Mental Illnesses are Real, Common, and Treatable; Recovery is Possible

Mental illnesses refer collectively to all diagnosable disorders characterized by alterations in mood, thinking or behavior often associated with distress and/or impaired functioning. Mental wellness and recovery refer to a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their fullest potential. Everyone experiences occasional mental health problems, but where they tip on the mental health balance is determined by a number of risk and protective factors, as described in the diagram below.

Mental Health Treatment and Recovery

Discussing one’s treatment options and voicing concerns with healthcare providers is essential for effective healing of mental illness. Treatment is a partnership, requiring an integration of physical and mental health components. If dissatisfied with care, consider changing treatment providers or getting a second opinion. In addition to treatment, participation with peer support including support groups, recovery centers and working with peer support specialists can be very helpful during the recovery process. Support group members share their experiences with the problem, learn coping skills from one another, and exchange information on treatment experiences. Many people also find strength and support through religious and spiritual affiliations, or with advocacy agencies.

Wellness: A Balanced Approach

Mental health disorders are associated with increased rates of various medical conditions, such as heart disease and diabetes. Integrated treatment is critical for ensuring the whole health of the individual. Wellness is a proactive, preventive lifestyle approach which emphasizes daily lifestyle choices. Wellness involves recognition of social, occupational, spiritual, physical, intellectual and emotional needs, with each dimension being necessary for optimal health. A person’s overall state of health (mental and physical) is closely associated with his/her balanced lifestyle choices. These include:

- Exercising regularly
- Hobbies
- Getting regular sleep
- Working out your anger
- Talking out your worries
- Doing things to lift your spirits
- Journaling

Deep breathing
Meditation and prayer
Time management
Balanced nutrition
Taking a break / time to relax
Limiting alcohol, caffeine, or nicotine
Focusing on the positive

Additional Resources:
Mental Health America, “Live Your Life Well”. www.liveyourlifewell.org

Wisconsin United for Mental Health
Wisconsin United for Mental Health is a coalition of citizens dedicated to eliminating the stigma and discrimination associated with mental illnesses. Our initiatives promote mental health awareness and education with media, employers, schools, and others to create mental health-friendly environments and build linkages for hope and recovery. Visit our Web site, www.wimentalhealth.org, for more information. Toll-free: 1-866-WI UNITED (948-6483)

Note your call will be answered by Mental Health America of Wisconsin

Mental Illnesses are Real, Common, and Treatable; Recovery is Possible

An estimated 26.2 percent of Americans ages 18 and older—about 1 in 4 adults—experiences a diagnosable mental disorder in a given year. Many people experience more than one mental disorder at a given time.

While both men and women experience the personal and financial toll that mental illnesses bring, women are more often affected by certain conditions. Women are affected twice as often as men by most forms of depression and anxiety disorders, and nine times as often by eating disorders.

Mental illnesses are treatable, especially when treatment is not delayed. For persons of any age, early detection and treatment can help prevent mental illness from worsening and can improve the individual’s chances for recovery. It is critical for a person to seek mental health care when he or she needs it. It is important for everyone, including providers, friends, and family, to be informed about the symptoms of mental illnesses, to be knowledgeable about treatment options, and to have an understanding of stigma and recovery.

Additional Resources:
- Substance Abuse and Mental Health Services Administration (SAMHSA), www.samhsa.gov/recover, featuring the 10 Guiding Principles of Recovery.
- Wisconsin United for Mental Health. www.wimentalhealth.org

Mental Illness Stigma

An estimated 58 million Americans experience a mental disorder in a given year, yet people with mental illnesses would rather tell their employers they have committed a petty crime and have been in jail than admit to being in a psychiatric hospital. Why? Because of the stigma that is associated with mental illnesses.

Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental
Fighting Stigma

**Dos**

- Do use respectful language such as “person with bipolar disorder.” These phrases maintain the person’s individuality.
- Do emphasize abilities rather than limitations.
- Do tell someone if you think they are expressing a stigmatizing attitude.

