



THERE IS NO FEAR, BUT HOPE

By Shoba Kurian



Understanding Mental Illness

Everyone feels anxious, worried or stressed out sometimes, and life can then seem overwhelming. It's easy to see why when you think about all the pressures that are heaped upon us: *society, family, work ... where does it all end?*

People get caught up with all kinds of destructive thoughts that have a negative effect on their perceptions and behaviours. This isn't uncommon or unnatural - it's just part of our brain chemistry and there are certainly things that can be done to help get you back on you back on track.

Common mental illnesses include:

- Depression
- Anxiety/ Phobias
- Eating Disorder
- Stress

Severe mental illnesses include:

- Schizophrenia
- Bipolar disorder (Manic depression)
- Clinical depression
- Suicidal tendency
- Personality disorder

Overview of some common severe mental illnesses

In bipolar disorder or schizophrenia, the illness is sometimes combined with other psychological issues including personality disorders or mental retardation. Also commonly there are associated social issues including a history of abuse, deprivation, lack of education and extreme poverty.

This means that sufferers are dealing with symptoms such as hallucinations, mood fluctuations and other cognitive distortions as well as struggling to survive within their environment. This pushes them deeper into their illness as the appreciation and desire for a different life fades from their consciousness. Once the symptoms are under control it takes significant efforts in psychological modelling, rehabilitation and training to give them the strength, independence and more importantly, the motivation to take part in the world around them. This last part is also more difficult to impart. Motivation is the key to regain control of their illness. Ongoing motivation is required for the patients to be positive about their participation in their own future.

Severe mental illness **can be** overcome. It depends on the individual's capacity and their receptiveness to intervention. In some instances the sufferer will spend the rest of their life on medication, requiring personal care and support; as would those with any other chronic disease. Others go on to lead 'normal' lives as part of families and communities - a testament to their triumph over their illness.

What causes Mental Illnesses?

When a person is under prolonged stress, his or her brain searches desperately for ways to relieve that pressure. Often, if a person cannot find effective ways of coping or does not have a good support system, they can end up sinking deeper into negative thoughts and behaviours that affect daily functioning. As our bodies and minds are closely linked, a cycle of reinforcement develops that creates or exacerbates an internal imbalance.

Some of the effects of this imbalance can include:

- Persistent negative thoughts, including a preoccupation with death or suicide
- Difficulty concentrating
- Low energy or severely fluctuating energy levels
- Hearing voices
- Wanting to spend excessive amounts of time alone
- Inappropriate and uncontrollable behaviour: e.g., excessive anger or sadness
- Severe paranoia

Each of our lives is precious for its unique potential - if something within you is dragging you down, affecting your abilities and therefore holding you back, you should address it and give yourself the tools and the strength to get on with your life.

Mental Health Myths and Facts

Can you tell the difference between a mental health myth and fact? Learn the truth about the most common mental health myths.

A) Mental Health Problems Affect Everyone

Myth: Mental health problems don't affect me.

Fact: Mental health problems are actually very common.

In 2014, about:

One in five Americans adults experienced a mental health issue

One in 10 young people experienced a period of major depression

One in 25 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression

Suicide is the 10th leading cause of death in the United States. It accounts for the loss of more than 41,000 American lives each year, more than double the number of lives lost to homicide.

Myth: Children don't experience mental health problems.

Fact: Even very young children may show early warning signs of mental health concerns. These mental health problems are often clinically diagnosable, and can be a product of the interaction of biological, psychological, and social factors.

Half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24.

Unfortunately, less than 20% of children and adolescents with diagnosable mental health problems receive the treatment they need. Early mental health support can help a child before problems interfere with other developmental needs.

Myth: People with mental health problems are violent and unpredictable.

Fact: The vast majority of people with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are not violent and only 3%-5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are over 10 times more likely to be victims of violent crime than the general population. You probably know someone with a mental health problem and don't even realize it, because many people with mental health problems are highly active and productive members of our communities.

Myth: People with mental health needs, even those who are managing their mental illness, cannot tolerate the stress of holding down a job.

Fact: People with mental health problems are just as productive as other employees. Employers who hire people with mental health problems report good attendance and punctuality as well as motivation, good work, and job tenure on par with or greater than other employees.

When employees with mental health problems receive effective treatment, it can result in:

- Lower total medical costs
 - Increased productivity
 - Lower absenteeism
 - Decreased disability costs
-

Myth: Personality weakness or character flaws cause mental health problems. People with mental health problems can snap out of it if they try hard enough.

Fact: Mental health problems have nothing to do with being lazy or weak and many people need help to get better. Many factors contribute to mental health problems, including:

- Biological factors, such as genes, physical illness, injury, or brain chemistry
- Life experiences, such as trauma or a history of abuse
- Family history of mental health problems

People with mental health problems can get better and many **recover** completely.

B) Helping Individuals with Mental Health Problems:

Myth: There is no hope for people with mental health problems. Once a friend or family member develops mental health problems, he or she will never recover.

Fact: Studies show that people with mental health problems get better and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. There are more treatments, services, and community support systems than ever before, and they work.

Myth: Therapy and self-help are a waste of time. Why bother when you can just take a pill?

Fact: Treatment for mental health problems varies depending on the individual and could include medication, therapy, or both. Many individuals work with a **support system** during the healing and recovery process.

Myth: I can't do anything for a person with a mental health problem.

Fact: Friends and loved ones can make a big difference.

Only 44% of adults with diagnosable mental health problems and less than 20% of children and adolescents receive needed treatment. Friends and family can be important influences to help someone get the treatment and services they need by:

- Reaching out and letting them know you are available to help
- **Helping them access mental health services**
- Learning and sharing the facts about mental health
- The above is especially true if you hear something that isn't true
- Treating them with respect, just as you would anyone else
- Refusing to define them by their diagnosis or using labels such as "crazy"

Myth: Prevention doesn't work. It is impossible to prevent mental illnesses.

