

Table of Contents

1	GENERAL TOPICS	
	• Accessing Mental Health Services	3
	• Coping with a Diagnosis	5
	• Famous People Who Have Had A Mental Illness	7
	• Good Mental Health	9
	• Grief/Bereavement	11
	• Suicide	13
	• Violence in Schools	15
	• Violence in Workplace	17
2	ADJUSTMENT DISORDERS	19
3	ANXIETY DISORDERS	
	• Anxiety Disorders (General)	21
	• Obsessive-Compulsive Disorder	23
	• Panic Disorder	25
	• Phobias	27
	• Post-traumatic Stress Disorder	29
4	DISORDERS USUALLY FIRST DIAGNOSED IN INFANCY, CHILDHOOD OR ADOLESCENCE	
	• ADHD (Attention Deficit/Hyperactivity Disorder).....	31
	• Conduct Disorder	33
	• Developmental Disabilities	35
	• Learning Disabilities	37
	• Oppositional Defiant Disorder.....	39
5	DUAL DISORDERS (<i>co-occurring disorders with substance abuse</i>).....	41
6	EATING DISORDERS	43
7	MOOD DISORDERS	
	• Bipolar (Manic-Depressive) Disorder	45
	• Depression	47
	• SAD (Seasonal Affective Disorder)	49
8	PERSONALITY DISORDERS	51
9	THOUGHT DISORDERS (<i>cognitive & psychotic disorders</i>)	
	• Alzheimer’s Disease	53
	• Dementia	55
	• Schizophrenia	57
10	ALCOHOLISM & ALCOHOL ABUSE	59

Selecting a Provider

Seeking quality mental health care services for yourself, a relative, or friend requires special thought and attention. Knowing what to look for and what to ask will help you make informed choices. When you are choosing a provider, you might ask:

- What services do you offer? How can your services help me? What is your service philosophy? Can I talk to other people who have used your services? Ask about the nature and goals of the treatment programs, what treatments or services are provided directly, and what services are referred to sources outside the organization.
- The organization should create an individualized service plan based on a complete assessment of emotional, behavioral and physical needs. The plan should include your broad and specific goals, a description of who is going to do what and by when, what interventions, services and supports will be provided, and how often the plan will be reviewed. Questions to ask include: How will I be involved in planning my services? What opportunities are there for my family or others to participate?
- How long does it take to begin services? How often will I receive services and how long will they last? What can I do if I am unhappy about the way I am treated or with the services I receive? Does the organization take time to explain my rights and responsibilities? How will my privacy be protected?
- Is the staff well qualified? How do the staff members respond to the people receiving services? Are people treated with dignity? Ask about staff credentials such as education, training and licensure. Ask if the organization is accredited by a nationally or internationally recognized organization.
- What will be my out-of-pocket expenses? Will my services be covered by insurance, public funding (such as Medicare or Medicaid), or other resources?
- Do the facilities appear to be well maintained, clean and safe? Are the building and grounds accessible? Is there a positive atmosphere? Is there access to public transportation?

- Are people you serve involved in planning for the future of your organization? Is the organization involved in efforts to help the community?

Accessing Community Mental Health Services

Community Mental Health service programs are publicly funded organizations which are obligated to first serve individuals who meet “priority population criteria” as defined by their state’s mental health department. Northern Lakes Community Mental Health serves individuals with mental illness and developmental disabilities in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, and Wexford Counties. Many county, state and federal agencies oversee community mental health service programs like Northern Lakes Mental Health to ensure the delivery of the highest quality of care available.

The types of services you will receive will depend upon what is medically necessary to help you feel better, i.e., the services that treat your condition and symptoms and are required for your improved mental health and well-being.

When you first call Northern Lakes Community Mental Health, you’ll get a mental health professional who can help you with your situation. To access services call: 1-800-492-5742 or (231) 922-4850.

You will receive immediate answers to your questions about community services and how to get help from Northern Lakes Community Mental Health and other agencies.

To decide what kind of help you might need, a caring, qualified mental health professional will arrange to ask you a series of questions at a time convenient for you.

After your confidential interview, you and the mental health professional will talk together about the findings and recommendations. If you need Community Mental Health services, you will be linked to the program that is best for you. In most

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

cases, your first appointment will be arranged before you leave, so treatment can begin without needless delay.

The agency will coordinate services with your physician and insurance company to make sure you get efficient and cost-effective treatment.

Crisis intervention emergencies, in which a person is in danger of hurting himself or others, will quickly be taken care of in person by professional staff. Call 1-800-492-5742 or (231) 922-4850 for help.

'Continuum of Care' Terms

Communities provide different types of treatment programs for people with mental illnesses and developmental disabilities. A complete range of programs and services is called the "continuum of care." The different services or programs in a continuum of care include:

- **Office or outpatient clinic** - Visits are usually less than one hour. The number of visits depends on an individual's need.
- **Intensive case management** - Specially trained people coordinate and/or provide psychiatric, financial, legal, and medical services to help the person live as independently as possible.
- **Home-based treatment services** - A team of specially trained individuals goes into a home and develops a program of treatment to help the individual and family.
- **Family support services** - Services to help parents care for their child(ren), such as parent training, parent support group, etc.
- **Day treatment programs** - An intensive treatment program that provides psychiatric treatment with special education. Participants usually attend five days per week.
- **Partial hospitalization** (day hospital) - All the treatment services of a psychiatric hospital are provided, but the individuals go home each evening.
- **Emergency/crisis services** - 24-hour services for emergencies.
- **Respite care services** - Provides a break from caregiving responsibilities for family members, either by having a substitute caregiver come to the home, or authorizing the person needing care to leave with a trained caregiver for a short-term period.
- **Therapeutic group home or community residence** - Usually includes 6-10 people per home and may be linked with a day treatment program or

specialized educational program.

- **Crisis residence** - This setting provides short-term crisis intervention and treatment. Patients receive 24-hour-per-day supervision, seven days per week. Stays usually last fewer than 15 days.
- **Residential treatment facility** - Seriously disturbed individuals receive intensive and comprehensive psychiatric treatment in a campus-like setting on a longer-term basis.
- **Hospital treatment** - People receive comprehensive psychiatric treatment in a hospital setting. The length of treatment depends on many factors.

Sources:

*American Academy of Child & Adolescent Psychiatry
CARF, the Rehabilitation Accreditation Commission
JCAHO, the Joint Commission on Accreditation of
Healthcare Organizations*

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org, (800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Coping with a Diagnosis

When someone is diagnosed with a mental illness, he may experience feelings similar to those when grieving the unexpected loss of a loved one. Depending on the severity of the illness, some people have likened their initial shock to being thrown against a wall or receiving a severe blow to the head. Anger, denial, fear, sadness, nervousness, and helplessness are other common reactions. Grief is normal, and is usually most intense when first diagnosed.

The severity of the illness will affect the way in which people cope with their diagnosis. For some, the chances for full recovery are very positive. For others, the condition may be more severe and/or chronic.

Each person's way of coping with a diagnosis is unique. What is important is how people choose to define their mental illness and the place they give it in their lives.

Growing research on stress, coping, and illness has shown that negative thoughts and expectations add to the progression of illness, stifle people's efforts to cope, and block social support and recovery.

Conversely, hope is increasingly being recognized as a helpful ingredient in benefiting the recovery process.

Some experts suggest that the process of recovery includes learning to accept the illness, developing an appropriate sense of control and responsibility, and creating an adequate identity and new purposes in life.

Helping Yourself

If you have a mental illness, try to accept the illness and learn all you can about it. Take responsibility for developing coping skills. Recognize that there is no correct way to recovery, that everyone has unique ways of self-healing that work for them. It is important to use your assets, and use and reuse what works.

Books, written materials, groups, therapy, and organizations are some of the available resources from which you can learn. In addition, an emphasis on wellness, instead of focusing on the illness, adds to the ability to manage your life.

Helping Someone Else

If you know someone suffering from a mental illness, there are many ways you can help and inspire hope in the person you care about.

Begin by believing in the person's potential and strength. Value the person as a unique human being and accept the person for who he/she is. Express a genuine concern for the person's well-being. Help the person connect to people who are at more advanced stages of recovery who can be positive role models. Be available when the person needs help. Remind the person of previous achievements and positive experiences. Most importantly, believe in the person's capacity to heal.

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Northern Lakes Community Mental Health believes this information to be accurate at the time of publication. While every care has been taken in its preparation, professional advice should be sought when necessary. Northern Lakes CMH cannot be liable for any error or omission in this publication or for

damages arising from its supply, performance or use, and makes no warranty of any kind, either expressed or implied in relation to this publication. For more information contact Northern Lakes CMH at 1-800-492-5742 or (231) 922-4850.

Information about famous people throughout history who have had a serious mental illness.

Abraham Lincoln

The revered sixteenth President of the United States suffered from severe and incapacitating depressions that occasionally led to thoughts of suicide, as documented in numerous biographies by Carl Sandburg.

Virginia Woolf

The British novelist who wrote *To the Lighthouse* and *Orlando* experienced the mood swings of bipolar disorder characterized by feverish periods of writing and weeks immersed in gloom. Her story is discussed in *The Dynamics of Creation* by Anthony Storr.

Lionel Aldridge

A defensive end for Vince Lombardi's legendary Green Bay Packers of the 1960's, Aldridge played in two Super Bowls. In the 1970's, he suffered from schizophrenia and was homeless for two and a half years. Until his death in 1998, he gave inspirational talks on his battle against paranoid schizophrenia. His story is the story of numerous newspaper articles.

Eugene O'Neill

The famous playwright, author of *Long Day's Journey Into Night* and *Ah, Wilderness!*, suffered from clinical depression, as documented in *Eugene O'Neill* by Olivia E. Coolidge.

Ludwig van Beethoven

The brilliant composer experienced bipolar disorder, as documented in *The Key to Genius: Manic Depression and the Creative Life* by D. Jablow Hershman and Julian Lieb.

Gaetano Donizetti

The famous opera singer suffered from bipolar disorder, as documented in *Donizetti and the World Opera in Italy, Paris and Vienna in the First Half of the Nineteenth Century* by Herbert Weinstock.

Robert Schumann

The "inspired poet of human suffering" experienced bipolar disorder, as discussed in *The Dynamics of Creation* by Anthony Storr.

Leo Tolstoy

Author of *War and Peace*, Tolstoy revealed the extent of his own mental illness in the memoir *Confession*. His experiences is also discussed in *The Dynamics of Creation* by Anthony Storr and *The Inner World of Mental Illness: A Series of First Person Accounts of What It Was Like* by Bert Kaplan.

Vaslov Nijinsky

The dancer's battle with schizophrenia is documented in his autobiography, *The Diary of Vaslov Nijinsky*.

John Keats

The renowned poet's mental illness is documented in *The Dynamics of Creation* by Anthony Storr and *The Broken Brain: The biological Revolution in Psychiatry* by Nancy Andreasen, M.D.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Northern Lakes Community Mental Health believes this information to be accurate at the time of publication. While every care has been taken in its preparation, professional advice should be sought when necessary. Northern Lakes CMH cannot be liable for any error or omission in this publication or for

damages arising from its supply, performance or use, and makes no warranty of any kind, either expressed or implied in relation to this publication. For more information contact Northern Lakes CMH at 1-800-492-5742 or (231) 922-4850.

Tennessee Williams

The playwright gave a personal account of his struggle with clinical depression in his own *Memoirs*. His experience is also documented in *Five O'Clock Angel: Letters of Tennessee Williams to Maria St. Just, 1948-1982*; *The Kindness of Strangers: The Life of Tennessee Williams* by Donald Spoto, and *Tennessee: Cry of the Heart* by Dotson.

Vincent Van Gogh

The celebrated artist's bipolar disorder is discussed in *The Key to Genius: Manic Depression and the Creative Life* by D. Jablow Hershman and Julian Lieb and *Dear Theo, The Autobiography of Van Gogh*.

Isaac Newton

The scientist's mental illness is discussed in *The Dynamics of Creation* by Anthony Storr and *The Key to Genius: Manic Depression and the Creative Life* by D. Jablow Hershman and Julian Lieb.

Ernest Hemingway

The Pulitzer Prize-winning novelist's suicidal depression is examined in *The True Gen: An Intimate Portrait of Ernest Hemingway* by Those Who Knew Him by Denis Brian.

Sylvia Plath

The poet and novelist ended her lifelong struggle with clinical depression by taking own life, as reported in *A Closer Look at Ariel: A Memory of Sylvia Plath* by Nancy Hunter-Steiner.

Michelangelo

The mental illness of one of the world's greatest artistic geniuses is discussed in *The Dynamics of Creation* by Anthony Storr.

Winston Churchill

"Had he been a stable and equable man, he could never have inspired the nation. In 1940, when all the odds were against Britain, a leader of sober judgment might well have concluded that we were finished," wrote Anthony Storr about Churchill's bipolar disorder in *Churchill's Black Dog, Kafka's Mice, and Other Phenomena of the Human Mind*.

Vivien Leigh

The *Gone with the Wind* star suffered from mental illness, as documented in *Vivien Leigh: A Biography* by Ann Edwards.

Jimmy Piersall

The baseball player for the Boston Red Sox who suffered from bipolar disorder detailed his experience in *The Truth Hurts*.

Patty Duke

The Academy Award-winning actress told of her bipolar disorder in her autobiography and made-for-TV movie *Call Me Anna* and *A Brilliant Madness: Living with Manic-Depressive Illness*, co-authored by Gloria Hochman.

Charles Dickens

One of the greatest authors in the English language suffered from clinical depression, as documented in *The Key to Genius: Manic Depression and the Creative Life* by D. Jablow Hershman and Julian Lieb, and *Charles Dickens: His Tragedy and Triumph* by Edgar Johnson.

Source:

National Alliance on Mental Illness, www.nami.org

What is mental health?

Although mental health means many things to many people, self-esteem and the capacity to care about others are always important parts. 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.

People with good mental health feel comfortable about themselves

- They are not bowled over by their own emotions — by their fears, anger, love, jealousy, guilt, or worries.
- They can take life's disappointments in stride.
- They have a tolerant, easygoing attitude toward themselves as well as others. They can laugh at themselves.
- They neither underestimate, nor overestimate, their abilities.
- They can accept their own shortcomings.
- They have self-respect.
- They feel able to deal with most situations that come their way.
- They get satisfaction from simple, everyday pleasures.

People with good mental health feel right about other people

- They are able to give love and to consider the interests of others.
- They have personal relationships that are satisfying and lasting.
- They expect to like and trust others, and take it for granted that others will like and trust them.
- They respect the many differences they find in people.
- They do not push people around, nor do they allow themselves to be pushed around.
- They can feel that they are part of a group.
- They feel a sense of responsibility to their neighbors and fellow human beings.

People with good mental health meet the demands of life

- They do something about problems when they arise.
- They accept their responsibilities.
- They shape their environment whenever possible; they adjust to it whenever necessary.
- They plan ahead but do not fear the future.
- They welcome new experiences and new ideas.
- They make use of their natural capacities.
- They set realistic goals for themselves.
- They are able to think for themselves and make their own decisions.
- They put their best effort into what they do, and get satisfaction out of doing it.

Mental health and mental illness can be thought of as being on a continuum, so almost everyone will have difficulty at some time in their lives with at least a few of the items listed above. However, if symptoms interfere with your ability to enjoy life over an extended period of time, you should seek professional assistance.

It is not uncommon for a person to need help sometimes. According to the National Institute of Mental Health, one in ten Americans experience some disability from a diagnosable mental illness in the course of a year.

What Children Need for Good Mental Health

The basics for a child's good physical health include nutritious food, adequate shelter and sleep, exercise, immunizations and a healthy living environment. For a child's good mental health, the basics include:

- unconditional love from family
- self-confidence and high self-esteem, built in receiving praise, having realistic goals, and being treated with honesty and encouragement
- the opportunity to play with other children
- encouraging teachers and supportive caregivers
- safe and secure surroundings
- appropriate guidance and discipline

Sources:
Mental Health America

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Northern Lakes Community Mental Health believes this information to be accurate at the time of publication. While every care has been taken in its preparation, professional advice should be sought when necessary. Northern Lakes CMH cannot be liable for any error or omission in this publication or for

damages arising from its supply, performance or use, and makes no warranty of any kind, either expressed or implied in relation to this publication. For more information contact Northern Lakes CMH at 1-800-492-5742 or (231) 922-4850.

Facts

Grief is a natural part of life and a perfectly normal response to the death of a loved one. It is an adjustment process which allows you to gradually accept your loss. People express grief in their own ways and at their own pace. Normal grief is healthy and should lead to recovery as well as to growth and healthy change.

Experts suggest it generally takes 18-24 months to stabilize after the death of a family member, and much longer if the death was a violent one. For many, the worst period can come 4-7 months after the event, a time when most people often expect you to be “over” your loss. Understanding the grieving process enables people to gain control over their grief, rather than being controlled, or even destroyed, by it.

Stages of Grieving

The stages of grieving are most often described as a cycle which involves feelings and behaviors. These phases are not separate, yet do not occur in a strict order; they tend to overlap and proceed in a jagged pattern - one step forward, two steps backward. No two people react alike and the same person will not react in the same way to every loss.

In general, these stages include:

- 1) **Shock and Numbness** (high level during first 2 weeks) - Feelings may include disbelief, denial, anger, or guilt. Behaviors may include crying, searching, sighing, loss of appetite, sleep disturbance, muscle weakness, limited concentration, inability to make decisions, or emotional outbursts.
- 2) **Searching & Yearning** (high level from 2 weeks to 4 months) - Feelings may include despair, apathy, depression, anger, guilt, hopelessness, or self-doubt. Behaviors may include restlessness, impatience, poor memory and lack of concentration, social isolation, crying, anger, loss of energy, or testing what is real.
- 3) **Disorientation** (peaks at 4-7 months) - Feelings may include depression, guilt, disorganization, or feeling that grieving is a disease.
- 4) **Reorganization** (takes 18-24 months to stabilize after major change) - Feelings may include a sense of release, a freedom from the obsession with loss,

renewed hope and optimism. Behaviors may include renewed energy, stable sleeping and eating habits, relief from physical symptoms, better judgment, increased interest in goals for the future.

Helping Yourself

Grief can take its toll on your health, causing anxiety, weight changes, or a weakened ability to fight off disease and extreme tiredness. It is important to maintain a healthy diet, be physically active, and get proper rest even though you may not feel like eating or getting out of bed. If you are concerned about weight changes, the amount of rest you are getting, or other physical problems, see your health care provider.

Deep sadness is a natural part of grief; however, for some people, it can trigger a lasting depression. Warning signs include lack of energy, thoughts of suicide, and withdrawal from friends and family. If your symptoms are severe or have continued for a long time, seek professional help to determine if your feelings are related to the normal grief process or to clinical depression, a medical condition.

Avoid using drugs and alcohol. Medication should be taken sparingly and only under the supervision of a physician. Many substances are addictive and can lead to a chemical dependency; in addition, they may stop or delay the necessary grieving process.

Friends and family may be uncomfortable around you, wanting to ease your pain, but not knowing how. Take the initiative and help them learn how to be supportive to you.

Other coping suggestions include:

- Giving yourself permission and time to grieve.
- Focusing on your strengths and coping skills.
- Asking for support and help from your family, friends, church or other community resource; joining or developing a support group.
- Redefining your priorities and focusing your energy and resources on those priorities.
- Setting small realistic goals to help tackle obstacles. It may be helpful to reestablish daily routines for yourself and your family.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Northern Lakes Community Mental Health believes this information to be accurate at the time of publication. While every care has been taken in its preparation, professional advice should be sought when necessary. Northern Lakes CMH cannot be liable for any error or omission in this publication or for

damages arising from its supply, performance or use, and makes no warranty of any kind, either expressed or implied in relation to this publication. For more information contact Northern Lakes CMH at 1-800-492-5742 or (231) 922-4850.

