Psychoeducation Booklet

Know Your BRAIN

embrace
LeMSIC Lebanon

The Lebanese Medical Students’ International Committee is an independent, student-run, non-partisan, non-governmental and not-for-profit organization. It is a full National Member Organization (NMO) of the International Federation of Medical Students’ Associations (IFMSA). It is an organization run by medical students, which aims to develop empowered healthcare professionals that will provide Lebanon with a sustainable and healthier future through activities, capacity building, international opportunities, and peer-to-peer education on global health issues.

LeMSIC was founded in 1964 by Lebanese medical students. Unfortunately, with the onset of the Lebanese war, all LeMSIC activities were ceased. LeMSIC was reactivated in 1997 with the establishment of the Exchange Program and the 6th international HIV/AIDS summer school. Since then it has grown to embrace hundreds of medical students in its various standing committees and is making its mark internationally. Several LeMSIC members have held high ranking positions in IFMSA, including President of IFMSA.

IFMSA

The International Federation of Medical Students’ Associations (IFMSA), founded in 1951, is one of the world’s oldest and largest student-run organizations. It represents, connects and engages every day with medical students from 135 NMOs in 125 countries around the globe.

Our work is divided into four main global health areas: Public Health, Sexual and Reproductive Health and Rights, Medical Education and Human Rights and Peace. Each year, we organize over 13,000 clinical and research exchanges programs for our students to explore innovations in medicine, healthcare systems and healthcare delivery in other settings. IFMSA brings people together to exchange, discuss and initiate projects to create a healthier world. It trains its members to give them the skills and resources needed to be health leaders. It advocates for the pressing issues that matter to us to shape the world we want. And it does deliver: our projects, our campaigns and our activities positively impact the physicians-to-be, the communities they serve, as well as the health systems around the world in which they practice as a trainee and eventually a medical doctor.
Embrace

Embrace is a non-profit, non-governmental, social entrepreneurial organization dedicated to mental health. Since 2013, Embrace seeks to better inform the community about mental health and illness, break the stigma, provide support to those affected, and help foster a resilient and emotionally healthy community which cares for the mental wellbeing of its young and old. Embrace caters to the continuum of mental health care through its various programs – crisis management, suicide prevention, and emotional support through the national helpline (1564), psychotherapy and psychiatric consultation through its funded clinic, capacity building through its training arm, and advocacy and lobbying as its core. Embrace is proud to partner with youth-based organizations such as LeMSIC in its outreach and prevention efforts.

Embrace's National Hotline for Emotional Support & Suicide Prevention in collaboration with the Mental Health Program in the Ministry of Public Health

1564

Embrace's Mental Health Center

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Introduction to Mental Health

What is health & mental health?

Health is defined by the WHO as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. While most of us know what our “physical” health is, such as the health of our heart and muscles, many of us don’t know what our “mental” health is. Mental health is the health of our brain, the organ responsible for our feelings, thoughts, and behaviors. More broadly, mental health can be defined as “a state of well-being in which an individual realizes their own abilities, copes with the normal stresses of life, works productively, and is able to make a contribution to their community”.

What are mental health disorders?

Like any organ in our body, the brain can be susceptible to disturbances of different severities. Some problems are neurological in nature, like epilepsy, while others are of a psychological/psychiatric nature, such as bipolar disorder. Similar to medical disorders, neurological and psychiatric disorders can influence a person’s emotions, thoughts, and behaviors, consequently affecting many aspects of their life, including their close relationships, social activities, work, academic responsibilities, sleeping and eating patterns, and others.

Unlike physical illness, most (but not all) mental illnesses do not have a physical symptom that others can observe. Most of the symptoms are related to the way we behave, think, and feel. Therefore, there are a lot of misconceptions and stigmas around mental illness, as well as mental health. Lack of knowledge about mental illness is linked to stereotypes and prejudice towards people with mental illness, and this can lead to barriers to seeking the needed treatment.

What are the risks for developing mental health disorders?

The brain is a complex organ whose functioning is greatly responsive to input from the environment. Risk factors for developing mental health conditions include biological vulnerability (genetics, neurobiology, hormones, etc.), psychological vulnerability (past traumas, abuse, bullying, etc.), and social circumstances (minority status, discrimination, social support, economic stability, etc.). Common misconceptions surrounding mental health, such as that mental health problems are made up, are an exaggerated reaction to problems, and are due to a “weak personality”, are, therefore, erroneous and potentially harmful. In fact, studies show that 1 in 5 people are affected by a mental health disorder in any given year. In Lebanon, studies have suggested that one out of four adults (25% of the population) meet the criteria for a mental illness in their lifetime.

*** Please note that the below sections are purely informational, and not intended as a tool for self-diagnosis. Moreover, the below is not a comprehensive list of every mental disorder; however, it includes some of the major categories of disorders as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Please consult a mental health professional if you or someone you know are experiencing any form of distress.
II. Common Mental Health Disorders

1. Anxiety Disorders

Generalized Anxiety Disorder (GAD)

What is anxiety?
Productive anxiety is an adaptive worry that pushes a person to better plan and works on improving their performance and the state of their well-being. Productive anxiety can be helpful in activating the behavior of individuals towards a desired goal! However, when anxiety persists for a long duration (at least 6 months) and/or increases in intensity and/or frequency (recurrency), it may become a hindrance rather than an aid. Pathological anxiety can stop a person from performing their daily life activities and can negatively affect performance and well-being.

What does it feel like?
A person with generalized anxiety disorder (GAD) experiences persistent and excessive anxiety about general and multiple different things (like family, health, income, etc.), activities (meeting with a friend, etc.), and events (school and job performances). The person can experience an inability to rest, agitation, difficulty focusing, problems falling asleep, and physical symptoms like headaches, fatigue, and muscle aches.

What can happen if left untreated?
Generalized anxiety is a chronic condition that requires treatment, usually in the form of a combination of medications and psychotherapy like cognitive behavioral therapy. It is not an anxiety about a specific situation but one that affects all aspects of a person’s life, preventing them from going about their day-to-day activities in a successful and productive way. If left untreated, a person suffering from generalized anxiety disorder might experience physical health symptoms, difficulties in establishing and maintaining relationships, isolation and social avoidance, impairments in their school or job performance, an increased risk of other comorbidities (substance use disorder and depression), and a risk of self-harm and death by suicide.

