We talk about everything. About mental health and illnesses too.

Information and conversation tips
Talking about it is important

Few of us find it easy to talk about mental illness, and sometimes we feel uncertain when interacting with people who are mentally ill. The more we know about mental illnesses, the better we can handle them and bring them up in conversation. This brochure contains facts about illnesses and conversation tips. It also covers the promotion of mental health. The mind is like the body: looking after it can prevent illnesses.

Mental illnesses are rarely talked about.
They’re the subject of many prejudiced opinions. Illness is said to be a personal weakness, for example. It’s thought that the people affected only have themselves to blame, or they exaggerate the problem – or fake it – out of laziness. The opinion that mental illnesses are something to be ashamed of is still prevalent. Prejudices have various negative consequences. Sufferers withdraw, keeping quiet about their illness – and so do their relatives. That makes them lonely, which may make the illness worse. Because of these clichés and prejudices, the persons affected put off telling their doctors or a psychotherapist that they don’t feel well – so mental illnesses are often treated too late or not at all. This is all the more serious because the sooner treatment begins, the better the prospects of recovery.

Talking about it helps.
If we don’t talk openly about mental illness, how shall we ever find a reasonable way of dealing with it? In the workplace, for example, where there is a desire to find ways of reducing stress. Or at home, where sufferers’ families want to know how they can support them. Persons affected find it a tremendous relief not to have to keep their illnesses secret. Most people find it difficult to talk about mental illness: it’s still a taboo subject. That applies both to sufferers themselves and to healthy people around them. You can find conversation tips about this on page 11.
The “How are you?” campaign

Talking about mental health make sense! The “How are you” campaign on the www.how-are-you.ch website provides very specific tips on how to go about this, plus a wealth of useful information.

What does the campaign set out to achieve?
The “How are you?” campaign is intended to raise awareness that talking about mental illness openly is important, and the right thing to do. It aims to help the people affected to feel less excluded, to disseminate knowledge of mental illness – and thus to break down negative preconceptions. Information about various illnesses can be found on the following pages.
The campaign also provides specific conversation tips to make it easier to talk about mental illness. The subject of mental health is also important to the campaign’s supporters: you will find information about how to promote mental health on page 10.

Who is behind the campaign?
The campaign is being conducted by the cantons of German-speaking Switzerland as well as the Pro Mente Sana foundation on behalf of Health Promotion Switzerland. More information on the campaign’s supporters and partners can be found at www.how-are-you.ch > More about the campaign > Supporters
About mental illness

Mental illness is not uncommon.
Mental illnesses are just like physical illnesses: they are part of life, and they can affect us all. Half the people in Switzerland suffer from a serious mental illness at some point in their lives, so virtually everybody – at work or among family and friends – has direct experience of mental illnesses. Fortunately most of these are eminently curable, especially if treatment begins at an early stage.

Mental illnesses have complex causes.
They can’t be explained with simple models. Many factors – biological, psychological, social, spiritual – have their part to play when the balance of the mind is disturbed. Even today there is much that we don’t fully understand. What triggers a mental crisis or illness is generally some form of stress: in the workplace, in a relationship, in the family. But it may also be biological changes in the body – after giving birth, for example.

Mental illness is treatable.
Mental illnesses are entirely treatable, and often actually curable. Many people experience them just once in their lives. So it isn’t true that people who are mentally ill now will be mentally ill until the day they die. Treatment varies, depending on the illness and how serious it is – but it is often a combination of psychotherapy and medicines. Advising family members usually helps. The sooner a mental illness is recognized and treated, the more successful the treatment.

Mental illnesses are many and varied.
Like physical illnesses, they present a large number of different clinical syndromes. And individual illnesses have individual characteristics in each individual sufferer. A few illnesses are described on the following pages.
Anxiety disorders

Anxieties are part of life. They may be unpleasant, but they’re important – because they warn us of hazards. In people with an anxiety disorder, their anxiety gets totally out of control – and it occurs in completely non-hazardous situations. If the body is permanently at red alert, there are physical consequences: tension, insomnia, indigestion.

Too often, anxiety disorders go unrecognized and untreated. The anxiety disorder causing these physical symptoms is often not recognized, and therefore not treated either. Many general practitioners focus primarily on physical symptoms and causes, and it may not occur to many of the people affected that their anxieties could be the expression of an illness. They think anxieties are simply part of their personalities. Once correctly diagnosed, however, anxiety disorders are eminently treatable.