Fact: Prevention of mental, emotional, and behavioural disorders focuses on addressing known risk factors such as exposure to trauma that can affect the chances that children, youth, and young adults will develop mental health problems. Promoting the social-emotional well-being of children and youth leads to:

- Higher overall productivity
- Better educational outcomes
- Lower crime rates
- Stronger economies
- Lower health care costs
- Improved quality of life
- Increased lifespan
- Improved family life

Mental health: Overcoming the stigma of mental illness

False beliefs about mental illness can cause significant problems. Learn what you can do about stigma.

Stigma is when someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage (a negative stereotype). Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common.

Stigma can lead to discrimination. Discrimination may be obvious and direct, such as someone making a negative remark about your mental illness or your treatment. Or it may be unintentional or subtle, such as someone avoiding you because the person assumes you could be unstable, violent or dangerous due to your mental health condition. You may even judge yourself.

Some of the harmful effects of stigma can include:

- Reluctance to seek help or treatment
- Lack of understanding by family, friends, co-workers or others you know
- Fewer opportunities for work, school or social activities or trouble finding housing
- Bullying, physical violence or harassment
- Health insurance that doesn't adequately cover your mental illness treatment
- The belief that you'll never be able to succeed at certain challenges or that you can't improve your situation

Steps to cope with stigma

Here are some ways you can deal with stigma:

- **Get treatment.** You may be reluctant to admit you need treatment. Don't let the fear of being labelled with a mental illness prevent you from seeking help. Treatment can provide relief by identifying what's wrong and reducing symptoms that interfere with your work and personal life.

- **Don't let stigma create self-doubt and shame.** Stigma doesn't just come from others. You may mistakenly believe that your condition is a sign of personal weakness or that you should be able to control it without help. Seeking psychological counselling, educating yourself about your condition and connecting with others with mental illness can help you gain self-esteem and overcome destructive self-judgment.
- **Don't isolate yourself.** If you have a mental illness, you may be reluctant to tell anyone about it. Your family, friends, clergy or members of your community can offer you support if they know about your mental illness. Reach out to people you trust for the compassion, support and understanding you need.
- **Don't equate yourself with your illness.** You are not an illness. So instead of saying "I'm bipolar," say "I have bipolar disorder." Instead of calling yourself "a schizophrenic," say "I have schizophrenia."
- **Join a support group.** Some local and national groups, offer local programs and Internet resources that help reduce stigma by educating people with mental illness, their families and the general public. Some state and federal agencies and programs, such as those that focus

on vocational which offer support for people with mental health conditions.

- **Get help at school.** If you or your child has a mental illness that affects learning, find out what plans and programs might help. Discrimination against students because of a mental health condition is against the law, and educators at primary, secondary and college levels are required to accommodate students as best they can. Talk to teachers, professors or administrators about the best approach and resources. If a teacher doesn't know about a student's disability, it can lead to discrimination, barriers to learning and poor grades.
- **Speak out against stigma.** Consider expressing your opinions at events, in letters to the editor or on the Internet. It can help instil courage in others facing similar challenges and educate the public about mental illness.

Others' judgments almost always stem from a lack of understanding rather than information based on the facts. Learning to accept your condition and recognize what you need to do to treat it, seeking support, and helping educate others can make a big difference.

WHO | 10 facts on mental health
[www.who.int/.../factfiles/mental health/mental health facts/en/index2.ht...](http://www.who.int/.../factfiles/mental_health/mental_health_facts/en/index2.ht...)

Why Is There a Stigma Associated with Mental Health?

Mental health is as genuine as any other aspect of a person's health. When an individual is experiencing thought or behaviour patterns that negatively impact their quality of life, it is appropriate to address them, just as any other health concern should be addressed. People with mental illnesses are able to recover, but usually only when the problem is confronted and dealt with directly.

Concern over being stigmatized may be a leading reason why people do not seek out help for issues of mental health. If that is the case, as it indeed seems to be, then perhaps it is time to ask ourselves "why?" After all, some mental health problems are physiological and some are cognitively rooted, but all benefit from treatment.

Even though Post Traumatic Stress Disorder (PTSD) is not limited to war veterans, the condition has gained recognition since the nation's involvement in a series of armed conflicts. For those struggling with PTSD, certain life events have been

so intense that the person continues to relive them. It is not a matter of telling the person to simply "get over it." As humans, we inherently recognize the need of a person enduring hardship.

When it comes to mental health and children, opinions on the subject vary greatly. Take ADHD as an example. Some consider prescribing medication for the condition an effort to make cookie-cutter children, with everyone just alike. Others, who have witnessed the benefits, see it as helping a child whose behaviour made them an outcast be better able to integrate and find that healthy level of functionality. Concerns about over-diagnosis exist, yet some children are born with neurochemical levels that benefit from adjustment.

Depression is the most common mental health disorder and instances of it are rising across the globe. Many Americans, when polled, say they avoid seeking mental health treatment for depression because they don't want to take antidepressants. Driven by a lack of confidence in psychiatric remedies, most people prefer to trust the self-healing ability of the human body.

Certainly, a person might exhaust other options before seeking professional care, but the problem is more pronounced than most of us realize. According to the National Institute of Mental Health, over a 12-month period, more than 26 percent of Americans may have struggled with mental illness. Greater than 46 percent of people will struggle with depression at least one time in their life.

We don't ridicule or stigmatize people with genetic/physiological illnesses, so why should it be so with mental health conditions? Left undiagnosed and untreated, mental illness can develop into worse problems. In addition to the toll it may take on interpersonal relationships, unemployment, disability and even suicidal tendencies can result.

