

TOPIC 2: MENTAL HEALTH ISSUES

TASK ① MENTAL HEALTH ISSUES. POSTERS

TASK 1A Discuss the following the message communicated by the below posters. Would you add another picture?

1



3



2



4



Picture 1 taken from: <https://www.hypnotherapists.org.uk/6137/using-hypnotherapy-to-counter-anorexia/>

Picture 2 taken from: <http://dyingwords.net/wp-content/uploads/2014/12/PTSD2.jpg>

Picture 3 taken from: <http://www.telegraph.co.uk/news/health/children/8738453/The-children-who-fall-victim-to-anorexia.html>

Picture 4 taken from: <http://www.activeminds.org/issues-a-resources>

TASK 2 MENTAL DISORDERS

TASK 2A You are going to read an introductory text about mental disorders and answer the questions. To prepare for the introductory text, study the following words and phrases and say how they might be used in the context of mental disorders.

behavioural pattern	observation and questioning	and	to incorporate findings from a range of fields
causes of mental illnesses	involuntary detention or treatment	or	to challenge social exclusion

TASK 2B Translate the above words and phrases into Czech.

- 1 behavioural pattern = _____
- 2 causes of mental illnesses = _____
- 3 observation and questioning = _____
- 4 involuntary detention or treatment = _____
- 5 to incorporate findings from a range of fields = _____
- 6 to challenge social exclusion = _____

TASK 2C Read the introductory text about mental disorders and answer the questions.

Mental disorders

A **mental disorder**, also called a **mental illness**, is mental or behavioural pattern that causes either suffering or a poor ability to function in ordinary life. Many disorders are described. Signs and symptoms depend on the specific disorder.

The causes of mental illnesses are often unclear. Theories may incorporate findings from a range of fields. Mental disorders are usually defined by a combination of how a person feels, acts, thinks and perceives. This may be associated with particular regions or functions of the brain, often in a social. A mental disorder is one aspect of mental health. The scientific study of mental disorders is called psychopathology.

Services are based in psychiatric hospitals and assessments are carried out by psychiatrists, clinical psychologists and clinical social workers, using various methods but often relying on observation and questioning. Treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options. Other treatments include social interventions, peer support and self-help. In a minority of cases there might be involuntary detention or treatment. Prevention programs have been shown to reduce depression.

Common mental disorders include depression, which affects about 400 million, dementia which affects about 35 million, and schizophrenia, which affects about 21 million people globally. Stigma and discrimination can add to the suffering and disability associated with mental disorders, leading to various social movements attempting to increase understanding and challenge social exclusion.

Adapted from: https://en.wikipedia.org/wiki/Mental_disorder

1 What are mental illnesses?

2 What are the causes of mental illnesses?

3 What kind of treatments are available?

4 What additional problems do sufferers of mental disorders such as schizophrenia have to cope with?

TASK 3 ANXIETY AND DEPRESSION

TASK 3A DISCUSSION. A recent medical survey in Britain revealed that 25% of the population saw no hope for the future and one in ten felt that life was not worth living. Many teenagers were excessively worried about their weight and general appearance. Approximately 25% claimed they suffer from anxiety over studies. In pairs discuss the following questions.

- Are you surprised by these statistics?
- Are you basically happy with your life?
- What's the happiest you have ever been?
- What is happiness to you?

TASK 3B READING. Read the article.

When I was married I thought I was miserable because of my wife. So, we got divorced, and then I thought things would change. But I was still depressed somehow. Friends used to invite me out, and though I had nothing else going on, I'd tell them that I was busy or had other plans, but I'd just stay at home and watch TV or vegetate. So, then I blamed it on my job. I used to fantasise about just leaving the place. I started taking days off sick. My performance went downhill. But I couldn't quit. I was scared. I would wake up in the middle of the night, just lying there – thinking. Then a job opportunity came up at a different company, and for a few months, I actually thought I was getting better. But then it came back – with a vengeance. I started crying – literally crying – for no reason at all, sometimes in

the middle of the day. I started calling myself names like “stupid” and “incompetent”. I shut my friends out and became generally useless. Sometimes I would go out to do a bit of shopping and I would see happy couples walking around – some of them with children – and then I would feel even worse. And so I thought, “That's it. I'm lonely. I need a girlfriend.” And so I got on the internet to try and meet people. And I did. And for a few weeks I actually thought I was getting better. But it got worse. I started thinking about old age and death. And pretty soon the things that used to make me happy, like nice weather and a call from a friend, started to seem more like irritations. Life began feeling really pointless. I think I was on the verge of giving up on it all when I met Judy. The advice Judy gave me changed

my life for the better, and probably forever.

I can't believe the difference it has made.

TASK 3D Answer the questions.

