



Destigmatizing Mental Health

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Learn the 5 Signs of Suffering

Nearly one in every five people, or 42.5 million American adults, has a diagnosable mental health condition, according to the U.S. Department of Health and Human Services. Often our friends, co-workers, neighbors and family members are suffering emotionally and don't recognize the symptoms or won't ask for help. And sometimes we're the ones who are suffering and won't admit it.

Here are five signs that may mean you or someone you know might need help:

Their personality changes.

You may notice sudden or gradual changes in behavior. That can be acting in ways that don't seem to fit the person's values, or the person may just seem different.

They seem uncharacteristically angry, anxious, agitated or moody.

You may notice more frequent problems controlling their temper or that they seem irritable or unable to calm down. People in more extreme situations of this kind may be unable to sleep or may explode in anger at a minor problem.

They withdraw or isolate themselves from other people.

Someone who used to be socially engaged may pull away from family and friends and stop taking part in activities he or she used to enjoy. In more severe cases, the person may start failing to make it to work or school. Unlike someone who is naturally introverted, this sign is marked by a change in typical sociability, as when someone pulls away from the social support he or she typically enjoys.

They stop taking care of themselves and may engage in risky behavior.

You may notice a change in the level of personal care or an act of poor judgment on his or her part. For instance, someone may let his or her hygiene deteriorate, or the person may start abusing alcohol or illicit substances or engage in other self-destructive behaviors that alienate loved ones.

They seem overcome with hopelessness and overwhelmed by their circumstances.

Have you noticed someone who used to be optimistic and now can't find anything to be hopeful about? That person may be suffering from extreme or prolonged grief, or feelings of worthlessness or guilt. People in this situation may say that the world would be better off without them, suggesting suicidal thinking.

If you recognize that someone is suffering, what should you do?

The answer is simple: reach out, connect, try to inspire hope and, above all, offer help. Show compassion and caring and a willingness to find a solution when the person may not have the will or drive to help himself or herself. It may take more than one offer, and you may need to reach out to others who share your concern about the person who is suffering.

You can help change the conversation about mental health issues and stigma associated with it by learning the 5 signs. And if you or any member of your household needs help, your employee assistance program is designed to provide short-term counseling services, work-life assistance, and other guidance to help you and your family handle concerns constructively before they become major issues.

You don't need to face your problems alone.

Source: The above information was provided by the Campaign to Change Direction, a collection of groups joined together in a national campaign to raise awareness of and provide education about mental health issues. You can learn more at www.changedirection.org.

Contact us anytime for confidential assistance.

Are you emotionally overwhelmed?

7 Signs Not to Ignore

The term “nervous breakdown” is not a medical diagnosis and has fallen out of favor with mental health professionals. Symptoms we have historically associated with a nervous breakdown, however, can be an indication of an underlying mental health problem, such as depression, anxiety or stress. Understanding these symptoms and addressing them before they overwhelm you can help head off more serious mental and physical health issues down the line.

Seven signs to keep in mind:

Lack of Concentration

Stress is the body’s natural reaction to physical or mental demands. As such, it can be a positive, increasing concentration, memory and awareness. However, over time, the body’s continued response to regular stress can lead to an increase in blood pressure and heart rate, heightened anxiety and an overall strain on the system. As unrelieved tension builds up, it provokes an array of unhealthy symptoms. Among these are feelings of anxiety, fatigue, depression and distraction. Physical effects can include high blood pressure, heart disease and stroke.

Irregular Heartbeat

Strong emotional stress or anger can contribute to cardiac arrhythmia, or an irregular heartbeat. Arrhythmia is a problem with the rate or rhythm of the heartbeat. During an arrhythmia, the heart can beat too fast, too slow or irregularly. Most arrhythmias are harmless, but some can be serious or even life threatening. Panic attacks and similar disorders, which often are at the root of once was considered a nervous breakdown, can mimic cardiac arrhythmia. Parallel symptoms include feeling the heart pounding against the chest, increased heart rate and excessive sweating.

Stomach Upset

Stress and anxiety often manifest as gastrointestinal issues, including chronic heartburn, ulcers, nausea, vomiting and diarrhea. Stress and depression also tend to be present in those who suffer from irritable bowel syndrome, which can be triggered by an immune system response to stress. Symptoms of IBS include frequent cramping, bloating, gas, constipation and diarrhea.

Muscle-contraction Headaches

Muscle-contraction, or tension, headache is named not only for the role of stress in triggering the pain, but also for the contraction of neck, face and scalp muscles brought on by stressful events. Ninety percent of all headaches are classified as tension/muscle contraction headaches. Occasionally, muscle-contraction headaches will be accompanied by nausea, vomiting and blurred vision, but there is no pre-headache syndrome as with a migraine. Research has shown that for many people, chronic muscle-contraction headaches are caused by depression and anxiety. Certain physical postures that tense head and neck muscles (such as holding one’s chin down while reading) can lead to head and neck pain.

Sleep Problems

Experts cite stress as the No. 1 cause of short-term sleeping difficulties. Worries related to work, school, marriage, relationships and recent life events can interfere with the ability to fall or remain asleep, or to achieve a restful state of healthy sleep. People who suffer from clinical or short-term depression also can have difficulty sleeping. Others with these conditions actually sleep too much. While stress and depression can interfere with sleep, the inability to sleep, known as insomnia, can trigger or intensify stress and depression symptoms.

