

# DON'T GET MAD GET HELP

CELEBRITY BREAKDOWNS ARE ALL OVER THE NEWS, YET RECORD NUMBERS OF SUFFERERS DO NOT GET THE TREATMENT THEY NEED. *PETA BEE* ON HOW TO NAVIGATE THE MENTAL-HEALTH MINEFIELD

**D**epression, stress and anxiety are an ever-present scourge in our weary, overburdened lives. They are also indiscriminate in their targets, and high-profile breakdowns are rarely out of the news — stories of mental illness are now almost as prevalent as those about weight loss and diets. Catherine Zeta-Jones and Sinéad O'Connor suffer from bipolar disorder, Stephen Fry and Rory Bremner have battled with depression, and Britney Spears, Mel Gibson and Lindsay Lohan have all undergone public meltdowns. Even politicians aren't immune, with a series of MPs admitting they have suffered from debilitating mental illnesses including depression and obsessive-compulsive disorder.

A report by the mental-health policy group at the London School of Economics (LSE) estimates that these disorders now account for nearly half of all ill health suffered by people in Britain. But does the deluge of celebrity sufferers mean that while awareness is raised, there is a risk that mental-health problems become so commonplace, we are being conditioned into thinking they are the norm? Marjorie Wallace, founder and chief executive of the charity Sane, thinks this social and cultural shift has left some people feeling that they should be able to deal with what she calls "malignant sadness" in their lives. "With all the celebrity confessionals, people can begin to perceive sadness as a lifestyle choice or hazard, and that can be damaging," she says. "Those who have symptoms of depression or anxiety are even more reluctant to speak out, because they are less glamorous and less successful in life and don't have the protective cushion of celebrity. Ordinary people feel they risk a great deal in seeking help from family and colleagues. They could lose friends. They certainly don't get applauded."

Dr Ian Drever, a consultant psychiatrist for the Priory Group, agrees that too much publicity could be a double-edged sword: "Some people soldier on month after month, year after year, with sometimes quite profound depression, stress and anxiety, because they think, 'This is life. I'll just have to get on with it.'"

This habit of ignoring problems until they become too much to bear, coupled with a lack of available support, is having predictably catastrophic consequences. The LSE report says three-quarters of people are struggling to get treatment. And the problem is getting worse. A report by the mental-health charity Mind in 2010 found that one in five people in England wait a year or more for psychological therapies.

Sasha, 43, went to see her doctor when she was going through a bitter divorce. Initially, she put off booking

an appointment because she did not consider her problems to be serious enough to warrant surgery time. "You're always reading about couples in the public eye who are getting divorced, and I tried to tell myself, 'If they can deal with it, so can I,'" she says.

When she began to take time off work, she relented and booked an appointment with her GP. "He told me to come back in a month and, if I was still feeling the same way, he would talk to me about what treatments were available," she says. "I went home and, for the first time in my life, I stopped eating. I ended up having lengthy treatment for bulimia. I often wonder if that appointment was the catalyst, and whether my illness could have been avoided if I had received counselling sooner."

The LSE review highlighted the gaping holes that exist in NHS provision. It estimated that "cost-effective treatments for mental illness receive only 13% of NHS expenditure". As in Sasha's case, when people do visit their doctor for help, they are often not referred for appropriate treatment. According to the researchers, inexpensive talking therapies such as cognitive behavioural therapy (CBT) and counselling could help up to two-thirds of patients.

Although CBT is available on the NHS, there are waiting lists of up to a year because of cuts to services.


Left untreated, stress and depression are likely to result in additional physical symptoms that are more debilitating than the original condition. Statistics from Sane show that people with long-term mental-health problems are more likely to self-medicate, drink and resort to other risky behaviour. As a consequence, many believe the NHS is setting itself up for further financial difficulties. Current estimates put the annual cost of mental illness to the health service at at least £10 billion, a large percentage of which could be saved by treating patients sooner.

There are treatment options outside the NHS. Mind recommends trying a private clinic or consulting a private counsellor from the British Association for Counselling & Psychotherapy, and some counselling is offered by the voluntary and charity sector. Even so, as things stand, demand for help is rising sharply and shows no sign of abating. Mind reported a 28% surge in calls to its helplines between October 2011 and April 2012, compared with the same period the year before. Divorce, money worries and work stress, in particular, are creating the sort of pressure that causes people to buckle.

For many, the phone call is made when requests to their GP for treatment hit a brick wall. Sarah Kenton, 38, developed post-traumatic stress disorder after the birth of her son left her struggling emotionally and financially. While waiting for therapy, she tried to take her own life and ended up on a psychiatric mother and baby unit, where she eventually received help. Her treatment stopped when she left hospital, however, and she has



*Britney Spears had mental-health issues, Stephen Fry suffers from depression and Catherine Zeta-Jones has bipolar disorder*



been told she'll have to wait another 12 months before she gets any further psychotherapy. "Having to wait for therapy exacerbated my despair and hopelessness," she says. "I didn't bond with my son for 11 months, and I feel so sad at losing out on the early part of his life."

Drever believes a complete change in the way we deal with mental-health problems is now needed: "We've got to the point where we must think about how to prevent anxiety and depression, not just deal with them reactively – that could be by introducing CBT or something similar in schools." Wallace agrees that our perspective of mental illness needs to change. "We all live with some sadness," she says. "But there's a point at which that unhappiness becomes hostile, unbearable and drains you of your purpose. People need help in dealing with it before they hit that point." ●

43

## WHEN AND HOW TO SEEK HELP

**1 Seek help sooner rather than later** Everyone copes in different ways, but there is a pivotal moment when mental-health problems become disabling. "When you feel that your feelings have hijacked you and are affecting the way you live, something needs to be done," says Marjorie Wallace, chief executive of the mental-health charity Sane.

**2 Look out for warning signs in yourself and friends** People who are anxious or depressed often begin to doubt themselves and become afraid that they are going mad. This can lead to isolation and a loss of interest in work, hobbies, socialising and family life, which compounds the problems.

**3 Your GP should be your first port of call** They may be able to prescribe CBT or other therapies. If waiting lists are too long, or you are fobbed off, consider a private counsellor or psychotherapist, although they can cost upwards of £25 a session ([bacp.co.uk](http://bacp.co.uk)).

**4 What to do if treatment options are not offered** Seek advice from the mental-health charities Mind ([mind.org.uk](http://mind.org.uk)) or Sane ([sane.org.uk](http://sane.org.uk)), which have counsellors and voluntary therapists around the country.