Given the gravity of the situation, it is doubly concerning that fear of stigma keeps people from admitting their pain and seeking help to overcome it. We needn't be a "let it all hang out" culture in order to compassionately respond when others (or we ourselves) find the complexities of life a bit overwhelming.

Why Is There a Stigma Associated with Mental Health?

<https://www.elementsbehavioralhealth.com/news.../mental-health-stigma/>

NIMH » Anxiety Disorders

<https://www.nimh.nih.gov/health/topics/anxiety-disorders/>

Anxiety Disorders

Definition

Occasional anxiety is a normal part of life. You might feel anxious when faced with a problem at work, before taking a test, or making an important decision. But anxiety disorders involve more than temporary worry or fear. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time. The feelings can interfere with daily activities such as job performance, school work, and relationships. There are several different types of anxiety disorders. Examples include generalized anxiety disorder, panic disorder, and social anxiety disorder.

Signs and Symptoms

Generalized Anxiety Disorder

People with generalized anxiety disorder display excessive anxiety or worry for months and face several anxiety-related symptoms.

Generalized anxiety disorder symptoms include:

- Restlessness or feeling wound-up or on edge

- Being easily fatigued
- Difficulty concentrating or having their minds go blank
- Irritability
- Muscle tension
- Difficulty controlling the worry
- Sleep problems (difficulty falling or staying asleep or restless, unsatisfying sleep)

Panic Disorder

People with panic disorder have recurrent unexpected panic attacks, which are sudden periods of intense fear that may include palpitations, pounding heart, or accelerated heart rate; sweating; trembling or shaking; sensations of shortness of breath, smothering, or choking; and feeling of impending doom.

Panic disorder symptoms include:

- Sudden and repeated attacks of intense fear
- Feelings of being out of control during a panic attack
- Intense worries about when the next attack will happen
- Fear or avoidance of places where panic attacks have occurred in the past

Social Anxiety Disorder

People with social anxiety disorder (sometimes called “social phobia”) have a marked fear of social or performance situations in which they expect to feel embarrassed, judged, rejected, or fearful of offending others.

Social anxiety disorder symptoms include:

- Feeling highly anxious about being with other people and having a hard time talking to them
- Feeling very self-conscious in front of other people and worried about feeling humiliated, embarrassed, or rejected, or fearful of offending others
- Being very afraid that other people will judge them
- Worrying for days or weeks before an event where other people will be
- Staying away from places where there are other people
- Having a hard time making friends and keeping friends
- Blushing, sweating, or trembling around other people
- Feeling nauseous or sick to your stomach when other people are around

Evaluation for an anxiety disorder often begins with a visit to a primary care provider. Some physical health conditions, such as an overactive thyroid or low blood sugar, as well as taking certain medications, can imitate or worsen an anxiety disorder. A thorough mental health evaluation is also helpful, because anxiety disorders often co-exist with other related conditions, such as depression or obsessive-compulsive disorder.

Risk Factors

Researchers are finding that genetic and environmental factors, frequently in interaction with one another, are risk factors for anxiety disorders. Specific factors include:

- Shyness, or behavioural inhibition, in childhood
- Being female
- Having few economic resources
- Being divorced or widowed
- Exposure to stressful life events in childhood and adulthood
- Anxiety disorders in close biological relatives
- Parental history of mental disorders
- Elevated afternoon cortisol levels in the saliva (specifically for social anxiety disorder)

Treatments and Therapies

Anxiety disorders are generally treated with psychotherapy, medication, or both.

Psychotherapy

Psychotherapy or “talk therapy” can help people with anxiety disorders. To be effective, psychotherapy must be directed at the person’s specific anxieties and tailored to his or her needs. A typical “side effect” of psychotherapy is temporary discomfort involved with thinking about confronting feared situations.

Cognitive Behavioural Therapy (CBT)

CBT is a type of psychotherapy that can help people with anxiety disorders. It teaches a person different ways of thinking, behaving, and reacting to anxiety-producing and fearful situations. CBT can also help people learn and practice social skills, which is vital for treating social anxiety disorder.

Two specific stand-alone components of CBT used to treat social anxiety disorder are **cognitive therapy** and **exposure therapy**. Cognitive therapy focuses on identifying, challenging, and then neutralizing unhelpful thoughts underlying anxiety disorders.

Exposure therapy focuses on confronting the fears underlying an anxiety disorder in order to help people engage in activities they have been avoiding. Exposure therapy is used along with relaxation exercises and/or imagery. One study, called a meta-analysis because it pulls together all of the previous studies and calculates the statistical magnitude of the combined effects, found that cognitive therapy was superior to exposure therapy for treating social anxiety disorder.

CBT may be conducted individually or with a group of people who have similar problems. Group therapy is particularly effective for social anxiety disorder. Often “homework” is assigned for participants to complete between sessions.

Self-Help or Support Groups

Some people with anxiety disorders might benefit from joining a self-help or support group and sharing their problems and achievements with others. Internet chat rooms might also be useful, but any advice received over the Internet should be used with caution, as Internet acquaintances have usually never seen each other and false identities are common. Talking with a trusted friend or member of the clergy can also provide support, but it is not necessarily a sufficient alternative to care from an expert clinician.

Stress-Management Techniques

Stress management techniques and meditation can help people with anxiety disorders calm themselves and may enhance the effects of therapy. While there is evidence that aerobic exercise has a calming effect, the quality of the studies is not strong enough to support its use as treatment. Since caffeine, certain illicit drugs, and even some over-the-counter cold medications can aggravate the symptoms of anxiety disorders, avoiding them should be considered. Check with your physician before taking any additional medications.

The family can be important in the recovery of a person with an anxiety disorder. Ideally, the family should be supportive but not help perpetuate their loved one's symptoms.

