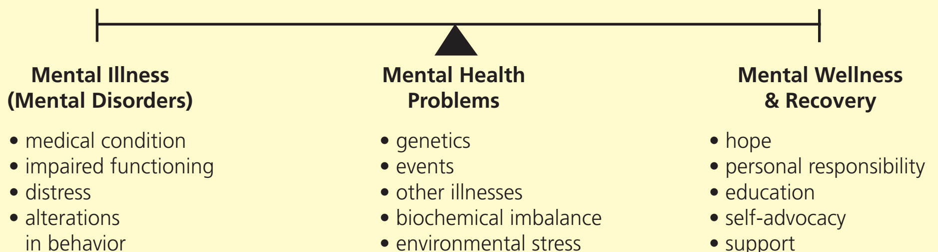
WISCONSIN UNITED *for* MENTAL HEALTH

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 the comprehensive ways people meet the emotional, psychological, and cognitive demands of life in order to fulfill tasks and nurture relationships. 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 Illness (Mental Disorders)

- medical condition
- impaired functioning
- distress
- alterations in behavior

Mental Health Problems

- genetics
- events
- other illnesses
- biochemical imbalance
- environmental stress

Mental Wellness & Recovery

- hope
- personal responsibility
- education
- self-advocacy
- support

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 people 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:

Copeland, Mary Ellen. Mental Health Recovery and Wellness Recovery Action Plan (WRAP) Web site. Key Recovery Concepts. www.mentalhealthrecovery.com

U.S. Surgeon General. (2001). Mental Health: Culture, Race Ethnicity Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: Department of Health & Family Services. 5-6

Wisconsin Women's Health Foundation. Wisconsin Alliance for Women's Health. (2007). Wisconsin Women's Health Guide. 17

Mental Illness Stigma

An estimated 50 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 illnesses. Self-stigma occurs when those with mental illness apply these negative

Information in this brochure is adapted with permission from Mental Health America of Wisconsin. Additional resources are noted at the end of each section.

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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 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. Thses terms wrongfully characterize a person by his/her illness.***

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:

SAMHSA'S Resource Center to Promote Acceptance and Social Inclusion Associated with Mental Health (ADS Center). www.stopstigma.gov

Corrigan, P.W., Kleinlein, P. (2005). The Impact of Mental Illness Stigma. In Corrigan, P.W. (Ed.), On the Stigma of Mental Illness: Practical Strategies for Research and Social Change. American Psychological Association: 17

The President's New Freedom Commission on Mental Health. (2003). Achieving the Promise: Transforming Mental Health Care in America. Rockland, MD: 4

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, other people, life and his 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.

- 1 in 4 women are likely to experience clinical (severe) depression.
- Annually, 19 million Americans—1 in 10 adults—experience depression.
- Women experience depression at roughly twice the rate of men.
- People between the ages of 24-44 are most likely to develop depression, but it also can affect children and the elderly.
- Nearly 66 percent of those experiencing depression do not get the treatment they need.
- 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.

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.

Treating Depression

The ability to treat depression depends on early identification (screening), and accurate diagnosis. Treatment may include a physical examination as well as a medical and personal history to rule out other illnesses, identify possible reactions to medication, and discover personal trauma or events that may have triggered depression.

Treatment generally includes a combination of medicine and psychotherapy, and varies based on the severity and duration of the illness. Electroconvulsive Therapy (ECT) is another method of treatment for depression.

Additional Resources:

National Depressive and Manic Depressive Association (NDMDA). www.ndmda.org

Bipolar Disorder

Bipolar disorder (sometimes called manic depression) is characterized by severe mood swings and behavioral changes. It affects approximately 1 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.

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*

Complete a free, confidential depression screening at mentalhealthscreening.org

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*

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.

Treating of 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:

Depression and Bipolar Support Alliance (DBSA). www.dbsalliance.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.

An imbalance in brain chemistry is another element. 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 genetically for the disease but trauma experiences may increase the risk of the illness being triggered.

Some researchers argue that the risk of schizophrenia increases if the mother contracts a viral illness during the second three months of pregnancy. This theory rests on the fact that schizophrenia is more common among people born in winter, when viral infections occur more frequently. Others suggest the risk is related to complications during birth.

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 vocational programs 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 develop an understanding of how the illness may be negatively impacting his/her life. About 20 percent of people with schizophrenia attempt suicide, and about 10 percent complete the act.