Depression

Everybody feels sad now and then. But an extended period of sadness could indicate depression. Symptoms of depression, including feelings of guilt, sadness and hopelessness, lack of enjoyment in life, inability to concentrate, irritation, sleep issues and others, were long associated with nervous breakdowns. Depression remains a serious illness, but these days it can be treated. Among the treatment options are counseling, antidepressant medications and lifestyle changes, including improvements to diet and exercise routines. Untreated bouts of depression can lead to serious mental and physical health problems.

Anxiety

People with generalized anxiety disorder suffer from constant worry that is much more severe than normal, day-to-day anxiety. Sufferers experience chronic, exaggerated worry and tension that does not seem to have a specific cause. People with the disorder regularly anticipate disaster and often worry excessively about health, money, family or work. They even can feel extreme worry for a cause that is hard to pinpoint or even nonexistent. This makes it extremely difficult to relax. These worries can be accompanied by trembling, twitching, muscle tension, headaches, irritability, sweating and hot flashes. Sufferers may also feel lightheaded, out of breath and nauseated. Severe anxiety can be very debilitating, making it difficult to carry out ordinary daily activities.

Coping Strategies

Many of the symptoms historically associated with a nervous breakdown can be managed, treated and cured. Here are some suggestions:

- Seek support. Do not wait until you reach your breaking point. Talk to a physician, therapist or your Employee Assistance Program for help.
- Try to identify the causes of stress. By recognizing the real reasons behind your tension, you can learn to feel more in control and change the source of the stress.
- Get enough rest. Doctors recommend at least eight hours of sleep a night for adults.
- Exercise regularly. Swimming, running, brisk walking, aerobic exercises and other repetitive fitness activities are especially beneficial. Experts recommend exercising at least 20 to 30 minutes three to five times a week.
- Engage in fulfilling activities. Take a little time each day for something you like to do: a hobby, a walk with your partner, an hour with a good book, a home-improvement project, etc.
- Avoid caffeine, nicotine and other stimulants. These common drugs actually can induce stress and anxiety.
- Avoid alcohol, tranquilizers and recreational drugs. These may contribute to anxiety and depression and an increased sense of loss of control.

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Depression

Depression is a serious illness. It is very different from the common experience of feeling grief, being miserable or getting fed up for a short period of time.

When an individual is depressed, he or she may have feelings of extreme sadness that can last for a long time. These feelings are severe enough to interfere with a person's daily life, and can last for weeks or months, rather than days. A wide range of symptoms characterizes it. Common symptoms include inability to see a future, loss of weight and general aches and pains.

Cause

There are many different factors that can trigger depression. For some people, upsetting or stressful life events, such as bereavement, divorce, illness, and job or money worries, can be the cause. This is often known as reactive depression, where depression is a reaction to the event. In other cases, depression does not have an obvious cause.

Other causes of depression include:

- A family history of depression
- Drinking excess alcohol
- Using recreational drugs
- Some types of prescription medication

Frequency of Occurrence

About 15 percent of people will have a bout of severe depression at some point in their lives. However, the exact number of people with depression is hard to estimate because many people do not get help, or are not formally diagnosed with the condition.

Women are twice as likely to suffer from depression as men, although men are far more likely to commit suicide. This may be because men are more reluctant to seek help for depression.

Depression can affect people of any age, including children. Studies have shown that 2 percent of teenagers in the UK are affected by depression.

Signs and Symptoms

An individual who is depressed often loses interest in things once enjoyed. Depression commonly interferes with work, social and family life.

Psychological Symptoms:

- Continuous low mood or sadness
- Feelings of hopelessness and helplessness
- Low self-esteem
- Tearfulness
- Feelings of guilt
- Feeling irritable and intolerant of others
- Lack of motivation and little interest in things
- Difficulty making decisions
- Lack of enjoyment
- Suicidal thoughts or thoughts of harming someone else
- Feeling anxious or worried
- Reduced sex drive

Physical Symptoms:

- Slowed movement or speech
- Change in appetite or weight
- Constipation
- Unexplained aches and pains
- Lack of energy or lack of interest in sex
- Changes to the menstrual cycle
- Disturbed sleep patterns

Social Symptoms:

- Not performing well at work
- Taking part in fewer social activities and avoiding contact with friends
- Reduced hobbies and interests
- Difficulties in home and family life

Diagnosing the Disease

Visit a GP if it is thought that an individual has depression. The GP may do a physical examination and blood or urine tests to rule out other conditions that have similar symptoms, such as underactive thyroid.

There are no clinical tests for depression, so detailed interviews and questionnaires are usually used to make a diagnosis.

Treatment

Treatment for depression usually involves a combination of drugs, talk therapies and self help. Counseling is beneficial as part of a general treatment plan for depression and can be obtained through a GP or privately. Most get treatment from their GP and make a good recovery.

Treatment depends on the severity of the symptoms, and may include one or a combination of the following:

- Cognitive behavioral therapy (CBT)
- Interpersonal therapy (IPT)
- Counseling
- Antidepressants
- Electroconvulsive therapy (ECT)
- Lithium

Prevention

To deal with depression, and help prevent repeated bouts of depression:

- Take medicines regularly as directed
- Discuss reducing or stopping medication with a GP before making any changes
- Gradually try to increase enjoyable activities
- Avoid smoking, illegal drugs and alcohol
- Use a problem-solving approach to deal with stress and worry
- Identify negative thoughts and change them to positive thoughts
- Assess symptoms regularly and consult a GP or counsellor if problems arise
- Increase exercise
- Learn how to relax using relaxation exercises and tapes
- Practice yoga, meditation or have a massage to help relieve tension and anxiety
- Join a self-help group and discuss feelings and concerns
- Eat a healthy diet which includes omega-3 fatty acids and protein

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Bipolar Disorder

Bipolar disorder involves periods of elevated or irritable mood (mania), alternating with periods of depression. The mood swings between mania and depression can be abrupt.

