

**Let's
TALK**

A-Z Lexicon to Guide Individuals on Mental Health and Mental Health Disorders

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PROJECT “LET’S TALK”: AN EFFECTIVE MENTAL HEALTH PROMOTION, PREVENTION AND INTERVENTION PROGRAMME TOWARDS POSITIVE YOUTH DEVELOPMENT IN THE 21st CENTURY

Erasmus+, KA220 YOU Cooperation partnership in youth work

LetsTALK project's main objective is to develop a mental health promotion, prevention and intervention programme targeted to young people for supporting them comprehensively in coping with mental health disorders in adulthood through the enhancement of life skills as well as to promote the importance of positive mental health and well-being.

Furthermore, the project aims to :

- Improve young peoples' knowledge around Mental Health
- Equip young people with psychosocial skills for taking care and maintaining their Mental Health and wellbeing.
- End social stigma around mental health disorders by encouraging young people to speak about mental health disorders share their experiences and support others if needed
- Provide the needed material and practices to be adopted, to youth workers in order to raise their capacity to support young people with mental health disorders.
- Upgrade quality of youth workers through the development of an UPSKILLING TOOLKIT and an AR GAME, that will allow youth workers to use effective non formal methods in reaching out young people, and especially those who are experiencing mental health disorders and social stigma.
- Improve young peoples' self-esteem and resilience by promoting healthier attitudes and behaviors which will help young people to avoid any mental health issues during their transition from adolescence to adulthood.

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INTRODUCTION TO THE LEXICON

The A-Z Lexicon for Mental Health is a comprehensive reference book designed to provide adequate information on various Mental Health Disorders (MHDs). It aims to assist Youth workers working in NGOs in Europe in their efforts to support individuals facing mental health challenges. This lexicon offers definitions, symptoms, causes, and characteristics of different MHDs, enabling youth workers to enhance their understanding and provide effective assistance to those in need.

Please note that this lexicon is not exhaustive and should be used as a starting point for understanding mental health and MHD. It is important to consult with mental health professionals for accurate information and guidance.

GUIDELINES FOR USE

- Familiarize yourself: Take the time to read through the lexicon to gain a comprehensive understanding of mental health disorders and their nuances. This will help you better support individuals facing these challenges.
- Use as a reference tool: The lexicon is designed to serve as a quick reference guide. Utilize it to find information on specific mental health disorders or related topics as required.
- Empower through knowledge: Armed with the knowledge from the lexicon, engage in open and supportive conversations with individuals facing mental health disorders. Share accurate information to counter misconceptions and promote understanding.
- Complement professional help: While this lexicon provides valuable information, it is not a substitute for professional medical or psychological advice. Encourage individuals to seek assistance from trained healthcare professionals when necessary.



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TARGET GROUP

The A-Z Lexicon for Mental Health is specifically created for Youth workers working in NGOs in Europe. These professionals interact with a diverse range of individuals, including adolescents and young adults, who may be experiencing mental health challenges. This lexicon equips them with the knowledge needed to provide appropriate guidance, support, and referrals to specialized services when required.

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Disclaimer: The A-Z Lexicon for Mental Health is not intended to replace professional medical advice or treatment. It is a tool for informational purposes only. Always consult a qualified healthcare professional for diagnosis, treatment, and support in mental health matters.

Remember, your commitment and compassion play a vital role in supporting individuals with mental health challenges.



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LEXICON

A - Acute Stress Disorder (ASD): ASD typically occurs within one month of a traumatic event. Symptoms are similar to those seen in post traumatic stress disorder (PTSD), however this disorder is temporary, lasting from a few days to a month. Some people with this disorder can go on to develop PTSD.

Symptoms: People with ASD have more than eight of the following symptoms, according to the DSM5.

Dissociative symptoms:

- They feel numb, detached, or emotionally unresponsive
- They have reduced awareness of their surroundings
- They experience derealization (their environment seems strange or unreal to them)
- and depersonalization (their thoughts or emotions don't seem real or don't seem like they belong to them)
- They develop dissociative amnesia, which prevents them from remembering one or more important aspects of the traumatic event

Intrusion symptoms:

- They are re-experiencing the traumatic event by having recurring images, thoughts, nightmares, illusions, or flashback episodes of the traumatic event
- they feel distressed when something reminds them of the traumatic event

Avoidance symptoms:

- They avoid stimuli that cause them to remember or re-experience the traumatic event, such as: people, conversations, places, objects, activities, thoughts, feelings

Anxiety and arousal symptoms:

- trouble sleeping
- difficulty concentrating

- Irritability and rage attacks with minimum to no provocation
- being unable to stop moving or sit still

Negative mood:

- Inability to be happy, feel successful or feel love.

Causes: ASD can be caused if a person experiences, witnesses, or confronts one or more traumatic events. The events create intense fear, horror, or helplessness. Traumatic events that can cause ASD include death, threat of death to oneself or others, threat of serious injury to



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oneself or others, and threat to the physical integrity of oneself or others. The exact reason why most people recover after a traumatic event but few develop ASD remains unknown.

A - Adverse Childhood Experiences (ACE): ACE is a type of trauma that originates in childhood and has its effect in the adult years of the individual, obstructing him/her from living a happy and fulfilling life. Childhood trauma, if not treated, has the power to influence the adult's decision making process, altering the vision and perception in a bad direction. Complex childhood trauma is insidious and lingers in the body and mind. These traumas might appear as a general feeling of distrust or detachment. That feeling sneaks into the person's adult relationships, even when those relationships aren't abusive. It is not just nightmares and flashbacks. Complex childhood trauma is a whole body and whole mind illness.

Symptoms:

Childhood trauma can live a long time in the body and contribute to chronic illnesses like cancer, heart, liver, lung and autoimmune disease, chronic headaches. It can also poison a person's relationship to their own sexuality, causing sexually transmitted disease, sexually risky behavior etc. A person's relationship with time and reality can be altered as well and dissociative identity disorder ("multiple personality disorder") can be developed.

- Lack of physical activity
- Smoking
- Alcoholism
- Drug use
- Missed work
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- Sexually transmitted disorders
- Heart Disease
- Cancer
- Stroke
- Broken bones

Causes: The adverse childhood experience affects a person profoundly. Complex trauma is not always about what happened to a person. It is also about what did not happen. Not everyone with a high score for, what is called, Adverse Childhood Experiences (ACEs) will have a difficult



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adulthood, just as not everyone with low or no ACEs will have an easy one. ACEs is simply a tool to assess risk. Some common ACEs that could be the cause for childhood trauma are:

- Physical, emotional, psychological or sexual abuse
- Neglect
- Loss or separation
- Medical trauma
- Exposure to crime or living in danger
- War and conflict
- Bullying
- Parental substance abuse
- Family dysfunction
- Parental mental health issues
- Foster care/orphanage trauma

A - Agoraphobia: Agoraphobia is a type of anxiety disorder and involves fearing and avoiding places or situations that might cause panic and feelings of being trapped, helpless or embarrassed. Those who suffer from Agoraphobia may fear an actual or upcoming situation. For example, they may fear using public transportation, being in open or enclosed spaces, standing in line, or being in a crowd.