- Acknowledging unresolved issues and using the hurt and pain as a motivator to make the necessary changes to heal.
- Remembering that you are not alone.

Helping Someone Else

Many people hesitate to reach out to grieving people because they are afraid of saying the wrong thing or adding to their pain. But the most important thing a person can do to help another who is grieving is to reach out and be available to listen, to help with children, or whatever else seems needed at the time.

Let your genuine concern and care show. Do say you are sorry about what happened and about their pain. Allow the person to express as much grief as they are feeling, and willing to share, at the moment.

Here are some practical things you can do to help a grieving adult: Prepare or provide dinner on an agreed day, and continue doing it every week for 2-3 months. Make a weekly run to the grocery store, laundry, or cleaners. Offer to drive or accompany the person to the cemetery. Offer to help with yard chores, such as watering or mowing. Write notes offering encouragement and support. Offer to house sit so he or she can get away or visit family out of town. Feed and exercise the pets, if needed. Anticipate difficult times, such as birthdays, holidays, anniversaries, and the day of death. Always mention the deceased by name and encourage remembering good times.

Suggestions for helping a bereaved teenager:

- Ask to see a photo of the deceased person and ask them to tell you about the person and why he/she was special.
- Let them relate the circumstances around the death: where they were when the death occurred, what happened afterwards, and what they are experiencing right now.
- Let the teen tell you about any dreams he/she has had about the death of the loved one.
- Suggest that they write a letter to the deceased. While this can be a painful exercise, it can provide an opportunity for the teen to say good-bye, and can provide relief and a safe expression of feelings. It can also be helpful to write a letter to someone they love who is still alive. Many times teens will distance themselves from people, fearing that they could lose someone else. Writing a letter can help them to reconnect with the important people in their lives.
- Help the teenager determine what they need

during this time and encourage them to let others know what this is. The common complaint of many people who are grieving is that people don't seem to care and are not around when you need them. Frequently others do not know what to say or do and hesitate to initiate contact for fear of creating more pain. If we don't tell people what we need, we remain a victim and victims have difficulty healing.

Suggestions for helping a grieving child:

Children should not be shielded from death. You can help the child accept reality by being truthful. Don't make up stories thinking you are protecting the child. Children are often troubled by fears following a loved one's death. The most important thing is to talk to them honestly and with compassion. Let them see that expressions of grief are natural. Allow them to attend funerals if they want to go.

A few of the normal symptoms often seen in grieving children include:

- Bodily distress and anxiety, with physical and emotional symptoms such as bed wetting, loss of appetite, obsessive eating, exhaustion, sleeplessness, and nightmares.
- Outward expressions of hostility, rage, explosive behavior, anger toward the deceased - feelings of being deserted, abandoned, or rejected.
- Guilt/Self-Blame - over comments they may have made such as "I hate you," or, "I wish you were dead."
- Blaming others - such as mother or father, doctors, or God.
- Taking on characteristics and/or mannerisms of the deceased loved one, or carrying out plans or wishes of the deceased.

Sources:

Dr. Glen Davidson; Death & Dying, Kelasan, Inc.; and Against Drunk Driving, Ontario; Teenage Grief, Inc.

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

How Common is Suicide

Currently there are 31,000 suicides every year in the United States, making suicide the eighth leading cause of death in America. In some areas, particularly the West, it is the second or third leading cause of death among adolescents and young adults. A person commits suicide about every eighteen minutes in the U.S. An attempt is made once a minute on average. There are more than four male suicides for every female suicide. However, at least twice as many females as males attempt suicide. It is estimated that for every suicide, at least six other family members, friends, and co-workers are intimately affected and left to survive the terrible loss.

While some suicides occur without any outward warning, most do not. In fact, according to Surgeon General David Satcher, 47% of those who completed suicide had visited their doctor one week before they died, and an alarming 71% visited a doctor in the month prior to suicide.

Causes

The leading cause of suicide is untreated depression. The symptoms of depression include:

- Persistent sad or “empty” mood
- Feelings of hopelessness, guilt, pessimism, or worthlessness
- Substance abuse
- Fatigue or loss of interest in ordinary activities
- Disturbances in eating and sleeping patterns
- Irritability, increased crying, anxiety and panic attacks
- Difficulty concentrating, remembering or making decisions
- Thoughts of suicide, suicide plans or attempts
- Persistent physical symptoms or pains that do not respond to treatment

Not all people with depression will have all these symptoms, nor have them to the same degree. If a person has four or more of these symptoms, if nothing can make them go away, and if they last more than two weeks, a doctor or psychiatrist should be consulted.

Several studies have indicated that some people may have a physical predisposition to suicide that is associated with the levels of some neurotransmitters in their bodies. The depressions and emotional crisis that often precede suicide are, in most cases, both recognizable and treatable.

Some estimates suggest that 80-90% of people with

depression respond positively to treatment, and almost all people gain some relief from their symptoms.

Five additional at-risk populations include: adolescents and young adults (suicide is the third leading cause of death among all those 15-24 years old), older adults (particularly white males), persons with certain medical illnesses (people with AIDS, for example, have a suicide risk up to 20 times that of the general population), and special populations including gay and lesbian, bisexual and transgender populations, and African-American and Native Alaskan populations.

Suicide Prevention

The most effective way of preventing suicide is to learn to recognize the signs, take those signs seriously, and know how to respond to them. The American Foundation for Suicide Prevention offers these guidelines:

1) Know the danger signals—

- Previous suicide attempts: 20-50% of people who kill themselves had previously attempted suicide. Those who have made serious attempts are much more likely to try again.
- Talking about death or suicide: People who commit suicide often talk about it directly or indirectly. Be alert to statements such as, “My family would be better off without me.” Sometimes those contemplating suicide talk as if they are saying good-bye or going away.
- Planning for suicide: Suicidal individuals often arrange to put their affairs in order. They may make unusual visits or calls to people they care about, give away articles they value, pay off debts or mortgages, or change a will. Sometimes a person who is planning for suicide may seem suddenly happier, calmer.
- Depression: Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression might make the person be obviously sad, but it is more often expressed as a loss of pleasure or withdrawal from activities that once had been enjoyable.

2) Take it seriously—

- 75% of all suicides give some warning of their intent to a friend or family member.
- All suicide threats and attempts must be taken seriously, especially those of teenagers among whom such threats are more common.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Northern Lakes Community Mental Health believes this information to be accurate at the time of publication. While every care has been taken in its preparation, professional advice should be sought when necessary. Northern Lakes CMH cannot be liable for any error or omission in this publication or for

damages arising from its supply, performance or use, and makes no warranty of any kind, either expressed or implied in relation to this publication. For more information contact Northern Lakes CMH at 1-800-492-5742 or (231) 922-4850.

3) **Be willing to listen —**

- Take action: ask what is the matter and overcome any reluctance to talk about it.
- Even when professional help is suggested, the person you care for is more apt to follow such a recommendation if you have listened to him or her.
- If your friend or relative is depressed, don't be afraid to ask whether he or she is considering suicide, or even if they have a particular plan or method.
- Do not attempt to argue anyone out of suicide; rather, let the person know you care and understand, he or she is not alone, suicidal feelings are temporary, depression can be treated, and problems can be solved. Avoid the temptation to say, "You have so much to live for," or, "Your suicide will hurt your family."

4) **Be actively involved in seeking professional help—**

- Encourage the person to see a physician or mental health professional immediately. As suicidal people often do not believe they can be helped, you may have to do more, such as going with them to see a psychiatrist.
- You can make a difference by helping those in need find a mental health professional or a treatment facility. The telephone number to access services at Northern Lakes Community Mental Health is 1-800-492-5742 or (231) 922-4850.

5) **In a crisis, take the person to the Emergency Room or contact Northern Lakes Community Mental Health at 1-800-492-5742 or (231) 922-4850 or after hours at 1-800-442-7315 —**

- Do not leave the person alone until help is available.
- Remove any firearms, drugs, razors, or scissors that could be used as aids to suicide from the area.
- Medication and/or hospitalization may be recommended and necessary, at least until the situation improves.
- If the above are not options, call your local emergency number. Chances are the operator can help you get immediate assistance.

6) **Follow up on your loved one's treatment—**

- Suicidal people often hesitate to get help and may run away after doing so unless there they receive support.
- If medication is prescribed, take an active role in making sure the person follows his or her prescription. Be sure to notify the physician about any unexpected side effects; different medications can often be prescribed.

Teen Suicide

The strongest risk factors for attempted suicide in youth are depression, alcohol or drug abuse, and aggressive or disruptive behaviors. If several of the following are present, a mental health professional should

be consulted:

- depressed mood
- substance abuse
- frequent episodes of running away or going to jail
- family loss or instability, significant problems with parents
- expression of suicidal thoughts, talk of death or the afterlife
- withdrawal from friends and family
- difficulties in dealing with sexuality
- lack of interest in or enjoyment of activities that once were pleasurable
- unplanned pregnancy
- impulsive, aggressive behavior; frequent rage

Teenagers considering suicide generally feel alone, hopeless, and rejected. They are especially vulnerable to these feelings if they have experienced a loss, humiliation, or trauma of some kind, perhaps a break up with a boyfriend or girlfriend, parents with alcohol or drug problems or who are abusive, a family life affected by parental discord, separation or divorce, or poor performance on a test. A teenager may be depressed or suicidal, however, without any of these ill conditions.

Teens are not helped by lectures or from hearing the many reasons they have to live. They are helped by knowing they have someone to whom they can turn to discuss their feelings or problems. The person must be very willing to listen and explain that depression and suicidal thoughts can be treated. Treatment is of supreme importance. Let them know help is available.

Sources:

American Foundation for Suicide Prevention
American Psychiatric Association
Mental Health America
SA/VE (Suicide Awareness/Voices of Education)
Suicide Prevention Advocacy Network (SPAN)

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org, (800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

Violence at School

Recent shootings at schools have raised public concern about school safety, but studies have confirmed that schools nationwide are relatively safe. Schools have fewer homicides and nonfatal injuries than homes and neighborhoods. In fact, the National Crime Victimization Survey found in 1998 that the rate of serious violent crimes against youths age 12-18 was one-half as great when they were at school as when they were not.

Tips for Talking with Children about School Violence

The Mental Health America offers these suggestions:

- Encourage children to talk about their concerns and to express their feelings. Some children won't bring up the subject themselves, so you might prompt them by asking if they feel safe at school.
- Validate children's feelings. Do not minimize their concerns, but do let them know that serious school violence is not common, which is why incidents such as Columbine attract media attention. Stress that schools are safe places. In fact, recent studies have shown that schools are safer now than ever before.
- Talk honestly about your feelings regarding school violence. It is important for children to recognize that they are not the only ones with fears.
- Discuss the safety procedures that are in place at your children's school. Explain why visitors must sign in at the principal's office. Help children understand that such measures exist for their safety and stress the importance of obeying school rules and policies. (It may be helpful to contact your children's school to learn its safety procedures and policies.)
- Encourage children to take action regarding school safety. Tell them to report specific incidents, such as bullying, threats, or talk of suicide, and to develop problem-solving and conflict resolution skills. Encourage older children to participate in student-run antiviolence programs.
- Create safety plans with your children. Help identify which adults your children can talk with if they feel threatened at school. Also make sure that your children know how to reach you or another family member or friend in case of emergency at school. Remind your children that they can talk to you anytime they feel threatened.
- Recognize behavior that indicates your children are

concerned about going to school. Younger children may express their fears and anxiety by not wanting to attend school or participate in school-based activities. Teens and adolescents may become argumentative, withdrawn, or allow their school performance to decline.

- Keep communication open, making school safety a common topic in family discussions, rather than just a response to difficulties or problems. Openness will encourage children to share their concerns.

Recognizing Violence in Others

Warning signs which indicate violence is a serious immediate possibility:

- loss of temper on a daily basis
- frequent physical fighting
- significant vandalism or damage of property
- increase in use of drugs or alcohol
- increase in risk-taking behavior
- detailed plans to commit acts of violence
- threats or plans to hurt others
- pleasure from hurting animals
- possession of a weapon

Warning signs which indicate a potential for violence:

- a history of violent or aggressive behavior
- serious drug or alcohol use
- gang membership or strong desire to join a gang
- access to or fascination with weapons, especially guns
- threatening others regularly
- trouble controlling aggressive feelings, anger
- withdrawal from friends and usual activities
- having been a victim of bullying
- poor school performance
- history of discipline problems or frequent run-ins with authority
- talking of feeling disrespected, rejected or alone
- failing to acknowledge the feelings or rights of others

If your children know someone at school who has these warning signs, advise them, above all, to be safe. Tell them not to be alone with people who show warning signs. They should tell someone they trust and respect about their concerns and ask for help. This could be a family member, guidance counselor, teacher, school psychologist, coach, clergy, school resource officer, or friend. If they are worried about being a victim of violence, they should ask someone in authority to protect

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

them. They should not become violent or use a weapon for protection.

The key to preventing violent behavior is asking an experienced professional for help. The most important thing to remember is that no one has to “go it alone”.

Helping Children and Adolescents Cope with Violence and Disasters

Children who have witnessed violence in their families, schools, or communities are vulnerable to serious long-term problems. Their emotional reactions, including fear, depression, withdrawal or anger, can occur immediately, days or even weeks after the trauma or tragic event. Youngsters who have experienced such an event often need support from parents and teachers to avoid long-term emotional damage. Most will recover in a short time, but the minority, who develop Post-Traumatic Stress Syndrome (PTSD) or other persistent problems, need treatment.

Immediately helping children and adolescents who have suffered trauma from violence or a disaster is critical. After violence or a disaster occurs, the family is the first-line resource for helping. Among the things that parents and other caring adults can do are:

- Explain the episode of violence or disaster as well as you are able.
- Encourage children to express their feelings, listen without passing judgment. Help younger children find words to express their feelings. Do not force discussion of the traumatic event.
- Let children and adolescents know that it is normal to feel upset after something bad happens.
- Allow time for the youngsters to experience and talk about their feelings.
- If your children are fearful, make sure they know you love them and will take care of them. Stay together as a family as much as possible.
- If behavior at bedtime is a problem, give children extra time and reassurance. If necessary, let them sleep with a light on or in your room for a limited time.
- Let children and adolescents know that the traumatic event was not their fault.
- Do not criticize regressive behavior (returning to behaviors from earlier ages) such as thumb sucking, bed-wetting, and fear of the dark, or shame the child with words like “babyish.”
- Allow children to cry or be sad. Don’t expect them to be brave or tough.
- Encourage children and adolescents to feel in control. Let them make some decisions about meals, what to wear, etc. A return to routine can be reassuring to the child.
- Take care of yourself so you can take care of the children.

Some children and adolescents will have problems for some time after a traumatic event. Chronic conditions such as depression or Post-Traumatic Stress Disorder (PTSD) may develop, requiring treatment.

PTSD is diagnosed when the following symptoms have been present for longer than one month:

- Reexperiencing the event through play or in trauma-

specific nightmares or flashbacks, or distress over events that are similar to the trauma.

- Avoiding reminders of the event or a general lack of responsiveness (e.g., diminished interests or feeling there is no future).
- Increased difficulties with sleeping, irritability, poor concentration, startle reaction and regression.

PTSD may resolve without treatment, but some form of therapy with a mental health professional is necessary to heal.

Recent research findings show that counseling children very soon after a traumatic event may reduce some of the symptoms of PTSD.

In addition, parents’ reactions to a violent event or disaster strongly influence their children’s ability to recover; this is particularly true for mothers of young children. If the mother is depressed or highly anxious, she may need to get emotional support or counseling so that she can help her child.

Tips on Managing Conflict

- Learn to understand your own feelings about conflict and recognize your “triggers,” words or actions that make you have an emotional response such as anger. Once you know your “triggers” —such as a facial expression, tone of voice, pointing finger, certain phrase— you can better control your emotions. If your style of dealing with conflict isn’t working and you feel raging emotions that lead to more problems, try to change.
- Express yourself calmly. Express criticism, anger, disappointment, or displeasure without losing your temper. Ask yourself if your response is safe and reasonable.
- Listen to others carefully and respond without getting upset when someone gives you negative feedback. Ask yourself if you can really see the other person’s point of view.
- Negotiate — Explain your needs and define the problem. Talk about the issues without insulting or blaming the other person. Work out your problems with someone else by looking at different solutions and compromises. Make it your goal to defeat the problem, not the person.
- Learn to talk about your feelings. If you’re afraid to talk or can’t find the right words to describe what you’re going through, find a trusted friend or professional to help you.

Sources:

National Institute of Mental Health

Mental Health America

American Psychological Association

Consumer Information Center

Youth Violence: A Report of the Surgeon General, 2001

Facts

Workplace violence can be generally defined as verbal or physical assault or any violence that happens at work, even if its source is unrelated to the work environment, such as suicide.

Job stress can be both the cause and effect of workplace violence and harassment. Workers with high levels of stress experience twice the rate of violence and harassment as less stressed employees.

Workplaces that have the greatest risk of violence include retail and services agencies, such as taxicab establishments, liquor stores, and gas stations. Violence in these settings is often connected with attempted robbery. In other settings, such as office environments, causes of violence are generally linked with frustrated workers and clients, or by family violence that carries over to the workplace.

The National Institute for Occupational Safety and Health reports that an average of 15 people are murdered at work each week in the United States.

Reducing Violence in the Workplace

The rate of workplace violence can be significantly lowered if employers:

- Create workplace environments that promote employee safety.
- Develop and practice violence prevention strategies, including conflict resolution training.
- Provide personal counseling to employees through employee assistance programs.
- Provide effective job counseling for employees who have been laid off or fired.
- Provide services for employees who have difficulty with anger.

Recognizing Violence in Others

Warning signs which indicate violence is a serious immediate possibility:

- Loss of temper on a daily basis
- Frequent physical fighting
- Significant damage to property
- Increase in use of drugs or alcohol
- Increase in risk-taking behavior
- Detailed plans to commit acts of violence
- Plans or threats to hurt others
- Enjoyment from hurting animals
- Possession of a weapon

Warning signs which indicate a potential for violence:

- a history of violent or aggressive behavior
- serious drug or alcohol use
- access to or fascination with weapons, especially guns
- threatening others regularly
- trouble controlling aggressive feelings, anger
- withdrawal from friends and usual activities
- having been a victim of bullying
- history of discipline problems
- talking of feeling disrespected, rejected or alone
- failing to acknowledge the feelings or rights of others

Tips on Managing Conflict

- Learn to understand your own feelings about conflict and recognize your “triggers,” words or actions that make you have an emotional response such as anger. Once you know your “triggers” — such as a facial expression, tone of voice, pointing finger, certain phrase— you can better control your emotions.
- Express yourself calmly. Express criticism, anger, disappointment, or displeasure without losing your temper. Ask yourself if your response is safe and reasonable.
- Listen to others carefully and respond without getting upset when someone gives you negative feedback. Ask yourself if you can really see the other person’s point of view.
- Negotiate — Explain your needs and define the problem. Talk about the issues without insulting or blaming the other person. Work out your problems with someone else by looking at different solutions and compromises. Make it your goal to defeat the problem, not the person.
- Learn to talk about your feelings. If you’re afraid to talk or can’t find the right words to describe what you’re going through, find a trusted friend or professional to help you.