Panic attacks, phobias and other forms explained in brief. Anxiety disorders take different forms. People with panic disorders suddenly suffer intense fear, with very strong physical symptoms. People with phobias are afraid of a particular object or situation, such as an intense fear of spiders or of places where there are lots of people. They do their best to avoid what they are afraid of, which – depending on the phobia – can have serious effects on their day-to-day lives. The fear of making a poor impression in social situations is called a social phobia. In what is called a generalized anxiety disorder, anxiety becomes the sufferer’s constant companion.
Depression is common. It causes great suffering. The main signs are constant or recurring sadness, a sense of inner emptiness, and the inability to think straight, concentrate or sleep. Depressive people lose their zest for life, and indeed their interest in it. Everyday tasks, obligations at work, leisure activities and social contacts become hard to cope with: it’s all just too much. The belief that the people affected simply lack willpower and self-discipline, unfortunately, is as prevalent as it is mistaken.

Depression has different degrees of severity. Many people suffer from depression only once in their lives, for periods between three months and two years – while others fall ill several times, and still others suffer from the chronic form of the illness. Depression also has different degrees of severity. Mild depression is often undetectable by others. Sufferers from moderate depression can often no longer do everything that is expected of them, while deep depression makes the people affected unable to cope with almost anything at all. Suicide is often an extreme consequence of depression.

While burnout and bipolar disorder are special forms of it. Burnout, which gets a lot of media attention, is often linked with workplace overload. The state of being burnt out often corresponds to depressive exhaustion. Another special form is bipolar disorder, in which depressive phases alternate with manic episodes when sufferers are full of exuberant energy – often losing touch with reality.
Eating disorders

People with eating disorders use eating to manage their anxieties, stress and feelings. The two most common eating disorders are anorexia nervosa and bulimia. Anorexia nervosa is also called the slimming disease, bulimia the binging-and-purging disease. These two illnesses also occur in combination with each other.

Slimming disease: self-worth is measured in kilos.
Anorexics suffer from defective body awareness: no matter how thin they are, they’re still convinced that they’re overweight. So they keep their food intake at an absolute low, sometimes exercising excessively to burn off the calories. Nothing matters to them any more apart from their body weight.

Bulimia: reducing stress by eating.
Though bulimia sufferers do eat, sometimes in downright paroxysms, they throw their food up again afterwards. As with any addiction, the quantities they stuff into themselves grow larger and larger. Binging makes the persons affected feel guilty and ashamed, and they often conceal the fact that is it happening.

Dangerous physical consequences.
All forms of eating disorder have dangerous physical consequences, such as cardiac arrhythmia. Eating disorders often occur first in puberty. Anorexia is one of the most serious illnesses of young adults. Many of the people affected recover, but there are also chronic forms – which can even be fatal.
Other illnesses

Addictive disorders.
Addictive or dependency disorders, which are common, are regarded as mental illnesses. People can become dependent on substances, primarily alcohol and tobacco, or on behaviour, such as gambling. The most important signs of addiction are that persons affected have to consume more and more to achieve the desired effect, and that they exhibit withdrawal symptoms if they come off the substance or behaviour that they’re addicted to. Addictive disorders often occur in combination with other mental illnesses. To an extent, the excessive consumption of alcohol, drugs or prescriptions medicines is an attempt at self-medication to deal with depression or anxieties. In the medium term, though, heavy consumption makes these illnesses worse. Most addictive disorders are highly stressful for family members.

Obsessive/compulsive disorders.
Sufferers from these carry out compulsive actions and have obsessive thoughts. Typical compulsive actions are hand-washing, counting (stairs on a staircase, for example) or checking (whether something is switched off, for example). A typical obsessive thought is: “Have I locked the doors?” Compulsive actions are often preceded by obsessive thoughts. Almost everybody is familiar with thoughts and actions like these, and they don’t necessarily indicate an illness. We only speak of an obsessive/compulsive disorder when the compulsion is so strong that the sufferer is dominated by it even though he or she can see how pointless it is, and can do hardly anything else. Obsessive/compulsive disorders are generally mild when they begin. They then gradually intensify. Persons affected from serious obsessive/compulsive disorders can no longer live their lives and are unable to work. The range is very wide.
Borderline personality disorder.
Borderline personality disorder is a fairly rare illness, often little understood by others. People with a borderline disorder have particular difficulties with relationships and their self-worth. They have trouble controlling their feelings, and they often act impulsively. Self-harm, such as cutting and attempted suicide, is common. The disorder is generally at its most pronounced between the ages of 15 and 35. Persons affected often had a difficult childhood. The suffering and loneliness caused by this illness are extreme. Dealing with it is very challenging and stressful for those close to the sufferer.