Panic Disorder

What is a panic attack?
A panic attack is an intense psychological and physical reaction that usually happens suddenly and causes increased heart rate, shortness of breath, chills, hot flashes, trembling, and an impending sense of doom. A person experiencing a panic attack may think they are having a heart attack, are dying, or are losing a sense of reality. Many people may experience at least one panic attack during their lifetime. People who have mental health disorders like depression and anxiety disorders may experience panic attacks frequently.

What is panic disorder?
Panic disorder is the experience of unexpected and recurrent panic attacks. A person with panic disorder can experience a panic attack out of the blue, despite not finding themselves in a life-threatening situation. The unpredictable occurrence of panic attacks might lead to the development of anxiety over having another panic attack as well as worry about the physical symptoms experienced and the repercussions on their health.
It is advised to seek treatment for panic disorder to prevent undesirable consequences. For instance, experiencing a panic attack while driving a car may place a person in imminent physical danger. Panic disorder can also precipitate other mental health disorders such as agoraphobia, the fear of open spaces, or leaving one’s own home, due to the fear of having an unexpected panic attack. Panic disorder can be treated with psychiatrist-prescribed medications and/or psychotherapy, such as cognitive behavioral therapy.

What can happen if left untreated?

Fear is a feeling that any given person experiences when facing a dangerous situation. Fear, in response to a threat, is an adaptive reaction that triggers the body’s fight or flight system, allowing a person to escape danger. When a person has a specific phobia, excessive and disproportionate fear is experienced in response to a specific object or situation, regardless of the actual threat. The response may be extreme, causing a feeling of loss of control over physical and psychological reactions.

What is the difference between a fear and a phobia?

A specific phobia is an intense fear of a certain object or situation. Common specific phobias include fears of flying, heights, blood, needle, animals, and closed spaces. When faced with this specific situation or object, a person will experience symptoms similar to a panic attack (including difficulty breathing, sweating, increased heart rate, nausea, etc.). The person often realizes that their fear is excessive but feels incapable to change or control their reaction. Thus, they start avoiding these objects and situations.

What can happen if left untreated?

Phobias appearing in early childhood age usually disappear over time. However, most phobias appearing later in development are less likely to disappear without any treatment. A specific phobia can considerably affect the person’s quality of life especially if the object or situation cannot be easily avoided. Psychotherapies, such as cognitive behavioral therapy and exposure therapy are effective in treating specific phobias.

Social Anxiety Disorder

A person with social anxiety disorder or social phobia has an extreme and intense fear of being judged or scrutinized in a social or performance setting. Social anxiety can be particular to a certain social situation like speaking in public or generalized to any situation requiring social interaction, causing the person to actively avoid going out with friends, attending classes, or going to work. The person could feel powerless and drained in these social situations and experience nausea, sweating, and heart-pounding which may even lead to panic attacks. The person feels that “all eyes are on me”.

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Specific Phobia

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Social anxiety disorder can greatly interfere with many areas of a person’s daily life, including their interpersonal relationships, schooling, and work, due to the individual’s isolation and social withdrawal. Individuals with social anxiety disorder are at increased risk of major depressive disorder and substance use disorders. As with many medical disorders, medication and psychotherapy are effective treatments for social anxiety disorder.

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What is bipolar disorder?
Bipolar disorders are characterized by a drastic shift in emotions, mood, and energy levels from extreme lows (depression) to extreme highs (hypomania and mania). These shifts don’t happen from moment to moment but over prolonged periods of time (between days and weeks).

Bipolar Disorder

What are mood swings?
Shifts from one mood or emotion to another or what is known as “mood swings” is a common experience. Mood swings that are intense and that occur over prolonged durations of time, however, might be indicative of pathology.

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The "extreme low" phase lasting days to months is characterized by loss of energy and focus, feelings of hopelessness, a change in sleep patterns, a change of eating habits, and/or feelings of guilt and worthlessness. The "extreme high" phase is usually less enduring than the depressed phase and is characterized by excessive energy and euphoria (extreme happiness), feelings of grandiosity, and poor decision-making (impulsivity). Decreased sleep is a common symptom where the person in a manic episode can sometimes go days without sleep. This phase has different levels of severity and psychosis can also occur.
Depression is a mood disorder characterized by feelings of sadness, emptiness most of the day and almost every day for at least two weeks. One of the most prominent symptoms of depression is a loss of interest or pleasure in activities that the individual previously enjoyed.

Other symptoms include unintentional weight gain or loss, trouble concentrating, feelings of worthlessness, body pains, sleep disturbances, and frequent or recurrent thoughts of death.

What is depression?

Major Depressive Disorder (Depression)

What happens if left untreated?

Bipolar disorder typically first appears in teenage years and young adulthood. A manic (extreme high) or depressive (extreme low) episode may require hospitalization due to the harm the individual might pose to themself. Treatment is important to improve daily functioning and consists of psychiatric medications. Psychotherapy is a useful additional treatment to medication.

Bipolar disorder

What happens if left untreated?

Major Depressive Disorder (Depression)

What is the difference between sadness and depression?

Sadness is a temporary feeling that is triggered by the occurrence of a certain event and is resolved after a defined amount of time. On the other hand, depression is a state that lasts a longer period of time. Feelings of sadness experienced during depression may not be directly related to a single event.

What can happen if left untreated?

Depression is treated with a combination of medications and psychotherapy. If left untreated, it can have serious effects on a person’s health, ability to function and accomplish daily tasks, and social relationships. Depression can also be a risk factor not only for physical complications like heart problems but also death by suicide.

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What are additional symptoms of PMDD?

PMDD is essentially an amplified experience of PMS symptoms such that a depressed mood can manifest as extreme despair and anxiety as panic attacks. Symptoms can also lead to a lack of interest in daily activities and significant distress that interferes with work, school, usual social activities, or relationships with others.

What happens if left untreated?

PMDD can be managed with antidepressant medication and/or birth control pills to prevent the worsening of symptoms and mitigate the debilitating effects that the symptoms of PMDD can have on day-to-day functioning and overall well-being.

3. Eating Disorders

What is the difference between dieting and an eating disorder?

