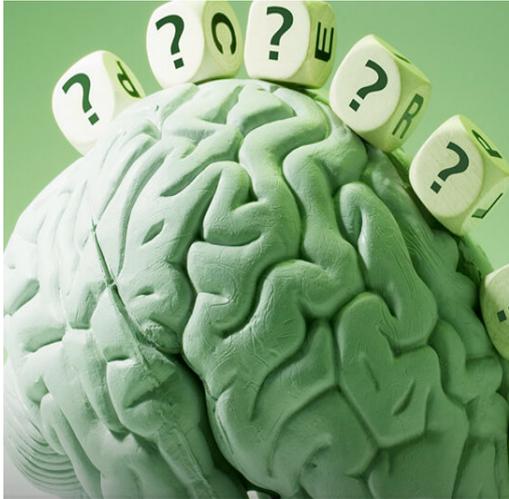




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## MENTAL HEALTH ... THE NOT SO COMMON

This month's newsletter follows on from last month. Last month we described some of the most common mental health challenges in the Australian population. And this month we follow up with some less common mental health disorders.

Click [here](#) to read last month's newsletter, and to access all our previous articles.

If you're interested in our previous articles, please click [here](#)

If you've got a suggestion for an article, or there's something more you would like to hear about, please send us an email - click [here](#)

## Not So Common ... But Oh So Costly!

**By Amanda Pulford**  
**Director and Clinical Psychologist**  
**BPpsych (Hons) MPpsych (Clin) MAPS FCCLP MACPA**

Again, we turn to the National Survey of Mental Health and Wellbeing of adults (16-85 years of age), which provides information on the 12-month and lifetime prevalence of mental disorders in the Australian population. The survey estimated that almost half (45%) of the population in this age range will experience a mental disorder at some time in their life (that's about 8.6 million people!!).

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About 2-3% of Australians (about 730,000 people) have a severe mental disorder, as judged by diagnosis, intensity and duration of symptoms, and degree of disability caused. Another 4-6% (about 1.5 million) of the population are estimated to have a moderate disorder, and a further 9-12% (about 2.9 million) a mild disorder.

The survey also estimated that 20% of the population had experienced a common mental disorder in the previous 12 months (Anxiety Disorders, Affective or Mood Disorders, or Substance Use Disorders). See our last newsletter for more information.

However, there are mental illnesses that are of low prevalence, yet they have severe consequences (not just for the individual living with the condition, but their family, friends, and carers). These include psychotic illnesses, eating disorders, and severe personality disorders.

Read on to find out more about each of these 'not so common' categories, the statistics, and which gender has a higher incidence rate.

## **Psychotic Disorders**

Those diagnosed with a Psychotic Disorder also experience poor physical health, such as heart disease, obesity, diabetes, and other chronic health conditions. Sadly, all of this often links to a decreased lifespan.

**Schizophrenia** : is characterised by symptoms such as hallucinations (seeing or hearing things that don't exist), delusions (strange fixed beliefs that are not true), lack of emotion, limited speech and an inability to enjoy any activities.

*47% of those with a psychotic illness have a diagnosis of Schizophrenia*

*Men have a higher incidence than women*

**Schizoaffective Disorder** : is when a person experiences a combination of schizophrenia symptoms, such as hallucinations and/or delusions, and mood disorder symptoms, such as depression or mania.

*17.5% of those with a psychotic illness have a diagnosis of Schizoaffective Disorder*

*Men have a higher incidence than women*

**Bipolar Disorder with Psychosis** : is characterised by repeated episodes in which mood and activity levels are significantly disturbed – consisting on some occasions of an elevation of mood and increased energy and activity (mania or hypomania), and on others of a lowering of mood and decreased energy and activity (depression) – accompanied by delusions and/or hallucinations.

*17.5% of those with a psychotic illness have a diagnosis of Bipolar Disorder with Psychosis*

*Women have a higher incidence than men*

**Delusional Disorder** : is when delusions are present, but there are no accompanying hallucinations, or thought disorders, or mood disorders, or flattening of mood.

*5.0% of those with a psychotic illness have a diagnosis of Delusional Disorder*

*Men have a higher incidence than women*

**Depressive Psychosis Disorder** : is characterised by severe depressive symptoms with hallucinations and/or delusions.

*4.4% of those with a psychotic illness have a diagnosis of Depressive Psychosis Disorder*

*Women have a higher incidence than men*

**It should be noted that some Psychotic Disorders are organic in nature; however, episodes of Psychosis can also be brought on by alcohol and drugs (especially for those younger in age), health conditions, and sometimes by medication.**

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## Eating Disorders

**Binge Eating Disorder** : is characterised by frequently eating excessive amounts of food, often when not hungry, providing a distraction that allows a person to avoid thinking about the root of their problems (feelings of guilt, disgust and depression often follow a bingeing episode).

