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# ANXIETY

## What is anxiety?

Anxiety is the feeling associated with being worried, tense or afraid – particularly about things that are about to happen, or which could happen in the future. It's a natural human response and can be experienced through thoughts, feelings and physical sensations.

Anxiety can become a mental health problem if it affects someone's ability to live life to the extent they want. For example, it may become a problem if:

- it is difficult to go about everyday life or do enjoyable things
- situations that might cause anxiety are avoided
- feelings of anxiety are very strong or last for a long time
- symptoms of anxiety are regular (and could include panic attacks)
- fears or worries are out of proportion to the situation
- worries feel very distressing or are hard to control.

Anxiety symptoms can last for a long time, or come and go. There might be difficulties with day-to-day life, including:

- looking after physical health
- forming or maintaining relationships
- holding down a job
- trying new things
- enjoying leisure time.

In some cases, anxiety can have a serious impact on the ability to work.

### Effects of anxiety on your body

- sleep problems
- faster breathing
- a fast, thumping or irregular heartbeat
- a churning feeling in the stomach
- feeling light-headed or dizzy
- feeling restless or unable to sit still
- pins and needles
- headaches, backache or other aches and pains
- sweating or hot flushes
- needing the toilet more or less often
- grinding teeth, especially at night
- nausea (feeling sick)
- changes in sex drive
- having panic attacks.

### Effects of anxiety on your mind

- feeling as though the worrying will not stop, or that bad things will happen if worrying does stop
- feeling tense, nervous or unable to relax
- feeling like the world is speeding up or slowing down
- having a sense of dread, or fearing the worst
- worrying about anxiety itself, for example, worrying about when panic attacks might happen
- feeling like other people notice the anxiety and are looking
- wanting lots of reassurance from other people.



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# DEPRESSION

## What is depression?

Depression is a low mood that affects everyday life and usually lasts for at least two weeks. In mild depression, some people are able to maintain their normal life, but struggle with feeling very low and often experience other symptoms. At its most severe, depression can be life-threatening because it can cause suicidal feelings.

If someone is given a diagnosis of depression, they might be told that they have mild, moderate or severe depression. This describes what sort of impact the symptoms are having on currently and what sort of treatment they are likely to be offered. A person might move between mild, moderate and severe depression during one episode of depression or across different episodes.

There are also some specific types of depression:

- **Prenatal depression** – depression that occurs during pregnancy, which is sometimes also called antenatal depression.
- **Postnatal depression (PND)** – depression that occurs in the first year (or so) after giving birth.
- **Seasonal affective disorder (SAD)** – depression that occurs at a particular time of year, or during a particular season.
- **Dysthymia** – continuous mild depression that lasts for two years or more; it is also called chronic depression or persistent depressive disorder.

### How someone might feel

- finding no pleasure in life or things that are usually enjoyed
- down, upset or tearful
- no self-confidence or self-esteem
- restless, agitated or irritable
- guilty, worthless and down on oneself
- hopeless and despairing
- empty and numb
- isolated and unable to relate to other people
- a sense of unreality
- suicidal thoughts.

It's very common to experience depression and anxiety together. Some symptoms of depression can also be symptoms of anxiety, such as feeling restless, being agitated or struggling to sleep and eat.

### How someone might behave

- avoiding social events and activities that are usually enjoyed
- difficulty speaking, thinking clearly or making decisions
- feeling tired all the time
- difficulty sleeping, or sleeping too much
- physical aches and pains with no obvious physical cause
- using tobacco, alcohol or other drugs more than usual
- self-harming or suicidal behaviour
- losing interest in sex
- difficulty remembering or concentrating on things
- no appetite and losing weight, or eating too much and gaining weight
- moving very slowly, or being restless and agitated



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# OBSESSIVE-COMPULSIVE DISORDER

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## What is obsessive-compulsive disorder?

Obsessive-compulsive disorder (OCD) has two main parts: obsessions and compulsions.