Symptoms: Typical agoraphobia symptoms include fear of:

- Leaving home alone
- Crowds or waiting in line
- Enclosed spaces, such as movie theaters, elevators or small stores
- Open spaces, such as parking lots, bridges or malls
- Using public transportation, such as a bus, plane or train

These situations cause anxiety because you fear you won't be able to escape or find help if you start to feel panicked. Or you may fear having other disabling or embarrassing symptoms, such as dizziness, fainting, falling or diarrhea.

Causes: Agoraphobia can sometimes develop if a person has a panic attack in a specific situation or environment. They begin to worry so much about having another panic attack that they feel the symptoms of a panic attack returning when they're in a similar situation or environment. This causes the person to avoid that particular situation or environment. In some occasions, agoraphobia can be developed without a history of panic attacks. This type of agoraphobia can be triggered by a number of different irrational fears (phobias), such as the fear of becoming



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infected by a serious illness if you visit crowded places or doing something by accident that will result in you embarrassing or humiliating yourself in front of others.

A - Anorexia Nervosa: An eating disorder characterized by an abnormally low body weight, an intense fear of gaining weight and a distorted perception of weight and body image. People with anorexia nervosa see themselves as being heavy or large when they are actually severely underweight and they go to extremes (follow restrictive diets or undertake harsh, excessive exercise routines) to keep their weight as low as possible. Men and women of any age can get anorexia, but teenagers may be more at risk because of the changes their bodies go through during puberty. They may also face increased peer pressure and be more sensitive to criticism or even casual comments about weight or body shape.

Symptoms: Signs and symptoms of anorexia include:

- if you're under 18, your weight and height being lower than expected for your age
- if you're an adult, having an unusually low body mass index (BMI)
- missing meals, eating very little or avoiding eating any foods you see as fattening
- believing you're fat when you're a healthy weight or underweight
- taking medicine to reduce hunger (appetite suppressants)
- your periods stopping (in women who have not reached menopause) or not starting (in younger women and girls)
- physical problems, such as feeling lightheaded or dizzy, hair loss or dry skin

Some people with anorexia may also make themselves sick, or use medicine to help them poo (laxatives) or to make them pee (diuretics) to try to stop themselves gaining weight from any food they do eat.

Causes: Although the exact cause of Anorexia is unknown, people are more likely to develop an eating disorder when:

- they or a member of their family has a history of eating disorders, depression, or alcohol or drug addiction
- they have been criticized for their eating habits, body shape or weight
- they are overly concerned with being slim, particularly if they also feel pressure from society or their job (e.g. ballet dancers, jockeys, models, athletes)
- they have anxiety, low self-esteem, an obsessive personality or are perfectionists
- they have been sexually abused



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A - Attention Deficit Hyperactivity Disorder (ADHD): Adult attention-deficit/hyperactivity disorder (ADHD) is a mental health disorder that includes a combination of persistent problems, such as difficulty paying attention, hyperactivity and impulsive behavior. Adult ADHD can lead to unstable relationships, poor work or school performance, low self-esteem, and other problems. Though it's called adult ADHD, symptoms start in early childhood and continue into adulthood. In some cases, ADHD is not recognized or diagnosed until the person is an adult. Adult ADHD symptoms may not be as clear as ADHD symptoms in children. In adults, hyperactivity may decrease, but struggles with impulsiveness, restlessness and difficulty paying attention may continue.

Symptoms:

- Impulsiveness
- Disorganization and problems prioritizing
- Poor time management skills
- Problems focusing on a task
- Trouble multitasking
- Excessive activity or restlessness
- Poor planning
- Low frustration tolerance
- Frequent mood swings
- Problems following through and completing tasks
- Hot temper
- Trouble coping with stress

Causes: While the exact cause of ADHD is not clear, research efforts continue. Factors that may be involved in the development of ADHD include:

- Genetics
- Environment

Developmental Problems

B - Binge Eating Disorder: A serious eating disorder in which you frequently consume unusually large amounts of food and feel unable to stop eating. Although the disorder resembles bulimia nervosa, it differs, because its sufferers do not purge their bodies of the excess food, via vomiting, laxative abuse, or diuretic abuse. Although people of any age can have binge-eating



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disorder, it often begins in the late teens or early 20s and it is more common in women than in men.

Symptoms: Behavioral and emotional signs and symptoms of binge-eating disorder include:

- Eating unusually large amounts of food in a specific amount of time, such as over a two-hour period
- Feeling that your eating behavior is out of control
- Eating even when you're full or not hungry
- Eating rapidly during binge episodes
- Eating until you're uncomfortably full
- Frequently eating alone or in secret
- Feeling depressed, disgusted, ashamed, guilty or upset about your eating
- Frequently dieting, possibly without weight loss

Causes: The causes of binge-eating disorder are unknown, but there are factors (e.g. genetics, long-term dieting and psychological issues) that increase the risk of developing binge-eating disorder. These factors include:

- Family history. You're much more likely to have an eating disorder if your parents or siblings have (or had) an eating disorder. This may indicate that inherited genes increase the risk of developing an eating disorder.
- Dieting. Many people with binge-eating disorder have a history of dieting. Dieting or restricting calories during the day may trigger an urge to binge eat, especially if you have symptoms of depression.
- Psychological issues. Many people who have binge-eating disorder feel negatively about themselves and their skills and accomplishments. Triggers for bingeing can include stress, poor body self-image and the availability of preferred binge foods.

B - Bipolar disorder: A mental health condition that causes extreme mood swings that include emotional highs (mania or hypomania) and lows (depression).

Symptoms: People with bipolar disorder experience alternating depressive episodes with periods of manic symptoms. During a depressive episode, the person experiences depressed mood (feeling sad, irritable, empty) or a loss of pleasure or interest in activities, for most of the day, nearly every day. Manic symptoms may include euphoria or irritability, increased activity or energy, and other symptoms such as increased talkativeness, racing thoughts, increased self-esteem, decreased need for sleep, distractibility, and impulsive reckless behaviour.



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Causes: The exact cause of bipolar disorder is unknown. Experts believe there are a number of factors (physical, environmental and social factors) that work together to make a person more likely to develop it. For example, bipolar disorder may be triggered by:

- physical illness
- sleep disturbances
- overwhelming problems in everyday life, such as problems with money, work or relationships
- a stressful circumstance or situation such as a break-up, physical, sexual or emotional abuse, or the death of a close family member or loved one

There is also some evidence that bipolar disorder may be associated with chemical imbalances in the brain, and more specifically, in the levels of 1 or more neurotransmitters.

B - Borderline Personality Disorder: A mental health disorder that impacts the way you think and feel about yourself and others, causing problems functioning in everyday life. It includes self-image issues, difficulty managing emotions and behavior, and a pattern of unstable relationships. With borderline personality disorder, you have an intense fear of abandonment or instability, and you may have difficulty tolerating being alone. Yet inappropriate anger, impulsiveness and frequent mood swings may push others away, even though you want to have loving and lasting relationships. Borderline personality disorder usually begins by early adulthood. The condition seems to be worse in young adulthood and may gradually get better with age.