There is a marked difference between dieting and eating disorders: dieting might be motivated by a desire to lose weight coupled with a genuine wish to improve overall health and nutrition. Eating disorders, however, are dominated by an obsession with weight loss that negatively affects a person’s life and health and are characterized by preoccupation with food, calorie counting, and, in some cases, excessive exercise. Even more, individuals suffering from an eating disorder have a distorted perception of their own weight and body image (e.g. they actually see themselves as obese even when they’re not).

Anorexia Nervosa

What is anorexia nervosa?

Anorexia nervosa is an eating disorder characterized by an intense fear of gaining weight and a distorted body image. Some markers of anorexia include severe restriction of caloric intake and excessive exercise. In some cases, individuals might also engage in binge-eating, eating large amounts of food in one sitting, followed by “purging”, or forcible elimination or regurgitation of the consumed food, through vomiting or laxative use. Individuals suffering from anorexia nervosa might attain dangerously low body weight, but continue to perceive themselves as overweight.

What happens if left untreated?

Individuals with anorexia may have low self-esteem and poor body image. Anorexia appears at a higher frequency among women than men, with a typical age of onset between 16 and 18 years old.

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If untreated, anorexia nervosa may cause:

- Extremely low body mass
- Abnormal heart rhythms
- Electrolyte imbalance

Other mental health issues:
- Depression
- Anxiety
- Substance use
- Self-harm behavior
- Suicide

Individuals with anorexia nervosa can attain extremely low body mass, potentially causing damage to organs like the heart, kidneys, and brain. As a result, the person might experience abnormal heart rhythms or electrolyte imbalance, both of which can be life-threatening. A person suffering from anorexia nervosa can also be at risk for other mental health disorders, including depression, anxiety, substance use, self-harm behavior, and suicide. Treatment of this disorder requires a multidisciplinary team made up of a psychiatrist, psychotherapist, and clinical dietitian.
Bulimia nervosa

What is bulimia nervosa?
Bulimia nervosa is an eating disorder characterized by a loss of control over eating behavior, whereby an individual engages in a cycle of “binge-eating” episodes, during which they eat large amounts of food during one sitting, followed by “purging”, during which they attempt to eliminate the food they’ve eaten by inducing vomiting or using laxatives. The emotion driving the purging is extreme guilt over the amount of food consumed. Feelings of shame are common after a binging-purging episode. Individuals with bulimia nervosa may diet strictly, fast, or exercise excessively, and have low self-esteem and poor body image.

What happens if left untreated?
Bulimia nervosa is typically treated with medications and/or psychotherapy. If left untreated, recurrent and prolonged binge-and-purge cycles may disrupt the digestive system leading to electrolyte imbalance, which could disrupt the function of other vital organs such as the heart.

Obsessive-Compulsive Disorder (OCD)

What is obsessive-compulsive disorder?
A person with obsessive-compulsive disorder experiences stressful, intrusive thoughts. The person is unable to ignore these anxiety-provoking thoughts and engages in ritualistic and compulsive behaviors to relieve them. An example is persistently thinking that a gas leak will cause the house to explode. To relieve the anxiety produced by this thought, the person might engage in compulsive behaviors (such as checking the gas multiple times, etc.) or mental acts (like counting, praying, etc.). Most often, the person realizes that their behaviors, like checking the oven gas 33 times before leaving the house, are excessive, but the urge to appease the intrusive thought compels them to do it. Typically, obsessions have a fixation on a certain number or theme like contamination, sexual fears, religious fears, or other.

What is the difference between being organized and OCD?
Contrary to common misconception, someone feeling the need to keep their surroundings neat and tidy does not mean they have OCD.

Simple double-checking things for good measure is not a sign of OCD.

What happens if left untreated?
Obsessive-compulsive disorder is treated with medications and/or psychotherapy, like cognitive-behavioral therapy. If left untreated, OCD can be persistent or episodic, either way, debilitating enough to prevent a person from successfully going about their daily activities.

The severe impairment of functioning caused by OCD places the sufferer at a higher risk of anxiety, depression, and suicide.
Body Dysmorphic Disorder (BDD)

What is the difference between negative body image and BDD?
A person who has a negative body image experiences dissatisfaction with their appearance. A person with BDD is not only unhappy with their body image but also consumed with obsessive thoughts over other people’s perception of their body and over changing specific body parts. These thoughts cause extreme anxiety that compels them to undergo repetitive “safety behaviors” to reduce this anxiety-like covering certain body parts (using a hat or glasses, for example), tanning to change skin appearance, constantly seeking reassurance from others about appearances, and sometimes, cosmetic surgery. It is important to note that not every person who does these things has BDD. People with BDD also tend to avoid social situations out of fear of being judged for their appearances.

What happens if left untreated?
BDD can be treated with psychiatric medications and/or psychotherapy. If left untreated, the symptoms of BDD can increase in severity, interfering with daily life functioning to the point of not being able to go to work, attend school, or maintain healthy relationships. Moreover, individuals suffering from BDD may be at higher risk of suicide, depression, and substance use disorder.

Trichotillomania

What is trichotillomania?
A person with trichotillomania is unable to resist pulling their hair on various parts of their body, often leading to significant hair loss. Trichotillomania often develops in pre-adolescence and early adolescence (between the ages of 10 and 13 years old) and is often used as a mechanism of negative emotion relief. Hair-pulling can be either focused, carried out with intention, or automatic, carried out without conscious realization at the same time as other activities such as watching tv). A person suffering from trichotillomania usually tries to minimize or stop hair-pulling but is unable to, which leads to major stress and problems in daily life. It is important to note that trichotillomania is different from plucking one’s hair for cosmetic reasons.

What happens if left untreated?
Trichotillomania is treated with medications and/or psychotherapy. If left untreated, it can negatively impact the person’s life: from avoiding social situations to missing work or school. Children and adolescents with trichotillomania tend to fear rejection by their friends, due to visible and significant hair loss.
Schizophrenia

What is schizophrenia?
Schizophrenia is a mental health condition characterized by distortions in thinking, perception, emotions, language, sense of self, and behavior. People with schizophrenia experience symptoms falling into one of three different categories: positive symptoms (as in, abnormally present) such as hallucinations (seeing or hearing things that do not exist in the external environment) and delusions (strongly held beliefs that conflict with reality); negative symptoms (as in, abnormally negative) such as loss or decrease in the ability to initiate plans, speak, express emotion or find pleasure; and disorganized symptoms, such as confused and disordered thinking, speech, and movements. The severity, duration, and frequency of symptoms vary from one individual to another and typically tend to decrease as a person gets older.

