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Mental Health/Mental Illness

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MENTAL HEALTH/MENTAL ILLNESS: YOU ARE NOT ALONE
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MENTAL HEALTH/MENTAL ILLNESS: YOU ARE NOT ALONE by Margaret Strock

PREFACE

If you have a mental illness, you are not alone. One in five adult Americans will have a mental illness during their lifetime that is severe enough to require treatment. Many more have problems that prevent them from enjoying their lives.

Fortunately, effective treatments are now available **for** many mental illnesses. Unfortunately, most people do not seek help. Many wrongly believe their symptoms are their own fault or are caused by personal weakness. They think if they try hard enough they can overcome their problems by themselves, and they suffer unnecessarily.

In actuality, mental illnesses often involve biological dysfunctions that require professional treatment. An individual with a mental illness needs treatment and help in coping with everyday problems. In contrast, individuals who do not have a mental illness can usually deal with ordinary problems by themselves. At times of particular stress, however, even mentally healthy persons will find professional assistance useful.

The following discussion of mental health and mental illnesses is designed to provide information that can help people lead happier, healthier lives.

WHAT IS MENTAL HEALTH?

While mental health can mean many things to many people, self-esteem and **the** capacity to care about others are universally important components of mental health. Mentally healthy people understand that they are not perfect nor can they be all things to all people. They experience a full range of emotions including sadness, anger, and frustration as well as joy, love, and satisfaction. While they typically can handle life's challenges and changes, they can reach out **for** help if they are having difficulty dealing with major traumas and transitions--loss of loved ones, marriage difficulties, school or work problems, **the** prospect of retirement.

HELPING YOURSELF--AND OTHERS--TO MENTAL HEALTH

There are a number of steps you can take to help maintain good mental health. When you reduce your own stress level, you put others at ease too. When you are cooperative and outgoing, you bring out **the** cooperative spirit in others. Here are some suggestions:

Take a realistic approach. If there's a job to do, get it done without ruffling **the** feathers of other people. Accept a challenge. Take command of **the** situation. Set goals. Keep them in perspective and see them as part of a larger purpose. Compromise with others who may not see eye-to-eye with you on every point. Remember, they also have rights. Enlist cooperation rather than arouse antagonism. Suggest a family or staff meeting to encourage cooperation and compromise.

Learn to recognize and express your feelings. Try not to label feelings--yours or others--as "good" or "bad." It is human to experience a wide range of feelings. It is generally healthy to express feelings as soon as possible in a suitable way since, when pent up, they can result in inappropriate responses. **For** example, if you feel put down or ignored and suppress your feelings, you may later vent your anger on someone else or you may turn it inward and feel depressed. Know why you feel angry and express your feelings as calmly as possible. Or talk matters over with a sensible, trustworthy person--a wise friend, a clergyman, a physician, a relative, or a professional counselor. This approach may help you to think more clearly, handle your feelings appropriately, and better understand **the** feelings of others as well.

Don't brood. Often a simple change of pace or a refocusing of energies is a constructive way of "getting away from it all." Instead of brooding, do something--no matter how small--positive and useful about a problem. Try not to worry about **the** things you cannot change.

Proceed one step at a time. To escape **the** feeling that you're trapped, evaluate your problem, consider each step necessary to solve it, and work toward a solution. This "one-step-at-a-time" approach will allow you to take pride in your ability to handle **the** situation. By diverting your tensions and anger to worthwhile and reachable goals, you will be amazed by how much control you can exert in managing your life.

WHAT TO WATCH **FOR**

Even when you try your best, you will still experience periods of frustration and unhappiness. Usually, with time, you will overcome your distress. But you should learn to recognize when your problems--or those of your loved ones--are too much to handle alone. You can help yourself, your family, and your friends by knowing when to ask **for** professional help. Some of **the** warning signs include:

Undue prolonged anxiety. This is an anxiety out of proportion to any identifiable reason or cause. Of course, everyone experiences problems that make them tense and anxious. But a deep, continuing anxiety--a state of almost constant tension and fear that may fasten itself to one cause after another--is a signal that help is needed. Unrelieved anxiety not only causes mental anguish but also can lead to physical problems.