Medication

Medication does not cure anxiety disorders but often relieves symptoms. Medication can only be prescribed by a medical doctor (such as a psychiatrist or a primary care provider).

Medications are sometimes used as the initial treatment of an anxiety disorder, or are used only if there is insufficient response to a course of psychotherapy. In research studies, it is common for patients treated with a combination of psychotherapy and medication to have better outcomes than those treated with only one or the other.

The most common classes of medications used to combat anxiety disorders are antidepressants, anti-anxiety drugs, and beta-blockers. Some medications are effective only if they

are taken regularly, so one shouldn't stop taking a medication just because there is no immediate relief. One should also note that symptoms may recur if the medication is stopped.

Antidepressants

Antidepressants are used to treat depression, but they also are helpful for treating anxiety disorders. They take several weeks to start working and may cause side effects such as headache, nausea, or difficulty sleeping. The side effects are usually not a problem for most people, especially if the dose starts off low and is increased slowly over time.

Please Note: Self-medication with anti-depressants – a common practise - is very risky. Some antidepressants can result in some people to have suicidal thoughts or make suicide attempts. The risk is higher among children, teens, and young adults. However the right anti-depressant for the right patient in the right dose can bring about a dramatic change. For this reason, antidepressant should be prescribed only by a psychiatrist.

Anti-Anxiety Medications

Anti-anxiety medications help reduce the symptoms of anxiety, panic attacks, or extreme fear and worry. The most common anti-anxiety medications are called benzodiazepines. Benzodiazepines are first-line treatments for generalized anxiety disorder. With panic disorder or social

phobia (social anxiety disorder), benzodiazepines are usually second-line treatments, behind antidepressants.

Beta-Blockers

Beta-blockers, such as propranolol and atenolol, are also helpful in the treatment of the physical symptoms of anxiety, especially social anxiety. Physicians prescribe them to control rapid heartbeat, shaking, trembling, and blushing in anxious situations.

Choosing the right medication, medication dose, and treatment plan should be based on a person's needs and medical situation, and done under an expert's care. Only an expert clinician can help you decide whether the medication's ability to help is worth the risk of a side effect. Your doctor may try several medicines before finding the right one.

You and your doctor should discuss:

- How well medications are working or might work to improve your symptoms
- Benefits and side effects of each medication
- Risk for serious side effects based on your medical history
- The likelihood of the medications requiring lifestyle changes
- Costs of each medication
- Other alternative therapies, medications, vitamins, and supplements you are taking and how these may affect your treatment

- How the medication should be stopped. Some drugs can't be stopped abruptly but must be tapered off slowly under a doctor's supervision.

Eating Disorders

Definition

There is a commonly held view that eating disorders are a lifestyle choice. Eating disorders are actually serious and often fatal illnesses that cause severe disturbances to a person's eating behaviours. Obsessions with food, body weight, and shape may also signal an eating disorder. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder.

Signs and Symptoms

Anorexia nervosa

People with anorexia nervosa may see themselves as overweight, even when they are dangerously underweight. People with anorexia nervosa typically weigh themselves repeatedly, severely restrict the amount of food they eat, and eat very small quantities of only certain foods. Anorexia nervosa has the highest mortality rate of any mental disorder. While many young women and men with this disorder die from complications associated with starvation, others die of suicide. In women, suicide is much more common in those with anorexia than with most other mental disorders.

Symptoms include:

- Extremely restricted eating
- Extreme thinness (emaciation)
- A relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight
- Intense fear of gaining weight
- Distorted body image, a self-esteem that is heavily influenced by perceptions of body weight and shape, or a denial of the seriousness of low body weight

Other symptoms may develop over time, including:

- Thinning of the bones (osteopenia or osteoporosis)
- Mild anaemia and muscle wasting and weakness
- Brittle hair and nails
- Dry and yellowish skin
- Growth of fine hair all over the body (lanugo)
- Severe constipation
- Low blood pressure, slowed breathing and pulse
- Damage to the structure and function of the heart
- Brain damage
- Multi-organ failure
- Drop in internal body temperature, causing a person to feel cold all the time
- Lethargy, sluggishness, or feeling tired all the time
- Infertility

Bulimia nervosa

People with bulimia nervosa have recurrent and frequent episodes of eating unusually large amounts of food and feeling a lack of control over these episodes. This binge-

eating is followed by behaviour that compensates for the overeating such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviours. Unlike anorexia nervosa, people with bulimia nervosa usually maintain what is considered a healthy or relatively normal weight.

Symptoms include:

- Chronically inflamed and sore throat
- Swollen salivary glands in the neck and jaw area
- Worn tooth enamel and increasingly sensitive and decaying teeth as a result of exposure to stomach acid
- Acid reflux disorder and other gastrointestinal problems
- Intestinal distress and irritation from laxative abuse
- Severe dehydration from purging of fluids
- Electrolyte imbalance (too low or too high levels of sodium, calcium, potassium and other minerals) which can lead to stroke or heart attack

Binge-eating disorder

People with binge-eating disorder lose control over his or her eating. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese. Binge-eating disorder is the most common eating disorder in the U.S.

Symptoms include:

- Eating unusually large amounts of food in a specific amount of time
- Eating even when you're full or not hungry
- Eating fast during binge episodes
- Eating until you're uncomfortably full
- Eating alone or in secret to avoid embarrassment
- Feeling distressed, ashamed, or guilty about your eating
- Frequently dieting, possibly without weight loss

Risk Factors

Eating disorders frequently appear during the teen years or young adulthood but may also develop during childhood or later in life. These disorders affect both genders, although rates among women are 2½ times greater than among men. Like women who have eating disorders, men also have a distorted sense of body image. For example, men may have muscle dysmorphia, a type of disorder marked by an extreme concern with becoming more muscular.