Sources:

Mental Health America
National Institute for Occupational Safety and Health
Center for Mental Health Services
Consumer Information Center
American Psychological Association

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Northern Lakes Community Mental Health believes this information to be accurate at the time of publication. While every care has been taken in its preparation, professional advice should be sought when necessary. Northern Lakes CMH cannot be liable for any error or omission in this publication or for

damages arising from its supply, performance or use, and makes no warranty of any kind, either expressed or implied in relation to this publication. For more information contact Northern Lakes CMH at 1-800-492-5742 or (231) 922-4850.

Facts

Adjustment disorders are unusual reactions to stressful events or situations. A stressor may be a single event, such as the end of a romantic relationship or loss of a job; or there may be additional stressors at once, such as business difficulties and marital problems. A stressor may be recurring, as with seasonal crises in business, or continuous, such as living in a high crime neighborhood. A stressor may come with specific developmental events, such as going to school, leaving the parental home, getting married, becoming a parent, failing to attain work goals, or retiring.

An Adjustment Disorder generally begins within three months of the stressful event and usually lasts no longer than six months after the stressor or its consequences has stopped. The person may or may not be aware of the stressor causing the disturbance.

Adjustment disorders are common; 5-20% of people in outpatient treatment have a principal diagnosis of Adjustment Disorder. Anyone can be affected, regardless of sex, age, race, or circumstance, but people with disadvantaged living circumstances may be at increased risk, due to the number of stressors they experience.

Adjustment Disorder is not to be confused with Post-Traumatic Stress Syndrome, which usually involves a more severe stressor. When the reaction is an expectable response to the death of a loved one, bereavement is usually diagnosed instead of Adjustment Disorder.

Signs & Symptoms

Main symptoms or behaviors are:

- Marked distress that is in excess of what would be expected from exposure to the stressor.

- Significant impairment in social or work functioning

Other signs and symptoms may include:

- hopelessness
- frequent crying
- depressed mood affecting work and relationships
- agitation
- trembling or twitching
- palpitations
- conduct disturbances
- physical complaints
- withdrawal
- anxiety, stress and tensions

Causes

An adjustment disorder occurs when a person cannot cope with a psychological stressor. Everyone reacts differently to a situation depending on the importance and intensity of the event, the personality and temperament of the person, and the person's age and well-being. One event may be sufficient to cause an adjustment disorder.

Treatment

Adjustment Disorders are generally treated with psychotherapy which focuses on finding solutions to deal more effectively with the specific life problem. Many times the therapist acts as a partner in therapy, helping guide the person toward new coping mechanisms or a better understanding of issues in his life.

Treatment may emphasize the importance of social support in the person's life, help identify alternative activities to explore, reach other better ways of dealing with stress, etc. If stress is an issue, therapy might include relaxation techniques or identify methods for reducing stress.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Family therapy, behavior therapy, and self-help groups can also be very beneficial in helping the person adapt. Medications are generally not used to treat this disorder, but when they are used, it is usually in addition to other forms of treatment.

Helping Yourself

You may benefit from attending group meetings with people who have similar problems. These meetings could be divorce groups, cancer support groups, groups to deal with job loss, etc. The social support felt from sharing information and experiences with others in these groups often proves vital to better and quicker recovery.

Stress reducing techniques also can be very helpful. Walking, meditation, deep breathing, yoga, proper eating and regular sleep are beneficial for lessening symptoms.

Helping Someone Else

It is important to be patient and accepting. You can be supportive by encouraging the person to seek treatment. Then be supportive of his or her treatment plans. In addition, encourage the person to maintain contact with friends and relatives and continue to participate in life. You also might seek the help of a trained family therapist and/or join an educational support group.

Sources:

Diagnostic Statistical Manual of Mental Disorders, 4th Edition

Mental Health Net

ADHD Living Guide - Health-Center.com

Healthy Way Library

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

Anxiety disorders are the most common emotional disorder, affecting more than 20 million, about one in nine, Americans annually. Anxiety disorders include Panic Disorder, Phobias, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder and Generalized Anxiety Disorder.

While times of nervousness can function as a call-to-action, for the person with anxiety disorders, the symptoms often come for no apparent reason and do not go away. If left untreated, anxiety disorders can be so debilitating as to propel people to go to great lengths to avoid the source of their dread. People with anxiety disorders usually find that their personal relationships, job performance and quality of life suffer as a result of their anxiety.

Effective treatments for anxiety disorders are available.

Signs & Symptoms

PANIC DISORDER

The main symptom of panic disorder is the panic attack. During a panic attack, the person may experience an overwhelming fear of being in danger, or believe he/she is having a heart attack. Other symptoms include:

- Pounding heart or chest pain
- Shaking, trembling, or sweating
- Shortness of breath or feeling of choking
- Nausea or abdominal pain
- Dizziness, light-headedness, numbness
- Feeling unreal or disconnected
- Fear of losing control, “going crazy” or dying
- Chills or hot flashes.

PHOBIAS

A phobia is an uncontrollable, irrational and persistent fear of a specific object, situation, or activity. The fear experienced by people with phobias can be so great that some individuals go to extreme measures to avoid things that trigger their anxiety.

There are at least three types of phobias: Specific phobia (which is an extreme or excessive fear of an object or situation that isn't harmful under general conditions), Social phobia (marked by significant fear of being embarrassed or scorned in social/performance situations), and Agoraphobia (in which the fear of experiencing a

panic attack is so severe that individuals typically seek to avoid certain situations altogether).

Phobias are diagnosed only when the specific fear is excessively upsetting or substantially interferes with normal daily living.

OBSESSIVE-COMPULSIVE DISORDER

Obsessive-Compulsive disorder, also called the “doubting disease,” is characterized by obsessive thoughts and compulsive behaviors. The obsessions, or persistent thoughts, can cause overwhelming anxiety which can be relieved only by performing certain acts, or compulsions. Compulsive behaviors can sometimes take up more than an hour a day, becoming extremely disruptive to a person's life.

POST-TRAUMATIC STRESS DISORDER

Post-traumatic stress disorder can occur in people who have survived a severe or terrifying physical or emotional trauma, such as violent personal attack, physical or sexual abuse during childhood, witnessing serious injury of another person, tragedies, natural disasters, or military combat. Individuals keep experiencing the event through nightmares and flashbacks, and feel extreme mental and physical distress when exposed to situations that remind them of the ordeal. Symptoms include feeling numb or detached, jittery or on guard, depressed, or having trouble sleeping.

GENERALIZED ANXIETY DISORDER

Individuals with generalized anxiety disorder feel ongoing, excessive tension that interferes with their daily life. People may worry constantly about their health, family, work or money, even when there seems to be no reason to do so. Those with generalized anxiety disorder are unable to relax, are easily tired and irritable, have difficulty concentrating and may experience insomnia, muscle tension, trembling, fatigue and headaches.

Causes

Anxiety disorders run in families. Brain chemistry appears to play a role in the onset of anxiety disorders, as symptoms are often relieved by medications that alter levels of chemicals in the brain. Personality also may play a role, as people who have low self-esteem and poor coping skills are more likely to have anxiety disorders. Finally, long-term exposure to abuse, violence or poverty

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

may affect people's susceptibility to anxiety disorders.

Treatment

The most commonly used treatments are medication, psychotherapy, or a combination of the two. Although not cures, both treatments are effective in relieving the symptoms of anxiety disorders, helping people to live healthier lives.

Several effective **medications** are available. Medications often require several weeks to achieve their full effect, so progress should be monitored by a psychiatrist to determine whether a change is needed in either the type or the amount of medication given. There are more medications available than ever before to treat anxiety disorders. So if one drug is not successful, there are usually others to try. Most of the medications prescribed to treat anxiety disorders start the person on a low dose and gradually increase it to the full dose. Every medication has side effects, but these usually diminish with time or are tolerable.

Psychotherapy has been used to address the symptoms of anxiety disorders, successfully teaching people to react differently to the situations and bodily sensations that trigger panic attacks and other anxiety symptoms. **Behavioral therapy** focuses on changing specific actions and uses several techniques to decrease or stop unwanted behavior. (For example, a technique called **exposure therapy** gradually exposes the person to what frightens him and helps him cope with his fears.) **Cognitive-behavioral therapy** helps people learn how their thinking patterns contribute to their symptoms and how to change their thoughts so that symptoms are less likely to occur.

Helping Yourself

A number of strategies have been proven to help calm the body and mind. Here are a few things to try:

- **Breathing.** Consciously take several deep breaths, concentrating on each breath.
- **Relaxation** by body parts. Close your eyes, take several deep breaths, and consciously relax yourself, one body part at a time, beginning at your toes and working up until you have relaxed your entire body, including head and face. An alternative is to tense each body part for 15-20 seconds before relaxing it.
- **Imagine** a pleasant peaceful scene or favorite place. Concentrate on the details, colors, smells and sounds.
- **Massage.** Self-massage of face, neck and head is easy to do and is an instant stress reducer.
- **Meditation,** yoga, and listening to soothing music are all proven stress-reducing activities.
- **Hot baths, warm showers, steam baths and saunas** are all common and easy methods of relaxation.
- **Exercise** is known to increase the body's morphine-like endorphins, while improving the brain's oxygen supply and releasing tension from the muscles.
- Find a way to **express your feelings** either by joining a support group, starting a diary or journal, talking things over with a friend, or doing something else that allows

you to express yourself.

- **Monitor your outlook.** Looking at your troubles as temporary rather than permanent, and specific rather than universal, is optimistic and stress-reducing. For example, instead of thinking, "I'm a bad person," try, "I have a bad habit." Try to focus on immediate issues rather than on global ones. When the "big picture" seems overwhelming, break down big tasks into smaller, manageable ones.

Helping Someone Else

If a friend or family member has an anxiety disorder it is important to be patient and accepting, yet not to regard the affected person as permanently disabled. While the person should be allowed to set his own pace for recovery, you can be supportive by encouraging the person to seek treatment. Then be supportive of his or her medication regime and therapy and educate yourself about the particular disorder your friend or family member is suffering from. Self-help books are often a good source of information. You might also seek the help of a trained family therapist and/or join an educational support group.

Examples of supportive things to say are: "I'm proud of you. Tell me what you need now. Breathe slow and low. Stay in the present. It's your thoughts that are bothering you, not the situation. I know that what you are feeling is painful, but it's not dangerous. You can do it no matter how you feel."

Sources:

*American Psychiatric Association
National Institute of Mental Health*

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

People with obsessive-compulsive disorder (OCD), a form of anxiety disorder, suffer intensely from unwanted recurring thoughts (obsessions) or rituals (compulsions), which they feel they cannot control. Rituals such as counting, washing, or cleaning are often performed with the hope of preventing obsessive thoughts or making them go away. Performing these rituals provides only temporary relief; not performing them markedly increases anxiety. Left untreated, obsessions and the need to perform rituals can take over a person's life.

Although a lot of healthy people can relate to some of the symptoms of OCD, such as checking the stove or whether the coffeepot is plugged in before leaving the house, the disorder is diagnosed only when such activities consume at least an hour a day, are very distressing, and interfere with daily life.

About 2.3% of the U.S. population aged 18-54, approximately 3.3 million, has OCD in any given year. Men and women are equally affected. While the disorder usually begins during adolescence or early childhood (with at least one-third of adult OCD cases beginning in childhood), recent research shows that some children develop the illness even earlier, during the preschool years.

Signs & Symptoms

- **Obsessions** — These are unwanted ideas or impulses that repeatedly run through the head of the person with OCD. These thoughts are intrusive, unpleasant, and produce a high degree of anxiety.
- **Compulsions** — In response to their obsessions, most people with OCD resort to repetitive behaviors called compulsions.
- **Insight** — People with OCD usually have

a great deal of insight into their own problems. Most of the time, they know that their obsessive thoughts are senseless and exaggerated, and that their compulsive behaviors are not really necessary. However, the knowledge is not enough to enable them to stop obsessing or carrying out their rituals.

- **Resistance** — Most people with OCD struggle to banish their obsessive thoughts and stop engaging in compulsive behaviors. Many are able to control their symptoms during the hours when they are at work or school, but over time, resistance may weaken. When this happens, OCD may become so severe that day-to-day activities are affected.
- **Shame and Secrecy** — Frequently people suffering from OCD try to hide their disorder instead of seeking help.
- **Long-lasting Symptoms** — The disorder tends to last for years, even decades. The symptoms may become less severe from time to time, and there may be long intervals where the symptoms are mild, but for most persons with the disorder, the symptoms are chronic.

Causes

Evidence is growing that biological factors are a primary contributor to the disorder. The fact that people with OCD respond well to medications affecting specific brain chemicals suggests the disorder has a physical basis. For that reason, OCD is no longer attributed only to attitudes or behaviors learned in childhood (e.g., an inordinate emphasis on cleanliness). Instead, the search for causes now focuses on the interaction of physical and environmental factors, as well as thought processes.

Brain imaging studies, using a technique called positron emission tomography (PET), indicate that those people with OCD have

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

patterns of brain activity that differ from individuals with other mental illnesses or people with no mental illness. PET scans also show that both behavioral therapy and medication produce changes in the brain's image in persons with OCD.

Treatments

Research has led to both pharmacological and behavioral treatments that can help people with this disorder. One person may benefit significantly from behavior therapy, while another will benefit from pharmacotherapy (medication). Others may use both medication and behavior therapy. Still others may begin with medication to gain control over their symptoms and then continue with behavior therapy. Which strategy to use should be decided by the individual with OCD and his or her therapist.

A specific behavior therapy approach called "exposure and response prevention" has been effective for many people with OCD. Through this method, a person deliberately and voluntarily confronts the feared object or idea, either directly or by imagination. At the same time, the person is strongly encouraged to refrain from ritualizing with support and structure provided by the therapist and possibly by others whom the person recruits for assistance. For example, a person who compulsively washes his or her hands may be encouraged to touch something believed to be contaminated, and then urged to avoid washing for several hours until the anxiety produced by the effort has greatly decreased. Treatment then proceeds step by step as the person is able; gradually the person experiences less anxiety from the obsessive thoughts and is able to resist the compulsive urges.

Helping Yourself

If you think you have OCD, you should seek the help of a mental health professional. The greatest fear of many people with OCD is that other people will find out and think they are "crazy." This is why people suffering from OCD try to hide their pain and symptoms. However, it is very important to be honest with your family and ask them to help you. Invite them to go with

you to meetings to learn more about the disorder so that they understand what you will experience in treatment. Tell them you do not want them to help you with your rituals and ask for support when you face the objects or events that trigger your attacks. Tell them you need praise when you make even small improvements, and ask them to help you take your medications correctly. In addition to visiting the therapist, be faithful in fulfilling any "homework assignments" given to you. For those who complete the course of treatment, the improvements can be significant.

Helping Someone Else

Obsessive-compulsive disorder affects the entire family. The family often has a difficult time accepting the fact that the person with OCD cannot stop the distressing behavior. Family members may show anger and resentment, resulting in an increase in the OCD behavior, or they may assist the person in the rituals or give constant reassurance. Education about OCD is important for the family to learn specific ways to encourage the person with OCD to adhere fully to behavior therapy and/or medication programs. Self-help books are often a good source of information, and many families find it helpful to join an educational support group.

Sources:

National Institute of Mental Health

American Psychiatric Association

National Alliance on Mental Illness

For more information contact

Northern Lakes Community Mental Health

1-800-492-5742

(231) 922-4850

National Alliance on Mental Illness

www.nami.org

(800) 950-6264

National Institute of Mental Health

www.nimh.nih.gov

(800) 421-4211 (depression info)

(888) 826-9438 (anxiety info)

(301) 443-4513 (other info)

Mental Health America

www.nmha.org

(800) 969-6642

The Center for Mental Health Services

www.mentalhealth.org/cmhs/

Facts

Panic disorder is a type of anxiety disorder in which people repeatedly have brief episodes of intense fear or discomfort with physical symptoms (such as heart palpitations and dizziness) in situations without outside threat. These “panic attacks,” which are the hallmark of panic disorder, are believed to occur when the brain’s normal mechanism for reacting to a threat (the “fight-or-flight” response), becomes inappropriately aroused. Anxiety disorders are illnesses related to this fear response being activated more strongly than necessary or when not necessary at all. Most people with panic disorder feel anxious about having panic attacks and avoid situations in which they believe these attacks are likely to occur. Anxiety about another attack and the avoidance it causes can lead to disability.

About 1.6% of the U.S. population aged 18 to 54, about 3 million, or approximately one in 63 people, has panic disorder in a given year. Women are twice as likely to develop the disorder as men. Panic disorder usually begins in young adulthood; nearly half of those affected develop the condition before they turn 24. While people of all races and social classes can develop panic disorder, there are differences in how symptoms are expressed.

Signs & Symptoms

Usually, the first panic attack comes as a surprise, occurring while a person is engaged in some ordinary activity, like driving a car or walking to work. The person is suddenly struck by frightening and uncomfortable symptoms, including:

- Terror — a sense that something horribly unimaginable is about to happen and one is powerless to prevent it
- Racing or pounding heartbeat
- Chest pains
- Dizziness, light-headedness, nausea, sweating
- Difficulty breathing, shortness of breath, choking or smothering sensations
- Tingling or numbness in the hands
- Hot or cold flashes or chills
- Sense of unreality
- Fear of losing control, going “crazy,” or doing something embarrassing
- Fear of dying

The discomfort and sense of danger the attacks bring is so intense that people may think they are having a heart attack or stroke. Often people who are having a panic

attack go to the emergency room. Because the symptoms of panic disorder can resemble life-threatening conditions, the diagnosis of panic disorder is frequently overlooked.

People with the disorder have panic attacks repeatedly and develop an intense fear of having another one. This fear — called *anticipatory anxiety* or *fear of fear* — can be present most of the time and seriously interfere with the person’s life, even when a panic attack is not in progress. It is not unusual for a person with panic disorder to develop phobias about places or situations where panic attacks have occurred, such as in grocery stores or while in a car. It is common for affected people to try and create a zone of safety for themselves by avoiding those places or situations. As the frequency of panic attacks increases, this avoidance may eventually become *agoraphobia*, the inability to go past known and safe surroundings because of intense fear and anxiety.

Causes

Heredity, other biological factors, stress, and thinking in a way that makes the body react unnecessarily are all thought to play a role in the onset of panic disorder. Although the possible causes of panic disorder are unknown, family and twin studies indicate that panic disorder is involved with genetics.

Treatment

Treatment from an experienced professional can reduce or prevent panic attacks in 70 to 90% of those with the disorder. Most affected people show significant progress after a few weeks of therapy. Relapses may occur, but they can often be effectively treated.

Treatment may involve taking medications to adjust chemicals in the body, cognitive-behavioral therapy, or both. Research shows that both kinds of treatment can be very effective, but for many, the two together are more effective than either is alone. It is important to note that early treatment can help keep panic disorder from progressing.

Cognitive-behavioral therapy is a combination of cognitive therapy, which can modify or eliminate thought patterns, and behavioral therapy, which focuses on helping the person change his or her behavior. Usually the cognitive-behavioral therapy has five key elements:

- **Learning.** In the first stage, the therapist explains the illness, teaches the person to identify the symptoms, and outlines the treatment plan. The therapist helps people to

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

identify and change patterns of thinking that cause them to incorrectly see ordinary events or situations as dangerous and to “think the worst.”