Prolonged or severe depression. Clinical depression--which is quite different from normal depressed feelings or "**the** blues"--strongly affects thinking, feelings, and behavior. Persistent feelings of inadequacy, sadness, helplessness, hopelessness, undue pessimism, and loss of confidence are some of **the** symptoms of depression. Changes in behavior patterns are a key sign that depression may be getting out of hand and help should be sought.

Depressed individuals often withdraw from friends they normally enjoy, from loved ones, and from **the** usual occupation and hobbies that give pleasure. Their eating and sleeping habits change. Some suffer from loss of appetite and insomnia, especially an inability to stay asleep; others seek solace in overeating and excess sleeping.

Other symptoms of depression include low energy, chronic fatigue, decreased effectiveness at school, work, or home, and loss of sexual interest. Depressed individuals are those most likely to think of suicide as a solution, although people with other mental and emotional disturbances may also be suicidal. During periods of crisis, people should be with others, avoiding isolation.

Abrupt changes in mood and behavior. These changes do not include deliberate steps a person adopts **for** self-improvement. They refer to changes in mood and behavior that reflect serious alterations in an individual's normal habits or way of thinking. **For** example, **the** good student whose grades abruptly drop or **the** frugal man or woman who suddenly begins gambling away large sums of money is very likely to be experiencing emotional problems. Also, frequent or regular mood changes from highs to lows, whether gradual or abrupt, can signal a mood disorder (see description under "Mood disorders").

Physical symptoms that may be related to tension. Some bodily ailments and complaints--headaches (including migraines), nausea, or unexplained pains--may have no identifiable physical cause. These symptoms are very real. But only a physician is qualified to determine whether they are caused by medical illness. Because medical tests may reveal an organic cause, any persistent physical ailment should be checked by a doctor.

If any of **the** warning signs described above are severe or long lasting, whether caused by a medical illness or not, professional help may be needed.

"KINDS" OF MENTAL ILLNESS*

(*Definitions of mental illnesses in this section were derived from **the** DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, THIRD EDITION--REVISED, American Psychiatric Association, 1987.)

Schizophrenic disorders.

In any given year, approximately 1.8 million people in this country, or 1 percent of **the** population, are affected by a form of schizophrenia.* This complex and extremely puzzling type of mental illness is particularly disabling, generally interfering with **the** ability to work, relate to others, and take care of oneself.

(*Rates are based on estimates of **the** U.S. 1989 population--184,000,000 persons aged 18 and over. Source is unpublished data from **the** Epidemiology and Psychopathology Branch, Division of Clinical Research, National Institute of Mental Health.)

Generally, symptoms of schizophrenia become apparent during adolescence or early adulthood, but can begin later in life. Symptoms may include delusions (false beliefs, sometimes paranoid in nature, whereby **the** individual wrongly feels persecuted or endangered), hallucinations (hearing voices that are not present), disconnected or incoherent speech, withdrawal from **the** outside world, grossly inappropriate feelings, or abnormal psychomotor activity (rocking, pacing, or immobility). While some who experience an apparent schizophrenic episode will recover fully, schizophrenia is a chronic or recurrent illness **for** most people.

In order to obtain **the** most appropriate treatment, accurate diagnosis by a qualified psychiatrist is essential since other psychotic conditions--those induced by such drugs as LSD or PCP, or by mania, depression, or organic brain disturbances--may mimic symptoms of schizophrenia.

Mood disorders.

Depression, mania, and bipolar disorder (bipolar disorder is also called manic-depressive illness and is characterized by cycles of depression and mania) are referred to as mood disorders. Mood disorders affect an estimated 11.6 million adults in **the** United States, or 6.3 percent of **the** population, each year.

Depressive disorders change **the** way people think, feel, and behave. Unlike **the** normal "down" mood that we all experience at one time or another, major depression lingers on and becomes more

pronounced than warranted by **the** events of daily living. Depression interferes with **the** ability to think, to concentrate, and to enjoy **the** normal pleasures of life. Depressed people may brood about death and dying, and may exhibit suicidal behavior. Some people experience depressive episodes--onsets of symptoms that can be severe and disabling. Others can continue to function, but feel depressed and "under **the** weather" all **the** time, a condition called dysthymia.

