

# Mental Health Basics: Recognizing Mental Health Difficulties, and Strategies to Cope

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Joseph D. Hovey, Ph.D.  
Professor  
Psychological Science Department  
[www.jhoveyphd.com](http://www.jhoveyphd.com); [www.behhealthlab.com](http://www.behhealthlab.com);  
[joseph.hovey@utrgv.edu](mailto:joseph.hovey@utrgv.edu)

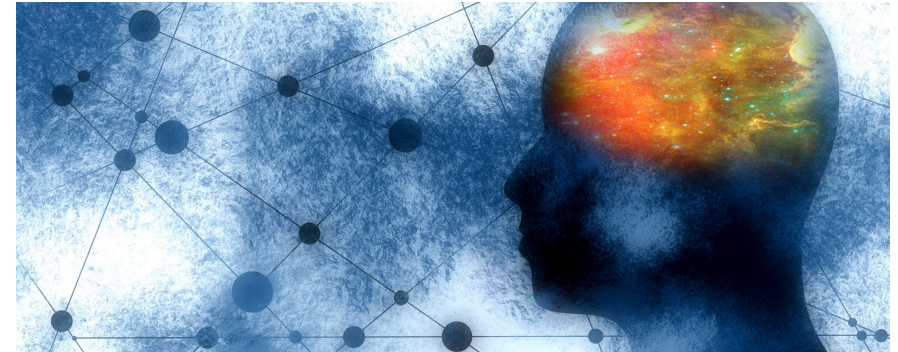
The University of Texas  
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# Presentation Outline

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- Goals of Presentation
- Major Depression
- Anxiety and Stress
  - Generalized Anxiety Disorder (GAD)
  - Panic Disorder (PD) and Agoraphobia
  - Post-Traumatic Stress Disorder (PTSD)
  - Social Anxiety Disorder
  - Specific Phobias
  - Obsessive-Compulsive Disorder (OCD)
  - Separation Anxiety Disorder
- Suicide Thoughts and Behavior



# Major Depression

- Prevalence: 8% annual; 21% lifetime.
- Signs:
  - Depressed mood
  - Loss of interest/pleasure
  - Weight loss or gain
  - Insomnia or hypersomnia
  - Psychomotor agitation or slowing down
  - Fatigue
  - Feeling worthless or guilty
  - Decreased concentration
  - Thoughts of death or suicide
- Has to occur for at least 2 months.



# Major Depression (continued)

- Strategies:
  - Cognitive-Behavioral Therapy
  - Behavioral Activation
  - Anti-Depressant Medication
  - Electroconvulsive Therapy (ECT)
  - Physical activities
  - Establish healthy sleep patterns
  - Spending time with loves ones
  - Relaxation / meditation



# Anxiety

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- Definition – Our physiological, emotional and cognitive response to a sense of threat or danger.
- Anxiety Disorders occur when anxiety becomes overwhelming, and it affects one's ability to function in life; often comorbid.
- Prevalence – 20% annual; 30% lifetime.



# Generalized Anxiety Disorder (GAD)

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- Prevalence: 4% annual; 6% lifetime.
- Excessive anxiety and worry about many things.
- Worries are uncontrollable and often irrational.
- “Worry about worry.”
- At least 6 months; can become chronic.
- Reduced quality of life.



# Panic Disorder and Agoraphobia

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- Prevalence of PD: 3% annual; 5% lifetime; 33% have panic attack at some point.
- Extreme anxiety out of the blue, peaking and going away quickly.
  - Sweating, trembling, smothering, choking, chest pain, nausea, dizziness, derealization, losing control, dying, numbness or tingling, chills or hot flushes.
- Recurrent panic attacks followed by  $\geq 1$  month of persistent concern/worry about panic.
- “Fear of fear.”



# Panic Disorder and Agoraphobia

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- Prevalence of Agoraphobia: 1% annual; 1.5% lifetime.
- Fear and avoidance of places or situations in which escape might be difficult should one experience panic.
- Fear and avoidance  $\geq$  6 months.
- Almost always preceded by Panic Disorder.





# Specific Phobia

- Prevalence: 9% annual; 13% lifetime.
- Persistent fear of a specific object or situation.
- Fear is irrational and difficult to control.
- When encounter stimulus, immediate fear.
  - For example, animals, insects, flying, heights, enclosed spaces, elevators, thunderstorms, blood, dentist.
- At least 6 months.
- Significant distress or impairment.



# Social Phobia (Social Anxiety)

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- Prevalence: 7% annual; 12% lifetime.
- Severe, persistent, and irrational anxiety about social or performance situations in which one may fear being singled out or being humiliated.
- Anxiety is out of proportion to actual threat.
- Fear, anxiety, or avoidance is present  $\geq$  6 months.
- Significant distress or impairment.