**Don’ts**

- Don’t portray a successful person with disabilities as the exception to the rule. Many people with mental illnesses lead successful, productive lives.
- Don’t use terms like crazy, lunatic, manic-depressive, psycho, or schizo. These terms wrongfully characterize a person by his/her illness.

Illnesses. Self-stigma occurs when a person with mental illness applies these negative beliefs to themselves. Self-stigma can negatively affect self-esteem and complicate the process of recovery.

In other words, coping with mental illness goes beyond simply seeking treatment and getting better. The stigma associated with mental illness can:

- Complicate seeking treatment – the person is ashamed or afraid to make his/her illness known.
- Strain relationships – family and friends may discriminate against or act in fear of a person with mental illness.
- Limit education, job or housing opportunities – documented mental illness may make these prospects more difficult to achieve.
- Replace much needed health care – people with mental illnesses sometimes enter the criminal justice system instead of being offered health care.

Additional Resources

- NAACPR’s Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (HZS Center): www.mhp.org/zhcenter/NAACPR.HZSCenter.html
- National Alliance on Mental Illness (NAMI) StigmaBusters, www.nami.org/stigma

Depression

Depression is a serious illness that affects the body, mood and thoughts. It affects the way a person lives and the way he/she feels about himself/herself, other people, life and his/her environment. Depression is not a passing illness that will easily run its course and disappear. It is a disease that needs treatment. Without treatment, depression can affect a person for weeks, months, or years.

- In 4 of every 10 adults—1 in 10 adults—experience depression.
- Women are 50 percent more likely than men to experience a mood disorder during their lifetime; 70 percent more likely to experience depression.
- People between the ages of 24-44 are most likely to develop depression, and it also can affect children and the elderly.
- Nearly 65 percent of those experiencing depression do not get the treatment they need.
- Generally, women and adults over 50 are more likely than men and younger adults to use services for depression.
- Untreated depression is the number one cause of suicide.
- Treatment can alleviate the symptoms of depression in over 80 percent of cases.

Types of Depression

Depression is different for everyone, including its severity and duration, and can take several forms:

- Major or unipolar depression
- Bipolar disorder (manic depression). (See more detailed information on page 3.)
- Dysthymia, a less severe major depression, involves long-term, chronic symptoms that may keep a person from optimal functioning.

How Can We Combat Suicide?

- Educate physicians to be able to detect and treat depression, especially in the elderly.
- Incorporate evidence-based suicide prevention programs into school curriculums developed by the Department of Public Instruction into school programs.
- Educate the media about the danger of reporting about suicide method and location. Emphasize the importance of including the national suicide hotline (800) 273-TALK (273-8255), in news articles.
- Promote safe storage of firearms & medications. This includes use of trigger locks and storage of unloaded guns separate from ammunition in locked boxes or cabinets.

Additional Resources

- Anxiety and Depression Association of America: www.addo.org
- Suicide in Wisconsin

From 2001-2010, an average of 741 people completed suicide each year in Wisconsin. These deaths resulted in an average of 21,500 years of potential life lost each year, more than homicide, diabetes, and HIV combined, and only slightly less than motor vehicle crashes, firearms are the most common method of suicide (47%) followed by hanging/suffocation (24%) and poisoning (21%). Men account for 80% of completed suicides. Suicide rates are highest among persons 35-54 years of age—this group accounts for half of all suicides. Suicide attempts are highest, however, for those 15-24 years old. The cost of inpatient hospitalizations and emergency department visits due to self-inflicted injuries was over $77.5 million in 2008 alone.

**Risk Factors**

Personal History of Mental Illness or Suicidal Behavior – Of those who completed suicide, 64 percent were reported as having a current depressed mood and 49 percent were noted as ever having had treatment for a mental illness. 24 percent had a history of suicide attempts.

Drug and Alcohol Use – 28 percent of those who completed suicide were noted as having an alcohol problem and 15 percent had other substance abuse problems. Over 27 percent of those tested had alcohol present in their system at the time of their death.