- **Monitoring-** The person keeps a diary to monitor panic attacks and record situations that make him/her anxious.
- **Breathing-** The therapist teaches breathing relaxation techniques to help prevent the hyperventilation that often starts a panic attack.
- **Rethinking-** The therapist helps the person change his or her notion of physical symptoms from world shattering to realistic.
- **Exposing-** The therapist helps the person by placing him in situations that cause frightening physical sensations at gradually increasing levels of intensity.

Cognitive-behavioral therapy is a short-term treatment, usually lasting 12 to 15 sessions over several months. People who go through this therapy have very few negative effects and a relatively low relapse rate of panic attacks.

Helping Yourself

- Remember that although your feelings and symptoms are very frightening, they are not dangerous or harmful.
- Understand that what you are feeling is just an exaggeration of your normal bodily reactions to stress.
- Do not fight your feelings or try to wish them away. The more you are willing to face them, the less intense they will become.
- Do not add to your panic by thinking about what “might” happen. If you find yourself asking “What if?” tell yourself, “So what!” Instead of “I’m dying,” think, “I’m hyperventilating — I can handle this.”
- Stay in the present. Notice what is really happening to you, as opposed to what you think might happen.
- Label your fear level from zero to ten and watch it go up and down. Notice that it is at a very high level for only a few seconds.
- When you find yourself thinking about the fear, change your “what if” thinking. Focus on and carry out a simple and manageable task, such as counting backward from 100 by 2s or snapping a rubber band on your wrist.
- Notice that when you stop adding frightening thoughts to your fear, it begins to fade.
- When the fear comes, expect and accept it. Wait and give it time to pass without running away from it.
- Be proud of the progress you have made, and think about how good you will feel when you succeed again.

(Adapted from Jerilyn Ross, M.A., L.I.C.S.W., The Ross Center for Anxiety and Related Disorders, Inc., Washington, DC. and Mathews, AM; Gelder MG; and Johnston, DW, ‘Agoraphobia: Nature and Treatment,’ 1981)

Helping Someone Else

1. Don’t make assumptions about what the affected person needs; ask him or her.
2. Be predictable; don’t surprise him/her.
3. Let the person with the disorder set the pace for recovery.
4. Find something positive in every experience. If the

affected person is able to go only part way to a particular goal, see that as an achievement rather than a failure.

5. Don’t allow avoidance. Negotiate with the person to take one step forward when he or she wants to avoid something.
6. Don’t sacrifice your life and build resentments.
7. Don’t panic when the person with the disorder panics.
8. Remember that it’s all right to be anxious yourself. It’s natural for you to be concerned about the person with panic disorder.
9. Be patient and accepting, but don’t settle for the affected person being permanently disabled.
10. Say, “*You can do it, no matter how you feel. I am proud of you. Tell me what you need now. Breathe slow and low. Stay in the present. It’s not the place that’s bothering you, it’s the thought. I know what you are feeling is painful, but it’s not dangerous. You are courageous.*” DON’T say: “*Relax. Calm down. Don’t be anxious. Let’s see if you can do this (i.e., setting up a test for the person). You can fight this. What should we do next? Don’t be ridiculous. You have to stay. Don’t be a coward.*”

(Adapted from Sally Winston, Psy.D., The Anxiety and Stress Disorders Institute of Maryland, Towson, MD, 1992).

Sources:

National Institute of Mental Health
American Psychiatric Association
Journal of the American Medical Association

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

Phobia is a term that refers to a group of symptoms brought on by feared objects or situations. People can develop phobic reactions to animals (spiders), activities (flying on an airplane), or social situations (eating in public). Phobias affect people of all ages, from all walks of life, and in every part of the country.

Phobias can interfere with a person's ability to work, socialize, and have a daily routine. The phobias can focus on something as common as germs, or they may come whenever a person leaves home. A phobia that interferes with daily living creates extreme disability and should be treated.

It is estimated that 5.1 to 12.5% of the general population in the U.S. has phobias. They are the most common psychiatric illness among women of all ages and the second most common illness among men older than 25.

Signs & Symptoms

- Feelings of panic, dread, horror, or terror
- Recognition that the fears go beyond the actual threat of danger
- Reactions that are automatic and uncontrollable, practically taking over the person's thoughts
- Rapid heartbeat, shortness of breath, trembling, and an overwhelming desire to flee the situation
- Extreme measures taken to avoid the feared object or situation.

Phobias are divided into categories by cause:

- **Agoraphobia** — the fear of being alone in any place or situation from which it seems escape would be difficult or help unavailable should the need arise. People with agoraphobia avoid being on busy streets or in crowded stores, theaters, or churches. Some people become so disabled they will not leave their homes. If they do, it is only with a friend or family member. Two-thirds of those with agoraphobia are women. Symptoms develop either suddenly or gradually, between the ages of 18 and 35. Most people develop the disorder after suffering

from one or more spontaneous panic attacks. The unpredictability of panic attacks "trains" individuals to anticipate them and fear any situation in which one might happen. As a result, they avoid places or situations where panic attacks have occurred.

- **Social Phobia** — the fear of being watched or humiliated while doing something in front of others. The activity can be as ordinary as signing a check, drinking a cup of coffee, zipping a coat or eating. The most common fear is of speaking in public. Many people have a generalized form of social phobia, in which they fear and avoid interacting with people. Social phobia occurs in women twice as often as in men, although a higher proportion of men seeks help for this disorder. Social phobia usually begins in childhood or early adolescence and rarely develops after age 25. About 3.7% of the U.S. population aged 18 to 54, about 5.3 million, has social phobia in any given year.

- **Specific Phobias** — As the name implies, people with a specific phobia generally have an irrational fear of a specific object or situation. The disability caused by this disorder can be severe if the feared object or situation is a common one. The most common specific phobia is fear of animals, especially dogs, snakes, insects, and mice. Other specific phobias include fear of closed spaces (claustrophobia) and fear of heights (acrophobia). Most specific phobias develop during childhood and eventually disappear. Those that remain in adulthood rarely go away without treatment.

Causes

The causes of social phobia are still being researched. Recent studies support the evidence that phobias can be inherited. In fact, a gene which affects learned fearfulness recently has been identified in mice. Other research is investigating a biochemical basis for the disorder. In addition, the environment's influence on the development of phobias, in which people with phobias acquire their fear from observing the behavior and consequences of others, is being investigated.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Treatment

Fortunately, phobias are one of the most treatable mental disorders. Most people who seek treatment completely overcome their fears. Effective relief can be gained through either behavior therapy or medication.

Medications are used to control both the panic felt during a phobic situation and the anxiety from anticipating the situation. They are especially helpful for social phobia and agoraphobia.

Behavior therapy involves helping people become more comfortable with the situations or objects that frighten them. By confronting rather than fleeing the object or situation of fear, the person becomes accustomed to it and can lose the terror, horror, panic and dread he or she once felt.

Cognitive-behavior therapy may also include learning techniques, such as deep breathing, to control anxiety. Another important aspect of treatment is cognitive restructuring, which involves helping people become more realistic about the actual likelihood of danger from what they fear.

Educating significant others about the disorder through either group, couples, or family therapy, can also be helpful.

Helping Yourself

Here are a few strategies that are proven to help calm the body and mind:

- **Breathing.** Consciously take several deep breaths, concentrating on each breath.
- **Relaxation** by body parts. Close your eyes, take several deep breaths, and consciously relax yourself, one body part at a time, beginning at your toes and working up until you have relaxed your entire body, including head and face. You can also try tensing each body part for 15-20 seconds before relaxing it.
- **Imagine** a pleasant peaceful scene or favorite place. Concentrate on the details, colors, smells, and sounds.
- **Massage.** Self-massage of face, neck, and head is easy to do and an instant stress reducer.
- **Meditation,** yoga, and listening to soothing music all reduce stress.
- **Hot baths, warm showers, steam baths and saunas** are common and easy methods of relaxation.
- **Exercise** is known to release tension.
- Find a way to **express your feelings.** It may be by joining a support group, keeping a diary or journal, talking things over with a friend, or some other way of expressing yourself.
- **Monitor your outlook.** Look at your troubles as temporary rather than permanent, and specific rather than universal. For example, instead of thinking,

“I’m a bad person,” try, “I have a bad habit.” Try to focus on immediate issues rather than global ones. When the “big picture” seems overwhelming, break big tasks into smaller, manageable ones.

Helping Someone Else

It is important to be patient and accepting, yet not to regard the affected person as permanently disabled. While the person should be allowed to set his own pace for recovery, you can be supportive by encouraging the person to seek treatment. Then be supportive of his or her medication regime and therapy and educate yourself about the particular disorder your friend or family member is suffering from. Self-help books are often a good source of information. You might also seek the help of a trained family therapist and/or join an educational support group.

Examples of supportive things to say are: “I’m proud of you. Tell me what you need now. Breathe slow and low. Stay in the present. It’s your thoughts that are bothering you, not the situation. I know that what you are feeling is painful, but it’s not dangerous. You can do it no matter how you feel.”

Sources:

American Psychiatric Association
National Institute of Mental Health
National Alliance on Mental Illness

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

Post-Traumatic Stress Disorder (PTSD) is an emotional and psychological reaction to trauma. Although it has been called shell shock, battle fatigue, traumatic neurosis and war neurosis, the disorder is not limited to soldiers. Traumatic events that trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat.

About 3.6% of U.S. adults aged 18 to 54 (5.2 million people) have PTSD. About 30% of those who have spent time in war zones experience PTSD. PTSD can develop at any age, including childhood.

Signs & Symptoms

Symptoms usually begin within three months of the traumatic event, although sometimes they do not appear until years later. As people with PTSD experience the trauma again and again through flashback episodes, memories, nightmares, or frightening thoughts, symptoms often come and go for years, especially when things remind the person of the event. Anniversaries of the event can also trigger symptoms. People with PTSD may experience emotional numbness and sleep disturbances, depression, anxiety, irritability, “jumpiness,” or outbursts of anger. “Survivor Guilt” is also common. PTSD is diagnosed when symptoms last longer than a month.

Headaches, stomach problems, immune system difficulties, dizziness, or chest pain are all associated with PTSD. Co-occurring depression, alcohol or other drug abuse, or an additional anxiety disorder are common.

Causes

Post-traumatic Stress Disorder develops from experiencing a life-threatening event. The

likelihood of developing the disorder is greater the more intense the event is and the closer the person is to it.

Treatments

Some studies show that speaking with people very soon after a trauma reduces some of the symptoms.

Research has also shown that exposure therapy, in which the person repeatedly relives the frightening experience under controlled conditions to help him or her work through the trauma, works.

Cognitive-behavioral therapy, which focuses on correcting the painful patterns of behavior and thought, can also be helpful. In this therapy, people learn relaxation techniques and examine and challenge the thinking processes that cause the problem.

As the behavior of spouse and/or children may result from and affect the person with PTSD, family therapy may be recommended.

Discussion or peer counseling groups encourage survivors of similar traumas to share their experiences and reactions to them. Group members help each other realize that many people have acted and felt the same.

In addition, medication can promote sleep and ease symptoms of depression and anxiety.

Helping Yourself

- Talk about the experience; vent your feelings instead of keeping them bottled up.
- Relax. Do something you enjoy each day. Avoid major sources of stress if you can (such as moving or a new job).
- Eat right. Emotional stress puts extra demands on your physical health. A balanced diet is more important than ever.
- Develop inner peace. Joining or returning to

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

a religious group can be a positive force in your life.

- Exercise. It's a great stress reducer.
- Stay involved. Spend time with people and do things for others.

Helping Someone Else

- Be supportive - Encourage the survivor to get help if needed and try to be understanding. Continue to give your love and support even if the person tries to push you away.
- Be sympathetic - Listen when the person needs to talk.
- Share everyday chores - Help with shopping, cleaning, and other daily chores, but don't take over the person's responsibilities.
- Take time for yourself - Find someone you can talk with, too.
- Be involved - Become a resource for others who want to know more about PTSD.

Sources:

Diagnostic Statistical Manual, 4th Edition (DSM-IV)

National Institute of Mental Health

American Psychiatric Association

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

Attention Deficit/Hyperactivity Disorder (ADHD) is a condition characterized by an attention span that is less than expected for the age of the person; there is often also age-inappropriate hyperactivity and impulsive behavior. Some use the term ADD, (Attention Deficit Disorder), to refer to the predominantly inattentive type of ADHD, since that type does not feature hyperactive symptoms. Others use the terms ADD and ADHD interchangeably, but ADHD is the only “official” term for the disorder.

The most commonly diagnosed behavior disorder in young persons, ADHD affects an estimated 3 to 5%, about two million, of American school-age children, an average of at least one child in every classroom. In general, boys with ADHD outnumber girls with the disorder by about three to one. The combined type of ADHD is the most common in elementary school-age boys, while the predominantly inattentive type is found more often in adolescent girls. The disorder is sometimes not diagnosed until adolescence or adulthood, and half the children with ADHD have symptoms of the disorder throughout their lives.

There is evidence that people with ADHD are more likely to have learning disorders, oppositional defiant disorder, or conduct disorder. These conditions can make it even harder for a child to fit in with peers.

Signs & Symptoms

There are three main signs of ADHD:

- **Inattentiveness** — An inability to focus on things such as reading, listening, or playing a game. Someone with ADHD is often distracted by noises, movement, smells, or their thoughts. They may give effortless, automatic attention to activities and things they enjoy, but focusing attention to organizing and finishing a task or learning something new is difficult.
- **Hyperactivity** — Having too much energy to handle. Examples include talking nonstop, being unable to sit still, always moving, and having difficulty falling asleep.
- **Impulsivity** — Acting without thinking. For example, running out in the street after a ball, knocking over a plant while running across the room, or “talking without thinking” about the consequences.

ADHD is a complex condition. One person may have very different symptoms than another person with ADHD. Not all healthcare professionals distinguish between types of ADHD in the same way. Most professionals, however, use the following types:

- **Predominantly Inattentive Type** — Individuals with this type often fail to pay close attention to details or make careless mistakes in schoolwork, work, or other activities; have difficulty sustaining attention to tasks or leisure activities; do not seem to listen when spoken to directly; do not follow through on instructions and fail to finish schoolwork, chores, or duties in the workplace; have difficulty organizing tasks and activities; avoid, dislike, or hesitate to do things that require sustained mental effort; lose things necessary for tasks or activities; are easily distracted; are forgetful in daily activities. This type is mostly found in girls.
- **Predominantly Hyperactive-Impulsive Type** — These individuals often fidget with their hands or feet, or squirm in their seat; leave their seat when they shouldn't; move excessively or feel restless during situations in which such behavior is not allowed; have difficulty quietly engaging in leisure activities; are constantly ‘on the go’; talk excessively; blurt out answers before questions have been completed; have difficulty waiting their turn; interrupt or intrude on others. This type of ADHD is mostly found in younger children.
- **Combined Type** — Those with the combined type, the most common one, have both the inattentive and hyperactive/impulsive symptoms.

Not everyone who is overly hyperactive, inattentive, or impulsive has an attention disorder. To figure out whether a person has ADHD, specialists consider several critical questions: Are these behaviors excessive, long-term, and pervasive, i.e., do they occur more often than in other people the same age? Are they a continuous problem, not just a response to a temporary situation? Do the behaviors occur in several settings or only in one specific place, like the playground or the classroom? The person's pattern of behavior is compared against a set of criteria and characteristics of the disorder in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

Causes

ADHD is not caused by dysfunctional parenting. Strong scientific evidence supports that ADHD is a biologically based disorder. Researchers from the National Institute of Mental Health have observed significantly lower activity in areas of the brain controlling attention, social judgment, and movement in PET scans of those with ADHD than in those without the disorder. Biological studies also suggest that children with ADHD have lower

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

levels of the neurotransmitter dopamine in critical regions of the brain.

Other theories suggest that cigarette, alcohol, and drug use during pregnancy, or exposure to environmental toxins, such as lead, may be connected to the development of ADHD. There may also be a genetic basis to ADHD, meaning that the disorder tends to run in families.

While early theories suggested that ADHD was caused by minor head injuries or brain damage resulting from infections or complications at birth, research has found this hypothesis lacking in evidence. Further, studies have not investigated dietary habits, another widely discussed possible influence.

Treatment

Many treatments have been recommended for individuals with ADHD, some with good scientific basis, some without. The most proven treatments are medication and therapy.

Stimulants are the most widely used drugs to treat ADHD. Stimulants increase activity in parts of the brain that are underactive in people with ADHD; they improve attention and reduce impulsive, hyperactive and/or aggressive behavior. Antidepressants, tranquilizers, and the antihypertensive drug clonidine (Catapres) have also proven helpful in some cases. Every person reacts to medication differently, so it is important to work closely with your physician. As useful as these drugs are, their use has sparked a great deal of controversy. While on these medications, some children may lose weight, have less appetite, and temporarily grow more slowly or have problems falling asleep. Many doctors say if they carefully watch the child's height, weight, and overall development, the benefits of medication far outweigh the potential side effects. Another debate is whether drugs are prescribed unnecessarily for too many children. Critics argue that many children who do not have an attention disorder receive prescriptions as a way to control their disruptive behavior.

Several therapeutic intervention approaches are available as well:

- **Psychotherapy** works to help people with ADHD like and accept themselves despite their disorder. In psychotherapy, people talk to a therapist about upsetting thoughts and feelings and self-defeating patterns of behavior and learn other ways to handle their emotions. As they talk, the therapist tries to help them understand how they can change.
- **Cognitive-behavioral therapy** helps people work on immediate issues. Rather than helping people understand their feelings and actions, it helps them change their behavior.
- **Social Skills** training can also help children learn new behaviors. In this approach, the therapist discusses and models appropriate behaviors, then gives children a chance to practice them.

Treatment options NOT scientifically proven to work with ADHD include: biofeedback, special diets, allergy

treatment, megavitamins, chiropractic adjustment, and special-colored glasses.

Helping Yourself

Life can be hard if you have ADHD. You may often have trouble paying attention to instructions, finishing tasks, relating with other people, or staying calm. You may be labeled a "bad kid" at school and have difficulties with relationships with people your age. These things can lead to low self-esteem and discouragement. It is important to learn about ADHD, find ways to feel good about yourself, and feel successful. Following your treatment plan and finding someone you trust to share your feelings with is a good start.

Helping Someone Else

- There is strength in numbers. Sharing experiences with those with similar problems helps people realize they aren't alone. Therefore, many adults with ADHD and parents of children with ADHD find it useful to join a support group to share frustrations and successes, information about what works, as well as their hopes for themselves and their children.
- Parenting skills training, offered by therapists or in special classes, gives parents tools and techniques for managing their child's behavior. Parents may also learn to use stress management methods, such as relaxation techniques and exercise, to increase their own tolerance for frustration, so they are better able to respond calmly to their child's behavior.
- In addition, parents may learn to structure situations in ways that allow their child to succeed. Research has shown that increasing clarity, structure, and predictability helps create an environment in which the child can succeed. This may include developing clearly defined rules, consequences, and rewards to help children know what is expected of them; organizing the home environment so that there is "a place for everything, with everything in its place"; maintaining a consistent daily schedule; or, helping the child learn to divide a large task into small steps.

Sources:

National Institute of Mental Health
www.nimh.nih.gov

American Psychiatric Association
www.psych.org

National Alliance on Mental Illness
www.nami.org

Facts

People with conduct disorder display a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. The disorder may begin as early as age 5, but rarely begins after age 16. Conduct disorder may develop into Antisocial Personality Disorder and is associated with increased risk of mood, anxiety, and substance abuse disorders in adulthood.