Schizophrenia.
Little is known about the development of schizophrenia. No two cases are identical, but they are all characterized by delusions and hallucinations. The persons affected hear, see, feel or smell things that others do not, and they have fixed beliefs that to them are unshakably real – even if nobody else shares them. As a rule, schizophrenia is mild when it begins. It then gradually intensifies. There are people who exhibit the symptoms only once, then completely return to normal. Some have recurring episodes but are fine between them, while others suffer from the chronic form of the illness.

Other mental illnesses.
There are other mental illnesses, such as post-traumatic disorder, which occurs after extremely stressful experiences, or hyperactivity, autism, dementia.

Please note: The dividing line between mental health and mental illness is fluid. Many individual characteristics of mental illness are also observed in entirely healthy people. So if when reading the foregoing descriptions of mental illnesses you formed the impression that some of them apply to you, you should not let this worry you – unless your symptoms are extreme. If you are concerned, it is advisable to talk to family, friends or a specialist (see page 12).
Mental illnesses can affect anybody. It is never true that the people affected only have themselves to blame. Even so, we are not totally at their mercy. The body can be looked after, and so can the mind. The following tips can help us to stay healthy and prevent mental illnesses. At www.how-are-you.ch > We talk about everything > Inputs for mental health you will find more extensive notes on the individual tips, showing you how to put them into practice.

• Stay in touch. Friends are precious.
• Ask for help. Accepting help is a sign of strength.
• Relax. There is strength in serenity.
• Believe in yourself. We all go through crises.
• Get involved. Contribute your strengths, interests, wishes and hopes to a cause and to the community.
• Stay active. Physical exercise and activity help maintain a mental equilibrium.
• Accept yourself. Nobody’s perfect.
• Learn something new. Learning is discovery.
• Get creative. There is creativity in all of us.
• Let’s talk. A trouble shared is a trouble halved.
Conversation tips

At www.how-are-you.ch > Conversation tips you will find lots of hints on how a conversation about mental illness or problems can be successful. We can’t reproduce them all here, but two points are especially important to us:

Listening helps.
Many people are afraid of not being able to find the right words when talking to someone who may have mental problems. But this underestimates the benefits of simply having somebody sympathetic to talk to. Your starting point for the conversation should be that you want to understand how the other person is feeling. You don’t have to find solutions.

Breaking the silence can work wonders.
If you have a mental illness, you often suffer twice: from the illness itself, and from the loneliness resulting from your fear of rejection if you open up about it. Having a conversation, escaping from their isolation, is perceived by many sufferers as a great relief.

Starting the conversation is especially hard, so here are a few examples of how you might break the ice.

Conversation starters for family, friends and acquaintances:
• “I’m concerned that you don’t come to our get-togethers anymore. Are things not going well for you?”
• “I get the feeling that things aren’t going well for you at the moment. Would you like to talk to me about it? Today, maybe, or some other time?”

Conversation starters for persons affected:
• “Things aren’t that good for me. Can I talk to you about it?”
• “I have a few problems at the moment, it would be nice to have somebody who would listen.”

You can order or download a brochure containing conversation tips at www.how-are-you.ch > More about the campaign > Order brochures.
More information at www.how-are-you.ch

- Conversation tips for people affected and those around them
- Suggestions for mental health care
- Addresses and services available
- Information about the “How are you?” campaign

Finding professional help

Mental illnesses should be treated as early as possible by qualified specialists. If you feel that you’re not in the best of mental health, talk to your doctor about it. Doctors can often recognize mental illnesses and refer sufferers to specialist psychotherapists: psychologists or psychiatrists (specialized doctors) with advanced training in psychotherapy. You can also approach these specialists directly. You can find addresses at www.how-are-you.ch > Addresses and services

If you have questions about mental illness, the Pro Mente Sana advice line can help you: Tel. 0848 800 858 (in German; standard charge).

In an emergency you can also call the advice line of Die Dargebotene Hand / La Main Tendue: Tel. 143 (24/7, free of charge, anonymous, in German, French or Italian).

Order or download brochures

At www.how-are-you.ch > More about the campaign > Order brochures you can order or download further copies of this brochure, two brochures on mental health at work, a brochure on mental health and illnesses in the family and a brochure containing tips on how to conduct talks.