Race/Ethnicity – From 2005-2010, suicide rates in Wisconsin were highest among American Indians (18.8%) followed by Non-Hispanic Whites (13.5%), Asian/Pacific Islanders (8.4%), Non-Hispanic Blacks (7.2%), and Hispanics (5.4%). The rate for Non-Hispanic Whites has been increasing over time and exceeded 15% in 2010 Note: For all groups other than Non-Hispanic Whites the rate can vary considerably due to small numbers in any given year.

Interpersonal Circumstances – One-third of people who completed suicide had a known intimate partner problem. Other relationship problems and recent deaths of friends or family members were also reported for more than 25 percent of people who completed suicide.

Other Life Stressors – 23 percent of people who completed suicide had a physical health problem, 20 percent had job issues, and 40 percent with legal or financial problems.

Veteran Status – One of every five persons completing suicide was reported as being a veteran.

Additional Resources

- Suicide Prevention Resource Center (SPRC): www.sprc.org
- More factors are based on incarcerated data provided by correctional facilities. Correctional data is not available for all completed suicides. The percentages presented are the percentages of those for whom such data was provided. NOTE: Risk factors mentioned can be linked to many underlying issues. Visit the Centers for Disease Control and Prevention Substance Use/Abuse website for more information.
- www.cdc.gov/mentalhealth
Types of Anxiety Disorders

Anxiety disorders fall into five categories:

- **Phobias**, which affect 19 million people each year, are the most common type of anxiety disorder. Phobias are deep-seated fears that are irrational and disruptive to a person's life. Depression and alcoholism may accompany phobias.

  There are three main types of phobias:

  - **Specific phobia** is an extreme fear of a particular object or situation that is not harmful under general conditions. Specific phobias include claustrophobia (fear of confined spaces), acrophobia (fear of heights), and zoophobia (fear of animals, particularly dogs). Many people with specific phobias know that these fears are not logical, but are unable to overcome them without treatment. Some specific phobias may be relatively inconsequential; others may greatly impact a person's ability to function at work or home.

  - **Social phobia** is a fear of being watched, embarrassed, or humiliated while doing something in public. A common form of social phobia is fear of public speaking. Some people experience extreme fear about eating or writing while people are watching. Social phobia is not the mild discomfort or shyness many of us feel when doing some of these activities. It is extreme fear, so strong that, in many instances, a person cannot perform the task that is feared. Untreated, social phobia can significantly disrupt a person's social and work life, and prevent full enjoyment of everyday life.

  - **Agoraphobia** is a fear of places or situations from which escape might be hard, such as being in a crowd or standing in a line. In severe cases, untreated agoraphobia can keep a person from leaving his or her home without help. Agoraphobia sometimes develops after one or more panic attacks.

**Post-Traumatic Stress Disorder (PTSD)**, which affects more than 7 million people each year, follows a terrifying event. This event may be something that threatened the person’s life or something witnessed. Symptoms include:

- Reliving the trauma in the form of nightmares or daytime recollections
- Sleep problems
- Feeling detached or numb
- Being easily startled
- Avoiding situations or places that might bring back memories

Veterans should visit the U.S. Department of Veterans Affairs website at www.vetstarts.va.gov and/or www.maketheconnection.net for more information on services available for veterans experiencing PTSD.

**Generalized Anxiety Disorder (GAD)**, which affects about 6.8 million American adults, is chronic, exaggerated worry and tension. It is often accompanied by another anxiety disorder or mental health problem such as depression or substance abuse. GAD most often strikes people in childhood or adolescence, but can begin in adulthood.

**Obsessive-Compulsive Disorder (OCD)**, which affects about 2.2 million American adults, is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions), such as hand washing, counting, checking, or cleaning. OCD is diagnosed when these rituals consume at least an hour a day, are very distressing, and interfere with daily life.

**Panic Disorder**, which affects about 6 million American adults, causes feelings of terror that strike suddenly and repeatedly without warning. The person having a panic attack will most likely have a pounding heart, tingling or numb hands, feel sweaty, weak, faint, or dizzy, and either flushed or chilled. They may have chest pain or pressure, and think they are having a heart attack. They may fear they are losing control or “going crazy.”