- 1 What seemed to be the man's problem?
- 2 What aspects of the man's life did this problem affect?
- 3 Have you or anyone you know ever felt like him?
- 4 Who is Judy and what do you think she said to him?
- 5 What advice would you have given him?

Taken from: MacAndrew, R. & Martinez, R. (2001). Taboos and Issues. Thomson, Heinle, pp. 31

TASK 3E Imagine this man is your old school friend who shares his issues with you at a school reunion. After the party you realize you want to write a letter to him to help him with his situation. Write this letter, use between 200-250 words.

TASK 3E VOCABULARY. Complete the sentences with these words.

DOWN, HARD, LOW, TAKE, TOP, UNDER, USUAL, WEATHER

- 1 Things are just getting me _____.
- 2 He's not his _____ self at all.
- 3 I'm feeling a bit under the _____.
- 4 I'm feeling a bit _____ at the moment.

- 5 Things are getting on _____ of me.
- 6 I'm finding life _____ at the moment.
- 7 I'm _____ a lot of pressure.
- 8 I'm not sure I can _____ much more.

Taken from: MacAndrew, R. & Martinez, R. (2001). Taboos and Issues. Thomson, Heinle, pp. 31

TASK 4 TEN PROVEN WAYS HOW TO INCREASE YOUR HAPPINESS

TASK 4A TEN PROVEN WAYS TO INCREASE YOUR HAPPINESS. Most people are unhappy because they choose to be. All they have to do is change their minds and learn some new habits, and their lives will change forever. Here are ten habits of happy people. Read these ten tips on how to be happy. Which do you think are genuinely helpful? Try to expand on the given tips, two have been done as an example.

HAPPY HABITS

- 1 Act happy - even if you don't feel it. A smiling face will get more smiles from others.
- 2 Enjoy the moment. _____
- 3 Take control of your time. _____
- 4 Take regular exercise. _____
- 5 Get rest. _____
- 6 Sing. _____
- 7 Get a pet – stroking a cat or patting a dog has therapeutic effects, calming anxiety.
- 8 Feed your soul. _____
- 9 Prioritise close relationships. _____
- 10 Get out of town. _____

Taken from: MacAndrew, R. & Martinez, R. (2001). Taboos and Issues. Thomson, Heinle, pp. 31

TASK 5 ANXIETY AND DEPRESSION. SHORT PRESENTATIONS IN SMALL GROUPS

TASK 5A PRESENTATION IN GROUPS OF FOUR. Some mental conditions are controversial, with some experts saying the problem is all in the mind. What would you say to those who claim the following conditions are not real? In groups of 4 each choose one of the topics (1 topic will not be used) and prepare a short (4 minutes) presentation about the following conditions. In your presentation focus on: i) causes, ii consequences, iii) public awareness of the condition.

1 chronic fatigue syndrome = permanent tiredness caused by stress

2 seasonal affective disorder = depression caused by long, dark winters

3 post-traumatic stress disorder = persistent emotional problem after being involved in a traumatic incident

4 road rage = getting angry and possibly violent because of the stress of modern driving conditions

5 mid-life crisis = a sudden crisis of confidence suffered by men around the age of 45

Taken from: MacAndrew, R. & Martínez, R. (2001). Taboos and Issues. Thomson, Heinle, pp. 31

Minipresentations

- I would like to familiarize you with the _____.
- First, I will give you the details of _____.
- First, I will provide you with the basic facts concerning _____.
- First, I will describe _____.

- Then, I will deal with the _____.
- Then, I will discuss the differences between A and B.
- Then, I will give you an overview of _____.

- Is everything clear?
- Are there any questions?

- (If not) Thank you for your attention.

General expressions

- as I've said earlier – jak jsem již řekl
- generally speaking – obecně řečeno
- in other words – jinými slovy
- to sum it up / to summarize it – abych to shrnul
- to cut a long story short – abych to zkrátil
- to get to the point – abych se dostal k tomu nejpodstatnějšímu
- to answer your question (briefly) – abych na Váš dotaz (stručně) odpověděl
- to put it simply – abych to řekl jednoduše
- now I would like to give the floor to Mark – teď bych rád předal slovo Markovi
- over to you Mark – teď ty, Marku

TASK 6 HOW TO IDENTIFY A MENTAL ILLNESS IN A FRIEND

TASK 6A You are going to watch a video which gives advice to people whose friends may be developing a mental illness. To prepare for the recording, discuss the meaning of the words and phrases in the box and how they might be used in the given context.

agitated	bipolar disorder	distorted thinking	inability to relax	to lose inhibitions	self-harm
permanent and temporary features of behaviour	compulsive ritualistic behaviour	symptoms of anxiety	mood swings	to suffer personality disorder	persistent sadness

TASK 6B Translate the above phrases into Czech.