# Obsessive-Compulsive Disorder (OCD)

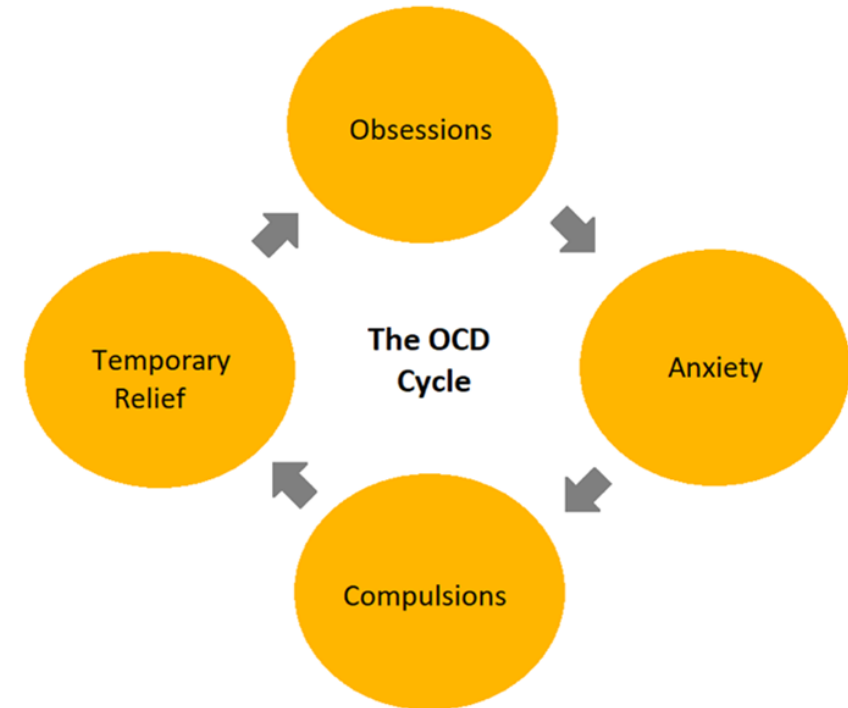
- Prevalence: 1.2% annual; 2.3% lifetime.
- Obsessions: Repeated thoughts, urges, or mental images that cause anxiety.
- Compulsions: Repetitive behaviors or mental acts that person feels compelled to do to offset the anxiety that stems from obsessions.
- Obsessions and compulsions are intrusive, unwanted, and/or irrational; take up considerable time and cause significant distress or impairment.
- At least 2 weeks.



# OCD (continued)

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- Cycle of OCD:
  - Obsessions lead to anxiety.
  - Anxiety is then reduced by compulsion, thus providing temporary relief from anxiety.
  - However, the reduction of anxiety reinforces and strengthens the need for the compulsion.
  - Obsession re-occurs in response to stimuli.
- Exposure and Response Prevention



# Childhood Anxiety

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- Separation Anxiety
  - Prevalence: 4% of children.
  - Extreme anxiety when separating from parents or attachment figures.
  - Often worry that something will happen to parents.
- Selective Mutism
  - Prevalence: 1% of children.
  - Fail to speak in certain social situations, but not others.
  - May be precursor to social anxiety disorder.



# Strategies for Coping against Anxiety

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- Education about anxiety.
- Physical activities.
- Establish healthy diet and sleep patterns.
- Stress management and relaxation techniques.
  - Examples of apps: Breathe2Relax; MindShift.

# Common Treatment Strategies for Anxiety

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- Exposure to feared stimuli.
- Cognitive Restructuring to reduce perception of threat.
  
- Avoiding avoidance is key.
- Implicit Learning – Learning that occurs in an unintentional manner (e.g., that a certain object or situation is to be feared). New learning needs to occur.



# Suicide Thoughts and Behavior

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- Suicidal Ideation
  - Thoughts or wishes to be dead or to kill oneself.
- Suicide Attempt
  - Self-injurious behaviors with some degree of suicidal intent.
- Suicide
  - Self-inflicted and intended deaths.
- Suicide Contagion
  - Exposure to suicide behavior may increase the risk that one may resort to same behavior .





# Warning Signs for Suicide

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- Talking about:
  - Wanting to die, great guilt or shame, being a burden.
- Feeling:
  - Empty, hopeless, trapped, or having no reason to live.
  - Extremely sad, more anxious, agitated, or full of rage.
  - Unbearable emotional or physical pain.
- Changing behavior, such as:
  - Making a plan or researching ways to die.
  - Withdrawing from friends, saying goodbye, giving away important items, or making a will.
  - Reckless behavior such as driving extremely fast.
  - Displaying extreme mood swings.
  - Eating or sleeping more or less.
  - Using drugs or alcohol more often.



**Thank you!**

**Questions or Comments?**