**Seasonal Affective Disorder (SAD)** is related to the season of the year and the duration of daylight.

**Perinatal Depression (Postpartum Depression)** occurs during the perinatal period (22 weeks though 1 year postpartum). The chronicity, rather than severity of maternal depression, has more long-term effects on infants and young children. Postpartum depression occurs in 10 percent to 15 percent of all women and in twice as many women living in poverty. Approximately 50 percent of women with postpartum depression are untreated.

Treat Anxiety Disorders

Most anxiety disorders respond well to treatment, which often begins with the family physician or nurse practitioner who can help determine if symptoms are due to an anxiety disorder, some other medical condition, or both. Often, the next step is referral to a mental health professional. Psychiatrists generally treat anxiety disorders with a combination of psychotherapy and medication.

Symptoms of Depression

- Feelings of sadness, irritability or anxiety
- Loss of interest in sex and activities once enjoyed
- Changes in weight or appetite
- Changes in sleeping patterns
- Feeling guilty, down, hopeless or worthless
- Inability to concentrate or make decisions
- Fatigue or loss of energy
- Restlessness or decreased activity noticed by others
- Thoughts of suicide or death

**Bipolar Disorder**

Bipolar disorder (sometimes called manic depression) is characterized by severe mood swings and behavioral changes. It affects approximately 2.5 percent of the population, and affects males and females equally. People with bipolar disorder experience mood changes that vary from feeling “on top of the world” to experiencing the depths of depression. There is a wide range of severity and symptoms in both the manic and depressive phases of this illness.

### Symptoms of Bipolar Disorder

#### Manic episode – People who experience a manic episode feel a rather sudden onset of elation or euphoria that increases in a matter of days and may become a serious impairment. Symptoms include:

- Increased physical and mental activity and energy
- Heightened mood, exaggerated optimism and self-confidence
- Excessive irritability, aggressive behavior
- Decreased need for sleep without experiencing fatigue
- Grandiose delusions, inflated sense of self-importance
- Racing speech, racing thoughts, flight of ideas
- Impulsiveness, reckless and poor judgment, distractibility
- Reckless behavior
- In the most severe cases, delusions and hallucinations

Untreated, a manic episode can last as long as three months. As it decreases, the person may have a period of normal mood and behavior. Approximately 60-70% of manic episodes occur immediately before or after a depressive episode, but others can occur at any time.

### Additional Resources:

- Depression and Bipolar Support Alliance, www.dbsalliance.org
- Anxiety and Depression Association of America, www.adaa.org
- Depression and Bipolar Support Alliance, www.dbsalliance.org
- Veterans should visit the U.S. Department of Veteran Affairs website at www.ptsd.va.gov and/or www.maketheconnection.net for more information on services available for veterans experiencing PTSD.

### Seasonal Affective Disorder (SAD)

- Occurs during the winter months when there is less exposure to sunlight.
- Symptoms include:
  - Feelings of sadness or hopelessness
  - Loss of interest in activities once enjoyed
  - Changes in sleep patterns, such as increased need for sleep
  - Fatigue or loss of energy
  - Changes in social and work behavior

Additional Resources:

- Depression and Bipolar Support Alliance, www.dbsalliance.org
- Anxiety and Depression Association of America, www.adaa.org
- Veterans should visit the U.S. Department of Veteran Affairs website at www.ptsd.va.gov and/or www.maketheconnection.net for more information on services available for veterans experiencing PTSD.
Depressive episode – People who experience a depressive episode feel classic symptoms of major depression such as sadness, irritability, and decreased energy for at least two weeks (see sidebar on page 3 for more details). In many people with bipolar disorder, depressive episodes occur immediately before, after or within a few months of a manic episode. With others, there are longer intervals between episodes. Manic and depressive episodes do not necessarily alternate and some people may experience many depressive episodes and only a few manic episodes, and for others the reverse is true.