- 1 agitated = _____
- 2 permanent and temporary features of behaviour = _____
- 3 bipolar disorder = _____
- 4 compulsive ritualistic behaviour = _____
- 5 distorted thinking = _____
- 6 symptoms of anxiety = _____
- 7 inability to relax = _____
- 8 mood swings = _____
- 9 to lose inhibitions = _____
- 10 to suffer from personality disorder = _____
- 11 self-harm = _____
- 12 persistent sadness = _____

RECORDING 1 TASK 6C Watch the video and answer the questions.

- 1 What particular aspects of your friend's behaviour should you watch for if you suspect a mental illness?
- 2 Why is it important to distinguish between permanent and temporary features of your friend's behaviour?
- 3 In step 2 what particular feature of your friend's behaviour should you observe for? Define that feature.
- 4 What should you do in step 3?

- 5 What do psychotic disorders involve?
- 6 What should you do for your friend in step 4?
- 7 What question should you ask yourself in step 5?
- 8 What should you check in step 6?
- 9 What should you watch for in step 7?
- 10 What should you do for your friend in step 8?
- 11 What research conclusion is stated at the end of the video?

Video taken from: <https://www.youtube.com/watch?v=-JjZYL11Is>

TASK 7 EMOTIONAL PAIN CAUSES REAL PAIN

TASK 7A EMOTIONAL PAIN CAN CAUSE REAL PAIN. Before you listen to the recording, study the following vocabulary. To get the right definitions, match the numbers in the left column with the letters in the right column. Complete the middle column with the Czech translations of the English words or phrases.

English	Czech	Definition
1 to break up with		A <i>here</i> : missing someone
2 dejected		B experienced by the physical senses (e.g. sight, hearing, touch, smell)
3 sensory		C recognised health problems affecting the body or the mind
4 findings		D to end your relationship with
5 loss		E discoveries, insight revealing explanations
6 symptoms		F fed up or depressed hurtful upsetting in a personal way
7 disorders		G signs from the body, which

suggest something is wrong

Definitions adapted from: http://www.bbc.co.uk/worldservice/learningenglish/language/wordsinthenews/2011/04/110401_witn_heartache_page.shtml

RECORDING 2 **TASK 7B** Listen to the short recording and write a summary. Use between 50-70 words.

TASK 8 BODY CONFIDENCE



Picture taken from: <http://www.mothersmag.com/body-image-confidence/>

TASK 8A DISCUSSION. In pairs discuss the following questions.

- 1 What would you say to a five-year old girl or normal weight who is on a slimming diet because she wants to look like barbie doll/skinny celebrity?
- 2 What would you say to a mother of such a child?

TASK 8B Before you listen to the recording, study the following vocabulary. To get the right definitions, match the numbers in the left column with the letters in the right column. Complete the middle column with the Czech translations of the English words or phrases.

English	Czech	Definition
1 picture perfect		A advice
2 toned		B <i>here:</i> awareness
3 to transform		C change using computer effec
4 to alter		D crucial
5 airbrushing		E exactly right
6 key (<i>adj.</i>)		F <i>here:</i> to explain
7 profile		G to change completely
8 tips		H in good physical shape
9 to reveal		I to adjust, change

RECORDING 3 TASK 8C Listen to the recording and answer the questions.

- 1 What danger the modern-day children are faced with is discussed in the report?
- 2 What is a parent pack?
- 3 What do we know about Rachel Johnson?
- 4 What is a teaching pack?

TASK 8D VERBS. Complete the gaps with the correct forms of the following verbs.

ALTER, INVOLVE, LAUNCH, RAISE, REVEAL

- 1 A government campaign to help parents how to talk to their children about their bodies _____ these days.
- 2 According to Rachel, it is absolutely necessary to _____ the parents.
- 3 The campaign tries to _____ the profile or (*neboli*) awareness of this issue.
- 4 The campaign tries to _____ that magazine pictures aren't always what they seem.
- 5 The techniques shows how the pictures _____, i.e. changed by the media to make the celebrity look better than they do in reality.

TASK 8E WORDFORMATION. Complete the gaps with words made from the words in brackets.

- 1 Children are _____ faced with the exposure to pictures of seemingly perfect bodies. **(INCREASE)**
- 2 Magazines normally show _____ enhanced pictures. **(DIGIT)**
- 3 These picture are not perfect in reality, they are only _____ perfect. **(SEEM)**

TASK 8F PREPOSITIONS. Complete the gaps with suitable prepositions.

- 1 The campaign is aimed _____ children aged 6-7.
- 2 A great number of children are not confident _____ their bodies.