*47% of those with an eating disorder have a diagnosis of Binge Eating Disorder*

*Women have a higher incidence than men*

**Bulimia Nervosa** : is characterised by recurrent binge-eating episodes (the consumption of abnormally large amounts of food in a relatively short period of time), and is associated with a sense of loss of control and is immediately followed by feelings of guilt and shame, which then leads the person to purging behaviours.

*12% of those with an eating disorder have a diagnosis of Bulimia Nervosa*

*Women have a higher incidence than men*

**Anorexia Nervosa** : is characterised by low body weight and body image distortion with an obsessive fear of gaining weight, which manifests itself through depriving the body of food. It often coincides with increased levels of exercise.

*3% of those with an eating disorder have a diagnosis of Anorexia Nervosa*

*Women have a higher incidence than men*

## Severe Personality Disorders

A personality disorder is a type of mental disorder in which rigid and unhealthy patterns of thinking, functioning and behaving occur. A person with a personality disorder has trouble perceiving and relating to situations and people. This causes significant problems and limitations in all or most aspects of their life.

There are many types of personality disorders, grouped into three clusters, based on similar characteristics and symptoms.

**Cluster A Personality Disorders** : are characterised by odd or eccentric thinking or behaviour, and they include Paranoid Personality Disorder (distrust and suspicion of others and their motives), Schizoid Personality Disorder (lack of interest in social or personal relationships), and Schizotypal Personality Disorder (peculiar dress, thinking, beliefs, speech or behaviour).

**Cluster B Personality Disorders** : are characterised by dramatic, overly emotional or unpredictable thinking or behaviour, and they include Antisocial Personality Disorder (disregard for others' needs, feelings and/or safety), Borderline Personality Disorder (instability in self, relationships, emotions, behaviours), Histrionic Personality Disorder (excessively emotional, dramatic or sexually provocative), and Narcissistic Personality Disorder (belief that you're special and more important than others).

**Cluster C Personality Disorder** : are characterised by anxious, fearful thinking or behaviour, and they include Avoidant Personality Disorder (too sensitive to criticism or rejection), Dependent Personality Disorder (excessive dependence on others and the need to be taken care of), and Obsessive-Compulsive Personality Disorder (preoccupation with details, orderliness and rules).

## The Take Away

While these are less common mental health disorders, unfortunately they come at a significant cost to the individuals and those around them. However, symptoms can be managed. Research shows that with self-care, support, and perseverance, most people can manage their mental health, and in some cases, individuals no longer identify as having mental health challenges.

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So, seek support as soon as you can – from family, from friends, from your GP, from a mental health professional.

## Talks

**The Voices In My Head** by Eleanor Longden

[https://www.ted.com/talks/eleanor\\_longden\\_the\\_voices\\_in\\_my\\_head?language=en](https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head?language=en)

To all appearances, Eleanor Longden was just like every other student, heading to college full of promise and without a care in the world. That was until the voices in her head started talking. Initially innocuous, these internal narrators became increasingly antagonistic and dictatorial, turning her life into a living nightmare. Diagnosed with schizophrenia, hospitalized, drugged, Longden was discarded by a system that didn't know how to help her. Longden tells the moving tale of her years-long journey back to mental health, and makes the case that it was through learning to listen to her voices that she was able to survive.

**After Anorexia: Life's Too Short to Weigh Your Cornflakes** by Catherine Pawley

<https://www.youtube.com/watch?v=gZpcTVqpaPw>

Diagnosed with anorexia nervosa in early 2012 Catherine battled the illness throughout her 'A' levels and the first year of her degree which resulted in her taking two gap years to get specialist treatment at an inpatient Eating Disorders Unit. Catherine has just completed her second year at university, and she is busy enjoying student life and everything it entails. Catherine reveals a deeply honest account into her road to recovery which will hopefully inspire others.

**Borderline Talks Back** by Coral More

<https://www.youtube.com/watch?v=EqfrHy-pmVc>

Coral's talk bridges her poetic and academic passions in a discussion of social and professional stigma, and how this stigma can be fought using the dimensional model of personality disorders. Coral is a stigma warrior, activist, performance poet, and psychology student. Her poetry explores lived experience of mental illness, gender, and sexuality through a lens that is both educational and vulnerable.

As always, if you would like some help, please feel free to contact us on 0488 954 195, [admin@awakenpsychology.com.au](mailto:admin@awakenpsychology.com.au) or [click here](#)

“You have  
to be unique,  
and different,  
and shine  
in your own  
way”

Lady Gaga

Wednesday - July 25, 2012(2:58 am)

If at any stage, you find you need urgent assistance – go to your closest **Emergency Department**, call the **Mental Health Emergency Line** on 13 14 65, or call **Lifeline** on 13 11 14.

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