Coping with Bipolar Disorder

Learning how to reduce stress can be crucial, because stress can greatly impact bipolar disorder. Here are some tips for reducing stress:

• Take breaks and set aside time to relax
• Seek jobs that are not stressful to you
• Nurture positive relationships
• Maintain regular working, eating, and sleeping habits
• Avoid alcohol, caffeine, and illegal substances

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Treating Bipolar Disorder

Recovery is possible for people with bipolar disorder. People who cope successfully with bipolar disorder have learned that it is their responsibility to manage their illness. They take active steps to learn how to deal with the illness. They seek and use the help of mental health professionals, families, and friends. Most of all, they rely on themselves to find the combination of medication, psychotherapy, social contacts, and personal habits that works best for them.

Without treatment, bipolar disorder can become disabling. Even with treatment the disorder can sometimes be difficult to regulate. It will take time (months to years) to find the correct medication and to learn effective ways to cope with bipolar disorder.

Prescribed medications successfully reduce the number and intensity of manic episodes. They also may prevent repeated episodes of depression, although some people may need an antidepressant or anti-anxiety medication as well. All medications can have side effects and must be monitored carefully by a psychiatrist or other physician. Blood levels of the medication need to be measured and kidney, liver, and thyroid functions also should be monitored.

Additional Resources:
American Foundation and Bipolar Support Alliance (AFBAPA): www.bipolar.org

Schizophrenia

Schizophrenia is a serious but treatable brain disorder that affects about 1.1 percent of the U.S. population age 18 and older in a given year, about 2.5 million persons.

Generally, schizophrenia first appears in young adults between the ages of 15 and 25. Symptoms often appear in men earlier than in women. The onset occurs only occasionally in childhood.

A person with schizophrenia does not have a “split personality.” Instead, one might say the person has a mind separated from its ability to function normally and distinguish between what is real and unreal. In most people it is not a disorder that results in violent behavior, but it can produce symptoms that other people find disturbing.

Symptoms can develop slowly or suddenly. Most people have a slow onset of symptoms (negative) followed by an acute episode (positive). See sidebar on page 5 for details.

While the exact cause of schizophrenia is uncertain, researchers do know that the disease has a physical cause and is not the result of bad parenting.

Studies show that schizophrenia tends to run in families. There is about a 40 percent chance a child will have schizophrenia if both parents have the disease and about a 12 percent chance if one parent is affected. The identical twin of a person with schizophrenia has about a 50 percent chance of developing the disorder. A fraternal twin has about a 14 percent chance. These studies show that heredity is involved but is not the only factor in causing schizophrenia.

Schizophrenia is associated with an imbalance in brain chemistry. If certain neurotransmitters, our body’s natural “chemical messengers” are too abundant, they affect the brain’s reactions to the person’s surroundings. The result may be acute sensitivity to sights and sounds. A person can be at high risk generically for the disease but traumatic experiences may increase the risk of the illness being triggered.

Treating Schizophrenia

Diagnosis of schizophrenia depends on evaluation of symptoms by a psychiatrist. Doctors look for a history of the symptoms characteristic of schizophrenia and for noticeable difficulties in social and occupational functioning.

There is no cure for schizophrenia, but treatment with medications, psychotherapy, support, and good planning can promote recovery by reducing symptoms and the probability of relapse. Some of the newer medications are quite effective in changing the brain's chemical balance and they have fewer side effects than earlier antipsychotic medications. Psychotherapy can help patients understand their illness, develop skills in dealing with its effects, and gain confidence in their abilities. Peer support, education, and life skills development are important additions to medical and social services.

Coping with Schizophrenia: How to help

Support and acceptance from friends, family, professionals, and the community can encourage a person with schizophrenia to develop an effective plan for recovery.

Do not abandon someone at the onset of severe symptoms. Prompt and appropriate medical care can relieve symptoms and, if obtained early, may alter the course of the disease.

Be especially alert to signs of depression and risk of suicide during the time period between acute episodes. This period is risky because the person with schizophrenia is thinking relatively clearly and can...