TASK 9 EATING DISORDERS ON THE RISE IN THE UK

TASK 9A To prepare for the recording about increasing eating disorders in the UK, discuss the meaning of the words and phrases in the box and how they might be used in the given context.

to be bullied for being fat

recovery from an illness

to be admitted to hospital with an eating disorder

to arise from a genetic disorder

to deserve sth

hereditary illness

to trigger anorexia

constant online presence

RECORDING 4 TASK 9B Watch the video and answer the questions.

- 1 At what age did Fleur become an anorexic and why?
- 2 How did she feel about herself and about her future at that time?
- 3 What do figures tell us about the numbers of anorectic people in the UK in the past 15 years?

4 Is anorexia hereditary?

5 What triggers anorexia in young people?

6 What do we know about pro-anorexia websites?

Video taken from: https://www.youtube.com/watch?v=wtcT_ASdysE

TASK 10 BULIMIA

TASK 10A Before you read the introductory article about bulimia, study the following vocabulary, find out the meaning of the two key words for bulimia.

Binging

Purging

Bulimia nervosa

Bulimia nervosa, also known as simply bulimia, is an eating disorder characterized by binge eating followed by purging. Binge eating refers to eating a large amount of food in a short amount of time. Purging refers to attempts to rid oneself of the food consumed. This may be done by vomiting or taking a laxative. Other efforts to lose weight may include fasting, or excessive exercise. Most people with bulimia have a normal weight. The forcing of vomiting may result in thickened skin on the knuckles and breakdown of the teeth. Bulimia is frequently associated with other mental disorders such as depression, anxiety, and problems with drugs or alcohol. There is also a higher risk of suicide and self-harm.

Bulimia runs in families being more common among those having a close relative with the condition. The percentage of risk that is estimated to be due to genetics is between 30% and 80%. Other risk factors for the disease include psychological stress, cultural pressure for a certain body type, poor self-esteem, and obesity. Living in a culture that promotes dieting and having parents that worry about weight are also risks. Diagnosis is based on a person's medical history. However, this is difficult as people are usually secretive about their binge eating and purging habits. Furthermore, the diagnosis of anorexia nervosa takes precedence over that of bulimia.

Adapted from: https://en.wikipedia.org/wiki/Bulimia_nervosa

TASK 10B Answer the questions.

- 1 What is bulimia nervosa?
- 2 What conditions does bulimia often result in?
- 3 Is bulimia hereditary?
- 4 What outside factors increase the chances of suffering from bulimia?
- 5 Is bulimia nervosa easy to diagnose?

TASK 11 BULIMIA – LISELLE'S STORY

TASK 11A This text was made from the recording you are going to watch later. The overlap between the text and the actual words spoken in the video is about 75%. To prepare for the text and the subsequent recording discuss the meaning of the words and phrases in the box and how they might be used in the given context.

to live a dual life

to live in denial

to lose periods

secretive disorder

to affect fertility

addicted to vomiting

TASK 11B Translate the above words and phrases into Czech.

- 1 to live a dual life = _____
- 2 secretive disorder = _____
- 3 to live in denial = _____
- 4 to affect fertility = _____
- 5 to lose periods = _____
- 6 addicted to vomiting = _____

RECORDING 5 'I knew it had to stop because I was living a dual life'

Liselle Terret, 38, had bulimia between the age of 14 and 23.

"I was struggling a bit at school and I wasn't very happy at home. It was classic 'middle-child syndrome', perhaps. As a young woman, I remember feeling very confused about my body.

I then started to purge my food in the toilet. The secretiveness of it was attractive to me. It was something that was mine. Unfortunately, I became addicted to the habit of vomiting.

It was something I didn't have to explain verbally and I think it was a way of feeling in control. I had started to use food for a little bit of comfort. It was a solitary time on my own in the toilet.

Bulimia is known as the secret disorder. In one way, it's a coping mechanism. It happens when you can't cope and something needs to change. That's why it's a very dangerous illness to have because you carry on. I carried on in school. I did my exams (I didn't do very well, but I did them), I got into university and I went abroad for a year. All the time I was secretly vomiting.

My teeth were decaying and my periods had stopped. I certainly didn't have any sexual relations, that totally stopped. Unfortunately, I learned to hate myself.

It was at university that I realised I had to see somebody. I knew it had to stop because I was living a dual life. Apart from seeing a therapist, which I still do, I also went on my own journey of healing using the creative arts. I'm a lecturer and practitioner of community theatre.

There's absolutely nothing glamorous, exciting or positive about developing an eating disorder. All it does is decay your body, and it shortens your life. I still spend a ridiculous amount of money on my teeth, which are in a bad way, and it affects fertility. More importantly, it affects how you feel about yourself. It affects your relationships with family, friends and partners. For many years, I didn't have a relationship because I was too afraid to. I was living in a terribly self-destructive way.