The incidence of conduct disorder appears to have increased over the past several decades and may be higher in urban than in rural settings. The disorder is more common in males than in females, affecting about 6 to 16% of males and 2 to 9% of females in the U.S.

Signs & Symptoms

- Aggression to people and animals
- Destruction of property
- Deceitfulness or theft
- Serious violation of rules

Causes

Twin and adoption studies indicate that conduct disorder has both genetic and environmental factors. The risk for conduct disorder is increased in children who have a biological or adoptive parent with Antisocial Personality Disorder, or a sibling with Conduct Disorder. It is also more common if a parent has alcohol dependence, mood disorders, schizophrenia, or a history of Conduct Disorder or Attention-Deficit/Hyperactivity Disorder. A chaotic home life, parenting problems, alcoholism, or drug abuse in the home; socioeconomic deprivation which encourages stealing to get what is wanted; and developmental factors leading to high anger and low frustration tolerance are all environmental factors related to conduct disorder.

Treatment

Some treatment options include: individual and family therapy, medication to manage assaultive behavior, residential placement, cognitive-behavioral

therapy to control anger and develop social skills, special schooling, vocational counseling, and tutoring for academic deficiencies.

Helping Yourself

Finding ways to relax which work for you can be a key strategy in helping yourself. Here are a few things you can try:

- **Monitor your outlook.** Remember that the specific thing that triggers your anger isn't the only thing which causes angry feelings. When you get angry, ask yourself: Am I overreacting to this trigger? Am I directing my anger at an innocent person? Am I taking this personally? Am I just reacting the way I usually respond? Am I trying to take charge of my anger?
- **Breathing.** Consciously take several deep breaths, concentrating on each breath.
- **Relaxation** by body parts. Close your eyes, take several deep breaths, and consciously relax yourself, one body part at a time, beginning at your toes and working up until you have relaxed your entire body, including head and face. An alternative is to tense each body part for 15-20 seconds before relaxing it.
- **Imagine** a pleasant peaceful scene or favorite place. Concentrate on the details, colors, smells and sounds.
- **Massage.** Self-massage of face, neck and head is easy to do and is an instant stress reducer.
- Find a way to **express your feelings.** It may be to join a support group, start a diary or journal, or talk things over with a friend.
- **Exercise** is known to increase the body's morphine-like endorphins, while improving the brain's oxygen supply and releasing tension from the muscles.
- **Have a sense of humor.** Try to find the humor in minor troubles and annoyances.
- **Meditation**, yoga, listening to soothing music all are proven stress-reducing activities, as well as hot baths, warm showers, steam baths and saunas.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

- **Try a hobby.** A hobby can be a productive outlet for tension and energy and a welcome distraction from angry feelings.

Helping Someone Else

Family therapy can be helpful in increasing education and understanding among family members of a person with this disorder. Parents may also want to seek treatment focusing on behavioral management, communication, problem-solving, realistic expectations, etc. In addition, many parents have benefited from participating in a community support group.

If you are the parent or caregiver of a person with conduct disorder, it is important to take care of yourself and stay connected with your own support system, i.e., maintain and increase your network of friends, keep in regular contact with several trusted people, participate in new activities.

In dealing with the day-to-day behaviors of the person, don't answer anger with anger. It's important to try to understand why the person is angry by listening, maintaining eye contact, and not interrupting. Sometimes the person just needs to "vent," and the anger doesn't involve you personally. If you're trying to solve a conflict, wait until the person is calm and try talking through possible solutions together that you can both agree on. If a person is very angry and has a weapon, don't confront or try to restrain them. If you're worried about your safety, get away and get help.

- Always build on the positive, give the child praise and positive reinforcement when he shows flexibility or cooperation.
- Take a time-out or break if you are about to make the conflict with your child worse. This is good modeling for your child. Support your child if he decides to take a time-out to prevent overreacting.
- Pick your battles. Prioritize the things you want your child to do. If you give your child a time-out in his room for misbehavior, don't add time for arguing. Say "your time will start when you go to your room."
- Set up reasonable, age appropriate limits with consequences that can be enforced consistently.

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Sources:

Diagnostic Statistical Manual of Mental Disorders, 4th Edition
National Institute of Mental Health
American Psychiatric Association
National Alliance on Mental Illness
American Academy of Child & Adolescent Psychiatry

Facts

Developmental disabilities are severe, chronic conditions that result from mental and/or physical impairment (such as mental retardation, epilepsy, autism, cerebral palsy, or some similar condition) which occur before age 22 and are likely to continue indefinitely.

The disabilities substantially limit three or more of these areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency. There is a continuous need for individually planned and coordinated services.

There are nearly four million Americans with developmental disabilities. Approximately 17% of U.S. children younger than 18 years old has a developmental disability, with about 2% of school-aged children having a serious developmental disability, such as mental retardation or cerebral palsy, and needing special education services or supportive care.

Signs & Symptoms

Developmental disabilities is a broad term which includes a diverse group of physical, cognitive, psychological, sensory and speech impairments. A reliable diagnosis requires assessment by a knowledgeable physician or psychologist. The signs and symptoms of the various types of developmental disability differ greatly:

Cerebral Palsy— is a disorder of movement or coordination caused by an abnormality of the brain. About half of those with cerebral palsy must use a device to get around, such as a walker, wheel chair or braces. Almost 70% has other disabilities as well, including mental retardation. Depending on the degree of the disability, people with cerebral palsy may need specialized medical care, social or educational services, or other assistance throughout their lives, from both their families and communities.

Down syndrome— Individuals with Down syndrome are usually smaller, and their physical and mental development is slower, than children who do not have Down syndrome. Although there are distinct physical characteristics associated with Down syndrome (flattening of the back of the head, slanting eyelids, small skin folds at the inner corner of the eyes, depressed nasal bridge, slightly smaller ears, small mouth, hands and feet), not every child with Down syndrome has all the characteristics. Some may have only a few, and others may show most of them. There is also a wide variation in

mental abilities and developmental progress in children with Down syndrome. Although the majority function in the mild to moderate range of mental retardation, some children with Down syndrome are severely mentally retarded, while others are not mentally retarded at all, but function in the borderline to low average range. Motor development is slower and language development takes longer than for those without Down syndrome.

Autism has many degrees of severity. People with autism have impairments in the senses, thinking abilities, language/communication, and social interactions. Children with autism might not respond to their names, avoid looking at other people, or ignore much of what goes on around them. Unusual responses to their surroundings, including sounds, touch or other sensory stimulation, are common for individuals with autism. Many children with autism engage in repetitive movements, such as rocking, spinning, hair twirling, and finger flicking.

Causes

Several hundred causes have been discovered, but in nearly one-third of the people affected, the cause is unknown. Some of the most common causes are genetic irregularities, problems during pregnancy, at or after birth, or environmental factors.

- **Genetic irregularities**— These result from abnormal genes from parents, errors when genes combine, or from other disorders of the genes caused during pregnancy by infections, overexposure to x-rays, and other factors. More than 500 genetic diseases are associated with mental retardation. Down Syndrome is an example of a disorder which occurs sporadically and is most often due to the presence of an extra chromosome. It is a non-inherited disorder that affects physical and mental development. Tests during pregnancy can help detect the disorder. Fragile X Syndrome is a leading cause of inherited mental retardation. It involves a single gene located on the X chromosome. Genetic testing can identify people who have the syndrome and those who carry the gene, but do not have the disorder.
- **Problems during pregnancy**— Fetal Alcohol Syndrome (FAS) is the leading cause of mental retardation in the U.S. It occurs in some children whose mothers drank alcohol during pregnancy. Children with Fetal Alcohol Syndrome have physical, behavioral, and mental birth defects. Other risks include other drug use, smoking, malnutrition, certain environmental

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Northern Lakes Community Mental Health believes this information to be accurate at the time of publication. While every care has been taken in its preparation, professional advice should be sought when necessary. Northern Lakes CMH cannot be liable for any error or omission in this publication or for

damages arising from its supply, performance or use, and makes no warranty of any kind, either expressed or implied in relation to this publication. For more information contact Northern Lakes CMH at 1-800-492-5742 or (231) 922-4850.

contaminants, and illnesses of the mother during pregnancy. Infections during pregnancy that can lead to mental retardation include cytomegalovirus (CMV), rubella, chicken pox, HIV (the virus that causes AIDS), and other sexually transmitted diseases.

- **Problems at birth**— Although any birth condition of unusual stress may injure the baby's brain, being born too soon/early and having a low birth weight lead to serious problems more often than any other conditions.
- **Problems after birth**— Childhood diseases such as whooping cough, chicken pox, measles, and Hib disease can damage the brain, as can accidents, such as a blow to the head, or nearly drowning. Lead, mercury, and other environmental toxins can cause irreparable damage to the brain and nervous system.
- **Poverty and cultural deprivation**— Children in poor families may become mentally retarded because they are not fed properly enough, disease-producing conditions, inadequate medical care and environmental health hazards. Also, children in disadvantaged areas may be deprived of many common cultural and day-to-day experiences that other children have. Current research suggests that such under-stimulation can result in irreversible damage and become a cause of mental retardation.

Treatment

Currently there is no effective treatment or cure for developmental disabilities available. Recent advances in molecular biology in the area of Down syndrome offer hope, however, that the mechanism of how genes interfere with normal developmental sequences may one day be understood, resulting in a rational approach to medical therapy.

At the same time, significant advances in research have been made in ways to prevent developmental disabilities. Early prenatal care, measures taken prior to and during pregnancy, childhood vaccinations, and newborn screenings prevent thousands of cases from developing disabilities each year. Other interventions, such as removing lead from the environment, child safety seats, bicycle helmets and early intervention programs with high-risk infants and children have shown remarkable results in lowering the number of those with developmental disabilities.

For those who have developmental disabilities, early intervention programs, preschool nurseries, and integrated special education strategies have demonstrated that youngsters with developmental disabilities can participate in many learning experiences which can positively influence their overall functioning.

Research has shown that environmental enrichment and assistance to the families will result in progress that is usually not achieved by those infants who have not had such educational and stimulating experiences. Therapies, or interventions, can also be designed to help treat symptoms in each individual.

Helping Someone with Developmental Disabilities

A network of state government, local communities, and the private sector exists to help people with developmental disabilities reach their maximum potential through increased independence, productivity, and community integration. Generally, there are five major public resources available to provide services and support to people with disabilities. These are schools, Community Mental Health Service Programs (CMHSP), the Family Independence Agency (FIA), Michigan Rehabilitation Services (MRS) within the Department of Career Development, and advocacy programs. These resources attempt to address all elements of the life cycle, including: prevention, diagnosis, early intervention, therapy, education, training, employment, community living and leisure opportunities.

Because of the importance of early intervention, parents who suspect their child has a developmental disability should seek professional help as soon as possible.

Several publications, organizations, and support groups exist to help individuals and families understand and cope with developmental disabilities. A wealth of information can be found in libraries and bookstores or by searching the internet. Good starting points include: The Arc, at www.thearc.org, or (817) 261-6003; The Arc Michigan, at www.arcim.org, or (800) 292-7851; the National Institute of Mental Health, at www.nimh.nih.gov; or, the National Information Center for Children and Youth with Disabilities, at www.nichcy.org, or 1-800-695-0285.

For people living in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties, assistance and information for people with developmental disabilities and their families is also available by calling Northern Lakes Community Mental Health, at 1-800-492-5742 or (231) 922-4850.

Sources:

The Arc Michigan

Department of Health and Human Services

Administration for Children and Families:

Administration on Developmental Disabilities

National Center on Birth Defects and Developmental Disabilities

National Institute of Neurological Disorders and Stroke

National Institutes of Health

Facts

A Learning Disability (LD) affects people's ability to either interpret what they see and hear or connect information from different parts of the brain. The limitations show up in many ways, such as specific difficulties with spoken and written language, coordination, self-control, or attention; and can extend to schoolwork, making learning to read, write, or do math more difficult.

LD is a broad term that covers a host of possible causes, symptoms, treatments, and outcomes; but, in general, they can be divided into three broad categories:

- Developmental speech and language disorders
- Academic skills disorders
- "Other," which includes certain coordination disorders and learning handicaps not covered by the other terms.

Each of these categories includes a number of more specific disorders. When applying for health insurance coverage of diagnostic and treatment services, the specific diagnosis is commonly based upon criteria and characteristics which appear in a reference book called the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition). Some people have many overlapping learning disabilities, others may have a single, isolated learning problem that has little impact on other areas of their life.

Nearly 4 million school-age children have LD.

Signs & Symptoms

Parents are usually the first to notice delays in their child's overall development. Teachers may be the first to notice a continuing difficulty with reading, writing or arithmetic, while pediatricians may notice small difficulties, such as lack of coordination.

Diagnosis of learning disabilities is made using standardized tests that compare the child's level of ability to what is considered normal development for a person that age and intelligence. Each type of learning disability is diagnosed, however, in slightly different ways. To diagnose speech and language disorders, a speech therapist tests the child's pronunciation, vocabulary, and grammar and compares them to the developmental abilities seen in most children that age. Academic skills disorders are evaluated using standardized tests. Vision and hearing are tested to be sure the child can see words clearly and hear adequately.

Causes

At one point, scientists thought all learning disabilities were caused by a single neurological problem. Research indicates, however, that most learning disabilities do not come from a single, specific area of the brain, but from difficulties in bringing together information from various brain regions. A leading theory today is that learning disabilities begin from small disturbances in brain structures and functions. Some scientists believe that the disturbance, in many cases, begins before birth.

Throughout pregnancy, the brain develops from a few all-purpose cells to a complex organ made of billions of specialized, interconnected nerve cells, called "neurons". During this process, brain development is vulnerable to disruptions. If the disruption happens early on, the fetus may die or the infant may be born with widespread disabilities and possibly mental retardation. If the disruption occurs later, when the cells are becoming specialized and moving into place, there may be errors in the cell makeup, location, or connections. Some researchers think that these errors may show up later as learning disorders.

Other factors that affect brain development include: genetic factors, tobacco, alcohol, and other drug use, problems during pregnancy or delivery, or toxins in the environment.

Learning disabilities tend to run in families, suggesting that there is a genetic link. However, some learning difficulties may be a result of the family environment. For example, parents with language disorders may talk less to children, or use incorrect language. In this case, the child may lack a good model for learning language and may seem to be learning disabled.

Researchers have found that mothers who smoke during pregnancy are more likely to have smaller babies. Newborns weighing less than 5 pounds are at a greater risk for a variety of problems, including learning disorders.

Heavy alcohol use during pregnancy has been linked with Fetal Alcohol Syndrome, a condition that leads to low birth weight, intellectual impairment, hyperactivity, and physical defects. Any alcohol use during pregnancy may affect the child's development and lead to problems with learning, attention, memory, or problem solving.

Drugs, especially crack, seem to affect the development of brain receptors. Because children with

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

certain learning disabilities have difficulty understanding speech sounds or letters, some researchers believe that learning disabilities and attention deficit/hyperactivity disorder are associated with faulty receptors. Research indicates drug abuse is a possible cause of receptor damage.

Other possible causes of learning disabilities involve complications during pregnancy. The umbilical cord may become twisted and temporarily cut off oxygen to the fetus. In some cases, the mother's immune system reacts to the fetus, which can cause newly formed brain cells to settle in the wrong part of the brain.

New brain cells and their networks continue to form for a year or so after the birth of the child; these cells are vulnerable to certain disruptions as well. Environmental toxins, such as cadmium and lead, are becoming a focus of research. In addition, there is growing evidence that learning problems may develop in children with cancer who had been treated with chemotherapy or radiation at an early age. This seems especially true for children who received radiation to the skull.

Treatment

With more research, scientists hope to learn how differences in the structures and processes of the brain contribute to learning disabilities and how these differences might be treated or prevented.

In the meantime, creating a plan for getting help is critical. Because learning disabilities affect the child and family in many ways, help may be needed on a number of fronts: educational, medical, emotional, and practical.

In school, special education teachers design an Individualized Educational Program (IEP) which outlines the specific skills the child needs to develop, as well as appropriate learning activities that build on the child's strengths. The types of tasks the child is able to do and the senses that function well are identified, as well as areas with which the child has difficulty. Special education programs may be provided in a separate all-day classroom, or as a special education class that the student attends for several hours each week. Some parents hire tutors to work with their child after school. If the problems are severe, some parents place their child in a special school for the learning disabled.

In trying to do everything possible to help their children, many parents have been quick to try new treatments. Some of the treatments that have *not* proven effective in treating the majority of children with learning disabilities or attention disorders include: megavitamins, colored lenses, special diets, sugar-free diets, body stimulation, or manipulation.

Helping Yourself or Someone Else

Having a child with a learning disability may be an emotional burden for the family. Parents often feel many emotions, including denial, blame, frustration, anger and despair. Siblings may be annoyed or embarrassed by their

brother or sister, or jealous of all the attention the child receives. Children with learning disorders often absorb what others say about them. They may begin to define themselves as "behind," "slow," or "different."

Without professional help, the situation can get out of control. The more often children or teenagers fail, the more they may act out their frustration, and damage their self-esteem. The more they act out, the more trouble and punishment it brings, further lowering their self-esteem.

Counseling can be very helpful to people with learning disabilities and their families. It can help the people involved gain greater self-control and a better attitude. Family members may benefit from the opportunity to express their feelings and get support and reassurance.

Support groups can also be a source of information, practical suggestions, and mutual understanding. Self-help books written by teachers and mental health professionals are also beneficial.

Parents and teachers can help by structuring tasks and environments for the child in ways that allow the child to succeed. They can find ways to help students build on their strengths and work around their disabilities. A counselor or school psychologist can help find practical solutions that make it easier for the child and family to cope day by day.

Several publications, organizations, and support groups exist to help individuals, teachers and families understand and cope with learning disabilities. A wealth of information can be found in libraries and book stores or by searching the internet. A good starting point is the National Institute of Mental Health, at www.nimh.nih.gov, or the National Information Center for Children and Youth with Disabilities, at www.nichcy.org, or 1-800-695-0285.

Even though learning disabilities cannot be cured, there is still cause for hope. Because certain learning problems reflect delayed development, many children do eventually catch up.

Sources:

National Institute of Mental Health

For more information contact

National Institute of Mental Health

www.nimh.nih.gov

(800) 421-4211 (depression info)

(888) 826-9438 (anxiety info)

(301) 443-4513 (other info)

Mental Health America

www.nmha.org

(800) 969-6642

The Center for Mental Health Services

www.mentalhealth.org/cmhs/

Facts

People with Oppositional Defiant Disorder display a pattern of negative, hostile and defiant behavior lasting for at least six months. The disturbance in behavior causes significant difficulty in social, academic, or occupational life. The disorder usually becomes evident before age 8 and not later than early adolescence, with symptoms usually appearing in the home setting, but over time appearing in other settings as well. People with this disorder do not see themselves as defiant, but justify their behavior as a response to unreasonable demands or circumstances. Over months or years, the disorder may progress to Conduct Disorder.

Oppositional defiant disorder is believed to affect between 2 and 16% of the population, depending on the nature of the population sample and how the data is obtained. The disorder is more common in males than females before puberty, but is probably equal after puberty. The symptoms are similar in each gender, with the exception that males are more confrontational and have more persistent symptoms.