**Obsessions** are unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in someone's mind. These are uncomfortable thoughts to experience and can make a person feel anxious. Some examples include:

- A fear that something bad will happen if everything isn't 'right'. For example, if things are not clean, in order or symmetrical.
- Worrying you've already harmed someone by not being careful enough.
- Contamination (for example by dirt, germs or faeces). You might worry that you have been contaminated and that you – or other people – are spreading the contamination. You might worry that you have or might get a disease.
- Worrying you're going to harm someone because you will lose control.
- Mental contamination. You might experience feelings of dirtiness that are triggered by a person who has harmed you in some way. These feelings may also be triggered by your own thoughts, images or memories.
- Sexually intrusive thoughts or images. These could be related to children, family members or to sexually aggressive behaviour.

**Compulsions** are repetitive activities that someone does to reduce the anxiety caused by the obsession. It could be something like repeatedly checking a door is locked, repeating a specific phrase in your head or checking how your body feels. Compulsions can:

- be physical actions
- be mental rituals
- involve a number (for example, you might feel you have to complete a compulsion a specific number of times without interruption).

Although many people experience minor obsessions (such as worrying about whether the doors are locked or an appliance has been left switched on) and compulsions (such as avoiding the cracks in the pavement), these don't significantly interfere with daily life, or are short-lived.

## Living with OCD

If someone experiences OCD, it's likely that the obsessions and compulsions will have a big impact on how they live their life, in a variety of ways:

- Disruption to your day-to-day life. Repeating compulsions can take up a lot of time, and certain situations that trigger OCD might be avoided – so someone does not feel able to go to work, see family and friends, eat out or even go outside. Obsessive thoughts can make it hard to concentrate and leave someone feeling exhausted.
- Impact on relationships. Someone may feel that they have to hide OCD from people or that anxieties and concerns about a relationship may make it too difficult to continue.

- Feeling ashamed or lonely of obsessive thoughts, or worrying that they can't be treated. By hiding this from others, it can make people feel isolated and lonely.
- Feeling anxious. Some obsessions and compulsions can make someone feel anxious and stressed. For example, some people feel that they have to carry out their compulsions so frequently that they have little control over them.

## OCD and stigma

Lots of people have misconceptions about OCD. Some people think it just means someone has to have everything neat and tidy, or they have to wash hands frequently. They might even make jokes about it or describe themselves as a 'little bit OCD'.

This can be frustrating and upsetting, especially if someone who feels this way is a friend, colleague, family member or healthcare professional. It is important to remember that these misconceptions come from a lack of understanding and knowledge about the condition.



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# SCHIZOPHRENIA

## What is schizophrenia?

Schizophrenia is a complex mental health diagnosis which can include periods of psychosis. Around 1 in every 100 people has schizophrenia and there are many misconceptions about this illness.

Many experiences and behaviours can be part of schizophrenia. They can start suddenly, or they might develop gradually over time. Each person's experience is unique.

Professionals sometimes talk about schizophrenia symptoms as being 'positive' and 'negative'. But this doesn't mean 'good' or 'bad'.

- **Positive symptoms** are experiences or behaviours that the condition adds to someone's life, like hearing or seeing things that others don't, or having a belief that something is real or true when it isn't.
- **Negative symptoms** are experiences or behaviours that the condition takes away from life, like finding things less interesting or enjoyable, moving their body less, or having less motivation.

## Misconceptions about schizophrenia

There's lots of misinformation about schizophrenia in the media. Stories in the news and on TV programmes are often sensationalised and misleading. The truth is:

- It does not mean someone has a 'split personality'.
- It does not mean that someone is dangerous or violent. Most people with schizophrenia do not commit violent crimes. Some research suggests that the risk may be slightly higher among people who have this diagnosis than people who don't. But it's not clear that schizophrenia is the cause. Evidence shows that factors like drug and alcohol misuse are far more likely to play a part in violence. People with schizophrenia are more likely to be victims of crime – or to harm themselves – than to harm someone else.

### Someone with schizophrenia might experience:

- disorganised thinking and speech
- feeling disconnected from emotions
- a lack of interest in things
- wanting to avoid people
- hallucinations, such as hearing voices or seeing things others don't
- difficulty concentrating
- delusions (strong beliefs that others don't share), including paranoid delusions
- not wanting to look after oneself.
- psychotic episodes where a person experiences a break from reality

### They might also:

- disagree with people who think something is wrong
- not be able to carry on with day-to-day activities
- become upset, confused or suspicious of other people or particular groups (like strangers, or people in authority)
- feel worried or afraid of seeking help.