The difficulty in getting help is that you can't force people with bulimia to talk about it, particularly with an illness like this. You live in denial and, for me, there was a huge shame about it. I felt that people thought it was grotesque and they didn't want to know about it. You just want to be normal and you want to fit in.

It's an addiction. It is not a way of surviving, but the opposite. It's only when you realise that there is something wrong in your behaviour that you want to get help."

Transcript taken from: <http://www.nhs.uk/conditions/bulimia/pages/liselles-story.aspx>

TASK 11C Retell Liselle's story.

TASK 12 DEMENTIA AWARENESS

TASK 12A DISCUSSION.

1 Do you know anybody suffering from dementia? If so, discuss its symptoms with a neighbour.

TASK 12B The following table contains two examples of common signs and symptoms of dementia as well as changes in a dementia patient's behaviour. Add more examples.

Common signs and symptoms of dementia	Changes in behaviour
memory loss	repeatedly asks the same questions

Adapted from: <http://www.helpguide.org/articles/alzheimers-dementia/understanding-dementia.htm>

RECORDING 6 – PART 1 **TASK 12C** Watch the first part of the recording and answer the questions.

1 How does a person with dementia feel?

2 What is dementia?

3 What are some of the signs and symptoms of dementia?

4 What are potential triggers for dementia?

5 What feelings do people with dementia suffer from when in an unfamiliar environment, such as a hospital?

6 What do manifestations or presentations of dementia depend on?

7 What does the number 800, 000 refer to?

Video taken from: <https://www.youtube.com/watch?v=JGasKsWViV0>

RECORDING 6 – PART 2 **TASK 12D** Watch the second part of the video and reflect on both scenes. Note the change in behaviour that made the second situation easier for the patient. Describe the differences between scene A and scene B.

RECORDING 6 – PART 3 TASK 12E Following are some guidelines for professional workers or people helping dementia patients. Complete the gaps with the most suitable words. There is always one word per gap. Then watch the video and compare your answers with the model guidelines shown in the recording.

- 1 Always act _____ .
- 2 Introduce yourself.
- 3 Offer to help.
- 4 Preserve _____ at all times.
- 5 Keep questions short and _____ them so that the person can say yes or no in order to _____ key facts and information.
- 6 Listen carefully to grasp the _____ and the _____ of the person's conversation.
- 7 Opt for a quiet place to talk.
- 8 Allow time for the person to _____. It takes longer for that person to _____ information.
- 9 The use of touch, hand on shoulder or indeed taking the person's hand lightly can be _____ in some situations.
- 10 _____ , reassure, think of your body language as open, caring and friendly.
- 11 Accept rather than _____ with the person in what they are saying as they may not be living in your world.
- 12 Where reasonable, _____ the person's choices.
- 13 Take time to offer to sit down and _____.
- 14 Offer to show the _____.
- 15 Maybe, if you have time, offer _____.
- 16 Use _____ and symbols which may help with communication difficulties.
- 17 Remember that all the behaviour is a _____ to a feeling.
- 18 Try to understand how the person is feeling.
- 19 It is important to remember that no two people will _____ with the same symptoms so we must strive to offer _____ care at all times.
- 20 Most importantly, _____ further training to support your role in the Pennine Acute Trust.