Researchers are finding that eating disorders are caused by a complex interaction of genetic, biological, behavioral, psychological, and social factors. Researchers are using the latest technology and science to better understand eating disorders.

One approach involves the study of human genes. Eating disorders run in families. Researchers are working to identify DNA variations that are linked to the increased risk of developing eating disorders.

Brain imaging studies are also providing a better understanding of eating disorders. For example, researchers have found differences in patterns of brain activity in women with eating disorders in comparison with healthy women. This kind of research can help guide the development of new means of diagnosis and treatment of eating disorders.

Treatments and Therapies

Adequate nutrition, reducing excessive exercise, and stopping purging behaviours are the foundations of treatment. Treatment plans are tailored to individual needs and may include one or more of the following:

- Individual, group, and/or family psychotherapy
- Medical care and monitoring
- Nutritional counselling
- Medications

Psychotherapies

Psychotherapies such as a family-based therapy called the Maudsley approach, where parents of adolescents with anorexia nervosa assume responsibility for feeding their child, appear to be very effective in helping people gain weight and improve eating habits and moods.

To reduce or eliminate binge-eating and purging behaviours, people may undergo cognitive behavioural therapy (CBT), which is another type of psychotherapy that helps a person learn how to identify distorted or unhelpful thinking patterns and recognize and change inaccurate beliefs.

Medications

Evidence also suggests that medications such as antidepressants, antipsychotics, or mood stabilizers approved by the U.S. Food and Drug Administration (FDA) may also be helpful for treating eating disorders and other co-occurring illnesses such as anxiety or depression.

NIMH » Eating Disorders

www.nimh.nih.gov/health/topics/eating-disorders

Depression

Definition

Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.

Some forms of depression are slightly different, or they may develop under unique circumstances, such as:

- **Persistent depressive disorder** (also called dysthymia) is a depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder.
- **Perinatal depression** is much more serious than the “baby blues” (relatively mild depressive and anxiety symptoms that typically clear within two weeks after delivery) that many women experience after giving birth. Women with perinatal depression experience full-blown major

depression during pregnancy or after delivery (postpartum depression). The feelings of extreme sadness, anxiety, and exhaustion that accompany perinatal depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies.

- **Psychotic depression** occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations). The psychotic symptoms typically have a depressive “theme,” such as delusions of guilt, poverty, or illness.
- **Seasonal affective disorder** is characterized by the onset of depression during the winter months, when there is less natural sunlight. This depression generally lifts during spring and summer. Winter depression, typically accompanied by social withdrawal, increased sleep, and weight gain, predictably returns every year in seasonal affective disorder.
- **Bipolar disorder** is different from depression, but it is included in this list is because someone with bipolar disorder experiences episodes of extremely low moods that meet the criteria for major depression (called “bipolar depression”). But a person with bipolar disorder also experiences extreme high – euphoric or irritable

– moods called “mania” or a less severe form called “hypomania.”

Examples of other types of depressive disorders newly added to the diagnostic classification of DSM-5 include disruptive mood dysregulation disorder (diagnosed in children and adolescents) and premenstrual dysphoric disorder (PMDD).

Signs and Symptoms

If you have been experiencing some of the following signs and symptoms most of the day, nearly every day, for at least two weeks, you may be suffering from depression:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue
- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms while others may experience many. Several persistent symptoms in addition to low mood are required for a diagnosis of major depression, but people with only a few – but distressing – symptoms may benefit from treatment of their “subsyndromal” depression. The severity and frequency of symptoms and how long they last will vary depending on the individual and his or her particular illness. Symptoms may also vary depending on the stage of the illness.

Risk Factors

Depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors.

Depression can happen at any age, but often begins in adulthood. Depression is now recognized as occurring in children and adolescents, although it sometimes presents with more prominent irritability than low mood. Many chronic mood and anxiety disorders in adults begin as high levels of anxiety in children.

Depression, especially in midlife or older adults, can co-occur with other serious medical illnesses, such as diabetes, cancer, heart disease, and Parkinson’s disease. These conditions are often worse when depression is present. Sometimes medications taken for these physical illnesses may cause side effects that contribute to depression. A doctor experienced in treating these complicated illnesses can help work out the best treatment strategy.

Risk factors include:

- Personal or family history of depression
- Major life changes, trauma, or stress
- Certain physical illnesses and medications

Treatment and Therapies

Depression, even the most severe cases, can be treated. The earlier that treatment can begin, the more effective it is. Depression is usually treated with medications, psychotherapy, or a combination of the two. If these treatments do not reduce symptoms, electroconvulsive therapy (ECT) and other brain stimulation therapies may be options to explore.

Quick Tip: No two people are affected the same way by depression and there is no "one-size-fits-all" for treatment. It may take some trial and error to find the treatment that works best for you.

Medications

Antidepressants are medicines that treat depression. They may help improve the way your brain uses certain chemicals that control mood or stress. You may need to try several different antidepressant medicines before finding the one that improves your symptoms and has manageable side effects. A medication that has helped you or a close family member in the past will often be considered.

Antidepressants take time – usually 2 to 4 weeks – to work, and often, symptoms such as sleep, appetite, and concentration problems improve before mood lifts, so it is important to give medication a chance before reaching a conclusion about its effectiveness. If you begin taking antidepressants, do not stop taking them without the help of a doctor. Sometimes people taking antidepressants feel better and then stop taking the medication on their own, and the depression returns. When you and your doctor have decided it is time to stop the medication, usually after a course of 6 to 12 months, the doctor will help you slowly and safely decrease your dose. Stopping them abruptly can cause withdrawal symptoms.

[NIMH » Depression](https://www.nimh.nih.gov/health/topics/depression/)

<https://www.nimh.nih.gov/health/topics/depression/>

Bipolar Disorder

Definition

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

There are four basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely “up,” elated, and energized behaviour (known as manic episodes) to very sad, “down,” or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes.