Signs & Symptoms

- Often loses temper
- Often argues with adults
- Often actively defies or refuses to comply with adults' requests or rules
- Often deliberately annoys people
- Often blames others for his or her mistakes or misbehavior
- Is often touchy or easily annoyed by others
- Is often angry and resentful
- Is often spiteful or vindictive

Causes

The disorder appears to be more common in families in which at least one parent has a history of a mood disorder, oppositional defiant disorder, conduct disorder, attention-deficit/hyperactivity disorder, antisocial personality disorder, or a substance-related disorder. Also, some evidence

suggests that mothers with a depressive disorder are more likely to have children with oppositional behavior, but it is unclear whether the mother's depression results from or contributes to the child's behavior. The disorder is more common among families with severe marital problems.

Treatment

Treatment options include: individual and family therapy, parent training in behavior management, and social skills and anger management training for the child.

Helping Yourself

Finding ways to relax which work for you can be a key strategy in helping yourself. Here are a few things you can try:

- **Monitor your outlook.** Remember that the specific thing that triggers your anger isn't the only thing which causes angry feelings. When you get angry, ask yourself: Am I overreacting to this trigger? Am I directing my anger at an innocent person? Am I taking this personally? Am I just reacting the way I usually respond? Am I trying to take charge of my anger?
- **Breathing.** Consciously take several deep breaths, concentrating on each breath.
- **Relaxation** by body parts. Close your eyes, take several deep breaths, and consciously relax yourself, one body part at a time, beginning at your toes and working up until you have relaxed your entire body, including head and face. An alternative is to tense each body part for 15-20 seconds before relaxing it.
- **Imagine** a pleasant peaceful scene or favorite place. Concentrate on the details, colors, smells and sounds.
- **Massage.** Self-massage of face, neck and head is easy to do and is an instant stress reducer.
- Find a way to **express your feelings.** It may be to join a support group, start a diary or journal, or talk things over with a friend.
- **Exercise** is known to increase the body's morphine-like endorphins, while improving the brain's oxygen supply and releasing tension from the

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

muscles.

- **Have a sense of humor.** Try to find the humor in minor troubles and annoyances.
- **Meditation,** yoga, listening to soothing music all are proven stress-reducing activities, as well as hot baths, warm showers, steam baths and saunas.
- **Try a hobby.** A hobby can be a productive outlet for tension and energy and a welcome distraction from angry feelings.

Helping Someone Else

Family therapy can be helpful in increasing education and understanding among family members of a person with this disorder. Parents may also want to seek treatment focusing on behavioral management, communication, problem-solving, realistic expectations, etc. In addition, many parents have benefited from participating in a community support group.

If you are the parent or caregiver of a person with oppositional defiant disorder, it is important to take care of yourself and stay connected with your own support system, i.e., maintain and increase your network of friends, keep in regular contact with several trusted people, and participate in new activities.

In dealing with the day-to-day behaviors of the person with oppositional defiant disorder, don't answer anger with anger. It's important to try to understand why the person is angry by listening, maintaining eye contact, and not interrupting. Sometimes the person just needs to "vent," and the anger doesn't involve you personally. If you're trying to solve a conflict, wait until the person is calm and try talking through possible solutions together that you can both agree on. If a person is very angry and has a weapon, don't confront or try to restrain them. If you're worried about your safety, get away and get help.

- Always build on the positive, give the child praise and positive reinforcement when he shows flexibility or cooperation.
- Take a time-out or break if you are about to make the conflict with your child worse. This is good modeling for your child. Support your child if he decides to take a time-out to prevent overreacting.
- Pick your battles. Prioritize the things you want your child to do. If you give your child a time-out in his room for misbehavior, don't add time for arguing. Say "your time will start when you go to your room."
- Set up reasonable, age appropriate limits with consequences that can be enforced consistently.

Sources:

Diagnostic Statistical Manual of Mental Disorders, 4th Edition
National Institute of Mental Health
American Psychiatric Association
National Alliance on Mental Illness

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

Having a Dual Disorder or Diagnosis means that a person has both a mental illness and an alcohol or other drug use problem.

A person may have a mental illness first, then turn to alcohol or other drugs because of sadness, anxiety, or fear of other people. The use of alcohol and other drugs makes problems harder to solve and creates new ones, such as addiction.

On the other hand, a person may have an alcohol or other drug use problem first. Because the person uses alcohol or other drugs, the brain and other organs may be affected, making the person act differently and develop a mental illness over time.

To recover fully, the person needs treatment for both problems.

When someone has a dual diagnosis, many people are affected. Everyone involved may have problems with stress as a result of not knowing what will happen from one moment to the next. Family and friends may feel guilt, anger, fear, shame and hopelessness.

Some reports indicate that 37% of those who abuse alcohol and 53% of those who abuse drugs also have at least one serious mental illness. In addition, of all people who have a mental illness diagnosis, 29% abuse either alcohol or drugs.

Signs & Symptoms

Someone with a dual diagnosis may:

- Use alcohol or other drugs to try to control feelings or avoid problems.
- Need more alcohol or other drugs to get the same feeling.
- Try again and again to cut down or control use of alcohol or other drugs.
- Have mood swings from very happy to very sad or may feel sad for long periods.
- Be extremely angry.
- Lack interest in people or activities that used to be enjoyable.
- Talk about suicide.

Causes

It depends. Sometimes the psychiatric problem develops first. In an attempt to feel calmer, more energetic or happier, a person with emotional symptoms may drink or use drugs as “self-medication.” Frequent self-medication may eventually lead to physical or psychological dependency on alcohol or other drugs.

In other cases, the substance dependency is the primary condition. A person whose substance abuse problem has become severe may develop symptoms of a psychiatric disorder, i.e., depression, hallucinations, or suicidal thoughts or intentions.

Treatment

There are several different levels or intensities of care, including full hospitalization or inpatient treatment, partial hospitalization, and outpatient treatment. The nature and severity of the illness, the associated risks or complications, and the person’s treatment history are some of the things considered in determining the right level of care.

Helping Yourself

The most important way to help yourself is to acknowledge your problems and seek professional help. Depending on your circumstances, your treatment may include care as a patient in a hospital or other facility, outpatient services, counseling or taking part in treatment groups and self-help groups.

It is important to remember that recovery takes time, but once you get help you can expect to enjoy life more and feel better about yourself. Some tips to help your recovery are:

- Be honest with yourself and others. Admitting you have a problem is the first step.
- Get all the facts about your condition and planned treatment. If medications are indicated, find out about dosages and potential side effects.
- Carefully follow your treatment plan. Take medicine exactly as directed and keep all appointments.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

- Don't keep feelings to yourself. Share your worries with family, friends, your treatment team, or self-help group.

Helping Someone Else

Encourage the person to acknowledge the problems and seek help. If the person is reluctant, you may be able to help by making an appointment and offering to go with the person.

Education, counseling sessions, and support groups for the person's family are important parts of overall care. If someone you know has a dual diagnosis, learn all you can about the person's condition. If possible, talk to the person's health care provider and other care providers. Don't "enable" by making excuses or making it easy for the person to keep using alcohol or other drugs instead, offer support, patience, and understanding. Learn to recognize the warning signs of relapse and what to do if it occurs.

Learn the warning signs of suicide. The danger signals include previous suicide attempts, talking about death or suicide, planning for suicide, and depression. Anyone who is considering suicide needs immediate attention, preferably from a mental health professional or physician.

Keep in mind that you are not responsible for the person's condition. You need to find the right balance between helping your friend or family member and helping yourself. It's important to set aside time for yourself and continue to eat right, get enough rest, and exercise.

Sources:

National Institute of Mental Health

Mental Health America

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

There are four types of eating disorders:

- **Anorexia Nervosa**-characterized by an intense fear of gaining weight, self-starvation, loss of menstrual periods, body dissatisfaction, misperception of shape or size of his or her body, and a body weight that is 15% below what is considered physically healthy.
- **Bulimia Nervosa**-characterized by binge eating (consuming large amounts of food at one sitting while feeling out of control), purging (getting rid of food by using laxatives, vomiting, obsessive exercise), dissatisfaction with body, and fear of gaining weight.
- **Binge Eating Disorder**-characterized by binge eating without purging.
- **Eating Disorders Not Otherwise Specified**-includes people with characteristics of one or more eating disorders but do not fit the diagnostic criteria for any one disorder.

Eating disorders are among the highest in mortality rates for mental disorders, with 1 in 10 cases dying from starvation, cardiac arrest, or suicide. People with eating disorders who use drugs to stimulate vomiting, bowel movements, or urination are in the most danger, as this increases the risk of heart failure.

Scientists have found that many with anorexia also suffer from other psychiatric illnesses. While the majority have clinical depression, others suffer from anxiety, personality or substance abuse disorders, and obsessive-compulsive disorder (OCD).

Some people with bulimia struggle with addictions, including abuse of drugs and alcohol and compulsive stealing. Like those with anorexia, people with bulimia may also suffer from depression, anxiety, OCD and other psychiatric illnesses. People with anorexia or bulimia are at increased risk for suicidal behavior.

Conservative estimates indicate that 5-10 million girls and women and one million boys and men in the U.S. are struggling with eating disorders or borderline conditions.

About 1% of adolescent girls develop anorexia nervosa. Approximately 2-3% of young women develop bulimia nervosa. About 2% of adults suffer from binge eating disorder. About 90% of those with eating disorders are adolescent and young women, but men may constitute as many as 25% of those exhibiting binge eating disorders. Bulimia is as high as 15% in college-age women. Teenagers with asthma, attention deficit disorder, diabetes, and other chronic illnesses are reported to experience eating disorders 2 to 4 times more often.

People pursuing professions or activities that emphasize thinness, such as modeling, dancing, gymnastics, wrestling, and long-distance running, are more likely to develop eating disorders.

Signs & Symptoms

- **Anorexia Nervosa**
 - Intense fear of gaining weight
 - Belief that they are fat although they are actually extremely thin
 - Restriction of calories
 - Avoidance of social situations where s/he may have to eat in front of others
 - Unusual eating habits or rituals
 - Obsessive or compulsive exercise
 - Hyperactivity or fatigue
 - Isolation from friends and family
- **Bulimia Nervosa**
 - Fear of being fat
 - Eating in secret, unusual eating habits or rituals
 - Goes to the bathroom immediately following meals
 - Hoards food
 - Mood swings
 - Abuse of alcohol or other substances
 - Over-exercising
 - Isolation from friends and family
- **Binge Eating Disorder**
 - Eating alone and in secret
 - Feelings of guilt, shame and disgust about overeating
 - Eating large amounts of food when not hungry
 - Abuse of alcohol or other substances
- **Eating Disorders Not Otherwise Specified**
 - May exhibit a combination of the above symptoms

Causes

The most common trigger for an eating disorder is a weight-loss diet, but eating disorders are the products of a combination of psychological, physiological, familial, and social factors.

Eating disorders appear to run in families, with females most often affected, suggesting that genetics plays a part in eating disorders. Further, studies of the biochemical functions of people with eating disorders have shown that many have various chemical imbalances in their bodies, suggesting physical causes play a part in eating disorders as well.

Behavioral and environmental influences also appear to

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

play a role. Most people with eating disorders have certain personality traits: low self-esteem, feelings of helplessness, and a fear of becoming fat. A recent study found that mothers who are overly concerned about their daughters' weight and physical attractiveness may put the girl at increased risk of developing an eating disorder. In addition, girls with eating disorders often have fathers and brothers who are overly critical of their weight.

Treatment

Eating disorders are most successfully treated when diagnosed early. The longer abnormal eating behaviors persist, the more difficult it is to overcome the disorder and its effects on the body. Treatments include:

- **Psychotherapy** comes in many forms and can take place in individual, group or family sessions. In general, therapy helps people recognize feelings that trigger the eating disorder and learn new ways to deal with these feelings. The therapy may also help people deal with troublesome people in their life, resolve issues from childhood, and help build self-esteem and confidence.
- **Medication** is sometimes used to treat eating disorders. Antidepressants have proven helpful, especially in the treatment of bulimia and binge eating disorder. Other medical treatment may be necessary to treat and monitor the physical health problems that often go hand-in-hand with eating disorders. Depending on the severity of the person's condition, the person may need to see heart, bone, or digestive specialists, dentists, or other types of doctors to help restore physical health.
- **Nutritional counseling**, usually by a nutritionist, is often helpful in creating a safe diet plan and restoring proper eating and nutritional habits. In addition, **self-help groups** can provide a supportive environment for people with eating disorders, their friends, and families.

Helping Yourself

Unfortunately, even when family members confront the ill person about his or her behavior, or physicians make a diagnosis, people with eating disorders frequently deny they have a problem.

Recovery starts by facing facts and moving beyond them. The largest positive influence in recovery is a strong desire to end the disorder, no matter the perceived cost, fear of gaining weight, control surrendered, or anxiety-producing foods eaten. A responsive support system is helpful in dealing with the disorder. It is also important for people who are in recovery to have other areas of their lives that work well, with activities that they're proud of and to which they are committed. Having goals "outside the illness" is key. Some people define themselves by their disorder and eventually their lives become centered on being sick. For others, hopes and dreams to marry and have children or start their own business help them pull away from the illness as they move toward their goals.

The best way to prevent disordered eating patterns is to maintain a body that is in balance. It is critical to accept that

physical appearance is not the key to personal worth, and that our bodies are naturally made to be a certain weight. Some other suggestions include:

- Eating a wholesome, nutritious diet, with a focus on complex carbohydrates, fresh fruits and vegetables, low-fat dairy foods and low-fat meals, while avoiding refined and "junk" foods.
- Eating at regular times during the day, without skipping meals.
- Getting moderate exercise regularly.

Helping Someone Else

Family and friends who offer support and encouragement can play an important role in the success of the person's treatment. Here are some things you can do to prevent the development of eating disorders:

- Build children's self-esteem.
- Always give unconditional love and accept children regardless of their weight. Let them know everyone's body is unique and should be valued.
- Encourage activity and enjoyment of life.
- Help children understand the negative consequences of dieting. Help them cope with the pressure to look a certain way.
- Do not punish or reward children with food. Encourage children to eat when they are hungry and stop eating when they are full, not when they are bored, lonely, or sad.
- Do not limit caloric intake unless suggested by a physician for medical reasons. In determining what to do for an overweight child, a more important factor than weight itself is the child's eating and activity patterns. Focus on health, not appearance; more activity, not less food.

Sources: National Institute of Mental Health, American Psychiatric Association, National Alliance on Mental Illness, National Eating Disorders Screening Program, National Eating Disorders Organization

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org, (800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

Someone with Bipolar Disorder, also known as manic-depressive illness, experiences periods of serious mania and depression. The person's mood usually swings from overly "high" and irritable to sad and hopeless, then back again, with less extreme moods in-between. Episodes of depression and mania flare up, often disrupting work, school, family and social life.

Some people with untreated bipolar disorder have repeated depressions and only an occasional episode of hypomania. In the other extreme, mania may be the main problem and depression may occur infrequently. It is also possible for symptoms of mania and depression to be equally mixed.

Bipolar disorder usually begins in late adolescence or early adulthood. Although the disorder has been diagnosed in children younger than 12, it is not common. It is easily confused with attention deficit/hyperactivity disorder, so careful diagnosis is necessary.

More than 2.3 million American adults, or about one percent of the population, have bipolar disorder. Men and women are equally likely to develop this illness.

Signs & Symptoms

Signs and symptoms of **MANIA** include:

- Increased energy, activity, restlessness, racing thoughts, and rapid talking
- Unrealistic beliefs in one's abilities and powers, grandiose delusions, invincibility
- Excessive "high" or euphoric feeling, a sensation of total happiness that nothing can change
- Extreme irritability and distractibility, particularly when grandiose plans are thwarted
- Decreased need for sleep
- Uncharacteristically poor judgment and risky behavior, such as reckless driving, spending sprees, foolish investments
- A sustained period when behavior differs from usual
- Increased sexual drive
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

Signs and symptoms of **DEPRESSION** include:

- Persistent sad, anxious or empty mood

- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in ordinary activities that were once enjoyed, including sex
- Decreased energy, a feeling of fatigue and/or being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Restlessness or irritability
- Sleep disturbances, sleeping too much or not at all
- Loss of appetite and weight, or weight gain
- Chronic pain or other bodily symptoms not caused by physical disease
- Thoughts of death or suicide; suicide attempts

Causes

There is no single, proven cause of bipolar disorder, but research strongly suggests that the disorder runs in families, making genetics a likelihood. Eighty to ninety percent of people with bipolar disorder have a relative with either depression or bipolar disorder, a rate 10 to 20 times higher than that of the general population.

Researchers are hopeful that identification of susceptibility genes for bipolar disorder and the brain proteins they code will make it possible to develop better treatments and preventive interventions targeted at the underlying illness process.

Treatment

Bipolar disorder is one of the most treatable psychiatric disorders. Even though an episode may stop on its own due to the cyclic nature of the illness, treatment to achieve and maintain a balanced state is extremely important. Without effective treatment, the illness leads to suicide in nearly 20% of cases (Goodwin FK & Jamison KR, 1990. *Manic-depressive illness*.)

Treatment includes:

- **Medication** — prescribed for nearly all people with the disorder.
- **Education** — crucial in helping people and families learn how to best manage bipolar disorder and prevent its complications.
- **Psychotherapy** — helpful for many individuals and families in solving problems and dealing with stress; should not be used alone, but rather be combined with medication (except in special situations such as pregnancy).

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Three types of psychotherapy are particularly useful for depression and may also help during recovery:

- **Behavioral** therapy — focuses on behaviors that can increase or decrease stress and on ways to increase pleasurable experiences that may help improve depressive symptoms.
- **Cognitive** therapy — focuses on identifying and changing the pessimistic thoughts and beliefs that can lead to depression.
- **Interpersonal** therapy — focuses on reducing the strain a mood disorder may place on relationships. Both individual and group sessions are beneficial.

Helping Yourself

If you are diagnosed with bipolar disorder, it is important to understand that the disorder will not go away, and that continued acceptance of treatment is needed to keep the disease under control. Because of the long-term nature of the disorder, it will help if you and your family learn as much as possible about the disorder and its treatment.

You can help reduce the minor mood swings and stresses that sometimes lead to more severe episodes by:

- Maintaining a stable sleep pattern. Inconsistent sleep patterns appear to cause chemical changes in the body that trigger mood episodes.
- Maintaining a regular pattern of activity.
- Being careful of everyday use of small amounts of alcohol, caffeine, and some over-the-counter medications for colds, allergies, or pain. Even small amounts of these can interfere with sleep, mood, or your medicine.

Learning to recognize the early warning signs of a new mood episode is another important way to help yourself. Each person begins to recognize the inner feelings that indicate when a mood change is coming. Minor changes in mood, sleep, energy, self-esteem, sexual interest, concentration, willingness to take on new projects, thoughts of death (or sudden optimism), and even changes in dress and grooming may be early warnings of an upcoming high or low. Pay special attention to a marked change in your sleeping pattern, as this is a common clue that trouble is brewing. Don't hesitate to ask your family to watch for early warnings that you may be missing.

In addition, support groups can be an invaluable part of treatment. These groups provide acceptance, understanding, self-discovery, and strategies for coping with the illness.

Helping Someone Else

People with bipolar disorder often need help to get help. It is not uncommon for people with bipolar disorder to be unaware of how impaired they are, deny that there is a problem, or blame their problems on a cause other than mental illness. These individuals need strong encouragement from family and friends to seek treatment. Family physicians can play an important role for such referral. If this does not work, loved ones must

take the person for a proper mental health evaluation and treatment.

If the person is in the midst of a severe episode, he or she may have to be committed to a hospital for his or her protection and much needed treatment. If the person becomes ill with a mood swing and suddenly views your concern as interference, remember that this is not a rejection of you, it is the illness talking.

