- wake up early and cannot go back to sleep
- still feel tired after waking up
- find it hard to nap during the day even though you're tired
- feel tired and irritable during the day
- find it difficult to concentrate during the day because you're tired

If you have insomnia for a short time (less than 3 months) it's called short-term insomnia. Insomnia that lasts 3 months or longer is called long-term insomnia.

How much sleep you need

Everyone needs different amounts of sleep.

On average:

- adults need 7 to 9 hours
- children need 9 to 13 hours
- toddlers and babies need 12 to 17 hours

You probably do not get enough sleep if you're constantly tired during the day.

What causes insomnia

The most common causes are:

- stress, anxiety or depression
- noise
- a room that's too hot or cold
- uncomfortable beds
- alcohol, caffeine or nicotine
- recreational drugs like cocaine or ecstasy
- jet lag
- shift work

How you can treat insomnia yourself

Insomnia usually gets better by changing your sleeping habits.

Do

- go to bed and wake up at the same time every day
- relax at least 1 hour before bed, for example, take a bath or read a book
- make sure your bedroom is dark and quiet – use curtains, blinds, an eye mask or ear plugs if needed
- exercise regularly during the day
- make sure your mattress, pillows and covers are comfortable

Don't

- do not smoke or drink alcohol, tea or coffee at least 6 hours before going to bed
- do not eat a big meal late at night
- do not exercise at least 4 hours before bed

- do not watch television or use devices, like smartphones, right before going to bed, because the bright light makes you more awake
- do not nap during the day
- do not drive when you feel sleepy
- do not sleep in after a bad night's sleep and stick to your regular sleeping hours instead

Non-urgent advice: See a psychiatrist if:

- changing your sleeping habits has not worked
- you have had trouble sleeping for months
- your insomnia is affecting your daily life in a way that makes it hard for you to cope

Psychiatrists now rarely prescribe sleeping pills to treat insomnia. Sleeping pills can have serious side effects and you can become dependent on them.

Sleeping pills are only prescribed for a few days, or weeks at the most, if:

- your insomnia is very bad
- other treatments have not worked

Treatment from a psychiatrist

A psychiatrist will try to find out what's causing your insomnia so you get the right treatment.

Sometimes you'll be referred to a therapist for cognitive behavioural therapy (CBT).

This can help you change the thoughts and behaviours that keep you from sleeping.

You may be referred to a sleep clinic if you have symptoms of another sleep disorder such as sleep apnoea.

Overview - Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events.

Symptoms of post-traumatic stress disorder (PTSD)

Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt.

They may also have problems sleeping, such as insomnia, and find concentrating difficult.

These symptoms are often severe and persistent enough to have a significant impact on the person's day-to-day life.

Causes of post-traumatic stress disorder (PTSD)

Any situation that a person finds traumatic can cause PTSD.

These can include:

- serious road accidents
- violent personal assaults, such as sexual assault, mugging or robbery
- serious health problems
- childbirth experiences

PTSD can develop immediately after someone experiences a disturbing event, or it can occur weeks, months or even years later.

PTSD is estimated to affect about 1 in every 3 people who have a traumatic experience, but it's not clear exactly why some people develop the condition and others do not.

Complex post-traumatic stress disorder (PTSD)

People who repeatedly experience traumatic situations, such as severe neglect, abuse or violence, may be diagnosed with complex PTSD.

Complex PTSD can cause similar symptoms to PTSD and may not develop until years after the event.

It's often more severe if the trauma was experienced early in life, as this can affect a child's development.

When to get medical advice

It's normal to experience upsetting and confusing thoughts after a traumatic event, but most people improve naturally over a few weeks.

You should see a psychiatrist if you or your child are still having problems about 4 weeks after the traumatic experience, or if the symptoms are particularly troublesome.

How post-traumatic stress disorder (PTSD) is treated

PTSD can be successfully treated, even when it develops many years after a traumatic event.

Any treatment depends on the severity of symptoms and how soon they occur after the traumatic event.

Any of the following treatment options may be recommended:

- watchful waiting – monitoring your symptoms to see whether they improve or get worse without treatment
- antidepressants – such as paroxetine or mirtazapine
- psychological therapies – such as trauma-focused cognitive behavioural therapy (CBT) or eye movement desensitisation and reprocessing (EMDR)

Myalgic encephalomyelitis or chronic fatigue syndrome (ME/CFS)

Myalgic encephalomyelitis, also called chronic fatigue syndrome or ME/CFS, is a long-term condition with a wide range of symptoms. The most common symptom is extreme tiredness.