Symptoms: Signs and symptoms may include:

- An intense fear of abandonment, even going to extreme measures to avoid real or imagined separation or rejection
- A pattern of unstable intense relationships, such as idealizing someone one moment and then suddenly believing the person doesn't care enough or is cruel
- Rapid changes in self-identity and self-image that include shifting goals and values, and seeing yourself as bad or as if you don't exist at all
- Periods of stress-related paranoia and loss of contact with reality, lasting from a few minutes to a few hours
- Impulsive and risky behavior, such as gambling, reckless driving, unsafe sex, spending sprees, binge eating or drug abuse, or sabotaging success by suddenly quitting a good job or ending a positive relationship



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- Suicidal threats or behavior or self-injury, often in response to fear of separation or rejection
- Wide mood swings lasting from a few hours to a few days, which can include intense happiness, irritability, shame or anxiety
- Ongoing feelings of emptiness
- Inappropriate, intense anger, such as frequently losing your temper, being sarcastic or bitter, or having physical fights

Causes: In addition to environmental factors, such as a history of child abuse or neglect, borderline personality disorder may be linked to:

- Genetics. Some studies of twins and families suggest that personality disorders may be inherited or strongly associated with other mental health disorders among family members.
- Brain abnormalities. Research has shown changes in certain areas of the brain involved in emotion regulation, impulsivity and aggression. In addition, certain brain chemicals that help regulate mood, such as serotonin, may not function properly.

B - Body Dysmorphic Disorder (BDD): A mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others. People of any age can have BDD but it is most common in teens and young adults. It affects both women and men.

Symptoms: A person might have BDD if they:

- Worry a lot about a specific area of their body
- Spend a lot of time comparing their looks with other people's looks
- Try hard to conceal flaws - for example by spending a long time combing their hair, applying make-up or choosing clothes
- Look themselves in the mirror a lot, or avoid mirrors altogether

Causes: It's not known exactly what causes BDD, but it might be associated with:

- genetics – you may be more likely to develop BDD if you have a relative with BDD, obsessive compulsive disorder (OCD) or depression
- a chemical imbalance in the brain
- a traumatic experience in the past – you may be more likely to develop BDD if you were teased, bullied or abused when you were a child

Some people with BDD also have another mental health condition, such as OCD, generalized anxiety disorder or an eating disorder.



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B - Bulimia Nervosa: Bulimia (boo-LEE-me-uh) nervosa, commonly called bulimia, is a serious, potentially life-threatening eating disorder. People with bulimia may secretly binge-eating large amounts of food with a loss of control over the eating- and then purge, trying to get rid of the extra calories in an unhealthy way. To get rid of calories and prevent weight gain, people with bulimia may use different methods. For example, they may regularly self-induce vomiting or misuse laxatives, weight-loss supplements, diuretics or enemas after bingeing. Or they may use other ways to rid themselves of calories and prevent weight gain, such as fasting, strict dieting or excessive exercise.

Symptoms: Bulimia signs and symptoms may include:

- Being preoccupied with your body shape and weight
- Living in fear of gaining weight
- Repeated episodes of eating abnormally large amounts of food in one sitting
- Feeling a loss of control during bingeing - like you can't stop eating or can't control what you eat
- Forcing yourself to vomit or exercising too much to keep from gaining weight after bingeing
- Using laxatives, diuretics or enemas after eating when they're not needed
- Fasting, restricting calories or avoiding certain foods between binges
- Using dietary supplements or herbal products excessively for weight loss

Causes: The exact cause of bulimia is unknown. Many factors could play a role in the development of eating disorders, such as:

- **Biology.** People with first-degree relatives (siblings, parents or children) with an eating disorder may be more likely to develop an eating disorder, suggesting a possible genetic link. Being overweight as a child or teen may increase the risk.
- **Psychological and emotional issues.** Psychological and emotional problems, such as depression, anxiety disorders or substance use disorders are closely linked with eating disorders. People with bulimia may feel negatively about themselves. In some cases, traumatic events and environmental stress may be contributing factors.
- **Dieting.** People who diet are at higher risk of developing eating disorders. Many people with bulimia severely restrict calories between binge episodes, which may trigger an urge to again binge eat and then purge. Other triggers for bingeing can include stress, poor body self-image, food and boredom.



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C - Claustrophobia: An anxiety disorder that causes an intense fear of enclosed spaces. If you get very nervous or upset when you're in a tight place, like an elevator or crowded room, you might have claustrophobia. Some people have claustrophobia symptoms when they are in all types of closed-up areas. Others notice the problem only when they're in certain cramped spaces, like inside an MRI machine.

Symptoms: Some people with claustrophobia experience mild anxiety when in a confined space, while others have severe anxiety or a panic attack. Claustrophobia can also cause physical symptoms, such as: sweating, trembling, hot flashes or chills, shortness of breath or difficulty breathing, a choking sensation, a rapid heartbeat (tachycardia), chest pain or a feeling of tightness in the chest, a sensation of butterflies in the stomach, feeling sick, headaches and dizziness, numbness or pins and needles, a dry mouth, a need to go to the toilet, ringing in your ears, feeling confused or disoriented.

Causes: Claustrophobia is often caused by a traumatic event experienced during early childhood. For example, young adults may develop claustrophobia if, as a child, they:

- were trapped or kept in a confined space
- were bullied or abused
- had a parent with claustrophobia

Claustrophobia can also be triggered by unpleasant experiences or situations, such as turbulence when flying or being stuck in a tube tunnel between stations.

D - Depression: A mood disorder that causes a persistent feeling of sadness, loss of interest and lack of motivation. Also called major depressive disorder or clinical depression, it affects how a person feels, thinks and behaves and can lead to a variety of emotional and physical problems. The person with depression may have trouble doing normal day-to-day activities, and sometimes they may feel as if life isn't worth living.

Symptoms: Although depression may occur only once during your life, people typically have multiple episodes. During these episodes, symptoms occur most of the day, nearly every day and may include:

- Feelings of sadness, tearfulness, emptiness or hopelessness
- Angry outbursts, irritability or frustration, even over small matters
- Loss of interest or pleasure in most or all normal activities, such as sex, hobbies or sports
- Sleep disturbances, including insomnia or sleeping too much
- Tiredness and lack of energy, so even small tasks take extra effort
- Reduced appetite and weight loss or increased cravings for food and weight gain



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- Anxiety, agitation or restlessness
- Slowed thinking, speaking or body movements
- Feelings of worthlessness or guilt, fixating on past failures or self-blame
- Trouble thinking, concentrating, making decisions and remembering things
- Frequent or recurrent thoughts of death, suicidal thoughts, suicide attempts or suicide
- Unexplained physical problems, such as back pain or headaches

For many people with depression, symptoms usually are severe enough to cause noticeable problems in day-to-day activities, such as work, school, social activities or relationships with others. Some people may feel generally miserable or unhappy without really knowing why.

Causes: As with many mental disorders, there are a variety of factors that may be involved in developing depression. Such factors are:

- Biological differences. People with depression appear to have physical changes in their brains. The significance of these changes is still uncertain, but may eventually help pinpoint causes.
- Brain chemistry. Recent research indicates that changes in the function and effect of neurotransmitters and how they interact with neural circuits involved in maintaining mood stability may play a significant role in depression and its treatment.
- Hormones. Changes in the body's balance of hormones may be involved in causing or triggering depression.
- Inherited traits. Depression is more common in people whose blood relatives also have this condition. Researchers are trying to find genes that may be involved in causing depression.