Cause

The exact cause is unknown, but it occurs more often in relatives of people with bipolar disorder.

Types of bipolar disorder:

- Bipolar disorder type I: People have had at least one fully manic episode with periods of major depression.
- Bipolar disorder type II: People have never experienced full-fledged mania. Instead, they experience periods of hypomania (elevated levels of energy and impulsiveness that are not as extreme as the symptoms of mania). These hypomanic periods alternate with episodes of depression.
- Cyclothymia: A mild form of bipolar disorder called cyclothymia involves less severe mood swings with alternating periods of hypomania and mild depression. People with bipolar disorder type II or cyclothymia may be misdiagnosed as having depression alone.

In most people with bipolar disorder, there is no clear cause for the manic or depressive episodes. The following may trigger a manic episode in people who are vulnerable to the illness:

- Life changes, such as childbirth
- Medications
- Periods of sleeplessness
- Recreational drug use.

Frequency of Occurrence

Bipolar disorder affects approximately 5.7 million adult Americans every year, or about 2.6 percent of the U.S. population age 18 and older, according to the National Institute of Mental Health.

Bipolar disorder affects men and women equally and usually appears between the ages of 15 and 25. More than two-thirds of people with bipolar disorder have at least one close relative with the illness or with unipolar major depression, indicating that the disease has a heritable component.

According to the National Alliance on Mental Illness, bipolar disorder can occur in children and adolescents, and studies have shown that approximately 7 percent of children seen at psychiatric facilities fit the research standards for bipolar disorder.

Signs and Symptoms

The manic phase may last from days to months and can include the following symptoms:

- Agitation or irritation
- Little need for sleep
- Noticeably elevated mood
- Hyperactivity
- Increased energy
- Lack of self-control
- Racing thoughts
- Inflated self-esteem (delusions of grandeur, false beliefs in special abilities)
- Poor temper control
- Reckless behavior
- Binge eating, drinking and/or drug use
- Impaired judgment
- Sexual promiscuity
- Spending sprees
- Tendency to be easily distracted
- Over-involvement in activities

These symptoms of mania are seen with bipolar disorder type I. In people with bipolar disorder type II, hypomanic episodes involve similar symptoms that are less intense.

The depressed phase of both types of bipolar disorder includes the following symptoms:

- Daily low mood
- Difficulty concentrating, remembering or making decisions

- Eating disturbances
- Loss of appetite and weight loss
- Overeating and weight gain
- Fatigue or listlessness
- Feelings of worthlessness, hopelessness and/or guilt
- Loss of self-esteem
- Persistent sadness
- Persistent thoughts of death
- Sleep disturbances
- Excessive sleepiness
- Inability to sleep
- Suicidal thoughts
- Withdrawal from activities that were once enjoyed
- Withdrawal from friends.

There is a high risk of suicide with bipolar disorder. While in either phase, individuals may abuse alcohol or other substances, which can make the symptoms worse.

Sometimes there is an overlap between the two phases. Manic and depressive symptoms may occur together or quickly one after the other in what is called a mixed state.

Diagnosing the Disease

A diagnosis of bipolar disorder involves consideration of many factors. The health care provider may do some or all of the following:

- Ask about family medical history, particularly whether anyone has or has had bipolar disorder.
- Ask about recent mood swings and for how long the individual has experienced them.
- Perform a thorough examination to identify or rule out physical causes for the symptoms.
- Request laboratory tests to check for thyroid problems or drug levels.
- Speak with family members to discuss their observations about the person's behavior and mood.
- Take a thorough medical history.

Note: Use of recreational drugs may be responsible for some symptoms, though this does not rule out bipolar affective disorder. Drug abuse may itself be a symptom of bipolar disorder.

Treatment

Periods of depression or mania may return in spite of treatment. The major goals of treatment are to:

- Avoid cycling from one phase to another
- Avoid the need for hospitalization
- Help the individual function effectively between episodes
- Prevent self-destructive behavior, including suicide
- Reduce the severity and frequency of episodes.

The doctor will first try to determine what may have triggered the mood episode and identify any medical or emotional problems that might interfere with or complicate treatment.

Drugs called mood stabilizers are considered to be the first-line treatment. The following are commonly used mood stabilizers:

- Carbamazepine
- Lamotrigine
- Lithium
- Valproate (valproic acid)

Other anti-seizure drugs may also be tried.

Other drugs used to treat bipolar disorder include:

- Antipsychotic drugs and anti-anxiety drugs (benzodiazepines) can be used to stabilize mood.
- Antidepressant medications can be added to mood-stabilizing drugs to treat depression. People with bipolar disorder are more likely to have manic or hypomanic episodes if they take antidepressants. Because of this, an antidepressant is only used in people who are also taking a mood stabilizer.

Electroconvulsive therapy (ECT) may be used to treat the manic or depressive phase of bipolar disorder that does not respond to medication:

- ECT is a psychiatric treatment that uses an electrical current to cause a brief seizure of the central nervous system while the individual is under anesthesia.
- ECT is the most effective treatment for depression that is not relieved with medications.