Negative reactions from people who lack information about schizophrenia or fear the person who has the disease can deepen the person's depression and isolation. Educate family and friends about schizophrenia to foster a positive environment for recovery.

Additional Resources:

National Alliance on Mental Illness (NAMI), Wisconsin. (2008). Fact Sheet: Schizophrenia. www.namiwisconsin.org

National Institute of Mental Health. (2008). The Numbers Count: Mental Disorders in America. www.nimh.nih.gov

Symptoms of Schizophrenia

Schizophrenia manifests through three distinct types of symptoms:

•Positive symptoms:

"Positive" refers to overt symptoms that should not be there. Includes delusions, hallucinations, and disordered thinking and speaking.

•Negative symptoms:

"Negative" does not refer to a person's attitude, but to a lack of characteristics that should be there. Includes social withdrawal, emotional flatness or lack of expression, and an inability to start and follow through with activities.

•Cognitive symptoms:

Includes difficulty in prioritizing tasks, memory functions, and organizing thoughts.

Treating Anxiety Disorders

Most anxiety disorders respond well to treatment, which often begins with the family physician or nurse practioner 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.

Anxiety Disorders

Anxiety disorders are the most common mental illnesses in the United States, affecting more than 40 million people each year. It is common for an anxiety disorder to accompany another anxiety disorder or illness, such as substance abuse.

Types of Anxiety Disorders

Anxiety disorders fall into five categories:

Phobias, which affect 5.3 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 about 5.2 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 Veteran Affairs Mental Health Web site at www.mentalhealth.va.gov 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, a sense of unreality, or fear of disaster. They may believe they are having a heart attack or stroke. Attacks can occur at any time, even while sleeping.

Additional Resources

Anxiety Disorders Association of America. www.adaa.org

National Institute of Mental Health. (2008). The Numbers Count: Mental Disorders in America. www.nimh.nih.gov

Suicide in Wisconsin

From 2001-2006, an average of 650 people completed suicide each year in Wisconsin. These deaths resulted in an average of 20,000 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 (46-50%) followed by hanging/suffocation (25%) and poisoning (20-23%). 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 $64 million in 2006 alone.

*Risk Factors**

Personal History of Mental Illness or Suicidal Behavior – Of those who complete suicide, 66 percent were reported as having a current depressed mood and 46 percent were noted as ever having had treatment for a mental illness; 25 percent had a history of suicide attempts.

Drug and Alcohol Use – One-third of those who completed suicide were noted as having an alcohol problem and one-fifth had other substance abuse problems. Over one-third of those tested had alcohol present in their system at the time of their death.

Race/Ethnicity – Suicide rates for American Indians/Alaskan Natives are 40 percent above the average. Suicide rates are below the average for Hispanics (5.6%), Asian/Pacific Islanders (6.1%) and Blacks (7.1%). However, the actual number of suicides among all groups is very small in Wisconsin compared to the white, non-Hispanic population.

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 20 percent of people who completed suicide.

Other Life Stressors – 25 percent of people who completed suicide had a physical health problem, 19 percent had job issues, and 15 percent recent criminal, legal or financial problems.

Veteran Status – One of every five persons completing suicide was reported as being a veteran. Over half of suicides of individuals age 55 and older were veterans.

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 and mental health curricula developed by the Department of Public Instruction into school programs.*
- *Educate the media to the danger of reporting about suicide method & location. Emphasize the importance of including the national suicide hotline (800) 273-talk, 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.*

Treatment and Recovery

- *Discuss treatment options and voice concerns with doctor or therapist*
- *Seek a second opinion if dissatisfied*
- *Participate in a support group, religious or spiritual affiliation or advocacy agency*
- *Work on making balanced lifestyle choices that are necessary for optimal health*
- *Recognize that untreated chronic stress and past trauma have an impact on mental health and substance abuse*

Additional Resources

Suicide Prevention Resource Center (SPRC). www.sprc.org

Gross, Kopp, Schlotthauer. (2008). The Burden of Suicide in Wisconsin. 7-8, 22. www.mhawisconsin.org

*Risk factors are based on circumstance data provided by coroners or medical examiners. Circumstance 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 unresolved trauma. Visit the Centers for Disease Control and Prevention Adverse Childhood Experiences web site for more information. http://www.cdc.gov/nccdphp/ACE/

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 in a support group can also 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

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:

National Wellness Institute. (2008). Personal Wellness: Taking Charge of your Health and Well-being. Stevens Point, WI. www.nationalwellness.org

More about us

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.

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