D - Dissocial Personality Disorder (DPD): Personality disorder characterized by disregard for social obligations, and callous unconcern for the feelings of others. There is a gross disparity between behavior and the prevailing social norms. Behavior is not readily modifiable by adverse experience, including punishment. There is a low tolerance to frustration and a low threshold for discharge of aggression, including violence; there is a tendency to blame others, or to offer plausible rationalizations for the behavior bringing the patient into conflict with society.

Symptoms:

- Lack of empathy
- Disregard for other people's rights
- Impulsivity
- Deceitfulness



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- Aggressiveness
- Irresponsibility
- Failure to conform to social norms
- Lack of remorse
- History of behavioral problems
- Impaired relationships

Causes: The causes of Dissocial Personality Disorder (also known as Antisocial Personality Disorder) are complex and can involve a combination of genetic, biological, psychological, and environmental factors. Some potential causes and contributing factors include:

- Genetic factors
- Brain function
- Neurotransmitter imbalances
- Traumatic early childhood experiences
- Parenting
- Family environment
- Peer influence
- Substance abuse

E - Excoriation (Skin-Picking) Disorder: Also called dermatillomania or skin-picking disorder, excoriation disorder is where you cannot stop picking at your skin. Most people pick at their skin from time to time, but you may have skin picking disorder if you:

- cannot stop picking your skin
- cause cuts, bleeding or bruising by picking your skin
- pick moles, freckles, spots or scars to try to "smooth" or "perfect" them
- do not always realise you're picking your skin or do it when you're asleep
- pick your skin when you feel anxious or stressed

Symptoms: To be diagnosed with excoriation disorder, a person must show the following signs and symptoms:

- Recurrent skin picking that results in skin lesions.
- Repeated attempts to stop the behavior.
- Significant distress or impairment caused by the symptoms.
- Not caused by a substance, medical, or dermatological condition.
- Not better explained by another psychiatric disorder.



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Causes: Currently, no specific cause has been identified for excoriation disorder. However, evidence suggests that there may be factors that can trigger the development of this condition, such as:

- Genetics: Individuals who experience skin-picking disorder are more likely to have at least one first-degree relative (parent or sibling) who also has this condition.
- Changes in brain structure: Individuals with excoriation disorder are more likely to have some key differences in the structure of brain areas that control how they learn and form habits.
- Stress, anxiety, or other conditions. Skin picking may be a way of coping with other mental health challenges. It may also be related to boredom or other factors.

G - Generalized Anxiety Disorder: A mental condition where excessive, ongoing anxiety and worry about a wide range of situations and issues (rather than one specific event) are difficult to be controlled and interfere with day-to-day activities.

Symptoms: Generalized anxiety disorder has symptoms that are similar to panic disorder, obsessive-compulsive disorder and other types of anxiety, but they are all different conditions. GAD can cause both psychological (mental) and physical symptoms such as:

- feeling restless or worried
- Overthinking plans and solutions to all possible worst-case outcomes
- Difficulty concentrating or the feeling that your mind “goes blank”
- having trouble concentrating or sleeping
- dizziness or heart palpitations
- Trembling and feeling twitchy
- Sweating
- Muscle tension or muscle aches

Causes: The exact cause of the disorder is not fully understood, but research has suggested that a combination of several factors plays a role. These factors may include:

- the genes you inherit from your parents
- 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.



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H - Health Anxiety Disorder (or Illness Anxiety Disorder): A mental disorder (also called hypochondria or hypochondriasis) where people have an unrealistic fear that they have a serious medical condition or that they are at high risk of becoming seriously ill. They may misinterpret typical body functions (such as a noisy stomach) as signs of illness. Even after medical tests don't reveal a serious medical condition, people with Health Anxiety Disorder are still preoccupied with the idea that they are seriously sick. Even if some people with Health Anxiety disorder may actually have a diagnosed physical illness, they may feel their condition is more severe than it is. This excessive anxiety results in severe distress that can disrupt everyday life, relationships, and career. The disorder usually begins in early or middle adulthood and may get worse with age.

Symptoms: Signs and symptoms of Health Anxiety Disorder include:

- High level of anxiety about personal health
- Avoiding people, places, or activities to minimize health risks
- Frequently researching online diseases and symptoms
- Exaggerating symptoms and their severity (for instance, a cough becomes a sign of lung cancer)
- Repeatedly checking for signs of illness, such as taking your blood pressure or temperature
- Constantly talking about your health status and possible illnesses with others
- Uneasiness and obsession with healthy body functions like gas, heart rate or sweating

Causes: The exact cause of Health Anxiety Disorder isn't clear, but it is suggested that the following risk factors may play a role:

- A serious childhood illness or a parent with a serious illness
- Personality traits, such as having a tendency toward being worrier
- Excessive health-related internet use
- A time of major life stress
- The threat of a serious illness that turns out not to be serious

I - Insomnia Disorder: The most common sleep disorder, characterized by difficulty falling asleep, staying asleep, or poor quality of sleep. It is also common for people with Insomnia to feel tired when they wake up and sleepy during the day. Insomnia can undermine energy levels, mood, but also health, work performance and quality of life. Short-term insomnia may be caused by stress or changes in daily schedule or environment. It can last for a few days or weeks.



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Chronic (long-term) insomnia occurs three or more nights a week, lasts more than three months, and cannot be fully explained by another health problem.

Symptoms: Insomnia symptoms may include:

- Difficulty falling asleep at night
- Waking up during the night
- Waking up too early
- Not feeling well-rested after a night's sleep
- Daytime tiredness or sleepiness
- Irritability, depression or anxiety
- Difficulty paying attention, focusing on tasks or remembering
- Ongoing worries about sleep

Causes: Chronic insomnia is usually a result of stress, life events or habits that disrupt sleep. Treating the underlying cause can resolve the insomnia, but sometimes it can last for years. More specifically, common causes of chronic insomnia include:

- Stress. Concerns about work, school, health, finances or family can keep the mind active at night, making it difficult to sleep. Stressful life events or trauma - such as the death or illness of a loved one, divorce, or a job loss- also may lead to insomnia.
- Travel/work schedule. Your circadian rhythms act as an internal clock, guiding such things as your sleep-wake cycle, metabolism and body temperature. Disrupting your body's circadian rhythms can lead to insomnia. Causes include jet lag from traveling across multiple time zones, working a late or early shift, or frequently changing shifts.
- Poor sleep habits. Poor sleep habits include an irregular bedtime schedule, naps, stimulating activities before bed (e.g. watching TV, playing a video game, surfing on the internet), an uncomfortable sleep environment, and using your bed for work, eating or watching TV.
- Eating too much late in the evening. Having a light snack before bedtime is OK, but eating too much may cause you to feel physically uncomfortable while lying down. Many people also experience heartburn, a backflow of acid and food from the stomach into the esophagus after eating, which may keep you awake.

Additional common causes of insomnia include mental health disorders, medications, medical conditions, other sleep-related disorders and stimulants that can interfere with sleep, such as caffeine.



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M - Mood disorders: a mental disorder characterized by a disturbance in a person's emotional state. People with mood disorders experience mood states that are more intense and difficult to manage than typical feelings of sadness or elation. The mood disturbances can be episodic (coming and going) or chronic (lasting for extended periods). Mood disorders can profoundly disrupt an individual's daily life, relationships, and occupational functioning.