Manic episodes, by contrast, are marked initially by elation, hyperactivity, irritability, decreased need **for** sleep, inflated self-esteem, and increased loud speech, with abrupt changes of topic. As **the** episode progresses, **the** person with mania can, like those with schizophrenia, become overtly psychotic, experiencing delusions, hallucinations, and bizarre behavior.

Individuals suffering from bipolar disorder alternate between episodes of excitement/mania and major depression. Symptoms can be severe and disabling, or relatively mild, a condition called cyclothymia.

Anxiety disorders.

Anxiety is a normal, necessary part of life that everyone experiences at times. As a symptom, it is not uncommon in **the** early stages of schizophrenia when **the** individual is experiencing strange new sensations; and it often accompanies mood disorders. In another group of disorders, however, anxiety is **the** core symptom. Anxiety disorders affect approximately 10.1 percent of **the** general population, or more than 18 million people, during any year. These disorders can take several forms.

Generalized anxiety disorders are marked by jumpiness, irritability, tension, sweating, racing or pounding heart, and a variety of other symptoms associated with anxiety. **The** person is apprehensive, on edge, and has problems getting to sleep. To be considered a disorder, **the** symptoms should be persistent, generally continuing **for** more than a few weeks.

People with panic disorder are subject to attacks of panic from out of nowhere, with no obvious cause. They become extremely frightened and often think they are going to die. They suffer heart palpitations, dizziness, chest pains, a sense of unreality, and other symptoms. **The** disorder can be limited to a period of a few weeks or months, but more commonly it recurs over time. Although **the** attack itself generally lasts only a few minutes, anticipating **the** feeling of helplessness or loss of control that accompanies **the** panic can make **the** person reluctant to be alone or to leave home.

The individual whose frequent attacks have increasingly constricted normal activities is usually diagnosed as having agoraphobia. This is **the** most disabling of all **the** phobias, which are also considered anxiety disorders. **The** person with agoraphobia usually avoids situations where escape would be difficult or impossible--crowds, tunnels, stores, bridges, elevators, or public transportation. Some people with agoraphobia become so fearful that they never leave their homes **for** years at a time.

Other types of phobia include simple phobias, **the** persistent and irrational fear of a specific object, activity, or situation, and **social** phobias, **the** irrational fear of humiliating or embarrassing oneself in public.

Yet another anxiety disorder is posttraumatic stress disorder, which is an often recurrent reaction to a psychologically traumatic event that is outside **the** range of usual human experience. Wartime combat, bombing, rape, floods, or torture are examples of this type of experience. Symptoms include reexperiencing **the** event, nonresponsiveness to others, little interest in outside activities, sleeplessness, memory problems, and loss of concentration.

Obsessive-compulsive disorder (OCD) is an anxiety disorder involving repetitive thoughts and behaviors that are difficult if not impossible to control. **The** intrusive and obsessive thoughts may revolve around a fear of harming others or of being harmed. In response to obsessive thoughts, OCD victims often feel obligated to perform certain rituals--behaving in a specific way a specific number of

times--to ward off harm, even though they know that **the** behavior is illogical. Two of **the** most common OCD rituals are handwashing and checking. **For** example, persons who fear either being contaminated or contaminating others will wash their hands numerous times **for** long periods of time every day. Or persons who fear harming others, such as running over them with a car, will stop their car repeatedly to check on whether there is a victim lying dead on **the** road.

Some people with OCD are obsessed with self-doubt and compulsively check to see if they have locked doors or turned off equipment or carried out other tasks **for** which they feel responsible.

Personality disorders.

The individual with a personality disorder demonstrates personality traits that are inflexible and cause him or her either to adjust poorly in **social** relationships or to suffer internal distress. Characteristic of these disorders are rigid and deeply rooted dysfunctional patterns in relating, perceiving, and thinking. Personality disorders typically become apparent in adolescence or earlier and are often less obvious in middle and old age. This age-related pattern is especially true of **the** individual with an antisocial personality, usually a person in **the** late teens or **the** twenties who is in continuous **social** or legal trouble and appears to profit little from parental or **social** punishment.

The characteristics of borderline personality are manifested in sudden changes in mood, unstable interpersonal relationships, and proneness to unpredictable actions which could be self-damaging. Individuals with this disorder may also have a mood disorder.