ME/CFS can affect anyone, including children. It's more common in women, and tends to develop between your mid-20s and mid-40s.

Symptoms of ME/CFS

Common symptoms of ME/CFS include

- feeling extremely tired all the time – you may find it very hard to do daily activities
- still feeling tired after resting or sleeping
- taking a long time to recover after physical activity
- problems sleeping, such as waking up often during the night
- problems with thinking, memory and concentration

Some people with ME/CFS may also have other symptoms, including:

- muscle or joint pain
- headaches
- a sore throat
- flu-like symptoms
- feeling dizzy or sick
- fast or irregular heartbeats (heart palpitations)

The severity of symptoms can vary from day to day, or even within a day.

The symptoms of ME/CFS are similar to the symptoms of some other illnesses, so it's important to see a GP to get a correct diagnosis.

Diagnosing ME/CFS

There is not a specific test for ME/CFS, so it's diagnosed based on your symptoms and by ruling out other conditions that could be causing your symptoms.

The psychiatrist will ask about your symptoms and medical history. You may also have blood and urine tests.

As the symptoms of ME/CFS are similar to those of many common illnesses that usually get better on their own, a diagnosis of ME/CFS may be considered if you do not get better as quickly as expected.

Treating ME/CFS

Treatment for ME/CFS aims to relieve the symptoms. Your treatment will depend on how the condition is affecting you

While there is currently no cure for ME/CFS, there are treatments that may help you manage the condition.

Treatments include:

- cognitive behavioural therapy (CBT)
- energy management – where you're given advice about how to make best use of the energy you have without making your symptoms worse
- medicine to control symptoms such as pain and sleeping problems

Most people with ME/CFS will improve over time, especially with treatment, although some people do not make a full recovery.

It's also likely there will be periods when your symptoms get better or worse.

Children and young people with ME/CFS are more likely to recover fully.

Causes of ME/CFS

It's not known what causes ME/CFS, but there are a number of theories – for example, it may be triggered by an infection, or certain factors could make you more likely to develop the illness.

Suggested causes or triggers for ME/CFS include:

- viral infections, such as glandular fever
- bacterial infections, such as pneumonia
- problems with the immune system
- a hormone imbalance
- your genes – ME/CFS seems to be more common in some families

Overview - Cognitive behavioural therapy (CBT)

Cognitive behavioural therapy (CBT) is a talking therapy that can help you manage your problems by changing the way you think and behave.

It's most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems.

How CBT works

CBT is based on the concept that your thoughts, feelings, physical sensations and actions are interconnected, and that negative thoughts and feelings can trap you in a vicious cycle.

CBT aims to help you deal with overwhelming problems in a more positive way by breaking them down into smaller parts.

You're shown how to change these negative patterns to improve the way you feel.

Unlike some other talking treatments, CBT deals with your current problems, rather than focusing on issues from your past.

It looks for practical ways to improve your state of mind on a daily basis.

Uses for CBT

CBT has been shown to be an effective way of treating a number of different mental health conditions.

In addition to depression or anxiety disorders, CBT can also help people with:

- bipolar disorder
- borderline personality disorder
- eating disorders – such as anorexia and bulimia
- obsessive compulsive disorder (OCD)
- panic disorder
- phobias

- post-traumatic stress disorder (PTSD)
- psychosis
- schizophrenia
- sleep problems – such as insomnia
- problems related to alcohol misuse

CBT is also sometimes used to treat people with long-term health conditions, such as:

- irritable bowel syndrome (IBS)
- chronic fatigue syndrome (CFS)
- fibromyalgia

Although CBT cannot cure the physical symptoms of these conditions, it can help people cope better with their symptoms.

What happens during CBT sessions

If CBT is recommended, you'll usually have a session with a therapist once a week or once every 2 weeks.

The course of treatment usually lasts for between 5 and 20 sessions, with each session lasting 30 to 60 minutes.

During the sessions, you'll work with your therapist to break down your problems into their separate parts, such as your thoughts, physical feelings and actions.

You and your therapist will analyse these areas to work out if they're unrealistic or unhelpful, and to determine the effect they have on each other and on you.

Your therapist will then be able to help you work out how to change unhelpful thoughts and behaviours.

After working out what you can change, your therapist will ask you to practise these changes in your daily life and you'll discuss how you got on during the next session.

The eventual aim of therapy is to teach you to apply the skills you have learnt during treatment to your daily life.

This should help you manage your problems and stop them having a negative impact on your life, even after your course of treatment finishes.