There are various types of mood disorders, but the most common are Major Depressive Disorder (MDD) and Bipolar Disorder (BD). Major Depressive Disorder is characterized by persistent feelings of sadness, hopelessness, and a lack of interest or pleasure in most activities. Bipolar Disorder involves episodes of depression and episodes of mania or hypomania.

Symptoms:

For Major Depressive Disorder:

- Persistent sadness or depressed mood
- Loss of interest or pleasure in activities previously enjoyed
- Changes in appetite and weight
- Insomnia or hypersomnia
- Fatigue or loss of energy
- Feelings of worthlessness or excessive guilt
- Difficulty thinking, concentrating, or making decisions
- Recurrent thoughts of death or suicide

For Bipolar Disorder:

- Depressive Symptoms: As mentioned above for MDD.
- Manic/Hypomanic Symptoms:
 - Elevated or irritable mood
 - Increased energy and activity
 - Decreased need for sleep
 - Grandiosity or inflated self-esteem
 - Talkativeness or rapid speech
 - Racing thoughts
 - Distractibility
 - Increase in goal-directed activity or agitation
 - Risky behavior, such as reckless spending or sexual indiscretions

Causes: While the exact cause of mood disorders isn't known, several factors are believed to be involved:



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- Biological differences: People with mood disorders often show physical changes in their brains. The significance of these changes is still uncertain, but they may help pinpoint causes.
- Neurotransmitters: An imbalance in naturally occurring brain chemicals.
- Inherited traits: Mood disorders tend to run in families.
- Life events: Events such as trauma, loss of a loved one, high stress, or abuse can trigger symptoms or make them worse.
- Hormonal imbalances: Changes in the body's balance of hormones might be involved in causing or triggering mood disorders.

N - Narcissistic Personality Disorder (NPD): A mental disorder characterized by a long-term pattern of exaggerated feelings of self-importance, a deep need for admiration, and a lack of empathy towards others. Individuals with NPD often have fragile self-esteem and are highly sensitive to criticism, even though they may appear confident and assertive. Their relationships are often marked by superficiality and an intense need for control and recognition.

Symptoms:

- Grandiosity: An exaggerated sense of self-importance and belief that they are unique or "special".
- Need for admiration: A pervasive need for praise, compliments, and validation from others.
- Sense of entitlement: Expecting special treatment or automatic compliance with their desires without considering others' needs.
- Exploitative behavior: Willingness to take advantage of others to achieve their own goals.
- Lack of empathy: Difficulty or unwillingness to recognize the feelings or needs of others.
- Envy: Believing others are envious of them or being envious of others.
- Arrogance or haughty behaviors: Looking down on those they believe are inferior or displaying an attitude of superiority.
- Preoccupation with fantasies: Engaging in daydreams about success, power, beauty, intelligence, or ideal love.
- Fragile self-esteem: Despite their outward appearance of confidence, they can be easily hurt by even slight criticism.

Causes: The exact cause of NPD isn't fully understood, but it's believed to result from a combination of the following factors:



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- Environmental: Childhood experiences, such as excessive pampering, excessive criticism, or trauma.
- Genetic: Inherited characteristics.
- Neurobiological: The connection between the brain, behavior, and thinking.
- Cultural: Living in a society or culture that promotes or fosters narcissistic behaviors or values.

O - Obsessive-Compulsive Disorder (OCD): A chronic mental health disorder characterized by recurring, unwanted thoughts (obsessions) and repetitive behaviors or mental acts (compulsions). The compulsions are typically performed in response to the obsessions in an attempt to relieve the distress or prevent a feared event or situation. However, these compulsive behaviors often provide only temporary relief from anxiety, and the cycle of obsession and compulsion can become a debilitating loop.

Symptoms:

- Obsessions: These are unwanted and intrusive thoughts, images, or urges that cause significant anxiety or distress. Common obsessions include:
 - Fears of contamination (e.g., fear of germs or chemicals)
 - Fears of causing harm to oneself or others
 - Fears of making a mistake
 - Need for symmetry or exactness
 - Forbidden or taboo thoughts related to sex, religion, or harm
 - Fear of losing or not having things you might need
- Compulsions: These are repetitive behaviors or mental acts that a person feels driven to perform in response to an obsession. The behaviors aim to reduce the anxiety related to the obsessions or prevent a feared event or situation. Common compulsions include:
 - Handwashing or cleaning excessively
 - Checking things repeatedly
 - Following a strict routine
 - Counting in certain patterns
 - Arranging items in a particular way
 - Mentally praying or engaging in rituals to prevent harm

Causes: The exact cause of OCD isn't fully understood, but factors that may play a role include:

- Genetics: Family studies have shown that people with first-degree relatives (parents, siblings) who have OCD are at a higher risk of developing OCD themselves.



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- Brain structure and functioning: Some studies have shown differences in certain areas of the brain in people with OCD.
- Environmental factors: Childhood trauma, infections, or certain events can trigger OCD or OCD-like symptoms in some people.

O - Obstructive Sleep Apnea Hypopnea (OSAH): A common and chronic sleep disorder where breathing repeatedly stops and starts during sleep. This happens due to the relaxation of throat muscles, leading to a temporary blockage of the upper airway. The term "hypopnea" refers to a partial blockage, while "apnea" denotes a complete blockage of airflow. Individuals with OSAH may snore loudly and feel tired even after a full night's sleep.

Symptoms:

- Loud snoring: Often disruptive and noticed by others.
- Episodes of breathing cessation: Observed by another person, where the individual stops breathing during sleep.
- Gasping for air during sleep: Sudden awakenings accompanied by choking or gasping.
- Morning headache: Frequent headaches upon waking up.
- Difficulty staying asleep (insomnia).
- Excessive daytime sleepiness (hypersomnia).
- Difficulty concentrating during the day.
- Irritability or mood changes.
- Decreased libido.

Causes:

- Muscle Relaxation: The muscles of the throat relax excessively during sleep, leading to a narrowing or closure of the airway.
- Physical obstructions: Fat deposits around the upper airway can obstruct breathing. Additionally, a narrowed airway, a thickened tongue, or tonsils can block the airway, especially in children with sleep apnea.
- Brain communication failure: In some cases, the brain doesn't send proper signals to the muscles that control breathing.

P - Panic Disorder: A mental health condition characterized by recurrent, unexpected panic attacks, combined with significant behavior changes or persistent anxiety about having further attacks. Panic attacks are sudden and intense feelings of terror, fear, or apprehension, without the



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presence of actual danger. These attacks are often accompanied by physical symptoms, and they can lead to the avoidance of situations where an attack might occur.

Symptoms:

- Sudden and repeated panic attacks of intense fear that may last for several minutes.
- Feeling of being out of control during a panic attack.
- Intense worries about when the next attack will happen.
- Fear or avoidance of places where panic attacks have occurred.
- Physical symptoms during an attack such as a pounding or racing heart, sweating, chills or hot flashes, trembling or shaking, shortness of breath or tightness in the throat, nausea, chest pain, dizziness or lightheadedness, and fear of dying.

Causes: The exact cause of panic disorder isn't known, but factors that might contribute include:

- Genetics: Panic disorder can run in families.
- Major life stress: Stressful events and major life transitions can trigger panic attacks.
- Temperament: Individuals more sensitive to stress or prone to negative emotions may be at higher risk.
- Changes in brain function: Panic disorder may be linked to changes in areas of the brain related to emotional regulation.

