

All the jargon explained simply

Depression

Ongoing low mood and loss of interest that lasts for weeks or months, not just “a bad week”. People may feel empty, guilty, tired, and find it hard to concentrate or make decisions. It can affect sleep, appetite, and performance at work, and in severe cases leads to thoughts of death or suicide.

Anxiety

Excessive worry, fear, or nervousness that is hard to switch off, even when markets or work are quiet. It often comes with physical symptoms – racing heart, tight chest, stomach upset, sweating – and can make it hard to focus, sleep, or attend meetings. When it becomes constant or disabling, it may be an anxiety disorder rather than just “pressure”.

Panic attack

A sudden surge of intense fear or discomfort that peaks within minutes. Common symptoms: pounding heart, shortness of breath, dizziness, feeling you might die or lose control. Panic attacks can happen in the office, on a conference call, or on the way to work, often without warning.

Burnout

A state of emotional, physical, and mental exhaustion caused by long-term stress. It typically shows up as extreme tiredness, cynicism, detachment, and reduced effectiveness at work. It is not an official diagnosis like depression, but it is a serious warning sign that something needs to change.

Bipolar disorder

A mood condition with swings between low episodes (depression) and high episodes (mania or hypomania). Highs may look like extreme energy, little sleep, racing thoughts, impulsive or risky decisions, and over-confidence; lows resemble depression. These swings are more extreme than the usual ups and downs of markets or mood.

Schizophrenia

A serious mental illness that changes how a person thinks and perceives reality. It can involve hallucinations (seeing or hearing things others don't), delusions (strongly held false beliefs), disorganised speech, and reduced motivation or emotional expression. It is treatable but usually requires long-term support.

PTSD (Post-Traumatic Stress Disorder)

Can develop after a traumatic event (e.g. serious accident, violence). Symptoms include intrusive memories or nightmares, avoiding reminders, feeling constantly on edge, and negative changes in mood or thinking. For some in finance, trauma can also come from severe non-work events but still affect work functioning.

OCD (Obsessive–Compulsive Disorder)

Involves obsessions (unwanted, intrusive thoughts that cause anxiety, such as doubts about harm or contamination) and compulsions (repetitive behaviours or mental rituals done to reduce that anxiety, like checking or cleaning). The rituals can take up a lot of time and interfere with work and home life.

ADHD (Attention-Deficit/Hyperactivity Disorder)

A neurodevelopmental condition marked by persistent problems with attention, organisation, impulse control, and/or hyperactivity. In adults in finance, it can show up as chronic disorganisation, difficulty prioritising, missing details, or restlessness, even when the person is intelligent and motivated.

SSRI (Selective Serotonin Reuptake Inhibitor)

A common type of antidepressant medication. It increases serotonin, a brain chemical involved in mood. Used for depression and many anxiety conditions. Examples: fluoxetine, sertraline, escitalopram. They usually take weeks to work and may cause side-effects at first (e.g. nausea, sleep or sexual changes).

SNRI (Serotonin–Noradrenaline Reuptake Inhibitor)

Another antidepressant class that affects both serotonin and noradrenaline. Often used when an SSRI is not enough. Examples: venlafaxine, duloxetine.

Benzodiazepine (“Benzo”)

Fast-acting sedative medications used short-term for severe anxiety, panic, or insomnia. They can be helpful in crisis but are habit-forming if used regularly, so guidelines recommend short, carefully supervised use. Examples: diazepam, lorazepam, clonazepam.

Antipsychotic medication

Medicines used mainly to treat conditions like schizophrenia and some forms of bipolar disorder. They reduce hallucinations, delusions, and severe agitation. Some are also used in lower doses for mood stabilisation or severe insomnia.

Mood stabiliser

Medication that helps prevent extreme mood swings in bipolar disorder (and sometimes severe depression). Examples: lithium, valproate, lamotrigine. They aim to reduce both manic highs and depressive lows.

Psychotherapy (“talk therapy”)

Structured, professional conversations aimed at changing unhelpful patterns in thoughts, feelings, and behaviour. It is more than just “having a chat”: there is usually a clear method and goal (e.g. reducing panic attacks, improving relationships, managing stress). It can be one-to-one, group, couple, or family-based.

CBT (Cognitive Behavioural Therapy)

A structured, goal-focused form of psychotherapy. It teaches people to:

- Notice and challenge unhelpful thinking patterns (e.g. catastrophising about markets or career).
- Experiment with new behaviours that reduce anxiety or low mood.

CBT is commonly used for depression, anxiety, panic, OCD, and insomnia, and often has a clear number of sessions.

DBT (Dialectical Behaviour Therapy)

A specialised therapy designed for people who struggle with intense emotions, self-harm, or unstable relationships. It combines CBT-style change work with mindfulness and acceptance. It teaches skills in:

- Emotion regulation
 - Distress tolerance (getting through crises without making things worse)
 - Interpersonal effectiveness
 - Mindfulness
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Psychodynamic therapy

A therapy that focuses on how past experiences and unconscious patterns influence current behaviour and relationships. It often explores recurring themes (e.g. perfectionism, fear of failure, difficulty trusting others) and uses the therapist–client relationship as a way to understand and change those patterns.

Trauma-focused therapy

Therapies specifically aimed at treating trauma (including PTSD). They help people safely process traumatic memories, reduce avoidance, and change trauma-related beliefs (e.g. “I am permanently damaged”). Examples: trauma-focused CBT, EMDR.

EAP (Employee Assistance Programme)

A confidential workplace programme (often run by an external provider) offering short-term counselling, basic mental-health support, and referrals. Useful for early help, but usually not a substitute for longer-term therapy or psychiatric care if problems are more severe.

Comorbidity

When a person has more than one condition at the same time, such as depression *and* anxiety, or ADHD *and* substance misuse. Comorbidity is common and often means treatment needs to address several issues together.

Self-harm

Deliberate injury to one's own body (e.g. cutting, burning) as a way to cope with overwhelming feelings. It does not always mean the person wants to die, but it is a serious sign of distress and increases overall risk.

Suicidal ideation

Thoughts about wanting to die, not exist, or actively thinking about suicide. They may be vague ("I wish I wouldn't wake up") or very specific (plans, preparations). Any suicidal thoughts should be taken seriously and discussed with a professional or crisis service.

Stigma

Negative attitudes, stereotypes, and discrimination toward people with mental health difficulties (e.g. "weak", "unreliable"). In finance, stigma often shows up as fear that being open will harm career prospects. Stigma stops people from seeking help early and makes problems worse.