Individuals who are in the middle of manic or depressive episodes may need to be hospitalized until their mood is stabilized and their behaviors are under control.

Doctors are still trying to decide the best way to treat bipolar disorder in children and adolescents. Parents should consider the potential risks and benefits of treatment for their children.

Prevention

Bipolar disorder cannot be prevented. However, individuals can reduce symptoms by following doctors' recommendations and getting enough sleep. Getting enough sleep is extremely important in bipolar disorder, because a lack of sleep can trigger a manic episode.

Psychotherapy is beneficial during the depressive phase. Joining a support group may also be helpful for bipolar disorder individuals and their loved ones.

It is important to continue taking medication as prescribed. Do not stop taking medication unless told to do so. Some people stop taking the medication as soon as they feel better or because they want to experience the productivity and creativity associated with mania. Stopping or improperly taking medication can cause symptoms to reoccur and may lead to the following complications:

- Alcohol and/or drug abuse as a strategy to self-medicate
- Personal relationships, work and finances may be affected
- Suicidal thoughts and behaviors.

Resources

- U.S. National Library of Medicine: www.nlm.nih.gov
- National Institute of Mental Health: www.nimh.nih.gov
- National Alliance on Mental Illness: <http://nami.org>
- Depression and Bipolar Support Alliance: www.dbsalliance.org
- Mental Health America: www.mentalhealthamerica.net

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Facing Anxiety and Depression

Everyone experiences depression or anxiety at one point or another. But if you find yourself in a constant state of worry or depressed on a regular basis, you may be suffering from an anxiety disorder, depression, or both.

It is not uncommon for someone with an anxiety disorder to also suffer from depression or vice versa, according to the Anxiety and Depression Association of America. Nearly one-half of those diagnosed with depression are also diagnosed with an anxiety disorder.

Generalized Anxiety Disorder

Generalized anxiety disorder (GAD) is marked by chronic, exaggerated worries provoked by no apparent cause or illness. Those suffering from GAD often expect the worst to happen, such as a deadly crash, a family disaster, a sudden sickness or financial ruin, even when these fears are irrational. The constant worries and sense of dread those with GAD experience often limit their ability to experience life to the fullest. The unresolved anxiety also can trigger a variety of health problems and symptoms, including:

- Nervousness
- Trembling
- Twitching
- Sweating
- Irritability
- Difficulty concentrating
- Shortness of breath
- Muscle tension
- Lightheadedness
- Indigestion and abdominal pain

Besides depression, other disorders, including panic attacks, may occur with GAD.

Depression

Depression is more than feeling sad or having a bad day. People with depression usually experience much more intense symptoms, such as:

- Overwhelming, unrelenting sadness
- Irritability and frustration
- Changes in sleep patterns
- Eating more or less than usual
- Difficulty concentrating
- Exhaustion for no reason
- Feeling worthless; having no confidence
- Thoughts of dying or hurting oneself

If you have five or more of these symptoms, or if these symptoms last two weeks or more, you may be suffering from depression.

Getting Help

The good news is that both GAD and depression are treatable, separately and together. Consider seeing a primary care physician or a qualified mental health professional if your symptoms are preventing you from performing everyday activities and enjoying life.

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Signs and Symptoms of Eating Disorders

Eating disorders such as anorexia, bulimia and binge eating are serious, sometimes life-threatening illnesses with complicated physical and psychological causes. Too often, symptoms are overlooked as insignificant behaviors when in fact many of these are early warning signs of serious illness.

Teens Most at Risk

Although anyone, male or female, at any age can suffer from an eating disorder, the majority of victims are adolescent girls and young women. Unfortunately, teens who are suffering often do not receive the help they need because they deny that they have a problem. If you spot the warning signs of an eating disorder, you should encourage your teen or other family member to begin treatment immediately. The earlier a patient enters treatment, the more hopeful the outcome and the less damaging the consequences.

Types and Descriptions of Eating Disorders

Anorexia Nervosa

- Refusal or inability to eat leading to an unhealthy lack of weight.
- Intense fear of weight gain, obsession with weight and persistent behavior to prevent weight gain.
- Self-esteem overly related to body image.
- Inability to appreciate the severity of symptoms.
- Can involve a Binge-Eating and Purging Type or a Restricting Type of the condition.

Bulimia Nervosa

- Frequent episodes of consuming large amounts of food followed by behaviors to prevent weight gain, such as self-induced vomiting or purging with laxatives.
- A feeling of being out of control during the binge-eating episodes.
- Self-esteem overly related to body image.

Binge Eating Disorder

- Frequent episodes of consuming very large amounts of food but without behaviors to prevent weight gain.
- A feeling of being out of control during the binge eating episodes.
- Feelings of strong shame or guilt regarding the binge eating.
- Indications that eating is out of control, such as eating when not hungry, eating to the point of discomfort, or eating alone because of shame about the behavior.