P - Paranoia: A thought process characterized by an excessive and irrational distrust or suspicion of others, leading the individual to interpret benign or neutral events as personally threatening or malicious. Paranoia can be a symptom of various mental health disorders, but can also occur as a transient state in response to stress, drug use, or other factors.

Symptoms:

- Intense and persistent distrust or suspicion of others, even when there's no reason to.
- Belief that others are lying, cheating, conspiring, or trying to harm them.
- Reluctance to confide in others due to a fear that the information will be used against them.
- Bearing grudges or being unforgiving of perceived slights.
- Perception of hidden, malicious meanings in benign comments or events.
- Hostile or defensive reactions to imagined criticism.
- Feeling of victimization; belief that they are being persecuted or mistreated.

Causes and Contributing Factors:



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- **Mental Health Disorders:** Paranoia can be a symptom of certain disorders, such as schizophrenia, schizoaffective disorder, paranoid personality disorder, or delusional disorder.
- **Substance Use:** Abuse of drugs or alcohol can lead to feelings of paranoia.
- **Certain Medical Conditions:** Brain diseases or injuries can sometimes cause paranoia.
- **Severe Emotional Trauma:** Experiences such as being the victim of a crime can lead to transient paranoia.

P - Phobias: Intense, irrational fears of specific objects, activities, or situations that lead to avoidance of the feared stimulus. Phobias are more than just normal fear and can cause significant distress and interfere with a person's daily life. They are one of the most common mental disorders. Phobias can be grouped into specific phobias, social phobia (or social anxiety disorder), and agoraphobia.

Symptoms:

Immediate fear or anxiety triggered by the presence or anticipation of a specific object, activity, or situation.

Recognition that the fear is excessive or unreasonable (though this may be absent in children).

Avoidance or enduring with intense fear of the phobic stimulus.

Rapid heartbeat, sweating, trembling, or a strong desire to escape when confronted with the source of fear.

Types of Phobias:

Specific Phobias: Fear of specific objects or situations, such as spiders (arachnophobia), flying (aviophobia), or heights (acrophobia).

Social Phobia (Social Anxiety Disorder): Fear of social situations where one might be judged, embarrassed, or humiliated.

Agoraphobia: Fear of places or situations that might cause panic, helplessness, or embarrassment, often leading to avoidance of places like malls or crowded areas, or even avoidance of leaving one's home.

Causes and Contributing Factors:

- **Genetics:** A family history of phobias or anxiety might increase the risk.
- **Brain Chemistry and Structure:** Abnormalities in certain parts of the brain may be involved.
- **Negative Experiences:** Traumatic events can trigger phobias.



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- Learned Behavior: Phobias can be learned, especially in childhood, from observing a family member's phobic reaction.

P - Postpartum Depression (PPD): Postpartum depression (PPD) is a type of depression that happens after someone gives birth. Postpartum depression doesn't just affect the birthing person. It can affect surrogates and adoptive parents, too. People experience hormonal, physical, emotional, financial and social changes after having a baby. These changes can cause symptoms of postpartum depression.

Symptoms:

- Crying spells
- Feeling overwhelmed
- Lack of appetite
- Sleep disruptions
- Mood swings

Causes and factors: Certain factors increase the risk for postpartum depression:

- Having a personal or family history of depression, postpartum depression or premenstrual dysphoric disorder (PMDD)
- Limited social support
- Marital or relationship conflict
- Ambivalence about the pregnancy
- Pregnancy complications like health conditions, difficult delivery or premature birth
- Young age (younger than 20)
- Being a single parent
- Having a baby with special needs or a baby that cries a lot

P - Post-Traumatic Stress Disorder (PTSD): A mental health condition triggered by experiencing or witnessing a traumatic event. Such events can range from physical or sexual assault, warfare, natural disasters, accidents, or other life-threatening situations. PTSD can cause flashbacks, nightmares, severe anxiety, and intrusive thoughts about the traumatic event. It's characterized by the prolonged impact of the traumatic event, impacting daily life and functioning.

Symptoms:



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- Re-experiencing the Trauma: This can manifest as flashbacks, nightmares, or intrusive memories of the traumatic event.
- Avoidance and Numbing: Avoidance of reminders of the trauma, feelings of detachment, and emotional numbing.
- Hyperarousal: Increased irritability, difficulty sleeping, exaggerated startle response, and hypervigilance.
- Negative changes in thoughts and mood: Persistent negative mood, feelings of guilt or blame, and detachment from family and friends.

Causes and risk Factors:

- Directly experiencing a traumatic event.
- Witnessing, in person, the traumatic event occurring to others.
- Learning about a violent or accidental trauma that affected a close family member or friend.
- Repeated exposure to aversive details of traumatic events (common in first responders).
- History of mental health disorders.
- Lacking a good support system.
- Exposure to childhood trauma.
- Having a job that increases the risk of being exposed to traumatic events, such as military personnel and first responders.

P - Psychotic Disorder: A mental health condition characterized by a disconnection from reality, which may manifest as delusions (false beliefs), hallucinations (seeing or hearing things that others do not), disorganized thinking or speech, and severely disorganized or abnormal motor behavior. There are several types of psychotic disorders, including schizophrenia, schizoaffective disorder, and brief psychotic disorder, among others.

Symptoms:

- Hallucinations: Sensing things that aren't present, such as hearing voices.
- Delusions: Holding false beliefs, even when confronted with facts.
- Disorganized thinking: Evident when speech makes no sense.
- Abnormal motor behavior: This may show in many ways, from agitation to catatonia.
- Negative symptoms: This refers to reduced or absent normal behaviors, feelings, or drives, such as reduced speech, lack of motivation, or lack of facial expressions.

Causes and Risk Factors:

- Genetics: Family history can sometimes play a role in developing a psychotic disorder.



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- Brain structure and function: Abnormalities in certain parts of the brain might contribute to the development.
- Neurochemistry: Alterations in neurotransmitters such as dopamine and serotonin.
- Prenatal exposure: Exposure to viruses, malnutrition, or stress during pregnancy may play a role.
- Drug use: Abuse of certain drugs, like LSD or methamphetamine, can trigger psychotic episodes.

Q - Quarantine Fatigue: A state of exhaustion and decline in mental well-being experienced by individuals due to prolonged periods of quarantine, social isolation, or lockdown measures. It encompasses feelings of restlessness, irritability, lower motivation, and a desire to break social distancing rules even when it's essential for health reasons.

Symptoms:

- Decreased motivation: To engage in previously enjoyed activities or responsibilities.
- Feelings of restlessness or agitation.
- Mood swings or increased irritability.
- Changes in sleep patterns: Either sleeping too much or difficulty sleeping.
- Feelings of hopelessness or overwhelming sadness.
- Social withdrawal: Even from virtual social activities.
- Decreased adherence: To recommended or mandatory quarantine measures.

Causes and contributing Factors:

- Prolonged isolation: Humans are inherently social beings, and extended periods without face-to-face social interaction can lead to feelings of loneliness and depression.
- Disruption of routines: Daily routines give structure and purpose. When these are disrupted, it can lead to feelings of aimlessness.
- Uncertainty: Not knowing when the quarantine will end can increase feelings of stress and anxiety.
- Information Overload: Constant news about the pandemic can heighten feelings of anxiety and fear.
- Economic Stress: Worries about job security, financial strain, and the future can compound feelings of stress.