Learn the warning signs of suicide, and take any threats the person makes very seriously. Encourage the person to realize that suicidal thinking is a symptom of the illness. Always stress that the person's life is important to you and to others and that his or her suicide would be a tremendous burden and not a relief. Anyone who is considering suicide needs immediate attention, preferably from a mental health professional or physician.

Ongoing encouragement and support are needed after the person gets treatment, because it may take some time to discover what form of therapy and medication is best for the individual. If you are a family member or friend, inform yourself about the person's illness, its causes and its treatments. If possible, talk to the person's doctor. Learn the warning signs for how that person acts when he or she is getting manic or depressed. Try to plan, while the person is well, for how you should respond when you see these symptoms.

Sources:

National Institute of Mental Health

American Psychiatric Association

National Depressive and Manic-Depressive Association

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org, (800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

A depressive illness is a “whole-body” illness, involving your body, mood, thoughts and behavior. It affects the way you eat and sleep, the way you feel about yourself and the way you think about things. A depressive illness is NOT a passing blue mood, a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help over 80% of those who suffer from depression.

Depressive illnesses come in different forms, just as other illnesses, such as heart disease, do. Within the different forms, there are variations in the number of symptoms, their severity, and persistence.

Major depression is marked by a combination of symptoms (see Signs & Symptoms) that interfere with the ability to work, sleep, eat and enjoy once pleasurable activities. These disabling episodes can occur once, twice, or several times in a lifetime.

A less severe type of depression, **dysthymia**, involves long-term, chronic symptoms that don’t disable, but keep you from functioning at top capacity or from feeling good.

Another type is called **manic-depressive illness**, also called **bipolar disorder**. Not nearly as common as other forms of depression, bipolar disorder involves cycles of depression (with some or all of the symptoms listed) and elation or mania (again, with any or all of the symptoms listed). Sometimes the mood switches are dramatic and rapid, but most often are gradual. Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment.

Depression affects over 17 million, or about 1 in 10, American adults, and as many as 1 in every 33 children.

The rate of major depression among those who have medical illnesses is significant. Research has shown that it occurs in 40-65% of people who have had a heart attack, about 25% of cancer patients, and 10-27% of post-stroke patients.

Women experience depression at roughly twice the rate of men. Fifteen percent of those with major depression die of suicide. Only one third of those with clinical depression seek treatment.

Signs & Symptoms

No two people experience clinical depression in the same manner. While many people recognize that sadness and fatigue are symptoms of depression, far fewer understand that anxiety, sleep loss and restlessness are also early signs of clinical depression.

If 5 or more symptoms last for 2 weeks or longer, or are severe enough to interfere with normal functioning, an evaluation by a qualified health or mental health professional is recommended.

SYMPTOMS OF DEPRESSION

- Persistent sad, anxious or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that you once enjoyed, including sex
- Insomnia, early-morning awakening, or oversleeping
- Appetite loss or overeating and/or weight loss or gain
- Decreased energy, fatigue, being “slowed down”
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Difficulty concentrating, remembering, making decisions
- Persistent physical symptoms that don’t respond to treatment, such as headaches, digestive disorders, and chronic pain

SYMPTOMS OF MANIA

- Inappropriate elation
- Inappropriate irritability
- Severe insomnia
- Grandiose notions
- Increased talking
- Disconnected and racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior

As some symptoms are common to both depression and certain medical disorders, accurate diagnosis is critical to developing an effective treatment plan. For example, symptoms of depression such as weight loss, sleep disturbances, and low energy, may also occur in diabetes, thyroid disorders, some neurological disorders, heart disease, cancer, and stroke. Other symptoms, such as loss of energy or memory, also occur early in the course of disorders, such as Parkinson’s and Alzheimer’s diseases.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Causes

There is a risk for developing depression when there is a family history, indicating that a biological vulnerability can be inherited. The risk may be somewhat higher for those with bipolar disorder; however, not everyone with a genetic vulnerability develops the illness. Apparently additional factors, such as stressful surroundings, are involved in the onset of depression.

Though major depression seems to occur in some families, it can also occur in people with no family history of depression. Whether or not the disease is inherited, it is evident that individuals with major depressive illness often have too little or too much of certain neurochemicals.

Personality can also play a role in vulnerability to depression. People who have low self-esteem, who consistently view themselves and the world with pessimism, or who are readily overwhelmed by stress are prone to depression.

A serious loss, chronic illness, difficult relationship, financial problem, or any unwelcome change in life patterns can also trigger a depressive episode.

Depression can occur as a biological result of a medical condition, such as an underactive thyroid, or it can be the side effect of one or a combination of medications. Depressed feelings also can be a common reaction to many medical illnesses, particularly cancer, stroke, heart disease and diabetes.

Very often, a combination of genetic, psychological, and environmental factors is involved in developing depression.

Treatment

It's important to note that more than 80% of people with depression can be successfully treated. The most commonly used treatments are antidepressant medication, psychotherapy, or a combination of the two. As with many illnesses, the earlier the treatment begins, the more effective and greater the likelihood is of preventing serious recurrences. The choice of treatment depends on the pattern, severity, and persistence of depressive symptoms, and history of the illness.

Antidepressant medications act on chemical pathways of the brain related to mood. It may take up to six weeks before you notice an improvement in symptoms. To ensure the most effective dosage and minimize side effects, medications must be monitored by a doctor. People are often tempted to stop medication too soon, but medications must be taken for at least 6 to 12 months (in a first episode) after symptoms have subsided, carefully following the doctor's instructions. Antidepressant medications are not habit-forming.

Psychotherapy allows people to learn more effective ways of handling problems. Two short-term types of therapy that can be very effective for some forms of clinical depression are: Cognitive/Behavioral Therapy, which helps change negative styles of thinking and behaving that may contribute to the depression, and Interpersonal Therapy, which works to change interpersonal relationships that cause or worsen depression.

Helping Yourself

It's important to realize that feeling exhausted, worthless, helpless, and hopeless are part of the depression and typically do not accurately reflect your situation. Negative thinking fades as treatment begins to take effect. In the meantime, do not set difficult goals or take on a great deal of responsibility. Break large tasks into smaller ones, set priorities, and do what you can as you can. Don't expect too much from yourself. This will only increase feelings of failure. Try to be with other people; it is usually better than being alone. Participate in activities that may make you feel better. You might try mild exercise, going to a movie, a ball game, or participating in religious or social activities. Don't overdo it or get upset if your mood does not greatly improve right away. Feeling better takes time. It's advisable to postpone major life decisions, such as changing jobs or getting married or divorced, until your depression has lifted. Don't expect to "snap out" of your depression, but remember that negative thoughts will begin to fade as the depression responds to treatment.

Helping Someone Else

The most important thing anyone can do for someone who is depressed is to help him or her get appropriate diagnosis and treatment. This may involve encouraging the person to get treatment and stay with it until symptoms begin to subside or to seek different treatment if no improvement occurs. You may need to make an appointment and accompany the person.

The second most important thing is to offer emotional support, including understanding, patience, affection, and encouragement. Engage the person in conversation and listen carefully. Do not ignore remarks about suicide. Keep reassuring the person that with time and help, he or she will feel better.

Learn the warning signs of suicide, and take any threats the person makes very seriously. Encourage the person to realize that suicidal thinking is a symptom of the illness. Always stress that the person's life is important to you and to others and that his or her suicide would be a tremendous burden and not a relief. Anyone who is considering suicide needs immediate attention, preferably from a mental health professional or physician.

Invite the depressed person for walks or outings and encourage participation in activities that once gave pleasure, but don't push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Sources:

Diagnostic Statistical Manual, 4th Edition (DSM-IV)

Mental Health America, www.nmha.org

National Institute of Mental Health, www.nimh.nih.gov, (800) 421-4211

Facts

Seasonal Affective Disorder (SAD) is a form of depression with symptoms that come and go with changes in seasons. The most recognized form of SAD is “winter depression,” characterized by episodes of depression during the winter months that go away during warmer months.

An estimated 10 million Americans have SAD. The prevalence of winter-type seasonal affective disorder appears to vary with latitude. The higher the latitude, the more common the disorder. In addition, younger people and women are at higher risk for winter depressive episodes.

Signs & Symptoms

Some or all of these symptoms are present during the fall and winter. Occasionally, SAD occurs in summer, but with diminished rather than increased eating or sleeping symptoms:

- Depression, difficulty enjoying life, pessimism about the future
- Loss of energy, inertia, apathy.
- Increased sleep, difficulty getting up in the morning
- Impaired functioning, i.e., difficulty getting to work on time, difficulty completing regular tasks
- Increased appetite, weight gain, craving for sugary or starchy foods
- Desire to avoid people, irritability, crying spells
- Decreased sex drive
- Suicidal thoughts or feelings
- Absence of depressive symptoms in spring and summer months

For children and adolescents:

- Feeling tired and irritable, temper tantrums
- Difficulty concentrating
- Vague physical complaints
- Marked cravings for junk food

Causes

Researchers have tied SAD to melatonin, a sleep-related hormone that the human body produces and releases when it’s dark. Production of the hormone seems particularly active during winter, when the days are shorter and darker.

Treatment

Many people respond to phototherapy, or bright light therapy, which has been shown to decrease the amount of melatonin in the brain. During phototherapy, individuals are seated three feet away from a white florescent light (about 12 times brighter than ordinary room light). Individuals begin with a single 10- to 15-minute session per day, and gradually increase light exposures. Ninety minutes a day is the conventional daily maximum duration of therapy. Some people respond to phototherapy within the first few days of treatment, while others may take several weeks before noticing improvement. The treatment should be reevaluated if the person’s condition worsens or if a response is not seen in four to six weeks.

For others, medications may prove effective in reducing or eliminating SAD symptoms. The use of light therapy and medication at the same time is discouraged until each method individually proves insufficient.

Helping Yourself

For mild symptoms, spending time outdoors during the day or arranging homes and workplaces to receive more sunlight may be helpful.

In addition, it’s important to recognize that feelings of depression are part of the disorder and typically do not accurately reflect your situation. Negative thinking fades as treatment begins to take effect.

In the meantime, do not set difficult goals or take on a great deal of responsibility. Break large tasks into small ones, set priorities, and do what you can as you can. It’s advisable to postpone major life decisions, such as changing jobs or getting married

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

or divorced, until your depression has lifted.

Try to be with other people; it is usually better than being alone. Participate in activities that may make you feel better. You might try mild exercise, going to a movie, or participating in religious or social activities.

Don't overdo it or get upset if your mood does not greatly improve right away. Feeling better takes time. Don't expect to "snap out" of your depression, but remember that negative thoughts will begin to fade as the depression responds to treatment.

Helping Someone Else

The most important thing anyone can do for someone who is depressed is to help him or her get appropriate diagnosis and treatment. This may involve encouraging the person to get treatment and stay with it until symptoms begin to subside or to seek different treatment if no improvement occurs. You may need to make an appointment and accompany the person.

The second most important thing is to offer emotional support, including understanding, patience, affection, and encouragement. Engage the person in conversation and listen carefully. Do not ignore remarks about suicide. Keep reassuring the person that with time and help, he or she will feel better.

Learn the warning signs of suicide, and take any threats the person makes very seriously. Encourage the person to realize that suicidal thinking is a symptom of the illness. Always stress that the person's life is important to you and to others and that his or her suicide would be a tremendous burden and not a relief. Anyone who is considering suicide needs immediate attention, preferably from a mental health professional or physician.

Invite the depressed person for walks or outings and encourage participation in activities that once gave pleasure, but don't push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Sources:

Diagnostic Statistic Manual, 4th Edition (DSM-IV)

Mental Health America

National Institute of Mental Health

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org, (800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

There are ten different types of personality disorders. The most well-known is Borderline Personality Disorder. Personality disorders usually begin when people are teenagers or young adults and remain throughout life.

Personality disorders are chronic, enduring patterns of thinking, feeling and behaving that affect a person's ability to function in everyday activities, especially work, family, and social life. There are biological and psychological parts to most personality disorders. The preferred treatment is psychotherapy, although medication may be needed to treat serious symptoms.

The ten personality disorders are sometimes grouped into three clusters based on similarities. One cluster includes the Paranoid, Schizoid, and Schizotypal Personality Disorders. People with these disorders often appear odd or eccentric. The second cluster includes the Antisocial, Borderline, Histrionic, and Narcissistic Personality Disorders. Individuals with these disorders often appear dramatic, emotional or erratic. The third cluster includes the Avoidant, Dependent, and Obsessive-Compulsive Personality Disorders. People with these disorders often appear anxious or fearful.

It is believed that personality disorders may affect 1-3% of the general population.

Signs & Symptoms

Each of the ten personality disorders has its own set of signs and symptoms, but, in general, a person with a personality disorder has a deeply rooted, inflexible pattern of thinking, relating, and perceiving and has great difficulty dealing with other people. Often a person with a personality disorder has a narrow view of the world, and finds it difficult to participate in social activities. An individual with a personality disorder often sees nothing wrong with his or her behavior.

Personality disorders are most common during times of increased stress and interpersonal difficulties in one's life.

Causes

Research has not narrowed down the cause to any one factor, but adoption and twin studies indicate that both genetic and environmental factors contribute to the risk of the disorders.

Treatment

Personality disorders are difficult to treat because they are, by definition, an important part of what defines an individual and how he or she views him or herself.

The preferred treatment is psychotherapy, although medication may be needed to treat serious symptoms.

Treatment is often focused on short-term symptom relief, the reinforcement of existing coping mechanisms, and the teaching of new ones. Examination of the person's current support system can also be beneficial.

Individual, group, or family psychotherapy may be aimed at helping the person see the underlying conflicts that contribute to or cause their symptoms, or help the person become more flexible and better able to see the effects of their behavior on others.

Therapy also helps the person to cope more effectively with the disorder by teaching them to take better control of their lives, their emotions, and themselves through self-knowledge, emotional regulation, and learning how to appropriately express emotions to important people in their lives. Insight-oriented therapies enable people to see what prompts their behavior and learn how to become more independent, assertive, and self-reliant.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Helping Someone Else

If you are a friend or family member of a person with a personality disorder it is important to recognize that people who suffer from these disorders often have noticeable symptoms of them throughout their lives.

One way you can help is to learn as much as possible about the particular disorder. Understanding can help you cope, while obtaining information can help you learn methods to interact with the person in a helpful way. Take things slowly, step by step. The speed of progress is not as important as the direction.

Sources:

Diagnostic Statistical Manual, 4th Edition (DSM-IV)

American Psychiatric Association

Mental Health Net

National Alliance on Mental Illness

Mental Health America

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org, (800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/

Facts

Alzheimer's disease is the term used to describe a degenerative disorder of the brain. It is not a normal part of aging. Rather, it is the leading cause of "dementia," which is a set of symptoms that includes loss of memory, judgment and reasoning, and changes in mood and behavior.

Alzheimer's disease is a slow disease, starting with mild memory problems and ending with severe mental damage. Alzheimer's disease is not curable or reversible, but there are ways to ease symptoms and suffering and to assist families. The course the disease takes and how fast changes occur vary from person to person. Some people only have the disease for 5 years, while others may have it for as many as 20 years.

The disease usually begins after age 65. About 3% of people ages 65 to 74 have Alzheimer's disease. The risk of developing Alzheimer's disease increases with age, particularly after age 85.

Signs & Symptoms

It is important to see a doctor for a complete examination. Symptoms may be due to other treatable conditions (such as depression, drug interactions, vitamin deficiencies, and thyroid problems) which may be reversible if detected early. If it is Alzheimer's disease, early intervention can slow the progression.

1) **Memory loss that affects day-to-day function**— It's normal to occasionally forget appointments or a friend's phone number and remember them later. A person with Alzheimer's disease may forget things more often and not remember them later, especially things that have happened more recently.

2) **Difficulty performing familiar tasks** — Busy people can be so distracted that they may occasionally leave the rolls in the oven and only remember to serve them at the end of the meal. A person with Alzheimer's disease may be unable to prepare any part of a meal or forget they ate it.

3) **Problems with language** — Everyone has

trouble coming up with the right word at times, but a person with Alzheimer's may forget simple words or substitute incorrect ones, making it difficult to understand his or her conversation.

4) **Disorientation of time and place** — It's normal to forget the day of the week or where you're going, for a moment. But a person with Alzheimer's disease can become lost on their own street, not knowing how they got there or how to get home.

5) **Poor or decreased judgment** — People may sometimes put off going to a doctor if they have an infection but eventually will seek medical attention. A person with Alzheimer's disease may not recognize the infection as a problem or go to the doctor at all.

6) **Problems with abstract thinking** — From time to time, people may find balancing a check book difficult. Someone with Alzheimer's disease may completely forget what the numbers are and what needs to be done with them. Celebrating a birthday is something many people do, but a person with Alzheimer's disease may not understand what a birthday is.

7) **Misplacing things** — Anyone can misplace their glasses or watch. A person with Alzheimer's disease may put things in inappropriate places: an iron in the cupboard or keys in the sugar bowl.

8) **Changes in mood or behavior** — Everyone becomes sad or moody occasionally. Someone with Alzheimer's disease can have rapid mood swings, from calm to tears to anger, for no apparent reason.

9) **Changes in personality** — People's personalities can change somewhat as they age. But a person with Alzheimer's disease can change dramatically, becoming extremely confused, suspicious or withdrawn. Changes may also include apathy, fearfulness or acting inappropriately.

10) **Loss of initiative** — It's normal to tire of housework, business activities or social obligations, but most people regain their initiative. A person with Alzheimer's disease may become very passive and require cues and prompting to get involved.

There is no one diagnostic test to detect if a person has Alzheimer's disease. The diagnosis is

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

made by reviewing a detailed history of the person and the results of several tests, including a complete physical and neurological examination, a psychiatric assessment and laboratory tests. Once these tests are completed, a diagnosis of “probable” Alzheimer’s disease can be made by process of elimination.

Causes

Every day, scientists learn more about Alzheimer’s disease, but right now the cause of the disease is still unknown and there is no cure.

Treatment

No treatment can stop the progression, but medications can help ease symptoms and slow the decline for some people in the early and middle disease stages.

Helping Someone Else

Caring for a person with Alzheimer’s disease at home is a difficult job and can become overwhelming at times. Caregivers themselves often are at increased risk for depression and illness, especially if they do not receive adequate support from family, friends and the community. Seek help as needed.

One of the biggest struggles caregivers face is dealing with the difficult behaviors of the person they are caring for. Dressing, bathing, eating (basic activities of daily living) often become difficult to manage for the person with Alzheimer’s disease and the caregiver. Having a plan for getting through the day can help caregivers cope.

- Routine is very important. Study your day to see if you can develop a routine that makes things go more smoothly. If there are times of day when the person with Alzheimer’s disease is less confused or more cooperative, plan your routine to make the most of these moments. Keep in mind that the way the person functions may change from day to day, so try to be flexible and adapt your routine as needed.
- Try to maintain a familiar environment, consistent caregivers and a familiar routine.
- Increase lighting in the environment and use night lights. Avoid glare and florescent light when possible.
- Safety check your home. Install bells or buzzers on outside doors. Store all medications out of reach or out of sight. Make sure smoke detectors are installed and working properly. You may need to remove the knobs from the kitchen stove.
- Do not try to argue if a person is frightened by delusions and hallucinations. It is better to acknowledge their fear. Some hallucinations or false ideas may be ignored if they are harmless and do not cause the person to become agitated.
- Do not scold a person for mislaying objects or

hiding. Try to learn the person’s favorite hiding places. If possible, try to keep a spare set of things which are often mislaid, such as keys, glasses, or purse.