Other signs of a possible eating disorder:

- Continuous dieting despite low weight
- Feeling fat despite low weight
- Intense fear of weight gain
- Loss of monthly menstrual periods for two or more months
- Hair loss
- Cold hands and feet
- Fainting spells
- Compulsive exercising
- Feeling depressed or anxious
- Feeling weak or exhausted
- Experiencing periods of hyperactivity

- Constipation
- Growth of fine body hair on arms, legs and other body parts
- Heart tremors
- Dry, brittle skin
- Shortness of breath
- Low self-esteem
- Feelings of inadequacy
- A perceived lack of acceptance or approval from others
- Unrealistic expectations about weight and body shape

Getting Treatment

Eating disorders can be life threatening: Untreated, anorexia nervosa results in death in 5 to 18 percent of individuals diagnosed with the illness. That said, all eating disorders can be treated if caught in time. A physician, sometimes in conjunction with a psychiatrist or psychologist, can help coordinate an effective treatment plan and refer the individual to a specialist if needed. Any treatment will include a careful assessment to ensure there are no other illnesses contributing to dramatic weight loss. A psychological examination can rule out depression, substance abuse, obsessive-compulsive disorder or other illnesses sharing some common symptoms with eating disorders.

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Symptoms of Attention Deficit Hyperactivity Disorder

The principal characteristics of attention deficit hyperactivity disorder (ADHD) are inattention, hyperactivity and impulsive behavior. These symptoms appear early in a child's life. Because many normal children may have these symptoms (but at a low level, or the symptoms can be caused by another disorder), it is important that the child receive a thorough examination and appropriate diagnosis by a well-qualified professional.

Symptom Emergence

Symptoms of ADHD will appear over the course of many months, often with the symptoms of impulsiveness and hyperactivity preceding those of inattention, which may not emerge for a year or more. Different symptoms may appear in different settings, depending on the demands the situation may pose for the child's self-control. A child who "cannot sit still" or is otherwise disruptive will be noticeable in school, but the inattentive daydreamer may be overlooked. The impulsive child who acts before thinking may be considered just a "discipline problem," while the child who is passive or sluggish may be viewed as merely unmotivated. Yet both may have different types of ADHD.

All children are sometimes restless, sometimes act without thinking and sometimes daydream their time away. ADHD may be suspected when the child's hyperactivity, distractibility, poor concentration or impulsivity begin to affect performance in school, social relationships with other children or behavior at home. But because the symptoms vary so much across settings, ADHD is not easy to diagnose. This is especially true when inattentiveness is the primary symptom.

According to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders, there are three patterns of behavior that indicate ADHD. People with ADHD may show several signs of being consistently inattentive. They may have a pattern of being hyperactive and impulsive far more than others of their age. Or they may show a combination of these types of behavior. This means that there are three subtypes of ADHD recognized by professionals. These are the predominantly hyperactive-impulsive type (that does not show significant inattention); the predominantly inattentive type (that does not show significant hyperactive-impulsive behavior), sometimes called ADD – an outdated term for this entire disorder; and the combined type (that displays both inattentive and hyperactive-impulsive symptoms).

Hyperactivity-impulsivity

Hyperactive children always seem to be "on the go" or constantly in motion. They dash around touching or playing with whatever is in sight or talk incessantly. Sitting still at dinner or during a school lesson or story can be a difficult task. They squirm and fidget in their seats or roam around the room. Or they may wiggle their feet, touch everything or noisily tap their pencil. Hyperactive teenagers or adults may feel internally restless. They often report needing to stay busy and may try to do several things at once.

Impulsive children seem unable to curb their immediate reactions or think before they act. They will often blurt out inappropriate comments, display their emotions without restraint and act without regard for the later consequences of their conduct. Their impulsivity may make it hard for them to wait for things they want or to take their turn in games. They may grab a toy from another child or hit when they are upset. Even as teenagers or adults, they may impulsively choose to do things that have an immediate but small payoff rather than engage in activities that may take more effort yet provide much greater but delayed rewards.

Some signs of hyperactivity-impulsivity are:

- Feeling restless
- Fidgeting with hands or feet, or squirming while seated
- Running, climbing or leaving a seat in situations where sitting or quiet behavior is expected
- Blurting out answers before hearing the whole question
- Having difficulty waiting in line or taking turns

Inattention

Children who are inattentive have a hard time keeping their minds on any one thing and may get bored with a task after only a few minutes. If they are doing something they really enjoy, they have no trouble paying attention. But focusing deliberate, conscious attention to organizing and completing a task or learning something new is difficult.

Homework is particularly hard for these children. They will forget to write down an assignment or leave it at school. They will forget to bring a book home or bring the wrong one. The homework, if finally finished, is full of errors and erasures. Homework is often accompanied by frustration for both parent and child.

The DSM lists these signs of inattention:

- Often becomes distracted by irrelevant sights and sounds
- Often fails to pay attention to details and makes careless mistakes
- Rarely follows instructions carefully and completely
- Loses or forgets things like toys, pencils, books and tools needed for a task
- Skips from one uncompleted activity to another

Children diagnosed with the Predominantly Inattentive Type of ADHD are seldom impulsive or hyperactive, yet they have significant problems paying attention. They appear to be daydreaming, "spacey," easily confused, slow moving and lethargic. They may have difficulty processing information as quickly and accurately as other children. When the teacher gives oral or even written instructions, this child has a hard time understanding what he or she is supposed to do and makes frequent mistakes. Yet the child may sit quietly, unobtrusively, and even appear to be working, but the child is not fully attending to or understanding the task and the instructions.

These children do not show significant problems with impulsivity and overactivity in the classroom, on the school ground or at home. They may get along better with other children than the more impulsive and hyperactive types of ADHD, and they may not have the same sorts of social problems so common with the combined type of ADHD. So often their problems with inattention are overlooked. But they need help just as much as children with other types of ADHD, who cause more obvious problems in the classroom.

Is it really ADHD?