VOCABULARY

agitated	/ ' ædʒɪ , teɪ tɪ d/	podrážděný
(to) abuse	/ ə' bjuz s/ / ə' bjuz z/	zneužívání alkoholu
anorexia	/ , ænə' reksiə/	anorexie
anorexic	/ , ænə' reksi k/	anorektik, anorektický
anxiety	/ æŋ' zai əti/	úzkost, úzkostlivost
anxious	/ ' æŋkʃ əs/	úzkostlivý
to behave	/ bi ' heɪ v/	chovat se
behavioural	/ bi ' heɪ vjərəl/	týkající se chování
binging	/ bi ndʒ iɪ ŋ/	zde: záchvatovité přejídání
bipolar disorder	/ , baɪ ' pəʊlə(r) / /di s' ɔ : (r)də(r)/	bipolární porucha
bulimia	/ bju: ' li miə/	bulimie
bullied person	/ ' bu lid/	šikanovaná osoba
to bully sb	/ ' bu li/	šikanovat někoho
bully	/ ' bu li/	osoba, která šikanuje;
agresor		
to cause sth	/ kɔ : z/	způsobit
chronic	/ ' krɒ ni k/	chronický
comfort	/ ' kʌ mfə(r)t/	zde: útěcha
compulsive	/ kəm' pʌ lsi v/	kompulzivní, nutkavý
consequence	/ ' kɒ nsi kwəns/	důsledek
coping mechanism	/ ' mekə, ni z(ə)m/	kompenzační mechanismus
denial	/ di ' nai əl/	popírání, zde: neschopnost
přijmout realitu		
depression	/ di ' pref (ə)n/	deprese
to deserve sth	/ di ' zɜ : (r)v/	zasloužit si něco
to diagnose sth	/ ' daɪ əg nəʊ z/	diagnostikovat něco
diagnosis	/ , daɪ əg ' nəʊ si s/	diagnóza
dignity	/ ' di g nəti/	důstojnost
to distort sth	/ di ' stɔ : (r)t/ /di ' stɔ : (r)t/	zkreslit
to exhibit sth	/ i g ' zi bi t/	vykazovat, projevovat
to expose sth to sth	/ i k' spəʊ z/	exponovat, vystavit vlivu
exposure	/ i k' spəʊ ʒ ə(r)/	vystavení vlivu
to fast	/ fa : st/	postit se
fatigue	/ fə' ti: g /	únava (FORM.)
fertility	/ fɜ : (r)' ti læti/ /fɜ : (r)' ti læti/	plodnost
grief	/ g ri: f/	zármutek
hereditary	/ hə' redət(ə)ri/	dědičný
inhibited	/ i n' hi bi ti d/	mající zábrany
inhibitions	/ , i nhɪ ' bi ʃ (ə)nz/	zábrany
to launch sth	/ lɔ : ntʃ /	zahájit, spustit
laxative	/ ' læksətɪ v/	projímadlo
mood swing	/ mu: d/ /swɪ ŋ/	výkyv nálady
muscle tension	/ ' mʌ s(ə)l/ / ' tenʃ (ə)n/	svalové napětí
obese	/ əʊ ' bi: s/	obézní
obesity	/ əʊ ' bi: səti/	obezita

observation	/, ɒbzə(r)' veɪ ʃ (ə)n/	pozorování
permanent	/' pɜː (r)mənənt/	trvalý
persistent sadness	/pə(r)' sɪ stənt/	přetrvávající smutek
personality	/, pɜː (r)sə' næləti/	osobnost
purging	/pɜː (r)dʒɪ ŋ/	zde: záchvatovité
vyprazdňování		
ritualistic	/, rɪ tʃ uə' li sti k/	ritualistický
questioning	/' kwɛstʃ (ə)nɪ ŋ/	dotazování
secretive	/' siː krəti v/	tajnostkářský
self-destructive	/self dɪ ' strʌ ktɪ v/	sebezničující
self-harm	/self/ /hɑː (r)m/	sebepoškozování
syndrome	/' si n, drəʊ m/	syndrom
temporary	/' temp(ə)rəri/	přechodný, dočasný
to trigger	/' tri g ə(r)/	spustit, nastartovat
uninhibited	/, ʌ ni n' hi bi ti d/	nemající zábrany, bez
zábran		
to vomit	/' vɒ mi t/	zvracet

Pronunciation transcripts taken from: www.macmillandictionary.com

SELECTED PHRASES

to be admitted to hospital with an eating disorder	– být přijat do nemocnice kvůli poruše příjmu potravy
to affect fertility	– mít vliv na plodnost
to become an anorexic	– stát se anorektikem
behavioural pattern	– vzorec chování
binging and purging	– záchvatovité přejídání a záchvatovité čištění těla, oba výrazy
lze použít i u jiných typů poruch, kupř. u požívání alkoholu	
binge eating	– záchvatovité přejídání
to bully sb for being fat	– šikanovat někoho pro to, že je tlustý
causes of mental illnesses	– příčiny duševních nemocí
to challenge social exclusion	– nesouhlasit s vyčleňování ze společnosti
coordination problems	– problémy s koordinací
chronic fatigue syndrome	– syndrom chronické únavy
compulsive ritualistic behaviour	– kompulzivní (nutkavé), ritualistické chování
distorted thinking	– zkreslené myšlení
eating disorder	– porucha příjmu potravy
to exhibit symptoms of anxiety	– vykazovat symptomy úzkosti
to face a problem, to be faced with a problem	– čelit problému
to have sexual relationships	– mít sexuální vztahy
hereditary illness	– dědičná nemoc
to be hospitalized with an eating disorder	– být hospitalizován kvůli poruše příjmu potravy
inability to relax	– neschopnost odpočívat
to incorporate findings from a range of fields	– zahrnovat poznatky z řady oborů
involuntary detention or treatment	– nedobrovolná internace a léčba
to live in self-destructive way	– mít sebezničující životní styl
loss of inhibitions and self-control	– ztráta zábran a sebekontroly
observation and questioning	– pozorování a dotazování
permanent condition	– trvalý (zdravotní) stav
persistent sadness	– přetrvávající smutek
personality disorder	– porucha osobnosti
personality trait	– osobnostní rys
poor self-esteem	– slabé sebevědomí
presentation/manifestation of a disease	– projev nemoci
to promote dieting	– propagovat držení diet

risk of suicide	– riziko sebevraždy
to be secretive about sth	– být tajnůstkářský
temporary condition	– přechodný (zdravotní) stav
to trigger anorexia	– spustit anorexii
You want to fit in.	– Chcete zapadnout

TAPESCRIPT 1

There is no transcript to this recording.

