

Activity 3-1: Identifying mental health problems

Read each of the following descriptions and write down whether mood, anxiety, psychosis or impulsivity describes the situation. More than one dimension may apply.

Tom, 50, and his wife, Laura, 47, have been married for 20 years. They both work full time—Tom as an executive at an architectural firm and Laura as the manager of a large fitness club. They do not have any children, but enjoy the company and companionship of several other couples who have been very good friends for many years. Tom and Laura work hard at their jobs, but also spend a great deal of time together in the evenings and on weekends. About one year ago, Tom began to have difficulty falling asleep at night and therefore waking up in time for work. He also described feeling nervous and jittery, and found it hard to complete work-related tasks that used to be very easy for him. Laura became concerned when Tom began to withdraw from her and to spend increasing amounts of time watching television or simply sitting outside staring into space. Ever since the changes in his behaviour began, Laura also worried about Tom’s drinking, which had gradually increased from an occasional glass of wine to several shots of whiskey four to five evenings every week. He was also unable to express his feelings or to explain why his behaviour had changed so dramatically. One evening, when Laura and Tom were expected at a friend’s home for a dinner party, Laura found Tom sitting on the floor in the bedroom crying and shaking. He told her that he felt too nervous to go out and that he “couldn’t stand feeling like this anymore.”

Ben is a 20-year-old, single, second-year university student majoring in biochemistry and living in a student residence on campus. In spite of Ben’s characteristically shy and quiet personality, he has developed a close friendship with his roommate, an outgoing student from another province who goes by the nickname “Scat.” Ben has even accompanied Scat to a few parties on campus and has been going to classes with Scat and several other students from their residence. Ben’s parents live in a nearby city and are delighted that Ben, who was somewhat withdrawn and isolated as a child and teenager, has made new friends. Halfway through the school year, however, Ben suddenly began withdrawing from his new group of friends and refused to join them on outings. He started missing classes and instead stayed in his room in the student residence. Within a few months, Ben stopped eating meals in the cafeteria, complaining that there was “something in the food” and that somebody was trying to poison him. He became increasingly fearful that the other students were talking about him behind his back, and even accused Scat of plotting to harm him. Eventually, he stopped going to his classes altogether and spent his entire day in his room with the lights off, smoking cigarettes and marijuana, and listening to loud music. When Scat came home, Ben would angrily yell at him to get out. Scat reminded Ben that they lived in a non-smoking residence and Ben responded by

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throwing a chair at Ben and storming out of the room. When Ben did not come home for three days, Scat contacted his parents. They were shocked with Ben's behaviour, especially his angry outbursts, smoking and use of drugs.

Cassie is a 32-year-old single woman working part-time in a department store. She has become used to living on her own and supporting herself, especially since she left home at age 17 due to her parents' constant fighting and daily drinking. Cassie has felt hopeless and despondent (dejected and sad) about her life for as long as she can remember, and has endured long periods of feeling worthless, useless and lonely. Since the age of 15, Cassie has also experienced bouts of intense anger and urges to harm herself. Her family has been unable to cope with their own emotions and have always turned to alcohol or gambling to deal with such unpleasant feelings as anger, boredom, sadness and anxiety. Cassie did not learn to deal effectively with her own feelings, and since the age of 17 has used various kinds of drugs to numb her psychological pain. She has also found that cutting her arms and legs with sharp objects often helps to get rid of painful emotions quite effectively—although the relief she gets from these self-harm behaviours never lasts very long. The intensity of Cassie's anger and loneliness has been increasing and she has begun to cope by overdosing on pills and then ends up in emergency departments. During one of her emergency admissions to a hospital she disclosed to a nurse that she is contemplating suicide.

Molly is a 35-year-old mother of four living in a subsidized housing complex in a Toronto suburb. Molly collects welfare in addition to financial aid for her children, aged seven years, five years, three years and nine months. Her ex-husband is in jail on a drug-related charge. Since her divorce one year ago, Molly has felt overwhelmed, particularly with finding a job that will pay her enough so that she can support her children. She is also worried about finding appropriate child care services should she find a good job. With four children to care for, Molly has not had time to make friends and she often feels an enormous sense of burden in addition to feeling "down in the dumps," isolated and alone with her responsibilities. She has developed daily episodes of severe nervousness and agitation during which she is completely unable to attend to her children's needs. She finds that as long as she paces around the same rooms in the same order and in the same direction and keeps repeating a particular phrase, her nervousness marginally subsides. Often Molly finds that during these episodes she also experiences shaking hands, shortness of breath, an extremely fast heart rate and profuse sweating. When these symptoms become really bad, Molly takes excessive doses of minor tranquillizers such as Valium, previously prescribed to her for insomnia by her family physician.

Comments

Tom is experiencing problems with *mood* and *anxiety*. Ben appears to be suffering from *psychosis*. Cassie appears to be struggling primarily with an *impulsivity* problem, accompanied by *mood* problems. Molly appears to be experiencing problems with *anxiety* and *mood* (depression).

REFERENCES

Skinner, W.J. (2005). *Treating Concurrent Disorders: A Guide for Counsellors*. Toronto: Centre for Addiction and Mental Health.