S - Schizophrenia: A severe and chronic mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem as though they have lost touch with reality,



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and the condition can be disabling. It is characterized by a range of cognitive, behavioral, and emotional symptoms.

Symptoms:

Schizophrenia is typically categorized into positive, negative, and cognitive symptoms.

Positive Symptoms (abnormal additions to behavior):

- Hallucinations: Sensing things that aren't present, such as hearing voices.
- Delusions: Strongly held false beliefs that are not based in reality.
- Disorganized thinking and speech: Effective communication can be impaired, and answers to questions may be partially or completely unrelated.
- Abnormal motor behavior: This can range from agitation to catatonia.

Negative Symptoms (deficits in normal behavior):

- Flat affect: Reduced expression of emotions via facial expression or voice tone.
- Reduced feelings of pleasure in everyday life.
- Difficulty beginning and sustaining activities.
- Reduced speaking: Even when forced to interact.

Cognitive Symptoms:

- Poor executive functioning: The ability to understand information and use it to make decisions.
- Trouble focusing or paying attention.
- Problems with working memory: The ability to use information immediately after learning it.

Causes and Risk Factors:

- While the exact cause of schizophrenia isn't known, a combination of genetics, environment, and altered brain chemistry and structure may play a role.
- Genetics: While it's not required for a family history of schizophrenia to be present, the risk is higher if a direct family member has the disorder.
- Brain structure and chemistry: Differences in certain aspects of brain structure and neurotransmitters might contribute to the condition.
- Prenatal exposure to viruses, malnutrition, or stress: This can potentially increase the risk.
- Use of psychoactive drugs during teen years and young adulthood.

S - Seasonal Affective Disorder (SAD): A type of depression that comes and goes with the seasons, typically starting in the late fall and early winter and going away during the spring and



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summer. While it is most commonly associated with winter depression, SAD can also manifest with summer onset, though this is rarer.

Symptoms:

- For winter-pattern SAD, symptoms may include:
- Depressed mood for most of the day.
- Loss of interest or pleasure in activities.
- Changes in appetite or weight.
- Sleep problems: Typically oversleeping and difficulty staying awake.
- Low energy or fatigue.
- Difficulty concentrating.
- Feelings of worthlessness or guilt.
- Thoughts of death or suicide.
- Social withdrawal: Avoiding social interactions and losing interest in activities.
- Craving for carbohydrates and associated weight gain.

For summer-pattern SAD, symptoms may include:

- Depression.
- Insomnia.
- Weight loss.
- Agitation or anxiety.
- Increased restlessness.
- Decreased appetite.

Causes and Risk Factors:

- Biological clock (circadian rhythms): Reduced sunlight can lead to winter-onset SAD, possibly causing a disruption in the body's internal clock and leading to feelings of depression.
- Serotonin levels: A drop in serotonin, a neurotransmitter that affects mood, might play a role in SAD. Reduced sunlight can cause a drop in serotonin, potentially triggering depression.
- Melatonin levels: The change in season can disrupt the balance of the body's melatonin levels, which play a role in sleep and mood.
- Genetics: Some individuals may be genetically predisposed to develop SAD.
- Age: Younger individuals and women are more likely to experience SAD.



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S - Self-Harm (or Self-Injury, Self-Mutilation): Self-harm refers to the intentional act of causing physical harm to oneself without the intent of suicide. It's a way some people express feelings and cope with pain, intense anger, or emotional distress. Self-harm can be a cry for help, an attempt to express what can't be put into words, or an attempt to feel anything other than numbness.

Common Forms:

- Cutting (using a sharp object to cut one's skin)
- Burning
- Piercing the skin with sharp objects
- Hitting or punching oneself
- Biting
- Headbanging
- Picking at wounds or scars

Symptoms:

- Fresh cuts, bruises, or other wounds
- Evidence of cutting tools, such as razors
- Frequent isolation from friends and family
- Wearing concealing clothing, even in hot weather
- Expressions of feeling overwhelmed or hopeless

Causes and Risk Factors:

- Emotional distress: Such as feelings of worthlessness, loneliness, panic, guilt, rejection, or confusion.
- Childhood trauma: Including physical, emotional, or sexual abuse.
- Mental health disorders: Such as depression, borderline personality disorder, eating disorders, post-traumatic stress disorder, or anxiety disorders.
- Peer influence: Some people may start self-harming after learning about it from friends or online.

S - Social Anxiety (Social Phobia): Social anxiety disorder, also called social phobia, is a long-term and overwhelming fear of social situations. It's a common mental health issue that usually starts during the teenage years. It can be very distressing and have a big impact on one's life. It gets better with age, but for many people it does not go away on its own without treatment. Social anxiety is characterized by an intense fear of social situations where a person



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believes they may be scrutinized, judged or embarrassed. The fear can be so severe that it interferes with daily life and functioning.

Symptoms:

- Excessive self-consciousness
- Intense fear of judgment
- Avoidance behavior
- Negative self-evaluation
- Difficulty initiating or maintaining conversations
- Fear of public speaking
- Performance anxiety
- Isolation
- Overanalyzed social interactions
- Blushing
- Trembling
- Sweating
- Nausea
- Rapid heartbeat
- Panic attacks

Causes: Social anxiety disorder is a complex condition with multiple factors contributing to its development. It often arises from a combination of genetic, biological, environmental and psychological factors. Some potential causes and contributing factors are:

- Genetics
- Brain chemistry
- Environmental factors
- Learned behavior
- Social skills development
- Perfectionism
- Cognitive factors

Personality traits

S - Somatic Symptom Disorder (SSD): A mental health disorder characterized by an extreme focus on physical symptoms, such as pain or fatigue, which causes significant emotional distress and difficulty functioning. The individual has excessive thoughts, feelings, or behaviors related to the physical symptoms, even if they are not severe. The symptoms might or might not be associated with another medical condition, but the person's reaction to them is disproportionate.



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Symptoms:

- Disproportionate and persistent thoughts about the seriousness of one's symptoms.
- Persistently high level of anxiety about health or symptoms.
- Excessive time and energy devoted to health concerns or symptoms.
- Physical symptoms that are either very distressing or result in significant disruption of daily life.
- Physical complaints: These might be specific (e.g., a painful area) or relatively vague (e.g., generalized pain).

Causes and Risk Factors:

- The exact cause of SSD isn't clear, but a combination of factors might play a role:
- Genetic and biological factors: These may make some people more susceptible.
- Family influence: People might develop SSD as a way of coping, seen in family members with similar issues.
- Sensitivity to pain: Some people might be more sensitive to pain, and others might perceive it differently.
- Negative affect: General dissatisfaction with life or negative perceptions of health and functioning can contribute.
- Past trauma: History of physical or sexual abuse, neglect, harm, or illness.

S - Substance-Related and Addictive Disorders: These disorders encompass a range of problems arising from the excessive and chronic use of drugs, alcohol, or the engaging in behaviors like gambling. They can lead to a set of behavioral, cognitive, and physiological symptoms, indicating that the individual continues using the substance or engaging in the behavior despite significant substance- or behavior-related problems.