Not everyone who is overly hyperactive, inattentive or impulsive has ADHD. Since most people sometimes blurt out things they do not mean to say, or jump from one task to another, or become disorganized and forgetful, how can specialists tell if the problem is ADHD?

Because everyone shows some of these behaviors at times, the diagnosis requires that such behavior be demonstrated to a degree that is inappropriate for the person's age. The diagnostic guidelines also contain specific requirements for determining when the symptoms indicate ADHD. The behaviors must appear early in life, before age 7, and continue for at least six months. Above all, the behaviors must create a real handicap in at least two areas of a person's life, such as in the school room, on the playground, at home, in the community, or in social settings. So someone who shows some symptoms but whose schoolwork or friendships are not impaired by these behaviors would not be diagnosed with ADHD. Nor would a child who seems overly active on the playground but functions well elsewhere receive an ADHD diagnosis.

To assess whether a child has ADHD, specialists consider several critical questions: Are these behaviors excessive, long-term and pervasive? That is, do they occur more often than in other children 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 in the schoolroom? The person's pattern of behavior is compared against a set of criteria and characteristics of the disorder, and a diagnosis is made.

Resources

- Children and Adults with Attention Deficit Hyperactivity Disorder: www.chadd.org
- KidsHealth.org: <http://kidshealth.org>
- National Research Center on ADHD: www.help4adhd.org
- National Institute of Mental Health: www.nimh.nih.gov

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Understanding Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder causes most sufferers to attempt to control their obsessions by repeating urgent, compulsive routines. Sufferers typically realize that their behaviors are senseless, yet feel that these fears and actions are out of their control. Four out of five people with OCD have identifiable obsessions and compulsions. Some sufferers also experience symptoms of depression and generalized anxiety.

Years ago, people believed that OCD symptoms were signs of a character flaw. Today, doctors know that OCD is a clinical, involuntary disorder that most likely has biological origins. Research shows that OCD may be caused by an imbalance of the brain chemical serotonin, which transmits impulses between cells. OCD affects people of all races and socioeconomic backgrounds equally, although it tends to affect more women than men.

Typically, OCD first appears during adolescence. There is evidence that the disorder can be passed on genetically, especially to those for whom a parent developed OCD in childhood.

OCD Behaviors

Examples of common obsessive-compulsive thoughts and behaviors include:

- Continually cleaning oneself (e.g., frequently washing your hands for fear of contracting germs). OCD patients may scald and scrub until their hands bleed.
- Performing rituals to prevent imagined bad things from happening, such as excessively brushing one's teeth out of worry that they will decay and fall out.
- Repeatedly checking locks, doors, switches, lights, knobs, etc., for safety and proper functioning.
- Being obsessed with keeping things in an extremely tidy, organized fashion.
- Performing meaningless actions in a certain repetitive order, like tapping a foot three times, touching a shoulder twice, etc.
- Hoarding objects, even those with no apparent value or use, such as old newspapers.
- Repetitive counting, out loud or silently, such as always counting steps while walking.
- Continually dwelling on negative or obsessive thoughts, images or words, such as the belief that you may have hit a pedestrian while driving.

While we all may occasionally be guilty of these behaviors, they become problematic when an OCD sufferer continually repeats them. Experts recommend that you seek professional help for what could be OCD if:

- These types of thoughts and behaviors occupy more than a collective hour each day
- The need to perform repetitive behaviors provokes significant stress
- The need to perform repetitive behaviors interferes with your relationships, health, work and everyday functioning.

Treatment

Physicians consider antidepressant medication to be the primary treatment for those with severe OCD. Another helpful option is cognitive-behavioral therapy, which helps patients change troublesome thought and behavior patterns. Patients who complete a cognitive-behavioral-therapy program report a 50 to 80 percent reduction in OCD symptoms after 12 to 20 sessions.

Resources

- American Psychiatric Association: www.psych.org
- Freedom From Fear (FFF): www.freedomfromfear.org
- International OCD Foundation: www.ocfoundation.org

Contact us anytime for confidential assistance.

What is schizophrenia?

Schizophrenia is a chronic, severe and disabling brain disease.

Approximately one percent of the population develops schizophrenia during their lifetime; more than 2 million Americans suffer from the illness in a given year.

Although schizophrenia affects men and women equally, the disorder often appears earlier in men, usually in the late teens or early 20s; women generally are affected in their 20s to early 30s.

People with schizophrenia often suffer terrifying symptoms, such as hearing internal voices or believing that other people are reading their minds, controlling their thoughts or plotting to harm them. These symptoms may leave them fearful and withdrawn. Their speech and behavior can be so disorganized that they may be incomprehensible or frightening to others.

Available treatments can relieve many symptoms, but most people with schizophrenia continue to suffer some symptoms throughout their lives; experts estimate that no more than one in five individuals recover completely.

Research gradually is leading to new and safer medications while unraveling the complex causes of the disease. To learn about schizophrenia, scientists are trying many approaches, including studying molecular genetics, analyzing affected populations and imaging the brain's structure and function.

The severity and long-lasting, chronic pattern of schizophrenia's symptoms often cause a high degree of disability. Medications and other treatments for schizophrenia, when used regularly and as prescribed, can help reduce and control the distressing symptoms of the illness. However, some people are not helped greatly by available treatments or may prematurely discontinue treatment because of unpleasant side effects.

Even when treatment is effective, persisting consequences of the illness, such as lost opportunities, stigma, residual symptoms and medication side effects, may be very troubling.