An individual with paranoid personality characteristically behaves toward others with unwarranted suspicion, envy, jealousy, and stubbornness. He is ready to believe that others have taken advantage of him, even when evidence to **the** contrary is presented.

MENTAL ILLNESSES CAN BE TREATED

Thanks to research, many effective therapies are available **for the** treatment of mental illnesses. Medications and different types of psychosocial therapies have been used alone or in combination. **The** treatment chosen **for** an individual depends on **the** diagnosis and severity of **the** illness. **For** severe disorders, such as schizophrenia, depression, and bipolar disorder, as well as some anxiety disorders, a doctor usually prescribes medication and some form of psychosocial therapy. These include individual psychotherapy, group and family therapy, behavior therapy, marital counseling, recreational therapy, occupational therapy, hypnotherapy, behavior modification, art therapy, and psychodrama. With some other disorders, psychosocial therapy may be all that is needed **for** a successful recovery.

At times, electroconvulsive therapy, often referred to as ECT or "shock" therapy, can be lifesaving **for** severely depressed and suicidal individuals, some of whom may not respond to other therapies.

THESE PEOPLE CAN HELP

Psychiatrists, psychologists, psychiatric **social** workers, psychiatric nurses, mental health counselors and aides, or teachers who are specially trained in **the** area of mental illnesses and their treatment are among those who can be of assistance. It is beneficial to discuss problems with a family doctor or clergyman who can offer referral information. Self-help organizations can also be beneficial.

HOW TO FIND HELP

There are many **services** available to persons experiencing mental and emotional problems:

- Mental health associations, consumer organizations, and mutual help groups can provide assistance and information about mental health resources available in your community.

- Professional associations usually have State or local chapters that can help in finding an appropriate professional in **the** community. These include **the** State psychiatric and psychological associations or medical societies.

- Family service agencies may also provide information, referrals, and counseling **for** individuals and families.

- State and local departments of **social services**, city or county health departments, or county medical associations and others, including Veterans Administration hospitals, school counseling programs, and private clinics, can also provide help.

- State mental hospitals usually maintain special units **for** intensive short-term treatment and specialized programs **for** disorders of longer duration. Some private hospitals also have short-term psychiatric, intensive-care units.

- Community mental health centers provide a myriad of mental health **services** including inpatient, outpatient, partial hospitalization, and aftercare **services**. Also included are **services for** children and **the elderly**.

To obtain **the** name and telephone number of mental health **services** in your community, scan **the** front cover of your telephone book where police and fire departments list their telephone numbers. Often mental health programs are listed on this page. You can check **the** Yellow Pages under "mental health," "health," "**social services**," "suicide prevention," "hospitals," or "physicians." **For** appropriate numbers, you can also call directory assistance or **the** operator and request **the** telephone number of your local mental health center.

Once you make contact with your local mental health clinic, you will meet trained personnel who can answer your questions, provide assistance, or direct you to a further source of help.

If an emergency exists--someone is threatening suicide or acting in a violent or extremely bizarre manner--call **the** police or an ambulance. You can also contact a mental health hotline or suicide prevention center.

THREE IMPORTANT TIPS

How much you are helped depends on several factors: (1) Obtaining **the** right diagnosis is important; some mental illnesses have one or more symptoms in common, so careful evaluation is required; (2) Your therapist should have **the** training and most up-to-date information needed to treat your mental illness; (3) There should be a "fit" between your personality and that of **the** therapist. It pays to seek help from another if you feel dissatisfied or unaided by a particular therapist.

Most of us experience stress in **the** course of living. If you have a mental or emotional problem from time to time, try not to be unduly discouraged. But if **the** problem persists, or is severe, you should seek help. Remember, you are not alone.

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For further information on mental health and mental illness, write to:

Information Resources and Inquiries Branch
Office of Scientific Information
National Institute of Mental Health
5600 Fishers Lane, Room 15C-05
Rockville, MD 20857

National Mental Health Association, Inc.
1021 Prince Street
Alexandria, VA 22314-2971

National Alliance **for the** Mentally Ill
2101 Wilson Blvd., Suite 302
Arlington, VA 22201

National Depressive and Manic Depressive Association
730 N. Franklin, Suite 501
Chicago, IL 60601

Anxiety Disorders Association of America
6000 Executive Blvd.
Suite 200
Rockville, MD 20852-4004

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