Subtypes:

- Alcohol-Related Disorders: Problems arising from excessive alcohol consumption, such as alcohol use disorder.
- Stimulant Use Disorders: Related to substances like cocaine, methamphetamine, and similar drugs.
- Cannabis-Related Disorders: Issues stemming from the use of marijuana products.
- Hallucinogen-Related Disorders: Associated with drugs like LSD, PCP, and others.
- Opioid-Related Disorders: Related to the use of heroin, morphine, codeine, or synthetic opioids like fentanyl.



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- Tobacco-Related Disorders: Including disorders related to the use of cigarettes, cigars, and chewing tobacco.
- Sedative-, Hypnotic-, or Anxiolytic-Related Disorders: Concerning sedative or anxiety-treating drugs, like benzodiazepines.
- Gambling Disorder: The only non-substance-related addictive disorder currently recognized in many diagnostic manuals, characterized by the compulsive need to gamble despite harmful negative consequences.

Symptoms:

- While symptoms vary depending on the specific substance or behavior, they often include:
- Craving for the substance or the urge to engage in the behavior.
- Loss of control over use of the substance or behavior.
- Tolerance: Needing more of the substance to achieve the desired effect or finding that the same amount has a much reduced effect.
- Withdrawal symptoms when not using the substance or engaging in the behavior.
- Neglecting responsibilities at home, school, or work.
- Continued use or behavior despite knowing the problems it causes.

Causes and Risk Factors:

- Brain chemistry: Substances and certain behaviors can affect the reward center in the brain, leading to repeated behaviors to reproduce the "high."
- Genetics: Some people may be more genetically predisposed to substance use disorders.
- Mental health disorders: Individuals with anxiety, depression, or other mental health disorders might use substances or engage in certain behaviors as a way to self-medicate.
- Peer pressure: Being in an environment where substance use or certain behaviors are frequent and normalized.

S - Separation Anxiety Disorder: A childhood disorder marked by excessive anxiety, even panic, whenever a child is separated from their parents or primary caregivers. While it is normal for young children to sometimes feel anxious when away from their primary caregivers, separation anxiety disorder involves extreme distress that interferes with the child's ability to engage in typical activities or be apart from parents without significant fear or anxiety. Although it is most commonly diagnosed in children, adults can also suffer from separation anxiety disorder.

Symptoms:



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- Excessive distress when separated from home or major attachment figures.
- Worry about losing or harm befalling major attachment figures.
- Worry about experiencing an untoward event (like getting lost, kidnapped, or having an accident) leading to separation from a primary caregiver.
- Reluctance or refusal to go out, away from home, to school, or elsewhere because of fear of separation.
- Fear of being alone without major attachment figures at home or in other settings.
- Reluctance or refusal to sleep away from home or go to sleep without being near a major attachment figure.
- Repeated nightmares about separation.
- Complaints of physical symptoms, like headaches or stomachaches, when separation from major attachment figures is anticipated.

Causes and Risk Factors:

- Change in environment: Such as a new school or home.
- Stress: Stressful situations like a death in the family or even less severe situations can lead to separation anxiety.
- Genetics: Children of parents who have an anxiety disorder are more likely to develop one.
- Overprotective parenting: Children who have been overly shielded from stressors might not develop coping mechanisms.

T - Trichotillomania (Hair-Pulling Disorder): A mental health disorder characterized by recurrent, compulsive urges to pull out one's hair. People with this disorder pull hair from the scalp, eyebrows, eyelashes, or other areas of the body, despite trying to stop. The hair pulling leads to visible hair loss and can result in significant distress, affecting social, occupational, or other important areas of functioning.

Symptoms:

- Recurrent pulling out of one's hair, resulting in hair loss.
- Repeated attempts to decrease or stop the hair-pulling behavior.
- Tension or anxiety before pulling, or when trying to resist the urge.
- Relief or gratification after pulling.
- Presence of other self-grooming behaviors, like skin picking or nail biting.
- Noticeable hair loss, like bald spots on the scalp or missing eyebrows.
- Preferential pulling from certain sites or searching for a specific kind of hair to pull.



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Causes and Risk Factors:

- The exact cause isn't known, but a combination of factors might play a role:
- Genetics: More commonly found in people who have a first-degree relative with the disorder.
- Brain structure and function: Changes in certain brain structures that are involved in habitual behaviors, emotional regulation, and impulse control might play a role.
- Hormones: Changes in hormone levels can influence symptoms.
- Stress: Many people report that they start hair-pulling after a stressful event.

U - Urticaria (Hives): A skin reaction that results in red, raised, itchy welts on the skin. It can be triggered by various factors including allergens, medications, infections, stress, or unknown causes. Urticaria can be classified as acute (lasting for less than six weeks) or chronic (lasting longer than six weeks).

Symptoms:

- Red or flesh-colored welts: These can appear anywhere on the body and may vary in size and shape.
- Intense itching: This is a hallmark of the condition.
- Swelling: Deep swelling can occur, especially around the eyes and lips. This deeper swelling is known as angioedema.
- Blanching: Pressing the center of a red hive causes it to turn white.

Causes and risk Factors:

- Allergic reactions: Such as to foods, insect bites, or medication.
- Physical triggers: Sun exposure, cold, pressure on the skin, or exercise.
- Stress: Emotional stress can sometimes precipitate hives.
- Other factors: Infections, underlying illnesses, and sometimes the cause is idiopathic (unknown).

W - Withdrawal (Drug and Alcohol Withdrawal): Withdrawal refers to the symptoms that occur after stopping or reducing intake of a substance (e.g., drugs, alcohol) to which a person has become dependent or addicted. The onset and severity of withdrawal depend on the specific substance, how long someone has been using it, how much they've been using, and their general physical condition.

Symptoms:

- Anxiety or depression.



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- Fatigue.
- Changes in appetite.
- Nausea or vomiting.
- Sweating or tremors.
- Irritability.
- Mood swings.
- Sleep disturbances including insomnia or vivid nightmares.
- Physical manifestations, such as muscle pain, seizures, or increased heart rate for certain substances.

Causes:

- **Physical Dependence:** Prolonged use of certain substances can lead to the body becoming physically dependent on them.
- **Tolerance:** Over time, one might need to consume more of the substance to achieve the same effects. This can lead to increased amounts consumed, reinforcing physical dependence.
- **Brain Function Alteration:** Some drugs can alter parts of the brain that are essential for judgment, decision making, learning, and memory.

Y - Youth Adjustment Disorder: Youth Adjustment Disorder (often just termed "Adjustment Disorder" in clinical settings but specified for youth in this context) refers to an emotional or behavioral reaction to a stressful event or change in a young person's life that is considered stronger or more lasting than what would typically be expected. The reaction can make it hard for the young individual to go about their daily routines.

Symptoms:

- Sadness or hopelessness.
- Anxiety and worry.
- Difficulty concentrating.
- Withdrawal from friends and family.
- Acting out or rebelling against authority.
- Physical complaints without a medical basis.
- Changes in school performance.

Causes:

The disorder is typically triggered by a significant change or stressful event, such as:

- Family conflict or divorce.



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- Moving to a new place or school.
- Death of a loved one.
- Traumatic events such as natural disasters, accidents, or abuse.

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