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# PSYCHOSIS

## What is psychosis?

Psychosis is when a person perceives or interprets reality in a very different way from people around them. They might be said to 'lose touch' with reality. It can also be called a 'psychotic experience' or 'psychotic episode'.

The most common types of psychotic experiences are hallucinations, delusions and disorganised thinking and speech. Psychosis affects people in different ways. Someone might experience it once, have short episodes throughout their life, or live with it most of the time.

Some people have positive experiences of psychosis. For example, if they see the faces of loved ones or hear their voices, it may be comforting. Some people say it helps them understand the world or makes them more creative.

However, for other people psychosis can be a very difficult or frightening experience. Someone may find that it affects their behaviour or disrupts their life, makes them feel very tired or overwhelmed, makes them feel anxious, scared, threatened or confused, and/or leaves them finding it very difficult to trust some organisations or people.

It can also be distressing if people around them dismiss their experiences as untrue when they seem very real. They may feel misunderstood and frustrated if other people don't understand.

The word psychosis is usually used to refer to an experience. It is a symptom of certain mental health problems rather than a diagnosis itself. Doctors and psychiatrists may describe someone as experiencing psychosis rather than giving them a specific diagnosis. Some people prefer this.

### Psychosis as a symptom

If someone is diagnosed with one or more of these conditions then they may experience psychosis. Alternatively, if they experience psychosis (and have other symptoms too), then they may be given one of these diagnoses:

- bipolar disorder
- severe depression
- postpartum psychosis
- schizophrenia
- schizoaffective disorder
- paranoid personality disorder or schizotypal personality disorder
- delusional disorder.

Some people experience psychosis on its own. If it is experienced for less than a month and a doctor doesn't think that another diagnosis describes the symptoms better, someone may receive the diagnosis of 'brief psychotic disorder'.

### Psychosis and stigma

There are a lot of misunderstandings about what it means to experience psychosis. Lots of people wrongly think that the word 'psychotic' means 'dangerous'. The media often shows people with psychosis behaving like this even though very few people who experience psychosis ever hurt anyone else.



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# EATING PROBLEMS

## What are eating problems?

An eating problem is when someone has a relationship with food that they find difficult. Many people think that someone with an eating problem will be over- or underweight. People might also think that certain weights are linked to certain eating problems. Neither of these assumptions is true. Anyone can experience eating problems. This is regardless of age, gender, weight or background.

An eating problem is not the same as an eating disorder:

- An **eating disorder** is a medical diagnosis. This diagnosis is based on eating patterns and includes medical tests on weight, blood and body mass index (BMI).
- An **eating problem** is any relationship with food that someone finds difficult. This can be just as difficult to live with as a diagnosed eating disorder.

Eating problems are not just about food. They can be about difficult things and painful feelings. These feelings might be challenging to express, to face or to resolve. Focusing on food can be a way of hiding these feelings and problems.

### Someone might feel:

- ashamed or guilty
- tired much of the time
- depressed or anxious
- scared of other people finding out.

### Someone might find that:

- controlling food or eating has become the most important thing in life
- it feels difficult to concentrate on work, studying or hobbies
- they want to avoid socialising, dates and restaurants or eating in public
- their appearance is changing or has changed
- they are bullied or teased about food and eating
- it feels hard to be spontaneous, to travel or to go anywhere new
- they develop short- or long-term physical health problems
- they have to leave school/college or work, or stop doing what they enjoy.

## Eating problems and other mental health problems

Many people with eating problems also have other mental health problems or illnesses. Some common experiences include:

- dislike of certain foods
- depression
- forms of self-harm – eating problems can be seen as a form of self-harm, and other types of self-harm can occur too
- anxiety
- obsessive-compulsive disorders
- issues with self-esteem and body image
- body dysmorphic disorder, which is an anxiety disorder linked to body image.

Food is one of many mediums through which anxiety, depression or obsessive-compulsive behaviours can be expressed.



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# BIPOLAR DISORDER

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## What is bipolar disorder?

Bipolar disorder is a condition that affects mainly mood. The word bipolar has two parts: Bi meaning 'two' and Polar meaning 'completely opposite'. The term bipolar refers to the way mood can change between two very different states – mania and depression. Bipolar disorder used to be called manic depression, but this term is not used any more. Some medical professionals may also use the term bipolar 'affective disorder'. 'Affective' means that the disorder relates to mood or emotions.