The first signs of schizophrenia often appear as confusing or shocking changes in behavior. Coping with the symptoms of schizophrenia can be especially difficult for family members who remember how involved or vivacious a person was before falling ill.

The sudden onset of severe psychotic symptoms is referred to as an acute phase of schizophrenia. Psychosis, a common condition in schizophrenia, is a state of mental impairment marked by hallucinations (disturbances of sensory perception) and/or delusions (false yet strongly held personal beliefs that result from an inability to separate real from unreal experiences).

Less obvious symptoms, such as social isolation or withdrawal, and unusual speech, thoughts or behavior may precede, accompany or follow the psychotic symptoms.

Some people have only one such psychotic episode, while others have many episodes during their lifetimes, leading relatively normal lives during the interim periods. However, the individual with chronic schizophrenia, a continuous or recurring pattern of illness, often does not fully recover normal functioning and typically requires long-term treatment and medication to control the symptoms.

Resources

- National Institute of Mental Health (NIMH): www.nimh.nih.gov
- National Alliance on Mental Illness: www.nami.org
- American Academy of Child and Adolescent Psychiatry: <http://aacap.org>
- Brain & Behavior Research Foundation: <http://bbrfoundation.org>

Mental Health and Support for Older People

Many older people think they will lose their independence if they admit to being forgetful, depressed or confused. This is rarely the case. You are much more likely to be supported in your own home, for as long as possible, than be encouraged to enter a care home or hospital.

Where to Get Help

The best place to start is at your doctor, who will make an initial assessment. The doctor will talk to you about your thoughts and feelings, check whether any physical illness might be responsible for your problems and consider what treatment may work for you (and this does not always mean medication).

The most common mental health problems as you get older are dementia and depression.

Dementia

Dementia is caused by a number of different diseases that affect brain function. These include Alzheimer's disease and stroke. Many people think they have dementia just because they forget the details of some things. But stress, depression and ageing can all affect your memory. Most people never experience dementia.

Dementia is usually a gradual loss in being able to reason and remember. People with dementia may:

- Become forgetful
- Lose concentration easily
- Not recognise familiar faces and objects
- Experience mood changes
- Have problems reading and writing

If you are worried, go to your doctor. Make sure you are clear and concise with your doctor; you can take someone with you or make a list of your symptoms if it helps.

Although many causes of dementia are not curable, there is a range of treatment and support that can help slow the progression of the illness and improve people's quality of life. There are local specialist services that will be able to visit you in your own home to offer advice and support. Your doctor will be able to tell you more when they make a diagnosis.

Depression

Everyone feels "the blues" at some point in their life. Most of the time it passes in a few days, but if the feelings do not pass in a few weeks it is important you see your doctor. There is a variety of treatments available for depression, including counseling, psychotherapy and medication. If your doctor only offers you medication ask about the other treatments available. There are also alternative treatments like acupuncture and exercise that may be useful and some areas have these treatments available on the NHS.

Medication

If your doctor discusses medication with you, you have the right to talk about the options available and ask about any side effects. You can ask for a second opinion if you are not comfortable with the information you are given.

You are entitled to be referred for treatment and you can say that you would like to be added to the waiting list however long the wait.

Prevention

There is no definite way to prevent dementia or depression. However, research shows that if you exercise, have a healthy diet, keep your brain active and take care of yourself, you are less likely to experience a mental health problem.

You may already be exercising and there is no reason to stop. Research shows that a loss of fitness is down to lifestyle – not old age. You may need to change the type of exercise you do, but those who exercise are less likely to become depressed.

Plans for the Future

Most people find peace of mind in planning for the future. You might like to consider:

- How best to help your family feel supported
- Whether alternative housing might offer more independence
- Legal and financial issues

Contact us anytime for confidential assistance.

Children's Mental Health

If you are worried about the behavior of your child or if your child appears to be unusually distressed you might need to do some investigating to get to the heart of the problem.

Your Child's Mental Health

Children face many pressures in our modern society. Most do fine, but some find it difficult to cope or do not get the support they need to feel safe, happy and confident. If your child is feeling distressed or troubled, they may express their unhappiness in a number of ways:

- Not sleeping or having nightmares
- Wetting the bed at night
- Becoming disruptive in class
- Getting fussy about food or cleanliness, or developing eating problems
- Becoming sad and depressed
- Trying to harm themselves
- Having trouble making friends, or finding relationships at home difficult
- Becoming fearful and resentful
- Getting into fights and becoming aggressive

Equally, your instincts may tell you there is something wrong.

What to Do

If you are worried about your child, you could:

- Talk to your doctor or health visitor - they may refer you to special services in your area for children, young people and families
- Talk to your child's school - the school may be able to help sort out difficulties, provide extra support and make allowances for your child
- Contact social services to find out what support is available for your family

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Stress and Relaxation

Everyone experiences the negative consequences of stress at one time or another. There are many other factors that contribute to stress, including divorce, marriage, moving house and redundancy.

Too much stress can become a noticeable problem in your life in a number of ways. Emotionally, feelings of panic, anxiety and helplessness are common for people under too much pressure, as are fatigue and depression. Stress also can cause or contribute to the occurrence of many physical ailments including high blood pressure, headaches, upset stomach, ulcers, insomnia, obesity, a weakened immune system, heart disease and strokes.