Common misconceptions about schizophrenia are that individuals suffering from the disorder are violent and dangerous, and that little can be done for these individuals to lead a healthy life. Both these ideas are erroneous: individuals with schizophrenia are not more violent than people in the general population, and symptoms of schizophrenia, if managed effectively, can allow people with the disorder to lead healthy, productive lives.

What happens if left untreated?
Treatment of schizophrenia with psychiatric medications and psychotherapy can greatly improve the affected individual’s quality of life. If untreated, the symptoms of schizophrenia can be very disabling and can lead to a higher risk of suicide.

Post-Traumatic Stress Disorder (PTSD)

What is post-traumatic stress disorder?
PTSD is a disorder that may occur in people who have experienced or witnessed a traumatic event such as a serious accident, rape, murder, a terrorist attack, a war, a natural disaster. An individual with PTSD might have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear, or anger; and they may feel detached or estranged from other people. A person with PTSD may avoid situations or people that remind them of the traumatic event and may have strong negative reactions to something as ordinary as a loud noise or an accidental touch.
It is important to note that not everyone who experiences trauma develops PTSD. For some people, symptoms of PTSD subside over time, especially with active support from close ones. Indeed, it is both typical and appropriate to experience some feelings of nervousness, sadness, or anger, for some time after exposure to a potentially traumatic event. If these feelings or behaviors persist or worsen with time, this could be a sign of a problem that requires professional treatment to recover from psychological distress that can be intense and disabling. It is important to remember that trauma may lead to severe distress. The earlier a person gets treatment, the better chance of recovery. Treatment options include medication and/or trauma-focused psychotherapy like eye movement desensitization and reprocessing (EMDR).

7. Sexual Disorders

Sexual Disorders

What are sexual disorders?
Sexual disorders are disorders that prevent someone from experiencing satisfaction from sexual activity. The problem may be physical (i.e. dysfunction of genital organs, nerves, etc.) or psychological (i.e. anxiety performance or trauma-related or other). Sexual disorders can be related to the desire to have sex, arousal, orgasm, or pain. They negatively affect the person’s mental health and quality of life.

What happens if left untreated?
If left untreated, sexual disorders can cause increased anxiety, depression, low self-esteem, relationship problems, among others. Sexual disorders are often treated with medications and/or psychotherapy depending on the cause of the problem.

What are the signs of a paraphilic disorder?
A paraphilic disorder is an atypical sexual behavior or fantasy (a paraphilia) that is considered pathological because it either causes distress or harm to the person or others or violates the consent of another person.

Paraphilic Disorder
Distressing &/or
Harmful &/or
No Consent

An individual with PTSD may
- Have intense, disturbing thoughts and feelings related to their experience
- Relive the event through flashbacks or nightmares
- Avoid situations or people that remind them of the traumatic event
- Have strong negative reactions to something as ordinary as a loud noise or an accidental touch
- Feel sadness, fear or anger
- Feel detached or estranged from other people
8. Personality Disorders

General Personality Disorder

What is personality?
Personality is the unique and enduring ways in which a person thinks, acts, feels, and behaves that evolve from biological and environmental factors.

What are personality disorders?
A personality disorder is defined as a way of thinking, feeling, or behaving that deviates from cultural norms and that disrupts one's daily functioning and causes distress. Personality disorders tend to affect at least two of the following areas of a person's life: their way of thinking, their emotional responses, their way of relating to others, and/or their way of controlling their responses in the long term. Not every person who exhibits one of these problems has a personality disorder.

Personality disorders are typically diagnosed in adulthood, but their patterns may begin to be recognizable in late adolescence or early adulthood. People with personality disorders have enduring dysfunctional ways of perceiving themselves or other people, problems with emotions and relationships, or impulsivity. There are 10 personality disorders: antisocial, avoidant, borderline, dependent, histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid, and schizotypal.

What happens if left untreated?
Many people with personality disorders do not typically seek treatment. However, psychotherapy can be greatly effective in helping an individual with a personality disorder gain insight into their thoughts, feelings, and behaviors and their contributing factors and reducing problems in functioning and relationships. The type of treatment will depend on the specific personality disorder, how severe it is, and the individual's circumstances. Some examples of psychotherapy for personality disorders are group therapy and dialectical behavioral therapy. Medications can sometimes be prescribed to manage particular symptoms of personality disorders or comorbid disorders such as anxiety and depression.

9. Substance Use Disorders

Substance Use Disorders

What is substance use?
Excess use of certain substances, such as alcohol, marijuana, cocaine, heroin, and others, can be harmful to one's health. While some people who use these substances do not get addicted to them, others may develop a substance use disorder. It is important to note that not everyone who uses a substance has a substance use disorder.

10 Types of Personality Disorders

- Paranoid
- Schizoid
- Schizotypal
- Antisocial
- Borderline
- Histrionic
- Narcissistic
- Avoidant
- Dependent
- Obsessive-Compulsive

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Substance use disorder is a chronic condition that affects all aspects of a person’s life: biological, psychological, and social. People with substance use disorders require treatment that involves medications in conjunction with psychotherapy, and may sometimes need to be administered in a residential treatment setting like an addiction center. If left untreated, an individual with substance use disorder might suffer from organ damage or failure, get a communicable disease (such as HIV), have work and family problems, and be in legal trouble. Additionally, people with substance use disorders might be suffering from another psychiatric condition that also requires medical attention.

What happens if left untreated?
Substance use disorder is a chronic condition that affects all aspects of a person’s life: biological, psychological, and social. People with substance use disorders require treatment that involves medications in conjunction with psychotherapy, and may sometimes need to be administered in a residential treatment setting like an addiction center. If left untreated, an individual with substance use disorder might suffer from organ damage or failure, get a communicable disease (such as HIV), have work and family problems, and be in legal trouble. Additionally, people with substance use disorders might be suffering from another psychiatric condition that also requires medical attention.