- **Bipolar I Disorder**— defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of depression with mixed features (having depression and manic symptoms at the same time) are also possible.
- **Bipolar II Disorder**— defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes described above.

- **Cyclothymic Disorder (also called cyclothymia)**— defined by numerous periods of hypomanic symptoms as well numerous periods of depressive symptoms lasting for at least 2 years (1 year in children and adolescents). However, the symptoms do not meet the diagnostic requirements for a hypomanic episode and a depressive episode.
- **Other Specified and Unspecified Bipolar and Related Disorders**— defined by bipolar disorder symptoms that do not match the three categories listed above.

Signs and Symptoms

People with bipolar disorder experience periods of unusually intense emotion, changes in sleep patterns and activity levels, and unusual behaviours. These distinct periods are called “mood episodes.” Mood episodes are drastically different from the moods and behaviours that are typical for the person. Extreme changes in energy, activity, and sleep go along with mood episodes.

People having a manic episode may:	People having a depressive episode may:
<ul style="list-style-type: none"> ▪ Feel very “up,” “high,” or elated ▪ Have a lot of energy ▪ Have increased activity levels ▪ Feel “jumpy” or “wired” ▪ Have trouble sleeping ▪ Become more active than usual ▪ Talk very fast about many different things ▪ Be agitated, irritable, or “touchy” ▪ Feel like their thoughts are going very fast ▪ Think they can do a lot of things at once ▪ Do risky things, like spend a lot of money or have reckless sex 	<ul style="list-style-type: none"> ▪ Feel very sad, down, empty, or hopeless ▪ Have very little energy ▪ Have decreased activity levels ▪ Have trouble sleeping, or they may sleep too much ▪ Feel like they can’t enjoy anything ▪ Feel worried and empty ▪ Have trouble concentrating ▪ Forget things a lot ▪ Eat too much or too little ▪ Feel tired or “slowed down” ▪ Think about death or suicide

Sometimes a mood episode includes symptoms of both manic and depressive symptoms. This is called an episode with mixed features. People experiencing an episode with mixed features may feel very sad, empty, or hopeless, while at the same time feeling extremely energized.

Bipolar disorder can be present even when mood swings are less extreme. For example, some people with bipolar disorder experience hypomania, a less severe form of mania. During a hypomanic episode, an individual may feel very good, be highly productive, and function well. The person may not feel that anything is wrong, but family and friends

may recognize the mood swings and/or changes in activity levels as possible bipolar disorder. Without proper treatment, people with hypomania may develop severe mania or depression.

Diagnosis

Proper diagnosis and treatment help people with bipolar disorder lead healthy and productive lives. Talking with a doctor or other licensed mental health professional is the first step for anyone who thinks he or she may have bipolar disorder. The doctor can complete a physical exam to rule out other conditions. If the problems are not caused by other illnesses, the doctor may conduct a mental health evaluation or provide a referral to a trained mental health professional, such as a psychiatrist, who is experienced in diagnosing and treating bipolar disorder.

Note for Health Care Providers: People with bipolar disorder are more likely to seek help when they are depressed than when experiencing mania or hypomania. Therefore, a careful medical history is needed to ensure that bipolar disorder is not mistakenly diagnosed as major depression. Unlike people with bipolar disorder, people who have depression only (also called unipolar depression) do not experience mania. They may, however, experience some manic symptoms at the same time, which is also known as major depressive disorder with mixed features.

Bipolar Disorder and Other Illnesses

Some bipolar disorder symptoms are similar to other illnesses, which can make it hard for a doctor to make a

diagnosis. In addition, many people have bipolar disorder along with another illness such as anxiety disorder, substance abuse, or an eating disorder. People with bipolar disorder are also at higher risk for thyroid disease, migraine headaches, heart disease, diabetes, obesity, and other physical illnesses.

Psychosis: Sometimes, a person with severe episodes of mania or depression also has psychotic symptoms, such as hallucinations or delusions. The psychotic symptoms tend to match the person's extreme mood. For example:

- Someone having psychotic symptoms during a manic episode may believe she is famous, has a lot of money, or has special powers.
- Someone having psychotic symptoms during a depressive episode may believe he is ruined and penniless, or that he has committed a crime.

As a result, people with bipolar disorder who also have psychotic symptoms are sometimes misdiagnosed with schizophrenia.

Anxiety and ADHD: Anxiety disorders and attention-deficit hyperactivity disorder (ADHD) are often diagnosed among people with bipolar disorder.

Substance Abuse: People with bipolar disorder may also misuse alcohol or drugs, have relationship problems, or perform poorly in school or at work. Family, friends and people experiencing symptoms may not recognize these problems as signs of a major mental illness such as bipolar disorder.

Risk Factors

Scientists are studying the possible causes of bipolar disorder. Most agree that there is no single cause. Instead, it is likely that many factors contribute to the illness or increase risk.

Brain Structure and Functioning: Some studies show how the brains of people with bipolar disorder may differ from the brains of healthy people or people with other mental disorders. Learning more about these differences, along with new information from genetic studies, helps scientists better understand bipolar disorder and predict which types of treatment will work most effectively.

Genetics: Some research suggests that people with certain genes are more likely to develop bipolar disorder than others. But genes are not the only risk factor for bipolar disorder. Studies of identical twins have shown that even if one twin develops bipolar disorder, the other twin does not always develop the disorder, despite the fact that identical twins share all of the same genes.

Family History: Bipolar disorder tends to run in families. Children with a parent or sibling who has bipolar disorder are much more likely to develop the illness, compared with children who do not have a family history of the disorder. However, it is important to note that most people with a family history of bipolar disorder will not develop the illness.