If someone has bipolar disorder, they are likely to have times where they experience:

- Manic or hypomanic episodes – feeling high
- Depressive episodes – feeling low
- Potentially some psychotic symptoms during manic or depressive episodes.

These experiences are also termed mood episodes or states and they usually last for at least a few days or weeks. Depending on the way these moods are experienced, and how severely they have an effect, a medical professional may diagnose a particular type of bipolar disorder.

Mood episodes can range from severe depression to mania, and anything in between. Sometimes episodes may feel intense and other times someone may feel stable. And some people may never experience certain mood episodes. For example, not everyone with bipolar disorder will experience mania.

We all have changes in our mood, but in bipolar disorder these changes can feel very distressing and have a big impact on life.

Someone may feel that their high and low moods are extreme, and that swings in mood are overwhelming. And they may feel and behave very differently, depending on mood. This can be difficult and confusing. These swings in mood are sometimes called mood episodes or mood states. Not everyone experiences mood episodes in the same way or for the same amount of time.





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# SELF-HARM

## What is self-harm?

Self-harm is when someone hurts themselves as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. There are no fixed rules about why people self-harm. It really can be very different for everyone. People of all ages and backgrounds self-harm. There is no one 'typical' person who hurts themselves.

### Self-harm can be a way to:

- have a sense of being in control
- express something that is hard to put into words
- have something in life to rely on
- stop feeling numb, disconnected or dissociated
- turn invisible thoughts or feelings into something visible
- change emotional pain to physical pain
- reduce overwhelming emotional feelings or thoughts
- create a reason to physically care for themselves
- escape traumatic memories
- punish themselves for their feelings and experiences
- express suicidal feelings and thoughts without taking their own life.

### Common reasons for self-harm

Any difficult experience can cause someone to self-harm, including:

- low self-esteem
- an increase in stress
- pressures at school or work
- loss of a job
- bereavement
- bullying
- breakdown of a relationship
- money worries
- sexual, physical or emotional abuse
- homophobia, biphobia and transphobia
- an illness or health problem
- difficult feelings, such as depression, anxiety, anger or numbness.

After self-harming, someone may feel a short-term sense of release, but the cause of the distress is unlikely to have gone away. Self-harm can also bring up very challenging emotions and could make someone feel worse.

For some people, self-harm is linked to specific experiences and is a way of dealing with something that is happening either at the moment or that happened in the past. For others, the reasons are less clear and can be more difficult to decipher.

Some people self-harm particular areas of their body that are linked to an earlier trauma. Some people find that certain actions, such as drinking alcohol or taking drugs, increase the likelihood of self-harm, or that self-harm is more likely to happen at certain times (for instance, at night).

Sometimes, people talk about self-harm as attention-seeking. If people make comments like this, it can leave people feeling judged and alone. In reality, a lot of people keep their self-harm private, and it can be painful to have their behaviour misunderstood in this way.



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# POST-TRAUMATIC STRESS DISORDER

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## What is post-traumatic stress disorder?

Post-traumatic stress disorder (PTSD) happens after experiencing something extremely frightening, like violence, abuse, rape or a life-threatening situation. It can also affect someone if they witnessed something awful happening, such as a serious accident.

Most people take time to get over a traumatic event, but with PTSD, it is difficult to move past the event and dreams, flashbacks or upsetting thoughts about it continue for a long time. Complex PTSD (C-PTSD) is a more serious reaction to a long-lasting traumatic experience, for example abuse, neglect or frequent violence.

Symptoms can appear straight after a traumatic experience, or later on. They are usually noticed within six months of the experience.

### Signs and symptoms

- avoidance and numbing, where you try to keep busy and avoid thinking about or doing things that might trigger memories of the traumatic event
- flashbacks or nightmares about what happened
- being tense and on guard (hypervigilant) all the time in case it happens again.

### Other possible experiences

- depression
- anxiety
- anger or irritability
- physical symptoms such as muscle aches or diarrhoea
- problems sleeping or eating
- survivor's guilt, where they feel bad because others suffered more than them
- problems with alcohol or drug abuse
- difficulty remembering all of the traumatic event.