What is substance use?
When someone develops a substance use disorder, they lose control over how much or how often they use a substance, to the extent that obtaining and using the substance takes precedence over personal and professional responsibilities. Individuals with substance use disorder will go through great lengths to obtain the substance they are addicted to, often putting themselves and others in danger. Key characteristics of the disorder include feeling that you have to use the drug regularly (daily or even several times a day), having intense urges for the drug that block out any other thoughts, needing more of the drug to get the same effect over time, and taking larger amounts of the drug over a longer period of time than you intended.

What is somatic symptom disorder?
A person with somatic symptom disorder experiences extreme anxiety about one or more physical symptoms (pain, weakness, etc.). The symptoms may or may not be linked to an existing medical problem, but the person is certain that they are sick. They do not fake their sickness and they are overwhelmed by the excessive thoughts and beliefs that the symptoms that they are experiencing are life-threatening. People with somatic symptom disorder often seek non-psychiatric medical treatment for their physical complaints which could delay the diagnosis and lead to unnecessary medical procedures.

What happens if left untreated?
Somatic symptom disorder is a chronic medical condition that needs psychiatric treatment with medications and/or psychotherapy. If left untreated, people with somatic symptom disorder can face a number of consequences: they might find it hard to stay at work, perform daily tasks, and maintain relationships. Their financial status might be affected due to excessive healthcare visits. In addition, people with somatic symptom disorder are at a higher risk of other psychiatric disorders such as anxiety, depression, and personality disorders.
Illness Anxiety Disorder

What is illness anxiety disorder?

People with illness anxiety disorder tend to have a constant worry about their health and irrational fear of having a seriously fatal disease. Contrary to individuals with somatic symptom disorder, people with an illness anxiety disorder may worry over their health despite not having any physical symptoms or they could misinterpret ordinary body functions as an indication of sickness. Even after going to a checkup, they would still have uncontrollable thoughts of being gravely sick. It is important to know that a person with an illness anxiety disorder is not “pretending to be sick” for attention or profit, but a genuine belief of being gravely ill. It is also important to remember that during a pandemic, anxiety about getting sick may be common and grounded in real-life risks.

What happens if left untreated?

Illness anxiety disorder can have a severe impact on one’s life due to constant anxiety and seeking medical services. The constant worry about being gravely ill can prevent people with an illness anxiety disorder from going about their day-to-day lives. In addition, frequent healthcare visits might cause financial hardships for the person. However, this disorder can be treated with medications and/or psychotherapy, such as cognitive-behavioral therapy.

11. Neurocognitive Disorders

Major Cognitive Disorder (Dementia): Alzheimer Type

What are memory problems?

Memory problems can be caused by many factors like depression, medicine side effects, alcohol, drugs, nutrient deficiencies, and others. Forgetfulness like misplacing your keys or forgetting where you parked your car is normal. Dementia, however, is a memory loss that affects the day-to-day function of the person and can be early signs of Alzheimer’s disease. Dementia is progressive and currently, irreversible.

What is Alzheimer’s disease?

Alzheimer’s disease typically appears starting the age of 65 years old and causes behavioral changes like agitation and anxiety, as well as a decline in many cognitive abilities including speech, reasoning, memory, and judgement.

Alzheimer’s disease is the most common cause of dementia.

What happens if left untreated?

Medications can help slow the progression of symptoms but no cure for Alzheimer’s exists yet. If left untreated, advanced stages could cause difficulty in eating or swallowing and an increased risk of falling, which can be life-threatening. Beyond memory loss, depression, agitation, and anxiety may also cause a decrease in the quality of life of the person.

What is pseudo-dementia?

Pseudodementia is a condition that can be mistaken for dementia but that is not caused by neurological degeneration. The major cause for pseudodementia is a major depressive disorder where memory and cognitive problems are more prominent in the elderly. Due to the fact that the elderly are expected to experience illnesses, major depression is most of the time neglected. Pseudodementia can be difficult to diagnose due to its similarity to dementia and cognitive decline due to age. Treatment consists of medications and/or psychotherapy.
Autism Spectrum Disorder

What is autism spectrum disorder?
Autism spectrum disorder or ASD affects social and emotional functioning and communication skills. An individual with ASD has unique ways of learning, paying attention, communicating, reacting, and engaging with the world. They might engage in repetitive behaviors and be reluctant to accept a change in their day-to-day routine. Symptoms of autism can appear as early as 12-18 months of age and typically last throughout a person’s lifetime. A common misconception, spread by a paper published in the journal Lancet in 1998, is that vaccination is a probable cause of autism. The paper has since been retracted and disproven by many other studies that did not find a causal link between vaccines and autism onset.

Why is it called a spectrum?
The word spectrum highlights the different intensities of autism symptom manifestation. It can range from minimal communication and behavioral challenges to a severely challenged situation (for example, having no speech). In short, autism differs from one person to another.

What happens if left untreated?
Autism is a lifelong condition that can be managed through various forms of therapy such as applied behavioral analysis. Therapy in the early years is important for facilitating adequate childhood development and successfully navigating challenges.

Attention-Deficit/ Hyperactivity Disorder (ADHD)

What is attention-deficit/hyperactivity disorder?
Attention-deficit/hyperactivity disorder (ADHD) is a common childhood disorder that often persists into adulthood.

Children with ADHD have a difficult time concentrating or paying attention, might act impulsively without thinking, or are hyperactive. This does not mean that every child that exhibits such behaviors has ADHD. The child needs to have these symptoms for a long time and in multiple different settings.

ADHD can have three different presentations:
1. Predominantly inattentive presentation: whereby the person has trouble following conversations, completing tasks, or paying attention to detail.
2. Predominantly hyperactive-impulsive presentation: whereby the person finds it hard to sit still, fidgets a lot and engages in impulsive behavior such as interrupting others or grabbing things out of someone’s hands.
3. Combined presentation: whereby the above symptoms are equally present.

Why is treatment important?
Attention-deficit/hyperactivity disorder can be treated with medications and/or psychotherapy. It is optimal to begin treatment in the early years to facilitate healthy development especially in the realms of friendships and schooling.
Many children develop tics that are temporary and go away on their own after a few weeks or months. However, having Tourette’s syndrome is much more complicated than that: the person must have had the tics for a long period of time, occurring at many times per day. Motor tics like blinking or shrugged shoulders and vocal tics like clearing the throat repetitively or yelling out a phrase or a word must be present as well.