Treatments and Therapies

Treatment helps many people—even those with the most severe forms of bipolar disorder—gain better control of their mood swings and other bipolar symptoms. An effective treatment plan usually includes a combination of medication and psychotherapy (also called “talk therapy”). Bipolar disorder is a lifelong illness. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of mood changes, but some people may have lingering symptoms. Long-term, continuous treatment helps to control these symptoms.

Medications

Different types of medications can help control symptoms of bipolar disorder. An individual may need to try several different medications before finding ones that work best.

Medications generally used to treat bipolar disorder include:

- Mood stabilizers
- Atypical antipsychotics
- Antidepressants

Anyone taking a medication should:

- Talk with a doctor or a pharmacist to understand the risks and benefits of the medication
- Report any concerns about side effects to a doctor right away. The doctor may need to change the dose or try a different medication.

- Avoid stopping a medication without talking to a doctor first. Suddenly stopping a medication may lead to “rebound” or worsening of bipolar disorder symptoms. Other uncomfortable or potentially dangerous withdrawal effects are also possible.

Psychotherapy

When done in combination with medication, psychotherapy (also called “talk therapy”) can be an effective treatment for bipolar disorder. It can provide support, education, and guidance to people with bipolar disorder and their families. Some psychotherapy treatments used to treat bipolar disorder include:

- Cognitive behavioural therapy (CBT)
- Family-focused therapy
- Interpersonal and social rhythm therapy
- Psychoeducation

Other Treatment Options

Electroconvulsive Therapy (ECT): ECT can provide relief for people with severe bipolar disorder who have not been able to recover with other treatments. Sometimes ECT is used for bipolar symptoms when other medical conditions, including pregnancy, make taking medications too risky. ECT may cause some short-term side effects, including confusion, disorientation, and memory loss. People with bipolar disorder should discuss possible benefits and risks of ECT with a qualified health professional.

Sleep Medications: People with bipolar disorder who have trouble sleeping usually find that treatment is helpful. However, if sleeplessness does not improve, a doctor may suggest a change in medications. If the problem continues, the doctor may prescribe sedatives or other sleep medications.

Supplements: Not much research has been conducted on herbal or natural supplements and how they may affect bipolar disorder.

It is important for a doctor to know about all prescription drugs, over-the-counter medications, and supplements a client is taking. Certain medications and supplements taken together may cause unwanted or dangerous effects.

Keeping a Life Chart: Even with proper treatment, mood changes can occur. Treatment is more effective when a client and doctor work closely together and talk openly about concerns and choices. Keeping a life chart that records daily mood symptoms, treatments, sleep patterns, and life events can help clients and doctors track and treat bipolar disorder most effectively.

NIMH » Bipolar Disorder

<https://www.nimh.nih.gov/health/topics/bipolar-disorder/>

Schizophrenia

Definition

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality. Although schizophrenia is not as common as other mental disorders, the symptoms can be very disabling.

Signs and Symptoms

Symptoms of schizophrenia usually start between ages 16 and 30. In rare cases, children have schizophrenia too.

The symptoms of schizophrenia fall into three categories: positive, negative, and cognitive.

Positive symptoms: “Positive” symptoms are psychotic behaviours not generally seen in healthy people. People with positive symptoms may “lose touch” with some aspects of reality. Symptoms include:

- Hallucinations
- Delusions
- Thought disorders (unusual or dysfunctional ways of thinking)
- Movement disorders (agitated body movements)

Negative symptoms: “Negative” symptoms are associated with disruptions to normal emotions and behaviours.

Symptoms include:

- “Flat affect” (reduced expression of emotions via facial expression or voice tone)
- Reduced feelings of pleasure in everyday life
- Difficulty beginning and sustaining activities
- Reduced speaking

Cognitive symptoms: For some patients, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Symptoms include:

- Poor “executive functioning” (the ability to understand information and to make decisions)
- Trouble focusing or paying attention
- Problems with “working memory” (the ability to use information immediately after learning it)

Risk Factors

There are several factors that contribute to the risk of developing schizophrenia.

Genes and environment: Scientists have long known that schizophrenia sometimes runs in families. However, there are many people who have schizophrenia who don’t have a family member with the disorder and conversely, many people with one or more family members with the disorder who do not develop it themselves.

Scientists believe that many different genes may increase the risk of schizophrenia, but that no single gene causes the disorder by itself. It is not yet possible to use genetic information to predict who will develop schizophrenia.

Scientists also think that interactions between genes and aspects of the individual's environment are necessary for schizophrenia to develop. Environmental factors may involve:

- Exposure to viruses
- Malnutrition before birth
- Problems during birth
- Psychosocial factors

Different brain chemistry and structure: Scientists think that an imbalance in the complex, interrelated chemical reactions of the brain involving the neurotransmitters (substances that brain cells use to communicate with each other) dopamine and glutamate, and possibly others, plays a role in schizophrenia.

Some experts also think problems during brain development before birth may lead to faulty connections. The brain also undergoes major changes during puberty, and these changes could trigger psychotic symptoms in people who are vulnerable due to genetics or brain differences.

Treatments and Therapies

Because the causes of schizophrenia are still unknown, treatments focus on eliminating the symptoms of the disease. Treatments include:

Antipsychotics

Antipsychotic medications are usually taken daily in pill or liquid form. Some antipsychotics are injections that are given once or twice a month. Some people have side effects when they start taking medications, but most side effects go away after a few days. Doctors and patients can work together to find the best medication or medication combination, and the right dose.

Psychosocial Treatments

These treatments are helpful after patients and their doctor find a medication that works. Learning and using coping skills to address the everyday challenges of schizophrenia helps people to pursue their life goals, such as attending school or work. Individuals who participate in regular psychosocial treatment are less likely to have relapses or be hospitalized.