- Investigate suspicions to ensure they are not based on truth. Do not take accusations personally and be aware that the person is not able to control this behavior.
- Attempt to distract the person if possible. Distractions which may help include music, exercise, activities which the person can cope with, looking at old photos.
- Try to respond to the underlying feelings which may be at the bottom of statements the person makes. For example, if the person says their husband should be coming home now (when in fact he has been dead for years), say, “You must miss your husband, tell me about him.”
- Physical contact may be reassuring if the person is willing to accept it.
- Have vision and hearing tested, and have a medical check-up to eliminate other physical or psychiatric problems and check on the effects of medication.

Sources:

Diagnostic Statistical Manual, 4th Edition (DSM-IV)
American Psychiatric Association
Mental Health Net
Mental Health America
National Institute of Mental Health
Alzheimer’s Association
Alzheimer’s Disease Education and Referral Center
Alzheimer Society of Canada

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

Alzheimer’s Association
(800) 272-3900
www.alz.org

Alzheimer’s Disease Education and Referral Center
(800) 438-4380
www.alzheimers.org

National Institute on Aging
www.nia.nih.gov

Facts

The term “dementia” refers to a group of symptoms that are caused by changes in brain function. People with dementia may seem forgetful or confused. They may ask the same questions repeatedly, get lost in familiar places, and neglect personal safety, hygiene and nutrition.

In the past, memory loss and confusion were considered a normal part of aging. However, scientists now know that most people remain alert and able as they age, although it may take longer to remember things.

The two most common forms of dementia in older people are Alzheimer’s disease and “multi-infarct dementia” (sometimes called vascular dementia). These types of dementia cannot be cured.

It is estimated that 2-4% of people over age 65 years have dementia of the Alzheimer’s type, with other types being much less common. The risk of developing dementia increases with age, particularly after age 75 years. It is estimated that 20% or more may develop dementia over age 85 years.

Signs & Symptoms

In Alzheimer’s disease, nerve cell changes in certain parts of the brain result in the death of a large number of cells. Symptoms of Alzheimer’s disease begin slowly and become steadily worse. As the disease progresses, symptoms range from mild forgetfulness to serious impairments in thinking, judgment, and the ability to perform daily activities. Eventually, the person with Alzheimer’s disease may need total care.

In multi-infarct dementia, a series of small strokes or changes in the brain’s blood supply may result in the death of brain tissue. The

location in the brain where the small strokes occur determines the seriousness of the problem and the symptoms which arise. Symptoms that begin suddenly may be a sign of this kind of dementia. People with multi-infarct dementia are likely to show signs of improvement or remain stable for long periods of time, then quickly develop new symptoms if more strokes occur. In many people with this type of dementia, high blood pressure is to blame. One of the most important reasons to control high blood pressure is to prevent strokes.

Causes

Dementia is caused by many conditions. Some conditions that cause dementia can be reversed, and others cannot. Also, many different medical conditions may cause symptoms that seem like Alzheimer’s disease, but are not. Some of these medical conditions may be treatable. Reversible conditions can be caused by a high fever, dehydration, vitamin deficiency and poor nutrition, bad reactions to medicines, problems with the thyroid gland, or a minor head injury. Medical conditions like these can be serious and should be treated by a doctor as soon as possible.

While scientists are learning more about Alzheimer’s disease every day, the cause is still unknown.

Treatment

Even if the doctor diagnoses an irreversible form of dementia, much can still be done to treat the person and help the family cope.

For some people in the early and middle stages of Alzheimer’s disease, certain medications may be prescribed to help delay the worsening of some of the disease’s symptoms. For people with multi-infarct dementia, it is

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

very important to try to prevent future strokes by controlling high blood pressure, monitoring and treating high blood cholesterol and diabetes, and not smoking.

Many people with dementia need no medication for behavioral problems. But for some, doctors may prescribe medications to reduce agitation, anxiety, depression, or sleeping problems.

Helping Someone Else

Family members and friends can assist people with dementia in continuing their daily routines, physical activities, and social contacts. By talking about events and daily activities, they can help reinforce mental abilities.

Memory aids may help in the day-to-day living of people in the earlier stages of dementia. Some families find that a big calendar, a list of daily plans, notes about simple safety measures, and written directions describing how to use common household items are very useful aids. Lists and alarm clocks can also help remind the person of important times and events.

Caring for a person with dementia at home is a difficult job and can become overwhelming at times. Caregivers themselves often are at increased risk for depression and illness, especially if they do not receive adequate support from family, friends and the community.

One of the biggest struggles caregivers face is dealing with the difficult behaviors of the person they are caring for. Dressing, bathing, eating (basic activities of daily living) often become difficult to manage for the person with dementia and the caregiver. Having a plan for getting through the day can help caregivers cope.

Families often need information about community resources, such as home care, adult day care, respite programs, and nursing homes. This information may be found through local and state programs such as the Area Agency on Aging. For help in finding the appropriate agency in your area, call the Eldercare Locator, toll-free, at 800-677-1116. To find local service providers, also check your yellow pages.

Sources:

Diagnostic Statistical Manual, 4th Edition (DSM-IV)

National Institute of Mental Health

National Institute on Aging

Alzheimer's Disease Education and Referral Center

For more information contact

Northern Lakes Community Mental Health

1-800-492-5742

(231) 922-4850

National Institute of Mental Health

www.nimh.nih.gov

(800) 421-4211 (depression info)

(888) 826-9438 (anxiety info)

(301) 443-4513 (other info)

Mental Health America

www.nmha.org

(800) 969-6642

Alzheimer's Association

(800) 272-3900

www.alz.org

Alzheimer's Disease Education and Referral Center

(800) 438-4380

www.alzheimers.org

National Institute on Aging

www.nia.nih.gov

Facts

Schizophrenia is one of the most chronic and disabling of the major mental illnesses. Schizophrenia may be one disorder, or it may be many disorders, with different causes. Because of its complexity, few generalizations can be applied to all people with schizophrenia.

The disorder affects men and women equally, often appearing in men in the late teens or early twenties, and in women in the twenties to early thirties. About 1% of the population develops schizophrenia during their lifetime; more than 2 million Americans suffer from the illness in a given year.

The first signs of schizophrenia often appear as confusing or shocking changes in behavior, and can include distorted perceptions of reality, delusions, hallucinations, disorganized speech, and other symptoms. Coping with the symptoms can be especially difficult for family members and friends who remember how the person was before he became ill. Available treatments can relieve many symptoms, but most people with schizophrenia suffer some symptoms throughout their lives. It has been estimated that less than one in five people recover completely.

Signs & Symptoms

• DISTORTED PERCEPTIONS OF REALITY

A person with schizophrenia sees the world very differently than other people. Living in a world distorted by hallucinations and delusions, people with schizophrenia may feel frightened, anxious and confused. They may act differently at different times: sometimes they may seem distant, detached or preoccupied, or sit rigidly unmoving and silent. Other times they may move constantly, appearing busy, wide awake and alert.

• HALLUCINATIONS

Although hallucinations are disturbances of perception that can occur with any of the five senses, hearing voices that other people do not hear is the most common type of hallucination in schizophrenia. Voices may describe what the person is doing, carry on a conversation, warn of danger, or even issue orders to the person.

• DELUSIONS

Delusions are false personal beliefs that cannot be changed by reason or evidence. For example, about a third of people with schizophrenia have paranoid-type

symptoms — delusions of persecution, or irrational beliefs that they are being cheated, harassed, poisoned or conspired against. Delusions of grandeur, perhaps believing that they are a famous or important person, may also occur in schizophrenia. Sometimes the delusions can be very bizarre, e.g., believing the government is controlling their behavior through radio or magnetic waves.

• DISORDERED THINKING

The person with schizophrenia may be unable to connect thoughts properly, with their speech becoming disorganized and fragmented, frequently derailed or incoherent. This can make conversation very difficult and may contribute to social isolation.

• EMOTIONAL EXPRESSION

People with schizophrenia may seem “flat,” or lack emotional expressiveness. They may speak in a monotonous voice, have little facial expression and appear apathetic. Motivation can be greatly decreased as can interest in and enjoyment of life. These problems with emotional expression and motivation are symptoms of the disorder, not character flaws or personal weaknesses.

The sudden onset of severe psychotic symptoms is referred to as an “acute” phase of schizophrenia. “Psychosis” means out of touch with reality, or unable to separate real from unreal experiences. Some people have only one such psychotic episode in their lifetimes; others may have many episodes, but lead relatively normal lives during the interim periods. However, the person with “chronic” schizophrenia, or a continuous or recurring pattern of illness, often does not fully recover normal functioning and typically requires long-term treatment, generally including medication, to control the symptoms.

Causes

There is no single cause known for schizophrenia. Schizophrenia runs in families, but genetics is not the only factor: an identical twin of a person with schizophrenia has a 40-50% risk of developing the disorder; a child whose parent has schizophrenia has about a 10% chance. It appears likely that multiple genes are involved in creating a predisposition to developing the disorder.

It is likely, but not certain, that the disorder is associated with some imbalance of the complex, interrelated chemical systems of the brain, perhaps involving the neurotransmitters dopamine and glutamate.

In addition, many studies of people with

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

schizophrenia have found subtle abnormalities in brain structure (for example, decrease in size of certain brain regions) or brain function (for example, decreased metabolic activity in certain brain regions). However, it should be noted that these abnormalities are not found in *all* people with schizophrenia, nor do they occur *only* in individuals with this illness. It appears that many (but probably not all) of these changes are present before a person becomes ill, and schizophrenia may in part be a developmental disorder of the brain.

Treatment

As schizophrenia is not always a single condition and its causes are still not known, there is no one “cure.” Research shows that treatment for schizophrenia (and many other severe forms of mental illness) has varying degrees of success, ranging from complete recovery, to patterns of waxing and waning, to nearly complete disability.

Current treatment methods are based on both clinical research and experience. The approaches are chosen by their ability to reduce the symptoms and to lessen the chances that symptoms will return.

The large majority of people with schizophrenia show marked improvement when treated with antipsychotic drugs. Some people, however, are not helped very much by the medications and a few do not seem to need them. It is difficult to predict which individuals will fall into these two groups and to distinguish them from the large majority of patients who benefit from drug therapy.

Although proven important in relieving the psychotic symptoms of schizophrenia — hallucinations, delusions and incoherence — antipsychotic drugs are not consistent in relieving the behavioral symptoms of the disorder. Many people with schizophrenia still have difficulty with communication, motivation, self-care, and establishing and maintaining relationships with others. In addition, because the onset of the illness often occurs during the critical career-forming years (ages 18 to 35), people with schizophrenia are less likely to complete adequate career training.

After a person’s acute psychotic symptoms are under control, these additional problems may be most helped with psychosocial treatments which focus on improving the person’s social functioning. These treatments may include rehabilitation training (vocational counseling, job and social skills training), reality-oriented psychotherapy (which helps the person sort out the real from the unreal and distorted), family education (to help family members learn ways to minimize the person’s chance of relapse), and self-help groups (which can help in a variety of ways, especially by providing mutual support and comfort).

World Health Organization studies have indicated that people with schizophrenia fare far better in developing countries than they do in North America and Europe. Anthropological and cross-cultural studies show that cultural beliefs about the nature of mental illness influence the disorder’s course and treatment, and, in turn, may affect the actual duration of the illness. For example,

Mexican Americans in the Los Angeles area tend to view people with symptoms of schizophrenia as vulnerable and ill; they believe these symptoms result from “nerves” and being “sensitive” and assume that recovery is possible. In contrast, Anglo Americans in the same area are more likely to categorize the same people as “crazy,” with little or no hope for recovery. Research has also shown a link between the availability of social support and how well individuals with schizophrenia function in the community. More social support usually means fewer relapses, less frequent hospitalizations, and the success and maintenance of treatment gains.

Helping Someone Else

There are many times when people with schizophrenia may need help from friends, family, or community members. Sometimes only the family or others close to the person with schizophrenia will be aware of strange behavior or ideas that the person has expressed. Often, a person with schizophrenia will resist treatment, and family or friends may need to take an active role in having him seen and evaluated by a professional. Ensuring that the person with schizophrenia continues to get treatment after hospitalization is also important. A person may stop taking medications or going for follow-up treatment, often leading to a return of psychotic symptoms. Encouraging the person to continue treatment and assisting him or her in the process can positively influence recovery. Without treatment, some people with schizophrenia become so psychotic and disorganized they cannot care for their basic needs. All too often, people with severe mental illnesses, such as schizophrenia, end up on the streets or in jails where they rarely receive the treatment they need.

Friends and family are often unsure how to respond when the person makes bizarre statements. Instead of going along with the person’s delusions, family members can tell the person that they don’t see things the same way or do not agree with his or her conclusions, while acknowledging that things may appear otherwise to the individual.

It may also be helpful to keep a record of what types of symptoms have appeared, what medications (including dosage) have been taken and what effects various treatments have had. By knowing what symptoms have been present before, family members may know better what to look for in the future. They may be able to detect some “early warning signs” and perhaps prevent a full-blown relapse.

In addition to becoming involved in seeking help, family and friends can provide support and encouragement to the person with schizophrenia.

Sources:

Diagnostic Statistic Manual, 4th Edition (DSM-IV)
National Institute of Mental Health
Mental Health America
National Alliance on Mental Illness
Mental Health Net

Facts

For most people who drink, alcohol is a pleasant accompaniment to social activities. Moderate alcohol use — up to 2 drinks per day for men and one drink per day for women or older people — is not harmful for most adults. Nonetheless, a large number of people get into serious trouble because of their drinking. Nearly 14 million Americans — 1 in every 13 adults — abuse alcohol or are alcoholic. Many more adults engage in risky drinking that could lead to alcohol problems, including binge drinking or heavy drinking on a regular basis. In addition, 53 percent of people in the U.S. report that one or more of their close relatives have a drinking problem.

The consequences of alcohol misuse are serious — in many cases, life threatening. Heavy drinking can increase the risk of some kinds of cancer, cause liver cirrhosis, problems with the immune system, and harm the fetus during pregnancy. Drinking increases the risk of accidents and injuries. In addition, suicides and homicides are most likely to be committed by persons who have been drinking.

In economic terms, alcohol related problems cost society approximately \$185 billion per year. In human terms, the costs cannot be calculated.

Signs and Symptoms

Alcoholism

Alcoholism, also known as “alcohol dependence,” is a disease that includes four symptoms:

1. **Craving:** A strong need, or compulsion to drink.
2. **Loss of Control:** The inability to limit one’s drinking on any given occasion.
3. **Physical Dependence:** Withdrawal symptoms such as nausea, sweating, shakiness, and anxiety occur when alcohol use is stopped after a period of heavy drinking.
4. **Tolerance:** The need to drink greater amounts of alcohol in order to “get high.”

Some people do not understand why an alcoholic can’t “just use a little willpower” to stop drinking. Alcoholism has little to do with willpower. Alcoholics are in the grip of a powerful uncontrollable need for alcohol that overrides their ability to stop drinking. In order to stop drinking, people with alcoholism need to seek assistance. With treatment and support, many individuals are able to stop drinking and rebuild their lives.

Alcohol Abuse

Alcohol abuse differs from alcoholism in that it does not include an extremely strong craving for alcohol, loss of control over drinking or physical dependence. Alcohol abuse is a defined pattern of drinking that results in one or more of the following within a 12-month period:

- Failure to fulfill major work, school, or home responsibilities;
- Drinking in situations that are physically dangerous, such as while driving or operating machinery;
- Having recurring alcohol-related legal problems, such as being arrested for drunk driving or for physically hurting someone while drunk; and
- Continued drinking despite having ongoing relationship problems that are caused or worsened by drinking.

Although alcohol abuse is basically different from alcoholism, many effects of alcohol abuse are also experienced by alcoholics.

What Are the Signs of a Problem?

Answering the following questions can help tell you whether you may have a drinking problem:

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning (as an “eye-opener”) to steady you or get rid of a hangover?

One “yes” answer suggests a possible alcohol problem. More than one “yes” indicates a high likelihood that a problem exists. In either case, it is important that you see your physician or other health care provider right away to discuss your answers. They can help you determine whether you have a drinking problem and help with a course of action. Even if you answered “no” to all of the above questions, if you have drinking-related problems affecting your work, relationships, health, or the law, you should seek professional help. The effects of alcohol abuse can be extremely serious, even fatal, both to you and to others.

Serving people in Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties.

Causes

Many people wonder why some individuals can use alcohol without problems but others cannot. One important reason has to do with genetics. Scientists have found that having an alcoholic family member makes it more likely that if you choose to drink, you too may develop alcoholism. Genes, however, are not the whole story. In fact, scientists now believe that certain factors in the environment influence whether a person with a genetic risk for alcoholism ever develops the disease. A person's risk for developing alcoholism can increase based on the person's environment, including where and how he or she lives; family, friends, and culture; peer pressure, and even how easy it is to get alcohol.

Helping Yourself

Accepting the fact that help is needed for an alcohol problem may not be easy. Keep in mind that the sooner you get help, the better your chances are for a successful recovery.

Any concerns you may have about discussing drinking-related problems with others may stem from common misconceptions about alcoholism. The myth prevails that an alcohol problem is a moral weakness. As a result, you may feel that to seek help is to admit some shameful defect in yourself. In fact, alcoholism is a disease that is no more a sign of weakness than is asthma. Moreover, taking steps to identify a possible drinking problem has an enormous payoff— a chance for a healthier, more rewarding life.

When you visit your health care provider, you will be asked a number of questions. Try to answer as fully and honestly as you can. You will also be given a physical exam. If your health care provider concludes that you may be dependent on alcohol, you may be referred to see a specialist in treating alcoholism. You should be involved in any decisions and have all treatment choices explained to you.

Alcoholism Treatment

The type of treatment that you receive depends on the severity of your alcoholism and the resources that are available in your community. Treatment may include detoxification (the process of getting the alcohol out of your system); taking doctor-prescribed medications such as Antabuse or ReVia, to help prevent a relapse once drinking has stopped; and individual/group counseling. Counseling helps to teach alcoholics ways in which they can identify situations and feelings that trigger the urge to drink and to find new ways to cope that do not include alcohol use. Treatments are often provided on an outpatient basis.

Support of family members is important to the recovery process. Many programs offer brief marital and family counseling as part of the treatment process. Programs may also link individuals with important community resources, such as legal assistance, job training, childcare, and parenting classes.

Virtually all treatment of alcoholism includes Alcoholics

Anonymous meetings. "AA" is an effective mutual help program for recovering alcoholics. Not everyone responds to "AA" and its message, and other recovery approaches are available. It is important to recognize that although alcoholism can be treated, it cannot be cured.

Help for Alcohol Abuse

If your health care provider determines that you are not alcohol dependent, yet are involved in a pattern of alcohol abuse, there are steps you can take:

- Examine the benefits of stopping an unhealthy drinking pattern.
- Set a drinking goal for yourself – be it abstaining or limiting the amount you drink.
- Examine the situations that trigger your unhealthy drinking and develop new ways of handling those situations.

Some people choose to attend AA meetings for information and support.

Sources:

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

For more information contact

Northern Michigan Substance Abuse Services
1-800-686-0749
(989) 732-1791

Al-Anon Family Group Headquarters, Inc.
(757) 563-1600
www.al-anon.alateen.org

Alcoholics Anonymous (AA) World Services, Inc.
(212) 870-3400
www.aa.org

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)
(212) 269-7797
1-800-NCA-CALL
www.ncadd.org

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
(301) 443-3860
www.niaaa.nih.gov