What is Tourette’s syndrome?
Tourette syndrome is a medical disorder that involves repetitive movements or unwanted sounds (tics) that can’t be easily controlled. The person may repeatedly blink their eyes, shrug their shoulders or produce unusual sounds, and say offensive words involuntarily. It is usually noticed in early childhood, between the ages of 3 to 9.

What happens if left untreated?
Medications and psychotherapy reduce or even eradicate certain motor controls that cause the tic behavior. If left untreated, the syndrome can make it harder on the person to lead a normal life with all the unwanted involuntary movements that they tend to have. In fact, it can cause some psychological and behavioral problems, as well as learning difficulties such as simple math equations or reading and writing.

Burnout
What is burnout?
According to the 11th Revision of the International Classification of Diseases (ICD-11), burnout “is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.”

Chronic unmanaged workplace stress

- Energy depletion or exhaustion
- Increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job
- Reduced professional efficacy

Anger / Irritability
Fatigue
High blood pressure
Difficulty concentrating
Insomnia
Substance use

Ill. Other Topics

1. Burnout
It is important to address burnout to mitigate its negative impact on wellbeing. The prolonged stress experienced causes a suppression of the immune system, increasing a person’s vulnerability to illnesses and infections. A continued experiencing of muscle pain, headaches, change in appetite and sleep habits, sense of detachment, helplessness, and hopelessness, are greatly detrimental and could place an individual at a higher risk of disordered substance use and death by suicide.

What happens if left untreated?

Sexuality is how people express themselves sexually. It is a very broad term that involves multiple aspects, most importantly, sex, gender, and sexual orientation. Sex is defined using associated with a set of multiple biological characteristics like external and internal genital organs, reproductive anatomy, gene expression, chromosomes, hormones, and physiology, among others. You can be male, female, or intersex. However, a person’s sex might be aligned or misaligned with their gender identity.

Gender is the internal and inherent feeling of being a man, a woman, both, or neither (e.g., non-binary or no gender). Your gender refers to socially constructed roles, behaviors, expressions, and identities. Gender identity is non-binary (not limited to man and woman) and can be fluid across the lifespan. It is who you perceive yourself in regard to the social-constructed gender roles of the society you live in. Sexual orientation is the physical, emotional, and sexual feelings, thoughts, attractions, and behaviors towards other people. Sexual orientations include, but are not limited to, heterosexual, gay/lesbian, bisexual, asexual, pansexual, and others.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Set of multiple biological characteristics like external and internal genital organs, reproductive anatomy, etc.</th>
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<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Intersex</td>
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<tr>
<td></td>
<td>Female</td>
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<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>Internal and inherent feeling of being a man, a woman, both, or neither. It refers to socially constructed roles, behaviors, expressions, and identities.</th>
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<tbody>
<tr>
<td></td>
<td>Man</td>
</tr>
<tr>
<td></td>
<td>Non-binary (Other)</td>
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<tr>
<td></td>
<td>Woman</td>
</tr>
<tr>
<td></td>
<td>No gender</td>
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<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Physical, emotional, and sexual feelings, thoughts, attractions, and behaviors towards other people.</th>
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<tbody>
<tr>
<td>Attracted to men</td>
<td></td>
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<tr>
<td>Attracted to women</td>
<td></td>
</tr>
<tr>
<td>Attracted to other gender(s)</td>
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</tbody>
</table>
What does LGBTQIA+ represent?
LGBTQIA+ stands for Lesbian, Gay, Bisexual, Trans*, Queer, Intersex, Asexual, and a multitude of other identities that do not fit the conventional identities in society. Identities falling under LGBTQIA+ are not pathological or mental health disorders; they are considered normal variations of human sexuality. Both the Lebanese Psychiatric Society and the Lebanese Psychological Association have stated affirm this. Identifying as belonging to the LGBTQIA+ community does not cause functional impairment in daily activities and many LGBTQIA+ people lead healthy successful lives. It is not a sign of pathology. Members of this community, however, are more prone to mental health disorders due to the stigma and discrimination they face daily.

How can I help someone who’s LGBTQIA+?
Members of the LGBTQIA+ community who are subject to discrimination may have more mental health concerns especially if they live in a society that does not accept them. If a person who is LGBTQIA+ needs psychosocial support or psychiatric and psychological treatment, it is important to direct them to professionals who support LGBTQIA+ communities. Medical or psychological treatments intended to change a person’s sexual orientation have long been scientifically discredited and proven to be unsuccessful in helping individuals identifying as LGBTQIA+.

Being LGBTQIA+ is not a mental health disorder.

IV. How to Deal With Mental Health Issues

1. Treatment of Mental Health Issues

Generalities

Why is treatment needed?
Mental illnesses are real medical problems with a biological basis in the brain that require treatment. Mental disorders are among the leading causes of disability worldwide. If left untreated, they can prevent the person from doing their everyday activities, and increase a person’s risk for future complications.

Mental health issues in general, regardless of whether they fit into a diagnostic category or not, can also benefit from treatment in order to prevent future problems and improve quality of life.

Psychiatrist
Medical Doctor

Studies medicine and specializes in mental health disorders of the brain (different from a neurologist)

The only person qualified to prescribe psychiatric medications

Psychotherapist
Health Professional

Studies psychology and specializes in a specific treatment technique or a specific population

Administers treatment through various ways called psychotherapy techniques
A psychiatrist is a medical doctor who specializes in mental health disorders of the brain (different from a neurologist). They have a degree in general medicine and a specialization degree in psychiatry. Psychiatrists are the only people qualified to prescribe psychiatric medications. Some psychiatrists are also further trained in psychotherapy or counseling, or in specific illness (e.g., pain) or populations (e.g., children or older adults).

A psychotherapist is a health professional who studied psychology and administers treatment through various ways called psychotherapy techniques. These may involve helping the person understand, accept, manage, and/or change their thoughts, emotions, and behavior. Psychotherapists are not qualified to administer medication as part of their treatment.

In Lebanon, clinical psychologists who deliver psychotherapy are required to have a master's or doctoral degree in clinical psychology and have received a minimum number of hours of clinical training to obtain a license to practice by the Ministry of Health. Clinical psychologists typically have a specialization in a specific treatment technique (e.g., cognitive behavioral therapy) or a specific population (e.g., children).