Coordinated specialty care (CSC)

This treatment model integrates medication, psychosocial therapies, case management, family involvement, and supported education and employment services, all aimed at reducing symptoms and improving quality of life. The NIMH Recovery After an Initial Schizophrenia Episode (RAISE) research project seeks to fundamentally change the trajectory and prognosis of schizophrenia through coordinated specialty care treatment in the earliest stages of the disorder. RAISE is designed to reduce the likelihood of long-term disability that people with schizophrenia often experience and help them lead productive, independent lives.

How can I help someone I know with schizophrenia?

Caring for and supporting a loved one with schizophrenia can be hard. It can be difficult to know how to respond to someone who makes strange or clearly false statements. It is important to understand that schizophrenia is a biological illness.

Here are some things you can do to help your loved one:

- Get them treatment and encourage them to stay in treatment
- Remember that their beliefs or hallucinations seem very real to them
- Tell them that you acknowledge that everyone has the right to see things their own way
- Be respectful, supportive, and kind without tolerating dangerous or inappropriate behaviour
- Check to see if there are any support groups in your area

NIMH » Schizophrenia

www.nimh.nih.gov/health/topics/schizophrenia/

HOW DO DEVELOPMENTAL DISORDERS DIFFER FROM MENTAL ILLNESSES?

It is relatively easy to distinguish between medical conditions that are purely physical, in part because they are visibly obvious. Whether an individual is wearing a cast or a sling, an observer can clearly identify the condition as an arm injury. When it comes to the kind of conditions treated largely by counselling and psychology, differences are less apparent. Many people don't understand the distinctions between mental illnesses and developmental disorders. As an aspiring counsellor, you may help patients with either kind of disorder, or with a combination of disorders, so it's important to understand the differences.

Differences between developmental disorders and mental illnesses.

A well-known example of developmental disorders is autism, according to MedicineNet.com. Mental illnesses include mood disorders such as depression and anxiety disorders and psychotic disorders such as schizophrenia, according to WebMD. Because both developmental disorders and mental illnesses affect thought processes and behaviour, many people lump these different types of conditions together.

A key difference is that developmental disorders and mental illnesses thought processes and behaviour in different ways, as the Intellectual Disability Rights Service illustrates. In the case of pervasive developmental disorders, individual with the disorder do not have the cognitive ability to have or understand certain thoughts. A developmental disorder may be an obstacle to learning. In contrast, a mental illness does not directly impact cognitive abilities, but instead changes an individual's perceptions and thought processes. A child with a developmental disorder but no mental illness will typically not "hear voices" or otherwise have hallucinations, just as an individual with depression may lose motivation to engage in situations but will not lose the cognitive ability to understand those situations.

Developmental disorders are diagnosed when a patient is younger than 18 years of age. Mental illnesses can affect people of any age. While children can suffer from mental illnesses, these conditions can just as easily begin during adulthood. Additionally, these disorders differ in duration. Developmental disorders are lifelong disabilities. Mental illnesses may not be lifelong. Some are chronic while others are temporary or recur in episodes, but are not omnipresent.

Similarities between developmental disorders and mental illnesses.

Both developmental disorders and mental illnesses are diagnosed by psychology professionals, though whether it's a counsellor, therapist, psychologist or psychiatrist that

diagnoses and treats a given patient may vary. The Diagnostic and Statistical Manual of Mental Disorders (DSM), which is the book widely used to diagnose medical conditions in the realm of psychology and psychiatry, covers diagnosis of both types of disorders.

When you become a counsellor, you may work with patients experiencing a variety of problems, from mental illnesses to developmental disorders. Some patients may suffer from multiple conditions, including combinations of developmental disorders and mental illnesses. During your education, the curriculum in your counselling degree program will help you understand the intricacies of diagnosing and treating developmental disorders and mental illnesses so that you can help every patient that comes to you to the best of your ability.

Mental retardation and mental illness are two different disorders. Mental retardation affects a person's intelligence and cognitive abilities, whereas mental illness will generally affect an individual's personality and mood, or emotional well-being. Those suffering from mental illness may display aggressive or violent behaviour, mood swings, or manic depression. Some forms of mental illness are referred to as psychosis. People with mental retardation have developmental delays and learning difficulties.

Although mental retardation and mental illness are both treatable, a professional diagnosis is needed to determine the most effective plan. In most cases, mental retardation will be identified early on, typically by the time a child

reaches school age. He may show signs of developmental delays, such as being late to dress or feed himself, or unable to use the bathroom by himself. During his school years, he may have difficulty learning how to read and write, or do mathematical equations.

People who have been diagnosed with mental retardation will have a below average Intelligence Quotient (IQ). A person's IQ may be determined by taking an IQ test. Students with moderate mental retardation may be placed in special education classes, while adults with mild mental retardation may receive training in special workshops. These workshops may prepare a mentally retarded person for job placement.

Mental illnesses refer to any number of disorders that may disrupt a person's life, including schizophrenia and obsessive compulsive disorder. Schizophrenia is a form of mental illness that may cause delusions or hallucinations, as well as paranoia. Some schizophrenics also suffer from something referred to as multiple personality disorder.

While mental retardation is typically recognized in early childhood, symptoms of mental illness will not usually manifest until adulthood. Most patients who have been diagnosed with mental illness have not shown symptoms until their late teens or early 20s. Although not as common, mental illness may also afflict young children. Children may suffer from severe forms of panic disorders and phobias that also affect many adults.

The treatments available for mental retardation and mental illness also differ. Depending upon the type of mental illness

a person is affected by, he may be prescribed antidepressants or other medications. Behaviour modification therapy or psychotherapy is often recommended for someone suffering from various forms of mental illness. Children and adults diagnosed with mental retardation may benefit from recreational activities and speech or language therapy, as well as special education.