Keep Stress Levels Manageable

Try and remember the following tips:

- Prioritise. Put what really matters in your life first
- Plan ahead around any difficulties you foresee
- Communicate your worries or concerns to those you feel close to
- Maintain a good social circle of friends and family
- Exercise regularly
- Keep regular hours
- Treat yourself once in a while
- Concentrate on your weak points and improve your strong points
- Aim to keep in perspective
- Don't be too hard on yourself
- See your doctor if you have any medical concerns or health worries
- Relax. Have short breaks throughout the day where possible
- Try and delegate work where possible
- Co-ordinate your time to incorporate leisure time
- Eat sensibly and have "meal times"
- Attempt to make time for yourself daily
- Enjoy yourself with your family and friends

There are many advantages to regular relaxation. It helps improve sleep and therefore increases your mental and physical wellbeing. If you are anxious and tense, relaxation will help you a great deal.

When you do relax, ensure that your mind, body and environment are all suitable so that you can benefit from any relaxation methods you may choose to use, e.g., aromatherapy, yoga, listening to a relaxation tape or just lying down and being aware of your body, when breathing in and out slowly.

You do have to work at combating stress to gain the full benefit. Try to establish a regular daily routine. Most important, enjoy yourself, which really is the best cure.

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Choosing a Mental Health Professional

At some time in our lives, we may need professional help dealing with our personal problems. Once we've decided to take that step, it is important to choose the right behavioral health specialist. To ensure satisfaction with the clinician you select, take some time to evaluate your objective for seeking the help, then research and ask questions of the clinicians you are considering. Here are some factors to consider:

Types of Clinicians

The type of clinician that is right for you will depend on your circumstances. There are several types of clinicians for you to consider, including psychiatrists and psychologists.

- Psychiatrists are doctors of medicine specializing in psychiatry. They are licensed to prescribe psychotropic medication and to perform all the duties of a physician.
- Psychologists are licensed professionals who have doctorate degrees in psychology, in addition to two (2) years of supervised post-graduate training.

Psychologists are licensed and qualified to perform the same counseling, psychotherapy, psychological testing and treatment for mental disorders as psychiatrists but generally are not medical doctors and cannot prescribe medications.* Sometimes medication alone is enough to treat a disorder, in which case a psychiatrist may be the right choice for treatment. Sometimes a combination of medication and psychotherapy or counseling is needed. If that is the case, a psychiatrist can provide the psychotherapy or may refer patients to a counselor or other type of mental health professional.

Another type of mental health professional is a psychological counselor. Generally, these professionals have a master's degree in psychology, counseling or a related field and (2) two additional years of post-graduate training with a qualified mental health professional. Mental health counselors are qualified to evaluate and treat mental problems by providing counseling or psychotherapy and often specialize in a particular field, such as substance abuse, adolescent counseling, or family and marriage counselling.

*Note that licensing requirements vary from state to state.

Differing Approaches

When choosing among behavioral health professionals, you should consider their approach to counseling and treatment. That approach should match your needs and objectives. Most therapists adopt one or a combination of the following approaches:

Psychotherapy: To produce change, this type of counseling explores unconscious conflicts, unresolved past issues and defense mechanisms that may trigger undesired thoughts, feelings and behaviors.

Behavioral (cognitive) therapy: This type of therapy aims to replace undesired behaviors with appropriate ones and to help identify and alter ways of thinking to produce change.

Humanistic therapy: This approach is based on the principle that people are continually growing and self-actualizing. Humanistic therapists focus on creating a safe place to explore new ways of thinking, feeling and behaving.

Experiential therapy: This approach is similar to humanistic therapy but utilizes actions, movement and activities, rather than traditional talk therapy, to encourage patients to let their guard down and talk about their problems. Among the tools employed in this type of therapy are role playing, props such as puppets or even interaction with animals.

Family therapy: This therapy focuses on the dynamics of family relationships.

Marital (couples) therapy: This approach concentrates on improving the dynamics of one's relationship with a significant other and involves both partners participating in treatment.

Group therapy: This approach allows one to relate to others with similar problems, provide and receive support, and learn new social skills in a group setting.

Some Factors to Consider

Each person's mental health issue is unique, and so is the treatment approach. However, there are few general issues you may want to consider when choosing a counselor:

Gender: Do you wish to see a same-sex therapist, or are you more comfortable with a professional of the opposite sex.

Cost: What will insurance cover and what will you have to pay yourself?

Time: Most counseling requires regular appointments over a period of weeks or months.

Techniques: Will medications be prescribed? Do you need a group, family or marital counseling to resolve your issue?

Questions to Ask

1. Are you accepting new clients?
2. How long have you been in practice and what is your specialty?
3. What is your training? Psychiatrists: Are you board certified by the American Board of Psychiatry?
All others: What is your licensure level and training?
4. Do you belong to any professional associations or groups?
5. With what hospital, medical group or facility are you affiliated?
6. Where do you practice? What are your office hours?
7. What type of therapy and special techniques do you practice?
8. Do you treat my specific problem?
9. Do you prescribe medications?
10. What type of clients do you serve?
11. Do you participate in my insurance plan?
12. Do you have a paging service? What happens if you are not available in an emergency?
13. Has anyone ever made a complaint about you? How were these complaints resolved? (Call the state licensing board to confirm.)

Your Final Decision

The person you select should be professional, reliable, punctual, attentive, insightful, open minded and a good listener. While it is difficult to draw conclusions from first impressions and your initial phone conversation, you should get a feel for these qualities by the end of your initial consultation.

Here when you need us.

Call:

TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceNowSM

Web ID:

Contact us anytime for confidential assistance.