Not every clinical psychologist is a psychotherapist. Not every technique is suitable for all disorders or issues.

How to encourage someone to seek help?
The first and most important thing you can do is listen and be supportive. Make sure your loved one knows that you are concerned about them and responsive to what they are telling you. Check in on them regularly, and let them know that you are there to support them.

Avoid saying things like “this is all in your head”, “man-up”, or “pull yourself together”. Asking someone with a mental health disorder to “suck it up” is like asking someone with a broken leg to run. Let the person know the options available to them, such as the Embrace Lifeline on 1564, and other community resources.

Pharmacological Treatment

How do they work?
Psychiatric medications manage and treat mental health disorders by regulating biological and chemical disturbances in the brain that led to the manifestation of the disorder. Common misconceptions surrounding psychiatric medications include that they are “addictive”, “dangerous”, or “not beneficial”. However, the reality is that properly prescribed medications can be highly effective in improving a person’s quality of life and treating the symptoms of a disorder. Like any medication, psychiatric drugs can have side effects depending on the medication’s composition and individual’s medical history. For safe usage, it is best to adhere to the prescribing psychiatrist’s instructions on the appropriate dose and time of ingestion.
Cognitive behavioral therapy (CBT): a commonly practiced, evidence-based therapy in which the therapist focuses on patterns of thinking, feeling, and behaving. In classic CBT approaches, the goal is to help a person recognize maladaptive ways of thinking and reevaluate them, better understand and change their behaviors, and use problem-solving skills to cope with challenging situations. Newer CBT approaches focus more on the process by which a person relates to their thoughts and behaviors, and use acceptance-based approaches such as mindfulness to help a person deal with their experiences. CBT treatment typically includes homework exercises and is largely present-oriented, even though it might use past experiences to explain current patterns of thinking, feeling, and behaving.

Dialectic behavioral therapy (DBT): a therapeutic technique based on cognitive behavioral therapy, DBT aims to help an individual understand, accept, and manage their difficult feelings to become able to make positive changes in their life. A great emphasis is placed on skills training, that is, providing the person with a skillset that will help them cope with overwhelming emotions. The reason it is called “dialectical” behavioral therapy is that it helps a person reconcile two seemingly contrasting ideas: that of self-acceptance and positive change.

Psychodynamic psychotherapy: focuses on the roots of emotional suffering and the source of a person’s emotional, behavioral, and thought patterns. This type of therapy focuses on self-reflection through the therapist-patient relationship to help an individual gain understanding of how their past affects their present.

Group therapy: involves one or more therapists leading a group of 5 to 15 patients. Typically, groups meet for an hour or two each week to target a specific problem, such as depression, panic disorder, social anxiety, chronic pain, loss of someone who died by suicide, or substance abuse. Other group therapy settings may focus more generally on improving social skills to deal with a variety of issues including anger, shyness, loneliness, and low self-esteem.

Psychological Treatment

How does it work?
Psychotherapy involves talking to a professional, who, through various methods of guidance, can help a person gain more knowledge and insight into their patterns of thoughts and behaviors. Psychotherapy is also effective in equipping an individual with tools to use in their daily life to manage and treat their disorder.

What are they?
1. Cognitive behavioral therapy (CBT): a commonly practiced, evidence-based therapy in which the therapist focuses on patterns of thinking, feeling, and behaving. In classic CBT approaches, the goal is to help a person recognize maladaptive ways of thinking and reevaluate them, better understand and change their behaviors, and use problem-solving skills to cope with challenging situations. Newer CBT approaches focus more on the process by which a person relates to their thoughts and behaviors, and use acceptance-based approaches such as mindfulness to help a person deal with their experiences. CBT treatment typically includes homework exercises and is largely present-oriented, even though it might use past experiences to explain current patterns of thinking, feeling, and behaving.

2. Dialectic behavioral therapy (DBT): a therapeutic technique based on cognitive behavioral therapy, DBT aims to help an individual understand, accept, and manage their difficult feelings to become able to make positive changes in their life. A great emphasis is placed on skills training, that is, providing the person with a skillset that will help them cope with overwhelming emotions. The reason it is called “dialectical” behavioral therapy is that it helps a person reconcile two seemingly contrasting ideas: that of self-acceptance and positive change.

3. Psychodynamic psychotherapy: focuses on the roots of emotional suffering and the source of a person’s emotional, behavioral, and thought patterns. This type of therapy focuses on self-reflection through the therapist-patient relationship to help an individual gain understanding of how their past affects their present.

Psychiatric medications are addictive and dangerous
Psychiatric medications are not beneficial
Psychiatric medications work in the same way for everyone and can be shared

Medication plans for treatment courses are always individualized to cater to the needs of a person.

Like any medication, psychiatric drugs can have side effects. It is best to adhere to the psychiatrist’s instruction for safe usage.

Properly prescribed medications can be highly effective in improving a person’s quality of life and treating the symptoms of a disorder.

Medication plans for treatment courses are always individualized to cater to the needs of a person.

You should not take medication without consulting with your psychiatrist. Never share a psychiatric medication you take with anybody else without consulting a doctor.

What medications should I take?

You should not take medication without consulting with your psychiatrist. Never share a psychiatric medication you take with anybody else without consulting a doctor.

Medication plans for treatment courses are always individualized to cater to the needs of a person. There are many types of medications and every disorder requires specific treatment. Sometimes, a psychiatrist may prescribe different medications before they find the one that best suits the person.
Breathing Exercises

What are breathing exercises?
There are a wide variety of breathing exercises used as a psychological tool to relieve stress, anxiety, and tension. Such exercises direct a person to shift from rapid and shallow breathing (chest breathing) that usually occurs when a person is anxious or stressed to slower and deeper breathing (abdominal breathing) that promotes relaxation and enhances blood circulation.

How are breathing exercises done?
Various breathing exercises exist. What is important to remember is that, during inhalation, you should breathe into your belly. To check that you are doing it correctly, your belly should expand during inhalation, not your chest. One exercise is the 4-7-8 breathing method which is done by sitting straight and inhaling for 4 seconds through the nose, holding your breath for 7 seconds, and exhaling completely and fully from your mouth for 8 seconds preferably with pursed lips. Another exercise, the 7-11 breathing, includes breathing deeply through the stomach on the count of 7 then breathing out gently on the count of 11. Deep breathing alone, i.e. inhaling deeply and exhaling slowly without counting, can also be effective. Exercises are usually carried out for about 2-3 minutes until a calming effect takes over.