TAPESCRIPT 2: EMOTIONAL PAIN CAN CAUSE REAL PAIN

A research study published this week suggests that after the end of a relationship a broken heart really can hurt. The study in the Proceedings of the National Academy of Sciences shows that physical pain and the emotional pain can 'hurt' in the same way.

You've broken up with your girlfriend or boyfriend, your wife or husband has left you and you feel rejected, dejected, broken-hearted. Well, new research suggests that intense feelings of rejection are as hurtful as physical pain. The lead author of the study, Ethan Kross, said the reason is because the same regions of the brain that become active in response to painful sensory experiences are also activated during intense experiences of social rejection. The researchers hope their findings will offer new insight into how the experience of intense social loss may lead to various physical pain symptoms and disorders. They also confirmed the notion that people from different cultures all around the world use the same language, words like 'hurt' and 'pain', to describe the experience of both physical pain and social rejection.

Taken from: BBC Learning English, Words in the News, Emotional pain can cause real pain, says study (1 April 2011)

TAPESCRIPT 3: BODY CONFIDENCE

A government guide to help parents teach their children how to be confident about their bodies is being launched. The pack shows how digitally enhanced images of celebrities affect youngsters' self-esteem, and it offers advice on how to talk to children about the subject. Linda Hardy reports for the BBC.

This is what children and teenagers are increasingly faced with. **An array** of seemingly **picture perfect** faces and bodies tanned, **toned** and **transformed** from what they once were and it's that transformation that the new parent pack hopes to explain – showing parents and their children how images are **altered** in the media, the actress Keira Knightley before and after the effects of **airbrushing**. 20 year old Rachel Johnson is a recovering anorexic, and says getting parents involved is **key**.

"I think it is education for parents, it's actually being able to talk to parents, actually being able to ask those questions 'what do I do?'. And it's not there to scare parents it's there just to raise the **profile** a little bit more just to get the children to talk about body image."

Aimed at parents of six to eleven year olds it gives them **tips** on how to talk to their children about their own bodies and is available online. It follows the success of a teaching pack launched for primary schools last year which also **revealed** that images aren't always what they seem.

Taken from: BBC Learning English, Words in the News, Body Confidence (26 June 2012)

TAPESCRIPT 4: EATING DISORDERS ON THE RISE IN THE UK

"I remember as far as being 7 or 8 having a very definite dislike for my body and a very sort of aggressive attitude towards my body."

Fleur Willis was bullied as a child called Fat. She says she was anorexic from the age of 11 and ended up in hospital at 16.

"To be fair I thought that my life was over. It was that type of... my body shutting down, your mind is shutting down. At about that stage I was convinced there was nothing going to happen and I didn't deserve anything. I was just done."

The number of people being admitted to hospital with an eating disorder has risen steadily in the last 15 years. The majority are women under 25 and figures out tomorrow are expected to show another rise. Anorexia is a complex mental illness. The latest research suggests it may be hardwired, arising in part from a genetic disorder, so why are more people

being hospitalized with the illness? At the university of Suffolk dr. Emma Bond has been studying what might trigger anorexia in someone who may be predisposed to the condition.

“There is a lot of evidence to suggest that the increase in eating disorders is a response to the sort of plethora (a lot of) of pressures on young people growing up today. With social media and with this constant online presence there is no escape so young people that are being bullied are being bullied constantly. They are being bullied in their bedroom, they are being bullied in their pocket through their mobile phone. They are being bullied through an i-pad, so the safe spaces of our childhood, if you like, are no longer there.“

Fleur says her illness was not caused by glossy magazines or social media but collectively they pile on the pressure.

“Stress is a real contributor to eating disorders and other mental illnesses and it's just that constant pressure on you for who you are that can really get to people.“

Perhaps the most insidious (zákeřný) parts of the online world are the pro-anorexia websites. A virtual community encouraging each other to lose yet more weight.