When are breathing exercises done?
Breathing exercises are helpful when a person experiences shortness of breath, anxiety, or panic attacks. They can be done in times of distress and extreme tension.

Relaxation Exercises

What are relaxation exercises?
Relaxation exercises are a number of techniques that aim to invoke the body’s natural relaxation response ensuring reduced blood pressure and an enhanced sense of well-being and state of mind. By allowing the person to achieve a state of calmness, these exercises can reduce stress, anxiety, and muscle tension.

How are relaxation exercises done?
Relaxation techniques include autogenic training where one focuses on their physical senses, concentrating on the feelings of heaviness, warmth, and relaxation throughout their body. Guided imagery is another technique used to guide a person to focus on pleasant images to reduce tension in the body. Progressive muscle relaxation or requires tensing and relaxing a variety of muscles which promotes progressive relaxation; it can be often incorporated alongside breathing exercises and guided imagery.

When are relaxation exercises done?
Relaxation exercises are not only included in stress management programs, but also in the management of other health problems such as headaches, high blood pressure, insomnia, and menstrual cramps. Note that a prolonged and continued use of the above-stated techniques is more effective than their short-term use.
Grounding Exercises

What are grounding exercises?
Grounding exercises are useful psychological tools for when a person is experiencing a traumatic flashback, unwanted memories, negative emotions, and anxiety. Their main purpose is to shift a person’s attention from their negative feelings to the environment around them, to dissipate overwhelming emotions and the physical symptoms they cause, such as the increased heart rate and muscle tension.

How are grounding exercises done?
A common grounding exercise is the 5-4-3-2-1 senses technique which requires the person to acknowledge their environment: the person should name 5 things they can see, 4 things they can touch, 3 things they can hear, 2 things they can smell, and 1 thing they can taste.

When are grounding exercises done?
Grounding exercises are especially useful when a person is dealing with traumatic memories, self-harm ideations and urges, anxiety episodes, and post-traumatic stress disorder flashbacks. Through these techniques, a person can distract themselves from what they are experiencing and refocus on what’s happening in the present moment.

Panic Attack

What is a panic attack?
A panic attack is a sudden episode of intense fear that triggers severe physical reactions when there is no real danger or sometimes, no apparent cause. Panic attacks can be very frightening. A person experiencing a panic attack may feel like they are losing control or losing touch with their surroundings, having a heart attack, or even dying.

What happens exactly?
The fear and terror that a person experiences during a panic attack are not in proportion to the true situation and may be unrelated to what is happening around them. Most people with panic attacks may have feelings of impending doom. They might also start sweating, have chills, hot flashes, experience chest pain, rapid heart palpitations, or breathing difficulties. These episodes can occur at any time, even during sleep. Some events may trigger panic attacks such as the death of a loved one or being under a lot of pressure at work.
What to do?
If someone you know is having a panic attack, make sure to reassure the person that they are safe. You can call Embrace's Hotline at 1564 for help or guidance. A panic attack may require a person to go to the emergency room. After the attack, make sure that the person receives appropriate treatment if they are suffering from a mental health disorder.

Suicide
What is suicide?
Suicide is the act of intentionally taking one's own life. It is usually a way for people to end pain or suffering. When someone ends their own life, the proper term is "died by suicide." A "suicide attempt" means that someone tried to end their life but did not die.

What happens exactly?
About 90% of people who die by suicide have a diagnosable mental health disorder. Suicide rates are higher among vulnerable groups who experience discrimination than in the general population. Talking about suicide does not increase the risk of a person dying by suicide, but raises awareness about the subject.

What to do?
If someone has physical wounds, call an ambulance. If you know that someone intends to kill themself but has not attempted yet, make sure to put away objects they can use as means in their attempt. Strong thoughts of suicide may require a person to go to the emergency room for their own safety. It is important to make sure that the person receives appropriate treatment if they are suffering from a mental health disorder. It is important to remember that suicide is preventable, therefore, engaging in meaningful relationships and connections, paying attention to warning signs (such as talking about suicide and self-harm, isolation and feeling of loneliness, inability to carry out daily tasks, etc.), and raising awareness about them are crucial.

Self-Harm
What is self-harm?
Self-harm is when someone hurts themselves as a way to cope with difficult or distressing thoughts and feelings. The person usually has no intention of killing themself and is not doing this to seek attention. Self-harm may take on the form of cutting, burning, or non-lethal overdoses. However, it can also be any behavior that deliberately causes injury, no matter how minor.

Why do people self-harm?
People who self-harm use their bodies as a way to express the thoughts and feelings they may be having a hard time articulating. This usually provides temporary relief from the emotional pain the person is feeling through the perception of agency.

What are healthier coping mechanisms?
If you feel the urge to self-harm, here are a few distraction techniques that may help you overcome it: scream into a pillow or hit a cushion to vent your anger; make lots of noise, stretch, or squeeze a stress ball to relieve the tension.

You can also write down your thoughts and feelings or talk about them to a friend. Seeking professional help is the best option.

Episodes of Odd Behaviors
What to do if someone is showing odd behaviors?
Odd or agitated behaviors can signal that a person may be experiencing a manic episode or psychotic episode and may need to be hospitalized. The person may be agitated, not sleeping, talking very fast, and euphoric. The person may have detached from reality - imagining things that aren't there or believing someone is out to kill them. They may be a danger to themselves or others. Try contacting the person's psychiatrist if any or taking them to an emergency room. You can use grounding and breathing techniques to help the person calm down. You can also call Embrace's Hotline at 1564 for help or guidance. A person with mania may develop psychosis.

If you or someone you know are in need of help or support, call Lebanon's national helpline at 1564
Let It Brain Project

The “Let It Brain” is a LeMSIC project launched with the aim of qualifying members with knowledge and advocacy tools on mental health. It raises awareness on the fact that mental health disorders are brain disorders and that we, as medical students, have a responsibility to spread that knowledge and conquer society’s misconceptions and fallacies.

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lemsiclb.org | embracelebanon.org | Call the National Lifeline at 1564
VI. References