“I think they are very dangerous, especially for young people with an eating disorder. Young people who are using these websites, the very thin images that are up there and the talk around very very harsh punitive (trestající) diets. Spending time in these sights has normalized these behaviours and it normalizes the disease for the people that have it.“

“It's cool. It says it's OK. It's giving hints and tips that are absolutely completely wrong. They are sick. Fleur is now back at home and recovering from her illness but as more and more people end up in hospital, experts and charities want speedier diagnoses, better treatment and more protection for children online.“

Video taken from: https://www.youtube.com/watch?v=wtcT_ASdysE

TAPESCRIPT 5:

There is no transcript to this recording.

TAPESCRIPT 6: DEMENTIA AWARENESS

This video has been made with sensitivity. However, it attempts to portray the reality of people living with dementia and contains scenes that some viewers may find emotionally provoking.

Imagine what it's like to want to make a cup of tea and to forget the order of events or how the kettle works. How would you feel if you woke up one morning to find there a stranger asking you to take your clothes off so they can wash you. Imagine, you take a journey, one that you have taken every day for 20 years but today you don't know how to get home. You look in the mirror and see a stranger looking back at you. These are just some of the problems faced by people living with dementia.

So, what is dementia?

Essentially, it is a degenerative disease of the brain that causes death of brain tissue and results in loss of brain function.

Alzheimer's disease is typically a type which most of us have heard of. As yet, there is no cure but there is so much we can do as a society to help people living with dementia. Some of the signs and symptoms include: memory loss, speech, communication difficulties, visual disturbances, coordination problems, new changes, poor concentration, getting lost in familiar places, making mistakes in normal skills, sleep and appetite changes, frustration and anger.

Potential triggers of these behaviours might include: misunderstanding the environment, loss of inhibitions and self-control, people's past history, being in pain, our own responses to people living with dementia, not being able to make themselves understood or indeed understanding others. As the condition progresses the symptoms become worse. People living with dementia find that being in unfamiliar surroundings, e.g. to be admitted to hospital can be very confusing, causing distress, anxiety and frustration.

Don't forget that this is a result of dementia and the loss of brain function that accounts for this behaviour.

There are many causes of dementia and people will have different presentations depending on which part of the brain has been affected and to the severity of the disease process itself. There are currently over 800, 000 living with dementia in the UK. Dementia will soon touch every family in the land, whether you are living with the disease itself, professional, family member or a friend. As trust employees, we could meet anyone living on the wards, in the restaurant or in the corridor, car park, etc. In fact, any one of us could be in that position where we need to act sensitively and offer help...

Watch the following scenes and reflect on the following behaviours.

Scene A...to spiral out of control

Scene B

.....you are quite safe. You are in a hospital, Brenda. Shall we go back where you have come from. Because I think maybe you might have wandered a bit too far from and got lost. Do you want to do that? Where do you live, Brenda? And do you think your family would be a bit worried if they did not know where you were. Shall we go back and try and find them, Brenda? You are quite safe. Nobody's gonna hurt you. Do you want me to take you back, yeah? Shall we go? Shall I hold your hand and we'll go? Let's go Brenda, shall we? All right.

No reflect on the scene B and reflect the changes in behaviour that made this situation easier for the patient. So what can we do as staff of the Pennine Acute Hospital Trust for anyone we may meet or their family as they journey to the hospital?

- 1 Always act calmly.
- 2 Introduce yourself.
- 3 Offer to help.
- 4 Preserve dignity at all times.
- 5 Keep questions short and frame them so that the person can say yes or no in order to establish key facts and information.
- 6 Listen carefully to grasp the meaning and the tone of the person's conversation.
- 7 Opt for a quiet place to talk.
- 8 Allow time for the person to respond. It takes longer for that person to process information.
- 9 The use of touch, hand on shoulder or indeed taking the person's hand lightly can be comforting in some situations.
- 10 Smile, reassure, think of your body language as open, caring and friendly.
- 11 Accept rather than argue with the person in what they are saying as they may not be living in your world.
- 12 Where reasonable, support the person's choices.
- 13 Take time to offer to sit down and chat.
- 14 Offer to show the way.
- 15 Maybe, if you have time, offer refreshments.
- 16 Use pictures and symbols which may help with communication difficulties.
- 17 Remember that all the behaviour is a reaction to a feeling.
- 18 Try to understand how the person is feeling.
- 19 It is important to remember that no two people will present with the same symptoms so we must strive to offer person-centred care at all times.
- 20 Most importantly, obtain further training to support your role in the Pennine Acute Trust.

What training is there?

There is an e-learning package, face to face dementia awareness, QCF awards in dementia, in-house support with the RAID team, QCF's certificates, diplomas in health/social care, training from outside provider also.

Your manager can direct you to the appropriate course for you or you can ring the education department for further education and guidance.

Video taken from: <https://www.youtube.com/watch?v=IGasKsWViV0>